

*Welcome to
the 11th GPC
Community
of Practice
for KPs:*

Addressing risks of stimulant drug use among people who inject drugs



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questions or comments



**SOUTH TO SOUTH
LEARNING NETWORK**



UNODC

United Nations Office on Drugs and Crime

AGENDA | Addressing risks of stimulant drug use among people who inject drugs

1 | **Opening remarks**
Welcome & meeting objectives

Fariba Soltani, UNODC

2 | **Global overview:**

- Evidence and the need to address stimulant drug use among key populations, focusing on people who inject drugs.
- Examples of interventions to address the risks of stimulant drug use and advocate for investment in research and interventions to scale up the harm reduction responses.

Monica Ciupagea, UNODC

Antons Mozalevskis & Dzimtry Krupchanka, WHO

3 | **Implementation practices:**

The presenter(s) will share practical experiences from countries that implement strategies and interventions to address stimulant drug use.

Ancella Voets, Mainline

Yolaan Andrews, NACOSA

4 | **Community perspectives:**

Lived experiences and make recommendations related to designing and implementing holistic harm reduction interventions for addressing stimulant drug use

Shaun Shelly, SANPUD

Bikas Gurung, NAPUD

5 | **Identifying solutions (interactive):**

What should we do to ensure that interventions addressing stimulant drug are included in country's harm reduction response?

Mentimeter

6 | **Donor viewpoint:**

Experience and commitment to funding interventions addressing the risks of stimulant drug use.

Thomas Brigden, EJAF

Susie McLean, GFATM

7 | **Closure**

Summary of actions and next steps

Fariba Soltani, UNODC

1 | Opening remarks



Fariba Soltani, UNODC



2 | Global overview



Monica Ciupagea, UNODC
Antons Mozalevskis &
Dzimtry Krupchanka, WHO



Addressing HIV and hepatitis with and for people who use stimulant drugs

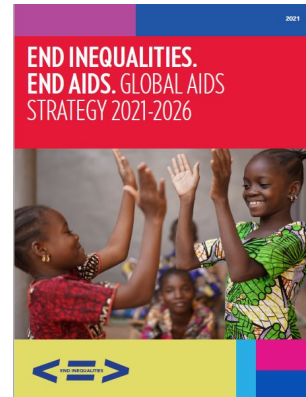
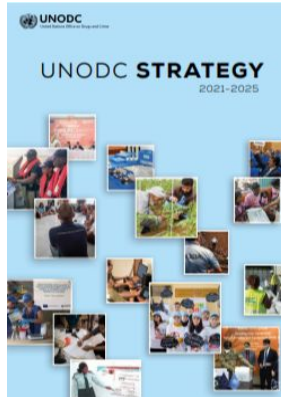
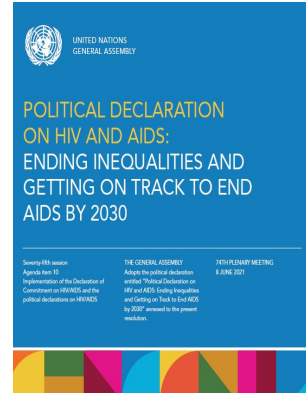
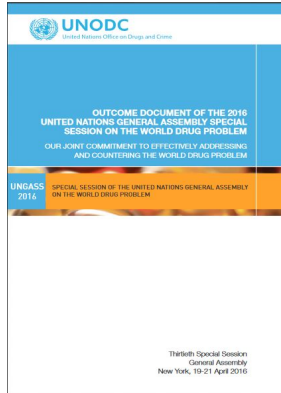
Monica Ciupagea MD

United Nations Office on Drugs and Crime, UNODC

November 28th, 2024



Strategies guiding UNODC's work on HIV



UNODC Strategy 2021-2025

Global AIDS Strategy 2021-2026

Comprehensive HIV Services for **people in prisons and other closed settings**

- Women in prisons
- HIV testing and treatment
- Improving living and working conditions
- Promote comprehensive package of evidence-based interventions for HIV services among people in prison

UNODC Strategy 2021-2025

Global AIDS Strategy 2021-2026

HIV Prevention, treatment and care among **people who use drugs**

- Increasing access to evidence-based services
- HIV interventions among women who use drugs
- HIV & hepatitis interventions among people who use stimulant drugs
- Human rights-based and HIV-sensitive law enforcement policies and practices
- Addressing punitive laws and policies

UNODC co-sponsor of UNAIDS

- UNODC collaborates with national and international partners, governmental agencies, including CSOs and UNAIDS co-sponsors, to support countries in developing and implementing interventions in the accessibility of **optimum HIV services**.

In 1999, UNODC joined UNAIDS as its seventh Co-sponsor.

20
YEARS
2004

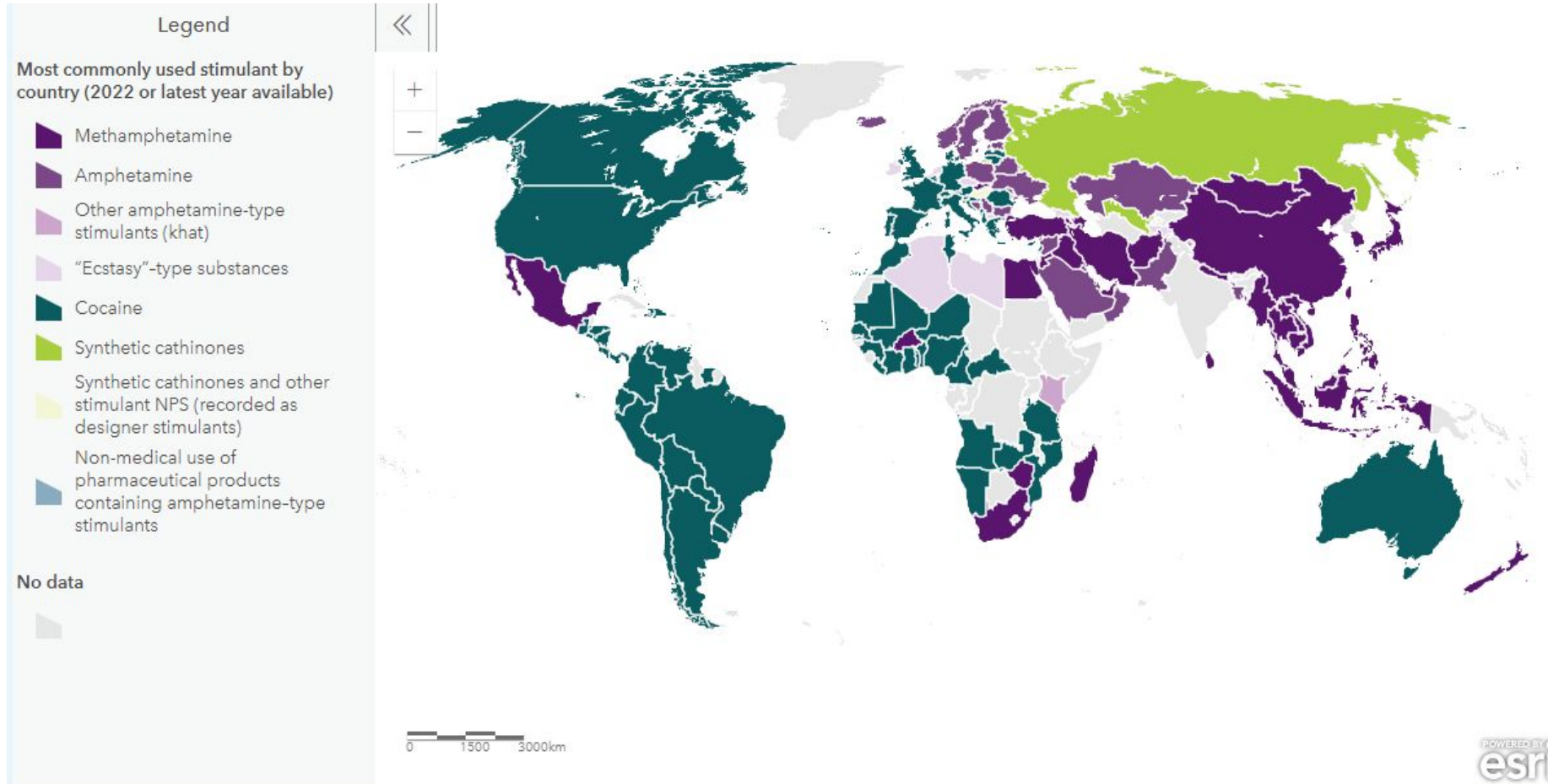
1999

25
YEARS

UNODC's decision to provide support to the prison population came in 2004, as a breakthrough moment for UN response to AIDS

UNAIDS: The First 10 Years

Most used stimulant drug, by country or territory



Wg Report 2024

Health risks related to stimulant drugs use

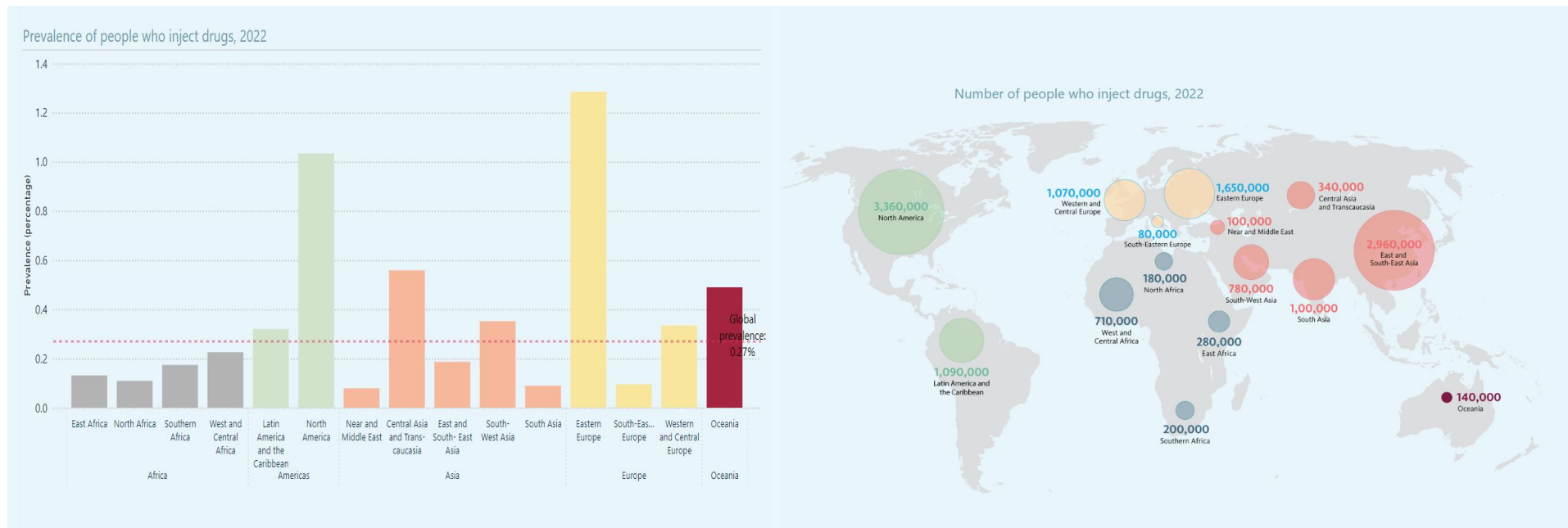
1. HIV, HBV, and HCV:

- **The injecting route of transmission** → increased risk of bloodborne viruses, compared to heroin injecting, due to:
 - higher frequency of injection,
 - more frequent sharing,
 - reusing of needles and syringes,
 - sharing filters, mixers and containers.
- **The sexual route of transmission** → might be particularly elevated among men who have sex with men.

