Harm Reduction, Hep C and PrEP - perspectives from the drug using community

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HIV and HCV divergent prevalence rates

- HIV and hepatitis C pose significant threats to the health of the injecting community.
- Where harm reduction has long been implemented, HIV rates have been kept low (1.2% in the UK) but HCV rates remain at extremely high levels (54% in the UK).
- Harm reduction as practiced has been driven by an HIV agenda and appropriate prevention needs, but has largely ignored HCV and its different dynamics.

Drivers of HIV and HCV

- Not injecting drug use per se, but prohibition (Reuter and Trautmann), criminalisation (scientific consensus statement, March 2014), marginalisation, stigma
- Barriers impeding access to health care – stigma within and without healthcare settings
- Registration as "drug addict" required to access services in Ukraine, Georgia and elsewhere – results in loss of rights, increased stigma, and reduced chances of employment. Concerns about registration often cited as barrier to accessing harm reduction services.
- Link between incarceration and individual HIV risk well documented.
- Harm reduction services need an HCV lens.
- Decriminalisation required as first step towards more enabling environment.
- Community empowerment – peer to peer education (WHO, Guidelines on HCV Prevention among People who Inject Drugs, 2013).

Drivers continued, human rights

- "human rights are more than moral or ethical imperatives – they are social determinants of HIV risk", (Beyrer et al, Lancet July 2010).
- Denial of access to ART, and HCV treatment for active injectors is common practice.
- Structural interventions promoting community mobilisation have been shown to reduce HIV risk in both sex workers and people who inject drugs (Platt et al).
- Structural reform needed to address barriers that systematically deny access to ART and HCV treatment.

Europe – a special case

- Normative guidance is often presumed not to apply to 'high income' countries.
- Mass incarceration of people who inject drugs fosters both HIV and HCV risk as well as driving TB. Europe 20% of global burden of MDR-TB.
- Lack of access to harm reduction services in prison – only 7 countries globally provide any level of service provision in prison, Spain, Moldova, Kazakhstan and Luxembourg included. Very low level and not in all prisons.

Funding for harm reduction

- The Global Fund has historically been the biggest funder of harm reduction.
- Analysis of the new funding model suggests massive reductions with countries ‘graduating’ out, including Hungary, Romania, Serbia, Albania.
- Very little ‘new’ funding, and existing funds expected to last over 4 instead of 3 years (25% reduction).
- Lack of political will to self-finance has seen mass closure of services, and spikes in HIV and HCV i.e. Romania, and Greece.

Key messages from analysis of 20 'priority' countries

- The new funding model has potentially defunded harm reduction – the Global Fund must either revisit its calculations or take concrete measures to ensure that a high percentage of the total HIV funding goes to people who inject drugs.
- Faced with no new funding, many countries are deprioritising prevention – which is disastrous for harm reduction, and for the HIV response more broadly.
- Global Fund is the largest donor for harm reduction, and is relied on. Given that the coverage of harm reduction remains so low around the world, their calculations must be flawed if they believe that 11 of the 20 countries are 'over-allocated'.

PrEP and TasP – the threats

- Currently only 4% of positive injecting drug users receive access to ART.
- With no sign of scale up of harm reduction or investment in community strengthening, PrEP is being positioned as a bio-medical 'magic bullet' that threatens to undermine proven community based harm reduction.
- Implications of implementation of TasP in criminalised populations has barely been considered.
- Rhetoric treats people who inject drugs as 'vectors of transmission', not people with agency.
- With GFATM prioritising disease burden, the prevention i.e. harm reduction allocation will decrease.
- Urgent need to invest in community strengthening and community mobilisation.

Hepatitis C

- The ‘comprehensive package’ is not comprehensive enough to address HCV transmission
- Systemic exclusion of currently active injecting drug users from DAA trials, as well as treatment, in spite of guidance to the contrary. 90% of new HCV infections are amongst the injecting community, yet less than 1% receive even current standard treatment modalities.

