



## Impact of Intravenous Drug Use, A Driver of HIV Risks on Re-emerging Issues

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Between 2001 and 2011, the number of newly human immunodeficiency virus (HIV)-infected persons continues to fall with approximately 20 % reduction in HIV acquisition worldwide. Such progress may be due to two major advancements : increased access to anti-retroviral therapy (ART) by at least 63 % of global coverage, therefore leading to reduced HIV transmission and increased availability and access to HIV combination prevention (e.g., biomedical and behavioral). Previous reports demonstrated that decreasing new HIV infections were uneven due to injection drug use (IDU) and non-IDU in a number of low- and middle-income countries. Increases in IDU and non-IDU had affected HIV risks and incidence among principal sub-populations, including non-IDU sex partners of people who inject drugs (SP-PWID), young people who inject drugs, non-injection drug users, females who inject drugs (FWID), and FWID who engage in sex work. From the early 1980s, Switzerland experienced the burdens of drug addiction, mainly heroin and cocaine in Europe, that manifested in the emergence of large open drug scenes, such as the "Platzspitz" ("Needle-Park") in Zürich. This large open drug scenes resulted in HIV, hepatitis B virus, and hepatitis C virus infections in this risk group. In 1988, then Switzerland had highest acquired immunodeficiency syndrome (AIDS) incidence rate in Europe. Between 2001 and 2011, IDU was the major mode of HIV transmission in the majority of Eastern Europe and Central Asia, whereas the highest prevalence of PWID remains in Eastern Europe, Central Asia, Southeast Asia, and some African countries, including Nigeria, Kenya, South Africa, Mauritius, and Tanzania. These countries are experiencing PWID. Additionally, the emergence of some forms of non-injection substance use, particularly stimulants is appearing on some countries, including parts of Africa. The increases of non-injection drug use accompanying with associations between substance use and sexual risk behaviors may also be driving HIV transmission.

In conclusion, over the past few years, research has played more attention to FWID, FWID with sex trade, young PWID, SP-PWID, and non-injection drug user, particularly in the low- and middle-income countries by focusing on HIV biomedical and behavioral prevention, OST, syringe exchange programs, and HIV treatment strategies, whereas some high-income countries have focused on successful harm

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