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LETTERS



HARM REDUCTION IN FIGHT AGAINST HIV

Harm reduction interventions should encompass people who inject image and performance enhancing drugs

Jim McVeigh *director*¹, Andreas Kimergård *principal research fellow*², Geoff Bates *public health researcher*¹, Vivian D Hope *principal scientist*³, Fortune Ncube *consultant epidemiologist*³

¹Centre for Public Health, Liverpool John Moores University, Liverpool L3 2ET, UK; ²Addictions Department, King's College London, London, UK; ³National Infection Service, Public Health England, London, UK

We welcome the news item on the role of harm reduction in the “fight” against HIV,¹ and we broadly agree with the findings of the report *The Case for a Harm Reduction Decade: Progress, Potential and Paradigm Shifts*.² Clearly harm reduction for people who inject drugs is having a positive impact on HIV in many places around the world.

In addition to answering the needs of established drug injecting populations, we must also get ahead of the curve in relation to emerging patterns of injecting drug use to reduce the number of new cases of HIV. The injection of image and performance enhancing drugs (IPEDs)—such as anabolic steroids, growth hormones, melanotan II, and a range of other enhancement drugs—has been largely overlooked in relation to the risk of transmitting blood borne viruses.

A recent review of 187 studies on anabolic steroid use indicated a global lifetime prevalence of 3.3%,³ and IPED users are a growing client group in many countries with longstanding provision of needle and syringe programmes.^{4,5} Furthermore, in the UK there is evidence of HIV within this group, with an HIV prevalence of 1.5% in men who inject IPEDs—comparable to that in those who inject opioids or stimulants.⁶ Finally, there is evidence that people using IPEDs are very sexually active, with low rates of condom use, suggesting a serious risk of HIV transmission through their sexual networks.⁶

The use of IPEDs, and in particular the injection of anabolic steroids by men, must be viewed as a serious public health concern requiring the attention of policy makers. Addressing the needs of emerging and often hidden populations of people who inject drugs should be part of the focus on harm reduction interventions.

Competing interests: None declared.

Full response at: <http://www.bmj.com/content/352/bmj.i1479/rr>.

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