

"A powerful, important book and a compelling read."  
—**BRUCE PERRY, MD, PhD**, *New York Times* bestselling coauthor of  
*What Happened to You?* with Oprah Winfrey

# Undoing Drugs

How Harm Reduction Is Changing the  
Future of Drugs and Addiction

**Maia Szalavitz**

*Author of New York Times Bestseller Unbroken Brain*



Photo by Daniel Root



## RARE CANCER SEEN IN 41 HOMOSEXUALS

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Outbreak Occurs Among Men  
in New York and California  
—8 Died Inside 2 Years

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By **LAWRENCE K. ALTMAN**

Doctors in New York and California have diagnosed among homosexual men 41 cases of a rare and often rapidly fatal form of cancer. Eight of the victims died less than 24 months after the diagnosis was made.



A 1988 BleachMan advertisement created by the San Francisco AIDS Foundation.  
 Courtesy of UCSF Archives and Special Collections. BleachMan poster, San Francisco  
 AIDS Foundation, 1988, AIDS History Project Ephemera Collection, MSS 2000-31.





# AIDS Group Opposes Bleach Giveaway

By William Bunch

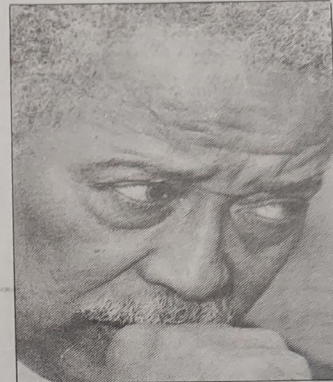
Mayor David N. Dinkins' position against giving drug addicts bleach to disinfect needles was endorsed yesterday by a major AIDS prevention group that questions the effectiveness of bleach in the fight against AIDS.

The Black Leadership Commission on AIDS yesterday urged city officials to uphold Health Commissioner Dr. Woodrow Myers' decision not to distribute the bleach, which was planned as part of an \$861,000 city contract with the Association for Drug Abuse

Prevention and Treatment. The City Council is expected to vote on the contract next week.

In the past, the commission has agreed with Myers and Dinkins in expressing concern that programs that distribute clean needles or bleach to addicts do more to encourage drug addiction than in preventing AIDS.

But yesterday's statement went further, arguing that there are serious medical questions concerning whether the use of bleach to disinfect needles



Newsday / Christopher Hatch  
Mayor David N. Dinkins



Newsday  
Commissioner Woodrow Myers

Please see AIDS on Page 10

## Pointless Move



Myers

First Mayor David Dinkins killed a program that gave drug addicts clean syringes so they could avoid contracting the AIDS virus through dirty needles. Now his health commissioner, Woodrow Myers, has said that no city

money can be used to teach addicts how to sterilize the needles they already have. The reason? Dinkins says cleaning needles encourages drug use. But can he offer drug treatment to every user who wants it? Hardly. City Hall does say it will fund 3,300 treatment slots (for the first time in years) — but it will use money that should have been spent last year on drug treatment. The National Commission on AIDS supports needle-cleaning programs for people who can't get into treatment programs or who intend to keep using drugs. To fail to tell the 200,000 IV-drug users how they might save their lives — and their spouses' and un-

liquid (known as leachate) contaminates the groundwater and waterways daily from the world's largest landfill.

In theory, this new order — with its seemingly impressive set of leachate-containment deadlines and fines for missing them — could put the city on the road to environmental righteousness. (Other new orders commit the city and state to share the cost of a \$400-million cleanup at four defunct city landfills.) The Fresh Kills order cancels Jorling's threat to collect \$81 million in fines and to close Staten Island's Fresh Kills by '91. So much for theory. The track record here doesn't inspire confidence. Building a containment system to collect and treat leachate was the '85 goal.

The new order gives the city until mid-1994 to file a leachate containment plan and till late '96 to finish building the containment system. That smells like a generous timetable for handling a problem that's at least a decade old. After all, this isn't particle physics. And do the provisions that spell out circumstances under which the city can be exempt from consent-order standards amount to a tacit admission that much of Fresh Kills can't be operated in an environmentally sound fashion?

If anything, fresh efforts to contain the environmental damage done by Fresh Kills only underscore the greater challenge before Mayor David Dinkins: drafting a solid waste disposal plan with the proper mix of recycling,

gent than whites. And because black males is likely to commit a crime, whites are morally justified in punishing them. He adds that police could use discretion to question any black suspect in a specific crime.

These views have about as much to do with ethics as leeches have to do with medicine. What we have here is an old-fashioned variety of racial prejudice. It could countenance such bilge.

It was not necessarily wrong to have such a conference. We may safely assume that it does not bear this malignant message. It's better to put such a message on the table for debate than to let them fester in the shelter of secrecy. The act of having such a conference doesn't automatically validate the message. (It's not as if they were offering him tenure.)

Could colleges deal with such a problem of heightened racism? Some of the nation's campus leaders have said yes. In the case of two other incidents this year, at the University of South Carolina and at Temple University, a black student was killed when he launched into a tirade against Jews and other minorities at a campus banquet. ("This is not a Jewish school," said a campus rabbi.) At Temple University, the student was killed by a Jewish student.

