HIV Prevention and Care for Injection Drug Users

HIV incidence continues to rise among injection drug users (IDUs). Injection drug use accounts for only 5 percent to 10 percent of cumulative HIV infections globally, but in some parts of the world it is the major mode of transmission. It is estimated that in China, Malaysia, and Vietnam, at least half of HIV infections are associated with drug injection. In parts of Central and Eastern Europe and the newly independent states of the former Soviet Union, we have observed a rapid spread of HIV among IDUs. HIV epidemics among IDUs differ from those of other populations by their potential for rapid spread of the virus within the IDU community and outward into the general population. In Bangkok, New York and Odessa, experience has shown that once prevalence reaches a threshold of about 10 percent, it can surpass 40 to 50 percent in one to four years. Most of these infections result from sharing or reusing contaminated equipment (mainly needles and syringes) or from injecting tainted drug preparations.

A comprehensive strategy that promotes behavior change through harm reduction is essential to HIV programming for IDUs. Using lessons learned internationally, this strategy aims to keep HIV prevalence low in IDU populations by promoting a continuum of harm reduction measures that are viable from the perspective of active injectors. A comprehensive approach addresses the prevention and care needs of injectors and includes strategies appropriate to the dynamics of the local epidemic. In low prevalence, early epidemic phases, prevention services predominate. If and when prevalence increases, early intervention services such as voluntary counseling and testing (VCT) for HIV, case management for the HIV-infected and prevention of sexual transmission become increasingly important. Later in the epidemic, as infected persons become symptomatic, care and support services are necessary additions within the required mix of intervention responses.

This approach is compatible with proven public health principles, which view drug use or abuse from a public health perspective rather than only as a law-and-order issue. It gives drug users options to reduce their risk at various levels and focuses on supportive rather than punitive strategies. It recognizes that while curtailing drug dependence altogether and preventing drug use in the first place are preferred ultimate goals, intermediate steps (such as drug substitution and safer injection techniques) are crucial short-term objectives in countering HIV. Involving law enforcement agencies to support both long- and short-term objectives is critical to the success of programs.

These five steps can help implement a comprehensive approach:

- Develop a strategic intervention plan that is appropriate to the epidemic profile, risk behaviors and target population coverage — and which has the support of policymakers and stakeholders.
- Establish effective peer outreach teams to access and involve social networks of IDUs.
- Involve IDU network members as prevention advocates to help IDUs see risk reduction activities as part of socially appropriate behavior.
- Work with clients over time to address evolving needs to approach the ultimate goal of risk elimination.
- Develop an effective referral network for drug treatment; primary health care; HIV VCT services; HIV and tuberculosis (TB) related services; and other requires services.

Lessons Learned

Evidence indicates that the HIV epidemic associated with injection drug use can be slowed, stopped or even reversed. At least three essential prevention components have been associated with containing the epidemic: adequate coverage of the targeted population, active involvement of the targeted populations, and promotion of risk reduction strategies that are acceptable and readily adopted. Specific lessons that arise from experiences with IDU programming initiatives include:

Law enforcement policies. Police in some countries have devised a harm reduction approach known as “responsible demand enforcement,” in which officers work with health care providers to help drug users access services rather than face incarceration. These efforts — in which IDUs are not prosecuted for possession of syringes
that are to be exchanged — have helped steer drug users from crime and possible imprisonment. These policies create an environment in which individual drug users can reduce their risk behaviors over the long term.

**Syringe exchange and availability.** Because many IDUs are unable or unwilling to stop injecting, we must use intervention strategies to reduce their risk of HIV infection and transmission. Providing sterile needles and syringes is a simple, inexpensive way to achieve this, and also helps establish contact with drug users through outreach services.

**Education and outreach programs.** Drug education materials with a harm reduction focus are available in numerous countries. These materials advise drug users about injecting more safely and how to otherwise reduce the risks associated with injecting. They do not promote drug use.

**Drug substitution programs.** Methadone, a synthetic opiate substitute, is the most widely used drug in substitution programs. If used as a treatment, it prevents drug withdrawal and craving and it reduce the user's need to resort to street drugs. Numerous studies have shown that methadone can reduce deaths, reduce the drug user's involvement in crime, curb the spread of HIV and hepatitis and help drug users regain control of their lives.

**Correctional facilities.** Incarceration of IDUs plays an important role in the spread of HIV and other blood-borne infections both within prisons and, upon discharge, to the greater community. Programs to prevent transmission of blood-borne infections in correctional settings, including training of prison staff, peer education, condom distribution, drug treatment and needle exchange, are rare in most countries where IDU is a significant factor in HIV transmission.

**Care and treatment issues.** To address the pressing care issues of HIV-infected IDUs, one must also address the other needs that this population faces, including stigmatization and negative attitudes of health care personnel; higher risks of tuberculosis (TB), co-infections with hepatitis B and C, septicemia, abscesses and over-dose and suicide. Adherence to medications such as antiretroviral therapy is enhanced when the underlying addiction is managed and strong social support is present.

**Resources**