

HIV PREVENTION IN HONG KONG
STRATEGY SERIES

HIV Prevention in Drug Users
- Principles of Strategy -

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AIDS PREVENTION AND CARE COMMITTEE
HONG KONG ADVISORY COUNCIL ON AIDS

HIV PREVENTION IN HONG KONG

STRATEGY SERIES

About this series:

This paper is one among the STRATEGY Series developed by AIDS Prevention and Care Committee (APCC) since 1999. The series presents the current understanding on the HIV and related issues in the described priority areas specific to the local settings, together with the consensual recommended directions for future activities. A societal perspective is undertaken and a pragmatic approach adopted. Target users of this series would include policy-makers, administrators, educators, planners and implementers, and anyone in the public who is interested.

Purposes of the STRATEGY SERIES:

*To stimulate interest in the community;
To catalyze the development of targeted prevention efforts; and
To set up forum for refining future strategies*

Updates:

HIV prevention is a dynamic area and the community's input is vital. The situations and recommendations made in these papers are specific to the time when they are developed, albeit imperfect and not without controversies. The Committee is prepared to review them whenever appropriate. Those who are interested are encouraged to send in their views and recommendations, preferably with supporting documents and reference materials.

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Foreword and Acknowledgement

This strategy proposal is the work of the Task Force on Drug Users, AIDS Prevention & Care Committee and the Hong Kong Advisory Council on AIDS. Three rounds of drafting, consultation, redrafting among our Task Force members resulted in these principles of consensus among NGO representatives and Governmental representatives.

The Convener and Principal author wishes to acknowledge the contributions made by all members of the Task Force on Drug Users and especially that of Dr. Clive Chan for background data and critical review of Mr. Tony Pang for the Hong Kong Council of Social Service's logistic support and inter-agency coordination and of Miss Carol Yeung for her tireless and excellent secretarial services.

This paper does not represent a final conclusion but the beginning of a continual process of community participation and joint effort to refine and improve our strategies to reduce the risk exposure toward HIV/AIDS infection among tens of thousands of drugs users in Hong Kong as well as to minimize the harms inflicted by their addictive behavior on themselves and the community as a whole. All comments and further suggestions are welcome.

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Preventing HIV Transmission among Drug Users in Hong Kong – A Strategy Proposal

Background

1. The importance of injecting drug use as a route of HIV transmission is well-recognised. Explosive increase in HIV infection among drug users has been continuously reported in several regions, including the southern provinces of Mainland China bordering Hong Kong, and other countries of South-East Asia. Due to a number of factors, such as the wide availability of different modalities of out-patient and residential treatment programmes and the easy access to disposable syringes as well as early intervention since the discovery of the first HIV positive case in 1985, Hong Kong is fortunate enough to have enjoyed an exceedingly low HIV rate associated with injecting drug use (IDU) in the past decade and half. However, more recent analysis of epidemiological data collected in 1999 and 2000 have provided a signal of alarm, calling for reexamination of our strategies of prevention and intervention.

HIV Situation in Hong Kong

2. As at the end of December 2000, a total of 1,542 HIV cases had been reported to the Department of Health. Among them, 500 were known to have progressed to AIDS. Sexual contact remained the most important mode of transmission, accounting for 82% of the cumulative total. Of all the infected persons, 32 cases (2.1%) were related to injecting drug use. Thirty were males including 20 ethnic Chinese. Nine had progressed to full blown AIDS of whom four had died. By the end of 1998, the number of new IDU related cases averaged 1.13 annually, varying from 1-3 cases each year. However, in 1999 alone, six new cases were identified and nine were added in the year 2000, giving a high reported figure through the voluntary reporting system introduced in 1984.

3. Although the absolute number of such infections is still small as compared with our neighboring regions, the known HIV positive cases among drug users in Hong Kong has jumped more than six folds in the past two years. This sharp rise is also mirrored in the results of unlinked anonymous screening (UAS) at methadone clinics, and in-patient drug treatment and rehabilitation centers. HIV prevalence of drug users at methadone clinics detected via UAS was 0.21% in 1998 and 0.11% in 1999 while the respective prevalence was 0.13% and 0.18% at in-patient drug treatment centers. There was a further increase of the prevalence up to 0.27% and 0.6% for the methadone clinics and in-patient drug treatment centers respectively in the year 2000. Simultaneously, the explosive increase in HIV infection among drug users has been continuously reported in Yunnan, Guangxi, Guangdong Provinces and

the North Western regions of China and in South East Asian countries (notably Vietnam) as well as South Western Asian countries (notably India).

4. The vulnerability of local drug users in contracting HIV is also evident from the behavioural data notably those on drug injection and needle-sharing. According to the Annual Street Addicts Surveys of SARDA/PHSHA, a higher prevalence trend of such risk behavior was demonstrated in the past few years. Of note was the practice of cross-border drug seeking, which was reported by 16% of the 500 interviewees during the latest street drug addict survey in December 2000. The practice of HIV related risk behavior has however remained more or less consistent in clients of methadone clinics, the Shek Kwu Chau Rehabilitation Centre and the Central Registry of Drug Abuse. Data on sexual transmission from drug users to their partners and from drug dependent mothers to babies are currently unavailable.

