

UNAIDS Advocacy Letter from Stimulant Specialist in Drugs Civil Society with Organisational endorsement.

Monday 25 January 2021

Dear Ms. Tina Boonto,

Special Opinion on Stimulants and HIV to UNAIDS Strategy Team,

Thank you for your participative and inclusive development model for the UNAIDS Strategy. Thank you for ensuring that appropriate space is given to civil society to contribute to the strategy development. We are particularly pleased to see the important acknowledgment of the critical contribution of community-led organisations.

We endorse the civil society letter on drugs coordinated by our friends and peers at INPUD and sent to Ms Winnie Byanyima UNAIDS Executive Director on 19 January 2021.

Advocacy Asks:

- We call for dedicated additional investment in the stimulants response to support practice development, research, community mobilisation and capacity building.
- We call for a proper investment and research into treatments with (safer) agonist medications with people who use these 3 stimulant drugs associated with HIV transmission.
- We ask you to cite the UN guidelines - *HIV Prevention, Treatment, Care and Support for People who Use Stimulant Drugs Technical Guide (2019) UNODC, WHO and UNAIDS* and confirm endorsement of the set of stimulant and HIV interventions in the UNAIDS Strategy.

A group of stimulant activists and specialists first advocated with the UNODC Global HIV Programme for new guidelines on the interaction between stimulant drugs and HIV. We worked with UNODC to research and draft these guidelines which were subsequently endorsed by UNAIDS and WHO in 2019.

The Strategic Advisory Group commissioned a series of literature reviews on the advice of WHO that documented the link between people who both inject and smoke (often in a pipe) stimulant drugs and HIV.

These two methods of using stimulants in high doses are associated with more significant health risks, dependency, as well as increased risk of HIV. However, not all stimulant drugs are associated with HIV. It is therefore important to state that crack and cocaine, methamphetamine and New Psychoactive Substances Stimulants (NPS Stimulants) are the 3 groups of stimulants implicated in HIV transmission. This is key to ensure that work with people who use stimulants on a recreational basis and work with dance drug users is not misrepresented in country reporting. Of course, harm reduction with people who use stimulants on a recreational basis and work dance drug users is important; however, it is not HIV work.

We have had clear HIV outbreaks among people who use crack and cocaine, methamphetamine and NPS Stimulants. Significantly, there is a strong intersectionality with the gay, bisexual and other men who have sex with men (GBMSM) and Trans communities (through ChemSex), and there are connections between sex work and stimulants: some sex workers use stimulants to support their work in the night-time economy, while others may work to fund their drug use. Brazil and Vietnam in their interventions to UNAIDS PCB highlighted the significant association between the HIV epidemics and the use of smoked cocaine and methamphetamine respectively.

The increased risk of HIV transmission is even more direct when stimulants are injected. The rapid repeated pattern of stimulant injecting requires access to uncapped needles and syringes in order to reduce the risk of HIV. This means that Needle and Syringe Programmes (NSP) must understand the particular demands of people who inject stimulants. NSP was first designed for people who inject heroin who typically need far fewer needles and syringes per day.

The biggest HIV risk with people who smoke stimulants is through sexual transmission. Smoking stimulants in a pipe provides a similar high dose experience as injecting, resulting in a high-risk profile that may include boundary blurring and compulsivity that can translate into sexual risk. When this is compounded by poverty, lack of access to health care and the intersections of criminalisation with stigma and discrimination, people on the move, and racial injustice, this can create optimum conditions for increased risk of HIV in at risk populations. For women and gender-diverse populations, additional structural oppressions (such as state-sanctioned removal of children, or simply existing as a trans person) further drive the need to hide the use of stimulants, which can lead to rushed use in riskier settings.

There has been interesting pilot work to explore the use of pharmacotherapies as a drug treatment intervention and the use of dexamphetamine seems to have particular value. This has been acknowledged a UNODC Discussion Paper¹. This area has been emerging since the 1960s but has only ever been available to restricted small-scale populations. Czech Republic has also made positive progress using Ritalin as a treatment option with people who use methamphetamine². However, the limited investment in research a result its efficacy has been questioned because of the limited research base.

The distribution of crack and methamphetamine pipes is an important harm reduction intervention that supports people who smoke stimulants to engage with harm reduction services and to discuss harm reduction practices. Stimulant pipe distribution has a key role to play in protecting people who smoke stimulants from HCV and COVID-19. Engagement with harm reduction programming also leads to increased connection to HIV care when available. There is also a need for access to and collaboration with mental health services.

¹ Treatment of Stimulant Use Disorders: Current Practices and Promising Perspectives: Discussion Paper (2019) UNODC

² www.hri.global/files/2020/10/27/Global_State_of_Harm_Reduction_2020.pdf Case Study page 88

The UNODC WHO and UNAIDS have endorsed a series of interventions for this specialist population that should be endorsed in the UNAIDS Strategy. Having a clearly endorsed package of interventions has been critical in backing countries to apply the science and good practice with people who inject drugs. Therefore, the UNAIDS Strategy should endorse the key UN normative guidance on stimulants and HIV as this will help confirm good practice and attract the resources required to scale up and impact on the HIV epidemic among people who use stimulant drugs.

