

What is harm reduction

for people who use drugs?

Harm reduction consists of policies, programmes and practices that reduce the negative health, social and economic effects of drug use. It benefits people who use drugs, as well as their families and communities.

Many people are not able or willing to stop their drug use. Harm reduction acknowledges that people should not need to stop using drugs to receive help.

Research shows that harm reduction decreases the negative effects of drug use without increasing drug injection. That's why organizations such as the World Health Organization (WHO), the United Nations Office for Drugs and Crime (UNODC) and the Joint United Nations Programme on HIV/AIDS (UNAIDS) recommend harm reduction interventions for people who use drugs.

Harm reduction helps people who use drugs live safer, healthier and longer lives. It can also improve the well-being of families and communities.

Principles of harm reduction

Seat belts protect us from the dangers associated with driving. Similarly, harm reduction principles prevent harm from drug use, rather than preventing the drug use itself. They focus on supporting people who use drugs in a non-judgemental way.



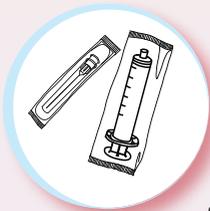
Harm reduction:

- *accepts* that drug use is part of our world and minimizes its harmful effects;
- *understands* drug use is complex and includes many different behaviours;
- *establishes* individual and community well-being as the criteria for successful interventions and policies;
- *recognizes* that many factors contribute to drug-related risks and harms including the behaviour of individuals, the environment in which they use drugs, and the laws designed to control drug use;
- *acknowledges* the significance of any positive change that people make in their lives;
- *commits* to basing policy and practice on the strongest evidence available;
- *affirms* that more than anyone else, people who use drugs can take control of reducing the harms of their drug use;
- *asserts* that people who use drugs have the right to the highest achievable standard of health, to social services, to work, to benefit from scientific progress, and to freedom from cruel and degrading treatment;
- *does not* minimize or ignore the real and tragic dangers associated with drug use.

Harm reduction support and services



Harm reduction includes services in hospitals and clinics, as well as services in the community. To be most effective, these services are best provided together as a package tailored to community and individual needs.



1 Needle and syringe programmes

Needle and syringe programmes provide low or no-cost clean needles and syringes and reduce sharing of injection equipment. It is important these services are offered at locations where people who use drugs can access them without fear of being noticed or arrested, whether at fixed sites, mobile and outreach services, or automated vending machines.

For many people, needle and syringe programmes are an important point of contact with health services. These programmes may serve as an important entry point for other services.



2 Opioid substitution therapy and drug dependence treatment

Methadone and buprenorphine are most commonly used for substitution therapy. Because they are taken orally, they reduce the risk of hepatitis and HIV infection that is associated with injecting opioids such as heroin.

Other drug dependence treatments include:

- Medically supervised drug withdrawal programmes, also known as detoxification, in specialized facilities.
- Treatment programmes where patients can live at home and attend regular therapeutic groups and counselling.
- Peer-based support groups, such as 12-step 'Narcotics Anonymous' groups.



3 HIV and hepatitis testing and counselling

HIV/hepatitis testing and counselling helps people who use drugs to manage their health and understand their role in preventing transmission.

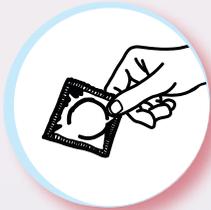
Counselling should include support regarding sexual and injecting risk, HIV prevention and treatment, and disclosure of HIV/hepatitis status. People who use drugs and their sexual partners can also benefit from couples counselling.

Rapid testing methods make it possible to test and receive results immediately. Testing can be offered through outreach services, in addition to hospitals and clinics.



4 Antiretroviral therapy

Antiretroviral therapy (ART) is a combination of medicines that suppresses HIV and slow the progression of HIV-associated conditions. These medicines must be taken continuously and at regular intervals. This can be difficult for people who experience homelessness, poor nutrition, limited income or a lack of social support. However, with adequate support, people who use drugs can successfully undergo and benefit from ART.



5 Condom programmes for people who use drugs and their sexual partners

Condom programmes for people who use drugs and their sexual partners decrease sexual transmission of HIV and other sexually-transmitted infections (STIs). This is important for those who are at greater risk of contracting STIs, such as people who use drugs and engage in sex work, and men who have sex with men.



6 Sexual and reproductive health services, including STI services

People who use drugs and their sexual partners require services to meet their reproductive and sexual health needs, such as contraception and family planning advice, prenatal care, and STI services. HIV-positive women who use drugs and the partners of men who use drugs require access to services that prevent HIV transmission from mother to child.



