

**Developing and Implementing National Policies
on HIV/AIDS and Injection Drug Use:
*A Framework and Guide for Action***

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This document was prepared as a Conference Paper for the 2nd International Policy Dialogue on HIV/AIDS by Diane McAmmond.

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PREFACE

This document was developed as background material for the Second International Policy Dialogue on HIV/AIDS. It was prepared for the International Affairs Directorate of Health Canada, one of the joint sponsors of the Policy Dialogue.

Two companion documents have also been prepared for the Policy Dialogue meeting:

- *Reducing the Risks, Harms and Costs of HIV/AIDS and Injection Drug Use: A Synthesis of the Evidence Base for Development of Policies and Programs*
- *An Overview of Harm Reduction Programmes and Policies Around the World: Rationale, Key Features and Examples of Best Practice*

This Framework and Guide for Action complements and builds upon the contents of the two companion documents, and to the greatest extent possible, does not repeat the detailed information contained in them. The reader is thus advised to use the three documents as a complementary set.

This document is also intended to complement a comprehensive guide produced by the World Health Organization titled *Policy and Programming Guide for HIV Prevention Among Injecting Drug Users*. The WHO Guide provides extensive “how to” advice on policy development at the national, provincial/state and community levels. It also offers in depth information and advice on development and implementation of programs and interventions to operationalize policies.

EXECUTIVE SUMMARY

This Framework and Guide for Action provides information and advice to assist with development and implementation of more effective national policy responses to HIV/AIDS epidemics among and from injection drug users (IDUs). It recognizes the reality that HIV/AIDS among IDUs is an urgent and growing problem in many countries, and that decisive national policy action is crucial for reducing the risks, harms and costs.

Many factors create challenges and barriers to effective policies and programs on HIV/AIDS and IDU. These include, but are not limited to: a lack of knowledge by decision makers and the public about how quickly HIV can spread among and from IDUs, and the serious negative consequences for drug users and for the entire society; a lack of knowledge about the evidence for effectiveness of prevention programs in slowing or halting an HIV epidemic among IDUs; and a lack of political will to act in the face of the difficult and controversial social and legal issues and conflicting agendas surrounding the problem. The Guide provides a framework for action, as well as advice related to these and other key barriers.

National policy is defined as a system of laws, regulatory measures, courses of action and funding priorities concerning a given topic, promulgated by the government of a country or its representatives. Few if any countries have an explicit, comprehensive national policy position on HIV/AIDS and IDU. The policy position is more likely to be a de facto one, consisting of an array of formal and informal elements in different policy sectors. The main elements that usually make up or influence national policy on HIV/AIDS and IDU are a national HIV/AIDS strategy; national drug strategy; national illicit drug control laws and regulations, and the way they are enforced; policies in related sectors such as human rights, health care, social welfare and housing; and the existing array of HIV/AIDS and IDU programs and interventions in place in the country. In many countries there is little or no national policy focus or leadership on the intersection of HIV/AIDS and IDU.

Developing an effective national policy response aims to have all relevant policy sectors, and particularly the criminal justice and health sectors, work together in a complementary fashion – to enable and support a comprehensive set of programs and interventions. The Guide recognizes that national policies must be developed, and then constantly refined and adjusted, within the realities of each country's political, legal, social, and economic environment. It thus provides general information and broad advice that should be applicable or adaptable to a range of circumstances.

Although the broad participation of key stakeholders and affected groups is critically important, in the final analysis it is the government that must lead in the formulation and adoption of national public policies. Development of effective national policy in the complex and controversial arena of HIV/AIDS and IDU requires government leadership commitment at the highest levels. This could include players such as the president or prime minister; vice president or vice prime minister; ministers and permanent secretaries or deputy ministers of key departments such as health, law enforcement, public security, drug control, internal affairs, justice, corrections/prisons, and social welfare; and possibly party

leaders and parliamentarians. In federal systems, state or provincial governments will be important participants, especially if part or all of the jurisdiction for health, law enforcement, corrections or other key sectors lies at the provincial/state level. Municipal/local government participation in the process can also be important, depending on the country context and structure of government. Key civil society players also have a crucial role in advocating for, providing input and advice on, and assisting with implementation of national policy. The involvement of injection drug users, including IDUs living with HIV/AIDS, and the organizations that work with them is particularly critical.

A national policy development process to involve these multiple government and non-government players can be complex and time consuming. Unless it is carefully and pragmatically structured and managed, it runs the risk of not producing an effective policy response in time to prevent or control an HIV epidemic among and from IDUs.

Experience in many countries has shown that empirical evidence and rational problem analysis are not sufficient for the creation of effective or best possible policy on HIV/AIDS and IDU – although they make a key contribution. The national policy development and implementation process is embedded in the political, legal, social and cultural context of the country. The process must therefore bring together the evidence base, the key players, and the realities of the policy environment. The Guide describes the key elements of this process, and the relationships among them. It also provides a framework that could be used as a starting point for developing or strengthening the elements of a national policy response to HIV/AIDS and IDU. Included are possible policy principles, policy objectives and interventions that would constitute an effective policy response, based on existing international evidence. Information and advice on defining and describing the policy issue, operationalizing national policies, assessing success and refining policy directions are also provided.

The efforts of developed, transitional and developing countries to respond to HIV/AIDS epidemics among and from injection drug users raise a number of critical dilemmas and challenges. Virtually all countries have encountered these in one way or another, depending on the country context. Different countries have taken various approaches to address them, with greater or lesser degrees of success. The final section of the Guide provides a brief overview of some of the key challenges and dilemmas, and for each, offers ideas about possible responses. Examples of action in different countries are provided. Seven areas are covered: balancing national policy action with community based responses; achieving a quick and pragmatic policy response while ensuring appropriate broad-based participation; bringing together public health and illicit drug control approaches; addressing HIV/AIDS and IDU risk reduction in prison settings; achieving adequate and sustained program coverage; countering negative attitudes to IDUs; and connecting HIV/AIDS prevention and HIV/AIDS care and treatment.

Developing and Implementing National Policies on HIV/AIDS and Injection Drug Use: A Framework and Guide for Action

1. WHY IS THIS GUIDE NEEDED?

HIV/AIDS is an unprecedented global crisis, and continues to spread world wide. A significant and rapidly growing part of this crisis is the epidemic of HIV/AIDS among and from injection drug users. This Guide provides information and advice to assist with national policy responses to the epidemic.

HIV/AIDS among injection drug users is an urgent and growing problem

Transmission of HIV through activities associated with the injection of illicit drugs, and subsequent development of HIV disease and AIDS in injection drug users, is a significant contributor to increased morbidity, premature mortality, health care costs, economic losses, human suffering and social disruption in a large and growing number of developed, transitional and developing countries.

The number of countries reporting HIV infection among injection drug users increased from 54 countries in 1992 to more than 120 countries in 2001. In some countries, injection drug use (IDU) accounts for over half of HIV infections. In Eastern Europe in 2002, 65% to 90% of new HIV infections were among injection drug users. World-wide, over 10% of HIV infections are attributed to IDU, and this proportion is increasing rapidly.¹

Once HIV is established in the drug injecting population, it can then be transmitted to the wider community through any exchange of bodily fluids, including sexual contact, blood transfusions, organ donations and from mother to child.

Decisive national policy action is a crucial part of the response

The UNAIDS Global Strategy Framework on HIV/AIDS, published in 2001, includes as its first guiding principle, that:

It is the role of national governments, working with civil society, to provide the leadership, means and coordination for national and international efforts to respond to country and community needs.

National government policies are a key means of fulfilling this role. This Guide has been developed recognizing that decisive national policy action in affected countries is a crucial part of an effective response to reduce the risks, harms and costs of HIV/AIDS and injection drug use.

¹ Additional information is provided in the companion document *Reducing the Risks, Harms and Costs of HIV/AIDS and Injection Drug Use: A Synthesis of the Evidence Base for Development of Policies and Programs* That document includes chapters on the international epidemiology and burden of disease, and on the direct and indirect economic costs of IDU and HIV/AIDS.

Infectious disease control and containment of HIV/AIDS and IDU, and judicial control and containment of HIV/AIDS and IDU, have in most countries been dealt with the health and the criminal justice systems, respectively. Goals, strategies and program initiatives in these two areas are often incompatible. Thus, the need to address the conjunction of HIV/AIDS and IDU poses major policy and organizational challenges.

There is clear evidence that early responses to HIV epidemics among and from injection drug users can prevent their spread. Epidemics which have spread can be contained and reversed. Yet many countries have not yet taken the kind of national policy action needed to prevent or contain an epidemic.

