

## **HIV/AIDS & Injection Drug Use**

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Please use the following links to access these sub-chapters concerning HIV/AIDS and Injection Drug Use:

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1.

*(International Federation of Red Cross Red Crescent Societies call to action)*

### **" A call to action**

"The International Federation of Red Cross Red Crescent Societies (IFRC) advocates on behalf of the individuals suffering most from exclusion within an already marginalized group—injecting drug users living with, or at risk of, HIV and AIDS. In this report, the IFRC challenges policymakers, governments and donors to move beyond their own prejudices to work with stakeholders, multi-lateral organizations, civil society and those living with HIV to provide prevention, treatment, care and support to injecting drug users and their families."

Source:

"Out of harm's way: Injecting drug users and harm reduction" International Federation of Red Cross and Red Crescent Societies (Geneva, Switzerland: December 2010), p. 3.

<http://www.ifrc.org/Docs/pubs/health/Harm%20reduction%20report-EN-LR.pdf>

2.

*(definition of harm reduction)* "Harm reduction refers to a range of pragmatic and evidence-based public health policies and practices aimed at reducing the negative consequences associated with drug use and other related risk factors such as HIV and AIDS. These interventions exemplify human rights in action by seeking to alleviate hazards faced by the injecting drug users, where needed, without distinction and without judgement."

Source:

"Out of harm's way: Injecting drug users and harm reduction" International Federation of Red Cross and Red Crescent Societies (Geneva, Switzerland: December 2010), p. 2.

<http://www.ifrc.org/Docs/pubs/health/Harm%20reduction%20report-EN-LR.pdf>

3.

*(2010 - Vienna Declaration on HIV/AIDS)* "In response to the health and social harms of illegal drugs, a large international drug prohibition regime has been developed under the umbrella of the United Nations. <sup>1</sup> Decades of research provide a comprehensive assessment of the impacts of the global "War on Drugs" and, as thousands of individuals gather in Vienna at the XVIII International AIDS Conference, the international scientific community calls for an acknowledgement of the limits and harms of drug prohibition, and for drug policy reform to remove barriers to effective HIV prevention, treatment and care.

"The evidence that law enforcement has failed to prevent the availability of illegal drugs, in communities where there is demand, is now unambiguous. <sup>2,3</sup> Over the last several decades, national and international drug surveillance systems have demonstrated a general pattern of falling drug prices and increasing drug purity—despite massive investments in drug law enforcement. <sup>3,4</sup>

"Furthermore, there is no evidence that increasing the ferocity of law enforcement meaningfully reduces the prevalence of drug use. <sup>5</sup> The data also clearly demonstrate that the number of countries in which people inject illegal drugs is growing, with women and children becoming increasingly affected. <sup>6</sup> Outside of sub-Saharan Africa, injection drug use accounts for approximately one in three new cases of HIV. <sup>7,8</sup> In some areas where HIV is spreading most rapidly, such as Eastern Europe and Central Asia, HIV prevalence can be as high as 70% among people who inject drugs, and in some areas more than 80% of all HIV cases are among this group. <sup>8</sup> "

Source:

The Vienna Declaration, 2010.

<http://www.viennadeclaration.com/the-declaration/>

"The Vienna Declaration is a statement seeking to improve community health and safety by calling for the incorporation of scientific evidence into illicit drug policies ... The declaration process was launched as the official declaration of the XVIII International AIDS Conference (AIDS 2010) held in Vienna, Austria from July 18th to 23rd. The declaration was drafted by a team of international experts and initiated by several of the world's leading HIV and drug policy scientific bodies: the International AIDS Society, the International Centre for Science in Drug Policy (ICSDP), and the BC Centre for Excellence in HIV/AIDS."

#### 4. HIV/AIDS - Data

(2010 - *global HIV/AIDS spending estimates for harm reduction* ) "UNAIDS estimates that the total global resources needed for HIV/AIDS for the period 2009 to 2013 is almost \$200 billion to achieve universal access by 2010, and \$140 billion for a slower scale-up to achieve universal access by 2015. <sup>83</sup>

"The UNAIDS estimates for harm reduction assume 60% coverage for needle and syringe programmes and 40% for opioid substitution therapy. <sup>84</sup> These estimates are based on the resources needed for prevention-related activities in order to reach 6.2 million people who inject drugs by 2010 in 132 lower and middle income countries. UNAIDS assumes the cost of opioid substitution therapy using methadone to be between \$363 and \$1,057 per person per year (which is higher than other estimates in Table 4) and the costs of needle and syringe programmes to be \$10 per person per year (lower than other estimates in Table 3).

