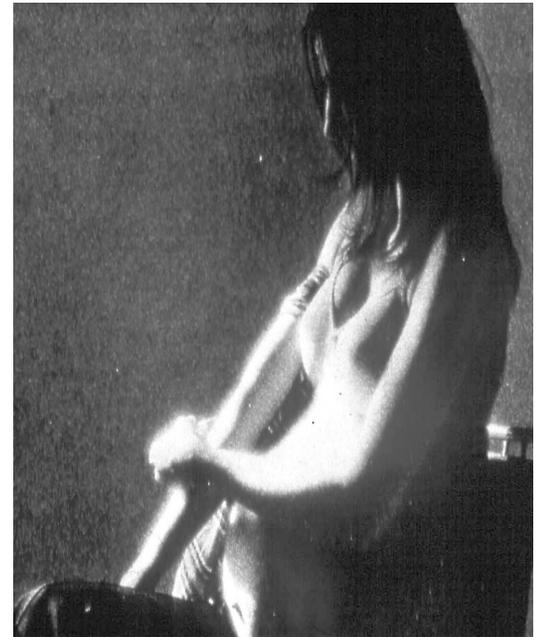


## **Family-Centered Services to Reduce HIV Infection among Women Who Use Drugs and Their Children**

**Katya Burns, Ph.D., Independent Consultant  
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Few populations are more stigmatised than pregnant and nursing women who inject drugs, and women who inject drugs and have small children

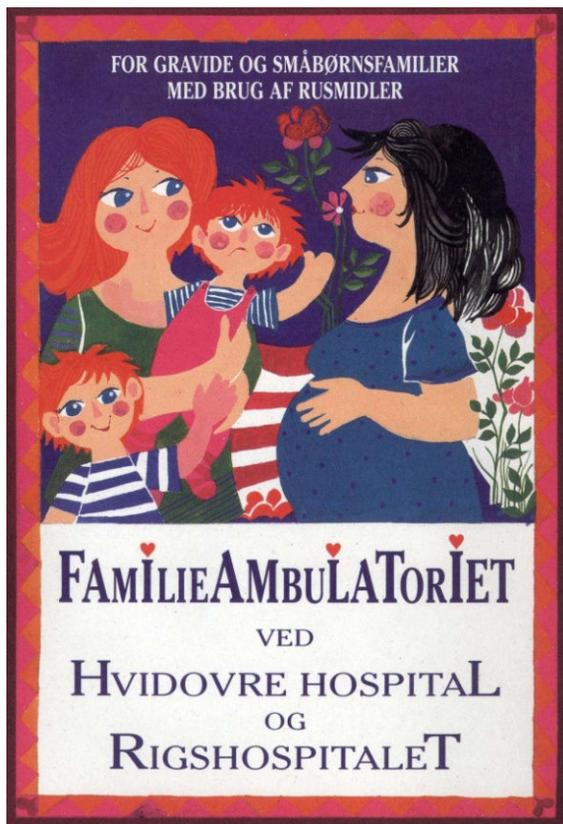




Family Center of Philadelphia: Comprehensive Services for Pregnant and Postpartum Women, their Newborns and Children



With proper treatment and care, women who use drugs can have healthy pregnancies and healthy children and stable families.



**Family Centre of Copenhagen: A Comprehensive Program for Substance-using Pregnant Women and their Infants, May Olofsson, M.D., Director**



Women need access to  
appropriate evidence-  
based services



**“If opioid drug-using women meet the criteria for dependency, opioid substitution therapy should be offered, the patient counseled about the risks and benefits of such therapy and agreement reached about a treatment programme and adherence to it. Methadone substitution treatment is currently recommended for opioid substitution therapy for opioid-dependent pregnant women.”**

ANTIRETROVIRAL DRUGS FOR  
TREATING PREGNANT WOMEN  
AND PREVENTING HIV  
INFECTION IN INFANTS IN  
RESOURCE-LIMITED SETTINGS  
TOWARDS UNIVERSAL ACCESS:  
Recommendations for a public  
health approach



Methadone Maintenance Therapy is not widely available in developing and transitional countries. In Russia, the country with the largest IDU population, MMT is illegal

Many women attempt to abstain from drug use when they discover they are pregnant...



