



**European RAVE Agenda  
HIV Prevention Science and Advocacy Training  
June 12–13, 2014 – Paris**

**Harm Reduction**

Olivier Maguet  
(MdM, French HR Association)

# LAY OUT

- History and development of Harm Reduction (HR)
- Challenges in the global HIV/AIDS response regarding People who use drugs (PWUDs)
- Drugs and PWUDs: a public health issue connected to a policy issue
- Advocacy: some examples
- Q/A

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# (1) Response to an emergency

- '70s setting:
  - Drug policy based on a repressive approach (Nixon « War on Drugs ») / eradication has failed
  - Drug treatment: to cure! / No other objective
- Consequences:
  - PWUDs progressively excluded from services
  - At the front line in the nascent HIV epidemics with no access to information, prevention and treatment
- « Outsiders » devised a pragmatic response
  - young and/or non established health professionals
  - New CBOs fighting HIV/AIDS
  - PWUDs groups – few (cf. junky bonds, NL)

## (2) First actions

- Based on a pioneering approach:
  - A new priority:
    - prevent HIV transmission through injection equipment sharing rather than cure addiction
    - Could it be illegal to provide these materials
  - A new paradigm:
    - drug user is a citizen with equal right to access to social and health services vs criminal and/or ill person
- First Needles and Syringes Programs (NSPs)/
  - 1984: Amsterdam
  - 1986: Australia
  - 1986/1987: UK
- Focus on Liverpool (« Smack city »): The « Meyrseyside model »
  - 1990: first international HR conf in Liverpool
  - 1996: IHRA (International Harm Reduction Association) / HRI (2010)

### (3) HR definition and activities

- Devised on behalf on field experience
  - “Harm reduction refers to policies, programmes and practices that aim to reduce the harms associated with the use of psychoactive drugs in people unable or unwilling to stop. The defining features are the focus on the prevention of harm, rather than on the prevention of drug use itself, and the focus on people who continue to use drugs. Harm reduction benefits people who use drugs, their families and the community.” (HRI)
- Implementation:
  - providing a comprehensive package of services (low threshold)
    - Core services: NSP and OST (Opium Substitution Therapy)
  - Range of services depends on implementers and agencies
    - At least the ones to mitigate HIV/AIDS: the UN 9 components
      - [http://www.who.int/hiv/pub/idu/targets\\_universal\\_access/en/](http://www.who.int/hiv/pub/idu/targets_universal_access/en/)
    - Other interventions: naloxone, community based mental health services, etc.

## (4) Benefits of HR / impact on Health

- OST:
  - Eradicate craving
  - Decrease:
    - use of illicit opiates
    - Opiates injection
    - Sharing injecting equipment
  - Increase adherence to ART for HIV+ PWUDs
- NSP:
  - Decrease HIV incidence among people who inject drugs
  - Doesn't increase/facilitate use of illicit drugs

# Impact of HR on HIV/AIDS

Sample of countries that have consistently implemented comprehensive harm reduction strategies:



Sample of countries that have introduced harm reduction strategies partially, or late in the progress of the epidemic:



Sample of countries that have consistently resisted large scale implementation of harm reduction strategies, despite the presence of drug injecting and sharing:

