

Global State of Harm Reduction 2020

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CND Intersessional
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HARM REDUCTION
INTERNATIONAL

www.hri.global

Global Situation

- HIV prevalence estimated to be 12.6% among people who inject drugs
- Hepatitis C prevalence 48.5% among this population.
- 179 countries report some injecting drug use
- 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.



AN ESTIMATED

11.3
MILLION

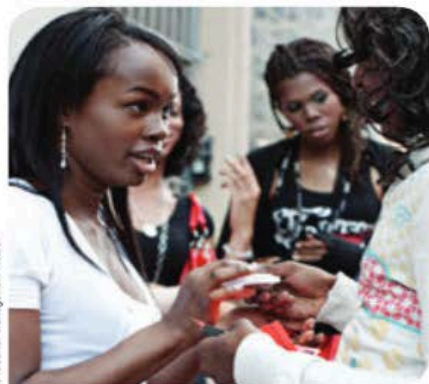
PEOPLE INJECT DRUGS GLOBALLY

Consolidated guidelines on HIV prevention, diagnosis, treatment and care for key populations

The new consolidated guidelines on HIV prevention, diagnosis, treatment and care for key populations bring together all existing World Health Organization (WHO) guidance relevant to five key populations: **men who have sex with men, people who inject drugs, people in prisons and other closed settings, sex workers and transgender people**. It includes a number of new recommendations and updates existing guidance and recommendations.

These guidelines aim to:

- 1 provide a comprehensive package of evidence-based HIV-related recommendations for key populations
- 2 increase awareness of the needs of and issues important to key populations
- 3 improve access to, uptake and coverage of effective and acceptable services and
- 4 catalyze greater national and global commitment to adequate funding and services.



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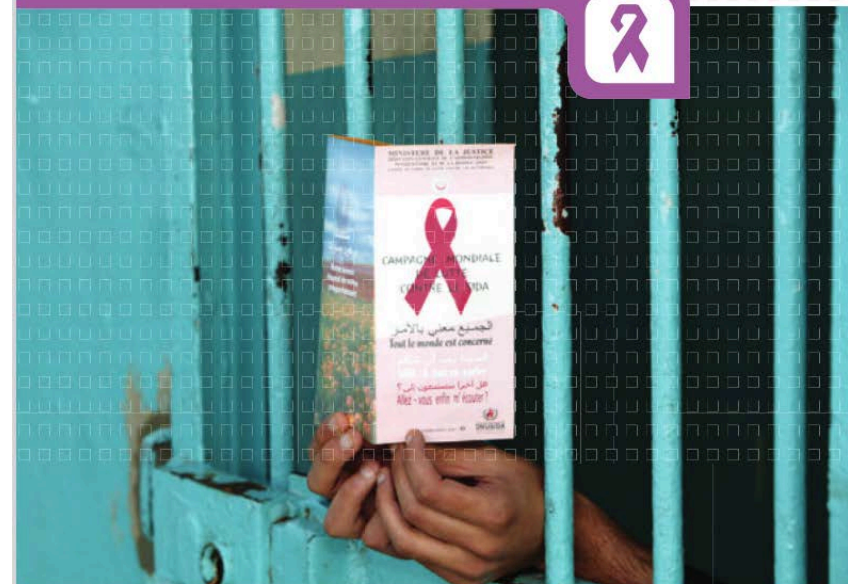
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POLICY BRIEF

HIV PREVENTION, DIAGNOSIS, TREATMENT AND CARE FOR KEY POPULATIONS

CONSOLIDATED GUIDELINES

2016 UPDATE



HARM REDUCTION IMPLEMENTATION HAS WORSENERD SINCE OUR LAST REPORT IN 2018, AFTER HAVING STALLED SINCE 2014.



THE NUMBER OF COUNTRIES WHERE NEEDLE AND SYRINGE PROGRAMMES (NSPs) REMAINED LEVEL



THE NUMBER OF COUNTRIES WHERE OPIOID AGONIST THERAPY (OAT) IS AVAILABLE DECREASED BY TWO

NSPs and OAT

- There are also large differences between the regions in terms of harm reduction implementation
- 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.



