

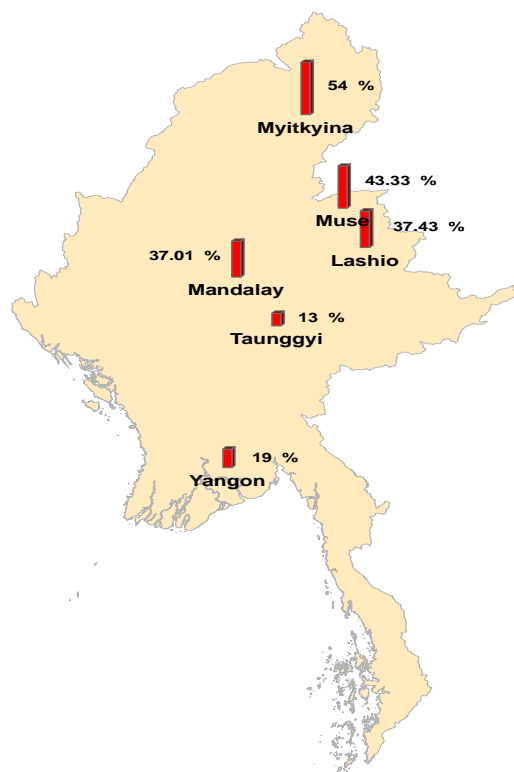
Myanmar Country Advocacy Brief Injecting Drug Use and HIV

Key actions to be supported

- Scaling up HIV prevention, treatment and care services fast enough and at a sufficient scale to reach a much larger proportion of people who inject drugs, including in prisons
- Alignment of drug control laws with policy documents on HIV
- Support by the UN and implementing agencies for active involvement of drug users in policy development, planning and implementation of harm reduction interventions
- Efforts to overcome the impact of operational policing on the implementation of harm reduction interventions
- Reduction/elimination of in patient stabilization period for methadone
- Expansion of evidence based drug dependence treatment
- National size estimation of people who inject drugs

- Myanmar is one of the few countries in East Asia that has reported a decrease in the overall prevalence of HIV in recent years. Estimates indicate that HIV prevalence peaked at about 0.9% (15-49%). By 2007, the estimated prevalence was 0.7% (range: 0.4-1.1%).¹

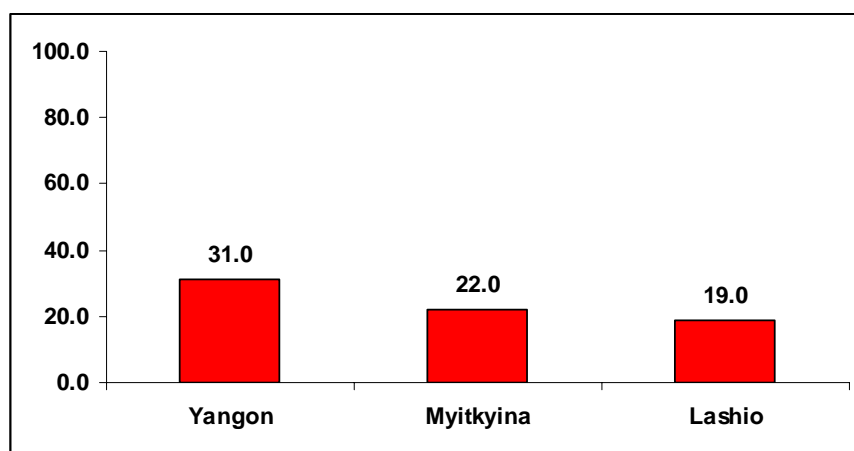
Figure 1. HIV prevalence among people who inject drugs (2008)²



- Myanmar remains the second largest opium poppy growing country after Afghanistan, contributing 20% of opium poppy cultivation in major cultivating countries in 2008.³ Heroin use has become widespread and is the primary drug of choice among people who inject drugs. While the use of heroin and opium has been observed to be declining in recent years, the use of methamphetamine has been increasing since 2003. Injecting of amphetamine type stimulants has also been reported to occur, as well as injecting of a mixture of opiates and pharmaceutical drugs.⁴
- The Government of Myanmar reports that an estimated 75,000 (range: 60,000-90,000) people inject drugs in the country.⁵ This translates to a 0.23% population prevalence of injecting drug use among 15-64 year-olds, which is the fourth highest population based prevalence of injecting drug use after China, Malaysia, Thailand and Vietnam in the Asia region.

- HIV prevalence among people who inject drugs peaked in the early 1990s at over 70% before beginning a slow but steady decline during 2005-2006. HIV sentinel-surveillance data from 2007 indicates that prevalence among people who inject drugs ranges from 25.3% to 32.1%.⁶ Prevalence was highest in Lashio (48.5%), followed by Mandalay (38%), Myitkyina (30.8%) and Muse (30%). While the country reports an almost 30% decline in HIV prevalence among IDU during 2006-2007⁷, HIV prevalence in this population in 2008 was 37.5% (range: 37.2-54%).⁸ HIV prevalence is, after Indonesia, the highest in the injecting drug user population in Asia.
- Prevalence data is derived from surveillance in six sites and the data does not reflect the situation across the country. Furthermore, the reported decline in prevalence in this population may be compounded by changes in the sampling framework within the national sentinel surveillance. No data is available on HIV prevalence among prisoners.
- According to behavioural surveillance in 2008 sharing of injecting equipment at last injection ranged from 31% in Yangon, to 22% in Myitkyina and 19% in Lashio⁹ which suggests ongoing risk for further transmission of HIV among and from people who inject drugs.