"Using these figures, UNAIDS estimates that the resources needed for harm reduction are \$2.13 billion in 2009 and \$3.2 billion in 2010, an average of \$170 and \$256 respectively per injector per year. Additional resources will be required for antiretroviral treatment, care and support." <sup>85</sup>

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"At approximately \$160 million in 2007, the estimated total spending on HIV-related harm reduction in low and middle income countries is extremely low, and would still be insufficient even if this figure was underestimated by a factor of two or three. It amounts to about three US cents a day, or \$12.80 a year, for each person who injects drugs. It is clearly inadequate when compared with indicative unit costs of providing needles and syringes (approximately \$100 per person per year) and methadone (approximately \$500 per person per year)."

Source:

"Three cents a day is not enough: Resourcing HIV-related Harm Reduction on a global basis," International Harm Reduction Association (London, United Kingdom: 2010), pp. 38-39.

[http://www.idpc.net/sites/default/files/library/IHRA\\_3CentsReport.pdf](http://www.idpc.net/sites/default/files/library/IHRA_3CentsReport.pdf)

5.

(2009 - *HIV treatment for injecting drug users* ) "Despite the fact that injecting drug use has led to the widespread transmission of HIV worldwide, the provision of HIV prevention, treatment, and care services to IDU populations remains dismally low. In 2009, only 8 per cent of injecting drug users worldwide enjoyed access to HIV prevention services of any kind, while substitution therapy—i.e. offering users methadone instead of heroin—is permitted in only 70 countries. Needle and syringe exchange programmes are available in only 82 countries."

Source:

"Out of harm's way: Injecting drug users and harm reduction" International Federation of Red Cross and Red Crescent Societies (Geneva, Switzerland: December 2010), p. 12.

<http://www.ifrc.org/Docs/pubs/health/Harm%20reduction%20report-EN-LR.pdf>

6.

(2008 - *HIV/AIDS prevalence in Russia* ) "Russia now has a 1 percent HIV prevalence rate among its young people and the fastest growing HIV/AIDS epidemic in the world. While the epidemic is still predominantly fuelled by injecting drug users and confined to their ranks, there are clear signs that the epidemic continues to spread to the general population, especially the youth."

Source:

UNODC, "Illicit Drug Trends in the Russian Federation," (UNODC Regional Office for Russia and Belarus, April 2008), p. 6.

<http://www.unodc.org/documents/regional/central-asia/Illicit%20Drug%20Tr...>

7.

(2008 - *Russian Federation - heroin and HIV/AIDS* ) "In terms of absolute numbers, the Russian Federation is particularly affected with its 1.5 million addict population. The hugely damaging threat of HIV/AIDS is directly related to heroin injection. To date, there are over a quarter of a million registered HIV cases (although the number of unregistered cases is estimated to be much higher than this) in the Russian Federation. Of these, over 80% are intravenous drug users. In the CARs,

nearly 15 years of continuous heroin transit has created a local market of 282,000 heroin users, consuming approximately 11 mt of heroin annually. Local opium consumption is estimated at approximately 34 mt (although demand in Turkmenistan may be underestimated). This puts some Central Asian states on par with countries with the highest global opiate abuse prevalence."

Source:

UNODC, World Drug Report 2010 (United Nations Publication, Sales No. E.10.XI.13), pp. 52-53.

[http://www.unodc.org/documents/wdr/WDR\\_2010/World\\_Drug\\_Report\\_2010\\_lo-re...](http://www.unodc.org/documents/wdr/WDR_2010/World_Drug_Report_2010_lo-re...)

8.

(2008 - *cost effectiveness of HIV/AIDS prevention* ) "Prevention of HIV is also cheaper than treatment of HIV/AIDS. For example, in Asia it is estimated that the comprehensive package of HIV-related harm reduction interventions costs \$39 per disability-adjusted life-year saved, <sup>14</sup> whereas antiretroviral treatment costs approximately \$2,000 per life-year saved. Such figures demonstrate that harm reduction is a low-cost, high-impact intervention."

Source:

"Three cents a day is not enough: Resourcing HIV-related Harm Reduction on a global basis," International Harm Reduction Association (London, United Kingdom: 2010), p. 12.

[http://www.idpc.net/sites/default/files/library/IHRA\\_3CentsReport.pdf](http://www.idpc.net/sites/default/files/library/IHRA_3CentsReport.pdf)

9.

(2007 & 2008 - *global expenditures on HIV/AIDS* ) "Global expenditure on HIV/AIDS has increased substantially in the last decade, with total annual resources from all sources reaching over \$11.3 billion in 2007 and \$13.7 billion in 2008. <sup>37</sup> Most of these resources are destined for low and middle income countries and include the expenditure allocated to HIV/AIDS prevention, care, treatment and support."

