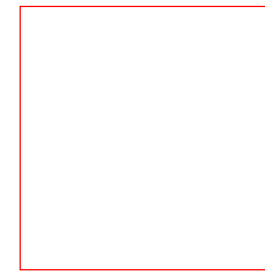
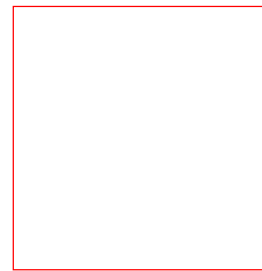


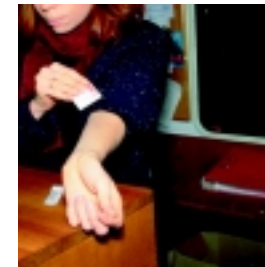
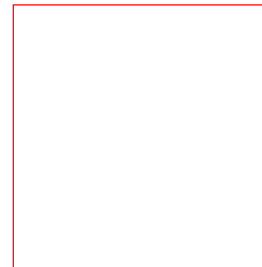
- Promote a comprehensive HIV prevention programme for IDUs, including access to AIDS education, sterile injecting equipment, condoms, drug dependence treatment and health services.
- Advocate the expansion of, and access to, drug dependence treatment services in the community.
- Advocate general health and social services for IDUs in the community.
- Support the development of peer education and outreach programmes for IDUs.
- Encourage the involvement of *all* relevant government departments, e.g. health, education, justice and police in developing and implementing HIV prevention programmes for IDUs.
- Provide equitable access to HIV/AIDS treatment and care for IDUs, including treatment for pregnant drug users living with HIV.
- Involve drug users in the planning and implementation of HIV prevention programmes in their community.

For injecting drug users

- Enter into drug dependence treatment; those offering long-term medications, such as methadone maintenance, are more effective;
- If drug dependence treatment is not an option, switch from injecting to non-injecting drug use;
- If injecting continues, always use sterile injecting equipment and do not share equipment or drug solutions;
- If it is not possible to use sterile injecting equipment, clean and re-use your own equipment and do not share it;
- If sharing does occur, clean injecting equipment between each use (using bleach, for example);
- Do not share 'cookers', drug containers or filters used for injecting, and do not use or share water for rinsing or mixing.
- Avoid unprotected sex; always use condoms.



Injecting drug users and HIV/AIDS



UNAIDS/Anne Sterck

I care...do you?

World AIDS Campaign 2001



"I care... Do you?" is the slogan for the second year of a two-year campaign intended to create a sustained focus on the role of men in the AIDS epidemic.

Key messages

HIV epidemics among injecting drug users (IDUs) can be prevented, stopped and even reversed by implementing programmes that:

- provide IDUs with information on ways to prevent or minimize the risk of HIV infection;
- deliver outreach services to IDUs in their own community;
- ensure ready access to sterile injecting equipment through needle and syringe programmes and pharmacy sales;
- provide drug dependence treatment, such as methadone for heroin users;
- promote condom use among IDUs and make condoms readily available;
- involve IDUs in the planning and implementation of all HIV prevention activities;
- promote the adoption of policies and legislation to:
 1. create a supportive environment for implementing HIV prevention programmes
 2. decrease the marginalization of, and discrimination against, IDUs.



Facts

The sharing of contaminated drug injecting equipment and drug preparations is a highly efficient means of spreading HIV. Usually, small amounts of blood enter the needle and syringe when drugs are injected. In addition, the blood can then be transferred to other drug injecting equipment such as 'cookers', filters and drug containers, as well as water used for mixing and rinsing. Only a small amount of infected blood is needed to pass on the virus from one drug user to another, so any type of equipment-sharing poses a high risk of HIV transmission.

Injecting drug use is a rapidly expanding issue affecting over 135 countries. Worldwide, there may be as many as 2–3 million IDUs infected with HIV. Epidemics in Eastern Europe, the former Soviet Union and parts of Asia are being driven by injecting drug use. Injecting drug use is also a major factor in HIV epidemics in North America, Western Europe and parts of Latin America and the Middle East.

In all regions, 60–90% of all IDUs are men—particularly young men. Often IDUs first inject drugs before the age of 20, with many users being under the age of 25. Young IDUs are at higher risk of HIV infection than older IDUs because they:

- are less likely to be aware of HIV risks;
- are more likely to engage in risky drug-using behaviour, particularly the sharing of injecting equipment;
- have less access to HIV information, sterile needles, syringes and condoms; and
- are less likely to seek out and use drug treatment and other health services.

Issues

Rapid spread of injecting drug use

Countries should not become complacent since levels of drug use can quickly and dramatically change. For example, injecting drug use has rapidly spread throughout Eastern Europe; there has been a trend of injecting amphetamine-type stimulants in south-east Asia; and heroin injecting is replacing opium smoking in many parts of Asia. Injecting drug use is also emerging in the Middle East and Africa.

Sexual transmission of HIV

IDUs are at risk of HIV infection through sexual transmission, particularly when they have unsafe sex while intoxicated; in such situations, safer sex is less likely to occur. Also the trading of sex for drugs is common in many drug-using communities. Whereas IDUs are often able to change their drug-using behaviour to reduce HIV risks, they may be less able to modify their sexual behaviour.

Occasional drug users are also at risk

Many people who inject drugs do not inject regularly or do not identify with being IDUs. Young, new and occasional injecting drug users are particularly at risk of HIV infection. Often it can be difficult to reach them and convince them that they are at risk.

HIV prevention and drug control

Often communities and politicians are concerned about the effects of HIV prevention strategies on illicit drug use. However, well-managed prevention programmes can reduce HIV transmission and actually strengthen drug control efforts, by effectively reaching and educating drug users about HIV and other risks, and putting them in contact with drug treatment services.

Marginalization

Because IDUs are often marginalized and therefore have less access to information services, HIV prevention services are best delivered to IDUs in their community through outreach programmes whereby trusting relationships are established between IDUs and outreach workers. Outreach may include provision of HIV information, sterile injecting equipment and condoms, peer education, primary health care and referral to other services, including drug treatment.

Criminalization of IDUs

In most countries, injecting drug use is an illegal and covert activity, which adds to the marginalization of IDUs and increases their risk of imprisonment. This, in turn, makes it more difficult for them to access HIV prevention and treatment services. There is a need to look at existing legislation and community policing to make sure laws and practices facilitate (rather than hinder) access to drug users in order to reduce HIV transmission. There are examples of laws that allow for HIV prevention programmes among drug users to be funded by government budgets.

Ideas for action

- Educate people about the fact that IDU stereotypes do not reflect the great diversity in drug-use patterns and their risky behaviours involved.
- Inform yourself about the risks of HIV infection associated with drug use and how to reduce them.
- Encourage discussion in the community on how to reduce HIV risks among IDUs.
- Advocate increased availability of HIV prevention services for IDUs.