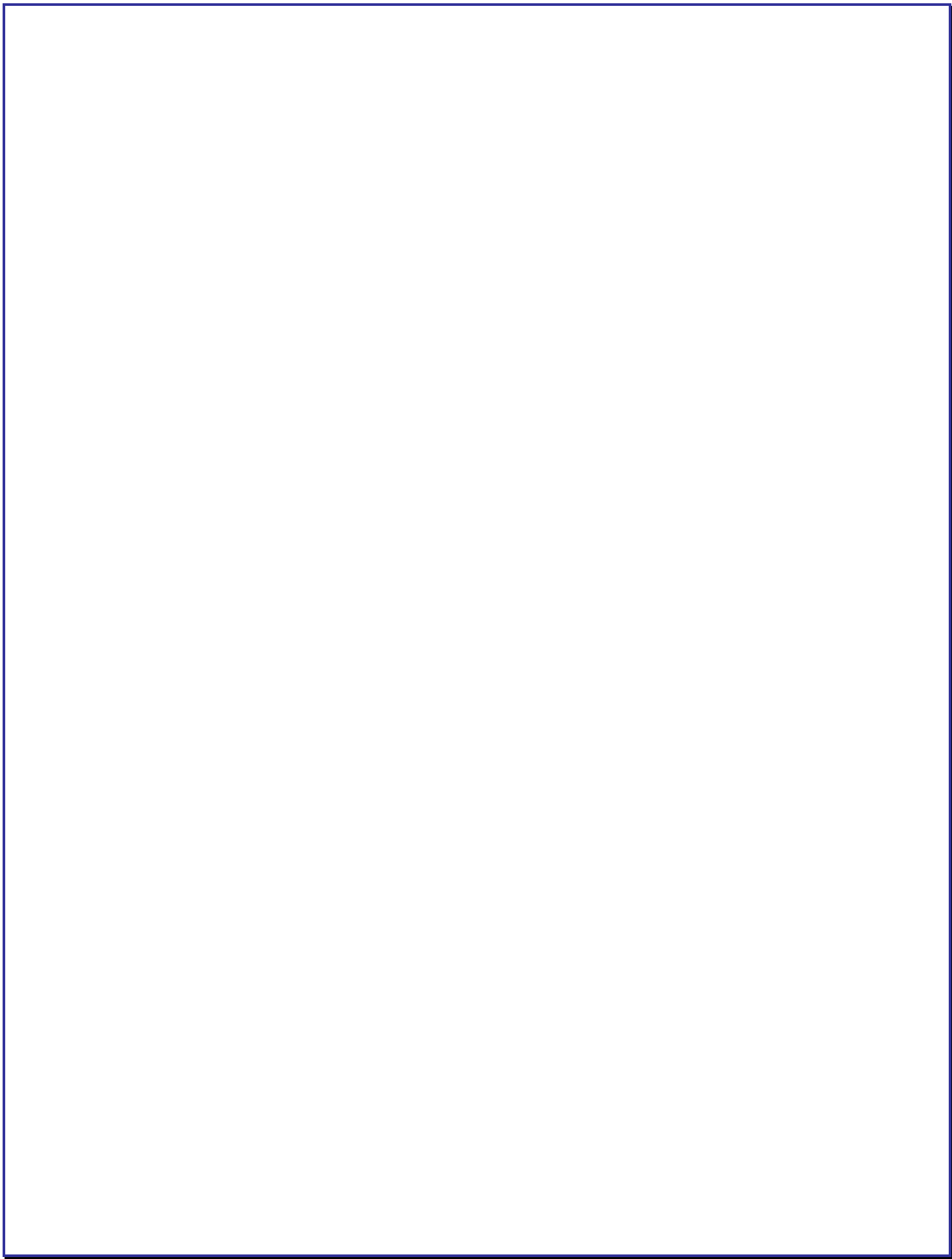


Treatment of injecting drug users with HIV/AIDS: promoting access and optimizing service delivery





