ADVOCACY BRIEF

"Why harm reduction and services for people who use drugs are critical in the fight against HIV/AIDS"

Prepared by the International Network of People who Use Drugs (INPUD) and Harm Reduction International (HRI)

Purpose

The purpose of this brief is to provide advocacy support to organisations of people who use and/or inject drugs in their negotiations with decision makers, Country Coordinating Mechanisms (CCMs) and Global Fund funding application writing teams.

Introduction and summary of the issue

Key populations and their sexual partners have higher HIV prevalence than the general population and over 50% of global new HIV infections are amongst this group. UN agencies including UNAIDS, WHO, UNODC, UNDP, as well as the Global Fund, PEPFAR, bilateral donors and private foundations, such as the Bill and Melinda Gates Foundation recognise that effective and evidence-based HIV response must focus on key populations who are most vulnerable to HIV transmission.

People who use drugs are a population group disproportionately vulnerable to HIV and AIDS, and are often left out of HIV prevention and treatment services. Criminalisation, stigma and discrimination, including within health care settings, are some of the main barriers they face when accessing services. Accordingly, decriminalisation should be a core component of public health and HIV prevention responses. Moreover, policy makers often make political and moral judgements about who to prioritise in programmes. People who use drugs bear the brunt of these types of decision-making.

Imprisonment, arbitrary detention and compulsory forced rehabilitation is a reality for many people who inject drugs. UNAIDS estimates that 56-90% of people who inject drugs will be incarcerated at some stage during their life[1]. Therefore, it is essential to promote harm reduction and provide services in closed settings as well as in the community.

Harm reduction interventions are evidence-based and have a proven record of effectiveness and cost-effectiveness in the fight against HIV. Additional benefits include a reduction in criminal activity related to drugs, and individual, family and community social and health benefits. The unit costs of harm reduction interventions are relatively low, making it good value for money at $100 - $1000 per HIV infection averted.[2]

The Global Fund is the largest funder of harm reduction services in low-and-middle income countries. It is essential that countries ensure that comprehensive harm reduction services for people who use drugs are included in their Global Fund funding applications.

[1] UNAIDS (2014), The Gap Report, https://www.unaids.org/sites/default/files/media_asset/UNAIDS_Gap_report_en.pdf
[2] David P. Wilson et all, International Journal of Drug Policy (1 February 2015), Cost effectiveness of harm reduction, https://www.sciencedirect.com/science/article/pii/S0955395914003119

Normative Guidance

The Implementing Comprehensive HIV and HCV Programmes with People Who Inject Drugs (IDUIT)[3] describes how services can be designed and implemented to be accessible and acceptable to people who use and/or inject drugs. But the IDUIT is not just about services and includes sections on the importance of meaningful community involvement, and how to operationalise that involvement. It also addresses the importance of human rights and alternatives to criminalisation. The IDUIT is endorsed as the normative guidance for services for people who use drugs by UNODC, UNAIDS, WHO and the Global Fund and was collaboratively developed with people who use drugs.

Advocacy talking points

Meaningful community involvement:

- Active participation of people who inject drugs in the planning, decision making and delivery of the response will ensure that services are effective, evidence-based and deliver the greatest impact.
- People who inject drugs must be represented on the CCM. This will allow the CCM to engage the community in key decision making, contribute to effective oversight of programmes for people who inject drugs and provide a direct conduit for channelling community feedback on implementation of Global Fund programmes. This is an important element of community empowerment.
- Many services for people who use drugs are best delivered in community-based settings, often through peer-led outreach. For example, involving people who use drugs in service delivery recognises and utilises their unique experiences, knowledge and contacts.

Decriminalisation:

- Decriminalisation of drugs, drug use and people who inject drugs, is critical to an effective HIV response. In most countries, approaches to drug use focus overwhelmingly on prohibition, punitive responses and criminalisation, yet the limits and harms of this approach are well documented. A 2017 systematic review confirmed that criminalisation of drug use has a negative effect on HIV prevention and treatment.[4] In fact, of the 105 studies reviewed, 80% indicated that criminalisation was a significant barrier to an effective HIV response.
- Drug policies need urgent reform to remove barriers to effective HIV prevention, treatment and care – as outlined in the Chief Executive Board (CEB) of the United Nations (representing 31 UN agencies) common position on drug policy[5]. Additionally, UNAIDS called on governments to decriminalise drug use and possession for personal use in order to reduce the stigma and discrimination that hampers access to health care, harm reduction and legal services.[6]
- Until these punitive drug policies are reformed, efforts are needed to ensure continuity of ART, TB treatment, needle and syringe programmes (NSP), and opioid substitution therapy