Figure 2. Shared injecting equipment at last injection (2008)¹⁰



- Another cause for concern is reported injecting drug use among sex workers.¹¹ Furthermore, overlap between men who inject drugs and sex workers has the potential to further accelerate the spread of HIV. Of a survey of men who inject drugs, 48% of men in Mandalay, 41% in Yangon and 31% in Myitkyina reported having paid for sex in the behavioural surveillance survey in 2008.¹²

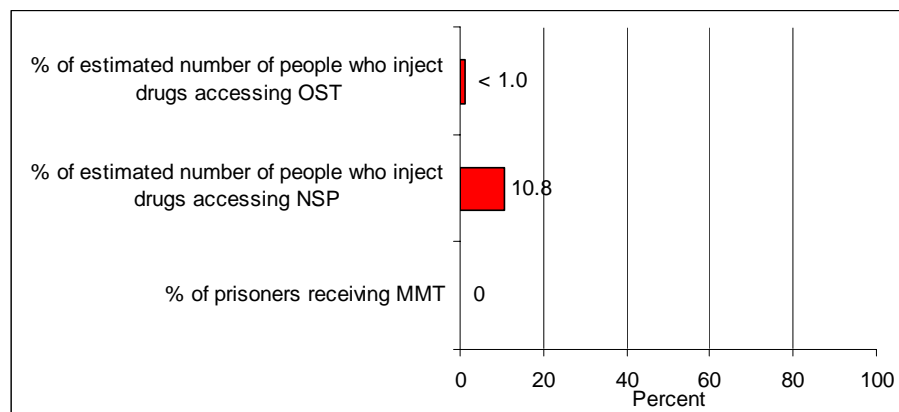
Policy context and the national harm reduction response

- Under the Narcotic Drugs and Psychotropic Substances Law (1993), possession of narcotic drugs is illegal while no specific offence is made for consumption. A drug user is defined as “a person who uses a narcotic drug or psychotropic substance without permission in accordance with the law”.¹³ Drug users are mandated to register with a government identified facility for treatment and non-compliance with medical treatment results in penal consequences, namely imprisonment from three to five years.¹⁴ According to the Central Committee for Drug Abuse Control there were 69,547 registered drug users as of June 2008.¹⁵
- The Government of Myanmar recognized the role of injecting drug use in the spread of the HIV epidemic early on and has expressed explicit policy support for harm reduction in national policy documents.¹⁶ Reducing HIV related risk, vulnerability and impact among drug users is one of the main priorities within The National Strategic Plan (NSP) on HIV/AIDS (2006-2010).
- The accompanying Operational Plan (2008-2010), developed to guide the implementation of the NSP, provides an ambitious target of 40,000 injecting drug users to be reached with harm reduction interventions, including methadone maintenance therapy (MMT) and needle and syringe programmes (NSP) by 2010. Scaling-up of the harm reduction response is hampered

by the current resource gap: only half of the planned funding for harm reduction programmes in the National Strategic Plan was mobilized in 2007.¹⁷

- Myanmar was among the first countries in East Asia to initiate a needle and syringe programme. By 2008 there were 36 needle and syringe programme sites, in established drip-in-centres, across the country.¹⁸ The number of people who inject drugs accessing needle and syringe programmes through drop-in centres in 2008 was 8,084.¹⁹ Some injectors are provided with needles and syringes outside of the DICs, such as in shooting galleries. No exact numbers of IDUs reached in the community are available due to high turn-over. Approximately 3.5 million needles and syringes were distributed in 2008 but the estimated annual requirement was at least 27 million.²⁰
- The methadone maintenance programme was started in March 2006 with four sites and has since the expanded to seven sites in 2008.²¹ The national target was to provide MMT for 1,000 clients by the end of 2008.²² By December 2009, 754 persons were benefiting from MMT. Thus the MMT programme remains at a small scale with less than one percent of the estimated 75,000 persons who inject drugs accessing MMT. One of the reasons for the slow progress being made in scaling-up access to and coverage of MMT is the current practice of long period of in-patient stabilisation and non-inclusive national guidelines. Other barriers to accessing drug dependence treatment, reported by drug users, are cost and stigmatisation.²³

Figure 2. Coverage of people who inject drugs with MMT and NSP programme



- By December 2008, 15,191 people living with HIV were receiving antiretroviral treatment (ART).²⁴ Although some injecting drug users are reported to be receiving ART, the numbers of IDUs on ART are disproportionately small.²⁵
- Like in the majority of countries in Asia, access to HIV prevention, treatment and care services in prisons is very limited in Myanmar.
- The core interventions, which will have maximum impact on reducing HIV transmission among and from people who inject drugs are opioid substitution treatment, needle and syringe programmes, voluntary counseling and testing and anti-retroviral therapy. Scaling up of these interventions to reach a much larger proportion of men and women who inject drugs, and their sexual partners, is required to turn around the HIV epidemic in this population.