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# ADDICTION

## Point Counterpo

### Why IV Users Deserve Clean Needles

By Maia Szalavitz

They hadn't seen such a crowd on Delancey Street in years. Two weeks ago, ACT UP and Jon Tuker's National AIDS Brigade, licensed by the mayor's decision to close the city's needle exchange program, came to hand out syringes and bleach. The Guardian Angels came to stage a counter-protest. When the cops moved in, the shouting reached a feverish pitch. At the TV cameras

share—but only weren't enough in around.

When sociologists die sharing, they lab cultural ritual. T that sharing was on the high—like pass no one asked add share. The media w ing to point out bibles of drug use came to needles we

# AIDS

WORDS FROM THE FRONT

Studies have c New Yc in the remal out th to san

PHIL WANTS FOR ACT UP'S GIAN WILLIAMS TO HAND OUT NEEDLES IN littered concrete park in Williamsburg, Brooklyn. "I haven't usually since I met Jon Tuker two years ago," he says, mentioning the initiators of New York's controversial needle-exchange program, a former addict and founder of the National AIDS Brigade, is a young hero of the AIDS battle. In 1986 he started handing needles to IV drug users in Boston and Connecticut. Recently, he adopted his guerrilla tactics and now, in defiance of New York

injection kits to users like why. That the cotton, not t in a brown towel cap, other addicts in the plumeers nod appro given his needles. All tino.

## Clean Needles Saved My Life

By Maia Szalavitz

Two years ago, while I was waiting around for my heroin connection, a friend saved my life. I was at risk for AIDS, she said. To protect myself, I should always use my own work on, if I had to share. I should first clean the needle thoroughly with bleach and water.

Thanks to her, I was not infected when I quit two years later. I had survived two diseases: depression, which led me to cocaine and heroin while at Columbia University, and addiction. I was just lucky to have escaped a fatal third.

In the intervening decade, more than 100 studies, including reports by the National Academy of Sciences and the Centers for Disease Control, have supported giving addicts clean needles. But most intravenous drug users still cannot get enough new syringes. Even if they clean their works compulsively, as I did, there is no guarantee of zero risk.

State Assemblyman Richard Gottfried and State Senator Velmanette Montgomery have introduced a bill in the New York Legislature to remedy this. New York is the world capital of intravenous drug-related AIDS, with 6,000 such cases in 1994, according to a 1996 report from the State Department of Health. The new law would legalize possession of syringes

Maia Szalavitz is the author of "On Drugs," a forthcoming book.

and over-the-counter needle sales. In the nine states, including New Jersey, that don't allow such sales, the intravenous-transmitted AIDS rate is three and a half times greater than in states that do allow them, according to researchers at the St. Louis University School of Public Health. Yet the Gottfried-Montgomery bill is languishing in committee.

My experience illustrates why it's important to change the law. I never had any desire to share needles, but I did so when fresh needles were scarce. For my main supply, I relied on sympathetic diabetes, street sell-

## New York should allow over-the-counter sales.

ers of friends who traveled to states like Connecticut where needles were sold without prescription.

New York's restrictive laws didn't deter me from using drugs, as some politicians claim they do. Nor did access to clean needles, when I could get them, prevent my seeking drug treatment. I feared AIDS, but had no intention then of kicking my habit. If I'd been told, "Go to rehab or you will get AIDS," I wouldn't have listened.

Instead, I learned to avoid infection until I recognized I had to quit. This may have saved others' lives as well, since I was sexually active at

the time. More than two-thirds of heterosexual AIDS cases are the result of sexual contact with infected intravenous drug users, according to the Centers for Disease Control.

New York has about a dozen needle exchange programs, which, trade clean syringes for used ones and offer rehabilitation referrals. But they are not open 24 hours and reach only about 15 percent of the state's 350,000 intravenous drug users. Yet, it's probably far easier to get addicts to use fresh syringes than to persuade people to use condoms consistently. New needles are sharp, which mean they deliver drugs better. I've never known an addict to refuse clean works.

The public sees the need for change. Two-thirds of a national sample of adults recently polled by the Kaiser Family Foundation in California said clean needles should be available to drug addicts.

Cost is another consideration. Just a 20 percent reduction in drug-related AIDS cases would save New York State about \$40 million in lifetime health care costs, according to a recent study by the Coalition for AIDS Prevention, a New York group.

But while some New York politi-



Chris Head

clans privately favor changing the law, they fear opponents' ads would label them traitors in the drug war.

When will lawmakers quit playing politics with public health? We should support the Gottfried-Montgomery bill. Research shows that most addicts eventually stop taking drugs. But AIDS is still incurable.

