

Welcome to  
the 11<sup>th</sup> GPC  
Community  
of Practice  
for KPs:

# Addressing risks of stimulant drug use among people who inject drugs



Click this icon at the bottom of your screen  
& choose your preferred language:

- English
- French
- Portuguese
- Russian
- Spanish



Use the Q&A box at the  
bottom of your screen to ask  
questions to the panelists &  
upvote other attendees  
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

Judy Chang, INPUD

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

Annette Verster & Dzmitry 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

Mat Southwell, Coact

Nang Pann Ei Kham, DPAG

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

William Miller, PEPFAR

7 | **Closure**

Summary of actions and next steps

Fariba Soltani, UNODC

# 1 | Opening remarks



Judy Chang, INPUD



# 2 | Global overview



Monica Ciupagea, UNODC  
Annette Verster & Dzmitry  
Krupchanka, WHO

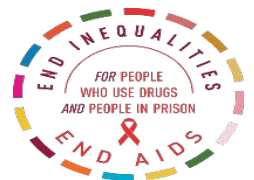


# Addressing HIV and hepatitis with and for people who use stimulant drugs

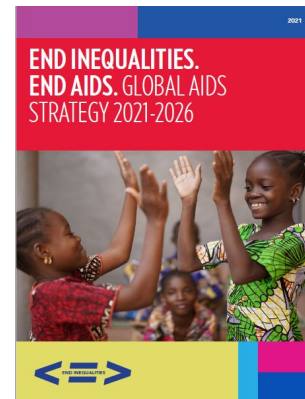
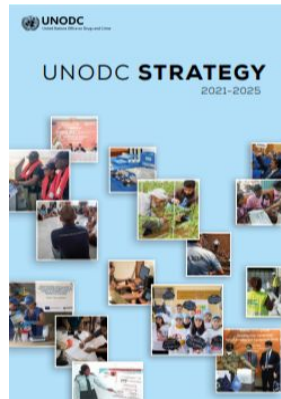
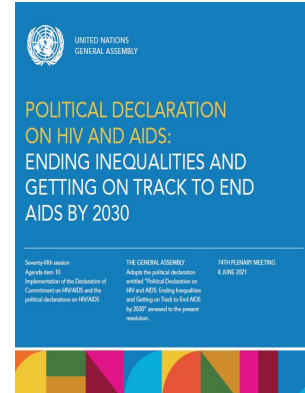
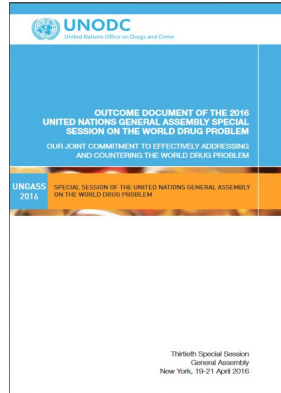
**Monica Ciupagea MD**

United Nations Office on Drugs and Crime, UNODC

November 28<sup>th</sup>, 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 Cosponsors, 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

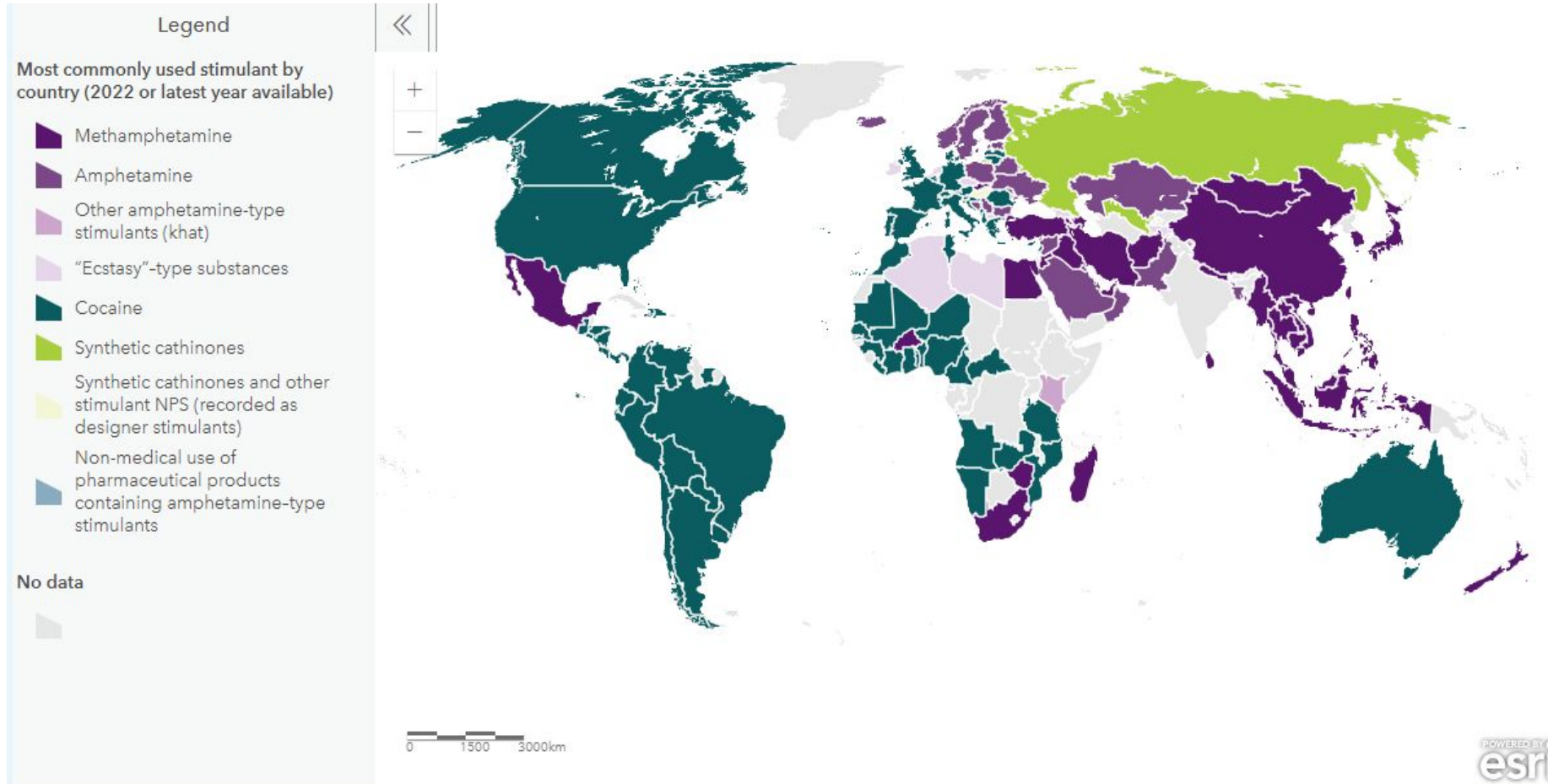
1999

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



Jg Report 2024



# Health risks related to stimulant drugs use

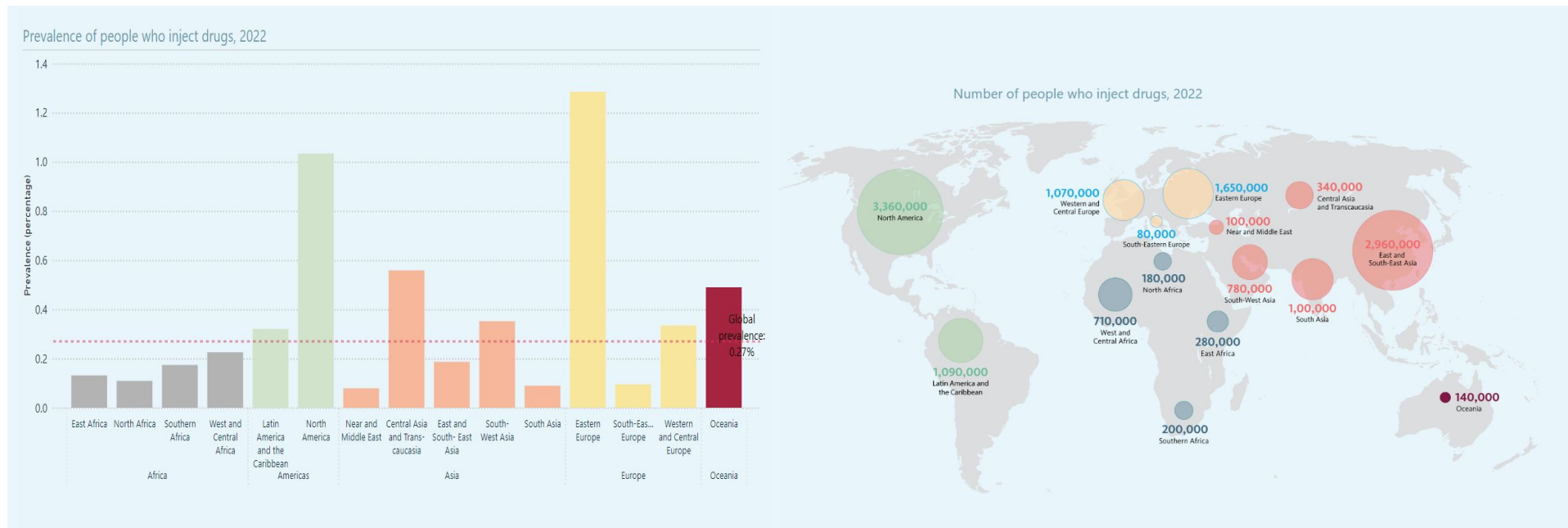
## 1. HIV, HBV, and HCV:

