Technical Brief

Harm reduction for people who use drugs

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I. Introduction

This technical brief describes how interventions for people who inject drugs are to be incorporated into funding requests to the Global Fund. The Global Fund supports evidence-based interventions aimed at ensuring access to HIV prevention, treatment, care and support for key populations. This includes the nine interventions set out in the WHO/UNODC/UNAIDS technical guide for countries to set targets for universal access to HIV prevention, treatment and care for people who inject drugs, as defined by WHO, UNODC and UNAIDS [1].

In many parts of the world, injection drug users who are denied access to sterile syringes are often forced to share and reuse syringes, placing themselves and their sex partners at significant risk of HIV infection. The United Nations Office on Drugs and Crime (UNODC), the Joint United Nations Programme on HIV/AIDS (UNAIDS), the World Bank and the World Health Organization (WHO) jointly estimate that the number of people who inject drugs is 12.7 million (range : 8.9 million-22.4 million). It is estimated that the number of people who inject drugs living with HIV is 1.7 million [2], accounting for at least 5 percent of global HIV infections and 30 percent of HIV infections outside of sub-Saharan Africa [2].

Preventing HIV and other harms among people who inject drugs – and providing them with effective, appropriate, and voluntary treatment – are essential components of national HIV responses, yet often present major challenges. People who inject drugs in most low- and middle-income countries have limited and inequitable access to HIV prevention and treatment services [3]. In prisons and pre-trial detention settings, access to comprehensive HIV prevention, treatment and care is even more limited despite the existence of drug use and sexual activity in these settings [5].

II. What is harm reduction?

An effective and evidence-based response is required to curtail the rapid spread of HIV among drug-injecting populations, but also to prevent onward transmission to other populations, (including regular sexual partners and sex workers) which may significantly expand the reach of the epidemic. Drug-related harm reduction refers to policies, programs and practices that aim primarily at reducing the adverse health, social and economic consequences of drug use – such as HIV transmission – without necessarily reducing drug consumption itself [7].

According to UNODC, WHO and UNAIDS, the implementation of a package of nine interventions is essential to ensure reduction of drug-related infectious disease [1]. The nine categories of programs are based on a wealth of scientific evidence on their efficacy and cost-effectiveness in preventing HIV and other harms [7]:

1. Needle and syringe programs (NSPs)
2. Opioid substitution therapy (OST) and other drug dependence treatment
3. HIV testing and counseling
4. Antiretroviral therapy
5. Prevention and treatment of sexually transmitted infections
6. Condom distribution programs for people who inject drugs and their sexual partners
7. Targeted information, education and communication for people who inject drugs and their sexual partners
8. Vaccination, diagnosis and treatment of viral hepatitis
9. Prevention, diagnosis and treatment of tuberculosis

Overdose management and prevention have since been added to this list. Although the greatest impact will be achieved when the nine interventions are implemented as a package, applicants should prioritize needle and syringe programs (NSP), opioid substitution therapy (OST) (such as methadone maintenance programs) and the provision of ART for people who inject drugs [1].

The Global Fund is committed to rights-based and gender-responsive approaches to delivery of health services, including harm reduction services. With respect to HIV, a rights-based approach includes assessing and reducing human rights barriers to care. The seven categories of programs recognized by the Global Fund and UNAIDS to address human rights barriers to HIV programs are as follows:

- Reduction of stigma and discrimination;
- Provision of legal services and access to justice;
- Monitoring and reform of harmful regulations, policies and laws;
- Legal literacy ("know your rights) programs;
- Sensitization of law-makers and law enforcement agents;
- Training for health care providers on human rights and medical ethics; and
- Reduction of discrimination against women and gender-based violence.

Programs in all of these areas can be included in funding applications. Rights-based approaches also ensure the meaningful participation of affected populations – people who use drugs, in this case – in the design, implementation and evaluation of programs intended for them. They should include building capacity of community-based organizations that legitimately represent the interests of people who use drugs. For more information on rights-centered approaches to services, including harm reduction, please see the technical briefs on HIV, Human Rights and Gender Equality and on TB, Gender and Human Rights, as well as the International Drug Policy Consortium's Information Note.

Other international partners have added other complementary interventions to the package outlined above. For example, the International HIV/AIDS Alliance and more recently the World Health Organization identified additional interventions in their "harm reduction approach to HIV programming" [10] including PMTCT services, overdose management and prevention, advocacy, psychosocial support, and access to legal services. All of these should also be considered when developing proposals to the Global Fund.

III. Incorporating harm reduction interventions into Global Fund proposals

Global Fund resources should be used to fund evidence-based interventions, including those for key populations, in the community and in prisons and pre-trial detention. The Global Fund is still the major source of international funding in low- and middle-income countries for harm reduction. Between 2002 and 2014 the Global Fund had approved 151 grants from 58 countries, plus one regional proposal, that contained activities for people who inject drugs with a total investment of US$ 620 million [20].

