

BASIC PRINCIPLES

Basic Principles for Treatment and Psychosocial Support of Drug Dependent People Living with HIV/AIDS



World Health
Organization

Basic Principles for Treatment and Psychosocial Support of Drug Dependent People Living with HIV/AIDS



**Department of Mental Health and Substance Abuse
Department of Ethics, Trade, Human Rights and Health Law
Department of HIV/AIDS**

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Foreword

Over the past two decades, HIV infection has been added to the serious risks of injection drug use, and the diffusion of HIV associated with drug injecting not only creates medical and social problems for the millions of injecting drug users worldwide but for society at large. Yet many drug dependent people living with HIV/AIDS do not enjoy equitable access to HIV/AIDS treatment, care and support services for HIV/AIDS as a result of stigma and discrimination, of their own reluctance to seek treatment, and of the unavailability of HIV/AIDS treatment in programmes for injecting drug users.

This guidance document, built on expert advice and developed in consultation with UNAIDS, articulates the central principles for treatment and support of HIV-positive injecting drug users. It is addressed to policy makers, treatment planners and service providers, particularly those who deal with substance-dependent populations, and to patient organizations. It is intended not only to help ensure that this population has fair access to anti-retroviral and other HIV-related treatment— in line with that available to persons who are not substance-dependent—but to stimulate coordination and communication among healthcare providers in different delivery systems. Building on existing guidance documents for HIV prevention and treatment in a wide variety of settings, this document also describes components and concrete actions to promote these principles in practice. While the principles and implementing steps are interrelated and interdependent, in the interest of promoting a broad view of the unique problems posed by the group at hand, each principle is treated separately.

On behalf of the World Health Organization, we express gratitude to all those, both the expert consultants and the dedicated staff, who provided advice and assistance in the preparation of this document, with the aim of ensuring that people living with drug dependence and HIV/AIDS are not deprived of their right to the highest attainable standard of health and the treatment of life-threatening conditions that this entails. We hope that this document will prove helpful in overcoming the fragmentation of healthcare and social services which results in injecting drug users not receiving adequate ongoing care.

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The Principles in Brief

Principle 1

Human rights of drug dependent people with HIV/AIDS

The human rights of drug dependent people living with HIV/AIDS should be fully respected to ensure their appropriate treatment and psychosocial support. They should not be subjected to stigma or discrimination because of their past or present drug use, health status including HIV/AIDS, race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth, physical or mental disability, sexual orientation or civil, political, social or other status. This principle forms the core of an ethical and effective strategy for combating both drug dependence and the spread of HIV/AIDS.

Principle 2

Evidence-base for treatment, care and psychosocial support

The health and social care provided to drug dependent persons living with HIV/AIDS should be based on salient evidence. Evidence is essential for advocacy, planning and delivery of 'good practice' interventions.

Principle 3

Appropriate treatment and psychosocial support

Drug dependent people living with HIV/AIDS should have access to appropriate and high quality services, which offer a full range of biological, psychological and social interventions, including drug dependence treatment, HIV/AIDS treatment and primary health care. These include detoxification and relapse prevention programmes, substitution maintenance therapy for opioid dependence, psychosocial care, HIV testing and counselling, antiretroviral therapy, treatment adherence support, post-exposure prophylaxis, treatment of opportunistic infections and co-infections as well as access to harm reduction interventions.

Principle 4

Equitable access to HIV/AIDS care and treatment including antiretroviral therapy (ART)

Past or present drug use should not pose a barrier to equitable access to all available state-of-the-art HIV/AIDS treatment and care, including anti-retroviral therapy and psychosocial support. Drug dependent people should be accorded the same treatment, care and psychosocial support as the rest of the HIV-positive population in their country, and their exclusion from such care is medically and ethically indefensible.

Principle 5

Supportive environments to enable and facilitate treatment, care and psychosocial support

Restrictive policies that can impede access to effective treatment and care of individuals suffering from substance dependence and HIV/AIDS are detrimental both to the health and well-being of drug dependent people living with HIV/AIDS and to the larger community. Supportive environments will maximize the efficacy of the treatment and care such people receive by removing the obstacles that impede appropriate interventions and by creating the conditions, both national and local, that foster good practice and maximize the availability, acceptability and accessibility of treatment and care.

Principle 6

Client participation

Drug dependent people with HIV/AIDS should not be just passive recipients of treatment but should fully participate in the planning, delivery, evaluation and monitoring of services.

