UNODC regional responses to drug use and TB/HIV

The 16th Core Group Meeting of the TB/HIV Working Group
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UNODC Regional Project Coordinator
UNODC Regional Office for Central Asia covers 6 countries: AZE, KAZ, KYR, TAJ, T KM, UZB
United Nations Office on Drugs and Crime

Global activities:
- Development of legal and normative frameworks
- Research and analysis

Country work:
Technical assistance and capacity building
HIV prevention and treatment:
Main result

Strengthening countries’ capacities for the development and implementation of large-scale programmes on HIV prevention

Drug use/injecting
Penitentiary system
Trafficking in person

Key results

Improved access to and increased effectiveness of comprehensive HIV-related services for IDU’s
Effective strategies for HIV prevention and treatment in penitentiary system
Effective strategies in providing HIV-related services for people vulnerable to human trafficking
Brief overview of drug use, related harms and access to HIV-related services in Central Asia and Azerbaijan
## Drug use prevalence estimates in Central Asia (UNODC, 2006)

<table>
<thead>
<tr>
<th>Country</th>
<th>Prevalence %</th>
<th>Number of drug users</th>
<th>Number of IDUs</th>
<th>Prevalence of IDUs %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kazakhstan</td>
<td>1.02</td>
<td>103000</td>
<td>100000</td>
<td>0.9</td>
</tr>
<tr>
<td>Kyrgyzstan</td>
<td>0.8</td>
<td>26,000</td>
<td>25000</td>
<td>0.76</td>
</tr>
<tr>
<td>Tajikistan</td>
<td>0.6</td>
<td>20000</td>
<td>15000</td>
<td>0.4</td>
</tr>
<tr>
<td>Uzbekistan</td>
<td>0.8</td>
<td>131000</td>
<td>80,000</td>
<td>0.49</td>
</tr>
</tbody>
</table>

In Turkmenistan: 32 382 registered drug dependent patients (2008), prevalence -0.5% prevalence, 26% IDUs
In Azerbaijan: 23 927 registered drug dependent patients (2009), prevalence - 0.3%, 60% IDU
Prevalence of HIV in countries of Central Asia is around 0.1-0.2% (2008)

However, the speed of HIV spreading is not decreasing

In some population groups HIV prevalence up to 10 times higher than in general population:

- injecting drug users
- people engaged in sex work
- prisoners
### HIV prevalence in general population

<table>
<thead>
<tr>
<th>Country</th>
<th>Reported number of HIV infection cases</th>
<th>Population HIV prevalence (reported cases)</th>
<th>Estimated number of HIV infection cases</th>
<th>Estimated population HIV prevalence (estimates)</th>
<th>% of IDUs among PLWH (reported cases)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Azerbaijan (2008)</td>
<td>1,815</td>
<td>0.2%</td>
<td>5400</td>
<td>0.2%</td>
<td>63%</td>
</tr>
<tr>
<td>Kazakhstan (2008)</td>
<td>11,709</td>
<td>0.1%</td>
<td>12,000</td>
<td>0.1%</td>
<td>70%</td>
</tr>
<tr>
<td>Kyrgyzstazn (2008)</td>
<td>552</td>
<td>&lt; 0.1%</td>
<td>4,200</td>
<td>0.1%</td>
<td>67%</td>
</tr>
<tr>
<td>Tajikistan (2008)</td>
<td>1,422</td>
<td>&lt;0.1%</td>
<td>4900</td>
<td>0.1%</td>
<td>56%</td>
</tr>
<tr>
<td>Turkmenistan (2008)</td>
<td>2 cases</td>
<td>n/a</td>
<td>&lt;500</td>
<td>0.1%</td>
<td>n/a</td>
</tr>
<tr>
<td>Uzbekistan (2007)</td>
<td>15,831</td>
<td>0.2%</td>
<td>31,000</td>
<td>0.2%</td>
<td>47%</td>
</tr>
</tbody>
</table>
Expert estimates of the prevalence of HIV and other infections among IDUs and prisoners in countries of Central Asia and Azerbaijan (2007-2008rr)

Injecting drug users:

- HIV  4 - 34%
- Hepatitis C  24 - 65%
- Syphilis  11 - 14%
- Tuberculosis  1 - 17%

Prisoners:

- HIV  1 - 4%
- Hepatitis C  40 - 50%
- Syphilis  14 - 16%
- Tuberculosis  2 - 3%

Estimated number of IDUs in CA& Azerbaijan: 240 000-250 000 people (2006-2008), 90% use opioids

60-80% all HIV cases are due to its transmission via injecting drugs

Up to 60% of IDUs reported of sharing of injection paraphernalia
## Prevalence of HIV among IDUs in countries of Central Asia and Azerbaijan

