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The Node,

... from which a leaf arises from a stem

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HIV epidemic among Injecting drug user

Globally, heterosexual transmission is the most common way of passing on HIV. But a second epidemic drives the virus in many countries outside of Africa. That is the epidemic among injecting drug users. Over half of all AIDS cases are attributed to injecting drug use in countries such as Italy, Portugal, Spain and Yugoslavia. In total, 114 countries and territories had reported HIV transmission between injecting drug users by mid-1999, up from just 52 seven years ago.

Apparently, injecting is a more efficient way of spreading HIV than sexual inter-course. Since injecting drug users are often linked in tight networks and may share injecting equipment with other people without cleaning it, HIV can spread very rapidly in these populations. Because injecting drug use is illegal in most countries, it is hard to know exactly how many people inject drugs and how many shares their equipment; it is harder still to gauge how many are infected with HIV. Many of the estimates of HIV infection rates among injecting drug users come from tests of drug users who have been arrested or who are registered at treatment centres. However, information collected by outreach services suggest that the official figures underestimate the true rates of infection in this population. For example, new data from clients contacted by outreach programmes for drug users in the Russian city of St Petersburg show that 12% of those tested are infected with HIV, whereas the rate is just 0.2% in registered drug users.

While precise figures may be hard to get, it is clear that HIV can explode through sharing needles with remarkable speed and can stabilize at very high rates. For example, between 1977 and 1979 New York saw infections grow from about 5 percent to almost 40 percent. In Bangkok, the growth was even more explosive, growing from 2 percent to over 30 percent in only one year starting in late 1987. In 1999, there was a massive outbreak of HIV infection among injecting drug users in the Russian capital, Moscow, with over three times as many new cases of HIV reported in that year as in all previous years combined. Risk behaviour in these populations remains common. Recent studies in various cities have found that close to a third of injecting drug users in Brazil and two-thirds in Thailand regularly share injecting equipment.

Some countries-including several in central and eastern Europe – are recording a rise in the absolute number of injecting drug users, with a distressing fall in the age at which people start injecting drugs. In St Petersburg, over 40% of drug users attending a treatment centre in 1999 were young people, up from just 13% two years earlier.

Drug injection poses a threat of HIV infection not only to the individuals who engage in it but also to their sex partners. In the USA, it is estimated that 9 out of 10 cases of heterosexual transmission of HIV in New York City are related to sex with a drug user. In some places, including much of China and parts of India and Myanmar, more women are infected through sex with drug users than in any other way. Injecting drug use also

contributes to mother-to-child transmission of HIV. In Uruguay, 40% of babies with HIV are born to mothers who inject drugs.

Despite the great uncertainties about the number of injecting drug users and the proportion already infected with HIV, enough is known to move ahead quickly with comprehensive programming that can help reduce the high risk of new infections. This must include the primary prevention of drug use, especially among youth, and HIV prevention activities among drug users.

It has been suggested that if large-scale, comprehensive HIV prevention programmes can be implemented among injecting drug users before the prevalence rate exceeds 5%, infections can be contained at a low level. Such programmes should include AIDS education, condom promotion, needle exchange and drug treatment. These comprehensive programmes are sometimes referred to as "harm reduction". Yet the term "harm reduction" is politically sensitive, and some aspects of the approach are also politically sensitive in most countries. For example, at least six government-funded studies of HIV infection among drug users in the United States concluded that needle exchange programmes significantly reduce new HIV infections among drug users, without encouraging drug use. Despite these results, however, federal funding of needle-exchange programmes is still prohibited because of political opposition. In one study it was estimated that failure to implement widespread needle-exchange programmes in the United States between 1987 and 1995 will cost the country at least US$244 million in medical care for HIV cases that could have been prevented.

Drug treatment is another approach to preventing HIV infection among injecting drug users. This includes helping users to switch to substances that do not need to be injected. Methadone treatment, which involves giving oral doses of methadone as a substitute for the injection of heroin, has been associated with reduced risk behaviour and lower HIV infection rates. In an 18-month study of 255 drug users in Philadelphia of USA in the early 1990s, only 3.5% of the drug users on stable methadone treatment became infected with HIV, compared with 22% of those who were not being treated.

Clearly, greater efforts are needed to reduce both injecting drug use and the risk of HIV infection among drug users, especially in the many countries where drug injection is a major driving force for the spread of HIV. Like other marginalized groups, drug users can often be reached more easily by nongovernmental organizations. National AIDS programmes in some countries, including several in central and eastern Europe and a few in Latin America and Asia, are actively supporting such organizations in their efforts to prevent HIV infection among injecting drug users and transmission from them to their sex partners. Their prevention efforts should be praised for, but above all they must be expanded.

Reference: Report on the global HIV/AIDS epidemic , June 2000, UNAIDS

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