

Concerns regarding new estimates on HIV, hepatitis C and injecting drug use

Summary

In June 2013, the UN Office on Drugs and Crime released estimates on HIV, hepatitis C and injecting drug use within the annual World Drug Report (WDR). The 2013 report presents 'new data' that it claims reflects a global 'decline' in the number of people who inject drugs since the 2008 figures published by the Reference Group to the United Nations on HIV and Injecting Drug Use. In particular, this 'updating' of the 2008 data claims a 'decline' in the number of people who inject drugs living with HIV worldwide from 3 million to 1.6 million.

As the publisher of The Global State of Harm Reduction, the main independent NGO resource on the international response to HIV and injecting drug use, Harm Reduction International raised immediate concerns to UNODC about this data, in particular the use of language and graphics that attributes these considerable differences to actual changes in the HIV epidemic among people who inject drugs since 2008. As a result, UNODC released an online statement clarifying that, 'lower estimates [in the WDR] do not represent a decrease in the epidemic, but an improved availability of more reliable data'. However, despite this online clarification the official WDR has not been similarly amended to ensure that the data is not misrepresented or misinterpreted.

Harm Reduction International has raised further concerns about whether the WDR figures are in fact based upon the 'improved availability of more reliable data', as information on how national data were derived remains out of the public domain, and due to a potential over-reliance on government self-reporting. This lack of transparency coupled with a limited peer review process, led HRI to question the data, and following discussions with UNODC regarding these concerns, to our decision not to use the data within HRI reports.

HRI welcomes UNODC's commitment to improving the collection of global data on HIV and injecting drug use, including through increased collaboration with other UN agencies on this work and the establishment of a new Strategic Advisory Group. However, pending a transparent peer-reviewed process to gather such

data, HRI will continue to refer to global estimates from the Reference Group to the UN on HIV and Injecting Drug Use within the Global State of Harm Reduction programme of work.

This advisory outlines the reasons for that decision.

1. Language and graphics

The 2013 World Drug Report presents a new figure of 1.6 million people globally who inject drugs and live with HIV. This is a significantly lower figure than the 3 million estimated by the UN Reference Group in 2008. The World Drug Report presents this figure as an actual decline since 2008 in the numbers of people injecting drugs and the extent to which HIV affects them. In the executive summary, the report states that 'New data reveal that the prevalence of people who inject drugs and those who inject drugs and are also living with HIV in 2011 was lower than previously estimated: 14.0 million people between the ages of 15 and 64 are estimated to be injecting drugs, while 1.6 million people who inject drugs are living with HIV. **This reflects a 12 percent decline in the number of people who inject drugs and a 46 per cent decline in the number of people who inject drugs that are living with HIV since the 2008 estimates.**' (Page ix, Emphasis added)

Figures 4, 5, 6 and 7 (6 and 7 displayed on the next page) graphically compare the differences between national data from 2008 and 2011 as 'increases' and 'decreases' over time. For example, it is suggested that HIV prevalence among people who inject drugs in Russia has decreased by almost half, and that there has been a decrease of over 350,000 people who inject drugs living with HIV, in three years.

This encourages the reader to compare data that is likely to be incomparable due to differing data collection methodologies. The WDR presentation of the data also allows for the erroneous conclusion that current efforts have had significant success in reducing the HIV epidemic among people who inject drugs globally. This is far from an accurate reflection of the current state of harm

¹For example, UNAIDS (2013) Global report: UNAIDS report on the global AIDS epidemic 2013. Geneva: UNAIDS p30-7; Harm Reduction International (2012) Global State of Harm Reduction 2012. London: Harm Reduction International.

