Reaching people who use drugs in HIV/SRHR integration

Recommendations from a global intervention review to identify strategies to increase the responsiveness and relevance of integrated programming to the sexual and reproductive health and rights needs of high-risk groups

Integration efforts need to assess, recognize and address the complex interactions between drug use/harm reduction, HIV and SRHR

Background

People who use drugs (PWUD) often experience greater vulnerability to poor SRHR, may have specific or more complex needs and experience additional barriers to accessing and demanding services. While policy support for HIV/SRHR integration is increasing, significant questions persist about what such programming means in practice for key populations. Integration may be desirable in the long-run; concerns remain about how joining programmes and systems that are not ready could compromise quality of and access to services.

Methods

A global review of over 160 resources focusing on HIV/SRHR integration for key populations and available on websites of selected national and international organizations was undertaken. The objective of the review was to assess how HIV/SRHR integration can not only improve the efficiency of programmes but truly serve the needs of PWUD. The review analyzed successful approaches and lessons learned to inform future programme development, implementation and evaluation.

Results

• There appears to be little clear consensus on the most effective HIV/SRHR integration strategies specifically for PWUD.
• Common challenges across integrated programmes for key populations highlighted the need to follow good practice principles for programming for these communities. These include the need to address stigma and discrimination, demand generation, service provider attitudes and capacity and to ensure rights-based approaches, appropriate evidence and information to understand diverse needs, strong referral systems and technical and financial support.
• What lessons have been learned about HIV/SRHR Integration for PWUD?
  • Assess, recognize and address the complex interactions between drug use/harm reduction, HIV and SRHR – including how drug use can affect choices or decisions in relation to sexual pleasure and risk-taking and how different drugs and medicines interact.
  • Avoid presumptions about behaviours or the HIV/SRHR needs of PWUD.
  • Within integrated programming address the cross-cutting issue of gender dynamics – many programmes are male-oriented and focused on drug use and HIV. Acknowledge gender dynamics in sexual and injecting practices and adopt gender-transformative approaches.
  • Provide a comprehensive package of integrated SRHR/HIV support for people who use drugs. For example, a recommended package of services for drug-in-centre level includes condoms and STI diagnosis and treatment, SRHR support for women who use drugs and the female partners of men who use drugs, BCC among sexual partners, and accompanied referrals to other SRHR services.

HIV/SRHR Service Package for PWUD

The review indicated that, building on a generic essential package for HIV/SRHR, there are components that need specific attention in integrated programming for PWUD. These include information, support and services related to:

• Full range and ‘drug use-friendly’ options to prevent HIV, STIs and unwanted pregnancy

• Interactions between different types of drugs

• Safer sex practices while under the influence of different types of drugs

• Specific SRHR issues for people who use drugs (e.g. sexual dysfunction for men, impact on menstruation and fertility for women)

• Female drug users who are pregnant with access to a full range of supportive PMTCT and MNCH services

• Empowerment on sexual and health rights

• SRHR needs of female partners of men who use drugs

• Sexual violence, including FVP

• Sexual counselling (e.g. on the relationship between sexual drive, performance and drug use)

• Family welfare services

• (Where legal) access to safe and confidential abortion and (in all contexts) post-abortion care

• Diagnosis and treatment for TB and Hepatitis B and C

Conclusions

Integration is a vital strategy to respond to the unmet HIV and SRHR needs of PWUD. However, integration that is premature, overly rapid or too large-scale risks compromising rather than enhancing access to high quality HIV and SRHR services for PWUD. Good practice principles are particularly critical in HIV/SRHR integration for these populations.

Acknowledgements

India HIV/AIDS Alliance would like to thank the European Commission for its support to Action Project. Alliance India acknowledges the Action teams at MAMTA and SASO in India and HASAB in Bangladesh.

Contact details

Sunita Grote: sgrote@aidsalliance.org
Sonal Mehta: smehta@allianceindia.org

Alliance India acknowledges the Action teams at MAMTA and SASO in India and HASAB in Bangladesh.

This project is funded by the European Union.