ANNEX

Socio demographics and disease prevalence

		Date	Source
Total population (millions) in 2009	50.0	2009	UNFPA, 2009 ²⁶
Estimated number of people living with HIV	240,000	2007	UNAIDS, 2008 Report on the Global AIDS Epidemic ²⁷
Estimated population of people who inject drugs	75,000	2007	The Reference Group to the UN on HIV and IDU, 2008 ²⁸
Prevalence of injecting drug use among 15-64 year olds	0.23	2007	The Reference Group to the UN on HIV and IDU, 2008
% female among people who inject drugs	2.0 (19 / 932)	2007	Ministry of Health & WHO, 2007 ²⁹
% of women who inject drugs who sold sex in the previous one year			
% of men who have sex with men who inject drugs			
% of men who inject drugs who have bought sex	Mandalay (48%); Yangon (41%); Myitkyina (31%); Lashio (9%)		Behavioral Surveillance Survey, 2008 ³⁰
Median age (range) of people who inject drugs			
Education level of people who inject drugs			
Employment status of people who inject drugs			
Marital status of people who inject drugs			
Reported HIV cases			
Cumulative reported HIV infections among people who inject drugs			
% of AIDS cases associated with injecting drug use	30.0	2005	Ministry of Health Union of Myanmar, 2006 ³¹
% people who inject drugs who are HIV positive	37.5	2008	Ministry of Health & WHO, 2009 ³²
% of prisoners who are HIV positive	Not known		IHRA, 2008 ³³
Adult HCV prevalence among people who inject drugs (%)	Not known		
TB & HIV co-infection among people who inject drugs			
Active Syphilis among people who inject drugs	5.2%	2007	WHO SEARO, 2008 ³⁴

Intervention coverage

		Date	Source
Number of opioid substitution therapy (OST) sites	7	2008	Sharma et al., ³⁵
Number of people who inject drugs accessing OST	754	Dec 2009	Ministry of Health, 2010 ³⁶
% of people who inject drugs accessing	1.0	Dec 2009	
Number of prisoners accessing OST	0	2009	
Number of substitution treatment sites per 1,000 IDU	0.1	Dec 2009	
Number of needle and syringe programme sites (drop-in-centres)	36	2008	National AIDS Programme, 2008 ³⁷
Number of people who inject drugs accessing NSP through drop-in-centres	8,084	2008	National AIDS Programme, 2008 ³⁸
% of people who inject drugs accessing NSP through drop-in-centres	10.8	2008	National AIDS Programme, 2008 ³⁹
Number of NSP sites per 1,000 IDU	0.5	Dec 2008	
Number of people who inject drugs reached by outreach programme	5,774	2007	National AIDS Programme, 2007 ⁴⁰
% of people who inject drugs reached by outreach programme	28.1	2006	National AIDS Programme, 2006 ⁴¹
Number of people who inject drugs who accessed VCCT	1,151	2007	National AIDS Programme, 2007 ⁴²
Reported number of people living with HIV receiving ART	15,191	Dec 2008	WHO, UNAIDS, UNICEF Universal Access 2009 Progress Report, 2009 ⁴³
Number of people who inject drugs in need of ARV			
Number of people who inject drugs on ARV			
% of people injecting drugs in need of ARV receiving ARV			
People who inject drugs on ARVs as a proportion of all PLHIV receiving ARVs			
Coverage of people who inject drugs in need of prevention reached with prevention services	21,000	2008	WHO SEARO, 2008
Estimated prison population	64,930	Mid 2008	APCCA, 2008 ⁴⁴
Number of (compulsory) drug rehabilitation / treatment			UNODC Myanmar Country Office,

centres	69	2009	January 2010
Number of drug users in (compulsory) drug rehabilitation / treatment centres	566	Jan - June 2009	UNODC Myanmar Country Office, November 2009
Prisoners accessing services:			
Needle and syringe programmes	Not available		
Opioid substitution treatment	Not available		
HIV testing and counseling	Not available		
Antiretroviral therapy	Not available		
Prevention and treatment of STIs	Not available		
Condom programmes	Not available		
IEC	Not available		
Primary health care (including treatment of tuberculosis)	Yes, limited		
Diagnosis, treatment and vaccination for viral hepatitis	Not available		
Prevention, diagnosis and treatment of tuberculosis	Not available		
Peer education programmes	Not available		
Post-release follow-up	Not available		UN RTF, 2010 ⁴⁵
Coverage of people who use drugs living in closed settings reached with one or more services			

The Myanmar Country Advocacy Brief in a joint product by the UN RTF and HAARP.

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