

Avviso: questa che segue è la risposta di Duesberg: per facilitare la lettura,  
i suoi commenti sono colorati in blu

Berkeley, Aug. 10-2008

To: Fabio Franchi, Trieste, Italy

Re: Review of and responses to Fabio Franchi's critique, "Statistical correlations ..." (email July 27, 2008) of the Duesberg-Koehnlein-Rasnick paper published in *J. Biosci.* 2003.

From: Peter Duesberg

Dear Fabio,

Thank you for the constructive and interesting review of the Duesberg-Koehnlein-Rasnick theory that AIDS is a chemical, rather than viral or microbial epidemic. As per your request, I have inserted responses to your points into your ms., "Statistical correlations among ...." below.

**Statistical correlation among recreational drugs, antiretroviral therapy and AIDS.  
Apparent incongruities of the drug-AIDS hypothesis of Peter Duesberg and Collegues**

Summary

In the paper "The chemical bases of the various AIDS epidemics: recreational drugs, anti-viral chemotherapy and malnutrition" (*J. Biosci. Vol. 28 No. 4 June 2003 383–412*) Peter Duesberg and Collegues make some predictions on the basis of their drug-AIDS hypothesis. Here we argue that these predictions did not come true completely.

Instead of "making predictions" I see our analyses of the AIDS–epidemic in 2003 as a retrospective of its possible causes, specifically viruses and chemicals. We did not predict the future of AIDS. But, based on our theory that AIDS has a chemical basis, we proposed that the epidemic could be ended by banning anti-HIV drugs and by discontinuing the consumption of recreational drugs.

The curves of drug consumption and of AIDS incidence have not a good correlation. There are cases of AIDS in people without prior use of recreational and/or therapeutic drugs.

Based on the Centers of Disease Control's (CDC)-definition, 27 previously known diseases, eg. tuberculosis, dementia, diarrhea, pneumonia and weight loss, are now called AIDS if antibodies against HIV are present. Accordingly our paper pointed out repeatedly that there is a long-established background of AIDS-defining (as per CDC) diseases in HIV-negative and positive people "without prior use of recreational and/or therapeutic drugs."

There is not an epidemic of AIDS diseases in HIV seronegative drug addicts. So we suggest a revision of the drug-AIDS hypothesis.

By contrast, our paper offers evidence supporting that there is an “epidemic” of AIDS-defining diseases in HIV-negative (and positive) people since the drug use explosion in the US and Europe started in the late ‘60s and ‘70s.

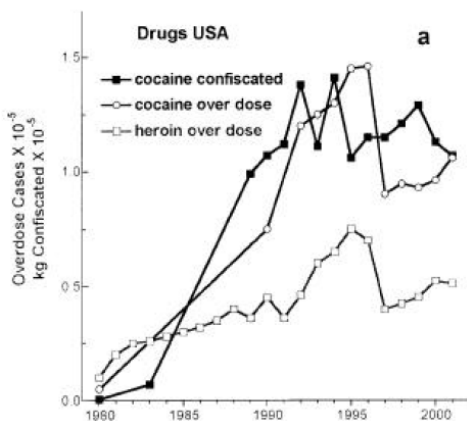
About half of all IV drug users in Europe and the US are HIV-negative. But according to studies referenced in our paper, their mortality and morbidity was about the same as that of HIV-positive controls. Moreover the D-K-R paper lists references to studies describing thousands of HIV-negative AIDS cases in male homosexuals.

### Discussion

The Authors ( <sup>1</sup> ) state:

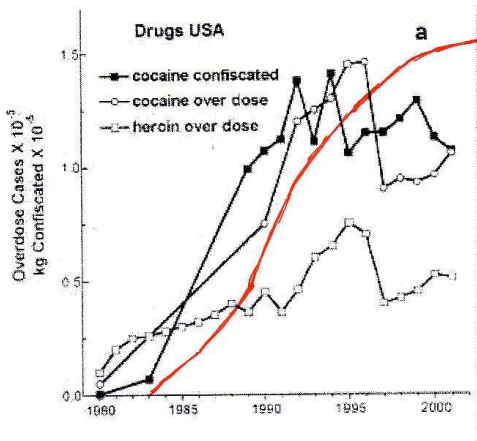
*“Prediction 1: AIDS coincides with recreational and anti-viral drugs in the US and Europe and with malnutrition in Africa”*

The same graphics in the paper show an increase of (indexes of) consumption of heroin and cocaine in the period 1980-1995, then a rough stationary trend of the same indexes. So one would expect a rise in the incidence of AIDS following the curve of drug consumption indexes (a sort of parallel), with a delay of 7-10 years (*“At recreational doses, addictions ranging from years to over a decade are typically required to reach pathogenic thresholds”* (1)). The use of antiretroviral drugs increased too in the same periods (in USA: some “450.000 recipients” (1)).



