Rights in Action: Creating a More Comprehensive HIV Response for People Who Inject Drugs

"We must listen to the voices of an increasingly empowered drug using community and chart a new course that can enable people who use drugs to live healthy and fulfilled lives, with the full realization of our human rights, free from the threat of incarceration, and in an atmosphere that respects our choices and gives us the tools to prevent us from contracting HIV, HCV, or dying needlessly from overdose."

—Eliot Albers, Executive Director, International Network of People Who Use Drugs

Injecting drug use is the most efficient mode of transmission of HIV and viral hepatitis. The high risk posed by this type of transmission is compounded by severe stigma and punitive laws against drug use, which limit investment in proven interventions and impede access to HIV prevention, care, and treatment services among people who inject drugs. Achieving UNAIDS' ambitious 90-90-90 targets by 2020 will require concerted efforts to change counterproductive policies and expand access to stigma-free services. **This brief seeks to help policymakers and program implementers understand and address the HIV needs and human rights of people who inject drugs**.

Pervasive stigma, social isolation, and harsh criminal penalties for drug use exacerbate the risk of acquiring HIV through blood-contaminated needles and other injection equipment. Drug use is illegal in most countries, and violations of human rights in the name of drug control are common. In many countries, people who inject drugs experience involuntary drug testing, imprisonment, and compulsory detention, or "rehabilitation," which may involve violence and forced labor but is unlikely to include effective treatment for drug dependence. Fear of arrest and compulsory detention often deters people who inject drugs from seeking treatment or other health services.[1] This fear also contributes to unsafe injection practices, causing people to inject quickly to avoid detection, dispose of needles improperly, or reuse syringes because carrying injection equipment is either illegal or is used by police as evidence of drug use.[2]

Criminalization and stigma also make it difficult to collect reliable information about the needs of people who inject drugs, their use of health services, or their numbers.

TOP 10 TRUTHS ABOUT PEOPLE WHO USE DRUGS AND HIV

1. Drug users can adhere to recommended HIV and drug treatment regimens.
2. HIV-positive drug users respond as well to antiretrovirals as do non-drug using patients.
3. Drug users can use injecting equipment safely.
4. Drug users have sex, and their HIV risks include sexual and drug use behaviors.
5. Drug users can prevent HIV infection.
6. Drug users have communities, and community interventions work.
7. Needle and syringe programs makes drug use safer.
8. Methadone or buprenorphine treatment helps HIV-positive drug users stay in HIV treatment.
9. Stimulant users can reduce their risk of HIV infection with behavioral interventions.
10. Drug users deserve dignity and HIV services without judgment and with respect for their human rights.

*Adapted from Beyrer C, Malinowska-Sempruch K, Kamarulzaman A, Strathdee SA. 12 Myths about HIV/AIDS and people who use drugs. Lancet. 2010 Jul 24; 376(9737):208-11.

LINKAGES, a five-year cooperative agreement funded by the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) and the U.S. Agency for International Development (USAID), is the largest global projected dedicated to key populations. The project is led by FHI 360 in partnership with IntraHealth International, Pact, and the University of North Carolina at Chapel Hill. The contents of this document do not necessarily reflect the views of PEPFAR, USAID, or the United States Government.

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PEOPLE WHO INJECT DRUGS

I am an injecting drug user. I face these issues.

Source: Joint United Nations Progamme on HIV/AIDS. *The Gap report*. Geneva, Switzerland: UNAIDS; 2014.

WOMEN SPEAK OUT

In 2007, the Indonesian network of drug users, Persaudaraan Korban Napza Indonesia (PKNI), launched a collaboration, "Women Speak Out," to study the factors associated with HIV risk among women who inject drugs. The group worked with Oxford University, Atma Jaya University, the National AIDS Commission, and six community-based organizations to design and conduct a survey of about 700 women who inject drugs in Indonesia.

