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## Avoiding the injection investive

Drug injection threatens to spread HIV in Africa at an unprecedented pace.

**Joanne Csete**

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In order to minimize the problem, argues Joanne Csete, African nations must refuse to submit to the knee-jerk response to demonize drug users

Though Africa bears the world's greatest burden of HIV/AIDS, the fastest spread of HIV since the late 1990s has occurred not in Africa but in the former Soviet Union and eastern Europe. There, the main cause of HIV transmission is the use of contaminated syringes to inject drugs, which is even more efficient than sexual contact at spreading the virus.

Super-imposing a drug-injection-based AIDS epidemic on the already grave consequences of sexual and perinatal HIV transmission in Africa is a nightmare scenario. But as drug injection becomes more widespread there, this eventuality is possible.

More plentiful drug supplies, high unemployment and poverty rates, and very little attention to educating people about drugs are a recipe for growing drug use. The UN Office on Drugs and Crime (UNODC) estimates that the supply of opiates being trafficked through sub-Saharan Africa has increased dramatically over the past three years. The agency also suspects that heroin is now widely used in coastal areas of Nigeria, Tanzania, Kenya and South Africa, and in larger inland cities.

A 2003 study of heroin users in Nairobi found that nearly half of them injected the drug, rather than smoked it. Of those who injected, over half were HIV-positive, compared to 13.5 per cent of those who did not.

"It's not a big problem now, but it's one that is worrying and rising," said Dr. Okechukwu Nwanyanwu of the South Africa Centre for Disease Control. He noted that sex workers were especially vulnerable as they could be pressured by pimps into using drugs to increase their productivity.

The good news is that there are proven, cost-effective methods for preventing HIV transmission among people who inject drugs. The bad news is that politics and society's disdain for people who use drugs often get in the way of adopting those methods.

Providing sterile syringes -- through such means as retail sales in pharmacies or programs that exchange used syringes for sterile ones -- has effectively prevented cases of HIV in Canada, Europe, Australia and parts of Asia. Though some critics say these programs promote drug use, the World Health Organization concluded that there is "no persuasive evidence that ... syringe programmes increase the initiation, duration or frequency of illicit drug use."

In spite of this overwhelming evidence and the widespread success of syringe programs in many parts of the world, the United States, a principal donor to AIDS-prevention efforts in Africa, will not fund sterile-syringe programs as part of its overseas assistance. The Global Fund to Fight AIDS, Tuberculosis and Malaria and other major donors, on the other hand, have done so. The U.S. policy reflects an approach to drug use that favours criminalizing

people who use drugs, rather than protecting them from the harms of drug use through public-health programs.

A central element of HIV prevention in many countries, including Canada, has been "substitution therapy" with opioids such as methadone. Since methadone is administered orally, substitution therapy enables people with opioid addictions to stop injecting. It also enables them to stabilize their cravings with a legal drug of known quality and strength, allowing them to live healthier lives. WHO, UNAIDS and UNODC have strongly endorsed substitution therapy as a critical component of HIV-prevention programs for people who use heroin. In 2005, WHO placed methadone on its list of "essential medicines."

Other countries, however, have made methadone illegal or inaccessible. Russia still bans methadone, while the U.S. allows methadone programs within its borders -- with many restrictions -- but will not support them abroad.

In Africa, many thousands of young lives will depend on whether governments take the responsibility to ensure that people who use drugs have the means to protect themselves from HIV. African states must not be cowed by U.S. policies and ideology or by the knee-jerk response to demonize drug users; instead, they need to be open to evidence-based programs and to work with donors that will support such efforts. It will take courageous political leadership to overcome the social discrimination against people who use drugs and the popular tendency to treat drug users as criminals or as throw-away people.

Perhaps the only good news in a looming injection drug crisis is the fact that a real opportunity exists to learn from the mistakes of others.

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