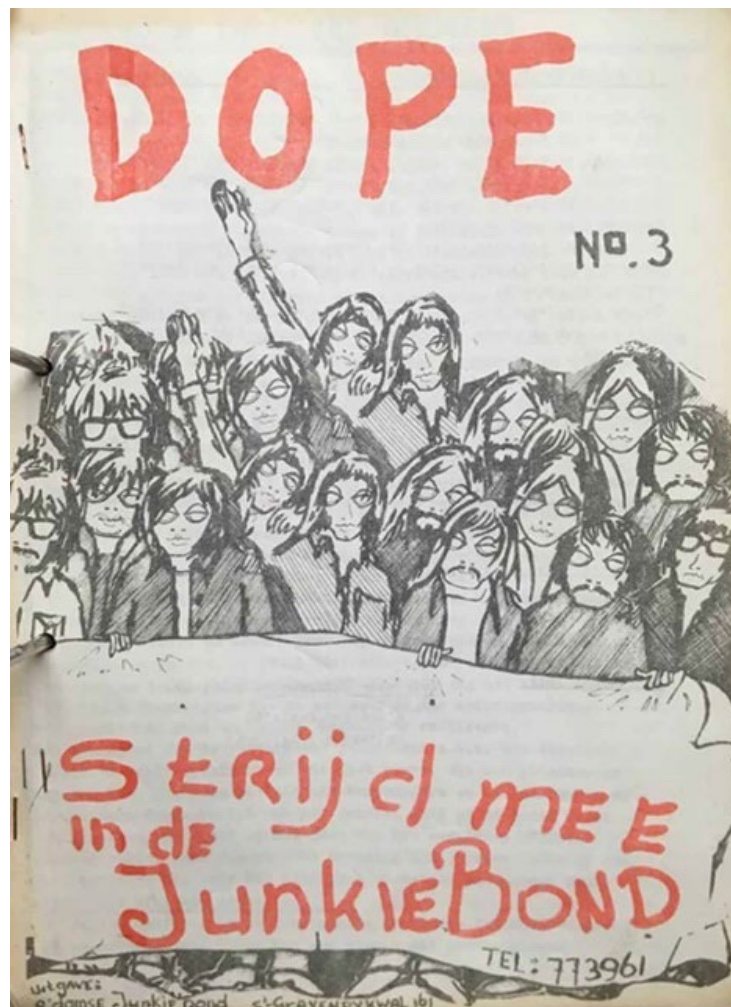


# Harm Reduction

- Focuses on Reducing Harms, Not Highs
- Evidence-based: If a practice is shown not to reduce harm, it's not harm reduction
- “Meets people where they are”
- A social movement that recognizes that drug laws are not based on science & people who use drugs have the right to life and health
- Compassionate & nonjudgmental

Nico Adriaans





Dope No.3: »Strijd mee in de Junkie Bond«. Archival material from the Rotterdam Junkie Union.











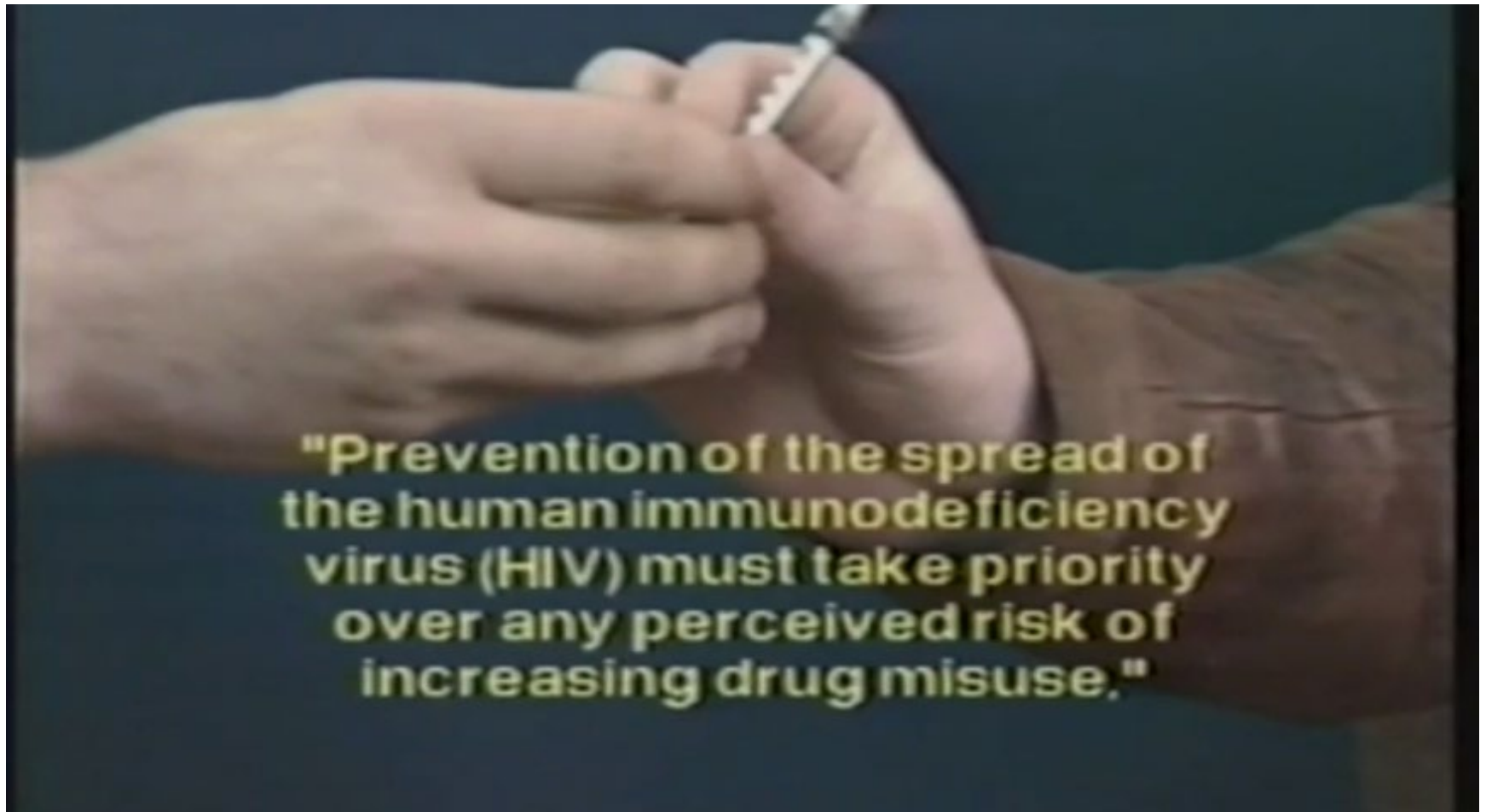


*Muirhouse Medical Group, Dr Robertson's surgery, was stigmatised in the 1980s due to his work with drug users* - Copyright: Courtesy of Dr Roy Robertson

