

# HARM REDUCTION

A PUBLIC HEALTH APPROACH  
BASED ON HUMAN RIGHTS



DOCTORS OF THE WORLD

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# HARM REDUCTION

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“HARM REDUCTION RELIES ON A NON-JUDGMENTAL APPROACH TO OTHERS AND AN ACCEPTANCE OF DIFFERENT PRACTICES AND LIFESTYLES.”

## FOR A PRAGMATIC, NON-JUDGMENTAL MEDICAL-SOCIAL RESPONSE

Access to health is a universal human right. Yet, because certain practices – such as sex work or drug use – or sexual orientation and gender identity are either criminalised or subject to moral disapproval, individuals not wanting or unable to change their behaviour are not in a position to fully exercise this right.

Social stigma and exclusion further increase the risks to which they are exposed: they foster the spread of transmitted diseases like HIV/Aids and other health problems and can lead to violence, social marginalisation and poverty.

As an international medical organisation founded on values of solidarity, for over forty years Médecins du Monde – Doctors of the World (MdM) has adopted a pragmatic approach to its provision of assistance to such groups of people. Rather than denying them their identities and lifestyles, MdM works with them on creating solutions adapted to their specific needs to improve their health, provides them with treatment, health care, psychosocial support and prevention services and carries out initiatives aimed at fostering their independence. This approach is called Harm Reduction. It is not limited to medical issues but also encompasses the social and legal risks impacting people’s ability to exercise their right to health.

Now widely recognised as a public health activity – including by the World Health Organization –, harm reduction is considered an essential component in the fight against HIV/Aids and viral hepatitis. Yet, still too few people are able to access harm reduction services. In recent years the situation is worsening due to the resurgence of conservative policies that wholly or partly reject harm reduction initiatives and increase criminalisation of certain practices and identities.

MdM’s programmes aim to demonstrate the effectiveness and success of harm reduction interventions while enhancing the capacities of local actors to promote and implement this approach. We call on the global community to endorse and fund universal access to good quality harm reduction services.

Dr Philippe de Botton  
President of Doctors of the World - France



## KEY STATISTICS

- ◇ **Between 40% and 50% of all new HIV infections** among adults across the world affect key populations and their partners. (World Health Organization, 2016)
- ◇ **13 million people** inject drugs worldwide. 13% of them live with HIV and 67% with the hepatitis C virus (HCV). (WHO)
- ◇ **60% of countries** report having laws or policies that are barriers to effective HIV services for key populations and vulnerable groups. (WHO, 2016)
- ◇ **Participation in harm reduction programmes by the people concerned** plays a crucial role in the fight against HIV. (WHO, 2016)
- ◇ **Decriminalising sex work** could reduce new HIV infections among sex workers by 46% in 10 years. (WHO)

## WHY IS ACTION NEEDED?

Certain groups of people – people who use drugs, sex workers, marginalised individuals, prisoners and LGBTQ communities – are more exposed to infectious diseases like HIV/Aids, hepatitis B (HBV) and C (HCV), sexually transmitted infections and tuberculosis.

They are also more vulnerable, mainly due to their social and legal status and the social stigmatisation and marginalisation that restrict their access to prevention and treatment services. For these reasons, in certain contexts, the HIV/Aids incidence among key populations continues to rise, whereas the incidence in the general population is stabilised or even decreasing<sup>1</sup>.

Pioneering harm reduction in France since the mid-1980s, MdM has continued to develop services adapted to the specific needs of these populations. MdM strives to innovate and continuously improve its practices to enhance access to healthcare. This is illustrated by the launch in Paris in 1989 of the first needle exchange programme (illegal at the time), the setting up in 2000 of mobile clinics to improve sex workers' access to prevention services, an education program on injection-related risks and the building up, in 2009, of a structured national network providing drug analysis testing services.

MdM has also become a leading global player in harm reduction, using its expertise to help introduce substitution treatment in Afghanistan in 2010 and set up the first harm reduction programme in sub-Saharan Africa (Tanzania) in 2012 and a pilot programme for HCV patients among drug users in Georgia in 2016.

In addition to providing healthcare to those in need, MdM condemns human rights violations and supports marginalised groups in their struggle to improve their living conditions.

