



HARM REDUCTION INTERNATIONAL STRATEGY 2022–2025

STRATEGY
FRAMEWORK PAGE 3
BACKGROUND &
APPROACH PAGE 6
OUR OBJECTIVES PAGE 12

STRATEGY FRAMEWORK

VISION	A world in which drug policies uphold dignity, health and rights.
MISSION	We use data and advocacy to promote harm reduction and drug policy reform. We show how rights-based, evidence-informed responses to drugs contribute to healthier, safer societies, and why investing in harm reduction makes sense.

Harm reduction refers to policies, programmes and practices that aim to minimise negative health, social and legal impacts associated with drug use, drug policies and drug laws.

LONG-TERM OUTCOMES	<p>Outcome 1 The harm reduction and drug policy reform movements are characterised by solidarity and equity, informed by evidence, and allied with health and social justice movements.</p> <p>↓</p>	→	<p>Outcome 2 Harm reduction approaches and services are widely accepted, community-led and sustainably funded.</p> <p>↓</p>	→	<p>Outcome 3 Drug policy is aligned with international human rights standards and advances equity, racial and social justice.</p>
---------------------------	---	---	--	---	--

HRI OBJECTIVES (OUTCOME-ORIENTED)	<p>Objective 1 To convene at Harm Reduction International events for learning, sharing and activism, and build solidarity within the harm reduction and drug policy movements.</p> <p>↓</p>	<p>Objective 3 To use data, analysis and advocacy to double the amount of funding available for harm reduction and drug policy reform.</p> <p>↓</p>	<p>Objective 5 To use international human rights standards to challenge the use of drug control to justify rights violations, and to promote the rights of marginalised groups.</p> <p>↓</p>
	<p>Objective 2 To foster new allyship with health and social justice movements, and collaborate to promote shared advocacy aims.</p>	<p>Objective 4 To strengthen technical and normative support for harm reduction through strategic engagement at the international level and partnerships at regional and national levels.</p>	<p>Objective 6 To document and challenge the use of drug control where it has a disproportionately negative impact on Black, Brown, Indigenous and ethnic minority individuals and communities.</p>

ORGANISATIONAL OBJECTIVE To continue to strengthen HRI’s sustainability, governance and systems, create a supportive work environment for people and partners, and advance communications for effective advocacy; all of which enable HRI to progress its mission.

CROSS-CUTTING COMMITMENTS HRI is committed to centring equity across all objectives including by:

- centring the expertise and leadership of the community of people who use drugs, reflecting on power dynamics within our partnerships, and structurally (re)balancing power
- highlighting the negative impact of criminalisation and the compounding effects of intersectional vulnerabilities; specifically how drug policy interacts with gender, ethnicity, race, poverty and socioeconomic status.

- HRI’S FOUR APPROACHES**
- 1 HRI has the expertise and track record of convening the harm reduction and drug policy reform movements for knowledge exchange and strategic advocacy. Through the Harm Reduction International conference and more broadly, we convene diverse actors across regions.
 - 2 HRI has the skills and partnerships to lead data collection for global monitoring and trend analysis on harm reduction, human rights and drug policy which builds the evidence-base for advocacy.
 - 3 HRI has the systems knowledge and advocacy skills to engage with and influence multilateral bodies, state and non-state actors, make novel connections between drug policy and underexplored issues, and lead on normative change and campaigns.
 - 4 HRI develops tools for advocates and responds to requests for technical assistance.

BACKGROUND & APPROACH

Harm Reduction International's Strategy 2022-2025 defines the organisation's approach for the coming four years. It sets out how we will pursue our overall vision through clearly defined objectives, linked to long-term outcomes.

We have developed this strategy in the context of the inequities laid bare by the COVID-19 pandemic, the successes of the Black Lives Matter movement, and years of political decisions that sustain economic systems that privilege the richest in society. This strategy situates our work on harm reduction and drug policy amongst issues of equity and global health. Our work demonstrates the effects of punitive policy, and highlights how drug policy is a social justice issue relevant to gender, ethnicity, race, poverty and socioeconomic status.

This strategy corresponds with a time of stagnation in many states' commitment to harm reduction and drug policy reform, a crisis in international donor and government funding for harm reduction, and the ongoing use of divisive rhetoric on drugs to justify rights violations. We recognise the COVID-19 pandemic is prompting significant social, political and economic challenges. This strategy seeks to find a balance between the agility needed to respond to these evolving challenges and the focus required to ensure we have impact.