- **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

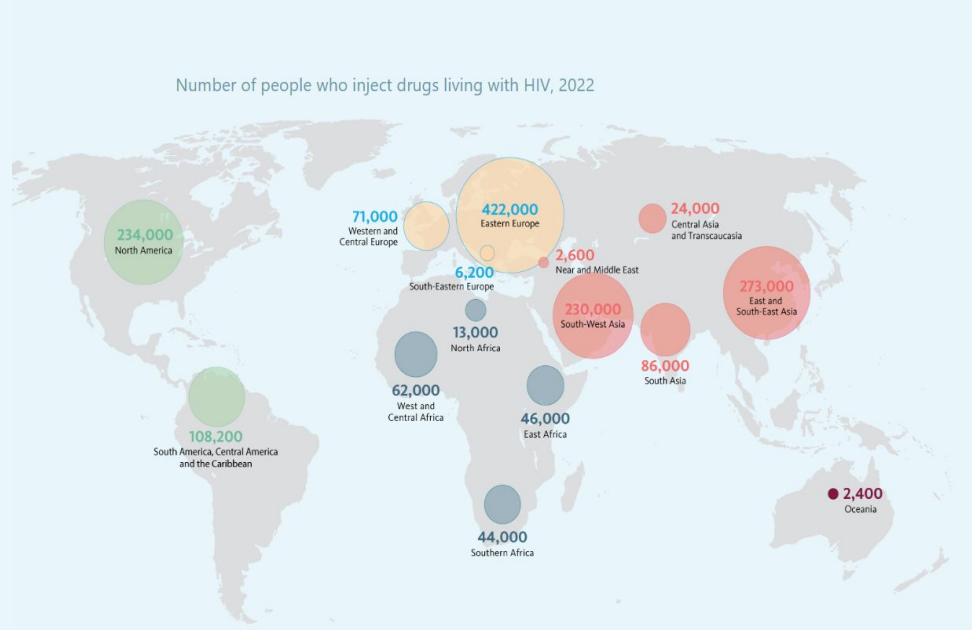
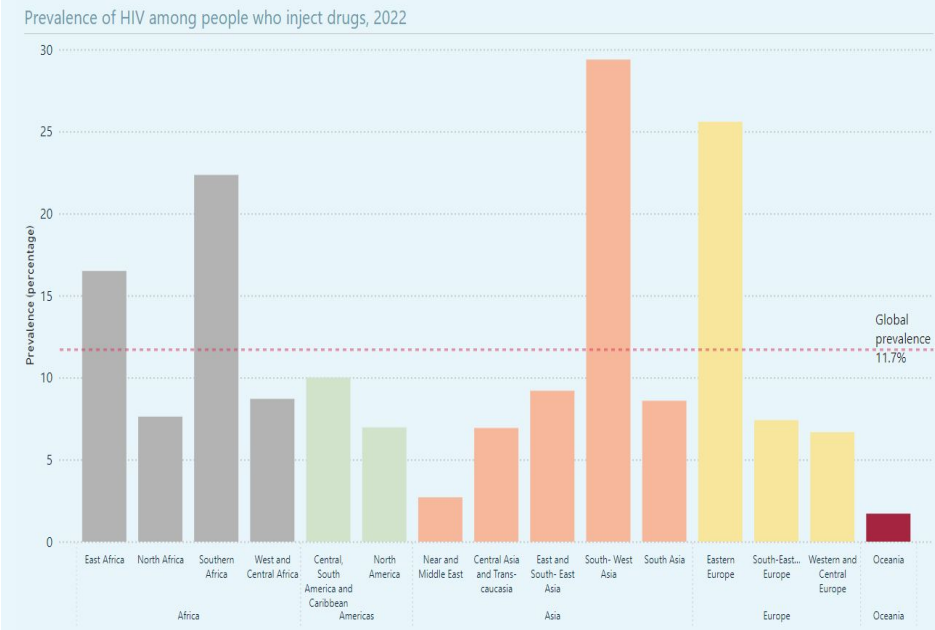
## 13.9 million people who inject drugs



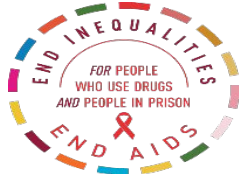
World Drug Report 2024

# People who inject drugs living with HIV

**1.6 million** people who inject drugs living with HIV



World Drug Report 2024



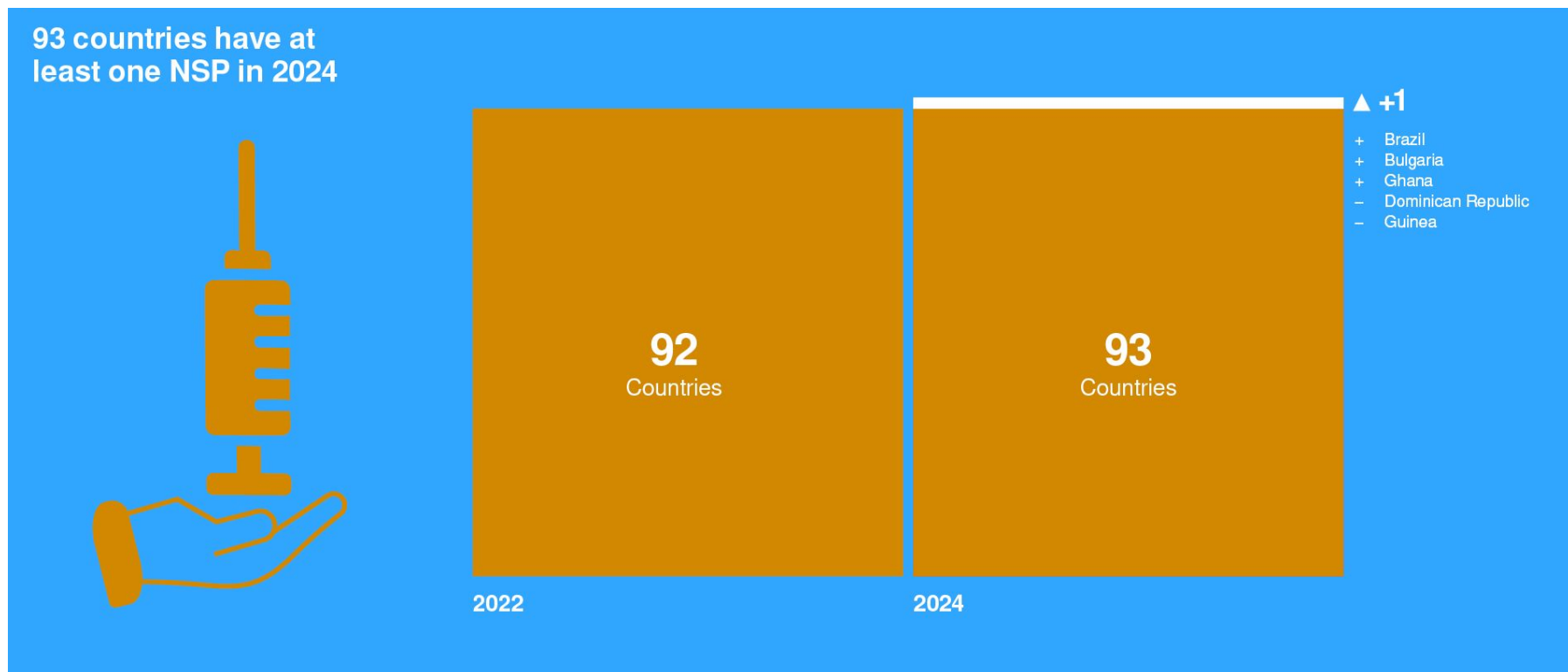
# People who inject drugs living with Hepatitis C

**6.8** million people who inject drugs living with hepatitis C worldwide



World Drug Report 2024

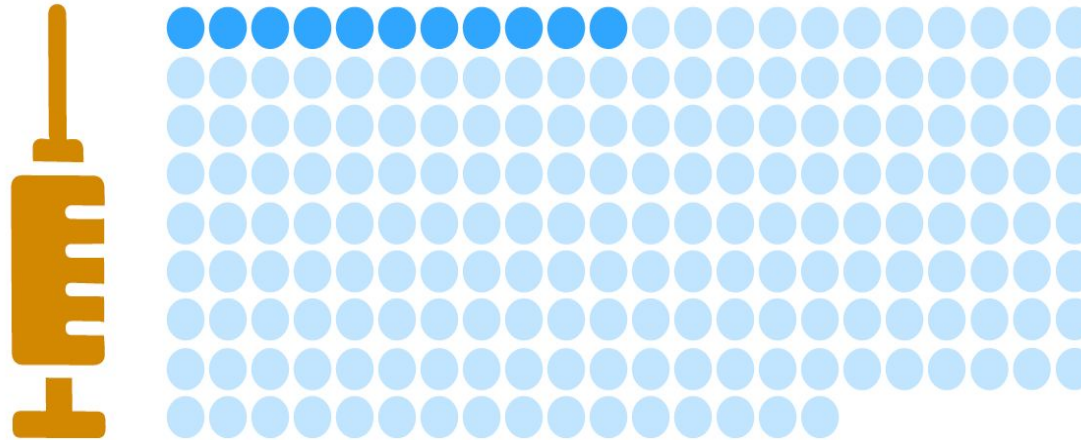
# Harm reduction interventions from 2022-2024: needle and syringe programmes (NSPs)



