

The potential to end AIDS among people who inject drugs: Why member states at the HIV High Level Meeting must champion harm reduction

Harm reduction aims to reduce the health, social and economic harms associated with drug use. Where scaled up sufficiently harm reduction interventions, such as needle and syringe programmes and opioid substitution therapy, have had a significant impact on reducing new HIV infections, mortality, and rates of crime.

The success of harm reduction is rooted in the fact that it goes beyond a set of highly effective interventions. It is an approach that is underpinned by the principles of pragmatism, dignity, human rights and public health, and one within which people who use drugs are firmly at the centre. This approach, often implemented in the face of resistance, has saved countless lives and helped people to stay healthy.

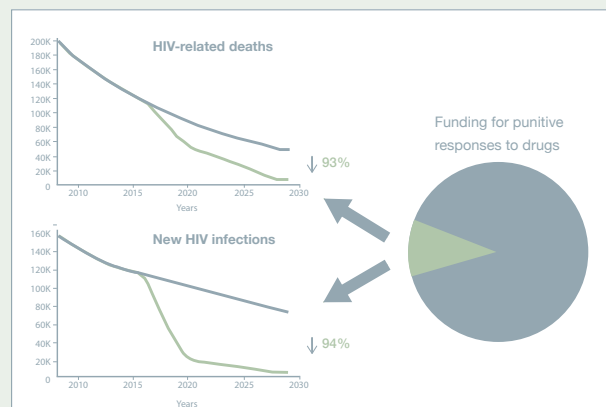
Despite such success harm reduction programmes remain underfunded and coverage falls short of what is required to impact HIV epidemics among people who inject drugs. Of the 158 countries or territories which report injecting drug use around 90 countries or territories have at least one needle and syringe programme, and 80 provide opioid substitution therapy. In prison settings the situation is far worse with just 7 countries providing needle and syringe programmes, and only 44 providing opioid substitution therapy, in at least one prison.

Ending AIDS among people who inject drugs

In 2015, world leaders adopted the Sustainable Development Goals (SDGs), including a target to end AIDS by 2030. Yet if implementation of harm reduction interventions continues at current levels only a minimal reduction in new HIV infections among people who inject drugs will be seen. Already the world has missed the target of halving HIV among people who inject drugs by 2015 by a staggering 80%.

Prisoners have also been left behind in global responses to HIV. Between 33% and 50% of the world's prison population is made up of people who use drugs, while global HIV prevalence is up to 50 times higher among prison populations than it is in the broader community. Despite these alarming figures, key harm reduction services are severely lacking in prison settings. The number of countries providing NSPs in at least one prison has even fallen in the last decade.

Behind this failure is the chronic underfunding of harm reduction. At last count, investment in harm reduction in low- and middle-income countries totalled USD 160 million, only 7% of the estimated USD 2.3 billion required. By contrast, USD 100 billion is spent annually on drug enforcement and control.



New projections prepared by Burnet Institute for Harm Reduction International's (HRI) latest report *The Case for a Harm Reduction Decade: Progress, potential and paradigm shifts* demonstrate how just a tiny shift in funding could virtually end injecting-related HIV infections by 2030. As HRI's modelling shows, by moving as little as 7.5% of current spending on drug enforcement into harm reduction programmes, we could achieve a 94% reduction in new HIV infections among people who inject drugs by 2030, and reduce HIV-related deaths by similar proportions.

We urge member states to champion harm reduction at the High Level Meeting on HIV by pushing for inclusion of the following elements:

- Acknowledge that the provision of harm reduction and evidence-based drug treatment (including in prisons and places of detention) cannot be seen as a policy option at the discretion of states, but must be recognised as a legally binding human rights obligation;
- Commit to a new HIV prevention target for people who inject drugs of a 75% reduction in new HIV infections by 2020;
- Acknowledge the global deficit for sustainable funding of harm reduction programmes and support a shift of resources away from punitive responses towards proven harm reduction interventions and commit to a fully funded national HIV response for people who inject drugs based on epidemiological need;
- Recognise the importance of the removal of legal barriers to ensure equitable access to harm reduction services including age restrictions for young people who use drugs;
- Recognise the need for appropriate, voluntary, evidence based services for those stimulant users in need of services, as the WHO/UNODC/UNAIDS technical guide does not address this group;
- Pledge to intensify meaningful participation of, and provide support, training and funding to, community-based organisations and civil society organisations (including drug user organisations) in designing and implementing services and advocacy programmes for people who use drugs/people who inject drugs;

IN ORDER TO ACHIEVE “90-90-90” FOR PRISONERS we urge member states to champion the following specific targets:

- 90% reduction in new HIV, viral hepatitis and TB infections among prisoners by 2030;
- 90% of prisoners have access to HIV prevention, treatment, care and support, including NSP, OST, naloxone and other harm reduction services by 2030;
- 90% of prisoners benefit from continuity of health care, including HIV treatment and harm reduction services, between correctional institutions and jurisdictions, and between the prison and the broader community by 2030;
- 90% of prisons routinely collect disaggregated data, and apply appropriate indicators and benchmarks to monitor progress, on HIV prevention, treatment, care and support in prisons by 2030 as part of the UNAIDS Fast Track Strategy to end AIDS by 2030

This briefing was prepared a global coalition of harm reduction organisations including the Canadian HIV/AIDS Legal Network, Eurasian Harm Reduction Network, Eurasian Network of People who Use Drugs, European Network of People who Use Drugs, Harm Reduction Coalition, Intercambios Civil Association, International Drug Policy Consortium, International Network of People who Use Drugs, International HIV/AIDS Alliance, Stop AIDS Alliance, Middle East and North African Harm Reduction Network, Open Society Foundations, TB/HIV Care Association, YouthRISE, Ukraine Alliance for Public Health.

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Harm Reduction International works to reduce drug-related harms. Our vision is a world in which individuals and communities benefit from drug laws, policies and practices that promote health, dignity and human rights.