



WHO DRUG INJECTION STUDY

BACKGROUND

Injection drug use (IDU) plays an important role in the global epidemic of HIV infection. By 2003, IDU had been reported in 136 countries, of which 93 also identified HIV infections among drug injectors. In some countries in Asia and Central and Eastern Europe, IDU is now the major route of transmission of HIV. The health consequences of IDU are not limited to just HIV infection. Sharing injection equipment carries a very high risk of transmission of other blood-borne infectious agents such as viruses of hepatitis B and C.

WHO DRUG INJECTION STUDY PHASE I

As a result of international concern over HIV infection associated with IDU, in 1989, the World Health Organization initiated an international comparative study which could inform national policy and practice as well as improve the understanding of HIV-related risk behaviours of injection drug users across the globe. Based on a standardized methodology this survey was conducted between October 1989 and March 1992 comprising 6,436 current injectors from 12 cities: Athens, Bangkok, Berlin, Glasgow, London, Madrid, New York, Rome, Rio de Janeiro, Santos, Sydney and Toronto.

This study was the largest international project of its kind at that time. Apart from the wealth of data collected in each of the participating cities, the study contributed much to the development of research methods, informing national policies, establishing international collaborative networks and placing drug injecting, HIV and related health policy issues on the international agenda.

The results of the study provided evidence that injection drug users do change their behaviour in response to information about HIV/AIDS and with access to the means for behaviour change. In turn, this behaviour change has helped prevent large-scale epidemics in some cities.

The Phase I study produced the following recommendations:

- To study developing countries and the 'newer epidemics'.
- To develop methods of rapid assessment on injection drug use.
- To study not only HIV but also other health consequences (hepatitis B, hepatitis C and drug overdose).
- To link research to policy and intervention development.

WHO DRUG INJECTION STUDY PHASE II

Whilst at the start of Phase I, relatively little had been known about the course of HIV epidemics among injectors, Phase II began with an entirely different set of background influences.

These included:

- Accumulated international expertise in HIV prevention. Appreciation of the often-limited resources available for HIV prevention.
- A more advanced understanding of the dynamic of epidemics.
- Evidence that intervention in the early stages of an HIV epidemic among injectors (where prevalence levels are below 10%) could reduce the likelihood of later prevalence levels reaching 40% to 50%.

The result of inter-play between such significant developments resulted in Phase II adopting a research design that integrated conventional epidemiological survey research and rapid assessment methodologies. Whilst still grounded in an epidemiological research paradigm, the study design aimed to employ a flexible methodology that could keep pace with the rapid spread of HIV infection among injectors, inform further in-depth studies where needed, and most importantly, encourage early intervention.



The implementation of the Phase II study started at the end of 2000 under the overall coordination of the WHO Department of Mental Health and Substance Dependence with financial support from UNAIDS. The study currently involves thirteen countries and fourteen cities:

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Management of Substance Dependence WHO DRUG INJECTION STUDY

Participating Sites:

*Argentina (Great Rosario)
Belarus (Minsk)
Brazil (Rio de Janeiro and Santos)
China (Beijing)
Colombia (Bogota)
Iran (Teheran)
Kenya (Nairobi)
Malaysia (Penang)
Nigeria (Lagos)
Russian Federation (St Petersburg)
Thailand (Bangkok)
Ukraine (Kharkiv)
Viet Nam (Hanoi)*

Coordinating Centres:

- *National Development and Research Institutes Inc. (NARI), New York, USA*
- *Centre for Research on Drugs and Health Behaviour, Imperial College, London, UK*

The **objectives** of the study are:

- Determine the context, extent and character of high-risk behaviours among IDUs in developing/transitional countries.
- Determine prevalence of HIV, HCV and HBV among IDUs.
- Identify and develop adequate effective interventions.
- Evaluate rapid assessment methodology on drug use and risky behaviours.

The study comprises several **main components**:

- Situation assessment using rapid assessment methodology developed by WHO.
- Retrospective and prospective evaluation of rapid assessments on injection drug use resulting in the revision and publication of the WHO IDU-RAR Guide.
- Behavioural and seroprevalence (HIV, HBV, HCV) survey among injection drug users.
- Intervention development informed by results of a comprehensive assessment of the problem using quantitative and qualitative methods.

It is worth noting that the two methodologies employed (rapid assessment and survey) are linked in that inputs from the Rapid Assessment and Response (RAR) were used in the design of the survey. More specifically, the RAR teams were encouraged to make key contacts within the local area, to identify possible recruitment locations, and to win the support of influential professional and community leaders.

By the end of May 2003:

- Rapid assessments have been accomplished in all the sites and the results informed the intervention development and survey component of the study.
- International mapping and retrospective evaluation of rapid assessments on drug use completed.
- Survey completed in eight sites and final survey data will be available by the end of 2003.

EVALUATION OF RAPID ASSESSMENTS ON DRUG USE

Rapid assessments within the substance use field were first introduced in the early 1990s and in the last three years, the approach has generated increasing interest as a quick way of profiling drug-related problems, mobilising HIV prevention efforts among injection and other drug users, as well as initiating policy change and service re-orientation.

KEY MESSAGES FROM THE RETROSPECTIVE EVALUATION REPORT

- Rapid assessments have enormous potential to generate important public health messages that can be used to develop intervention programmes. At least 83 rapid assessment studies have been conducted between 1993 and 2001, with the approach being utilised in at least 70 countries. Intervention responses have been developed in at least 50 countries.
- There is a need for more investment to be made in the evidence and knowledge base of rapid assessment.
- In order for this to occur, it is necessary to cultivate, incorporate and promote a culture of learning, reflection and debate into a methodology primarily focused on speed and pragmatism.
- Intervention development in a rapid assessment is not only the result of adherence to proper methodological instructions, but is also reliant on cultural, economic, environmental, social and political factors.

The results from the study, including results of both the retrospective and prospective evaluation of rapid assessments, will be published as a series of study reports and made available from the web at http://www.who.int/substance_abuse and <http://www.RARarchives.org>.

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