Harm Reduction International

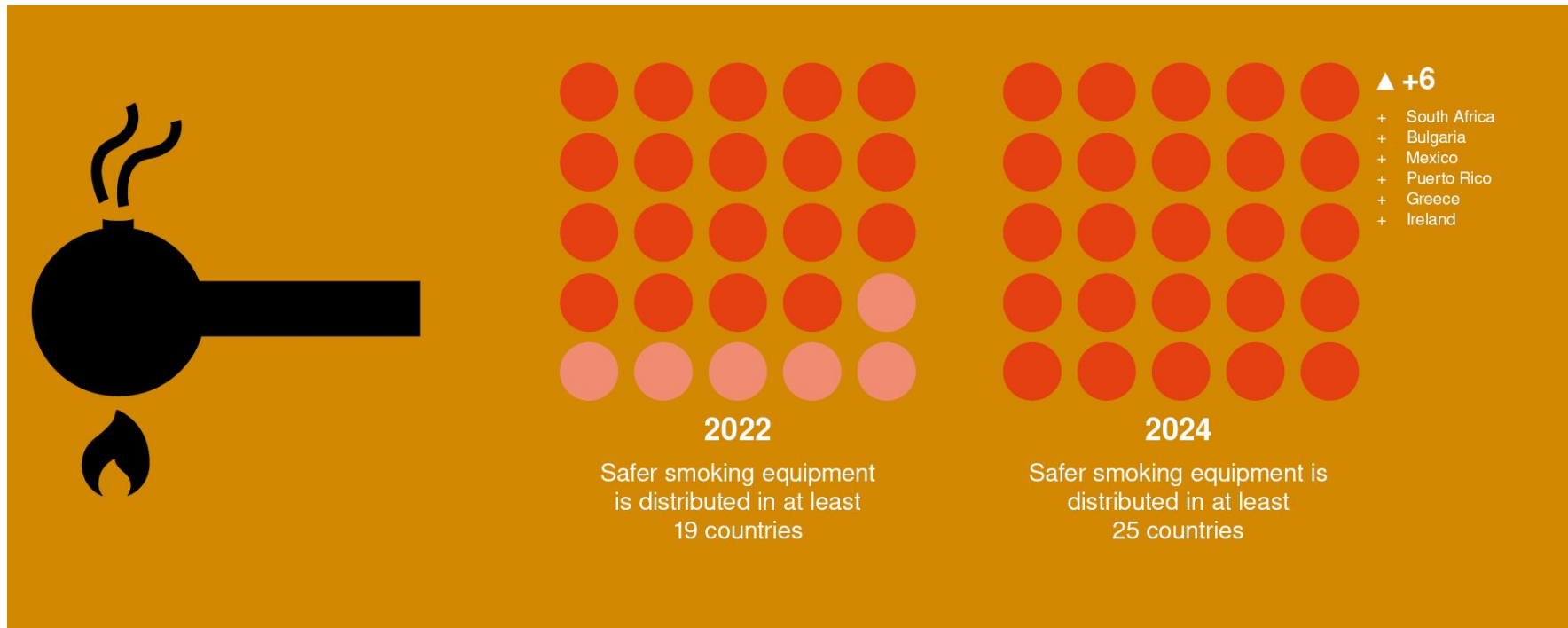
# Needle and syringe programmes (NSPs) in prisons

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



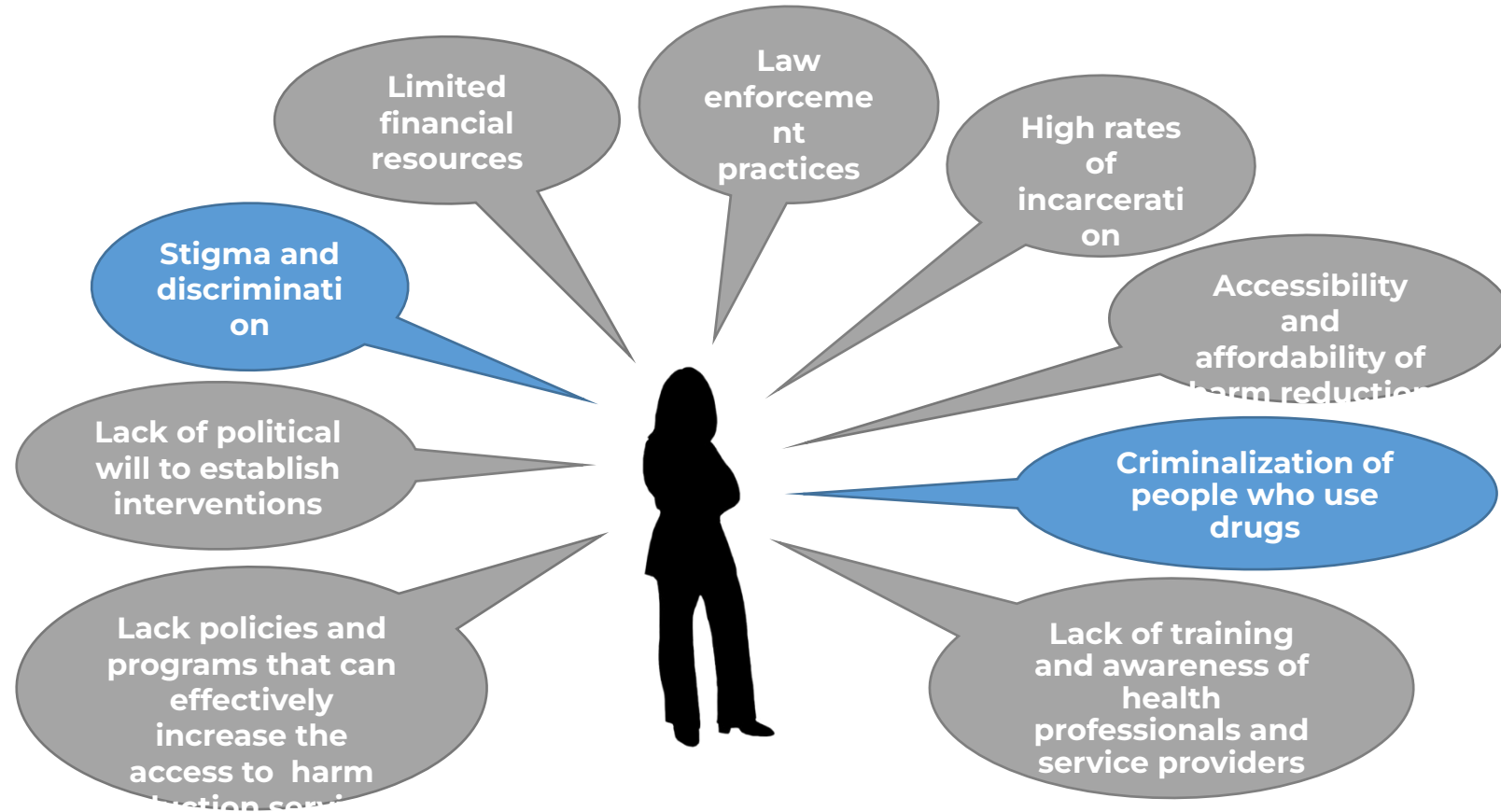
Harm Reduction International

# Safer smoking kits



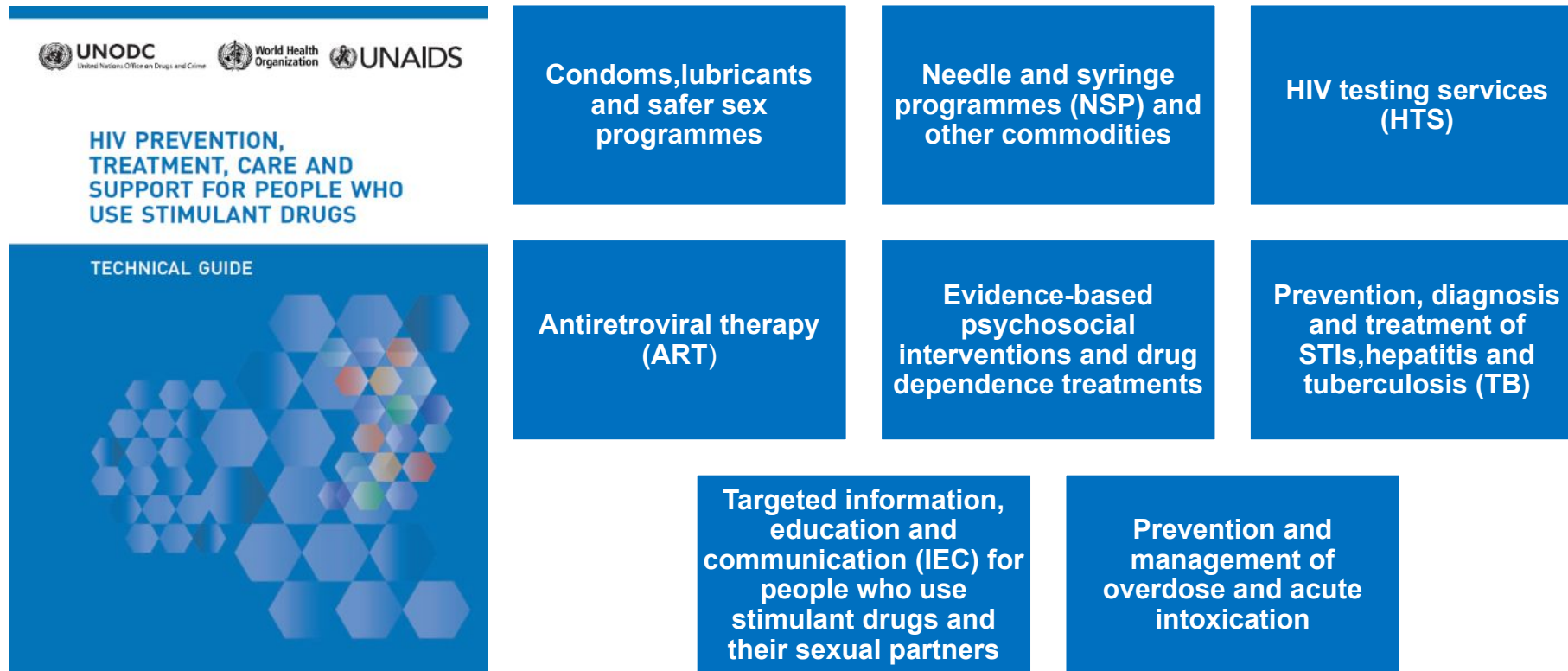
Harm Reduction International

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





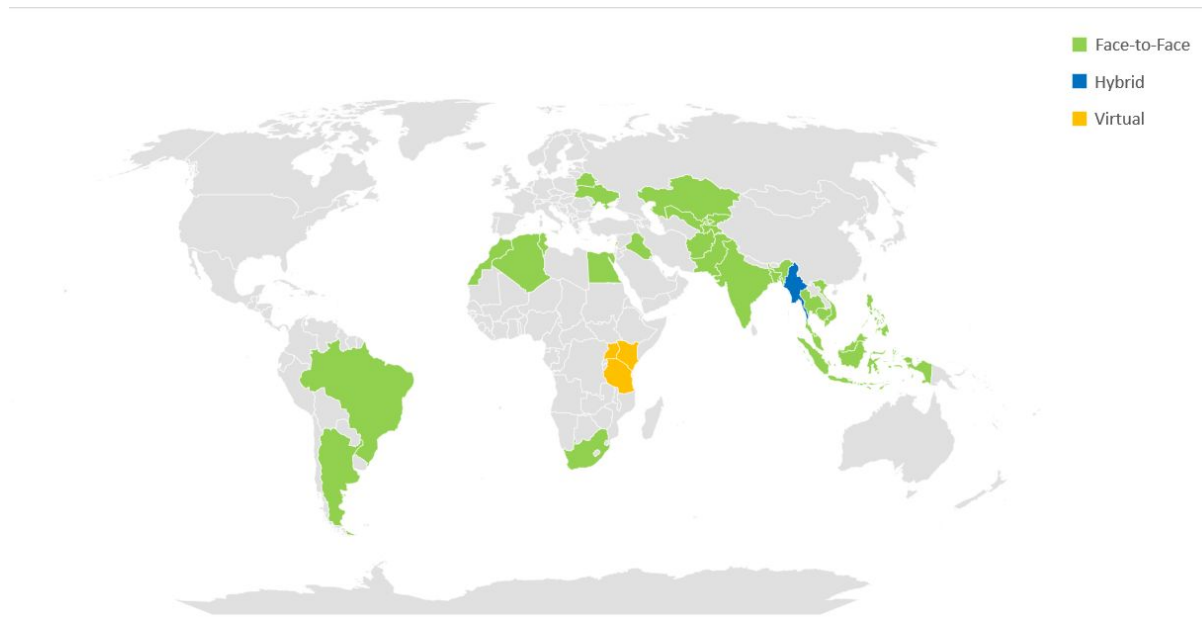
# Recommended package for people who use stimulant drugs