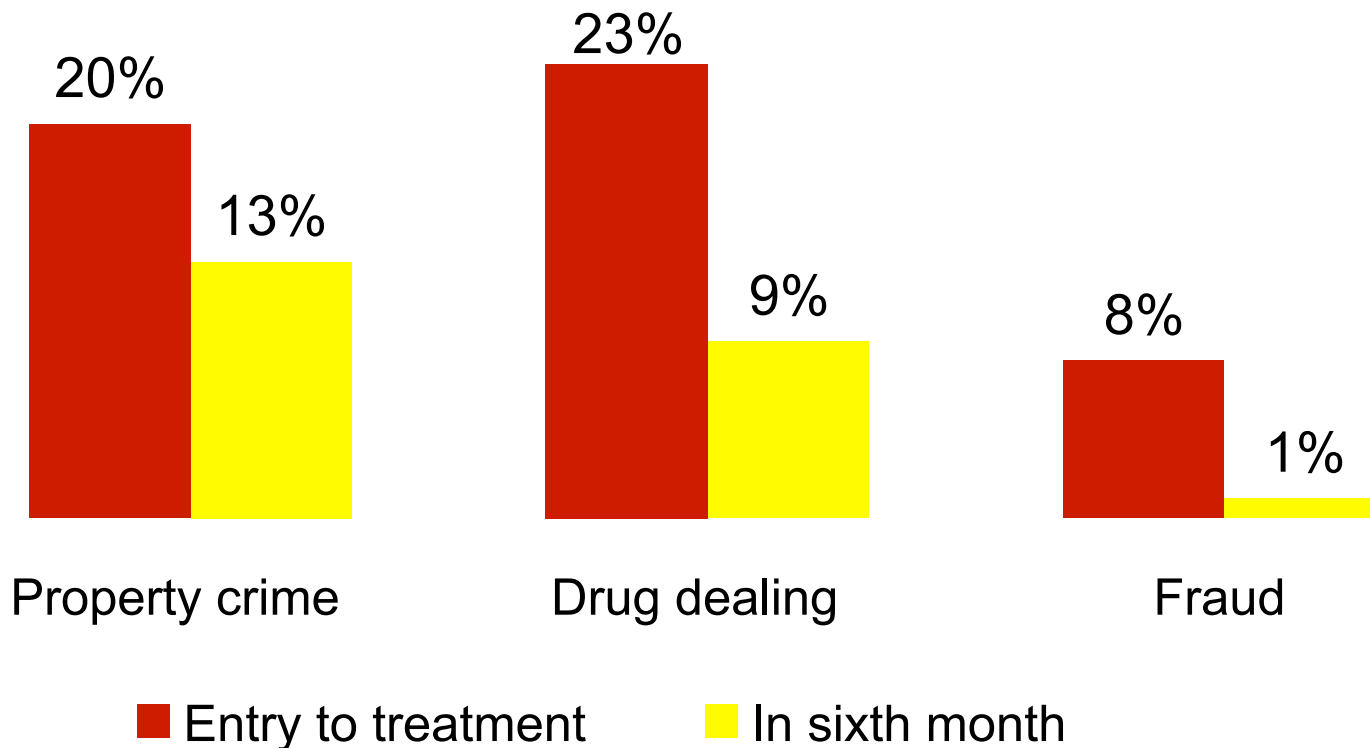


Source: Global Commission on Drug Policy, June 2011 Report



## (4) Benefits of HR / impact on Social functioning

### Crime by heroin users in treatment % reporting crime in past 28 days



*Lind, B., Chen, S., Weatherburn, D., Mattick, R. The effectiveness of methadone maintenance treatment in controlling crime: An aggregate-level analysis. NSW Bureau of Crime Statistics and Research (BOSCAR) Bureau Brief, March 2004*

## (4) Benefits of HR / cost effectiveness

- The benefit-cost ratio is high:
  - HR programs tend to cost little
  - HIV care, social cost and prison cost are high
- Australia: gvt led studies & researches
  - 2000-2009:
    - 1 \$ invested in NSPs → 4 \$ returned in healthcare cost-savings in the short term (10 years)
    - 1 \$ invested in NSPs → 27 \$ returned in cost savings when including total patient costs and productivity gains & losses
      - Government of Australia, National Centre in HIV Epidemiology and Clinical Research' 'Return on investment 2: evaluating the costeffectiveness of needle and syringe programs in Australia,' 2009
- More information → London Scholl of Economics Report, May 2014: « Ending the Drug Wars »

## (5) Dissemination and scale up

- '90s and 2000s:
  - more and more evidence (cf. methadone) / benefits
  - More and more advocacy
  - Local and global CSOs/CBOs more and more organized
- 2012:
  - NSPs: 86 countries
  - OST: 77 countries
  - National HR strategy/law/policy: 97 countries

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# (1) The coverage issue

- 97 out of 197 countries to date *versus* 1 in 1984, but...
  - Pilot programs
  - Remote/rural areas
  - Gender
  - Specific settings: prison +++
  - Regional discrepancies: Africa +++
- UNODC: 8% of PWIDs have access to OST
  - Risk to create « reservoirs » for HIV/AIDS epidemics that will counteract progresses achieved in the global response

## (2) The quality issue

- HR still too focused on:
  - HIV/AIDS:
    - the challenge of Hep C (>90% prev in some countries)
    - Other drug use-related risks:
      - overdose prevention and management,
      - Social/economic reintegration in low/middle income countries
      - Mental health in poor medical settings
  - « IEC » and « syringes distribution »: learn how to inject safely
- Barriers to wide access to services:
  - DOT for methadone (risk of diversion)
  - Access to sterile injecting equipment denied to OST patients
  - Contents of HR kits limited: cup, sterile water, alcohol swab, filter, tourniquet...