PKNI first established a community advisory group of women who inject drugs to advise the researchers on questionnaire design and the ethical and operational aspects of the study. The research team, including the field coordinator, interviewers, and support staff, was made up of current or former drug users. They received ongoing capacity building in research methods and data interpretation, allowing them to develop marketable skills and knowledge while playing a significant role in the study's implementation.

This collaborative approach resulted in active participation from respondents and a strong sense of community ownership of the research. Now PKNI staff are applying the skills and insights they acquired during the study to carry out a peer outreach project among 500 people who inject drugs in Jakarta. PKNI's experience shows how involving community-based, constituency-led organizations in every aspect of research can build capacity, improve outreach, strengthen the quality of data, and encourage application of results.

Estimates of HIV prevalence for this key population are incomplete because people are reluctant to identify themselves as users of illicit drugs. Obtaining accurate data on subpopulations, such as women or youth who inject drugs, is particularly challenging.[3]

Nevertheless, the available data show that people who inject drugs are disproportionately affected by HIV. An estimated 12.7 million people inject drugs worldwide, and about 13 percent of them (1.7 million people) are living with HIV. Among people who inject drugs who are younger than 25, HIV prevalence already exceeds 5 percent. And across the 74 countries for which data are available, people who inject drugs are 28 times more likely to acquire HIV compared to other adults.[1]

Women are rarely included in surveys on drug use, so their injecting drug practices and health care needs are poorly understood. A 2010 study estimated that one-third of people who inject drugs are women.[4] The available data suggest that these women may be at greater risk of HIV than their male counterparts.[1] Gender-based violence and participation in sex work are additional sources of HIV risk for many women who inject drugs.[5]

People who inject drugs face other serious health risks. The transmission of hepatitis B and hepatitis C through blood-contaminated needles is even more efficient than that of HIV, and more than half of the people who inject drugs are estimated to be living with hepatitis C.[6] People who inject drugs have a much higher risk of death than those who do not, particularly in low- and middle-income countries. Mortality is even higher among people who inject drugs who are also living with HIV, whose deaths are caused primarily by drug overdoses and AIDS-related illnesses.[7]

Because most people who use drugs are not reached with scientifically proven interventions, injecting drug use continues to drive epidemics in Eastern Europe and western Asia and remains an important factor in the spread of HIV worldwide. People who inject drugs account for one in 10 new HIV infections globally and three in 10 new HIV infections outside sub-Saharan Africa. Recent increases in injecting drug use and HIV prevalence among people who inject drugs have been reported in Kenya, Nigeria, and Tanzania.[1]

Given the critical role that injecting drug use plays in the spread of HIV, efforts to end the HIV epidemic will not succeed without addressing the health and human rights of people who inject drugs. To achieve UNAIDS' 90-90-90 goals will require expanded access to a comprehensive, evidence-informed package of HIV and drug dependency services, availability of stigma-free services, and meaningful engagement of people who inject drugs.

COMPREHENSIVE PACKAGE

The most critical elements of a comprehensive package of services to address HIV among people who inject drugs and their sexual partners are:

- Needle and syringe programs
- Opioid substitution therapy (OST), such as methadone or buprenorphine
- HIV testing and counseling (HTC)
- Antiretroviral therapy (ART) for those living with HIV

Evidence is growing that these four services together reduce HIV transmission. Moreover, their effects are synergistic. OST, for example, has been demonstrated to be highly effective in reducing high-risk injecting behaviors, improving access and adherence to ART, and lowering mortality.[8]