Drug consumption indexes in USA, 1980-2002(1)

Indeed after a short decline after '93 “a rough stationary trend”, which is close to the red line of yours in the figure below, has been observed in AIDS, which has continued until now. Again, I point out that we did not try to predict the AIDS epidemic. Our interest was retrospective.



Drug consumption indexes and the expected (hypothetical, in red) curve of AIDS according to the theory of P Duesberg and Colleagues

Instead of this, one can appreciate a drop in the incidence of AIDS cases in the years 1994-2002 (in USA). So AIDS does not coincides with drug use.

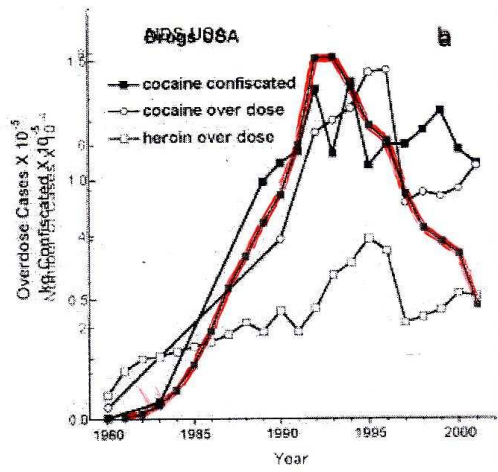
But our paper points out that during that period and possibly until now, there was an apparent decrease of recreational drug use, but an increase of anti-HIV drug use. Further the dose and composition of anti-HIV drugs have been changed continuously since that time. But no accurate data are published on anti-HIV drug use and virtually none on illicit drugs in the “prestigious” medical literature of the US. It has therefore been impossible and continues to be impossible to obtain accurate correlations between AIDS and drugs of the quality that you call for.

The same happened in Europe and in Italy.

Incidentally, we remember that the definition of AIDS is different in USA and in Europe (the single condition that is not present in the European one, explains roughly 60% of USA AIDS cases).

What is that “single condition”?

Nevertheless graphics in USA and Europe are similar:



Here we placed the curve of AIDS cases (red) on those relative to drug consumption (graphics from Duesberg paper (1)). In the years 1983-1993 there is a delay of 1-2 years between the two (while same Author states that a mean period of 7-10 years is required to the development of AIDS).

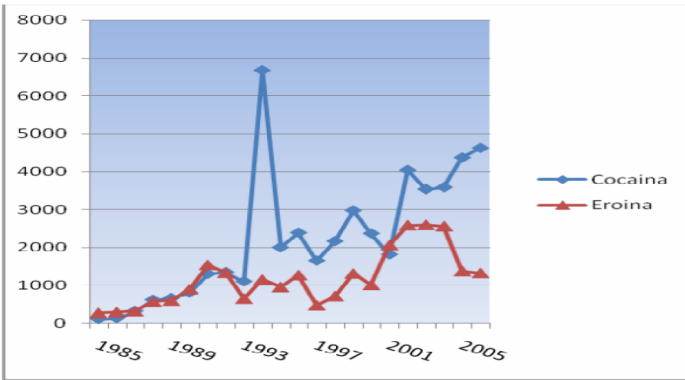
I concede that the “7-10 years” were a soft number, and were based largely on the hypothetical 10-year latent period from HIV to AIDS of the HIV-AIDS establishment. According to the D-K-R theory this latent period depends on the dose and kind of drugs used and on individual resistance factors. Again, neither of these are studied by the “prestigious” members of the American and European HIV-AIDS establishments.

We can see the AIDS incidence decreasing to less than half in the years 1994-2002 .

This is also what the CDC observed and what we report. Is that, however, incompatible with the chemical/drug-AIDS theory?

NB This critic argument is not completely against the role of drugs as a cause, but it demands more satisfactory explanations of this phenomenon (for instance: how much important is the “blend” with excipients chosen by suppliers and pushers?). Perhaps certain lots of drugs in the past – more than in recent years – were blended with more toxic substances, that could account for a greater damage to immune system.

Again, see above, I couldn't agree more with you. There are no accurate records of illicit drug use in the US. Although there are over 20 million estimated illicit drug users in the US, no “prestigious” US doctor studies the consequences of drug use, no “prestigious” US journals publish on it, and no “prestigious” US institution funds studies of illicit drug use and its consequences. Instead our president just authorized \$ 50bn (= 10% of our national deficit) for HIV-AIDS in Africa.



