

**Social aspects of HIV epidemic:  
Big events**

***Aspectos sociales de la epidemia por el  
VIH/Sida:  
“Grandes eventos”***

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# I would like to acknowledge

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- **Elizabeth Lambert and other extraordinary project officers at NIDA**
- **Hundreds of participants in these studies**
- **Colleagues and participants who have died of HIV/AIDS and hepatitis C**
- **Many collaborators and co-authors**

# Background: Big events and epidemics

- **Socio-economic transitions in Russia and other former Soviet Union states were followed by:**
  - **severe economic disruption**
  - **changed social relationships of gender**
  - **youth alienation**
  - **growing injection and non-injection drug use**
  - **problematic alcohol use, sexual risk behaviors**
  - **female sex work**
  - **HIV, HCV, and STI epidemics**

- **Economic crises and political uprisings in Indonesia in the 1990s were also followed by growing drug use and HIV**
- **South African social unrest in the 1980s and the later transition from apartheid to democracy were followed by increased:**
  - **problematic alcohol use**
  - **drug use**
  - **unsafe sex while inebriated**
  - **sex work**
  - **a tragic HIV epidemic partially fueled by these**

## But . . .

- **Economic and political crises in the Philippines in the 1980s and since, including the popular power uprising that ousted Marcos in 1986, a long-lasting guerrilla insurgency, and other unrest, have NOT resulted in an HIV outbreak.**
- **Argentina's economic crises and mass mobilizations ousted 4 presidents in a few weeks and ongoing social contestation.**
  - **Argentina is not yet showing a major HIV outbreak.**
  - **Though reports of increases in female and male commercial sex work and increased teenage violence in Buenos Aires are worrisome signs.**

# Wars

- Wars with other countries are another form of social and economic disruption with profound social and behavioral consequences.
- There is much debate about whether they increase or decrease HIV transmission.
- Hankins et al (2002) and Strathdee et al (2006) described mechanisms through which increases could happen.
- Gisselquist (2005) and Spiegel (2004) presented empirical evidence that wars in Africa have decreased transmission in some geographical areas—perhaps through restricting sexual networks or iatrogenic blood exposures.
- One possibility with empirical support is that wars sometimes do not lead to epidemics while they last—but when they end, risk greatly increases.

# Internal war

- Refugees face network and behavioral risk for drug use, STIs, HIV:
  - Trauma
  - Disrupted social networks and maybe families
  - Disrupted protective normative environments
  - Economic need
  - Disrupted sexual partnerships
- Soldiers also are at high risk
- What if insurgents win but do not understand HIV?
  - In South Africa, this led to HIV denial
  - How can insurgents be trained about HIV?

## Big events

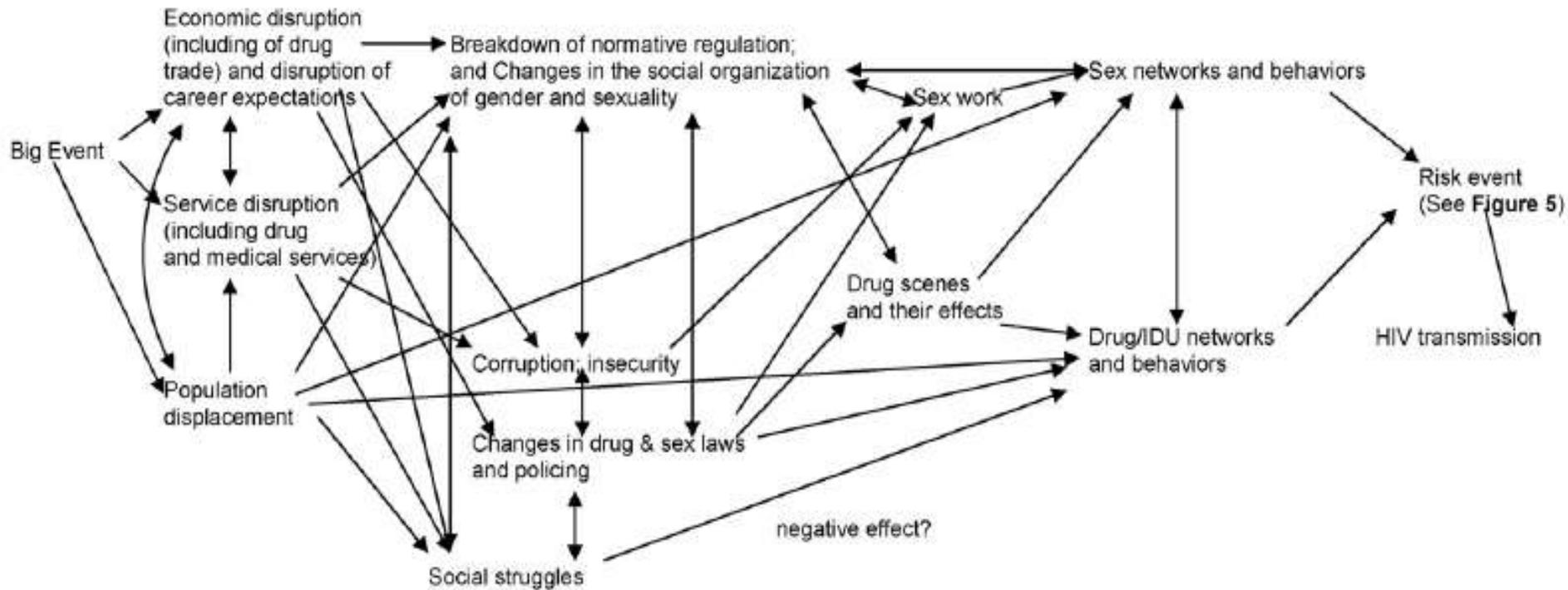
- We call these “Big Events” rather than “complex emergencies” because they seem to have their HIV impacts some years after the major disruption occurs
- What might lie ahead for Colombia?

