



Resourcing Harm Reduction on a Global Basis

Recommendations from Harm Reduction Networks to the Donor Conference on Harm Reduction

Amsterdam, 28–30 January 2009

'Despite the proven efficacy of harm reduction interventions and endorsement by the UN bodies, uptake of these strategies, simply put, is thoroughly inadequate... [N]ational responses to injecting drug-related HIV epidemics have been poor in many parts of the world and that there still remain seventy-six states with evidence of injecting drug use in which no harm reduction interventions are present.'

Anand Grover
UN Special Rapporteur on the Right to Health¹

Prepared by the International Harm Reduction Association on behalf of the Network of Networks

RECOMMENDATIONS TO DONORS FROM HARM REDUCTION NETWORKS

It is estimated that 15.9 million people inject drugs in 158 countries and territories around the world, the overwhelming majority living in low- and middle-income countries. Outside of sub-Saharan Africa, up to 30% of all HIV infections occur through injecting drug use. Despite this situation, the overwhelming evidence in favour of harm reduction as an effective HIV prevention strategy and the endorsement of UNAIDS, the World Health Organization and UN Office on Drugs and Crime, the global state of harm reduction is poor. This is especially true in countries where harm reduction services are needed most urgently.

To begin to fill this gap, there is a need for increased capacity on many levels, and donors have a key role to play. The international evidence is clear that harm reduction not only saves lives, it is also cost effective. The following areas for donor investment have been identified as priorities by the international harm reduction networks.

1. Funding proportionate to reflect the injecting-driven HIV epidemic

While significant progress has been made in other areas of the HIV response, the vast majority of people who use drugs – a marginalised and largely criminalised population – have been the last to benefit from HIV prevention, treatment and care services. For example, in 2006 less than USD 100 million was invested globally in harm reduction out of a total global AIDS response of USD 8.1 billion. Harm reduction receives less than 1% of global funds for HIV when injecting drug use represents up to 10% of global infections. Funding for harm reduction is not only a challenge in developing countries, but also in the countries with transitional or developed economies, such as the new EU states, Russia and the US. Resources for harm reduction and HIV/AIDS services for people who use drugs must be allocated on a basis proportionate to need, and proportionate within the overall allocation of resources to HIV/AIDS. *Comprehensive coverage requires comprehensive resourcing.* Achieving this will require increased analytic capacity in the UN and other international organisations to monitor the state of the injecting-driven epidemic, an assessment of need, the state of the response, the resources needed and allocated and efficient timing of different kinds of interventions. This also includes the need to assess vulnerable populations, countries and regions (i.e. those vulnerable to expansion of injecting, as well as the needs of countries in which non-injecting drug use is the primary driver of HIV transmission). In effect, what is required is a *global harm reduction resource needs assessment*.

2. Increased capacity for the delivery of harm reduction services

There is an urgent need for high quality, effective harm reduction service delivery, particularly in resource-poor settings. Identification of successful models and speedy scale-up is essential for a reversal of the HIV/AIDS epidemic amongst people who use drugs. Therefore, *financial support to NGOs and community-based organisations providing harm reduction services must be scaled-up dramatically.* Without such support, projects will remain limited in scope, both geographically and technically. The massive scaling up of harm reduction services can only be successful if it is accompanied by building the capacity of the harm reduction workforce in technical as well as managerial areas. This should include harm reduction principles, approaches and components, rapid situation assessments and response, programme management, monitoring and evaluation, as well as quality and accountability issues. Meaningful participation of people who use drugs in all stages of these interventions is crucial for success. There is also a need for the harm reduction response to expand beyond a sole focus on HIV prevention, and also address health issues such as viral hepatitis, TB and overdose, as well as social harms from drug policies including incarceration, housing, denial of services and stigma and discrimination against people who use drugs.

3. Building the capacity of civil society and affected communities to advocate for harm reduction, including increased advocacy networking and collaboration

In many parts of the world – as well as internationally – the promotion of harm reduction in policy, law and practice has been driven by harm reduction organisations, including groups representing people who use drugs and people living with HIV/AIDS. However, in precious few cases is advocacy – or networking and collaboration – funded as a core part of the work of harm reduction organisations. Support for networking and policy and advocacy work is even more limited and unstable where funding for services is unavailable. As a result, the potential of civil society to engage in advocacy for policy and programme change is severely restricted. There is a pressing need to increase capacity of civil society to advocate for, and raise awareness of, harm reduction at national and international level. This includes enhancing the engagement of drug using populations in national and international processes. *Advocacy is not an optional extra. It has to be funded.*

THE NETWORKS APPROACH

Coordinating Civil Society Engagement for Harm Reduction

Harm reduction networks and knowledge hubs exist around the world, representing a diversity of regions, countries and populations. These networks vary enormously in size, scope and capacity, but follow the same broad approach and work closely together as equal partners in a 'Network of Networks' to promote harm reduction on a global basis.