Confiscated drugs in Italy (kg/year 1985-2005 - a continuous rise-) <sup>(2)</sup>

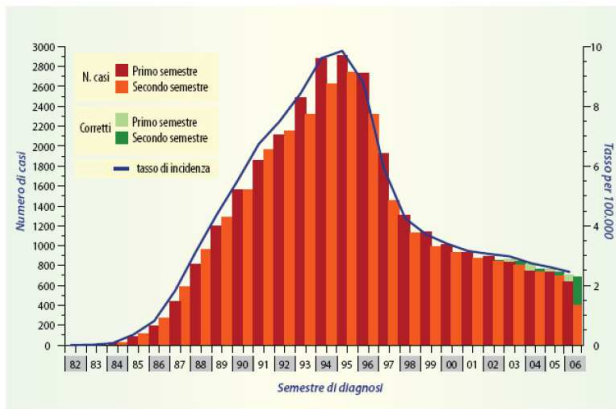
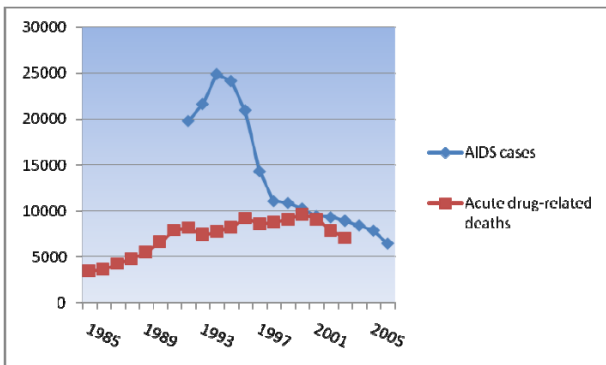


Figura 1 - Casi di AIDS in Italia per semestre di diagnosi, corretti per ritardo di notifica e tasso annuale di incidenza al 31 dicembre 2006

Incidence of AIDS cases in Italy (a drop in the years following 1994) <sup>(3)</sup>

Who are the “Servizi Antidroga”, the source of the Italian figures of the two preceding graphs?  
- the Italian government?



Incidence of AIDS cases, incidence of acute drug-related deaths in Europe (the observations are the same) <sup>(4)</sup>

*Prediction 2: Drugs cause AIDS and other diseases (1)*

This is not disputed, but we did expect a far greater incidence of AIDS defining diseases in HIV negative drug addicts, given the fact that drug diffusion did not slow down.

*Prediction 4: No AIDS in the absence of anti-viral and recreational drugs, despite HIV*

Among Italian AIDS cases, 5.241 (since 1999 to end 2006) are considered as caused by sexual transmission, and 3.962 have got the diagnosis of AIDS without prior antiretroviral therapy.

Once more, our paper has pointed out repeatedly that there is a long-established background of the 27 AIDS-defining diseases in the general population with sex, but “without prior antiretroviral therapy”.

This may explain your 5241 Italian cases “without prior antiretroviral therapy” from '99 to '06. This number corresponds to 749 cases per year in Italy, or to 749 in 58 million, or to 1 in 78,000 Italians per year. That is probably well within the normal background of the 27 AIDS-defining diseases, eg. diarrhea, weight loss, fevers, pneumonia, tuberculosis, yeast infection, dementia, herpes, etc. – all combined!

So this seems consistent with our 2003-paper, which states that there is no AIDS above the normal background in groups, who don't use hard recreational and anti-HIV drugs.

One can object that some of them are from “endemic Countries”, that could bear other risk factors, e.g. malnutrition, but their percentage is about 10%. Another objection is that a part of them has had sexual intercourses with drug addicts which is an index of possible (not admitted) drug use, but Duesberg and Collegues state that “*regular consumption of illicit recreational drugs causes all AIDS defining and additional drug-specific diseases at time and dose-dependent rates (Duesberg 1996b; Duesberg and Rasnick 1998)*”(1). So a consumption once in a while (was it true) cannot account for AIDS diseases; if one want to take into account also the “light” use, the number of AIDS cases in HIV negative drug addicts would have been much greater (see below).

