Drug Policy and the HIV Movement

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Place of HIV infection and AIDS in modern world

- **HIV epidemic requires new way of thinking and new solution ways in various society sections, as well as input of various scientific fields.**
- **AIDS makes an impact on development of other fields and sectors.**
- **How is this impact?**

Principles of HIV prevention among and from IDUs

- Short-term pragmatic goals and to do first what is possible
- Slight changes are more easy to achieve
- Use of hierarchy of risks:
  - Stop/never start using drugs
  - If you have to use, don't inject
  - If injecting, don't re-use or share
  - If re-using, use own equipment
  - If re-using others' equipment, clean it appropriately
- Use of multiple strategies
- The same thing should be repeated many times and in different ways
- Involvement of drug users, to provide required information and instruments to IDUs
- Long term effect…

Adopted bay S.Čaplinskas from WHO Slides and teaching notes: Training guide for HIV prevention outreach among injecting drug users

Risk factors

- Often there are many factors together
- History of sexual abuse or violence
- High risk sexual behavior
- Type of drug
- Psychosocial risk factors
- Mental illness
- Needle sharing
- Marginalization
- Minorities have a higher risk
- Age as a risk factors: Youth
- Self-perceived risk
- Prison
- Social networks

Protective factors?

Protective factors for HIV infection in IDUs

First results of the literature review

Markus Backmund

and Karen Reimers

EU expert meeting on the EMCDDA key epidemiological indicators drug related infectious diseases

10-11 October 2006

Lisbon

Treatment was not one of the key words

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Protective factors for HIV infection in IDUs

1. Psychological

Why don‘t we have information about psychological protective factors?

2. Interventions

- **Methadone maintenance**
- **Promotion of condom use**
- **Community outreach**
- **Study participation**
- **Syringe exchange programs**
- **Testing**
- **Psychosocial interventions**
- **Possibly protecitve substances**
- **Policy measures**

Treatment from dependance

3. Social factors

- **Socioeconomic status**

  Lower socioeconomic status and marginalization are associated with increased risk of HIV-infection

- **Social networks**

  New approach to studying risk patterns

Adopted bay S.Čaplinskas from WHO Slides and teaching notes: Training guide for HIV prevention outreach among injecting drug users

Insufficient lobbying of rehabilitation

- **Possible reason: no profit for pharmaceutical companies or other interested groups?**
- **Evidence based or lobby based?**

HIV and IDU health policy implementation

- **Estblisment of a Network of Low Threshold Centers (LTC) for IDU**
  - **Trust-based function: voluntary, not based on beeing drug-free, personal information not recorded**
  - **Close and accessible to target group**
  - **Services include smallscale healthcare provision, councelling & guidance to detoxification, VC & HIV-testing, condom distribution and exchange of injection equipment (NEP)**
  - **Base for outreach work among IDU**
  - **Close collaboration with detox- and primary health care services, social services and law enforcement**

The harm reduction (HR) approach

- **Methadone programs (ST) and needle exchange programmes (NEP) are implemented according to so called HR approach**
  - **Ultimate goal: to stop DU from using drugs**
  - **Until this is possible, to minimize damage DU inflict on themselves and the society at large**
  - **Suggested outcomes of HR programs**
    - **Prevention of HIV transmission**
    - **Prevention of HCV transmission**
    - **Reducing risk behaviour, needle and syringe sharing**
    - **Reducing injection frequency**
    - **Bridge to treatment**

Effective response to HIV and HCV?

- **Consensus first to be achieved that IDUs behaviour could be modified**
- **HR programmes were first controversial, now they turned to be fashionable**
- **Programme coverage, surveillance and service audit issues remains very actual**
- **HR - Tool or Goal?**
- **Terminology?**

Research on substitution methadone treatment process evaluation In Lithuania. Conclusions

- **Objective of servicing process evaluation – to find out:**
  - **service nature,**
  - **service target group,**
  - **if services meet the standards.**

Source: Public institution „MTVC“, Vilnius-2007

Research on substitution methadone treatment process evaluation In Lithuania. Conclusions

- **Substitution methadone treatment process in Lithuania hasn't any clear boundary – what it exactly means: is it a service or a programme.**
- **If service, standards of provision should be created and evaluation performed on how and how much the service meets standard requirements**
  - **There is no unified service concept at present (presently, duration, conditions and content of service provision depends on financial and human resources of institution)**

Source: Public institution „MTVC", Vilnius-2007

Research on substitution methadone treatment process evaluation In Lithuania. Conclusions

- **If programme, there are no programme-characteristic elements: none clearly defined and assigned resources, objectives and results**

  - Staff attitude meets "high threshold" or dependency treatment (cure) format.

