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Press Release

Injecting drug users Discrimination and criminalization hamper access to care and prevention

Access to healthcare for HIV-infected injecting drug users (IDUs) is a major public health issue, notably in the five countries where HIV infection is driven by drug use. A literature review in the July 20 special issue of The Lancet shows that in these countries only a minority of IDUs have access to antiretrovirals and to opioid substitution treatment (OST). Access to care is hindered by discrimination and by excessive criminalization of drug use. A more humane and less stigmatizing approach, considering IDUs above all as people in need of comprehensive care, could greatly reduce the risk of HIV infection among them and also in the general population.

A literature review in The Lancet reports a stark fact: drug users are only 25% of those receiving treatment, and less than 2% to opioid substitution treatment (OST), in the five countries where the HIV infection epidemic is most concentrated among IDUs (67% of all cases inventoried): China, Malaysia, Russia, Ukraine and Vietnam.

Authors Daniel Wolfe, director of the International Harm Reduction Development program at the Open Society Institute of New York (United States), Patrizia Carrieri, epidemiologist at Inserm Unit U912 in Marseille (France), and Donald Shepard, economist at Brandeis University in Waltham (United States) show that this deplorable situation is first and foremost due to discrimination against IDUs. Access to treatment is often denied or delayed as they are deemed to adhere poorly to treatment and so are thought more likely to experience drug resistance and virologic failure. In fact, available studies show that the prevalence of resistance is no higher in HIV-infected IDUs than in patients who do not use drugs. In addition, numerous studies show that treatment adherence and virologic response fully comparable with those seen in other patients can be achieved in IDUs, once the treatment conditions are adapted. The results are better when IDUs have access to OST, as shown in France by the MANIF 2000 study conducted by Inserm Unit U912/ORS PACA and supported by the French National Agency for Research on AIDS and Viral Hepatitis (ANRS) and the NGO Sidaction.

Daniel Wolfe explains that *“One of the difficulties is that in the countries where HIV prevalence is very high among IDUs, many healthcare professionals are inadequately trained in the management of drug-dependent patients and view them judgmentally. There is a great need for training to enhance awareness and recognition that drug use calls first and foremost for medical and psychosocial care to be provided in a model of comprehensive care.”*

Disastrous effects of criminalization

Other barriers to access to healthcare for IDUs are contextual. The criminalization of drug users can have catastrophic effects. In the countries studied, IDUs may lose their basic rights—such as seeking a job, having a driver’s license, even custody of their children—if they are on police files as drug “abusers”, including those on antiretrovirals or OST or both. The simple fear of being on file drives many IDUs “underground”, which is incompatible with access to care. Detention in

rehabilitation centers or prisons is also frequent among IDUs in the five countries studied, generally in difficult or even inhumane conditions, most often without access to healthcare and treatment. Yet improved management of IDUs could have a range of positive effects. Access to antiretrovirals not only decreases infectivity, and hence the risk of transmission of HIV, but also reduces addictive behaviors, as shown in the MANIF 2000 study. A study modeling the situation in Saint Petersburg in Russia suggests that an antiretroviral access program targeting IDUs would prevent 40 000 infections, 75% of them among people who are not drug abusers. *“This study also shows that these types of programs among IDUs are particularly cost-effective”*, says Patrizia Carrieri. Professor Jean-François Delfraissy, Director of the ANRS, points out that *“The achievement of such results is contingent upon a genuine political will, as well as marked changes in mentalities and in the treatment modalities proposed to drug abusers”*. In this regard, the literature review’s authors consider that there is a need to promote the involvement of nonprofit organizations in programs targeting IDUs. Patrizia Carrieri observes that *“In other settings, it has been shown that peer intervention in terms of information, education and support, even in the delivery of certain types of healthcare, can be very beneficial”*. Above all, she believes, it is necessary to review coercive legislation in depth, and to decriminalize and destigmatize people who inject drugs. This is a sine qua non for the putting in place of an effective policy of healthcare access for this population, thereby enabling a more effective fight against the epidemic in those countries where HIV spread is essentially related to injecting drug use.

Source

Treatment and Care for HIV-infected People who Inject Drugs: A Review of Barriers and Ways Forward

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