

# INJECTION DRUG USE – HIV AND AIDS – YOUNG PEOPLE RECOGNISING THE LINKAGES



**“Harm reduction must be a central theme, it must not be an afterthought. The world has to awaken”<sup>1</sup>.**

*Stephen Lewis, XVI International AIDS Conference*

## THE INJECTION DRIVEN HIV EPIDEMIC – AN OVERVIEW

HIV transmission has traditionally been associated with unsafe sexual intercourse. Nonetheless, injecting drug use is one of the fastest and most common HIV transmission routes in some regions of the world. Through the lack of HIV prevention services targeting people who use injecting drugs, and lack of resources to reduce risk such as the sharing of contaminated needles and syringes, a significant number of people, including youth, are contracting HIV every day.

While the need for comprehensive HIV programs and policies in order to halt the spread of HIV has been widely recognised, the inclusion of information related to injecting

drug use is still lacking. Ignoring this issue contributes to the challenge of decreasing and controlling the rise of the AIDS epidemic. Injection drug use can lead to the exponential growth of HIV transmission in a community. It is estimated that there are approximately 13.2 million people who use injecting drugs in over 155 countries worldwide<sup>2</sup>. Approximately 78% of people who use injecting drugs live in transitional and developing countries<sup>3</sup>, making it a significant barrier in accessing adequate HIV prevention, treatment, care and support services.

70% of the world's reported HIV cases are found in Sub-Saharan Africa. However, injection driven transmission hubs have been identified in China, Indonesia, India, Vietnam, Argentina, Russia and Ukraine, among other countries<sup>4</sup>. In addition, estimates from the UN Secretary General state that 92% of people who inject drugs in low and middle-income countries have no access to HIV prevention services and less than 5% have access to HIV prevention, treatment, care and support. Until this gap is addressed, the goal of universal access by 2010 will not be achieved.

## HARM REDUCTION – EVIDENCE BASED HIV PREVENTION

Harm reduction is a comprehensive public health and human rights approach that aims to reduce the social, health and economic harms associated with substance use. It is based on providing care, support and resources in a non-judgmental environment, and avoiding further stigmatisation of people who use drugs. It promotes the idea of safer use and seeks to provide services such as syringe exchanges, safe injection sites, substitution treatment programs and party/dance safe programs, to name a few.

Needle and Syringe Exchange Programs have significantly contributed to the reduction of HIV transmission among people who use drugs. Contrary to what some may believe, research shows that services

like Needle and Syringe Exchange Programs and safe injection sites do not lead to or increase drug use in communities<sup>5</sup>. These services are often the first place where people who use drugs can come into contact with other health services such as primary health care and treatment. Harm reduction is an essential approach to addressing the issue of HIV as the epidemic evolves and develops in new ways. Harm reduction is also grounded in human rights: ensuring that everyone's right to health, education and information is met.

Harm reduction services are key to addressing HIV amongst people who use injecting drugs, but they are not available in many communities.

<sup>1</sup> Johal, Am. "International AIDS Activist Stephen Lewis". October 2007. [www.worldpress.org](http://www.worldpress.org)

<sup>2</sup> United Nations Office on Drugs and Crime, World Drug Report 2007

<sup>3</sup> United Nations Office on Drugs and Crime, World Drug Report 2005

<sup>4</sup> C Aceijas, GV Stimson, M Hickman, T Rhodes. Global Overview of Injection Drug Use and HIV Infection among injecting Drug Users. AIDS, 2004.

<sup>5</sup> World Health Organisation. Advocacy guide: HIV/AIDS prevention among injecting users: workshop manual / World Health Organization, UNAIDS.2004

# YOUNG PEOPLE AND INJECTION DRUG USE

A significant number of people who use injecting drugs worldwide are between 15 and 30 years of age. A UNAIDS study shows that individuals begin injecting in countries like Russia and the Ukraine when they are as young as 12 years old and account for 20% of the populations who use injecting drugs in these countries. Young people who inject drugs face an even greater risk of contracting HIV as they are often more unfamiliar with using sterile equipment and feel already stigmatised by authorities and institutions like health care services.

