

Triple Stigma: Race, HIV, and Drug Use

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June 21, 2007

HIV/AIDS and African American Women: A Consultation Supporting CDC's
Heightened National Response to the HIV/AIDS Crisis Among African Americans

The findings and conclusions in this presentation are those of the author
and do not necessarily represent the views of the Centers for Disease
Control and Prevention

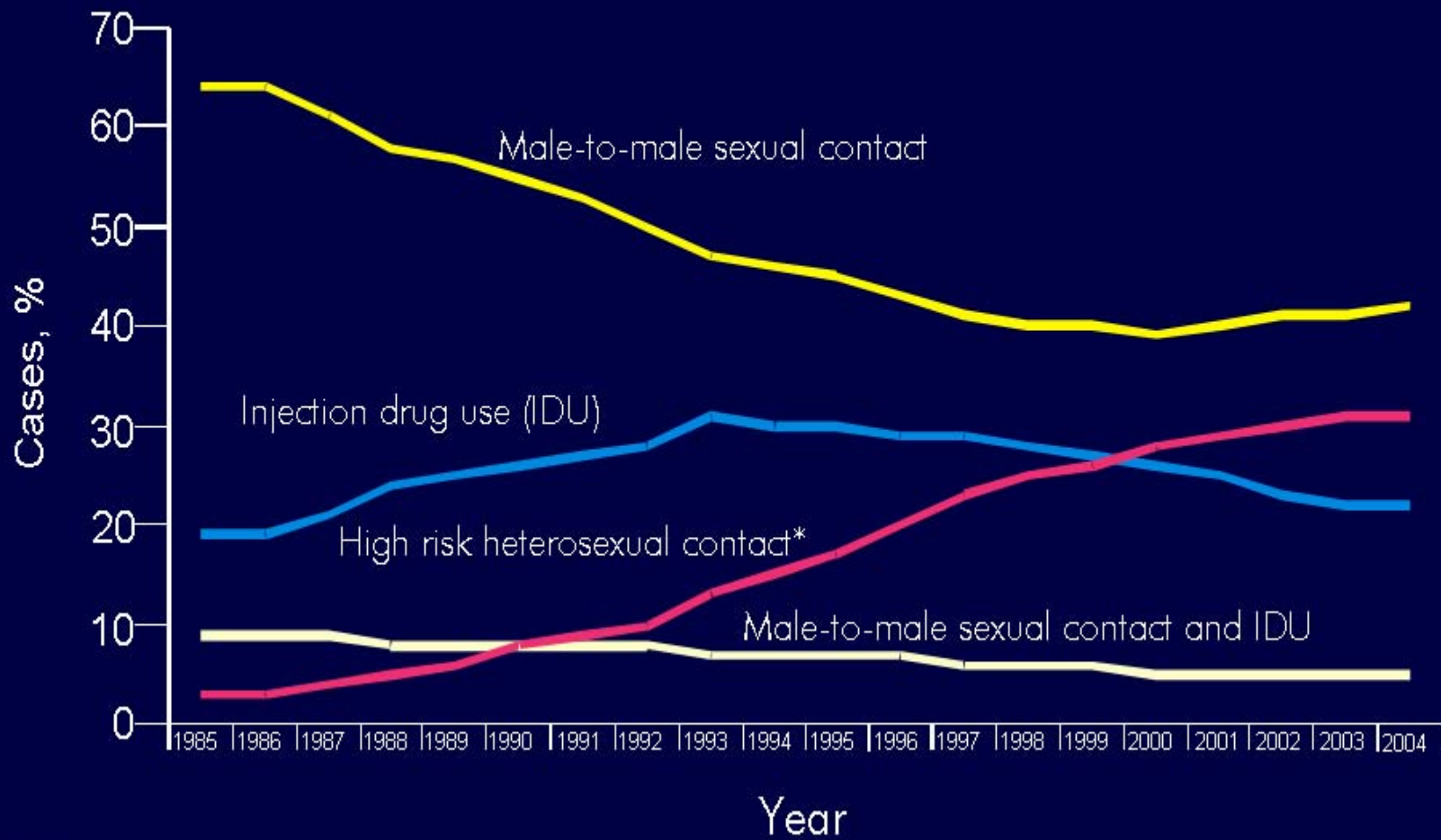


Topics

- Epidemiology of HIV for IDU
- Addictphobia & discussion of impact
- The Comprehensive Approach
 - What is it
 - Materials available



