



IHRA's 21st INTERNATIONAL CONFERENCE

APRIL 25-29 2010 Liverpool, England

'Harm Reduction – the Next Generation'



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MEDIA RELEASE

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Global Report: 3 cents a day is not enough to prevent injecting drug use fuelling HIV/AIDS epidemics in Eastern Europe and Asia

International Harm Reduction Association says only one twentieth of the recommended \$3.2 billion in funding is being directed to preventing injecting drug use (IDU) related HIV infection

25 years after clean needle exchange services were introduced in the West to prevent HIV infection, the number of new HIV cases linked with injecting drug use in Bangladesh is 90%, in Russia 66% and in Indonesia 50%

Monday, April 26, 2010 (Liverpool, UK)-- A new report released today by the International Harm Reduction Association (IHRA) has exposed a massive funding gap which is frustrating efforts to prevent the spread of HIV by injecting drug users and contain some of the world's fastest-growing HIV/AIDS epidemics in Eastern Europe and Asia.

IHRA's report, *3 cents a day is not enough: Resourcing HIV-related Harm Reduction on a Global Basis* (1) – launched at today's opening plenary at Harm Reduction 2010, the 21st international conference on the reduction of drug-related harm being held in Liverpool – undertook a detailed review of funding levels from governments, NGOs and civil society groups to assess the impact of financing on global efforts to prevent IDU linked HIV infection.

The report estimates that in 2007 approximately \$160 million was invested in HIV-related harm reduction in low and middle income countries, of which US\$136 million (90 per cent) came from international donors. This spending equates to US\$12.80 for each injector each year in low and middle income countries, or just three US cents per injector per day. UNAIDS estimated that the resources needed for harm reduction were US\$2.13 billion in 2009 and US\$3.2 billion in 2010. Rather than US \$12.80 per injector per year, the needs estimated by UNAIDS averaged US\$170 in 2009 and US \$256 in 2010 per injector per year. These figures do not take into account the additional resources required for antiretroviral therapy, care and support.



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“Three cents a day is a terrifying figure and equally terrifying are the HIV infection rates amongst injecting drug users in parts of Eastern Europe and Asia,” said report co-author Professor Gerry Stimson, who is also the outgoing Executive Director of IHRA and Chair of the Harm Reduction 2010 conference. “Current spending is clearly only a small proportion of that required and is nowhere near proportionate to need. More money is needed for harm reduction, and it is needed now.”

On a global scale nearly one in five injecting drug user is living with HIV/AIDS and in around 20 countries across Eastern Europe and Asia, injecting drug use is the major driver of HIV infection. In Indonesia approximately half of new HIV cases are linked with injecting; this figure is 66 per cent in Russia and Kazakhstan; while in Bangladesh 90 per cent of HIV infections are related to unsafe injecting. In addition to HIV, people who inject drugs are also vulnerable to other health concerns including blood borne viruses such as hepatitis B and C, tuberculosis.

Harm reduction programmes such as clean needle exchange programmes and opioid substitution therapy (eg methadone) were introduced some 25 years ago in European cities like Rotterdam and Liverpool and in countries such as Australia. It was one of the first successful measures to prevent HIV infection through injecting drug use. The practice was widely adopted as public health policy in many countries and along with safe sex campaigns is considered a major factor in the relatively low HIV infection rates in those countries. It is endorsed at the highest level in the United Nations.

Nearly three decades later, injecting drug use is now driving the globe’s fast growing HIV/AIDS epidemic in Eastern Europe. The number of HIV infected people in Russia for instance, has increased tenfold in the past decade from an estimated 100,000 to one million. Eighty per cent of HIV positive people are under 30 years of age. Methadone is illegal.

Prevention of HIV is also cheaper than treatment of HIV/AIDS. For example, in Asia it is estimated that the comprehensive package of HIV-related harm reduction interventions costs \$39 per disability-adjusted life-year saved, whereas antiretroviral treatment costs approximately \$2,000 per life-year saved.

2010 is the year that Universal Access to HIV prevention, treatment and care was meant to have been achieved and yet the global average is fewer than two clean needles a month per injector, and only four per cent of injecting drug users living with HIV are on HIV treatment.



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“We have known now for well over two decades that HIV is preventable – it is untenable that today in some 90 low and middle income countries nearly all people who inject drugs have absolutely no access to HIV prevention such as methadone and in some 70 countries they are without access to needle exchange services - especially when we also know that prevention measures such as these are significantly cheaper than treatment, “said Stimson. “Harm reduction is a low-cost, high-impact intervention. Its funding needs to be better monitored and 20 per cent of global HIV prevention funds should be dedicated to it.”

