Global epidemiology of women and injecting drug use

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I am treated as a criminal - I don’t feel safe going to health centres due to fear of arrest

I don’t feel comfortable going to HIV service points run only by male staff

Health-care workers do not trust me, as if I just want drugs

I often face violence including sexual violence, even from people who should protect me

I often have to sell sex to get drugs and inject drugs with the needle used by my partner

I have to get permission from my family members or spouse to access services

I fear losing custody of my child

I am subjected to forced sterilisation or abortion

I am a woman who uses drugs and...
12 million people inject drugs

1.6 million people who inject drugs are living with HIV

6.1 million are living with hepatitis C

1.3 million are living with both hepatitis C and HIV

8% estimated prevalence of tuberculosis among PWID
Injecting drug use is more prevalent in men than in women.

Des Jarlais et al 2012 and 2013

Gender distribution

1. 21.5%
2. 78.5%
HIV prevalence is higher among women who inject drugs

Source: UNAIDS, progress reports on the global AIDS response.

Note: Each circle represents a country. The solid circles are those countries with large numbers (over 120,000) of people who inject drugs. Data were available for 61 countries across all global regions.
HIV prevalence is higher among women who inject drugs

Des Jarlais et al 2012 and 2013

HIV prevalence is higher among women who inject drugs.

Lambdin et al, 2013; Ghimire et al, 2013
The Comprehensive Package HIV prevention, treatment and care among people who inject drugs

1. Needle and syringe programmes (NSPs)
2. Opioid substitution therapy (OST) and other evidence-based drug dependence treatment
3. HIV testing and counselling (HTC)
4. Antiretroviral therapy (ART)
5. Prevention and treatment of sexually transmitted infections (STIs)
6. Condom programmes for people who inject drugs and their sexual partners
7. Targeted information, education and communication (IEC) for people who inject drugs and their sexual partners
8. Prevention, vaccination, diagnosis and treatment for viral hepatitis

Overdose prevention and management
## Comprehensive Harm Reduction Package and Key Interventions for Women who Inject Drugs

<table>
<thead>
<tr>
<th>1. Harm reduction components</th>
<th>2. Interventions responding to the needs of women who inject drugs</th>
<th>3. Key implementation considerations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Needle and syringe programmes (NSPs)</td>
<td>Sexual and reproductive health, including services for STIs and prevention of mother-to-child transmission (PMTCT)</td>
<td>Service delivery and integration</td>
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<tr>
<td>Opioid substitution therapy (OST) and other evidence-based drug dependence treatment</td>
<td>Maternal and child health</td>
<td>Discreet and accessible service locations</td>
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<tr>
<td>HIV testing and counselling (HTC)</td>
<td>Gender-specific peer education and support</td>
<td>Women-only spaces and/or times at drop-in centres or separate venues</td>
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<td>Antiretroviral therapy (ART)</td>
<td>Gender-based violence-related services</td>
<td>Specific outreach for women who inject drugs</td>
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<td>Prevention and treatment of sexually transmitted infections (STIs)</td>
<td>Services tailored for women who inject drugs who are also engaged in sex work</td>
<td>Collaboration and cross-referral with programmes addressing sex work and HIV</td>
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<td>Condom programmes for people who inject drugs and their sexual partners</td>
<td>Provision of female condoms</td>
<td>Secondary needle and syringe distribution</td>
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<td>Targeted information, education and communication (IEC) for people who inject drugs and their sexual partners</td>
<td>Parenting support</td>
<td>Addressing stigma and discrimination</td>
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<td>Prevention, vaccination, diagnosis and treatment for viral hepatitis</td>
<td>Child care</td>
<td>Advocacy for improved services and the elimination of policy, legal and social obstacles</td>
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<td>Prevention, diagnosis and treatment of tuberculosis (TB)</td>
<td>Couples counselling (aimed at ensuring that the responsibility for reducing HIV and health risks is equally shared between both partners)</td>
<td>Resourcing</td>
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<td>IEC that is specifically relevant to women who inject drugs (including safer injecting and safer sex techniques)</td>
<td>Data</td>
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<td>Legal aid (attuned to be accessible and relevant to the needs of women who inject drugs)</td>
<td>Participatory planning, implementation and evaluation</td>
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<td>Provision of psychosocial and ancillary services and commodities</td>
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<td>Income-generation interventions for women who inject drugs</td>
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</tr>
</tbody>
</table>

**NOTE:** Where interventions listed in columns 1 and 2 of this chart cannot be included on-site, strong referral linkages should be developed with relevant service providers as available.