According to Global Fund policy, lower-middle and upper-middle income countries applying for funding must focus 50 percent and 100 percent, respectively, on underserved and most-at-risk populations, as well as on the highest-impact interventions. Low-income countries are also strongly encouraged to target resources to those at highest risk.

It is therefore strongly recommended that all countries with reported HIV transmission associated with the sharing of injecting paraphernalia include harm reduction interventions in their proposals.

Applicants are advised to make use of the full range of information notes, technical briefs and guidance provided by the Global Fund, including the HIV Information Note, as well as technical assistance and the numerous technical guides and support documents available from partners – some of which are listed at the end of this note.

01 Community involvement

It is crucial that people who inject drugs actively and meaningfully participate in the planning, delivery and evaluation of the HIV and TB response and other programs affecting them. Country Coordinating Mechanisms are strongly recommended to include people who use drugs and their organizations in country dialogues, project design, proposal development, and program implementation and oversight. People who inject drugs should be supported to participate meaningfully in program decision-making. Involving this population in planning and service delivery recognizes and utilizes their unique experiences and expertise, knowledge and contacts, and contributes to effectively addressing their needs and maximizing the impact of the proposed services and interventions.

02 Community systems and responses

Many services for people who use drugs are best delivered in community-based settings and by civil society organizations, especially by peer led organizations of people who inject drugs. The goal of community systems strengthening is to develop the roles of key communities (such as people who use drugs) in the design, delivery, monitoring and evaluation of services and activities. Applicants are strongly encouraged to include community systems strengthening interventions in their proposals as an empowered and resourced community is essential to supporting and complementing harm reduction programs. Such activities seek to expand capacity but must be accompanied by resources to support extensive and meaningful community engagement and empowerment. Please see the Technical Brief on Strengthening Community Systems and Responses for further details.

03 Gender-responsive programming

In many countries, women who use drugs have disproportionately poor access to HIV prevention, treatment and care [18]. HIV infection rates among women who inject drugs are often significantly higher than among their male counterparts [15], and the sexual partners of men who inject drugs also face high risk [16]. In addition, women who are pregnant, use drugs, and are HIV positive, are frequently excluded from prenatal care, therefore they risk having significantly higher rates of mother-to-child transmission than other women [17]. Where possible, applicants should strive to collect sex-disaggregated data to inform the service gaps in harm reduction, while always respecting the key principle of do no harm. Examples of gender-responsive programming for people who use drugs include: providing childcare at drop-in centers, the use of both male and female outreach workers, supporting access to PMTCT for pregnant drug using women, integration of HIV and reproductive health services, and linking with gender-based violence services. Please see the technical briefs on Addressing Gender Inequalities and Strengthening Responses for Women and Girls and Strengthening Sexual, Reproductive, Maternal, Newborn, Child and Adolescent Health in Funding Requests to the Global Fund for further details.

04 Services for adolescents who inject drugs

Young people who inject drugs have specific developmental, social and environmental vulnerabilities. They are less likely than adults to use harm reduction and treatment services and may be less informed about risks and their rights. National population size estimates for this age group are rare.

Early onset of injecting and being a new injector are associated with increased risks of HIV and hepatitis C transmission, while specific groups of young people, especially those that are street-involved, are at considerably higher risk. Harm reduction services for this age group and the interventions required may differ in their delivery than for older people who inject [26].

The legal status of being a minor raises additional challenges for the development of targeted harm reduction interventions. These include issues relating to informed consent, parental consent issues and legal age restrictions on services.

05 Prisons and pre-trial detention

Due to the wide spread criminalization of minor drug offenses in many countries, detention and imprisonment may be common events for people who use drugs [5]. Often, they continue injecting drugs while in prison, therefore, harm reduction services in prison are essential. Services must address not only injecting risk but also sexual risk in prison settings. Given the role that prisons play in the spread of HIV and TB (including multidrug-resistant TB), it is crucial to ensure the continuity of antiretroviral therapy and TB treatment as well as NSPs and OST at all stages – upon arrest, pre-trial detention, transfer to prison and within the prison system, and upon release. The Global Fund also recommends ensuring access to legal aid for people who inject drugs, including those held in jail, prison and other detention facilities.

06 Compulsory drug detention centers

In some countries, people who use drugs are held in centers purporting to provide "treatment" or "rehabilitation," with widely reported violations of human rights, little or no judicial process or medical evaluation of those held, and no evidence of effectiveness in addressing drug dependence. In 2012, twelve UN agencies called for the closure of these compulsory "treatment" facilities. The Global Fund has made repeated calls for the closure of drug detention centers, while expressing concerns that those detained illegally within them must not be denied access to essential health care [28]. In October 2014, its Board decided that the Global Fund will not fund any interventions in compulsory drug detention centers. However, consistent with its commitment to addressing gaps in life-saving treatment for key populations, the Global Fund may finance scientifically sound medical services in exceptional circumstances: for instance, ensuring access to life-saving treatment to detainees in voluntary, community-based treatment programs located outside of such facilities. These exceptions will be determined based on consultation with UN partners and will require independent oversight to verify the conditions and use of the financing.