Pregnancy can be a powerful motivator for women to quit drugs

**BUT**



Precipitous cessation of drug use during pregnancy can endanger the life of the fetus

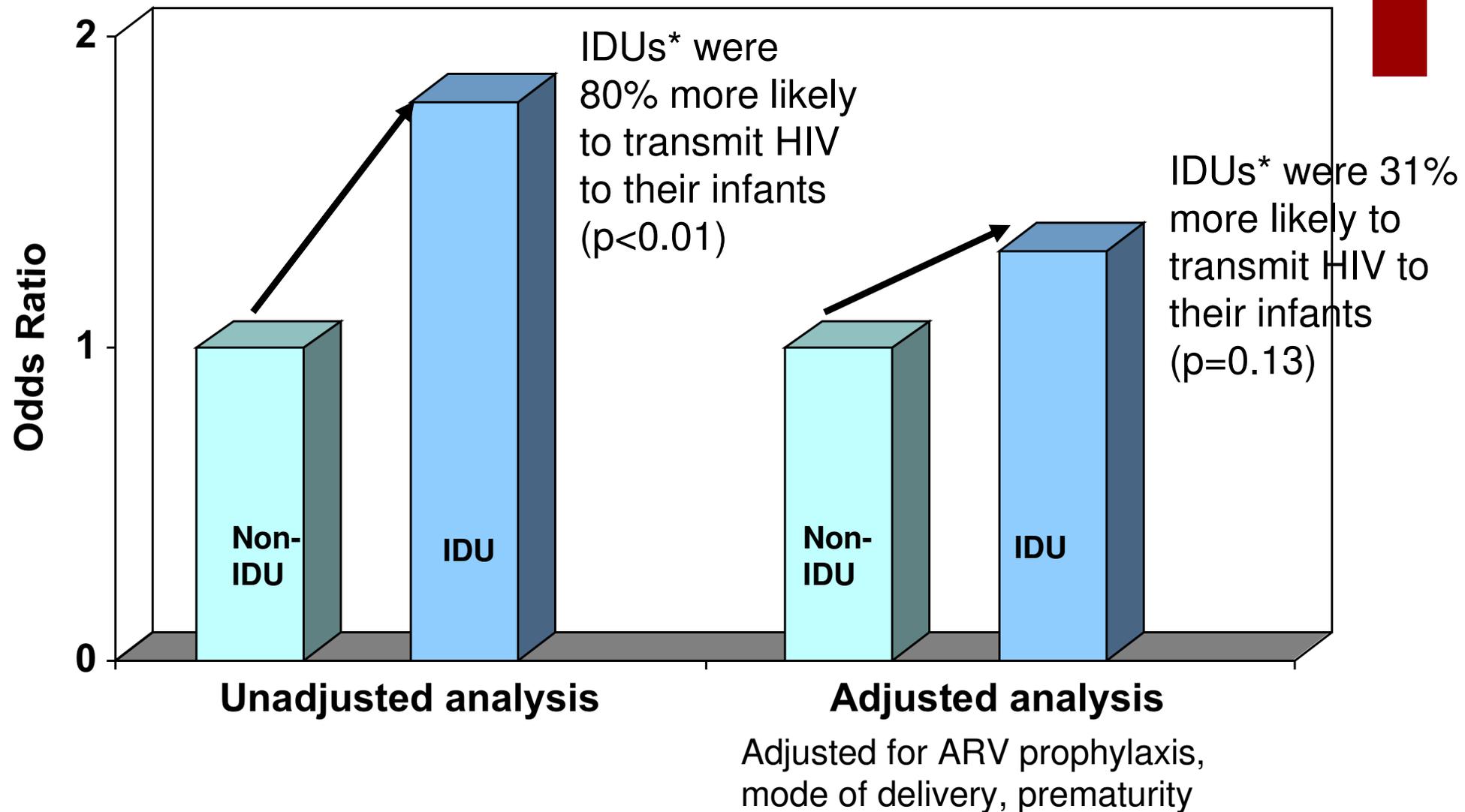
Pictures courtesy of Dr. Loretta Finnegan

# Pregnant and Using: MTCT

- Data from Ukraine show that women with a history of IDU are at a 42 percent increased risk of transmitting HIV to their babies compared to HIV-positive women with no history of drug use.

