Lessons Learned: Did harm reduction prevent HIV epidemic among injecting drug users in Australia?

US Institute of Medicine
Committee on the Prevention of HIV Infection among Injecting Drug Users in High Risk Countries
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Geneva, 19-20 December 2005

Topics

1. Was Australia threatened by an HIV epidemic among injecting drug users in mid-1980s?
2. Australia's response to this threat?
3. Is HIV under control in Australia now, especially among injecting drug users?
4. Were Australia's responses to HIV responsible for this control?

5. Other benefits, costs of harm reduction strategies?
6. Does Australian community still support harm reduction measures?
7. Have harm reduction measures been continued?
8. Any threats to HIV control now?
9. Was Australia's experience unusual?

Australia threatened HIV/IDUs?

- Australia has had large, increasing numbers injecting drug users since late 1960s: 74,000 heroin users 1997
- Estimated annual growth injecting drug users 1970-2000 7-8% per annum
- Since 2000-01 heroin shortage

Average estimates IDU populations 1970-2005

Number of IDUs (regular & occasional) 1970-2005
Australia threatened HIV/IDUs?

- Epidemic HIV among MSM eastern Sydney 1983-84
- HIV prevalence MSM reached 35%
- Large population injecting drug users living in same small area
- High (but rapidly declining) rates risk behaviour among injecting drug users

*Australia was threatened by an HIV epidemic among injecting drug users in mid-1980s*

Australia’s response HIV/IDUs?

- Harm minimisation adopted official national drug policy 2 April 1985
- Re-endorsed officially several times since
- Methadone treatment rapidly expanded from about 2,000 in 1985 to almost 40,000 (in 2005)

Australia’s response to HIV?

- Explicit, peer based education injecting drug users about HIV/AIDS (late 1980s)
- Community development injecting drug users (1989)
- Partnership: officials, clinicians, researchers, affected communities, law enforcement
- Strong independent advisory structures
- Strong government leadership, bipartisan support

Australia’s response to HIV?

- Serious commitment research
- Regular independent external reviews

Australia’s response to threat HIV/IDUs - harm minimisation: education, needle syringe programmes, methadone treatment, community development, partnerships, research, independent advice and review, strong government leadership

Is HIV now controlled Australia?

- HIV prevalence among injecting drug users 1-2 %
  - Stable
  - Consistent
  - Data from diverse samples
  - Careful surveillance

*Insufficient HIV from Sydney MSM to injecting drug users to create epidemic*

HIV prevalence in Needle Syringe Programs 2000-2004
Is HIV now controlled Australia?

- Injecting drug users still account <5% HIV/AIDS cases
- Australia now has annual AIDS incidence 1.2/100,000 (USA 14.7/100,000)

HIV now under control in Australia, especially among injecting drug users

Australia’s responses achieve control?

- Adoption ‘harm minimisation’ facilitated early adoption, rapid expansion to scale effective HIV prevention measures
- Compelling evidence base needle syringe programmes, methadone treatment:
  - Effective in reducing HIV
  - Valuable other benefits
  - Adverse consequences minimal, acceptable
  - Cost effective

Australia’s responses achieve control?

- Steady substantial decline in injecting risk behaviour 1985-1995

No other obvious explanation for HIV control Australia: ‘Epidemic averted’ by harm reduction

Other benefits, costs of harm reduction?

Methadone
- Reduces drug overdose deaths by 80%
- Reduced crime: 100 on methadone 12 months - 12 robberies; 56 break, enter; 57 car theft [BOCESAR, 2006]
- Improves social functioning

Other benefits, costs of harm reduction?

Needle syringe programme
- 1988-2000 cost $US110 million
- Prevented by 2000: 25,000 HIV, 21,000 HCV infections; saved $US 1.8 - 5.6 billion
- By 2010: prevented 4,500 AIDS deaths, 90 HCV deaths

Harm reduction:
- effective reducing HIV, substantial other benefits, acceptable costs

