Drug use and HIV/AIDS

As the HIV/AIDS epidemic continues to spread, its association with drug use is becoming more apparent. But, in many countries, that potentially deadly link is still being ignored.

• The use of drugs—legal or illicit—is a universal phenomenon with sometimes-deadly consequences. Now there is increasing evidence that drug use is playing a major role in the spread of HIV/AIDS.

• Those most at risk are injecting drug users who share needles and other contaminated equipment, which is a highly effective way of transmitting the virus from one person to another.

• Whether injected or not, mind-altering drugs are also associated with behaviour that can increase the risk of HIV infection. For example, the lack of inhibition associated with some drugs may result in unprotected sex, while intoxication can complicate condom use or the ability to negotiate safer sex. Rape and coerced sex are also associated with drug use.

• Alcohol—one of the most widely used drugs in the world—is associated with risky sexual behaviour and the spread of HIV.

• In some countries, drug users are disproportionately likely to be involved in the sex industry, increasing their risk of infection and the chances of the virus spreading to the wider community.

• Drug use can also arise from HIV infection. Occasionally, people living with the virus resort to drugs to cope with psychological and social problems.

• Injecting drug users rank among the groups most vulnerable to HIV/AIDS, because they are often also poor and marginalized.

A growing factor in the epidemic

• Injecting drug use is a rapidly growing phenomenon in all regions (including, most recently, Africa). It is estimated that about 10% of HIV infections globally result from injecting drug use. In some European and Asian countries, more than half of HIV infections are attributed to injecting drug use.

• In 1992, only 80 countries reported injecting drug use within their borders, compared with 136 in 2000.

• In Central and Eastern Europe, HIV prevalence rates were low until 1995, when evidence emerged that the virus was spreading rapidly among injecting drug users in several cities. The first outbreaks were reported in 1995 in the Ukrainian cities of Odessa and Nikolayev.
Cutting the links

- Countries need ideally to implement a comprehensive package of care for HIV prevention among drug users. Such a package should offer a variety of service options, include detoxification programmes, support therapeutic communities, ensure access to clean needles and syringes, and provide substitution therapy (for example, methadone treatment), as well as condoms and HIV counselling. The services should have a wide reach and safeguard users’ human rights.

- Outreach services are crucial. Because they operate outside conventional channels, working hours and settings, they are much more effective at reaching people who might be living on the margins of society. These services tend to focus on HIV prevention activities that can protect drug users and their families against infection, and encourage them to take advantage of abuse treatment and medical care.

- A project to prevent drug use and HIV infection has been operating successfully in Brazil since 1994. It targets at-risk teenagers, as well as injecting drug users, and has reached more than 100,000 students, while providing preventative education and care to about 8,000 drug users.

- Treatment and rehabilitation services for drug users are equally important. By identifying drug users early on and providing them with prompt treatment, programmes can reduce the odds of them shifting to more dangerous practices such as injecting drugs. The same programmes can offer drug users (injecting or otherwise) additional services that reduce their risk of infection.

- Additional social support and welfare services are another facet of an effective response. In view of the many social and welfare problems that drug users experience, long-term measures are needed to improve their quality of life. Those measures should aim at reducing poverty, improving education and employment opportunities, extending access to essential legal and social services, and offering psychosocial support.

- Efforts aimed at preventing drug use in the first place are central to HIV/AIDS prevention, since they help protect vulnerable groups (especially young people) from dependencies that could increase their risk of infection. Strategies include projects that help build life skills and promote healthier lifestyles.