General aims of HIV Prevention and Health Promotion Programmes for Drug Users

5. The general populations need to be informed about the potential risks of contracting HIV, sexually transmitted diseases and other infectious diseases through the abuse of drugs. The basic aim is to prevent people from developing drug-taking habits and those addicted must be able to learn to avoid high risk practices which may lead to irreversible or fatal consequence.

6. More specifically, the aim should be to reduce the risks of HIV infection among drug users through the sharing of injecting instruments and unprotected sexual activities.

7. HIV-infected drug users should be detected as early as possible for medical and social interventions, while protecting their privacy and dignity.

8. The situation of HIV infection and the risk behavior among drug users should be closely and regularly monitored in collaboration with our counterparts in neighboring regions where people from Hong Kong frequently visit for cheaper "highs".

Proposed Strategies Pertaining to Policy and Legislation Issues

9. The open adoption of the harm reduction principle should be advocated in parallel with the supply and demand reduction policies of the Action Committee Against Narcotics.

10. Liberalization of the criminal liability of possessing an instrument fit for drug injection as a chargeable offense shall be pursued in order to encourage the use of

one's own clean syringes by IDU.

11. The application of needle-exchange shall be re-examined, in context of the local needs and the experience of Medicine Sans Frontier in the Pillar Point Refugee Camp for Vietnamese Boat People in 1996/97.

12. On the development of policy, a provision to encourage centres to conduct HIV/AIDS education and prevention activities needs to be included in the Code of Practice to be introduced under the Drug Dependent Persons Treatment and Rehabilitation Centres (Licensing) Bill.

Strategies on Preventive Education, Publicity and Health Promotion

13. HIV/AIDS education and harm reduction programmes shall be in place and activities regularly conducted in every drug addiction treatment programme during any residential and half-way house periods, as well as in its aftercare provisions. Guidelines and training programmes shall be developed for all levels of staff.

14. Frequent HIV/AIDS education for client of all methadone clinics shall be organized. An initial counselling session on admission with peer role modelling should be conducted upon the first registration or subsequent re-admissions.

15. Media publicity on the association of HIV and drug use must be staged frequently and regularly to give a lasting impact.

16. Training of allied professionals and peer counsellors of both sexes to conduct AIDS education and harm reduction demonstrations shall be promoted, with the support of professional staff including health educators, nurses, social workers.

17. Avenues of the use of the so-called party drugs (e.g. ketamine, MDMA etc.) shall be targeted, and the participants counselled against unsafe sex. Safer sex and condom production must be made an integral part of the programme.

18. Education should be enhanced for front-line workers of all drug rehabilitation programmes, including AMS personnel of methadone clinics on the importance of encouraging voluntary testing and simultaneously protecting the confidentiality of HIV status of their clients/patients.

19. Application of information technology such as web page and hotline should be pursued and new media explored to answer public enquiries about all kinds of drugs of abuse, safe sex, HIV/AIDS, etc.

The role of Out-Reach Counseling and Crisis Intervention

20. Out-Reaching Teams should be formed, mobilized and trained to serve all the heroin copping areas in Hong Kong, Kowloon and New Territories widely and intensively. Professional coordinators and allied professional counselors should be deployed to conduct such out-reach service throughout the year.
21. Action research projects should be supported to develop and evaluate the programmes and output of the outreaching teams as well as the cost-effectiveness of harm reduction efforts.
22. Research on street addicts should be enhanced to evaluate HIV awareness and risk behaviour in a community level. There should be parallel attention on the possible emergence of differentials in HIV rate according to district so that priority adjustment and appropriate resources could be allocated timely.
23. HIV surveillance targeting drug users on the street should be enhanced and be conducted using scientifically sound methodologies.
24. Voluntary testing of HIV/AIDS status should be encouraged in all client of treatment centres and methadone clinics irrespective of gender and occupation.
25. Pilot project founded on the principle of “needle exchange” could be established in high risk copping area where heroin dependants usually congregate or pass through. The contribution of NGOs in this connection must be facilitated.
26. Exchange visits between Hong Kong harm reduction workers and our counterparts personnel in other regions (including Yunnan, Guangxi, Guangdong and Macau) and countries (including India and Thailand) should be encouraged to learn from each other’s experiences and techniques in harm reduction. Joint projects on education, prevention and research should be encouraged.

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About AIDS Prevention and Care Committee

The AIDS Prevention and Care Committee (APCC) is a newly formed committee under the fourth term of ACA starting August 1999. The Committee replace two previous committees under the third term: the Committee on Education and Publicity on AIDS (CEPAIDS) which was first established under the then Medical & Health Department in 1987 for designing and implementing AIDS prevention programmes, and the AIDS Service Development Committee which was formed in 1994 to look after the needs of patients in AIDS clinical and support services.

APCC has the following terms of reference:

- (a) To be responsible to the Hong Kong Advisory Council on AIDS;
- (b) To formulate prevention strategies on HIV/AIDS with emphasis on vulnerability;
- (c) To facilitate the development of relevant local model of HIV prevention and care activities;
- (d) To involve the community on local HIV/AIDS prevention and care activities;
- (e) To develop a coordinated programme direction to enhance positive response from the community;
- (f) To promote quality treatment, care and support of people living with HIV/AIDS in both public and private sectors; and
- (g) To evaluate the effectiveness of AIDS prevention and care programmes in Hong Kong.

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