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**(1) One of the biggest lie in human history!**

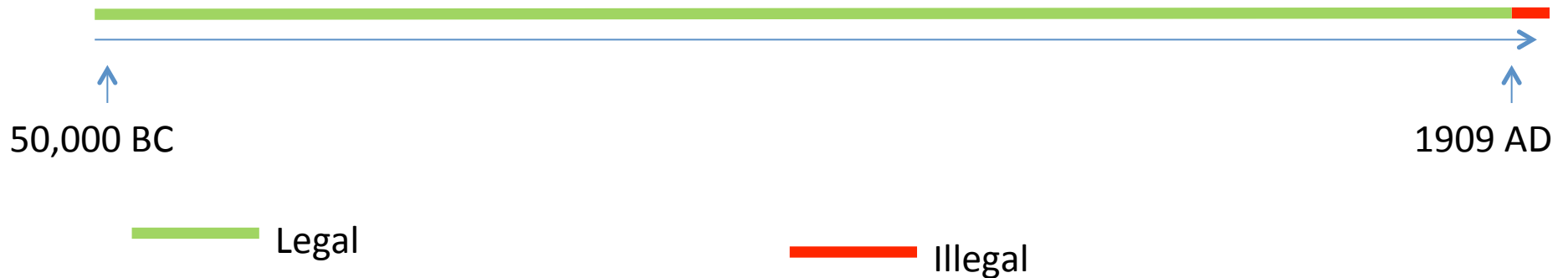
« Drugs are forbidden  
because they are dangerous »



# (1) One of the biggest lie in human history!

- « Drugs are forbidden because they are dangerous »

Human being



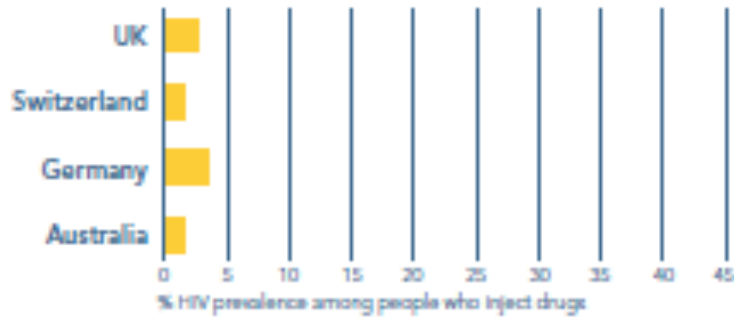
## (2) The raise of international drug control policy

- 1909: Shanghai Opium Conference
- 1912: the Heague convention
- 1919: the League of Nations (Geneva)
  - 1921: Control Commission of Opium
  - 1931: Geneva Convention:
    - Control Organ for production and manufacturing
    - Embargo
- 1946: UN
  - 1961: single convention on narcotic
  - 1968: International Narcotic Control Board
  - 1971: convention on psychoactive substances
  - 1988: convention against illicit trafic of narcotic and psychoactive substance
- Political framework: « War on Drugs », Nixon, 17 June 1971 speech to Congress

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# Impact of drug policies on HIV/AIDS

