

# what are injection drug users (IDU) HIV prevention needs?

## are IDUs at risk?

Yes. Injecting drug use accounts for nearly one-third (36%) of cumulative AIDS cases in the US, and for 28% of the 42,156 new AIDS cases reported in 2000. These cases include injecting drug users (IDUs), their sexual partners and children born to them.<sup>1</sup>

*African Americans and Latinos are disproportionately affected by IDU-associated AIDS. In 2000, the proportion of IDU-associated AIDS cases was 26% for African Americans, 31% for Latinos and 19% for whites.<sup>1</sup> Women are also disproportionately affected. Overall, 62% of AIDS cases among women have been attributed to IDUs and sex with IDU partners, compared with 34% of cases among men.<sup>2</sup>*

IDUs are at even greater risk for other serious drug use-related illnesses, including hepatitis C and overdose. Injecting drug use accounts for 60% of hepatitis C infections in the US.<sup>3</sup> Rates of hepatitis C infection among young IDUs are 4 to 100 times higher than rates of HIV infection.<sup>4</sup> Drug overdose is a major cause of death among heroin users, even in areas with high rates of IDU HIV.<sup>5</sup>

## what puts IDUs at risk?

Sharing injection equipment to either inject or split drugs—including syringes, cookers, swab and cotton—is a high risk factor for IDUs.<sup>6</sup> Sharing mainly occurs because there are not enough needles and syringes available or they are not affordable to IDUs.

*Unprotected sexual activity with an HIV+ partner is also a high risk factor for IDUs, especially male IDUs who have sex with men, women IDUs who trade sex for money and women with IDU partners.<sup>7</sup> Risk varies depending on drug use; for example, speed (methamphetamines) increases sexual desire and has been shown to lead to unsafe sex.<sup>8</sup>*

IDUs often struggle with multiple health risks due to social, economic and psychological factors. HIV prevention may not be their top concern since they face other more pressing daily challenges such as addiction, poverty, incarceration, homelessness, stigma, depression, mental illness and past trauma.<sup>9</sup>

## what about drug treatment?

Quitting drug use through drug abuse treatment can be an effective HIV prevention intervention. However, only about 15% of IDU are currently in treatment, and there is no medical treatment for speed addiction.

*Increasing the amount of quality drug treatment alone is not enough. Drug dependence is a chronic, relapsing disease. Some drug users are unwilling to seek treatment and those who do often find there are no treatment services available or affordable. Also, most people who go through drug treatment relapse several times before quitting for good. Because of this, it is important to take a harm reduction approach to HIV prevention for IDUs.<sup>10</sup>*

A harm reduction approach recognizes that some IDUs are unable or unwilling to stop using drugs; therefore, harm reduction helps IDUs in a nonjudgmental way to reduce negative consequences of drug use. This can be done through promoting safer use, managed use or quitting drug use. In the US, harm reduction methods include street outreach to active drug users, syringe exchange and pharmacy access to sterile syringes.<sup>11</sup> Internationally, harm reduction initiatives include safe injecting rooms and medical dispensing of illicit drugs.<sup>12</sup>

## what can help?

Peers, such as recovering IDUs, can be effective in motivating behavior change. However, recovering IDUs used as peer educators need support to avoid relapse to drug use. IDUs are more likely to use condoms when members of their social network discuss general health concerns and condom use, and when they have broader financial support.<sup>13</sup>

*Access to quality medical care and STD/HIV treatment can help promote safer behaviors. A study in Baltimore, MD, found that informal caregivers were more likely to promote prevention messages in the community when their friends and family had access to HIV treatment, giving them hope for the future.<sup>14</sup>*

## Says who?

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## what's being done?

**M**ethadone maintenance treatment for heroin dependency can help reduce injection risk behavior and HIV seroconversion.<sup>15</sup> In Connecticut, the Department of Mental Health and Addiction Services works with community-based Drug Treatment Advocates (DTAs) to help drug users get into drug abuse and mental health facilities. Each day, the Department faxes the available treatment slots to the DTAs so that their outreach and referrals are guaranteed.<sup>16</sup>

*Syringe exchange helps reduce the risk of sharing infected needles by exchanging used syringes with new, sterile syringes. It is estimated that the use of a syringe exchange has a two- to six-fold protective effect against HIV risk behaviors.<sup>17</sup> In Oakland, CA, high-risk IDUs who used the syringe exchange were significantly more likely to quit sharing syringes than IDUs who never used the exchange.<sup>18</sup> However, only about 20 million syringes are exchanged annually in the US, equivalent to only about 15 syringes per drug user per year, not nearly enough to meet the number needed for effective HIV prevention.*

Community-based prevention programs can be effective. These programs address not just individual IDUs needs, but the health and welfare of the entire community. In Harlem, NY, a community advisory board comprised of researchers, health providers and community members identified three public health problems to be addressed: substance use, infectious diseases and asthma. In order to reduce barriers to receiving care and social services, they created a "survival guide" for substance users. They also began a peer training program for IDUs to deliver HIV and hepatitis C prevention interventions at local community-based organizations.<sup>19</sup>

*The UFO Study in San Francisco, CA, offered a spectrum of services for young IDUs, including HIV and hepatitis B and C testing and counseling and overdose prevention education. The Study had a drop-in site for young IDUs with phones, food and clothes, as well as on-site peer counselors and clinicians. Clients could also receive hepatitis A and B vaccinations. The study also provided a directory of youth-friendly services in several large cities in the US.<sup>20</sup>*

Yet another prevention approach calls for treating HIV+ IDU with highly active antiretroviral therapy and helping them adhere to it. Bringing HIV+ IDUs' viral loads to undetectable levels could slow transmission of HIV. In San Francisco, CA, Action Point, a storefront drop-in center, offers adherence support for the urban poor with active drug or alcohol addiction. Action Point is open 5 days a week and operates on a harm reduction principle that encourages any positive change in health. The program offers adherence case management, medication dispensing, nursing care, acupuncture and referrals to mental health and substance abuse services.<sup>21</sup>

## what still needs to be done?

**T**he biggest barrier to reducing HIV transmission among IDUs is the failure to implement effective prevention programs. Increasing access to quality drug treatment and sterile injection equipment would greatly affect this epidemic among IDUs. However, political attitudes and the criminalization of drug use have hampered prevention efforts in the US.<sup>22</sup> Federal and state governments should act quickly to legalize syringe exchange programs and fund more drug treatment.

*It is often erroneously assumed that IDUs are not comfortable discussing sexual issues. Prevention programs for IDUs need to address sexual behavior as well as injecting behavior. Handing out condoms is not enough; service providers need to initiate discussions about sex. This is especially important for drug use-based interventions, such as syringe exchange programs, drug treatment and 12-step programs.*

Programs should be multi-faceted and address other non-HIV needs of IDUs. Collaboration between HIV prevention, drug treatment, hepatitis C prevention and mental health services is crucial. Case managers can then give effective referrals to these services, housing or medical care, and help with follow-up and retention. Programs for IDUs should also incorporate a harm reduction approach and be aware that relapse is a common event for IDUs.

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