

Viral transmission linked to injecting illicit drugs: finding the best medicine



“Being in state custody may be the most important non-medical determinant of HIV and hepatitis C risk in many countries.”

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In many of the countries with the largest number of hepatitis C cases – including China, Russia and the USA – the majority of HCV transmission is due to contaminated injection equipment [1]. Almost one third of new HIV infections outside sub-Saharan Africa, and a growing percentage of those in parts of Africa, are linked to unsafe injection [2]. With the devastating epidemics of sexually transmitted HIV in Africa well past their peak growth rates, the fastest-growing HIV epidemics in the world are those linked to drug injection [101].

One of the most important determinants of the course of HIV and hepatitis C epidemics and the management of these conditions among people who inject drugs may be the way drug users are treated by police and criminal justice systems. The harms of repressive policing and incarceration as impediments to prevention, treatment, care and support services for people susceptible to injection-linked viruses must be better understood and addressed. Health professionals should be an important voice in advocating law enforcement and criminal justice policies and practices that do not impede access to healthcare and do not violate the rights of people who use drugs.

Since the first major UN General Assembly session on HIV in 2001, the community of nations has been committed to increasing access to HIV-prevention services for people who inject drugs, including programs that provide sterile injection equipment and, for people who inject opiates, sustained treatment with medicines such as methadone and buprenorphine, as well as access to other drug-dependence treatment [102]. In spite of this commitment, these services, along with treatment for HIV and HCV, remain

inaccessible to the vast majority of people who use illicit drugs in most countries outside the global north, in addition to some parts of the northern countries too [3].

The problem here is not ignorance of effective interventions or even, in most cases, cost. Sterile syringe programs and many forms of outpatient treatment of drug dependency, including methadone maintenance, can be provided on a relatively small budget, and their effectiveness has been extensively studied. Rather, policy-makers are failing to address the pernicious depth and breadth of the HIV and HCV risks faced by people who inject illicit drugs, including those linked to criminalization of drug use and possession. It is time to broaden and correct the public health notion of HIV and HCV risks to reflect the reality of the lives of people who inject drugs.

The harms of repressive drug policing and incarceration seem to be too little understood or too easily dismissed by policy-makers as determinants of HIV and HCV risk. A vast body of largely qualitative literature attests to the many ways in which harsh laws and repressive policing add to health-related injection risks [4,5]. Paraphernalia laws discourage people from carrying clean syringes and may encourage syringe sharing. Police targeting drug users at syringe programs or treatment facilities to fill arrest quotas can lead people to eschew use of life-saving services. Crackdowns can cause people to inject in remote locations far from health services, or can even lead people who smoke or inhale drugs to inject because the effect is quicker. In one of the few quantitative studies of these phenomena, Strathdee *et al.* estimated that as many as 29% of new HIV infections

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could be averted among people who inject drugs in Odessa, Ukraine if police beatings did not traumatize them and impede their use of health services [6].

Police forces usually state that their goal is to focus their efforts on major drug kingpins, but minor drug sellers and people whose only ‘crime’ is drug use are much easier to capture. Once in custody, people who are dependent on drugs are highly vulnerable to police abuse, including being interrogated or coerced into confessions when they are in a state of drug withdrawal [7,8]. A UN official has said that this practice is a form of torture [103].

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In countries with the harshest drug laws, people who inject drugs are likely to be in pretrial detention or prison at some time in their lives. Being in state custody may be the most important nonmedical determinant of HIV and hepatitis C risk in many countries. Stuckler *et al.* demonstrated that the rates of incarceration in Eastern Europe and Central Asia are highly correlated with the prevalence of TB and multidrug-resistant TB in the general population [9]. We do not have a similar analysis for HIV or HCV, but it is clear that the risks are high and prevention services few. A number of studies demonstrate the importance of incarceration in interrupting antiretroviral therapy or methadone treatment, and a recent study confirms that incarceration-related interruptions can lead to HIV treatment failure even in people whose viral load was stabilized [8,10].

The paucity of HIV and HCV prevention services and effective treatment for drug dependence in prison and remand facilities is a glaring public health problem. People who use illicit drugs are over-represented in detention facilities worldwide. Interior Ministries undo with one hand what Ministries of Health do with the other. Countries should not expect to control their HIV and hepatitis C epidemics without controlling the risks faced by people in the custody of the state and at the mercy of the police.

The reality that drug injection takes place in detention facilities is often denied by those in power. Taking a more honest approach,

countries such as Switzerland and Spain have virtually eliminated new HIV and HCV transmission in prison by ensuring ready access to clean injection equipment for prisoners [11]. Such measures are not limited to European countries, with Moldova and Kyrgyzstan also implementing needle and syringe programs in prison [11]. This measure also protects guards, who no longer face the risk of being pricked by a contaminated syringe when searching cells or doing pat-downs.

Indeed, countries that have made low-threshold or easy-access harm-reduction and addiction-treatment services a priority have had enormous success in reducing HIV and hepatitis C among people who inject drugs. It is a public health crisis that in so many other countries these measures are not even considered. There are, for example, at least 37 countries that offer methadone in the community, but not in prison or pretrial detention [12], or in which possession of sterile injection equipment can be used as grounds for arrest. The political pressure to be ‘tough on drugs’ makes it easy for politicians to demonize people who use drugs as a social evil and to portray services for them as a waste of public resources. The narrative of ‘personal responsibility’ and the perpetuation of the idea of drug dependence as moral weakness or a character flaw allow political leaders to espouse bad policies with impunity.

“...health professionals may be the only hope for directing policy and program decision-making towards approaches to HIV and HCV that address the risks of policing and incarceration.”

In many countries, health professionals may be the only hope for directing policy and program decision-making towards approaches to HIV and HCV that address the risks of policing and incarceration. They can be effective advocates for alternatives to arrest and incarceration for minor drug infractions, and for the expansion of effective health and social services that provide such alternatives. They can promote good-quality, comprehensive HIV and HCV prevention and treatment for people in state custody. Medical and nursing associations and leaders in the field should also work to ensure that health professionals in prisons and remand facilities are able to pursue the best clinical and public health practices in their work without

their health judgments being overruled in the name of security.

Research on the epidemiological importance of policing and incarceration in HIV and HCV risk and the course of viral epidemics – and conversely, on the positive health impacts of alternatives to incarceration and zero tolerance policies – would be welcome. Some political leaders will not be swayed by any amount of evidence on the urgent need for prevention and treatment services for people who inject drugs, but understanding the full range of risks may help some of those in power to see a reduction

in repression as being part of the best medicine for HCV and HIV.

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