The report’s recommendations are the following:

1. More global resources are needed for harm reduction;
2. Resources for harm reduction and HIV services for people who use drugs should be proportionate to need within countries;
3. Donors should set targets for the proportion of global spending going to HIV related harm reduction, with 20% of global prevention funds going to harm Reduction;
4. Global expenditure on harm reduction must be properly monitored by UNAIDS and NGOs;
5. Better estimates are required of the resources needed for HIV-related harm Reduction;
6. New ways of delivering harm reduction services may be needed;
7. A global Community Fund for Harm Reduction should be established to advocate for increased resources for harm reduction.

The findings of the *3 cents a day is not enough* report were supported by a range of organisations at today’s opening plenary.

The recent global review by the Reference Group to the UN on HIV and Injecting Drug Use revealed that although the number of countries with core HIV prevention services is growing, the level of coverage in injecting drug users is poor in many countries. HIV prevention treatment and care services for injecting drug users are clinically effective, but to exert a population level effect they need to be delivered to scale.

“The findings of the Reference group suggest that, worldwide, there are few countries in which the level of intervention coverage is sufficient to prevent HIV transmission, said Bradley Mathers of the University of New South Wales in Australia and a member of the reference group. “Governments that have not made needle and syringe programs and opioid substitution available need to be convinced that these



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interventions are the most effective ways to stop HIV spreading among injecting drug users, and to the wider community".

"The Global Fund to Fight AIDS, Tuberculosis and Malarias strongly supports harm reduction, and is the largest international funder of harm reduction programs," said Urban Weber, the Global Fund Unit Director for Eastern Europe & Central Asia, Latin America & Caribbean, Middle East & North Africa.

"But worldwide, the vast majority of people who inject drugs and prisoners and pre-trial detainees still have no access to the services they need. We believe the Global Fund is well placed to work with countries and our partners to scale up comprehensive programs in the community and in prisons, that are evidence-based and respect, protect and fulfill human rights. If we work together and countries submit proposals with ambitious harm reduction components, we can succeed in dramatically increasing investments for harm reduction and bridge the funding gaps."

Alvaro Bermejo, Executive Director of the International HIV/AIDS Alliance, said that "Injecting drug use is a major driver of HIV epidemics worldwide. The 'war on drugs' is a war on drug users and its fuelling the HIV epidemic, making public health responses much more difficult.

"Harm reduction is a much more effective approach to addressing HIV and drug use. It means drug users can prevent HIV transmission and live positively. It's time to move away from the detention centre system and to provide services for users in their communities and in government health clinics so they can see them as places where they can get help and not be badly treated," concluded Bermejo."

Liverpool, long considered to be one of the original birthplaces of needle exchange programmes in the fight against HIV, is hosting the Harm Reduction 2010 conference. Some 1200 participants from some 90 countries are attending the event which was opened last night by a recorded speech from UNAIDS Executive Director Michel Sidibé.

Notes to editors:

(1) *Three Cents a day is not enough: Resourcing HIV-related Harm Reduction on a Global Basis*, Gerry V Stimson, Catherine Cook, Jamie Bridge, Javier Rio-Navarro, Rick Lines and Damon Barrett. © 2010 International Harm Reduction Association <http://www.ihra.net/Liverpool/AbstractsandPresentations>



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Upcoming sessions

The theme of the Plenary Session on Tuesday April 27 is *Decriminalisation and Beyond* and will feature presentations by Martin Acuña, Trial Judge on Criminal Matters in Argentina (on drug policies in Latin America), Ann Fordham, Coordinator of the International Drug Policy Consortium (on decriminalisation), Fatima Trigueiros (on national drug strategies in Portugal) and Steve Rolles, Head of Research for Transform Drug Policy Foundation (on options for control after the war on drugs).

The closing day of the conference on Thursday April 29 will feature a special session titled *Harm Reduction for Producer Nations? Farmers' Perspectives on the War on Drugs* with speakers from Colombia, Burma, Afghanistan and Bolivia.

The closing Plenary Session will focus on law enforcement, scientific evidence and drug policy, hepatitis and mainstreaming evidence based harm reduction policies. Presenters include: Philippe Bourgois, Richard Perry University, Professor of Anthropology & Family and Community Medicine; Evan Wood, Director of the Urban Health Research Initiative at the British Columbia Centre for Excellence in HIV/AIDS; Margaret Hellard, Director of the Centre for Population Health at the Burnet Institute and Teguest Guerma, Director ad interim of the WHO HIV/AIDS Department.

