

THIS WORKS

ENDING AIDS WITH PEOPLE WHO USE DRUGS

FRONTLINE AIDS 

Harm reduction saves lives and helps prevent HIV. Instead of offering this service, many governments punish people who use drugs. This has to change. So, alongside our partners, we're leading evidence-based programmes offering support to more than 300,000 people who use drugs around the world.

HOW WE DO IT: FIVE WAYS WE'RE ENDING AIDS



INTRODUCING, RUNNING AND GROWING HIGH QUALITY HIV AND HEALTH PROGRAMMES

Nigeria, Mozambique and Uganda have no harm reduction services. So **we're bringing together local community organisations to speak up for change** and work with the government to launch them. Meanwhile, in India women who experience violence are three times more likely to get HIV.⁶ We kick-started the Women Initiating New Goals for Safety (WINGS) programme so they can better protect themselves through effective safety plans.

SUPPORTING THE PEOPLE WHO USE SERVICES TO SHAPE THEM

We believe harm reduction services should be shaped by the people who use them. In Indonesia, we help people who use drugs have their say through Country Coordinating Mechanisms (CCMs) where national committees submit funding requests to The Global Fund. We also contributed to the influential Global State of Harm Reduction 2018 report.

We ensured community representatives' voices were heard on Kenya's National Funding request to the Global Fund – and successfully pushed for Hepatitis C treatment as part of the national programme. In China, Cambodia and Vietnam, **we're backing innovative new models of treatment in the community as potential alternatives to prisons and compulsory detox centres.**

SHARING WHAT WORKS FOR EACH COMMUNITY

We want more people to benefit from what works. Through our Partnership to Inspire, Transform and Connect the HIV Response (PITCH) programme we promote best practices to **help communities to learn from each other.**

So, when the Chinese government funded community-based methadone programmes, we helped officials from Kenya, Tanzania and Uganda learn from their success. This included a visit to China to see how community-based drug treatment programmes work when non-governmental organisations are allowed to administer methadone.



REDUCING HARM BY STRENGTHENING COMMUNITY RESPONSE

In India, Mozambique and Myanmar, **we're supporting people who use drugs to create a national network and speak up for their health needs.** We're also empowering regional networks in Asia to strengthen the national network in Thailand and introduce new networks in the Philippines. We've supported peer mentors in India to get resources where they're needed most and in Myanmar we're supporting peer opioid substitution treatment (OST) counsellors to work in four cities.

TRANSFORMING HOW GOVERNMENTS TREAT PEOPLE WHO USE DRUGS

Stigma against people who use drugs has to stop. We supported the International Drug Policy Consortium's shadow report reviewing the last decade of drug policy and demanding international change. Plus, **we launched, and continue to back the 'Support, Don't Punish' campaign** encouraging countries to move away from punitive approaches to drug use. We also connect communities to national and international efforts to fund more harm reduction programmes.

THE CHALLENGE

SHARING NEEDLES AND SYRINGES, INCREASING RISK

Among the 15.6 million people who inject drugs worldwide, nearly one in five lives with HIV.¹ We're facing an epidemic so serious that the UN committed to halving new HIV cases by 2015. Instead, they rose by a third among people who inject drugs.²

The problem is that people who use drugs are harder to reach than any other group affected by HIV. The threat of punishment, and other people's prejudices, stop them getting the help they need.

Globally, 35% of female and 19% of male prisoners are locked up for drug offences.³ This costs billions, and the number of people who use drugs keeps increasing.

WHAT WE DID

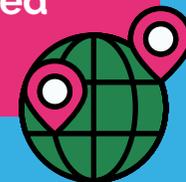
OVERCOMING BARRIERS, SHARING WHAT WORKS

Harm reduction is an effective, practical, realistic and cost-effective approach that benefits people who use drugs, their families and communities. But right now, too many people are denied it. This is a major barrier to reducing new HIV infections among people who use drugs.

Less than one per cent of people who use drugs live in countries that provide a minimum coverage of harm reduction services as recommended by the World Health Organisation. These include needle and syringe programmes (NSP) and opioid substitution treatment (OST), which involves replacing drugs like heroin with prescribed alternatives.

Plus, research shows that in 2016 just \$188 million was invested to reduce harm in low and middle-income countries.⁴ That's only 13% of the \$1.5 billion UNAIDS estimates is needed by 2020 for an effective HIV response.⁵

In 2017, we supported more than
**300,000 people with community-based
services in 15 countries.**



OUR IMPACT

ENDING STIGMA, PUTTING PEOPLE FIRST

We reduce harm by putting people's needs first. That means supporting, not punishing, so we can understand the risks they face in their daily lives.

Together with our partners, we're committed to ending the dangerous policy of punishment for people who use drugs, which fuels the HIV epidemic and costs lives. In 2015, 450,000 people died of drug-related causes – nearly half were related to overdoses, and the rest associated with HIV and Hepatitis C.

We speak up wherever we can to replace these policies while building innovative, evidence-based community services. Despite a global funding crisis we're determined to prioritise health and human rights.

 **JOIN US. END IT.**
www.frontlineaids.org

SOURCES

1 Sarah Larney et al. Lancet Global Health 2017.

2 UNAIDS (2016), Get on the Fast-Track – the life-cycle approach to HIV, p 52.

3 UNODC, World Drug report 2018

4 Cook C & Davies C (2018) The Lost Decade: Neglect for harm reduction funding and the health crisis among people who use drugs. Harm Reduction International

5 IDPC (2018), Taking Stock: A decade of drug policy – A civil society shadow report

6 Association between intimate partner violence & HIV/AIDS: Exploring the pathways in Indian context; Patrikar et al, Indian J Med Res, 2017