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HIV AND INJECTION DRUG USE IN AFRICA: NOW IS THE TIME FOR ACTION

Statement Issued by the Global Research Network on HIV
Prevention
in Drug-Using Populations
July 5-7, 2000

The third annual meeting of the Global Research Network on HIV Prevention
The third annual meeting of the Global Research Network on HIV Prevention in

Drug-Using Populations (GRN) – an international forum consisting of scientists dedicated to identifying evidence-based, effective prevention strategies in response to the twin pandemics of HIV/AIDS and drug use – convened in Durban, South Africa on July 5-7, 2000. More than 75 participants from 30 countries attended the conference on the epidemiology, ethnography and prevention of HIV in drug-using populations around the world. In attendance were representatives from seven African nations (South Africa, Nigeria, Mauritius, Sierra Leone, Kenya, Zambia, and Botswana) and from the 15 Southern African Development Communities. In the context of a devastating heterosexual HIV/AIDS epidemic in Africa, early evidence reported by these scientists at the GRN meeting suggests emerging trends in injection drug use associated with an increase in the spread of HIV. Alcohol and Cannabis have been the primary drugs used in all of these countries, and injection of drugs is a relatively new behavior. Scientists reported increased use of heroin and cocaine and an increase in injection drug use. Risky drug use, unsafe needle practices and sexual risk taking often co-occur and can contribute to the global burden of the HIV/AIDS epidemic.

Evidence has accumulated from 20 years of research indicating that drug use patterns in hard-to-reach populations change quickly, and an increase in drug use, particularly cocaine and heroin, is followed by a rapid increase in HIV. Also, a high HIV prevalence among injection drug users could dramatically increase the heterosexual transmission of HIV within a community. Based on earlier experiences in other countries with drug-using epidemics, intervening before HIV prevalence reaches 5 percent can result in preventing epidemic

spread and its consequences. Scientists from nations affected by HIV and injection drug use recommend that the time to act is now to prevent widespread transmission of HIV and other infectious diseases (e.g., Hepatitis B and C), via injection drug use in Africa. In addition to intervening early, research suggests that effective prevention should include community-based peer outreach programs to enable those at risk to change their behaviors, access to sterile injection equipment, and expansion of treatment for drug abuse. Not intervening at this critical time could have serious health consequences resulting in enormous societal costs. In particular, it could intensely exacerbate the already dramatic situation in the continent of Africa with regard to HIV/AIDS.

The GRN was established in 1998 to increase understanding about the HIV/AIDS epidemic in drug-using populations. By providing an international forum, the GRN helps to facilitate the exchange, dissemination, and application of evidence-based data on HIV prevention responses, and encourages cross-national prevention research. Dynamics of HIV/AIDS epidemics, emerging trends, and recent research from all other global regions and countries were also discussed during the 3-day meeting. Most recent global reports indicate there to be 33.6 million adults and children living with HIV/AIDS. Of these, 24.5 million reside in Sub-Saharan Africa. To date, 134 countries reported injection drug use, of which 114 also reported HIV infection. Several of the countries reporting injection drug use and HIV in injection drug users for the first time, were located in Africa.

Co-sponsoring organizations of the GRN include: Medical Research Council of South Africa; Health Canada; National Institute on Drug Abuse, Office of AIDS Research, and Fogarty International Center, of the US National Institutes of Health; US Centers for Disease Control and Prevention; Joint United Nations Programme on HIV/AIDS, United Nations Office of Drug Control and Crime Prevention; National Department of Health of South Africa; World Health Organization; and Office of HIV/AIDS Policy, US Department of Health and Human Services.