## World Aids Day | How did Edinburgh become the 'Aids capital of Europe' in the 1980s?

Updated: 03/12/2019

Scottish HIV Committee, 1987  
50% of injectors in Edinburgh HIV+





## There's No Preaching, Just the Clean Needles

By STEVE LOREN

Special to The New York Times

LIVERPOOL, England — Peter McDermott, a 39-year-old Liverpool drug addict, is a regular at the Hope Street clinic here, Britain's largest program for giving out clean needles to drug addicts in an effort to curb the spread of AIDS.

The 17-month-old program, according to Dr. McDevitt, has been popular with local drug addicts largely because of the attitudes of the people running it. "The service is completely neutral — no one is preaching to you," he said. "There's no pressure at all just to clean your needles."

The program has attracted attention internationally, especially in the United States, because of the spread of acquired immune deficiency syndrome among drug addicts is increasingly viewed as a crisis in controlling the epidemic. Drug addicts are one of the groups most at risk of contracting AIDS.

Last month New York State health authorities, viewing an earlier stand, decided to allow New York City to begin an experimental pro-

gram of distributing needles to drug addicts, expected to start soon. In New York City, there is fear of a similar service there, adding that there remains one more to be made up of the majority of AIDS patients in the city.

Despite an U.S. Visit

Already, the proposed New York City program has been criticized by some quarters as a well-meaning effort that may nonetheless continue drug use. "It holds out the message that it is all right to shoot drugs," fearing Johnson Jr., the city's special prosecutor for narcotics, said recently.

The director of the Liverpool program, Alan Perry, who is the chief and a full-time member for the Mersey Regional Health Authority, has just begun a two-week visit to the United States to discuss his program with national and local health officials, politicians and academics in Washington, New York and Boston.

"The Liverpool program seems to be extremely promising," said Arnold Teich, a professor at American University and president of the Drug Policy Foundation, a Washington-based nonprofit research group. "It is one model we in the United States should be studying and willing to experiment with."

The Liverpool program is a low-budget affair, with the syringes and needles distributed to a converted backroom of a brothel-house, proprietors in the Hope Street clinic. Some of several varieties of syringes and needles, alcohol swabs and condoms of every description are packed along shelves and on top of the newspaper tables. Each person coming in is given an identifying number, though confidentiality is strictly maintained.

The addicts cannot escape the "safe use" message. Posted in the walls are several illustrations of people who are infected with AIDS, some with syringes in their veins, everyone as how to use a condom. Up higher, the walls are adorned with posters like: "Cleaner blood is healthier." A recent survey of those in the clinic's needle program found that 28 percent said they used condoms regularly, more than twice the national average for British adults.

Today, the Liverpool program serves 200 drug addicts. To date, it has given out 15,000 syringes and condoms. It is a success, with the average addict getting up seven syringes at visits every nine days. Salaries for



Alan Perry, director of the Hope Street clinic in Liverpool, England.

## The fear of AIDS brings the program global attention.

year, and \$6,754 has been spent on syringes and needles in the 10 clinics. In some clinics, almost 10,000 health services more than \$1,000 a year to treat an AIDS patient.

"If we can prevent just one person from getting AIDS a year, his program basically pays for itself," Mr. Perry said last October.

The 100,000 drug users in the main-man program represent less than 10 percent of the total adult population. But in the United States, where it is believed to have been spread elsewhere, besides those who shot, over 10,000 Liverpool addicts have been treated for the HIV virus over the last two years, at with a significant result.

The Liverpool staff, like elsewhere Mr. Perry, are drug-addicted specialists. And 20 addicts, who whom they have developed counseling relationships after joining the clean-needle program, have gone to drug treatment programs. In one drug addict, "within 100 days AIDS have just the Liverpool country's in touch with drug users, who are then be 'brought into treatment,'" Mr. Perry

said. Local health authorities had moved in, with an American-style emphasis on education as the main treatment for addicts. Liverpool, however, maintained strict drug maintenance programs, providing heroin and injectable morphine for addicts to try to at least keep them alive and break their link with the criminal world. In Britain, heroin can be legally prescribed for addicts as a treatment.

Now that AIDS is widely deemed a greater threat to public health than drugs, Mr. Perry believes there will be a reconsideration of the prohibition, "harm reduction" approach to drug treatment worldwide, with greater emphasis on changing the behavior of addicts in a series of steps rather than going all out for a cure. "AIDS has imposed the future of drug policy," he said.

