



Photo: Adriaan Backer

Factsheet Drug use and HIV risk among Young People in Sub-Saharan Africa

Background

Illicit drug use (drugs such as heroin, cocaine and methamphetamine—psychoactive drugs that are illegal) has become a global phenomenon and is no longer an issue that is limited to Western and industrialised nations. An estimated 16 million people inject drugs globally. Approximately 80% of all drug users live in developing and transitional countries. Over 148 countries across the globe currently report injecting drug use of which 128 nations report that HIV is evident among those who inject drugs (Mathers, 2008; Aceijas, 2004).

Recent studies in Sub-Saharan Africa have shown that rates of drug use are increasing and point to an increase in drug-related HIV risk behaviours. The UNAIDS website states that '*alarming new epidemics of injecting drug use are witnessed in the countries of sub-Saharan Africa*'. Injecting drug users often have multiple risks such as sex work and drug use, and they often face incarceration for possession of drugs, which again increases their risk of contracting or transmitting HIV. Non-injecting drug use is also associated with a higher sexual risk related to HIV transmission, although to a lesser extent than through injecting (WHO, 1998).

This research has been conducted in order to explore:

- A. Current developments regarding HIV and (injecting) drug use in the Sub-Saharan region
- B. Vulnerabilities of young people for drug-use and related HIV risk
- C. HIV prevention responses and the need to develop new approaches or adapt existing ones to the region.

The research focuses on young people as youngsters between 15 and 25 years of age are most at risk of contracting HIV. The vast majority has no idea how HIV is transmitted or how to protect themselves. Half of all new HIV cases occur among young people (UNAIDS, 2008). Young women are particularly vulnerable to HIV infection.

Methodology

To understand current (injecting) drug-use trends in relation to HIV a literature study has been conducted, using:

- General overviews and reports
- Local studies conducted in various countries from the region
- Recently published news items on the issue.

To explore the vulnerabilities of youth towards drug use and related HIV risk:

- Interviews were held with 40 key experts on HIV prevention and substance use
- Extended visits to townships and communities were held to observe drug use and to meet and talk to key persons from the communities
- Focus group discussions with groups of young people were held in South Africa, and two were held in Lusaka, Zambia (total of 42 young people have been involved).

Results

A. Drug use increases in Sub Saharan Africa

Increased drug availability in almost all countries in Sub-Saharan Africa

Sharp increases in the availability of illicit drugs have been found primarily in the coastal regions of Africa. Many countries in western, eastern and southern Africa have become important drug transit areas (UNODC, 2008). The increased availability of illicit drugs has resulted in expanding domestic markets. Illicit drugs are very likely to become more widely available in the regions surrounding transporting routes.

Drug use as a driver of the epidemic

The primary route of HIV transmission in Sub-Saharan Africa will continue to be heterosexual contact. However (injecting) drug use and related HIV risk behaviours, including sexual risks, can initiate new HIV epidemics among drug users (Needle, 2006, UNAIDS 2008). Depending on the local setting and social networks, these concentrated epidemics have the potential to spread and move into the wider population. In countries which already have high HIV prevalence rates, drug use may generate even higher rates of HIV among drug users and their sexual partners, which may fuel or re-fuel existing generalised HIV epidemics (C. Perry, Medical Research Council).

B. Youngsters are a vulnerable group for drug abuse

Youngsters, drugs and related HIV risk behaviours

Given the trends and patterns in illicit drug use of the last decade, it is very likely that, over time, larger populations of young people will come into contact with illicit drugs. There are many aspects which increase the vulnerability of youngsters to drug use the most important factors are: *being male and young, a lack of personal and social skills, a lack of family support, peer pressure, conflicting community values, and a lack of information*. Equally important are the *wider environmental factors such as poverty, inequalities and hardships*. If illicit drugs become available, large populations are likely to be tempted to 'escape' via drug use. Young people in large parts of Africa might feel tempted to escape from their harsh reality of for example, *poverty, lack of education and employment, and/or social constraints in personal development*.

The impact of alcohol

Alcohol needs to be taken into consideration when discussing substance-driven sexual risk taking. Studies have shown the relationship between alcohol and sexual risk taking in the region (Morris, 2006). There is a growing recognition that alcohol is an important factor driving the general HIV epidemics in the sub-Saharan region. The impact of alcohol on the epidemic was also confirmed by experts with whom we talked during meetings at the Ministry of Health in Zambia. They mentioned alcohol as a key factor driving unsafe sexual behaviour in their country. They described patterns of heavy drinking among large groups of the general populations and high-risk sexual behaviour. Public health experts in Zambia expressed the need to address alcohol-driven sexual risk taking as an important priority in their country.

