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Testing and injecting drug users: Challenges and approaches to effective testing

Lucas Wiessing

**European Monitoring Centre for Drugs and Drug
Addiction (EMCDDA)**

SOAIDS

Background

- HIV epidemics dominated by IDU in Eastern Europe (EuroHIV, 2007)
- EU region generally 'under control' (<5/M), but exceptions (Estonia, Portugal, Latvia). Estimated 1 in 7 HIV diagnoses in 2005 were IDU
- Even in some low HIV-IDU transmission countries, HIV concentrated in subgroups of IDU – 8 EU countries report regions > 20% HIV+
- EU has strongly invested in harm reduction measures (needle exchange, opioid substitution treatment, other)
- For IDUs in contact with drug services, testing is often provider initiated (e.g. drug treatment and low threshold)
- IDUs who know their serostatus may reduce risk behaviour, especially if HIV+ (Desenclos et al., 1993; Riehman, 1996)

Questions

- What is current testing uptake in IDUs?
- What are specific problems of this group?
- How to achieve more effective testing?
- Is there sufficient guidance for testing IDUs?

Current testing uptake in IDUs in the EU

- sentinel surveillance, large samples -

- Estonia 2005: 90% ever tested and 62% tested in last year, 42% HIV+. One in three HIV+ was unaware of infection - mostly reporting a negative test result (Uusküla et al., 2006)
- Portugal 2007: in street recruited heroin users 51% ever tested and of these 38% HIV+ (IDT, 2007)
- Netherlands 1996-2000: 59% ever tested, half of HIV+ unaware of infection (RIVM unpublished data, 2006)
- UK 2006: 70% of IDUs in contact with services ever tested for HIV, 36% of HIV+ unaware of infection' (HPA, 2007)

Challenges in testing and care for IDUs

- Punitive national drug policies, police harassment, repeated imprisonment
- Stigma and discrimination of drug users in public health settings, including VCT
- Multiple needs of IDUs, testing is just one of them (opioid substitution treatment, sterile injecting materials, ARV, care, vaccination etc.)
- Chaotic and problematic behaviour due to drug use or mental problems, multiple practical issues e.g. poor veins in long-term IDUs, lack of stable address, lack of insurance... Specific expertise needed for counseling and care
- High drop-out rate among IDUs even in specialised services. IDUs and sex workers fail more often to return for test results or counselling

(Chan et al., 2007)

Challenges in testing and care for IDUs (example)

Questionnaire to 55 agencies delivering HAART in 21 countries in Central and Eastern Europe and Central Asia - poor access to ARV treatment for IDUs, major obstacles reported were:

(Bobrova et al., 2007)

- limited range of institutions for the provision of ARVs
- lack of treatment due to high cost of ARVs
- lack of clear policies and regulations in providing treatment for IDUs
- lack of infrastructure and trained staff to provide treatment
- and in some countries, absence of mechanisms such as methadone substitution programmes to support IDUs receiving ARV

Challenges in testing and care for IDUs (example 2)

(Ding et al., 2005)

United States 1996: cross-sectional surveys among a probability sample of non-institutionalized HIV-infected individuals and their main HIV care physicians. Assessment of physician and practice characteristics, training, HIV knowledge, experience, attitudes toward HIV-infected IDUs, stress levels, and satisfaction with practice

Results

- Nationally, 23.2% of HIV-infected patients had physicians with negative attitudes toward IDUs
- Seeing more IDUs, having higher HIV treatment knowledge scores, and treating fewer patients per week were independently associated with more positive attitudes toward IDUs
- Injection drug users cared for by physicians with negative attitudes had a significantly lower rate of exposure to HAART (13.5%) than non-IDUs who were cared for by such physicians (36.1%) or IDUs who were cared for by physicians with positive attitudes (32.3%)

Challenges in testing and care for IDUs (example 3)

(Rodríguez-Arenas et al., 2006)

- Multicenter hospital-based cohort of HIV-infected patients attending 10 hospitals in Spain from January 1997 to December 2003

Results:

- Delay in the initiation of HAART, poorer virological response, and higher mortality among HIV-infected injecting drug users in Spain

Challenges in testing and care for IDUs (example 4)

Review (Lert & Kazatchkine, 2007)

- The overall benefit from antiretroviral HIV treatment has been lesser in HIV-infected injecting drug users (IDUs) than in other patient groups (e.g. men who have sex with men)
- Poorer outcomes in HIV-infected IDUs are related to a variety of factors, including increased rates of non-HIV-related deaths, hepatitis C, delayed access to effective treatment, lower adherence to care and treatment regimens, continuation of illicit drug use, depression and negative life events
- The available evidence strongly suggests the need for the large-scale implementation of comprehensive treatment and care strategies for IDUs that include both treatment of drug dependence and HAART

Approaches to increase effective testing of IDUs

- Need to address drug policies affecting DU access to services
- Increase equitable access of IDUs to HIV treatment and overall their access to care
- Address stigma of drug users by education and information of professionals, policy makers, public
- Combine testing offer with low-threshold drug services – needle exchanges, substitution treatment etc. (Bobrova et al., 2007)
- Increase frequency of VCT in all drug services and prisons: offer voluntary annual medical check-up (Blystad, EMCDDA 2007)
- Pretest counselling should address fear of learning test results and rapid testing should be considered (Sullivan et al., 2004; Chen et al., 2007)

Approaches to increase effective testing of IDUs (2)

- Raise awareness testing among specialised and non-specialised drug service providers, collaboration with/ referral to drug specialists
- Ding et al., 2005: Provide education or experience-based exercises or ensure that clinicians have adequate time to deal with complex problems
- Costs need to be covered (e.g. national health insurance, national budget drug services, prison budgets etc.)
- Incorporate improvement of testing coverage in IDUs in EU and national AIDS and Drugs Action Plans, as a separate and specific action point
- Need to develop indicators to monitor stigma / discrimination and access to care of IDUs. Look at and disseminate best practice

Approaches to increase effective testing of IDUs (3)

(Spire et al., 2007)

Review of adherence to HAART in IDUs: Factors that may contribute to suboptimal treatment outcomes in IDUs include delayed access to ART, competing comorbid diseases, psychosocial barriers and poor long-term adherence to ART

- Opioid substitution treatment fostering access to care and adherence to ART
- Promising results achieved using modified directly observed therapy (DOT) programs for patients taking methadone
- Suggest a comprehensive care model which integrates substance dependence treatment, psychiatric treatment, social services, and medical treatment

Main existing testing guidelines and IDU

Revised Recommendations for HIV Testing of Adults, Adolescents, and Pregnant Women in Health-Care Settings (CDC, 2006)

- Test all persons with high risk annually: mentions IDU and referral to drug services
- No specific information (section) about testing IDUs

Guidance on Provider-Initiated HIV Testing and Counselling in Health Facilities (WHO / UNAIDS, 2007)

- Mentions testing IDUs at 'needle and syringe access and other harm reduction interventions', including referral to opioid substitution therapy
- Recommends testing higher risk individuals every 6-12 months, depending on epidemic
- No specific information (section) about testing IDUs

Policy and Programming Guide for HIV/AIDS Prevention and Care Among Injecting Drug Users (WHO, 2005)

- HIV testing and counselling is mentioned as an integral part of a comprehensive approach, links to other interventions are emphasized, but little detail is provided on issues around testing IDUs

Conclusions

- In some high and low prevalence countries in the EU large proportions of IDUs may have never been tested for HIV and large proportions of HIV+ IDUs may be unaware of their infection
- IDUs have specific needs and encounter specific challenges for testing, care and treatment, warranting specific approaches for this group
- Effective testing approaches include combining with low-threshold drug services, including opioid substitution treatment, care and ARV
- Specific guidelines for testing IDU are needed. Specific objectives on increasing IDU testing to be included in national and EU action plans
- Lack of testing uptake in IDUs may have serious consequences for the prevention of further spread, early treatment and care for those infected, and the quality of diagnostic surveillance data regarding this group

Thank you for your attention

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