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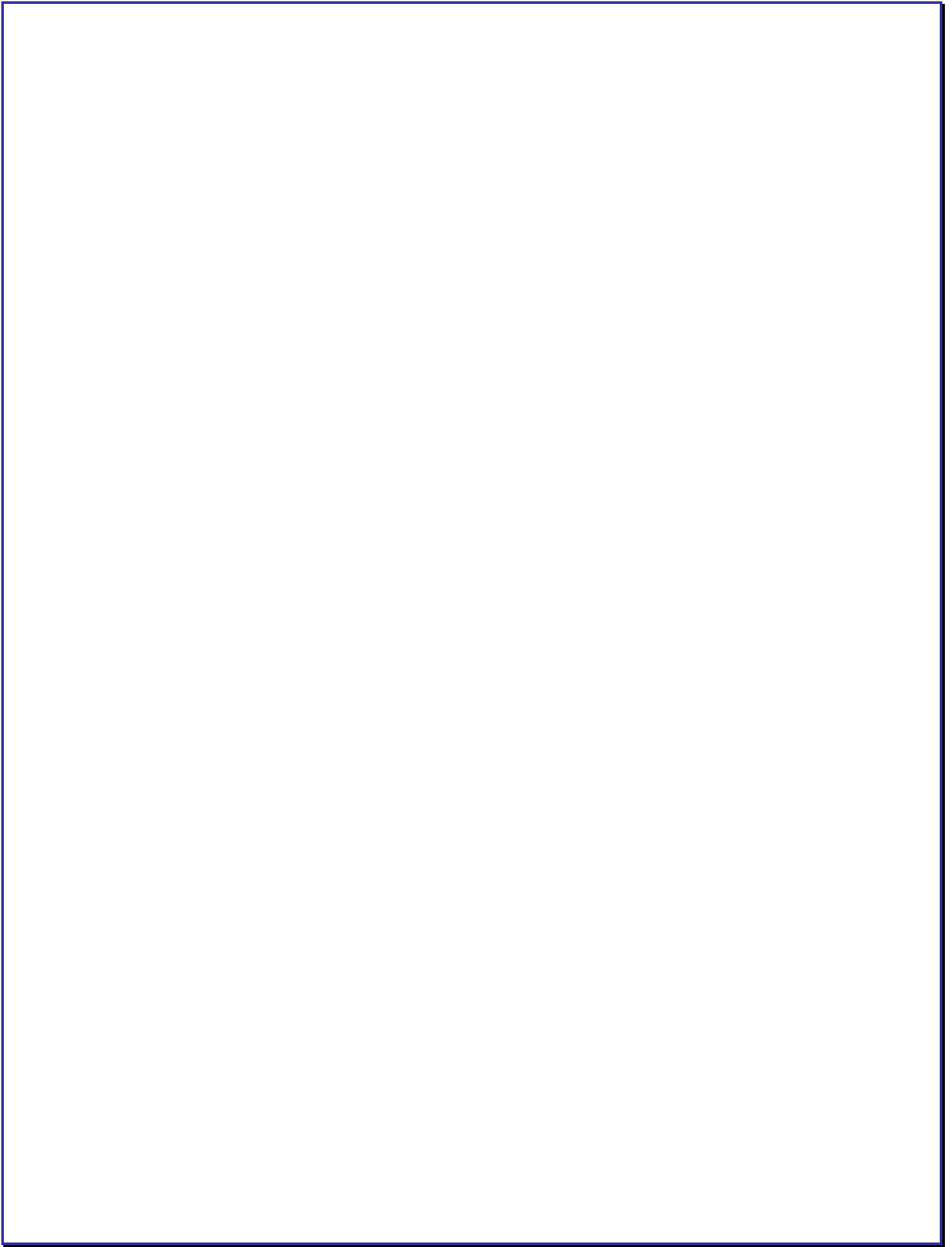
Elinore F. McCance-Katz, Karen L. Cropsey, Marc N. Gourevitch Injecting Drug Use Among People Living with HIV/AIDS: A Review and Potential Interventions Based on International Experiences. World Health Organization, Geneva, Switzerland.

OVERVIEW

In a number of regions, HIV/AIDS epidemics are being driven by injection drug use (IDU). Managing the multiple problems that stem from both HIV/AIDS and IDU within a population is challenging. In many regions, access to services for the prevention of HIV transmission and the treatment and care of people living with HIV/AIDS is limited. Access to such services for injecting drug users (IDUs) is frequently further complicated by a number of factors, including fear of prosecution, stigmatization, negative attitudes of care providers, and an often chaotic lifestyle. The purpose of this document is to describe approaches to enhancing the management of HIV-positive IDUs and outline issues that require consideration in the implementation of interventions for this population.

Although evidence of the important role that IDU is playing in HIV epidemics is accumulating, no consensus has been reached on the most effective approach to providing treatment for HIV-positive IDUs. A number of services targeting IDUs may be valuable in promoting the prevention of HIV-transmission and the provision of HIV/AIDS treatment. These include drug dependence treatment programs, outreach programs, HIV-testing services and syringe exchange programs.

