



**HARM REDUCTION
INTERNATIONAL**

Harm Reduction Investment in the European Union

Policy Briefing

Europe is the birthplace of harm reduction. It is the region where its successes in averting HIV epidemics among people who inject drugs can be most plainly seen. But the provision and coverage of harm reduction services in several countries is being hit by a funding crisis. Fuelled by austerity, the retreat of international donors and poor political support for harm reduction, there are concerns that this funding crisis will result in public health emergencies.

Funding at a glance

Harm Reduction International has developed a simple set of criteria and worked with national harm reduction providers, researchers and advocates to provide an indication of the health of harm reduction funding in 18 EU countries (as shown in Table 1). A traffic light system categorises the national situation as poor (red), mediocre (amber) or good (green) on the following criteria: harm reduction coverage, transparency of spending data, government investment in harm reduction and the civil society view on sustainable funding.

Table 1. Harm reduction funding in the European Union at a glance

Country	Harm reduction coverage	Transparency of spending data	Government investment in harm reduction	Civil society view on the sustainability of funding
Bulgaria	Red	Red	Red	Red
Romania	Red	Red	Red	Red
Poland	Red	Red	Red	Amber
Hungary	Red	Amber	Red	Red
Greece	Amber	Red	Amber	Red
Lithuania	Red	Amber	Amber	Amber
Italy	Amber	Red	Amber	Amber
Sweden	Amber	Amber	Amber	Amber
Czech Republic	Amber	Amber	Amber	Amber
Portugal	Amber	Amber	Amber	Green
Finland	Amber	Amber	Amber	Green
Estonia	Amber	Amber	Green	Green
UK	Green	Amber	Green	Amber
Ireland	Not known	Amber	Green	Green
Belgium	Amber	Amber	Green	Green
France	Green	Amber	Green	Green
Germany	Green	Amber	Green	Green
The Netherlands	Green	Amber	Green	Green

Government investment

Since 2008 most governments in Europe have imposed austerity measures which have directly impacted investment in harm reduction. Some states, such as Greece, have dramatically cut funding for harm reduction. Where political will for harm reduction is strong, the impact of austerity on investment in harm reduction has been tempered. But even where domestic funding has remained steady, some states such as Portugal have not adjusted investment to reflect the rising cost of living. Where international donor funds have come to an end, some states, including Estonia, have increased domestic support for harm reduction. But others, such as Romania, have not, crippling services and triggering a spike in HIV infections among people who inject drugs. Across the region, investment in ineffective and often repressive drug enforcement measures dramatically outweighs spending on health and harm reduction.

Transparency of spending

With harm reduction often integrated into health systems in European countries, it is extremely challenging to accurately establish what is being spent on harm reduction. Although some governments carry out dedicated research on this in the context of wider drug policy expenditures, it is not routine and does not drill down to the level of specific interventions. Even in countries that have national mechanisms to track health or drug policy expenditures, harm reduction spending is not isolated. This information is crucial for strategic budget decision-making and to guarantee that dwindling funding is invested where it is most needed and will have the most impact. The current gap in knowledge threatens governments' ability to ensure success.

Sustainability of funding

The future of harm reduction funding in EU member states ranges from fairly certain to extremely insecure. The countries where funding is more certain share common features, including political support for harm reduction, supportive laws and policies and strong and supported civil society. However, even in these countries there remain funding gaps and areas in which the efficiency of government investment could be improved. Where funding is extremely insecure, rapid increases in HIV infection rates among people who inject drugs are feared. At the 2016 UN General Assembly Special Session on Drugs, EU member states committed to reducing the adverse public health and social consequences of drug use, endorsing opioid substitution therapy, needle and syringe programmes, antiretroviral therapy and naloxone. The previous year they committed to end AIDS by 2030 under the UN Sustainable Development Goals. Fulfilling these and other international commitments will not be possible without sustainable funding for harm reduction.

Recommendations

National authorities:

- National governments must ensure sustainable funding for harm reduction and must protect harm reduction investments from austerity measures.
- Governments should undertake cost-effectiveness studies into drug policy spending and redirect funds from drug enforcement to harm reduction.
- They should also make harm reduction spending information more transparent and ensure that it is systematically monitored.

European Institutions:

- The European Commission should create a time-bound emergency fund to keep services in operation in countries no longer eligible for Global Fund grants. This fund should be accessible to civil society organisations, avoid cumbersome application processes with very low success rates, and be exempt from the European Union standard co-funding expectations.
- The Commission should also lead the development of a new HIV Strategy and Action Plan with a strong emphasis on ensuring the sustainability of harm reduction services. The next EU Action Plan on Drugs, to cover the period 2017-2020, should support these efforts.
- The EMCDDA and its National Reitox Focal Points should include indicators on harm reduction investment within regular data collection requirements.

The Global Fund to fight AIDS, TB and Malaria:

- The GFATM must do much more to support and encourage governments in EU states where it is withdrawing harm reduction funding to transition to national funding.
- It should also ensure that the 'NGO rule', which provides for directly funding NGOs in upper-middle income countries that fit the eligibility criteria, remains an option for countries where government investment in programmes is not forthcoming, including by better defining what is meant by 'political barriers' and what constitutes proof that these are insurmountable.

Full report, *Harm Reduction investment in the European Union – current spending, challenges and successes*, available at: www.hri.global/harmreductionworks



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