Source: Claire Thorne, University College London, Presentation at UNICEF Consultation on Pregnancy and Drug Use Yalta July 2009

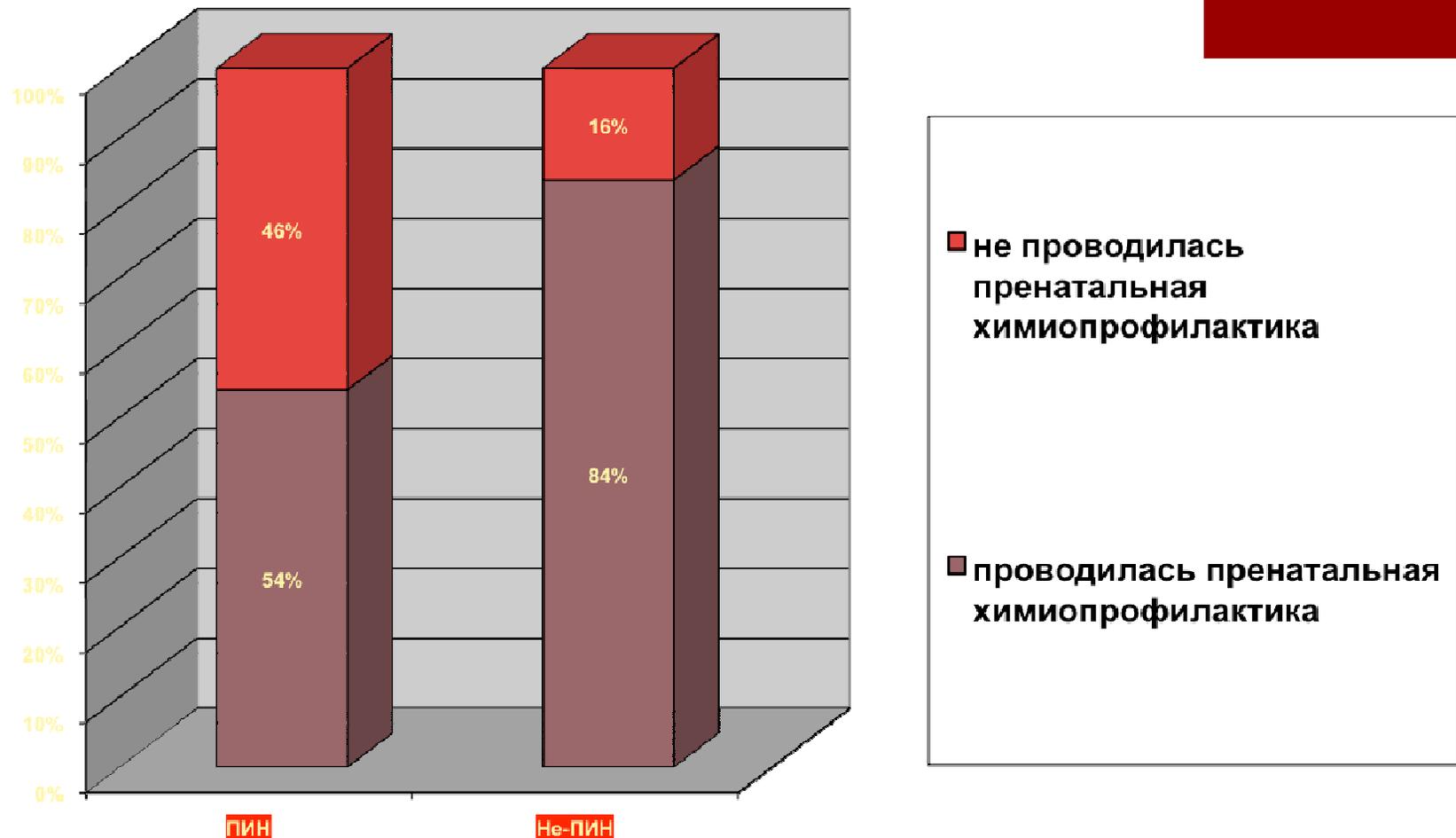
# IDU and MTCT risk, Ukraine



\*IDU = history of IDU (i.e. includes current and ex-users)