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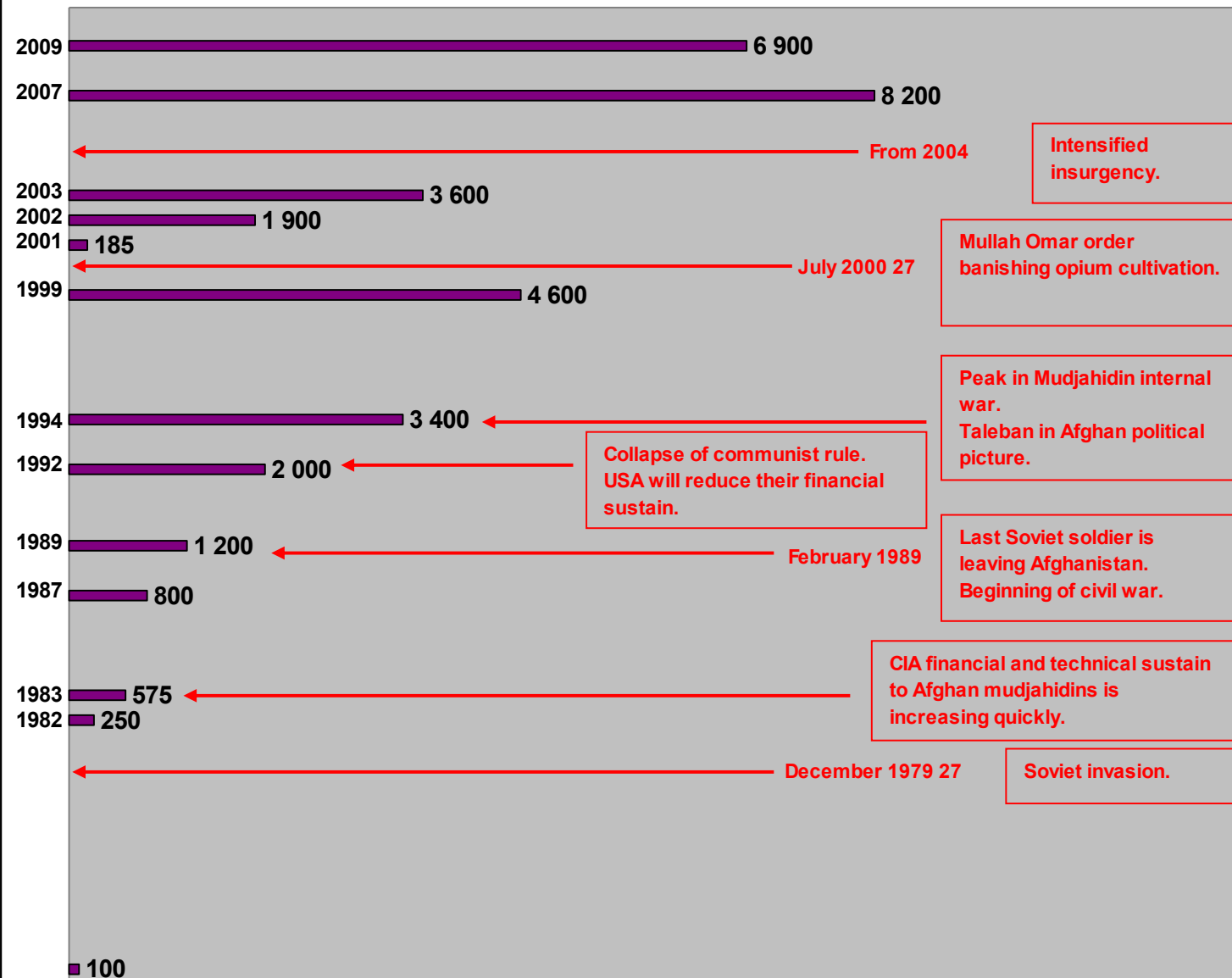
# Opium production and war in Afghanistan

- Does poppy/heroin production fuel war in Afghanistan?
  - End of CIA funds to Afghan mujahidins after 1989
    - Rise in opium production in Afghanistan...
  - Last official figures (UNODC):
    - 2012: 3,700 tons produced in Afghanistan
    - Farmgates price for 1 kg opium: 196 \$
    - **Yield for Afghan farmers: 725,2 M \$**
  
    - 1 kg opium = 100 g pure heroin
  
    - US retail price for 1 g heroin (low level of purity): 172 \$
    - 3,700 tons of opium = 370 tons of pure heroin
    - **Yield for drug smugglers: 63,640 M \$ (at least – cf.purity)**
- ⇒ Room for funding war: between 725 M \$ and 63,640 M \$...

# Opium production in Afghanistan (meter tons)

Years

Political events



# DAAs for Hep C treatment

- 180 million Hep C +
- To date: most of the new infections among PWUDs
- Sofosbuvir: first DAA approved on US/EU market
  - Cost of total treatment course (3 months): 84,000 USD
  - Estimation in France:
    - Half of 234,000 Hep C chronically infected in need of urgent treatment
    - Consequence when using sofosbuvir: 7,4 billion euros needed
      - Equal to total Paris hospital yearly budget
      - Equal to 10 years of France contribution to Global Fund

# Mass incarceration

- Worldwide: 9 million in prison
  - One fourth: mandatory sentence / break in drug laws
- Consequences:
  - Higher risk of HIV/Hep C transmission
  - Economic cost:
    - France:
      - Cost of 1 prisoner: 30,000 euros/year
      - 68,000 people in jail → 2,040,000,000 euros
      - 25%:



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