Harm Reduction: A Low-Cost, High-Impact Set of Interventions

Harm reduction is one of the most rigorously evaluated and best proven public health interventions. A growing body of literature demonstrates the cost of the failure to act and attests to the cost effectiveness of harm reduction programs such as needle and syringe exchange and opioid substitution therapy. Research shows the returns on investment in effective harm reduction are amongst the highest in public health.

What Is Harm Reduction?

Harm Reduction refers to policies, programmes and practices that aim primarily to reduce the adverse health consequences of drug use, in particular drug injecting, rather than to reduce drug use itself. It includes the provision of sterile injecting equipment and syringes, needle exchange, and treatment services to reduce transmission of HIV, hepatitis and other blood-borne infections. Harm Reduction effectively reduces drug-related harms through:
- Services that promote safer drug use (e.g. needle and syringe exchange programmes, safer injecting environments, supervised injection rooms)
- A range of drug dependence treatment options (including opioid substitution therapy)
- Information, education and communication programmes (including peer outreach)
- Advocating for change in laws, regulations and policies that increase harms or hinder harm reduction efforts (e.g. criminalisation of drug use or sale)
- Participation of people who use drugs in policy-making, programming, and monitoring & evaluation

Does harm reduction provide ‘value for money’?

As strategies for HIV prevention and for reducing drug-related harms, harm reduction interventions such as needle and syringe exchange programmes and substitution therapy are supported by consistent and scientifically rigorous evidence. This includes robust evidence of cost-effectiveness, even in populations with low HIV prevalence among people who inject drugs.16-17

Interventions

Opioid Substitution Therapy (OST)

Opioid substitution therapy (OST) with methadone and buprenorphine has been shown to reverse withdrawal symptoms, reduce drug use, decrease injecting and sharing of injecting equipment.18-20 People who inject drugs who are enrolled in substitution treatment also have higher adherence to antiretroviral treatment (ART) compared to individuals who actively use but are not enrolled in substitution programmes.21-22

There are proven financial and health benefits to scaling up in OST implementation and scale-up:
- Cost-effectiveness analyses suggest that expanding existing substitution therapy programs is cost-effective and can play an important role in preventing HIV transmission and improving the length and quality of life for people who inject drugs.
- The benefit return for methadone maintenance treatment is estimated to be around four times the treatment cost, according to the US National Institute on Drug Abuse. Research has demonstrated that methadone maintenance treatment is beneficial to society, cost-effective, and pays for itself.23
- A recent study estimates the cost-effectiveness of methadone maintenance treatment for HIV prevention at US$200– US$1,000 per quality-adjusted life-year (QALY) saved, lower than the lifetime cost of treating the infection.24
- A 2007 systematic review and economic evaluation carried out by IMS found that substitution therapy with methadone and buprenorphine provided more health gain and were less costly than no drug treatment.25
- A recent analysis in the Ukraine found that methadone substitution therapy (MST) is a highly cost-effective option for the treatment of HIV/AIDS in that country. Access to MMT provided the added benefit of effective treatment of heroin addiction.26

Needle and syringe exchange programmes (NSPs)

Needle and syringe exchange programmes (NSPs) have been shown to effectively reduce HIV infection among people who inject drugs, do not increase drug use or injecting-related harms, and increase the availability of sterile injecting equipment for people who inject drugs reduces HIV infection substantially and cost-effectively.27-28

There are proven financial and health benefits to investing in NSP implementation and scale-up:
- Empirical studies have shown that early and progressive implementation of NSP is most cost-saving.
- For instance, the cost of NSPs in Australian governments from 1988-2000 was $AUD 1.32 million and this prevented 25,000 HIV infections by year 2000; and by 2010, it prevented 4,000 additional infections. Savings were estimated to be between $AUD 12 and $AUD 4.4 billion (0.5% per annum or $AUD 1.7 billion (un adjudicated).
- A second cost-effectiveness analysis in Australia in 2009 found that for every dollar invested in needle and syringe programmes, four that were returned in health care savings.29
- Studies on NSP cost-effectiveness have also found favourable results, particularly in saving hospital and HIV treatment costs, in the United States,30 Beaus, China,31 and Ukraine.32

Recommendations

1. More global resources are needed for harm reduction.
2. Resources for harm reduction and HIV services for people who use drugs should be proportionate to need within countries.
3. Donors should set targets for the proportion of spending going to HIV-related harm reduction, with 20% of total global funds allocated for HIV prevention for low and middle income countries going to harm reduction.
4. Global expenditure on harm reduction must be properly monitored by UNAIDS and by civil society.
5. Better estimates are required on the resources needed for harm reduction.
6. New ways of delivering harm reduction services may be needed.
7. More resources are required to advocate for and create demand for harm reduction via the Global Fund’s community system strengthening and/or establishing a global community fund for harm reduction.