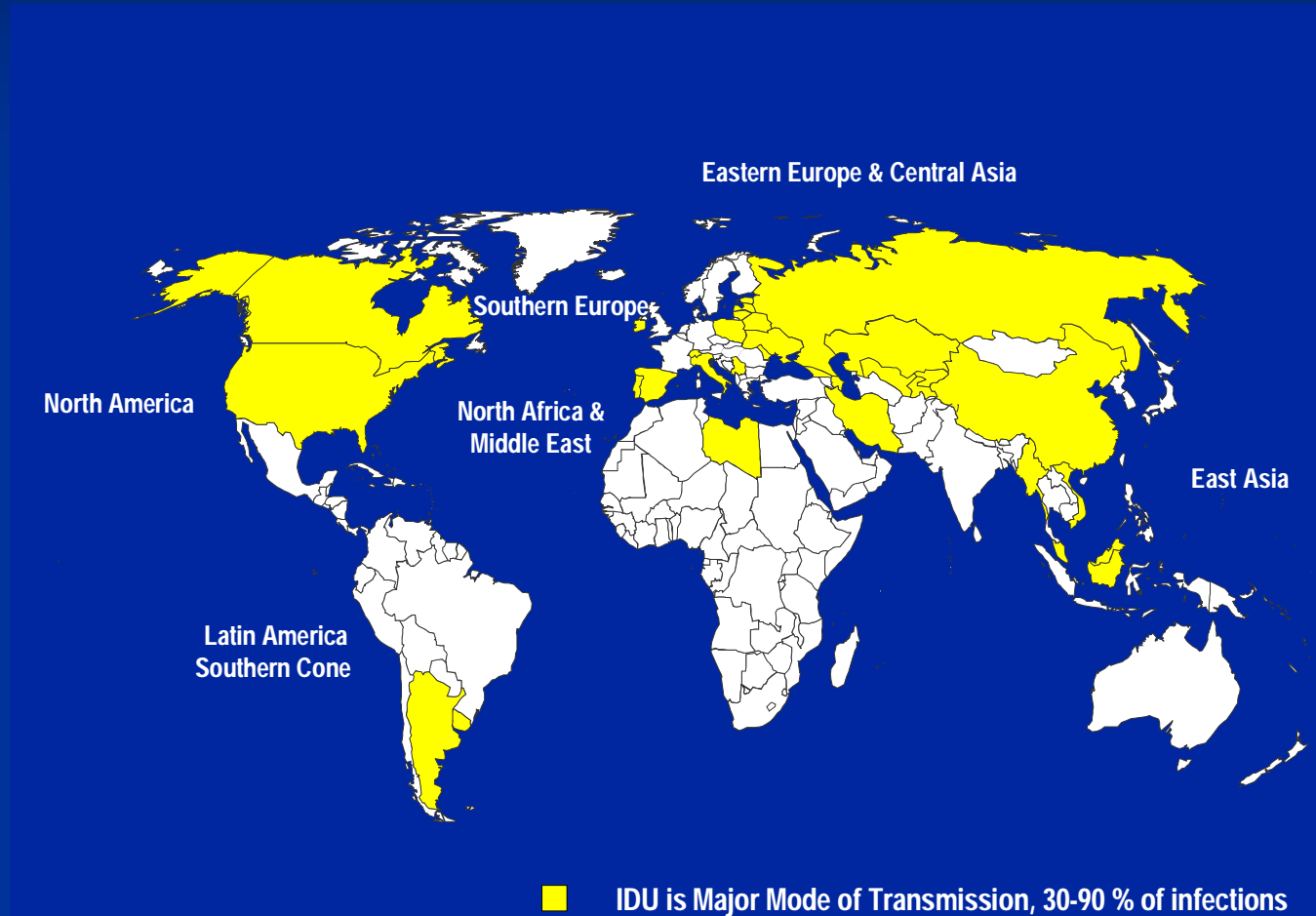


# IDU and the HIV Epidemic

- IDU has increased around the world in recent years.
- If IDU becomes widespread in a community or in a society, explosive HIV outbreaks may occur among IDUs.
- **Each third of the new HIV infections outside of Africa are via sharing non-sterile equipment**

# Regions and with needle and syringe sharing as major mode of HIV transmission



# IDU- special category of patients

- Life style
- Poverty
- Double stigma in the society
- Discrimination oin the medical settings
- Fear of police
- Prison
- Unwillingness and unpreparedness of the healthcare system to work with this group of patients outside of special institutions

# IDUs - special category of patients

Even in countries with wide availability of ARV medications IDUs have limited access to treatment

*Strathdee et al describe only 40% of their ART eligible IDUs to be receiving ART (Vancouver, 1997)*