<table>
<thead>
<tr>
<th>Country</th>
<th>HIV prevalence among IDUs</th>
<th>National average (Sentinel surveillance)</th>
<th>Highest estimates (Sentinel surveillance)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Azerbaijan (2008)</td>
<td>10,3 %</td>
<td></td>
<td>33% (Hagigabul)</td>
</tr>
<tr>
<td>Kazakhstan (2008)</td>
<td>4.2%</td>
<td></td>
<td>17.3% (Temirtau)</td>
</tr>
<tr>
<td>Kyrgyzstan (2007)</td>
<td>7.7%</td>
<td></td>
<td>12.9% (Osh)</td>
</tr>
<tr>
<td>Tajikistan (2008)</td>
<td>18%</td>
<td></td>
<td>23% (Khudjand)</td>
</tr>
<tr>
<td>Turkmenistan</td>
<td>n/a</td>
<td></td>
<td>n/a</td>
</tr>
<tr>
<td>Uzbekistan (2007)</td>
<td>13%</td>
<td></td>
<td>33% (Termez)</td>
</tr>
</tbody>
</table>
Selected statistics on prisons (ICPS, 2006-2008)

<table>
<thead>
<tr>
<th>Country</th>
<th>Total number of people in prison</th>
<th>Incarceration rate per 100 000 population</th>
<th>% of women among prisoners</th>
<th>% of prisoners in pre-trial detention</th>
<th>Estimated capacity and occupancy rate of prisons</th>
</tr>
</thead>
<tbody>
<tr>
<td>Azerbaijan (2006)</td>
<td>19,559</td>
<td>229</td>
<td>1.9%</td>
<td>13.3%</td>
<td>22,470 (79%)</td>
</tr>
<tr>
<td>Kazakhstan (2008)</td>
<td>56,012</td>
<td>378</td>
<td>6.6%</td>
<td>14.4%</td>
<td>71,310 (78.5%)</td>
</tr>
<tr>
<td>Kyrgyzstan (2008)</td>
<td>8,427</td>
<td>156</td>
<td>4.7%</td>
<td>20.8%</td>
<td>16,342 (51.6%)</td>
</tr>
<tr>
<td>Tajikistan (2008)</td>
<td>7,350</td>
<td>109</td>
<td>1.6%</td>
<td>15.0%</td>
<td>11.950 (61.5%)</td>
</tr>
<tr>
<td>Turkmenistan (2006)</td>
<td>10,953</td>
<td>224</td>
<td>12.3%</td>
<td>12.4%a</td>
<td>12.882 (85%)</td>
</tr>
<tr>
<td>Uzbekistan (2008)</td>
<td>34,000</td>
<td>122</td>
<td>n/a</td>
<td>11.5%</td>
<td>56,300 (60%)</td>
</tr>
</tbody>
</table>
Drug dependence and HIV infection in penitentiary: statistics 2006-2008, UNODC

<table>
<thead>
<tr>
<th>Country</th>
<th>% of drug-related crime among total crime</th>
<th>% of registered drug dependent inmates among all prisoners</th>
<th>HIV among prisoners</th>
</tr>
</thead>
<tbody>
<tr>
<td>Azerbaijan</td>
<td>13%</td>
<td>16%</td>
<td>2.9%</td>
</tr>
<tr>
<td>(2008)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kazakhstan</td>
<td>8%</td>
<td>9.5%</td>
<td>2.4%</td>
</tr>
<tr>
<td>(2008)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kyrgyzstan</td>
<td>6.5%</td>
<td>3% (estimate 35%)</td>
<td>3.3%</td>
</tr>
<tr>
<td>(2008)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tajikistan</td>
<td>6%</td>
<td>19% (estimate)</td>
<td>7.8%</td>
</tr>
<tr>
<td>(2008)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Turkmenistan</td>
<td>46%</td>
<td>27%</td>
<td>n/a</td>
</tr>
<tr>
<td>(2008)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Injecting drugs while using contaminated instruments is the main factor of HIV spread in community and in penitentiary system in countries of Central Asia and Azerbaijan.

Injecting drug use is widespread in the region with up to 1% of adult population in some countries.

Incidence and prevalence of HIV infection is not decreasing, a proportion of sexual transmission is growing with sexual partners of IDUs thought to be the most affected group.

