
TARGETED ACTION ON HIV AND TUBERCULOSIS NEEDED TO REACH DRUG USERS

Health and criminal justice authorities need to provide targeted services to drug users, especially those who inject drugs, to prevent and treat tuberculosis (TB) and HIV. TB is a major cause of death for people living with HIV, but drug users who are HIV positive face stigma, discrimination and barriers to accessing life-saving treatments.

New guidelines issued today aim to reduce these preventable deaths by, for example, improving access to antiretroviral drugs and to isoniazid for drug users living with HIV. Isoniazid preventive therapy (IPT) significantly reduces the risk of TB disease in people living with HIV, but is not widely used.

These are the first recommendations to actively include TB and HIV care within the context of support to drug users. They form part of the Evidence for Action series and build on policy guidance on both TB/HIV and injecting drug use.

Even where IPT is available, health care and outreach workers face major challenges in delivering full care to drug users who are often marginalised by homelessness, poverty, imprisonment, and by public and political hostility. These factors contribute to the transmission of both HIV and TB, and at the same time are barriers to TB, HIV and drug dependence treatment.

To ensure all drug users, including those in prison, can benefit from TB and HIV prevention, treatment support and care, WHO, UNAIDS and the UN Office on Drugs and Crime have developed *Policy Guidelines for Collaborative TB and HIV services for Injecting and Other Drug Users - An Integrated Approach*. The measures* aim to break down the barriers that stand in the way of better health, outline key interventions, and promote ways to improve coordination and planning across all those who interact with injecting and other drug users.

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HIV weakens a person's immune system. Because of this, people living with HIV are up to 50 times more likely to develop TB in their lifetimes than people who are HIV negative. Without proper treatment, the majority of people living with HIV die within two to three months of becoming sick with TB. In 2006, 231,000 people died with HIV and TB. Many of these deaths were preventable.

Unsafe injecting drug use is now a major route of transmission for HIV. Excluding Africa, nearly one in three of all new HIV infections are attributable to unsafe injecting drug use. In areas of eastern Europe and central Asia, that figure rises to two out three new infections. In some areas of eastern Europe a significant association between HIV and multidrug-resistant TB has been observed by researchers.

Addressing TB/HIV is a key theme of the 2008 International AIDS Society conference and comes two months after world leaders issued a call to drastically cut the number of TB/HIV deaths by 2015 at the landmark Global Leaders' Forum on the co-epidemic, held at the UN headquarters in New York.

Joint Planning:

1. Multisectoral coordination on TB and HIV activities for drug users
2. National plans with roles and responsibilities of service providers
3. Staff training to build effective teams

4. Operational research on TB/HIV services for drug users

Key Interventions:

5. TB infection control in congregate settings including prisons
6. Case-finding protocol for TB and HIV for services dealing with drug users
7. Access to appropriate treatments for drug users
8. Isoniazid preventive therapy for drug users living with HIV
9. Health workers to assess and provide HIV prevention methods

Overcoming Barriers:

10. Universal access to TB and HIV prevention, treatment and care as well as drug treatment services to drug users
11. Quality medical services available to prisoners
12. Treatment adherence support measures for drug users
13. Other infections (e.g. hepatitis) and factors should not prevent drug users accessing HIV and TB treatments

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