



# news release

from the EU drugs agency in Lisbon

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## **‘DRUG INJECTING A MAJOR EUROPEAN PUBLIC HEALTH CONCERN’ SAYS DRUGS AGENCY CHIEF**

Injecting is probably the main cause of health damage related to illegal drug use in Europe today and a major public health concern. So says **EU** drugs agency chief Georges Estievenart in a new report out today.

The report from the Lisbon-based **EMCDDA** – *Injecting drug use, risk behaviour and qualitative research in the time of AIDS* – aims to offer new insights into what Estievenart describes as ‘a risky practice...difficult to comprehend’.

Estievenart adds that drug injecting is a relatively new phenomenon. It spread quickly in Western countries in the 1970s and 1980s and now seems to be spreading in other parts of the world, including Central and Eastern Europe. Meanwhile, some Western countries have reported a recent trend away from opiate injecting. This could ‘imply room for improvement and intervention...if only the underlying motivations of these changes can be understood’.

But understanding drug injecting is not easy, he says. Neither is studying it, largely due to its hidden nature and low prevalence in the general population. ‘It is necessary to understand why and how people decide to engage in such dangerous behaviour...and analyse the perceptions and purposes of the injectors themselves.’

### **Discovering the drug users’ world**

Today’s report focuses on qualitative research as a ‘method of discovery’ into the context, lifestyle and behaviour of injecting drug users (IDUs) – a way of ‘entering their world’ through interviews and observation.

Estievenart says: ‘We need to capture the meanings individual groups attach to drug injecting and risk behaviour in order to interpret and complement quantitative data and improve our responses to this type of drug use.’

On this point he adds: ‘It’s better for intervention measures to be grounded in experience than in theory alone...Understanding the social meanings and contexts of drug use helps us inform the feasibility and relevance of planned or already implemented interventions.’

## **The harm it does**

The report underlines the potential drug injecting carries for major public health problems. It says the practice is related strongly to fatal and non-fatal drug overdoses, as well as transmission of infectious diseases such as hepatitis B, hepatitis C and HIV.

The report states that, in Western Europe, opioid users have a risk of death 20–30 times higher than their peers who do not use drugs. Drug overdose is responsible for a substantial part of this increased risk. Injecting has been identified as an important risk factor in opioid overdose. Quantitative studies may play a key role in understanding the dynamics of overdoses and informing the development of prevention and risk-management interventions.

Injecting drug use is currently reported by 129 countries and territories worldwide, of which 103 have associated HIV. The agency says injecting drug use – or more specifically the shared use of injecting equipment – is the predominant means of HIV transmission in many countries of the world. And HIV associated with drug injecting continues as a major public health hazard, with huge human, financial and social costs.

Also hepatitis C (HCV) is extremely high among injecting drug users, accounting for most new infections. The agency says over 50% of IDUs in Europe are HCV positive, with estimates of over 80% in some areas. It is reckoned that half-a-million IDUs are HCV positive in the **EU**. In only one Member State – the **UK** – is there a decrease, due possibly to positive harm-reduction methods.

The report also stresses the dangers presented by hepatitis B (HBV). Although the prevalence of HBV infections among IDUs is lower than HCV in many European countries, data from studies in **Spain**, the **Netherlands**, **Austria** and **Sweden** indicate that over half IDUs are HBV antibody positive.

## **Reducing needle sharing**

The **EMCDDA** says encouraging a reduction in needle and syringe sharing is a cornerstone of public health strategies targeting IDUs in most **EU** countries.

'If interventions are to encourage further reductions in needle and syringe sharing among IDUs, there is a need to take account of how different social situations and contexts impinge on, or encourage, attempts at risk reduction.' The report adds that sharing is diverse and complex – not just a pragmatic way of dividing drugs but a social process embedded in drug users' wider relationships. And it offers the following insights into this area:

- 'Addicts share many valued things, such as housing, food, money, clothing and childcare...the sharing of drugs serves as a strong symbolic binding force'.
- Needle and syringe sharing is not random – 'most continued sharing occurs within the context of long-term sexual relationships, close friends and family'. Within sexual relationships, sharing might express 'togetherness'. And particular social and physical environments also exert a significant influence on sharing. Prisons, and all the associated risks of HIV spread, are a case in point.
- 'The social character of drug and injecting equipment sharing and its ascribed social value within IDU networks greatly adds to the difficulties of reducing the risks.'

## **Sexual risks often neglected**

The reports says that while it is recognised that drug use intersects with sexual behaviour in multiple ways, the sexual health of drug users has often been neglected by researchers and interventions. The following insights are offered:

- Some relationships involving needle and drug sharing ‘embrace fear and domination rather than intimacy and trust’. A number of studies suggest female IDUs are more likely to share only with male sexual partners – while men are more likely to share with male friends.
- Any female IDU challenging her male partner’s risky behaviour in such circumstances – for example, trying to initiate condom use – might be seen as threatening the relationship’s *status quo*. This can result in emotional coercion to unprotected sex and sometimes ‘violent reprisal’.
- Many male IDUs have relationships with women who do not use drugs. Many such women will not know about their partner’s injecting drug use, because disclosure is often avoided as long as possible. Such women ‘are at substantial risk of HIV infection if their partner has shared needles and condoms are not used’.
- Most surveys show scant indications of sexual behaviour change among drug injectors. Most researchers agree that IDUs rarely use condoms with their primary sexual partners. Studies indicate that IDUs see sexual risk very much in the context of other dangers they believe more immediate and important, such as addiction, an overdose or needle sharing.
- Sexual transmission of HIV might often be overlooked by IDUs. Some might refrain from sharing needles and syringes but continue with unprotected sex – particularly with long-term partners with whom they would not think of sharing needles.

### **Avoiding policy pitfalls**

Stressing the importance of qualitative research, the **EMCDDA** says that, in its absence, ‘there is a danger of perpetuating understandings of drug use which are devoid of relevance or meaning for drug users. This in turn can encourage the formation of policy or the development of interventions which are inappropriate or ineffective and, at worse, counter-productive.’

Among the topics listed by the report for future qualitative research are the influence of gender and power on the risk behaviour of drug users and factors influencing the individual risk management of overdose.

### **Notes:**

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<http://www.emcdda.org/infopoint/publications/insights.shtml>

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