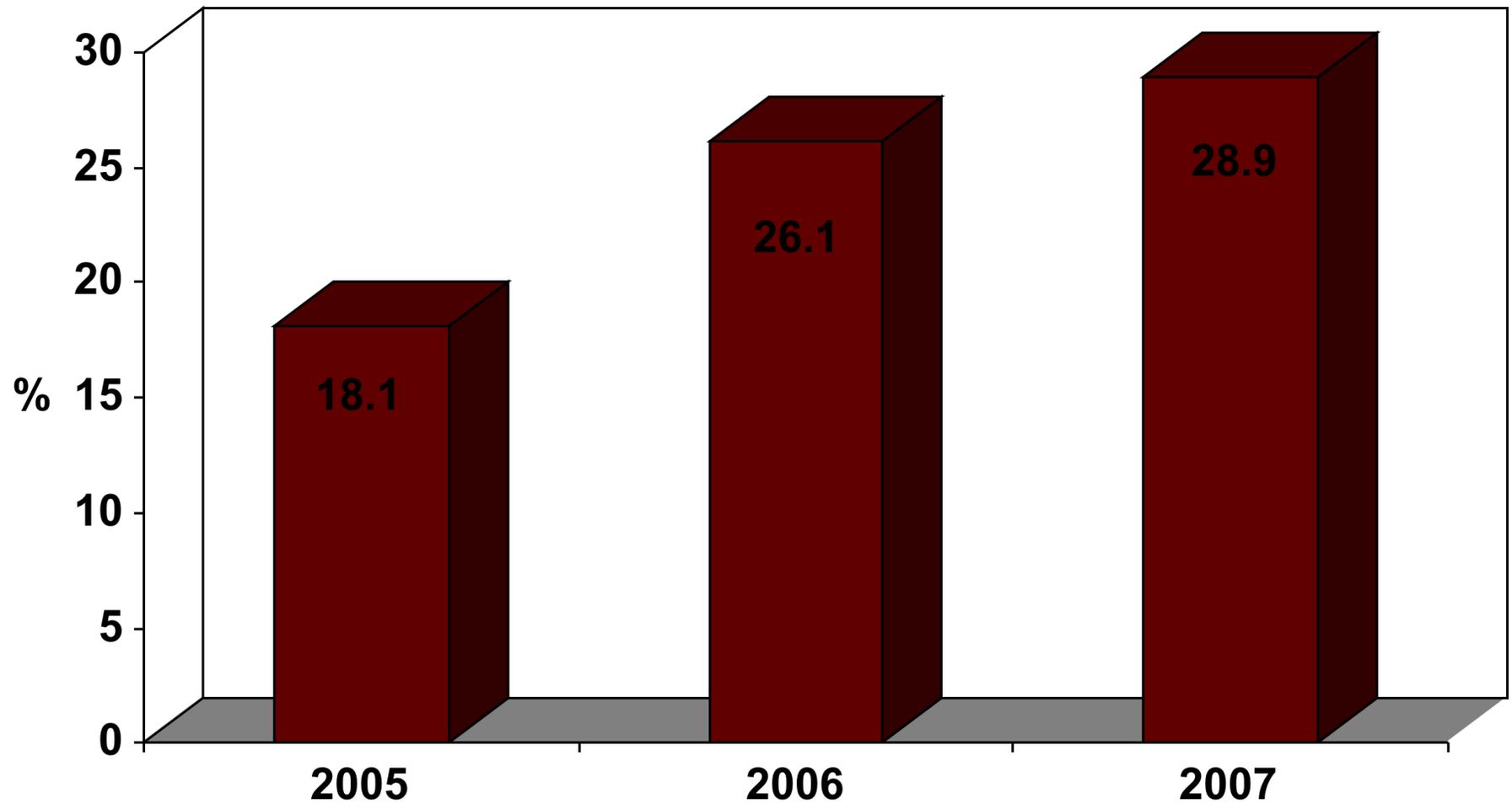
Source: European Collaborative Study, unpublished data

