

# Report of the Workgroup on Intravenous Drug Abuse

## Background and Progress Since Coolfont

Intravenous (IV) drug abuse is a major risk factor for HIV infection. In addition, most heterosexual and perinatal HIV infections are at least indirectly the result of IV drug abuse. Recently, in part because of the change in the surveillance definition of AIDS, the proportion of reported U.S. AIDS cases attributed to IV drug abuse has increased. From January through mid-September 1988, 29 percent of AIDS cases diagnosed in American adults involved IV drug abusers, compared with 25 percent previously.

Most IV drug abusers are users of heroin and other opiates; however, many heroin addicts also use cocaine intravenously. In recent years, injection of drugs such as cocaine and amphetamines by nonopiate drug abusers has become increasingly prevalent.

At present, an estimated 1.1 million to 1.3 million people in the United States are intravenous drug abusers. IV drug abuse is closely associated with impoverished social conditions, and is concentrated primarily in the inner cities of large metropolitan areas. Blacks and Hispanics are overrepresented within this group.

IV drug abusers are often a difficult population to reach with health information. Among the reasons are the illicit nature of their drug use and associated criminal activities. While there is considerable diversity among IV drug abusers, many are poorly educated, unskilled, and distrustful of authority. Many also are alienated from the mainstream of society and live fragmented lives.

Also relevant is the nature of drug dependence, a severe behavioral disorder that often compels people to take drugs in spite of severe legal penalties and threats to their health. Drug dependence is a chronic medical disorder, not a temporary condition. Thus, it is more similar to other chronic medical diseases, such as diabetes, hypertension, and emphysema, than to acute conditions that respond rapidly to treatment.

Among IV drug abusers, HIV infection is spread primarily by needle sharing. Needle sharing, an almost ubiquitous feature of IV drug abuse, fulfills both practical and social functions.

## Responses to the Coolfont Recommendations

Since the PHS meeting in Coolfont in 1986, the relationship between IV drug abuse and AIDS has become better understood, and activities devoted to preventing the spread of HIV infection among IV drug abusers have increased.

Federal support for drug abuse treatment capacity was expanded under the Anti-Drug Abuse Act of 1986, which provided an additional \$160 million per year to States for substance abuse treatment in fiscal years 1987 and 1988. The proportion of these funds that States have allocated to the treatment of IV drug abusers is currently unknown. The President's budget request for fiscal year 1989 continues these funds. It also includes \$40 million for the National Institute on Drug Abuse (NIDA) to support a treatment demonstration program to expand and improve treatment of IV drug abusers, using strategies found effective in previous research studies. These funds provide a significant expansion of drug abuse treatment, but do not fully address treatment needs.

The CDC has funded a pilot program targeted to opiate addicts who cannot get into treatment. This New York City program provides methadone on an interim basis to addicts who are on waiting lists for admission to regular treatment programs.

NIDA and CDC have coordinated their respective HIV prevention initiatives to ensure that their efforts are complementary and not duplicative. In 1987, NIDA developed a comprehensive AIDS training program for drug abuse treatment personnel that addresses HIV information and counseling concerns. Approximately 3,000 persons in more than 30 States have been trained, and 160 persons in 17 States have been prepared as trainers so the effort can be expanded. On-site technical assistance has been provided to more than 500 agencies to help staff implement AIDS prevention counseling services.

NIDA has established comprehensive and targeted outreach demonstration programs to educate IV drug abusers and their sexual partners about HIV infection and risk reduction, provide drug abuse counseling, and encourage drug abusers to enter treatment. HIV testing is encouraged, and referral for family planning is available. This program reaches approximately 120,000 to 130,000 persons annually. While most of these outreach efforts focus on sexual partners as well as addicts, several projects focus specifically on

female addicts, female sexual partners, and pregnant women and neonates.