# 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)

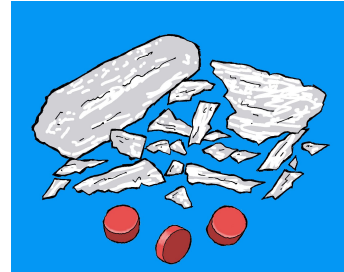


# Stimulant drugs that are linked to increased HIV risk among key populations



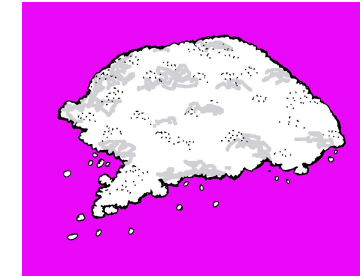
## Cocaine and Smoked Cocaine:

- 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



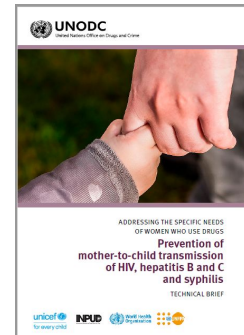
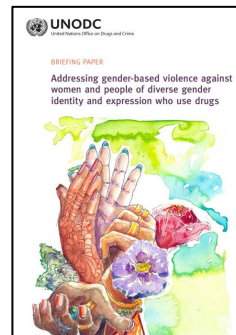
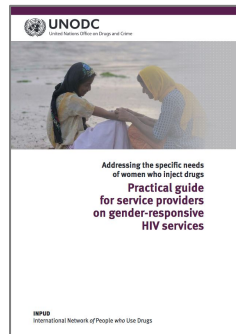
Silver foil



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

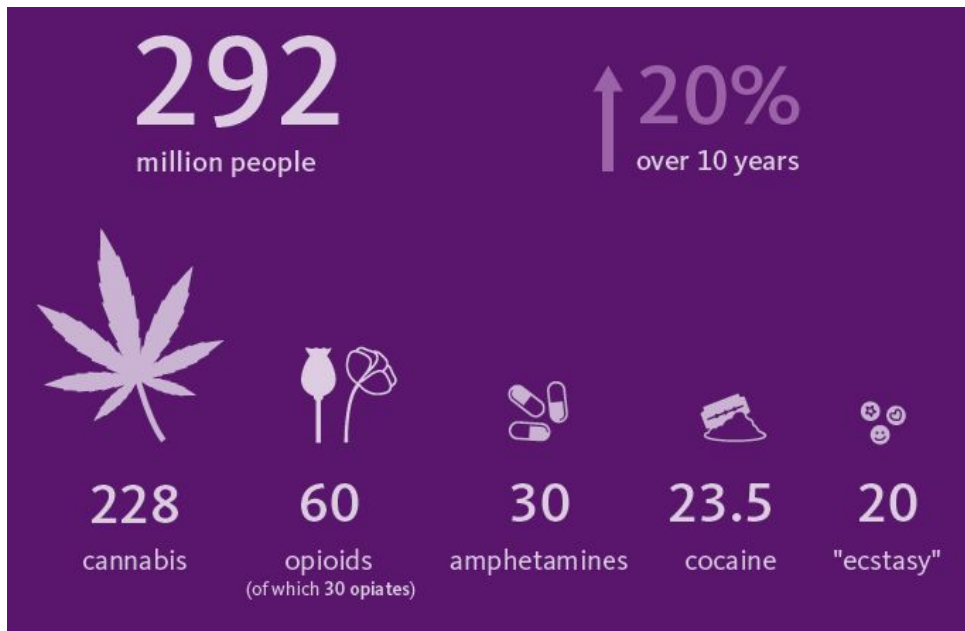
WHO Headquarters

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)\*

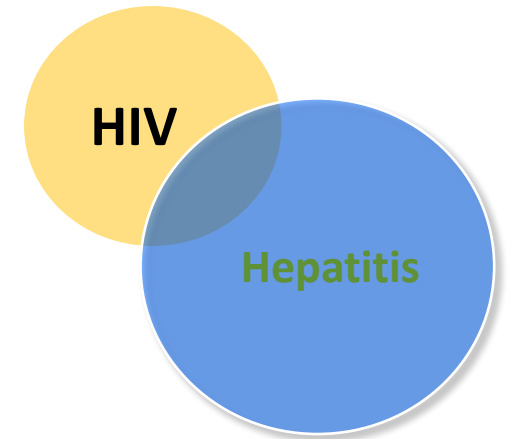
## Global deaths attributable to drug use, 2019

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<sup>1,2</sup>; Rachel C. Baggaley, MSc, MBBS<sup>2</sup>; Teodora E. Wu, MD<sup>3</sup>, 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,<sup>1\*</sup> Aditi Jani,<sup>2</sup> Dustin M. Long,<sup>3</sup> Erika L. Austin,<sup>3</sup> Karen Musgrove,<sup>4</sup> and Christina A. Muzny<sup>1</sup>

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%

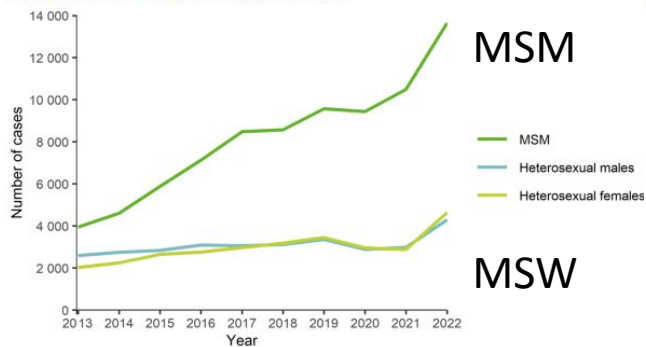
## High STI prevalence among trans men and trans women

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

## Surveillance data from EU/EEA

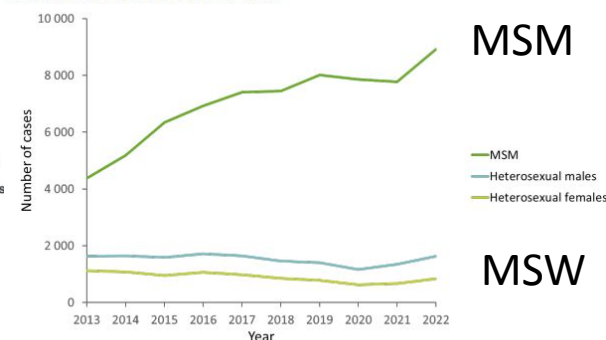
### GONORRHOEA

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

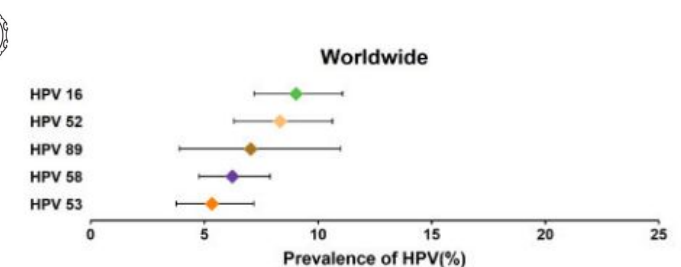


International Journal of Epidemiology, 2021, 52:1-537  
doi: 10.1093/ije/dyaa289  
Advance Access Publication Date: 1 February 2021  
Original article

