

# The Global State of Harm Reduction 2022

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**HARM REDUCTION**  
INTERNATIONAL



What is Harm Reduction?



- **Harm reduction** refers to policies, programs and practices that aim to **minimize negative** health, social and legal impacts associated with drug use, drug policies and drug laws.
- **Grounded in justice and human rights**, it focuses on positive change and on working with people without judgement, coercion, discrimination, or requiring that they stop using drugs as a precondition of support.
- **Harm reduction encompasses a range of health and social services** and practices that apply to illicit and licit drugs.
  - Drug consumption rooms, needle and syringe programs, non-abstinence-based housing and employment initiatives, drug checking, overdose prevention and reversal, psychosocial support, and the provision of information on safer drug use.
- Harm reduction is **cost-effective, evidence-based and has a positive** impact on individual and community health.

# Harm reduction is ...



- Principles of harm reduction
  - Respecting the rights of people who use drugs
  - A commitment to evidence
  - A commitment to social justice and collaborating with networks of people who use drugs
  - The avoidance of stigma
- Goals of harm reduction
  - Keep people alive and encourage positive change in their lives
  - Reduce the harms of drug laws and policy
  - Offer alternatives to approaches that seek to prevent or end drug use

# Who are we?



- **Harm Reduction International** works to reduce the negative health, social and legal impacts of drug use and drug policy.
- HRI traces its origins to the first International Conference on the Reduction of Drug-Related Harm, held in Liverpool, England in 1990.
- The success of that conference led to its establishment as an annual event held in major cities around the world.
- The organization expanded its activities beyond the annual conference to include strong programs of work on public health research, and analysis on human rights and sustainable financing.





 HR23

# STRENGTH IN SOLIDARITY

HR23  
MELBOURNE

16—19 APRIL



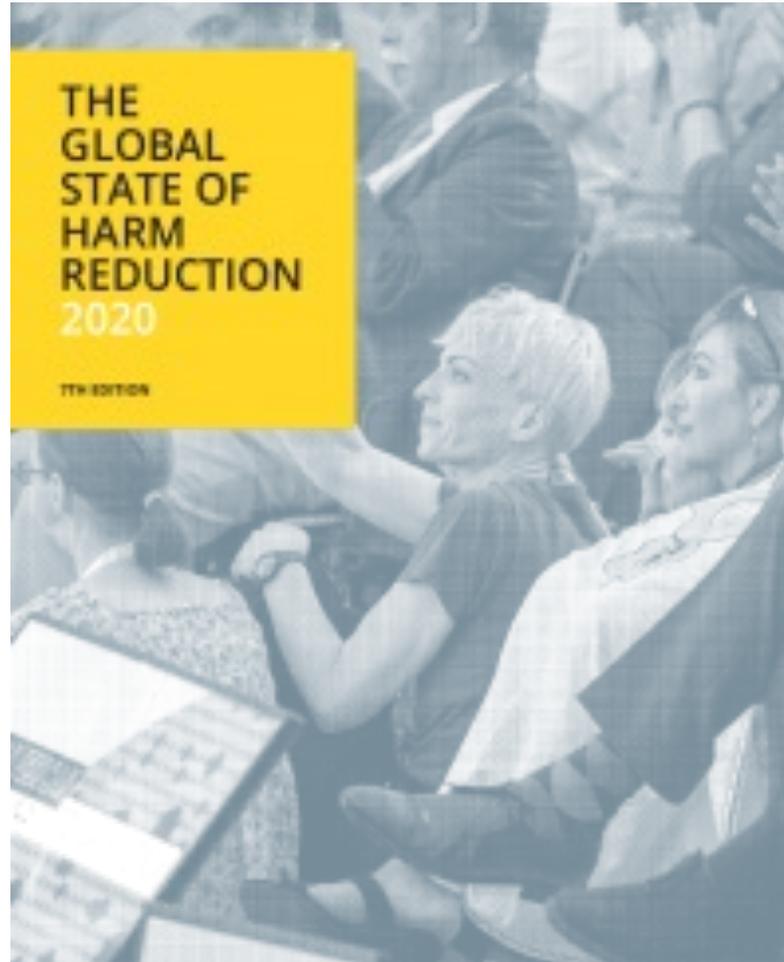
# Global State of Harm Reduction 2021



AN ESTIMATED

**11.3**  
**MILLION**

PEOPLE INJECT DRUGS GLOBALLY



- The number of countries providing harm reduction services has effectively stalled since 2014, and there are major gaps in global health response to overdose, HIV, hepatitis C crises
- Approximately half of the countries with injecting drug use do not provide any sterile needle and syringe programs or opioid agonist therapy such as methadone and buprenorphine. The number of countries implementing these life-saving harm reduction services has decreased, after stalling for years.

# Global State of Harm Reduction 2021



IN 2021, THE TOTAL NUMBER OF COUNTRIES IMPLEMENTING NEEDLE AND SYRINGE PROGRAMS (NSP) HAS INCREASED BY JUST ONE, FROM 86 TO 87.

