

## Complete Summary

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### GUIDELINE TITLE

Reducing the risk of HIV infection associated with illicit drug use.

### BIBLIOGRAPHIC SOURCE(S)

American Academy of Pediatrics Committee on Pediatric AIDS. Reducing the risk of HIV infection associated with illicit drug use. Pediatrics 2006 Feb;117(2):566-71. [47 references] [PubMed](#)

### GUIDELINE STATUS

This is the current release of the guideline.

It updates a previously published version: Provisional Committee on Pediatric AIDS. Reducing the risk of human immunodeficiency virus infection associated with illicit drug use. Pediatrics 1994;94:945-7.

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## SCOPE

### DISEASE/CONDITION(S)

- Human immunodeficiency virus (HIV)-1 infection
- Illicit drug use

### GUIDELINE CATEGORY

Counseling  
Prevention  
Risk Assessment

## **CLINICAL SPECIALTY**

Family Practice  
Infectious Diseases  
Internal Medicine  
Pediatrics  
Preventive Medicine

## **INTENDED USERS**

Advanced Practice Nurses  
Health Care Providers  
Physician Assistants  
Physicians

## **GUIDELINE OBJECTIVE(S)**

To present strategies for reducing the risk of human immunodeficiency virus type 1 (HIV)-1 infection associated with illicit drug use

## **TARGET POPULATION**

Children, adolescents, and young adults, particularly those who use illicit drugs

## **INTERVENTIONS AND PRACTICES CONSIDERED**

1. Assessing human immunodeficiency virus type 1 (HIV-1)-related risk behaviors
2. Counseling and educating patients and families by providing information about all known drugs including alcohol and tobacco and risky sexual behaviors
3. Promoting cessation or reduction of illicit drug use and entry into substance-abuse treatment programs
4. Decontamination of used injection drug equipment and access to sterile syringes and needles
5. Postexposure prophylaxis (PEP) with antiretroviral drugs

## **MAJOR OUTCOMES CONSIDERED**

Risk of human immunodeficiency virus (HIV) acquisition and transmission

## **METHODOLOGY**

### **METHODS USED TO COLLECT/SELECT EVIDENCE**

Searches of Electronic Databases

**DESCRIPTION OF METHODS USED TO COLLECT/SELECT THE EVIDENCE**

Not stated

**NUMBER OF SOURCE DOCUMENTS**

Not stated

**METHODS USED TO ASSESS THE QUALITY AND STRENGTH OF THE EVIDENCE**

Expert Consensus (Committee)

**RATING SCHEME FOR THE STRENGTH OF THE EVIDENCE**

Not applicable

**METHODS USED TO ANALYZE THE EVIDENCE**

Review  
Review of Published Meta-Analyses

**DESCRIPTION OF THE METHODS USED TO ANALYZE THE EVIDENCE**

Not stated

**METHODS USED TO FORMULATE THE RECOMMENDATIONS**

Not stated

**RATING SCHEME FOR THE STRENGTH OF THE RECOMMENDATIONS**

Not applicable

**COST ANALYSIS**

A formal cost analysis was not performed and published cost analyses were not reviewed.

**METHOD OF GUIDELINE VALIDATION**

Peer Review

**DESCRIPTION OF METHOD OF GUIDELINE VALIDATION**

Not stated

## RECOMMENDATIONS

### MAJOR RECOMMENDATIONS

The transmission of human immunodeficiency virus type 1 (HIV-1) is one of many adverse consequences of illicit drug use. Initiatives to reduce the risk of HIV-1 transmission should include the following.

