

HIV/AIDS Prevention among Injecting Drug Users:
Learning from Harm Reduction in Iran

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A consultation on HIV prevention among injecting drug users was held in Tehran, April 17-20, 2006, organized by the Government of The Islamic Republic of Iran, the World Bank, United Nations Office on Drugs and Crime (UNODC) and UNAIDS. High-level officials and program managers participated from the six neighboring countries of the Golden Crescent (Pakistan, Afghanistan, Tajikistan, Kyrgyzstan, Uzbekistan and Iran) – one of the major drug producing areas and trafficking routes globally. The main aim was to review what works and to learn from the Iranian experiences of how to implement comprehensive harm reduction programs. Such learning and sharing of experiences are in high demand. There was an estimated 13.2 million injecting drug users (IDUs) worldwide in 2004,¹ of which at least 200,000 were estimated to be in Iran alone². IDUs are at high risk for HIV infection because of efficient transmission through the sharing of contaminated injecting equipment. Since IDUs are usually highly stigmatized and marginalized, they are also difficult to reach, with only 5% coverage of prevention interventions in Asia. This has resulted in explosive IDU-driven HIV epidemics throughout Asia and Eastern Europe³. Epidemics fueled by IDU are further sustained through sexual transmission, with potential for wider spread.

What Works

A comprehensive approach that incorporates supply and demand interventions has been developed to minimize harm and prevent HIV infection. Most interventions to date have been geared towards reducing the consumer's demand for drugs as well as eradicating the availability of drugs. These interventions, though laudable in their own right, have had limited success in preventing harmful effects of drug use, including Hepatitis C and HIV. A substantial body of evidence exists, that shows that harm reduction interventions are effective, including in resource constrained settings^{4 5}. Harm reduction can rapidly minimize the spread of HIV that results not only from sharing contaminated injecting equipment but also from other risky behaviors. Harm reduction is therefore a crucial component of integrated strategies for reducing demand and supply of drugs, and essential for HIV prevention. A package of effective harm reduction interventions include: substitution treatment with methadone and other substitutes; needle and syringe

exchange programs (NSEPs) with promotion of safer injecting practices; HIV prevention information and education with voluntary counseling, testing and condom promotion; general care and treatment of IDUs including treating wounds and abscesses and provision of antiretroviral therapy when indicated; and reducing barriers and stigma to improve access to care.

The effectiveness of harm reduction programs such as NSEPs⁶ and methadone maintenance treatment^{7 8} has been well demonstrated to reduce heroin use, associated deaths, HIV risk behaviors and criminal activity⁹. In a study by Susan Hurley et al, HIV prevalence increased by 5.9% per year in cities (52) without NSEPs, and decreased by 5.8% per year in the cities (29) with NSEPs¹⁰. Evaluations carried out by WHO show that NSEPs are effective and lack negative consequences¹¹, are cost-effective relative to other interventions¹², result in cost-savings¹³, and have positive externalities. No data suggest that harm reduction strategies, including the provision of clean needles, increase illicit drug use.

The evolution of harm reduction in Iran

The current Iranian harm reduction policy is the result of a gradual policy shift¹⁴. Iran, like many other countries, began with a supply-reduction policy that criminalized any type of drug use, in any quantity. No treatment alternatives were available. Efforts in the early 1990s resulted in policy changes, and while supply-reduction approaches continued, the revised policy allowed for the treatment of drug use. Although these treatment programs were of variable quality and ranged from abstinence-only programs to detoxification programs with high relapse rates, these advances in treatment and rehabilitation of drug users represented a significant step forward. However, it was not until the mid-1990s that there was a convergence of drug demand-reduction and HIV prevention approaches. It had become evident that HIV infection was increasing rapidly among injecting drug users, especially in prisons, where a majority of inmates were serving sentences for drug-related crimes and using drugs. Studies in the late 1990s¹⁵ and

early 2000¹⁶ signaled the large magnitude of injection drug use with sharing of injecting equipment in jails.

