

UNODC Civil Society Group on Drug Use and HIV





Secretariat

- INPUD joins NGO Delegation to UNAIDS Board from 2010 - 2012
- Used to advocate for meaningful civil society participation from UNODC Global HIV Programme
- *UNODC Civil Society Group on Drug Use and HIV* formed in February 2013
- Mechanism with 25 regional and global civil society drugs and HIV networks
- Secretariat function - equivalent of 4 days per month

Types of Membership of UNODC CS Group on Drug Use and HIV

- Regional harm reduction networks
- Harm reduction advocacy organisations
- Harm reduction programmers
- Global and regional drug user rights networks
- Thematic advocacy networks

Responsibilities

- Advocate for harm reduction and the rights of people who use drugs
- Develop an annual work plan with UNODC Global HIV Programme that identifies shared development agendas.
- Work in partnership with UNODC Global HIV Programme and other UN partners to deliver the objectives in the work plan.
- Monitor progress and explore opportunities for CS partnerships in the High Priority Countries.
- Meet with UNODC at least once each year, alongside CND.

WORKPLAN 2021/22

	Activities	UNODC Lead	CSO Lead	Comments	Progress Report (mid & end year)
1	Leadership from UNODC and meaningful participation of CSOs, including PWUD				

Example:

Country dialogues between national drug user networks and UNODC country teams on meaningful participation

WORKPLAN 2021/22

	Activities	UNODC Lead	CSO Lead	Comments	Progress Report (mid & end year)
2	Provision and roll-out of high-quality normative guidance and strategic information				

Example:

Development of guidelines with supporting training kits and webinar toolkit:

- Stimulants and HIV
- Women who Inject Drugs
- IDUIT

What are stimulant drugs?

- Chemically diverse substances that are similar in their capacity to activate, increase or enhance the neural activity of the central nervous system.
- The most common effects of stimulants include increased alertness, energy, and often euphoria.
- Physically, stimulants increase blood pressure, heart rate and other metabolic functions.
- 3 stimulant drugs associated with HIV transmission – cocaine and smoked cocaine, methamphetamine and New Psychoactive Substances Stimulants (NPS Stimulants)



WORKPLAN 2021/22

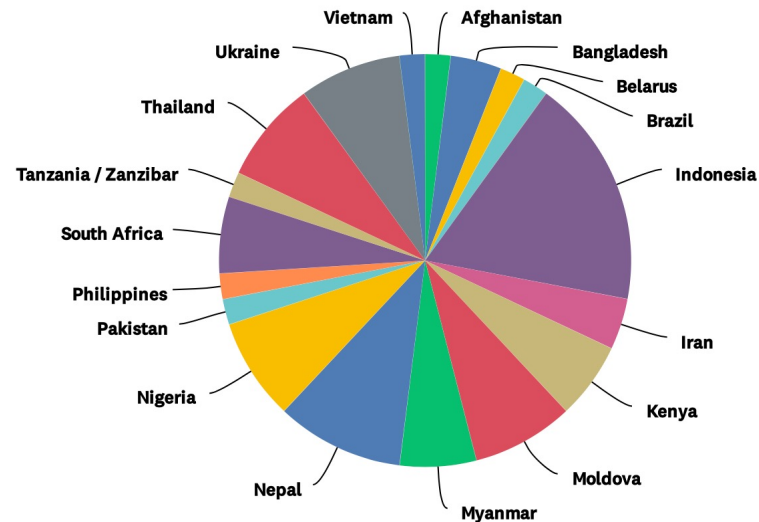
	Activities	UNODC Lead	CSO Lead	Comments	Progress Report (mid & end year)
3	Monitoring and accountability				

Example:

Civil society review of UNODC High Priority Country Reports

Q1 Which High Priority Country are you reviewing?

Answered: 50 Skipped: 0



- 50 civil society reviewers from 18 of the 24 UNODC High Priority Countries

Detailed Slides as Follow Up Information

- Full list of Network Members
- Complete 3 part of work-plan

Full Membership of UNODC CS Group on Drug Use and HIV

Asia Network of People who Use Drugs (ANPUD)

African Network of People who Use Drugs (AfricaNPUD)

Correlation European Harm Reduction Network (EuroNHRN)

East African Harm Reduction Network (EAHRN)

Eurasian Harm Reduction Association (EHRA)

Eurasian Network of People who Use Drugs (ENPUD)

European Network of People who Use Drugs (EuroNPUD)

Harm Reduction International (HRI)

Intercambios

International Drug Policy Consortium (IDPC)¹

International Harm Reduction Development Programme (IHRD)

Frontline AIDS

International Network of People who Use Drugs (INPUD)

International Network of Women who Use Drugs (INWUD)

International Doctors for Healthier Drug Policies (IDHDP)

Harm Reduction Asia⁴

Law Enforcement And HIV Network (LEAHN)

Latin American Network of People who Use Drugs (LANPUD)

Médecins du Monde (MdM)

Middle East and North African Harm Reduction Association (MENAHRRA)

Middle East and North Africa Network of People who Use Drugs

(MENANPUD)

North American Network of People who Use Drugs (NANPUD)

Pacific Network of People who Use Drugs⁵

West African Drug Policy Network (WADPN)