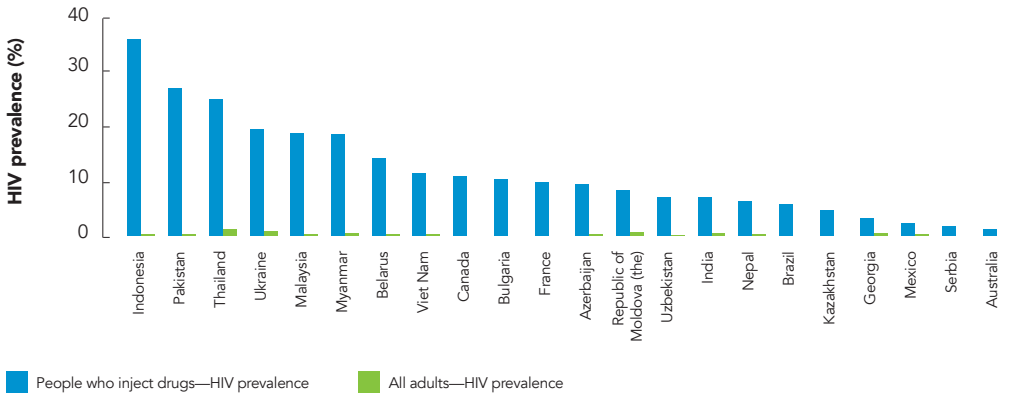
A comprehensive package should also include prevention, diagnosis, and treatment of sexually transmitted infections (STIs), tuberculosis (TB), and hepatitis; condom provision and promotion; information, education, and communication campaigns; and vaccination against hepatitis A and hepatitis B. Women who inject drugs should have access to reproductive health services, including voluntary contraception for those who wish to avoid pregnancy, and to services to prevent parent-to-child transmission of HIV for those who are pregnant and HIV positive. Implementation research is needed on how to introduce pre-exposure prophylaxis (PrEP) for HIV into this package of services while retaining a focus on harm reduction.

Comprehensive HIV and drug dependence services reach those who need them best when they are readily available in a safe and stigma-free environment. Integrated models of service delivery, such as the provision of ART at drug treatment centers or

FIGURE 1

HIV prevalence among people who inject drugs compared to the entire adult population in countries reporting >30,000 people who inject drugs, 2009–2013

Source: Joint United Nations Progamme on HIV/AIDS. *The Gap report*. Geneva, Switzerland: UNAIDS; 2014.



rapid HTC during needle and syringe outreach programs, can increase the ability and willingness of people who inject drugs to access these services. Supportive policies that emphasize harm reduction rather than criminalization of drug use have been shown to reduce HIV transmission and improve the health of people who inject drugs without increasing drug use.[2]

Globally, access to harm reduction services is very low. Fewer than eight in 100 people who inject drugs have access to OST, and only an average of two sterile needles are distributed per month per person who injects drugs. Few countries have achieved the coverage necessary to reduce transmission with these effective interventions.[7] Greater investment and scaled up provision of the comprehensive package of services is urgently needed and has become an even greater priority with the World Health Organization's call for anyone with HIV to begin ART as soon after diagnosis as possible.[9]

STIGMA-FREE SERVICES

People who inject drugs face a range of challenges to accessing HIV prevention, care, and treatment services, and any care they do receive is often delivered by health care providers with discriminatory attitudes. Women who inject drugs tend to experience greater discrimination than their male counterparts do and may even face criminal prosecution for harming an unborn child if they seek care during pregnancy.

Health care providers who provide services for people who inject drugs in a variety of settings, including local health clinics, emergency rooms, and hospitals, need training in delivering appropriate, accessible, respectful, and integrated HIV counseling and care, drug dependence treatment, wound care, and treatment for co-morbidities, including viral hepatitis and TB.[8] Programs can encourage uptake by making their services more "drug user-friendly" and establishing referral linkages with community-based organizations that involve and empower people who inject drugs.

MEANINGFUL ENGAGEMENT

Human rights and public health concerns drive the need for people who inject drugs to be involved in creating and implementing effective responses to HIV. Individuals have the right to play an active role in their own health care, and supporting meaningful engagement with people who inject drugs is the best way to expand the reach and effectiveness of HIV prevention, care, and treatment services. People who inject drugs can help programs make contacts with those most at risk, provide much-needed care and support to peers, and advocate for the most needed services. Examples from countries around the world, including Thailand, Australia, and the U.S., have demonstrated that drug user organizations are able to carry out effective, high-quality HIV prevention campaigns.[10]

Stigma and criminalization are the greatest barriers to the meaningful involvement of people who inject drugs in the response to the HIV epidemic. But people who inject drugs and their organizations have been instrumental in advocacy to protect their health and human rights; recognition and support for these efforts is needed, at the local, national, and international levels.

