

Reducing New HIV Infections by Half-What Will it Take

Injection Drug Users

Current Statistics

- # CDC estimates that injection drug use directly accounts for 25% of new HIV infections among men and women
- # IDUs, their partners and children account for at least 36% of all AIDS cases reported through 1999 and 31% of cases reported in 1999
- # In 1999, 52% of IDU-associated AIDS cases were heterosexual sex partners of IDUs

Source: HIV Prevention Strategic Plan Through 2005, Centers for Disease Control and Prevention



Current Statistics

It has been estimated that half of all new HIV infections in the U.S. are occurring in injection drug users

Source: Holmberg SD. The estimated prevalence and incidence of HIV in 96 large U.S. metropolitan areas. American Journal of Public Health. 1996;86:642-654

Of AIDS cases reported through June 2000

\$ Adult/adolescent males: 30% are related to injection drug use

\$ Adult/adolescent females: 57% are related to injection drug use

\$ Pediatrics: 52% are related to injection drug use

Source: HIV/AIDS Surveillance Report, Vol. 12, No. 1, Centers for Disease Control and Prevention

HIV Prevention Strategic Plan Through 2005

Overarching National Goal

Reduce the number of new HIV infections in the United States from an estimated 40,000 to 20,000 per year by 2005, focusing particularly on eliminating racial and ethnic disparities in new HIV infections

(Therefore, cut new infections among IDUs from 10,000 per year to 5,000 per year.)

HIV Prevention Strategic Plan Through 2005

IDU-Specific Goal

“Goal 1, Objective 4: Among injecting drug users (IDUs), increase the proportion who abstain from drug use or, for those who do not abstain, use harm reduction strategies to reduce risk for HIV acquisition or transmission.”

Strategies

1. Research, develop, implement and evaluate culturally competent HIV prevention interventions targeting IDUs, particularly IDUs of color and those within corrections systems.
2. Through capacity building and technical assistance, increase

the proportion of prevention providers funded by CDC who successfully provide demonstrably effective, culturally competent HIV prevention interventions for IDUs.

3. Increase comprehensive services for IDUs, including HIV/STD testing (including hepatitis), substance abuse treatment, methadone maintenance and harm reduction programs to promote non-sharing of injection equipment and use of sterile injection equipment.

4. Provide incarcerated individuals with HE/RR and linkages to HIV, STD and substance abuse prevention and treatment programs, mental health programs and other community-based services.

5. Conduct research and disseminate results on the effectiveness of syringe exchange programs and other mechanisms for providing sterile syringes to active injectors (e.g., changes in prescription and possession laws).

6. Where syringe/needle exchange programs exist, encourage CDC grantees (who may interact with the same population using the exchange) to provide comprehensive HIV /STD education, HIV counseling and testing and referral to drug and mental health centers, if the syringe/needle exchanges do not.

7. Research, develop, implement and evaluate interventions to

address structural-level barriers to effective HIV prevention for IDUs.

8. Research, develop, implement and evaluate biomedical HIV prevention programs for IDUs, such as vaccines, microbicides and postexposure prophylaxis.

Additional Goals

Goal 3, Objective 6: Increase the proportion of correctional facility detainees (incarcerated for at least 30 days) identified as HIV-infected who are provided HIV prevention, treatment and care services and who, upon release, are successfully linked to those services in the communities to which they return.

Goal 3, Objective 9: Increase the proportion of persons diagnosed with HIV, including pregnant women, and needing substance

abuse treatment services who are successfully linked to those services.

Additional Strategies:

- # Research, develop, implement and evaluate evidence-based prevention programs for:
 - \$ HIV-infected persons who use alcohol and other drugs (e.g., crack cocaine, crystal methamphetamine)
 - \$ MSM at risk for HIV, including those within corrections systems, who use alcohol and other drugs (e.g., crack cocaine, crystal methamphetamine) and
 - \$ Male-to-female transgendered/gender variant male persons who have sex with men, particularly those who engage in sex work for money, drugs, or survival.
- # Research, develop, implement and evaluate evidence-based

prevention programs that help reduce adolescents' sexual risk-taking connected with substance abuse.

- # Through capacity building and technical assistance, increase the proportion of HIV prevention community planning groups and CDC-funded HIV counseling and testing providers funded who can capably address barriers to testing among the diversity of people at risk for HIV and living with HIV, but focusing particularly on communities of color and special-needs populations (e.g. deaf/hard of hearing, homeless, injection drug users, etc.).
- # Research, develop, implement and evaluate marketing strategies to promote testing (including enhancing the at-risk public's knowledge of primary infection indicators and the benefits of testing) in at-risk groups, focusing particularly on populations of color and special-needs populations, and differentiating

among those who have never tested, those who are repeat testers and those who test frequently.

- # Evaluate the effectiveness of various types of partner counseling and referral programs in order to increase the proportion of at-risk sexual or needle-sharing partners who are notified of their risk, receive counseling and voluntary testing; return for their test results; and if infected, are referred to follow-up or, if negative, receive prevention services to reduce their risk.

Identified Priorities from Substance Use Experts

1. Increased Drug Treatment Capacity

- \$ Treatment on Demand

\$ “No waiting list anywhere in the country”

\$ “Harm reduction” approach-if relapse don’t go to jail;
less punitive

2. Access to sterile syringes

\$ Syringe exchange

\$ Pharmacy /Changes to prescription and paraphernalia
laws

\$ Physician Prescription

3. User-friendly programs

4. Access to health care

\$ “Compassionate and continuous”

\$ Primary care services integrated with drug treatment programs

5. Expanded HIV counseling and testing services-integrate into methadone maintenance and syringe exchange programs

6. Outreach Programs

\$ More peer-based programs in conjunction with clean needles

\$ Use inducements: fare cards, phone cards, and money

7. More effective models of prevention

\$ Programs aimed at reducing incidence of drug use

\$ Increase interventions for those at-risk for using and those who've just started

\$ Enhance cross-training between HIV and substance abuse communities

\$ Specific populations

8. Programs directed at IDUs in correctional facilities

9. Research on:

\$ Understanding role of substance use in sexual transmission

\$ Impact of drug decriminalization on injecting practices

10. Change public policy priorities: Redirect resources from war on drugs

**50% reduction in number
of
new HIV infections among
IDUs is possible**