Key findings: Global, regional, and country-level coverage of interventions to prevent and manage HIV and hepatitis C among PWID

NSP operating in 93 of the 179 countries and territories where injecting drug use is known to occur (52% of countries where injecting drug use is reported)
**Key findings:** Global, regional, and country-level coverage of interventions to prevent and manage HIV and hepatitis C among PWID

- OST implemented in 86 of the 179 countries and territories where injecting drug use is known to occur
- only 16% of people who inject drugs are receiving OST, against the WHO high coverage indicator of >40%.
Key findings: Global, regional, and country-level coverage of interventions to prevent and manage HIV and hepatitis C among PWID

- 41 countries - HIV test available for PWID
- 17 countries - ART available for PWID
- 22 countries – condoms distributed by programmes targeting PWID

Global, regional, and country-level coverage of interventions to prevent and manage HIV and hepatitis C among people who inject drugs: a systematic review
Sarah Lamey, Amy Peacock, Janni Leung, Samantha Colledge, Matthew Hickman, Peter Vickerman, Jason Grebely, Kostyantyn V Dumchev, Paul Griffiths, Lindsey Hines, Evan B Cunningham, Richard P Mattick, Michael Lynskey, John Marsden, John Strang, Louisa Degenhardt
Key findings: Global, regional, and country-level coverage of interventions to prevent and manage HIV and hepatitis C among PWID

Less than 1% of all PWID live in countries with high coverage of both NSP and OST.

Global, regional, and country-level coverage of interventions to prevent and manage HIV and hepatitis C among people who inject drugs: a systematic review
Sarah Larney, Amy Peacock, Janni Leung, Samantha Colledge, Matthew Hickman, Peter Vickerman, Jason Grebely, Kostyantyn V Dumchev, Paul Griffiths, Lindsey Hines, Evan B Cunningham, Richard P Mattick, Michael Lynskey, John Marsden, John Strang, Louisa Degenhardt
We don’t have access to sexual and reproductive health care services.

I was gang raped when I first arrived here.

We have no methadone here, so I started injecting drugs again.

I am forced to have sex to get any incentive or earned privilege.

I am a woman in prison and...

I have been locked up without a trial for months.

I also inject drugs with used syringe & needle as we can’t get sterile needles-syringes here.

I am pregnant & living with HIV. My treatment stopped since I came here. I don’t want my child to be born with HIV.

I was gang raped when I first arrived here.
HIV prevalence is higher among women in prisons

HIV

Series1
Series2
Series3

1 2 3 4 5 6 7 8 9

UNODC
United Nations Office on Drugs and Crime
UN Joint Programme on AIDS (UNAIDS)

UNODC is the UNAIDS Convening Agency for:

- Drugs & HIV
- Prisons & HIV
“We reiterate our commitment to end by 2030 the epidemics of AIDS and tuberculosis, as well as combat viral hepatitis, other communicable diseases, inter alia, among people who use drugs, including people who inject drugs”

[In line with SDG target 3.3]
“(b) Ensure non-discriminatory access to health, care and social services in prevention, primary care and treatment programmes, including those offered to persons in prison or pre-trial detention, which are to be on a level equal to those available in the community, and ensure that women, including detained women, have access to adequate health services and counselling, including those particularly needed during pregnancy;”

[In line with SDG 5 & 10]
Tools and guidelines
Addressing specific needs of women who inject drugs

Policy brief Women who inject drugs and HIV
Practical guide for service providers on gender-responsive HIV services
Capacity building for service providers and community based organizations
UNODC support to countries

1. Review **drugs & criminal justice law, policies & practices** to determine if they have a negative impact on women
2. Ensure that **HIV policy and programme** are gender responsive
3. Consider effective & humane approaches, e.g. **alternatives to imprisonment** for women including for drug use
4. Involve & support **CSO & CBO representing women who use drugs** in programme design, implementation, monitoring & evaluation
5. Implement & enforce measures to **prevent violence, including sexual violence**, both in community and in prisons
Gender-responsive programming

Examples:

**Programming:** Projects for women who inject drugs in community and women in prison in **Pakistan, Nepal, Afghanistan** and **Ukraine**

**Capacity building:**

- **Skill building workshop** addressing specific needs of women who use drugs
- **Training for CSO** on fundraising for HIV programmes targeting women who use drugs
- **Training for law enforcement officials** on gender responsive HIV services for people who use drugs
Global annual consumption of Morphine Equivalence
61.66 mg per person

6 major opioid painkillers
Fentanyl, hydromorphone, methadone, morphine oxycodone and pethidene

Source:
INCB 2011 and Pain and Policy Studies Group
Disparity in the global consumption or access to pain medication

• One end of the Spectrum are Canada and US with 812 and 749 ME/mg/cap

• Other extreme: Nigeria and Myanmar with 0.014 and 0.015 ME/mg/cap

• High income countries 17 per cent of population account 92% of medical morphine

• Half of the countries reporting to INCB in 2011 consumed less than 1 mg of morphine per person
Per capita consumption of opioid analgesics, 2011 (ME mg/cap)

Prevalence of misuse of prescription opioids in the general population, 2013 or latest available data
Impediment to availability of opioid analgesics

Legislation and policy
- Limitation on # of days supply
- Doses
- Prescription authority
- Special prescription procedures
- Special permissions
- Penalties
- Restriction on # of pharmacies

Attitudes and knowledge
- Health care professional
- Patients their families and general public

Economic and procurement impediments
Overly restrictive laws or regulations

- Do not materially contribute to prevention of misuse
- Disproportionately impede the availability and accessibility

Source
WHO: Ensuring balance in national policies on controlled substances
Paradigm shift
National legislations, regulations and policies need to reflect the balance between

Availability and accessibility
Prevent misuse and diversion

UNODC
United Nations Office on Drugs and Crime
Thank You

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