

GLOBAL STATE OF HARM REDUCTION

MINISTERIAL CONFERENCE ON DRUG

TRAFFICKING AND SUBSTANCE ABUSE

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IN THE WESTERN INDIAN OCEAN

WHAT IS HARM REDUCTION?

- Harm reduction refers to policies, programmes and practices that aim to minimise the negative health, social and legal impacts associated with drug use, drug policies and drug laws.
- Harm reduction is grounded in justice and human rights. It focuses on positive change and on working with people without judgement, coercion, discrimination, or requiring that people stop using drugs as a precondition of support.
- Harm reduction is effective in keeping people alive, preventing transmission of HIV and viral hepatitis, reversing overdoses, improving quality of life and connecting people to broader health services.
- Harm reduction is cost-effective, evidence-based and has been proven to have a positive impact on individual and community health.
- Nearly a hundred countries already have harm reduction policies and/or practices in place. There are excellent examples of harm reduction services in every region around the world, tailored to the local needs and contexts.

SERVICES AND PRACTICES

Harm reduction encompasses a range of health and social services and practices that apply to drugs, including but not limited to:



**INFORMATION
ON SAFER DRUG
USE**



**DRUG
CONSUMPTION
ROOMS**

(also called overdose
prevention centres or
supervised consumption sites)



**NEEDLE &
SYRINGE
PROGRAMMES**



**OVERDOSE
PREVENTION &
REVERSAL**



**OPIOID AGONIST
THERAPY**

such as methadone and
buprenorphine



HOUSING



DRUG CHECKING



**LEGAL/PARALEGAL
SERVICES**

HARM REDUCTION AS AN INTEGRATED SERVICE

- Integrated harm reduction services are a part of several global international commitments and guidelines (*Global AIDS Strategy 2021-2026; Global Health Sector Strategies 2022-2030; WHO Key Population Guidelines 2022*)
- Health consequences of drug use cannot be addressed in isolation, but must be considered in a social, economic and legal context.
- Service integration is about making services accessible (a 'one-stop shop) and empowering people to use them, without pressure or obligation.
- Integrated services are better placed to treat people as people, provide holistic care and support and combat the effects of stigma and discrimination.
- Integrated services know their context and clients and can make sure they have access to the most relevant and safest commodities.

COMMUNITY LEADERSHIP AND INVOLVEMENT IN HARM REDUCTION

- Global guidance and commitments emphasise community leadership in harm reduction (*GAS 30:80:60 targets; Global Health Sector Strategies 2022-2030*)
- Community leadership and involvement is transformational
- The leadership of peers eases the building of trusting relationships and ensures that people are treated as human beings not just patients.
- Peer-leaders in integrated services have a unique insight into the lives and experiences of their clients and can use that to provide compassionate and non-judgmental services.
- Working closely with clients and community improves the range and quality of services you can offer and can provide insight into tailoring of services, which in turn, brings better outcomes.
- Ensuring a culturally safe environment for Indigenous communities makes services more accessible and acceptable to people who may otherwise be marginalised.