Sexually Transmitted Infections

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

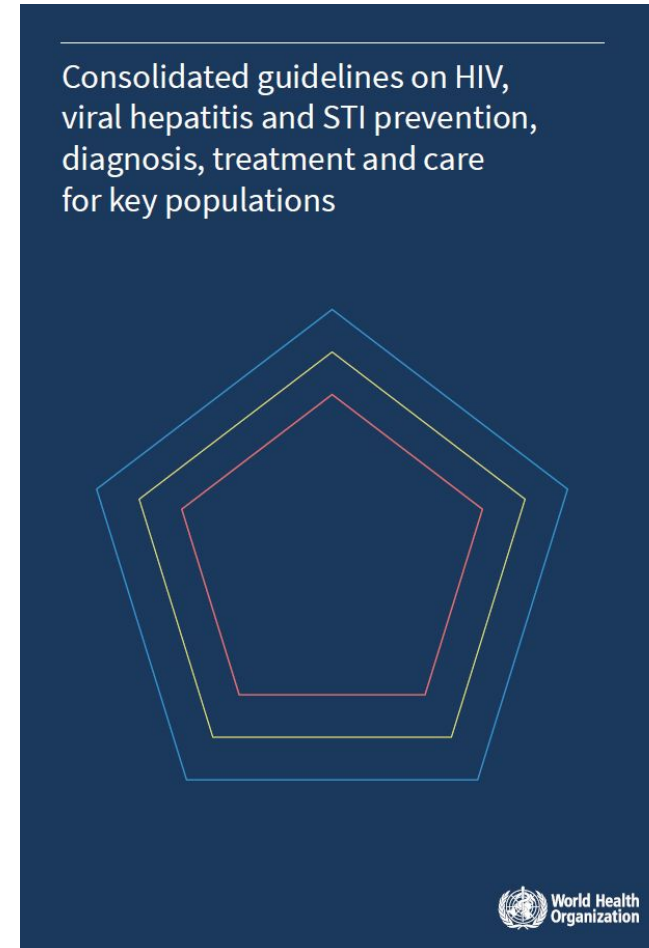
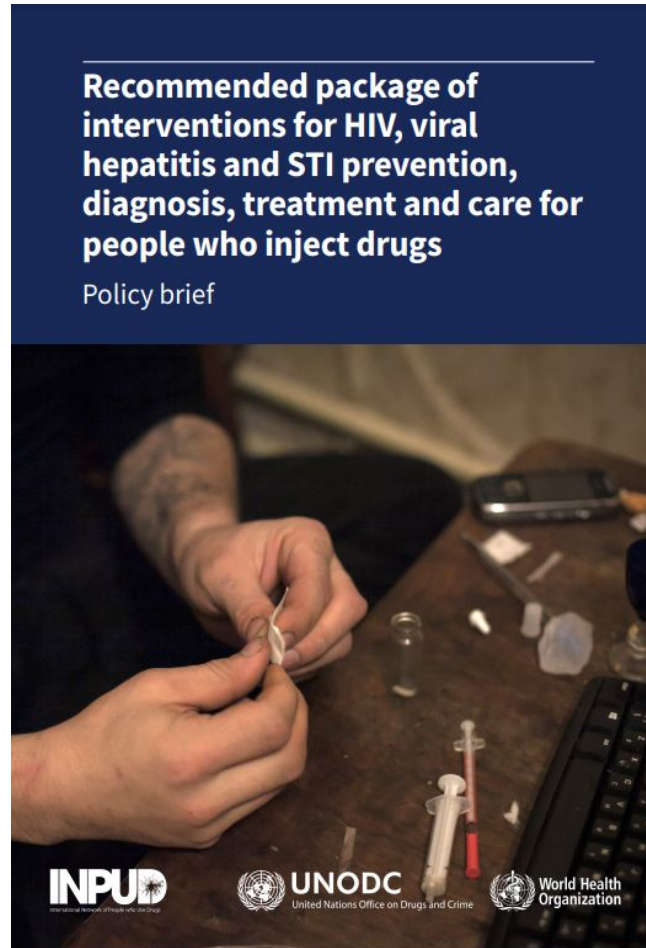
Jie Wu,<sup>1</sup> Cheng Ding,<sup>1</sup> Xiaoxiao Liu,<sup>1</sup> Yuqing Zhou,<sup>1</sup> Guo Tian,<sup>1</sup> Lei Lan,<sup>1</sup> Can Chen,<sup>1</sup> Danying Yan,<sup>1</sup> Chenyang Huang,<sup>1</sup> Xiaofang Fu,<sup>1</sup> Lanjuan Li,<sup>1</sup> and Shigui Yang<sup>1,2\*</sup>



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 HIV<sup>24</sup>

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

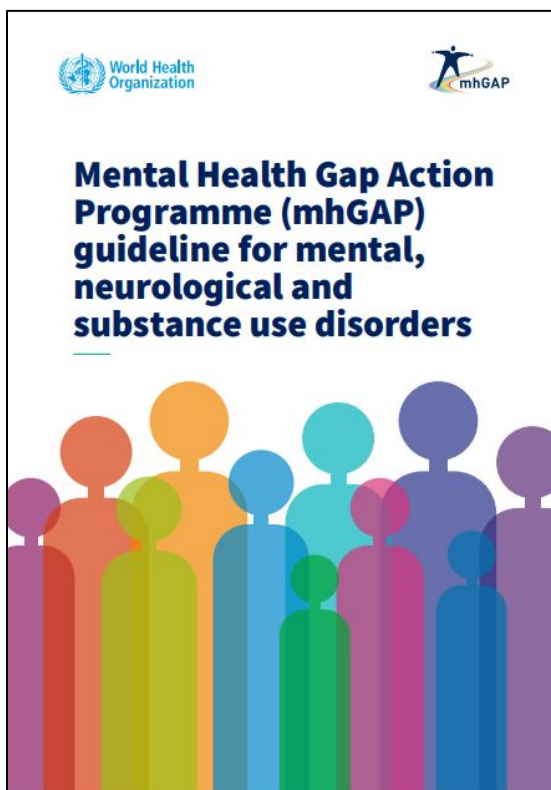
Addressing chemsex\*, especially for key populations and their sexual partners, requires a comprehensive, non-judgemental and person-centred approach. This can include integrated sexual and reproductive health, mental health, access to sterile needles/syringes and OAMT services with linkages to other 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 <b>screening and brief intervention</b>	<i>strong</i>	<i>very low</i>
... who do not respond to brief interventions, <b>referral for specialist intervention</b> should be considered	<i>conditional</i>	<i>very low</i>
<b>Dexamphetamine, methylphenidate and modafinil</b> <u>are not recommended</u> for the treatment of cocaine or stimulant use disorders due to safety concerns	<i>conditional</i>	<i>low</i>
Psychosocial interventions (namely <b>cognitive behavioural therapy (CBT) and contingency management</b> ) should be offered to adults with cocaine and stimulant dependence	<i>strong</i>	<i>low</i>
<b>Recovery-oriented services</b> on a voluntary basis should be considered for adults with drug dependence, namely, <b>case management, long-term residential and continuing community care approaches, occupation-based therapies and peer support groups</b>	<i>conditional</i>	<i>low</i>

# Thank you

For more information, please contact:

Annette Verster [versteran@who.int](mailto:versteran@who.int)

Antons Mozalevskis [mozalevskisa@who.int](mailto:mozalevskisa@who.int)

Dzmitry Krupchanka [krupchankad@who.int](mailto:krupchankad@who.int)

Acknowledgments:

- 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**

**11<sup>th</sup> 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](http://www.mainline.nl)

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

[Stimulants Field Lab](#)

[www.chemsex.nl/en](http://www.chemsex.nl/en)

[Harm Reduction School](#)

Ancella Voets

[a.voets@mainline.nl](mailto:a.voets@mainline.nl)

**MAINline**  
DRUGS & HEALTH



**NACOSA**

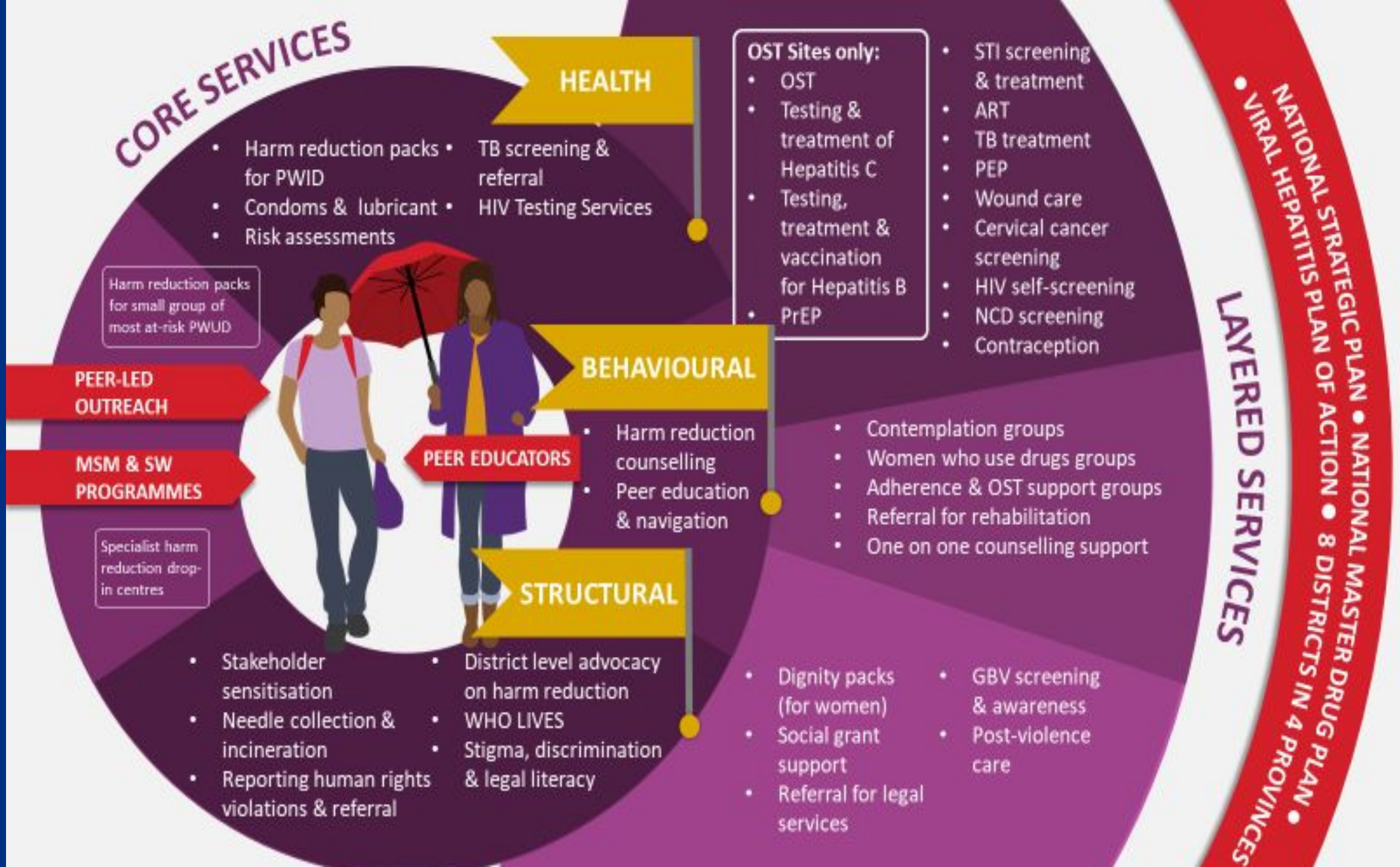
# **GPC Key Population CoP Webinar**

## **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 smoke with others who have used drugs in the past.
- 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. Have fun but remember to use condoms and lube. The use of drugs and sex can lead to the heart, brain and lungs and can lead to overdose and serious problems for your mental health. Not using condoms and lube can increase the chance of HIV, hepatitis B and C and other sexually transmitted infections (STIs). Always use condoms and lube.

