



WHO/UNODC/UNAIDS position paper

Substitution maintenance therapy in the management of opioid dependence and HIV/AIDS prevention

The World Health Organization (WHO), the United Nations Office on Drugs and Crime (UNODC) and the Joint United Nations Programme on HIV/AIDS (UNAIDS), have developed a joint position on substitution maintenance therapy for opioid dependence. Based on a review of scientific evidence and oriented towards policymakers, the WHO/UNODC/UNAIDS position paper covers a wide range of issues, from the rationale for this treatment modality, to the specific considerations regarding its provision for people with HIV/AIDS.

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.

From the position paper...

"...No single treatment modality is effective for all people with opioid dependence. Adequate access to a wide range of treatment options should be offered to respond to the varying needs of people with opioid dependence."

"Substitution maintenance treatment is an effective, safe and cost-effective modality for the management of opioid dependence. Repeated rigorous evaluation has demonstrated that such treatment is a valuable and critical component of the effective management of opioid dependence and the prevention of HIV among IDUs."

"There is mounting evidence that improved outcomes from opioid substitution maintenance therapy arise from timely entry into treatment, longer duration and continuity of treatment, and adequate doses of medication."

"Individuals with opioid dependence benefit from substitution maintenance therapy through increased stability and improved well-being and social functioning. People receiving substitution therapy can make significant progress in their physical and emotional life, as well as in their relationships with others and their ability to contribute meaningfully to their community and society at large."

"Society as a whole benefits from substitution maintenance therapy through reductions in the incidence of criminal behaviour, reduced health and criminal justice system costs, reduced risks of transmission of HIV and other bloodborne viruses, and increased productivity. There is a strong case for investing in opioid substitution maintenance therapy, as the savings resulting from treating an individual far exceed the costs."

"Provision of substitution maintenance therapy of opioid dependence is an effective HIV/AIDS prevention strategy that should be considered for implementation – as soon as possible – for IDUs with opioid dependence in communities at risk of HIV/AIDS epidemics... Provision of substitution maintenance therapy should be integrated with other HIV preventive interventions and services, as well as with those for treatment and care of people living with HIV/AIDS."

"The practice of substitution maintenance therapy must be guided by research evidence and supported by adequate training and evaluation. Possible adverse consequences need to be minimized by adhering to best clinical practices, monitoring treatment quality and outcomes, and instituting adequate control measures and regulations to avoid diversion of the medicines into illicit channels."

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