[3] International Network of People who Use Drugs (2017), Implementing Comprehensive HIV and HCV Programmes with People Who Inject Drugs, https://www.inpud.net/sites/default/files/IDUIT%205Apr2017%20for%20web.pdf
[4] The Lancet HIV (2017), HIV and the criminalisation of drug use among people who inject drugs: a systematic review, https://www.thelancet.com/journals/lanhiv/article/PIIS2352-3018(17)30073-5/fulltext
[5] United Nations System Chief Executive Board (2019), UN system common position supporting the implementation of the international drug control policy through effective inter-agency collaboration, https://www.unsystem.org/CEBPublicFiles/CEB-2018-2-SoD.pdf
[6] UNAIDS (2019), Health, Rights and Drugs, https://www.unaids.org/sites/default/files/media_asset/JC2954_UNAIDS_drugs_report_2019_en.pdf

(OST) at all stages – upon arrest, during pre-trial detention, transfer to prison and within the prison system and upon release.

HIV and HCV among people who use drugs:

- According to a 2017 systematic review in the Lancet Global Health, injecting drug use is present in 179 of 206 countries throughout the world, with HIV and hepatitis C prevalence at 17.8% and 52.3% respectively among the 15.6 million people who inject drugs.[7]
- UNAIDS data estimates that the risk of acquiring HIV for people who inject drugs is 22 times higher than for people who do not inject drugs.[8]
- Moreover, while the incidence of HIV infection globally declined by 25% between 2010 and 2017, HIV infections among people who inject drugs increased in some regions.[9]
- People who inject drugs represent:[10]
    - 13% of new HIV infections in the Asia and the Pacific
    - 3% of new HIV infections in Latin America
    - 2% of new HIV infections in Caribbean
    - 37% of new HIV infections in the Middle East and North Africa
    - 41% of new HIV infections in Eastern Europe and Central Asia
    - 8% of new HIV infections in Eastern and Southern Africa
    - 8% of new HIV infections in Western and Central Africa

Harm reduction:

- According to UNAIDS, study after study has demonstrated that comprehensive harm reduction services – including NSP, OST, overdose prevention with naloxone, and testing and treatment for HIV, TB and Hepatitis B and C – reduce the incidence of blood-borne infections, overdose deaths and other harms.[11]
- In 2009, recognising the importance of interventions for people who inject drugs to halt the HIV pandemic, WHO, UNAIDS and UNODC published and endorsed a "comprehensive package" of nine interventions for the prevention, treatment and care of HIV among people who inject drugs[12].
- Other key interventions that form an important part of a comprehensive harm reduction approach include: sexual and reproductive health services (including PMTCT), basic health services, overdose prevention and management, psychosocial support, and access to legal services, among others as outlined in IDUIT.[13]
- The WHO Key Populations Consolidated Guidelines (2014) endorsed the UN "comprehensive package" of nine harm reduction interventions and added a new recommendation on naloxone: As stated, 'People likely to witness an **opioid overdose**

[7] Harm Reduction International (2018), Global State of Harm Reduction, https://www.hri.global/files/2019/02/05/global-state-harm-reduction-2018.pdf
[8] 2019 UNAIDS Data, https://www.unaids.org/sites/default/files/media_asset/2019-UNAIDS-data_en.pdf
[9] Ibid
[10] Ibid
[11] UNAIDS (2019) Health, Rights and Drugs, https://www.unaids.org/sites/default/files/media_asset/JC2954_UNAIDS_drugs_report_2019_en.pdf
[12] WHO, UNODC, UNAIDS (2009), Technical Guide on for countries to set targets for universal access to HIV prevention, treatment and care for injecting drug users, https://www.unaids.org/sites/default/files/sub_landing/idu_target_setting_guide_en.pdf
[13] International Network of People who Use Drugs (2017), Implementing Comprehensive HIV and HCV Programmes with People Who Inject Drugs, https://www.inpud.net/sites/default/files/IDUIT%205Apr2017%20for%20web.pdf

should have access to naloxone and be instructed in its use for emergency management of suspected opioid overdose'.[14]

