

A Pilot Project of IDU in Tehran, Iran

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Project Description: This pilot study has two goals. The first is to serve as a feasibility study and formative research for a future population based HIV prevalence survey among injection drug users (IDUs) in Iran. The second goal is to understand HIV risk behaviors in this group. Key informant interviews, focus groups, and a review of existing data were conducted in Tehran, Iran. Key informants were physicians, policy makers, police, advocates, family of IDU, male and female, current and ex-IDU. Focus group participants were current and ex-IDU recruited from substance use clinics and via peer referral through a residential camp for youth, needle exchange/methadone programs and an NGO for HIV+ persons. IDU (some current, some on methadone therapy, some members of Narcotics Anonymous) were trained as focus group moderators, and researchers were not present in the focus groups. Several focus groups were held in homes, given the stigma associated with this topic.

Significance: Iran faces parallel increases in HIV infection and injection drug use, with >60% of HIV cases occurring among IDU. As such, Iran is poised for a rapidly growing HIV/AIDS epidemic. Given the difficulties in reaching out to this group, to date, there has been no population-based estimate of HIV prevalence among this group. We are working with Tehran University to initiate a population based survey, of which respondent driven sampling seems most promising. It is of note that, recent policies in Iran have shifted to harm reduction. The impact of these policies on and details of risk behavior in this group are unknown.

Interesting Findings: Forty interviews and ten focus groups were conducted; 23 interviews were with IDU or their families. Participants were diverse in gender, education, income, and geography. A consistent theme was increased access to needle exchanges and methadone. Interviewees mentioned decreases in needle sharing due to increasing awareness of HIV and availability of needles. However, needle and spoon sharing persists in jails, at parties and in lower SES. Injection is increasing as switching from smoked opium, a tradition in Iran, to injected heroin is attributed to incarceration, high expense of opium in the short term and visibility of smoke. New injection drugs include buprenorphine derivatives and a more potent heroin. Sexual risks center on exchange of sex for drugs in and out of jails. Amphetamine and MDMA (ecstasy) use are also rising and contributing to sexual risk.

This study helped set the stage for a community based prevalence study of HIV in this group in the future. We have also described the experience of harm reduction in Iran—while the efforts to date have been commendable, we were able to pinpoint areas for future intervention. Addressing sexual risk surrounding IDU, particularly in jails, presents an enormous challenge.