Abundant evidence shows that harm reduction programmes can significantly reduce HIV transmission among people who inject drugs. Several countries are demonstrating the benefits of actively scaling up quality programmes that are based on human rights and public health needs.

HARM REDUCTION WORKS

EXAMPLES FROM AROUND THE WORLD

A full range of prevention, treatment, support and care programmes for all people who inject drugs is optimal, including opioid substitution treatment, needle and syringe programmes and antiretroviral therapy for those eligible. However, evidence shows that even partial improvements can make a difference. Countries should not wait, but should start immediately to scale up harm reduction responses that are public health-based and human rights informed.

Kazakhstan, Malaysia and the United Republic of Tanzania are examples of countries that are successfully reaching people who inject drugs and reducing HIV transmission. While each continues to face challenges, their achievements show that progress can be made. Their results illustrate the following key factors of harm reduction programming:

INVEST

Governments should invest public funds in HIV prevention, treatment and care and support services for people who inject drugs in order to support a sustainable, reliable and consistent service for people who use drugs to halt and reverse the AIDS epidemic.

ENGAGE

Work with people who inject drugs so that their communities become part of the solution. Drug users, their families and the communities in which they live are critical partners in the HIV response, especially in emerging epidemics.

IMPLEMENT

Despite legal, policy and environmental challenges, countries have shown that it is possible to implement strong and effective harm reduction programmes. These programmes improve health outcomes even where there is little harmonization of law enforcement, focused drug policy and health objectives.

INVEST KAZAKHSTAN

The Government of Kazakhstan is about to become the sole 'investor' in the national AIDS response, which is a significant step in a region still highly dependent on external donor funding.

HIV in Kazakhstan has been primarily concentrated among people who inject drugs and sex workers. In recent years, unsafe injecting behaviours have become less frequent and evidence indicates that needle and syringe programmes and harm reduction approaches are having a positive impact and delivering real benefits.

The HIV response in Kazakhstan dates back to 1997, when the Government responded to an outbreak of HIV among people who inject drugs by setting up a needle and syringe programme. There are now 168 needle and syringe programmes, averaging about 73 000 visits per year from people who inject drugs, funded from government sources. At the end of 2013 it was estimated that there are around 123 600 people who inject drugs in Kazakhstan, yet the HIV prevalence of around 2.8% (down from 3.8% the year before) is relatively low for the region. Data suggest that needle and syringe programmes have had a positive effect on health outcomes.

The Government of Kazakhstan is currently implementing the 2011–2015 Health Development Programme, which covers the substantial cost of staff, medical interventions, voluntary HIV counselling and testing, antiretroviral therapy and tuberculosis screening. While the Government is in principle supportive of opioid substitution treatment, these programmes have not been taken to scale.

Access to antiretroviral therapy, though improving, remains low—particularly for people who inject drugs. The provision of antiretroviral therapy first began in 2005, supported by the Global Fund to Fight AIDS, Tuberculosis and Malaria, but is now fully funded by the Government. There is an urgent need to scale up treatment services for people who inject drugs who are living with HIV.

ENGAGE UNITED REPUBLIC OF TANZANIA

Evolving attitudes, policies and practices within the mainland of the United Republic of Tanzania have given the country the potential to reach people who inject drugs with more effective programmes of drug treatment and care and HIV prevention and treatment.

The HIV prevalence rate of the United Republic of Tanzania remains high, at 5.7%. In the past decade the country has also seen a steep rise in HIV transmission among people who inject drugs.

Tanzanian drug policy remains focused on demand reduction and penalties for drug use. Penalties can be severe, with imprisonment of up to 10 years for possession of small quantities. However, the growing epidemic among people who inject drugs has prompted high-level attention and more pragmatic public health approaches have recently been piloted in parts of the country.

The drug scene in the United Republic of Tanzania is significantly based around camps, or maskani, where drug users with limited resources come together to buy, sell and use drugs and also to live. The Tanzanian Network of People Who Use Drugs has reached out to a number of maskani to convey vital information about reducing the risk of HIV infection among people who inject drugs. A wide range of services have also been introduced. A ground-breaking opioid substitution treatment programme at Muhimbili University Hospital has enrolled 431 people. A needle and syringe

programmes in the Temeke District of Dar es Salaam, funded in part by Médecins du Monde and the local government, is giving out 25 000 to 30 000 syringes per month. Coverage of antiretroviral therapy for people living with HIV is now 53%, but specific data is needed about people who inject drugs and who are also HIV-positive.

While attitudes are shifting, challenges remain, including stigma and discrimination against people who inject drugs and/or who are living with HIV. Stigma and discrimination can obstruct humane public health approaches, but clear evidence about the positive impact of the pilot programmes indicates the urgent need to scale up these programmes.

IMPLEMENT MALAYSIA

Legislative change can take time, but there is an urgency to act now. Harm reduction programmes can be effectively implemented and expanded through collaboration between the health and law enforcement sectors.

The HIV epidemic in Malaysia is concentrated among people who inject drugs, sex workers and transgender communities. In the 1990s, when there was an absence of harm reduction interventions, 70–80% of all new reported HIV cases were associated with unsafe injecting practices. Since the introduction of harm reduction programmes in 2005, the number of people acquiring HIV infection by sharing injecting equipment had significantly reduced by 2011.

Drug use in Malaysia has traditionally been addressed primarily through punitive law enforcement measures, including incarceration, caning and the death penalty. However, with the introduction of harm reduction services under the leadership of key individuals and agencies, a conceptual shift towards a broader and more progressive understanding of drug dependence has become increasingly evident. The Government has recognized drug use as a health issue as well as an issue for law enforcement.

The Malaysian Ministry of Health started scaling up opioid substitution treatment in 2005 and needle and syringe programmes in 2006 in order to address HIV infection among people who inject drugs.

With a growing awareness of the high costs and relapse rates, the Malaysian Government has also determined to convert compulsory treatment centres into voluntary ‘cure and care’ facilities, which are confidential, voluntary and free of charge.

An assessment of Malaysia’s harm reduction interventions has demonstrated that the programmes are cost-effective and that approximately 15 000 HIV infections have been averted.

A remaining challenge is the lack of policy harmonization between harm reduction implementation and drug policy, which should be addressed as soon as possible.