This Guide therefore provides information and advice to assist with national policy responses. It should be helpful in countries which are already experiencing significant or rapidly growing HIV/AIDS epidemics among and from injection drug users, as well as those in the earlier stages of the problem. It builds upon the experience of countries and communities which have responded or are now attempting to do so, and on the well established and growing evidence base about successful policy and program interventions.²

At the same time, the Guide recognizes that each country is different, that there is no universally applicable national policy position. Integrated national policies must be developed that recognize the unique aspects of HIV/AIDS and IDU within the country, as well as the conjunction of the two. These policies must then be constantly refined and adjusted, within the realities of each country's political, legal, social, and economic environment.

There are significant challenges and barriers to effective national policies

Because HIV epidemics among and from IDUs can spread so fast, it is essential that measures to prevent HIV transmission among and from IDUs be implemented widely on an urgent and sustained basis. HIV prevention is more effective, and uses less resources, if started before HIV prevalence among IDUs reaches five percent.

Measures to reduce the risk of HIV transmission often seem to conflict with the prevailing legal framework, drug control strategies, and social and religious mores and customs of a country. This creates significant barriers and challenges in developing and implementing effective integrated national policies to reduce the risks, harms and costs of HIV/AIDS and injection drug use.

² A comprehensive review of this evidence base is provided in the companion document *Reducing the risks harms and costs of HIV/AIDS and injection drug use: A synthesis of the evidence base for development of policies and programs*. Further extensive information and examples are provided in the companion document *An Overview of Harm Reduction Programmes and Policies Around the World: Rationale, Key Features and Examples of Best Practice*.

The following are *key factors that create challenges and barriers* to effective policies and programs. Development and implementation of national policies in any country must recognize which of these are relevant in the particular national context, and respond appropriately.

- Decision makers and the public often lack knowledge about how quickly HIV can spread among and from IDUs, and the serious negative consequences not just for drug users, but for the entire society.
- Decision makers and the public are often unaware of the evidence for effectiveness of prevention programs in slowing or halting an HIV epidemic among IDUs, as well as evidence that feared negative effects such as increased illegal drug use, do not result.
- In most countries, IDUs are stigmatized and discriminated against. They are often seen as less than human in one way or another. This is mostly a result of the illegal status of injection drug use, and the marginalized living circumstances of many IDUs, which result from their illegal status. Images of IDUs as depraved or evil have sometimes been conveyed by drug abuse prevention programs. In many countries, strong moral and religious beliefs about the evils of drug use also contribute. As a result, prevention of HIV epidemics among drug users may be seen as a lesser priority than prevention or care for more 'worthy' citizens.
- HIV/AIDS and IDU are both complex phenomena, and their intersection creates very difficult social and health issues. Solutions will inevitably require politicians and senior bureaucrats to deal with controversial issues that involve many conflicting agendas, and have no clear solutions. Policy decision makers may be unwilling to take the political risks necessary to tackle the issues.
- In some transitional and developing countries, there is a lack of experience in dealing with addictions and injection drug use issues and related problems, which can create reluctance to act.
- In many countries that have experience with IDU, there is a strong belief in and commitment to drug abuse treatment and criminal justice approaches which have as the only acceptable goal complete abstinence from drugs, and a drug free society – in spite of evidence that such approaches are not effective, either in preventing drug use or HIV transmission, and may worsen the problem through ghettoization and stigmatization.
- Needle and syringe exchange programs and other harm reduction initiatives often violate the letter of the law, in which case law enforcement officials will see them as conflicting with their duty to enforce the law. Although local officials may not strictly enforce these laws, the situation is ambiguous. Enactment of appropriate legislative or formal administrative provisions would alleviate this problem. But there can be powerful resistance to such change from those who have vested interests in maintaining current criminal justice and drug treatment approaches, which are viewed as an essential part of broader strategies to prevent and control illicit drug use.

- Municipal governments and community organizations often oppose prevention and support programs for IDUs, fearing they will create an influx of IDUs, compromising the safety and diminishing the amenity of neighborhoods where programs are located.

2. WHAT CONSTITUTES NATIONAL POLICY ON HIV/AIDS AND IDU?

Definition

In general, national public policy can be defined as a system of laws, regulatory measures, courses of action and funding priorities concerning a given issue or topic, promulgated by the government of a country or its representatives. National policies must be developed, and then constantly refined and adjusted, within the realities of each country's political, legal, social, and economic environment.

National public policy provides guidance or direction about effective action on the issue or topic of concern, and enables or facilitates that action, including the choice of intervention methods, and the allocation of resources to the issue area.

Few if any countries have an explicit, comprehensive national policy position on HIV/AIDS and IDU. The policy position is more likely to be a de facto one, consisting of an array of formal and informal elements in different policy sectors. Usually these are uncoordinated, and often some elements conflict with others. Unfortunately, in some countries with growing HIV epidemics among and from IDUs, or a significant risk of an epidemic, there is little or no national policy focus or leadership on the intersection of HIV/AIDS and IDU.

In most developed and many developing and transitional countries, drug abuse policy is formalized within a powerful, long-standing and fairly rigid legislative and law enforcement framework. This framework almost always conflicts with pragmatic public health and AIDS policy to reduce the risks and harms of HIV/AIDS and IDU, which tends to be weaker and less formalized than drug abuse prevention and control policy.

What would be an 'ideal' national policy situation?

Ideally, an effective national policy response to reduce the risks, harms and costs of HIV/AIDS and injection drug would recognize the urgency and priority of the issue. It would adopt, at the highest levels, clear policy aims, principles, and objectives with explicitly stated intended outcomes. These policy elements would prescribe a consistent approach by all policy sectors, enable implementation of programs and interventions at the local level that have been proven effective, and result in allocation of the necessary resources. There would be high level leadership and political will to ensure compliance with the consistent approach. This would include willingness to change existing laws, policies and practices that do not support, or which work against, the agreed policy aims, principles and objectives.

Given the challenges and barriers outlined in the previous section, achieving this ideal is a daunting undertaking, not yet fully accomplished by any country. However, some countries (mostly in western Europe) have made significant progress. This Guide presents ideas and advice about how to move towards this "ideal" policy situation, recognizing the urgent need for a quick response to prevent or control HIV epidemics among IDUs.

One of the key lessons, discussed in more detail in Section 5 of this Guide, is that lengthy and complex national policy consultation processes, and development of high level policy documents, do not necessarily lead to timely action 'on the ground'. In fact, this has seldom happened. More often, an urgent crisis at the local level has been met with a pragmatic harm reduction response, which conflicts with national drug policies and laws. In a few countries, these local responses have stimulated some national policy change, but seldom have local responses been driven by national policies.

What are the main elements of national policy on HIV/AIDS and IDU?

The following are the main national policy elements that relate to the intersection of HIV/AIDS and injection drug use. In a particular country, the specific elements will depend on the political, legal, social and cultural context; the nature and stage of the HIV/AIDS epidemic among and from IDUs; the stage of development of the national response to HIV/AIDS; and the extent to which injection drug use has been recognized as a part of the HIV epidemic, including the priority it is given, and the predominant approach to drug abuse prevention and treatment. These policy elements, singly or in combination, can have a positive or negative influence on HIV epidemics among and from IDUs, depending on their content and interactions.

- *National HIV/AIDS strategy, strategic plan or action plan.* The strategy may be very general in nature, setting broad principles and goals. It may also include considerable detail about specific measurable objectives, programs, interventions and expected outcomes. In most countries, the strategy includes a theme on HIV/AIDS and IDU. The strategy may or may not allocate specific priority and resources to HIV/AIDS and IDU.
- *National drug strategy or action plan.* This deals with control of illicit drug supply and demand, sometimes including strict enforcement of paraphernalia laws which criminalize possession of injecting equipment, even in the absence of drug possession. Drug strategies usually include components on prevention of IDU, and drug treatment and rehabilitation of injection drug users. Currently in most countries, the principles and components of the national drug strategy emphasize abstinence from drug use, voluntary or otherwise, as the only acceptable outcome and rely primarily on criminal justice approaches to control and punish drug use. These principles and approaches conflict with public health approaches such as needle exchanges that have been proven effective for preventing HIV epidemics among and from IDU.
- *National drug laws and regulations, and policies and practices for enforcement of those laws.* Drug laws invariably criminalize injection drug use, and their strict enforcement can be a significant barrier to effective interventions to prevent HIV epidemics among and from IDUs. However, in some countries, there has been a decision at the highest levels of government not to enforce and prosecute certain provisions of drug laws (usually possession for personal consumption). If explicit directives to this effect are issued by justice authorities, this could be considered as formal policy. Or the decision may be communicated less formally, but would still constitute de facto national policy.
- *International drug control treaties.* These prescribe legal control mechanisms which signatory countries are obliged to implement, including consequences of illegal drug use or possession, and possession of paraphernalia such as injecting equipment. While such

provisions may appear to limit a country's options for implementing effective HIV prevention approaches for IDU, the predominant international view is increasingly that the treaties leave adequate space for necessary interventions to prevent HIV transmission.