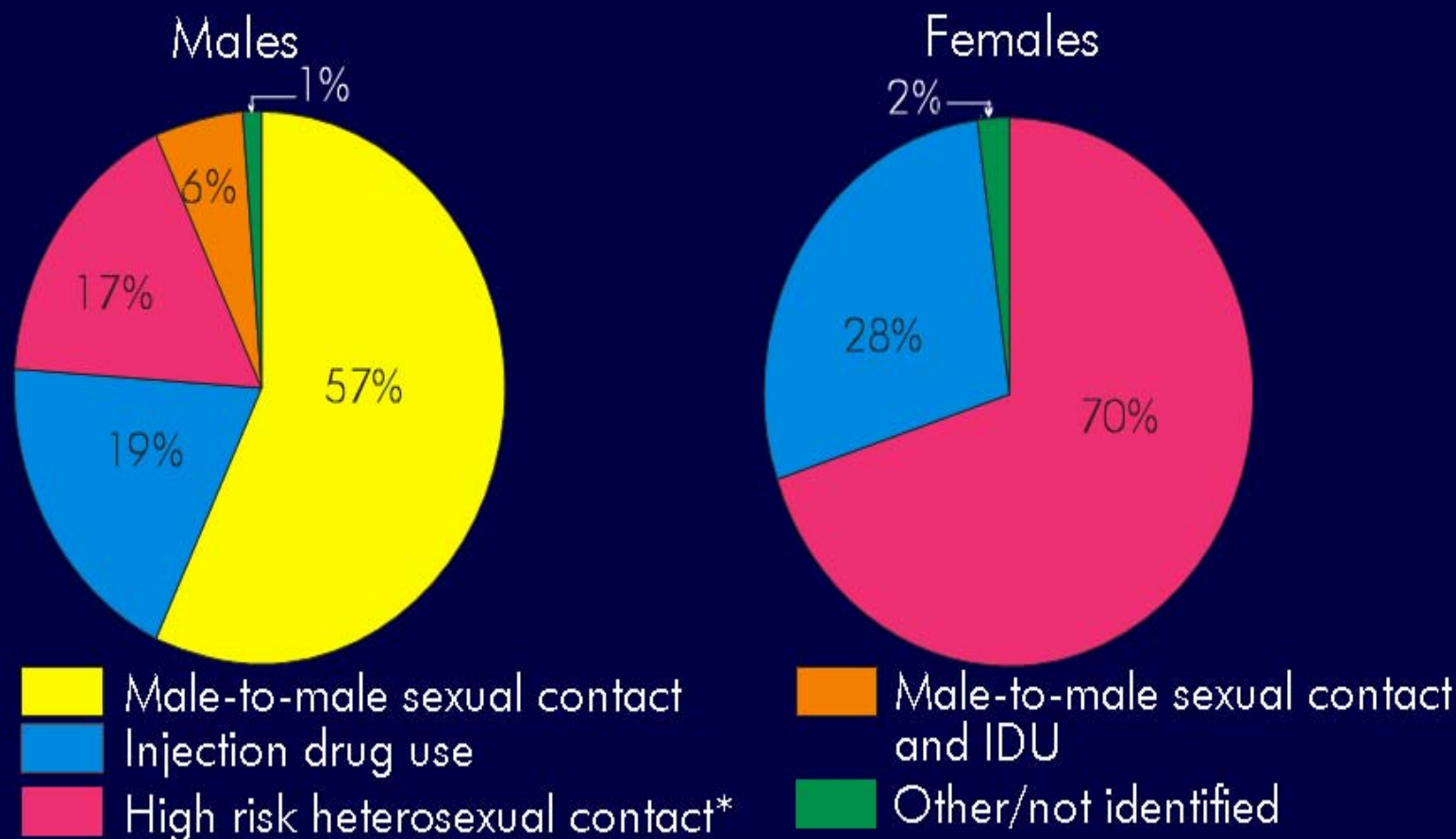
Proportion of AIDS Cases among Adults and Adolescents, by Transmission Category and Year of Diagnosis, 1985–2004—United States



Note. Data adjusted for reporting delays and cases without risk factor information were proportionally redistributed.
 * Heterosexual contact with a person known to have or at high risk for HIV infection.