2. **Acute cases of intoxication** present particular challenges for first responders and emergency health services.

People who inject drugs: more than last year estimation

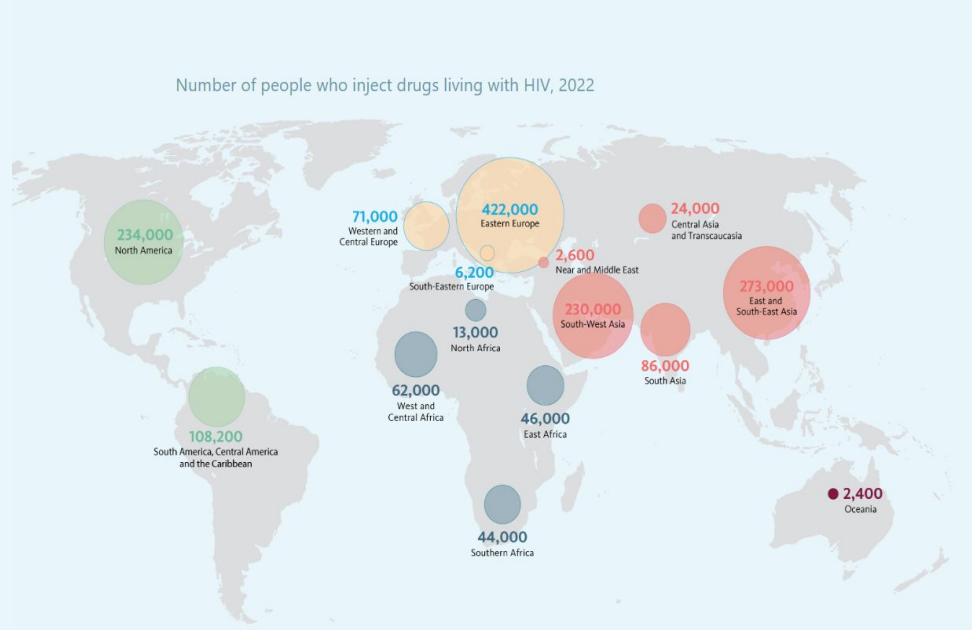
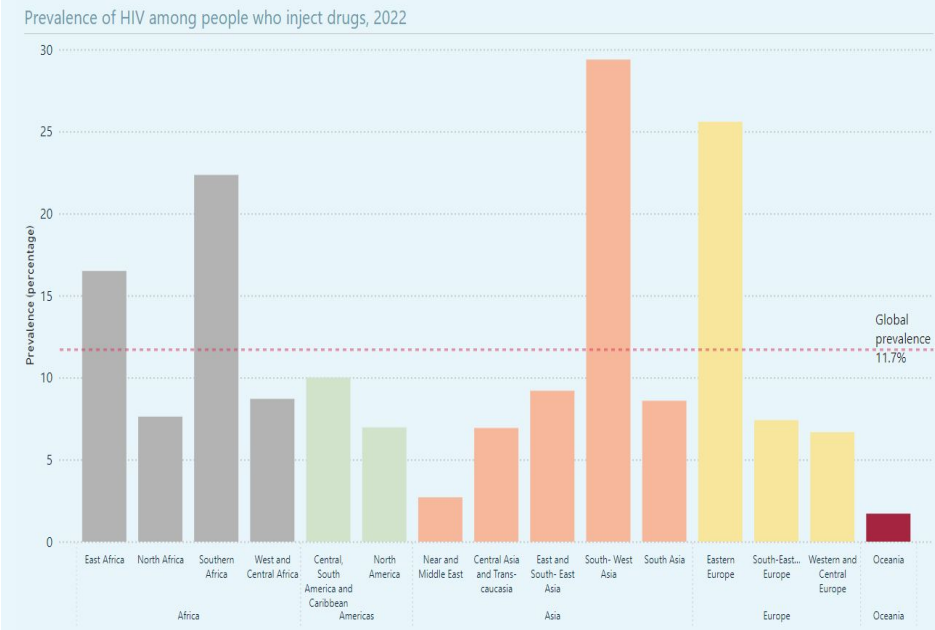
13.9 million people who inject drugs



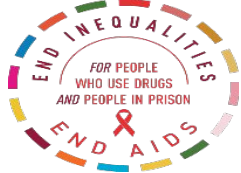
World Drug Report 2024

People who inject drugs living with HIV

1.6 million people who inject drugs living with HIV



World Drug Report 2024



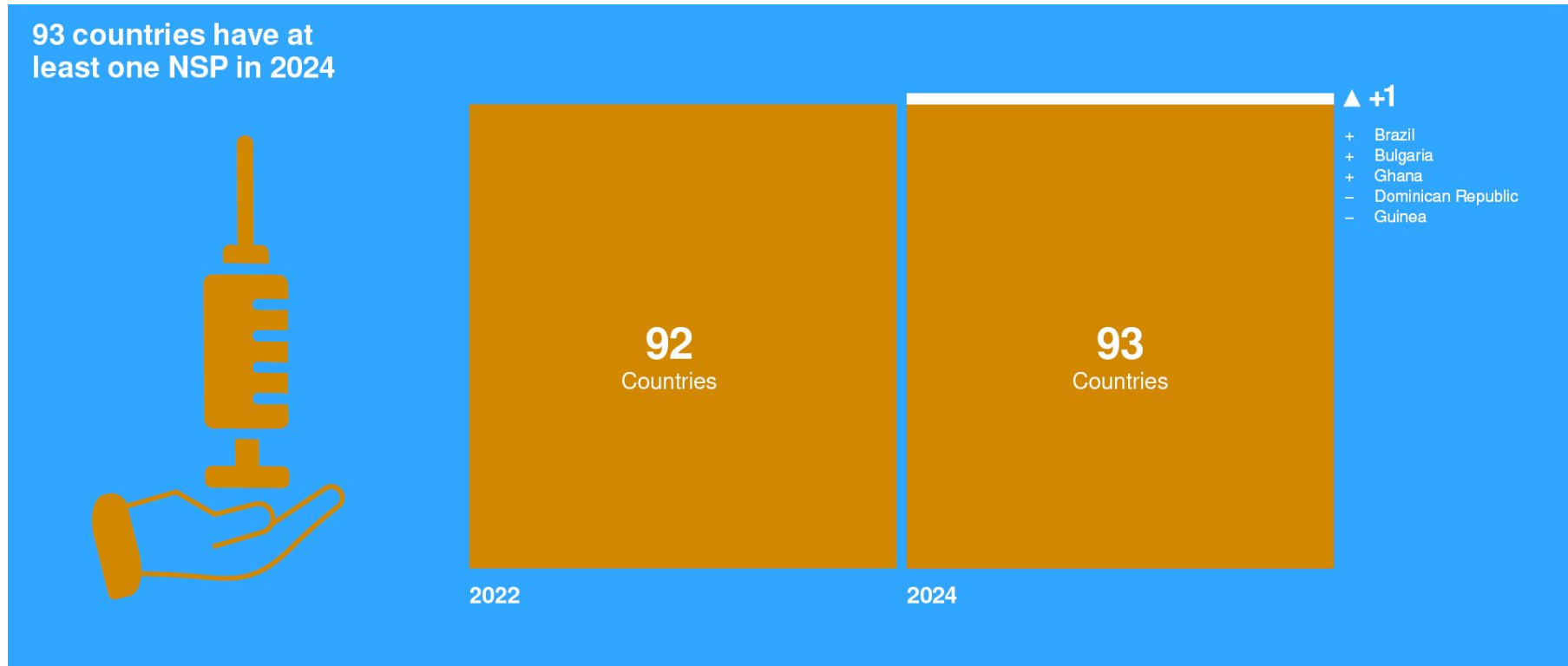
People who inject drugs living with hepatitis C

6.8 million people who inject drugs living with hepatitis C worldwide



World Drug Report 2024

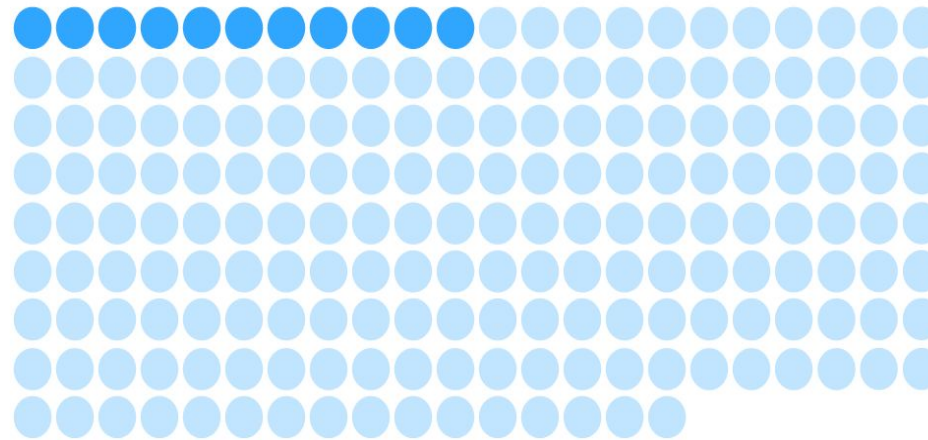
Harm reduction interventions from 2022-2024: Needle and syringe programmes (NSPs)