<sup>1</sup> HIV prevention, diagnosis, treatment and care for key populations, WHO, 2014.



The principle of an appropriate or unconditional threshold is based on the notion that very few or no conditions should be imposed on accessing harm reduction services in order to ensure the programme is available to the most vulnerable. This requires teams reaching out to people in need, taking action with them while taking into account each individual's situation (living conditions, environment, capacities, resources, etc.).

## WHAT DOES IT INVOLVE?

The purpose of harm reduction programmes is to protect and improve the health of people who use drugs, sex workers, sexual and gender-identity minorities and prisoners. They also seek to remove the legal, social and normative barriers that marginalise, abuse and deny these people access to health services.

MdM's approach is based on public health and human rights. At the core of its intervention ethic is the acknowledgement that people are not always willing or are unable to change their lifestyles and that no conditions whatsoever should be imposed on their citizenship or access to rights and health.

Labeling them as victims, sick or criminals simply prevents constructive thinking and denies respect of their existence, humanity or right to be full citizens.

### A PUBLIC HEALTH RESPONSE

Harm reduction is a pragmatic response to the medical and social challenges faced by key populations.

Despite strong moral opposition in some places, harm reduction — once illegal — has proven itself

to be an effective public health response. Now recognised by the international community, it is recommended as the most effective way of combating diseases transmitted among people who use drugs, sex workers and transgender individuals. Moreover, harm reduction has proven to be cost-effective.<sup>2</sup>

### A HUMAN RIGHTS-BASED APPROACH

Harm reduction is not just about reducing exposure to viruses like HIV, hepatitis, STIs and tuberculosis. It is a holistic approach, aimed to improve the health, social and economic situation of individuals and society in general.

Harm reduction adopts a non-judgmental approach, which respects each and everyone's identity and life choices. It is based on the principle of unconditional access to health and rights. Refraining from judging others is fundamental in reaching out to often highly stigmatised and criminalised key populations. MdM's harm reduction programmes therefore incorporate the principle of low thresholds to facilitate contact with these individuals.

2. A study (Cook et al., 2016) conducted in eight Eastern European and Central Asian countries showed investing in needle exchange programmes saved 1.6 to 2.7 times the initially invested amount (notably due to a reduction in new infections).



## PRINCIPLES OF INTERVENTION

All MdM's programs aim to achieve sustainable improvement in people's rights and access to health, including Harm Reduction services.

The guiding principles are:

- Providing treatment and care
- Bear witness and advocate
- Supporting local community mobilization and activism

and understanding of their own specific context. The interventions are adapted to their individual situations and aims at working with them in a collaborative manner. These principles enable programmes to get in contact and build trust with those who are most excluded from healthcare and society.

### REACHING OUT TO PEOPLE AND IMPROVING THEIR INDIVIDUAL SITUATIONS

Repression and stigmatisation force people into exclusion, making it more difficult to reach out to them. The outreach approach aims at proactively enter in contact with people, without prejudice, wherever they may be. This requires accepting and respecting their life choices and, even more importantly, building on their knowledge

### A COMPREHENSIVE PACKAGE OF CARE

MdM endorses the notion that harm reduction is based on a range of complementary interventions. In compliance with United Nations' recommendations, all our programmes aim at providing access to a complete comprehensive package of care. In addition, MdM defends the integration of additional psycho-social services in order to achieve effective and universal access to health and rights.

## A COMMUNITY-BASED APPROACH

MdM's harm reduction programmes involve people through meaningful participation in assessing their needs, implementing programmes and planning advocacy campaigns. MdM's programmes build on people's skills and capacities, acquired through their personal experience.

Supporting community mobilisation initiatives such as self-help groups, MdM strives to build capacities and empower community networks. Such initiatives are intended to strengthen civil society and empower people used to being

silenced to speak up and generate the real and constructive participation of all those concerned.

## EMPOWERMENT

In addition to this community-based approach, MdM also supports individual empowerment. The organisation provides support to individuals in their personal efforts to regain or enhance their ability to act autonomously and develop their self-confidence and psycho-social capacities so that they can take charge of their own health.

