

ANNUAL REPORT 2022

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1.

WHO WE ARE AND WHAT WE DO

1. WHO WE ARE AND WHAT WE DO

VISION

A world in which drug policies uphold dignity, health and rights.

MISSION

We use data and advocacy to promote harm reduction and drug policy reform. We show how rights-based, evidence-informed responses to drugs contribute to healthier, safer societies, and why investing in harm reduction makes sense.

We advocate for an inclusive definition of harm reduction that emphasises non-judgmental, evidence-based health interventions and is grounded in justice.

We are committed to centring equity across our work and highlighting the negative impact of criminalisation and the compounding effects of intersectional vulnerabilities, specifically how drug policy interacts with gender, ethnicity, race, poverty and socioeconomic status.

1. WHO WE ARE AND WHAT WE DO

OUR LONG-TERM OUTCOMES

- Harm reduction is accepted, community-led and adequately funded.
- Drug policy advances human rights, racial and social justice.
- The harm reduction and drug policy reform movements are characterised by solidarity, equity and evidence.

OUR WORK

- We use data and analysis to advocate for increasing funding for harm reduction.
- We strengthen support for harm reduction through partnerships at international, regional and national level.
- We use international human rights standards to challenge rights violations committed in the name of the use of drug control.
- We challenge the disproportionate impact of drug control on Black, Brown, Indigenous and ethnic minority individuals and communities.
- We convene at Harm Reduction International events for learning, sharing, activism and solidarity.
- We connect and collaborate with allies in health and social justice movements.

We are an NGO with Special Consultative Status with the Economic and Social Council of the United Nations. We collaborate and partner with allies to strengthen harm reduction, human rights and drug policy around the world. These activities support the achievement of the organisation's vision and mission. We contribute to the Vienna NGO Committee on Drugs, the UNODC Civil Society Group on Drug Use and HIV, and the World Health Organization Working Group on Hepatitis and Substance Use. We are an invited, expert member of the Strategic Coordination Group to the United Nations on HIV and Drug Use (SCG). We also contribute to the European Union (EU) Civil Society Forum on Drugs, Geneva Global Health Hub (G2H2), the United Kingdom Harm Reduction Working Group, the Correlation European Harm Reduction Network, and the Civil Society Alliance for Human Rights in the Pandemic Treaty. We are members of STOPAIDS, the World Coalition Against the Death Penalty, and the Global Fund Advocates Network (GFAN).

2.

LETTER FROM THE EXECUTIVE DIRECTOR



Naomi Burke-Shyne
Executive Director

2022 was a big year for Harm Reduction International. We launched our 2022-2025 organisational strategy which emphasises solidarity and justice. Acknowledging broader global crises, this strategy responds to the ongoing use of divisive rhetoric on drugs to justify rights abuses, the urgent need for more community-led services, and a crisis in international donor and government funding for harm reduction.

Our tireless efforts to monitor the health, rights, and the funding landscape for harm reduction helps us advocate for change and hold governments and funders to account.

We continued our work of tracking major trends in harm reduction and human rights. Our 2022 work highlights that women, Black, Brown and Indigenous people face additional barriers to accessing harm reduction services; that states are failing to protect the health and rights of people who use drugs in prison; and that there has been a rapid increase in the use of the death penalty for drug offences. Our report on the death penalty for drug offences showed a staggering 118% increase in executions for drugs between 2021 and 2022.

More positively, our monitoring also revealed an increase in the number of countries implementing harm reduction for the first time since 2014. Significantly, this includes more countries with needle and syringe programmes, peer distribution of naloxone, and drug consumption rooms (also known as overdose prevention centres). Notwithstanding punitive legal environments, we also reported that 105 countries now include explicit positive references to harm reduction in their national policies. Our analysis and aggregation of data from regions around the world equips international and national advocates with evidence to make the case for harm reduction and drug policy reform.

As part of our work to advocate for an increase in funding for harm reduction, we resumed our advocacy opposing the vast expenditure on punitive drug control around the world. Since 2016, we have called for a redirection of this funding towards life-saving, cost-effective harm reduction programmes which prioritise justice.