GLOBAL STATE OF HARM REDUCTION



RECENT DEVELOPMENTS IN THE GLOBAL STATE OF HARM REDUCTION

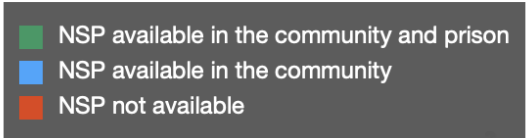
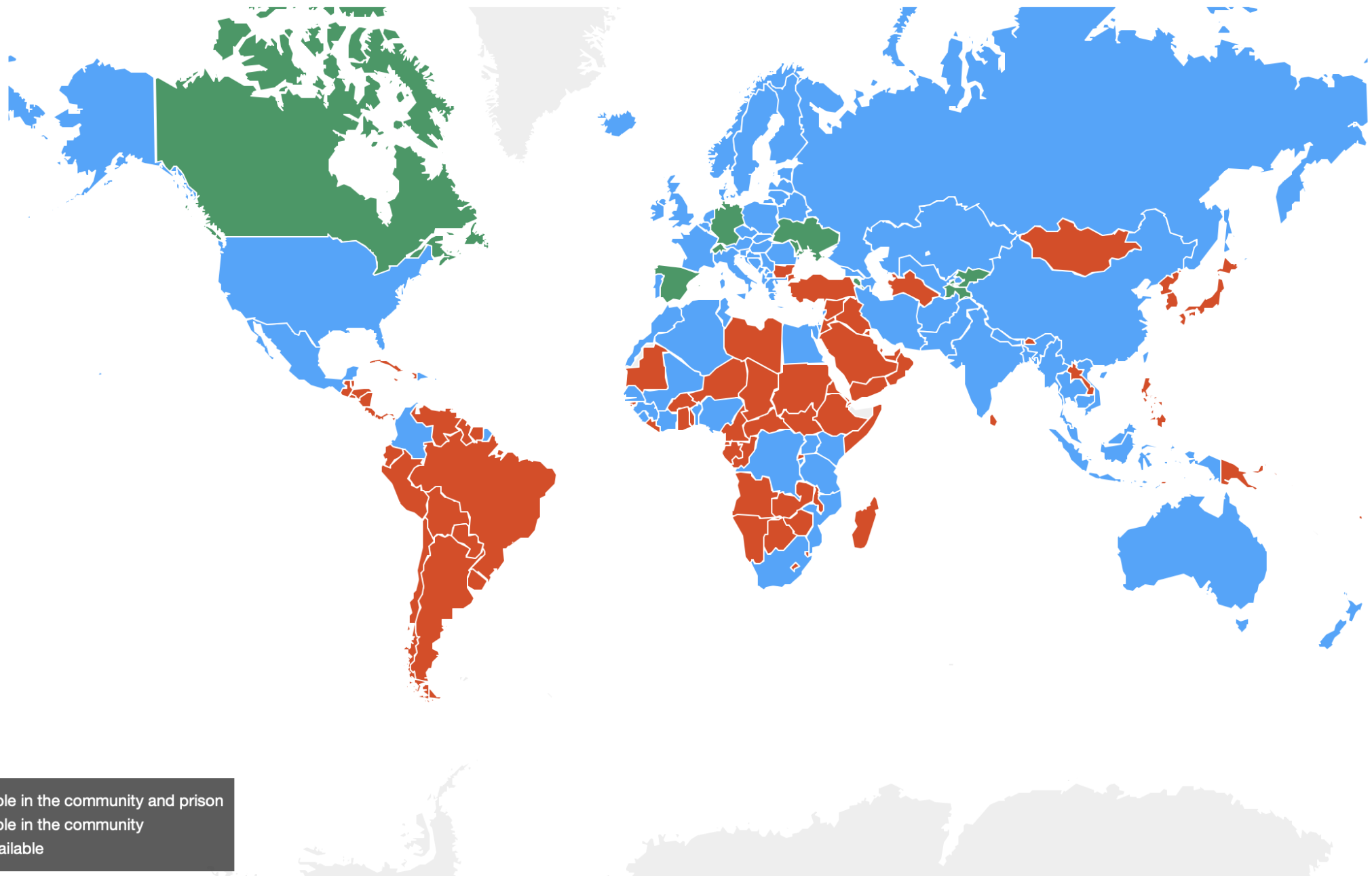
- The total number of countries that include **explicit supportive reference to harm reduction in national policy documents** has increased by four, from 105 to **109**. New countries are Cambodia, Malawi, St. Kitts and Nevis, and Togo.
- **92** countries have at least one **needle and syringe programme** in place
 - For the first time in 2023, Egypt has commenced implementation of **opioid agonist therapy (OAT) programmes** taking the global tally to **88** countries.
 - One country (Ukraine) began implementing **needle and syringe programmes (NSP) in prison**, bringing the global total to **9**.
 - **OAT in prisons** is available in **59** countries.
 - Colombia launched a new **drug consumption room (DCR)** in Bogota bringing the global tally of DCRs to **17**.
 - **35** countries provide **peer distribution of naloxone**, including two recent additions - Colombia and Moldova.
 - **Safer smoking kits** are distributed in **19** countries.
 - In Canada, the United Kingdom and the United States, **sharp increases in overdose deaths** have been reported in recent years, with the rise in mortality rates due to the toxic drug supply.
 - In March 2024, the **UN Commission on Narcotic Drugs adopted a US-led resolution on overdose prevention and harm reduction**.

