

Dear All

Injecting drug users (IDUs) have been among the groups most affected by HIV & AIDS since the epidemic began. Sharing syringes is a very efficient way to transmit blood-borne viruses such as HIV, which can spread rapidly through IDU populations. Sharing needles and “works” (syringes, water, mixing spoon, etc) is thought to be 3 times more likely to transmit HIV than sexual intercourse. Today we are sharing with you an article which describes different types and methods of prevention and harm reduction among injecting drug users.

HIV Prevention, Harm Reduction & Injecting Drug Use

Recreational drug use is an illegal activity in most parts of the world and attitudes to HIV prevention for IDUs vary significantly. Around 10% of HIV infections globally are directly a result of transmission through injection. The worst affected areas for infection through contaminated needles are Eastern Europe, Central Asia, most of Southern Asia, North Africa, Iran, Pakistan, Nepal, and parts of Latin America.

But injecting drug use is not the only form of recreational drug use that increases the risk of HIV transmission. Non-injecting drug users can be exposed to the virus through unsafe sexual behavior whilst intoxicated

Types of Prevention

There are three approaches to HIV prevention among IDUs. Supply reduction and demand reduction are the most favored and commonly used, relying on enforcement and education to prevent drug use. The third approach, known as ‘harm reduction’, was pioneered in Western Europe in the mid 1980s, but is still considered controversial in many parts of the world. Evidence, however, suggests that a combination of all three methods of prevention is the most effective way to decrease HIV infection through injecting drug use.

Supply Reduction

This method of prevention is practiced globally against all forms of illegal drug use. It focuses on halting the drug supply routes by:

- Arresting drug trafficking groups to break up supply routes through law enforcement.
- Encouraging producers of drug crops, such as opium poppies, to grow alternative crops.
- Seizing illegal drugs through customs operations

When used alongside the other two approaches supply reduction can be effective in limiting the drugs available on the street. This results in higher street prices, which may dissuade some people from drug use.

Demand Reduction

This is a popular and effective form of prevention that promotes a healthy lifestyle free from drug use. It aims to decrease the demand for drugs, and may be achieved by:

- Education in schools about the damaging effects of drug use.
- Reaching out to the general population through awareness campaigns.
- The rehabilitation of drug users through clinics, using techniques such as methadone substitution treatment to decrease dependency on narcotics such as heroin. This approach also contributes to harm reduction.

Harm Reduction

Harm reduction focuses solely on minimizing harm caused through drug use and preventing the spread of HIV, without condoning or prohibiting continued drug use. It defines policies, programmes, services and

actions that work to reduce drug-related health, social and economic harms to individuals, communities and society that are associated with the use of drugs.

“Harm reduction is pragmatic: it accepts that the use of drugs is a common and enduring feature of human experience, and acknowledges that, while carrying risks, drug use provides the user with benefits that must be taken into account if responses to drug use are to be effective.

“Harm reduction recognizes that containment and reduction of drug-related harms is a more feasible option than efforts to eliminate drug use entirely. Harm reduction does not focus on abstinence: although harm reduction supports those who seek to moderate or reduce their drug use, it neither excludes nor presumes a treatment goal of abstinence.”

A harm reduction approach will often include the following:

- Needle exchange programmes provide places where drugs users can exchange used needles and syringes for new, clean ones, and so reduce the risk of HIV infection through sharing equipment. They may also provide other treatment and care services such as HIV testing, referral routes to rehabilitation programmes, counseling, and condoms.
- Rehabilitation clinics provide many services such as counseling and detoxification treatments to help drug users to stabilize their behavior. Methadone or buprenorphine substitution treatment, prescribed in liquid or pill form, removes the risk of HIV infection through needle use. This detoxification approach gives users a chance to manage the physical and psychological effects that occur through prolonged opioid use, whilst gradually decreasing dependency. Substitution treatment also stops IDUs from using dangerous street drugs that can be contaminated.
- Community-based outreach programmes work with IDUs to distribute clean equipment, promote condom use and provide information about prevention and rehabilitation. Injecting communities are often secretive, and distrustful of authorities. Outreach programmes focus on accessing these hidden groups, opening an important route to providing support; training former IDUs as peer-outreach workers has been successful. Some IDUs are likely to be involved in the commercial sex-trade to fund expensive drug addiction, so sexual health information and condom promotion are key factors in preventing HIV transmission through other routes.

