

A Decade of Harm Reduction and the Projected Impact of 10by20



Catherine Cook, Maria Phelan, Gen Sander, Katie Stone, Fionnuala Murphy

Harm Reduction International, London. UK

Global harm reduction progress

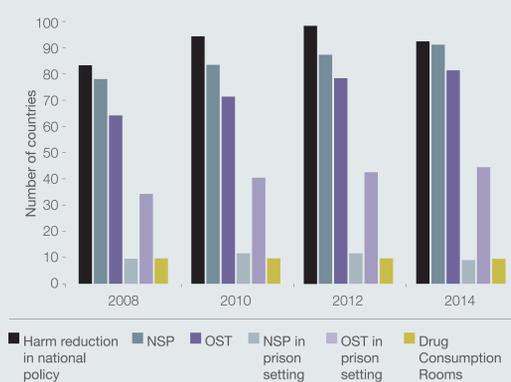
Harm reduction programmes are now operating at some level in more than half of the 158 countries in the world where injecting drug use has been documented.

Of these 158 countries:

- 91 provide for harm reduction in national policy documents;
- 90 have at least one needle and syringe programme;
- 80 provide opioid substitution therapy

At an operational level, harm reduction is now the majority response in the international community with more than half of these countries, across every region of the globe, supporting or tolerating harm reduction programmes to some extent. Where these programmes have been scaled up, countless lives have been saved. This has been observed among early harm reduction pioneers, as well as in countries to more recently adopt harm reduction. There is now unequivocal evidence of the effectiveness and cost-effectiveness of harm reduction interventions around the globe.

Harm reduction policy and practice around the world 2008-2014



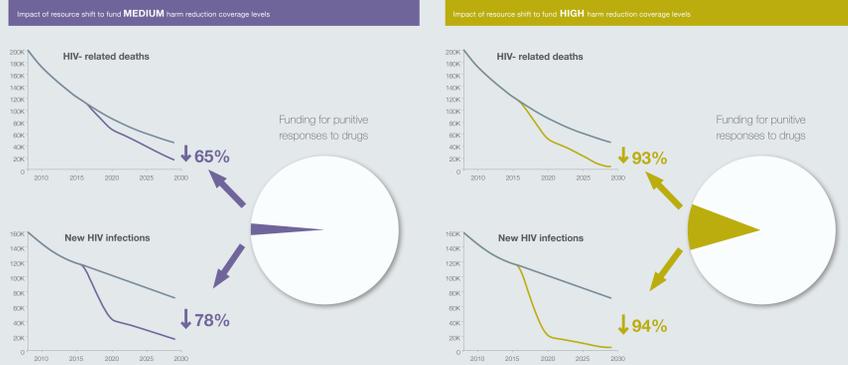
Harm reduction funding crisis:

Despite the growth in acceptance of harm reduction around the world, the response on the ground falls far short of what is needed to end the injecting-related HIV and viral hepatitis epidemics, overdose and other avoidable health harms.

Although harm reduction programmes are now available to some extent, in many places they remain small-scale and NGO-driven, and under threat from underfunding and a lack of strong political support.

The chronic underfunding of harm reduction, particularly in middle-income countries where the majority of injecting-related harms are documented, severely undermines the global response. At last count, investment in harm reduction in low- and middle-income countries totaled USD 160 million, only 7% of the estimated USD 2.3 billion required.¹ Worryingly, with shifting international donor priorities, many existing programmes are now at risk of closure.

Global solution:



New modelling projections demonstrate how just a tiny shift in global priorities in drug control funding could end injecting-related HIV infections by 2030.

It has been estimated that USD 100 billion is spent annually on global drug enforcement and control. As detailed in the modelling projections, a shift of as little as 2.5% of this money away from current drug enforcement spending into harm reduction programmes has the potential to achieve a 78% reduction in new HIV infections among people who inject drugs by 2030, alongside a 65% drop in HIV-related deaths. The global health impact of redirecting investment by 7.5% would be even more staggering, enabling us to cut new HIV infections among people who inject drugs by 94% and reduce HIV-related deaths by similar proportions.

Methodology for mathematical modelling on harm reduction impact

The mathematical model was conducted by David Wilson and colleagues at the Burnet Institute, Australia. The Optima HIV model uses an integrated analysis of epidemic, programme, and cost data to determine an optimal distribution of investment at different funding levels to better serve the needs of HIV and health decision-makers and planners. The following steps were taken:

- Separate HIV epidemiological models were developed in the Optima framework to be calibrated to the HIV incidence and prevalence among people who inject drugs by world region²;
- For each region, data on the number of people who inject drugs in each country and the prevalence of HIV among people who inject drugs in each country were used in a weighted average to obtain regional epidemiological estimates.³
- The interventions included within the modelling calculations were NSP, OST and ART. The coverage of different harm reduction intervention components differed by world region and were assumed based on available data within each region.⁴
- The six regional models were then aggregated to produce a global model of HIV among people who inject drugs.
- The regional models and aggregate model were projected into the future according to scenarios of continuation of current funding and associated constant levels of intervention coverage levels and also according to shifts in intervention coverage related to changes in assumed funding available for harm reduction.

Calling for a Harm Reduction Decade

The gains made by harm reduction's progress around the globe are fragile due to a lack of firm political support and financial investment. Now is the time for governments and international agencies to end the harm reduction crisis by committing to '10 by 20', a redirection of funding from the war on drugs into health and human rights-based programmes, including harm reduction, by the year 2020. As detailed in the modelling projections, such a redirection would have the effect of nearly ending injecting drug-related health harms and mortality by 2030.

The Harm Reduction Decade requires a paradigm shift in order to realise its potential. There must be accountability for human rights abuses in the context of drug control, the criminalisation

of people who use drugs must end, harm reduction workers must be considered human rights defenders and the current measures of success must be adapted to include health, welfare, respect for human rights, political stability and development of security.

Harm reduction programmes save lives, save money and help respect, protect and fulfil the human rights of people who use drugs. Harm reduction is the only global drug policy response that can claim these outcomes, and back them up with evidence.

Now is the time to consolidate and secure that success and commit to making the next ten years The Harm Reduction Decade.

We can end AIDS among people who inject drugs by 2030.

10%

shift in funds from drug control to harm reduction

94%

drop in new HIV infections

It's time for a Harm Reduction Decade.

www.hri.global/harm-reduction-decade
#10by20 #HarmReductionDecade

¹ These were Asia; Eastern Europe and Central Asia; Western Europe, North America and Oceania; Latin America and the Caribbean; Middle East and North Africa; Sub-Saharan Africa.

² Since publication of the report in March 2016, UNAIDS have released an updated resource needs estimate of USD 1.5 billion annual investment to cover NSP and OST for people who inject drugs in low- and middle-income countries. The estimate of USD 160 million investment from international donors therefore, would still represent a figure almost 90% short of need.

³ Data were sourced from UNODC World Drug Report 2014; Mathers et al, HIV prevention, treatment, and care services for people who inject drugs: a systematic review of global, regional, and national coverage, Lancet, 2010 Mar 20;375(9719):1014-28; Global AIDS Progress Reporting 2014 and the UNAIDS GAP Report 2014

⁴ For the estimated costs of scaling up harm reduction to mid- and high-coverage levels in each region, see Wilson DP et al (2015) The cost-effectiveness of harm reduction, International Journal of Drug Policy, Vol 26, S1, Pages S5-S11.



THE GLOBAL STATE OF HARM REDUCTION

www.hri.global