Harm Reduction International

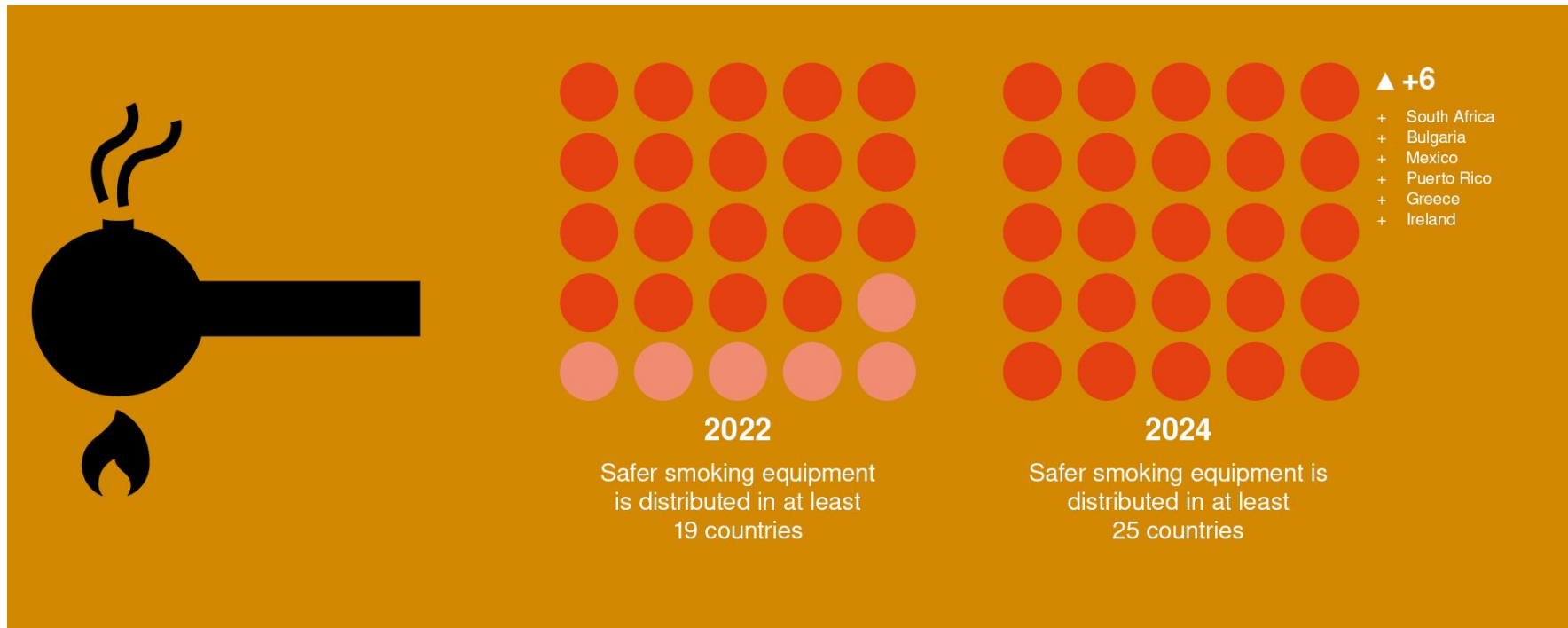
Needle and syringe programmes (NSPs) in prisons

Eurasia	5
Kyrgyzstan, Moldova, Armenia, Tajikistan, Ukraine	
North America	1
Canada	
Middle East and North Africa	1
Iran	
Western Europe	4
Germany, Luxembourg, Spain and Switzerland	
Total	11



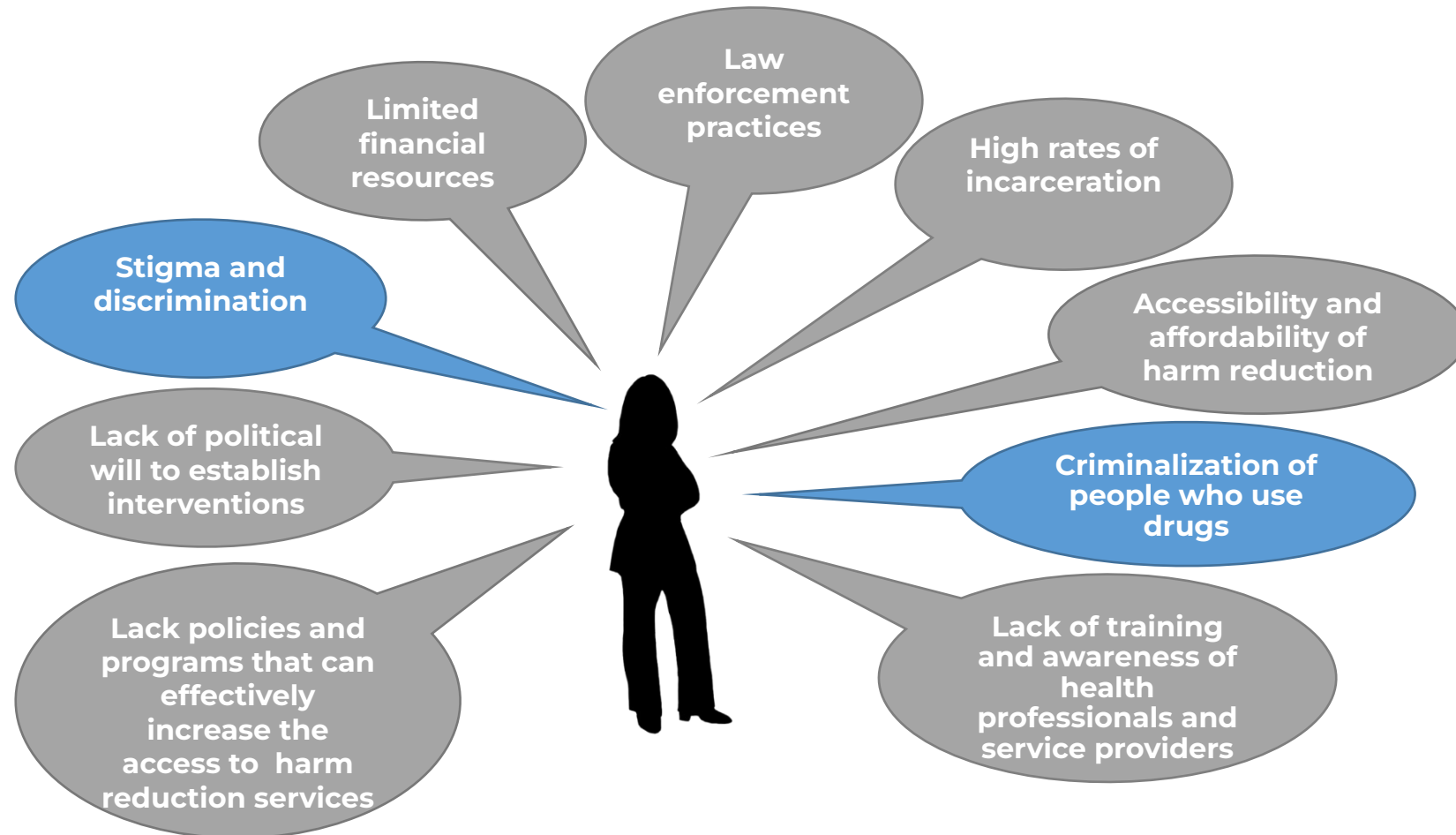
Harm Reduction International

Safer smoking kits

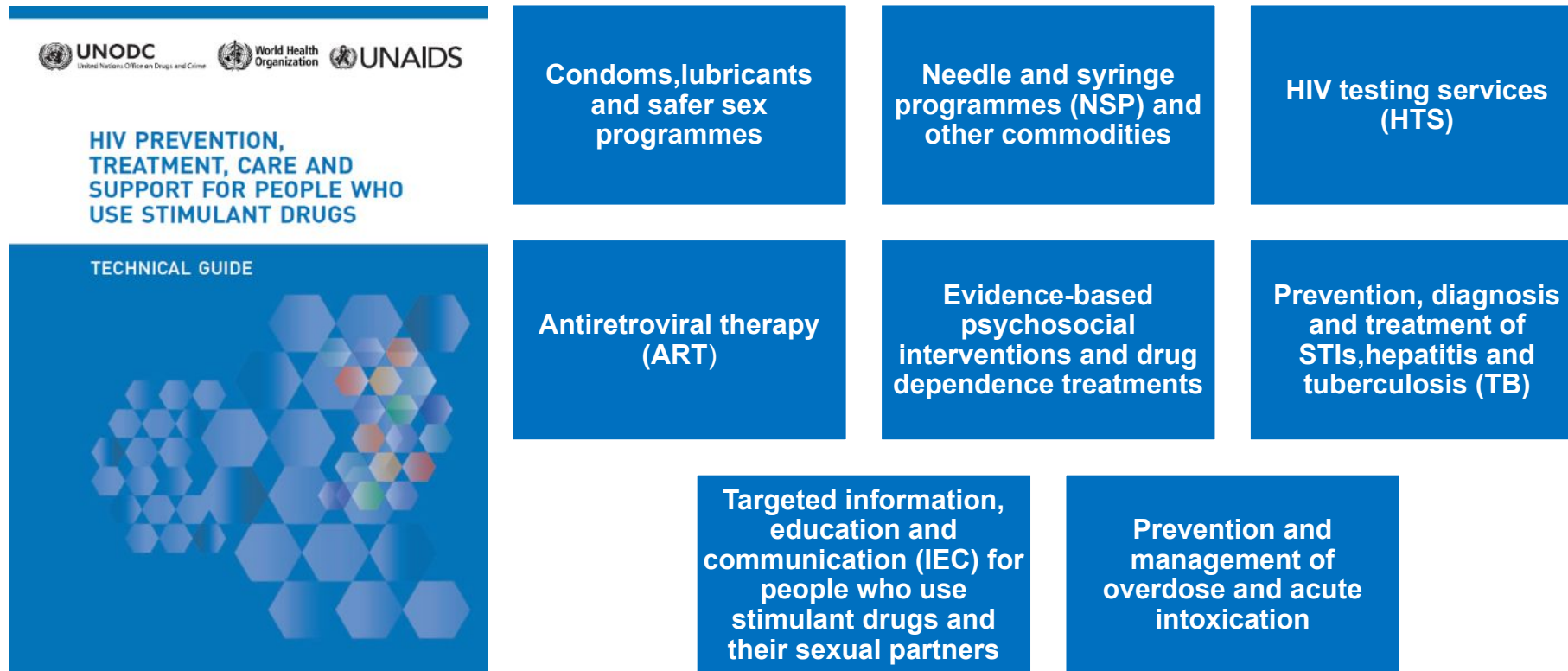


Harm Reduction International

Major barriers accessing harm reduction interventions for people who use stimulant drugs