As a result of illegality of their drug use and age restrictions imposed by many health and harm reduction services, young people feel that by accessing services they put themselves at a further risk. Studies show that young injecting drug users have higher levels of sharing contaminated needles due to their lack of access to youth friendly health services and adequate knowledge about HIV and safer use. They are also more likely to be injected by adults, creating unsafe and possibly predatory relationships of dependence.

Access to evidence based treatment, honest drug education and youth specific programs are essential components to addressing HIV related issues. Until we acknowledge and address the reality of drug use, young people who use injecting drugs will continue to be at risk and ultimately contract HIV. Young people must be involved in the design, implementation and evaluation of programs and policies that address this issue, in order to ensure that they better reflect their realities and needs.

In addition, access barriers to initiatives such as Needle and Syringe Exchange Programs, HIV prevention, and sexual health programs, must be recognised and removed. Young people face particular barriers in accessing these programs due to age restrictions or the inaccessibility of adult services. In practice, many young injecting drug users are blocked from accessing these services, leaving them at high risk of HIV. In order to avoid this, it is essential to develop youth friendly, safe and accessible HIV prevention harm reduction services. Though harm reduction is an evidence based strategy for HIV prevention, it is only through the expansion and integration of harm reduction into existing youth programs such as youth drop in centers and youth outreach that the most at risk youth will be provided with the adequate resources they need.

## WHAT CAN I DO?

### Support Harm Reduction Networks and Youth-Specific Programs

It is essential that harm reduction networks and programs receive reliable and sustainable funding and support to continue and expand the work they do. Connect with local, regional and international networks such as Youth RISE ([www.youthrise.org](http://www.youthrise.org)), the International Harm Reduction Association ([www.ihra.net](http://www.ihra.net)), Global Youth Coalition on HIV/AIDS ([www.youthaidscoalition.org](http://www.youthaidscoalition.org)), or visit <http://www.youthrise.org/pages.html?page=resources> to see a listing of regional harm reduction networks.

### Integrate harm reduction and networks of injecting drug users into HIV work

While there are many organisations and networks around the world working to address the HIV epidemic, in order to be able to do so fully, it is necessary to integrate harm reduction strategies into this work. This can be done by getting in touch with harm reduction and networks of injecting drug users, and working together. Harm Reduction must be included as a comprehensive range of services, including prevention, outreach, treatment, care and support.

### Advocate and Lobby Your Leaders to Support Harm Reduction Programs in Your Country and Abroad

Despite evidence demonstrating the effectiveness of harm reduction programmes, they continue to face resistance with government officials worldwide. Greater support is needed and must be reflected in national policies and amongst international govern-



<sup>6</sup> World Health Organisation. "The Rapid Assessment and Response on Psychoactive Substance Use and Sexual Risk Behavior". 2002

ing bodies. Young people's specific needs must be addressed!

### Get Involved and Talk to Youth

It is very important to be engaged with harm reduction and HIV issues. Keep active by joining campaigns and lobbying leaders to adopt a harm reduction approach in your community. With almost 40% of all new infections occurring amongst young people between the ages of 15 and 30, it is essential to address youth issues and find ways to engage young people in this dialogue. It is also crucial that young people are involved in programming and policymaking in order to create effective drug and health strategies and approaches.

### Practice Safe Drug Use

We encourage you to take the necessary measures to keep yourself safe. If you are using injecting drugs, use safely. To find out more about safe use, please visit [www.harmreduction.org](http://www.harmreduction.org)

### Keep Yourself and Your Partner Safe

While it is extremely important to practice safe drug use, it is as equally important for people who use injecting drugs to practice safe sex. According to the World Health Organisation, condom use amongst people who use injecting drugs is generally low, with most studies suggesting that at least a third of injecting drug users never use condoms<sup>6</sup>. By engaging in safer use and sexual health practices, the individual can be aware of the risks, thus increasing their chances of using a condom and decreasing their chances of contracting an STI or HIV. Women are at a particular risk of contracting HIV, as many women around the world are partnered with current or former people who use injecting drugs.