

How to halve HIV transmission among people who inject drugs by 2015

Drug use and HIV

- ▶ Epidemics driven by injecting drug use are among the fastest growing epidemics in the world.¹
- ▶ Basic prevention methods are proven to reduce new HIV infections among people who inject drugs: opioid substitution treatment, needle and syringe programmes and antiretroviral treatment.²
 - Currently, only eight of every 100 people who inject drugs have access to opioid substitution therapy.³
 - Only four of every 100 people who inject drugs and are eligible for treatment are getting antiretroviral drugs.⁴
 - Only eight of every 100 people who inject drugs have regular access to sterile injecting equipment.⁵
 - Nearly half of the countries with epidemics concentrated among injecting drug users have no needle and syringe programmes at all.⁶
 - Low- and middle-income countries are currently spending only an estimated \$0.03 per day on HIV prevention for each person who injects drugs.⁷
- ▶ Countries that have scaled-up HIV prevention services have almost eliminated new HIV infections among people who inject drugs.⁸
- ▶ Scaling up opioid substitution therapy, needle and syringe programmes and antiretroviral treatment will reduce new HIV infections among people who inject drugs and within the wider community.
 - This has been modelled in various settings including in Kenya, Pakistan and Ukraine and results show that a 50% reduction in HIV transmission amongst people who inject drugs is achievable within five years, if the scale and quality of the programmes are adequate.⁹
 - High intensity coverage of a combination of interventions is necessary to achieve similar effects. Short-term, small scale, single interventions are unlikely to be effective.¹⁰
- ▶ Sexual transmission of HIV among people who inject drugs, and from people who inject drugs to people who do not inject drugs, can be a major factor in HIV epidemics.

What can countries do?

- ▶ Change the disabling environment.
 - Eliminate laws and police practices that reduce health access and violate human rights.¹¹
 - Authorize/legalize opioid substitution therapy, including take-home doses for stable patients.

- Authorize/legalize needle and syringe programmes. Make them accessible, flexible, and don't impose limits on supplies given.
 - Stop police harassment at sites of opioid substitution therapy and needle and syringe programmes, and prohibit laws or practices that use the possession of syringes as evidence of criminal behaviour.
 - Incarceration or forced institutionalization on the basis of a positive test for drug use fuels the HIV epidemic. This includes compulsory detention for rehabilitation or imprisonment on the basis of drug use.
- ▶ Mobilize communities.
- Equip networks of people who inject drugs with the information and resources needed to reach out to their peers.
 - Make services accessible and flexible enough to reach them. Expecting people who inject drugs to come to clinics for everything is unrealistic. Instead, use community outreach.
 - People who inject drugs have a right to know their HIV status and this requires accessible, quality, voluntary HIV counselling and testing to be made available.
- ▶ Implement evidence informed, rights based, combination interventions that protect and support people who inject drugs.
- **Opioid substitution therapy** is the mainstay of treatment for opioid dependence. It reduces injecting activity and increases the safety of injections.¹²
 - **Needle and syringe programmes** are the most studied intervention for the reduction of HIV transmission in people who inject drugs. Strong evidence shows that these programmes reduce the risk of HIV transmission from injection activity. The reduction in HIV risk is likely to be proportional to the quantities of sterile needles and syringes distributed and entering circulation and the numbers of people who inject drugs receiving sufficient sterile syringes to cover all injections.¹³
 - **Behavioural interventions** to deter people from initiating injections, or to encourage people who inject drugs to shift to non-injecting routes, have been the subject of some research but as yet they have not proven to be effective in reducing injecting activity or HIV transmission.¹⁴

Full implementation should be encouraged of the UNAIDS, UNODC, WHO Technical Guide for the reduction of HIV transmission amongst injecting drug users.¹⁵

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FASTER: Pilot programmes are not enough. Concentrate on the countries with the greatest burden of HIV amongst people who inject drugs and scale-up harm reduction services to reach at least 60% of eligible people.