- *Related public policies in multiple sectors.* Policies in sectors other than public health and criminal justice have an important influence on the response to HIV/AIDS and IDU. Such policies can help establish a social environment in which people can make consistent, safe choices in relation to injection drug use. This means addressing issues such as poverty, homelessness, poor health status, vulnerability, unemployment and discrimination. Human rights legislation and practices, as well as policies and funding priorities in key sectors such as social welfare, health care and housing, thus have an important part to play.
- *Specific programs and interventions* to prevent HIV transmission among and from IDUs may exist in different parts of a country (e.g. needle exchanges, outreach programs). These will have overcome, or worked around, legal and other constraints, usually through informal arrangements at the community or state/provincial level. The existence of such initiatives can be thought of as constituting informal or de facto policy. In some countries, these have been the stimulus for development of a more formal national policy position. (This 'bottom-up' influence on national policy making is discussed further in Section 5 of this Guide.)

Most of the preceding policy elements either fall into the public health arena or the illegal drug control arena. Experience in many countries has shown that a successful response to prevent HIV epidemics among and from IDUs addresses the problem primarily as a public health issue. In countries where HIV/AIDS and IDU is viewed essentially as a criminal justice issue, epidemics have not been prevented or controlled. The ideal response is cooperative involvement of the two sectors, right from the start, with the focus on prevention of an urgent public health crisis.

The process of developing an effective national policy response aims to have all relevant policy sectors, and particularly the criminal justice and health sectors, work together in a complementary fashion – to enable and support a comprehensive set of programs and interventions that will reduce the risks, harms and costs of HIV/AIDS and IDU. This is a complex process involving many players, factors and considerations. Its success is crucially dependent on leadership from the highest levels, and the will and capacity to set priorities that focus pragmatically on solutions which the evidence shows will be effective.

3. KEY PLAYERS IN DEVELOPING NATIONAL POLICY ON HIV/AIDS AND IDU

Although experience shows that the broad participation of key stakeholders and affected groups is critically important, *in the final analysis it is the government that must lead* in the formulation and adoption of national public policies. Experience in several countries demonstrates that development of effective national policy in the complex and controversial arena of HIV/AIDS and IDU requires leadership commitment at the highest levels. This is necessary to bring attention to the issue, establish it as a priority, and ensure appropriate

allocation of resources. It is also important in ensuring that participation in the development of national policy, which inevitably involves the balancing of many different points of view from multiple sectors and players, including conflicting agendas and competing priorities, is pragmatic, streamlined and results in a timely and effective response to this urgent issue.

Government Leadership and Participation

Without high level national government leadership, some progress may be possible, but it is unlikely to be sufficient to prevent or control HIV transmission among and from IDUs. This leadership could include players such as the president or prime minister; vice president or vice prime minister; ministers and permanent secretaries/deputy ministers of key departments such as health, law enforcement, public security, drug control, internal affairs, justice, corrections/prisons, and social welfare; and possibly party leaders and parliamentarians. The specifics will vary depending on the structure of government and the political context in a particular country.

National government officials, managers, technical experts and program staff from the affected policy sectors also have a crucial role in the policy development and implementation process. They are the players who are most likely to have in-depth knowledge of the policy issue and its manifestations. They will have linkages with key non-government stakeholder and partner groups at the national and community level. Most often they are the source of policy analysis and advice to senior political decision makers and leaders. When there are conflicts among different policy sectors (e.g. between public health and law enforcement approaches), these government officials and staff will be very aware of the causes and consequences of the conflicts. They may suggest and champion/advocate for solutions, and sometimes informally put them in place in government programs at the community level, even where there is resistance to change at higher levels. This can provide a valuable impetus for change, and provide examples of measures that could be integrated into national policy. On the other hand, government officials and staff can hold strong views that actively hinder policy changes needed to resolve conflicts between policy sectors.

In federal systems, the state or provincial governments will likely be important participants. If part or all of the jurisdiction for health, law enforcement, corrections or other key sectors lies at the provincial/state level, their involvement is essential. In some countries, the impetus for change of national policies or laws to enable a more effective response to HIV/AIDS and IDU has come from the provincial/state level. But conflicts between federal and provincial/state governments on key policy issues are not uncommon, and the process of developing and implementing national policy must include effective mechanisms for identifying and resolving such conflicts.

Municipal/local government participation in the process of developing and implementing national policy on HIV/AIDS and IDU may also occur, depending on the country context and structure of government. In most countries, the largest epidemics of HIV/AIDS and IDU are in the large cities, although increasingly the problem is spreading to smaller communities and rural areas. In many countries, interventions to prevent HIV among and from IDUs have been established at the local level (sometimes by local government, sometimes by non-government organizations, often by these players in partnership), to

respond to an urgent local crisis. These have sometimes created attention and stimulated action at the national level, but more often they operate in the absence of national (or provincial/state) policy or support.

Civil Society Participation

Key civil society players have a crucial role in advocating for, providing input and advice on, and assisting with implementation of national policy. The particular stakeholders, interest groups and key influencers that need to be involved, and the level at which this occurs, will depend on the country context.

Two groups are critically important: injection drug users, including IDUs living with HIV/AIDS, and the organizations that work with them. These groups are in an excellent position to understand how the policy will affect them, and can provide valuable input on the barriers that exist, the people most likely to oppose the policy, and the problems it could create. Being involved in the development process helps ensure IDUs will support the policy and work together to make it successful. In some countries, mostly developed countries, IDU peer organizations exist and can provide a focal point for participation. In other countries, participation of IDUs can often be facilitated by NGOs which work with them.

Other civil society stakeholders, groups and networks at the national level that can make an effective contribution to the national policy process, depending on the country context, include:

- AIDS organizations
- Public health organizations
- Health professional and health care organizations
- Law enforcement organizations
- Drug prevention and treatment organizations
- Harm reduction organizations
- Human rights organizations
- Legal advocacy organizations
- Social welfare and social policy organizations
- Academic institutions
- Media organizations
- Religious organizations
- Business organizations

International organizations such as UNAIDS, WHO, UNODC, UNDP, Family Health International, Open Society Institute, and World Bank, as well as international development agencies from developed countries, have played a role in facilitating work to develop national policies on HIV/AIDS and IDU in transitional and developing countries. This may consist of advice and financial support for assessment of HIV and IDU epidemics and their consequences, identification of solutions and the policy supports needed for these, and

development of national strategies and action plans (either for HIV/AIDS generally and/or specifically focused on HIV/AIDS and IDU). International organizations have also been very important as funders of pilot or small scale projects such as needle exchanges in developing and transitional countries.

A national policy consultation process involving these multiple players can be complex and time consuming. Unless it is carefully and pragmatically structured and managed, it runs the risk of not producing an effective policy response in time to prevent or control an HIV epidemic among and from IDUs. More discussion of this issue is presented in Section 5 of the Guide.

4. A FRAMEWORK FOR NATIONAL POLICY ACTION

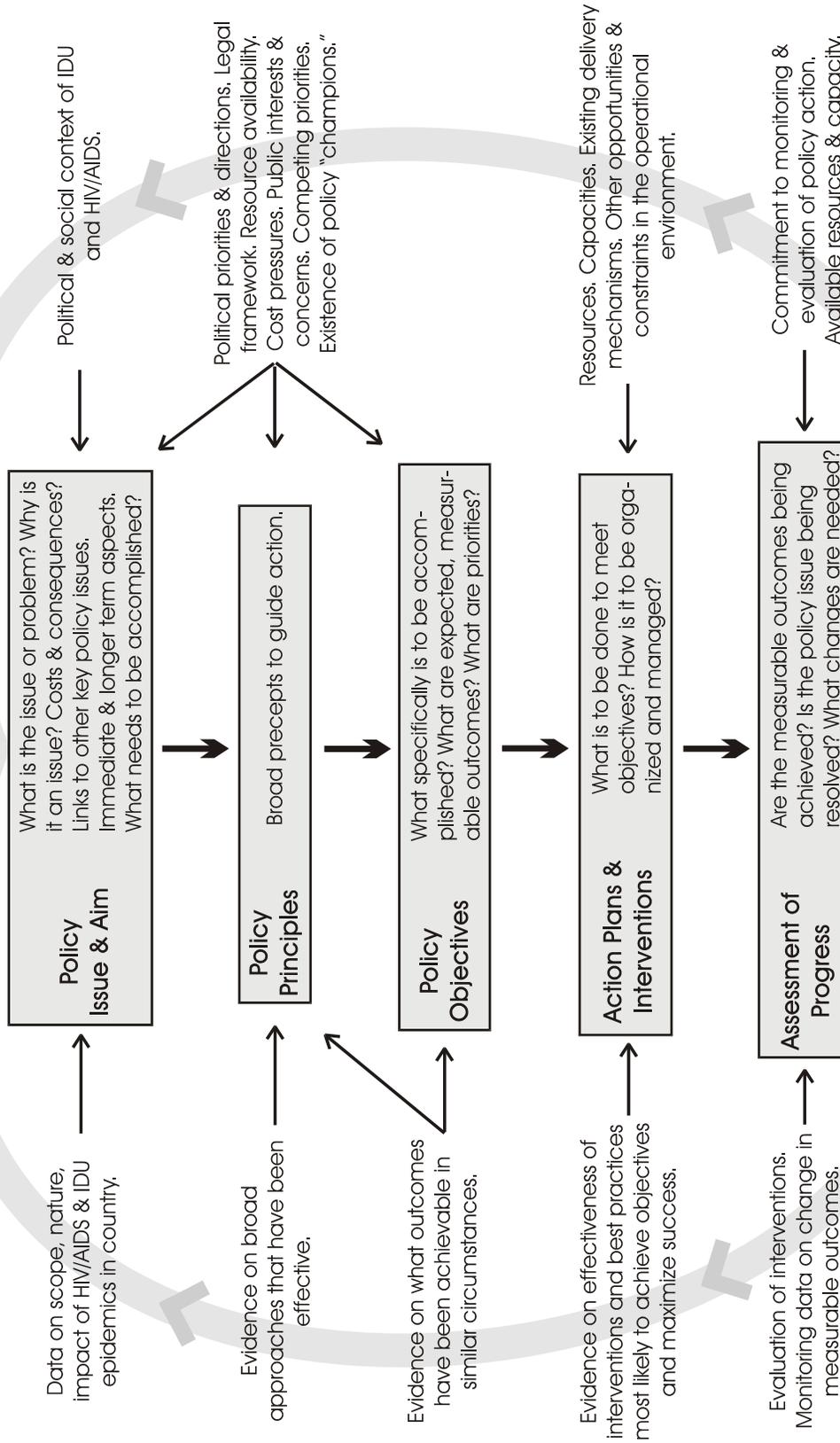
Experience in many countries has shown that empirical evidence and rational problem analysis are not sufficient for the creation of effective or best possible policy on HIV/AIDS and IDU – although they make a key contribution. The national policy development and implementation process is embedded in the political, legal, social and cultural context of the country. The process must therefore bring together the evidence base, the key players, and the realities of the policy environment.