Service Gaps

- 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

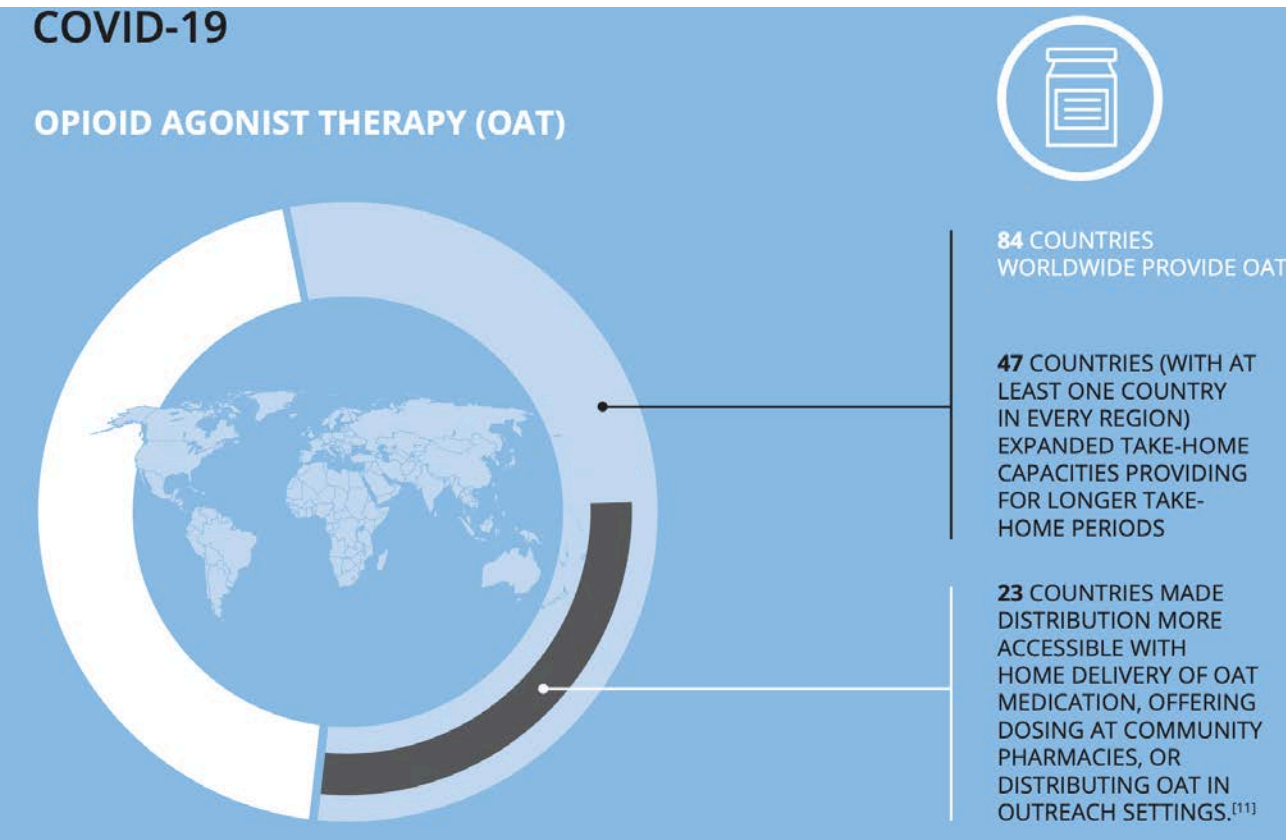
- Women who use drugs are still frequently overlooked despite the complex harms, stigmatisation and structural violence they face
- A substantial increase in gender-sensitive services is necessary to appropriately address their needs and progress the commitments under **CND Resolutions 59/5, 55/5 and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



COVID-19

- 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.