"The Global Fund [to Fight AIDS, Tuberculosis and Malaria]'s annual HIV/AIDS disbursement was approximately \$1 billion in 2007, <sup>39</sup> \$1.6 billion in 2008 and \$2.8 billion in 2009. <sup>40</sup> From 2002 to 2009 the Global Fund has approved a total grant amount of \$10 billion for HIV/AIDS prevention, treatment and care. For the 2008 to 2010 biennium, \$9.7 billion has been pledged to the Global Fund for all activities by countries and private donors." <sup>41</sup>

"The total resources made available for HIV/AIDS increased from \$7.9 billion in 2005 to \$13.8 billion in 2008. Nevertheless, there continues to be a resource gap. UNAIDS estimates that overall the funding needed in 2007 was \$18 billion, <sup>45</sup>

indicating that resources need to be increased by about 60%."

Source:

"Three cents a day is not enough: Resourcing HIV-related Harm Reduction on a global basis," International Harm Reduction Association (London, United Kingdom: 2010), pp. 19-21.

[http://www.idpc.net/sites/default/files/library/IHRA\\_3CentsReport.pdf](http://www.idpc.net/sites/default/files/library/IHRA_3CentsReport.pdf)

10.

(2007 - *persons diagnosed with HIV/AIDS in the U.S.* ) "Through 2007, an estimated total of 1,051,875 persons in the United States and dependent areas were diagnosed with AIDS (Table 1). At the end of 2006, an estimated 446,098 persons in the United States and dependent areas were living with AIDS (Table 1)."

Source:

Centers for Disease Control and Prevention. Deaths among persons with AIDS through December 2006, HIV/AIDS Surveillance Supplemental Report, 2009. Vol. 14(No. 3): p. 4.

[http://www.cdc.gov/hiv/topics/surveillance/resources/reports/2009supp\\_vo...](http://www.cdc.gov/hiv/topics/surveillance/resources/reports/2009supp_vo...)

11.

(2007 - *AIDS deaths and high risk contact* ) "The estimated number of deaths of adults and adolescents with AIDS decreased among MSM [men who have sex with men] and IDUs [intravenous drug users] and remained stable among persons exposed through high-risk heterosexual contact."

Source:

Centers for Disease Control and Prevention, "HIV/AIDS Surveillance Report, 2007," Vol. 19. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention; 2009: p. 8.

<http://www.cdc.gov/hiv/topics/surveillance/resources/reports/2007report/...>

12.

(2007 - *AIDS deaths by mode contracted* ) The CDC estimates that of the 10,339 male adult or adolescent AIDS victims who died in 2007, 5,373 of the cases were reportedly transmitted through male-to-male sexual contact (MSM), 2,397 were reportedly transmitted through injection drug use, 1,054 were reportedly transmitted through male-to-male sexual contact and

injection drug use, 1,433 were reportedly transmitted through high-risk heterosexual contact, and 83 were attributed to "other."

Source:

Centers for Disease Control and Prevention, "HIV/AIDS Surveillance Report, 2007," Vol. 19. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention; 2009: Table 8, p. 19.

<http://www.cdc.gov/hiv/topics/surveillance/resources/reports/2007report/...>

13.

(2007 - *number of AIDS deaths* ) A total of 14,561 persons in the US and dependent areas were estimated to have died from AIDS in 2007. From the beginning of the epidemic through 2007, an estimated 583,298 persons in the US and dependent areas are estimated to have died from AIDS.

Source:

Centers for Disease Control and Prevention, "HIV/AIDS Surveillance Report, 2007," Vol. 19. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention; 2009: Table 8, p. 20.

<http://www.cdc.gov/hiv/topics/surveillance/resources/reports/2007report/...>

14.

(2007 - *persons living with AIDS* ) "Through 2007, a total of 1,030,832 persons in the United States and dependent areas had been reported as having AIDS (Table 16). Three states (California, Florida, and New York) reported 43% of the cumulative AIDS cases and 36% of AIDS cases reported to CDC in 2007. In the 50 states and the District of Columbia, the rate of reported AIDS cases in 2007 was 12.4 per 100,000 population. When the U.S. dependent areas were included, the rate of reported AIDS cases ranged from zero per 100,000 (American Samoa, Guam, and the Northern Mariana Islands) to 148.1 per 100,000 (District of Columbia)."

Source:

Centers for Disease Control and Prevention, "HIV/AIDS Surveillance Report, 2007," Vol. 19. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention; 2009: p. 9.

<http://www.cdc.gov/hiv/topics/surveillance/resources/reports/2007report/...>

15.