The diagram on the next page illustrates, at a general level, the key elements of and influences on a national policy framework. The remainder of this section of the Guide presents information and advice about the elements of the framework as they apply to national policy to reduce the risks, harms and costs of HIV/AIDS and IDU.

Policy Framework

Evidence Base

Policy Environment



Understanding and Defining the Policy Issue

Before effective policy action can be taken, the issue needs to be clearly defined and described and the policy aim made clear. Experience shows that if you get the problem wrong, you are likely to get the solution wrong. The more clearly and fully the issue is understood, the more likely it is the solutions will be appropriate, feasible and effective.

First and foremost, it needs to be clear that the policy focus is the intersection of HIV/AIDS and IDU. This is essential to avoid delays in effective policy action because of perceptions that no progress can be made without addressing and resolving the very difficult issues surrounding the overall prevention and control of illicit drug use. This is a legitimate and important longer term goal for the drug abuse field, but evidence and experience had shown it cannot be a central concern of effective and timely policies to reduce the risks, harms and costs of HIV/AIDS among IDUs.

Several countries have taken a pragmatic approach which recognizes that the illegal drug problem is a long term one requiring long term solutions, while the AIDS epidemic is an urgent threat requiring immediate and decisive intervention to prevent HIV transmission among and from IDUs (even though such action might not otherwise be taken if the only concern was the use of illicit drugs).

There is no reason why the approaches and interventions that reduce HIV spread among IDUs should threaten national efforts to prevent and control illicit drug use. But an acceptance of this requires discussion, negotiation and good will between the public health and criminal justice sectors. This must include an acknowledgement that national drug abuse prevention and control strategies are important and legitimate. Experience shows that conflicts can be resolved, but the negotiations can be difficult and are unlikely to succeed without high level political leadership and support. Section 5 of the Guide discusses strategies that have helped in bringing together public health and criminal justice approaches.

Definition of the policy issue must consider immediate and longer term threats, risks and opportunities. It must recognize the need for rapid, but also for sustained, action. The challenge is to take the policy actions that will enable pragmatic and immediate solutions to the urgent need to prevent HIV transmission among and from IDUs, while continuing to work toward more comprehensive and integrated policy solutions over the longer term. Therefore, it is helpful to conceptualize and structure the policy development and implementation process as having urgent, short term elements as well as longer term elements.

Gathering the information needed to define and describe the policy issue:

The policy issue definition and description should be informed by data about the HIV/AIDS and IDU epidemics in the country, and data on the health and other consequences of the epidemics.

Information about the national policy environment is also crucial. This includes information about such factors as:

- Political priorities and directions;
- Existing AIDS and related health policies;
- Existing drug laws and law enforcement policies;
- Related policies such as social welfare and human rights;
- Social beliefs, values, interests and concerns regarding HIV/AIDS and IDU;
- Economic/financial factors and budget priorities;
- Whether there is any prior successful experience in the country in dealing with a complex issue that cuts across policy sectors and involves policy conflicts, and if so, what enabled success; and
- Existence of key opinion leaders and powerful advocates (individuals or organizations), inside or outside government, who can help bring about needed policy change.

The WHO publication *Policy and Programming Guide for HIV Prevention Among Injecting Drug Users* noted earlier describes how to conduct a Rapid Situation Assessment and Response as the first step in developing HIV/AIDS and IDU policies and programs. Although not specifically focused on the national policy level, it provides useful guidance for developing a better understanding both of the HIV and IDU epidemics and their consequences, as well as the policy environment. The process is designed to quickly generate practical information to help with issue definition and description as well as to suggest appropriate responses, in light of the problem definition and analysis.

Policy Principles

Evidence and experience in various countries indicate that effective policy approaches and the most successful interventions are informed and guided by principles such as those below. Each country must develop its own principles, but the following can serve as a model and starting point.

Pragmatism. The need for an urgent response requires that the scope of policy action be clearly defined and pragmatically limited to factors that reduce the immediate risks and harms of HIV/AIDS transmitted through injection drug use. If too much has to be changed, speedy progress is unlikely. Thus, the very challenging issue of overall prevention and control of illicit drug use must not become a major focus, although links with drug control policies and strategies will be needed.

Intersectoral Policy Focus. Effective policy action must recognize the health factors, the legal framework and law enforcement practices, and the cultural, social and economic environments in which HIV/AIDS and IDU emerge.

Comprehensive Response. The most effective policy response will include objectives and interventions that comprehensively address the range of factors which contribute to the

risks, harms and costs of HIV/AIDS and IDU. This will include actions to reduce the risk of infection, to reduce vulnerability to infection created by factors such as stigma and social exclusion, and to reduce the negative impact on those infected and affected and their communities. An effective comprehensive response will be understood in light of the principle of pragmatism presented above, and will of necessity require immediate as well as longer term elements.

Broad Involvement. Input about policy objectives and action to accomplish them should involve appropriate representatives of all levels of government, key civil society organizations in sectors concerned with HIV/AIDS and IDU, professional organizations, and affected client groups. Involvement from the community level is essential. This broad involvement must be accomplished in a timely way, in light of the above principle of pragmatism.

Evidence Based. Policy development should be informed by empirical evidence about reducing the risks, harms and costs of HIV/AIDS and IDU, recognizing that evidence must be considered within a real world policy environment characterized by existing political directions, competing priorities, public pressures, and resource constraints.

Awareness and Advocacy. Informed individuals and groups have a key role to play in stimulating and facilitating decisive policy action. Politicians, people living with HIV/AIDS and IDU, people working in the health, social services and law enforcement fields, other key interest and advocacy groups and the general public need accurate and accessible information so they can understand the risks, costs and harms of HIV/AIDS and IDU, and effective responses.

Policy Objectives

Once the policy issue and aim are clearly defined and the policy principles have been articulated and agreed upon, it is possible to develop objectives that will contribute to resolution of the issue. Objectives should be conceived and stated so that measurable outcomes for them can be developed, and indicators of progress and success can be developed.

Objectives must recognize the realities of drug use and drug using groups, and focus on reducing the risk of HIV transmission among and from all affected groups. Objectives must aim to reduce risks for users in many different stages of illicit drug use including:

- People who are currently injecting and are unable or unwilling to stop
- People who are currently injecting, and wish to stop injecting but are unable or unwilling to cease all drug use
- People who wish to cease drug use
- People who are beginning to experiment with drug use, whether or not they are injecting

Evidence (see Fischer et al, 2003) and experience from many countries shows that, if prevention of HIV among and from IDUs is to be effective, objectives should focus on the following three areas, with the greatest immediate emphasis given to the first.

- Prevention of HIV transmission among and from drug users who are injecting
- Cessation of injection among illicit drug users
- Cessation of illicit drug use by current drug users

Specific objectives will depend on the country context, but the following are based on evidence and experience, and can serve as a general model and starting point. All of these objectives are an important part of an effective, comprehensive response. Maximum success in preventing HIV among and from IDUs, and in reducing the risks, harms and costs of HIV/AIDS and IDU, will be compromised if any of these key objectives are ignored.