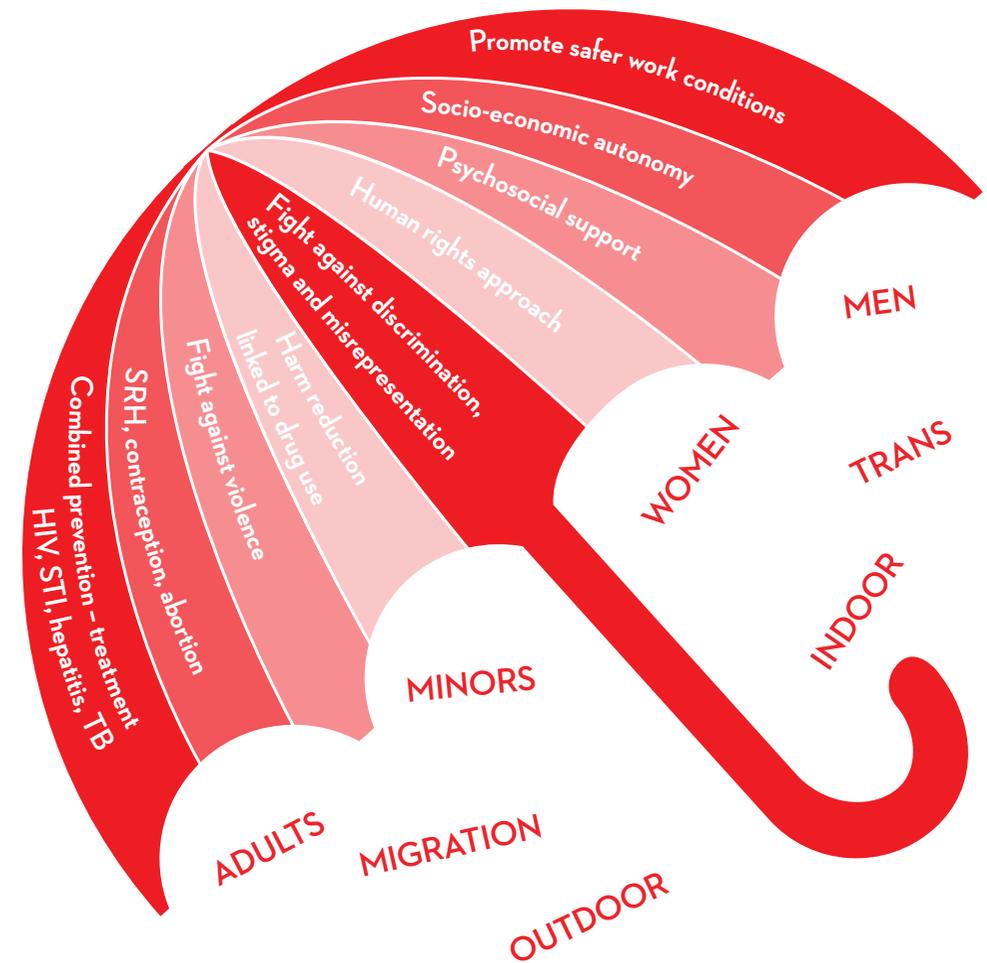
## INTERVENTION FRAMEWORK FOR DRUG-USE HARM REDUCTION PROGRAMMES

HARM REDUCTION IS COLORFUL

TARGETED INFORMATION, EDUCATION & COMMUNICATION	COUNSELLING AND TESTING OF HIV/AIDS & VIRAL HEPATITIS	CONDOM AND NEEDLE & SYRINGE PROGRAMMING
PREVENTION, DIAGNOSIS & TREATMENT OF SEXUALLY TRANSMITTED INFECTIONS	PREVENTION, DIAGNOSIS & TREATMENT OF VIRAL HEPATITIS	PREVENTION, DIAGNOSIS & TREATMENT OF TUBERCULOSIS
ANTIRETROVIRAL TREATMENT & CARE FOR HIV/AIDS	OPIOID SUBSTITUTION THERAPY	PROMOTION OF HUMAN RIGHTS, FIGHTING CRIMINALIZATION & PREVENTING VIOLENCE
MENTAL HEALTH CARE INTERVENTIONS	SOCIOECONOMIC REINTEGRATION	PREVENTING & MANAGING OVERDOSES

## INTERVENTION FRAMEWORK FOR SEX-WORK HARM REDUCTION PROGRAMMES

RED UMBRELLA





## THE CHALLENGES

### FOSTERING THE IMPLEMENTATION OF HOLISTIC SERVICES AS PART OF A COMMUNITY-BASED APPROACH

Adoption of harm reduction, often little-known, misunderstood or even explicitly rejected on the grounds of moral convictions, is still all too rare. For example, national and regional harm reduction services, needle and syringe exchange programmes and opiate substitution treatment vary significantly from one country to another, frequently falling short of the World Health Organization's recommended indicators.