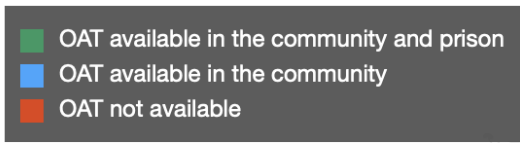
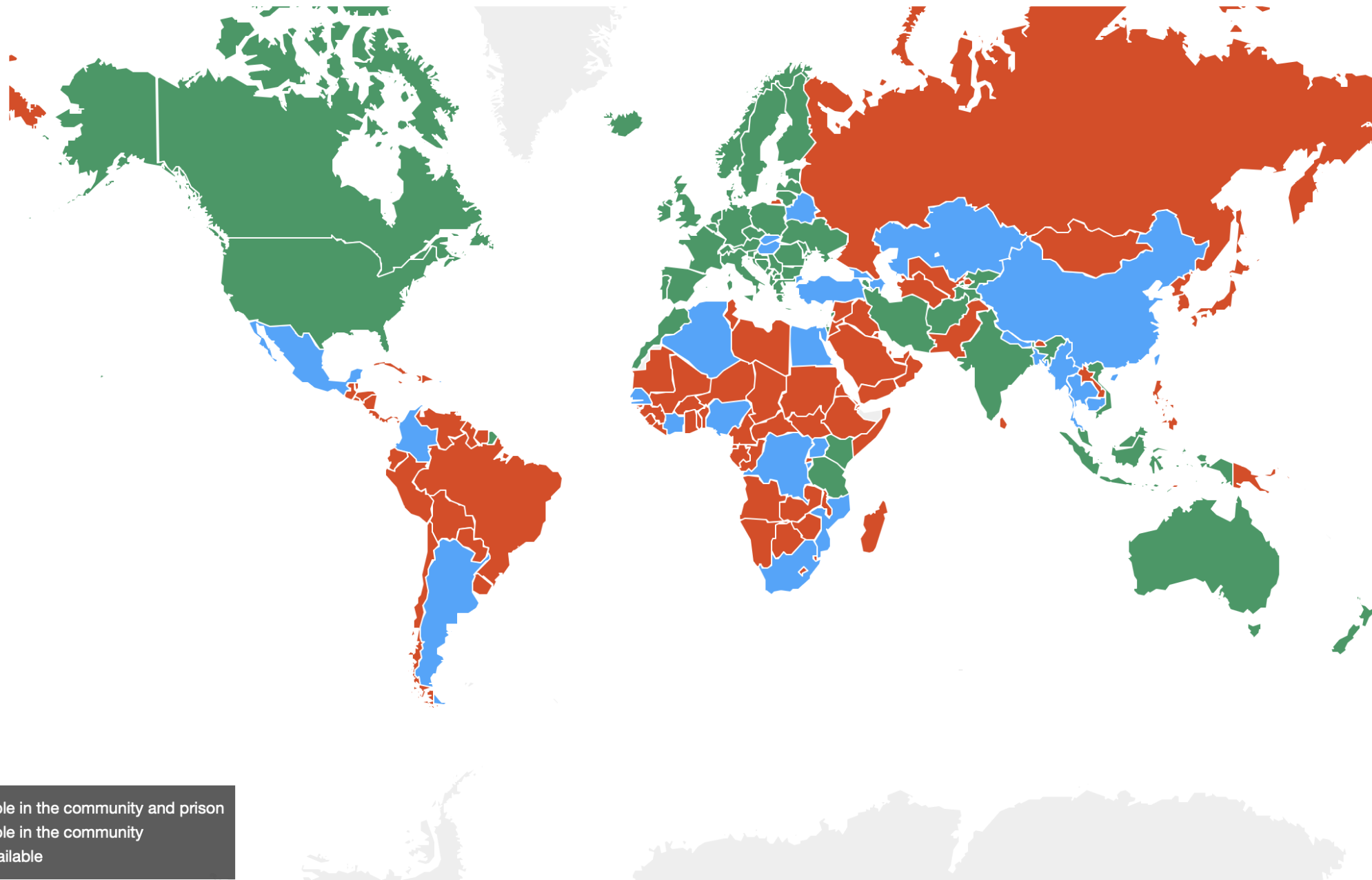
GLOBAL STATE OF HARM REDUCTION