# A pathways model of Big Events

- **Friedman, Rossi & Braine (2009, *IJDP*) suggest how Big Events may create HIV epidemics through:**
  - **population displacement**
  - **disrupting and perhaps corrupting economic and service-provision processes and structures**
  - **which may create social struggles**
- **These changes in turn influence:**
  - **social norms and normative regulation,**
  - **the social organization of gender and sexuality**
  - **social networks,**
  - **alcohol and drug use**
  - **drug injection and sexual networks**
  - **sexual and injection behaviors.**
- **These same pathways can affect other health outcomes.**

# Diagram of pathways

This diagram is simpler than the inside an infected cell!



## Key issues:

- **Population displacement**
- **If “new world” leads young people to reject “old ways”**
- **Youth drug and sex recreational scenes**
- **Sex and drug selling out of economic need**
- **Corruption & repression as errors**

# Population displacement

- **Internal war and economic evictions lead to large scale population displacement**
- **This leads to short term and long term risks**
- **Short term survival sex, alcoholism, drug trade or drug use –all of which can become long term for some individuals**
- **Children and youth can face the “new world” problem and rejection of “old ways” that all Big Events can create**

## More on key issues

- If young people reject “old ways” this may be because economic and other realities have changed.
- If they have, youth may CORRECTLY see that the old ways will not work.
- It will not be easy for youth or others to find solutions.
- Simply assuming that old sexual and other morals can be imposed may lead to tragic outcomes.
- Harm reduction approaches may work better than punishment.
- Finding ways for “deviant youth” to have a respected voice in policies that affect them may be key.