(2007 - *persons diagnosed with AIDS under age 13* ) According to the CDC, from the beginning of the AIDS epidemic through the end of 2007 a total of 9,156 cases of AIDS have been reported in the US among children under 13 years of age at the time of diagnosis.

Source:

Centers for Disease Control and Prevention, "HIV/AIDS Surveillance Report, 2007," Vol. 19. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention; 2009: Table 16, p. 32.

<http://www.cdc.gov/hiv/topics/surveillance/resources/reports/2007report/...>

16.

(2007 - *HIV/AIDS diagnoses by sex and mode contracted* ) "Of the estimated 398,057 male adults and adolescents living with HIV/AIDS, 64% had been exposed through male-to-male sexual contact, 16% through injection drug use, 12% through high-risk heterosexual contact, and 7% through both male-to-male sexual contact and injection drug use. Of the estimated 146,692 female adults and adolescents living with HIV/ AIDS, 72% had been exposed through high-risk heterosexual contact, and 26% had been exposed through injection drug use." (The CDC defines high-risk heterosexual contact as "heterosexual contact with a person known to have, or to be at high risk for, HIV infection," p. 7)

Source:

Centers for Disease Control and Prevention, "HIV/AIDS Surveillance Report, 2007," Vol. 19. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention; 2009: p. 9.

<http://www.cdc.gov/hiv/topics/surveillance/resources/reports/2007report/...>

17.

(2007 - *female AIDS deaths by mode of contraction* ) The CDC estimates that of the 3,714 female adults or adolescent AIDS victims who died in 2007, 1,446 of the cases were reportedly transmitted through injection drug use, 2,211 were reportedly transmitted through high-risk heterosexual contact, and 57 were attributed to "other."

Source:

Centers for Disease Control and Prevention, "HIV/AIDS Surveillance Report, 2007," Vol. 19. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention; 2009: Table 8, p. 19.

<http://www.cdc.gov/hiv/topics/surveillance/resources/reports/2007report/...>

18.

(2007 - *HIV survival rates among various demographic groups* ) "Survival was greatest among MSM [male-to-male sexual contact] and among children with perinatally acquired HIV infection (Table 15). Survival was intermediate among male and female adults and adolescents who had heterosexual contact with someone known to be HIV infected or at high risk for HIV infection, as well as among MSM who also were IDUs. Survival was lowest among male and female adults and adolescents who were IDUs."

Source:

Centers for Disease Control and Prevention, "HIV/AIDS Surveillance Report, 2007," Vol. 19. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention; 2009: p. 10.

<http://www.cdc.gov/hiv/topics/surveillance/resources/reports/2007report/...>

19.

(2007 - *AIDS diagnoses in the U.S. since the beginning of the epidemic* ) According to the CDC, from the beginning of the AIDS epidemic through the end of 2007 there have been a total of 1,051,875 cases of AIDS reported in the US and US dependent areas. Of these, 487,695 were reported to have been transmitted through male-to-male sexual contact, 255,859 were reported to have been transmitted through injection drug use, 71,242 were reportedly transmitted through male-to-male sexual contact and injection drug use, and 176,157 were reported to have been transmitted through "high-risk heterosexual contact."

Source:

Centers for Disease Control and Prevention. HIV/AIDS Surveillance Report, 2007 (2009). Vol. 19. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention; 2009: Table 4, p. 15].

<http://www.cdc.gov/hiv/topics/surveillance/resources/reports/2007report/...>

20.

(2006 - *HIV growth in Eastern Europe from injecting drug use* ) "Eastern Europe, the Commonwealth of Independent States, and significant parts of Asia are experiencing explosive growth in new HIV infections, driven largely by injecting drug use (UNAIDS, 2006). While the primary route of transmission in most of these areas is sharing of contaminated injecting equipment, sexual and perinatal transmission among IDUs [injecting drug users] and their partners also plays an important and growing role. In many highly affected countries, rapid growth in the number of IDUs infected with HIV has already created a public health crisis. Countries where the level of HIV infection is still relatively low have the chance -- if they act now -- to slow the spread of HIV."

Source:

Committee on the Prevention of HIV Infection among Injecting Drug Users in High-Risk Countries, "Preventing HIV Infection among Injecting Drug Users in High Risk Countries: An Assessment of the Evidence" (Washington, DC: National

Academy Press, 2006), p. 187.

[http://cart.nap.edu/cart/deliver.cgi?&record\\_id=11731&free=1](http://cart.nap.edu/cart/deliver.cgi?&record_id=11731&free=1)

21.

