



## A call to **redirect resources from the war on drugs to harm reduction**

[www.ihra.net/10by20UK](http://www.ihra.net/10by20UK) #10by20



# ALL YOU NEED TO KNOW ABOUT #10BY20!

## What is #10by20?

The #10by20 campaign is Harm Reduction International's global campaign to increase national and international financial support for harm reduction.

## What is #10by20 calling for?

We are calling on governments:

- To redirect 10 per cent of the resources that they currently spend on the ineffective punitive responses to drugs to harm reduction.
- To achieve this by investing in health, sustainable development and human rights by 2020.

## What is harm reduction?

Harm reduction is an evidence-based and cost-effective approach to drug policy and practice that is about keeping people who use drugs, their families and communities safe and healthy. Harm reduction is about saving lives and it works! Moreover, it has been endorsed by [economic experts](#), UN agencies, including [UNODC](#), [WHO](#), [UNAIDS](#) and the [World Bank](#), [scientists](#) and [prominent individuals](#).

## WHY DO WE NEED ACTION?

### We are calling for #10by20 because:

- We know that harm reduction saves lives and money yet
- Globally it's greatly underfunded and the situation is set to get worse.

### How much money is needed to fund harm reduction services?

UNAIDS estimates that [US\\$ 2.3 billion is required by 2015](#) to fund HIV prevention among people who inject drugs.

### How much funding is currently invested?

At last estimate, just [US\\$ 160 million](#) was invested by international donors in low and middle income countries. That is just **7 per cent** of what is actually required.

### Why is there a lack of funding for harm reduction?

While funding for harm reduction has always fallen short of need, shifting donor priorities are set to make this situation worse:

- International donors have started to shift funding away from middle-income to low-income countries. This is happening despite the fact that the majority of people who inject drugs ([approximately 75 per cent](#)) live in such countries.
- Donor governments are increasing their contributions to multilateral agencies such as The Global Fund to Fight AIDS, Tuberculosis and Malaria. Yet Global Fund policy has also changed and now it favours investment in low-income countries.

- In many countries governments do not invest in programmes for those most affected by HIV epidemics. These [key populations](#), identified by UNAIDS as sex workers, men who have sex with men, transgender people and people who inject drugs have the highest risk of contracting and transmitting HIV. Even where HIV prevalence rates of people who inject drugs are increasing and harm reduction programme coverage is low, many governments ignore the evidence of what works and don't prioritise harm reduction programmes.

### How many countries provide harm reduction services?

Injecting drug use has been documented in at least **158 countries and territories** worldwide. Of those 158 countries and territories:

- **91** include harm reduction in national policy.
- **90** provide needle and syringe exchange programmes (NSPs).
- **80** provide opioid substitution therapy (OST).

### What will happen if we don't act now?

If the adoption of harm reduction in new countries continues at the current pace, it will be **2026** before every country in need has even one or two harm reduction programmes operating, or has endorsed harm reduction within national policy.

### WHY DO WE NEED ACTION NOW?

2016 is a watershed year for drug policy reform and furthering health and human rights approaches for people who use drugs. The first UN General Assembly Special Session (UNGASS) on drugs in 20 years will take place. At the last UNGASS in 1998, global leaders pledged 'a drug free world'. Seventeen years later targets such as this have driven an international war on drugs, fuelled human rights violations and furthered HIV and HCV epidemics. The upcoming UNGASS gives us once in a generation opportunity to call on governments to stand up for harm reduction, health and human rights of its citizens instead of punishing them.

### WHAT CAN WE ACHIEVE IF WE TAKE ACTION TODAY?

It has been estimated that global drug enforcement easily exceeds **US\$ 100 billion annually**. By reinvesting one-tenth of one year's drug enforcement spending by 2020 we could change everything. With funding equivalent to just 10 cents for every dollar spent on enforcement we could:

- Cover annual HIV and hepatitis C prevention need for people who inject drugs. Globally. Twice over.
- Pay for enough naloxone to save thousands upon thousands of lives every year from opiate overdose.
- Ensure that we can respond to new challenges with effective advice, healthcare and emergency responses.
- Strengthen networks of people who use drugs to provide peer services and campaign for their rights.