Principle 7

Participation of community and other stakeholders

Community and non-government organizations should be active participants in, and advocates for, the development and implementation of treatment, care and psychosocial support for drug dependent people living with HIV/AIDS.

Introduction

Drug dependent people are vulnerable to HIV/AIDS. Those who do not inject drugs risk contracting HIV from unsafe sexual behaviours while intoxicated or in exchange of sex for drugs or money. However, those who share injecting equipment, other drug use paraphernalia and drug solutions are at highest risk.

Injection drug use (IDU) not only contributes significantly to the global HIV/AIDS epidemic but is itself a public health problem of enormous magnitude. IDU can result in serious health problems such as overdose, venous thrombosis and severe bacterial infections. In addition to HIV infection, sharing injection equipment carries a high risk of transmission of other blood-borne infectious diseases, such as hepatitis B, C and D, as well as exposure to additional strains of HIV, which can complicate treatment and impair its success.

The spread of HIV among the estimated 13 million injecting drug users worldwide in 2005 creates a risk for this group and for other groups as well. From 5% to 10% of all new HIV infections are attributable to injection drug use. The close inter-relationship between sex work and drug use in many countries creates a transmission bridge between drug-using and non-using populations. Significant proportions of injecting drug users trade sex for drugs to support their drug dependence. As a result, HIV epidemics are being driven by injection drug use in a number of countries, notably in eastern Europe, Asia, the Middle East and south America.

Despite the large numbers of drug dependent people living with HIV/AIDS, there is considerable evidence that they do not enjoy equitable access to treatment and support services. Drug dependent people living with HIV/AIDS are stigmatized and discriminated against, resulting in their receiving inadequate services for both substance dependence and for HIV/AIDS. Individuals who report past or current injection drug use have less access to anti-retroviral medication and other HIV/AIDS treatment and care than others who are not substance-dependent.

Many drug dependent individuals are reluctant to seek any kind of treatment for a variety of reasons:

- some do not wish to identify themselves as drug users because they fear incarceration or being pressured to stop using drugs;
- some do not perceive themselves as “sick” and in need of treatment or do not believe treatment would be effective;
- some are not interested or willing to approach drug treatment agencies and programmes or to stop drug use;
- some cannot afford the cost of treatment or the travel to reach services;
- some are discouraged from seeking help by the long waiting time to enter treatment in countries where the demand for treatment greatly exceeds treatment availability (particularly for agonist pharmacotherapy of opioid dependence).

Furthermore, the availability of and access to drug treatment programmes vary greatly among and within countries, and a lack of coordination and communication among healthcare providers in different delivery systems often results in fragmented utilization of services. As a result, many substance-dependent people do not receive adequate ongoing healthcare, and even those who enter drug treatment find difficulties in accessing general healthcare and social support services.

For those drug dependent people living with HIV/AIDS, the situation is even more challenging. Differences in national healthcare and drug control policies and in financial and human resources contribute to a varied global landscape, but in general, the following scenarios pertain:

- *In developing and transitional countries, scarcity of financial and human resources necessitates prioritization of competing health needs. Drug dependent people living with HIV/AIDS face negative societal attitudes and stigma and discrimination by healthcare workers and decision-makers; they are thus rarely seen as a priority and have limited access to both drug-dependence and HIV/AIDS treatment. Serious barriers to treatment include: the prohibitive*

cost of both drug dependence and HIV/AIDS treatment and care; poor geographical coverage of services; the misinformed notion that anti-retroviral treatments are unsuitable and inappropriate for drug users; and the legal and medical barriers to use all available effective treatment options for drug dependence, as, for example, agonist maintenance therapy for opioid dependence. Furthermore, the public health infrastructure is inadequate in many countries, where physicians and other healthcare workers lack the training necessary to address substance use disorders and HIV/AIDS and the physical, psychological and social problems created and exacerbated by both conditions.

- *In developed countries*, access to HIV treatment by drug dependent people is often limited by stigma and discrimination and by the lack of communication between the drug dependence and HIV/AIDS treatment systems. Many healthcare workers mistakenly believe that drug users must be drug-free before they can be treated for HIV disease. Evidence of inequalities in access to HIV/AIDS treatment and care include discrimination because of drug use status past or present, legal status, gender, age, ethnicity, economic and social instability, as well as the lack of health insurance coverage.
- *In all countries* in which drug dependent persons are incarcerated or confined to residential facilities (whether admitted on a voluntary or involuntary basis), their ability to access HIV/AIDS treatment depends on the availability of appropriate treatment programmes within, or in conjunction with, the facilities in which they reside. Unfortunately, such settings are often not integrated or linked with the community-based treatment programmes available to persons living with HIV/AIDS.

