

## What can I do to reduce my risk?

The best and simplest solution is not to use IV drugs. Avoid sex with IV drug users—or with other members of high-risk groups. And avoid casual or unprotected sex altogether.

If you're *already* an IV drug user, and can't see your way through to quitting, don't share your needle or works with anyone, ever.

If you *do* share needles, take precautions. Flush the needle and syringe with household bleach, then rinse them both carefully with water. Bleach kills the HIV virus, but only if you use it *every time* you shoot up.

Still, in the long run, getting yourself drug-free is the only sure way to avoid drug-related AIDS.

And when you stop and think about it, that's a pretty good reason to take a step that you've probably been thinking about for a long time.

Because using IV drugs always *was* a gamble.

HIV has just made staying alive a longer shot, still. ■



*BleachMan Talks. Words to the wise (& wasted) in the age of AIDS.*

S.F. AIDS Film, L. Dangle

# DRUGS & AIDS



## Blood Relations

A Do It Now Foundation Publication by Lisa Turney

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In the years since it was first identified, AIDS has spread more than its share of panic and pain.

And despite the best efforts of many of the best minds in the world, AIDS is still hurtling out of control—faster, almost, than our ability to comprehend it, much less control it or cure it. And AIDS is out of control worldwide, despite recent advances in treating its symptoms.

A main problem in coming to grips with AIDS, and the human immunodeficiency virus (HIV) that causes it, has been

the difficulty in pinpointing who, exactly, has been exposed, and how.

That's even more difficult since the virus is spread by two activities that most of us would rather keep to ourselves: sexual behavior and drug use.

**Riskier business.** *Drugs and alcohol add a whole new level of risk in the age of AIDS.*

And while sex is less often a source of embarrassment than it used to be, drug use—particularly intravenous (IV) drug use, which can transmit HIV infection—is still against the law. And most users just aren't that interested in standing up and being counted.

But they *are* being noticed—and counted increasingly—as carriers of AIDS. Just consider these recent numbers:

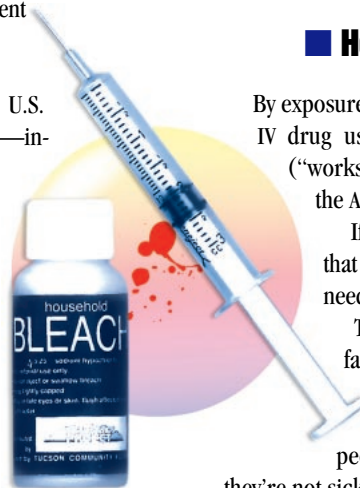
► By January 2007, more than 310,000 U.S. AIDS cases—about a third of all infections—involved IV drug users.

► Hundreds of thousands more current users may already be infected, and passing the infection along to others.

► Users of crack cocaine and crystal methamphetamine are being infected by the tens of thousands, helping fuel the spread of the disease into the general population.

That's why we've put together this pamphlet. Because even though it's against the law to use drugs, people who use them shouldn't have to pay with their lives.

deadly mix



The best way to reduce your risk, if you shoot drugs, is to not share needles. Period.



## What exactly is AIDS?

AIDS is a group of diseases and other problems that result from impairment of the immune system following HIV infection.

AIDS, which is the final stage of the infection, can show up in a lot of different ways. That's because HIV attacks immune-system cells which normally rid the body of bacterial and viral invaders.

When that happens, people with AIDS get sick, often from rare, hard-to-treat diseases. Common symptoms include cancer, blindness, paralysis, memory loss, and a wasting syndrome that can result in death.

And even though a number of treatments have been developed for people with AIDS over the past few years, it's important to note that they're only treatments, not a cure. And there is still no vaccine to prevent its spread.

## How do drug users get AIDS?

By exposure to the blood of an infected person. Since IV drug users often share needles and syringes ("works" or "a set") they can also end up sharing the AIDS virus, if one of them is infected.

If you're an IV drug user, you might think that all you have to do is avoid sharing your needle with someone who's sick.

That *would* be great advice, but it doesn't go far enough.

Because AIDS can have a long latency period—up to 10 years, for some people. That means they're infected, but they're not sick—at least not in an obvious way.

That's why the best way to reduce your risk, if you shoot drugs, is to not share needles. Period.

## ■ Does everyone exposed to HIV get AIDS?

Not necessarily. Whether or not a person exposed to HIV eventually develops AIDS depends on *how* he or she is exposed.

That's because certain routes of transmission are more dangerous than others.

Since the virus must enter the bloodstream before it can cause infection, ordinary heterosexual activities don't automatically result in infection.

Other practices, such as anal intercourse, raise the risk of transmission for the simple reason that they increase the likelihood of contact with infected blood or semen through broken skin or abrasions.

And since sharing a dirty syringe involves direct exposure to blood, it's almost *guaranteed* to cause infection, if you're sharing it with an infected person.

## ■ Do all IV drug users get infected?

Anyone who shares IV needles puts himself or herself at risk. And according to several studies, that includes nearly everyone who shoots up, at one time or another:

▶ More than 95 percent of IV drug users have shared needles at least once, according to the National Institute on Drug Abuse.

