12 myths about HIV/AIDS and people who use drugs
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In a Comment which forms part of the Series in *Lancet*, 12 myths about HIV/AIDS are debunked.

The Comment is by Dr Steffanie Strathdee, University of California San Diego, CA, USA, and Professor Chris Beyrer, Johns Hopkins Bloomberg School of Public Health, Baltimore, MD, USA (both paper authors in the Series) and colleagues.

1. Drug users are non-compliant

2. Drug users do not respond as well to antiretrovirals as do non-drug-using patients

3. Drug users are difficult to study and have poor retention rates in cohorts, making prospective research studies with drug users difficult or impossible

4. Drug users are more concerned about getting high than using injecting equipment safely

5. Drug users don't have much sex; their HIV risks are largely or entirely from needle sharing

6. If drug users keep using, it is almost inevitable that they will acquire HIV infection

7. Unlike gay men or sex workers, drug users don't have strong communities, so community interventions are unlikely to work

8. Rates of drug use are higher among minorities in the USA and other industrialised countries

9. Needle exchanges encourage drug use

10. Methadone (or buprenorphine) treatment just exchanges one drug for another

11. People who use stimulants are all heavy, out-of-control users who won't change their risky behaviours

12. Fear is an effective deterrent for drug use

Each of these myths is rebutted in the Comment. For example, there are studies showing that all-cause mortality in HIV patients who had started antiretroviral drugs six years or more ago was similar in both injecting drug users and non-drug users (myth 2). There is also no evidence to show needle exchanges encourage drug use (myth 9), with an Alaskan study showing no difference in drug use between people using a needle exchange and those buying needles from pharmacies. Stimulant users are not all out of control users incapable of reducing risky behaviours (myth 11), with Muasback and colleagues showing risk reduction is possible in HIV-negative heterosexuals and HIV-positive men who have sex with men, despite both groups using crystal meth.

The authors conclude: "The myths about HIV acquisition and people who use drugs are straightforwardly countered by scientific evidence, but like so many forms of prejudice, they persist despite the evidence. It is past time for these prejudices to change. Providers, decision makers, and all engaged in the global fight against HIV infection have an obligation to examine biases against people who use drugs, learn the facts beyond the myths, and let evidence drive responses."

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