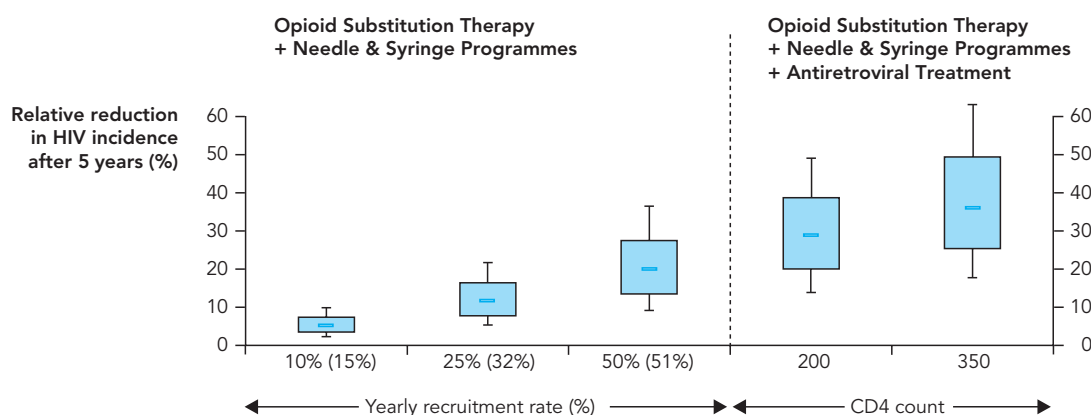
SMARTER: Focus not just on programmes, but also on the policies and practices, like police harassment, excessive paperwork and multiple clinic visits, that keep people from using them.

BETTER: Programs need to be oriented to the needs of people who inject drugs. Outreach, mobile services, and reduced paperwork are essential. Work with people who inject drugs to put services where people feel able and safe to go.

Curtailing HIV epidemics requires access to HIV prevention and treatment, and evidence-informed, rights-based combination interventions that protect and support people who inject drugs.

Combination prevention could halve HIV transmission among people who inject drugs in five years

Model projections suggest that a high coverage of combined antiretroviral treatment, opioid substitution therapy and needle and syringe programmes could reduce HIV infection amongst people who inject drugs by more than 50 percent in five years.



Adapted from: Prevention of HIV infection for people who inject drugs: why individual, structural, and combination approaches are needed. Degenhardt, et al. *The Lancet* 24 July 2010 (Vol. 376, Issue 9737, Pages 285-301). DOI: 10.1016/S0140-6736(10)60742-8

Endnotes

- 1 UNAIDS World AIDS Day report 2011.
- 2 Degenhardt, Mathers, Vickerman, Rhodes, Latkin, Hickman – Prevention of HIV infection for people who use drugs, why individual, structural and combination approaches are needed *Lancet* series 2010.
- 3 UN Reference Group on Injecting Drug Use Report, HIV Prevention for Injecting Drug Users, a systematic review of global coverage. 2009.
- 4, 5, 6 *ibid*.
- 7 The Global State of Harm Reduction 2010 – Harm Reduction International.
- 8 UN Reference Group on Injecting Drug Use Report, HIV Prevention for Injecting Drug Users, a systematic review of global coverage. 2009.
- 9 Strathdee, Hallett, Bobrava, Rhodes, Booth, Abdool, Hankins, - HIV and Risk Environment for Injecting Drug Users: the past present and Future. *Lancet* series July 2010.
- 10 Degenhardt, Mathers, Vickerman, Rhodes, Latkin, Hickman – Prevention of HIV infection for people who use drugs, why individual, structural and combination approaches are needed *Lancet* series 2010.
- 11 Wolfe, Carrieri, Shepard, Treatment and care for injecting drug users with HIV infection, a review of the barriers and the way forward. *Lancet* July 2010.
- 12, 13, 14 *ibid*.
- 15 The Technical Guide for HIV prevention, treatment and care for injecting drug users, 2009. WHO/UNODC/UNAIDS.