**WHAT IS HARM REDUCTION?**

Harm reduction is about finding ways to reduce potential harm and those around them. Harm reduction is about supporting people to use safer substances, identify and address their needs and engage with services, peer education, safe (methadone) peer education, safe smoking packs and overdose prevention.

**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 that may help you not get HIV. If you have contact with HIV, you may have come.
- 10 Try to use clean, dry needles, syringes, and filters – to reduce the risk of blood-borne viruses, hepatitis, and other diseases. If you inject, make sure you have clean needles, syringes, filters and sterile water.

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

Drugs have a range of harmful effects on your health, including increasing the risk of HIV and hepatitis, vein damage, from injecting, bacterial infections causing abscesses at injecting sites, and respiratory illness from smoking.

You may experience some of the following symptoms if you use the type of drug you have been using:

- 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 the text on the right).

• Headaches, joint and muscle pain, muscle cramping

• Racing thoughts

• Depression

• Seizures

• Confusion

• Smoking can cause small cuts or bleeding in the mouth (see the text on the right).

• HIV, hepatitis B and C can easily be passed on this way.

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

Drugs have a range of harmful effects on your health, including increasing the risk of HIV and hepatitis, vein damage, from injecting, bacterial infections causing abscesses at injecting sites, and respiratory illness from smoking.

You may experience some of the following symptoms if you use the type of drug you have been using:

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

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

Drugs have a range of harmful effects on your health, including increasing the risk of HIV and hepatitis, vein damage, from injecting, bacterial infections causing abscesses at injecting sites, and respiratory illness from smoking.

You may experience some of the following symptoms if you use the type of drug you have been using:

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

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

Drugs have a range of harmful effects on your health, including increasing the risk of HIV and hepatitis, vein damage, from injecting, bacterial infections causing abscesses at injecting sites, and respiratory illness from smoking.

You may experience some of the following symptoms if you use the type of drug you have been using:

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

- 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).



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](http://Nacosa.org.za)



# 4 | Community perspectives



Mat Southwell, Coact  
Nang Pann Ei Kham, DPAG



# Needle and syringe programmes (NSP) and other commodities



**Plentiful supply of sterile needles and syringes**



**Crack pipe or stem**



**Meth pipe**



**Silver foil**

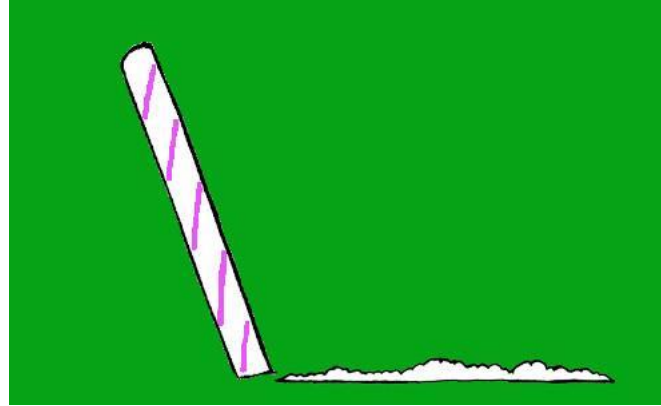


**Safer "snorting" kit**

# Stimulant Harm Reduction Advice

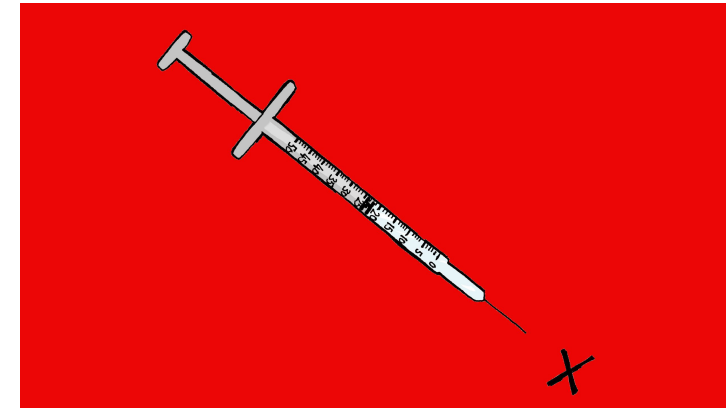
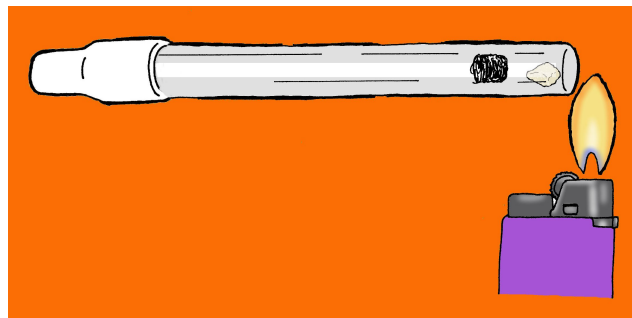
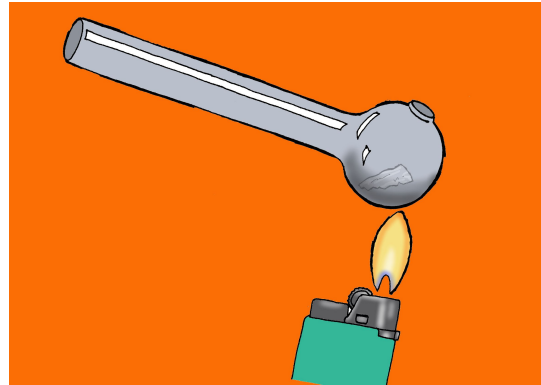
## Snorting / Intranasal Use

- Reduce damage to inside of nose from acidic drug residue by flushing the inside of the nose with water or mild saline solution. Then apply vitamin E oil to aid healing.
- Use personal “tooters” or cut up drinking straws to avoid passing blood traces and risk of HCV.



## Smoking in a Pipe

- Reduce damage to lips by remaining hydrated and using lip salve to manage cracked lips.
- Avoid pipes if possible that use cigarette ash, a tin can or plastic bottle, or plastic tubes as these can all damage the lungs or release cancer forming fumes when heated.
- Keep your crack or meth pipes for your personal use to avoid risk of HCV, COVID-19, TB and cold and flu viruses.



## Injecting

- Injecting stimulants can result in a lot of injections in one session so stocking up with adequate equipment is important.
- When injecting stimulants in a group it is easy to get your kits mixed up. Each person can use a different coloured syringe if available or use a marker pen so you can tell different people’s needles and syringes apart if re-using becomes necessary.
- Prepare your drugs with your own equipment and in your own protected using space to avoid blood traces contaminating your kit.
- Switching to piping gives you a fast hit without the higher risk of blood-borne virus transmission that can be associated with rapid, repeated patterns of injecting.



