



## WHY NEEDLE & SYRINGE PROGRAMS DON'T WORK

### Background – why Needle & Syringe Programs?

During the 1980's a new health crisis gripped the world. A disease called human immunodeficiency virus (HIV) was newly identified, a medical condition which fairly swiftly turned into the deadly AIDS for which there was no cure. As a sexually-transmitted disease, it was at first thought to be confined to the gay community worldwide, but it soon became clear that heterosexuals could also acquire it via sex with an infected person, by sharing someone else's infected needle, or by a blood transfusion drawn from an infected person.

Australia alerted the public to this new and deadly disease with the Grim Reaper ad on television while in 1986 a doctor in Sydney started Needle Exchange Programs, which soon were rather called Needle & Syringe Programs when it was found drug users couldn't be bothered returning used needles for exchange.

Many false claims have been made about NSPs. As can be seen here many people claim that Needle and Syringe Programs (NSPs) have been highly successful in stopping most drug users from getting HIV/AIDS from other drug users via the sharing of needles contaminated by HIV-infected blood.

### The Claims are Simply Wrong

The most authoritative review of scientific studies on Needle & Syringe Programs' success or failure was conducted in 2006 by the prestigious United States Institute of Medicine (IOM), a part of their National Academies of Science. This review of all the scientific studies involved 24 scientists, researchers and reviewers and was a more extensive look at the scientific evidence than any other review ever done. Despite having given enthusiastic support for NSPs before good scientific studies were done they now concluded after looking at the new studies that:

#### HIV transmission

“evidence regarding the effect of needle and syringe exchange on HIV incidence is **limited and inconclusive**” (this means that there was no weight of evidence in the studies showing that NSPs were successful in stopping HIV, and that more study was needed)

#### Hepatitis C

“multiple studies show that (needle exchanges) **do not reduce transmission** of (Hepatitis C).”

The IOM did find that “multi-component” programs which had needle exchanges as one component were effective in reducing self-reported risk behaviours”, however this means that it would most likely be other elements such as counseling, HIV testing etc which were responsible for this success.

Of real interest is the fact that the IOM report also said that certain types of scientific studies which had *claimed* to show great success for NSPs, particularly in stopping Hepatitis C transmission, were wrong in their claims, having used the wrong scientific approach. The IOM said about these so-called 'ecological studies',

“ecological studies monitor populations rather than individuals, and therefore cannot establish causality” for NSPs”

(in other words you could not be sure exactly what was responsible for the success in large multi-component programs, even though NSP advocates had been falsely saying all along that the NSPs were responsible for the success.)

## **We can be sure they don't work**

The reason we know they don't work is because the doctor who first started NSPs in Australia in 1986 was by 1997 recognising that NSPs did not make any difference to the rates of Hepatitis C transmissions within Australia. At that time he wrote an article called “Hepatitis C: Waiting for the Grim Reaper” in which he claimed great success for NSPs in reducing HIV while lamenting the fact that they did not work with preventing the transmission of Hepatitis C. In the article he said such things as:

“Despite the success of the harm reduction/public health approach in controlling the HIV epidemic and slowing the spread of hepatitis B among IDUs in Australia, it appears not to have reduced the incidence of hepatitis C.”

and

“Until Australia embarks on a major national awareness-raising exercise, such as a “Grim Reaper”-style public education campaign, the band will continue to play on for hepatitis C as it once did for HIV.”

What Dr Wodak is admitting here is that his programs have not been successful with Hep C. The reason they were not successful was because, despite being given fresh needles, as many as they want, drug users still continued to share dirty needles regardless. If it doesn't work for Hep C then it could not have worked for HIV either, seeing as both are diseases transmitted through sharing dirty needles. So there must be some other explanation for the reductions in HIV other than needle programs, most likely the Grim Reaper advertising campaign and other strategies launched at the same time.

## **Return on Investment 1 & 2**

Despite all the evidence showing that NSPs do not work, two reports were released by the Australian Government where the researchers had failed to do their homework but made big claims about the 'success' of NSPs.

### **Return on Investment (2002)**

This report used an 'ecological' study design, (which we already have discovered to be false science) looking at journal studies of 103 cities with and without Needle & Syringe Programs (NSPs), comparing HIV and Hepatitis C (HCV) prevalence rates in the cities with NSPs against those without NSPs. It found that:

- Cities with NSPs averaged 18.6% decreases in HIV, cities without NSPs had 8.1% increases
- 25,000 cases of HIV and 21,000 of HCV were calculated as averted by NSPs in Australia over the previous ten year period
- For the \$141 million investment in NSPs from 1991-2000 there was a calculated saving of between \$2.4 and \$7.7 billion in treatment costs

## **Return on Investment 2 (2009)**

The second report projected likely numbers of HIV and HCV infections in Australia if there were no NSPs by calculating from surveyed drug-user behavioural data and other Australian data on infection rates and mortality. It then costed the health treatment savings of the avoided virus transmissions. It found:

- 32,050 new cases of HIV and 96,667 new cases of HCV calculated as avoided due to NSPs between 2000 and 2009 - that's a lot of cases!
- For the \$243 million investment in NSP from 2000-2009 there was a net saving of \$1.03 billion, which will increase to \$28.71 billion over the next 70 years to the year 2079. That's a lot of money!

**BUT BOTH REPORTS WERE TOTALLY WRONG.**

If all the scientific studies have showed that drug users still share needles just as much as when there are plentiful clean ones they could obtain, and that NSPs were not working as intended for Hep C as a result, then NSPs most definitely could not have worked for HIV. All these fancy mathematics in both the Return on Investment reports are simply false.

## **Conclusion**

Given all the evidence above we can be very sure that NSPs do not work as intended. For more evidence see Drug Free Australia's detailed document on Needle and Syringe Programs.

