Policy guidelines for collaborative HIV and TB services for injecting and other drug users

THE ISSUE:
It is estimated that globally in excess of 2.5 million injecting drug users are living with HIV, estimated to be maybe as much as 10% all PLWHIV.

Drug users have high rates of HIV infection with the greatest risk for HIV infection being injecting behaviour. Drug users also have increased rates of TB infection, whether living with HIV or not. HIV infection greatly increases the risk of transition from TB infection to TB disease.

In many settings, the epidemic of drug use has become intertwined with the HIV and the TB epidemics. There is also an overlap between countries where the HIV epidemic is mainly driven by injecting drug use, and those with some of the highest rates of multi drug resistant tuberculosis (MDR TB)

Drug users tend to be a marginalized group with complex needs, who have poorer access to life saving interventions. Health systems have often responded with separate policies and structures, to the detriment of the individual user and their communities.

THE RESPONSE:
As part of the response to these challenges policy guidelines have been developed by the World Health Organization (WHO) in collaboration with the UN Office on Drugs and Crime (UNODC) and the Joint United Nations Programme on HIV/AIDS (UNAIDS) and in consultation with a group of technical experts. These guidelines aim to provide a strategic approach to reducing TB and HIV related morbidity and mortality among at-risk drug users and their communities, promoting holistic and person-centered services.

These Guidelines are intended for people who are dealing with the population of drug users who have the most problematic patterns of use and who have the greatest risk of HIV and TB. These are people who use opiates, cocaine or amphetamine type stimulants in a dependent or harmful way, in particular those who inject.

The guidelines recommend that services should have a more coordinated response to drug users needs. Services should provide universal access to prevention, treatment and care services at all entry points. This requires collaborative planning between HIV, TB, specialist drug services and the criminal justice system. In particular, health services should provide treatment adherence support for drug users. Co-morbidities, such as hepatitis infection, should not be a barrier to TB and HIV treatment services. Prisoners with HIV, TB or drug dependency need to have the same access to treatment & care as civilians, as should drug users who are migrants, homeless or otherwise marginalized. In addition, continuity of care on transfer in and out of places of detention is essential.

These guidelines will be released to the public at the International AIDS conference in Mexico.

To access these guidelines in full see the WHO web site
http://www.who.int/tb/publications/2008/en/index.html

HIV TB

The guidelines main recommendations are:

Joint Planning

1. There should be multisectoral coordination at local and national level which will plan, implement and monitor TB/HIV activities for drug users. This should be done through existing mechanisms if possible.

2. The national strategic plans for TB, HIV and substance misuse should clearly define the roles and responsibilities of all service providers who deliver services for drug users and should ensure monitoring and evaluation of TB and HIV activities for drug users, including treatment outcomes.

3. Human resource planning should ensure that there are adequate numbers of staff and that education and training programmes aim to build sustainable effective teams so that all staff who have contact with drug users have the appropriate level of skill in dealing with TB and HIV and drug users.

4. All stakeholders for collaborative TB/HIV services for drug users should support and encourage TB/HIV operational research to develop the evidence base for efficient and effective implementation of collaborative TB and HIV activities.

Key interventions

5. All congregate settings in the health, drug service and criminal justice sectors should have a tuberculosis infection control plan supported by all stakeholders, which includes administrative, environmental and personal protection measures to reduce transmission of tuberculosis.

6. There should be a case finding protocol for TB, and HIV in all services dealing with drug users so that staff are aware of the symptoms of TB and HIV and are able to ensure access for drug users to appropriate TB and HIV testing and counselling, preferably at the service where they initially present.

7. TB, HIV and services for drug users should ensure access to appropriate treatment for drug users by using global, regional and national clinical guidelines and should work in collaboration to ensure treatment supervision and to simplify the delivery of treatment.

8. All health services should seek to make Isoniazid Preventive Therapy available for those drug users living with HIV, once active tuberculosis is reasonably excluded.

9. All personnel working with TB suspects and patients, people living with HIV and drug users should be able to assess risk factors for HIV infection and transmission and should provide comprehensive HIV prevention information and services to their clients to minimize these risks. Personnel should also be aware of how to protect themselves from occupational exposure to HIV and TB.

Overcoming barriers

10. All services dealing with drug users should collaborate locally with key partners to ensure universal access to comprehensive TB and HIV prevention, treatment and care as well as drug treatment services for drug users in a holistic person centred way that maximizes access and adherence: in one setting, if possible.

11. Medical examination upon entry and any time thereafter, conforming to internationally accepted standards of medical confidentiality and care, should be available for all prisoners. There should be equivalence of care for prisoners with civilians and continuity of care on transfer in and out of places of detention.

12. There should be specific adherence support measures for drug users to ensure the best possible treatment outcomes for TB and HIV infection and to reduce the risk of development of drug resistance and also the risk of transmission to others.

13. Co morbidities including viral hepatitis infection should not be considered a contraindication to HIV or TB treatment for drug users.