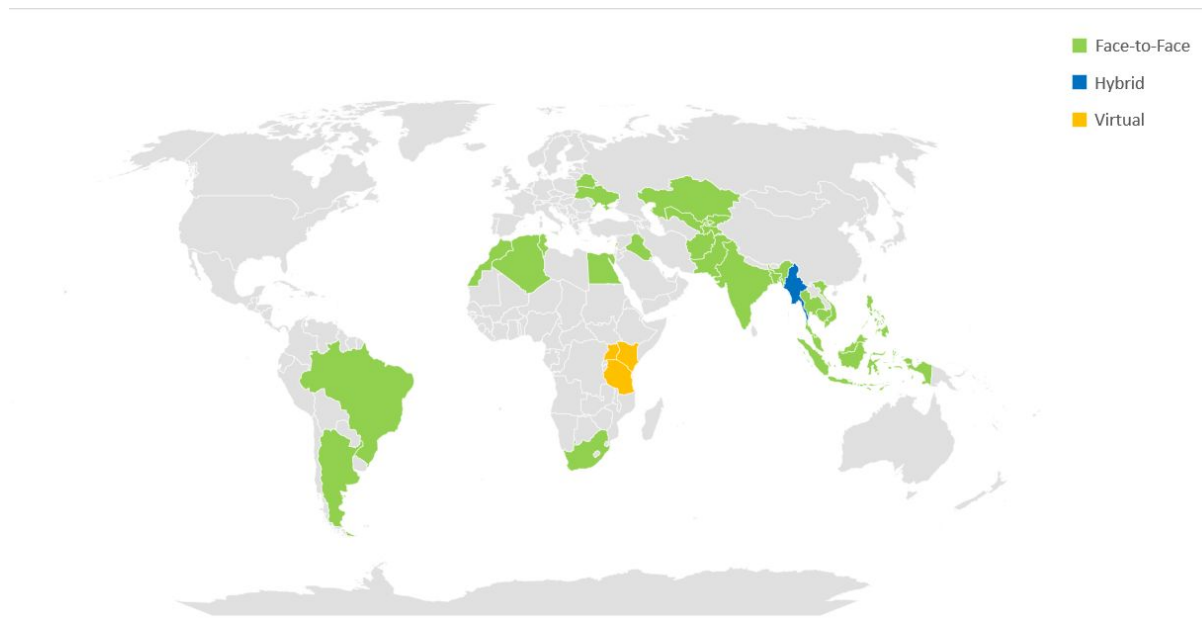
Recommended package for people who use stimulant drugs



Capacity building program

Specific modules on implementing HIV programmes for people who use stimulant drugs:

1. Amphetamine /methamphetamine
2. Crack cocaine / pasta coca
3. NPS stimulant drugs (injecting)

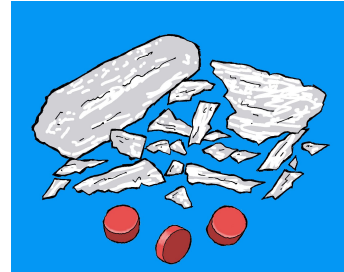


Stimulant drugs that are linked to increased HIV risk among key populations



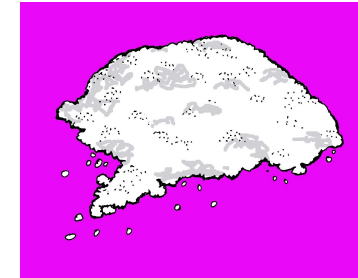
Cocaine and smoked cocaine:

- Exists in various forms, e.g. cocaine powder, smokable cocaine, crack cocaine, freebase, paste base, paco, basuco.
- Depending on the form, it may be snorted, injected or inserted anally.



Methamphetamine:

- Amphetamines and methamphetamines exist in different forms, e.g. crystals (methamphetamines), powder or pills / tablets.
- Methamphetamine may be taken orally, snorted, smoked as vapour in a pipe, inserted anally or injected in a solution.



New Psychoactive Substances stimulants (NPS stimulants):

- Exist in various forms, e.g. synthetic cathinones, phenethylamines, aminoindanes and piperazines.
- Sometimes referred to as “bath salts”
- Depending on the form, new psychoactive substances are taken orally, smoked, inserted anally or injected.

Condoms, lubricants and safer sex programmes

Chemsex and HIV prevention

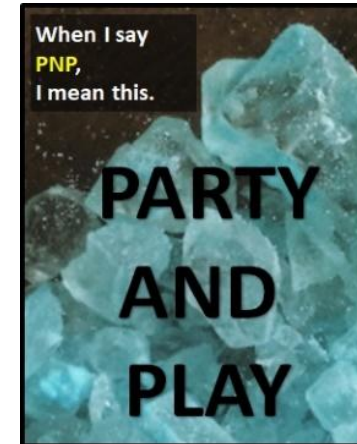
PrEP
Pre-Exposure
Prophylaxis

PEP
Post Exposure
Prophylaxis

Condoms
lubricants

Needles &
syringes

- Chemsex involves people injecting drugs and engaging in risky sexual practices often in high-risk settings and prevention strategies can be hard to sustain.
- PrEP and PEP are interventions which significantly lower an individual's risk of contracting HIV.



Key Challenges

- Consent becomes questionable when psychoactive substances are involved
- Reaching vulnerable populations
- Dissemination of safety information relating to safe sex, intravenous drug use and consent
- Distribution of condoms, lubricant and needles
- Safety / legality of emergent NPS in this scene

Interventions

- Continued engagement with club ownership to help facilitate information campaigns and distribution of condoms.
- Targeted information campaigns through the apps on which people meet.
- Availability of information, condoms and needles through community-supported routes such as clinics

Needle and syringe programmes (NSP) and other commodities

- **Stimulant-friendly needle and syringe programmes (NSPs)**

- ✓ Outside opening hours of 'traditional NSPs'
- ✓ Entry point for service cascade such as voluntary HIV testing and counselling
- ✓ Information on risk reduction, condom use and route of transmission's transition

- **Important to understand:**

- ✓ context of drug use
- ✓ rapid, repeated pattern of injecting stimulants
- ✓ need for enough injecting equipment
- ✓ Stimulant using sessions or runs can continue for several days



Needle and syringe programmes (NSP) and other commodities



Plentiful supply
of sterile
needles and
syringes



Straight stem
crack pipes



Meth pipe



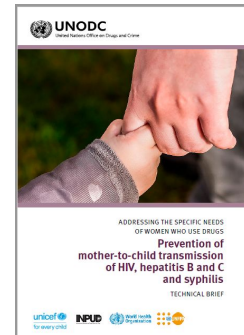
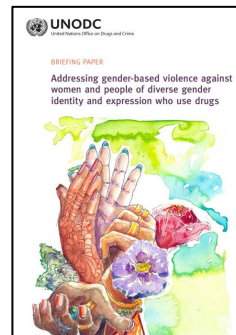
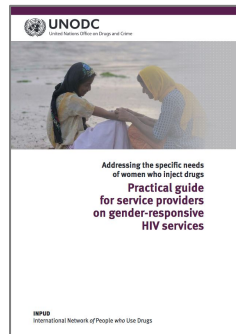
Silver foil



Safer “snorting”
kit

Addressing the needs of women who use stimulant drugs

- Accessible service locations
- Women-only spaces and/or times at drop-in centres or separate venues
- Specific outreach for women who inject drugs
- Collaboration & cross-referral with programmes addressing sex work & HIV
- Secondary needle and syringe distribution
- Addressing stigma and discrimination
- Elimination of policy, legal & social barriers
- Resourcing
- Data
- Participatory planning, implementation & evaluation



Needs Assessment studies for people who use new psychoactive substances (NPS)

- ❑ To develop specific approaches to reach people who use NPS/stimulants and refer them to HIV related services and continuum of care
- ❑ Strategic-level analytical reports aiming to get a more comprehensive understanding of the basic needs and existing challenges for people who use NPS/stimulant drugs
- ❑ Pilot studies in six countries: **Moldova, Ukraine, Belarus, Kazakhstan, Kyrgyzstan, and Uzbekistan**
- ❑ Jointly with the representatives of KP groups that include PWUD, MSM, SWs/clients, ChemSex, TG
- ❑ Focus Group Discussion and surveys



Key UNODC web outreach project achievements – Belarus, Moldova, Ukraine, Uzbekistan



3942 people reached by online consultations and referral



1694 people were tested on HIV, HCV, STDs upon consultation with web outreach worker



155 people tested positive for HIV



38 people tested positive for HCV



65 people tested positive for STDs



944 people were referred to the services after an online consultation with a web outreach worker



145 people were referred to ARV treatment upon consultation with web outreach worker

WHO guidance on addressing stimulant drug use among people who inject drugs

Annette Verster

Antons Mozalevskis

Dzmitry Krupchanka

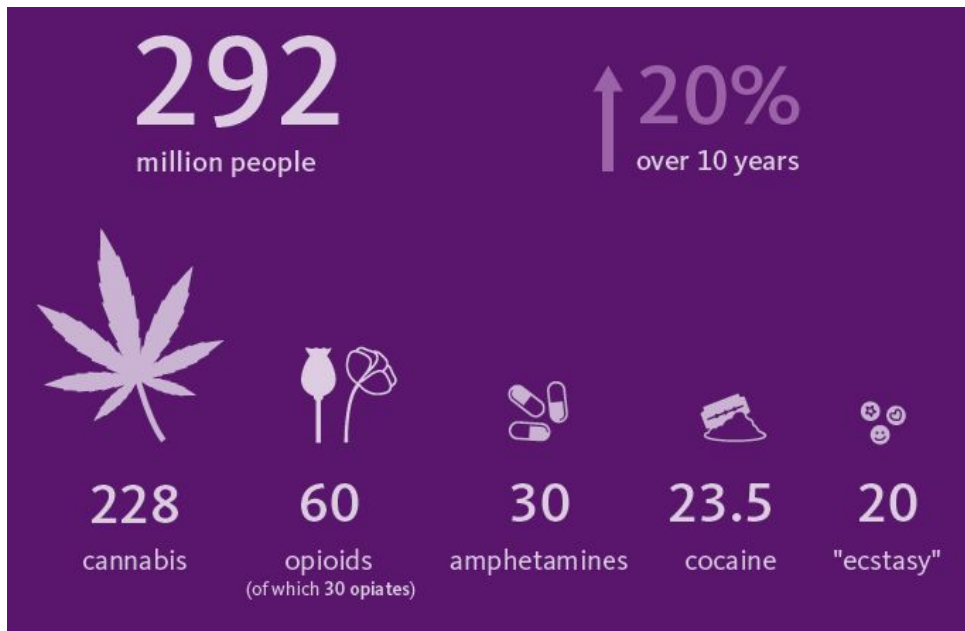
WHO Headquarters

28 November 2024



Epidemiology of drug use, 2022

- **292 million used drugs** (5.6% of the global population aged 15–64)
- **64 million with drug use disorder** (one in 81 among those who used drugs)
- **13.9 million people who injected drugs**



- In comparison with
 - ~44% of global population aged 15 and older consuming alcohol in 2019
 - 400 million people living with alcohol use disorder (7% of the global population aged 15 years and older)*

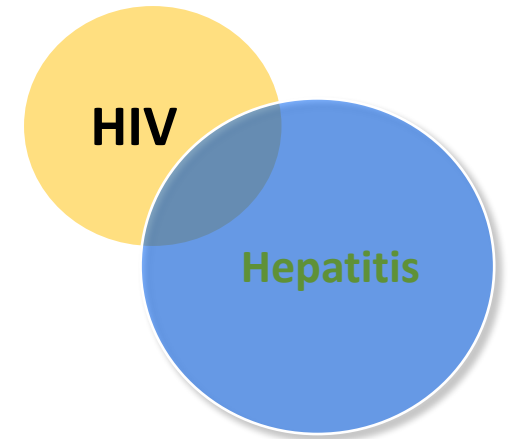
Global deaths attributable to drug use, 2019