To solve the problem there is a need for the large scale evidence-based targeted HIV prevention interventions among drug users.
Services and facilities IDU’s have contact with (expert estimates, 2007)

- State health care services: 20%
- Drug dependence treatment services: 30-45%
- Low threshold HIV related services: 18-30%
- TB clinics: 15-20%
- Other than specialized NGO’s: 10%
- Police: 15-90%
- Pharmacies: 10-50%
- Employment services: 5%
- Penitentiary system: 2-20%

Injecting drug users
The comprehensive package of interventions for prevention and treatment of HIV infection among IDUs

1. Needle and syringe programmes (NSP)
2. Opioid substitution therapy (ΟST) and other drug dependence treatment
3. Voluntary HIV counselling and testing (VCT)
4. Antiretroviral therapy (ΑRT)
5. Prevention and treatment of sexually transmitted diseases (STIs)
6. Condom programmes for IDUs and their sexual partners
7. Targeted information, education and communication (IEC) for IDUs and their sexual partners
8. Vaccination, diagnosis, and treatment of viral hepatitis
9. Prevention, diagnosis, and treatment of tuberculosis (TB)

Drug dependence treatment – any structured intervention with the prescription of pharmaceuticals or the usage of psychosocial techniques aimed at reduction of illicit drug use or the full abstinence

- In most countries of Europe and US majority of patients are those on outpatient treatment, pharmaceutically assisted or receiving only psychosocial services, **OST is a prevailing method**
- Almost in all these countries there exist special treatment programmes for adolescents and women
- In 9 countries of Europe – treatment programmes for **migrants** and ethnic minorities
Accessibility of drug dependence treatment in countries of Central Asia and in Azerbaijan, 2008-2009 (1)

In community: 20%-50% of the estimated number of drug users are registered in narcological services - an opportunity for HIV-related interventions

The treatment effectiveness as per official records [abstaining from drugs for > 1 year] is not higher than 12%
Accessibility of drug dependence treatment in countries of Central Asia and in Azerbaijan, 2008-2009 (2)

In penitentiary system:
3-27 % out of all prisoners are registered as drug dependent meaning that they have undergone or undergoing treatment (mainly compulsory treatment)

Estimate: 35-45% drug users out of all inmates

None of the countries of CA have conducted a formal evaluation of compulsory drug dependence treatment in prison
Accessibility of methadone and buprenorphine in countries of Central Asia and Azerbaijan, October, 2009

<table>
<thead>
<tr>
<th>Country</th>
<th>Methadone</th>
<th>Buprenorphine</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Controlled narcotic drug allowed for medicinal use</td>
<td>Included in the national List of Essential Drugs</td>
</tr>
<tr>
<td>Azerbaijan</td>
<td>yes</td>
<td>yes</td>
</tr>
<tr>
<td>Kazakhstan</td>
<td>yes</td>
<td>no</td>
</tr>
<tr>
<td>Kyrgyzstan</td>
<td>yes</td>
<td>yes</td>
</tr>
<tr>
<td>Tajikistan</td>
<td>yes</td>
<td>no</td>
</tr>
<tr>
<td>Turkmenistan</td>
<td>yes</td>
<td>no</td>
</tr>
<tr>
<td>Uzbekistan</td>
<td>no</td>
<td>no</td>
</tr>
<tr>
<td>Country</td>
<td>Start year of OST pilots</td>
<td>Current status</td>
</tr>
<tr>
<td>------------------</td>
<td>--------------------------</td>
<td>----------------------------------------------------</td>
</tr>
<tr>
<td>Azerbaijan</td>
<td>January 2004</td>
<td>2 sites</td>
</tr>
<tr>
<td>Kazakhstan</td>
<td>November 2008</td>
<td>2 sites</td>
</tr>
<tr>
<td>Kyrgyzstan</td>
<td>2002</td>
<td>18 sites</td>
</tr>
<tr>
<td>Tajikistan</td>
<td>2010</td>
<td>Methadone imported, staff of one site trained</td>
</tr>
<tr>
<td>Turkmenistan</td>
<td>Not started</td>
<td>None</td>
</tr>
<tr>
<td>Uzbekistan</td>
<td>February 2006</td>
<td>OST pilot closed in June 2009</td>
</tr>
</tbody>
</table>
Ongoing projects related to HIV/drugs/prisons (RAC-I29)

Effective HIV prevention, treatment and care among vulnerable populations in Central Asia and Azerbaijan (2006-2010) - $4,800,000
RAC-I29

Objective:

Establish a favourable environment in all project countries to better implement HIV/AIDS prevention and care activities among injecting drug users and in prison settings through addressing normative policy and programmatic aspects and capacity building needs.
Expected outcomes

Outcome 1: Updated legal and policy frameworks

Outcome 2: National **quality standards for the provision** of a full spectrum of the **effective evidence-based HIV related interventions** for IDUs and inmates in custodial settings

Outcome 3: Updated **occupational standards** in health care, social protection, law enforcement and penitentiary system

Outcome 4: Updated **curricula for undergraduate, graduate and postgraduate/continuous professional education** for relevant service providers in health care, social protection, law enforcement and penitentiary systems
How the project works

National Expert Groups on:
1) legislation
2) occupational standards and curricula development
1) development of standards of services
Partners: 176 people

Participants of workshops, meetings: > 1000 people (230 events)
RAC-I29 Major results

Contributed to the process of legal and policy reforms in six project countries as it relates to accessibility of HIV-related services for drug users and people in prison:

(1)

The national drug/HIV-related legislation and policy assessment and recommendations for their amendments directly contributed to the improvement of laws and normative documents that regulate the access of injecting drug users (IDUs) and prison inmates to HIV related Services.