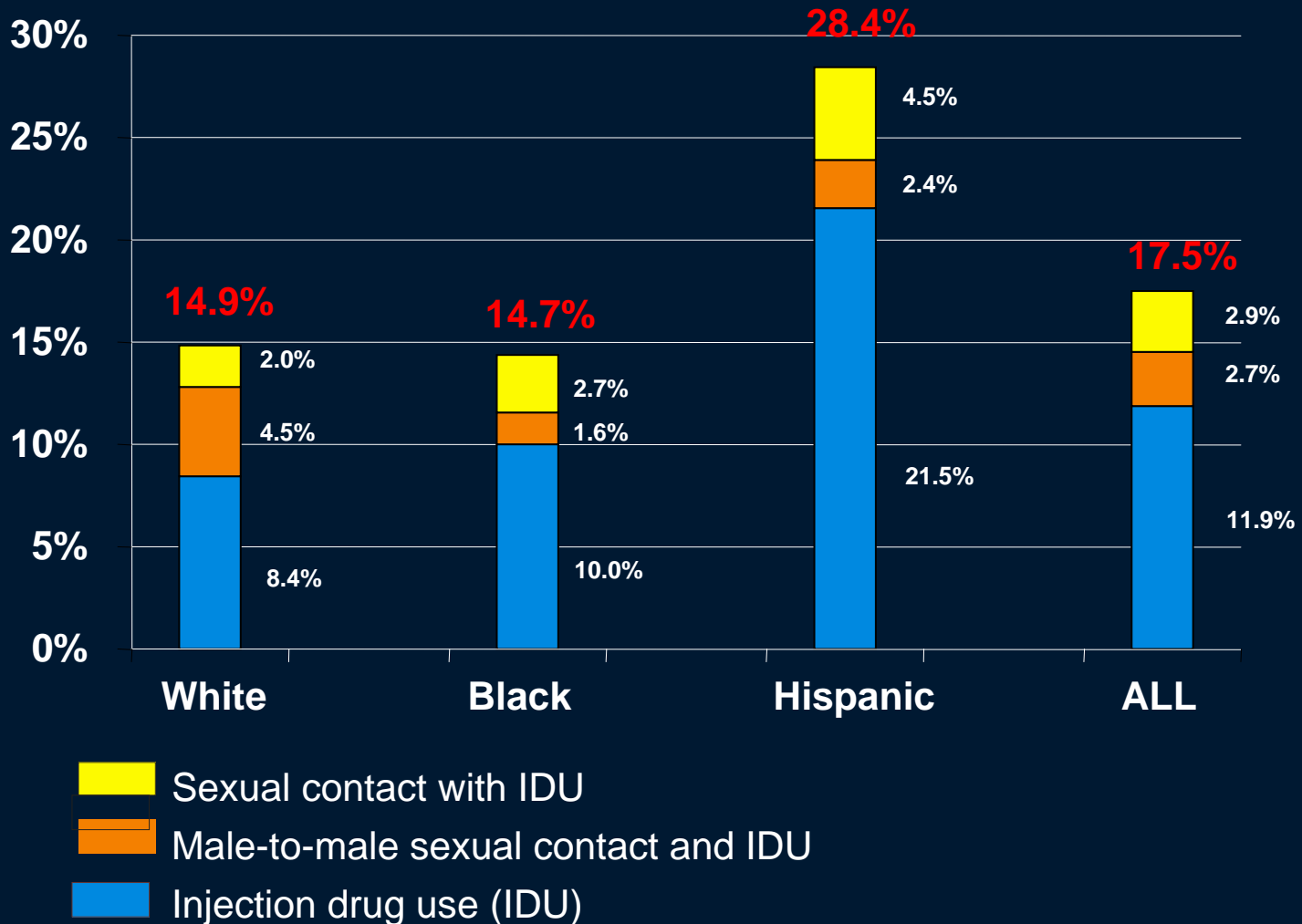
Proportion of AIDS Cases among Adults and Adolescents, by Sex and Transmission Category Diagnosed in 2004—United States



Note. Data adjusted for reporting delays and cases without risk factor information were proportionally redistributed.
 * Heterosexual contact with a person known to have or at high risk for HIV infection.

