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NIDA Announces Science-Based Principles of HIV Prevention in Drug Users

Tea
Vol. 17, No. 1

During the past 15 years, NIDA research on the co-occurring epidemics of drug abuse and HIV/AIDS has yielded a set of prevention principles to guide community planners, policymakers, service providers, and medical practitioners. To foster widespread application of these science-based principles in programs to prevent the spread of HIV and other infections among drug users and their sexual partners, NIDA has prepared a new handbook: [Principles of HIV Prevention in Drug-Using Populations](#).



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Scheduled for release in summer 2002, the handbook summarizes the overarching principles that characterize effective HIV/AIDS prevention in drug-using populations, elaborates on these principles in a "frequently asked questions" section, describes the epidemiology of HIV/AIDS risk behaviors, and provides an overview of related, NIDA-supported research programs. The 17 science-based prevention principles are:

- Reducing the risk of HIV/AIDS in drug users is an achievable goal.
- A community must start HIV/AIDS prevention programs as soon as possible.



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- Effective prevention programs require a comprehensive range of coordinated services.
- Prevention programs should work with the community to plan and implement interventions and services.
- Prevention programs must be based on a thorough, continuing assessment of local community needs, and the effectiveness and impact of these programs must be continually assessed.



HIV prevention interventions must be personalized for each individual at risk.

- Prevention services can most effectively reach drug-using populations when they are available in a variety of locations and at a range of operating times.
- Prevention and treatment efforts should target drug users who already have HIV infection, as well as their sex partners.
- Prevention efforts must target not only individuals, but also couples, social networks, and the broader community of drug users and their sex partners.
- Community-based outreach is an essential component of HIV/AIDS prevention and must be directed to drug users in their own neighborhoods.
- Prevention interventions must be personalized for each person at risk.
- Drug users and their sex partners must be treated with dignity and respect and with sensitivity to cultural, racial/ethnic, age, and gender-based characteristics.
- As part of a comprehensive HIV prevention program, injection drug users should have ready access to sterile injection equipment to reduce their use of previously used injection equipment.
- In a comprehensive program, interventions that target injection risk must address sharing other injection equipment in addition to syringes.
- While necessary, risk-reduction information alone cannot help drug users and their sex partners make lasting behavioral changes.
- Prevention efforts must address the risks of transmitting HIV and other infections sexually as well as through drug injection.
- HIV/AIDS risk-reduction interventions must be sustained over time.

- Community-based prevention is cost-effective.

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