Several factors helped catalyze change and explain Iran's current progressive policies: (i) the important role NGOs and civil society played in advocacy and implementation of successful programs that reached vulnerable groups; (ii) the close cooperation and common understanding between the Ministry of Health, the prison department health authorities, and the judiciary authorities and other stakeholders, on drug treatment and HIV/AIDS, leading to increased government support for implementation of evidence-based harm reduction policies; and, (iii) informed advocacy among senior policy-makers paving the way for adoption of harm reduction measures in early 2000. A national harm reduction committee has been established with representatives from various ministries, academic centers and NGOs.

Harm reduction programs are now implemented by both government and non-governmental facilities. A program recognized as a best practice, is the triangular clinic which integrates services for treatment and prevention of STIs, injecting drug use and HIV/AIDS.¹⁷ These clinics are set up in prisons and by NGOs to effectively reach IDU communities. A unique model for comprehensive harm reduction is being implemented by the Persepolis NGO. It provides needle exchange, methadone maintenance treatment, general medical care, and referral for voluntary counseling and testing. It runs drop in centers for street-based IDUs as part of a continuum of care, and services extend to the provision of food, clothes and other basic needs.

Implementation of harm reduction in Iran still faces many challenges, notably: the imbalance between the predominant international enforcement of supply-reduction and harm reduction interventions; the need to achieve high enough intervention coverage to reverse the trends in HIV prevalence and demonstrate impact to convince critics; disruptions in the supply of methadone and other materials; and, the lack of human resources, both technical experts and field workers without whom these early harm reduction initiatives will fail to reach the necessary minimum threshold for program

effectiveness. To scale up and sustain support of its progressive harm reduction policies which can help stem the HIV epidemic in the region, especially if bordering countries adopt and reinforce similar policies, Iran needs to: (i) establish strong monitoring and evaluation systems for existing interventions and programs, including impact evaluation of the programs that they are spear-heading; (ii) support strategies aimed at preventing HIV transmission from IDUs to their spouses and other sexual partners; (iii) scale-up existing programs for street-based IDUs incorporating quality standards for harm reduction services to ensure sustained effectiveness; and, (iv) strengthen the capacity of NGOs and other community-based groups to effectively reach the most vulnerable population groups.

Overcoming the Obstacles to Implementing Harm Reduction Programs Globally

Although harm reduction is based on solid research and operational experiences, challenges to implementing harm reduction programs affect many countries throughout the globe.

First, IDUs are often stigmatized and marginalized in society due to illicit drug use and associated illegal actions to sustain their habits. Drug use is criminalized in most societies, which leads to covert drug use and makes IDUs difficult to reach and involve. As discussed above, Iran has adopted a pragmatic harm reduction program to overcome these obstacles. In January 2005, an executive order was issued by the Head of Judiciary on harm reduction, providing a legal framework that made way for the advances witnessed in HIV prevention in Iran. In other countries without an enabling legal framework, enhanced action at the local level is still possible through sustained advocacy and collaboration with local communities and law enforcement agents.

Second, most programs, including in Iran, are currently implemented on a small scale. For harm reduction programs to have the desired impact, there is a need to expand coverage, and to integrate harm reduction in the mainstream of public health.

Third, a major limitation to the implementation of harm reduction programs is that ideology and not science often seems to guide priorities in HIV prevention. This is evident by the disconnect between what we know works and how resources are allocated globally.¹⁸ It need not be the case; some of the most progressive policies towards vulnerable groups have been financed and implemented in conservative societies, through collaboration between the health and judiciary arms of government, religious leaders and civil society, as witnessed in Iran.

Scaling – up

Where injecting drug use is fueling the spread of HIV, there is still a window of opportunity to avert new infections. Learning from Iran and other international experiences, there is an urgent need to scale up harm reduction interventions through a mix of best practices and innovative approaches. Civil society must be involved, and peer education and mentoring of local NGOs are key to success. Political commitment and increased financing of evidence-based, effective interventions are imperative to avert a major wave of HIV in the region. Many sectors and stakeholders have important contributions to make in implementing comprehensive harm reduction programs, including law enforcement agents, social welfare organizations, education, health and judiciary sectors. Prisons can play a crucial role in restricting the spread of HIV in closed settings and in ensuring support to those released back into the community. Importantly, faith-based organizations and religious leaders are well placed to address the stigma that can undermine efforts to scale up.

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