

HIV Prevention

Approximately 900,000 people are living with HIV/AIDS in the United States. The Centers for Disease Control and Prevention (CDC) estimates that one-third of these people do not know that they are infected with HIV. While the number of people dying from AIDS has declined as a result of recent advances in drug treatments, there is no cure for AIDS. In the absence of a medical cure, HIV prevention is our best weapon in the fight against HIV/AIDS.

There are approximately 40,000 new HIV infections in the U.S. each year. While prevention efforts have reduced the number of new HIV infections, these reductions have only occurred in certain communities: The number of infants who were HIV-infected through mother-to-child transmission declined 73% during the 1990's. Between 1988 and 1993, there was a 50% decrease in HIV prevalence among young white men. Injection drug users in New York City experienced a 30% decrease in HIV prevalence in the 1990s. Unfortunately, there are other communities whose rates of HIV infection have remained steady or have increased over the last 10 years.

There are rising numbers of new infections among adolescents, women, and communities of color. Specifically, African Americans and Latinos have experienced significant increases in the number of reported

AIDS cases. In 1999, two-thirds of the new AIDS and HIV cases among women were identified in African American women. The rate of HIV and AIDS cases among Latinos displays similar trends. Although the Latino community represents 13% of the U.S. population, they account for 19% of the total number of AIDS cases reported in 1999. The CDC reports Latino men represent an estimated 20% of all new HIV infections. The CDC has been estimating for the last five years that an estimated 50% of all new HIV infections occurred in young people under the age of 25.

U.S. Surgeon General David Satcher has identified education and behavior change as fundamental to reducing the spread of HIV, the virus that causes AIDS. Studies show that intense, sustained HIV prevention interventions can lead to long-term behavior change. We have learned what works in HIV prevention: increasing access to condoms and sterile syringes; promoting safer sexual and drug use; encouraging individual behavior change and the capacity to negotiate risky social situations; promoting safer behaviors as socially acceptable within diverse communities; and exposure to HIV prevention messages as early as possible to prevent future participation in risky behaviors.

Prevention Science

It has been clear for many years that HIV prevention works. An ongoing, five-city study published in the *American Journal of Public Health* concluded that community interventions are successful in reducing unsafe behavior: The study found that community interventions increased the number of people carrying condoms by 74%. This demonstrated the importance of using social environments to encourage behavior change.

Another successful strategy to reduce the rates of HIV transmission is the use of peer counseling for HIV prevention. In a study of men who patronize gay bars, scientists found that teaching popular members of the community about HIV prevention and encouraging them to pass this information on to others through casual conversations in bars increased the frequency of safer sex practices. Condom use increased from 45% to 67% after the intervention, proving that peer education is a powerful HIV prevention tool.

HIV prevention programs that target younger audiences are also important. A World Health Organization review of 35 studies concluded that sex education virtually always delays sexual intercourse and/or increases effective use of contraceptives. In September 1995, the U.S. Office of Technology Assessment (OTA) analyzed the effectiveness of HIV prevention programs in America's classrooms and concluded that the inclusion of information about models of contraception does not lead to earlier initiation of sex. In fact, the OTA concluded that, for sexually active individuals, HIV prevention programs are successful at increasing the use of contraception and reducing the number of sexual partners.

Prevention Is Cost-Effective

In 1999, the U.S. government spent an estimated \$775 million on HIV

prevention. The CDC has found that preventing less than 4,000 new HIV infections each year will save more money than the total amount the U.S. spends each year on prevention. In order for each year's federal spending on prevention to be cost-effective, 1,255 HIV infections must be prevented. These findings are based on the estimated lifetime medical cost of treating a person living with HIV/AIDS: The lifetime cost of treating 40,000 people – the number of people who become infected with HIV each year – is more than \$6 billion.

In addition to requiring costly medical treatments, people living with HIV/AIDS may not be able to work and contribute to society to support the economy and pay taxes. Those who can no longer work are more likely to depend on government programs for assistance. The equivalent of \$4.6 billion in productive work was lost as a result of the first 10,000 AIDS cases in the United States. In 1996, a study of people living with HIV/AIDS ages 25-44 found that half of them had to stop working within two years of their first HIV-related illness, and within 10 years all of those living with HIV/AIDS had stopped working.

It is estimated that there are one million active injecting drug users in the United States. The President's Advisory Commission on HIV/AIDS reports that 33 Americans are infected through needle sharing every day. The lifetime cost of treating a person with AIDS begins at \$119,000. The average cost of a new syringe is \$1.35. The CDC states that for those injection drug users who cannot or will not stop injection drugs, using sterile needles and syringes only once remains the safest, most effective approach for limiting HIV transmission. Syringe access programs can prevent

significant numbers of infections not only among those using drugs, but also among their partners and children.

Conclusion

With 300,000 people in the U.S. who are not aware that they are living with HIV, it is evident that there is an urgent need for more accessible HIV counseling and testing. Anonymous and voluntary HIV testing is necessary to reach people who may not otherwise know their serostatus. Where HIV testing is available, rapid HIV testing methods, which can provide results in a half hour or less, should be universally accessible.

HIV prevention must be a priority in the AIDS epidemic. Investment in HIV prevention programs makes sense at a time when health care costs are rising and there are limited resources available. While the decline in overall HIV infection rates in the U.S. clearly reflects the impact of successful prevention interventions, the increasing infection rates among certain populations remind us that HIV prevention is the only way to save lives.