Where these centers exist, applicants should seek to identify and support more effective, cost-effective and human rights-based alternatives, as well as measures to end detention and permanently close these facilities.

07 Overdose management

Overdose remains a primary cause of death among people who inject drugs, and overdose prevention and management interventions are particularly important for this population [1]. Although not explicitly included in the "comprehensive package" until 2014, overdose management—including ensuring access to naloxone (a WHO Essential Medicine that can reverse opioid overdoses) should be a core component of harm reduction services [19]. People released from prison or from drug-free treatment settings are often at particularly high risk of overdose. According to a review of 24 studies, HIV-infected people who use drugs are 74 percent more likely to have an overdose than those without HIV [20]. WHO's 2014 guidelines on overdose recommend that people who are likely to witness an opioid overdose, including people who use opioids and their family and friends, should be given access to naloxone and training in its use so that they can respond to opioid overdose in an emergency whether trained emergency workers are present or not [28]. Therefore, applicants are strongly encouraged to consider low-cost interventions such as provision of OST prior to release from prison; take-home naloxone provision and peer and family administration for people who inject drugs; peer, family and staff training in overdose management; and the strengthening of overdose responses for emergency health services. Applicants may also wish to include advocacy or monitoring activities to ensure policies and law enforcement practices optimize naloxone use.

08 Ensuring the adequate supply of injecting equipment

When delivering NSPs, it is important to ensure the provision of a full range of sterile equipment to people who inject drugs. This primarily includes needles and syringes that are appropriate for the local drug use context, as determined in full consultation with people who inject drugs, even if these are not the cheapest available on the market. For example, a given drug or injection site on the body may require a needle of a particular size. Services should also seek to prioritize the provision of low dead-space syringes and needles whenever feasible as they reduce the amount of blood that remains in the needle. Research shows that the amount of dead-space is correlated with the risk of transmission of blood-borne diseases such as HIV and hepatitis [21]. For this reason, the Global Fund supports the procurement of both low dead-space syringes and other types of injecting equipment demonstrated to reduce risk of infection. Both the Global Fund and WHO recommend against the provision of retractable or auto-destructible syringes in NSPs [22].Other items that can be part of NSPs include safe disposal boxes for used equipment, filters, sterile water, single-use cooking utensils, acidifier powders, tourniquets, bleach and other disinfectants for needles and syringes (only as an adjunct to, rather than a substitute for, sterile needles and syringes), foil, and male and female condoms [22].

09 Hepatitis C

Hepatitis B and C are highly infectious blood-borne viruses that disproportionately affect people who inject drugs. Of the 17 million people who inject drugs around the world, more than half are estimated to be living with hepatitis C [2]. Globally, most HIV-infected people who inject drugs are also living with hepatitis infection. Therefore, the vaccination (for hepatitis B), diagnosis and treatment of these infections are included in the "comprehensive package" outlined above. WHO has also published comprehensive guidance on viral hepatitis surveillance, prevention and treatment, and on hepatitis prevention among people who inject drugs [25].

Global Fund policy allows for treatment for hepatitis C for people living with HIV to be included in funding requests [28]. Each such request will be considered "after close scrutiny of the country context, including well-documented evidence that hepatitis C treatment and funding is available to the general population, and that funding from the Global Fund is to fill-in the gap for HIV-infected individuals". Global Fund resources can be used to increase hepatitis C treatment and prevention efforts and support advocacy for treatment access and affordability [9]. Countries that do request funding for hepatitis C treatment should include information on the provision of treatment for those in the general population (beyond the proposal request) and should comment on hepatitis awareness and prevention efforts.

IV. References

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V. Further reading and resources

- UNAIDS and UNODC Fact sheet on "Drug Use and the Spread of HIV": www.unodc.org/documents/frontpage/Facts_about_drug_use_and_the_spread_of_HIV.pdf

- WHO, UNODC, UNAIDS technical guide for countries to set targets for universal access to HIV prevention, treatment and care for injecting drug users – 2012 revision WHO, UNODC, UNAIDS technical guide for countries to set targets for universal access to HIV prevention, treatment and care for injecting drug users – 2012 revision

- "What Is Harm Reduction?" – definition from Harm Reduction International: http://www.ihra.net/files/2010/08/10/Briefing_What_is_HR_English.pdf

- WHO "Basic Principles for Treatment and Psychosocial Support of Drug Dependent People Living with HIV/AIDS": www.who.int/substance_abuse/publications/basic_principles_drug_hiv.pdf

- Report of Johns Hopkins – *Lancet* Commission on Public Health and International Drug Policy, 2016. *Lancet* 2016; 387(10026):1427-80 : http://mucd.org.mx/recursos/Contenidos/Otraspublicaciones/documentos2/DrugsCOM.pdf

- Open Society Foundations Publications and Articles on Harm Reduction and Drug Use: http://www.soros.org/initiatives/health/focus/ihrd/articles_publications/sub_listing