

## IDPC Advocacy Note

# Abstinence-based drug dependence treatment is not a substitute for proven HIV prevention measures

Version 2, July 2012

There are key HIV prevention measures that have been proven to be the most effective for people who use drugs. For people who inject drugs, needle and syringe programmes (NSP) are the most effective intervention. For people who inject opioids, the provision of opioid substitution therapy (OST) is also critical. For all people who use drugs, condom programmes are the most effective measure for preventing the sexual transmission of HIV.

It is concerning that these proven HIV prevention measures – also known as harm reduction measures – have come under threat by recent suggestions that abstinence-based drug dependence treatment is an alternative strategy for preventing HIV transmission among people who use drugs. Such suggestions are not supported by evidence and undermine basic HIV prevention messages. Abstinence- and harm reduction-based strategies are not competing alternatives – both are mutually supporting elements of a comprehensive response to drug dependence, which includes HIV prevention.

The UNODC, as the lead co-sponsor with UNAIDS for HIV prevention amongst people who use drugs, must clearly promote evidence-based measures to address the HIV epidemic. The expansion of abstinence-oriented treatment at the expense of harm reduction measures must not be promoted as an alternative strategy for preventing HIV.

## HIV prevention for people who use drugs

To effectively address the health harms associated with drug dependence, treatment services should be carefully integrated with the comprehensive package of measures that seek to prevent new HIV transmissions outlined in the “WHO, UNODC, UNAIDS Technical Guide for countries to set targets for universal access to HIV prevention, treatment and care for injecting drug users”<sup>1</sup> and the UNAIDS 2011-2015 Strategy “Getting to zero”.<sup>2</sup> However despite the clear guidance on HIV prevention, many governments and medical professionals continue to resist a harm reduction response, concerned that the provision of such services to people who continue to use drugs may be perceived as condoning drug use. Numerous studies have shown that harm reduction services do not lead to increased levels of drug use, nor that withholding such services helps to reduce drug use.<sup>3</sup> Conversely, policy approaches that only focus on abstinence-based treatment and/or on punitive approaches towards people who use drugs have consistently been ineffective in preventing HIV transmission related to injecting drug use.<sup>4</sup>

<sup>1</sup> World Health Organization, United Nations Office on Drugs and Crime & Joint United Nations Programme on HIV/AIDS (2009), *WHO, UNODC, UNAIDS Technical Guide for countries to set targets for universal access to HIV prevention, treatment and care for injecting drug users* (Geneva: WHO), [http://www.unodc.org/documents/hiv-aids/idu\\_target\\_setting\\_guide.pdf](http://www.unodc.org/documents/hiv-aids/idu_target_setting_guide.pdf)

<sup>2</sup> Joint United Nations Programme on HIV/AIDS (2010), *2011-2015 Strategy – Getting to zero*, [http://www.unaids.org/en/media/unaids/contentassets/documents/unaidspublication/2010/JC2034\\_UNAIDS\\_Strategy\\_en.pdf](http://www.unaids.org/en/media/unaids/contentassets/documents/unaidspublication/2010/JC2034_UNAIDS_Strategy_en.pdf)

<sup>3</sup> See, for example: European Monitoring Centre for Drugs and Drug Addiction (2010), *Harm reduction: evidence, impacts and challenges* (Lisbon: EMCDDA), <http://www.emcdda.europa.eu/publications/monographs/harm-reduction>; Institute of Medicine of the National Academies (2006), *Preventing HIV infection among injecting drug users in high risk countries: An assessment of the evidence* (Washington DC: The National Academies Press), <http://www.iom.edu/Reports/2006/Preventing-HIV-Infection-among-Injecting-Drug-Users-in-High-Risk-Countries-An-Assessment-of-the-Evidence.aspx>

<sup>4</sup> Global Commission on Drug Policy (2011), *War on drugs* (Rio de Janeiro: Global Commission on Drug Policy),

