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It has been a year in which public health has dominated the agenda and many governments looked to lessons from the AIDS response. Unfortunately, health-based responses to drug use are not part of this success story. Our global tracking shows that harm reduction implementation has worsened since our last report in 2018, having effectively stalled since 2014. The data presented today was collected for the seventh edition of the Global State of Harm Reduction.

According to the latest report from the United Nations Office on Drugs and Crime (UNODC), an estimated 11.3 million people inject drugs globally, with HIV prevalence estimated to be 12.6% and hepatitis C prevalence 48.5% among this population. 179 countries report some injecting drug use, however, 110 countries have no data on its prevalence. Without accurate data, our work to invest in and programme for harm reduction is limited and we cannot hope to effectively progress CND Resolution 60/8 in relation to preventing HIV amongst people who use drugs and increasing financing for the global HIV/AIDS response.

The World Health Organization (WHO) recommends a package of services for HIV prevention, treatment and care for people who inject drugs, such as needle/syringe programs, opioid agonist therapy, and the provision of naloxone and training on overdose prevention.

Since 2018, the number of countries implementing needle and syringe programmes (NSPs) remained level at 86 (with some countries ceasing implementation and 4 new countries adopting NSPs). The number of countries where opioid agonist therapy (OAT) is available decreased by two to 84.

There are also large differences between the regions in terms of harm reduction implementation: while NSPs and OAT are available in most countries in Eurasia, North America and Western Europe, these core harm reduction interventions are severely lacking in the majority of countries in other regions.

Significant geographical gaps and an uneven distribution of services exist even in countries where harm reduction has been available for decades. In addition to geographical gaps in coverage, there are sub-groups of people who use drugs that experience barriers in access because harm reduction services aren't tailored to their unique needs. These groups include women who use drugs, people who use stimulants and/or non-injecting methods, people experiencing homelessness, and men who have sex with men.

Women who use drugs are still frequently overlooked despite the complex harms, stigmatisation and structural violence they face. A substantial increase in gender-sensitive services is necessary to appropriately address their needs and progress the commitments under CND Resolutions 59/5, 55/5 and 61/4.

Overarching structural problems also negatively affect access to services. Criminalisation, racism and discrimination against Indigenous, Black, and brown people results in people from these communities disengaging from or actively avoiding health services.

COVID-19

The COVID-19 pandemic disrupted harm reduction service provision around the world and highlighted the importance of community-led responses in ensuring substantive and sustainable change and should be seen as an essential component of responses. Disruptions include reduced opening hours, reduced capacity in drug consumption rooms, incarceration for breaking lockdowns, and disruptions to the supply of OAT. OAT is delivered as directly observed therapy in most countries in sub-Saharan Africa, and travel restrictions seriously affected delivery in the region.

The pandemic brought some examples of important positive changes that serve as evidence for the feasibility of less restrictive service delivery. OAT regulations were eased, longer take-home periods were allowed, and easier initiation and provision in community settings were introduced – all without any increase in diversion or overdoses. These cases prove that such initiatives, which the harm reduction community have long advocated for, are realistic, feasible goals that not only lead to a better quality of life for people who use drugs but result in better public health outcomes overall.

Human Rights

Progress in harm reduction and evidence-based health responses to drug use is at-risk as punitive drug policies proliferate in regions across the world.

25% of countries that implemented COVID-19 prison decongestion schemes explicitly excluded people detained for certain drug offences, regardless of whether they met other eligibility criteria; and there is little attention of governments shaping their schemes to reflect pre-existing health conditions or vulnerabilities, such as HIV and TB.[100]

As acknowledged by CND Resolution 61/11 we must work together to counter the stigma and discrimination which create barriers to services. Harm reduction services are equipped to address these gaps, as non-judgmental, community-based service delivery is among the core principles of harm reduction.