

The Cost of a Slow Learning Curve



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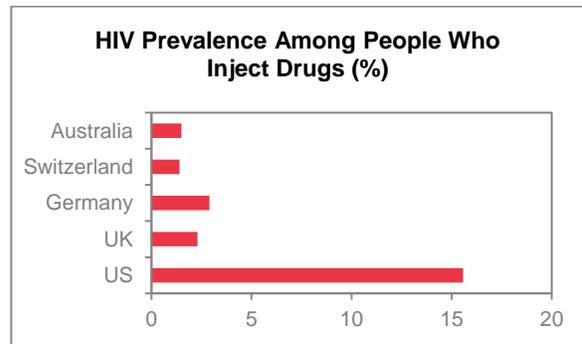
The global war on drugs is severely jeopardizing the fight against AIDS. Criminalizing drug use fuels the HIV pandemic not only among people who use drugs but also their families and communities.

Throughout the world, research has consistently shown that repressive drug law enforcement practices force people who use drugs away from public health services and into hidden environments where HIV risks become markedly elevated. Mass incarceration of people convicted of nonviolent drug violations also plays a major role in spreading the pandemic, as inhumane conditions and lack of HIV prevention or treatment measures in prison lead to HIV outbreaks and AIDS cases behind bars – and among families and communities once those imprisoned are released.

Health interventions like sterile syringe access programs have a proven track record of effectiveness and cost-efficiency. They also link people to health care, connect people to addiction treatment, and can reduce overall drug use.

According to the Centers for Disease Control and Prevention, injection drug use has accounted for more than one-third (36 percent) of AIDS cases in the U.S. – more than 354,000 people. Yet the U.S. bans federal funding for sterile syringe access programs. This refusal to adopt an evidence-based prevention strategy has cost hundreds of thousands of lives and hundreds of millions of dollars.

In countries where addiction is treated as a health issue, the fight against HIV/AIDS is being won. Newly diagnosed HIV infections in many countries have been nearly eliminated among people who use drugs, just as mother-to-child transmission of HIV has been eliminated in countries that make medicines for pregnant women accessible.



Source: Mathers, B., et al. *Lancet*, 2008.¹

- In 2001, **Portugal** decriminalized drug possession and scaled up their harm reduction programs. HIV cases among people who use drugs plummeted by 34 percent between 2000 and 2008.
- **Switzerland** has successfully implemented public health approaches such as syringe access programs, supervised injection facilities, and replacement therapy programs, including heroin-assisted therapy. As a result, new HIV cases fell by 82 percent between 1990 and 2002.
- In **Australia**, by 2001 syringe exchanges had prevented 25,000 HIV infections and 21,000 hepatitis C infections, and had prevented 4,500 AIDS deaths – generating savings of between \$1.3 billion and \$4.2 billion (on an investment of \$83 million).
- In **Brazil**, HIV cases associated with injection drug use dropped from 28 percent in the early 1990s to just 10 percent by 2003 following the implementation of harm reduction programs such as sterile syringe exchanges.

¹ B. M. Mathers et al., "Global epidemiology of injecting drug use and HIV among people who inject drugs: a systematic review," *Lancet* 372, no. 9651 (2008).