VISION	A world in which drug policies uphold dignity, health and rights.
MISSION	We use data and advocacy to promote harm reduction and drug policy reform. We show how rights-based, evidence-informed responses to drugs contribute to healthier, safer societies, and why investing in harm reduction makes sense.
OUR APPROACH	HRI is uniquely positioned to contribute to health, rights and movement building under this strategy. We have a track record of contributing to the evidence-base for harm reduction, advocating for rights-based responses to drugs and convening the Harm Reduction International conference. We have honed our skills and competencies around four approaches that advance our vision. Under each approach, we work via partnerships, formal and informal networks, consortia and collaborations to advance change (we will use the term 'partnerships' to broadly refer to these different modes of work).

The four approaches are underpinned by our **commitment** to centring the expertise and leadership of the community of people who use drugs, reflecting on power dynamics within our relationships, and working to (re)balance power. HRI is committed to standing against racist practices that reinscribe colonial dynamics. We are committed to showing that drug policies disproportionately impact people of colour globally, regardless of whether they use drugs. In all our work we are committed to standing with, and in support of, partners (rather than in front of them) and to recognising when and where a national or regional voice is more appropriate than an international voice.

HARM REDUCTION INTERNATIONAL'S DEFINITION OF HARM REDUCTION

- Harm reduction refers to policies, programmes and practices that aim to minimise negative health, social and legal impacts associated with drug use, drug policies and drug laws. Harm reduction is grounded in justice and human rights. It focuses on positive change and on working with people without judgement, coercion, discrimination, or requiring that they stop using drugs as a precondition of support.
- Harm reduction encompasses a range of health and social services and practices that apply to illicit and licit drugs. These include, but are not limited to, drug consumption rooms, needle and syringe programmes, non-abstinence-based housing and employment initiatives, drug checking, overdose prevention and reversal, psychosocial support, and the provision of information on safer drug use. Approaches such as these are cost-effective, evidence-based and have a positive impact on individual and community health

FOUR APPROACHES THAT ADVANCE OUR VISION

1 HRI will convene the harm reduction and drug policy movements.
HRI has the expertise and track record of convening the harm reduction and drug policy movements for knowledge exchange and strategic advocacy. Through the Harm Reduction International conference and more broadly, we convene diverse actors across regions. *We have hosted the Harm Reduction International Conference since 1991, a biennial event of more than 1,200 delegates from around 100 countries. We also host the Lawyering on the Margins Network, support dialogues for the roll out of the International Guidelines on Human Rights and Drug Policy, and host a learning exchange platform on stimulants.*

2 HRI will lead global monitoring and trend analysis.
HRI has the skills and partnerships to lead independent data collection for global monitoring and trend analysis on harm reduction, human rights and drug policy, which builds the evidence-base for advocacy. Our research is informed by community^[1] and civil society. *We are unique in our rigorous research methods, data verification and high-quality analysis. We advocate for more accessible data and greater disaggregation of data to guide policy and funding decisions. Our flagship research includes The Global State of Harm Reduction, The Death Penalty for Drug Offences: Global Overview, and our body of work on funding for harm reduction.*

3 HRI will influence to achieve change in policy and practice.
HRI has the systems knowledge and advocacy skills to engage with and influence multilateral bodies, state and non-state actors, make novel connections between drug policy and underexplored issues, and lead on normative change and campaigns. *We have worked with partners to challenge states and UN bodies to uphold international human rights law, conceptualised and built momentum around a call to redirect funds from ineffective drug law enforcement to harm reduction, and led work to grapple with the coloniality of drug control.*

4 HRI will amplify impact through tools and technical assistance.
HRI develops tools for advocates and responds to requests for technical assistance, including via the Community Rights and Gender Strategic Initiative and the Global Fund to Fight AIDS, Tuberculosis and Malaria (the Global Fund). *We have developed tools to compare expenditure on punitive drug control with investment in harm reduction, collated studies from around the world to make an investment case for harm reduction, and created a tool and guidance to support monitoring of health and rights in prisons.*

1. In this strategy, unless otherwise specified, 'community' refers to the community of people who use drugs. HRI relies on this definition of 'community-led', agreed by **UNAIDS and communities in 2020**: *Community-led organizations, groups and networks, whether formally or informally organized, are entities for which the majority of governance, leadership, staff, spokesperson, membership and volunteers, reflect and represent the experiences, perspectives, and voices of their constituencies and who have transparent mechanisms of accountability to their constituencies. Community-led organizations, groups, and networks are self-determining and autonomous, and not influenced by government, commercial, or donor agendas. See UNAIDS (2020), Progress report of the multi-stakeholder task team on community-led AIDS responses.*

OUR CHARITABLE PURPOSE

HRI is registered as a charity under English law; our charitable purpose is (in short) to protect and preserve public health and safety by undertaking research; developing policies and strategies to reduce levels of harm associated with drug use; and advancing public education on harm reduction and drug policy. This strategy has been designed in order to fulfil our charitable purpose. Our work with our partners in building a movement for change is directed entirely to the fulfilment of this purpose.