The 'networks approach' is a relatively inexpensive and accessible way to empower civil society and advocates for harm reduction, and one that has been employed in this sector for over a decade. Networks allow individuals, organisations and populations to come together and gain collective strength in terms of political influence, capacity, funding, and knowledge exchange. On their own, advocates for people who use drugs and harm reduction are often unable to engage in national, regional or international decision making. As part of a network, however, they can increase their capacity to do so through the sharing of experiences and joint action. Networking can therefore encourage and foster the development of civil society advocacy.

The Network of Networks is an informal coalition, originally formed at the IHRA conference in Brazil in 1998. It provides a forum enabling individual networks to share information, concerns and experiences, and to work together where required to campaign and advocate for harm reduction (in line with the eighth Millennium Development Goal to 'build a global partnership for those working in development') and respect for the human rights of people who use drugs. The focus of the Network of Networks includes not only HIV, but also drug-related health concerns such as viral hepatitis, TB and overdose as well as the negative social consequences of drug policy. The Network of Networks recognises the autonomy of existing networks, but links them together in order to further enhance their capacity and their potential to create a global political environment that unreservedly supports harm reduction interventions.

Many of the major harm reduction networks are listed in – and have contributed to – this brochure. These networks operate in a range of cultural, political and religious contexts – from North America and the Caribbean to Asia, Africa and the Middle East to Europe and Central Asia. There are also global networks such as the International Harm Reduction Association, as well as international networks of people who use drugs, women and young people, allowing specific marginalised populations to share evidence, evaluations, best practice, technical assistance, resources, materials, funding and expertise.

INTERNATIONAL NETWORKS

International Harm Reduction Association (IHRA)

www.ihra.net

Established in 1996, IHRA is one of the leading international NGOs promoting policies and practices that reduce the harms from all psychoactive substances. Based in England and Australia, IHRA has approximately 2,000 individual and organisational members around the world. IHRA activities include producing high quality research and analysis on harm reduction and human rights issues, support for the development of new harm reduction networks, international advocacy campaigns and holding major harm reduction conferences. A key principle of IHRA's approach is to support the engagement of people and communities affected by drugs in policy-making processes, including the voices and perspectives of people who use drugs.

International Network of People who Use Drugs

(INPUD) www.inpud.org

Established in 2007, INPUD is first global advocacy group organised and governed by people who use drugs. INPUD's mission is to promote 'Rights, Justice and Empowerment', and it aims to ensure the representation of people who use drugs in international policy dialogue, to enable a growth in self-determining drug user organisations and to build alliances within civil society and beyond. Through regional structures (currently under development), INPUD engages in policy work, networking, skills-building, training, capacity building, and the provision of a forum for sharing ideas, technical information and strategies.

International Nursing Harm Reduction Network

(INHRN) www.inhrn.net

INHRN is an international coalition of nurses, midwives and health visitors working in a variety of community, prison and acute care hospital settings. Globally, there are over 12 million nurses, midwives and health visitors, and these individuals are uniquely placed to promote, adopt and implement harm reduction strategies around the world. Their day-to-day work brings them into contact with substance users, making them key players in the promotion of harm reduction.

Women's International Harm Reduction Network

The Women's International Harm Reduction Network was established in 2008. Despite having no formal funding, this group engages in policy work, networking, advocacy campaigns, and skills-building in order to reduce drug-related harms to women around the world. It aims to improve education around drugs and related harms, support the rights of women and girls, and change the policies and practices of local, national and international organisations as they relate to women and girls.

Youth RISE (Resource, Information, Support, Education) www.youthrise.com

Established in 2006, Youth RISE is an international youth-driven network working with young people to reduce the risks and harms associated with substance use. It focuses on youth peer leadership and recognises the specific barriers that young people face when it comes to accessing harm reduction services, advocating for harm reduction interventions or engaging in the policies and decisions at national, regional and international levels that affect their lives. Youth RISE has an International Working Group comprised of volunteer members from Canada, Mexico, the United Kingdom, Syria, Rwanda, China, Argentina, Guyana, Romania, Syria, Russia and the United States, and works in partnerships with the IHRA, UNICEF and Global Youth Coalition on HIV/AIDS (GYCA).

REGIONAL NETWORKS

Asian Harm Reduction Association (AHRN)

www.ahrn.net

AHRN was established in 1996 to link and support those operating harm reduction programmes or providing assistance to people who use drugs across Asia. Hundreds of individuals and organisations contribute to the network's development, and AHRN is recognised by UNAIDS as a best practice model, and by the World Health Organization (WHO) as a key partner in the response to HIV/AIDS in Asia. Its work includes networking, information sharing, advocacy, programme and policy development, and training and capacity building.

