

HIV policy environments for people who inject drugs (PWID) across European region

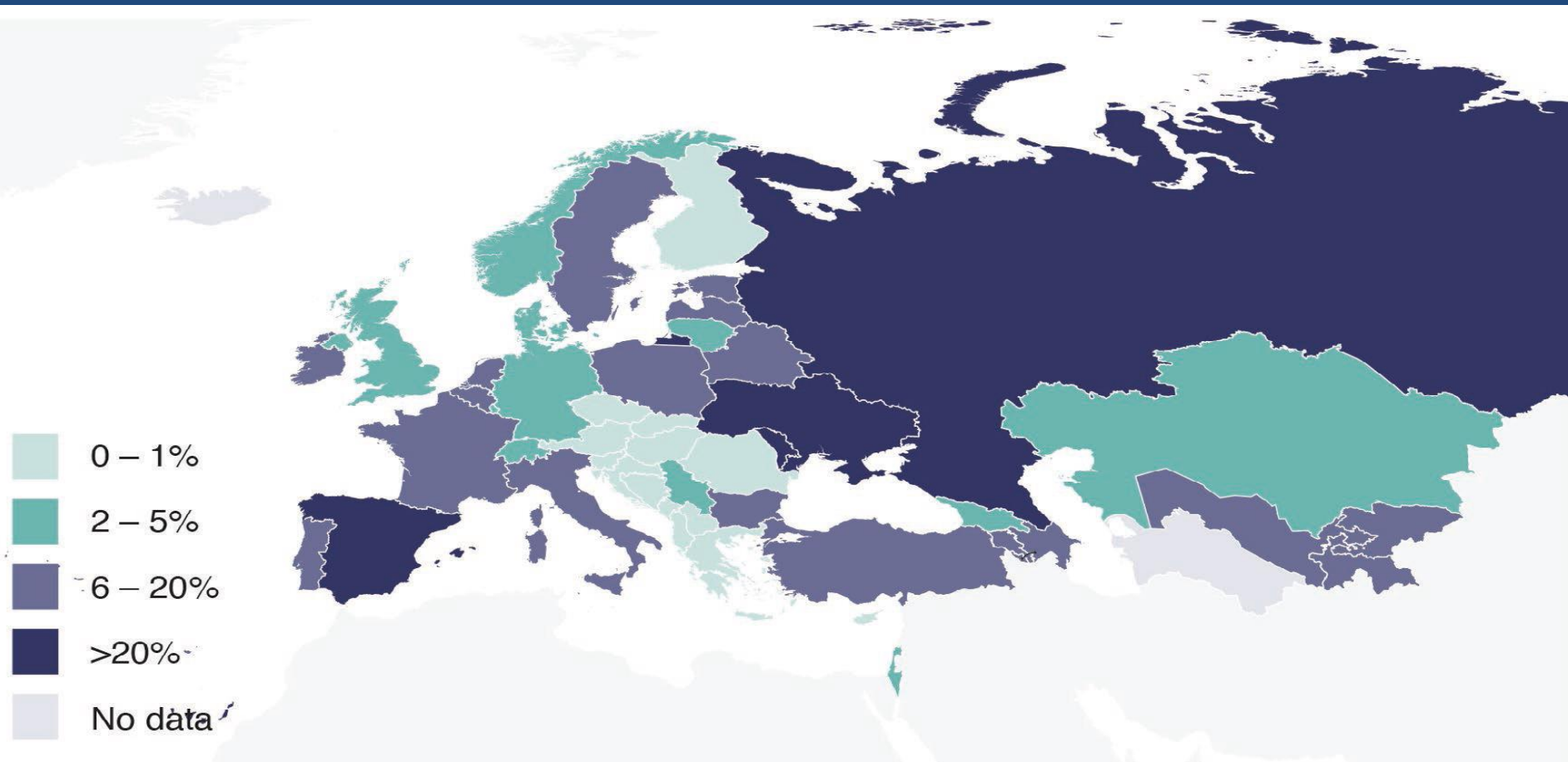
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Background:

