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Helpdesk Report: Women, harm reduction practices, HIV/AIDS and women as injecting drug users

Date: 20 May 2010

Query: A few key readings on women, harm reduction practices, HIV/AIDS and women as injecting drug users (IDUs)

Enquirer: DFID Central Asia

Content

1. What is harm reduction?

1.1 Overview

"State Parties have obligations under international law and in particular under Article 12 of the International Covenant on Economic, Social and Cultural Rights (ICESCR) to prevent epidemics. Therefore, states have an obligation under international law to pursue harm reduction strategies."
Anand Grover, UN Special Rapporteur on the Right to the Highest Attainable Standard of Health

Harm reduction refers to policies, programmes and practices that aim to reduce the harms associated with the use of psychoactive drugs in people unable or unwilling to stop. The defining features are the focus on the prevention of harm, rather than on the prevention of drug use itself, and the focus on people who continue to use drugs.

Most harm reduction approaches are inexpensive, easy to implement and have a high impact on individual and community health. The objective of harm reduction in a specific context can often be arranged in a hierarchy with the more feasible options at one end (such as measures to keep people healthy) and less feasible but desirable options at the other end. Harm reduction practitioners oppose the deliberate stigmatisation of people who use drugs.

Human rights apply to everyone. People who use drugs do not forfeit their human rights, including the right to the highest attainable standard of health, social services, work, benefit from scientific progress, freedom from arbitrary detention and freedom from cruel inhuman and degrading treatment.

Harm reduction policies and practice must support individuals in changing their behaviour. But it is also essential to challenge the international and national laws and policies that create risky drug using environments and contribute to drug related harms. Harm reduction principles encourage open dialogue, consultation and debate. A wide range of stakeholders must be meaningfully involved in policy development and programme implementation, delivery and evaluation. In particular, people who use drugs and other affected communities should be involved in decisions that affect them.

It is estimated that 15.9 million people inject drugs in 158 countries and territories around the world. In some countries, in particular in Central and Eastern Europe and East Asia, injecting drug use is the primary driver of HIV epidemics. In some places, up to 80 per cent of people living with HIV are likely to have acquired the virus through unsafe injecting. Evidence suggests that more than three million people who inject drugs are living with HIV.

In the region of South-East Asia, only 3 per cent of people who inject drugs have access to harm reduction programs. In East Asia, this figure is 8 per cent. Needle and syringe exchange programs and opioid substitution therapy (OST) sites are currently limited to pilot programs in the majority of countries, reaching very small numbers.

1.2 Key documents

'What is Harm Reduction?' International Harm Reduction Association, 2009.
www.ihra.net/Assets/2316/1/IHRA_HRStatement.pdf

'Human Rights and Drug Policy: Harm Reduction, Briefing 1', Open Society Institute Public Health Program.
www.soros.org/initiatives/health/focus/ihrd/articles_publications/publications/briefing-notes-20100306/ihra-briefing1-20100306.pdf

'Harm Reduction and Drug Use', Open Society Institute Public Health Program.
www.soros.org/initiatives/health/focus/ihrd
This website hosts information and resources on the topic.

World Health Organization's Comprehensive Harm Reduction Package
www.who.int/hiv/topics/idu/harm_reduction/en/
No one intervention will reverse the HIV epidemic alone. Only the implementation of a comprehensive package of interventions - both in the community and in prison settings - will have an effect on the epidemic when they are implemented at a significant scale. This toolkit includes 'Evidence for Action' guidelines for various interventions.

'Resourcing Harm Reduction on a Global Basis: Recommendations from Harm Reduction Networks to the Donor Conference on Harm Reduction', Amsterdam, 29-30 January 2009.
www.ihra.net/Assets/1610/1/2009-01_NetworksBrochure_DonorsConference.pdf
The international evidence is clear that harm reduction not only saves lives, it is also cost effective. This report highlights areas for donor investment have been identified as priorities by the international harm reduction networks, including:

- Funding proportionate to reflect the injecting-driven HIV epidemic
- Increased capacity for the delivery of harm reduction services
- Building the capacity of civil society and affected communities to advocate for harm reduction, including increased advocacy networking and collaboration.