Caribbean Harm Reduction Coalition (CHRC)

www.caribbeanharmreductioncoalition.htmlplanet.com

CHRC is a coalition of Caribbean drug treatment service providers that believe that abstinence only treatment does not serve the wider drug using population, and therefore believe in and support harm reduction interventions. CHRC is pioneering work on HIV care and treatment 'on the street', using peer outreach workers as adherence counsellors to make meaningful contacts with homeless HIV positive crack smokers. With minimal funding, the CHRC members are committed to assisting individuals and communities by initiating and promoting education, interventions and community organising programmes that focus on reducing drug related harm.

Eurasian Harm Reduction Network (EHRN)

www.harm-reduction.org

EHRN (formerly the Central and Eastern European Harm Reduction Network) is a highly successful regional network working in Central and Eastern Europe and Central Asia. Established in the late 1990s, its mission is to support, develop and advocate for harm reduction approaches in the field of drugs, HIV/AIDS, public health and social exclusion by following the principles of humanism, tolerance, partnership and respect for human rights and freedoms. EHRN works on policy change and advocacy including regional analysis, and support for national efforts, capacity building and technical assistance on harm reduction, sex work and prison health and networking and information exchange among service providers and advocates. Its 2009 priorities are: developing humane national drug policies and legislation; overdose prevention and management; addressing stigma and discrimination; and expanding access to quality opioid substitution therapy services.

Intercambios Asociación Civil (Latin America)

www.intercambios.org.ar

Established in 1995, Intercambios is an Argentine NGO whose mission is to ensure the health and human rights of drug users through harm reduction. Although not a network per se, Intercambios is the key harm reduction knowledge hub in Latin America – providing networking, advocacy, research, information sharing, skills building and capacity development to the region. The organisation's three main areas of work are 'Intervention, Investigation and Advocacy', and Intercambios works together with regional partners towards influencing government and multilateral policies across Latin America.

The Middle East and North African Harm Reduction Network (MENAHERA) www.menahra.org

MENAHERA was established in 2006 with support from the World Health Organization and IHRA, and funding from the Drosos Foundation in Switzerland. It aims to develop harm reduction across the Middle East and North Africa, and comprises three sub-regional knowledge hubs (housed in Lebanon, Morocco and Iran). MENAHERA engages in capacity building, training, advocacy, research and documentation, and networking. It is also

currently coordinating a Global Fund bid for the region, and has provided funding directly to service providers to implement harm reduction programmes.

Sub-Saharan Africa Harm Reduction Network (SAHRN)

SAHRN was established in 2007 with support from IHRA. Its mission statement is to promote harm reduction approaches to all psychoactive substances in sub-Saharan Africa by ensuring the spread of the harm reduction principles and building networks to share knowledge and experiences. Its activities include policy work, networking, advocacy and skills building, and its aims for the region are to enable knowledge exchange, provide a supportive environment for harm reduction, and to get harm reduction on the political agenda.

SELECTED NATIONAL NETWORKS

Canadian Harm Reduction Network (CHRN)

www.canadianharmreduction.com

Established in 1999, CHRN goals are to allow for information exchange and support, to educate the public, politicians, legislators and the media about harm reduction, to ensure that drug policies in Canada exemplify harm reduction, and to work collaboratively to end the war on drugs and on the people who use them. With approximately around 600 members and a contact list of over 20,000, CHRN serves as the virtual meeting place for individuals and organisations in Canada dedicated to reducing the social, health and economic harms associated with drugs and drug policies.

Colectivo por Una Política Integral Hacia las Drogas (CUPIHD)

CUPIHD is a Mexican civil society organisation dedicated to education, investigation, dissemination and action in order to transform the drug policy in Mexico to one with a harm reduction and human rights perspective and an integral, scientific and multidisciplinary focus. Its principles are 'Information, Responsibility, Freedom' and its objectives include the provision of comprehensible, honest and scientific information on drugs, the promotion of a 'culture of responsibility' towards drug use, and building strategic alliances with national and international partners in the field.

Harm Reduction Coalition (HRC)

www.harmreduction.org

HRC is a national advocacy and capacity-building organisation for the United States that promotes the health and dignity of individuals and communities impacted by drug use. It was established in 1993 in order to advance policies and programs that help people address the adverse effects of drug use. It currently runs a number of programmes – including the African-American Capacity Building Initiative, the Hepatitis C Harm Reduction Project, the Harm Reduction Training Institute, the Syringe Access Expansion Project, and the Opiate Overdose Prevention Projects, as well as policy work, national conferences, coalition building, resources and publications.

This document was prepared in collaboration with the Network of Networks. Special thanks to the Asian Harm Reduction Network, the Canadian Harm Reduction Network, the Eurasian Harm Reduction Network, the Harm Reduction Coalition, Intercambios, the International Network of People who Use Drugs, the Sub-Saharan Africa Harm Reduction Network and the Women's International Harm Reduction Network for their assistance.

¹ Grover, A. Foreword to 'Harm Reduction and Human Rights: The Global Response to Drug-Related HIV Epidemics' (IHRA, 2009).