**(2004 - Russian Federation - prevalence of drug use and HIV/AIDS )** "There is some controversy over the number of narcotic drug users in Russia. Dr. Vadim Pokrovsky of the Federal AIDS Center said that estimates of the number of active drug users in Russia in February 2004 ranged from 1 to 4 million, and he believed the high end of that range reflected the reality. On February 20, 2004, Alexander Mikhailov, the deputy director of the State Drug Control Committee (SDCC), a federal body, was cited in Pravda as saying that Russia had over 4 million drug users, and that the "gloomy prediction" of his office was that Russia could have over 35 million drug users by 2014. In early January 2004, the executive secretary of the Commonwealth of Independent States, which includes twelve former Soviet states, predicted that in 2010 the twelve countries would have 25 million drug users of whom 10 million would be living with HIV/AIDS, the vast majority in Russia."

Source:

Human Rights Watch, "Lessons Not Learned: Human Rights Abuses and HIV/AIDS in the Russian Federation," April 2004, Vol. 16, No. 5, pp. 14-15.

<http://www.hrw.org/sites/default/files/reports/russia0404.pdf>

22.

**(2004 - Russian Federation - HIV transmission )** "The epidemic disproportionately affects IDUs who comprise 87% of the cumulative number of registered HIV cases, however, with the epidemic becoming more mature, the infection tendency away from IDUs to heterosexual is also increasing with 68% of newly registered cases by the end of 2004 corresponding to IDU and 30% to heterosexuals (In the previous year heterosexual transmission accounted for 23.4% of new infections). The interpretation of the tendency towards less new infections diagnosed is not an indication of a slowing of the epidemic but rather reflective of the changes in HIV testing policy, the smaller number of tests performed in population groups with high-risk behaviors and also a shortage of test kits."

Source:

United Nations Office for Drug Control and Crime, "Illicit Drug Trends in the Russian Federation, 2005" (Moscow, Russian Federation: UNODC Regional Office for Russia and Belarus, November 2006), p. 14.

[http://www.unodc.org/pdf/russia/Publications/drug%20trends%202005\\_eng.pdf...](http://www.unodc.org/pdf/russia/Publications/drug%20trends%202005_eng.pdf...)

23.

(2003 - *causes of death - HIV and race* ) The Centers for Disease Control reported that in 2003, HIV disease was the 22nd leading cause of death in the US for whites, the 9th leading cause of death for blacks, and the 13th leading cause of death for Hispanics.

Source:

Heron, Melonie P., PhD, Smith, Betty L., BsED, Division of Vital Statistics, "Deaths: Leading Causes for 2003," National Vital Statistics Reports, Vol. 55, No. 10 (Hyattsville, MD: National Center for Health Statistics, CDC, March 15, 2007), p. 10, Table E, and p. 12, Table F.

[http://www.cdc.gov/nchs/data/nvsr/nvsr55/nvsr55\\_10.pdf](http://www.cdc.gov/nchs/data/nvsr/nvsr55/nvsr55_10.pdf)

24.

(2003 - *HIV, leading cause of death, and age* ) The CDC reported that in 2003, HIV disease was the seventh leading cause of death in the US for those aged 20-24, the sixth leading cause of death for those aged 25-34, the fifth leading cause for those aged 35-44, and the eighth leading cause for those aged 45-54.

Source:

Heron, Melonie P., PhD, Smith, Betty L., BsED, Division of Vital Statistics, "Deaths: Leading Causes for 2003," National Vital Statistics Reports, Vol. 55, No. 10 (Hyattsville, MD: National Center for Health Statistics, CDC, March 15, 2007), p. 18, Table 1.

[http://www.cdc.gov/nchs/data/nvsr/nvsr55/nvsr55\\_10.pdf](http://www.cdc.gov/nchs/data/nvsr/nvsr55/nvsr55_10.pdf)

25.

(2002 - *Russian Federation - HIV transmission and injection drug use* ) "In 2002, an estimated 93 percent of persons registered by the government as HIV positive since the beginning of the epidemic were injection drug users. In contrast, in 2002 an estimated 12 percent of new HIV transmission was sexual -- that figure climbed to 17.5 percent in the first half of 2003 -- indicating the foothold that the epidemic is gaining in the general population. The European Centre for the Epidemiological Monitoring of AIDS (EuroHIV), a center affiliated with the World Health Organization, noted that HIV prevalence may have "reached saturation levels in at least some of the currently affected drug user populations" in eastern Europe, including in Russia, but cautioned against complacency "as new outbreaks could still emerge among injection drug users", particularly within the vast expanse of the Russian Federation." Rhodes and colleagues in a February 2004 article echo this conclusion, noting evidence of recent examples of severe HIV outbreaks among drug users in Russia."