# ARV prophylaxis during pregnancy among IDU, Kazan, Russia, 2007



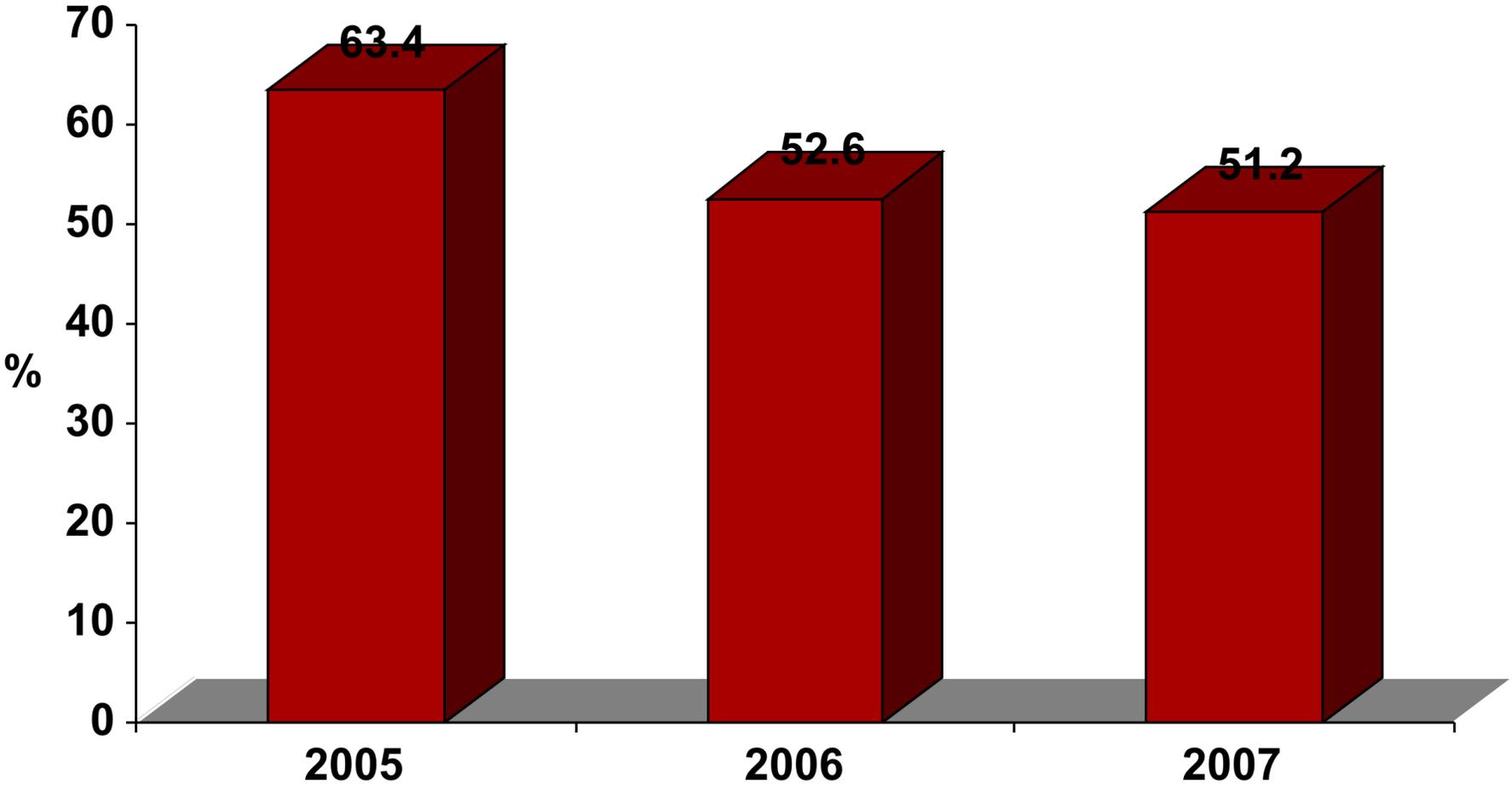
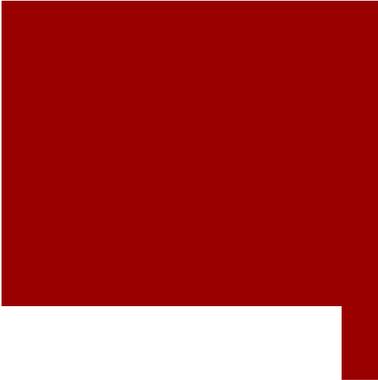
Source: Nazarova et al., Conference "HIV, Pregnancy and IDU", Kazan, Russian Federation 2008

# Child abandonment among IDU HIV positive women, St. Petersburg, Russia, 2005-2007



Source: Kissin et al., Abstracts, 2<sup>nd</sup> EE/CA AIDS conference, Moscow, 2008

# ARV prophylaxis during pregnancy among IDU, St. Petersburg, Russia, 2005-2007



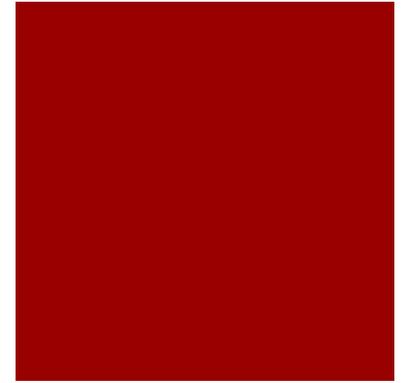
Source: Kissin et al., Abstracts, 2<sup>nd</sup> EE/CA AIDS conference, Moscow, 2008



Poor health outcomes are associated with poor access to existing services...

