

HARM MINIMISATION AND HEALTH

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Professor Gerry Stimson explained that the main focus of his paper would be HIV/AIDS infection, because of its centrality to the current international political agenda.

It has been estimated that there are 13.2 million injecting drug users (IDUs) worldwide, with the largest numbers in developing and transitional countries - specifically in Eastern Europe and Central Asia, East Asia and the Pacific and South East Asia. Around four million IDUs have HIV/AIDS. Outside of Africa, about 30% of all HIV/AIDS infection is related to injecting drug use - in countries like Russia, the figure is 50-60%. The eight to nine million IDUs worldwide who have not yet been infected are an obvious priority for HIV/AIDS prevention strategies.

Harm-reduction initiatives have had a demonstrable impact on the spread of this disease. In the UK, during the 1980s, a Conservative government launched a major information and harm reduction campaign. Consequently, the UK has contained HIV/AIDS infection rates, which have been well below 2% among IDUs - about 100 to 125 new infections a year.

We know 'what works' - notably needle exchange and substitution treatment - but global provision of harm-reduction services is extremely poor and limited. In Russia, for example, there has been a big effort to improve needle exchange, and it is now estimated that about five million syringes are distributed to approximately two million IDUs each year. But, even with this expansion of services, it is estimated that less than one per cent of drug injections in Russia will use a sterile syringe provided by a needle exchange.

The global manufacture of methadone has also increased massively since the early 1980s. The use of substitution treatments continues to grow and develop. In particular, China has recently taken the decision to introduce methadone treatment. The Chinese Government is planning to create 15,000 methadone clinics in the next three years, covering 300,000 patients. But substitution treatment is still extremely limited. Around 50% of all methadone is consumed in the United States. Substitution is available in only a very small number of countries outside of the European Union, North America, Australia and New Zealand.

The provision of antiretroviral (ARV) treatment to IDUs who have already been infected is even more limited. While the numbers getting this treatment have increased recently,

it is only available in 22 countries outside of the European Union, North America, and Australo-Asia. In these other countries, leaving aside Brazil, only about five thousand of the four million infected IDUs are currently getting access to ARV treatment.

Against this background, Professor Stimson turned to consider the politics of harm reduction. In 2001, the United Nations General Assembly held a special session on HIV/AIDS, which supported a harm-reduction approach, and recognised the importance of the provision of sterile injecting equipment. A growing acceptance of harm reduction among UN agencies had been building up for a decade before the United Nations General Assembly Special Session (UNGASS). By 2001, the UN system, including the UNODC, had a clear commitment to needle exchange programmes. In 2004, Antonio Costa, Head of the UNODC, was publicly championing the harm-reduction agenda at an international conference on HIV/AIDS in Bangkok.

But the UNODC has recently bowed to US pressure. The day after meeting Bobby Charles from the US State Department on 10 November 2004, Costa sent him a letter stating that the UNODC 'neither endorse needle exchange as a solution to drug abuse, nor support public statements advocating such practices'. In view of the speed of this response to Bobby Charles' visit, it is not possible that it was subject to appropriate consultation in the UN system. But its effect was, literally, to undermine the UN position overnight. The UNODC subsequently reviewed its website and documentation to weed out references to harm reduction and needle exchange.

Subsequent events demonstrated that the lobbying activities of non-governmental organisations (NGOs) could help to shape international drug policy, at least in areas where there was already strong support within the system for their position. This was evidenced both at the meeting of the UN Commission on Narcotic Drugs, Vienna, March 2005, and the UNAIDS programme meeting in June. At the Commission meeting in March, only the US, Japan and Malaysia voiced concerns, but this is a consensus meeting and they were therefore able to block any resolutions about harm reduction. At the UNAIDS meeting, the US objected to the inclusion of the term 'syringe exchange' in a prevention document, but there was a lot of pressure from other countries to include it. In the end, the document was approved, but the US reserved its position and stated that it was unable to fund or support needle exchange.

KEY POINTS

Harm reduction initiatives have had a dramatic and demonstrable impact on the spread of HIV/AIDS among injecting drug users.

Global provision of harm reduction is patchy and limited outside of the European Union, North America, Australia and New Zealand.

The politics surrounding harm reduction are a barrier to progress. The US government has pressured the UNODC into withdrawing support for harm reduction, specifically needle exchange. Lobbying by non-governmental organisations has had a positive impact.