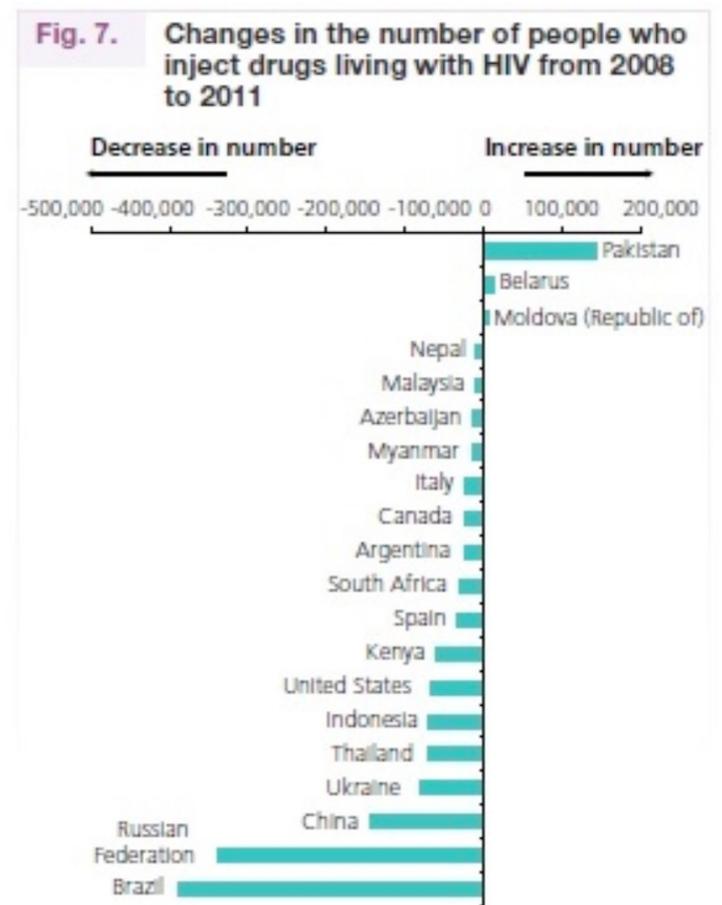
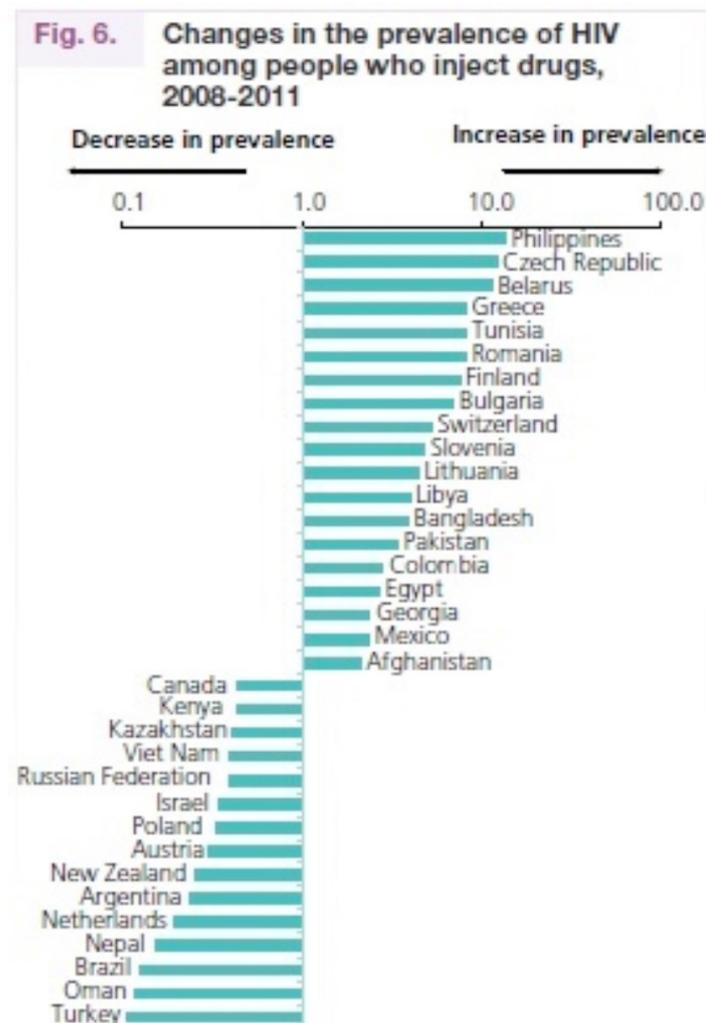
reduction.¹ It is at best misleading, and at worst has the potential to weaken advocacy for increased political, financial and programmatic commitment to harm reduction, as well as much needed policy change in key countries where the injecting-drive HIV epidemic is most acute.

