HIV/AIDS Prevention, Treatment and Care among Injecting Drug Users and in Prisons

Ministerial Meeting on
"Urgent response to the HIV/AIDS epidemics in the Commonwealth of Independent States"

Moscow, 31 March to 1 April 2005

Joint United Nations Programme on HIV/AIDS

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Injecting Drug Use and HIV/AIDS: policy issues

The facts…

There are an estimated 13.2 million injecting drug users (IDUs) worldwide. Of them, nearly one quarter (3.1 million) live in the 12 countries of the Commonwealth of Independent States (CIS). In addition, the region is home to a large number of non-injecting drug users, who are at risk of becoming injecting drug users.

HIV infection among injecting drug users has grown rapidly. There is evidence for example that in the mid-1990s in cities such as Odessa, Svetlogorsk, Nikolayev and St. Petersburg, prevalence among injecting drug users rose up to 60% in a short period of time (less than eight months). In Kaliningrad, a total of 1335 new infections—80% of those due to unsafe injecting drug use—were identified between July 1996 and June 1997.

From these HIV epicentres, the virus has, and continues to, spread quickly across the entire region. For example, by the end of 2000, the Russian Federation observed HIV epidemics in 30 cities and in 82 of 89 regions (oblasts). Other CIS countries are undergoing similar epidemics.

HIV spreads rapidly among injecting drug users through the use of contaminated injecting equipment and because of poor access to treatment for drug dependency and HIV-prevention services. However, the virus is not only common among injecting drug users. Sexual partners of injecting drug users can also become infected through unsafe sexual behaviour. Children borne to female injecting drug users are frequently HIV-infected. A great number of injecting drug users are involved in sex work, thus spreading the epidemics even further.

Young people are disproportionately affected. Many injecting drug users are below the age of 25, start injecting below the age of 20, and start using drugs as early as 15 years of age.

- Emerging only from 1996, the HIV epidemics in the CIS countries have in the last decade been the fastest growing in the world, spurred by the quick spread of injecting drug use in connection with use of contaminated needles and syringe.
- By end of 2004 the estimated number of people living with HIV in Russia was 860,000. According to the Russian Federal AIDS Centre, 80% of the total number of reported HIV cases are related to injecting drug use. However, injecting drug users make up only 13% of people receiving antiretroviral treatment.
- During 1996–2001, most of the HIV-infected infants in Ukraine and the Russian Federation were borne to mothers who were either injecting drug users or sexual partners of injecting drug users.

The remedies…

The HIV epidemics in CIS countries require an immediate and large-scale response, based on strong political commitment.

HIV epidemics among injecting drug users can be prevented, halted and reversed. To do so, a comprehensive package of services has to be made available to drug users and their families, rather than stand-alone approaches.

Interventions have to be implemented on a large scale to reach the majority of injecting drug users and their families. Pilot programmes are not enough.

Different government sectors (e.g., health, justice, interior, police, education, finance and development planning) need to collaborate in a multi-disciplinary team. Also, civil society organizations must continue to play an important role in delivering needed services.

Greater efforts are especially necessary to avoid stigma and discrimination, which are barriers to HIV and AIDS prevention and care.

Comprehensive interventions among injecting drug users typically include measures such as: treatment for drug dependency, including substitution treatment; provision of condoms and sterile injecting equipment, in the context of broad outreach services and drug control measures; treatment for sexually transmitted infections; voluntary counselling and testing; and antiretroviral treatment for HIV-infected persons. In particular:

- Consistent with the ultimate goal of reducing drug use, all drug dependence treatment modalities, including drug substitution maintenance treatment, have the potential for reducing the risk of HIV transmission by reducing drug use in general, the frequency of injecting, and levels of associated risk-taking behaviour.
- Outreach-based interventions are effective in contacting out-of-treatment injecting drug users and providing them with various services needed to adopt safer behaviour.
- Outreach-based intervention programmes are cost-effective. The costs of outreach work and the provision of basic prevention services are much lower than treating an HIV infection or AIDS.
- Reducing the use of contaminated injecting equipment by making sterile injecting equipment more readily available for injecting drug users can contribute significantly to reduce the rate of HIV transmission particularly when these measures are framed in the context of comprehensive drug demand reduction.
- Injecting drug users can benefit as much as others from antiretroviral therapy. There is no valid medical reason to exclude them from such treatment. Even those who are co-infected with hepatitis B and/or C and/or tuberculosis can be treated effectively with antiretroviral therapy.
- Antiretroviral treatment offers a new opportunity to improve survival and the quality of life for people living with HIV and AIDS. For HIV-infected injecting drug users, antiretroviral treatment may provide an important incentive to seek drug dependence treatment, including drug substitution maintenance treatment. It also may help increase rates of drug dependence treatment uptake and continuation.
- Programmes for the prevention of mother-to-child transmission of HIV should be made available to pregnant drug users and to female partners of injecting drug users.
- A comprehensive approach to HIV for injecting drug users that has a close linkage between HIV prevention and treatment programmes enables rapid referral for care services to those testing HIV positive. Such an approach also reinforces prevention efforts of both those testing HIV negative and those testing HIV positive, including of the latter group in the context of preventing HIV transmission to their sexual partners or via mother-to-child transmission.