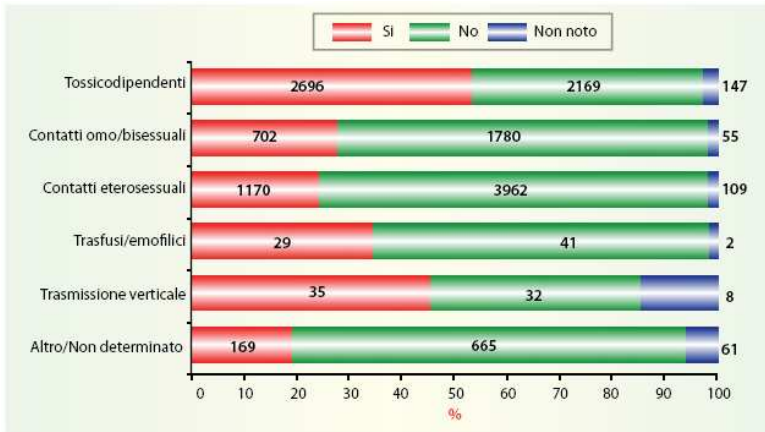


Figura 5 - Uso di terapie antiretrovirali pre-AIDS per modalità di trasmissione

This table shows the number of heterosexuals without prior antiretroviral therapy (n: 3.962): no drugs, either recreational or therapeutic. They began to collect this kind of data only since 1999 (that's why the cumulative number of heterosexuals is not the same in the following table). (3)

Tabella 8 - Distribuzione dei casi cumulativi di adulti con AIDS in eterosessuali, per tipo di rischio e sesso

Tipo di rischio eterosessuale	Maschi con partner		Femmine con partner		Totale
	HIV non noto	HIV noto	HIV non noto	HIV noto	
Originario di zona endemica	435	22	297	33	787
Partner bisessuale	0	0	38	37	75
Partner tossicodipendente	506	215	881	1167	2769
Partner emofilico/trasfuso	9	15	17	36	77
Partner di zona endemica	259	28	38	13	338
Partner promiscuo*	4657	602	1665	1083	8007
<b>Totale</b>	<b>5866</b>	<b>882</b>	<b>2936</b>	<b>2369</b>	<b>12053</b>

\* Paziente che ha presumibilmente contratto l'infezione per via eterosessuale (inclusi i partner di prostituta e le prostitute) non includibile in nessuna delle altre categorie

The above table shows the hypothetical risks of the heterosexuals (3).

*4.3a Literature confirms that illicit recreational drugs cause AIDS defining and other drug-specific diseases: We have recently summarized the evidence from over 60 publications, beginning in 1909 (Achard et al 1909), which prove that regular consumption of illicit recreational drugs causes all AIDS defining and additional drug-specific diseases at time and dose-dependent rates (Duesberg 1996b; Duesberg and Rasnick 1998). (1)*

In Italy, they estimate that over 2.000.000 people have taken on combined illegal substances in 2005 <sup>(5)</sup>. Every year 29.000 people begin to take on heroin and 9.000 cocaine. The number of people that take drugs in a way to need an medical intervention is 200.000 for opioids and 150.000 for cocaine. About 14% of them is HIV positive.

From these figures one can deduce that 350.000 are the people with more consistent use of drugs, 49.000 (14%) are HIV positive; of these, 382 – 0,78% - did not take antiretrovirals and got AIDS). 301.000 “hard” drug addicts have a negative “AIDS test” so we expect that a corresponding fraction got AIDS defining diseases (according to Duesberg and Collegues hypothesis), that is to say at least 2.348 people (0,78% of 301.000) in 2004-2005, a number slightly inferior to the total Italian AIDS cases in the same years (3.146). Where are they? They could not go unnoticed.

Caro collega, I think you do not have to look very far for “Where they are”, if I understand you correctly. As we document in our 2003-paper, “In Europe about ½ [of all AIDS cases] are male homosexuals and about ½ are IV drug users.” So the drug users probably generate about ½ of the Italian AIDS cases. Based on your information above, there are 3,146 Italian AIDS patients per year. About half of those, or 1575 (= 1/2 of your total) appear to be IV drug users. Isn't this very close to the number you are looking for, namely “2,348” AIDS patients who “did not take antiretrovirals”?

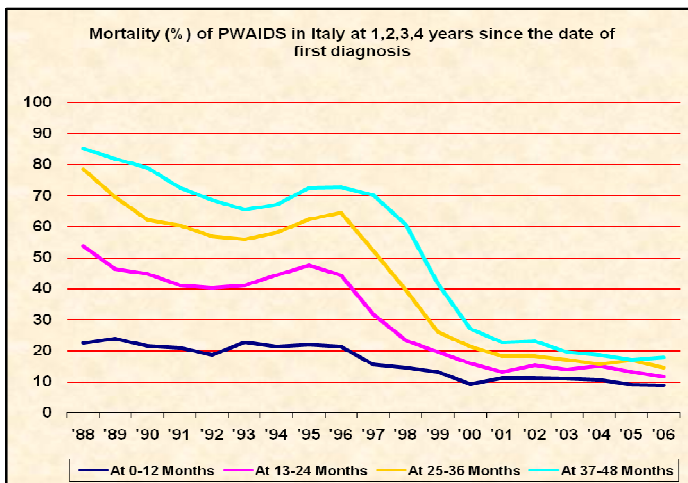
In this (prudential) calculation we did not consider the “light” use of drugs, or drugs different from heroin and cocaine.

