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Evidence for action on HIV/AIDS and injecting drug use

POLICY BRIEF: REDUCTION OF HIV TRANSMISSION THROUGH OUTREACH

BACKGROUND

In many countries, access to drug-dependence treatment and HIV/AIDS prevention and care services is limited for injecting drug users. Moreover, users of illicit drugs are commonly marginalized by communities and usually attempt to remain hidden from the authorities, especially law enforcement agencies. They also frequently avoid using institutional treatment and other services, either because they fear being registered as illicit drug users and prosecuted, or because they feel that the drug-dependence treatment on offer would not respond to their needs. Consequently, the drug users who could benefit most from HIV/AIDS prevention services and drug-dependence treatment are often the least likely to use these services. For this reason, HIV/AIDS prevention programmes have undergone significant change during the past two decades: instead of waiting for injecting drug users to enter health and social institutions they offer services to users where they are and where they use drugs.

In order to accomplish such programmes a strong outreach component is necessary, involving various approaches.

WHAT IS OUTREACH?

Outreach aims to contact drug users in the communities where they live, use drugs and gather, and to provide them with information and the means to reduce the risks of acquiring HIV infection related to the sharing of injecting equipment and sexual contact. Outreach is also intended to prevent other health and social consequences of drug use. Typically, outreach workers provide risk-reduction information and commodities such as clean needles and syringes, bleach and condoms. They also provide, where available, referral opportunities for drug-dependence treatment, including substitution treatment, and other services, such as the collection of used injecting equipment, abscess management, HIV testing and counselling and treatment of sexually transmitted infections. Outreach programmes vary in respect to the components adopted and the services provided. Examples are given below.

- **The types of people doing outreach**, e.g. current or former drug users, people who do not use drugs, volunteers, social workers and health professionals.
- **The specific subgroups of drug users to be reached,** e.g. injecting drug users, former injecting drug users out of drug dependence treatment, those using specific substances (e.g. heroin and other opioids, cocaine, amphetamines), networks of injecting drug users, female drug users, prisoners and persons recently released from prison, sex workers who inject drugs, drug users living with HIV/AIDS, street children involved in multiple risk behaviours, and injecting drug users belonging to ethnic minorities.
- **The venues where outreach takes place**, e.g. streets, bars, shooting galleries, railway stations, highways, crack houses, store fronts, markets, slums, locations belonging to professional injectors.
- **The services provided to drug users**, e.g. risk-reduction information (face-to-face, written materials), condoms, bleach, clean needles and syringes, sterile water and alcohol swabs, collection of used injecting equipment, referrals to drug-dependence treatment, abscess management, HIV testing and counselling, treatment of sexually transmitted infections, treatment of HIV/AIDS-related illnesses and, sometimes, shelter and food.

- **The types of organizations**, e.g. government bodies, nongovernmental organizations, drug-user and self-help organizations, and initiatives linked with existing institutions (e.g. drug treatment services), which may be mobile or stand-alone.

The effectiveness of outreach interventions depends greatly on the skills of the outreach workers and the appropriateness and comprehensiveness of the services provided.

EVIDENCE

WHO commissioned international literature and programme reviews on the effectiveness of HIV prevention for injecting drug users (wwww.who.int/hiv/pub/prevcare/idu/en).

The evidence obtained in more than 15 years of research and evaluation involving various types of research design in different country settings strongly indicates that outreach-based interventions are effective in contacting out-of-treatment injecting drug users and providing them with the means for effective behaviour change. Furthermore, outreach programmes can reinforce HIV prevention services provided to drug users in treatment. Specifically, research has consistently revealed significant and strong post-intervention effects, such as:

- increased cessation of injecting drug use, reduced injection frequency and reduced sharing of injecting equipment, thereby reducing the risk of HIV transmission, even if the programmes do not provide clean injecting equipment themselves;
- increased needle disinfection and increased condom use;
- increased entry into drug dependence treatment, including substitution treatment.

Thus 10 of 11 studies found positive effects of outreach related to the cessation of injecting drug use, 17 of 18 found such effects related to reduced injection frequency, and 18 of 22 found positive effects related to reduced sharing of needles and syringes. Evidence of increases in needle disinfection, entry into drug treatment, and condom use was obtained in 11 of 17 studies, 7 of 8 studies and 18 of 21 studies respectively [1]. The following observations have also been made.

- Services such as HIV testing and counselling, or drug-dependence treatment, were most effective when linked to outreach.
- Programmes that made services accessible by providing drug users with transport increased the use of such services. For example, mobile units providing on-site HIV testing and counselling increased the likelihood that these services would be utilized [2]. Projects with mobile units were 86 times more likely to have their clients tested for HIV than projects without such units. Projects with on-site HIV testing were 21 times more likely to have their participants tested for HIV than those that referred for services.
- Both peer-driven interventions and traditional outreach models (i.e. outreach performed by social workers or health professionals) produced significant reductions in HIV risk behaviours. Injecting drug users who were approached by their peers reported that they shared syringes and other injection paraphernalia less often and injected drugs substantially less often than did injecting drug users recruited through traditional outreach. Active drug users or opinion leaders addressing networks of drug users recruited a more diverse at-risk group of injecting drug users and influenced greater changes in risk behaviours than was achieved with more traditional outreach.
- Outreach-based intervention programmes were feasible and affordable even in resource-constrained settings. Outreach was often the first step in establishing HIV/AIDS prevention, care, treatment and support programmes for injecting drug users.

The evidence supports the view that outreach and face-to-face contact between outreach workers and the target group is associated with reduced risk behaviour and reduced exposure to HIV.

POLICY AND PROGRAMMING IMPLICATIONS

- Community-based outreach as a means of HIV/AIDS prevention should be considered essential in countries or locations where injecting drug use is a significant route of HIV transmission.
- Existing outreach programmes should be expanded so as to reach a majority of out-of-treatment injecting drug users.
- Reaching out to injecting drug users and providing them with information, services and referral linkages, rather than waiting for them to access

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[1] Coyle SL, Needle RH, Normand J. Outreach-based HIV prevention for injecting drug users: A review of published outcome data. In: Needle RH, Coyle S, Cesari H, editors. HIV prevention with drug-using populations–current status and future prospects. *Public Health Reports* 1998;113(Suppl 1):19-30

[2] Tinsman PD, Bullman S, Chen X, Burgdorf K, Herrell JM. Factors affecting client response to HIV outcome efforts. *Journal of Substance Abuse* 2001;13:201-14.

services, requires commitment by local and national governments to reorient drug and HIV/AIDS policies and to recruit skilled staff and peer educators or retrain existing staff.

◗ The implementation of effective outreach programmes requires the creation of an enabling environment for the establishment and maintenance of outreach services, including the review of paraphernalia and drug laws, law enforcement practices and the provision of a variety of health services.

◗ Finding the right mix of approaches and services appropriate for the group of injecting drug users to be reached in particular political, legal and socioeconomic circumstances often presents a challenge. The likelihood of effective programme implementation can be significantly increased by including injecting drug users and people living with HIV/AIDS in programme development and implementation.

◗ Central to effective outreach work are referrals to other services and the inclusion of outreach in other services, including drug-dependence treatment, abscess management, HIV testing and counselling, and treatment of sexually transmitted infections and HIV/AIDS, tuberculosis and hepatitis C. When outreach programmes are being established and expanded, such ancillary services should be appropriately included in programme development and implementation, and staff members must be trained accordingly.

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