  - Servicing practice meets harm reduction concept.

Source: Public institution „MTVC", Vilnius-2007

Research on substitution methadone treatment process evaluation In Lithuania. Conclusions

- **Conceptual indetermination result into insufficiently effective staff attempts to motivate the patients get cured.**
- **Prevailing treatment result – stabilisation of the patient's condition – doesn't sufficiently stimulate working performance of the staff.**

Source: Public institution „MTVC", Vilnius-2007

Terms and conceptions are predestine lots and lots

- **“I give him methadone for 5 years, and he is still not healthy”**

  Nurse of Vilnius Methadone Programme

Some players armoured with fragmented knowledge have even lost themselves in terms and conceptions

Source: Public institution „MTVC“, Vilnius-2007

Where do the new terms take us?

- How far could we go with compromises ?
- How far could we go with destigmatisation of socially unacceptable behaviour?

- **How support of drug users could be destigmatised without destigmatisation of the use?**
- **Do we want that an ultra-boundary issue becomes a norm?**
- **We should avoid narrow approach to solution of a multiplan problem**

Norm

1) Authoritative example, model;
2) Rules of fair behaviour standing in one group, which regulate, control and direct behaviour to assure its acceptability and correctness
3) a) Standard development and achievement settled according to average indicator of accomplishments of a large group

   b) behavioural model or its characteristics typical for one social group;

   c) widely spread practice, behavioural mode, custom or behavioural rule

Merriam-Webster Collegiate Dictionary

Norm

Biological mean of a norm:

“functioning or natural state without obviously seen abnormalities or defects”.

“Normality” is considered along with the term “health”.

Social norm

Behavioural standard to regulate social behaviour of the people.

Social norms could be formalised (e.g. legal norms). In this case prosecution of those is officially sanctioned.

Prosecution of non-formalised social norms is sanctioned by societal ethics.

Psychological dictionary. Vilnius 1993

Consolidation of vulnerable groups

- People living with HIV
- Men having sex with men
- Prostitutes
- Injection drug users
- Convicts and inmates
- People released from prison settings
- Migrants and national minorities

Case management approach

- **Multi-step process**
- **Ensures coordination of services including medical and specialty care**
- **Ensures access to a range of appropriate medical, psychosocial and social services for the client and family and which promotes and supports the independent functioning of the client and family.**

Case management approach

- When a person is incapable to take responsibility for own behaviour harmful for himself, his environment and population
- Somebody has to take responsibility for this individual behaviour and take action for some time

- Rights and responsibilitys

Progress on Implementing the Dublin Declaration on Partnership to Fight HIV/AIDS in Europe and Central Asia

- Declaration progress report to be finalised during the German EU presidency (by end June 2007).
- **15 thematic overviews: 2–10 pages each**

Leadership and Partnership

1. **Political leadership (Commitments 1, 3, 5, 6, 22, 26, 30, 32, 33)**
2. **Community involvement and the private sector (Commitments 2, 4, 27, 30, 32)**
3. **Resource generation (Commitments 1, 7, 8, 9, 13, 17, 29)**

Progress on Implementing the Dublin Declaration on Partnership to Fight HIV/AIDS in Europe and Central Asia

4. Injecting drug use and HIV

Questions to address:

- Has access to prevention for IDU been scaled up?
- Has access to drug dependence treatment for IDU been scaled up?
- Has access to harm reduction for IDU been scaled up?
- Has access to prevention, drug dependence treatment and harm reduction for IDU been enabled, strengthened and widespread?
- Have national policies been in place to enable, strengthen, and scale up prevention for IDU?
- Are national policies in line with international standards and recommendations?