- Harm reduction is an evidenced-based approach and its benefits include: increased referrals to support programmes and health and social services; reduced stigma and discrimination and increased access to health services; reduced sharing of drug using equipment; reduction in HIV, HCV & TB incidence; reduced overdose and other drug related deaths; increased knowledge around safer substance use; increased knowledge around safer sex, sexual health and increased condom use.
- Despite these benefits, effective harm reduction interventions are lacking in many countries. In 2019, only 87 countries implemented to some degree NSP and 86 implement OST.[15]

Key harm reduction interventions and their cost-effectiveness:

- Needle and syringe programmes are a public health response that significantly reduces the chance of infection of HIV and HCV and other blood-borne infections.
- UNAIDS estimates the cost of NSP provision to be $23–71 per person per year. Measured against the cost of treating blood-borne infections, this makes NSPs one of the most cost-effective public health interventions ever funded.[16]
- OST costs between US$360-1,070 for methadone and US$1,230–3,170 for buprenorphine per person per year, and it is still a cost-effective intervention. OST's cost-effectiveness increases when wider societal benefits, such as reduced crime and incarceration, are factored into the analysis.[17]
- OST can reduce dependency on illicit opiates and reduce frequency of injecting. It can, if this is the client's choice, also be used to support people who use drugs who wish to reduce or stop opiate use.
- The cost of treating a person living with HIV with ARVs is estimated at between $1000 and $2000 per person per year, making low cost-effective prevention a sensible public health and economic decision.
- Substantial evidence indicates that a package of NSP, OST and ARV is the most effective and cost-effective HIV strategy for people who inject drugs.[18]
- There is evidence that reduction or total cessation of funding and closure of services can lead to a spike in HIV and HCV infections.[19]

Harm reduction funding:

- The majority of harm reduction funding in low-and-middle income countries comes from international donors, including bilateral donors like PEPFAR, multi-lateral donors like the Global Fund and philanthropic organisations like Elton John Foundation or Open Society Foundations.
- The Global Fund is the largest donor for harm reduction in low-and-middle income countries. PEPFAR is the second largest donor, but contributes a fraction of its overall HIV

[14] World Health Organization (2014), Consolidated guidelines on HIV prevention, diagnosis, treatment and care for key populations, https://www.who.int/hiv/pub/guidelines/keypopulations/en/

[15] Harm Reduction International (2019), Global State of Harm Reduction: 2019 updates, https://www.hri.global/global-state-of-harm-reduction-2019

[16] Harm Reduction International (2020), Making the investment case: Cost-effectiveness evidence for harm reduction, https://www.hri.global/files/2020/04/21/HRI_Cost_Effectivenes_Briefing_(APRIL_2020).pdf (also available in French and Russian)

[17] Ibid

[18] Ibid

[19] Ibid

budget and does not fund procurement of needles or syringes because of a US federal ban.[20]

- In the last decade, international donors started to withdraw and reduce funding to many countries. This is particularly true in upper-middle income countries where the majority of people who inject drugs live.
- For both low and lower middle-income countries, the average spend per person injecting drugs per day is around 9 cents, but that falls to 2 cents per day for the upper middle-income countries.[21]
- In the face of donor withdrawal, the responsibility is shifting to national governments, especially in middle and upper-middle income countries. However, sizeable domestic funding for harm reduction is identified in only a small number of countries and remains inadequate. Furthermore, it is under constant threat because of a lack of political commitment and will to fund harm reduction services.
- To conclude, funding for harm reduction services is heavily dependent on international donors, especially from the Global Fund. It is crucial that international donors continue to provide funding for strengthening civil society and community-led advocacy because as long as drug use remains criminalised efforts to increase domestic investment in high quality and human rights-based harm reduction will struggle to be effective.
- Moreover, cost-effectiveness analyses should not be the only basis on which funding decisions are made, but whether harm reduction services are acceptable, high quality and valued by the community. Sustainable financing for health and harm reduction requires equity, human rights and community to be central.

Global Fund Information Note can be found here:
https://www.theglobalfund.org/media/1279/core_harmreduction_infonote_en.pdf

[20] Harm Reduction International (2018), The lost decade: Neglect for harm reduction funding, https://www.hri.global/files/2018/09/25/lost-decade-harm-reduction-funding-2018.PDF
[21] Ibid