Principle 1

Human rights of drug dependent people with HIV/AIDS

Description and justification

Drug dependent people living with HIV/AIDS should enjoy full human rights and not be subjected to stigma or discrimination because of their past or present drug use, HIV status, gender, sexual orientation, ethnicity, nationality, legal status, or social or economic circumstances.

Health and human rights complement and mutually reinforce each other, and both are critical for the success of treatment, care and support of all patients. Drug dependent people living with HIV are particularly vulnerable because they have two highly stigmatized conditions. It is important to ensure that there are no legal impediments to effective treatment and psychosocial support for drug dependent people. Thus, drug dependent people should have the right to life, non-discrimination, and personal liberty, the right to the benefits of medical and scientific progress, the right to the highest attainable standard of physical and mental health, the right to an adequate standard of living and social security services, and the right to be free from cruel, inhumane or degrading treatment or punishment.

Components of this principle

- 1** Equality before the law.

- 2** Treatment with respect and dignity, including the confidentiality of personal information.

- 3** Elimination of prejudice, discrimination and stigma.

- 4** Equitable access to health and welfare services.

- 5** Access to information about treatment and care, the opportunity to participate in developing a treatment and care plan and to accept or decline particular interventions.

Actions to promote this principle

- **1** Assess and analyze the human rights situation for drug dependent people living with HIV/AIDS.
- **2** Perform high-level advocacy and awareness-raising to shape the nature of public debate.
- **3** Review criminal law, regulations and correctional system policies relevant to treatment, care and psychosocial support of drug dependent people living with HIV/AIDS, to ensure that they are consistent with international human rights standards.
- **4** Enact or strengthen anti-discrimination and other laws that protect vulnerable groups such as drug users with HIV.
- **5** Raise awareness of, and advocate for, changes in policies, legislation, regulations, positions or programmes that infringe the aforementioned human rights among policy makers, administrators, healthcare workers, and law enforcement personnel.
- **6** Develop concise, comprehensible and accurate information on human rights issues and the special needs of drug dependent people living with HIV/AIDS for key stakeholders (e.g. policy makers, administrators, healthcare workers, police, NGOs, community-based organizations), and provide this information to drug users living with HIV/AIDS.
- **7** Review and assess services to determine whether stigmatization and discrimination occur.

8 Develop appropriate and equitable treatment, care and support for drug dependent people living with HIV/AIDS through a process that includes client and community participation.

9 Support the development of a thriving civil society and in particular the establishment and/or strengthening of health service user groups and family groups.

Principle 2

Evidence-base for treatment and psychosocial support

Description and justification

The health and social care provided to drug dependent persons living with HIV/AIDS should be based on salient evidence. Evidence is essential for the planning and delivery of 'good practice' interventions. Yet research evidence has not always been taken into consideration when interventions for substance-dependent people living with HIV/AIDS have been planned and implemented. A variety of interventions for drug dependence continue to be routinely offered despite evidence that they are ineffective (e.g. coerced detoxification in the absence of follow-up care). By contrast, some treatment options that provide demonstrable benefits for substance-dependent people are disallowed in some countries (e.g. opioid substitution maintenance therapy). Likewise, the frequent exclusion of drug dependent people from HIV treatment or the insistence that they must be drug-free before anti-retroviral drugs are prescribed is not supported by research findings. To ensure good practice, the collection, interpretation and integration of valid, significant and applicable patient-reported, clinician-observed and other research-derived evidence should be an important part of the treatment process. Lack of «conclusive» evidence, based on rigorous research, on the effectiveness of a particular intervention should not preclude or delay the introduction of such an intervention if there is adequate evidence that such an intervention would be beneficial. The introduction of such «evidence-informed» interventions should be linked with the necessary operational research and evaluation elements that will help establish a stronger evidence-base.

Components of this principle

- **1** Use of research evidence to ensure 'good practice' interventions for drug dependence.
- **2** Evaluation research and ongoing monitoring to obtain pertinent evidence.
- **3** Continuous evaluation of evidence, and updating of practices.
- **4** Advocacy to inform policy-makers, health and welfare professionals, consumers and other stakeholders about the evidence base for treatment and psychosocial support for people with drug dependence and HIV/AIDS.