1. Reduce exposure to HIV of those who inject drugs, by decreasing use of HIV contaminated injecting equipment and increasing adoption of safer injecting practices, including less frequent injection.
2. Reduce the proportion of the population of illicit drug users who inject drugs, through access to appropriate and effective drug education, treatment and supports, including drug substitution treatment.
3. Increase access to drug education and drug treatment for drug users desiring to completely cease illicit drug use.
4. Improve the health and living conditions of IDUs, in order to reduce their vulnerability and improve their capacity and supports for adopting safer injecting practices, and/or for reducing or ceasing injection drug use.
5. Increase the proportion of HIV infected IDUs who have access to, and are able to comply with and benefit from HIV/AIDS treatment.
6. Reduce sexual transmission of HIV between IDUs and their sexual partners, with a particular focus on IDUs who engage in sex work.
7. Ensure that IDUs in the highest risk and most marginalized situations (e.g. those in prison, those who are doubly marginalized because of factors such as ethnicity, gender or sexual orientation) have access to HIV risk reduction and treatment opportunities that address their unique needs.
8. Ensure that drug control laws and their interpretation and enforcement are complementary to, and do not hinder, measures that have proven effective in reducing transmission of HIV through injection drug use.
9. Improve the empirical evidence base to guide development and delivery of HIV/AIDS and IDU policies and interventions, including actions to fill major gaps in the evidence base (e.g. effectiveness of supervised injection sites, effective drug substitution/maintenance methods for stimulant injectors).

The operationalization of these objectives is enhanced by an enabling environment characterized by both respect for the human rights of drug users, whether injecting or not, and life skills, communication and competency training of young people to enhance their capacity to make health choices concerning drugs, tobacco, alcohol, and sexual risks.

Action Plans and Interventions to Operationalize National Policies

Policy direction is useless without implementation. National policy direction on HIV/AIDS and IDU must be operationalized and implemented through appropriately resourced programs and interventions. This requires the same kind of high level leadership and support that is so important for development of the policy directions. Without this continued leadership and commitment, policy and strategy documents tend to end up “on the shelf”.

The way national policy direction is operationalized and implemented will depend on the country context, including the size and structure of the country (e.g. small unitary state vs. large federal state); the nature, distribution and extent of HIV and IDU epidemics throughout the country; and the available resources and capacities for developing action plans and implementing programs and interventions.

Action Planning

In general, national policy on HIV/AIDS and IDU should provide the broad, high level direction and facilitating provisions which stimulate and enable the most appropriate action at the local level. HIV/AIDS and IDU epidemics are most urgent, visible and have the biggest impact at the local level. It is usually easier and more necessary for local government and community agencies and organizations to respond quickly. As well, different cities and different parts of the country will face different situations, and thus require the ability to develop flexible solutions that fit the local context. Experience shows that development of detailed action plans and selection of specific interventions is best done at the local level (and to some extent at the state/provincial level in federal states), within a broad enabling framework of national policy. This local planning can be guided by the same type of Rapid Situation Assessment and Response approach described earlier in the section of the Guide on defining the policy issue.

A national action plan on HIV/AIDS and IDU, to serve as a bridge between broad national policy directions and detailed local action plans, will probably be needed, but it must allow sufficient local flexibility. It should not prescribe in detail or attempt to micro-manage local action, but may provide concrete guidance on matters such as priorities, operational guidelines, interventions known to be effective, funding, mandatory requirements, etc. The national action plan, and local plans, should emphasize implementation of methods and initiatives which have been demonstrated to lead to relatively quick and dramatic results in reducing the risks, harms and costs of HIV/AIDS and IDU.

Priority setting is a crucially important aspect of national and local action planning. This is an important point in any country, but is particularly important in transitional and developing countries where the national economic situation may be dire, and resources for health and social initiatives extremely limited. Scarce resources must be put to the best possible use, so

priority must be given to pragmatic actions and interventions that the evidence indicates will be most successful.

Development of a national action plan should involve representatives of key stakeholder and affected groups (as described earlier in Section 3 of the Guide) from national and local (and state/provincial where appropriate) levels. A consultation and planning process to involve multiple players from multiple levels can be complex, costly and time consuming. It is thus essential to ensure that it is carefully and pragmatically structured and managed, so as to produce an effective plan in time to prevent or control an HIV epidemic among and from IDUs.

Advice and financial support from international organizations has been essential in developing and implementing action plans in developing and transitional countries with very limited resources and limited capacities for national and local action planning.

Interventions

The following interventions constitute key elements of a comprehensive response to meet the policy objectives outlined earlier in the Guide. A national action plan should clearly enable these types of interventions, and development of local action plans should carefully consider the best mix of appropriate interventions. Rigorous evaluation has consistently demonstrated that the following interventions are effective in preventing HIV/AIDS among and from IDUs. More information on evidence for effectiveness of interventions and best practices is provided in the companion documents to this Guide (Fischer et al, 2003 and Riley, 2003).

- AIDS education to inform IDUs about HIV transmission and prevention
- Needle and syringe exchange programs.
- Flexible drug treatment programs with varying purposes. These should meet the needs of a range of IDUs who want treatment, including:
 - maintenance on a non-injected form or analogue of the drug of choice (e.g. methadone) for those who are currently injecting and wish to stop injecting, but are unable or unwilling to cease all drug use (currently available for opioid but not stimulant using IDUs, although Britain has used smokable cocaine as a substitute for injected cocaine, with some success);
 - access to safer forms of injection drug use, such as supervised injection of clinical quality heroin, for IDUs who are unable to cease injection drug use; and
 - abstinence oriented approaches for those who wish to cease illicit drug use.
- Inclusion of HIV counselling and testing in drug treatment programs.
- Low threshold programs to respond to immediate needs of IDUs by providing, for example, easy access to basic food supplies, personal hygiene aids, emergency shelter, legal aid, spiritual assistance, drug treatment (e.g. methadone) with minimum rules or requirements, and referrals to other health and social services.

- Outreach programs, often using peers, to provide information and education, linkages with health and social services, and risk reduction supplies (e.g. condoms, bleach to clean injection equipment, clean needles and syringes) on the street or in locations frequented by IDUs.
- Education and resources (e.g. condoms) to prevent sexual transmission of HIV, targeted specifically at needs and circumstances of IDUs.
- Treatment, care and support for IDUs living with HIV/AIDS and their families, including access to affordable clinical (including anti-retroviral treatment and management of opportunistic infections) and home-based care, essential legal and social services, psychosocial support and counselling services. Services must address unique health needs of IDUs, recognize co-morbidities (e.g. other infectious diseases, mental health problems) and respond to often chaotic living circumstances that can be a barrier to effective HIV treatment.
- Risk reduction measures in correctional facilities (very high risk environments for HIV/AIDS and IDU) including condom distribution, bleach to clean injecting equipment, needle exchange, and methadone or other opioid maintenance.
- Programs such as the above, specifically designed to serve IDUs whose unique needs are only partly or not met by standard programs and services, including female IDUs, lesbian/gay/bisexual/transsexual IDUs, and ethnic minority IDUs.

Supervised injection sites (SIS) are a type of intervention that could help reduce risks related to IDU and HIV. Although there is not yet a strong body of evidence based on rigorous outcome evaluation, there is anecdotal and observational evidence for the effectiveness of this type of intervention, and such programs have been well received in countries where they exist. These programs, also called safe injection sites or drug rooms, provide clean needles and syringes, a safe and hygienic environment where IDUs can inject themselves, basic health and social services, and specialist referrals where needed. The goals are to reduce overdose deaths and transmission of infectious disease, including HIV; reduce public order problems such as discarded needles in public places; and connect IDUs with services to help reduce vulnerability, including social, health and possibly drug treatment services. SIS currently exist only in the Netherlands, Germany, Switzerland and Australia. Outcome and economic evaluation of the Sydney, Australia site is now underway. In February 2003, the Federal German Parliament enacted a legislative framework for SIS that had been operating on a semi-legal basis for years. Canada has recently taken steps to establish, and conduct research into the effectiveness of SIS.

Delivery Methods. Evidence shows that the following delivery modes and approaches are most likely to maximize the effectiveness of the above interventions.

- Strong emphasis on community-based and peer delivered services, to complement institutionally-based services.
- Involvement of those living with HIV/AIDS and of IDUs in design, delivery and evaluation of programs and services, ensuring opportunities for the most marginalized and stigmatized groups to participate.
- Collaboration or linkages among programs and service providers in different fields or sectors, including health, criminal justice, and social welfare.

