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The Global State of Harm Reduction 2018

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**THE GLOBAL STATE
OF HARM REDUCTION 2018**

Foreword by Maia Szalavitz

In 2018, harm reduction faces both major challenges and clear opportunities. While the biannual Harm Reduction Conference in the US, held this year in New Orleans, saw its largest number of attendees ever – over 2,000, according to its organisers – the toll of overdose death remained relentless. Various forms of illicitly-manufactured fentanyl are now the leading cause of overdose death in North America – a distressing statistic, especially for a form of drug that barely had any presence in the US and Canadian markets until the last four years.

The harm reduction movement itself is thriving: this year also saw Canada's well-attended Stimulus Harm Reduction Conference in Edmonton. In both the US and Canada, there is clear movement towards expanding needle and syringe exchange services, naloxone availability and, in the US, creating safe injection facilities (SIFs). Politically, while strong opposition remains – especially in the American South – the media, parents' organisations, most recovery advocates and even many politicians have finally recognised that harm reduction is essential to save lives.

The rise of illicit fentanyls themselves is just about the clearest case one can make for harm reduction: despite a literally poisonous supply, millions of people are still taking street opioids in an underground market that lacks quality control. It's hard to argue that anything short of providing a safer supply – both through traditional medications like methadone and buprenorphine and via prescription heroin, hydromorphone (Dilaudid) and perhaps others – will be able to end the crisis, if done to scale.

Indeed, while harm reduction itself and its ideas are strong, many people in the field are struggling in the face of so much death and so little access to the best tools to save lives. Naloxone, SIFs, syringe programmes and current medication treatments are all necessary – but far from sufficient. Progress towards racial and economic justice also remains too slow.

The death of harm reduction giant Dan Bigg, the man who brought naloxone out of the hospital and into the street, has been painful – as has the loss of so many other loved ones. Many harm reductionists are now traumatised by so much rapid loss.

In light of this situation in which real political progress has been made – but not quickly enough and always, in the US, facing a potential backlash from the Trump administration – we need to take good care of each other. Harm reduction doesn't just apply to the people who use drugs that people in the field work with – it applies to all of us. We need to bring the compassion and kindness and non-judgmental support we want for people who use drugs to ourselves, too.

Harm reduction has gone from an idea shared by hundreds in the late 1980s and 1990s to an international movement of thousands or more. The power of the idea that drug policy should focus on reducing harm rather than use remains unparalleled: more and more people recognise both the racism and the futility of the war on certain drugs and those who take them. More and more people are asking, "If drugs are really a public health issue, why are we still locking people up to try to solve it?" More are questioning the morality of "sending a message" by allowing people who take drugs to die preventable deaths.

Kindness will bring us through this time of darkness and into the light.

Maia Szalavitz
Author and journalist

Foreword by Ma. Inez Feria

Harm reduction works. This is no longer up for debate.

The evidence for harm reduction has only grown stronger over the years. Initiatives that emanate from a harm reduction framework – that prioritise health and welfare, guarantee human rights, and promote social justice – save lives.

But only when people are able to access them.

In the past few decades, Asia has made strides in increasing the availability of harm reduction services such as needle and syringe programmes (NSPs) and opioid substitution therapy (OST), as well as access to treatment for HIV and viral hepatitis. Significant progress has also been made in understanding the nuances of how people across Asia in different contexts experience psychoactive substances.

Where harm reduction services are available, access and retention rates in programmes remain low, and many areas that need these services simply do not have them. Further, emerging trends in drug use, and a better understanding of the needs of different populations who use drugs, means that new initiatives are required.

The region is witnessing an increase in amphetamine-type stimulant (ATS) use without an increase in harm reduction for these people. Services for ATS that are founded in the same harm reduction principles that allowed us to respond effectively to opiate and injecting drug use need to be developed and provided.