Actions to promote this principle

- **1** Systematically review relevant research findings from world-wide research and analyze its applicability to the national/local situation.
- **2** Audit the services and resources that are available in the country/community.
- **3** Systematically gather data on good practices using multiple methods.
- **4** Systematically involve clients and other stakeholders in reviewing this evidence.

5 Strengthen capacity of services to undertake operational research, monitoring and evaluation.

6 Assess training needs and develop appropriate training to ensure that data and research evidence are systematically disseminated.

7 Monitor and evaluate interventions and revise them in accordance with emerging evidence.

Principle 3

Appropriate treatment and psychosocial support

Description and justification

Drug dependence is a chronic, relapsing disorder, which may require long-term sustainable treatment and support, as does HIV. People who are drug dependent and living with HIV/AIDS should have access to appropriate and high-quality services, as do non-drug dependent patients, with a full range of biological, psychological and social interventions, including drug dependence treatment, HIV/AIDS treatment and care, and primary healthcare. Comprehensive services should include detoxification and relapse-prevention programmes, substitution maintenance therapy for opioid dependence, HIV testing and counselling, antiretroviral therapy, including post-exposure prophylaxis, treatment adherence support, treatment of opportunistic infections (particularly tuberculosis) and co-infections (notably hepatitis B and C and sexually transmitted infections), and harm reduction interventions.

Drug dependence treatment for substance-dependent individuals with HIV/AIDS should occur concurrently with HIV/AIDS treatment and care, and all should be part of the general health care infrastructure with non-judgmental and unbiased staff. Failure to provide high quality treatment and psychosocial support can have far-reaching consequences for substance-dependent individuals, their families and their communities at large.

Treating drug dependence has consistently been shown to reduce the behaviours associated with HIV transmission, in addition to reducing the innumerable associated medical and social harms. Tailored drug dependence treatment has also been proven effective at providing opportunities for early diagnosis of other health problems including HIV/AIDS, and the treatment of and counselling for these conditions--especially with regards to adherence to drug treatment regimens for other conditions. It is strongly recommended that programmes with a broad range of tools for combating substance dependence among injecting drug users be established in affected communities and be made available to as many users as possible.

Components of this principle

- **1** Co-ordinated, geographically accessible, affordable, relevant, client centered, community-based and evidence-based drug treatment and HIV/AIDS services, scaled up in response to need.
- **2** Services reflecting the heterogeneity of drug dependent people living with HIV/AIDS and tailored to the needs of women, minorities and other populations with special needs.
- **3** Treatment services that are comprehensive, multidisciplinary and linked with primary healthcare, community, sexual and reproductive health and other specialized services for associated illnesses such as tuberculosis (TB), hepatitis and sexually transmitted infections.
- **4** Treatment and rehabilitation services that enable people to (re)integrate into society (housing, employment, education schemes etc).
- **5** Services for people with drug dependence and HIV/AIDS are sustainable based on the government resource commitments.
- **6** Collaboration and partnerships between stakeholders and treatment providers ensure that services are complementary and mutually reinforcing, and available resources are put to best use.
- **7** Ongoing monitoring and evaluation of services.

Actions to promote this principle

- **1** Establish channels of communication among policymakers, health planners and service providers at both national and local levels to encourage joint planning and delivery of services.
- **2** Develop partnerships and multi-sector collaboration among the healthcare system and other relevant sectors (welfare, housing, employment, criminal justice, etc.) to address the needs of drug dependent people with HIV/AIDS and help them to reintegrate into society.
- **3** Establish comprehensive services that are part of the national response to substance dependence and to HIV/AIDS, to ensure that the systems of care are convergent, complementary, and sustainable, and provide continuity of care.
- **4** Develop collaborative substance dependence and HIV/AIDS treatment programmes where HIV can be diagnosed early in drug dependent persons so that timely interventions and follow-up treatment and care are made available.
- **5** Develop sound medical and research infrastructure, which will train healthcare personnel, improve access and availability of treatment, ensure adequate supply of equipment and medication, and conduct evaluation research.
- **6** Develop diverse and comprehensive models of evidence-based care and psychosocial support for people with drug dependence and HIV/AIDS, while ensuring that there is no gap between hospital and home care.
- **7** Develop treatment and psychosocial support services in penal and other closed institutions for drug dependent people living with HIV/AIDS.