Assessment of Success and Refinement of Policy Directions

It is important to recognize that policy is not static. It is not something that is developed once and placed on a shelf. It needs to be monitored and reviewed regularly and be flexible enough to change as the circumstances change. This is particularly important in HIV/AIDS where changes are occurring continuously and often at a rapid rate. It is also important because policy directions affecting HIV/AIDS and IDU usually include informal elements (such as tacit agreement by police officials not to enforce certain drug control laws), and thus can "drift" in undesirable directions under the influence of one or more major players, or become less useful as circumstances change.

Monitoring and evaluation of progress in resolving or improving the policy issue and achieving the measurable policy objectives requires commitment from the highest political and bureaucratic levels, right from the beginning. This must include up-front allocation of resources to develop measurable indicators for the objectives, and resources to establish the capacity to monitor progress. It also requires setting of priorities about the most important things to measure and monitor.

High level commitment to a meaningful assessment and reporting of results must be sustained over time. Too often, agreement in the face of a crisis on the need to monitor and evaluate is followed by disinterest as time passes. In addition to appropriately resourced mechanisms for monitoring progress, a formal mechanism involving key stakeholders at the highest levels is needed to review progress and make decisions about how to refine policy elements, and change policy directions if necessary, based on monitoring data.

Experience has shown that a "policy champion" such as the Minister of Health can have a very powerful influence in assuring an ongoing commitment to the policy directions, including resolution of conflicts among policy sectors, and ongoing refinement of the directions and their implementation.

The publication *Policy and Programming Guide for HIV Prevention Among Injecting Drug Users* (WHO, 2003) provides more detailed information on methods for designing and implementing mechanisms for monitoring, evaluation and refinement of policy directions.

5. DEVELOPING NATIONAL POLICY ON HIV/AIDS AND IDU IN THE REAL WORLD: KEY DILEMMAS AND POSSIBLE RESPONSES

The efforts of developed, transitional and developing countries to respond to HIV epidemics among and transmission from injection drug users raise a number of critical dilemmas and challenges. Virtually all countries with injection drug use have encountered these in one way or another, depending on the country context. All are implied or discussed in the preceding sections of this Guide. Different countries have attempted or taken various approaches to address these dilemmas and challenges, with greater or lesser degrees of success.

This section of the Guide provides a brief overview of some of the key challenges and dilemmas, and for each, offers ideas about possible responses. Examples of action in different countries are also provided. These are not the only dilemmas and challenges for national policy on HIV/AIDS and IDU, but are the ones that arose most frequently and consistently during research for this Guide.

Unfortunately, few countries can claim major success in resolving these dilemmas. As well, it is probably too early to know how to best apply experience in developed western countries to developing and transitional countries, which often have very different cultures and policy environments. So at this point, it is not possible to offer definitive guidance based on successful approaches.

This brief overview is complemented and expanded upon by information and case studies on best policy and program practices found in the companion document *An Overview of Harm Reduction Programmes and Policies Around the World: Rationale, Key Features and Examples of Best Practice* (Riley, 2003) and by the “how to” material and case studies in the publication *Policy and Programming Guide for HIV Prevention Among Injecting Drug Users* (WHO, 2003)

Effectiveness of ‘bottom up’ vs. ‘top down’ policy responses

There are almost no countries where effective national policy development on HIV/AIDS and IDU has preceded development and implementation of initiatives at the local level. Effective ‘top down’ action is rare.

The more typical path has been implementation of local (and sometimes state/provincial) responses to meet an urgent and visible crisis, advocated and championed by concerned public health officials and community groups, and sometimes by local law enforcement officials. This has been followed by emergence of effective intervention models, and an informed, skilled, respected, committed constituency at the local level. This then creates the drive and capacity to advocate for development of national policy measures or policy changes to better enable and support local responses. Local experience within a country seems to be a more credible and understandable stimulus for national policy than experience from outside the country. In some cases, this ‘bottom up’ process has culminated in development of more effective and appropriate national strategies and policies on HIV/AIDS and IDU. But too often, by the time national policy change occurs, in some major centres the epidemic has already been prevented or controlled through pragmatic local

action. Or an epidemic has not been contained locally because of barriers and constraints posed by existing national policies, and the lack of national priority, leadership and support.

This reality poses dilemmas for countries that want to take action to develop an effective national policy response on HIV/AIDS and IDU, or to strengthen existing national policy. The following are some examples of dilemmas that might be faced, and ideas about possible responses in countries with different policy situations.

- In countries where there is a threat of, or a growing epidemic, but still little action to prevent HIV/AIDS among IDUs, is the best response to begin by developing coordinated national policy direction, or to encourage and support immediate local responses?

Considerations and possible responses: An ideal response may be to do both simultaneously, but sufficient resources and expertise may not be available. The best option may be to focus national efforts on identifying any significant national barriers to effective local programs, and finding pragmatic means of overcoming or working around them in the short term, while at the same time encouraging and providing support for local action. Ongoing efforts at the national level can then be pursued over the longer term to find more comprehensive and integrated policy solutions.

- In countries where local responses or pilot projects are beginning to emerge, and seem to be having some success in preventing HIV/AIDS among IDUs, at what point and how might this local experience be brought together to help develop national policy direction? Is there a danger that national efforts could draw resources away from or

In parts of Eastern Europe and Central Asia, international donors have funded local harm reduction pilot projects. The coverage is quite limited, but the projects have resulted in action and experience 'on the ground'. This experience demonstrates that action is possible with minimum negative consequences, and builds acceptance of public health harm reduction approaches for prevention of HIV/AIDS among IDUs. The result has been that national governments are now applying to the Global Fund Against AIDS, Tuberculosis and Malaria for resources to expand harm reduction initiatives to achieve broader coverage, without necessarily going through a lengthy process of consultation, consensus building, and national policy/strategy development.

interfere with effective local action? Or is national policy change needed to enable further progress at the local level? If so, what national process will be most useful and timely?

Considerations and possible responses: Deciding on the best way to proceed depends on the country context. For example, if there is national leadership or a potential 'champion' to push for a rapid and pragmatic process to identify and attempt to resolve key policy barriers, it is likely that national action will be feasible and helpful. In the absence of such national leadership,

advocacy from the local level, and from key civil society stakeholders at the national level, could help to create the conditions that will be needed for national policy action.

The World Health Organization has produced a tool¹ which provides extensive information and “how to” advice on the role of and effective methods for advocacy. This tool could be instrumental in assessing the need for advocacy in a country, and deciding how best to advocate for needed national policy action.

In Brazil, the first needle and syringe exchange program was introduced in one city in 1986. The immediate response was prosecution of public health officials because the program was regarded as illegal and a stimulus to drug use. However, the program continued, and advocacy at the local level eventually resulted in support for the program from the mayor, police officials, community agencies, health programs, and many other individuals and groups in the city. Advocacy and support gradually expanded to the state level. A member of the state parliament who understood the effectiveness of HIV/AIDS and IDU harm reduction initiatives prepared legislation to authorize needle exchanges. The state law was finally passed in 1998, and similar laws were soon passed in three other states. In January 2002, a new Federal Law on Drugs legalized needle and syringe exchange programs throughout Brazil. By March 2002, more than 100 such programs were in place throughout the country, and harm reduction programs have now been started in prisons.

In countries which have fairly well developed responses in many local areas, but where a continuing lack of effective national policy direction creates uncertainty and hinders sustained success, how can a more effective national policy response be brought about?

Considerations and possible responses: The response depends critically on a careful assessment of what factors have prevented needed policy change. In most instances, a lack of political will to address the difficult issues surrounding conflicts between public health and drug control approaches will be an important part of the answer, as will the absence of a national ‘champion’. A lack of knowledge about effective approaches on the part of senior policy decision makers, politicians, and other key influencers may also contribute. Strong and sustained advocacy from the local level could again be an important tool to help develop the necessary understanding of the problem and its solutions, and to create the pressure required to bring about the national political will to act. Opportunities for senior officials and decision makers to learn about responses in countries which have found ways to overcome the problem, and implement effective harm reduction interventions, can be very helpful.

Achieving a quick response while ensuring broad participation

Experience in many countries clearly demonstrates that meaningful participation of key stakeholders and affected groups from multiple government and non-government sectors is important for development of effective national policy directions. This participation builds broad understanding of and support for needed actions. Countries that have developed and implemented successful HIV/AIDS and IDU policies and programs, particularly those in

¹ *Advocacy Guide for Effective HIV Prevention among Injecting Drug Users*. World Health Organization, Department of HIV/AIDS, October 2002 Draft Document.

western Europe, have done so by having a range of sectors and constituencies at the table, including strong involvement of IDUs, including IDUs living with HIV/AIDS.

Yet broad participation processes can be complex and time consuming. They inevitably involve input from a large number of sources, and require the balancing of many different points of view from multiple sectors and players, often including conflicting agendas and competing priorities. The problem may be intensified in countries with a federal structure where collaboration or agreement within and between two or more levels of government is required. The very difficult challenge is to design an appropriately broad consultation and decision process to respond to an urgent epidemic in a timely way.