Source:

Human Rights Watch, "Lessons Not Learned: Human Rights Abuses and HIV/AIDS in the Russian Federation," (New York, NY: April 2004) Vol. 16, No. 5, p. 10.

<http://www.hrw.org/sites/default/files/reports/russia0404.pdf>

26.

(2002 - *Russian Federation - HIV prevalence in prisons* ) "Being in prison or other state detention is an important risk factor for HIV in Russia. A very high percentage of drug users in the FSU [former Soviet Union] find themselves in state custody at some time in their lives. Injection drug use is reportedly widespread in Russian prisons, and HIV prevention services such as provision of sterile syringes, disinfectant materials for syringes and condoms are virtually absent. Official statistics indicate that from 1996 to 2003, HIV prevalence in Russian prisons rose more than thirty-fold from less than one per 1,000 inmates to 42.1 per 1,000 inmates. According to a 2002 report, about 34,000 HIV-positive persons—over 15 percent of the persons officially counted as HIV-positive in the country—were in state custody, of which the large majority found out about their HIV status in prison. The Kresty pretrial detention facility in Saint Petersburg was reported in 2002 to have about 1,000 HIV-positive persons among its 7,800 inmates. Some 300,000 prisoners are released each year from penal institutions in Russia, representing an important public health challenge."

Source:

Human Rights Watch, "Lessons Not Learned: Human Rights Abuses and HIV/AIDS in the Russian Federation," (New York, NY: April 2004) Vol. 16, No. 5, p. 12.

<http://www.hrw.org/sites/default/files/reports/russia0404.pdf>

27.

(1997 - *lifetime cost of treating HIV positive person* ) The estimated lifetime cost of treating an HIV positive person is \$195,188.

Source:

Holtgrave, DR, Pinkerton, SD. "Updates of Cost of Illness and Quality of Life Estimates for Use in Economic Evaluations of HIV Prevention Programs." *Journal of Acquired Immune Deficiency Syndromes and Human Retrovirology*, Vol. 16, pp. 54-62 (1997).

<http://www.ncbi.nlm.nih.gov/pubmed/9377126>

## 28. **HIV/AIDS & IDU - Law and Policy**

(*HIV/AIDS and human rights*) "We reviewed evidence from more than 900 studies and reports on the link between human rights abuses experienced by people who use drugs and vulnerability to HIV infection and access to services. Published work documents widespread abuses of human rights, which increase vulnerability to HIV infection and negatively affect delivery of

HIV programmes. These abuses include denial of harm-reduction services, discriminatory access to antiretroviral therapy, abusive law enforcement practices, and coercion in the guise of treatment for drug dependence. Protection of the human rights of people who use drugs therefore is important not only because their rights must be respected, protected, and fulfilled, but also because it is an essential precondition to improving the health of people who use drugs. Rights-based responses to HIV and drug use have had good outcomes where they have been implemented, and they should be replicated in other countries."

Source:

Jürgens, Ralf; Csete, Joanne; Amon, Joseph J.; Baral, Stefan; and Beyrer, Chris, "People who use drugs, HIV, and human rights," *The Lancet* (London, United Kingdom: August 7, 2010) Vol. 376, Issue 9739, p. 475.

<http://www.thelancet.com/journals/lancet/article/PIIS0140-6736%2810%2960...>

29.

*(Russian Federation - policy toward HIV and injection drug users)* "The Russian Federation is facing a deadly epidemic of acquired immune deficiency syndrome (AIDS). It is driven in part by abuses of the human rights of those most at risk to get the disease and of the over 1 million Russians already living with the human immunodeficiency virus (HIV). The principal means of HIV transmission in Russia has been and remains injection drug use. But the Russian state has done little to support low-cost measures that would enable drug users to realize their right to be protected from this incurable disease. Instead, Russia has been a model of repression of drug users and stigmatization of HIV-positive people, putting the country squarely on the path of very high AIDS mortality and continued abuse of people affected by HIV/AIDS."

Source:

Human Rights Watch, "Lessons Not Learned: Human Rights Abuses and HIV/AIDS in the Russian Federation," (New York, NY: April 2004) Vol. 16, No. 5, p. 1.

<http://www.hrw.org/sites/default/files/reports/russia0404.pdf>

### 30. **Cocaine & Crack - Research**

*(cocaine & crack - crack smoking and risk for HIV)* "Smoking of crack cocaine was found to be an independent risk factor for HIV seroconversion among people who were injection drug users. This finding points to the urgent need for evidence-based public health initiatives targeted at people who smoke crack cocaine. Innovative interventions that have the potential to reduce HIV transmission in this population, including the distribution of safer crack kits and medically supervised inhalation rooms, need to be evaluated."