Drug type	Drug use disorders	HIV	HBV	HCV	RTA	Suicide	Total deaths
Opioid	123 848	60 679	7 287	233 941	5 351	17 383	448 489
Cocaine	7 420	2 589	258	8 789	2 285	4 741	26 082
Amphetamine	4 454	5 427	666	21 345	9 214	5 555	46 661
Cannabis	–	–	–	–	14 206	–	14 206
Other	46 035	346	56	1 637	–	–	48 074
All drugs	181 758	69 040	8 267	265 711	31 056	27 679	583 511

- In comparison with **2.6 million** deaths attributable to **alcohol** consumption (4.7% of all global deaths)

Epidemiology of communicable diseases

- **39.9 million** people living with **HIV**
 - No vaccine, life-long treatment (**1.6 million PWID**)
- **254 million** with chronic **hepatitis B virus (HBV)** infection
 - Prevention with vaccine + life-long treatment for those eligible
- **50 million** with chronic **hepatitis C virus (HCV)** infection
 - No vaccine, but cure!
 - 8.5% global prevalence in PWID* (5.6 m)
 - 23%-39% global HCV incidence **
 - 33% global HCV related death *
 - 82.4% HIV/HCV coinfection among PWID with HIV
- **PWUD** tend to have higher rates of **tuberculosis** and of latent TB infection



STIs prevalence and incidence are very high among key populations

High baseline STI prevalence among PrEP users (mostly MSM)

December 11, 2019

Global Epidemiologic Characteristics of Sexually Transmitted Infections Among Individuals Using Preexposure Prophylaxis for the Prevention of HIV Infection: A Systematic Review and Meta-analysis

Jason J. Ong, PhD, MBBS^{1,2}; Rachel C. Baggaley, MSc, MBBS²; Teodora E. Wu, MD³, et al

> Author Affiliations | Article Information

JAMA Netw Open. 2019;2(12):e1917134. doi:10.1001/jamanetworkopen.2019.17134

Pathogen	Prevalence at baseline (95% CI)
<i>C. trachomatis</i> (any site)	10.8% (6.4-16.1)
<i>N. gonorrhoeae</i> (any site)	11.6% (7.6-16.2)
<i>T. pallidum</i> (active infection)	5.0% (3.1-7.4)
<i>M. genitalium</i>	17.2% (12.2-23.2)
<i>Trichomonas vaginalis</i>	5.9% (4.7-7.2)
Any <i>C. trachomatis</i> , <i>N. gonorrhoeae</i> or <i>T. pallidum</i>	23.9% (18.6-29.6)

REVIEW

Prevalence of Sexually Transmitted Infections and Human Immunodeficiency Virus in Transgender Persons: A Systematic Review

Olivia T. Van Gerwen,^{1*} Aditi Jani,² Dustin M. Long,³ Erika L. Austin,³ Karen Musgrove,⁴ and Christina A. Muzny¹

Pathogen	Trans men	Trans women
<i>C. trachomatis</i>	1.2 - 11.1%	2.7 - 24.7%
<i>N. gonorrhoeae</i>	0 - 10.5%	2.1 - 19.1%
<i>T. pallidum</i> (syphilis)	0 - 4.2%	1.4 - 50.4%

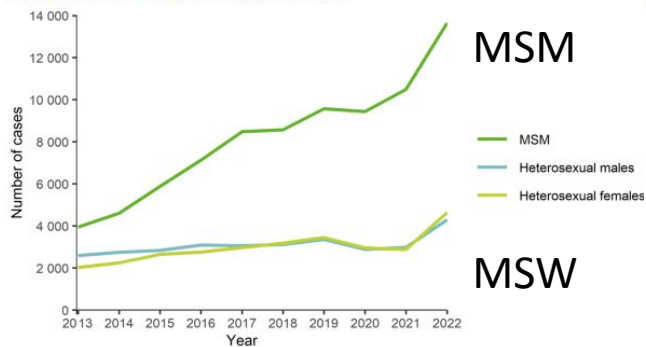
High STI prevalence among trans men and trans women

Transgender Health
Volume 5, Number 2, 2020
Mary Ann Liebert, Inc.
DOI: 10.1089/trgh.2019.0053

Surveillance data from EU/EEA

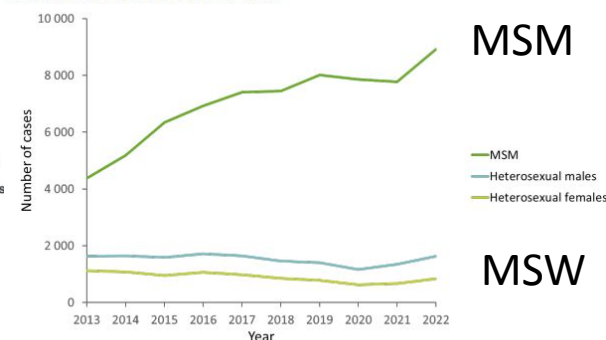
GONORRHOEA

Figure 5. Number of confirmed gonorrhoea cases by gender, transmission category and year in EU/EEA countries reporting consistently, 2013-2022



CONFIRMED SYPHILIS

Figure 5. Number of confirmed syphilis cases by gender, transmission category and year in EU/EEA countries reporting consistently, 2013-2022



4-fold higher HPV prevalence among FSW

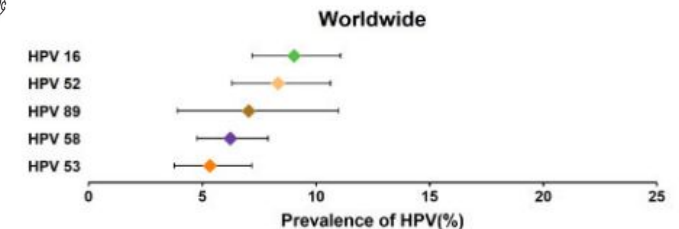


International Journal of Epidemiology, 2021, 52:1-537
doi: 10.1093/ije/dyaa289
Advance Access Publication Date: 1 February 2021
Original article

Sexually Transmitted Infections

Worldwide burden of genital human papillomavirus infection in female sex workers: a systematic review and meta-analysis

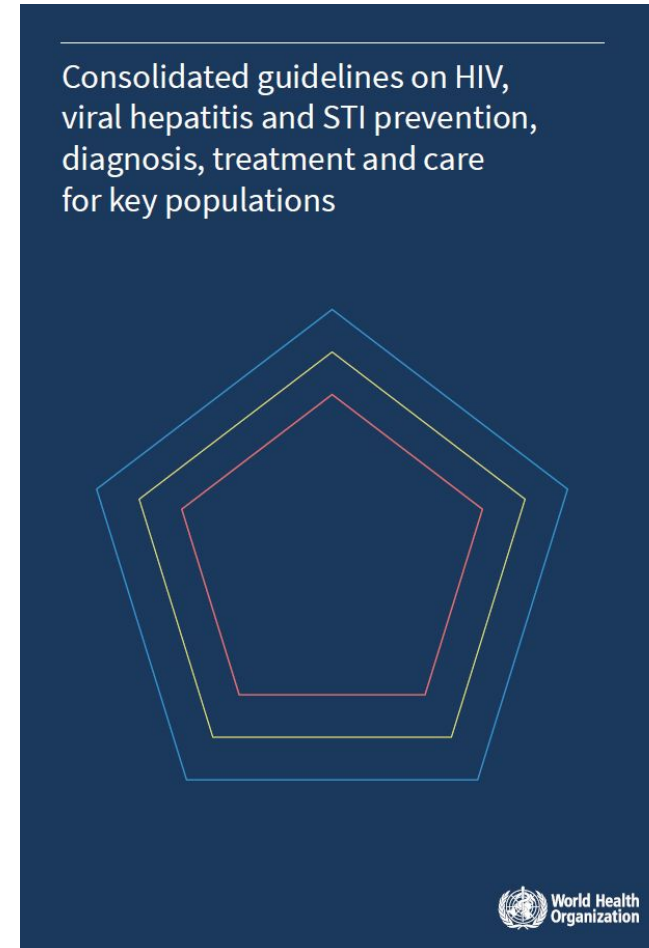
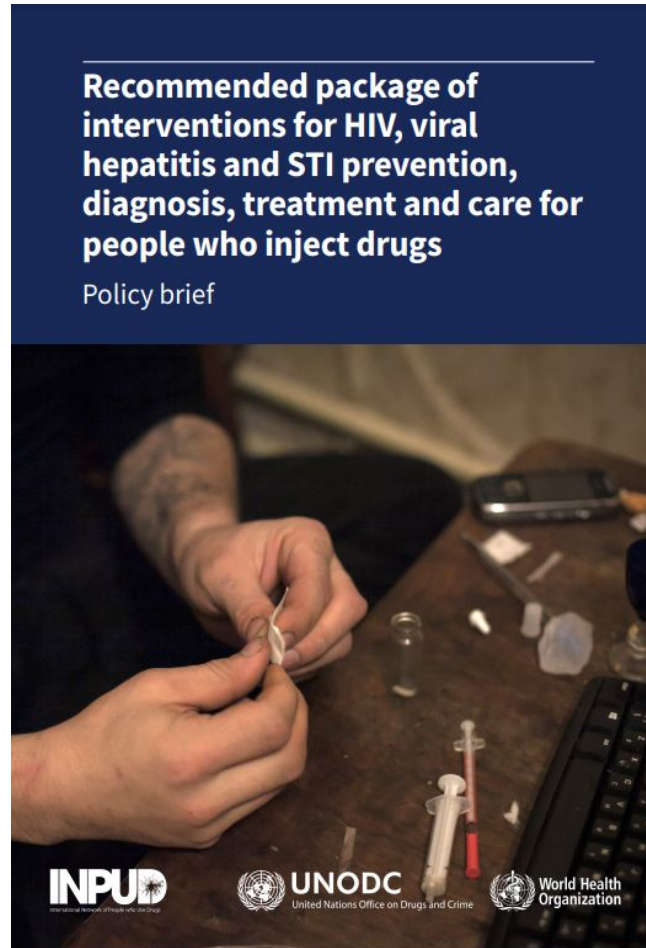
Jie Wu,¹ Cheng Ding,¹ Xiaoxiao Liu,¹ Yuqing Zhou,¹ Guo Tian,¹ Lei Lan,¹ Can Chen,¹ Danying Yan,¹ Chenyang Huang,¹ Xiaofang Fu,¹ Lanjuan Li,¹ and Shigui Yang^{1,2*}



Source: Country reports from Czechia, Denmark, Finland, Greece, the Netherlands, Norway, Romania, Slovenia, and Sweden.