It is difficult to find an example of a national process which was broadly consultative and at the same time resulted in a quick and decisive response. Canada undertook a process in the mid-1990s which has been included in the UNAIDS best practices collection. This process, which involved 80 stakeholders from all affected sectors, resulted in the document *HIV/AIDS and Injection Drug Use: A National Action Plan*. The *Action Plan* and its recommendations received widespread support from communities, NGOs and governments. The process was seen as very inclusive and positive. Yet almost four years passed from commencement of consultation to completion of the *Action Plan*. Six years after completion of the *Plan*, initiatives responding to the recommendations are still being developed at the community and national levels. More details available at unaids.org/bestpractice/collection/country/canada/nataction

Considerations and possible responses:

- The scope of the policy consultation and development process must be realistic. Care must be taken not to attempt more than is possible with available resources and capacities. A clear timeline for completion should be set at the beginning, and the process designed and carefully monitored so that it can be accomplished within the timeline.
- A well designed, pragmatic, streamlined, and well managed consultation and decision process, which has the commitment and guidance of policy decision makers at the highest levels, is essential. There is a large evidence base on the factors which contribute to successful and timely intersectoral action on social and health issues. Key factors include:
 - engagement of key partners at the very beginning;
 - clear and mutually agreed goals for the process and outcome;
 - constant focus on common purpose and similarities, even though there will always be significant differences among participants;
 - recognition and acceptance that consensus may be difficult or impossible, but that all points of view will be carefully considered and balanced; and
 - clarity about who will make the final decisions and a transparent decision process.
- When several government policy sectors from multiple jurisdictions are involved (e.g. health, justice, corrections and social welfare at the national and state/provincial level), it is extremely important to have agreement at the highest levels (ideally the ministerial/cabinet level in each jurisdiction) on the joint objectives of the collaborative

policy development process. High level leadership and participation from each of the sectors and jurisdictions, with a clear focus on the jointly agreed objectives, helps resolve the inevitable disagreements or conflicts between policy sectors and jurisdictions that will arise.

- Sufficient and appropriate support for the process is required. This includes effective mechanisms for communication among participants; skilled people to plan and facilitate consultation activities and then bring together the results; and financial and other resources for such activities as public forums, meetings, workshops, etc.

Bringing together public health and illicit drug control approaches

As noted in several earlier sections of this Guide, there are very often clashes between the approaches to HIV/AIDS and IDU taken by these two sectors. Both sectors would usually agree that the policy aim is to reduce the risks, harms and costs created by the intersection of HIV/AIDS and IDU. But the primary focus of public health is to reduce HIV transmission among IDUs through pragmatic harm reduction approaches that do not necessarily require cessation of illicit drug use. The primary focus of the drug control sector is to prevent, reduce and control illicit drug use, and public health harm reduction approaches may be seen as condoning or promoting drug use. Criminal justice officials (police, prosecutors, etc.) are tasked with enforcing drug laws which outlaw or hinder effective public health harm reduction interventions. Even if these officials realize that such laws hinder HIV prevention, and some may personally support harm reduction initiatives, they usually feel it is their duty to enforce the laws. The challenge is to recognize the important and legitimate goals and role of the drug control sector, while finding legal ways, or at least officially sanctioned ways, for criminal justice officials to play a supportive role in prevention of HIV/AIDS among IDUs. Experience in several countries shows that law enforcement can be an important component of reducing the harms of HIV/AIDS and IDU. For example, police and customs can continue to target major traffickers of drugs while taking a public health approach to drug users.

Considerations and possible responses:

- As indicated in the above case study on Brazil, federal drug laws have been changed there to enable the legal operation of needle exchanges.
- In a few countries (primarily the Netherlands, Germany and Switzerland), there have been formal decisions at the highest levels of national government not to enforce certain provisions of drug laws (usually possession for personal consumption). Even though the drug laws have not been changed, and all other provisions are enforced, this official sanction for not prosecuting simple drug possession makes it possible for needle exchanges and other harm reduction programs such as supervised injection sites to operate with no fear of harassment. In these countries, criminal justice officials led or were very early supporters for the action, which was seen largely as a way of maintaining public safety and order. Although these countries are often held out as models for pragmatic responses with few negative consequences, no other countries have followed their lead in officially sanctioning non-prosecution.

- Several countries have informal law enforcement practices in place, usually at the local level, to allow needle exchanges to operate unhindered. The disadvantage of this approach is that it creates uncertainty about whether the situation will be maintained. Conditions or personalities may change, and there is no guarantee that the informal arrangement will continue. This can make it difficult to obtain funding to sustain and expand harm reduction programs.
- Formally or informally resolving the conflict between these two approaches at the national level can only happen at the most senior levels of government, usually between the ministers responsible.
- Successful advocacy and pressure for change to resolve conflicts among national public health and drug control policies and approaches can come from the local level. For example, change in the Netherlands was spearheaded by the Chief of Police in

Seeing what other countries have done, with positive results, is very powerful. For example, a visit by Indonesian senior decision makers in law enforcement and health to Australia, to see and learn about successful harm reduction approaches had a dramatic impact on their awareness and attitudes. Seeing what another country was doing was far more powerful than scientific evidence. The head of the Indonesian National Narcotics Board is now advocating for harm reduction activities, and the Minister of Health is pursuing approval and funding for pilot programs and rapid expansion of successful approaches.

Amsterdam. As noted above, change of drug laws in Brazil was initiated from the local level.

- Some countries have been reluctant to make formal changes to their drug laws to enable harm reduction programs, particularly supervised injection sites, because of perceptions that international drug control treaties prevent such changes. However, these treaties provide exemptions for interventions conducted for medical or scientific purposes. These exemptions are widely accepted to provide sufficient space for implementation of measures for prevention of HIV/AIDS. However, there can still be significant pressure from drug control officials and organizations, within and outside the country, not to use such exemptions. Canada provides an example of use of an exemption. Health officials there have developed a formal process to exempt from the federal *Controlled Drugs and Substances Act* approved scientific research projects to evaluate supervised injection sites as a means to reduce the harm associated with injection drug use. Exemptions are provided by the federal Minister of Health, under the authority of the *Act*, after research projects meet specific criteria.
- Senior criminal justice officials from countries that have made progress to resolve this conflict, and who support HIV risk reduction activities for IDUs and the policies that enable them, can often bring officials in countries which are still struggling with the issue to a better understanding of their point of view. Study tours, workshops and international meetings and workshops have proven to be good mechanisms for accomplishing this.

- Legal working groups have been established by governments in some countries to look at reforming drug laws and policies to assist in HIV prevention strategies.
- Negotiation between public health and drug control officials has been successful in establishing common ground between the two approaches in some countries. This has usually been accomplished by setting up inter-sectoral advisory groups or other bodies where issues can be discussed and resolved.

HIV/AIDS and IDU risk reduction in prisons

Prisons are a high risk environment for HIV/AIDS and IDU. They house disproportionate numbers of people characterized either by IDU habits, HIV/AIDS risk behaviors or HIV+ status, or all three. Drug control laws and policies tend to be strongly enforced, and punishment is the main response tool. The environment is almost always characterized by a strong abstinence ideology regarding drug use, held by corrections policy makers as well as prison staff. In some countries, jailing IDUs is believed to be an effective way to stop illicit drug use, and thus prevent HIV transmission among IDUs. Thus it is extremely difficult or impossible for prison authorities to acknowledge that drugs are available and that IDU occurs in prisons, in spite of clear evidence this is so. These circumstances may result in a total lack of measures in prisons to prevent HIV transmission through injection, or very minimal measures. The dilemma is that it is difficult or impossible to acknowledge that illegal activities occur in prisons, yet HIV transmission through IDU cannot be prevented without the illegal activities being acknowledged.

Considerations and possible responses:

- Many of the considerations and possible responses suggested for the above challenge of bringing together public health and drug control approaches apply here as well.
- Part of the argument for providing harm reduction interventions to prevent HIV transmission in prisons relies on human rights arguments. It can be argued that

A considerable number of developed and a few transitional countries have implemented harm reduction programs in prisons. In countries that have some form of intervention, coverage ranges from minimal to universal. Switzerland provides bleach for cleaning injection equipment, methadone maintenance, needle and syringe exchange, and has a heroin maintenance program in one prison facility. Germany and Spain offer bleach, methadone maintenance and needle and syringe exchange. Australia, Canada, Denmark, Estonia, Netherlands, Poland and the US offer bleach and methadone maintenance, at least in some facilities. An additional 10 countries offer bleach only.

correctional authorities have a legal obligation to care for persons in their charge. According to World Health Organization recommendations for control of HIV/AIDS, prisoners have the right to receive health care, including preventive measures, equivalent to that available in the community. According to the Eighth Amendment of the Constitution of the United States, “prisoners are to be protected from cruel and unusual

punishment”. This has been interpreted to include protection from contracting communicable diseases.