THE TOTAL NUMBER OF COUNTRIES IMPLEMENTING OAT IN 2021 IS 86 (UP FROM 84 IN 2020).

# Global State of Harm Reduction 2021

## Hepatitis C

PEOPLE WHO INJECT DRUGS



1/2

MORE THAN HALF OF ALL PEOPLE WHO INJECT DRUGS ARE ESTIMATED TO **CARRY HEPATITIS C ANTIBODIES**, MEANING THAT THEY HAVE BEEN INFECTED WITH THE HEPATITIS C VIRUS AT SOME POINT IN THEIR LIFETIMES.



## Global Situation

- HIV prevalence estimated to be 12.6% among people who inject drugs
- Hepatitis C prevalence 48.5% among this population.
- 179 countries report some injecting drug use
- 110 countries have no data on its prevalence

Without accurate data, our work to invest in and program for harm reduction is limited and we cannot hope to effectively prevent HIV amongst people who use drugs, nor can we provide accurate financing for the global HIV/AIDS response.



AN ESTIMATED

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# Service gaps

- Significant geographical gaps and an uneven distribution of services exist even in countries where harm reduction has been available for decades.
- In addition to geographical gaps in coverage, there are subgroups of people who use drugs that experience barriers in access because harm reduction services aren't tailored to their unique needs. These groups include womxn who use drugs, people who use stimulants and/or non-injecting methods, people experiencing homelessness, and men who have sex with men.
- Globally, Black, Brown and Indigenous people are disproportionately targeted for drug law enforcement and face discrimination across the criminal system. Though there has been some progress in resource constrained settings, much more commitment and investment is needed, especially services for womxn, Black, Brown, ethnic minority and Indigenous populations.

# BARRIERS TO HARM REDUCTION AMONG WOMEN WHO USE DRUGS: EXPERIENCES FROM ETHEKWENI (DURBAN) SOUTH AFRICA



This report investigates the experiences of women who use harm reduction and health services in Durban, South Africa. In order to understand their experiences, a series of focus groups with women who use drugs were conducted by researchers from the South African Network of People Who Use Drugs (SANPUD) and Harm Reduction International. The participants were invited to discuss their experiences with harm reduction services and those factors that can prevent them from accessing these services.

These conversations highlighted a population who are routinely stigmatized and dehumanized. Despite a clear desire to achieve good health and well-being, these women were continually blocked from doing so by a system that views them as unworthy of even basic respect and how law enforcement officers would prevent women from accessing harm reduction services, and how they would exact harm on them directly through arrest and psychological abuse.

One focus group participant found this behaviour comes from being treated as a criminal by law enforcement officers. The actions of law enforcement, embodied in criminalization and stigmatization, demonstrate the dehumanization of women who use drugs. Through the stories they shared, the women built a picture of a system that does not value the lives or experiences of women who use drugs, that it is happy to ignore and delegitimize their voices, and to dismiss any violations of their human rights.

However, there were also positive stories. A few individual police officers were recognized as approaching women who use drugs with kindness, compassion and decency. Significantly, the women made it clear to us that the staff in harm reduction centres welcomed them with warmth and humanity.



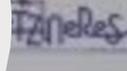
# Womxn who use drugs

- Womxn who use drugs are still frequently overlooked despite the complex harms, stigmatisation and structural violence they face
- They are criminalized and marginalized within society, but they're also marginalized within health and development responses – including within harm reduction and SRH
- Womxn, trans and gender-diverse people who use drugs are disproportionately impacted by punitive and racist drug laws and policies, as well as discriminatory societal structures and norms.

# HARM REDUCTION FOR WOMEN IN PRISON



Work on focus group interviews held with women in South Africa, Spain, and across the Americas who are accessing harm reduction services is...



Positive drug policies disproportionately impact women. Drug use and drug offences are a significant contributor to the incarceration of women around the world. In many countries, a higher proportion of women than men are imprisoned for drug-related offences.

When women who use drugs are detained, their access to harm reduction services is severely lacking.

The publication of this briefing would not have been possible without the contributions of Angela Mulder, Julie McDowell and Shanae South African Network of People Who Use Drugs (SANPUD), as well as Tessa Cascardi, Monica Margolis and the members of Harm Reduction International. We would also like to thank all the women who participated in our focus groups and the staff who provided us with support and information. We would like to thank the photographers Lorena Bae and Ana...