C. Limited response addressing drug use and its related HIV risks witnessed in the region

‘What kinds of responses need to be developed in order to address HIV risk driven by drug use?’

Risk reduction responses (primarily to address drug use) and harm reduction responses (primarily to address HIV risk among drug users) have been reviewed with reference to their potential and existing impact.

Determining which responses are needed to address HIV risk driven by drug use, effective responses must be comprehensive in their coverage of vulnerabilities and the risk of initiating drug use (risk reduction) and HIV-related risks among those who currently use drugs (harm reduction). Current prevention responses do not match the needs to address existing developments regarding increasing drug use and the associated HIV risk.

- **General risk reduction programmes** addressing drug use through awareness campaigns, school-based and community-based programmes are considered important responses to inform, educate and empower young people to meet the challenges of the increasing availability of illicit drugs. Risk reduction programmes are reported in the region, the majority of which lack evidence-based messages and are unlikely to meet the growing needs of young people regarding drug use (and the related risks) (UNODC, 2001).
- **Drug treatment programmes and Early intervention** are recognised as very important responses that can indirectly have a great value in HIV prevention programmes among those who are in the initial stages of drug use (MAP, 2004). Existing interventions, however, lack the scale necessary to meet the growing needs of drug use; likewise, the high cost of adequately scaled programmes for in-patient treatment may be a burden for many countries. Out-patient treatment, support groups, home detox, and community-based treatment and support could have a significant additional impact at a lower cost.
- **Harm reduction responses** are considered essential HIV prevention responses addressing HIV risks among those who are currently using drugs. There is growing recognition in the region that (injecting) drug use is playing a role in the HIV epidemic, but very few harm reduction policies and services have been implemented. The costs of harm reduction programmes are relatively low, but may still limit implementation. Mauritius and to a certain extent Kenya, with important support from UNODC, play a leading role in addressing HIV risks among drug users and their partners.

Table: Suggestions for needed responses per region and specific HIV epidemic

			Prevention priorities to address drug-related HIV					Harm reduction
			Risk reduction					
			General		Specific			
Category	Prevalence	Rate	Awareness campaigns	School-based	Community-based	Drug treatment	Early intervention	
A (e.g., Ethiopia)	HIV	Low to moderate						
	Drug use	Low	+	++	+	-	-	-
B (e.g., Mauritius)	HIV	Low to moderate						
	Drug use	Present / Increasing	+	+	++	+	+	++
C (e.g., Zambia)	HIV	High						
	Drug use	Low	+	++	++	-	-	-
D (e.g., South Africa)	HIV	High						
	Drug use	Present / increasing	+	+	++	+	+	++

Priorities

- Drug and alcohol use–related issues should be included in life skills training programmes and sexual health curricula in schools. Life skills training programmes can be effective in enabling individuals to adapt and to deal with the demands and challenges of life. Life skills approaches are already in use in various countries in the region, either in school or community settings, but should be adapted to address issues regarding drug and alcohol use.
- Risk reduction and harm reduction strategies may need to be translated and adapted to the specific conditions in the African setting. Learning from the best practice examples of low-cost drug treatment strategies, community-based drug interventions, home detoxification, peer support groups and various harm reduction services like syringe and needle exchange programmes, opiate substitution treatment, community-based outreach and street-based services applied in other developing regions (e.g., in countries such as Iran, Pakistan, India, Cambodia) is highly encouraged.
- Non-governmental organisations and community-based organisations are strongly encouraged to provide capacity building training to healthcare workers and law enforcement officers on working with (injecting) drug users. The use of innovative information technologies, in combination with traditional methods of knowledge-sharing and information exchanges, may be used to provide timely education.
- HIV-related services—in particular, critical services such as voluntary counselling and testing—should be made known and accessible to those who use drugs and counselling services should be equipped to deal with drug- and alcohol-related issues. Counselling and testing services should be mobile and flexible in order to reach out to vulnerable populations in the communities.
- Community-based outreach is recommended as a first step in establishing contact, and informing and supporting those individuals within communities who use drugs. Peer education plays a critical role in outreach programmes. Outreach-based programmes also serve as a point of referral for counselling and other HIV- and health-related services. Community-based outreach is a valuable tool in monitoring and addressing on-going issues and trends among drug-using communities.

You can download the complete report ‘Drug use and HIV risk among young people in sub-Saharan Africa’ at our website: www.stopaidsnow.org