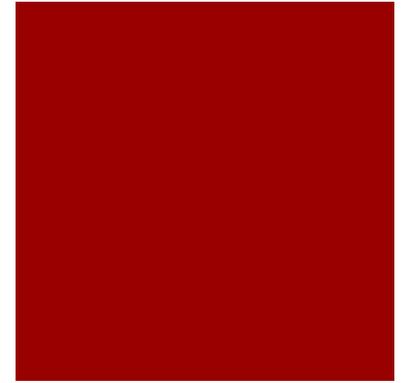
Why do women who use drugs avoid services?

# Intimate Relationships and Women's Access to Services



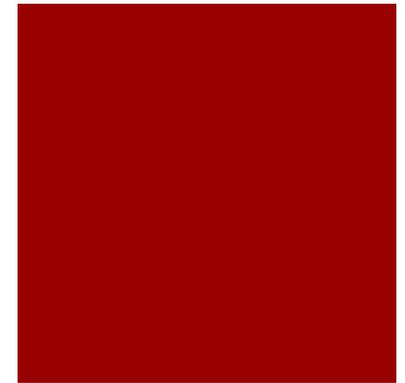
- Women IDU may avoid services because they fear discrimination, fear others will find out about their drug use, or being reported to the police:
- *“A woman is a woman. A woman should know what is a family and had better get married, have a child, and do what is worth being a pure Georgian lady, but instead she goes and destroys herself. We also destroy ourselves, but she destroys her future as well.” Male IDU in IHRD Study*
- *“Often, husbands don't want women to go with them to NEPs (needle exchange points). They understand that their way of life is not normal and will conceal it as though it were for her sake. They keep it a family secret.” HR Service Provider Ukraine, IHRD Study*

# Parenting IDU Women and Punitive Drug Laws



- **In many countries maternal drug use (but not paternal drug use) is legal grounds for loss of child custody. This is the case in most former Soviet countries.**
- **An assumption that drug use among mothers precludes effective parenting has fuelled a process in many countries by which the babies of women who use drugs are routinely given over to the care of the State.**
- **Punitive drug laws lead women to avoid services for fear of losing their children. This deters women from attending antenatal care and leads women to attempt to hide their drug use from doctors.**

# Parenting IDU Women and Family Support



- **Women IDU tend to report poorer relationships with their parents and siblings, than do male IDU. This can make parenting challenging and lead to loss of children:**
- ***I am divorced and I had two children. The first is my husband's. My husband was a very bad man. He often beat me and I couldn't stand it. I was desperate and I wanted to get divorced. But he did not agree. It was because his mother, my mother-in-law, wanted to keep my daughter. I didn't want this, but I could not stand the beatings from my husband. So I said OK, and my mother-in-law took my daughter...I miss her a lot...***
- ***I have two children. My son—my husband is his father. Now we are divorced. My father took my son and brought him to a shelter for street children, in City X. My daughter—my boyfriend is her father. I did not want to tell my family I had her, and I told them that the baby died. In reality, I gave her to a family in City X. In that family, they only had boys, and they wanted a girl. For this reason, they agreed to take my daughter.***

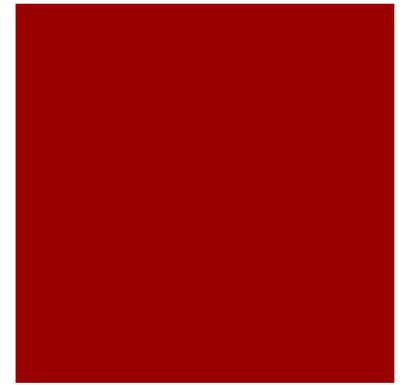


# *Good Practices*

# Support a healthy pregnancy

**With the women's informed consent, involve her partner and family members in all stages of antenatal care and drug treatment during pregnancy and postpartum**

**Offer multidisciplinary services, a team which can include a midwife, obstetrician, neonatalist, social worker, psychiatrist, dietician, paediatrician, early childhood worker, lactation consultant, probation or parole officer, community health care worker and drug and alcohol counsellor**



# Parenting Support



National clinical guidelines for the management of drug use during pregnancy, birth and the early development years of the newborn