## Integrated service delivery

Harm reduction is not only

- OAT, NSP, DCRs

It must also address the issues that affect people who use drugs

- \* Barriers to accessing social services such as abstinence
  - \* Housing
  - \* Mental health.
  - \* Security
- \* Gender based violence
  - \* HIV, TB and hepatitis
  - \* Food

# Global Drug Policy Index – Harm Reduction



The Global  
Drug Policy  
Index

**Median Harm Reduction score from  
30 countries is 40/100**

## Highest ranking

**74/100**  
Norway

**64/100**  
United Kingdom

**61/100**  
Portugal

## Lowest ranking

**9/100**  
Brazil

**12/100**  
Ghana

**13/100**  
Uganda

Composite measure for harm reduction:

- Harm reduction in national policy documents
- Availability and coverage of harm reduction interventions
- Perception of equity in accessing harm reduction services
- Sustainable funding for harm reduction
  - Resource needs (un)met
  - Secure and reliable funding

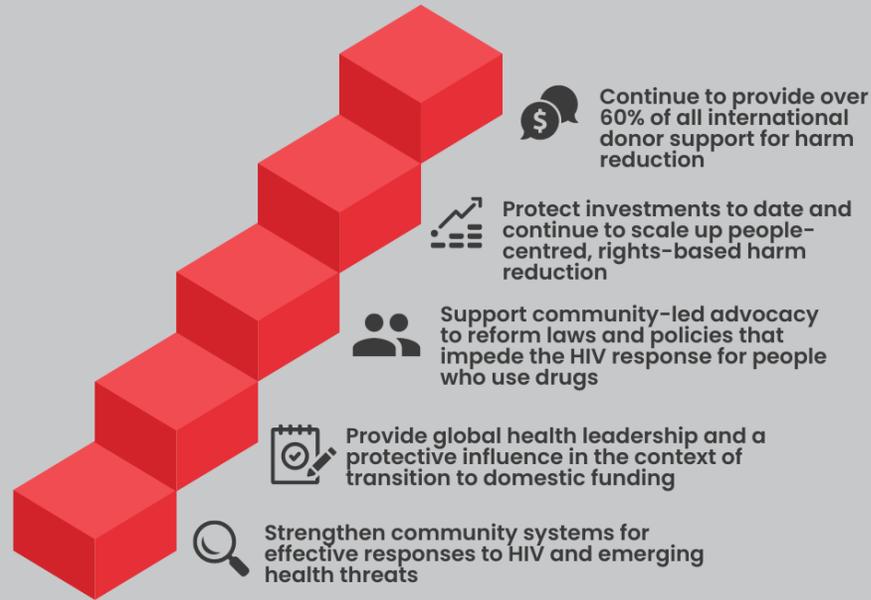
# GDPI – Harm reduction resource needs met (%)

Adequate (over 70%)	Moderate (50-69%)	Moderately low (30-49%)	Low (10-29%)	Very low (under 10%)
Canada New Zealand Norway Portugal UK	Australia	Georgia Hungary Kenya Morocco North Macedonia Senegal Thailand	Indonesia Kyrgyzstan Nepal South Africa	Afghanistan Argentina Brazil Colombia Costa Rica Ghana India Jamaica Lebanon Mexico Mozambique Russia Uganda

# GDPI – Harm reduction funding score (0-100)

Over 70	50-69	30-49	10-29	Under 10
New Zealand	Australia	Georgia	Nepal	Indonesia
Norway	Canada	Morocco	Hungary	Afghanistan
Portugal		North	Kenya	Argentina
UK		Macedonia	Senegal	Brazil
			Thailand	Colombia
				Costa Rica
				Ghana
				India
				Jamaica
				Kyrgyzstan
				Lebanon
				Mexico
				Mozambique
				Russia
				Uganda
				South Africa

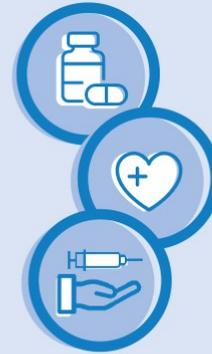
# A fully funded Global Fund will:



The funding gap for harm reduction in low- and middle-income countries is widening



Funding for harm reduction is only **5%** of the level required in low- and middle-income countries



**The Global Fund is the largest donor to harm reduction.**



Without full replenishment, critical harm reduction funding will be cut.

# WHA and WHO

- WHO normative and technical guidance have been critical in supporting the uptake of harm reduction (flow on effect saving lives) - including 2019 guidelines for hepatitis, Injecting Drug User Implementation tool (IDUIT), the United Nations System Common Position Supporting the Implementation of the International Drug Control Policy Through Effective Inter-agency Collaboration - comprehensive package.
- The draft decision at the end of the DG report: *'request the Director-General to continue to report to the Health Assembly every two years until 2030 on WHO's activities to address the public health dimensions of the world drug problem,'* must be approved by member states.
- Ongoing engagement of the WHA via the DG's reports on the public health dimension of the response to drugs is a critical step in maintaining harm reduction as a priority area to combat HIV, TB and hepatitis and save the lives of people who use drugs.

- Good health policy and processes are marked by active consultation and participation of civil society.
- Stalling harm reduction service implementation
- Decreasing funding for harm reduction
- Closing of space for civil society engagement within opaque multilaterals.

**We cannot end AIDS without communities.**

Yet funding for community-led organisations is **less than 7%** of total harm reduction funding from international donors.