Some harm reduction programmes also include safe injection rooms that provide services for problem IDUs who are unable to change their behavior through other harm reduction treatments. These services aim to “medicalise” injecting drug use by giving it a cold, sterile image and studies have shown them to be effective in making opioid use unattractive to young potential users.

The effectiveness of harm reduction

There is clear evidence that needle exchange programmes (NEPs) have reduced HIV transmission rates among IDUs in areas where they have been established. One of the most definitive studies of NEPs was carried out in 1997, focusing on 81 cities worldwide. It found that HIV infection rates increased by 5.9% per year in the 52 cities without NEPs, and decreased by 5.8% per year in the 29 cities that did provide NEPs. An eleven-year study of HIV among IDUs in New York found that HIV prevalence rates fell from 54% to 13% following the introduction of NEPs. The World Health Organization (WHO) released a report in 2004 that reviewed the effectiveness of NEPs in many countries, and whether they promoted or prolonged illicit drug use; the results produced convincing evidence that NEPs significantly reduced HIV infection, and no evidence that they encourage drug use.

Drug substitution treatment has proven effective in rehabilitating and stabilizing IDUs, and in reducing HIV infection rates. Researchers from the University of Philadelphia monitored 152 injecting users receiving methadone maintenance treatment and 103 injecting users on no treatment over a period of 18 months, all of whom were HIV negative at the beginning of the study. The results showed that over the 18 months, only 3.5% of those on treatment became infected with HIV, as opposed to 22% not on treatment.

Another study in Amsterdam followed a group of 582 IDUs on methadone maintenance treatment for an average of three years. The HIV infection rate was 6.0 per 100 person-years among those who continued injecting throughout the treatment, and 0.2 per 100 person-years in those who stopped injecting while on treatment. These results indicate that oral methadone treatment is critical in stopping drug users injecting,

though a small minority will later revert to high-risk behavior. A report by the WHO in March 2005 reviewed many global studies and concluded that substitution treatment is a 'critical component' of prevention policy, significantly reducing opioid dependency and HIV infection rates. In addition, studies have also found a decline in crime rates and commercial sex work when IDUs no longer have to find ways to fund their expensive addictions.

Community-based outreach prevention focuses on promoting a change in high-risk behavior. Educating users about HIV prevention, helping them to get into rehabilitation programmes, and tackling the issues of IDUs and sexual transmission, are all part of outreach prevention. A recent report from the WHO reviewed data from over 40 studies on outreach prevention; it concluded that outreach prevention methods significantly reduce high-risk behavior in IDUs and are successful in directing them to rehabilitation services.

The controversy of harm reduction

Harm reduction has been surrounded by controversy since the mid 1980s when needle exchanges and substitution treatments were first introduced in Western Europe. Social and political attitudes on how to tackle drug use differ greatly, but all governments promote drug use prevention through supply and demand reduction techniques. Some politically conservative countries do not agree with some elements of harm reduction on the principle that 'providing clean equipment or methadone substitute encourages drug abuse'.

The arguments against harm reduction range from moderate to extreme. Some believe that needle exchange services are a waste of money and only promote injecting drug use, when the message should be abstinence from drugs. Substitution drug treatment is a difficult concept for many to accept; critics argue that this prolongs drug addiction or provides users with drugs to sell on the street to fund further drug use. Although outreach work is the most accepted form of harm reduction, some believe it makes life easier for drug users, by teaching them safer methods of injecting, and is overall a waste of resources. There is also strong opposition to safe injection rooms and heroin prescription for problem IDUs, which are the most contentious forms of harm reduction.

The United States provides no federal funding for needle exchange services, and also refuses to fund needle exchanges in other countries. In Russia, substitution treatment programmes are illegal, and support for needle exchanges is very limited. However, some other countries that have traditionally opposed harm reduction – such as China, Malaysia and Iran – have recently changed their viewpoints and begun to scale up services.

Noman Farooq

Senior program Associate

PNAC Resource Centre

PAKISTAN NATIONAL AIDS CONSORTIUM

Phone: +92 51 4100935 / 4432094

Fax: +92 51 4100935

Address: H.No 441, Street 57, I-8/3 Islamabad Pakistan

Email: resourcecentre@pnac.net.pk

URL: <http://www.pnac.net.pk>

<http://www.aidspnac.org>