'Breaking Down Barriers: Lessons on Providing HIV Treatment to Injecting Drug Users', International Harm Reduction Development Program, Open Society Institute, 2004.
www.soros.org/initiatives/health/focus/ihrd/articles_publications/publications/arv_idus_20040715/Breaking_Down_Barriers.pdf
This report details successful efforts from around the world to offer ARVs to drug users and the dangers of failing to do so. It refutes negative assumptions about IDUs' ability and desire to be treated for HIV infection. It also presents examples of innovative HIV treatment programmes for drug users in a wide variety of countries, including Argentina, Brazil, France, Hong Kong, Russia, Spain, and USA.

'Reducing Drug Related Harm: An Action Plan', UK Department of Health, 2007.
www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_074846.pdf
This booklet sets out the broad streams of action to be taken in England to enhance harm reduction activities within the drug treatment sector.

1.3 Asia focus

'Good Practice in Asia. Targeted HIV Prevention for Injecting Drug Users and Sex Workers: Viet Nam's First Large-Scale National Harm Reduction Initiative', World Health Organization.
www.wpro.who.int/internet/resources.ashx/HSI/docs/GOOD+PRACTICE+ASIA_Viet+Nam.pdf
In 2003, the Government of Viet Nam started its first large-scale project on HIV prevention targeting injecting drug users and sex workers, with DFID's support. The project achieved notable breakthroughs, introducing new approaches to HIV prevention and harm reduction, and good practice from international experience. This monograph brings together important learning of what worked and why from this early experience in targeted HIV prevention in Viet Nam.
Contact Bridget Crumpton at DFID for further information.

'Drug Injection and HIV/AIDS in Asia', MAP Report, Monitoring the AIDS Pandemic Network, 2005.
www.mapnetwork.org/docs/MAP_IDU Book 24Jun05_en.pdf
Drug injection is a strong driver of HIV infection in Asia, notably parts of China, Indonesia and Viet Nam, where the steepest recent rises in HIV infections are seen among injecting drug users (IDUs). HIV prevalence rates in some IDU populations are extremely high, and the sexual behaviour of IDUs can provide a gateway for HIV to spread among non-injectors.

It is essential for HIV prevention interventions to take into account the complexity of the relationship between drug injection and HIV transmission. The purpose of this booklet is to summarise what researchers have learned about the epidemiology of HIV/AIDS within Asian IDU networks and to discuss the programmatic implications of those findings.

'The Asian Harm Reduction Network: Supporting Responses to HIV and Injecting Drug Use in Asia', UNAIDS Case Study, 2001.
http://data.unaids.org/Publications/IRC-pub05/jc477-ahrn_en.pdf
The drug-use situation in Asia is extremely complex. Asia has major drug-production areas that supply drugs worldwide, and there is significant spillover to local drug-consuming markets from both production areas and trafficking routes. In addition, drugs are diverted to local users from the region's large pharmaceutical industries. Although it is recognised that drug use is tied to the spread of HIV/AIDS, attempts to address this situation have been hampered by lack of cooperation among agencies and by inappropriate interventions. This report highlights the best practice activities of the Asian Harm Reduction Network.

1.4 Africa focus

'Injection Drug Use, Unsafe Medical Injections, and HIV in Africa: a Systematic Review', Harm Reduction Journal 6:24, 2009.
www.harmreductionjournal.com/content/6/1/24
The reuse of injecting equipment in clinical settings is well documented in Africa and appears to play a substantial role in generalised HIV epidemics. The USA and WHO have begun to support large-scale injection safety interventions, increased professional education and training programmes and the development and wider dissemination of infection control guidelines. Several African governments have also taken steps to control injecting equipment, including banning syringes that can be reused.

However, injection drug use (IDU) of heroin and stimulants, is a growing risk factor for acquiring HIV in the region. IDU is increasingly common among young adults in sub-Saharan Africa and is associated with high risk sex, linking IDU to the already well-established and concentrated generalised HIV epidemics in the region. Demand reduction programmes based on effective substance use education and drug treatment services are very limited, and imprisonment is more common than access to drug treatment services.