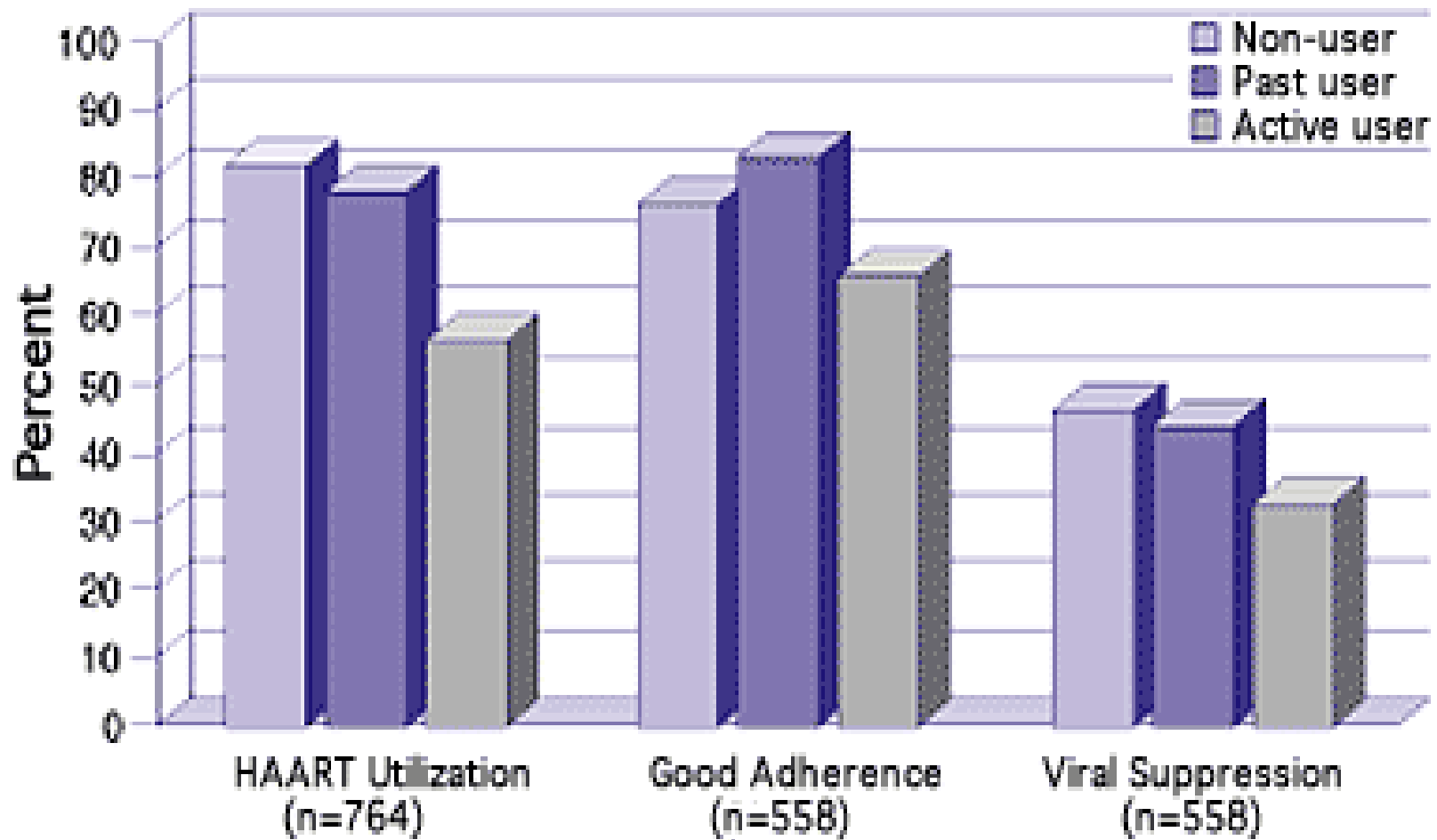
*Wood et al noticed increase in access to ARV in IDUs but still 30% do not receive treatment (Vancouver, 2001)*

# Main principles of organizing HIV care for IDUs

## WHO protocols for CIS region, 2004

- Care must be accessible. The services should be located in places that are accessible by the client and situated in the facilities that are part of the general healthcare infrastructure.
- Multimodality interventions and integrated care (one-shop service). Availability of methadone treatment as well as other drug treatment services is a vital component of integrated care principle.
- Care should be offered to patients on the level that they are able to utilize. Which means the step-by-step approach from less complicated therapeutic procedures to ARV
- Outreach strategies are a vital component of HIV care. The most-effective programs have formed strong links with the community-based organizations and have utilized peer educators and counselors drawn from the vulnerable groups.

**Individualising HAART** by using novel methods of drug dispensing, utilising once daily dosing when appropriate, increasing accessibility to drug treatment programmes, and an awareness of interactions between methadone and HAART improved the overall outcome for IDUs



# Conclusions

- ARV standards should consider specifics of such category of clients as IDUs
- Methadone should be an integral part of the HIV service kit for IDUs
- Taking into consideration parallel services of drug treatment and HIV maximal attention has to be given to integration of these services to ensure “one-stop shopping” .
- Experience of Harm Reduction projects should be used effectively in order to ensure access for these clients for VCT, care and treatment as well as preparation of “peer outreach counselors” and adherence work for IDUs.

# However

- Repressive drug policies still remain the main barrier for access to treatment for IDUs worldwide
- Access to ST remains limited in Eastern Europe and STILL illegal in Russia
- IDUs are withdrawn from clinical trials on new medicines and medicines specifically focused on saving their lives

**Join the case**

**Free Denis Matveev**