- Availability, accessibility and quality remain significant issues. Services are unevenly distributed in most countries. People living in rural areas or outside capital cities, for example, are often poorly served.

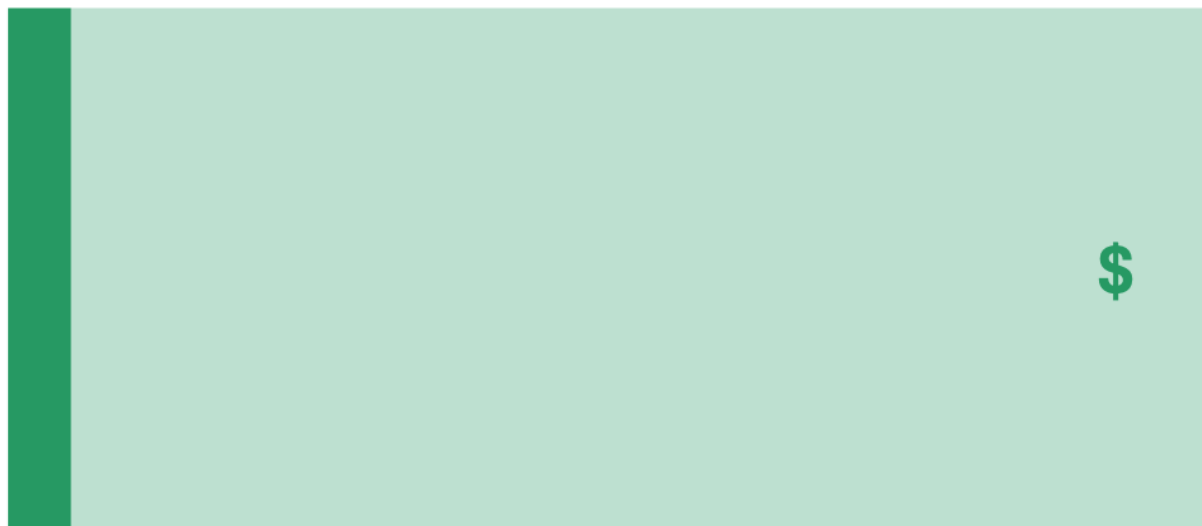
"Around the world, people who use drugs continue to face criminalization, stigma and discrimination that prevents access to services. Certain populations experience these barriers particularly acutely; most notably, women, LGBTQI+ people, people who are migrants or refugees, young people, and Black, Brown, and Indigenous people, all of whom face a lack of services tailored to their needs."

- The needs of women who use drugs remain gravely under-addressed in most contexts.





