

because you asked



HAART and prevention

Can treatment reduce HIV transmission among injection drug users?

Dr. Marianne Harris responds: Preventing transmission of HIV from direct blood-to-blood contact, for example between injection drug users (IDUs) who share needles and other injecting equipment, is a challenge. Harm reduction techniques (e.g. cleaning needles and syringes with bleach before and after use), needle exchange programs, and supervised injection facilities (like InSite in Vancouver) are effective but not always practical or available. Of course, an HIV+ IDU can also transmit the virus through sexual contact. Drug-induced disinhibition and impaired judgment may hamper the use of safer sex precautions such as condoms, increasing the chances of passing on HIV.

Evidence is piling up showing that highly active anti-retroviral therapy (HAART) can prevent transmission of HIV by decreasing viral load and thereby reducing infectiousness. Solid evidence from a number of studies shows that HAART lowers the risk of transmission from HIV+ pregnant women to their infants (called mother to child trans-

mission or MTCT), and from HIV+ persons to their HIV- sexual partners (known as serodiscordant couples).

But could widespread use of HAART reduce the spread of HIV in an injection drug-using population? Some recent evidence from BC, presented by Dr. Julio Montaner at the recent International AIDS Conference in Vienna, indicates that this may be the case. Since HAART became widely available in the province in January 2004, the number of new cases of HIV diagnosed among people reporting that they have ever used injection drugs has decreased significantly. This is despite the fact that more and more HIV tests are being performed in BC every year. Furthermore, among those accessing HAART, the proportion of IDUs whose HIV viral load was over 1,500 copies/mL (and who therefore could be considered infectious) fell from about 50% during 2000-2004, to about 20% in 2009. This suggests that because they are taking HAART, fewer IDUs are capable of transmitting HIV, and fewer new infections are occurring.

A number of concerns have been raised around prescribing HAART to IDUs. Some people believe that IDUs are irresponsible and disorganized, and will never be able to take medications on a regular schedule. However, with appropriate support, many IDUs are able to take medications quite regularly, especially the current once-daily regimens. Studies have shown that doctors are notoriously bad at predicting which patients will or will not be able to comply with their treatment regimens, and therefore, even active drug use isn't a reason to avoid prescribing HAART to a person who needs it. If a lot of IDUs were failing to taking their HAART as prescribed, the result would be the emergence of drug-resistant HIV in the population — and this hasn't been shown to be happening. **R**



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