

Alberta Alcohol and Drug Abuse Commission

POLICY ON INJECTION DRUG USE AND INFECTIOUS DISEASES

February 2006

POLICY STATEMENT

The Alberta Alcohol and Drug Abuse Commission (AADAC) recognizes that among clients who inject drugs, there is a relatively high incidence of the risk behaviours associated with contracting HIV (human immunodeficiency virus), hepatitis or other infectious diseases. AADAC employees may also be at risk when working with infected clients. The Commission will address concerns in this area by supporting public health practices aimed at reducing the risk of exposure to infectious diseases, and by providing addiction information, treatment and referral services. AADAC clients or employees who contract an infectious disease will be treated in a sensitive and responsive manner.

CONTEXT

1. Epidemiological studies continue to show high prevalence rates of HIV, hepatitis, and tuberculosis (TB) among people that use drugs by injection.
2. The most common means for spreading HIV and hepatitis B (HBV) are sexual contact with an infected person, injection drug use, and transmission from an infected mother to her unborn child. The primary method of hepatitis C (HCV) transmission is injection drug use (i.e., sharing needles and syringes, communal use of injecting paraphernalia such as spoons and swabs). Airborne germs spread TB, and the risk of infection increases in communal settings.
3. Research indicates that non-injection drug use (including consumption of alcohol) can also increase the risk for transmission of HIV and other infections by interfering with judgement about sexual behaviour (e.g., increasing the likelihood of engaging in unplanned or unprotected sex).
4. Workplace risks for infection include exposure to (a) contaminated blood or body fluids through needle-stick injury or, to a lesser degree, skin breaks, splashing/splattering and ingestion, or (b) coughing, in cases where a client has active TB.
5. HIV, hepatitis, and TB are notifiable diseases in Alberta. Information is collected from physicians and laboratories under Schedules 1 and 2 of the Communicable Disease Regulation contained in the *Public Health Act*.
6. Surveillance statistics from Alberta Health and Wellness show that injection drug use was the primary risk factor in 19% of new HIV cases in 2004. This compares to 45% of new HIV cases in 1998, and 10% in 1991.

7. A review of international studies suggests 50% to 90% of people who use drugs by injection are infected with HCV. Surveillance data from Alberta, other Canadian provinces and jurisdictions worldwide show that a high proportion of people who use drugs by injection are co-infected with HCV and HIV.
8. Data for the period April 1, 2004 to March 31, 2005 indicate that among AADAC treatment clients (adult and adolescents), 14% had used drugs by injection at some time in their lives, and 9% reported using drugs by injection during the previous year.
9. At present there is no vaccine to prevent infection with HIV or HCV. There are effective antiretroviral and antiviral therapies, although these treatments are compromised by continued alcohol or other drug consumption.

PRINCIPLES FOR ACTION

Information

AADAC will provide accurate and current information about drugs and drug abuse. The Commission will develop and distribute print materials and other information resources that assist AADAC staff, clients and stakeholders in acquiring knowledge about the risks and impacts of injection drug use.

Prevention

AADAC will continue to deliver community programs that prevent alcohol or other drug use, and assist individuals in making healthier lifestyle choices.

AADAC Human Resources will maintain a set of infectious disease control guidelines for staff working in situations where there is a risk for exposure to HIV, hepatitis and TB. Employees who may be exposed to contaminated blood or body fluids can minimize the possibility of contracting HIV and hepatitis by following strict infection control practices (based on the concept of universal precaution).

Treatment

People who use drugs by injection should have access to a range of medical and addiction treatment options. This includes methadone maintenance for those people who inject heroin or other opioid drugs.

Although abstinence is a desirable treatment goal, helping clients infected with HIV, hepatitis or TB to reduce their consumption of alcohol or other drugs can result in immediate as well as long-term health gains.

In providing addiction treatment to individuals known to have an infectious disease, AADAC will work co-operatively with medical professionals and other service providers to ensure clients receive effective and compassionate care.

Joint Initiatives

Relative to AADAC's mandate and the resources available at a local level, the Commission will support public health and community-based initiatives that address the prevention and treatment of infectious diseases among people that use drugs by injection.

Harm Reduction

AADAC supports a harm reduction approach in responding to the immediate health and safety risks associated with injection drug use.

AADAC services offer an important point of intervention for individuals who engage in risk behaviours that may result in the transmission of infectious diseases.

- Staff can educate clients regarding the transmission of HIV, hepatitis, TB and other infections, help them identify personal risk behaviours and implement harm reduction strategies as appropriate.
- Staff can encourage clients to seek confidential testing, facilitate appropriate referrals, and be sensitive to the medical and psychosocial issues clients may face should they test positive.

Research

Knowledge and clinical practice concerning the effective treatment of HIV, HCV and other infectious diseases is evolving. Current research suggests prevention and harm reduction are paramount, and that early access to medical treatment is essential in minimizing the impact of infection.

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