Drug use, policy and HIV

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Overview

• HIV transmission risks
• Overview of HIV epidemiology among people who inject drugs (PWID) in Southern Africa
• Policy, process and health
• Evidence based HIV prevention interventions for PWID and recommended practice
• Case studies
• Future directions
Relative HIV transmission risks (per act)

Source: Paquette et al, 2013
## Southern African PWID: Size Estimates

<table>
<thead>
<tr>
<th>Location, sample, methods</th>
<th>Findings</th>
<th>Source</th>
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<tbody>
<tr>
<td><strong>2013</strong></td>
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<td>South Africa. Modeled data from 2008 household survey.</td>
<td>67,000 (0.2% people aged 15 – 64)</td>
<td>Petersen et al. 2013</td>
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<td>Mozambique. Size estimation as part of biobehavioural survey.</td>
<td>Maputo: 1684; Nampula: 520</td>
<td>Teodoro et al. 2015</td>
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<td><strong>2014</strong></td>
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<td>South Africa. National. Programmatic mapping. Secondary key informant.</td>
<td>75,701 (42,755 males; 32,946 females). Most in metro areas. 44% PWID visit bar/ clubs</td>
<td>Setswe et al. 2015</td>
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<td>South Africa. Formative assessment in Cape Town, Durban, Pretoria</td>
<td>Data analysis underway</td>
<td>TB/HIV Care Association et al. 2015</td>
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<td><strong>2015</strong></td>
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<td>South Africa. PWID accessing HIV prevention and harm reduction services in Cape Town, Durban, Pretoria.</td>
<td>994 PWID accessed services between June – December 2015 (363 Cape Town; 139 Durban, 492 Pretoria)</td>
<td>THCA, OUT, CDC, UNODC, Mainline 2015</td>
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## Southern African PWID: HIV Prevalence & Risk

<table>
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<td>2014</td>
<td>Mozambique. Maputo (n=351) and Nampula (139). Integrated biobehavioural survey.</td>
<td>High HIV burden: 50.3% in Maputo and 36.9% in Nampula. High risk practices: 26.1% in Maputo and 28.6% in Nampula shared needles in last 30 days.</td>
<td>Teodoro et al. 2015</td>
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The policy cycle

The policy reality

Drug policy and health outcomes

Source: Burris et al. 2004

- Access to HIV testing
- Linkage to HIV care
- Retention in care & viral suppression
Evidence-based HIV prevention, treatment, care and support interventions for PWID

1. HIV counselling and testing
2. Antiretroviral therapy
3. Needle and syringe programmes
4. Opioid substitution therapy
5. Condom & lubricant distribution
6. Prevention and treatment of STIs
7. Targeted information, education and communication material
8. Prevention, diagnosis & treatment of TB
9. Prevention, diagnosis & treatment of viral hepatitis
WHO good practice recommendations

Work towards:
• The decriminalisation of drug use
• The unjust application of civil law and regulations against people who use drugs
• Implementing and enforcing antidiscrimination and protective laws to eliminate stigma, discrimination and violence affecting key populations
Case studies:
Impact of law enforcement on health
Australia

The impact of a police crackdown on a street drug scene: evidence from the street
Campbell Aitken a,⁎, David Moore b, Peter Higgs a, Jenny Kelsall a, Michael Kerger a

Ukraine


Law Enforcement Practices Associated with HIV Infection Among Injection Drug Users in Odessa, Ukraine
Robert E. Booth,
Case study: Delaying evidence-based interventions
Russia

HIV incidence among PWID in Eastern Europe, 1993 - 2011

Many new infections in Russia with a supply reduction focus

Case studies:
Scale-up of harm reduction interventions
China

HIV incidence among PWID before and after harm reduction interventions, Xichang City, China, 2002 - 2008

75% reduction in new HIV infections after harm reduction interventions introduced

Source: UNAIDS, 2014
Mauritius

HIV prevalence among PWID and other populations, Mauritius, 2000 - 2012

Source: UNAIDS, 2013

Large-scale harm reduction interventions implemented
What will happen in South Africa?
References