Drug policies are still very punitive and there is widespread misunderstanding of and hostility to harm reduction programmes, for example, needle exchange programmes are almost non-existent in the region. Among injection drug users and among drug treatment patients in Africa, knowledge that needle sharing and syringe reuse transmit HIV is still very limited, in contrast with the more successfully instilled knowledge that HIV is transmitted sexually. These new injection risks will take on increased epidemiological significance over the coming decade and will require much more attention by African nations to the range of effective harm reduction tools now available in Europe, Asia, and North America.

2. Women as injecting drug users (IDUs), harm reduction and HIV

'Women, Harm Reduction, and HIV: Key Findings from Azerbaijan, Georgia, Kyrgyzstan, Russia, and Ukraine', Open Society Institute Public Health Program, 2009.
www.soros.org/initiatives/health/focus/ihrd/articles_publications/publications/wmhardred20091001/wmhreng_20091001.pdf
Women who use drugs are more vulnerable to HIV infection than male drug users. They share injection equipment and are often 'second on the needle'. Engagement in sex work and low levels of condom use add to their risk of infection. At the same time, women face greater obstacles to accessing the services they need to protect their health. This report examines women's access to harm reduction, reproductive health, and HIV and AIDS services in five countries: Azerbaijan, Georgia, Kyrgyzstan, Russia, and Ukraine. The following topics are included:

- Barriers to appropriate HIV testing and treatment
- Pregnancy and obstacles to parenting
- Domestic violence, police abuse, and lack of legal recourse
- Health insurance and medical costs
- Sexual risk and poor access to sexual health services
- Gender-specific risks and barriers to harm reduction services

'Women's Health and Harm Reduction: Communities Working Together to Save Lives', Public Health Fact Sheet, International Harm Reduction Development Program, Open Society Program, 2007.
www.soros.org/initiatives/health/focus/ihrd/articles_publications/publications/women_20071012/footnoted_20071015.pdf

Many women who inject drugs face discrimination on the basis of both drug use and gender, increasing their vulnerability to HIV, violence and other harms. Punitive policies and practices from governments, health care systems and law enforcement, among others, drive women drug users away from life-saving care and have a particularly negative impact on pregnant and parenting drug users and their children. When women drug users do reach services—whether at a site offering needle exchange and other services to reduce the harms associated with drug use, a drug treatment centre, a women's health clinic, or a women's shelter—they often find them unwelcoming and poorly suited to their needs.

'Women, Harm Reduction, and HIV, International Harm Reduction Development Program', Open Society Institute, 2007.
www.soros.org/initiatives/health/focus/ihrd/articles_publications/publications/women_20070920/women_20070920.pdf
Gender shapes the experience of drug use and its associated risks. In most parts of the world, however, harm reduction and drug treatment programmes that tailor their services to meet women's needs are rare or nonexistent. Many existing services inadvertently exclude women, and discriminatory policies and social stigma drive women drug users from care and expose them to human rights abuses. Women drug users often provide sex in exchange for housing, sustenance and protection, suffer violence from sexual partners and practise unsafe sex.

This paper, drawing upon evidence from existing studies, examines ways in which gender-related factors can increase women drug users' vulnerability and decrease their access to harm reduction, drug treatment and sexual and reproductive health services. It recommends designing services with low-threshold access for women drug users that help them to become more independent, involving the women in designing services and policies, making programmes available for mothers, incorporating sexual and reproductive health into harm reduction services, providing gender-sensitive drug treatment and integrated harm reduction programmes for drug-using sex workers, connecting with domestic violence and rape prevention services and educating mainstream providers. Overall, investigating the circumstances women drug users face will help to formulate policies and programmes that better serve women who use drugs.

'Making Harm Reduction Work for Women: The Ukrainian Experience', Open Society Institute, 2010.
www.soros.org/initiatives/health/focus/ihrd/articles_publications/publications/harm-reduction-women-ukraine_20100429
Ukraine's adult HIV prevalence is the highest of any country in Europe or Central Asia. According to UNDP, women account for 48 per cent of all HIV cases among adults in the country. Regional analysis suggests that this increase is largely attributable, either directly or indirectly, to injection drug use. UNAIDS estimates that 35 per cent of women living with HIV in Eastern Europe and Central Asia acquired the virus through injection drug use, and a further 50 per cent were infected through unsafe sex with partners who inject drugs.

