

**Meeting  
Of  
Village  
Elders**

# **20+ years of learning from the HIV epidemic among IDUs**

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**and**

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# Standing in for Sherry Deren

- Who should not be held responsible...she would say very different things!

# I would like to acknowledge

- **Elizabeth Lambert and other extraordinary project officers at NIDA**
- **NIDA projects:**
  - **P30 DA11041 (Center for Drug Use and HIV Research; Sherry Deren PI)**
  - **R01 DA13336 (Community Vulnerability and Response to IDU-Related HIV)**
  - **R01 DA13128 (Networks, norms & HIV risk among youth)**
  - **R01 DA DA019383-01A1 Staying Safe: Long-term IDUs who have avoided HIV & HCV**
  - **R01 DA03574 (Risk Factors for AIDS among Intravenous Drug Users ; DC Des Jarlais, PI)**
- **NIMH project R01 MH62280 (Local context, social-control action, and HIV risk)**
- **Hundreds of participants in these studies**
- **Colleagues and participants who have died of HIV/AIDS and hepatitis C**
- **Many collaborators and co-authors; & particularly**

**Don Des Jarlais**

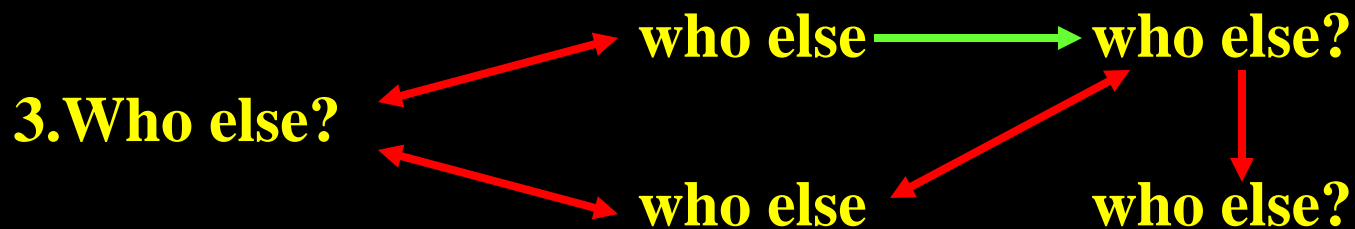
## Outline of talk

- 1. Geography, epidemics and macro social issues**
- 2. Sexual aspects of the epidemic**
- 3. How should we view users?**

# Hierarchy of HIV risk: Geography is the key “risk factor”

**1. Where in space-time?**

**2. Who (IDU? MSM? Sex worker?)**



**4. What? (syringe sharing and other behaviors)**

**The overwhelming research and prevention programming emphasis has been on number 4.**

## Preventing HIV epidemics saves huge numbers of lives

- Although we know that early and effective syringe exchange and outreach can help prevent epidemics, and SEP with other measures can sometimes reverse them, we know little about:
- What social and other conditions make epidemics more likely to happen?
- One set of possible causes, “Big Events” like wars and transitions, has been identified, but we do not know why they sometimes do and do not lead to epidemics, nor the mechanisms that determine this, nor how participants or outsiders can act to minimize epidemics.

**Huge variation exists among US metropolitan areas in IDUs per capita; percentage of IDUs who are HIV infected; and % of IDUs in treatment (1998)**

	<b>IDUs per capita N = 96 %</b>	<b>HIV prevalence rate N = 95 %</b>	<b>% of IDUs in drug abuse treatment N=96</b>
<b>Mean (sd)</b>	<b>0.66 (0.33)</b>	<b>7.9 (5.5)</b>	<b>10.2 (6.8)</b>
<b>Median</b>	<b>0.60</b>	<b>5.9</b>	<b>8.6</b>
<b>Min, max</b>	<b>0.19, 1.73</b>	<b>2.4, 27.4</b>	<b>1.1, 39.3</b>

# Preliminary path analysis

1989 or 1990

1994 - 1997

1998

Hispanic/  
White residential  
segregation

Per capita arrests for  
heroin or cocaine

Percent Non-  
White

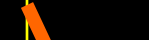
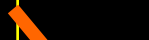
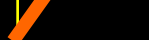
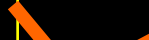
Incarceration and  
parole-related  
expenditures per capita

Black/White  
residential  
segregation

HIV  
prevalence  
among IDUs

Income inequality

Police employees per  
capita



## Hypothesis

- **Oppressive social structures (racism, inequality) and repression lead to higher HIV prevalence among IDUs**
- **(and also to more IDUs per capita and to less HIV prevention—data not shown)**

# **Sex, non-injected drug users, STIs and HIV**

## Drug use and infection among Bushwick drug users

	<b>n</b>	<b>HIV+</b>	<b>HCV+</b>	<b>HSV-2+</b>
<b>NIU</b>	<b>62</b>	<b>4%</b>	<b>3%</b>	<b>51%</b>
<b>CS</b>	<b>29</b>	<b>11%</b>	<b>4%</b>	<b>61%</b>
<b>IDU</b>	<b>192</b>	<b>14%</b>	<b>64%</b>	<b>59%</b>