1. Engaging youth in care
  - Engagement of a youth in his or her own health care is critical to achieving a physician-patient relationship in which honest discussions about high-risk behavior are possible. Pediatricians should review their state laws governing health care services available to minors without parental consent. Confidentiality policies should be developed and discussed with both the youth and parent(s) present. Pediatricians should advocate for services (mobile vans, drop-in centers) that can engage hard-to-reach youth populations such as homeless and runaway youth.
2. Preventing and treating substance abuse
  - Primary prevention activities in the community and in care settings should be directed at families of preadolescents and youth and should promote healthy lifestyles. Physicians should support frank discussion between families and their children to avoid the initiation of illicit drug use, including alcohol and tobacco use. Parents also should be given information and strategies on ways to incorporate dialogue about substance use and sexual activity in their homes.
  - Pediatricians should advocate for youth-friendly substance-abuse treatment facilities that are able to accommodate all youth, including those who are uninsured, underinsured, and undocumented. Pediatricians should familiarize themselves with referral sources for substance-abuse prevention and treatment and mental health services.
3. Preventing acquisition of HIV-1 infection
  - Pediatricians should assess HIV-1-related risk behaviors as part of every health care encounter.
  - Pediatricians should advocate for seamless access to reproductive health care services for youth and be aware of the close association of illicit drug use and high-risk sexual activity.
  - Pediatricians should advocate for unencumbered access to sterile syringes and improved knowledge about decontamination of injection equipment. Physicians should be knowledgeable about their states' statutes regarding possession of syringes and needles and available mechanisms for procurement. These programs should be encouraged, expanded, and linked to drug treatment and other HIV-1 risk-reduction education. It is important that these programs be conducted within the context of continuing research to document effectiveness and clarify factors that seem linked to desired outcomes.
  - For youth with a single recent (within 72 hours) high-risk exposure to HIV-1 through either sharing needles/syringes with an HIV-1-infected individual or engaging in unprotected intercourse with an individual

who engages in injection drug use, the risks and benefits of postexposure prophylaxis (PEP) with antiretroviral drugs should be considered. Such prophylaxis must be accompanied by risk-reduction counseling and referral to appropriate substance-abuse treatment.

#### **CLINICAL ALGORITHM(S)**

None provided

### **EVIDENCE SUPPORTING THE RECOMMENDATIONS**

#### **TYPE OF EVIDENCE SUPPORTING THE RECOMMENDATIONS**

The type of evidence supporting the recommendations is not specifically stated.

### **BENEFITS/HARMS OF IMPLEMENTING THE GUIDELINE RECOMMENDATIONS**

#### **POTENTIAL BENEFITS**

Reduced human immunodeficiency virus (HIV)-1 infection achieved by preventing and treating illicit drug use, promoting healthy lifestyles, and using postexposure prophylaxis

#### **POTENTIAL HARMS**

Not stated

### **QUALIFYING STATEMENTS**

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The guidance in this report does not indicate an exclusive course of treatment or serve as a standard of medical care. Variations, taking into account individual circumstances, may be appropriate.

### **IMPLEMENTATION OF THE GUIDELINE**

#### **DESCRIPTION OF IMPLEMENTATION STRATEGY**

An implementation strategy was not provided.

### **INSTITUTE OF MEDICINE (IOM) NATIONAL HEALTHCARE QUALITY REPORT CATEGORIES**

#### **IOM CARE NEED**

Staying Healthy

## **IOM DOMAIN**

Effectiveness  
Patient-centeredness  
Timeliness

## **IDENTIFYING INFORMATION AND AVAILABILITY**

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### **ADAPTATION**

Not applicable: The guideline was not adapted from another source.

### **DATE RELEASED**

1994 (revised 2006 Feb)

### **GUIDELINE DEVELOPER(S)**

American Academy of Pediatrics - Medical Specialty Society

### **SOURCE(S) OF FUNDING**

American Academy of Pediatrics

### **GUIDELINE COMMITTEE**

Committee on Pediatric AIDS

### **COMPOSITION OF GROUP THAT AUTHORED THE GUIDELINE**

*Committee on Pediatric AIDS, 2003-2004:* Mark W. Kline, MD, *Chairperson*; Robert J. Boyle, MD; Donna Futterman, MD; Peter L. Havens, MD; \*Lisa M. Henry-Reid, MD; Susan King, MD

*Consultant:* Lorry Rubin, MD

*Staff:* Jeanne Christensen Lindros, MPH

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### **FINANCIAL DISCLOSURES/CONFLICTS OF INTEREST**

Not stated

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## **GUIDELINE AVAILABILITY**

Electronic copies: Available from the [American Academy of Pediatrics \(AAP\) Policy Web site](#).

Print copies: Available from American Academy of Pediatrics, 141 Northwest Point Blvd., P.O. Box 927, Elk Grove Village, IL 60009-0927.

## **AVAILABILITY OF COMPANION DOCUMENTS**

None available

## **PATIENT RESOURCES**

None available

## **NGC STATUS**

This NGC summary was completed by ECRI on March 31, 2006. The information was verified by the guideline developer on April 11, 2006.

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