Our assertion of the HIV needs of people who use stimulants should not divert resources or attention from the substantially under-resourced HIV response with people who inject drugs. We need commitment and investment in both, not one or the other.

In closing, we commend to you the participative development model between peer experts on stimulants and UNODC Global HIV Programme that led to the normative guidelines. We look for your backing.

Yours sincerely,



Individual Stimulant Experts:

Mat Southwell – Crack and Cocaine Expert - UK

Rhiannon Thomas - Stimulant Harm Reduction Expert and COUNTERfit – Canada

Mark Kinzly Crack Cocaine Expert and originator of the concept of crack pipe distribution - USA

Yasir Ali Khan – ChemSex Expert Pakistan

Rafaela Rigoni (PhD), expert in harm reduction for stimulants and author of Mainline's *Speed Limits*³ review of stimulant interventions - The Netherlands

Jean-Paul Grund (PhD) Stimulant research and community-based interventions - The Netherlands

Peter Blanken (PhD) Stimulant Treatment Expert, The Netherlands

Francis Joseph – Expert on Stimulants and Harm Reduction – India

Ben Collins — ReShape/International HIV Partnerships, secretariat for the European Chemsex Forum

Anton Basenko MEcon, Stimulant Expert (MDMA, Amphetamines, Cocaine)

Dr Chris Ford, Clinical Director, IDHDP and while a GP in the UK led a training and development partnership between members of the Royal College of General Practice and the peer educators group, the Crack Squad

Luciano Colonna - Technical Consultant Amphetamine-type Stimulants - United States

Peter Blanken, PhD. Senior researcher Parnassia Addiction Research Centre (PARC)Brijder Addiction Treatment / Parnassia Group Academy – drugs CS contributor to UNODC Stimulants and Treatment Guide

Ernesto Cortes - Specialist on Smokable Cocaines and ACEID - Costa Rica

Louise Vincent MPH - Stimulant Expert NC Survivors Union Urban Survivors Union - USA

³ http://mainline-eng.blogbird.nl/uploads/mainline-eng/2018_Mainline_%E2%80%93_Harm_Reduction_for_People_Who_Use_Stimulants_%E2%80%93_Full_Report.pdf

Organisational Supporters:

Collen Daniels - Harm Reduction International Global
Daphen Chronopoulo - European Network of People who Use Drugs
Yasir Ali Khan - HIV Buddies - Pakistan
Syrus Ajuna - Uganda Harm Reduction Network (UHRN) - Uganda
Wamala Twaibu - East African Harm Reduction Network (EAHRN) - Eastern Africa.
Machteld (Mac) Busz - Mainline Foundation, based in the Netherlands
Ailish Brennan - YouthRISE - Global
Monty Moncrieff - Antidote at London Friend UK
Nonso B.C Maduka Bensther Development Foundation - Nigeria,
Wilson Box - Zimbabwe Civil Liberties and Drug Network – Zimbabwe
Rubén Mora - Asociación Stop Sida – Barcelona Spain
LA signature to INPUD letter who asked to focus on crack
Doan Thanh Tung - Lighthouse Social Enterprise and Lighthouse Clinic
Igor MEDVID - HPLGBT - Ukraine
Krishnan Kartik – Asian Network of People who Use Drugs (ANPUD) – Asia
Massimo Cernuschi - Associazione Solidarietà AIDS (ASA) - Milan Italy
Olga Belyaeva - Eurasian Network of People who Use Drugs (ENPUD)
Karen Badalyan - Eurasian Key Populations Health Network (EKHN)
Oleg Dymaretskii - Ukrainian Network of People who Use Drugs (VOLNA)
Tetiana Lebed - Ukrainian Network of Women who Use Drugs (UNWUD) - Ukraine
Svitlana Tkalya Hope and Trust - Ukraine
Ramón Espacio – Coordinadora Estatal De VIH SIDA (CESIDA) – Spain
Aldana Menéndez Ramírez - Welfare and Development NGO (ABD) - Spain
Jernej Skof - SKUC - Magnus- Slovenia
Laura Blanco as Latin America Network of People who Use Drugs (LANPUD)
Pieter Vanholder - European AIDS Treatment Group – Belgium
Patriic Gayle - Gay Men’s Health Collective (GMHC) - UK
Sebastian Saville – International Doctors for Healthier Drug Policies (IDHDP) – Global
Mani AQ - HOPE - Have Only Positive Expectations – Pakistan
Thisanut Kaewnukul - APCOM FOUNDATION – Thailand
Katrin Schiffer – Correlation – European Harm Reduction Network – Europe
Pablo Cymerman - Intercambios Civil Association - Argentina