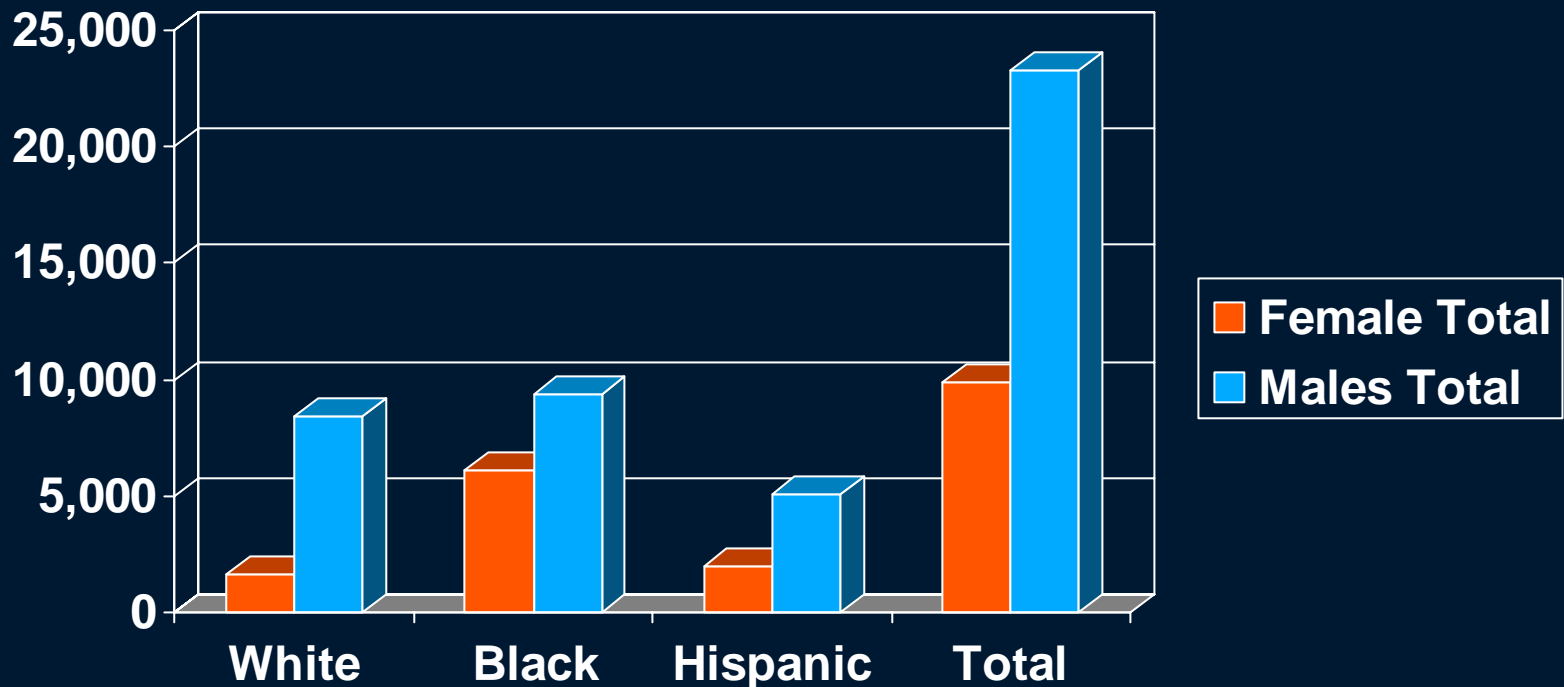


Proportion of New Diagnoses Reporting IDU-related risks, By Race & Ethnic Groups, USA*, 2004



* 42 areas (37 states & 5 territories) with confidential name-based HIV infection reporting.

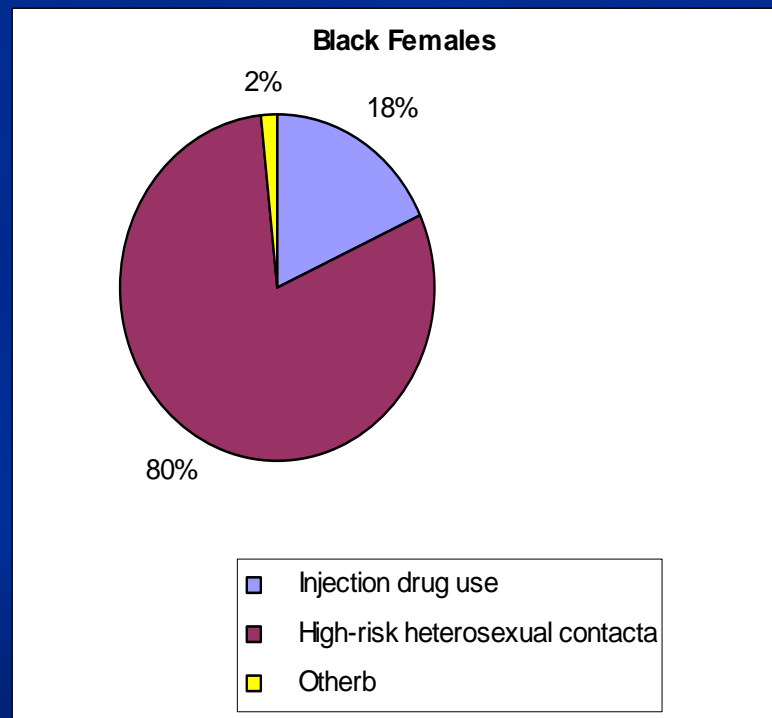
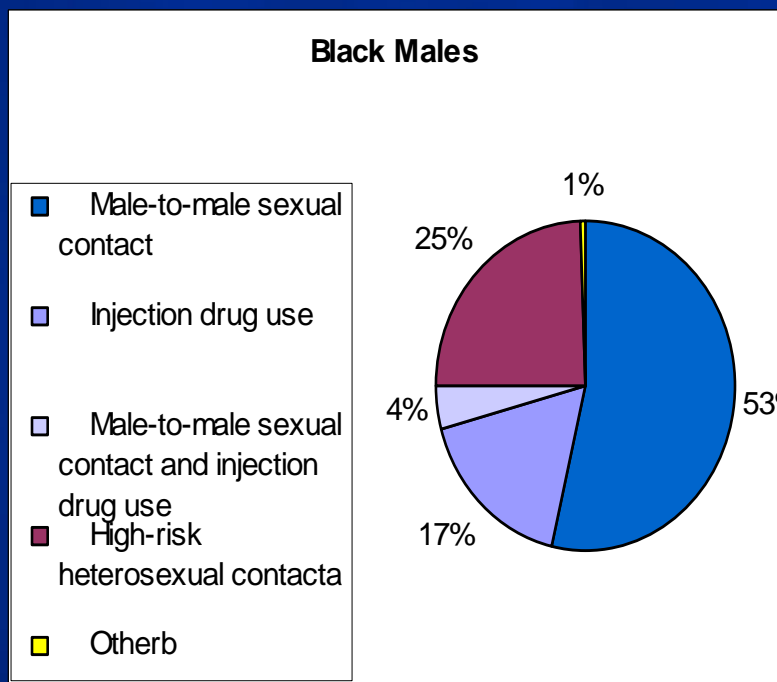
New IDU-Associated HIV (not AIDS) Cases Reported 2004, by Gender and Race/Ethnicity



SOURCE ADAPTED FROM:

<http://www.cdc.gov/hiv/topics/surveillance/resources/reports/2004report/pdf/2004SurveillanceReport.pdf>

Proportion of New HIV and AIDS Cases Among Black Non-Hispanics in 2004, by Risk & Sex



Adapted from Supplemental Surveillance Report Cases of HIV Infection and AIDS in the United States, by Race/Ethnicity, 2000–2004, http://www.cdc.gov/hiv/topics/surveillance/resources/reports/2006supp_vol12no1/default.htm



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“Addictphobia” or “Junkyphobia”

**Term used to describe
negative attitudes toward,
and misconceptions about,
people who use drugs**



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Drug users are believed to be –

- ❑ Criminals whose addiction represents a moral failing that should be punished rather than treated.
- ❑ Unwilling or unable to change their risk behaviors.



Graffiti – Washington D.C., 1999

We kill junkies

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Neuroimaging Response

- MRI's show increase activity in the Medial pre-frontal cortex (mPFC) when people think about others or themselves
- 10 Princeton University Undergraduates participated in study



From: Harris, LT. & Fiske, ST. 2006. Dehumanizing the Lowest of the Low: Neuroimaging Responses to Extreme Out-Groups. *Psychological Science*, Vol.17, No.10, 847-853.

Neuroimaging Response

- No mPFC activity when shown pictures of addicts and homeless people
- Instead, area of the brain associated with disgust and fear increased in activity
- Scientific evidence supporting that addicts are seen as less than human, or dehumanized



Junkiephobia/Addictphobia Punishment vs. Treatment

Society's attitude toward IDUs is illustrated by:

- ❑ Substantial investments in prisons and criminal justice vs.
- ❑ Relatively limited support for substance abuse treatment



Junkiephobia/Addictphobia Punishment vs. Treatment

These societal attitudes toward drug users have limited the options for public health programs for drug users particularly HIV prevention among injection drug users.



“Addictphobia”

- Lack of drug treatment
- Reduced ability for public health to engage IDU
- Reduced political will to provide adequate funding and programs for IDU

Reducing addictphobia is an important factor in our ability to improve the health of those who use drugs, including IDU



Junkiephobia/Addictphobia

Possible Value of a Name

The concepts of “racism” and “homophobia” have helped identify important social and individual factors that influence the success of prevention activities.



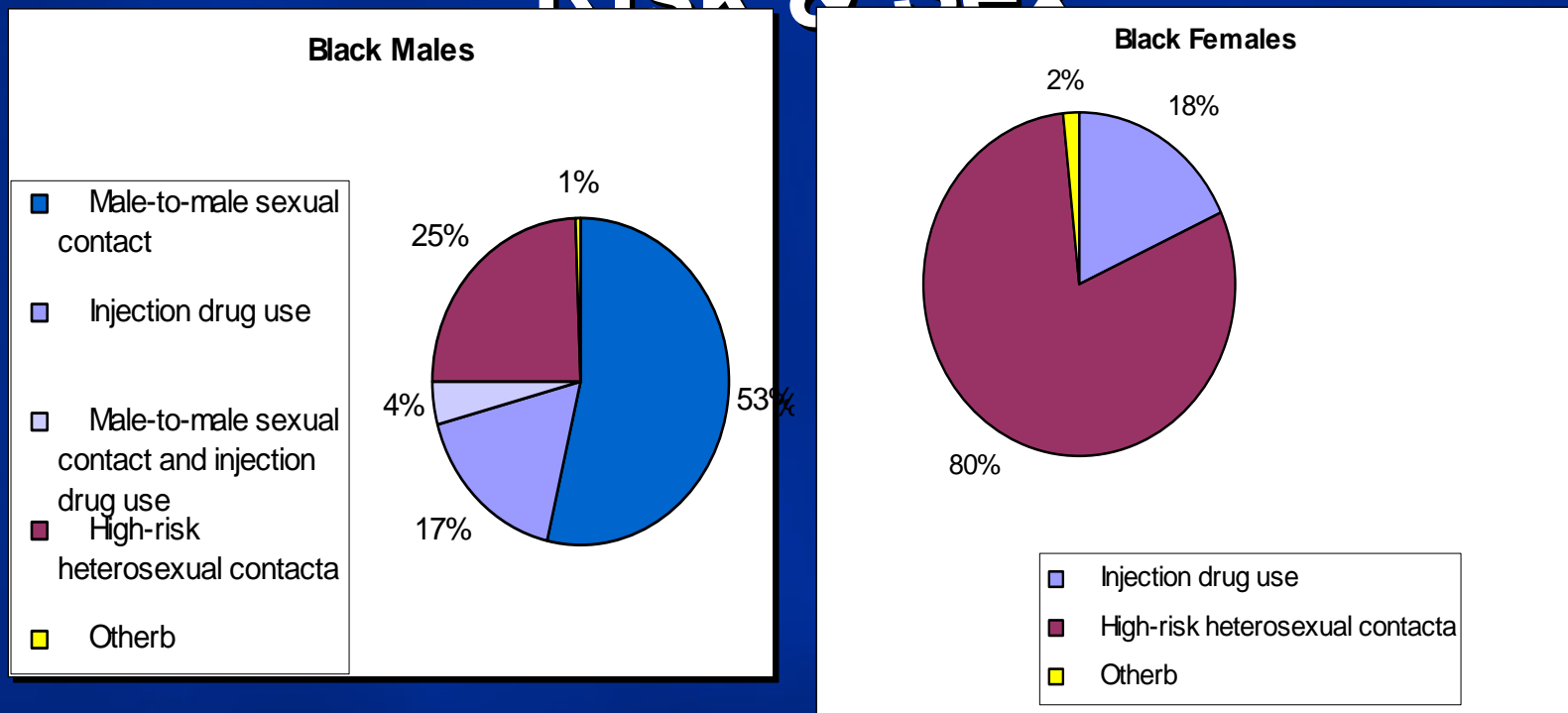
Stigma “Gallery”