We held the second *Constellations: An Online Festival of Drugs and Harm Reduction* in September 2022, offering a platform for the movement to share groundbreaking perspectives and ideas for the future of harm reduction and drug policy reform.

In 2022, we also launched a new visual identity and website. Our new look depicts our commitment to evidence and bold advocacy for harm reduction and health. We kept some elements of our old identity, including the circle in our logo, signifying our work to shine a light on systems of oppression and rights violations committed in the name of drug control.

I am proud of our work to implement the Anti-Racist Pledge we adopted in 2021; this includes ongoing internal and external work to be actively anti-racist in our approaches and partnerships. We stand with the leaders at the forefront of intersectional movements working to shift power.

3.

OUR WORK AND IMPACT

3.1 DATA + ADVOCACY

We monitor trends in global harm reduction, human rights and drug policy. This builds the evidence-base for harm reduction worldwide. Our research is informed by community and civil society, alongside academic and government sources.

THE GLOBAL STATE OF HARM REDUCTION

Our flagship report, *the Global State of Harm Reduction*, remains the only independent analysis of harm reduction worldwide. It is a leading resource for people who use drugs, academics, advocates and United Nations agencies.



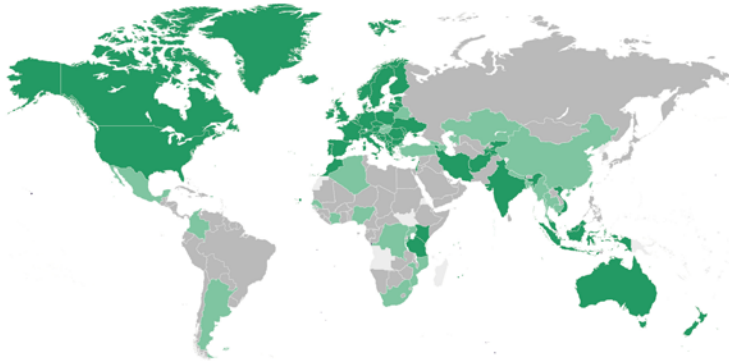
The number of countries implementing life-saving harm reduction services increased for the first time since 2014. This growth was driven in part by new needle and syringe programmes (NSPs) opening in Burundi, Côte d'Ivoire, Democratic Republic of the Congo, Guinea and Uganda.

- **92 countries** have needle and syringe programmes;
- **87 countries** offer opioid agonist therapy;
- **16 countries** have drug consumption rooms (also known as overdose prevention centres);
- **105 countries** have explicit supportive references to harm reduction in their national policies;
- **35 countries** made take-home naloxone available;
- **21 countries** operate peer-led naloxone programmes.

We are continuously evolving in the way we collect data and report on regional development.

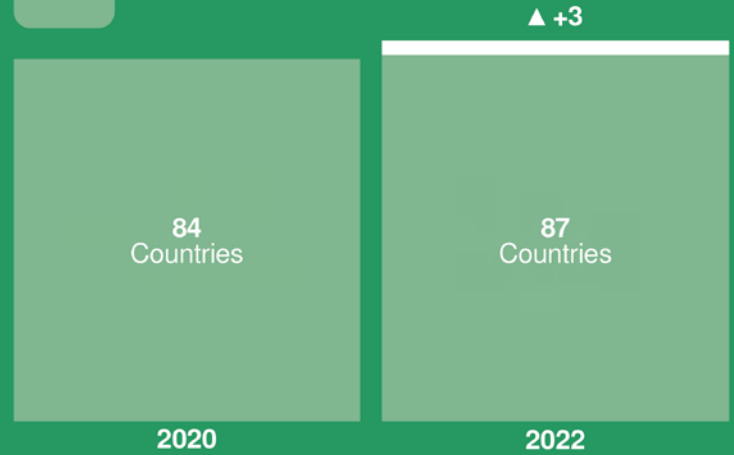
- For the latest edition, we expanded our mapping to include harm reduction for non-injected drugs and stimulants for the first time, collecting quantitative data on the availability of safer smoking kits and stimulant pharmacotherapy;
- We partnered with experts in nine regions to lead the research on their respective regions, and strengthened community review and verification of findings;
- We included focused chapters on viral hepatitis and the ongoing impact of the COVID-19 pandemic;
- We highlighted the leadership and innovative role of community and civil society in responding to humanitarian, political and environmental emergencies, providing essential harm reduction services under extremely difficult circumstances (including during the war in Ukraine and the Taliban takeover in Afghanistan).