Ukrainian programmes have made great strides in responding to the HIV epidemic among injecting drug users by introducing syringe exchange programmes, methadone and buprenorphine treatment, anti-AIDS treatment, and programmes to prevent mother-to-child transmission of HIV. Yet, these programmes have rarely succeeded in fully accounting for the needs of women drug users.

'Women Living with HIV in Asia', Asian Harm Reduction Network's AHRNews No. 46-47, July 2008-December 2009
www.ahrn.net/AHRN_Newsletter_46w.pdf
This newsletter pulls together several articles about gender, drugs, HIV and harm reduction in Asia. It includes articles that reflect on the multiple complex identities of drug users and highlights how a comprehensive response is essential for curbing HIV. Recent developments

in the field of harm reduction in Asia are highlighted, including views on service delivery as well as global policy reflections.

'Substance Abuse Treatment and Care for Women: Case Studies and Lessons Learned', Drug Abuse Treatment Toolkit, UN Office on Drugs and Crime, 2004.
www.unodc.org/pdf/report_2004-08-30_1.pdf
This document offers suggestions and practical examples for overcoming barriers to access, engaging women in treatment, and promoting gender-responsive treatment including the provision of: outreach services, low-threshold services, community-based rather than residential programmes, and comprehensive treatment for pregnant and newly parenting women, referral networks and provision of OST, particularly methadone, with priority given to pregnant women.

'Women and HIV/AIDS. Confronting the Crisis', UNAIDS, UNFPA, UNIFEM, 2005
www.unfpa.org/hiv/women/report/index.htm
Women account for nearly half the 40 million people living with HIV worldwide. In sub-Saharan Africa, 57 per cent of adults with HIV are women, and young women aged 15 to 24 are more than three times as likely to be infected as young men. Despite this alarming trend, women know less than men about how HIV/AIDS is transmitted and how to prevent infection, and what little they do know is often rendered useless by the discrimination and violence they face.

This report is a call to action to address the triple threat of gender inequality, poverty and HIV/AIDS. Women must not be regarded as victims. They are, in many places, leading the way forward and strategies for survival are pioneered every day on the ground by women living with HIV/AIDS. The report includes policy action recommendations for the way forward.

3. Women IDUs and sex work

'Female Drug Use, Sex Work and the Need for Harm Reduction', Fact Sheet, The Centre for Harm Reduction, The Centre for Harm Reduction, Burnet Institute.
www.burnet.edu.au/freestyler/gui/files//Female%20drug%20use.pdf
More women throughout the world are becoming infected with HIV/AIDS. Most HIV transmission among women comes from unprotected penetrative sex, but research shows the link to injecting drugs is on the rise. Generally, women's drug use is increasing worldwide. Although the number of female IDUs involved in sex work is small, compared to the total number of sex workers or drug injectors, they can contribute disproportionately to the HIV/AIDS epidemic. As with other vulnerable high risk groups, female drug users often lack personal power and skills, experience a lack of community support and access to health care and social services. Too often, services for female IDUs either do not exist or are too under-developed to have an impact on their lives.

'The Overlap Between Injecting Drug Use and Sex Work: Paying Attention to the Needs of Female Drug Users in Asia', by Pascal Tanguay.
www.kit.nl/net/KIT_Publicaties_output/ShowFile2.aspx?e=1029
Drug use – especially injecting drug use – is considered to be one of the key factors in the expansion of the HIV epidemic in Asia. Although women represent a small segment of Asian drug users, their situation is of particular concern. The stigma and discrimination they face is exceptionally intense and keeps them from accessing key health and education services. This is compounded by women and girls' unique vulnerabilities which often place them at greater risk for HIV transmission and other health and social harms. Where harm reduction services are available, too few specifically meet the special needs of women and thus they are often left without concrete options to protect themselves.