There is also greater recognition of the need for gender-sensitive and gender-responsive harm reduction services. Women have experiences with drug use and the drug trade that differ from men's. Especially, but not limited to, societies where women are idealistically painted as nurturing or pure, their involvement with drugs expose them to a greater degree of vulnerability to physical and sexual violence, exploitation and stigmatisation. In the criminal justice system alone, while women make up a smaller percentage of the prison population compared to men, they are the fastest growing group of prisoners. The enforcement of harsh drug policies is exacerbating this problem.

The steps required to develop harm reduction services for these different contexts have not changed: meet people where they are at; give honest and pragmatic information; create programmes and responses around their needs, rather than imposing unrealistic goals; and, ensure their meaningful involvement throughout the process.

Asia's progress in harm reduction will continue to be undercut if we don't address a prevailing and growing culture in many Asian countries, one that still believes in punishment as the most effective way to deal with any behaviour it deems deviant. Responses to drug-related issues continue to be couched in a repressively punitive social and policy environment. The call for drug-free societies grows louder, and with it, the dehumanisation of people who use drugs.

In the Philippines alone, where the current president has famously called for an all-out "war on drugs", the past two years has seen thousands of people killed and tens of thousands more deprived of liberty. Support for such zero-tolerance rhetoric has spread, with neighbouring countries adopting similar approaches. Compounded with diminishing funding for harm reduction in the region, these punitive environments risk us backsliding from the progress we have worked so hard for.

Yet, there are pockets of hope. Communities who recognise the negative consequences of dehumanising drug policies. People who are seeking better solutions, but are unable to find or understand them. People who are unable to reconcile which policies and services actually work with what they have been taught is good and bad.

The challenge falls on those of us pushing for progress and human rights to extend our reach and communicate to those outside the drug policy and harm reduction bubble. We must empower people to respond based on compassion and evidence instead of misguided idealism. It is imperative for us to keep developing and delivering services and programmes that are responsive to the needs of people who use drugs, and also to shift the prevailing mindset in many of our countries where they must thrive.

For young advocacy groups (like the one I am involved with) that must navigate such extreme social and political conditions, the *Global State of Harm Reduction* anchors us in a global context, and builds a foundation for the much-needed evidence and perspective to do our work.

Harm reduction reminds us that a deep respect for the value and dignity of each person drives all our actions. For decades, thousands of lives have been ruined in pursuit of an unrealistic drug-free goal. We are at a pivotal stage for drug policy in the region, and it falls on us to steer it in the right direction.

Ma. Inez Feria
NoBox Philippines

Introduction

In 2008, Harm Reduction International (HRI) released the first *Global State of Harm Reduction*, a report that mapped responses to drug-related HIV, viral hepatitis and tuberculosis (TB) around the world for the first time. The data gathered for the report provided a critical baseline against which progress could be measured in terms of the international, regional and national recognition of harm reduction in policy and practice.

Since 2008, the biennial report has become a key publication for researchers, policymakers, civil society organisations, UN agencies and advocates, mapping harm reduction policy adoption and programme implementation globally. Over the last decade, reports of injecting drug use and the harm reduction response have increased; harm reduction programmes are currently operating at some level in almost half of the 179 countries in the world where injecting drug use has been documented.

With patterns of drug use globally continuing to evolve, Harm Reduction International reached out in 2017 to civil society networks across the world to ask what they wanted to see in this report. The 2018 *Global State of Harm Reduction* report has a broader scope, containing information on:

- The number of people who inject drugs and the number of people imprisoned for drug use (where data is available).
- Needle and syringe programmes (NSP), opioid substitution therapy (OST), HIV and hepatitis C and TB testing and treatment for people who use drugs, in both the community and in prisons.
- The harm reduction response for people who use amphetamine-type stimulants, cocaine and its derivatives, and new psychoactive substances.
- Drug-checking in nightlife settings.
- Harm reduction for women who use drugs.
- Drug consumption rooms.
- Drug-related mortality and morbidity and the overdose response, as well as naloxone peer-distribution in the community and naloxone provision in prisons.
- Developments and regressions in funding for harm reduction.

This report and other *Global State of Harm Reduction* resources can be found at www.hri.global.

