The Global State of Harm Reduction 2022

Colleen Daniels
Deputy Director/Public Health Lead
May 18, 2022

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 INTERNATIONAL

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

HARM REDUCTION INTERNATIONAL

Who are we?

HARM REDUCTION INTERNATIONAL

- **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.

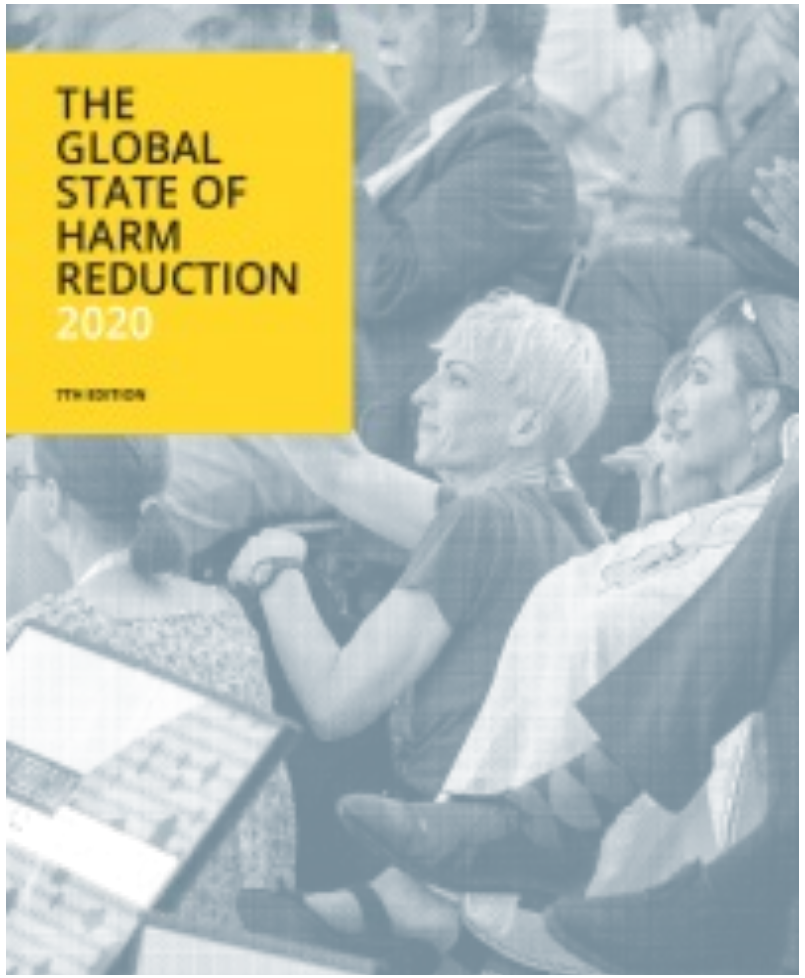
HR23

STRENGTH IN SOLIDARITY

HR23
MELBOURNE

16—19 APRIL

Global State of Harm Reduction 2021



- 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).

HARM REDUCTION INTERNATIONAL

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.

HARM REDUCTION INTERNATIONAL

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.

HARM REDUCTION INTERNATIONAL

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 sub-groups 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. Thought 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.

HARM REDUCTION INTERNATIONAL

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.

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
* Gender based violence
* Mental health.
* HIV, TB and hepatitis
* Security
* Food

HARM REDUCTION INTERNATIONAL

Global Drug Policy Index – Harm Reduction

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

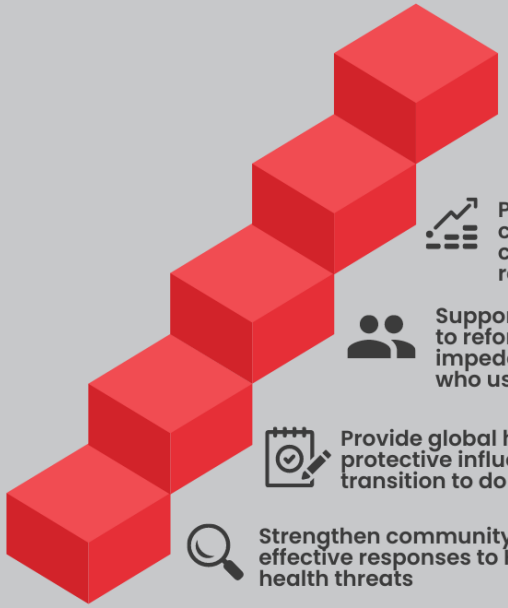
GDPI – Harm reduction resource needs met (%)

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

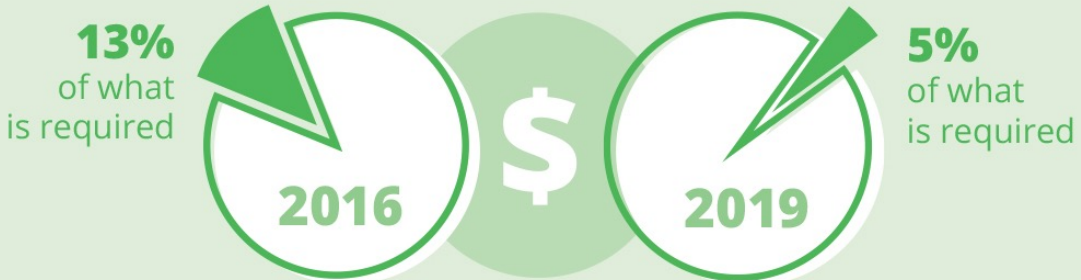
A fully funded Global Fund will:



- Continue to provide over 60% of all international donor support for harm reduction
- Protect investments to date and continue to scale up people-centred, rights-based harm reduction
- Support community-led advocacy to reform laws and policies that impede the HIV response for people who use drugs
- Provide global health leadership and a protective influence in the context of transition to domestic funding
- Strengthen community systems for effective responses to HIV and emerging health threats

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

HARM REDUCTION INTERNATIONAL

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.

HARM REDUCTION INTERNATIONAL

- 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.