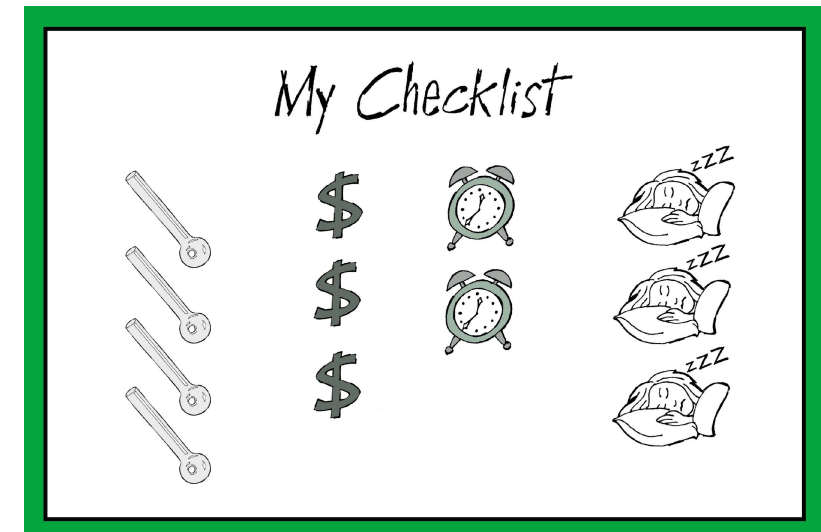
**UNODC**

United Nations Office on Drugs and Crime

# Self-Control Advice for People Who Use Stimulants

## General Tips

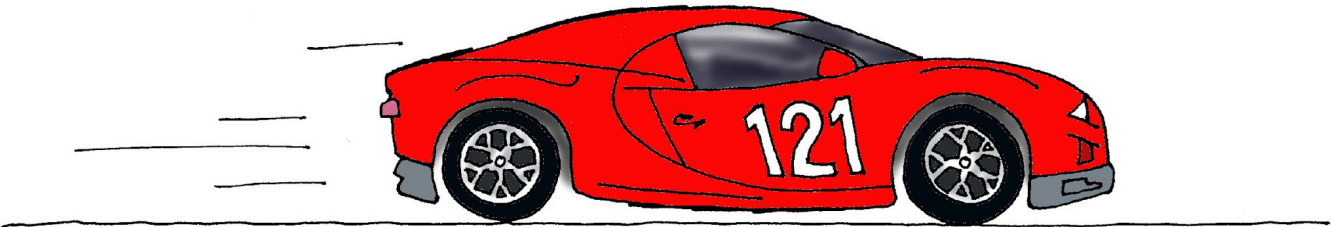
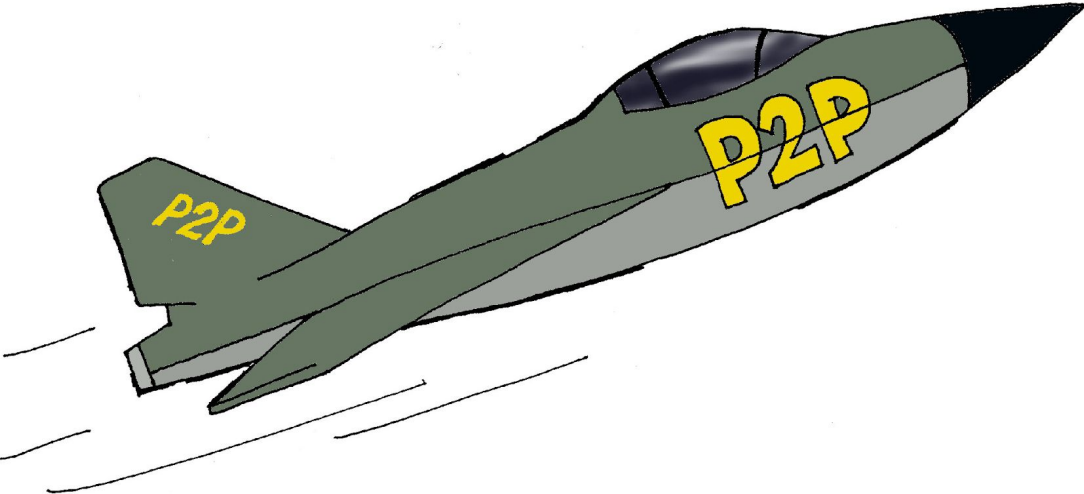
- Set yourself rules and stick to them.
- Set yourself a budget
- Put off your first dose of the day
- Pace yourself between doses
- Sleep deprivation and not eating lead to impaired thinking and poor decision making so try and sleep or at least lie down in a quiet, dark room to rest in each 24-hour period.
- There is increased risk of compulsive use if using takes place in a venue run by stimulant suppliers. Control is easier to manage if you buy your drugs and then take them away to use.
- Mixing alcohol and stimulants together can lead to greater boundary-breaking and poor decision-making.



## Coming Down

- If possible take stimulants in a quiet setting with people you feel comfortable with.
- It is good to plan ahead for the end of a stimulant using session. How to come down? Where to come down? How to get there?
- Watch out for using beyond your capacity as this can make you paranoid.
- Have a ritual for the wind down period – what helps you calm down, move towards sleep and look after your body and mind?
- Calming breaths will help you calm your system to relax and move you toward sleep or at least resting.

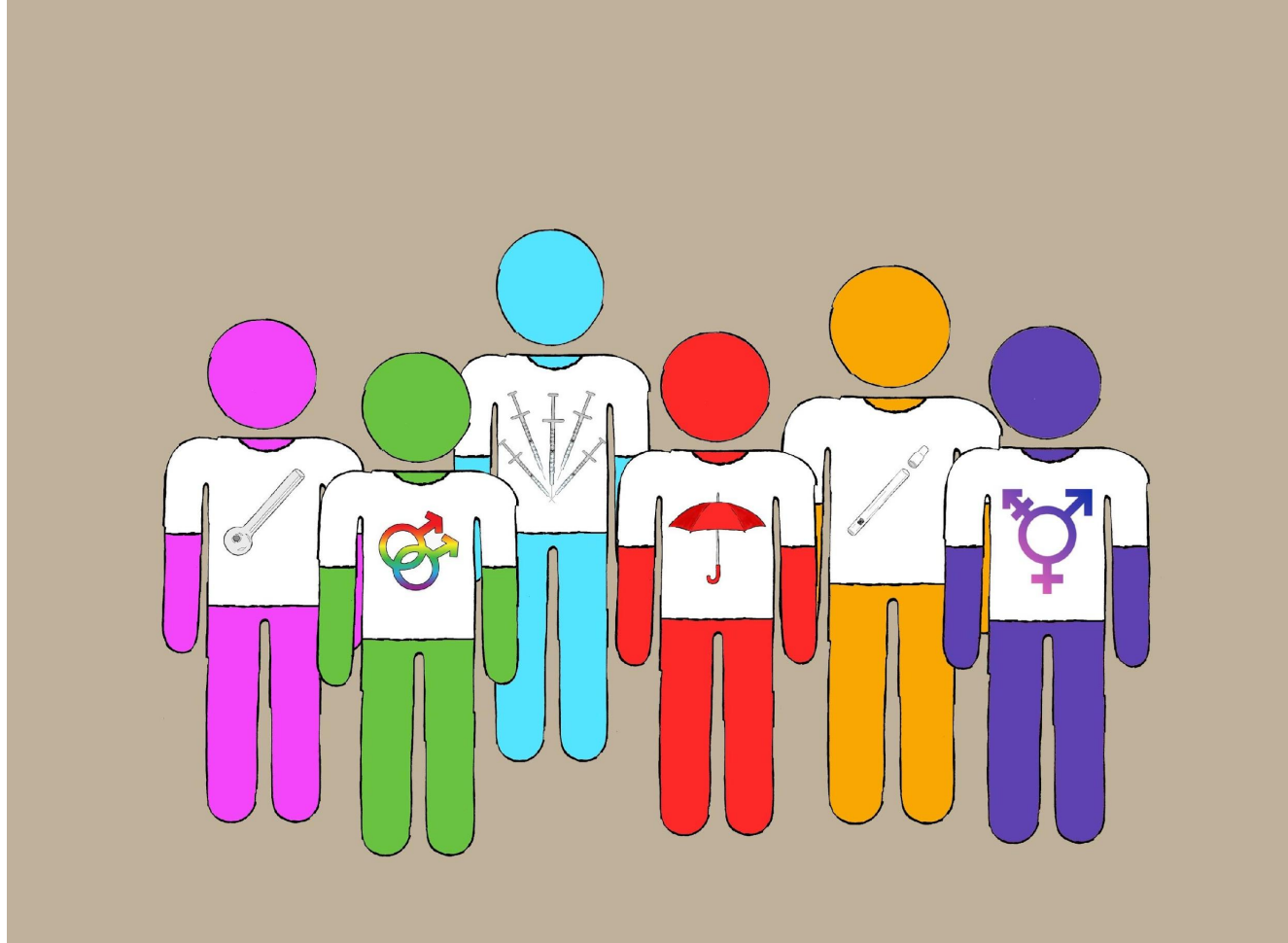
# Community mobilisation takes off!



**UNODC**

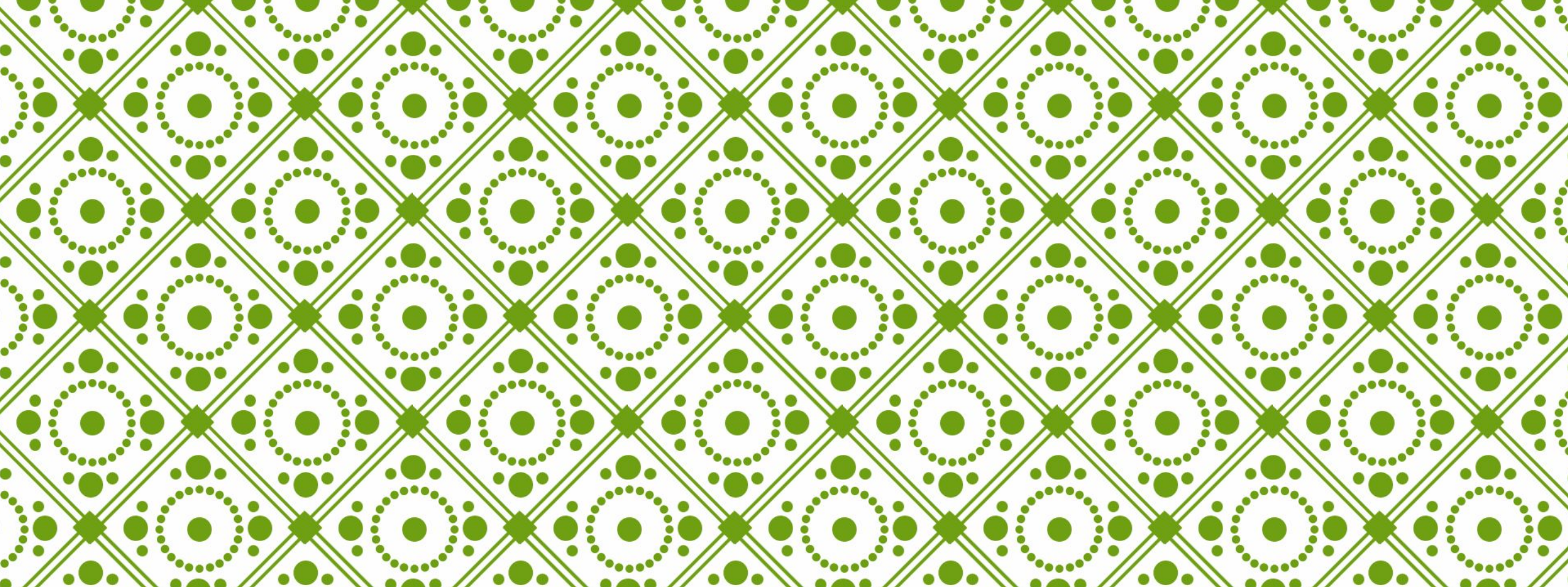
United Nations Office on Drugs and Crime