CDC has supported the training of trainers to provide AIDS information to various health care workers, including staff of drug abuse treatment programs. CDC has also supported HIV prevention programs targeted to IV drug abusers and their sexual partners through seven community demonstration projects, three perinatal prevention programs, health education/risk reduction programs, and family planning services. In fiscal year 1989, CDC will make approximately \$20 million available to expand HIV counseling and testing efforts in drug abuse treatment programs.

Even with expanded treatment, some addicts will refuse treatment and continue to inject drugs. Thus, in addition to encouraging treatment, NIDA's outreach demonstration project provides information regarding safer use of paraphernalia--e.g., "Do not use. If you do use, do not share. If you do share, clean your 'works' to reduce your risk." CDC supports similar activities through its health education/risk reduction programs and special street outreach programs. NIDA also supports experimental studies, conducted by academic and other institutions, to test the effectiveness of various behavior change strategies such as AIDS education, risk-reduction counseling, and HIV testing and counseling.

While several communities have expressed interest in making sterile needles available to IV drug abusers, major concerns remain regarding research on this topic. A number of foreign countries have undertaken and are evaluating such programs.

NIDA and CDC are currently funding research studies to elucidate the natural history of HIV infection among IV drug abusers and to compare this progression to that observed in other population groups. More than 20,000 subjects are being recruited from drug abuse treatment, the criminal justice system, institutions such as sexually transmitted disease clinics and hospitals, and "the street." Psychosocial characteristics, risk behaviors, medical history, neuropsychological and neurophysiological measures, and clinical manifestations will be evaluated.

Because of the covert nature of IV drug abuse, determining the size of this population is difficult. One NIDA project will develop new methodologies for estimating the prevalence of heroin use. A number of studies are being undertaken to assess the prevalence of needle-sharing behaviors among IV drug abusers who are admitted to drug abuse

treatment. NIDA's Household Survey will assess the prevalence of IV drug abuse. The Department of Justice is studying drug use, including intravenous use, among individuals entering the criminal justice system in a number of U.S. cities. CDC and the NIH are supporting a methodologic field test to assess all AIDS risk behaviors. The National Health Interview Survey will also assess AIDS risk behaviors.

In 1987, NIDA initiated a surveillance system to monitor prevalence of HIV infection among IV drug abusers entering drug abuse treatment in seven U.S. cities. NIDA's outreach demonstration program will assess infection rates among addicts not in treatment and their sexual partners in approximately 50 cities. These research projects are also obtaining data on drug use and sexual practices that are related to HIV transmission. CDC and NIDA are jointly initiating a system to monitor infection rates among IV drug abusers entering drug abuse treatment in 30 cities.

CDC's National AIDS Information and Education Program includes public service announcements and other educational messages targeted to all risk groups, including IV drug abusers. NIDA is distributing radio and print educational materials specially developed for IV drug abusers, their sexual partners, and drug-using prostitutes. The Institute has also been instrumental in developing a prime-time public service television program on AIDS and in encouraging radio and television writers, producers, and directors to include AIDS-relevant messages in their programming.

In addition, NIDA has conducted communications workshops to help local drug abuse treatment, prevention, and public health organizations implement education initiatives. The Institute is currently planning a multimedia campaign to overcome community resistance to establishing or expanding drug abuse treatment programs.

Since the majority of IV drug abusers with AIDS are blacks and Hispanics, NIDA's information and education efforts are primarily targeted toward these groups. NIDA has sponsored meetings with minority leaders to identify AIDS issues and to ensure that program initiatives are responsive to the needs of these groups. Materials, including educational videotapes, are produced in English and Spanish.

CDC's cooperative agreements and perinatal prevention projects also target blacks and Hispanics. CDC has funded minority-operated community organizations to conduct risk reduction

programs targeted to IV drug abusers and other populations. Through the U.S. Conference of Mayors, CDC is providing seed money to community organizations to address minority AIDS-prevention issues.