In Liverpool, the area's long-standing liberal drug policies made it difficult to implement a strict anti-drug policy. That cooperation, Mr. Perry said, has been vital to the success of the Liverpool program. In contrast to many of the 15 other drug-disinfection efforts in Britain, in Edinburgh, which has a large addict population, for instance, the 100,000 program is open one afternoon a week and handles 10 addicts. Already, Edinburgh has 1,000 known cases of addicts infected with the HIV virus through sharing dirty needles, according to Mr. Perry.

To succeed, a clean-needle program must have the support of the police. "No one would come here if the police were hanging around and picking people up for having traces of



Peter McDermott, a heroin addict.

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# Webb v. United States, 249 U.S. 96 (1919)

[Opinions](#)

[Syllabus](#) [Case](#)

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[Opinions](#)

[Syllabus](#) [Case](#)

## U.S. Supreme Court

**Webb v. United States, 249 U.S. 96 (1919)**

**Webb v. United States**

**No. 370**

**Argued January 1, 1919**

**Decided March 3, 1919**

**249 U.S. 96**

*Syllabus*

The first sentence of § 2 of the Narcotic Drug Act of December 17, 1914, c. 1, 38 Stat. 785, prohibits retail sales of morphine by druggist to persons who have no physician's prescription, who have no order blank therefor, and who cannot obtain an order blank because not of the class to which such blanks are allowed to be issued under the act. P. [249 U. S. 99](#).

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# THE PARADOX OF PROHIBITION



John Marks, Consultant Psychiatrist,  
Hope Street Clinic,  
Liverpool.  
Director,  
Mersey Regional  
Drug Dependency Service.

Has the prohibition of certain drugs led Britain down the same path taken by the USA in the 1920's? Dr. John Marks argues that prohibition has not only failed — but is actually counter-productive in the "war against drugs".

If you deliberately contrived so to do, it would be difficult to imagine a more unhealthy, more dangerous, more criminalizing, more socially destructive, more expensive, *more efficient* way of making heroin available than we do now under prohibition. The United States spent seven thousand million dollars in the year 1983/84 enforcing the most rigorous prohibition that country has seen,

## HISTORICAL DEMAND

including a little navy in the Gulf of Mexico. What has been the result? Mr. Mellor reported to the House of Commons in 1985 that for its enormous outlay, the US was reaping a return of 5,000 *new* users *every day*!(1). This should not be a surprise. US domestic heroin consumption has risen every year since 1923 when the prohibition was applied. Alcohol consumption in Chicago at the height of the prohibition was 600% up on pre-prohibition levels. As Willis has said: "repressive anti-drug legislation in the United States has contributed to one of the major social disasters of that country's development ... Such a situation as has developed in the States should be avoided in other countries at all costs." (2)

Two questions immediately arise: "Why does prohibition fail?", indeed not only fail, but is counter-productive; and: "Why is the policy of prohibition pursued in the face of such overwhelming evidence against it?"

There has always been a demand for intoxicants throughout history to thole the vicissitudes of life, and no society is without its social drug. Either that, or there is a harsh, fanatically imposed, psychological opium such as Christianity in Guatemala, Mohammedanism in Iran or Marxism in Ethiopia. In a free society, reducing the supply of a commodity with a continued demand leads to a rise in price. The more rigorously this is pursued the higher the price is inflated until smuggling and black markets flourish. A phenomenon of "natural selection of gangsters" occurs with the cleverest, richest, most ruthless and most violent gangsters surviving until little wars are waged with vicious "armies", and vast sums of money are "laundered" efficiently through obscure banks. I call this mechanism the Darwinian effect of prohibition. This occurs whatever the means of repression.



A large red circle is positioned on the left side of the slide, partially cut off by the edge. It contains white text.

## Advisory Committee on the Misuse of Drugs, 1988

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“.... the spread of HIV is a greater danger to individual and public health than drug misuse.

Accordingly, services which aim to minimize HIV risk behavior by all available means should take precedence...”

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“We must therefore be prepared to work with those who continue to misuse drugs to help them reduce the risks involved involved...above all, the risk of acquiring or spreading HIV.”



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**DRUG**  
POLICY

The official journal of the International Harm Reduction Association



INTERNATIONAL  
HARM REDUCTION  
ASSOCIATION









At left, Geraldo Rivera accompanies health educator Yolanda Serrano into a New York "shooting gallery" where addicts are educated about how to sterilize their needles to protect themselves from the AIDS virus. On the right, addicts are seen assisting each other in administering the drug. This segment will be included in "Modern Love," a two-hour live special to air December 1, 1987 from 8:00 to 10:00 p.m. (EST).

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Lady," says Angelo Rizzo, a  
recovering addict. "At first  
you think, The lady is nuts.  
She's going into buildings the



*The Avon Lady of AIDS prevention.*

police won't go near, taking  
her life into her own hands."

patients started to la  
and die. "They were  
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Photo of Jon Parker doing illegal needle exchange by David Binder



Arrest of the Needle Eight  
Photo by Allan Clear







# IMANI WOODS

**"It occurred to me that since Black folks catch the most hell because of the way America reacts to drug use, I ought to be right up front in the struggle to institute harm reduction practices in the USA."**