Principle 4

Equitable access to HIV/AIDS care and treatment including antiretroviral therapy (ART)

Description and justification

Past or present drug use should not pose a barrier to equitable and universal access to all available state-of-the-art HIV/AIDS treatment and care including anti-retroviral therapy and psychosocial support. Exclusion is indefensible on ethical, human rights, and public health grounds, especially when a person is in a residential or custodial programme for drug dependent persons and is therefore not able to seek access to HIV treatment outside that programme. Drug dependent people should be accorded the same treatment, care and psychosocial support as the rest of the HIV-positive population in their country.

Anti-retroviral treatment is an effective therapy which has been shown to be successful in arresting HIV progression and enabling those infected to achieve a satisfactory quality of life. People with drug dependence are often excluded from ART on the grounds that their lifestyle and behaviours compromise the necessary strict adherence to these medications. However, successful models of care have demonstrated that people with drug dependence can overcome these difficulties and achieve results similar to non-drug users with regard to treatment adherence and delays in progression of HIV disease. Therefore, they must not be excluded from ART on the ground of their drug dependence but afforded the same level of access as others in their community.

The ethics and human rights norms stipulated in Principle 1 mandate that no drug dependent person be excluded from ARV or any other effective treatment for HIV/AIDS based on presumptions about his or her expected adherence to the treatment regimen.

Components of this principle

- 1** Good quality treatment dictates that access to ART be available on an equitable basis to all suitable patients, including those with past or present drug use.
- 2** Not prescribing ART to people with drug dependence is a violation of human rights and ethical norms.
- 3** Detoxification is not a necessary prerequisite to access and initiate HIV/AIDS treatment and care.

Actions to promote this principle

- 1** Remove or repeal policies, restrictions and guidelines prohibiting ART for those with past or present history of dependence and those attending treatment programmes for drug dependence.
- 2** Research drug interactions which may inhibit adherence to treatment (e.g. between methadone, buprenorphine, other psychotropic drugs and antiretroviral medicines, and also between amphetamine-type stimulants, cocaine, alcohol and antiretroviral medicines).
- 3** Develop treatment programmes and strategies to maximize adherence to ART, including for clients of residential or custodial treatment programmes.
- 4** Develop strategies to maximize client and broader community participation in the planning and delivery of ART to people with drug dependence.

Principle 5

Supportive environments to enable and facilitate treatment, care and psychosocial support

Description and justification

Restrictive policies, legislation and regulations that can impede access to effective treatment of individuals suffering from drug dependence and HIV/AIDS are detrimental both to the health and well-being of drug dependent people living with HIV/AIDS and to the larger community. Supportive environments will maximize the efficacy of treatment, care and psychosocial support interventions. Supportive environments aim to remove obstacles that impede appropriate interventions and create the conditions, both national and local, that foster good practice and maximize the availability, acceptability and accessibility of treatment and care. This approach is in line with the Ottawa Charter for Health Promotion, which advocates the creation of conditions conducive to implementing community-based interventions and the adoption of policies supportive of public health.

Components of this principle

- 1** Policies, plans, programmes, regulations and laws conducive to quality treatment, care and support services for drug dependent people who are living with HIV/AIDS.
- 2** Interventions to ensure the reduction of discrimination, prejudice and marginalization.
- 3** Advocacy for effective and feasible change.
- 4** Partnerships and collaboration between drug control, law enforcement agencies, public health and social welfare institutions and organizations, and organizations of service users and their families.
- 5** Empowerment of clients and participation of stakeholders.

Actions to promote this principle

- 1** Initiate dialogue with policy and decision-makers and regulators at national and local community level to ensure that there are no legal impediments to provision of treatment and support for drug dependent people with HIV/AIDS.
- 2** Develop strategies to eliminate punitive and discriminatory approaches.
- 3** Develop training and education on drug dependence and HIV/AIDS for the judiciary and law enforcement agencies.
- 4** Train staff of social welfare services on drug dependence and HIV/AIDS.
- 5** Develop policy and organizational provisions to ensure equitable access to healthcare, employment, housing, education and social and financial services.
- 6** Establish the conditions to enable treatment and care programmes for incarcerated people with drug dependence and HIV/AIDS in prisons and detention centres.
- 7** Establish training to ensure that stakeholders understand the challenges and are enabled to provide services that respect human rights, are efficient, effective, sympathetic to clients and confidential.
- 8** Ensure that national plans are translated into local multi-sectoral collaboration to include the participation of patient families and peers, and community associations.
- 9** Promote self-help and advocacy groups.