Source: country reports from Czechia, Germany, Greece, Latvia, the Netherlands, Norway, Romania, Slovakia, Slovenia, and Sweden.

WHO guidelines (2022)



Essential for impact: enabling interventions

Removing punitive laws, policies and practices, including **decriminalization of drug use and possession**

Reducing stigma and discrimination

Community empowerment

Addressing violence



Recommended package of health interventions for people who inject drugs

Essential for impact: health interventions

Prevention of HIV, viral hepatitis and STIs

Harm reduction (NSPs, OAMT and naloxone for overdose management)

Condoms and lubricant

Pre-exposure prophylaxis for HIV²⁴

Post-exposure prophylaxis for HIV and STIs

Prevention of vertical transmission of HIV, syphilis and HBV

Hepatitis B vaccination

Addressing chemsex

Diagnosis

HIV testing

STI testing

Hepatitis B and C testing

Treatment

HIV treatment

Screening, diagnosis, treatment and prevention of HIV associated TB

STI treatment

HBV and HCV treatment

Harm reduction defined as offering:
Needle and syringe programmes,
opioid agonist maintenance therapy and
community distribution of naloxone

Essential for broader health: health interventions

Conception and pregnancy care

Contraception

Mental health

Prevention, assessment and treatment of cervical cancer

Safe abortion

Screening and treatment for hazardous and harmful alcohol and other substance use

TB prevention, screening, diagnosis and treatment

Chemsex is of growing concern due to potential harms such as HIV, STIs, hepatitis C, other drug and injection-related harms and mental health issues

Addressing chemsex



Good practice statement

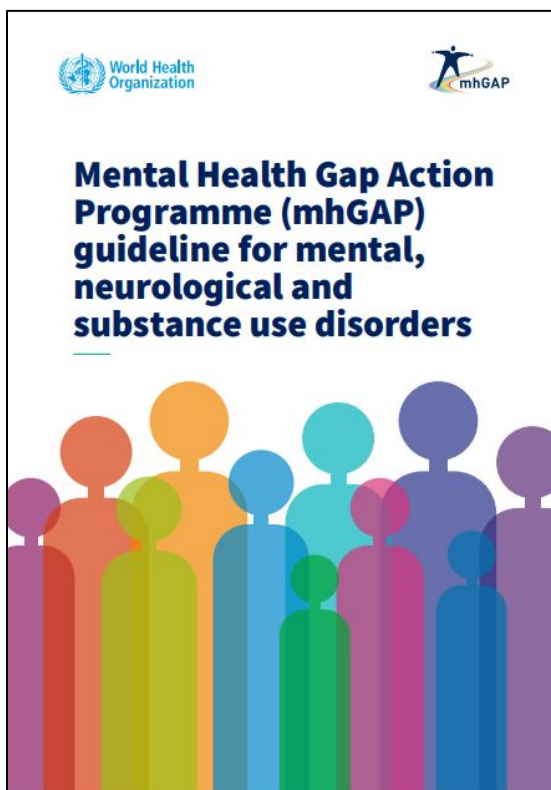
Addressing chemsex*, especially for key populations and their sexual partners, requires a comprehensive, non-judgemental and person-centred approach. This can include integrated sexual and reproductive health, mental health, access to sterile needles/syringes and OAMT services with linkages to other evidence-based prevention, diagnostic and treatment interventions.

It is acknowledged that in some settings the definition for chemsex may vary and that it may take place in the context of other harmful drug and alcohol use.

* Chemsex for the purpose of these guidelines is defined as when individuals engage in sexual activity, while taking primarily stimulant drugs, typically involving multiple participants and over a prolonged time.



WHO mhGAP guideline for mental, neurological and substance use disorders in non-specialized health settings



Recommendation	Strength	Evidence quality
Adults using psychostimulants should be offered screening and brief intervention	<i>strong</i>	<i>very low</i>
... who do not respond to brief interventions, referral for specialist intervention should be considered	<i>conditional</i>	<i>very low</i>
Dexamphetamine, methylphenidate and modafinil are not recommended for the treatment of cocaine or stimulant use disorders due to safety concerns	<i>conditional</i>	<i>low</i>
Psychosocial interventions (namely cognitive behavioural therapy (CBT) and contingency management) should be offered to adults with cocaine and stimulant dependence	<i>strong</i>	<i>low</i>
Recovery-oriented services on a voluntary basis should be considered for adults with drug dependence, namely, case management, long-term residential and continuing community care approaches, occupation-based therapies and peer support groups	<i>conditional</i>	<i>low</i>

Thank you

For more information, please contact:

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Dzmitry Krupchanka krupchankad@who.int

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- Virginia Macdonald
- Rachel Baggaley
- Niklas Luhmann
- Maeve B. de Mello

3 | Implementation practices



Ancella Voets, Manline
Yolaan Andrews, NACOSA



MAIN*line*

HARM REDUCTION ADDRESSING STIMULANT USE

**11th Key Populations Community Of Practice,
28 November 2024**

12 EVIDENCE-BASED STRATEGIES



BASED ON EXPERIENCES FROM 7 COUNTRIES





SAFER SMOKING KITS

Typically contain a crack / meth pipe; mouthpiece; screens; lip balm; condoms, lubricant; safer drug use/sex education materials. Often distributed during outreach. Examples: COUNTERfit, Canada & NACOSA, South Africa



PREVENTION OF SEXUAL RISKS

Includes providing condoms & lubricant; STIs and HIV info, testing & treatment; counselling on contraception and pregnancy; addressing sexual violence; transactional sex, abusive relationships.; increasing self-control. Ideally, integrated with mental health and drug services. Examples: Escola Livre de Redução de Danos, Brazil & OUT Wellbeing, South Africa



FEMALE FOCUSED INTERVENTIONS

Usually focused on access to care (opening hours, emotionally safe, offering childcare); pregnancy and parenting; sexual and reproductive rights. Examples: MEWA & Women Nest, Kenya



DRUG CONSUMPTION ROOMS

Professionally supervised facilities where people who use drugs can use in safer and more hygienic conditions. Decreases morbidity, mortality, public drug use, and increases access to care. [De Regenboog Group, the Netherlands](#)



SELF REGULATION

Strategies to maximize control over drug use, such as mindfulness. Empowers people who use drugs control skills; promotes safer use; helps setting personal-based rules for use and accepting/dealing with emotions. Examples: [Hope House & TB HIV Care Contemplation Groups, South Africa](#)



HOUSING FIRST

Offering people who use drugs stable housing as quickly as possible, without demands (on abstinence) reduces exposure to drug use (scenes) and problematic drug use; increases treatment adherence and autonomy; helps developing healthier sleep/eating patterns. Examples: [Attitude](#) & [Braços Abertos, Brazil](#)



SUBSTITUTION

Replacing a stimulant with a drug perceived as safer, less addictive, acceptable and able to reduce adverse effects and craving of first drug. Example: pharmaceutical & traditional substances. Example: cocaine substitution pilot, Amsterdam municipality, the Netherlands



PEER-LED OUTREACH INTERVENTIONS

Contacting with and providing health and social services to people who use drugs where they are. Peer workers help reaching and levelling with people who use drugs and convey safer drug use practices. Example: Karisma's shabu outreach, Indonesia



DROP-IN CENTRES

Low-threshold, safe, informal social setting providing basic services like food, shelter hygiene and (social) activities. Help connecting to additional (care) services. Example: El Achique de Casavalle, Uruguay



DRUG CHECKING

Harm reduction method aimed at nightlife drug use. Different methods used to test drug sample for (dosage of) substances, and presence of adulterants. Example: Mainline, the Netherlands



ONLINE INTERVENTIONS

Programs that offer selective prevention and harm reduction online, either fully automated and self-guided, or including contact with a professional. Example: [Chem-Safe, Spain](#)



THERAPEUTIC INTERVENTIONS

Treatment-based interventions that also work in harm reduction settings. Provide support with mental health issues, enhance self-control and management of craving/use. [Achique de Casavalle, Uruguay](#)

HARM REDUCTION FOR PEOPLE WHO USE STIMULANTS SHOULD CONSIDER

Addressing
poly-drug use

Providing
low-threshold
services

Focusing on
belonging and
acceptance

Promoting
self-care and
self control

Addressing
social
exclusion

Providing stable
housing and
income sources

Offering concrete
benefits during outreach

Providing factual,
non-sensational
information

Integrating
services

Involving
peers

Providing mental
health care

Mainline approach

STIMULANT HARM REDUCTION INTERVENTIONS

Develop interventions

1

- Community-based interventions
- Simple, effective, easy to replicate
- Meet community's needs

Train people

2

- Train trainers/ learning experts
- Train the CBO's leaders and outreach workers
- *Learning does not stop in the training room*

Service delivery

3

- Put learning into practice
- Evaluate the effectiveness of interventions
- Provide exposure to others' learning

SPEED LIMITS

HARM REDUCTION FOR PEOPLE
WHO USE STIMULANTS



Rafaela Rigoni
Joost Breeksema
Sara Woods

MAINline

www.mainline.nl

[Speed Limits - Harm Reduction Guide
for Stimulant Use](#)

[Stimulants Field Lab](#)

www.chemsex.nl/en

[Harm Reduction School](#)