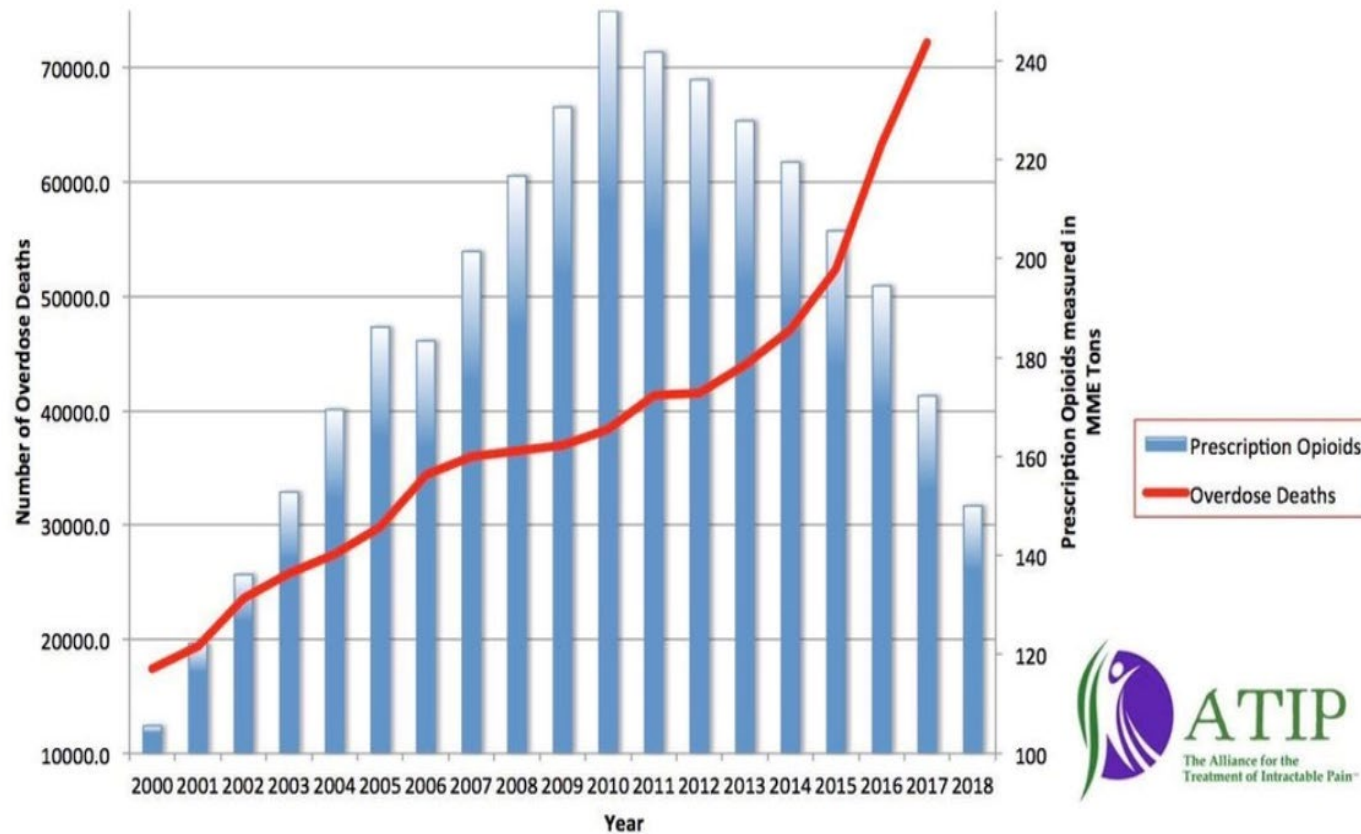


(Shirt available from Southwest Recovery Alliance @SWRalliance)