The way forward…

- Diversification and expansion of treatment services for drug dependendent individuals, including special treatment programmes for young injectors and for women.
- Establishment of large-scale drug substitution maintenance treatment to manage opioid dependence, prevent HIV transmission, and increase injecting drug users' access and adherence to highly active antiretroviral treatment.
- Provision of highly active antiretroviral treatment to all injecting drug users who need it.
- Awareness raising and capacity building among drug dependence treatment services to address HIV and AIDS prevention and care issues.
- Interventions to prevent the onset of drug use and the transition from non-injecting drug use to injecting drug use, particularly for young people.
- Establishment and expansion of outreach interventions, covering most of the injecting drug users so as to provide them with HIV and AIDS information, education and the means to reduce their HIV-related risk practices.
- Adoption of measures to increase access to sterile injecting equipment for injecting drug users, in the context of comprehensive efforts to reduce drug dependency.
- Establishment of sufficient options for confidential and voluntary counselling and testing for HIV, and for the treatment of sexually transmitted infections.
- Establishment of integrated care facilities, providing antiretroviral treatment for drug users living with HIV and AIDS, as well as drug dependence treatment and other health and social support services. Integration or linking of services to ensure effective management of tuberculosis (particularly multidrug resistant tuberculosis), sexually transmitted infections and hepatitis B and C among injecting drug users.
- Review, adaptation and enforcement of legislation, policies and standards of care that enable the implementation of effective services for drug users, especially injecting drug users, to reverse the stigma and discrimination against them.
- Proactive involvement of all government sectors, particularly law enforcement agencies, in HIV prevention and care, as well as cooperation and collaboration among the health and criminal justice sectors and community-based and civil society organizations.

HIV/AIDS in Prisons: policy issues

The facts…

Everywhere in the world, rates of HIV-infection among prison populations are generally much higher than in the general population. This is true also in the Commonwealth of Independent States (CIS).

Drug use in general, and injecting drug use in particular, as well as violence and the practice of men having sex with men are widespread in prisons. Effective policies to prevent HIV transmission inside prison and other correctional facilities are often hampered by prison authorities, including corrupt officials, who deny the existence of these phenomena inside the institutions.

Drug users are often over-represented in prison populations and usually continue using drugs while incarcerated. A significant proportion of drug users have a history of incarceration, usually for drug-related crimes.

Frequent multi-person use of contaminated drug injecting, tattooing and skin piercing equipment is an efficient mode of HIV transmission among prisoners. HIV is also transmitted in prisons through unsafe sexual behaviours, sometimes associated with sexual violence.

Prison overcrowding, gang violence, lack of protection for the youngest inmates, corruption and poor prison management increase significantly inmates' vulnerability to HIV transmission.

Prisons fuel the spread of HIV and other blood-borne infections due to high turnover rates. Worldwide at any given time, there are 10 million prison inmates, with an annual turnover of 30 million. Thus, after release, millions of prisoners return to social networks in the general community, thereby facilitating the spread of HIV infection to the non-incarcerated community.

- Studies have found generally high rates of HIV infection among prisoners, for example in the Russian Federation (4% in 2002) and Ukraine (7% in 2002).
- In the Russian Federation, by late 2002, the registered number of people living with HIV and AIDS in the penal system exceeded 36 000, representing approximately 20% of known HIV cases in that country.
- In Moldova, HIV prevalence rates of 3.4% among male prisoners and 3.8% among female prisoners were reported in 2001.

The remedies…

While it is necessary for prison authorities to assert that drug use in prisons is illegal, and therefore not acceptable, it is also necessary for them to recognize its existence and to acknowledge that prisoners have a human right to have access to health care, including HIV preventive measures, and to be treated and cared for as are members of the general population. Particularly for drug injecting prisoners, a comprehensive package of services should be made available.