GLOBAL AVAILABILITY OF OPIOID AGONIST THERAPY (OAT) IN THE COMMUNITY AND IN PRISONS

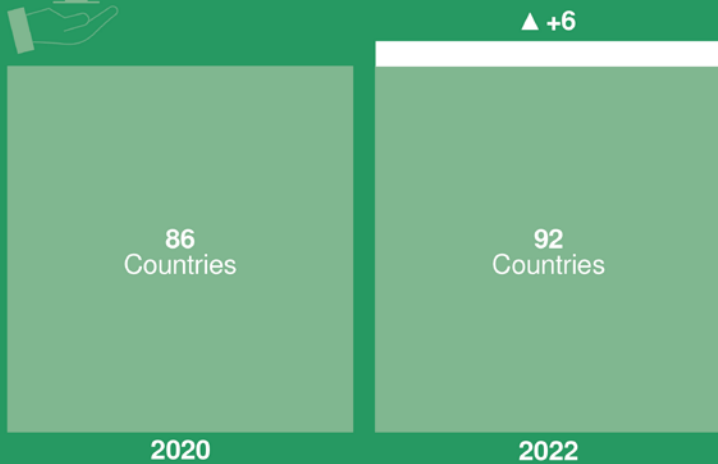


- OAT available in the community
- OAT available in the community and prison
- OAT not available

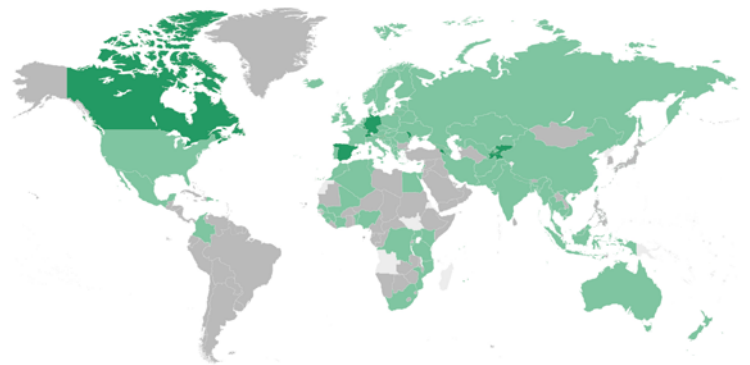
OPIOID AGONIST THERAPY (OAT)



NEEDLE AND SYRINGE PROGRAMMES (NSPs)



GLOBAL AVAILABILITY OF NEEDLE AND SYRINGE PROGRAMMES (NSPs) IN THE COMMUNITY AND IN PRISONS



- NSP available in the community
- NSP available in the community and prison
- NSP not available

ENDING THE DEATH PENALTY FOR DRUG OFFENCES

Using the death penalty for drug offences is a violation of international human rights standards. Yet, 35 countries still impose it. We have monitored the use of the death penalty for drug offences worldwide since 2007 and continue to do so as a key part of the movement to abolish the death penalty.

The use of the death penalty for drugs soared in 2022. We reported at least 285 executions for drug offences in six countries (Iran, Saudi Arabia, Singapore, plus in China, North Korea and Vietnam) last year. This is an 118% increase from 2021, and an 850% increase from 2020. Our monitoring and reporting informed advocacy with governments at the United Nations Commission on Narcotic Drugs 2021, at the United Nations Human Rights Council and was submitted to the United Nations Secretary-General.

Our research reveals that people from vulnerable and marginalised groups, including foreign nationals, individuals from ethnic minority backgrounds, and women, are overrepresented among people facing the death penalty for drug offences.