Principle 6

Client participation

Description and justification

People with drug dependence and HIV/AIDS should not be merely passive recipients of treatment, but fully participate in the planning, delivery, evaluation and monitoring of services. Client-centered interventions help to keep the focus on what patients want and need; those living with the conditions in question are knowledgeable about the needs of themselves and their peers, and can be effective in educating others on issues such as adherence to ART and potential drug interactions, as well as on strategies to overcome their difficulties. Moreover, participation in the administration and evaluation of one's own healthcare is a fundamental and inalienable human right.

Components of this principle

- 1** Using the skills and capacities of clients to participate in different areas including policy formulation, developing and determining appropriate treatment approaches and care delivery systems, and implementation of interventions.
- 2** Participation of drug dependent people living with HIV/AIDS in activities to document and analyze their needs.

Actions to promote this principle

-
- 1** Foster dialogue between policymakers, treatment and care providers and clients.

 - 2** Enable/encourage participation of clients in development of innovative approaches to ensure human rights, supportive environments and access to high quality treatment and care including ART.

 - 3** Develop appropriate strategies to disseminate and distribute materials on treatment, care and psychosocial support to reach target population of drug dependent people living with HIV/AIDS.

 - 4** Enable and encourage participation of clients in development of treatment plans for ART.

 - 5** Promote self-help and peer support organizations for advocacy, mutual support and encouragement, and exchange of information.

 - 6** Promote dialogue and links between clients and community organizations.

Principle 7

Participation of community and other stakeholders

Description and justification

Community organizations and nongovernmental organizations (NGOs) should be active participants in, and advocates for, the development and implementation of treatment, care and psychosocial support for drug dependent people living with HIV/AIDS.

Involving the local community, including community leaders and opinion setters and local NGOs and other community-based organizations, is crucial to developing, improving and managing treatment, care and psychosocial support for drug dependent people living with HIV/AIDS. Doing so helps in the identification of local needs, addressing issues of resource allocation, prioritizing and ensuring that scarce resources are put to best use. The participation of the community will also help overcome stigma and discrimination and will ensure appropriate responses to the needs of persons with drug dependence.

Components of this principle

- 1** Responses and services that are locally available, geographically accessible, and sensitive to local needs.
- 2** Community education on drug dependence, HIV/AIDS and available treatment.
- 3** Community participation in implementation of hitherto unfamiliar treatment, care and psychosocial support approaches and changes in systems of care (e.g. ART, substitution maintenance therapy for opioid dependence, harm reduction programmes).
- 4** Community participation in allocation of resources.
- 5** Encouragement of communities to find their own solutions.

Actions to promote this principle

- **1** Establish regular forums for dialogue between community organizations and community leaders, NGOs and other organizations and institutions in the health, welfare and law enforcement sectors to determine resource allocation priorities.
- **2** Partner with community organizations to eliminate discrimination, to advocate the removal of obstacles that hamper interventions, and to create conditions that promote quality treatment, care and psychosocial support.
- **3** Train community stakeholders in the salient issues in treatment, care and psychosocial support of drug dependent people with HIV/AIDS.
- **4** Develop and support community-based responses to HIV/AIDS associated with substance dependence (e.g. pharmacy-based programmes, drop-in centers run by NGOs, outreach activities, programmes administered by religious authorities).
- **5** Foster collaboration among diverse stakeholders, including those outside of the health sector, and maximize the role of NGOs and community-based organizations.
- **6** Establish community programmes to provide psychosocial support, assistance and home care to drug dependent people with HIV/AIDS and their families.

Conclusion

The principles presented in this document are aimed at significantly improving the availability and quality of care for drug dependent persons living with HIV/AIDS. Treatment for both drug dependence and HIV/AIDS should be guided by these principles and integrated within a broadly based approach that includes prevention and psychosocial support.

In order to ensure effective treatment and support for drug dependent people living with HIV/AIDS it is recommended that these principles be followed in the development of policies and programmes.

Adherence to these principles will aid in the establishment of an effective national framework for responding to HIV/AIDS. It is important that this framework utilizes a co-ordinated, participatory, transparent and accountable approach that integrates HIV/AIDS and drug policy in programmes across all branches of government. Only through doing so can those responsible for treatment programmes and for governmental functions more broadly ensure that people with drug dependence and HIV/AIDS are receiving the treatment and care to which they are entitled.

Key documents

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This guidance document, built on expert advice and developed in consultation with UNAIDS, articulates the central principles for treatment and support of HIV-positive injecting drug users. It is addressed to policy makers, treatment planners, and service providers, particularly those who deal with substance-dependent populations, and to patient organizations.

This publication is available on-line at:
http://www.who.int/substance_abuse/en/
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