

POSITION PAPER

WHO/UNODC/UNAIDS position paper **Substitution maintenance therapy** **in the management of opioid** **dependence and HIV/AIDS prevention**



**World Health
Organization**



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Joint WHO/UNODC/UNAIDS statement on substitution maintenance therapy¹

Opioid dependence, a complex health condition that often requires long-term treatment and care, is associated with a high risk of HIV infection when opioids are injected using contaminated injection equipment. Drug dependence treatment is an important strategy to improve well-being and social functioning of people with opioid dependence and to reduce its health and social consequences, including HIV infection. As no single treatment is effective for all individuals with opioid dependence, sufficiently diverse treatment options should be available. Substitution maintenance therapy is one of the most effective treatment options for opioid dependence. It can decrease the high cost of opioid dependence to individuals, their families and society at large by reducing heroin use, associated deaths, HIV risk behaviours and criminal activity. Substitution maintenance therapy is a critical component of community-based approaches in the management of opioid dependence and the prevention of HIV infection among injecting drug users (IDUs). Provision of substitution maintenance therapy – guided by research evidence and supported by adequate evaluation, training and accreditation – should be considered as an important treatment option in communities with a high prevalence of opioid dependence, particularly those in which opioid injection places IDUs at risk of transmission of HIV and other bloodborne viruses.

1 In this document the term “substitution maintenance therapy” refers to treatment fulfilling the following criteria: agents used for substitution therapy have been thoroughly evaluated; treatment is administered by accredited professionals in the framework of recognized medical practice; and there is appropriate clinical monitoring.

Introduction

Introduction

Epidemiology and burden of opioid use² and dependence

- **1** Opiates are a group of psychoactive substances derived from the poppy plant, that includes opium, morphine, codeine and some others. The term “opiate” is also used for the semisynthetic drug heroin that is produced from poppy compounds. The term “opioids” refers to opiates and other semisynthetic and synthetic compounds with similar properties. Opioids are dependence producing substances, which elicit their effects by activating opioid receptors in the brain. Opioids are generally consumed by injection, oral ingestion or inhalation of the fumes produced by heating. Regular use of opioids can lead to opioid dependence.
- **2** Opioid users constitute only a very small proportion of the world population (less than 1% of those aged 15 years and above). Parts of the world where opioid use and related problems are predominant include North America, Western, South and South-East Asia, Europe, and the Middle East. Injection opioid use has rapidly increased in Central Asia and in Central and Eastern Europe. Recent information also indicates that pockets of opioid injection have emerged in some urban centres in Africa, and the levels of opioid use are higher than was previously thought in Africa.
- **3** The cost of opioid use to individual users and to society as a whole, is high. Studies indicate that opioid dependence results in significant costs to society through unemployment, homelessness, family disruption, loss of economic productivity, social instability and criminal activities. Major health consequences of opioid use include higher risk of premature death and, when opioids are injected, increased risk of bloodborne infections such as HIV and hepatitis B and C.

2 In this document the term “opioid use/user” is utilized to refer to any form, level and pattern of non-medical use of opioids, including occasional and prolonged consumption.

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- 4** Individuals with opioid dependence – who often inject drugs of unknown potency and quality and in conjunction with other substances – frequently experience overdose, with a high risk of death. Longitudinal studies suggest that approximately 2–3% of them die each year. The mortality rate for dependent heroin users is between 6 and 20 times that expected for those in the general population of the same age and gender.
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- 5** Globally, between 5 and 10% of HIV infections result from injection drug use; however, in some countries in Asia and Europe, over 70% of HIV infections are attributed to injection drug use, with opioids being the most commonly injected drugs in these regions.
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- 6** Injecting drug users (IDUs) are vulnerable to infection with HIV and other bloodborne viruses as a result of sharing/reusing injecting equipment and drug solution, sexual contact with other IDUs, and high-risk sexual activity. Although most IDUs are males, female drug users may be more vulnerable to HIV than their male counterparts, as they are more likely to use their partner's injecting equipment and it is often difficult for them to negotiate low-risk sexual practices and condom use. IDUs are relatively more likely to be involved in the sex industry.
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- 7** Injection drug use is now the dominant mode of transmission of hepatitis C virus. Infection with hepatitis C virus results in chronic infection in at least 50–85% of cases. Approximately 7–15% of chronically infected persons progress to liver cirrhosis within 20 years and of these, a proportion will subsequently develop liver cancer.

8 There are strong links between opioid use and dependence, and criminal behaviour: people with opioid dependence often commit crimes to obtain money to purchase drugs; crimes are committed under the influence of drugs; and there is an overlap between the factors associated with the development of criminal behaviour and those associated with the initiation of illicit drug use. The criminal offences involved are generally acquisitive crime, drug trafficking or sex trade.

9 It has been estimated that in some countries around three-quarters of people in prison have alcohol or other drug-related problems, and more than one-third may be opioid dependent. Around one-third will have been imprisoned for drug-related offences. Some level of continued drug use often occurs in prison and is usually associated with high risk of HIV transmission due to sharing/reusing injecting equipment and drug solution. On release, prisoners with opioid dependence are at high risk of relapse and overdose. Consequently, substitution therapy is provided to inmates of correctional facilities in some countries. The costs of law enforcement, court time and imprisonment together contribute substantially to the social costs associated with opioid dependence. In general, studies indicate that pure criminal justice interventions, without associated opioid dependence treatment, have very limited impact on drug-using behaviour and re-offending among individuals with drug dependence.

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