## Opioid Prescriptions at a 15 Year Low as Deaths hit a 15 Year High

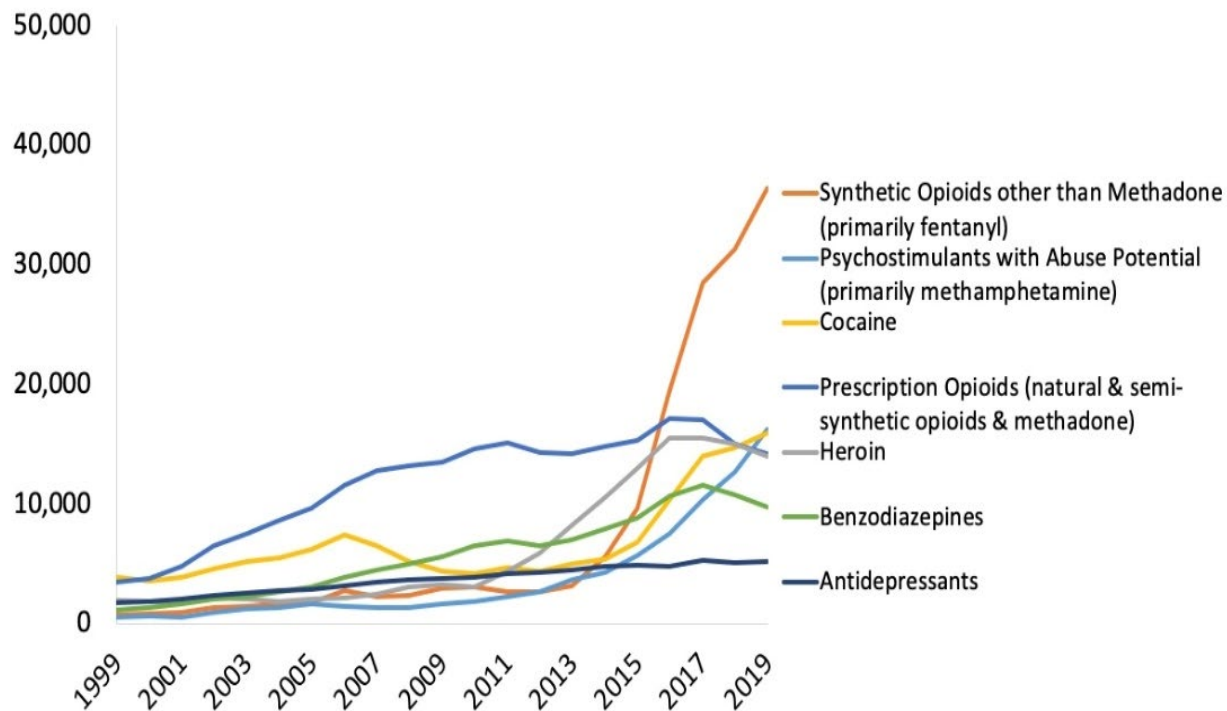


Prescription Data Source: <https://www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/ucm618831.htm>

Overdose Data Source: [https://www.cdc.gov/nchs/data/databriefs/db294\\_table.pdf](https://www.cdc.gov/nchs/data/databriefs/db294_table.pdf)



**Figure 2. National Drug-Involved Overdose Deaths\*,  
Number Among All Ages, 1999-2019**



\*Includes deaths with underlying causes of unintentional drug poisoning (X40–X44), suicide drug poisoning (X60–X64), homicide drug poisoning (X85), or drug poisoning of undetermined intent (Y10–Y14), as coded in the International Classification of Diseases, 10th Revision. Source: Centers for Disease Control and Prevention, National Center for Health Statistics. Multiple Cause of Death 1999-2019 on CDC WONDER Online Database, released 12/2020.



Iron Law of Prohibition:  
Smaller Drugs Are Easier to Smuggle,  
So Potency Increases with Crackdowns



## Suicidal ideation and suicidal self-directed violence following clinician-initiated prescription opioid discontinuation among long-term opioid users



Michael I. Demidenko<sup>a</sup>, Steven K. Dobscha<sup>a,b</sup>, Benjamin J. Morasco<sup>a,b</sup>, Thomas H.A. Meath<sup>a,c</sup>, Mark A. Ilgen<sup>d,e</sup>, Travis I. Lovejoy<sup>a,b,f,\*</sup>

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### ARTICLE INFO

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Opioid discontinuation  
Suicide  
Suicidal ideation  
Suicidal self-directed violence

### ABSTRACT

**Objective:** Little is known about patient outcomes following discontinuation of opioid therapy, which may include suicidal ideation (SI) and suicidal self-directed violence (SSV). The purpose of this study was to examine correlates of SI and non-fatal SSV in a sample of patients discontinued from long-term opioid therapy (LTOT). **Method:** Five hundred-nine Veterans Health Administration (VHA) patients whose clinicians discontinued them from LTOT were selected from a national cohort of VHA patients who discontinued opioids in 2012. The sample comprised patients with a substance use disorder and matched controls. Patient electronic health records were manually reviewed to identify discontinuation reasons and the presence of SI or SSV in the 12 months following discontinuation.

**Results:** Forty-seven patients (9.2%) had SI only, while 12 patients (2.4%) had SSV. In covariate-adjusted logistic regression models, mental health diagnoses associated with having SI/SSV included post-traumatic stress disorder (aOR = 2.56, 95% CI = 1.23–5.32) and psychotic disorders (aOR = 3.19, 95% CI = 1.14–8.89). Other medical comorbidities, substance use disorder and pain diagnoses, opioid dose, and benzodiazepine prescriptions were unrelated to SI/SSV.

**Conclusions:** Among patients with a substance use disorder and matched controls, there are high rates of SI/SSV following opioid discontinuation, suggesting that these “high risk” patients may require close monitoring and risk prevention.

# Evidence Base: Needle Exchange

- Reviews by World Health Organization, CDC, NIH, Institute of Medicine all show it cuts HIV spread without increasing drug use.
- CDC review finds participants five times more likely to get treatment
- 2014 New York State review called it the “gold standard” for HIV prevention. NYS prevalence in 90s was 50% or more, now less than 3% in IDUs.
- UK did needle exchange early, never had HIV epidemic in IDUs & no heterosexual, pediatric epidemic.
- Associated with reductions in HIV, Hep C, needle litter and injecting and with increased treatment admissions.





A decorative graphic on the left side of the slide featuring a molecular structure. It includes a blue five-membered ring with an 'NH' label, and several spheres in white, red, and grey connected by grey rods, representing atoms and bonds in a 3D model.