Estimated AIDS incidence, selected countries

<table>
<thead>
<tr>
<th>Country</th>
<th>AIDS Incidence per 100,000 (2004)</th>
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<tbody>
<tr>
<td>Australia</td>
<td>1.2</td>
</tr>
<tr>
<td>Canada</td>
<td>0.7</td>
</tr>
<tr>
<td>France</td>
<td>2.3</td>
</tr>
<tr>
<td>Germany</td>
<td>0.6</td>
</tr>
<tr>
<td>Italy</td>
<td>2.9</td>
</tr>
<tr>
<td>New Zealand</td>
<td>0.9</td>
</tr>
<tr>
<td>Spain</td>
<td>4.3</td>
</tr>
<tr>
<td>United Kingdom</td>
<td>1.4</td>
</tr>
<tr>
<td>United States</td>
<td>14.7</td>
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</tbody>
</table>
Crime by heroin users in treatment

% reporting crime in past 28 days

Property crime
Drug dealing
Fraud

ATOS

Australian Treatment Outcome Study 2001/03
- 825 recruited, 657 (80%) followed 12/12
- Cost /drug use year averted:
  - pharmacotherapy $US 12,449
  - residential rehabilitation $US 50,653
  - prison $US 59,114

Has HIV prevention been continued?
- Yes

Community support harm reduction?
- Methadone supported by 58%
- Needle syringes supported by 55%
- Australian government now supports harm reduction as public policy, zero tolerance as political strategy
  Australian community supports harm reduction HIV prevention measures

Threats to HIV control now?
- Minority populations IDUs
- Indigenous Australians
- Prison inmates
- Increasing cocaine injecting
Was Australian experience unusual?

- Countries adopted harm reduction, started programmes early, expanded vigorously controlled HIV e.g. New Zealand, West Europe
- Countries rejected harm reduction, started programmes late, expanded slowly HIV poor control e.g. USA, Russia, Central Asia, Asia

Comparing Australia and USA

- Many similarities
  - History
  - Geography
  - Politics
  - Economics
  - Language, film, TV, popular culture
  - Drug use (except cocaine)
  - Drug prohibition policy
  - HIV epidemic started few years earlier USA

Comparing Australia and USA

- Few differences, US has
  - ‘US exceptionalism’
  - Stronger economy
  - Bigger population
  - Capital punishment, guns readily available, higher homicide rate
  - No universal health care
  - US rejects harm reduction

Comparing Australia and USA

<table>
<thead>
<tr>
<th>USA</th>
<th>Australia</th>
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<tbody>
<tr>
<td>Rejects harm reduction</td>
<td>Accepts harm reduction</td>
</tr>
<tr>
<td>25 million needles &amp; syringes/year</td>
<td>32 million needles &amp; syringes/year</td>
</tr>
<tr>
<td>MT increased 20%?</td>
<td>MT increased 2000%?</td>
</tr>
<tr>
<td>IDUs are 25-33% HIV/AIDS</td>
<td>IDUs are &lt; 5% HIV/AIDS</td>
</tr>
<tr>
<td>Deontological approach</td>
<td>Consequentialist approach</td>
</tr>
<tr>
<td>14.7 AIDS/100,000</td>
<td>1.2 AIDS/100,000</td>
</tr>
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Summary

1. Australia was threatened by HIV epidemic injecting drug users mid-1980s
2. Australia responded:
   - Harm minimisation
   - Needle syringe programmes
   - Methadone treatment
   - Community development injecting drug users

Summary

3. HIV now under good control in Australia, especially among injecting drug users
4. Australia’s harm reduction responses achieved HIV control
5. Substantial other benefits, acceptable other costs of strategies
Summary

6. Australian community supports harm reduction
7. Harm reduction been continued
8. Still some threats to HIV control
9. Australia’s experience common: USA vs. Australia - acceptance of harm reduction is critical
10. Lesson: implement harm reduction early, interventions to scale

Links, Further Information

- WHO/UNODC/UNAIDS Position Paper 2004
  Substitution maintenance therapy in the management of opioid dependence and HIV/AIDS prevention: position paper / World Health Organization, United Nations Office on Drugs and Crime, UNAIDS.
- Evidence for action technical papers
  Effectiveness of drug dependence treatment in prevention of HIV among injecting drug users
  (English version)
  http://www.who.int/hiv/pub/idu/drugdependencefinaldraft.pdf

Links & Further Information


Links & Further Information

- RETURN ON INVESTMENT IN NEEDLE AND SYRINGE PROGRAMS IN AUSTRALIA