Methodology

The information presented in the two sections of the report was gathered using existing data sources. These include research papers and reports from intergovernmental organisations, multilateral agencies, international non-governmental organisations, civil society and harm reduction networks, organisations of people who use drugs, and expert and academic opinion from those working on HIV, hepatitis C, TB, drug use and harm reduction. Harm Reduction International also enlisted support from regional harm reduction networks and researchers to gather qualitative information on key developments^a and to review population size estimates, prevalence data on HIV and viral hepatitis among people who inject/use drugs, and the extent of provision for needles and syringes, opioid substitution therapy, naloxone, drug-checking services and drug consumption rooms.

Quantitative data for the tables at the beginning of each chapter in Section 2 have been obtained from a variety of sources and are referenced in each regional update. These data reflect the most recent available estimates for each country at the time of the data collection exercise (March to November 2018). Where no source was available, the data were unpublished or their reliability were questioned by civil society organisations, researchers or other experts, we have sought expert opinion to identify additional sources and verify their reliability.

Data in many of the regional chapters have been sourced from two global systematic reviews, published in the *Lancet Global Health* in 2017, supplemented by national or regional experts.^[1,2] These reviews identified the prevalence of injecting drug use; the socio-demographic characteristics of, and risk factors for people who inject drugs; the prevalence of blood-borne viruses;^[1] and coverage of NSP, OST, HIV testing, ART and condom programmes.^[2] The data from Western Europe and some countries in Eurasia has been sourced from the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA), unless otherwise stated in the text. Footnotes and references are provided for all estimates reported, together with any discrepancies in the data. Where information in the tables is outdated, we have provided footnotes with a year of estimate.

Figures published through international reporting systems, such as those undertaken by the United Nations Office on Drugs and Crime (UNODC), the World Health Organization and the Joint United

a A copy of *The Global State of Harm Reduction 2018* questionnaire can be obtained by contacting office@hri.global.

Nations Programme on HIV/AIDS (UNAIDS) may differ from those collated here due to the varying scope of monitoring surveys, reliability criteria and different regional classifications.

Regions have been largely identified using the coverage of regional harm reduction networks. Accordingly, this report examines Asia, Eurasia (Central and Eastern Europe and Central Asia), Western Europe, the Caribbean, Latin America, North America, Oceania, the Middle East and North Africa, and Sub-Saharan Africa. All regional updates have been peer reviewed by experts in the field (see Acknowledgements).

Data quality

In 2017, two global systematic reviews on the prevalence of injecting drug use and prevalence of HIV and hepatitis, and on the coverage of interventions to prevent and manage HIV and hepatitis, were published in the *Lancet Global Health*.^[1,2] These reviews were welcomed by the international community as an independent source of data and analysis. For Western European countries and some countries in Eurasia, the EMCDDA has continued to be a crucial source of reliable data for this edition of the *Global State*, as in past editions. Other sources include global AIDS response progress reports submitted by governments to UNAIDS in 2016/2017/2018, data published by the UNODC in the *World Drug Report* in 2018, bio-behavioural surveillance reports, systematic reviews and academic studies.

We have sought input from harm reduction networks, researchers, academics and other experts to inform our reporting on the existence and coverage of harm reduction. Where no updates were available, data from *The Global State of Harm Reduction 2016*^[3] has been included, with footnotes provided on dates of estimate where necessary.

Our data on epidemiology and coverage represent the most recent verifiable estimates available. However, a lack of uniformity in measures, data collection methods and definitions for the estimates provided make cross-national and regional comparisons challenging.

The significant gaps in the data are an important reminder of the need for a greatly improved monitoring and data reporting system on HIV and drug use around the world.

Limitations

The report aims to provide a global snapshot of harm reduction policies and programmes; as such it has limitations. It does not evaluate the quality of the services that are in place, although where possible it does highlight areas of concern.

While *The Global State of Harm Reduction 2018* aims to cover important areas for harm reduction, it focuses primarily on public health aspects of the response. The report does not document all the social and legal harms faced by people who use drugs, nor does it cover all the health harms related to illicit or licit substance use.

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