Based on the recommendations the countries have started amending their legislation (Kazakhstan, Uzbekistan) or have already adopted some amendments (Tajikistan) or developed HIV law (Azerbaijan).
Accessibility of HIV Prevention, Treatment and Care Services for People who Use Drugs and Incarcerated People in Azerbaijan, Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan and Uzbekistan Legislative and Policy Analysis and Recommendations for Reform

United Nations Office on Drugs and Crime
Canadian HIV/AIDS Legal Network
2010

www.unodc.org/centralasia
The main issues:

- punitive drug policies towards people who use drugs including their incarceration (sometimes for possession of very small amounts of drugs) and few or no alternatives to incarceration for people who use drugs in the case of non-violent offences

- imitations of the rights of people living with HIV, people who use drugs, and prisoners with HIV and/or drug dependence, and no effectively enforceable anti-discrimination provisions
The main issues (cont-d 1):

- broad provisions for non-voluntary medical interventions such as coercive drug testing, compulsory treatment of drug dependence, and mandatory HIV testing

- absence of regulatory frameworks that clearly enable and support evidence-based HIV prevention interventions, including harm reduction services, that results in low access of people who use drugs and incarcerated persons to effective HIV prevention and treatment interventions
The main issues (cont-d 2):

- insufficient availability of effective drug dependence treatment services, especially of opioid substitution treatment (i.e., no OST in some countries or low capacity pilot programmes in a few others), and limited or no rehabilitation or overdose prevention programmes in communities and in prisons; and

- limited meaningful participation of civil society, including groups of people living with HIV, people who use drugs and prisoners in the development, implementation and evaluation of the effectiveness of national strategies and laws on both HIV and on drugs.
RAC-I29 Major results

(2) Updated curricula for professional education in health care, social protection, law enforcement and penitentiary system and relevant occupational standards that would enhance professional competencies of service providers for delivering comprehensive HIV-related services for IDUs and inmates in custodial settings developed and the process of their adoption has been started in all the countries.
RAC-I29 Major results (3)

National action plans for scaling up the access to opioid substitution treatment (OST) in four countries (Azerbaijan, Kazakhstan, Tajikistan and Turkmenistan) finalized for inclusion in the national programmes on HIV preventions and drug control and endorsed by governments.

Based on the plans the access to OST expanding in Azerbaijan and Kazakhstan, and OST is being introduced in Tajikistan [MoH plans to actually start OST in late May 2010, methadone is already in the country], in Turkmenistan, the plan is under consideration of the government.
Ongoing projects related to HIV/drugs/prisons (GLOJ71)

TREATNET – Treating drug dependence and its health consequences (2009-2011) - $1.490 000

**Objective:** Enhanced awareness and in targeted Member States, sustained commitment to increased access to quality and affordable drug dependence treatment services thus contributing to reduce negative health and social consequences of drug use including HIV
What was done in 2009-May 2010:

- Current drug use situation, drug dependence treatment services and training needs identified in 5 CA countries
- National quality standards for drug dependence treatment under assessment
- Project coordination mechanism established
- ToT’s held (35 trainers)
- >1000 service providers trained in Kazakhstan and >100 in Uzbekistan.
- Submission of grant proposals started in 5 countries
New Project:

*Phase II*- Effective HIV prevention, treatment and care among vulnerable populations in Eastern Europe and Central Asia (Moldova, Ukraine, Azerbaijan, Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan, Uzbekistan) (July 2010- July 2013) - $6,0000,000

**Objective:** Improved availability, coverage and quality of HIV services for injecting drug users and prisoners in community and prison settings [in the above countries]
New Project:

Expected outcomes:

1: Increased range and improved management of HIV-related services to ensure provision of integrated and easily accessible, gender-sensitive, evidence-based and comprehensive services for MARPs in community and prisons.

2: Strengthened institutional capacity and professional competences of service providers in the healthcare, social protection, law enforcement, and penitentiary system through implementation of updates to the teaching curricula for professional education systems and relevant occupational standards.
New Project:

**Expected outcomes: (cont-d):**

3. The national monitoring and evaluation (M&E) frameworks on the access to HIV-related services for injection drug users and prison inmates strengthened and consistent with international standards and recommendations of the Technical Guide.

4. A model of integrated and easily accessible services that would allow for the implementation of human-rights based, gender-sensitive, evidence-informed, large-scale and comprehensive HIV-related interventions for MARPs in community and places of detention developed, endorsed and piloted in selected territories.
Thank you