

Injecting Drug Use and HIV transmission

Introduction

The sharing of syringes by injecting drug users (IDUs) is a major driver of the AIDS pandemic and the major cause of HIV transmission in Eastern Europe and Central Asia, where it accounts for more than 80 percent of all HIV cases. It is also the entry point for HIV epidemics in a wide range of countries in the Middle East, North Africa, South and South-East Asia and Latin America.

Health officials in sub-Saharan African countries, such as South Africa and Kenya, are increasingly concerned over rising HIV prevalence rates among IDUs. Africa is playing an ever more significant role in the trafficking and transit of drugs, like heroin and cocaine, and the number of injecting drug users is growing in tandem. Worryingly, education and treatment programmes reach only about 5 percent of the global IDU population, according to UNAIDS.

The Numbers

UNAIDS has estimated that injecting drug use accounts for around one-third of new HIV infections outside of sub-Saharan Africa. At the end of 2003, the global number of injecting drug users was estimated at 13.2 million, with 8.8 million in Eastern Europe and Central, South and South-East Asia. The world's highest rates of HIV infection among IDUs are found in Asia - by 1999, they made up about 77 percent of HIV infections in Malaysia and 69 percent in China.

The Issues

1. How are drug use and HIV linked?

Drug users may find themselves engaging in unprotected sex, which increases their chances of HIV infection. An even bigger risk drug users face is the sharing of contaminated needles and other drug paraphernalia, which is a particularly efficient way of exchanging blood and, therefore, of transmitting the HI virus from infected to uninfected users.

Beyond the obvious physical risks associated with drug injection, drug users may also be vulnerable to HIV because of their social and legal status. Drug users often live on the fringes of society, away from family and friends and beyond the reach of health, education or treatment programmes; many drug users simply do not see themselves as vulnerable to HIV infection and do not test for the virus.

See: "AFRICA: Injecting drug users ignored in prevention efforts"
<http://www.plusnews.org/AIDSReport.ASP?ReportID=6093>

See: "KENYA: Rising drug, alcohol abuse threatens HIV/AIDS gains"
<http://www.plusnews.org/AIDSReport.ASP?ReportID=6574>

2. Why are injecting drug users neglected by HIV/AIDS campaigns?

A variety of drugs can be injected by users, but the activity is considered illegal worldwide, which forces users into the shadows of society. For political and moral reasons, governments are often reluctant to treat this HIV vulnerable population.

As drug users are such a stigmatized group, they often fail to access HIV/AIDS prevention or treatment services. A 2002 study published by the World Health Organisation (WHO) found that in most countries IDUs tended to be excluded from antiretroviral therapy, and often even from basic primary care.

Russia is an example. About 80 percent of HIV positive Russians became infected by using contaminated needles and syringes. Despite the proven efficacy of HIV prevention measures for injecting drug users, the Russian Federation has been "slow to take advantage of such measures", according to UNAIDS. A 2004 survey by UNAIDS found that funding for needle and syringe exchange programmes in Russia actually fell by 29 percent between 2002 and 2004.

See: "EGYPT: Lack of official concern over silently rising HIV infections"
<http://www.plusnews.org/AIDSreport.asp?ReportID=6596>

See: "PAKISTAN: Drug injecting refugees vulnerable to HIV infection"
<http://www.plusnews.org/AIDSReport.ASP?ReportID=6388>

3. How can drug users be protected from HIV?

Once HIV enters a community of injecting drug users, the infection can rapidly spread through the rest of the population if preventative steps are not taken.

Health organisations recognise three primary approaches to slowing or stopping the spread of HIV among IDUs: the first is to reduce the supply of and demand for drugs, which is the most favoured and commonly used method of reducing the risk of HIV; the second is using education and strict law enforcement to prevent or even stamp out drug use; the third approach, known as 'harm reduction', involves needle exchanges and drug substitution interventions. This is considered extremely controversial in many parts of the world and is often viewed as condoning drug use.

A mere 55 countries have introduced effective programmes designed to reduce the risk of HIV/AIDS from injecting drug use that include all three approaches. According to the WHO, countries with one or more effective programmes do so only on a small scale or pilot basis and not as part of a comprehensive, national policy, but evidence shows that a combination of all three methods of prevention is the most effective way of decreasing HIV infection through injecting drug use.

4. Harm reduction - the controversy

Treating drug users for their addiction and for HIV is highly controversial, both in developed and less developed regions of the world. Where treatment is available, a programme might treat a specific drug dependency (including drug substitution to wean users from their substance of addiction); outreach activities such as counselling and health advice; and needle and syringe exchange programmes. A combination of these treatments might help IDUs cut their drug consumption or kick the habit entirely.

Outreach activities are designed to motivate and support IDUs who are not in treatment programmes to reduce risky behaviour, such as sharing injection equipment. Research shows that outreach activities undertaken outside conventional health- and social-care environments can reach IDUs and increase the rate of drug treatment referrals.

In many countries, outreach to IDUs is not part of recognised service packages. Although outreach work is the most accepted form of harm reduction, some believe it makes life easier for drug users because it teaches them safer methods of injecting. Critics say it is a waste of resources.

Needle and syringe exchange programmes - providing users with clean equipment - can reduce the risk of HIV transmission. The United States, a major contributor to global HIV/AIDS programmes, bans the support of clean needle exchange programmes. Even though US-funded programmes do not provide clean needles to IDUs, these programmes sometimes advise users where to find them or how to clean them.

The WHO acknowledges that government resistance to needle and syringe programmes is strong. According to the WHO: "They are sometimes believed to incite non-injectors to use drugs even though there is no evidence that such programmes increase the rate of injecting drug use or other public health dangers in the communities where they are implemented."

Key Documents and Web Sites

1. UNAIDS Report on the global AIDS epidemic 2006
<http://www.unaids.org/>
2. WHO Advocacy Guide: HIV Prevention among Injecting Drug Users
<http://www.who.int/hiv/pub/idu/en/>
3. International Harm Reduction Association
<http://www.ihra.net/>
4. AVERT - Recreational Drug Use and HIV
<http://www.avert.org/druguse.htm>
5. Asian Harm Reduction Network
<http://www.ahrn.net/>