

## Intravenous drug use and HIV

### The link between intravenous drug use and HIV

Although smoking and inhalation is still the most common form of drug use in Pakistan, injecting drug use is increasingly common. HIV transmission through injection directly into the blood vessel is very effective and HIV can spread very rapidly among IDUs, and from them to their sex partners and children. However, this spread can be prevented or slowed significantly if interventions are designed which take into account specific local characteristics of the IDUs.

IDUs are usually a hidden and stigmatized group because their drug-usage behaviour is illegal. Caught in a cycle of poverty and faced with the cost of the drugs, IDUs may engage in criminal activities such as theft, and in high risk behaviours for HIV infection such as commercial sex work and paid blood donation. The only effective responses to HIV transmission among IDUs to date are those based on the philosophy of harm reduction. Harm reduction programmes approach drug abuse primarily as a public health rather than a law and order issue.

### Harm reduction programmes

Interventions range from short term harm reduction goals to longer term demand reduction goals. In order of intervention and time, these are :

- Reducing the frequency of sharing, and the number of sharing partners
- Cleaning injecting equipment with bleach
- Not sharing injecting equipment
- Using sterile needles and syringes, and not sharing other equipment
- Changing from the injection of illicit drugs to use of non-injecting drugs
- Reducing the frequency of non-injecting drug use
- Abstaining from all drug use
- Safe sex

### Components of harm reduction programmes

#### 1. *Involvement of drug users*

Drug users have to be considered as active participants in designing and implementing strategies for harm reduction and play a vital role in prevention activities.

#### 2. *Education about safe injecting*

Education of drug users about safe injecting and HIV prevention is a critical factor in harm reduction programmes. Education needs to cover that HIV is not only transmitted by needles and syringes, but also by any other material used to draw up and prepare the injection.

#### 3. *Promoting use of sterile equipment*

The most common HIV transmission route among IDUs is the sharing of non-sterile injecting equipment. Scarcity, or lack of access to safe injecting equipment, and legal sanctions against possessing injecting equipment, are the two main reasons for reusing or sharing needles and syringes. Other reasons include ignorance of the risks of HIV infection and prevention methods. The two strategies that have proven effective are:

- the sale of needles and syringes at minimum prices through pharmacies or other outlets.
- needle and syringe exchange programmes.

These exchange programmes ensure that dirty syringes and needles are exchanged for sterile ones and the used ones are disposed of safely.

#### 4. *Drug substitution programmes*

The most acknowledged substitution programme is methadone maintenance. The aim of substitution programmes is to reduce adverse health and social consequences of drug use, not to cure addiction. Those receiving methadone are at lower risk of HIV transmission as they inject less and therefore share equipment less.

## **5. Peer education programmes**

Education and behaviour change around safe injecting and HIV prevention is most effective and sustainable when it is delivered by peers – drug users themselves - in a supportive environment. The range of tasks undertaken by peer educators includes the provision of injecting equipment and supplies of bleach, the collection of used injecting equipment, disseminating information about the disinfection principles of bleach and issues related to primary health care and counseling. For safe sex behaviour, education is given about condom use and condoms are provided. In addition, information is given on STIs and their treatment.

## **6. Primary health care**

Gaining access to primary health care is often difficult or impossible for IDUs because of their status of being involved in illegal activities and due to a background that is largely poor, both socially and educationally. There are many adverse health problems that IDUs can suffer from including other infections associated with drug injection, malnutrition and other ailments common to their community. Many programmes therefore have either their own doctor or have developed a referral system with a clinic (including STI services).

## **7. Counselling and testing**

Counsellors should provide support for IDUs making a decision on having an HIV test and in the follow-up when providing the result of the test. Benefits of counseling for the IDU include reduction in risk behaviour (including safe sex behaviour), motivation to maintain or initiate safer drug related behaviour, earlier access to care, treatment and prevention of HIV related illness, emotional support and improved ability to cope with HIV related anxiety.

## **8. Removing barriers to safe injecting**

The social, legal, cultural and political context needs to be assessed with a view to remove barriers which may exist and prevent safer injecting. These barriers

include lack of access to information, primary health care and drug treatment. Legal barriers are, for example, criminalizing the possession of injecting equipment. This leads to sharing of equipment and hence to increasing risk of HIV transmission.

(Adapted from Manual for reducing drug related harm in Asia, The Centre for Harm Reduction, Melbourne, Australia, 2003)