## **HIV and HCV discordant sexual partnerships of current NIUs and CS**

**There are 50 sexual relationships involving at least one current NIU and for which HIV, HCV and HSV-2 data are available for both partners**

**There are 30 sexual relationships involving at least one current NIU and for which HIV, HCV and HSV-2 data are available for both partners**

# HSV-2 among HCV-discordant couples

	<b># HCV-Discordant</b>	<b>of which</b>	<b># have 1 or more HSV-2+</b>
<b>NIU</b>	<b>4</b>		<b>3</b>
<b>CS</b>	<b>5</b>		<b>5</b>
<b>Total</b>	<b>9</b>		<b>8</b>

# HSV-2 among HIV-discordant couples

	# HCV-Discordant	of which	# have 1 or more HSV-2+
<b>NIU</b>	<b>2</b>		<b>1</b>
<b>CS</b>	<b>5</b>		<b>5</b>
<b>Total</b>	<b>7</b>		<b>6</b>

## Implications of STI data

- **Programs for drug users such as drug treatment agencies, outreach programs and SEPs should offer or facilitate STI testing and curative or syndromic treatment.**
- **Little of this is being done.**

## How should we view users?

**HIV research casts a very different view from much other research:**

**Users are active, thinking and effective battlers of the HIV epidemic**

# History of New York City HIV epidemic among IDUs

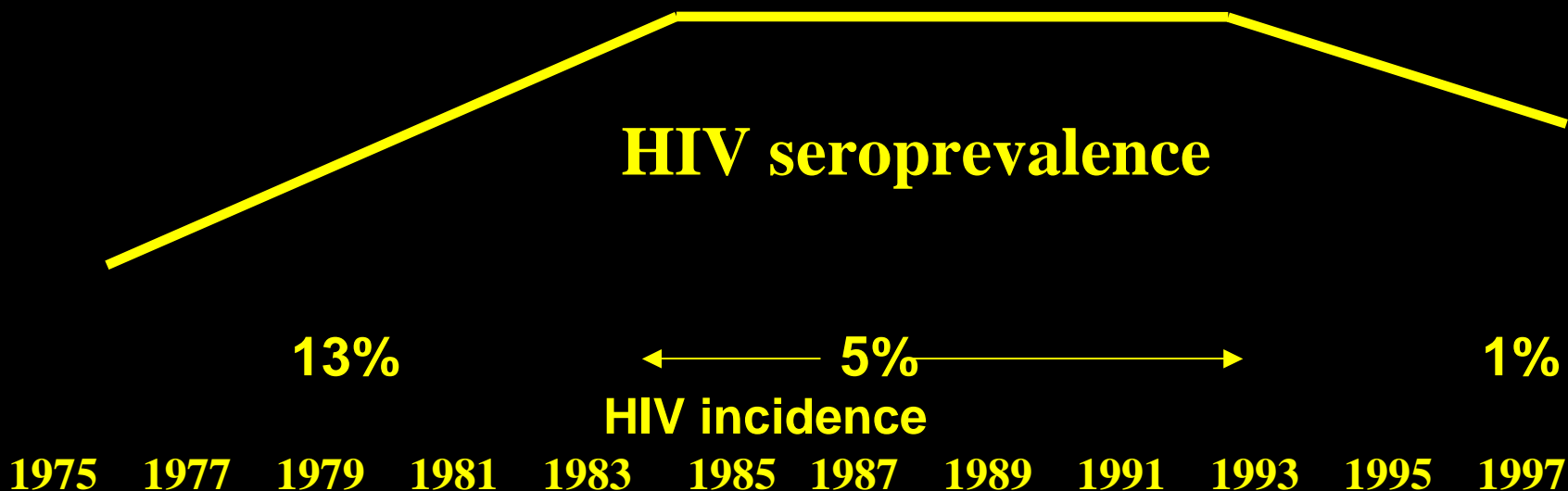
IDUs know of new illness  
IDUs reduce sharing

Medicine discovers AIDS

First publicly-funded "outreach"

First large official syringe exchange

Treatment programs begin HIV prevention



## **Users have organized collectively to fight HIV/AIDS, hep C and attacks on their human dignity**

- IDUs and other users have organized groups in many countries in Europe, Australia, North America, South America, and Asia**
- There are a number of sizable groups in the USA, but they are not open about being users groups**

## Implications of user activism

- **Grass-roots IDUs can act for themselves in either micro-social (but widespread) ways as in New York and/or in formally-organized ways to reduce their own individual and collective risk.**
- **How successful these approaches are may well be situational. Research is needed to study these processes, their determinants, and their effects.**
- **The “view of the IDU” that emerges from these data challenges the US official doctrine that users are incompetent, pathological, and thus objects of intervention rather than allies and participants in their own individual and collective health.**

## **Research implications of this view of users**

- Researchers and policy makers should help develop ways to enable and support both micro-social and formally organized action by users; and identify and evaluate the effects of their actions.**
- This research should study how contexts enable or inhibit different forms of action by IDUs.**
- In conducting such research, it might be tempting to rely primarily on external conditions as predictors. However, our data show that the beliefs, structures, and leadership patterns of user communities also are important. In such issues resides human agency.**