THE CHALLENGES

Punitive approaches to drug control – established by the international drug control conventions – have been sustained and inflamed by decades of **politicisation and misinformation**. In implementation, drug control focuses governments' attention and resources on law enforcement, criminalisation and punishment. This leads to a situation in which funding for drug law enforcement and security forces is seen as a necessity, punitive approaches are prioritised above health and safety, and rights violations are justified in the name of drug control. (There are parallels in the securitisation of the COVID-19 response.) In reality, the war on drugs has been ineffective at reducing drug use, production or sale.

2. Larney, S. et al. (2017), '**Global, regional, and country-level coverage of interventions to prevent and manage HIV and hepatitis C among people who inject drugs: a systematic review**', *The Lancet: Global Health*, 5: 12, e1208-e1220.
3. Degenhardt, L. et al. (2017), '**Global prevalence of injecting drug use and sociodemographic characteristics and prevalence of HIV, HBV, and HCV in people who inject drugs: a multistage systematic review**', *The Lancet: Global Health*, 5:12, e1192-e1207.

Stigma, discrimination and criminalisation represent significant barriers to **health, dignity and human rights**, and to accessing harm reduction services. Less than 1% of people who inject drugs live in countries with high coverage of both needle and syringe programmes and opioid agonist therapy^[2]; approximately 22% of people who inject drugs have recent experience of homelessness or unstable housing, and upwards of 58% have a history of incarceration^[3]. Beyond these statistics, there is a dearth of data on the large number of people who use non-injecting drugs, including stimulants, their health and unique vulnerabilities.

Globally, **people who use drugs lack access to harm reduction services**. Amongst people who use drugs, the most acutely underserved and underrepresented groups include women, Black, Brown and Indigenous people, ethnic minority people and communities, people experiencing poverty, people in detention, people who use non-injecting drugs including stimulants, rural communities, gay men and other men who have sex with men (in the context of chemsex), trans and non-binary people and young people.

These dire conditions exist against the backdrop of a funding crisis for harm reduction. Funding in the sector is shrinking in nominal and real terms, and low- and middle-income countries remain precariously reliant on international donors.

BACKGROUND AND APPROACH

The COVID-19 pandemic has highlighted the interconnectedness of the world and prompted dialogue on the need for effective multilateralism and cooperation. The new focus on inequalities, community-led responses and drug decriminalisation in the UNAIDS' Global AIDS Strategy 2021-2026 will have a mobilising effect, as will the recent unprecedented interrogation of drug policy conducted by UN human rights mechanisms, and the Global Fund's efforts to centre community leadership under its 2023-2028 strategy.

HRI's Strategy 2022-2025 will promote an inclusive definition of harm reduction that emphasises non-judgmental, evidence-based health interventions and is grounded in justice. We will continue to make the case for health interventions for non-injecting and injecting drug use (community-led, designed and delivered). We will also call for integrated services, non-abstinence-based housing and employment initiatives, and psychosocial support as these are essential for reducing the harms of drug laws, policies and law enforcement practices. We see cities and subnational jurisdictions as key openings for scaling up harm reduction.

There is also an important opportunity to strengthen allyship with other social justice and health movements. Entrenched systems of law and punishment and deeply embedded prejudices around 'deserving' individuals exclude and oppress not only people who use drugs or are associated with drugs but also people on the basis of their gender, ethnicity and race, poverty, socioeconomic status, criminalised status, sexual orientation, gender identity, choice of work, or legal status in a country. Work to dismantle systems of oppression will be further advanced by working with allies.

OUR OBJECTIVES

In the four-year period of this strategy, HRI will contribute to three long-term outcomes via six objectives. To do this, we will utilise four approaches derived from our established skills and competencies.

OUTCOME 1

The harm reduction and drug policy reform movements are characterised by solidarity and equity, informed by evidence, and allied with health and social justice movements.

Objective 1

To convene for learning, sharing and activism at Harm Reduction International events, including the conference, and build solidarity within the harm reduction and drug policy movements.

We will do this by:

- curating robust scientific programmes, cutting edge policy dialogues and critical exchange of technical insights, all driven by community and civil society
- convening the harm reduction and drug policy reform movements for knowledge exchange and strategic advocacy
- supporting the development of new relationships between diverse actors, and mobilising energy for activism within the movement.

Objective 2

To foster new allyship with health and social justice movements and collaborate on shared advocacy aims.

We will do this by:

- learning more about the goals of allies working on health and social justice, fostering new relationships, identifying aligned and shared aims, and collaborating on related initiatives
- connecting harm reduction and drug policy with new and diverse agendas, and supporting national, regional and international partnerships.

OUTCOME 2

Harm reduction approaches and services are widely accepted, community-led and sustainably funded.

