

## **Saving Lives by Reducing Harm: HIV Prevention and Treatment for Injecting Drug Users**

Worldwide, 10 percent of HIV infections are now due to injecting drug use. Outside Africa, the number rises to nearly one in three.<sup>1</sup>

Despite great efforts, the world's supply of illicit drugs is not decreasing. Worldwide opium production has doubled since the mid-1980s.<sup>2</sup> In 2005, Afghanistan alone produced nearly 500 metric tons of heroin.<sup>3</sup> Campaigns to curb drug use have included extra-judicial killings of drug users in Thailand, public executions of drug dealers in Chinese stadiums, and mass incarceration of drug users in prisons where they are exposed to HIV.<sup>4,5,6</sup> Yet these harsh measures have done little to stem the demand for drugs.

UNAIDS estimates that there are now 13 million injecting drug users (IDUs) worldwide.<sup>7</sup> Where drug treatment is available at all, it is often ineffective or punitive. In Russia, with an estimated two million IDUs, "treatment" is often restricted to medically managed withdrawal at great expense to the patient.<sup>8</sup> Prescription medication to reduce cravings for illegal opiates (substitution treatment) is illegal.<sup>9</sup> Across Asia, many drug users are confined to centers that are more like prisons than health care facilities, and that offer little or no psychosocial or medical support.<sup>10</sup>

In the absence of effective measures to reduce drug consumption and unsafe injection, HIV is spreading rapidly among IDUs. Shared injection equipment is the cause of over 80 percent of all HIV cases in Eastern Europe and Central Asia.<sup>11</sup>

Harm reduction programs help those unable or unwilling to abstain from drug use to make positive changes to protect their health and the health of others. The following interventions work to prevent HIV and other harms related to injection drug use:

**Syringe exchange programs** provide IDUs with sterile injecting equipment and remove contaminated injection equipment from circulation. Syringe exchanges dramatically reduce the risk of HIV and hepatitis B and C: in New York City, the introduction of syringe exchange was followed by a 75 percent decrease in the number of HIV infections.<sup>12,13</sup> Syringe exchange does not increase drug use.<sup>14</sup> Instead, many syringe exchange programs act as a gateway to other services, including HIV testing, sexual health services, and drug treatment.<sup>15</sup> Yet internationally, UNAIDS estimates that at best only 5 percent of IDUs are reached by HIV prevention services.<sup>16</sup>

**Opiate substitution treatment** is the best researched and most effective form of treatment for opiate dependence, and is proven to prevent HIV among IDUs: one study showed that only 3.5 percent of methadone patients became infected with HIV, compared to 22 percent of IDUs who were not in treatment.<sup>17,18</sup> By using methadone or buprenorphine to prevent withdrawal and reduce craving, substitution treatment allows opiate users to reduce or stop injection, stabilize their lives, and protect their health and

that of others. Substitution treatment is also an important tool in improving adherence to HIV treatment.<sup>19</sup> The World Health Organization has added methadone and buprenorphine to its list of essential medicines, but both remain unavailable or illegal in many countries.

**Antiretroviral treatment (ARV)** for HIV-positive IDUs not only improves the health of individual patients, but increases voluntary HIV testing and the effectiveness of HIV prevention measures.<sup>20</sup> WHO protocols emphasize that everyone who needs ARV should receive it regardless of whether they use drugs.<sup>21</sup> ARV is as effective for IDUs as for other patients when accompanied by basic support, though medical personnel often deny ARV to IDUs because of prejudice or mistaken beliefs about drug users' ability to benefit from treatment.<sup>22,23,24</sup>

**Sexual health services for IDUs** enable drug users to protect themselves and their sexual partners from HIV, preventing the sexual transmission of epidemics initially concentrated among IDUs. UNAIDS urges that sexual health services be made available to all drug users and their partners.<sup>25</sup>

**Human rights protections and policy reform** prevent the abusive treatment, confidentiality violations, incarceration, harassment, and discrimination that deter drug users from accessing life-saving services. The HIV/AIDS task force of the UN Millennium Project has recognized that repressive drug laws catalyze the HIV epidemic by imprisoning hundreds of thousands of drug users in prisons or forced rehabilitation centers where injection drug use and sex continue, yet effective drug treatment, HIV prevention measures, and HIV treatment are often unavailable.<sup>26</sup>

**Peer support and community mobilization** strengthen drug programs and policies by empowering current and former IDUs to become their own best advocates. Involvement of drug users in program design and implementation has been demonstrated to improve program effectiveness and coverage.<sup>27,28,29</sup>

### **A Five-Point Harm Reduction Approach to HIV Prevention and Treatment for Injecting Drug Users**

- 1. Make opiate substitution and effective drug-free treatment widely available**
- 2. Scale up syringe exchange**
- 3. Reform drug laws to end the mass incarceration of drug users**
- 4. Provide ARV for all drug users who need it**
- 5. Address the sexual health needs of drug users**

For more information, please visit the website of the International Harm Reduction Development Program of the Open Society Institute: [www.soros.org/harm-reduction](http://www.soros.org/harm-reduction)

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<sup>3</sup> UN Office on Drugs and Crime (2005). *Afghanistan Opium Survey*.

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