The International Drugs and Harm Reduction Film Festival

The International Drugs and Harm Reduction Film Festival has accompanied the annual International Harm Reduction Conferences since 2004 and has become an integral, popular and invaluable component of the overall event for attending delegates. This innovative international festival has taken place in Melbourne (2004), Belfast (2005), Vancouver (2006), Warsaw (2007), Barcelona (2008) and Bangkok (2009). Since its inception, this event has been able to provide unique perspectives on harm reduction, drug use, minorities, poverty, organised crime and human rights – as seen through the film-makers' lens.

For only the second time in its history, the Film Festival this year will also run a shortened programme open to the general public on Monday April 26 & Tuesday April 27 at the Foundation for Art and Creative Technology (FACT) in Liverpool.

For programme details and screening times:

www.ihra.net/Liverpool/FilmFestival

To download stills

<http://www.ihra.net/Liverpool/ConferenceImages>



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About Harm Reduction 2010

The event, now in its 21st year, has become the focal point for knowledge sharing, networking and promoting evidence-based best practice in the field of reducing harms from drugs and alcohol. The delegates include front line workers, researchers, policy makers, politicians, people from international organisations, people who use drugs and people working in criminal justice. The conferences have helped to put harm reduction on the map and to coordinate advances, innovations, evidence and advocacy in this field for the last two decades.

The IHRA Harm Reduction Academy

This academic programme is being introduced as a partnership between IHRA and the Conference Consortium with academic CPD programmes delivered by Liverpool John Moores University (LJMU). The Academy links the conference with additional teaching and mentoring. Students successfully completing the course are awarded a Liverpool John Moores University Certificate in Professional Development.

The Continuing Professional Development programme is designed to enable individuals to develop their professional abilities while obtaining new skills.

This programme will also be offered at future harm reduction conferences to provide a range internationally recognised and accredited Certificates in Professional Development at different levels. This will give students a formal and academically recognised route into either further training or higher academic qualifications.

The significance of Liverpool as host city

The conference returns to Liverpool which hosted the first event back in April 1990. Liverpool has a proud history of both public health and harm reduction. It was the first city in the world to appoint a Medical Officer of Health back in 1847 and, in the

1980s, developed the 'Mersey Harm Reduction Model' for reducing drug related harms. The city opened the 'Mersey Drug Training and Information Centre' (MDTIC) in 1985 – a drop-in centre which provided honest information about safer drug use and, in 1986, opened one of the world's first formal needle and syringe exchange programmes (in a converted toilet!). As such, Liverpool contributed significantly to the adoption of harm reduction across the UK and Europe, which then helped to establish harm reduction around the world.



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About the Organisers

IHRA. The International Harm Reduction Association (IHRA) is the leading organisation promoting a harm reduction approach to all psychoactive substances on a global basis. IHRA exists to prevent the negative social, health, economic and criminal impacts of illicit drugs, alcohol and tobacco for individuals, communities and society. IHRA combines a public health and human rights based approach to reduce drug-related harms. It builds strategic alliances and partnerships with national and international organisations, supports the engagement of people affected by drugs and alcohol, promotes the human rights of affected populations and counters their marginalisation and stigmatisation.

Conference Consortium. The Conference Consortium is a unique independent company formed by a group of drug, alcohol and criminal justice service providers, and trade unions, professional and national organisations in the UK. The aims of the Consortium are to provide a forum to encourage discussion and debate on policy and practice in the fields of alcohol, drugs and criminal justice, disseminate information on research and good practice, foster thinking and new ideas, promote honest dialogue with respect for differing views, and encourage transparency in pursuit of its aims.

Liverpool John Moores University (LJMU). Liverpool John Moores University is a major academic institution in England. It was originally founded as a small mechanics institution (the Liverpool Mechanics' School of Arts) in 1823 and was later called Liverpool Polytechnic before gaining university status in 1992. It serves over 24,000 students – making it the largest institution in Liverpool – and has played a vital role in the regeneration of Liverpool. LJMU has also remained at the forefront of exciting developments in areas such as multimedia, sports science and public health – and was awarded the Queen's Anniversary Prize in 2005.

For the latest information about the conference programme and session abstracts as well as information on media accreditation and online registration, visit <http://www.ihra.net/Liverpool/MediaCentre>

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