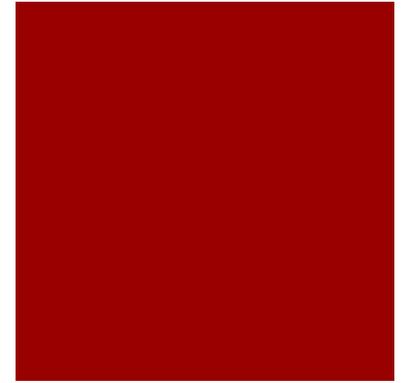
Commissioned by the Ministerial Council on Drug Strategy under the Cost Shared Funding Model



- Compassion
- Services include routine offer of HIV test, ARVs, PMTCT, OST, early inclusion of child protection services to support mothering, post-natal care, skin to skin contact for baby helps with NAS, contraception information and support, monitor baby's HIV status for 18 months by PCR

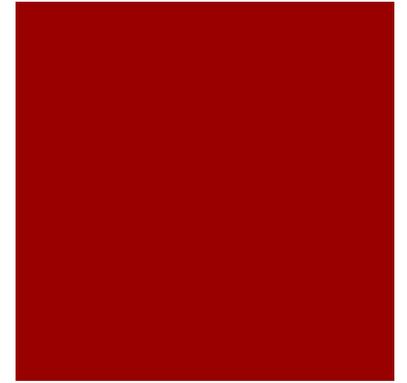
# Best Practice examples

- Integrating drug treatment into MCH services: Women's Reproductive Health Services in Glasgow
- Integrating MCH into drug treatment services: Project GROW, Bronx New York
- Drug Liaison Mid-Wife Services in Manchester, Liverpool and Dublin
- Fully integrated services: Sheway and Fir Square in Vancouver, Canada





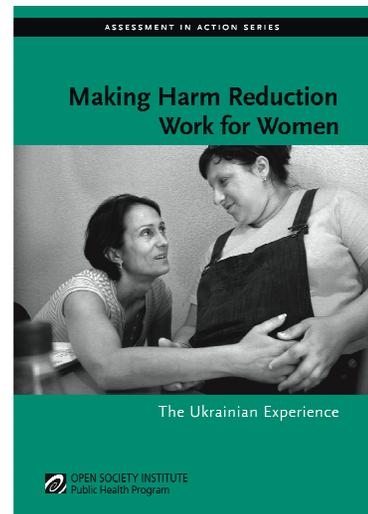
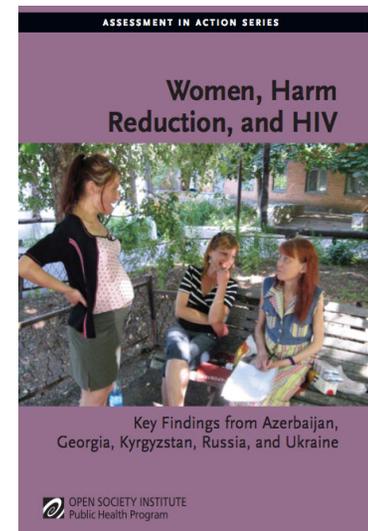
# What can the International Community do?



- 1 Integrate injection related infection risks into United Nations Global Guidelines for preventing HIV infection among infants and children**
- 2 International institutional and funding organisations such as the Global Fund can develop appropriate indicators on pregnancy, parenting and drug use for countries to use in reporting**
- 3 Support national capacity-building to implement effective services for pregnant drug users**

# Resources

- ***Australian National Clinical Guidelines for the Management of Drug Use during Pregnancy, Birth and the Early Development Years of the Newborn.*** 2006 March.  
[www.health.nsw.gov.au/pubs/2006/ngc\\_druguse.html](http://www.health.nsw.gov.au/pubs/2006/ngc_druguse.html)
- <http://www.thewomens.org.au/AlcoholDrugsDuringPregnancy>
- **Women and Harm Reduction International Network (WHRIN) , visit:**  
<http://www.talkingdrugs.org/og>
- **Burns, Katya. 2009. *Women, Harm Reduction, and HIV: Key Findings from Studies in Azerbaijan, Georgia, Kyrgyzstan, Seven Regions of Russia, St. Petersburg and Ukraine.*** International Harm Reduction Development Program, Public Health Program, Open Society Institute



**Thank you!**

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Picture courtesy of Dr.  
Lorretta Finnegan

