



HARM REDUCTION INTERNATIONAL

Thank you, Chair.

On behalf of Harm Reduction International and 40 civil society and community-led organisations, I am raising an urgent alarm about the catastrophic impact of the latest irrational funding cuts to harm reduction and other services for people who use drugs. These cuts have escalated harm, dismantled essential services, and placed thousands of lives at immediate risk.

The consequences are devastating. **Overnight, funding for life-saving harm reduction services has been halted.** Clinicians, support staff, and administrators have been dismissed without warning. Peer workers, who have fought to stabilise their lives, suddenly find themselves without HIV and HCV medications, medical care, social support, income, or even daily purpose. Many will lose their homes, be forced back onto the streets, and turn to unregulated drug supplies. Many will not survive.

Where services remain, fear and instability prevail. Trust in harm reduction programs and the United States as a funding partner have been severely damaged. **Decades of progress on gender-responsive harm reduction are at risk, as these cuts coincide with attacks on gender rights.** Meanwhile, community organisations that held harm reduction efforts together through the COVID-19 crisis are now powerless to respond. These frontline organisations must be protected and funded.

In low- and middle-income countries, harm reduction programs were already underfunded —receiving just 6% of the estimated financial need—and these programs now face devastation due to US and European foreign aid cuts. This directly undermines the global fight against AIDS, tuberculosis, viral hepatitis, and overdose deaths.

Harm reduction is not an abstract concept; it is a **proven, cost-effective public health intervention** with an exceptionally high return on investment, endorsed by the entire UN system, including this forum. It reduces HIV transmission, improves treatment adherence, and enhances overall health outcomes. The disruption of **opioid agonist therapy (OAT) is a direct threat to life**, and its interruption has already led to overdose deaths. For pregnant women, sudden withdrawal from OAT can result in miscarriage.



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We call on **governments and donors** to prevent unnecessary deaths and safeguard public health.

1. Governments must prioritise harm reduction in their domestic budgets

Domestic funding is the **most sustainable** solution to avoid unnecessary deaths and achieve global HIV, HCV, and TB targets. Urgent measures are needed to ensure **community and civil society organisations receive direct funding**, through social contracting, as they are the backbone of the response in many countries.

2. Governments must increase their contributions to the Global Fund

The **Global Fund to Fight AIDS, TB, and Malaria** is the largest donor to harm reduction in these regions, and its role has never been more critical. This year, the Global Fund is holding its **8th replenishment, co-hosted by South Africa and the UK**.

We urge governments and philanthropic donors to **increase—not cut—their support** for harm reduction and the Global Fund.

3. End the harmful legacy of criminalisation

Governments must **accept accountability** for the damage caused by punitive drug policies. Decades of criminalisation have **blocked public health efforts, fueled mass incarceration, and enabled human rights violations**, including the death penalty in some jurisdictions—the **militarised, punitive approach to drug use retraumatizes already marginalised populations**. Many lives have been lost due to these policies.

The evidence is overwhelming: **governments must shift resources away from punitive drug enforcement and invest in community-based health, harm reduction, and justice initiatives**.

We urge all **governments and donors to step up, end the failed criminal justice approach to drug policy, and prioritise health over punishment**. Investing in harm



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reduction is not just a moral imperative; it is an investment in global health, economic stability, security, and human dignity.

The time to act is **now**.

Signatories:

1. Harm Reduction International
2. Southeast Asia Harm Reduction Association (AHRA)
3. European Network of People who Use Drugs
4. Correlation-European Harm Reduction Network
5. Eurasian harm reduction association
6. Intercambios Civil Association
7. Latin American Network of People who Use Drugs
8. WHRIN
9. International Drug Policy Consortium
10. Forum Droghe
11. La Società della Ragione
12. Drug Policy Alliance
13. Students for Sensible Drug Policy
14. Centre on Drug Policy Evaluation
15. NoBox Philippines
16. Africa Network of People Who Use Drugs [AfricaNPUD]
17. Amnesty International
18. SANPUD
19. Skoun, Lebanese Addictions Center
20. Youth RISE
21. Middle East and North Africa Network of People who Use Drugs (MENANPUD)
22. Institute RIA Mexico
23. Acción Técnica Social
24. International Network of People who Use Drugs (INPUD)
25. Washington Office on Latin America (WOLA)
26. Groupement Romand d'Etudes des Addictions (GREA)
27. International Indigenous Drug Policy Alliance
28. Harm Reduction Australia



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29. Students for Sensible Drug Policy Australia
30. REDUC - Brazilian Harm Reduction and Human Rights Network
31. Metzineres
32. Associação Brasileira de Saúde Mental (Brazilian Association on Mental Health)
33. Dejusticia (Colombia)
34. Transform Drug Policy Foundation (UK)
35. Elementa DD.HH. (Mexico, Colombia)
36. African Law Foundation (AFRILAW)
37. West African Drug Policy Network (WADPN)
38. Drug Policy Reform and Environmental Justice International Coalition
39. ICEERS (International Center for Ethnobotanical Education, Research and Service)
40. The Association for Humane Drug Policy, Norway
41. Médecins du Monde, France