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Proportion of HIV and AIDS Cases Diagnosed in 2004, by Risk & Sex



Adapted from Supplemental Surveillance Report Cases of HIV Infection and AIDS in the United States, by Race/Ethnicity, 2000–2004, http://www.cdc.gov/hiv/topics/surveillance/resources/reports/2006supp_vol12no1/default.htm



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U.S. Public Health Service HIV Prevention Bulletin (1997)

Persons who inject drugs should be regularly counseled to:

I. Stop using and injecting drugs.

II. Enter and complete substance abuse treatment, including relapse prevention.

Source: adapted from: http://www.cdc.gov/idu/pubs/hiv_prev.htm



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HIV Prevention Bulletin (2)

III. Take the following steps to reduce personal and public health risks, if they continue to inject drugs:

- ❑ Never reuse or “share” syringes, water, or drug preparation equipment.
- ❑ Use only syringes obtained from a reliable source (e.g., pharmacies).
- ❑ Use a new, sterile syringe to prepare and inject drugs.

Source: adapted from: http://www.cdc.gov/idu/pubs/hiv_prev.htm



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Comprehensive Approach



Publications

Since 1998, Project has created 45 publications including:

- 4 “families” of fact sheets (3 translated into Spanish)
- A guiding framework document on the Comprehensive Approach
- Comprehensive Approach brochure



CDC HIV Prevention among IUDs Project

IDU

HIV

PREVENTION

PREVENCIÓN

UDI

VIH

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www.cdc.gov/idu



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A Fact Sheet “Family” – “Parent”

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JUNE 2000

ACCESS TO STERILE SYRINGES

If IDUs who continue to inject use a new sterile syringe for every drug injection, it can substantially reduce their risks of acquiring and transmitting blood-borne viral infections.

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A Fact Sheet “Family” – “Kid 1”



