HIV, Gender and Injecting Drug Users: What Works and the Unfinished Agenda

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Background

Injecting drug use has been identified in 148 countries, with estimates of 16 million intravenous druge users (IDUs). Globally, approximately three million people who are IDUs are also living with HIV. Women are estimated to represent about 20% of drug users in Eastern Europe, Central Asia and Latin America, and over 17% in China. Yet median coverage of IDUs with any type of HIV prevention and care services was only 24%. Women IDUs are likely to engage in risk behaviors in the context of a sexual relationship with a primary partner. Women are more likely than men to share injection equipment (Pinkham et al., 2008). Yet women lack access to harm reduciton services as they fear losing their children. In addition, women IDUs are highly stigmatized.

Review of the Evidence

With scarce resources and growing demand, program priorities must be based on effective interventions. OSI, PAI and Artemis Global Consulting conducted a review to provide the evidence of gender-sensitive interventions that can be used to guide design and implementation of programs that address the needs of women and girls. The review—***What Works for Women and Girls: Evidence for HIV/AIDS Interventions***—contains research published in peer-reviewed publications with clear and transparent data on the effectiveness of various interventions.

The evidence of what works/promising to prevent HIV among women IDUs or female partners of male IDUs includes data from a Cochrane review and 17 countries, including US, Europe, Canada, Australia, New Zealand, Malaysia, Nepal, Iran, Vietnam, Russia, China, India, Bangladesh, Taiwan, Brazil, Estonia, Uzbekistan and Kyrgyzstan.

What Works and Promising Interventions

In cases where a majority of the evidence, and particularly strong evidence, exists for an intervention, this was listed in each section as "what works." Strength of the evidence was set using the Gray Scale (I-strongest to IV weakest). Criteria set for "what works" and "promising" were:

- **What Works:** strongly rated studies (Using the Gray Scale I-strongest, II or III) for at least two countries and/or five weaker studies across multiple settings.
- **Promising:** studies that were strongly rated but in only one setting or a number of weaker studies in only one country.

The following interventions and supporting evidence demonstrate a number of ways to successfully prevent women IDUs and female partners of male IDUs from acquiring HIV:

What Works:

1. Opioid substitution therapy, particularly maintenance programs with methadone and buprenorphine, leads to reduction in HIV risk behavior among male and female IDUs, and is safe and effective for use by pregnant women. *Evidence for interventions in* ***Cochrane review, Malaysia*** *and* ***Iran****.*
2. Comprehensive harm reduction programs, including needle exchange programs, condom distribution, substitution therapy and outreach, can reduce HIV risk behaviors and prevalence among male and female IDUs. ***Bangladesh, Taiwan, Brazil*** *and* ***China***
3. Peer education can increase protective behaviors among IDUs. ***East and Central Asia***
4. Instituting harm reduction programs for IDUs in prisons can reduce HIV prevalence in female prison populations. ***Moldova, Western*** *and* ***Eastern Europe***

Promising Strategies:

1. Sex-segregated group sessions for IDUs can result in increased condom use and safe injection behaviors.
2. Women's clubs along with peer education and condom distribution can reduce HIV prevalence among women who are sexual partners of male IDUs. ***Vietnam***
3. Nonjudgmental targeted counseling for IDUs can reduce HIV risk behaviors. ***China***
4. Increased access to voluntary HIV counseling and testing to learn one's serostatus may reduce needle sharing and other HIV risk behaviors. ***Estonia***
5. Programming to prevent initiation of injecting drug use shows promise in reducing the number of IDUs and associated HIV risk behaviors. ***Uzbekistan*** *and* ***Kyrgyzstan***

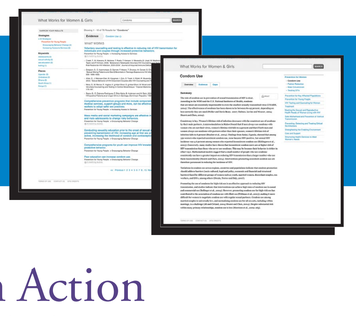
The Unfinished Agenda

"...It has been known since the early 1990s that HIV among IDU can be effectively [and] safely...controlled by the early and vigorous implementation of a comprehensive package of strategies known as 'harm reduction.' This package consists of education, needle syringe programmes, drug treatment and the community development of drug users...No country that has started harm reduction has ever regretted doing so and then terminated their programmes" (Wodak and McLeod, 2008: S81; S83; S88).

Many harm reduction programs suffer from "death by pilot" (OSI, 2008). It is time for successful programs to be scaled up in order to more effectively reduce HIV prevalence among IDUs and female partners of IDUs. A number of gaps in programming were found in the literature:

Gaps in Programming

1. Interventions are needed to provide individuals and couples with a better understanding of the risk of acquiring HIV through sexual practices as well as through injecting drug use.
2. HIV prevention information and services are needed for IDUs receiving treatment for substance abuse.
3. Interventions are needed to increase access to methadone and buprenorphine—effective substitution therapy for the treatment of drug dependence.
4. HIV prevention for IDUs must go beyond detoxification programs alone.
5. Interventions are needed to inform women IDUs of harm reduction early in pregnancy.



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