Source:

Kora DeBeck, Thomas Kerr, Kathy Li, Benedikt Fischer, Jane Buxton, Julio Montaner, and Evan Wood, "Smoking of crack cocaine as a risk factor for HIV infection among people who use injection drugs," *Canadian Medical Association Journal*, (October 2009), 181(9), p. 588.

<http://www.cmaj.ca/cgi/reprint/181/9/585.pdf>

31.

*(medical cannabis - HIV and hepatitis C)* "Short-term use of smoked cannabis did not affect viral load in 15 HIV-positive patients and also is associated with adherence to therapy and reduced viral loads in 16 patients with hepatitis C infections."

Source:

American Medical Association, Council on Science and Public Health, "Report 3 of the Council on Science and Public Health: Use of Cannabis for Medicinal Purposes" (December 2009), p. 15.

[http://americansforsafeaccess.org/downloads/AMA\\_Report.pdf](http://americansforsafeaccess.org/downloads/AMA_Report.pdf)

## 32. **HIV/AIDS in Prison**

*(2007 & 2008 - prisons & jails - HIV/AIDS cases and deaths in state and federal prisons )*

"□ At yearend 2008, a reported 21,987 inmates held in state or federal prisons were HIV positive or had confirmed AIDS, accounting for 1.5% of the total custody population.

"□ At yearend 2008, 1.5% (20,075) of male inmates and 1.9% (1,912) of female inmates held in state or federal prisons were HIV positive or had confirmed AIDS.

"□ At yearend 2008 an estimated 5,733 state and federal prisoners had confirmed AIDS.

"□ During 2007, 130 state and federal prisoners died from AIDS-related causes."

Source:

Maruschak, Laura M. "HIV In Prisons, 2007-08," NCJ-228307 (Washington, DC: Department of Justice, Bureau of Justice Statistics, December 2009).

<http://bjs.ojp.usdoj.gov/content/pub/pdf/hivp08.pdf>

33.

**(2004 - prisons & jails - HIV prevalence in state prisons by drug use )** "The percentage of State prison inmates who were HIV positive was □

"1.3% of those who never used drugs

"1.7% of those who had ever used drugs

"1.9% of those who used drugs in the month before their current offense

"2.8% of those who had used a needle to inject drugs

"5.1% of those who had shared a needle.

"Like State inmates, Federal inmates who used a needle and shared a needle had higher rates of HIV infection than those inmates who reported ever using drugs or using drugs in the month before their current offense."

Source:

Maruschak, Laura M. "HIV In Prisons, 2004," NCJ-213897 (Washington, DC: Department of Justice, Bureau of Justice Statistics, Nov. 2006), p. 10.

<http://bjs.ojp.usdoj.gov/content/pub/pdf/hivp04.pdf>

34.

**(2004 - prisons & jails - HIV prevalence in state and federal prisons by offense )** "Inmates held on a property offense in State and Federal prisons had the highest HIV-positive rate (both 2.6%) (table 11). Among State inmates, public-order offenders (0.9%) were least likely to report being HIV positive; among Federal prisoners, drug offenders (0.7%) were least

likely to report being HIV positive."

Source:

Maruschak, Laura M. "HIV In Prisons, 2004," NCJ-213897 (Washington, DC: Department of Justice, Bureau of Justice Statistics, Nov. 2006), p. 10.

<http://bjs.ojp.usdoj.gov/content/pub/pdf/hivp04.pdf>

35.

**(2004 - prisons & jails - HIV/AIDS in prison )** "In every year since 1991, the rate of confirmed AIDS has been higher among prison inmates than in the general population (figure 1). At yearend 2004 the rate of confirmed AIDS in State and Federal prisons was more than 3 times higher than in the total U.S. population. About 50 in every 10,000 prison inmates had confirmed AIDS, compared to 15 in 10,000 persons in the U.S. general population."

Source:

Maruschak, Laura M. "HIV In Prisons, 2004," NCJ-213897 (Washington, DC: Department of Justice, Bureau of Justice Statistics, Nov. 2006), p. 5.

<http://bjs.ojp.usdoj.gov/content/pub/pdf/hivp04.pdf>

36.

**(2004 - prisons & jails - HIV positive and confirmed AIDS cases in state and federal prisons )** "On December 31, 2004, 1.9% of State prison inmates and 1.1% of Federal prison inmates were known to be infected with the human immunodeficiency virus (HIV). Correctional authorities reported that 21,366 State inmates and 1,680 Federal inmates were HIV positive. The number known to be HIV positive totaled 23,046, down from 23,663 at yearend 2003.