Ancella Voets

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MAINline
DRUGS & HEALTH



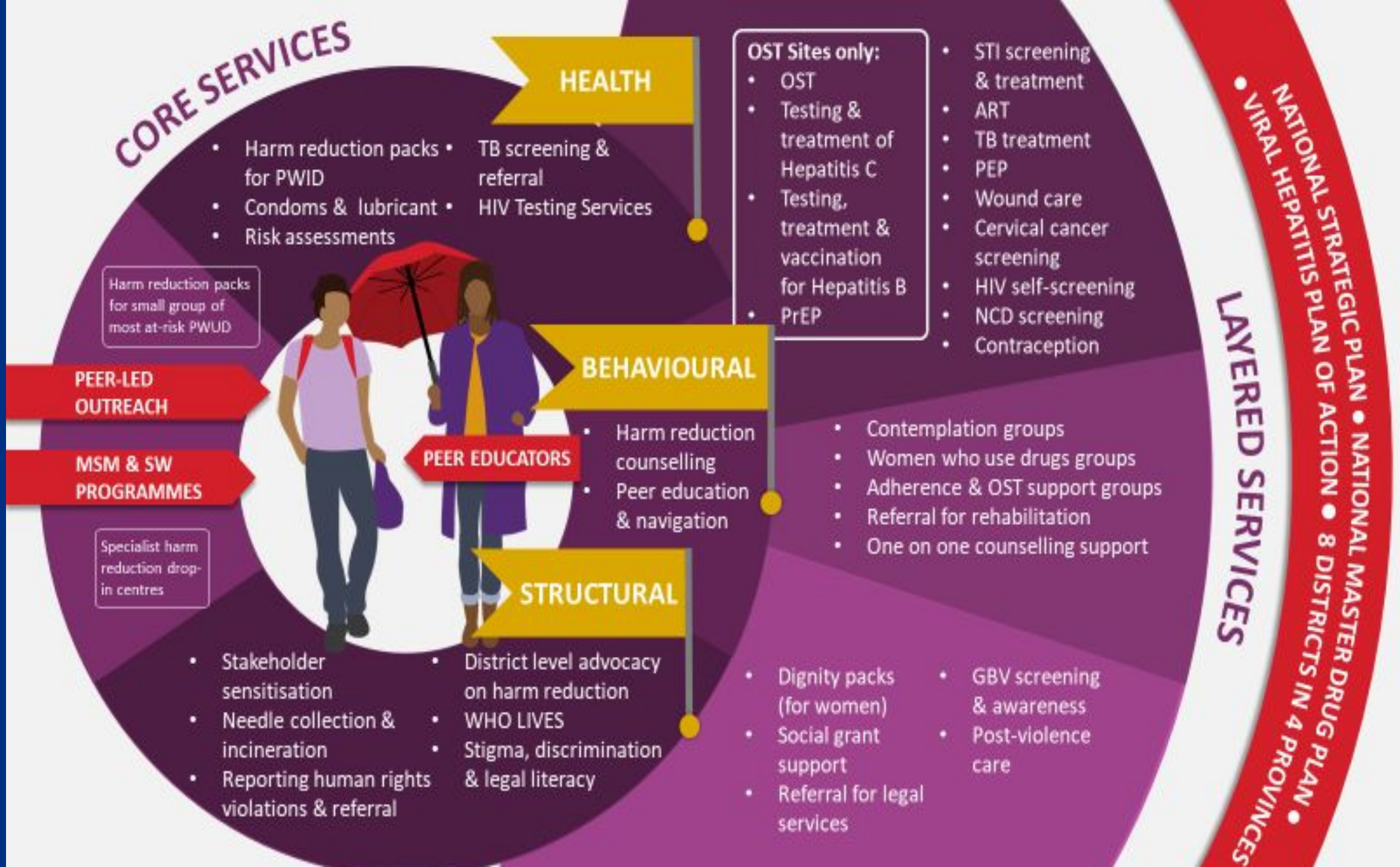
NACOSA

GPC Key Population CoP Webinar

Programming for Stimulant Drug Use

Presenter: Yolaan Andrews
28 November 2024

GLOBAL FUND SERVICE PACKAGE



Stimulant Use

People use and share a range of items to smoke and often burn their lips and hands

1. Reduce health risks from sharing smoking supplies

- Tuberculosis outbreaks associated with communal (shared) drug smoking
- COVID-19
- More autonomy and control over drug use and health risks

2. Reduce the higher-risk practice of injecting

- Discouraging the start of injection or reducing how often one injects can also reduce:
 - Transmission of infectious disease such as HIV and hepatitis C
 - Injection-related soft tissue infections, abscesses, vein damage, and endocarditis.
 - Risk of overdose for some drugs such as heroin
- Less injection can also mean fewer used syringes discarded in public spaces

3. Expand engagement opportunities with people who smoke drugs and do not inject

- Attracts PWUD who might not otherwise think a NSP would be relevant to their needs
- Connect PWUD to a wider array of harm reduction education, materials, and linkage with health care and substance use treatment
- Engaging younger adults may slow the development or escalation of substance use disorder and/or transition into injecting



Safe Smoking Packs

- These packs will ensure that the sharing of these inappropriate smoking utensils are not used or shared, reducing risk of exchanging fluids and therefore the risk of HIV, TB and hepatitis transmission

- **A safe smoking pack consists of:**

- Pipe Mouthpiece, Plastic
- Aluminum foil x 10 squares (thick)
- Rizla Red (50 rolling papers) Smoking Paper
- 50ml Vaseline
- Steel wool
- Alcohol swabs
- Zip-Lock Bag



- IEC materials and harm reduction counselling on risks of injecting deter transition from smoking to injection is also provided alongside these safe smoking packs to high risk PWUD

Why provide safer smoking supplies?

Plastic mouthpiece - plastic mouthpiece goes on the end of the glass stem. Prevents burns and cuts from the pipe. Each person should use their own to prevent disease transmission. Available in varying lengths as per client request –requested lengths vary based on personal preference.

Rizla Red/Smoking Paper can be an alternative to the mouthpiece which is used to smoke the drug, prevents sharing. Each person should use their own to prevent disease transmission (TB Risk).

Vaseline - used to keep lips moist and healthy, prevents cracks and open sores and disease transmission as a result.

Aluminum Foils - Primarily used for smoking heroin, but can be used to smoke other drugs as well. Foil provision is often seen as an opportunity to promote a switch from injection to smoking which is less harmful.

Steel wool are used to hold the rock of crack cocaine in place near the end of the crack pipe. Steel Wool fits snugly within the stem and are typically made from a small piece of metal with holes to allow for inhalation of crack vapor.

Alcohol swabs – to clean hands and to wipe down a pipe. Also used to clean an injection site, if injecting drugs. To reduce the risk of transmission a new swab should be used every time.



Overdose Incidence

1 037
Respondants
84% Male 

63% (650)
25-35 years old
30% (312)
36-50 years old

64%
Homeless
(667)

Multiple Drug Use

Opiate Use	793
Crystal Meth	329
Mandrax	201
Crack Cocaine (rock)	103

66%



Never Overdosed **72%**

Overdose

96%
Opiates



Breathing Difficulties
Choking
Loss of Consciousness

33%
Stimulants



Rapid/Irregular
Heartbeat
Dangerously Increased
Body Temperature

572
Witnessed
Overdose

72%
FATAL

256
Experienced
Overdose

30%
Intentional
84%
Accidental



73%
Outside in the
Street/Park

56%

25%

19%



Reported/Witnessed Overdose

Help
available

172 Community
Members
109 Ambulance

55%
Unsure how to
prevent
Overdose

45%
Help not
available

Naloxone

81%

Don't
know/Unsure

Ever Used **3%**

72% Willing to carry

Chemsex Guidelines

Reduce harm from smoking drugs:

- Don't smoke alone. Try to use a long pipe or a water pipe.
- Try not to start injecting because the HIV and hepatitis risk is much higher and there is a higher risk of overdose, blood-borne viruses and possibly the body where you inject.

What is Chemsex?

Chemsex is also known as party and party sex. It is a form of sex where people use drugs to enhance their sex lives. These drugs can enhance sexual experiences, lower inhibitions and increase confidence. Having fun but not using drugs can cause harm to the heart, brain and lungs and can lead to overdose and serious problems for your mental health. Not using drugs can also cause harm to the heart, brain and lungs and can lead to overdose and serious problems for your mental health. Not using drugs can also cause harm to the heart, brain and lungs and can lead to overdose and serious problems for your mental health. Not using drugs can also cause harm to the heart, brain and lungs and can lead to overdose and serious problems for your mental health.

THE HARM REDUCTION TOP 10

1. Try not to use alone, or tell people you plan to use and where you will be.
2. If you are using drugs like uppers and want to have sex, be aware always use condoms and lube.
3. Get on PEP. PEP is a daily HIV negative that prevents HIV.
4. Don't mix different types of drugs.
5. Do not share your drugs or smoking equipment. Always prepare your own drug and, if injecting, inject yourself to avoid overdosing.
6. Drink plenty of water as smoking drugs can make a person dehydrated.
7. Use the bathroom frequently to avoid overdosing.
8. Try to eat before using. Remember to eat, get sleep and drink water if possible and even when you may not always feel like doing this.
9. If you're HIV negative, not on PEP and had unprotected sex, exposure prophylaxis within 72 hours. PEP is one month of anti-HIV medicine you may have come into contact with HIV.
10. Try to use clean injection equipment and filters - to reduce HIV and hepatitis risk. If you have clean needles, syringes, filters and filters for injecting, you can reduce the risk of HIV and hepatitis.

Let's be real, the use of drugs comes with health risks.

Drugs have a range of harmful effects on your health. They can affect your HIV and hepatitis, even damage your injecting, bacterial infections causing abscesses at injecting sites, and respiratory illness from smoking.

You may experience some of the following if you have been using drugs:

- Craving
- Tiredness or lack of energy
- Irritability
- Feeling angry and upset

Be safe when smoking drugs

Smoking can cause small cuts or bleeding in the mouth (see see them) and HIV, hepatitis C and TB can easily be passed on this way.

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- Member of the Chemsex guidelines committee supported by the World Health Organisation (WHO).
- NACOSA submitted sections on harm reduction considerations for young chemsex users and slamsex users, post violence care support and overdose management for the proposed amendment to the Southern African HIV Clinicians Society guidelines for harm reduction (2020).
- In August 2023, implementers were trained on Stimulant Drugs
- In March 2024, training on Sexualised drug use provided to PWUD implementers to support their intersectionality reporting and MSM service delivery.
- Developed Harm reduction indicators for People who use Stimulants (working with OUT and SANPUD) and submitted to SACENDU.
- Support OUT-Wellbeing projects with access to needle and syringes for their slamsex users in City of Johannesburg and Nelson Mandela Bay through NACOSA implementers.
- Developed and distributed Harm Reduction IEC materials on harm reduction chemsex and stimulant drug use.
- Included sexualized drug use screening questions in the Risk Assessments tools.
- Within the GC7 consultations, NACOSA advocated for inclusion of substitution therapy for stimulant users.

Innovations

- In March 2023, NACOSA worked with SANPUD to strengthen their contemplation group facilitation materials for PWUD including stimulant users.
- Since May 2023, NACOSA has funded virtual OST ward rounds to provide clinicians and OST staff an opportunity to exchange experiences, hear from international experts and improve the standard of care for clients receiving OST in SA. These sessions have reflected the challenges experienced especially with poly substance use of stimulants.
- Sibambisene (we work together/ support each other) parenting program launched in June 2024, that equips parents who use drugs with parenting skills.
- NACOSA worked alongside Bridges of Hope to develop a Facilitator training program for young people who use drugs which was launched 16 May 2024.
- Pilot of overdose kits from 1 December 2024 to service 100 PWUD (injectors and smokers) in 2 districts (NMB and UMG).



<https://youtu.be/ntMKdGEoSzo>
Facilitator training program for the use of the Bridges of Hope toolkit for young people who use drugs.



Bridges of Hope Facilitator Training with Tintswalo.



Sibambisene (We work together) parenting program.



Sibambisene (We work together) parenting program - September 2024



Sibambisene parenting program - September 2024



THANK YOU

We're stronger, together.