THE TIME TO ACT IS NOW

Action to protect the health and well-being of people who inject drugs lags far behind our understanding of what works. The following actions are needed to put the evidence into practice:

1. **Increase the meaningful engagement and involvement of people who inject drugs.** All people should have the right to be involved in decisions affecting their lives. People who inject drugs should be engaged in consultations, decision-making or policy-making bodies, and advisory structures. They should be empowered to participate at all levels in HIV prevention, care, and treatment research and programs that affect them and in the design and implementation of the services provided to them.[10]
2. **Establish community-based peer outreach models.** Studies have shown that peer-administered ART delivery and peer-to-peer interventions can reduce risky behaviors and improve adherence to drug regimens.[11] Establishing

community-based peer outreach models is a relatively low-cost, effective way to reach those at greatest risk and is suitable in virtually all settings.[12]

3. **Change laws and policies to protect and respect the human rights of people who inject drugs.** As an alternative to criminalizing drug use, governments should enact laws to protect and care for people who inject drugs, ensuring that their human rights are safeguarded, promoting access to drug treatment, and reducing barriers to their greater involvement in the HIV response.[10]

4. **Collect accurate information through rigorous, collaborative research.** To better understand and serve the community of people who inject drugs, researchers should work with harm reduction programs on strategic data collection, identifying gaps in the provision and reach of HIV prevention, care, and treatment services. The involvement of people who inject drugs in every aspect of research is essential to collecting reliable data.[3]

5. **Protect the privacy of people who inject drugs through the use of encryption and unique identifier codes.** Unique identifier codes are an effective tool for accurately tracking individuals through the HIV service cascade while maintaining client confidentiality and privacy, and they have been used successfully with drug-using populations.[8]

6. **Diversify HTC testing options and make them more accessible.** Efforts to help people who inject drugs know their HIV status and engage them in prevention or care should include expanding both community-based testing and the use of HIV rapid tests based on oral fluid samples.

7. **Provide access to sterile injection and drug preparation equipment.** Needle and syringe programs are proven to be effective in reducing the risk and incidence of HIV and HCV, and they also offer opportunities to provide referrals and other health-related supplies, such as condoms, to prevent the spread of HIV.[11]

8. **Prioritize strategic harm reduction investment and funding.** Governments and donors should increase investment in harm reduction and should rebalance existing resources toward a rights-based and evidence-informed approach to public health.[13] Formal support for organizations of people who inject drugs should be provided through long-term funding and capacity-building initiatives.[10]

9. **Address co-occurring risks for people who inject drugs.** People who inject drugs are often at high risk for hepatitis B and C, TB, and STIs. Screening, counseling, and treatment for these infections should be provided by health care providers who have received sensitivity training on delivering stigma-free services to people who inject drugs.[11]

10. **Provide pre-service and in-service training to providers to offer drug user-specific care.** To provide optimal health care services, health care providers should be aware of historic and current stigmatization, barriers to health care, and specific health issues and health risks experienced by people who inject drugs, including homelessness, mental health issues, and social exclusion.[10] Training is needed to improve provider knowledge and attitudes and address biases. Health care providers should be trained on integrated services for people who inject drugs, including OST, family planning, hepatitis vaccination, and PrEP.

INJECTING DRUG USE IMPLEMENTATION TOOL

Implementing comprehensive HIV and STI programmes with people who inject drugs: practical guidance for collaborative interventions **will provide guidance on implementing the comprehensive package of harm reduction interventions outlined by the World Health Organization (WHO), the Joint United Nations Programme on HIV/AIDS (UNAIDS), and the UN Office on Drugs and Crimes (UNDOC). One in a series of tools for HIV and STI prevention programs with key populations, it will be published in late 2015 or early 2016.**

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