FUNDING FOR HARM REDUCTION IS ONLY 5% OF THE LEVEL REQUIRED IN LOW- AND MIDDLE-INCOME COUNTRIES



95%

Funding gap for harm reduction in low- and middle-income countries

USD 2.7 billion is annual resource need for harm reduction in LMI countries

\$68 MILLION

Funding from international donors

\$63 MILLION

Funding from domestic sources

THE INVESTMENT CASE FOR HARM REDUCTION

Harm reduction is not just effective in preventing HIV and hepatitis, but it's also a cost-effective choice that can even bring savings.

- *NSP cost: UNAIDS estimates the average cost of a needle and syringe programme (NSP) to be US\$23–71 per person per year.*
- *OAT cost-effective: A study in Indonesia estimated that expanding OAT coverage from 5% to 40% in West Java would avert approximately 2,400 HIV infections. Cost-effectiveness increases when wider societal benefits, such as reduced crime and incarceration are considered.*
- *Combined harm reduction services: Researchers in the United Kingdom found that a high coverage of combined NSP and OAT reduces the risk of acquiring HCV by 29-71%.*
- *Naloxone: A study in the United States found naloxone peer distribution to be highly cost-effective in preventing overdose-related deaths. Similar results were found in a study in Russian cities.*
- *Drug consumption room return: Canadian researchers concluded that Insite, Vancouver's supervised injection facility, provided a societal benefit of US\$6 million per year after implementation costs were accounted for.*
- *The cost of inaction: If Switzerland had discontinued harm reduction services in 2005, modelling suggests that 1,350 more people would have acquired HIV and needed costly treatment.*

REGIONAL OVERVIEW

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BEST PRACTICES AND CONSIDERATIONS

- Criminalisation of drug use and personal possession impedes public health responses, creates human rights violations and leads to wasteful spending. As emphasised by Global AIDS Strategy 10-10-10 targets, drug use and personal possession should be decriminalised. Thresholds for personal use should be clearly stated to avoid grey areas and discretionary powers of law enforcement.
- Donors and governments should divest from ineffective and unjust drug responses. When we do, we free up essential funds to invest in programmes that prioritise community, health and justice, including harm reduction (www.investinjustice.net).
- Harm reduction and treatment services for people who use drugs should be voluntary and people-centred, including when offered as an alternative to detention.
- Women who use drugs require tailored services that meet their specific needs, including sexual and reproductive health.
- People who use drugs should be involved in harm reduction service design, provision and monitoring, including decision-making processes.
- Community and civil society organisations are often the backbone of harm reduction service delivery and advocacy - social contracting mechanisms are an important way to ensure domestic funding can reach these organisations.
- Universal health coverage and health insurance schemes should explicitly include access to harm reduction for people who use drugs.

RESOURCES

- WHO (2022) Global Health Sector Strategies 2022-2030 <https://www.who.int/teams/global-hiv-hepatitis-and-stis-programmes/strategies/global-health-sector-strategies>
- UNAIDS Global AIDS Strategy 2021-2026 — End Inequalities. End AIDS. [Global AIDS Strategy 2021-2026 — End Inequalities. End AIDS. | UNAIDS](#)
- WHO (2022) Consolidated guidelines on HIV, viral hepatitis and STI prevention, diagnosis, treatment and care for key populations [Consolidated guidelines on HIV, viral hepatitis and STI for key populations - 2](#) (who.int)
- Harm Reduction International (2022) Global State of Harm Reduction 2022. HRI, London <https://hri.global/flagship-research/the-global-state-of-harm-reduction/the-global-state-of-harm-reduction-2022/>
- Harm Reduction International (2021) Failure to Fund: The continued crisis for harm reduction funding in low- and middle-income countries. HRI, London. <https://www.hri.global/files/2021/08/09/HRI-FAILURE-TO-FUND-REPORT-LOWRES.PDF>
- Harm Reduction International (2021) Integrated and person-centred harm reduction services. [Integrated and Person-Centred Harm Reduction Services - Harm Reduction International](#) (hri.global)
- Divest/Invest campaign - www.investinjustice.net