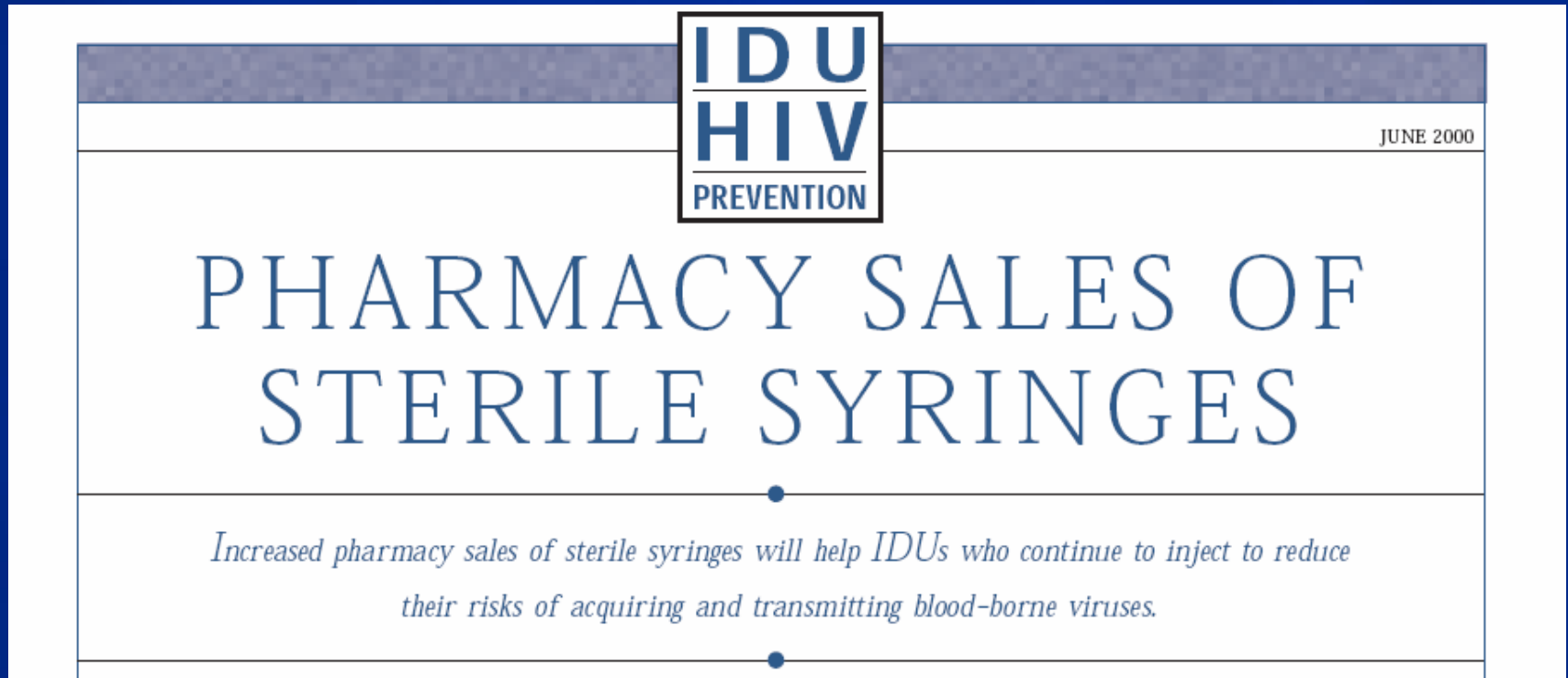
JUNE 2000

POLICY EFFORTS TO INCREASE IDUS’ ACCESS TO STERILE SYRINGES

In many states, laws and regulations make possession of syringes a crime and limit IDUs’ ability to purchase syringes. As a result, IDUs who continue to inject often cannot follow prevention advice to use a sterile syringe for every injection.



A Fact Sheet “Family” – “Kid 2”



The image shows the cover of a fact sheet. At the top center is a logo with 'IDU' and 'HIV' stacked vertically, with 'PREVENTION' below them, all enclosed in a rectangular border. To the right of this logo, the date 'JUNE 2000' is printed. The main title 'PHARMACY SALES OF STERILE SYRINGES' is centered in a large, blue, serif font. Below the title is a horizontal line with a small black dot in the center. Underneath the line is a paragraph of italicized text: 'Increased pharmacy sales of sterile syringes will help IDUs who continue to inject to reduce their risks of acquiring and transmitting blood-borne viruses.' Another horizontal line with a small black dot in the center is at the bottom of the text area.

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JUNE 2000

PHARMACY SALES OF STERILE SYRINGES

Increased pharmacy sales of sterile syringes will help IDUs who continue to inject to reduce their risks of acquiring and transmitting blood-borne viruses.

A Fact Sheet “Family” – “Kid 3”



JUNE 2000

SYRINGE EXCHANGE PROGRAMS

Syringe exchange programs provide a way for those IDUs who continue to inject to safely dispose of used syringes and to obtain sterile syringes at no cost.



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A Fact Sheet “Family” – “Kid 4”

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JUNE 2000

SYRINGE DISPOSAL

It is estimated that an individual IDU injects about 1,000 times a year and that persons with diabetes who use insulin inject once or twice a day. Providing community-based ways to safely dispose of used syringes is an important public health priority.



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A Fact Sheet “Family” – “Kid 5”



FEBRUARY 2002

PHYSICIAN PRESCRIPTION OF STERILE SYRINGES TO INJECTION DRUG USERS

Injection drug users (IDUs) who continue to inject can substantially reduce their risk of acquiring or transmitting HIV, hepatitis B and C, and other blood-borne infections if they use sterile syringes. Physician prescription of syringes is one way to improve IDUs' access to sterile injection equipment. It also can help IDUs obtain medical services and substance abuse treatment.

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En Español

PREVENCIÓN

UDI
VIH

ACCESO A JERINGUILLAS ESTÉRILES

Si los UDI que siguen inyectándose usan una nueva jeringuilla estéril cada vez que se inyectan drogas, ellos pueden reducir sustancialmente su riesgo de adquirir y contagiar infecciones virales de transmisión sanguínea.

Desde 1981 se han notificado 753.907 casos de SIDA a los Centros para el Control y la Prevención de Enfermedades (CDC por sus siglas en inglés). Entre 650.000 y 900.000

inyectarse drogas tengan acceso a jeringuillas estériles. El Servicio de Salud Pública de los Estados Unidos y varias instituciones y organismos gubernamentales han recomendado el uso de jeringuillas estériles como

La transmisión puede ocurrir directamente, cuando un UDI infectado comparte una jeringuilla con otros; o indirectamente, cuando una persona infectada comparte parafernalia de inyección como agua, calentadores,

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Chinese Translation

翻譯自 IDU HIV Prevention 2002 年二月版，內容及參考資料均以原文為準。
IDU HIV Prevention 乃由「教育發展學院」(Academy for Educational Development) 製作，「美國疾病控制及預防中心」(Centers for Disease Control and Prevention) 資助。

注射毒品者 的愛滋病預防

為注射毒品者提供濫用藥物治療： 一種帶來眾多益處的策略

大多數的注射毒品者都無法單靠自己的力量而成功戒毒。濫用藥物治療計劃正好有助於解決這問題；可是，若要向所有需要治療的注射毒品者施行這計劃，實際上存在種種障礙。

濫用藥物治療是許多注射毒品者的救生圈

不論一個人開始吸毒背後有甚麼因由，長期服用毒品會令大腦結構和機能產生重大和持久的變化，而且這些變化會構成毒癮。現今，毒癮被定義為難以自制地求取和服用毒品的一種行為，即使面對極壞的個人或社會後果亦如是。這是一

