THE BRIDGE

Harm Reduction for IDUs

"Political Will" Lags Behind Need for Action

By Chris Wong

"Amazing." That's how Don des Jarlais characterises the extremes in the HIV epidemic among intravenous drug users (IDUs). At one extreme, des Jarlais cites Glasgow, Scotland, where HIV prevalence among IDUs is approximately one per cent. At the other end, he points to areas of Myanmar (formerly Burma), where 90 per cent of IDUs are HIV-positive.

How can such disparate realities co-exist? Des Jarlais, Research Director at the Chemical Dependency Institute of Beth Israel Medical Centre in New York City, thinks the answer relates more to politics than science. He contends that the absence of «political will" to expediently implement comprehensive harm reduction programmes is a major factor influencing growth of the epidemic in certain regions.

There are some examples, from the Canadian context, of HIV spreading despite harm reduction efforts that include needle exchange. The HIV outbreaks among IDUs in Vancouver and Montreal, in which injectable cocaine has been a factor, have shown that half measures are often not enough. And these outbreaks have shown that policy decisions can be central to the high rate of infection.But researchers like des Jarlais believe the evidence is strong that harm reduction strategies, in the vast majority of settings, can effectively prevent the spread of HIV. And they think it's crucial that more harm reduction programmes be put in place, given the overall status of the epidemic among the estimated 10 million people in the world currently using drugs intravenously. "The global perspective is somewhere between pretty bad to catastrophic," says des Jarlais. "Things are getting worse fast."

Sessions at the 12th World AIDS Conference will spotlight research examining harm reduction in its various forms. They'll look at the key role of the strategy, which places a priority on reducing harm associated with drug use rather than ensuring abstinence, in HIV prevention. A number of sessions will focus on programmes in Europe, an important testing ground for the development of harm reduction. One study, jointly conducted by the University Hospital of Geneva and the Phoenix Foundation, measured prevalence and incidence of HIV, hepatitis B and hepatitis C in a cohort of IDUs enrolled in Geneva's largest methadone maintenance program. Barbara Broers, of the University Hospital's Substance Abuse Division and principal investigator of the study, says the research documented a high HIV prevalence rate at entry to the program, which reflected out-of-treatment risk-taking. But a significant decrease in HIV infection occurred over time. Because there was no control group of non-methadone users, the study didn't identify a correlation between methadone maintenance and HIV risk reduction. But Broers says the study's data suggests IDUs changed behaviour in response to HIV prevention campaigns involving harm reduction. «To me, it's a sign that the global harm reduction program has been effective.»

A young woman shoots up at a Warsaw, Poland shelter for injection drug users.

WHO Photo: G. Diez

Broers says the "global" program she's referring to has incorporated a breadth of measures ranging from needle exchange to addictions treatment. In Amsterdam, a similar broad approach has been taken. Erik Van Ameijden, with Amsterdam's Municipal Health Service, says a combination of harm reduction measures — not needle exchange alone — has been an important factor in reducing HIV prevalence among IDUs.

Van Ameijden will present a poster at the Conference examining high risk injection behaviours in Amsterdam. His research looked at why there was a major reduction in these behaviours, but only to a certain point. A conclusion of the study was that despite the abundance of harm reduction initiatives in Amsterdam, there's still a «residual risk" of unsafe behaviour. "There appears to be a maximum [risk reduction] you can achieve," says Van Ameijden, Project Leader of the Amsterdam Cohort Study of IDUs. Therefore a lesson to be learned from the Amsterdam experience is not that new harm reduction measures are necessarily needed, but that existing measures need to at least be maitained, he adds. "It can take a lot