NACOSA

COLLECTIVELY TURNING THE TIDE
ON HIV, AIDS AND TB

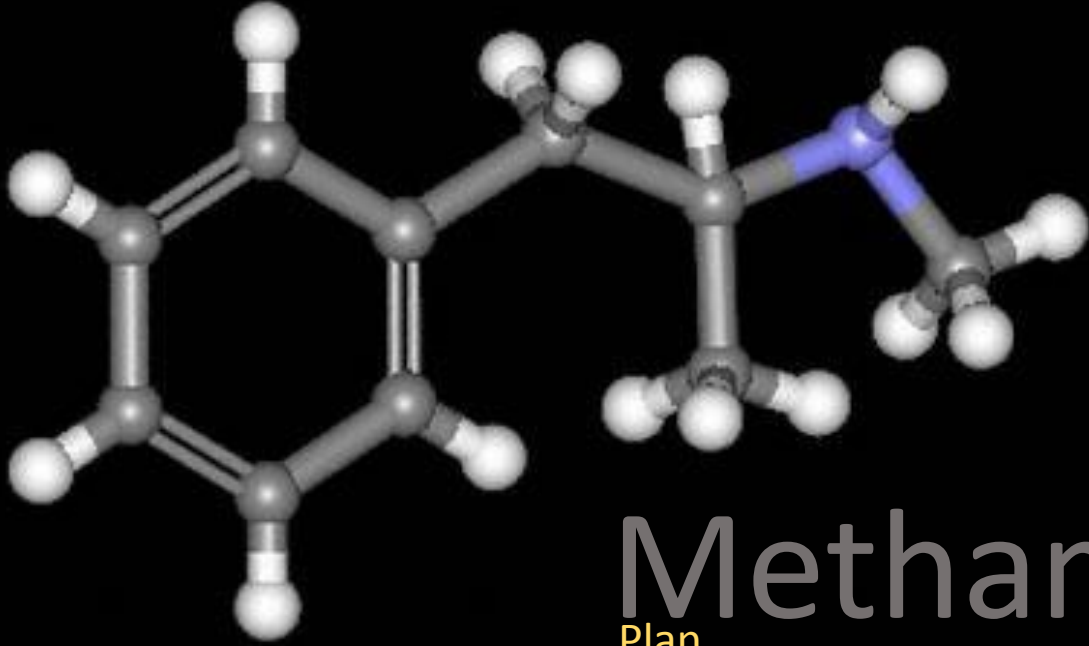
Nacosa.org.za

4 | Community perspectives



Shaun Shelley, SANPUD
Bikas Gurung, NAPUD





Methamphetamine

Plan

Harm

Reduction

Shaun Shelly

Methamphetamine

‘the most dangerous drug in
America’

United States Attorney General, Alberto Gonzales, 2005

‘most malignant, addictive drug
known to mankind’

New York Times (Johnson, 1996).



Methamphetamine

‘This is a life-and-death insurance policy that saves lives

... This is a common, legal, ethical, moral and correct application”

Colonel Peter Demitry, U.S. Air Force Surgeon-general’s Science and Technology Division, 2003

A Iready D Done with my H Homework D Dad!



ADDERALL XR®... All-day symptom control in a single daily dose

ADDERALL XR:

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- Offers all-day ADHD symptom control
- Helps improve academic performance
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April 2003

AXJA331



News

School ritalin 'mert' bust

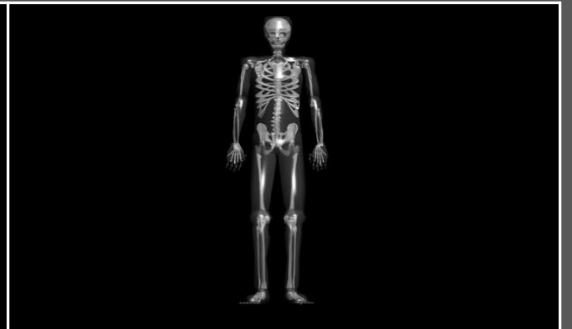


Monique Duval | March 8, 2019

A suspected drug dealer who was caught on his way to make a drop of prescription medication at an Athlone school will appear in court on Friday morning.

According to a source, on Wednesday afternoon the 22-year-old man was nabbed by Metro Police in Rondebosch East with eight Ritalin tablets, commonly used to treat

Harm Reduction



DRUG

Quality
Dose
Pattern
Means
Mixing

ENVIRONMENT

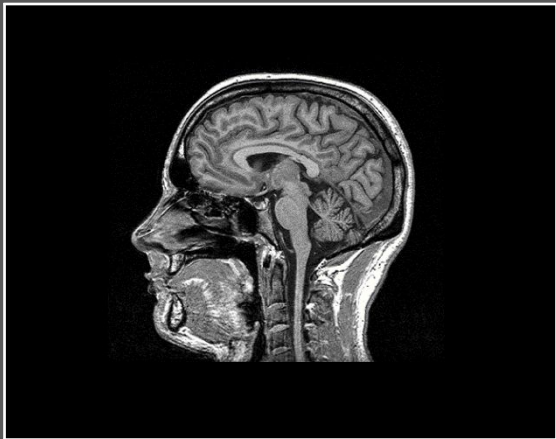
Where
When
With who

MENTAL HEALTH

History
Vulnerabilities

PHYSICAL HEALTH

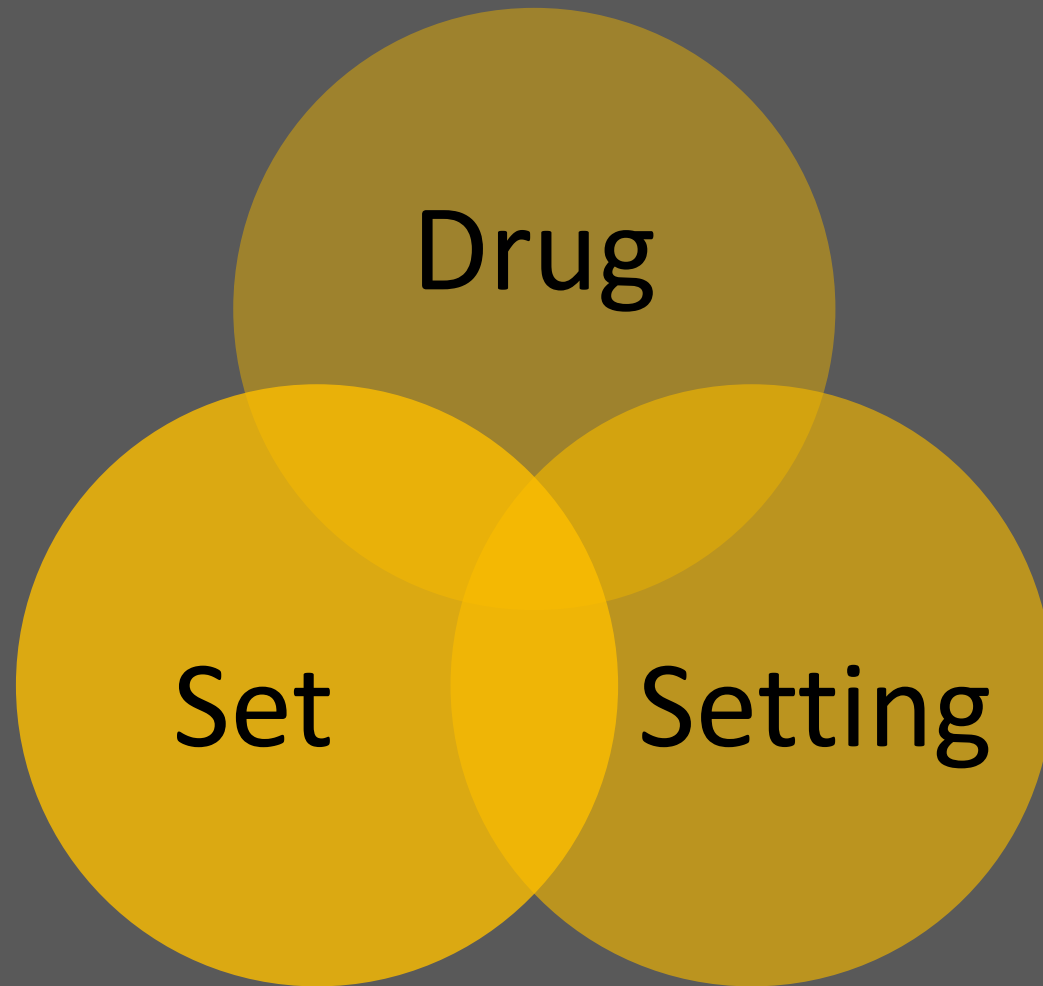
Disease
Nutrition
Sleep
Hydration



MENTAL
HEALTH

History

Vulnerability



Consider your risk!



DRUG

Quality

Dose

Pattern

Means

Mixing

Smaller doses less frequently.

Give yourself a break.

Try not to mix.

Known places where you feel safe

Plan, think, reflect.

Eat, sleep.

Why, why, why?

Don't wait for perfect.

5 | Identifying solutions



6 | Donor viewpoint



Thomas Brigden, EJAF
Susie McLean, GFATM





ELTON JOHN
AIDS FOUNDATION

OUR STRATEGY FOR PEOPLE WHO USE DRUGS

Countries **decriminalize** personal use and possession of drugs and harm reduction services, as a key route to HIV prevention. The **enforcement of laws** that criminalize PWUD is addressed, and **police violence** is reduced.

Increase/maintain funding for harm reduction and HIV for PWUD. Political will for investment in harm reduction is generated and **PWUD stay on the agenda** of global donors and domestic governments.

Countries develop an appropriate path to increase access to HIV services PWUD that address the **changing trends in drug use** as well as **gender, sexuality, age** and **structural and systemic barriers**.

OUR APPROACH

- People who use drugs a key community in EJAF mission
- Current strategy expanded to people who use drugs
- Flexibility as a private Foundation
- Evidence generation key
- Looking beyond HIV as entry point
- Intersections and integration



SOUTH AFRICA

A model for HIV+ MSM who engage in chemsex

- Model for lower resource & 'offline' settings
- Individualised care plans
- Holistic and person-centred approach
- High retention in care among MSM enrolled



UNITED STATES

Increasing access for underserved communities

- Organic campaign to raise awareness and drive demand
- Protecting people who use stimulants in the 'fourth wave' of the overdose crisis
- Distribution of 'unfundable' supplies
- Supporting small and under resourced organisations.



KENYA

Working with young people who use drugs in coastal regions

- Comprehensive programme reaching young people who use stimulants inc. khat/miraa, muguuka
- Looks at intersection of drug use & sexual and mental health



KYRGYZSTAN

Harm reduction for New Psychoactive Substance use

- Online and offline outreach model to reach people who use NPS
- Provision of HIV testing and harm reduction packs



WHAT'S NEXT?

- Sharing data and insights to add to evidence base
- New Grant Making strategy in 2025

CONTACT:

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thomas.brigden@eltonjohnaidsfoundation.org



7 | Closure



Fariba Soltani, UNODC