A number of individual cases in Singapore hinted that mental health issues and/or intellectual disabilities may be pervasive among people on death row for drug offences. We worked to amplify the work of Transformative Justice Collective and partners in Singapore to abolish the death penalty through United Nations human rights mechanisms, with governments and via public statements. We called for safeguards to protect people with intellectual disabilities on death row and urged the Government of Singapore to halt all scheduled executions and commute death sentences for drug offences, as a first step towards abolition of the death penalty, and towards drug policies which centre health and human rights.

INCREASING FUNDING FOR HARM REDUCTION

We continue to advocate for funding for harm reduction at the international and national levels to address the dire lack of resources for life saving services globally.

A key part of this work in 2022 involved advocacy for a strong seventh replenishment of the Global Fund to Fight AIDS, TB and Malaria (the Global Fund), the largest donor for harm reduction in low- and middle-income countries.

We presented key data on disease burden and cost-effectiveness arguments to governments and donors, strategised with the Global Fund Advocates Network (GFAN), and co-sponsored a high-level side at the replenishment meeting in New York with Global Fund Board Delegations (the Developing Country NGO Delegation, the Developed Country NGO Delegation and the Community Delegation). Our efforts ensured harm reduction was a part of high-level discussions on funding to end HIV.

We continue to sign post, share resources, host discussions and support collaboration to optimise funding for harm reduction in the 2023-25 funding cycle (Global Fund Grant Cycle 7). Particularly significant are the Global Fund Grant Cycle 7 policy changes relevant to harm reduction: with guidance positioning harm reduction as a 'program essential', the availability of funding for hepatitis testing and treatment for people who use drugs, and the explicit exclusion of abstinence-focused programming.

In our mapping of funding for harm reduction, we identified both international and national funding sources. We reported funding for harm reduction in 64 out of 135 low- and middle-income countries; and in 38 of these countries, data indicated governments were funding harm reduction from domestic budgets. In follow up, we collaborated with partners in Indonesia, Kenya and South Africa to advocate for increased domestic funding for harm reduction. Central to work in each country are efforts to establish and strengthen coalitions able to advocate for increased political and financial support for harm reduction, creating the foundations for stronger domestic investment in harm reduction.

ADVOCACY FOR HARM REDUCTION AND VIRAL HEPATITIS

People who use drugs are at greater risk of acquiring hepatitis B and C. Harm reduction interventions are thus essential tools in global efforts to eliminate viral hepatitis.

In 2022, we worked with the World Health Organization (WHO) to develop and launch a viral hepatitis data repository. The repository provides data on viral hepatitis and people who inject drugs. The data is sourced from a range of publicly available international datasets and provides global and national estimates, as well as estimates for different regions.

3.2 CONVENING

We have the expertise and track record of convening the harm reduction and drug policy movements for knowledge exchange and strategic advocacy. Through the Harm Reduction International Conference and more broadly, we convene diverse actors across regions. We have hosted the Harm Reduction International Conference since 1991.

We also host the Lawyering on the Margins Network, supported dialogues on the roll out of the International Guidelines on Human Rights and Drug Policy, and hosted a learning exchange platform on stimulants.

HARM REDUCTION IS HOUSING



Everyone has a right to an adequate standard of living, including the right to adequate housing, and this right is equally shared by people who use drugs.



HARM REDUCTION IS HEALTH CARE

Everyone has a right to quality health care, including the right to harm reduction resources, and this right is equally shared by people who use drugs.

HARM REDUCTION IS HUMAN RIGHTS



Everyone has a right to harm reduction. It is a vital component of the right to the highest attainable standard of health for people who use drugs.



CONSTELLATIONS: AN ONLINE FESTIVAL ON DRUGS AND HARM REDUCTION

In 2022, we hosted the second *Constellations: An Online Festival on Drugs and Harm Reduction*. The festival allowed our community to gather and connect, explore innovative solutions, and have urgent conversations to redefine what harm reduction is and what it can be.

Constellations is now an established way for us to convene the harm reduction movement virtually between Harm Reduction International Conferences and to bring harm reduction to new audiences.