MdM promotes a widespread and global adoption of community based Harm Reduction policies, based on human rights, pragmatism and a non-judgemental approach. This involves promoting harm reduction beyond the frameworks of international agencies that are often limited to preventing HIV and other communicable diseases. In addition it includes demonstrating the necessity for greater commitment to funding

national, regional and international harm reduction and community initiatives.

### REFORMING POLICIES WHICH CRIMINALISE PRACTICES AND LIFESTYLES

Laws, regulations and policies criminalising, prohibiting and punishing drug use, sex work, same-sex relationships and transgender individuals are some of the barriers to accessing harm reduction services and make individuals more vulnerable. Even where these services are available, fear of arrest and punishment prevents people from attempting to access them.

Bearing witness to human rights violations, MdM campaigns for the reform of repressive laws and increased public health and human rights-based strategies. In June 2017, the World Health Organization and other United Nations agencies released a joint statement recommending the repeal of punitive laws and policies that have a negative impact on health<sup>3</sup>.

3. Joint United Nations statement on ending discrimination in health care settings. Joint WHO/UN statement, 27 June 2017.

## IMPROVING ACCESS TO HEPATITIS C PREVENTION, TESTING AND TREATMENT

An estimated 71 million people worldwide are affected by the hepatitis C virus. People who inject drugs are particularly vulnerable to the virus, which has a severe impact on their lives. With a quarter of new infections resulting from sharing injecting material, great care must be taken to guarantee access to prevention, screening and affordable treatments.

Despite the existence of effective diagnostic tests and treatments in readily available and affordable generic forms, they continue to be inaccessible in most low- and middle-income countries. MdM advocates for better access to HCV prevention and treatment services and non-discriminatory access for people who use drugs.

## FIGHTING AGAINST STIGMATISATION AND ALL FORMS OF VIOLENCE

MdM condemns all forms of violence based on an individual's identity or practices, and proclaims the necessity to treat the consequences of such violence while fighting against its causes and campaigning for access to justice and rights. Whereas violence may be associated with sex work, sexual orientation, drug use or other lifestyles, it can also be the result of repressive legal systems that legitimise harassment from law enforcement and force individuals into exclusion. For victims of violence, these systems severely restrict access to the justice system and lead to further social stigmatization.





**FOCUS ON PROJECTS**



# MYANMAR

## IMPLEMENTING A COMPREHENSIVE PACKAGE OF HARM REDUCTION IN KACHIN STATE AND YANGON

Myanmar is the world's second biggest producer of opium. Drug use is extremely widespread in Kachin State, in the north of the country and harmful practices associated with its use represent a real challenge in terms of public health. While the HIV prevalence is estimated to be 0.6% among the general population, it exceeds 28.5% among people who use drugs. For over 20 years, MdM has implemented harm reduction programmes to assist and support the country's authorities with fighting against this epidemic. Activities range from distributing new needles and syringes to providing access to substitution treatments and medical care to people living with HIV.

People who use drugs in Kachin are exposed to rejection by their communities and extreme levels of violence by anti-drug militias. Drawing on the

results of a study on perceptions of drug use, MdM has implemented a response that includes users, civil society and the local authorities to support the right to access health. One result of these efforts has been the re-opening in 2018 of a harm reduction centre that was closed in 2017 because of pressure from a section of the local community.

MdM has also implemented programmes for sex workers and men who have sex with men in the city of Yangon. MdM is improving their health by tackling social, legal and normative barriers and obstacles to accessing care via a rights- and community-based harm reduction network. This network of peer workers from local communities and the provision of a comprehensive range of medical, prevention and support services enable MdM to assist thousands of people every year.