Intersections: sex workers and people who inject drugs

- HIV epidemics amongst people who inject drugs in Europe intersect with other key populations – most notably sex workers
- Considerable overlap between sex work and injecting drug use – some studies suggest that the majority of street based sex workers are also people who inject drugs. Similarly, between a quarter and a half of people who inject drugs have engaged in transactional sex.
- Cross community mobilisation is a necessary component of an effective response, and harm reduction services need to be open and responsive to the needs of male, female, and transgender sex workers.

Conclusions

- Community mobilisation and empowerment as important in Europe as in other regions.
- Drug law reform is an essential component of an effective response to HIV and HCV.
- European policy makers need to be consistent in their defence of human rights and historic promotion of harm reduction, but must scale up investment and create more enabling policy environments. 2016 UNGASS is crucial forum in which EU bloc can and must show leadership on harm reduction.
- Communities cannot be treated in silos or targeted, we overlap, are fluid, and require peer led services that can swiftly respond to changing trends.

CRIMEA

A short synopsis of the situation in Crimea for PUD

Terry White 22 April 2014

PUD and OST

The supply problem

- Ukrainian law demand all OST shipments in the country to have an armed guard.
- All supply comes from Kyiv
- Russia refuses to let armed Ukrainian convoys to cross the border
- Limited supplies held at each OST centre
- Supply already running out

Rough Timeline

- 17 March Russia Putin Signs Decree Annexing Crimea
- 20 March Mr. Victor Ivanov, of the Russian Federal Drug Control Service announces – to stop OST in Crimea
- 9 April. The Deputy PM Crimea Mr. Rustam Temirgaliev states they will replace methadone with Russian treatment standards.
- 14 April Anton Basenko, a member of the All Ukrainian Association of OST clients says refugees will move from Crimea
- 15 April The Alliance Ukraine reports from 10 OST sites, over 80 patients want to move from Crimea

March 25

INPUD launched an Appeal on “Health and human rights crisis imminent for opiate substitution therapy clients in the Crimea”.

- Leading civil society organizations and experts, including Nobel Laureate Françoise Barré-Sinoussi address Heads of UN agencies asking them to intervene in the OST crisis in Crimea.
- Mr. Anand Grover, Special Rapporteur on the right to health
- Mr. Juan E. Méndez, Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment
- Prof. Michel Kazatchkine, UN Special Envoy on HIV/AIDS in Eastern Europe and Central Asia
- Mr. Michel Sidibé, Executive Director, UNAIDS
- Mr. Yuri Fedotov, Executive Director, UNODC
- Dr Margaret Chan, Director-General, WHO
- Mr. Mark Dybul, Executive Director, Global Fund to Fight AIDS, Tuberculosis and Malaria
- Ms. Helen Clark, Administrator, UNDP
- Ms. Navi Pillay, UN High Commissioner for Human Rights

OST for PUD

- Viktor Ivanov of the Russian Federal Drug Control Service on 2 April stated “The methadone kept in legal institutions which have some in total - 50 to 80 kilograms - is to be removed.”
- From the middle of March, dosages OST reduced.
- By 15 April dosages halved, some one quarter
- By 30 April all OST will cease

Eurasian Network of People who Use Drugs (ENPUD)

- Igor Kuzmenko

  “I've just come back in the Crimea from Kiev and because I have no any news regarding this. I only know that our dosages becomes lower and lower and now I have only fourth part of my normal dosage of buprenorphine.”

17 April 2014

The future

- Head of Kyiv City State Administration, Volodymyr Bondarenko has confirmed that Kyiv is ready to receive up to 10,000 refugees from Crimea
- The Alliance Ukraine is preparing for hundreds to arrive in Kiev looking for help when the programmes close in Crimea.
- Anton Basenko "Practical steps need to be taken to organise the accommodation of these refugees, these patients from Crimea, so they can continue treatment."

Today's news

- Donetsk, Lughansk, Dnipetrovsk, Kharkiv, 11/5 will vote on being Autonmous Republics
- 18/5 They will all have a referendum on joining Russia
- They have the majority of the HIV and PUD and thus OST supply.
- If they become part of Russia this will all stop

All Ukrainian Association of OST Participants

- Anton Basenko, OST patient since 2004 stated, “Many of these 806 people have HIV infection, hepatitis C and other chronic diseases complementing their drug dependence, as well as I do. Stopping a substitution therapy for the majority of them is the same as stopping to breathe oxygen. It will inevitably lead to very dangerous consequences for health.”