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Conclusions

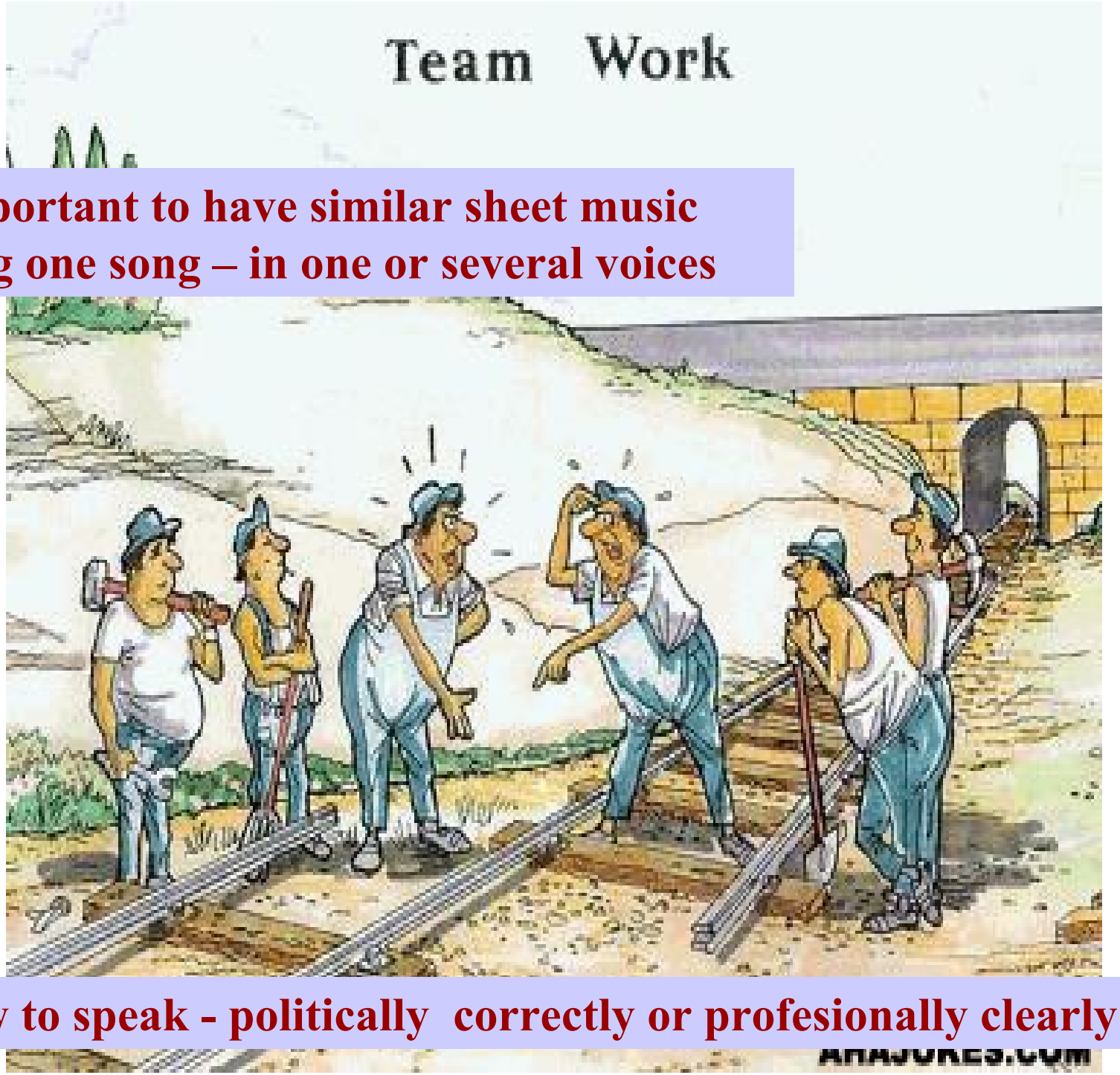
- **Possibility of further spread of drug use and DRID (HIV, hepatitis) is high, therefore a need for effective drug use prevention measures is higher as ever**
- **Key direction of policy and actions to be drug use prevention and dependency treatment**
- **However drug use HR shouldn't be rejected and drug use prevention shouldn't be made the only aim. Drug use harm must be further on agenda, and quality of HR programmes must be improved and activity monitored**
  - **The only way to reduce the harm of parental drug use is reduction of their drug use**

Conclusions

- **A comprehensive health and social service system for injecting drug users is an essential part of HIV prevention**
- **Low threshold services are the first step to improve availability of support to those in the highest need. It is a chance to contact drug users and refer them to dependency treatment programmes.**

Drug Policy and the HIV Movement

- **HIV Movement lobbies quickly and develops activities of harm reduction – pragmatic approach**
- **Long term goals – drug free Europe – others have to develop. Otherwise, it will be disbalanced.**



It is important to have similar sheet music and sing one song – in one or several voices

How to speak - politically correctly or profesionally clearly?