Women and Harm Reduction International Network (WHRIN)

YouthRISE

WORKPLAN 2021/22

A	B	C	D	E	F
	Activities	UNODC Lead	CSO Lead	Comments	Progress Report (mid & end year)
1	Leadership from UNODC and meaningful participation of CSOs, including PWUD				
1.1	Fund the Secretariat function for the HIV and drugs CS group	HAS	IDPC	Contract continues with IDPC to deliver Secretariat.	
1.2	Host an all-day (funded) coordination meeting alongside CND 2022	HAS	IDPC	Format may return to in person or continue with a virtual or hybrid model (TBC).	
1.3	Regular meetings through the year to monitor progress and updates	HAS	IDPC	Teleconferences, but also explore the possibility of an additional (unfunded) meeting during European Harm Reduction Conference in Prague in November 2021.	
1.4	UNODC senior management to provide leadership on harm reduction	HAS	n/a	In line with CND Resolution 61/4 and the UN System Common Position, and to include statements and CND bi-annual report from the ED.	
1.5	Small grants initiative to strengthen the capacity of CSOs on harm reduction, including in prisons	HAS	n/a	~6 additional grantees funded in 2021/22 cycle in addition to the 9 original grantees. Focus on delivery and learning from programme.	
1.6	Country dialogues between national PWUD networks and UNODC country teams on meaningful participation	HAS	INPUD	Focus on ~5 countries, and the use of existing normative guidance and policy documents to drive good practice (also linked to 3.1 below). As COVID-19 restriction allow.	

WORKPLAN 2021/22

2 Provision and roll-out of high-quality normative guidance and strategic information					
2.1	Development of guidelines for youth friendly services	HAS	YouthRISE	Fundraising needed, including Option of joint advocacy to UNICEF, and engagement with UNAIDS in terms of UBRAF and the new Strategy. It was hoped that UNICEF would lead, however no clear progress (YouthRISE connected with them).	
2.2	Capacity building on HIV prevention, treatment and care among people who use stimulants	HAS	Stimulant Working Group	Roll out in seven more locations: Bangladesh, India, Indonesia, Kenya, Central Asia (regional), and 2 more to be confirmed. Webinar toolkit provides model to drive development process. Development of Stimulant Working Group linked to Stimulant Expert Group hosted by HRI.	
2.3	Consult CSOs on methodology, data collection and data validation for the World Drug Report	HAS	HRI	Data anticipated in June.	
2.4	Continue the roll out of the women who inject drugs training programme to the remaining UNODC HPC	HAS	INWUD WHRIN	Roll out to be funded where possible through country envelopes in ~10 countries.	
2.5	Develop an advocacy tool for use with womens shelters, to open their doors to women who use drugs	HAS	INWUD WHRIN	Focus on those experiencing violence. Reactivate as COVID-19 restrictions allow. Approach to be discussed with WHRIN.	
2.6	Evaluation of IDUIT trainings to document impacts, etc.	HAS	INPUD	Progress when evaluators are able to travel when COVID-19 restrictions allow.	
2.7	Engage sub-group to further discuss work with law enforcement and harm reduction	HAS (Zhannat)	Secretariat	Hold virtual stakeholder meeting about maximising the impact of harm reduction work with law enforcement	

WORKPLAN 2021/22

3 Monitoring and accountability				
3.1	Provide annual High Priority Country progress reports for coordinated feedback from CSOs and their networks	HAS	ALL	Implement systematic model to assess 2020 reports. Progress early in around July 2021. Written HPC Report 2020 available from UNODC.
3.2	Accountability of the global and regional CSOs in terms of their network and onward communications functions	n/a	ALL	Highlight range of models that exist, and further discussions with CSO participants for whom such mechanisms do not exist.
3.3	Continue to showcase and promote the COVID-19 related shifts towards lower threshold services (more flexible OAT prescribing, including access to take-home doses, peer-led harm reduction, online and telesupport, and outreach services, etc)	HAS	ALL	Discuss options with CS Group to respond both to individual country advocacy opportunities, and regional / global need for guidance and information.
3.4	Collective engagement in the UN High Level Meeting on HIV/AIDS, including on the Political Declaration	HAS	INPUD	Secretariat to contribute to UNODC Virtual Side Event on COVID-19 and harm reduction (Europe time). UNODC also to run side meeting on women who use drugs (NY time)
3.5	Collaborative engagement with UNAIDS regarding UBRAF, PCB and the new Global AIDS Strategy	HAS	INPUD HRI	Working group to be formed including UNAIDS and other co-sponsors, and with a focus on fundraising needs identified above. HRI on UBRAF UNAIDS PCB Working Group. Charan Charma from IDUF on PCBNGO Delegation from drugs constituency. Secretariat briefing wider group via elist. Partnership advocacy.
3.6	EHRA to document and guide on the threat posed to harm reduction services by 'drug propaganda' laws (such as those emerging in EECA region). UNODC to bring this issue to the attention of other UN Agencies working on KP in the Inter-Agency working group of KP with the aim to fostering joint action.	HAS	EHRA	Build on existing documentation of cases by EHRA and brief and engage UN as evidence gathered.