Over two days the festival held space for:

- dialogue on the situation for people who use drugs and people working in harm reduction in Ukraine after Russia's invasion;
- learning on the war on drugs as a barrier to climate justice;
- an update on the violent drug war killings in the Philippines following the end of former President Rodrigo Duterte's term;
- a documentary premier telling the story of advocates fighting for the medical use of cannabis in Indonesia;
- community-produced advocacy films on experiences with drug consumption rooms in Barcelona and Paris;
- an update on chemsex and harm reduction in London;
- promoting wellness through laughter therapy and yoga.

We closed the festival with a standout session featuring Kurt Schmoke, former Mayor of Baltimore City, in conversation with David Simon, creator and producer of *The Wire*. In this session, they discussed the history of the war on drugs in the US, how media narratives challenged the public conversation around drugs policy, and the changes in public perception to drugs in the decades since the height of the war on drugs in the 1980s in the United States.

BUILDING THE PROGRAMME FOR THE HARM REDUCTION INTERNATIONAL CONFERENCE (HR23)

**1000 ABSTRACTS
37 SESSIONS
ONE CONFERENCE**

We are proud to have a peer-reviewed conference programme that results from a robust and representative process. Our abstracts were first reviewed by an Online Review Committee of 118 individuals from around the world]. We then convened a group of experts to build the programme for the 2023 Harm Reduction International Conference (HR23). The HR23 Programme Committee included 60 people from 25 countries spanning 6 continents.

Over a long three days, the Programme Committee worked hard to read and digest the abstracts submitted for the conference, then design the sessions that make up the programme.

Hosting the meeting in hybrid form for the first time allowed us to engage a more diverse team of experts to participate. Members of the Programme Committee reflected a wide range of experiences with regard to drug use, sex work, age, race and ethnicity, professional background and geographic location.

THE SOUTH ASIA MIDDLE EAST NETWORK ON THE DEATH PENALTY

We continued to host and support a network of organisations and experts from South Asia and the Middle East leading on death penalty abolition and criminal system reform which evolved from a meeting in Kathmandu in 2019. In 2022, we convened the network in Bandos, Maldives. The agenda for the convening was developed in a participatory fashion and it proved to be an essential time to reconnect. We shared legal strategies, cross-border challenges which benefitted from civil society coordination, and discussed the urgent need to address the acute vulnerability of people on death row, with a focus on foreign nationals and women.

3.3 RACIAL JUSTICE

In our organisational strategy, we commit to documenting and challenging the use of drug control where it has a disproportionately negative impact on Black, Brown, Indigenous and ethnic minority individuals and communities.

OUR ANTI-RACIST PLEDGE

We recognise the racist, colonial and capitalist structures that determine the distribution of wealth and power globally, and the distinct relationship between racism, colonialism, global health and international drug control. Our Anti-Racist Pledge is our commitment to anti-racist practice and the restructuring of unequal racist power dynamics.

Decolonising drug policy is a core area of our work dissecting race, ethnicity and drugs through intersectional movements. In 2022 we advanced this work through research, commentary and dialogue. Our webinar, *Decolonising Drug Policy: British policing, the war on drugs and the everyday impacts of colonialism*, brought together harm reductionists, subject matter experts and advocates. The webinar examined the impact of the criminalisation of drugs as a vehicle for colonial expansion and racial suppression and how the war on drugs has provided the architecture within which racist laws, policies and practices can operate.

We elevated our work at the intersection of drug policy and racial justice via our research, convenings, advocacy, articles and the via United Nations system. We called for drug policy to be aligned with international human rights standards and challenged the use of drug control as a vehicle for maintaining racist and colonial systems at the United Nations Human Rights Council and with activists from adjacent movements in other international spaces.

We embedded our anti-racist pledge in procurement procedures, as well as staff and consultant recruitment processes. We also continued our commitment to prioritising local expertise for our work around the world.

3.4 PARTNERS AND ALLIES

In line with our strategy, we believe in solidarity and equity in the harm reduction and drug policy reform movements; and in allyship with health and social justice movements. Our 2022 work benefitted from connections with allies in public health and pandemics, in prison reform and abolition networks, and with lawyers serving marginalised groups.