4. Women IDUs and prison

'Women and HIV in Prison Settings', United Nations Office on Drugs and Crime, 2008.
www.unodc.org/documents/hiv-aids/Women_in_prisons.pdf
This document examines reasons for women's increased vulnerability to HIV in prison and makes recommendations for responding to women's specific needs, including the development of alternatives to incarceration, the involvement of women prisoners in provision of health services, ensuring health services that are equivalent to those available in the community and providing comprehensive HIV prevention, care and treatment, including sterile injecting equipment, opioid substitution therapy (OCT), antiretroviral drugs (ARVs) and preventing mother-to-child transmission (PMTCT).

'Handbook for Prison Managers and Policymakers on Women and Imprisonment', Criminal Justice Handbook Series, United Nations Office on Drugs and Crime, 2008.
www.unodc.org/documents/justice-and-prison-reform/women-and-imprisonment.pdf
The main focus of this handbook is female prisoners and guidance on the components of a gender-sensitive approach to prison management, taking into account the typical background of female prisoners and their special needs as women in prison. In view of the significant rise in the rate of women's imprisonment in many countries worldwide, the handbook also provides an overview of measures that could be taken to reduce the female prison population.

'Status Paper on Prisons, Drugs and Harm Reduction', World Health Organization, 2005.
www.euro.who.int/document/e85877.pdf
This report summarises the evidence on harm reduction in prisons and aims to provide evidence for action that will reduce the health-related harm associated with drug dependence within to protect and promote the health of those imprisoned in the interest of public health.

5. Harm reduction, human rights and cultural issues

'Harm Reduction and Human Rights: The Global Response to Injection-Driven HIV Epidemics', International Harm Reduction Association, 2008.
www.ttag.info/pdf/HR2SubmissiontoOHCHR.pdf
It is estimated that 15.9 million people inject drugs in 158 countries and territories around the world, with the overwhelming majority (80 per cent) living in low- and middle-income countries. Outside of sub-Saharan Africa, up to 30 per cent of all HIV infections occur through injecting drug use. This document includes a section on the 'Lack of focus on gender and drug use' on pages 16-17. The expansion and redesign of services for girls and women is necessary if the harms related to drug use, including HIV, are to be reduced. As a basis for such approaches, there is a pressing need to understand the differences in drug use between males and females and between different groups of women and girls.

'Cultural Approach to HIV/AIDS Harm Reduction in Muslim Countries', Harm Reduction Journal 2:23, by M. Hasnain, 2005.
www.harmreductionjournal.com/content/2/1/23
Muslim countries, previously considered protected from HIV/AIDS due to religious and cultural norms, are facing a rapidly rising threat. The usual response from policymakers is a major focus on propagating abstention from illicit drug and sexual practices. Sexuality, considered a private matter, is a taboo topic for discussion. Harm reduction, a pragmatic approach for HIV prevention, is underutilised. The social stigma attached to HIV/AIDS, that exists in all societies is much more pronounced in Muslim cultures, and prevents those at risk from coming forward for appropriate counselling, testing and treatment, as it involves disclosure of risky practices.

This article aims to define the extent of the HIV/AIDS problem in Muslim countries, outline the major challenges to HIV/AIDS prevention and treatment, and discuss the concept of harm

reduction with a cultural approach, as a strategy to prevent further spread of the disease. Recommendations include integrating HIV prevention and treatment strategies within existing social, cultural and religious frameworks, working with religious leaders as key collaborators and providing appropriate healthcare resources and infrastructure for successful HIV prevention and treatment programmes in Muslim countries.

6. Additional information

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Websites visited
Addiction journal, Asian Harm Reduction Network; Burnet Institute, Department of Health, Eldis, Eurasian Harm Reduction Network; Harm Reduction Journal, Harm Reduction Works, Home Office, International Harm Reduction Association, IHRA Asia focus, IHRA's 21st International Conference (including general policy fact sheets and briefings), Open Society Institute, Monitoring the AIDS Pandemic, Royal Tropical Institute, UK Harm Reduction Alliance, UNAIDS, UNFPA, UNIFEM Gender and HIV/AIDS Web Portal, UN Office on Drugs and Crime, World Health Organization (including Regional Office for Europe and Regional Office for the Western Pacific)

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