Technical elements

Essential elements of a comprehensive health sector response for injecting drug users include:

- **Harm reduction interventions to reduce HIV transmission**: including access to needle and syringe programmes - NSPs (providing sterile equipment as well as their safe collection and disposal); drug dependence treatment, particularly opioid substitution therapy (OST); condom programming; STI treatment, targeted information and education; and HIV testing and counselling;

- **Management of co-infections and co-morbidities**: including ART; prevention and management of opportunistic infections, particularly TB; pain management and palliative care; prevention and treatment of hepatitis B and C; alcohol and other drug dependence; and depression.

- **Other services**: including peer outreach; integration of HIV/AIDS interventions within drug dependence and outreach services; integration of IDU issues within HIV/AIDS services.

- **Supportive policy, legal and social environment**: including policies that ensure equitable access to HIV services for drug users; laws that do not compromise access to drug dependence and HIV services for IDUs through criminalization and marginalization; and campaigns to reduce stigma and discrimination, particularly related to health services and workers.

This comprehensive approach needs to include outreach to both sexual and injecting partners of injecting drug users.

Operational Considerations

In scaling up programmes, efforts should focus on moving from small-scale pilot projects for injecting drug users to comprehensive national programmes that are fully integrated into the health sector.

The key actions to consider in implementing these interventions at country level should include:

- **Advocacy**: where barriers to harm reduction still exist, need intensive promotion of a public health approach to HIV prevention among drug users among national decision makers;

- **Assessment**: to identify what the situation really is and where the problems are so that the interventions are based on reality;
• **Policy guidance**: develop and update national harm reduction policies and legislation with regard to IDU; inform politicians, influential leaders and other decision-makers about the urgent need to respond to HIV/AIDS with specific interventions for IDUs; disseminate evidence and experience (the Evidence for Action series and examples from other relevant countries); authorities should also review drug laws, law enforcement practices and the provision of health services to create an environment in which harm reduction programmes can thrive;

• **Tools and guidelines**: ensure adaptation of tools and guidelines in particular for the management of co-infections (including tuberculosis, hepatitis B and hepatitis C) and co-morbidities (e.g. depression) among drug users living with HIV/AIDS. HIV/AIDS issues need to be integrated into drug dependence treatment guidelines. Ensure adaptation of tools and guidelines on NSPs, OST, and other harm reduction interventions. Issues relating to the use of alcohol and other (non-injected) drugs need to be integrated into relevant tools and guidelines;

• **Services**: include needle and syringe programmes; opioid substitution therapy with methadone and/or buprenorphine; access to HIV testing and counselling, prevention and treatment services for STIs, condom programming and include these also in closed settings (e.g. prisons);

• **Capacity building**: of community-based outreach organizations, workers and relevant health professionals and social service personnel who come into contact with IDUs;

• **Monitoring and evaluation**: selecting indicators for national HIV/AIDS programmes and for harm reduction services to assist in the monitoring of coverage, quality and effectiveness of programmes; develop a sentinel surveillance system to monitor risk behaviour and the prevalence and incidence of HIV among IDUs. Guidance is provided from WHO, UNODC and UNAIDS.

• **Reinforcing partnerships**: with International agencies as WHO, UNODC, NGOs and other stakeholders;

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**Common challenges**

- Injecting drug users face a lot of discrimination. Social stigma and legal constraints make it difficult to implement interventions and decrease access to and involvement in services by communities.
- The obvious question for HIV prevention among IDUs is the link between the health sector and the criminal justice sector. Potential conflicts need to be addressed so that both policies can work together rather than against each other.
- Opposition to provision of opioid substitution therapy;
- Opposition to making needles and syringes available;

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**Resources**

• Evidence documents and other materials http://www.who.int/hiv/pub/Idu/en/

Harm reduction networks:

http://www.ihra.net/HarmReductionNetworks#RegionalHarmReductionNetworks