N° drug addicts in Italy (estimate 2005)	2,000,000	
N° drug addicts with heavy use	350,000	

of cocaine-heroin		
N° HIV positive drug addicts (estimate)	49,000	
N° HIV negative drug addicts (heavy use of heroin-cocaine)		301,000
Incidence of AIDS in 2004-2005 among drug addicts who did not take antiretrovirals	382 (0.78% of 49,000)	
N° theoretical HIV negative drug addicts with AIDS defining diseases cases in Italy in 2004-2005 (if drug was a causal factor and a positive HIV test not influential)		2,348 (0.78% of 301,000)

There is another aspect that doesn't fit with Duesberg theory: since 1996 there has been a decrease in mortality among people affected by AIDS. If the antiretroviral therapy was one of the principal cause of illness, one should have seen a persistence of high mortality up to now. In the following graphic we see a decrease of mortality among Italian people with AIDS (PWAIDS), notwithstanding a strong prevalence of people treated with "antiretrovirals" (3)

There are at least two factors that may explain such discrepancies: 1) In the US more and more healthy HIV-positives are diagnosed as "AIDS patients" since 1993, because they have antibodies against HIV (see D-K-R paper). Such "patients" survive toxic drugs much longer than the clinically ill patients of the early days of the epidemic. 2) The doses of the anti-HIV drugs have been lowered and their compositions are constantly changed to reduce toxicity. This also reduced mortality.



## Conclusions

We observe in USA, Europe and Italy a decrease of AIDS cases since 1994-5, while in the same period there has been a rise of recreational drug diffusion and of HIV positive people taking antiretrovirals, two of the most important causes of AIDS in the western world, according to Peter Duesberg. Besides, there is a decreases in mortality among people with AIDS, who, the great majority, take medications. This must be better explained considering that the predictions made by Duesberg and Colleagues did not come true, at least in part.

In sum, we did not predict the course of the AIDS epidemic in our 2003 paper, but tried to explain it retrospectively. In view of this and the specific defenses of our paper I offered above, I think the theory that AIDS is a chemical rather than a viral epidemic stands to this day.

In a more aggressive response to your challenge of our theory, I challenge you back to provide documented, i.e. published cases of HIV-positive, drug-negative AIDS cases, and to provide an non-viral, non-chemical AIDS theory of your own.

Semper fidelis,

Peter

This critique is not in favor of the viral hypothesis of AIDS, which we criticized extensively in our preceding papers (<sup>6</sup>).

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<sup>1</sup> PETER DUESBERG, CLAUS KOEHNLEIN and DAVID RASNICK **The chemical bases of the various AIDS epidemics: recreational drugs, anti-viral chemotherapy and malnutrition”** *J. Biosci. Vol. 28 No. 4 June 2003 383-412.*

<sup>2</sup> D.C.S.A. (Direzione Centrale dei Servizi Antidroga) annuale 2006

Osservatorio alcool, fumo e droga, Istituto Superiore Sanità

<sup>3</sup> Notiziario Istituto Superiore Sanità (supplemento 1) vol 20 (6) 2007. **AGGIORNAMENTO DEI CASI DI AIDS NOTIFICATI IN ITALIA E DELLE NUOVE DIAGNOSI DI INFEZIONI DA HIV AL 31 DICEMBRE 2006**

<sup>4</sup> HIV/AIDS Surveillance in Europe December 2007, N° 75 (End-year report 2006)

EMCDDA 2006 (Index of tables and graphics.mht)

<sup>5</sup> Relazione al Parlamento sullo stato delle tossicodipendenze in Italia 2005 (complete document: <http://www.iss.it/binary/ofad/cont/Relazione%202005.1153391274.pdf> )

<sup>6</sup> [http://www.leadershipmedica.com/sommari/2005/numero\\_10/medicina/articolo\\_2/articolo\\_ing/interfaccia.htm](http://www.leadershipmedica.com/sommari/2005/numero_10/medicina/articolo_2/articolo_ing/interfaccia.htm) inglese

<http://www.cesil.com/0898/enfrah08.htm> inglese