Fact Sheets

**IDU
HIV
PREVENTION** JUNE 2000

ACCESS TO STERILE SYRINGES

If IDUs who continue to inject use a new sterile syringe for every drug injection, it

**IDU
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VIRAL HEPATITIS AND INJECTION DRUG USERS

Americans have viral hepatitis. It is a particularly significant problem among injection drug users

**IDU
HIV
PREVENTION** FEBRUARY 2002

WHAT CAN WE EXPECT FROM SUBSTANCE ABUSE TREATMENT?

Expectations about the results of substance abuse treatment are often unrealistically high. Greater knowledge about the nature of addiction and the effectiveness of substance abuse treatment can help temper these expectations and lead to

**IDU
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DRUG USE, HIV, AND THE CRIMINAL JUSTICE SYSTEM

of prison and jail inmates have serious substance abuse problems. Many also have or are at HIV or hepatitis. Substance abuse treatment and HIV services can help inmates and others control. They also can help inmates' families, corrections staff, and the community at large.

**IDU
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PREVENTION** JULY 2004

SYRINGE DISINFECTION FOR INJECTION DRUG USERS

For 20 years, syringe disinfection has been a part of HIV prevention efforts for injection drug users (IDUs). Questions about it persist, however, because of limited scientific studies, varying recommendations on the right way to disinfect, and evidence suggesting that IDUs do not use this approach very much. This fact sheet presents basic information on disinfection, especially bleach disinfection. The central message is that disinfection is a back-up prevention strategy if the user cannot stop injecting, does not have a new, sterile syringe, and is about to inject with a syringe that has been used before.



VIRAL HEPATITIS AND INJECTION DRUG USERS

In the United States, viral hepatitis is an important public health problem because it causes serious illness, it affects millions, and it has a close connection with HIV. This series of fact sheets addresses viral hepatitis, particularly hepatitis B and C – two important blood-borne infections that have a major impact on injection drug users (IDUs).

The fact sheets in this series are:

- Viral Hepatitis and Injection Drug Users
- Medical Management of Chronic Hepatitis B and Chronic Hepatitis C
- Vaccines to Prevent Hepatitis A and Hepatitis B
- Hepatitis C Virus and HIV Coinfection
- Viral Hepatitis and the Criminal Justice System

See the end of this fact sheet for information on how to get this series and other materials on preventing HIV and other blood-borne infections among IDUs.

SYRINGE DISINFECTION FOR INJECTION DRUG USERS

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Outreach Web



www.cdc.gov/outreach



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Improving HIV Prevention Outreach to IDU and others at Risk

Improving HIV Prevention Outreach

What Does the Literature Say About Outreach?

How Does Outreach Fit Into HIV Prevention?

Outreach and CDC's Advancing HIV Prevention Initiative

Improving Outreach to Drug Users and Others at High Risk

- Training Outreach Workers
- Achieving the Goals of Outreach
- Outreach Models
- Issues in Organizing and Maintaining Outreach to Drug Users
- Keeping Track of Outreach Efforts

Applying Lessons from Community Health Outreach

Ensuring Appropriate Skills and Competencies
Providing Training and Certification
Planning and Developing Community Health Outreach Programs



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[Doing the Work](#)

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Community Outreach to Drug Users

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▶ [Background](#)

▶ [Training](#)

▶ [Doing the work](#)

▶ [Resources](#)

▶ [Team pictures](#)


▶ [International](#)

Related Projects

▶ [Safe Community Needle Disposal](#)

▶ [HIV Prevention Among Injection Drug Users](#)

Legend

 [Link to a PDF document](#)

 [Link to a...](#)

Outreach to Injection Drug Users

Outreach — connecting with people in their own communities — has always been an important part of HIV prevention.

If you want to make your outreach program stronger, or even just learn more about outreach, spend some time at our web site.



Reaching out to the community

Background

[What is HIV prevention outreach?](#)

[Outreach program models](#)

[What does research say about outreach?](#)

[Outreach and CDC's Advancing HIV Prevention initiative](#)

Training

[Outreach training organizations](#)

[Outreach skills](#)

[HIV rapid testing training](#)

Doing the Work

[Increasing HIV testing and counseling](#)

[Recruiting for HIV prevention interventions](#)

[Providing HIV prevention services](#)

[Helping drug users get substance abuse treatment](#)

[Helping drug users get HIV treatment and care](#)

Resources

[Operations manuals](#)

[Slide sets on outreach](#)

[Forms](#)





Montrose Counseling Center Outreach Team--Houston, Texas

Greater Dallas





HIV OUTREACH TEAM
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Phone: (214) 821-5393 - Fax: (214) 821-0810



New York City, New York



Seattle WA



Iran Outreach Team



22 1:36 PM



Iran Outreach Team



Thank You!!



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