Since Coolfont, IV drug abuse has been universally recognized as a critical health issue--and a major risk factor for AIDS. Two major external reviews of PHS AIDS policy have been conducted since Coolfont, and both have called for expansion of IV drug abuse treatment as an AIDS prevention strategy.

As long as they are drug dependent, IV drug abusers are likely to engage in needle sharing. Thus, reduction of drug dependence is a necessary condition for eliminating needle sharing. To overcome dependence, most IV drug abusers require extensive, repeated, and prolonged treatment. Thus, the primary strategy for reducing AIDS associated with IV drug abuse is to provide drug abuse treatment for IV drug abusers.

### **Issues, Goals, and Objectives**

#### **Issue:** Expanded Treatment for IV Drug Abuse

Drug dependence is not often changed without specific drug treatment. However, only about 148,000 IV drug abusers, or one in seven, are currently in treatment. Many are on waiting lists seeking treatment. Treatment for IV drug abuse must be expanded.

**Goal:** Expand current treatment capacity substantially to meet the current AIDS challenge, and undertake aggressive recruitment strategies to encourage additional IV drug abusers to enter treatment.

#### **Objectives:**

- In partnership with States and local governments and the private sector, encourage an increase in treatment capacity for IV drug abusers by 1991 from the current level of approximately 148,000 slots to 380,000 slots, providing the capacity to treat approximately one-third of all such abusers at any time.
- In partnership with States and local governments and the private sector, encourage the expansion of aggressive outreach services, eventually contacting 270,000 IV drug abusers per year, to encourage their entry into drug abuse treatment by 1991.

- Offer IV opiate abusers on treatment waiting lists temporary maintenance on methadone until adequate treatment capacity is available. PHS should immediately develop program models to facilitate such temporary treatment.

#### **Issue:** Improving the Quality of Drug Abuse Treatment

Current drug abuse treatment is often inadequate. Over the past decade, availability of funds for drug abuse treatment has decreased, and many treatment programs have had to reduce the intensity and quality of their services.

**Goal:** Enhance the quality of existing drug abuse treatment.

#### **Objectives:**

- Beginning immediately, encourage drug abuse treatment programs to review policies and procedures that may affect retention and relapse among their patients.
- In partnership with States and local governments and the private sector, improve quality of existing drug abuse treatment in an effort to increase its effectiveness and reduce relapse. PHS estimates that the average funding level for IV drug abuse treatment would need to increase from the current average per treatment slot of \$3,900 to \$4,900.
- Establish research demonstration projects to improve IV drug abuse treatment and to encourage the adoption of treatment strategies that have been found effective in research studies but have not yet been put into widespread clinical use.
- Encourage drug abuse treatment programs to address intravenous use of nonopiate, as well as opiate, drugs by their patients.
- Develop quality-of-care guidelines for drug abuse treatment programs and encourage States to establish quality assurance programs.
- Revise Federal methadone regulations to provide more flexible and tailored patient care.
- Immediately encourage methadone maintenance programs to review dose schedules to ensure that adequate doses of methadone are being used to eliminate concurrent illicit opiate use.
- Increase the frequency of methadone program inspections.

**Issue:** Improving Effectiveness of Drug Abuse Treatment

Because of the chronic nature of drug dependence, an unacceptably high percentage of IV drug abusers drop out of treatment prematurely or relapse after the completion of treatment. New, more effective treatment strategies are needed.

**Goal:** Expand research to improve the effectiveness of drug abuse treatment and improve treatment recruitment and retention.

**Objectives:**

- Support research to improve the effectiveness of drug abuse treatment, including research to improve retention rates and reduce relapse rates.
- Support research to develop and test various pharmacotherapies (such as buprenorphine and LAAM) for the treatment of heroin addiction, and desipramine and dopamine antagonists for the treatment of cocaine dependence.
- Support research to tailor treatment approaches to the needs of specific patient populations and/or racial/ethnic groups.
- Support the development of specific treatments for intravenous cocaine and amphetamine abuse by nonopiate drug abusers and by opiate addicts.
- Support research to test methadone, LAAM, naltrexone, and other drugs that are used in the treatment of drug abuse to determine possible interactions with drugs that are used in the treatment of HIV-related diseases.