▶ A study of female IV drug users found that 42 percent had shared needles with family or friends, and more than one in five reported sharing their works with complete strangers at least once.

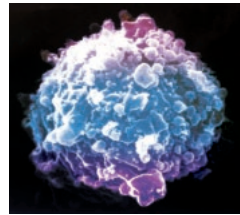
And users who frequent "shooting galleries," where works and needles are shared, are even more vulnerable to AIDS.

Still, some groups *are* harder hit than others.

Due to higher rates of drug use and needle sharing, Blacks and Hispanics account for three-fourths of all cases linked to IV drugs.

And according to one study, IV cocaine users are more likely than heroin users to become infected since they inject more often.

Researchers estimate that 35 percent of IV cocaine users carry the AIDS virus, versus 19 percent of heroin users.



**AIDS in action.** HIV attacking an immune system T-cell.

## ■ Do other drugs increase risk?

Yes and no. Researchers are still trying to fit all the pieces in the HIV puzzle into place, but the best evidence thus far does not support a *direct* link between non-needle-related drug use and the disease.

One exception may be the nitrite inhalants, including amyl and cyclohexyl nitrite, which is sometimes sold in headshops and adult book stores as "head cleaner."

Sniffed for their brief surge of dizzying effects, the chemicals impair the ability of white blood cells to fight disease, and may change into cancer-causing compounds in the body. In fact, one study of an AIDS-related cancer (*Kaposi's sarcoma*) showed that a majority of sufferers used amyl or butyl nitrite.

Since IV drug use is such a high-risk activity, needle exchange and methadone maintenance programs are proving their value in the fight against AIDS. Methadone—which blocks craving for heroin—can even cut needle use by up to 90 percent among users who stay in treatment.



**T**rading sex for crack is so common that crack smokers have emerged as one of the few new high-risk populations for AIDS.

Still, other drugs—including alcohol, marijuana, and stimulants—figure indirectly into the drugs-and-AIDS equation. They can depress immune function, particularly with regular use. Heavy users also suffer from poor nutrition and bad health—factors which further reduce immune response.

And other drugs, including crack and crystal meth, simply make AIDS easier to get.

## ■ How does crack or crystal make it easier to get AIDS?

By making it easier to do the other things that put you at risk—like having unprotected sex.

That's because both crystal and crack increase sexual arousal and impulsiveness while they reduce inhibition and judgment.

More than most other drugs, both can cause hyper-arousal *and* hypersexuality. And hypersexuality in today's world puts you at hyper-risk of AIDS.

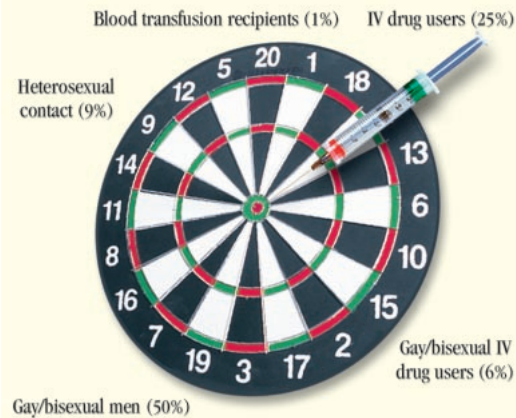
The problem is made worse by the addictiveness of both drugs and by crack's short-lived high.

The crack high is so fleeting, in fact, that users can burn up hundreds of dollars of crack in a multi-day "mission." Female users often resort to the only means at their disposal to get more, which can mean anonymous sex with multiple "suppliers" every day.

Sex-for-crack (and -meth) exchanges are so common that crystal and crack users represent a new high-risk population for AIDS and other sexually-transmitted diseases, according to public health experts.

In fact, a number of studies have suggested that the risk of acquiring HIV may be higher among crack users than intravenous heroin users.

## ■ HIV: Rating the Risks



**Hype hazards.** Needle sharing by infected users keeps IV drug use close to dead-center on a chart of high-risk activities.

## ▶ Believe This Hype: Don't Share AIDS

**E**arly symptoms of AIDS include fatigue, fever, loss of appetite or weight, diarrhea, and night sweats, but HIV infection doesn't necessarily produce *any* warning signs. And since treatment works best when started early, it's wise to get tested early after any possible exposure. If you think you *may* have been exposed:

- ▶ **Avoid unprotected sex.**
- ▶ **Don't share a hypodermic needle or syringe—with anyone.**
- ▶ **Contact your local or state health department, listed in the white pages.**
- ▶ **Avoid further exposure (through IV drug use or unprotected sex) to HIV.**

A simple blood test can determine if you've been infected. If the results are positive:

- ▶ **Don't have unprotected sex.**
- ▶ **Don't share needles, toothbrushes, razors, or other personal care products.**
- ▶ **If you're a woman, postpone any pregnancies.**
- ▶ **Get medical treatment. Talk over your situation with your doctor and follow all instructions.**



**Still life.** Getting off IV drugs now is the best way to keep from becoming an HIV statistic.

For more information, call 1-800-342-AIDS. Spanish language information is available at 1-800-344-SIDA. ■