In its role as a UNAIDS cosponsor, the UNODC is responsible for promoting the HIV prevention strategy for people who use drugs agreed to with the WHO and UNAIDS, which includes scaling up harm reduction measures. Unfortunately, the UNODC's leadership on HIV prevention is severely lacking and, even worse, some of its commendable work in the field of drug dependence treatment is being presented as an alternative to the globally agreed HIV prevention strategy. For instance, at a UNODC-sponsored conference in Kiev, Ukraine, in May 2012, it was claimed that *"drug strategies aiming at drug demand reduction represent the rational response to communicable blood-borne diseases such as HIV and Hepatitis"*.<sup>5</sup> This statement directly contradicts global evidence and the official positions of the WHO and UNAIDS. It is also dangerous to make such a statement in Eurasia, where the dominant driver of HIV transmission is injecting drug use with non-sterile equipment and where the provision of effective HIV prevention services is critically low.<sup>6</sup>

In response to concern by governments on the rising use of stimulant drugs, the UNODC is currently developing a guidance document on HIV prevention, treatment and care for stimulant users.<sup>7</sup> Draft versions of this document contain advice on prioritising abstinence-based drug dependence treatment, ahead of condom programmes and NSPs, as the most important measure for preventing HIV transmission. Other priority interventions proposed in the document, such as male circumcision, lack a scientific evidence base. Misguided leadership on effective interventions to prevent HIV among stimulant users can have devastating consequences for the HIV epidemic.

## Recommendations

A refusal to take the necessary actions to reduce infections and save thousands of lives – through a misguided commitment to zero tolerance policies or abstinence-only treatment models – is a mistake that will take decades to put right. The HIV virus does not respect borders or ideology. To effectively respond to the spread of HIV amongst people who use drugs, we recommend that:

- The academic and scientific community, governments, and international agencies promote a balanced and integrated response to drug dependence that includes abstinence as a worthy goal but also ensures the provision of crucial harm reduction interventions, notably NSP, OST and condom programmes.<sup>8</sup>
- The UNODC as the relevant UNAIDS co-sponsor, must explicitly promote and disseminate the comprehensive package of measures for HIV prevention, treatment and care.

**The International Drug Policy Consortium is a global network of non-government organisations and professional networks that specialise in issues related to illegal drug production and use. The Consortium aims to promote objective and open debate on the effectiveness, direction and content of drug policies at national and international level, and supports evidence-based policies that are effective in reducing drug-related harm. It produces briefing papers, disseminates the reports of its member organisations, and offers expert consultancy services to policy makers and officials around the world.**

[http://www.idpc.net/sites/default/files/library/Global\\_Commission\\_Report\\_English.pdf](http://www.idpc.net/sites/default/files/library/Global_Commission_Report_English.pdf); Global Commission on Drug Policy (2012), *The War on Drugs and HIV/AIDS: How the Criminalization of Drug Use Fuels the Global Pandemic* (Rio de Janeiro: Global Commission on Drug Policy), [http://globalcommissionondrugs.org/wp-content/themes/gcdp\\_v1/pdf/GCDP\\_HIV-AIDS\\_2012\\_REFERENCE.pdf](http://globalcommissionondrugs.org/wp-content/themes/gcdp_v1/pdf/GCDP_HIV-AIDS_2012_REFERENCE.pdf); Global Commission on HIV and the Law (2012), *HIV and the Law: Risks, Rights & Health* (New York: Secretariat, Global Commission on HIV and the Law), <http://www.hivlawcommission.org/index.php/report>

<sup>5</sup> International High-Level Conference on Comprehensive and Integrated Approach to Prevention & Treatment of Drug Dependence and related HIV/AIDS "Ukrainian Society and Drugs: Building a New Strategic Approach", Kyiv, 21-23 May 2012 (draft agenda), <http://narko.gov.ua/komnarko/uk/publish/article/97575>

<sup>6</sup> Latypov, A. & Bidordinova, A. (2012), *IDPC Briefing Paper - Opioid substitution therapy in Eurasia: How to increase the access and improve the quality* (London: IDPC), [http://dl.dropbox.com/u/64663568/library/IDPC-briefing-paper\\_OST-in-Eurasia.pdf](http://dl.dropbox.com/u/64663568/library/IDPC-briefing-paper_OST-in-Eurasia.pdf)

<sup>7</sup> In recent communications between the UNODC and civil society actors including IDPC, the UNODC advised that this document will be downgraded from the status of a technical guide to a discussion paper.

<sup>8</sup> See the WHO International Classification of Diseases, ICD-10, <http://apps.who.int/classifications/icd10/browse/2010/en/#F12.2>