Needs of people who Use Drugs in Eastern Europe and Central Asia

Shona Schonning
Webinar
April 22 2014

Drug Injecting in EECA

- EECA home to over 3 million PWID (UNODC)
- Stigma, criminalization, bad policy and inadequate services are causing significant, preventable harms

Harms Associated with Drug Use & Bad Drug Policy -1

Infectious diseases

- HIV
  - 62% of PLHIV in EECA are PWID
  - HIV prevalence among PWID is greater than 5% in 11 out of 23 EECA countries reporting (HRI)
  - Very high prevalence among PWID in some cities and countries – ie – in Estonia 54.3–89.9% of PWID live with HIV (HRI)
  - **HIV incidence is increasing in EECA while decreasing in most of the rest of the world** (UNAIDS)

Harms Associated with Drug Use & Bad Drug Policy -2

Infectious diseases

- HCV
  - 10 out of 12 countries report prevalence above 60%
- TB
  - European region is home to the highest rates of MDR-TB in the world and accounts for nearly 20 percent of the global burden
  - Prisons as incubators

Harms Associated with Drug Use & Bad Drug Policy –3

- Overdose
  - OD is a leading cause of death among PWID in EECA (EHRN)
  - In EU, OD is a leading cause of death among young people (EMCDDA)
- Human Rights Violations,
- Incarceration
- Stigma

Reducing Harms Associated with Drugs and Drug Policy -1

- **Needle exchange**: only 10% of people who inject drugs in Eastern Europe and 36% in Central Asia access NSPs
- **Opioid Substitution Therapy:** Most countries have pilot programs, some are scaling up. No heroin maintenance.
- **Antiretroviral therapy**:
  - PWID comprise 62% of PLHIV in EECA but are only 22% of those receive ART
  - EECA has among the lowest levels of ART access in the world

Reducing Harms Associated with Drugs and Drug Policy -2

- **Preventing overdose death**
  - Naloxone distribution (successful pilots throughout the region but not scaled up)
  - No safer injection rooms, yet…
- **Empowerment** of people who use drugs & their communities to be healthy and pursue healthy policy
- Strengthening **civil society** to engage in policy dialogue

Funding Harm Reduction

- Dependence on donor funds
- Only **15%** of financial resources directed at HIV prevention among people who inject drugs in EECA **come from public sources**
- Fewer countries eligible for donor funds including Global Fund

Source: *UNAIDS. 2012 UNAIDS Report on the Global AIDS Epidemic. 2012.*

Scaling down of services…

- **Reduction in access to services in:** Romania, Hungary, Albania, Bulgaria, Romania, Russia

- **Romania:**
  - while 76% of PWID reported being reached by harm reduction programs in 2009, in 2010 the proportion sank to 49%.

  - **Increased number of newly reported HIV infections** among PWID in 2011 compared to previous years (their share i.e. 15%, in all new cases also increased)

Sources:

- *EHRN. Quitting While Not Ahead: The Global Fund's retrenchment and the looming crisis for harm reduction in Eastern Europe & Central Asia, 2012.*
- *EMCDDA, ECDC. HIV in injecting drug users in the EU/EEA, following a reported increase of cases in Greece and Romania. Lisbon, 2011.*

Key Needs of PUD in EECA

- Evidence based, integrated, harm reduction services must be scaled up <u>not down.</u>

- People who use drugs and their communities need to be empowered to influence policy

Additional Reading

- **Reference Group to the UN on HIV and Injecting Drug Use**: http://www.idurefgroup.unsw.edu.au/publications
- **Eurasian Harm Reduction Network (EHRN)** www.harm-reduction.org
- **European Monitoring Center for Drugs and Drug Addiction** (EMCDDA) http://www.emcdda.europa.eu/
- Harm Reduction International
- **Global Commission on Drug Policy** http://www.globalcommissionondrugs.org/
- **WHO, UNAIDS, UNODC Technical Guidance for Countries to Set Targets for Universal Access to HIV Treatment and Prevention among Injecting Drug Users**, 2012: http://www.who.int/hiv/pub/idu/targets_universal_access/en/