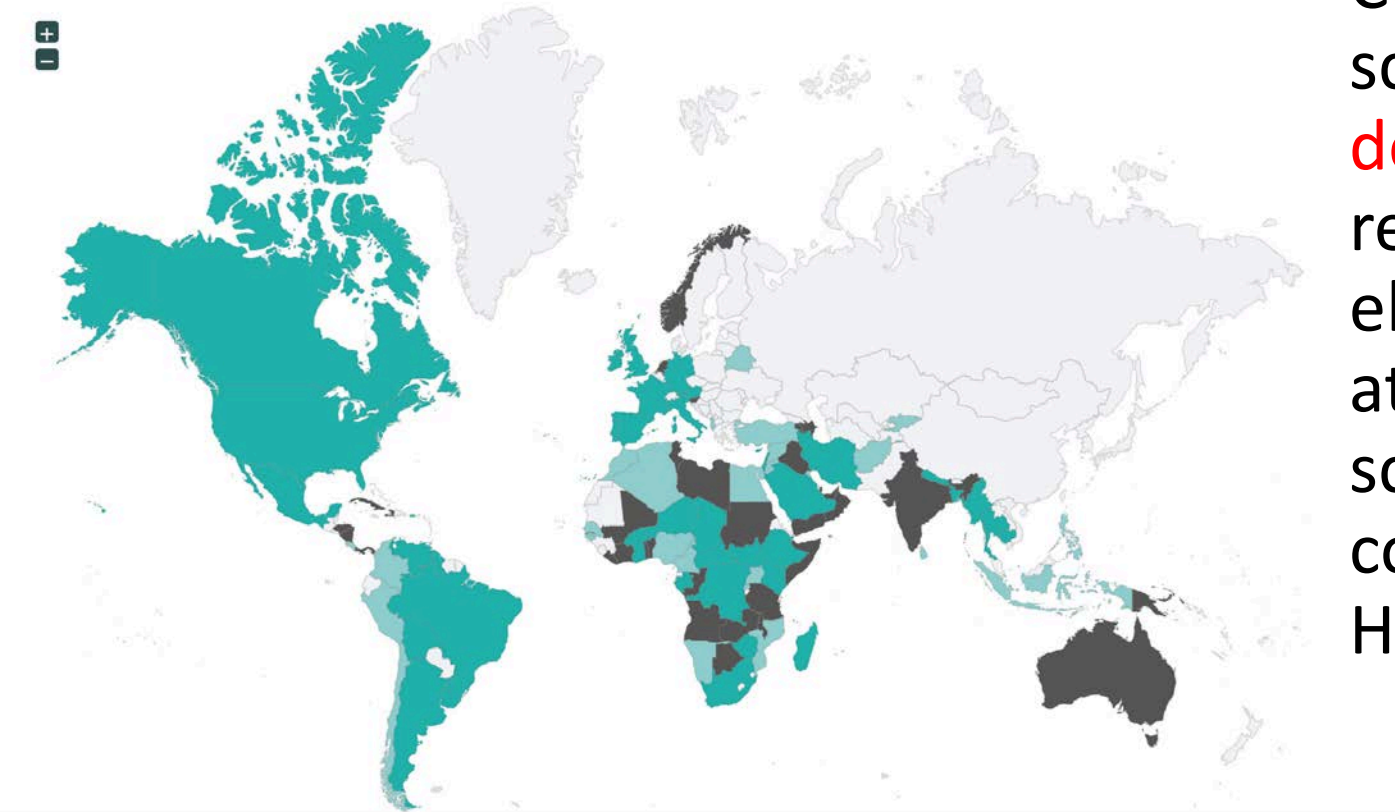
COVID-19 Positive Developments



- Important positive changes that serve as evidence of 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

■ Diversion measures – people detained for drug offences included
■ Diversion measures – people detained for drug offences excluded
■ Unclear



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.

THANK YOU AND PLEASE JOIN US!



THE GLOBAL STATE OF HARM REDUCTION 2020



Join the online launch of our new report, the **Global State of Harm Reduction 2020**, to see the latest tracking of harm reduction services worldwide and hear from health and human rights experts from around the world.



Opening Remarks by: Ms Tlaleng Mofokeng, United Nations Special Rapporteur on the Right to Health

Wednesday, 28 October, 2020, 1 PM UK/2 PM CET

Register at: <https://bit.ly/33V1iEM>

Speakers:

Ganna Dovbakh, Executive Director, Eurasian Harm Reduction Association (Lithuania)

Gideon Lasco, Physician, Medical Anthropologist and Professor of Anthropology (Philippines)

Jorgelina di Iorio, Intervention Programs Coordinator, Intercambios Civil Association (Argentina)

Naomi Burke-Shyne, Executive Director, Harm Reduction International

Colleen Daniels, Deputy Director, Harm Reduction International