4. Including highlighting data gaps, and advocating for greater disaggregation of, and accessibility to, data.
5. For example, services integrating harm reduction and HIV, viral hepatitis, tuberculosis prevention and treatment, mental health, sexual and reproductive health and/or social inclusion.
6. See INPUD and ANPUD (2020), *Words matter! Language statement and reference guide*.

Objective 3

To use data, analysis and advocacy to double the amount of funding available for harm reduction and drug policy reform.

We will do this by:

- leading the sector in finding funding solutions, including: optimising existing funding; generating political will for domestic funding from diverse sources (including via UHC); and shaping engagement with private funding sources (including innovative/blended finance)
- monitoring the global funding landscape and political commitments related to HIV, hepatitis and UHC, calling for improved practices from donors, UN agencies and governments to improve the sustainability of people-centred, rights-based harm reduction funding
- supporting regional and national partners with evidence, data and tools to advocate for funding for harm reduction services from international, national and sub-national sources; including making the investment case for harm reduction and using cost effectiveness arguments
- calling for the redirection of funding from punitive drug control to harm reduction, community-led initiatives, health and justice, and challenging funding sources that sustain punitive drug control.

Objective 4

To strengthen technical and normative support for harm reduction through strategic engagement at the international level and partnerships at regional and national levels.

We will do this by:

- collating, analysing and communicating global data (both qualitative and quantitative)^[4] to amplify the evidence-base for harm reduction and drug policy reform and encourage scale up of services
- advocating for countries to respond to new trends in drug use, and to implement integrated, person-centred harm reduction services in the community, prisons and closed settings^[5]
- demonstrating the resilience and impact of harm reduction responses, including in the context of the COVID-19 pandemic and in hostile environments
- challenging misinformation about drug use, harm reduction and drug policy; denouncing stigma and the use of pejorative language related to drugs.^[6]

OUTCOME 3

Drug policy is aligned with international human rights standards and advances equity, racial and social justice.

Objective 5

To use international human rights standards to challenge the use of drug control to justify rights violations, and to promote the rights of marginalised groups.

We will do this by:

- documenting and challenging violations and abuses perpetrated in the name of drug control (including violations of the right to health, the use of the death penalty, over- incarceration and arbitrary detention for drug offences) and by calling for state and multilateral actors to uphold international human rights standards
- exposing the impact of unjust laws, policies and practices carried out in the name of drug control upon marginalised groups at national and international levels, with particular attention to gender, poverty and socioeconomic status, including highlighting parallels between the securitisation of health and drug control
- supporting the efforts of international, regional and national organisations through networks to exchange, monitor, document, advocate for, and defend the rights of marginalised groups, including the rights of people who use or are associated with drugs.

Objective 6

To document and challenge the use of drug control where it has a disproportionately negative impact on Black, Brown, Indigenous and ethnic minority individuals and communities.

We will do this by:

- advancing thought leadership and supporting dialogues and analysis, referencing experts and systems of knowledge from low- and middle-income countries, and exchanging with broader decolonising movements (e.g. health and aid)
- documenting and disrupting the racist impact of drug control, including through international human rights mechanisms, and calling for such practices to be condemned and abandoned by governments, donors, UN and multilateral bodies
- supporting partners at national and regional levels to demand an end to drug policies, practices and laws that have a disproportionately negative impact on Black, Brown, Indigenous and ethnic minority individuals and communities.

ORGANISATIONAL OBJECTIVE

to continue to strengthen HRI's sustainability, governance and systems, create a supportive work environment for people and partners, and advance communications for effective advocacy; all of which enable HRI to progress its mission.

We will do this through:

Sustainability, governance and systems

- maintaining and regularly reviewing our strong financial practices, including annual independent examination/audit
- working to diversify our funding, and collaborating with partners to navigate the resource-limited environment for funding
- ensuring our work is supported by good governance and effective oversight mechanisms, specifically a board of trustees with the diversity of skills, lived experience and expertise required to support HRI's regulatory compliance, strategic decisions and complex risk assessments.

People and partners

- working to ensure support for staff to develop professionally and can find and articulate a balance that works for them as individuals
- working with respect for the impact the COVID-19 pandemic is having on the lives of our staff, trustees and partners
- strengthening our cross-team collaboration and internal communications to promote learning exchange and strong relationships across teams
- focusing on health and wellbeing in the workplace, and recognising rest as a radical act.

Communications for effective advocacy

- continuing to strengthen our external communications to address stigma and misinformation, including by:
 - (a) raising HRI's profile
 - (b) amplifying HRI's advocacy and research
 - (c) making the case for harm reduction and drug policy reform.
- following the HRI pledge to be actively anti-racist in our internal practices and communications and external partnerships and advocacy.

HARM REDUCTION INTERNATIONAL STRATEGY 2022–2025