### IN 2017

- ◇ More than 8,500 drug users impacted by our activities
- ◇ 3 million of new syringes distributed
- ◇ More than 2,000 beneficiaries of substitution programs
- ◇ Nearly 2,000 people treated for HIV
- ◇ More than 150 drug users, health professionals and civil society members trained

# EAST AFRICA

## HARM REDUCTION INITIATIVES FOR PEOPLE WHO USE DRUGS IN KENYA AND TANZANIA

Despite the significant increase in the number of people who use drugs in East Africa since 2000 and the rise of injection practices, there were no programmes targeting the health needs of people who use drugs.

Confronted with urgent public health issues, notably viral hepatitis and HIV infections which are consistently increasing among people who use drugs, MdM opened the first needle and syringe distribution programme in sub-Saharan Africa (Dar es Salaam in Tanzania) in 2010. A second harm reduction programme was then opened in Kenya in 2013. It included treating hepatitis C among people who use drugs and assisting the Ministry of Health with drafting national policies to tackle the Hepatitis C epidemic.

Starting off as pilot projects, MdM has demonstrated the effectiveness and adaptability of harm reduction service models within the context of East Africa. We are now campaigning for these to be scaled up by providing support to regional key stakeholders. MdM has set up a harm reduction training centre in Tanzania to increase the skills of the various actors and disseminate the harm reduction approach at a regional and national level.

We are also involved in supporting reforms in regional policies. Our teams participated in drawing up the East African Community's first guidelines on drug-related harm reduction.



# RUSSIA

## PREVENTING HIV, SEXUALLY TRANSMITTED INFECTIONS AND VIOLENCE AMONG SEX WORKERS IN MOSCOW

Russia is one of the few countries where the HIV epidemic continues to increase. It is estimated that over 1 million of its population are living with HIV, and this figure is growing 10% every year<sup>4</sup>.

Sex workers in Russia are one of the groups most exposed to HIV, sexually transmitted infections and violence. Although acknowledged as an at-risk group within the framework of the National Strategy to Counteract HIV since 2016, the response remains largely insufficient. Sex work is still illegal, which forces people to work in hidden places, away from city centres and makes them more vulnerable. It is also harder for them to access health services.

Drawing on its experience of working with and for sex workers in France and other countries, MdM has set up a harm reduction programme

in Moscow. MdM is working in partnership with two Russian community organisations, Shagui and Silver Rose, providing prevention services adapted to the needs of sex workers. These services include outreach activities (where people live and work) to establish contact with the most vulnerable, building a network for confidential medical and legal referrals, organising sexual and reproductive health workshops, combating violence and informing people of their rights.

The programme also supports the creation of community-based structures so that sex workers can take an active role in drawing up and implementing health policies that impact them. A biomedical study of the prevalence of HIV and risk factors is being conducted in 2018 to support our advocacy.

4. Yuri A Amirkhanian, "Russia's response to the HIV/AIDS epidemic", *The Lancet*, Volume 16, No. 10, p. 1121, October 2016. See also Clark, Fiona. "Gaps Remain in Russia's Response to HIV/AIDS." *The Lancet*, Volume 388, no. 10047 (2016) p. 857.

# IVORY COAST

## IMPLEMENTING HOLISTIC SERVICES BASED ON A COMMUNITY BASED APPROACH IN ABIDJAN

Injecting drug use is relatively uncommon in Abidjan, capital of Côte d'Ivoire. Studies conducted in the city by MdM show that virtually all people who use drugs smoke cocaine and heroin, rather than injecting. It also reveals a high prevalence of infectious diseases such as HIV (5.4%), tuberculosis (9.8%) and hepatitis B and C (11% and 2.8% respectively).<sup>5</sup>

In 2015, MdM and its local partners implemented the first harm reduction programme for people who use drugs in Abidjan. This programme addresses all people who use drugs, regardless of whether they are injecting or smoking drugs. MdM wants to extend the scope and terms of reference for drug-related harm reduction which, by the international community, agencies and

donors, tends to be limited to injection-related HIV transmission.

Implementing mobile treatment and screening activities in proximity to the places where people who use drugs gather in Abidjan, MdM works with and as closely as possible to the people it seeks to assist. Its programme is centred on a community-based approach to improve adherence to treatment and to ensure that the interventions are tailored to the actual needs of the people. It also aims at building their capacity to take action themselves by fostering self-help initiatives and reinforcing community mobilisation. Advocacy efforts have ensured that, for the first time, Opioid Substitution Therapy has been added to the package of available services in Ivory Coast.