7 Information, education and communication

Information can lead people who use drugs to make positive changes, particularly when combined with other harm reduction services.

Information should address the specific environments and situations people who use drugs encounter. It should focus on: HIV and hepatitis risk associated with drug use and how to reduce it; risk reduction strategies; where to access services and support; basic information about drugs; how to access to legal rights and support; and how to prevent overdose.

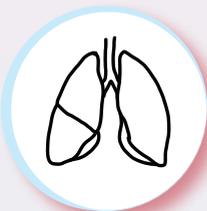
In many settings, it may be difficult to reach people who use drugs and other key populations. In such circumstances, people can best be reached with information and education provided through their peers.



8 Prevention, vaccination, diagnosis and treatment for viral hepatitis

Worldwide, an estimated 8 million people who inject drugs may be living with hepatitis C. People who use drugs are also at greater risk of contracting hepatitis B.

For these reasons, it is important to address transmission and treatment of hepatitis B and C viruses. WHO recommends offering people who use drugs a rapid hepatitis B vaccination regimen, with incentives to increase uptake and complete the vaccine schedule.



9 Prevention, diagnosis and treatment of tuberculosis

People who use drugs are at greater risk of acquiring tuberculosis (TB). Living with HIV further increases risk of developing active TB disease. These key populations need to be informed about their risk of TB and how to access regular screening.

Services used by people at greater risk of TB, as well as facilities that serve people in confined and crowded conditions – such as prisons – should implement a strategy to control TB infection.



10 Opioid overdose management with naloxone

Drug overdose is the leading cause of death of people who inject drugs. Respiratory support and the medication naloxone can reverse opioid overdose by blocking the effects of opioids. Naloxone has no effect if opioids are absent and cannot be abused. It is included on the *WHO Model List of Essential Medicines*.

Greater availability of naloxone can significantly reduce deaths from opioid overdose, particularly where people who use drugs have limited access to essential health services. People dependent on opioids, their friends and family members, emergency service providers, and others likely to witness an opioid overdose, should have access to naloxone and learn how to use it to manage opioid overdose.



11 Psychosocial support

People who use drugs often need support with mental health issues, family difficulties, as well as relationship problems and isolation.

Support and care services can reduce the discrimination that people who use drugs face within their families and communities.

Peer support groups and individual or group counselling can be useful sources of information and education for individuals, their families and partners.



12 Livelihood development

Livelihood development programmes help people who use drugs escape the cycle of poverty and drug use. People who use drugs can often benefit from education, training and financial support to be able to work and make a living for themselves.

Further information



The following information sources were used in the preparation of this brochure and may be helpful to readers.

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. Geneva: World Health Organization; 2012. (http://www.who.int/hiv/pub/idu/targets_universal_access/en/)

Consolidated guidelines on HIV prevention, diagnosis, treatment and care for key populations. Geneva: World Health Organization; 2014. (<http://www.who.int/hiv/pub/guidelines/keypopulations/en/>)

Explainers: What is harm reduction? New York: Open Society Foundations; 2016. (<https://www.opensocietyfoundations.org/explainers/what-harm-reduction>)

Harm reduction defined. London: UK Harm Reduction Alliance. (http://www.ukhra.org/harm_reduction_definition.html#ref2)

Principles of Harm Reduction. New York: Harm Reduction Coalition. (<http://harmreduction.org/about-us/principles-of-harm-reduction/>)

Degenhardt, L. et al. Global prevalence of injecting drug use and sociodemographic characteristics and prevalence of HIV, HBV, and HCV in people who inject drugs: a multistage systematic review. The Lancet; 5(12):PE1192-E1207. ([https://doi.org/10.1016/S2214-109X\(17\)30375-3](https://doi.org/10.1016/S2214-109X(17)30375-3))

About HA-REACT

The Joint Action on HIV and Co-infection Prevention and Harm Reduction (HA-REACT) addresses existing gaps in the prevention of HIV and other co-infections, especially tuberculosis and viral hepatitis, among people who inject drugs. The three-year project was launched in late 2015 with core funding from the European Union (EU), and is being implemented by 23 partners in 18 EU Member States. Twelve collaborating partners are contributing additional expertise, among them the European Centre for Disease Prevention and Control (ECDC) and the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA).

Implementation of HA-REACT is taking place primarily in three focus countries (Latvia, Lithuania and Hungary), with attention given to preparing toolkits and guidelines that will benefit the entire European Union.



For more information on harm reduction for people who use drugs, visit:
www.hareact.eu