

POSITION PAPER: Pre-Exposure Prophylaxis (PrEP) for People who Inject Drugs - April 2015



What is PrEP?

'Pre-exposure prophylaxis' (PrEP) refers to the use of antiretroviral drugs for people who are not living with HIV in order to block HIV infection.

PrEP is not yet shown to prevent HIV transmission through sharing injecting paraphernalia

Whilst there is evidence that PrEP can prevent HIV transmission via sexual routes, there is as yet no sound evidence that PrEP prevents HIV transmission via the sharing of injection paraphernalia. Though a PrEP **study¹ conducted among people who inject drugs in Bangkok**, Thailand, appeared to demonstrate the efficacy of PrEP in preventing HIV transmission through sharing injecting paraphernalia, **the study may not be generalisable**: participant compensation and direct observation of pill-taking, as practised in the trial, are simply not practicable for wider implementation in all contexts.

Prohibition would seriously impede the efficacy of PrEP for people who inject drugs

The fact that **some PrEP trials involving African women at higher risk of HIV have been terminated** due to inability to reach conclusions – arguably due to poor adherence – should flag concern regarding whether PrEP is a realistic prevention initiative in many contexts. Criminalisation, harassment, human rights violations, social exclusion, arrest, and detention of people who use drugs remain common the world over, and so **maintaining adherence to PrEP would, in all likelihood, be impossible for many people who use drugs**. A lack of availability of opiate substitution programmes in many contexts would, in all likelihood, exacerbate these difficulties with access and adherence to PrEP for those who have opiate dependency.

Advocating for PrEP has the potential to undermine advocacy for harm reduction

It is deeply concerning that PrEP has been advocated as an alternative to the provision of well-proven harm reduction interventions: Gennady Onishchenko – the Chief Sanitary Inspector of the Russian Federation – noted in 2013 that PrEP would serve as an alternative to methadone opiate substitution, the provision of which is illegal in Russia. Additionally, PrEP does not impact problems other than HIV associated with sharing injecting equipment, including hepatitis C and B infection, abscesses, or endocarditis. **PrEP cannot be advocated as a replacement for comprehensive harm reduction interventions**, such as needle and syringe programmes and opiate substitution; if there is funding available for HIV prevention interventions for people who use drugs, this should be spent on well-proven harm reduction interventions.

The vast majority of people who use drugs who are living with HIV do not receive antiretrovirals

Globally, only an estimated 4% of people who inject drugs and who are living with HIV are in receipt of antiretrovirals. Focussing on the **distribution of ART to those who have yet to be exposed to HIV is highly irresponsible and unethical where those who require this medication for their wellbeing are still not receiving it**.

INPUD's position

Though PrEP could *potentially* be a tool for preventing the transmission of HIV through sharing injecting paraphernalia, further studies as to the efficacy of PrEP must be ethical and methodologically sound. PrEP's efficacy has not yet been proven for people who inject drugs, and PrEP must not come to further eclipse and undermine harm reduction interventions. As with all harm reduction and HIV prevention interventions, if PrEP is made available it should be made available freely/affordably, with informed consent, and should never be compulsory.

INPUD urges caution and restraint in engagements with PrEP in a context where, globally, harm reduction and healthcare and service provision for people who use drugs are far from sufficient and comprehensive, and where other structural barriers to accessing treatment exist. INPUD will continue to advocate for well-proven harm reduction interventions, as well as an enabling legal and political environment conducive to human rights, health, and wellbeing of people who use drugs.

¹ Choopanya, K. et al., 2013, Antiretroviral prophylaxis for HIV infection in injecting drug users in Bangkok, Thailand (the Bangkok Tenofovir Study): a randomized, double-blind, placebo-controlled phase 3 trial. *The Lancet*: doi:10.1016/S0140-6736(13)61127-7