"Of those known to be HIV positive in all U.S. prisons at yearend 2004, an estimated 6,027 were confirmed AIDS cases, up from 5,944 in 2003. Among State inmates, 0.5% had AIDS; among Federal inmates, 0.4%."

Source:

Maruschak, Laura M. "HIV In Prisons, 2004," NCJ-213897 (Washington, DC: Department of Justice, Bureau of Justice Statistics, Nov. 2006), p. 1.

<http://bjs.ojp.usdoj.gov/content/pub/pdf/hivp04.pdf>

37.

**(2004 - prisons & jails - AIDS deaths deaths in state prisons by region )** "In 2004 for every 100,000 State inmates, 14 died from AIDS-related causes. The most AIDS-related deaths were reported in the South (84), followed by the Northeast (60). Together, these two regions accounted for more than three-quarters of AIDS-related deaths in State prisons."

Source:

Maruschak, Laura M. "HIV In Prisons, 2004," NCJ-213897 (Washington, DC: Department of Justice, Bureau of Justice Statistics, Nov. 2006), p. 8

<http://bjs.ojp.usdoj.gov/content/pub/pdf/hivp04.pdf>

38.

**(2002 - race & prison - HIV racial disparities in jails )** "Among jail inmates in 2002 who had ever been tested for HIV, Hispanics (2.9%) were more than 3 times as likely as whites (0.8%) and twice as likely as blacks (1.2%) to report being HIV positive."

Source:

Maruschak, Laura M. "HIV In Prisons and Jails, 2002," NCJ-205333 (Washington, DC: Department of Justice, Bureau of Justice Statistics, Dec. 2004), p. 1.

<http://bjs.ojp.usdoj.gov/content/pub/pdf/hivpi02.pdf>

39.

**(2002 - prevalence of HIV in local jails by offense )** "Those inmates held for a property offense in local jails reported the highest HIV positive rate (1.8% ) (table 10). Drug offenders reported a slightly lower rate (1.6%). The percentage of public-order offenders who were HIV positive was 1.1%; the percentage of violent offenders, 0.7%."

Source:

Maruschak, Laura M. "HIV In Prisons and Jails, 2002," NCJ-205333 (Washington, DC: Department of Justice, Bureau of Justice Statistics, Dec. 2004), p. 9.

<http://www.ojp.usdoj.gov/bjs/pub/pdf/hivpj02.pdf>

40.

(2002 - *prevalence of HIV in local jails* ) "The percentage of jail inmates reporting that they were HIV positive varied by level of prior drug use. Of jail inmates who reported never using drugs, 0.4% were HIV positive. An estimated 1.5% of inmates who had ever used drugs, 1.5% of those who used drugs in the month before their current offense, 3.2% of those who had used a needle to inject drugs, and 7.5% of those who had shared a needle reported being HIV positive."

Source:

Maruschak, Laura M. "HIV In Prisons and Jails, 2002," NCJ-205333 (Washington, DC: Department of Justice, Bureau of Justice Statistics, Dec. 2004), p. 9.

<http://bjs.ojp.usdoj.gov/content/pub/pdf/hivpi02.pdf>

41.

(2002 - *prisons & jails - AIDS deaths in local jails* ) "In 2002 the number of AIDS-related deaths in local jails was 42, down from 58 in 2000 (table 11). The rate of AIDS-related deaths was down from 9 per 100,000 inmates in 2000 to 6 per 100,000 in 2002. Of the 42 inmates who died from AIDS-related illnesses in 2002, 38 were male and 4 were female. Those who died from AIDS-related illnesses were most likely black (31 inmate deaths) and between the ages 35 and 44 (21 inmate deaths). Over the 3-year period beginning in 2000, a total of 155 local jail inmates died from AIDS-related causes."

Source:

Maruschak, Laura M. "HIV In Prisons and Jails, 2002," NCJ-205333 (Washington, DC: Department of Justice, Bureau of Justice Statistics, Dec. 2004), p. 10.

<http://bjs.ojp.usdoj.gov/content/pub/pdf/hivpi02.pdf>

42.

(2002 - *prisons & jails - HIV testing in local jails* ) "In personal interviews conducted in 2002, nearly two-thirds of local jail inmates reported ever being tested for HIV; of those, 1.3% disclosed that they were HIV positive."

Source:

Maruschak, Laura M. "HIV In Prisons and Jails, 2002," NCJ-205333 (Washington, DC: Department of Justice, Bureau of Justice Statistics, Dec. 2004), p. 1.

<http://bjs.ojp.usdoj.gov/content/pub/pdf/hivpi02.pdf>

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