



Misrepresentation of the Effectiveness of Harm Reduction: *Evidence Ignored in Conservative Party Policy Recommendations*

We certainly know from our experience in the UK that clean needles can dramatically improve the position as far as drug users are concerned. To those who say that free needle exchange is too radical, too liberal a step, I reply that it was introduced here not by some way out administration of the left but by the government of Margaret Thatcher.

Lord Fowler
 House of Lords
 19th May 2004

World Health Organization Effectiveness of sterile needle and syringe programming in reducing HIV/AIDS among injecting drug users – Evidence for action technical papers (2004) Available online <http://www.emro.who.int/aiecf/web301.pdf>

This is the most comprehensive report ever produced reviewing the evidence base for needle/syringe programmes (NSPs), and is based on a review of over 200 scientific studies.

“The studies reviewed in this report present a compelling case that NSPs substantially and cost effectively reduce the spread of HIV among IDUs and do so without evidence of exacerbating injecting drug use at either the individual or societal level.” (at page 30)

World Health Organization, United Nations Office on Drugs and Crime and UNAIDS position paper: Substitution maintenance therapy in the management of opioid dependence and HIV/AIDS prevention (2004) Available online http://www.who.int/substance_abuse/publications/en/PositionPaper_English.pdf

“Substitution maintenance therapy is one of the most effective treatment options for opioid dependence. It can decrease the high cost of opioid dependence to individuals, their families and society at large by reducing heroin use, associated deaths, HIV risk behaviours and criminal activity. Substitution maintenance therapy is a critical component of community-based approaches in the management of opioid dependence and the prevention of HIV infection among injecting drug users (IDUs).” (at page 2)

“Methadone maintenance treatment is also an extensively researched treatment modality. There is strong evidence, from research and monitoring of service delivery, that substitution maintenance therapy with methadone (methadone maintenance treatment) is effective in reducing illicit drug use, reducing mortality, reducing the risk of spread of HIV, improving physical and mental health, improving social functioning and reducing criminality.” (at page 14)

“Substitution maintenance treatment is an effective, safe and cost effective modality for the management of opioid dependence. Repeated rigorous evaluation has demonstrated that such treatment is a valuable and critical component of the effective management of opioid dependence and the prevention of HIV among IDUs.” (at page 32)



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World Health Organization, UNAIDS, United Nations Office on Drugs and Crime Policy Brief: Provision of Sterile Injecting Equipment to Reduce HIV Transmission (2004)

Available online <http://www.emro.who.int/aiecf/web32.pdf>

“The provision of access to sterile injection equipment for injecting drug users and the encouragement of its use are essential components of HIV/AIDS prevention programmes, and should be seen as a part of overall comprehensive strategies to reduce the demand for illicit drugs.” (at page 1)

United Nations High-Level Committee on Programme Preventing the transmission of HIV among drug users: A position paper of the United Nations System (2001) UN Doc No E/CN/7/2002/CRP.5

Available online www.cicad.oas.org/en/Resources/UNHIVaids.pdf

“Several reviews of the effectiveness of syringe and needle exchange programmes have shown reductions in needle risk behaviours and HIV transmission and no evidence of increase into injecting drug use or other public health dangers in the communities served. Furthermore, such programmes have shown to serve as points of contact between drug abusers and service providers, including drug abuse treatment programmes” (at para 10)

Commonwealth Department of Health and Ageing (Government Of Australia) Return on Investment in Needle & Syringe Programs in Australia: Summary Report (2002)

Available online at <http://www.health.gov.au/internet/wcms/Publishing.nsf/Content/health-pubhlth-publicat-document-roisummary-cnt.htm>

“By the year 2000, approximately 25,000 HIV infections are estimated to have been prevented among injecting drug users since the introduction of NSPs in 1988, and by 2010 approximately 4,500 deaths are projected to have been prevented.” (at page 10)

“By the year 2000, approximately 21,000 HCV infections are estimated to have been prevented among injecting drug users since the introduction of NSPs in 1988, (of which approximately 16,000 would have developed chronic HCV); while by 2010 approximately 650 fewer injecting drug users are projected to be living with cirrhosis and 90 HCV-related deaths would have been prevented.” (at page 10)

“Overall, total treatment costs avoided over the life of the cases of HIV and HCV avoided by NSPs are approximately \$7,808 million.” (at page 13)

“The results demonstrate that NSPs are effective in reducing the incidence of both diseases [HIV and Hepatitis C] and that they represent an effective financial investment by government... The results demonstrate that, across all measures of effect used in the study, NSPs have yielded a significant public health benefit, and that continued investment will result in further financial savings to government and improvements in both the quantity and quality of life of injecting drug users accessing NSPs.” (at page 21)

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