- While the adequate and equitable provision of standard prevention and treatment programs for IDU and HIV/AIDS in correctional settings is supported by fundamental

human rights considerations, a number of practical barriers can make successful program implementation difficult. For example, prison staff may ‘sabotage’ such services even when they are sanctioned, consumers of IDU services such as methadone maintenance may be stigmatized or penalized by other prisoners and staff for ‘privileged behavior’, and an effective transition from receiving services inside prison (e.g. HIV antiretroviral therapy or methadone maintenance) to similar services after release has proven to be a challenge. Implementation of national (or state/provincial where appropriate) policies on HIV/AIDS and IDU in prisons must be designed so as to prevent or ameliorate such practical barriers.

Achieving adequate and sustained program coverage

Because HIV epidemics among and from IDUs can spread so fast, it is essential that measures to prevent HIV transmission among and from IDUs be implemented widely on a sustained basis. HIV prevention works better, and uses less resources, if started before HIV prevalence among IDUs reaches five percent. Once prevalence reaches around 5% to 10%, it can rise to 40% to 50% within one to four years. Thus, once prevalence has reached 5% to

While small, isolated prevention efforts might slow the pace of the epidemic, this does not work for long. For example, needle exchange programs began in Katmandu, Nepal in 1991 when HIV prevalence was under 2%. Low and stable HIV prevalence rates were maintained for several years. By 1995, some researchers were claiming that the interventions had averted an HIV epidemic among drug users. But in early 1998, prevalence rates of almost 50% were found among a sample of IDUs in Katmandu. It appears that, although initially successful, the needle exchange efforts were too limited and too localized to have a lasting impact.

10% it becomes much more difficult to contain the epidemic, let alone lower the prevalence.

In many developing and transitional countries facing major HIV/AIDS and IDU epidemics, harm reduction programs (usually needle and syringe exchanges) have been put in place in the worst affected areas on a pilot project basis.

Usually these have been funded

by international donor organizations. Once the pilots are in place, there is often a sense among policy decision makers that the issue has been dealt with. HIV rates may stabilize or begin to decline in those areas, which further reinforces the feeling that the problem is solved. Yet these projects have no assured ongoing funding, and because the sense of crisis has been lessened, no efforts are made to invest in programs to avert the epidemic in areas not covered by the pilots, or to develop more comprehensive policy and program responses. In most cases, the country is desperately short of resources, and faces many competing needs for health and development. With the lessened sense of urgency and priority for HIV, attention shifts elsewhere. The dilemma is how to achieve sufficient coverage with harm reduction programs, and ensure their sustainability, once the crisis seems to be over (even though it is not).

Considerations and possible responses:

- Advocacy efforts from inside and outside the country can help to increase the understanding of senior decision makers about HIV/AIDS and IDU, and their acceptance that harm reduction programs are effective in preventing HIV transmission,

with few or no negative consequences. Even if the country does not have sufficient resources to expand the needed programs with internal financing, government leaders must see the matter as a priority, and seek international assistance.

- There is a need to diversify the funding base, including supports from the business sector. In very poor countries, ongoing and expanded financial aid from international donors will inevitably be required to address this issue.
- Support for expansion of projects from senior officials, and possibly the emergence of a 'policy champion' at the senior levels of government, could result from study tours of countries which have implemented effective harm reduction initiatives more widely, or from contact with officials from these countries at international meetings and workshops.

Countering negative attitudes to IDUs

In all countries, IDUs are stigmatized and discriminated against. They are often seen as less than human in one way or another. In many countries, strong moral and religious beliefs about the evils of drug use contribute to this view. Services for IDUs are generally seen as a lesser priority than services for more 'worthy' citizens. Stigmatization, discrimination, and human rights abuses create very significant barriers to development and delivery of needed programs and services. In order to ensure effective prevention of HIV among and from IDUs, and provide care, treatment and support for IDUs living with HIV/AIDS, it is necessary to counter these negative views.

Considerations and possible responses:

- The positioning of HIV/AIDS and IDU as a human rights as well as a health and law enforcement issue, and the involvement of human rights organizations, could greatly strengthen action. Consideration should be given to strategies to gain the attention and involvement both of international human rights organizations and those within the country.
- Organizations tasked with analyzing and making recommendations on legal, ethical and human rights issues associated with HIV/AIDS and IDU have been helpful in bringing attention to the problem in some countries. For example, the Canadian HIV/AIDS Legal Network has received funding from the Canadian government to investigate and make recommendations on legal and ethical issues surrounding HIV/AIDS and IDU, as well as to undertake work on the impact of Canada's drug laws and policies on HIV/AIDS prevention and treatment for IDUs.
- In some countries, participation of IDUs in development of policy responses to the HIV/AIDS and IDU issue has brought them into contact with health professionals, government decision makers and others in a context where they can be seen as capable human beings who are making a useful contribution. This has helped to reduce negative views, both directly, and through the subsequent influence of these professionals and decision makers on their colleagues. For this effect to have the best possible impact, it is

important that the contribution IDUs are asked to make through their participation is well matched with their capacity and knowledge. As well, they should be well briefed about their expected contribution and supported by their peers, as opposed to being token individual representatives.

Connecting HIV/AIDS prevention and HIV/AIDS care and treatment

A troubled inner city neighborhood in Vancouver, Canada has drawn international attention for over a decade because of pervasive injection drug use, overdose deaths, and major epidemics of HIV and other blood borne infections. Numerous government investigations and reports, as well as the efforts of non-government organizations, community activists, concerned citizens and the local and national media, kept these problems in the public eye. Eventually, a formalized agreement was reached between local, provincial and federal governments for measures to improve the health of neighborhood residents and reduce HIV transmission – through expanded harm reduction and substance misuse initiatives, improved health care, better housing and community development.

In this environment, it has been possible to develop specialized services for street involved injection drug users living with HIV/AIDS. One example is a pilot project which provided daily HIV antiretroviral drug therapy through a ‘store front’ drop in centre in the heart of the neighborhood. The project demonstrated that the approach was successful, with approximately half of the clients retained after two years. Almost all clients were actively using illicit drugs and approximately 80% had marginal housing or were living on the street. If clients wished, the project assisted them to find stable housing and connected them with other needed services. However, there were no preconditions for participation. The project has now been taken over by the local health board as an ongoing program.

Preventing HIV/AIDS and caring for those infected are seen in most countries as separate matters requiring different policies and involving different stakeholders and different strategies. Yet there is evidence that providing HIV/AIDS treatment to and supporting people with HIV/AIDS and their families, including IDUs, helps stop the spread of HIV/AIDS. In particular, there is evidence from several countries that IDUs living with HIV/AIDS who are provided with primary health care, support, counselling and access to peer

education, and drug substitution or other addictions treatment programs are less likely to engage in risk behavior and transmit HIV to others. If risk behaviors are engaged in, there may also be a reduced risk of HIV transmission because HIV antiretroviral treatment can reduce infectivity by reducing viral load.

For injection drug users, negative attitudes and stigmatization can prevent access to all forms of health care, and particularly to HIV/AIDS care and treatment. As well, HIV/AIDS treatment may be denied to HIV infected IDUs because of inaccurate assumptions that their drug use and/or lifestyle will compromise the effectiveness of treatment.

Considerations and possible responses:

- To help ensure that IDUs have equitable access to HIV/AIDS care, treatment and support, national (or provincial/state where appropriate) policies and strategies should

make it clear that HIV/AIDS treatment cannot be denied to IDUs because of their drug use. The same criteria as for any candidate for HIV care and treatment should apply. HIV/AIDS policies and strategies could also include provisions to help ensure that antiretroviral drug regimens can be offered to IDUs who may have chaotic lifestyles due to poverty and homelessness and the relentless need to obtain drugs, in settings and in ways that help them comply with complex treatment regimens.

- Experience in several countries shows that HIV/AIDS treatment for active IDUs can be most effective and most easily managed when offered in conjunction with drug substitution or other addictions treatment programs. However, HIV/AIDS treatment has also been demonstrated effective for IDUs who are not engaged in any form of addictions treatment.
- IDUs are often discriminated against or poorly treated by health services. Frontline harm reduction workers are frequently able to gain the trust of marginalized IDUs with HIV, and can act as a bridge for them into appropriate care, treatment and support services.

6. CONCLUSION

Experience in several countries has clearly shown that early responses to HIV epidemics among and from injection drug users can prevent their spread. Epidemics that have spread can be contained and reversed. Appropriate, supportive national policies are a crucial part of an effective and timely response. Although there are many challenges in developing and implementing national policies to reduce the risks, harms and costs of HIV/AIDS and injection drug use, there is a growing body of knowledge about what approaches are most likely to be effective. This document provides an overview of that knowledge, and offers a framework and advice to assist with development of national policies. Countries which are already experiencing significant or rapidly growing HIV/AIDS epidemics among and from injection drug users, as well as those in the earlier stages of the problem, should find the information in this Guide a useful starting point for developing or strengthening their national policy responses.

7. USEFUL INFORMATION SOURCES

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