HIV, Hep C and People Who Inject Drugs

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Chair of the Board of Directors
Drugs and HIV have been linked since the beginning.

Regions of the South Hemisphere have a different reality.

Figure 1. Regions in which needle and syringe sharing is the major mode of HIV transmission.

IDU is Major Mode of Transmission, 30-90% of infections.

Regions of the South Hemisphere have a different reality.
UNGASS Community Survey: Insights From INPUD Members

Expectations:

• That there would be more open discussion about drugs and drug policy reform.
• That it would bring change.
• Hoped for leadership from progressive countries.
• Some members had very low expectations for a lack of trust on the consensus system at the UN.
• Dialogue around decriminalization and regulation.
• Recognition that the “Drug-Free” world approach has failed.
• At least a slight easing of the conventions.
• End death penalty and the militarized and full frontal confrontation approach that fuels the war on drugs.
Outcomes:

- “There wasn’t even a real opportunity, so there is no real outcome.”
- Dissappointingly predictable.
- Disastrous.
- There was some slight advances around OST and NSP language and focus.
- “Wasted resources, wasted time, wasted lives.”
- The outcome document had already been written several weeks before.
- Disgrace.
- “Unfortunately if you expect reform, don't look to the United Nations.”
Next steps:

- More energy and attention to country and local level actions and community.
- Need to strengthen our community and organizing capacity.
- More inclusive systems.
- Mobilization at country level, stronger advocacy focus on prohibitionist policies.
- There needs to be a clearer identification, mapping and collaboration amongst pro-reform countries.
- More collaboration between community and governments.
- More research and evidence based and rights based approach to the broad issues around harm reduction and public policy development and implementation.
Funding for lifesaving harm reduction services in low- and middle-income countries is just 13% of what’s needed.

$188 million for harm reduction funding in 2016

$1.5 billion required annually to prevent HIV among people who inject drugs

This funding gap threatens the global HIV response.

www.hri.global
Donor funding for harm reduction has fallen 24% since 2007

New HIV infections among people who inject drugs increased 33% from 2011-15
The majority of people who inject drugs live in upper middle-income countries

55% in UMICs

Yet, harm reduction funding is lowest in these countries

$0.02 per person per day in UMICs

$0.09 per person per day in low and lower middle-income countries
We can start talking about Harms Reduction

- Safe consumption environments
- Harm reduction measures in recreational spaces
- Access to, and availability of, appropriate health care and the development of a “drinking culture”
- A sense of common responsibility by providing straight information on alcohol consumption (and other drugs as well)

- Sexual and reproductive health education
- Condoms
- Basic information on doses and effects of legal and illegal substances
- Basic understanding on how drugs work in the organism
Current Challenges in **HARM REDUCTION**

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Harm reduction funding is not sufficient, strategic or sustainable.

We need:

- Increased Investment
- Community Involvement
- Well-Planned Transitions
Implementing Comprehensive HIV and HCV Programmes with People Who Inject Drugs

PRACTICAL GUIDANCE FOR COLLABORATIVE INTERVENTIONS
All of these materials can be downloaded for free at our website: www.inpud.net
Thank you!

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