**Issue:** Alternatives to Drug Abuse Treatment

Not all IV drug abusers will be willing to enter drug abuse treatment, and some will relapse to drug use following treatment. The spread of HIV infection must be prevented among IV drug abusers who continue to inject drugs and share needles. The spread of HIV from IV drug abusers to their sexual partners must also be prevented.

**Goal:** Provide alternatives to drug abuse treatment to prevent the spread of HIV infection among IV drug abusers and their sexual partners. Outreach and other educational strategies to help these groups reduce the risk of HIV transmission must be expanded.

**Objectives:**

- Expand research to enhance the effectiveness of outreach and other strategies to change behavior.
- Encourage an increase in outreach services for IV drug abusers and their sexual partners from the current level (reaching approximately 130,000 persons per year) to eventually reach approximately 590,000 persons annually.
- Enhance efforts to teach IV drug abusers how to clean their injection equipment (for example, through the use of bleach) to reduce the risk of HIV transmission.
- Consider, in close collaboration with States and local communities, studies to determine if making sterile needles available to IV drug abusers will be useful in preventing HIV transmission, and to assess the degree to which they reinforce drug-taking behavior.

**Issue:** Training to Expand Drug Abuse Treatment and Outreach Services

Expanded drug abuse treatment and outreach services incorporating AIDS prevention will require enhanced training for professional and paraprofessional personnel.

**Goal:** Work with states and the private sector to promote the expansion of current training capacity to meet the needs of expanded drug abuse treatment and outreach initiatives.

**Objectives:**

- Encourage the training of 9,000 existing drug abuse treatment personnel so as to enhance their treatment skills and/or develop their AIDS prevention capabilities.
- Encourage the training of 24,000 new drug abuse treatment personnel needed to expand drug abuse treatment services. Training will involve both professional and paraprofessional personnel.
- Encourage the training of 3,700 workers to undertake expanded outreach activities, including drug abuse treatment recruitment and HIV risk-reduction counseling.

**Issue:** Primary Health Care Needs of IV Drug Abusers

Even before AIDS, IV drug abusers experienced a variety of medical complications. With the increasing prevalence of HIV-related disease, the primary health care needs of this population have expanded substantially. Addressing these needs will have the ancillary benefit of attracting IV drug abusers to drug treatment programs and will also help to keep them in treatment. Drug abuse treatment programs could provide sites for distributing AZT and other AIDS therapeutics to IV drug abusers.

**Goal:** Ensure that drug abuse treatment services are linked to primary health care services so that the primary health care needs of IV drug abusers, particularly those with HIV-related diseases, are addressed.

**Objectives:**

- Identify resources needed to address the health care needs of IV drug abusers.
- Implement programs to make primary health care accessible to IV drug abusers.
- Support research to identify effective models for integrated and cost-effective services, to enhance comprehensive treatment, continuity, and followup.

**Issue:** Epidemiologic Research and Surveillance

**Goal:** Support research to expand basic knowledge regarding IV drug abuse and AIDS. This knowledge will form the basis of future AIDS prevention activities.

**Objectives:**

- Expand research to clarify the extent and nature of IV drug abuse and needle-sharing practices, paying special attention to racial/ethnic differences and to nonopiate IV drug abusers.
- Expand research to clarify the determinants of drug use and sexual behaviors in IV drug abusers (and their sexual partners), as well as factors that contribute to the maintenance or modification of these behaviors.
- Expand research to clarify the epidemiology and natural history of HIV infection and AIDS associated with IV drug abuse, paying special attention to nonopiate IV drug abusers, racial/ethnic and socioeconomic differences, geographical differences in HIV spread, and

secondary spread of HIV infection from IV drug abusers to their sexual partners as well as tertiary spread of infection from sexual partners of IV drug abusers to other sexual partners.