5. Santé des personnes usagères de drogue à Abidjan en Côte d'Ivoire : prévalence et pratiques à risque d'infection par le VIH, les hépatites virales, et autres infections (Health of people who use drugs in Abidjan, Côte d'Ivoire: prevalence and practices carrying the risk of infection by HIV, viral hepatitis and other infections), *Médecins du Monde Study*, 2014; further study (2017) to be published shortly.



# GEORGIA

## A PEER-LED HEPATITIS C TREATMENT PROGRAM FOR PEOPLE WHO INJECT DRUGS

In Georgia, drug use is a major problem with one in every fifty adults injecting drugs<sup>6</sup>. Since 2011, MdM works in partnership with New Vector, the first-ever organisation for people who use drugs in the region, to develop a harm reduction programme.

Georgia is also among the countries with the highest prevalence of hepatitis C. In 2014, MdM estimated that 70% of the people who inject drugs in Georgia, had contracted chronic hepatitis C.<sup>7</sup> In 2015, the Georgian government launched a Strategic Plan for the Elimination of Hepatitis C Virus but, with extremely repressive laws, numerous barriers continue to restrict access to treatment for people who use drugs.

MdM and New Vector have developed a treatment model, adapted to the specific needs of people who use drugs. An innovative peer-led support programme achieves very high successful treatment outcomes and has demonstrated a positive impact in re-infection prevention. MdM now disseminates this innovative model so that it can be replicated in Georgia as well as in other countries.

The programme is also supporting people who use drugs in their fight to change a highly stigmatising social environment and in their advocacy to include harm reduction in the national Georgian health policy. We further contribute and support local initiatives such as GeNPUD, the national network of people who use drugs.

6. Alavidze, S, Duchidze, N, Kirtadze, I, Otiashvili, D, Razmadze, M, Sturua, L, et al. (2016). 2015. In J Javakhishvili (Ed.), The drug situation in Georgia, annual report 2015, [Tbilisi].

7. Bouscaillou, J, Champagnat, J, Luhmann, N, Avril, E, Inaridze, I, Miollany, V, et al. (2014). Hepatitis C among people who inject drugs in Tbilisi, Georgia: An urgent need for prevention and treatment. *International Journal of Drug Policy*, 25(5), 871–878.

# FRANCE

## INNOVATING, PROVING THE CONCEPT AND INTEGRATING IT IN THE FRENCH LAW

MdM has long-standing expertise in harm reduction in France. Since 1989, the organisation has successfully developed a range of local initiatives, including the first safe injection kit and the launch of a mobile clinic to deliver substitution treatments to opioid-dependent people. These programmes have provided evidence for advocacy, which has contributed to harm reduction being recognised and endorsed in the public health policy in France. Now legal, these interventions have been progressively handed over to state funded organisations. Similarly, interventions with sex workers can now be rolled out without operational support from MdM.

MdM's commitment to enhance and develop harm reduction, continued with innovative interventions, such as the Erli (Education in

Injection-related Risks) programme and XBT, the national drug analysis service. Launched in France in May 2000, the purpose of XBT is to provide a service that analyses substances that people have taken or are intending to take and give them accurate information about what they contain and the potential associated risks.

The organisation is also continuing to work with sex workers in activities such as health promotion, fighting against violence and advocating for reforming the legal framework regulating sex work. In 2017, the organisation initiated an in-depth study to document the negative impact on health of a new law that criminalises clients of sex workers. It provides evidence for our advocacy strategy which aims to revise this law.



## PROVIDING CARE TO THE MOST VULNERABLE FOR OVER 30 YEARS

MdM is an independent organisation of activists who campaign in France and internationally and provide care, bear witness and support social change.

Through innovative medical programmes and advocacy, we enable excluded individuals and their communities to access health while continuing to fight for universal access to healthcare.

MdM strives for a world where all barriers to health are overcome and health is recognised as a fundamental right.

MdM relies on the generosity of the public to fund its work. Over 50% of its budget is derived from private donations.

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ALSO  
TREATING  
INJUSTICE