- **Despite decreases in the rate of spread in the last decade, the number of new HIV diagnoses in Europe continues to increase, and by 2011, reached over 1.2 million individuals, with over half a million diagnoses reported in the last five years.**
- **Currently, the rise of prevalence and incidence of HIV among PWID is a primary driver of the HIV epidemic in the European region.**
- **Between 2006 and 2010, 25% of case reports in Europe were associated with injecting drug use, with higher proportions in the East (33%) than West (5%) and Centre (7%).**
- **Prevalence among PWID is highest in Estonia (55.3%), Spain (34.5%), Russian Federation (28.9%), Republic of Moldova (28.6%) and Ukraine (22.9%)**

Average HIV case prevalence among people who inject drugs across Europe (2006 – 10), (UNAIDS, 2012)



Background (cont'd)

- Individual risk factors vs. environmental risk factors
- Environmental factors can be physical, social, political, and economic, and they can enable or constrain risk behaviors.
- Constraining policy environment raise a host of human rights concerns and create structural barriers which inhibit an effective HIV response, especially with regard to social groups that are already marginalized such as PWID
- Enabling policy environment is conducive to effective HIV prevention

Problem statement

- Policy environment studies are usually case-study type 'country reports' or 'region reports' with different methodology, type of collected data, different criteria for evaluation of the same phenomena and, consequently, have a very small potential for comparative research.
- As a result, specialists working in the field often operate by common sense conceptions that sometimes are based on some 'flashy' and/or controversial measures or policies or lack thereof (e.g. de-facto legalization of cannabis in Netherlands).
- Even those studies that address comparative issues between the countries are mostly descriptive, and no attempts are made to relate different HIV policy environments with structural and cultural variables that may inform them.