- Support research on the role of drugs of abuse as cofactors in the natural history of HIV infections, including studies to investigate the role of nitrite inhalants in the etiology of Kaposi's sarcoma and the effects of drug use on risk-taking behavior.
- Support research to study the effects of HIV testing and counseling on subsequent risk behavior in IV drug abusers, and to develop ways to maximize positive effects.

**Issue:** National Data Base on Drug Abuse Treatment

With implementation of the Alcohol, Drug Abuse, and Mental Health Services Block Grant program in fiscal year 1982, the national reporting system on drug abuse treatment and the characteristics of patients in treatment was discontinued. Lack of these data severely limits planning for AIDS prevention.

**Goal:** Systematically obtain comprehensive data on drug abuse treatment to assist in AIDS prevention planning.

**Objective:**

- Enhance national data acquisition to provide information on the characteristics of drug abuse patients, their drug abuse behaviors, the numbers of patients in drug abuse treatment, the services provided, the costs of treatment, and where drug-abusing patients and their families currently receive health care.

**Issue:** Preventing Progression from Nonintravenous to Intravenous Drug Abuse

**Goal:** Support research to develop effective strategies for preventing progression from nonintravenous to intravenous drug abuse.

**Objective:**

- Support the development and testing of strategies designed to prevent progression from nonintravenous to intravenous drug abuse.

**Issue:** Target Populations Requiring Special Attention

A number of populations require special attention because they have unique needs and/or are currently underserved by AIDS prevention programs. These populations include ethnic/racial minorities, gay and bisexual IV drug abusers, non-opiate intravenous drug abusers, IV drug abusers in prisons and prostitutes.

**Goal:** Tailor AIDS risk-reduction efforts to meet the needs of special populations and underserved groups.

**Objectives:**

- Ensure that AIDS risk-reduction and research efforts address the sociocultural and language needs of racial/ethnic minorities.
- Ensure that risk-reduction and research efforts address IV drug abusers who are gay or bisexual.
- Ensure that risk-reduction and research efforts address the growing population of nonopiate IV drug abusers.
- Ensure that risk-reduction and research efforts address drug-abusing prostitutes (male and female, adolescents and adults, and IV and non-IV drug abusers).

**Issue:** Public Education About IV Drug Abuse and AIDS

Because the public does not adequately understand the chronic nature of drug dependence or the association between needle sharing and HIV infection, there is substantial public resistance to the rapid expansion of treatment and other interventions needed to reduce the spread of HIV infection among IV drug abusers.

**Goal:** Educate the public about the chronic relapsing nature of drug dependence, its significance as a public health problem, the relationship between drug dependence and needle sharing (and therefore the association of drug dependence with HIV transmission), the factors in dependence that motivate IV drug abusers to share needles, and the role of drug abuse treatment in eliminating needle-sharing behavior.

**Objectives:**

- Initiate programs that incorporate information on IV drug abuse and AIDS into more general

public information campaigns and that encourage public support for drug abuse treatment.

- Develop information to educate special segments of the public, including health care workers and criminal justice system personnel, about HIV transmission and the drug abuse treatment needs of IV drug abusers.
- Support efforts, especially educational efforts, to overcome community resistance to the placement of drug treatment facilities.

**Issue:** Possibility of Need for Mandatory Drug Abuse Treatment

Concern about the continuance of needle-sharing by HIV-infected IV drug abusers raises the possibility that mandatory drug abuse treatment for such persons may be necessary to prevent spread of HIV infection.

**Goal:** Explore the potential role of mandatory treatment for HIV-infected IV drug abusers.

**Objective:**

- Weigh advantages and disadvantages of mandatory drug abuse treatment and the circumstances, if any, in which such approaches should be considered.

**Reference**.....

1. Coolfont report: A PHS plan for prevention and control of AIDS and the AIDS virus. Public Health Rep. 101: 341-348, July-August 1986.