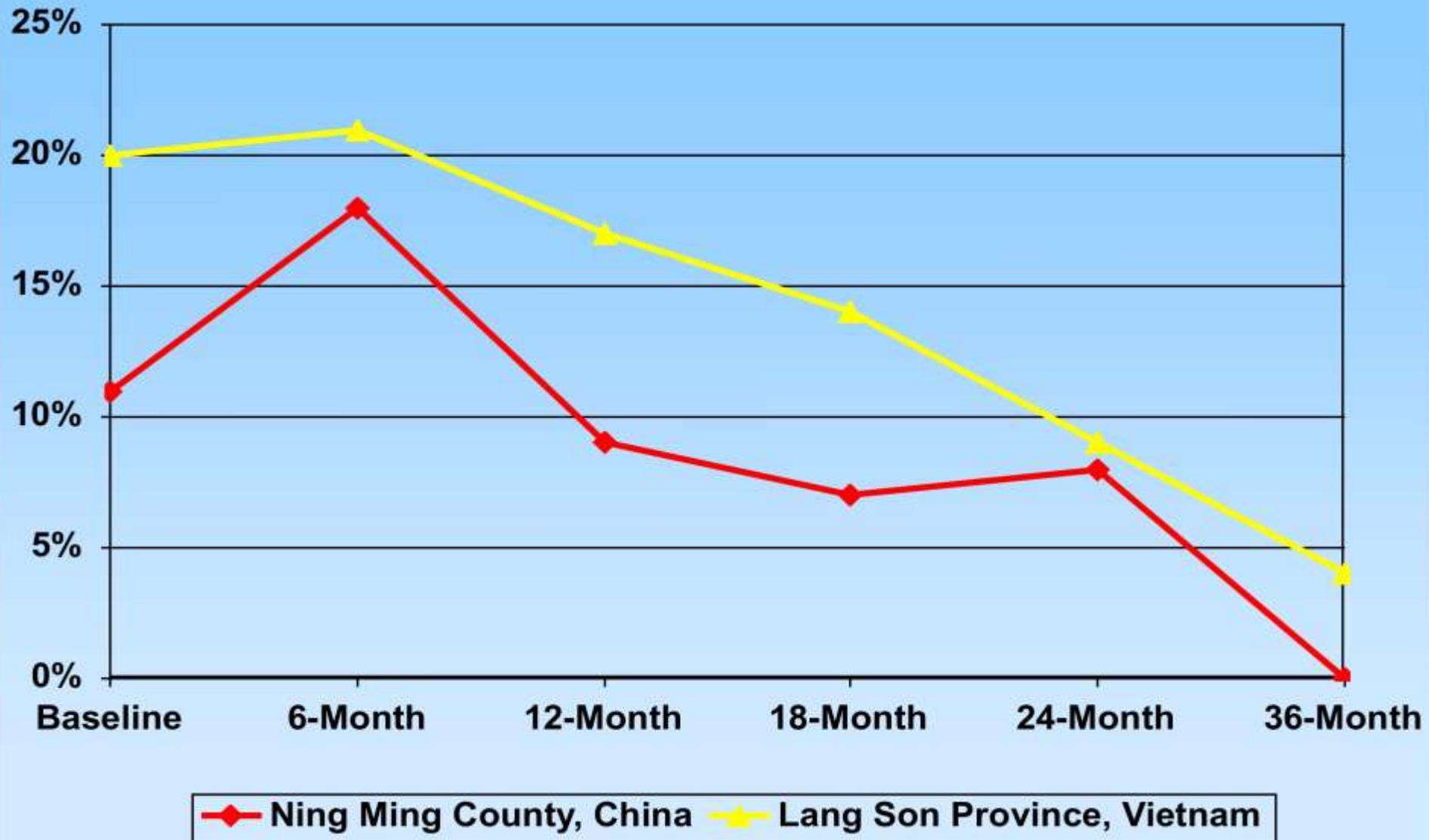
# Repression is unlikely to work to reduce either high risk drug use or sex

- Youth cultures and drug use cultures usually find ways to outwit repression by parents, other elders, or police
- Attempts by police to prevent drug trade, drug use, sex trade or group sex events leads to police corruption and to violence
- USA experience is an example. 2 million people imprisoned.
- Our group's analyses of metropolitan areas and injection drug use show that areas with higher rates of arrest for heroin or cocaine possession:
  - Do not reduce numbers of injectors
  - Have higher HIV prevalence
  - Have slower declines in HIV mortality after ART was introduced

# On drug use issues, “harm reduction” works globally

- **Syringe exchange is fundamental if drug users are injecting:**
  - **In Australia, New Zealand and most northern European countries, it has prevented HIV epidemics.**
  - **In New York City, it has helped reduce high new infection rates from 5% a year to less than 1% per year. Even hepatitis C infection rates are declining.**
  - **In the China/Vietnam cross border study, it has reduced infection rates markedly (next slide)**

# Incidence of HIV infection among new injectors



From report by Reference Group to the United Nations on HIV and Injecting Drug Use, Side event to 53 CND, March 9, 2001

# More on harm reduction

- **Harm reduction is more than syringe exchange.**
- **Harm reduction starts from respect for drug users' lives and views, and finds ways to reduce harm to them and to others.**
- **For heroin users, methadone and buprenorphine treatment help stabilize their lives and help prevent infections.**
- **Users' voices: Helping drug users to organize to help set policies has been useful where it has been tried and not suppressed**
- **ART: If drug users are formally or informally excluded from ART, this helps spread the epidemic--and kills people.**

# Harm reduction and sexual risk

- **These same principles of respect, an effective voice in designing policies, and reducing repression have been part of the most effective HIV prevention world wide:**
  - **Sonagachai project in which sex workers in Calcutta organized their own collective political influence and risk reduction.**
  - **Numerous cases of gay men organizing projects like Stop AIDS! in the early AIDS epidemic in San Francisco and since then in Malaysia, Argentina, Brazil, much of the world.**
  - **Community members protecting each other and developing a voice in policy—usually with support from political and economic authorities and elites.**
  - **It is not perfect. New infections continue to occur. But it seems to be the best approach to prevention we have.**

# What may lie ahead for Colombia?

- **There are worrisome signs**
- **Large numbers of displaced persons from internal conflicts**
- **Growth of heroin production and use**
- **Growing numbers of US military bases—what risks will they lead to?**
- **Will political events lead to greater or less openness to harm reduction approaches rather than repressing “immorality”?**