# Intersectionality – The Challenge and Opportunities of Stimulants and HIV



**UNODC**

United Nations Office on Drugs and Crime



# STIMULANT DRUG USE AND HARM REDUCTION IN MYANMAR

Nang Pann Ei Kham, DPAG

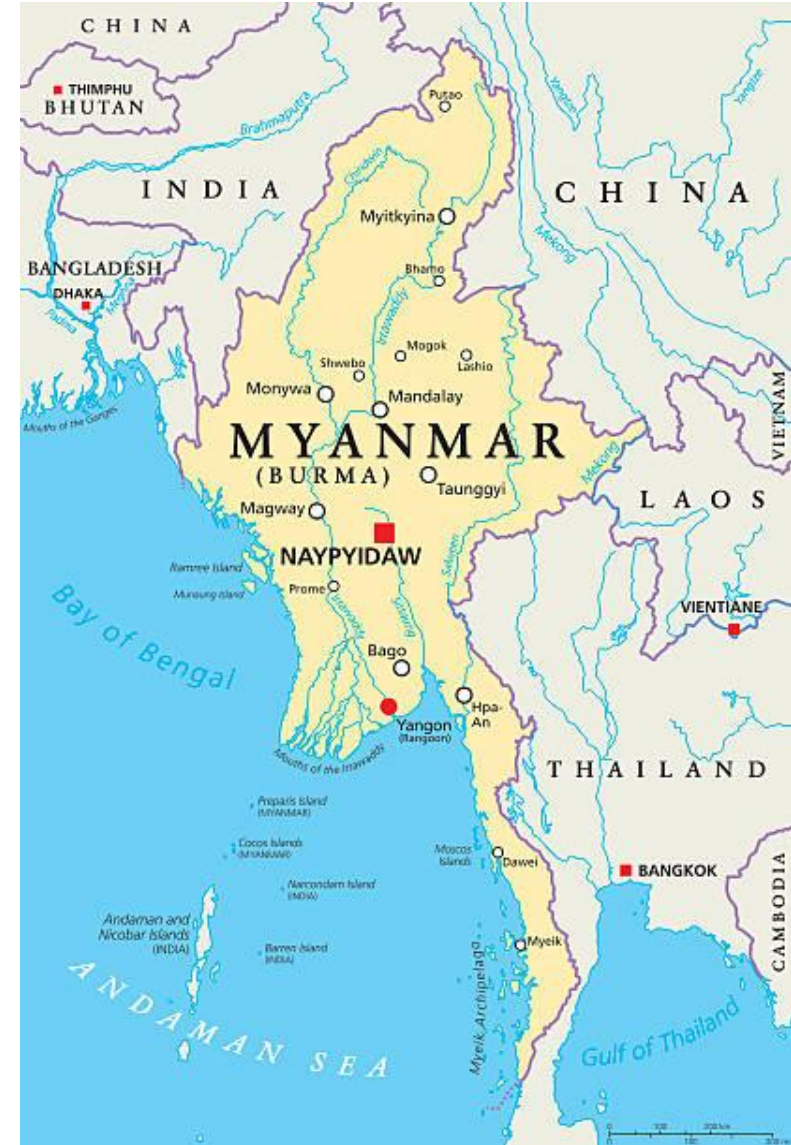
# SETTING THE SCENE

## Myanmar/Burma -

- Situated in the South East Asia
- Bordering countries East – China, Laos, Thailand, West – India, Bangladesh.
- Part of the infamous “Golden Triangle” region

## Conflict -

- Facing a *longstanding internal conflict* and since then the military has played a dominant role in politics.
- Most recently in *Feb 2021, the military* seized power again and arm conflict further spread.





# DRUG PRODUCTION

## Production –

- 1960s - Myanmar was the largest producer of opium and its derivative heroin in the world.
- 1990s - production declined and Myanmar is the world second largest opium producer after Afghanistan.
- 2020 - opium cultivation has increased again and since the opium ban in Afghanistan in the past two years, 2023 - Myanmar becomes the “world largest producer of opium”.
- Over the past decade, a rapid shift in the drugs market has placed Myanmar as one of the “a major producer of amphetamine-type stimulants”, particularly *methamphetamine pills and crystal meth*, in the region/world



# DRUG CONSUMPTION

## Drug use issues (Opioids)

- Long standing history of heroin use, mostly in Kachin State, Northern Shan State and Sagaing Region.
- The transmission of HIV among PWIDs is high (prevalence 35%) due to sharing of unclean needles and syringes.
- Prevalence of Hepatitis C is even higher - 56% among PWIDs.
- (Ref: Myanmar IBBS & Population Size Estimates among PWID, 2017-2018, National AIDS Program)

**Table 4: Reported trend of drug use in Myanmar in 2009**

Drug used in the past year	Rank	Drug use trend
Heroin	1	↓
Opium	2	↓
Methamphetamine pills/tablets	3	↑
Cannabis	4	↔

↑ = Increase, ↓ = Decrease, ↔ = Stable

Source: DAINAP.

(Ref: Situation Assessment on Amphetamine-Type Stimulants, UNODC Global SMART Programme, 2010)

# STIMULANT DRUG USE IN MYANMAR

Methamphetamine tablets (“WY”, “Ya Ma”, “Ah-thee”)

&

Crystal methamphetamine (“ICE”, “Yay-khe”)

## Methamphetamine tablets -

A great diversity of people are using them, although patterns of use can vary significantly.

Age range – use is highly social practice particularly common among *youths*, including teenagers

Work related use is commonly seen among:

-people working at night (who work at nightclubs, bars, “KTV”-Karaoke bars), female sex workers and their clients

-people engaging in difficult manual tasks (jade & gold mining, long distance highway truck drivers/night drivers, rubber tapping, people who work on boats in the fishery sector, migrant workers in agricultural jobs).

For *fun* – (club/party/KTV goers in urban areas) – ICE, and other stimulants - Ketamine, Ecstasy, Happy Water

*“Both young and older people like to use methamphetamine tablets. Night drivers use them to stay awake, youths use them to go to clubs, some people just enjoy staying at home, while others will play music and sing. Wealthy people, artists, football players and even some police officers like using methamphetamines.”*

21 year-old male respondent, Yangon, 2019

*“I used to work in a fishing boat. When I used methamphetamine, I could endure the weather, the waves and the wind more easily.”*

Male respondent, Myeik (Southern Myanmar), 2019

*“I was in a driving job (a driver), and when driving at night I needed to be alert at all times, it made it hard to sleep, so that’s why I used it.”*

Male respondent, Patheingyi (Delta region), 2024

*“Here, it (yama tablet) costs 1,000 kyat (about 0.22 US\$) per pill. It’s because (why methamphetamine use is increasing) it’s easily accessible and widely available. When people are stressed or not in a good mood, they will be suggested to try this or that. They see others using it and try it themselves. This has led to more usage and an increase in the number of users, including young children, in our area even children around the age of 10 to 13 years old are using already.”*

20 year-old female respondent, Yangon, 2024



*“We buy drugs (ICE) for around 28,000 kyats (about 6 US\$). We don't inject ice; we just snort it. Additionally, we would use two or three other drugs (heroin and yama). Sometimes, when we gather, we use drugs not for sexual purposes, but more as a recreational activity among us. In KTVs, we don't need to buy it; it's mostly offered by the clients.”*

**Female sex worker at a KTV, Yangon, 2024**

*“People are often dissolving it and injecting ICE. I only used it once, and that was a very long time ago, maybe 30 years ago. Because we were drug users, we wanted to test it, so I did. It was only that one time. The effect of ICE is that it makes you very calm and peaceful. If you want to concentrate on something, it enhances that effect. I liked it, but my preference leaned more towards heroin.”* **Male respondent (PWID), Yangon, 2024**

*“I dissolve ICE in water and inject it. I actually use it to enhance my sexual pleasure. After using it, I can focus more on the sexual activity and it also reduces pain. The first time I injected, I didn't know my limit and I had an overdose. I suffered from cold fingers and feet, freezing cold and teeth clenching.”* **Queer/MSM (Men Who have Sex with Men), Yangon, 2024**

*“I prefer “K” better, even though it's bitter, and I enjoy the feeling it gives me. I feel more energized and it feels like something is stuck in the middle of my nose. It feels good when I use it, I feel strong and energetic. But when I don't use it, I feel weak and exhausted. Now, I just turned 18, and there are younger people who use drugs at the bars too. We divided it (K – Ketamine) into four lines on a plate and I usually, just take one line.”* **18 year-old Transman (woman dresses as man), Mon State, 2024**

# RISKS/BARRIERS

## Side effects of methamphetamine use on physical & mental health

- Insomnia
  - Loss of appetite
  - Increased heart rate
  - Anxiety
  - Hallucinations
  - Paranoid thoughts
  - State of confusion and irrational behaviour
- 
- ❖ Risky sexual behaviour (e.g. unprotected sex with multiple partners), Chemsex among MSM
  - ❖ Risks of injecting drug use & using/sharing unclean equipment (e.g. infection at the injection site, HIV, hepatitis C)
  - ❖ Risks of using multiple drugs (e.g. overdose)

## Barriers:

- Stigma and discrimination against people who use methamphetamine are high and affect their lives in multiple ways.
- The fear of being arrested acts as a significant barrier for those willing to access health services.
- Access to harm reduction services is very limited.
- Access to evidence-based treatment for methamphetamine use disorders is insufficient and inadequate.
- Access to reliable, unbiased and evidence-based information on methamphetamine and other stimulants is insufficient.

# HARM REDUCTION TIPS BY PWUS

Users establish rules to maintain a certain control over their use and limit or **reduce potential**

## **Harms:**

- Setting a limit to one's use and deciding in advance the number of tablets one would take.
- Avoid using on a daily basis.
- Taking breaks from time to time, your body needs to recover.
- Not using after a certain hour to be able to sleep at night.
- Eating a full meal of nutritious food before/after using.
- Take vitamin C, drink lime juice, eat fruit (e.g. watermelon, guava).
- Brushing one's teeth immediately after using to prevent tooth damage.
- Use a filter (e.g. plastic bottle cap) when smoking.
- To prevent the transmission of tuberculosis (TB), do not share smoking equipment, especially bottles, with other people.
- Do not use if you are in a bad mood or angry: using methamphetamine can exacerbate your bad mood and make you feel worse.
- Do not panic if you are having bad experiences after using: if this happens, try to relax and rest.
- If you are pregnant, consider taking a break at least during your pregnancy, as methamphetamine use can harm the health of your baby.
- If you are trying to stop or reduce your methamphetamine use, using some cannabis or kratom can help you relieve withdrawal symptoms.





THANK YOU  
(KYAY ZU BAH!)

# 5 | Identifying solutions



# 6 | Donor viewpoint



Thomas Brigden, EJAF  
William Miller, PEPFAR





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:

**Thomas Brigden, Portfolio Lead, People who Use Drugs**  
**[thomas.brigden@eltonjohnaidsfoundation.org](mailto:thomas.brigden@eltonjohnaidsfoundation.org)**





**Global Health Security  
and Diplomacy**  
U.S. DEPARTMENT *of* STATE



**PEPFAR**  
U.S. President's Emergency Plan for AIDS Relief

# Addressing risks of stimulant drug use among people who inject drugs

William Miller | Senior Technical Advisor for Key Populations

November 28, 2024



# 7 | Closure



Judy Chang, INPUD