2. Methodology and peer review

The UNODC dataset used for the WDR is available online. For many countries the source of the data is not provided, and for over one-third of the dataset, ‘government’ or ‘ARQ response’ is listed as the source. The limitations

of the responses to the annual review questionnaire (or ARQ), submitted by governments, as a source of data are described within the WDR methodology description (also available online). These are not open to the public, which means that this data cannot be openly critiqued or questioned. The lack of information on the original data source also limited the extent to which the dataset could be peer-reviewed.

Poor transparency and a limited peer review process, coupled with a potential over-reliance on government self-reporting, leaves the reliability of the World Drug Report data open to question.



Source: UNODC and Reference Group to the United Nations on HIV and Injecting Drug Use.
 Note: Ratio of latest to previous Reference Group estimates of the prevalence of HIV among injecting drug users. A ratio of 1.0 indicates no change in the estimates. Chart shows countries where the prevalence of HIV among injecting drug users has either at least doubled (ratio is 2.0 or greater) or halved (ratio is 0.5 or less). Changes may reflect improved reporting on prevalence estimates as well as changes in injecting behaviour and HIV infection.

Source: UNODC and Reference Group to the United Nations on HIV and Injecting Drug Use.
 Note: Calculation based on 2011 adult population. Changes may reflect improved reporting on prevalence estimates, as well as changes in injecting behaviour and HIV infection.

3. Harm Reduction International's response

These data on HIV and injecting drug use inform national responses around the world. They are important for programme planning and evaluation, resource allocation and advocating for programmes that prevent and treat HIV among people who inject drugs. They have a direct bearing on the emphasis harm reduction receives compared with competing budgetary priorities of governments and international donors. The independence and transparency of the process used to collect this data is of vital importance, particularly while government commitment remains a considerable challenge to preventing HIV among people who inject drugs. The utmost rigour, care and scrutiny are required in data gathering, analysis and in dissemination of the data implications.

As the leading international NGO tracking injecting drug use, HIV and the harm reduction response worldwide, Harm Reduction International has initiated discussions within our sector on the World Drug Report data. Based upon internal and external consultation and review, we have come to the following decisions.

- > HRI fully acknowledges this 2008 data requires updating. However, HRI has taken the decision until such time as a transparent peer reviewed process has taken place to update these figures, we will continue to rely on the 2008 global estimates from the Reference Group to the United Nations on HIV and Injecting Drug Use in all of our publications. HRI will refer to the UNODC dataset for national data, as one source amongst many (where many sources exist) and determine whether to use it on a case by case basis, with input from national partners with relevant expertise.
- > HRI calls for the WDR to be amended, with a public announcement made correcting the record. The potential for misinterpretation has been recognised by UNODC, and discussions are underway on how to rectify this.
- > HRI calls for the data collection and analysis function to be reinstated to a funded Reference Group to the United Nations on HIV and Injecting Drug Use.

Harm Reduction International advice on use of this data

- > HRI advises others to refer to the 2008 global estimates from the Reference Group to the United Nations on HIV and Injecting Drug Use, with a recognition that these require updating.
- > HRI advises others to refer to the UNODC dataset for national data, as one source amongst many (where many sources exist) and determine whether to use it on a case by case basis, seeking input from national partners with relevant expertise.

Further sources for data on HIV, hepatitis C and injecting drug use include:

- Mathers BM et al (2008) Global epidemiology of injecting drug use and HIV among people who inject drugs: a systematic review, *Lancet* 372(9651):1733–45
- Nelson PK et al (2011) Global epidemiology of hepatitis B and hepatitis C in people who inject drugs: results of systematic reviews, *Lancet* 378(9791):571–83
- Stoicescu C (ed) (2012) *The Global state of Harm Reduction 2012: Towards an integrated response*. London: Harm Reduction International
- UNAIDS (2013) *UNAIDS report on the global AIDS epidemic 2013*. Geneva: UNAIDS

This is the first in HRI's new series of 'Harm Reduction Advisories'. HRI advisories are short information notes for the harm reduction sector focusing on emerging issues that are of interest to partners around the world. The advisory series seek to address emerging and pertinent issues in harm reduction policy, practice and research relating to specific themes, interventions or substances. The advisories will be produced periodically in consultation with experts from around the world and circulated via HRI's e-list. www.ihra.net/contents/1426