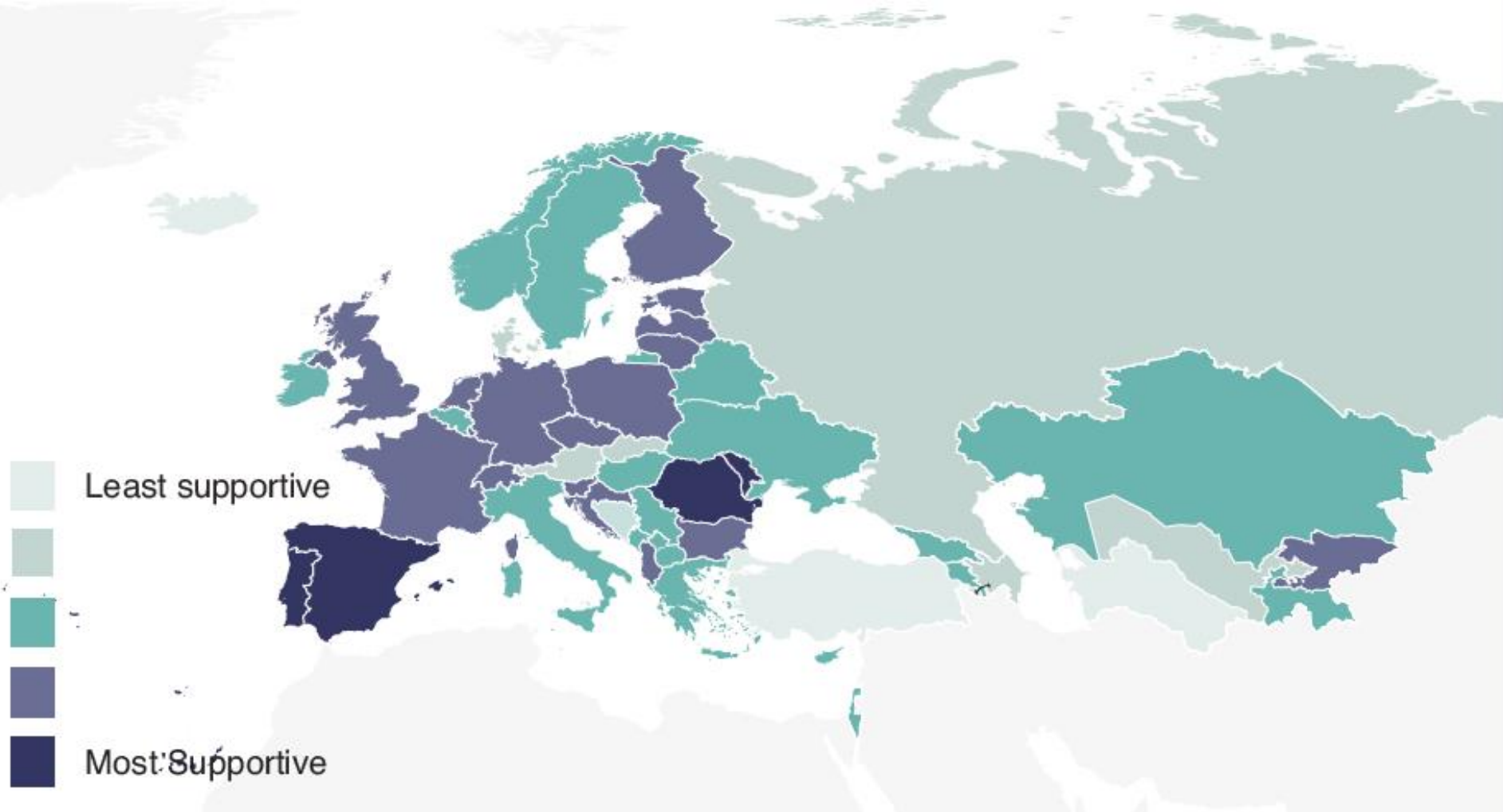
Research Questions

- RQ1: To improve the extant very crude index of HIV policy environments for PWID;
- RQ2: To analyze how different countries' HIV policy environments for PWID are related with various structural and cultural variables that characterize those countries;

Current policy environment index (Platt et al. 2013)

- Explicit inclusion of 'harm reduction' in national-level HIV prevention strategy;
- Monitoring and evaluating HIV epidemics;
- Engagement of stakeholders in HIV prevention policy formation (indicated by evidence of a national organization of drug users);
- The legal availability of opioid substitution treatment (OST) and needle and syringe distribution programs (NSP);
- The availability of OST and NSPs in prison;
- De-emphasizing criminalization through the use of administrative penalties for drug use possession for personal use

Policy environments for HIV among PWID in Europe (Platt et al. 2013)



Problems with the current 'crude' index

1. Composition: some crucial policy measures that, according to WHO and UNAIDS, constitute 'core' interventions for HIV prevention among PWID are lacking in the index: example: provision of antiretroviral treatment (ART) to HIV-positive PWID to reduce their viral load;
2. Relative importance of items and their weight;
3. Coverage: the index does not take into account such a principal thing for HIV prevention as coverage by specific policy measures (e.g. number of distributed syringes per person-years) so countries where legislation allows syringe exchange programs (for instance, Russia) but the coverage is very small and countries with a high coverage of syringes per PWID will get the same score in the index

Problems in the index construction

- Data, Validity of Items

Home / Topics / Health and social responses profiles

Countries: health and social responses: [Interactive maps](#) [Treatment profiles](#) [Harm reduction profiles](#)

Sweden

Adult population:
6 113 917

Problem opioid users (POU):
n.a.

Injecting drug users (IDU):
n.a.