The general principles adopted by national AIDS programmes need to be applied equally to prisoners and to members of the outside community.

Prison authorities have a central role in implementing effective HIV-control measures. However, this task is not solely the responsibility of prison systems, and cooperation with and among other government entities, especially in the health and criminal justice sectors, is needed.

It is essential to create a framework of prison rules that promotes an effective response to HIV and AIDS, because prison rules have the potential to promote or impede progress on reducing HIV transmission in prisons and caring for those inmates living with HIV and AIDS.

For there to be an effective HIV and AIDS programme for inmates, there also must be an effective HIV and AIDS workplace programme for prison officials; otherwise, those prison officials responsible for administering the programme for the inmates will be disinclined to do so because the inmates would thus receive better services than the officials themselves.

- In developing responses to HIV and AIDS in prisons, the needs of incarcerated women, juveniles, migrants, ethnic minorities, indigenous populations, men who have sex with men, sex workers, injecting and non-injecting drug users, and prison officials should be given particular priority and focus.

The way forward…

- Promotion of the right to health care and to HIV and AIDS prevention, care and treatment for inmates, and for prison officials, equivalent to that available in the community at large.
- Monitor internally and externally general prison conditions, and operate secure, safe and orderly prisons in order to reduce violence and the spread of HIV.
- Minimization of overcrowding, including by the use of alternative measures and diversion programmes.
- Classification and separation of juveniles from adult prisoners, and use of maternity wards.
- Training of prison staff on prison management and on the needs of HIV-infected inmates, especially juveniles, females (and their children), foreigners and other inmates belonging to ethnic and other minority groups.
- Offer drug dependence treatment programmes, including drug-free prison wings and opioid substitution maintenance treatment programmes, and offer drug dependence treatment as an alternative to incarceration.
- Implementation of a full range of HIV-prevention programmes, including the provision of HIV education, condoms and substitution maintenance programmes. For those institutions where the practice of illegal drug injection is acknowledged, sterile injecting equipment could be made available in the context of a fully comprehensive drug control effort.
- Promotion of universal precautions within prison settings to reduce the risk of HIV infection to prison health and correctional staff.
- Provision of confidential and voluntary counselling and testing for HIV, psychosocial support and highly active antiretroviral therapy for inmates.
- Improved hygiene, sanitation and diets for HIV-infected prisoners.
- Comprehensive and integrated screening, prevention, treatment and care for HIV, tuberculosis (including multidrug resistant tuberculosis), sexually transmitted infections and hepatitis B and C, including prisoners living with HIV co-infected with hepatitis B and/or C and tuberculosis.
- Compassionate early release for prisoners with advanced AIDS.
- Linking of prison and community HIV and AIDS treatment and care services to ensure continuity of care both when people living with HIV are incarcerated and when they are released from prison.
- Facilitation of the active involvement of nongovernmental and community-based organizations in prisons and for after-care services.

Further information

1. WHO/UNODC/UNAIDS Policy Briefs (English and Russian):

- Reduction of HIV Transmission through Outreach
- Provision of Sterile Injecting Equipment to Reduce HIV Transmission
- Reduction of HIV Transmission through Drug-Dependence Treatment
- Reduction of HIV Transmission in Prisons

Website: http://www.who.int/hiv/pub/advocacy/idupolicybriefs/en/

2. WHO/UNODC/UNAIDS position paper 2004 (Eng):

- Substitution Maintenance Therapy in the Management of Opioid Dependence and HIV/AIDS Prevention

Website: http://whqlibdoc.who.int/unaids/2004/9241591153.pdf

3. WHO/UNODC/UNAIDS Advocacy Guide (Eng):

- Advocacy Guide: HIV/AIDS Prevention among Injecting Drug Users

Website: http://www.who.int/hiv/pub/advocacy/idu/en/

4. WHO Technical Review Paper (Eng):

- Evidence for Action: Effectiveness of Community-Based Outreach in Preventing HIV/AIDS among Injecting Drug Users

Website: http://www.who.int/hiv/pub/prev_care/idu/en/

5. WHO Technical Review Paper (Eng):

- Evidence for Action Technical Papers: Effectiveness of Sterile Needle and Syringe Programming in Reducing HIV/AIDS Among Injecting Drug Users

Website: http://www.who.int/hiv/pub/prev_care/pubidu/en/

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