# Evidence Base: Naloxone

- Massachusetts study finds 50% reduction in OD deaths w/ high implementation (Walley, 2013)
- Systematic review supports (McDonald, 2016)
- Not associated with increased teen drug use (Bruzeliuss, 2023)
- Common sense suggests that having the antidote to a poison is more likely to save lives than not having it

# Evidence Base: Methadone & Buprenorphine

- WHO lists bupe & methadone as essential medicines for addiction
- Study of entire UK treatment population between 2005 and 2009 found 50% reduction in mortality compared to all types of abstinence treatment. (Pierce, 2016)
- Most recent review found 50% reduction in deaths from suicide, cancer, cardiovascular disease, alcohol and other drug-related deaths and all-cause mortality. (Santo, 2021)
- Associated with reductions in drug use, crime, HIV and hepatitis



# Evidence Base: Prescription Heroin

- Cochrane review finds data supports heroin prescribing when methadone & buprenorphine fail (Ferri, 2011)
- Individual studies from UK, Switzerland, Canada & the Netherlands show reductions in crime, other drug use and HIV, as well as improved health.
- Also facilitates entry into abstinence or methadone or buprenorphine treatment



# Evidence Base: Overdose Prevention Sites

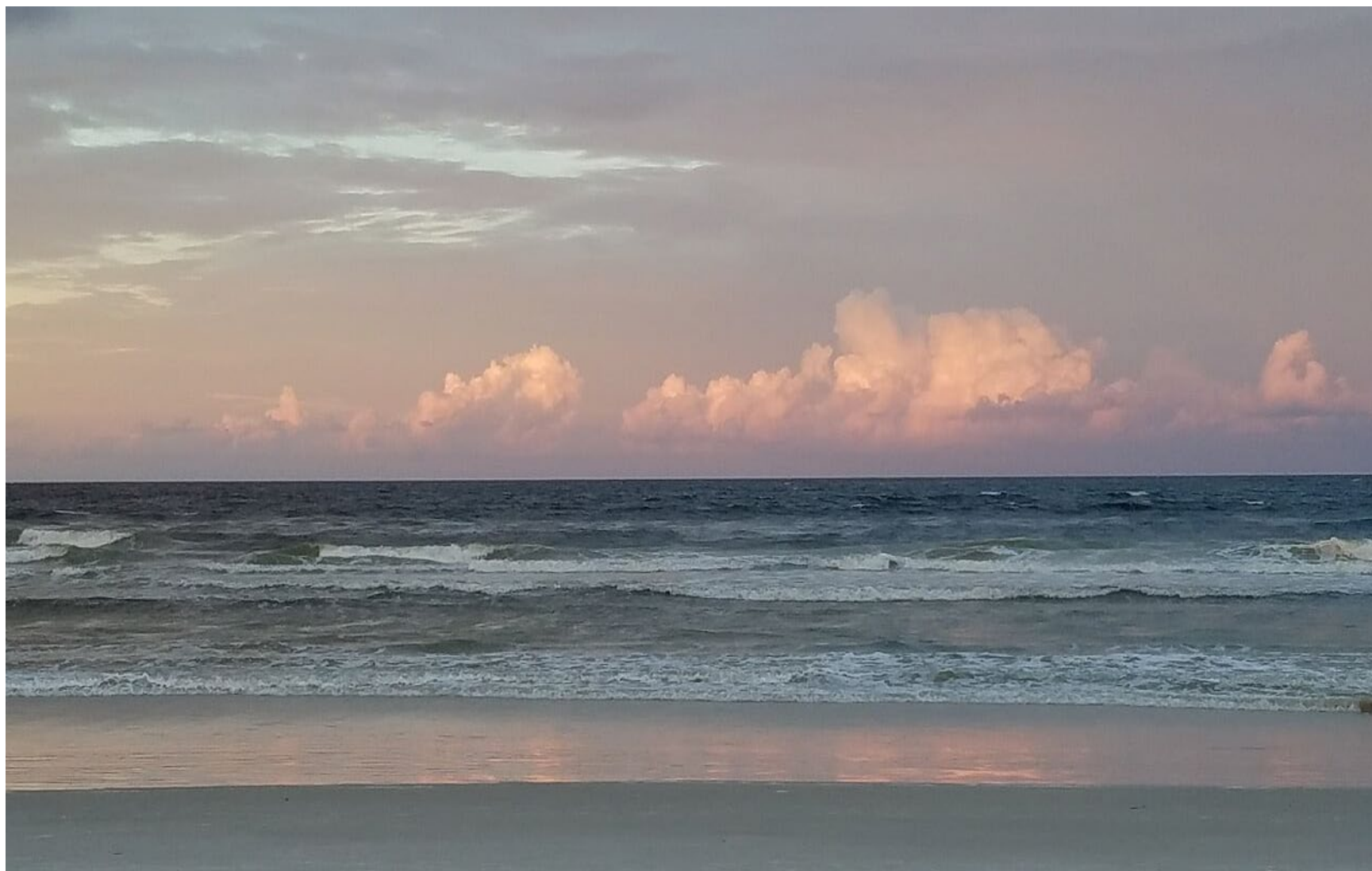
- AKA / Safe Injection / Supervised Consumption Sites
  - Systematic review supports (Levengood 2021)
  - Don't Increase crime or disorder (Chalfin, 2023)
  - Cuts neighborhood overdose rate 67%, even with fentanyl (Rammohan 2024)
  - 40-50% increase in treatment admissions (Levengood)
  - Associated with reduced HIV and hepatitis, increased treatment admissions, less needle litter, less public injecting
  - Millions of injections in over 100 sites, not a single OD death



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—**BRUCE PERRY, MD, PhD**, *New York Times* bestselling coauthor of  
*What Happened to You?* with Oprah Winfrey

# Undoing Drugs

How Harm Reduction Is Changing the  
Future of Drugs and Addiction

**Maia Szalavitz**

Author of *New York Times* Bestseller *Unbroken Brain*



# Scan for Link to Buy Undoing Drugs