Drug-induced deaths:
412

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Treatment

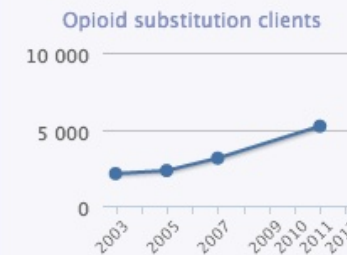
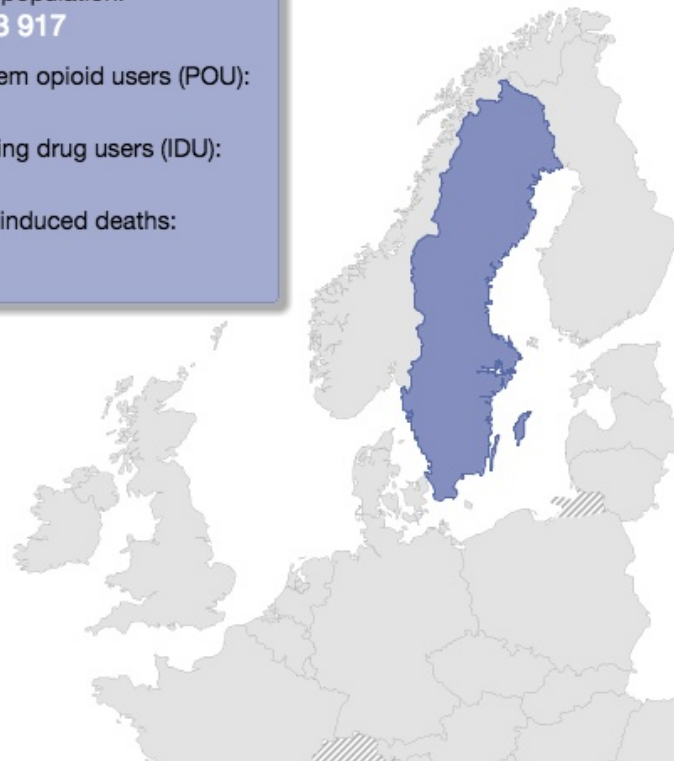
[Harm reduction](#)

[Social reintegration](#)

[Prison settings](#)

[Timeline](#)

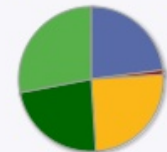
[Help](#)



OST coverage

No data available.

Treatment demand by primary drug



Legend for Treatment demand by primary drug:
Opioids (blue), Cocaine (red), Amphetamine (yellow), Cannabis (green), Other (light green)

Clients in treatment	
Total clients in treatment	6 424
Total POUs in treatment	n.a.
Total OST clients	5 200
Treatment demands	6 424

[See more data in the 'Treatment profile' for Sweden »](#)

RQ2: how different countries' HIV policy environments for PWID are related with various structural and cultural variables that characterize those countries

- For this purpose I will employ revised human development/ modernization theory formulated by Inglehart and Welzel (2005).
- Societies with predominance of self-expressionist values will tend to be more tolerant to outgroups (such as homosexuals, foreigners, and people of other races), while 'less advanced' societies will tend to demonstrate less tolerance to outgroups.
- We then can expect then that HIV policy environment for PWID for a given country will be related with this country's position on the survivalist-self-expression values scale.

Hypotheses: RQ1

- Hypothesis 1. The higher the index of enabling policy environment for HIV prevention among PWID in a given country, the lower the incidence rate of HIV among PWID.
- Hypothesis 2. In those countries that created enabling policy environment for HIV prevention among PWID earlier, the prevalence rate of HIV among PWID will be lower than in those that created it later.
- Hypothesis 3. The index of enabling policy environment for HIV prevention among PWID will be reversely related with a country incarceration rate of PWID.
- Hypothesis 4. The index of enabling policy environment for HIV prevention among PWID will be positively correlated with expenditure on HIV prevention per capita.

Hypotheses: RQ2

- Hypothesis 1a. The index of enabling policy environment for HIV prevention among PWID is positively correlated with self-expressionist culture index.
- Hypothesis 1b. Those countries that are more tolerant towards “drug addicts” and “people who have AIDS” – (var. 36 and var. 38 in WVS wave 6 accordingly) will have higher value of the index.
- Hypothesis 1c. The index of enabling policy environment for HIV prevention among PWID is positively correlated with human development index, and human empowerment index.
- Hypothesis 2. The index of enabling policy environment for HIV prevention among PWID is positively correlated with secular-rational culture index.

Analyses and Modeling

- **Linear regression**
- **Methods for index construction**

Data

- World values survey 2005-2012 (5th and 6th)
- UNGASS Data,
- EMCDDA Data
- OECD Data
- UNODP Data
- Grey literature

Thank you for your attention!