Despite the higher incidence of medical problems among IDUs than the general population, utilization of primary health care facilities by injecting drug users is fragmented. Inconsistent and typically infrequent contact with health care service providers is compounded by a lack of coordination and communication between different components of health care delivery systems. In order to promote access to HIV/AIDS treatment and enhance overall health care among IDUs living with HIV/AIDS, the concept of linking health care services for meeting the needs of this target population has evolved. The advantages of service integration are outlined, with a description of several key service delivery models that can enhance service utilization by the target group. Further issues in the management of IDU and HIV/AIDS are discussed, with consideration of groups with specific needs, such as HIV-infected drug dependent people in prisons and IDUs with comorbid mental health disorders.



INJECTING DRUG USE AND HIV/AIDS

- About 39 million people were living with HIV/AIDS at the end of 2005 (1), the vast majority of whom live in developing countries. Injecting drug use (IDU) accounts for approximately 10% of HIV infections globally (1).
- In some regions, sharing of injecting equipment is the primary mode of transmission, accounting for over 70% of infections (2). Globally, fewer than 20% of injecting drug users receive HIV prevention services (3).
- IDU is fuelling HIV/AIDS epidemics in many countries throughout Asia, Eastern Europe, Latin America and the Middle East. It is recognized that HIV epidemics can rapidly emerge wherever there is significant prevalence of injecting drug use (4).
- Of the 136 countries in which IDU has been reported, 93 have identified HIV among this population.

ACCESS TO TREATMENT AND CARE FOR IDUs LIVING WITH HIV/AIDS

- Introduced in 1996, **antiretroviral (ARV) therapy** is the basis of medical treatment of HIV.
- Access to services for the treatment and care of individuals who are HIV positive is limited in many regions. Access to treatment for vulnerable groups such as IDUs is even more challenging. While IDUs account for more than 70% of HIV cases in Eastern Europe and Central Asia, only about 24% receive antiretroviral therapy (3).
- The **WHO Guidelines for ARV in resource-limited settings** highlight the importance of providing treatment programs targeting this vulnerable group (5).
- The majority of patients benefitting from these medications live in developed nations.
 - Of the approximately 6.5 million people in developing countries who are in need of life-sustaining HIV/AIDS treatment, only 20% these individuals are receiving it (1).
- Among those with HIV infection, drug users typically experience the greatest barriers in accessing care:
 - Receive HIV care at lower rates than other groups (7).
 - Greater difficulty accessing treatment, including entering the system, being diagnosed, and being prescribed ARV medications.
 - Even when treatment is available, many fail to connect with the system due to mistrust, fear of prosecution, stigmatization and a chaotic lifestyle.
 - Health care systems may discriminate against providing care to drug users, due to the perception that drug users will not adhere to the medication regime, or that the virus has been "self-inflicted" and thus treatment is not deserved.

INTERVENTIONS PROMOTING HIV/AIDS PREVENTION, TREATMENT AND CARE AMONG IDUs

There are a number of interventions that may reduce transmission of HIV by injecting drug use, and may also promote access to HIV/AIDS treatment and care for IDUs.

Such services include:

- **Treatment of drug dependence**
- **Information** about safe sexual and injecting practices and access to **clean injecting equipment** and **condoms**
- Confidential **HIV testing and counselling**
- **Outreach** programs

- While these services can reduce transmission of blood borne viruses including HIV/AIDS by decreasing the frequency of unsafe practices, they also represent a point of contact between treatment services and HIV positive IDUs, and may thus facilitate entry into HIV/AIDS treatment and care.

QUICK FACTS

- INJECTION DRUG USE IS DRIVING THE HIV/AIDS EPIDEMIC IN MANY REGIONS
- IDUs RECEIVE HIV/AIDS TREATMENT AND CARE AT A LOWER RATE THAN ANY OTHER GROUP
- THERE ARE A NUMBER OF INTERVENTIONS THAT PROMOTE IDUS PARTICIPATION IN HIV/AIDS TREATMENT AND CARE
- THERE ARE BOTH BENEFITS AND CHALLENGES THAT REQUIRE CONSIDERATION IN THE PROVISION OF THESE SERVICES TO IDUS

There are certain benefits, challenges and issues to be considered in the implementation of these interventions and, in particular, in their provision to IDUs living with HIV/AIDS.

- **Drug dependence treatment programs** may provide a variety of treatment interventions including brief interventions, detoxification, maintenance pharmacotherapy, psychosocial interventions, as well as interventions provided in a therapeutic community or specialized residential treatment facility. There are a variety of factors that must be taken into consideration in the provision of drug dependence treatment to IDUs who are living with HIV/AIDS. One example of this is the potential for interaction between medications administered in maintenance pharmacotherapy for opioid dependence and medications commonly prescribed for HIV/AIDS. Patients who are maintained on substitution therapy, such as methadone or buprenorphine maintenance, and are also receiving pharmacological treatment for HIV/AIDS must be

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