ADVOCATING FOR RIGHTS-BASED PANDEMIC RESPONSES

Drawing on lessons from decades of punitive and ineffective drug control policies, we are uniquely placed to make the case for evidence-based, rights-based responses to health, including during pandemics.

In 2021 and 2022, we monitored the negative impact of emergency and executive powers on criminalised and vulnerable populations, and worked with partners to stress that disproportionate and securitised government responses to the COVID-19 pandemic will have a long term deleterious effect on democracy and public health.

Throughout 2021 and 2022, we collaborated with the UNITE Parliamentarians Network for Global Health to highlight the work of community and civil society in maintaining essential health services during the pandemic, and to connect national parliamentary debate with international policy making.

We worked with the Civil Society Alliance for Human Rights in the Pandemic Treaty (CSA) (a collaborative information sharing platform comprised of over 100 members) to advocate for human rights to be centred in the Pandemic Treaty. The CSA tracked the deliberations of the World Health Organization (WHO) Intergovernmental Negotiating Body, called for more open and participatory decision-making processes, and the meaningful engagement of communities and civil society at all levels. By the end of the year, CSA members had positioned themselves as central voices in Pandemic Treaty negotiations.

CHALLENGING INCARCERATION

Punitive drug policy has led to over incarceration and prison overcrowding globally, and has driven involuntary treatment and detention of people who use drugs. Our work on prisons, detention and drug policy sheds light on the harms of incarceration in order to advocate for the rights of people in prisons and those who are detained in other settings.

In 2022 we worked with the European Prison Litigation Network (EPLN) and partners to challenge rights violations in prison settings through litigation and United Nations human rights mechanisms. We tracked and reported on the availability of needle and syringe programmes and opioid agonist therapy in prisons around the world in the *Global State of Harm Reduction*, and partnered with Penal Reform International to advocate for COVID-19 vaccination plans to include people in prison, based on the first ever global mapping of COVID-19 national vaccination plans and their roll-out in prisons carried out in 2021.

LAWYERING ON THE MARGINS

The Lawyering on the Margins network has brought together lawyers serving marginalised populations from across the world since 2011. The network was originally set up as a platform for lawyers to share best practices, challenges and support. In 2022, we continued our role as the host of the Lawyering on the Margins Network.

We launched a new website to showcase this global network of lawyers and community paralegals providing services to marginalised populations across the world, including people who use drugs, people living with HIV, LGBTQIA+ individuals and sex workers. In 2022, the network steering committee provided small grants for legal services, supported exchange on using international human rights mechanisms to challenge arbitrary detention, and made joint submissions to United Nations human rights mechanisms.

4.

OUR BOARD OF TRUSTEES

4. OUR BOARD OF TRUSTEES

Harm Reduction International is an international, not-for-profit NGO. It is a charitable company limited by guarantee, meaning it is incorporated and registered with the UK Charity Commission (Charity Number – 1117375) and at Companies House (Company number – 3223265).

We are governed by a Board of Trustees that is elected for a three year term. We follow a Foundations Model of governance, in which the directors are also the members of the organisation. Board appointments are made by resolution of the Board itself.

OUR BOARD OF TRUSTEES 2022 WERE

- | | | | |
|------------------------------|---|-----------------------------------|----------------------------------|
| ● Lucy Burns
Chair | ● Saumya Kailasapathy
Vice Chair
<small>(until September 2022)</small> | ● John Porter
Treasurer | ● Kojo Koram
Secretary |
| ● Alexander Stevens | ● Olga Belyaeva | ● Oluseyi Kehinde | ● Raminta Stuikyte |

5.

OUR DONORS

5. OUR DONORS

In 2022, Harm Reduction International benefitted from the support of:

- **Open Society Foundations**

- **Elton John AIDS Foundation**

- **The Robert Carr Fund**

- **The Global Fund to Fight AIDS, Tuberculosis and Malaria**

- **The Federal Office of Public Health, Switzerland**

- **The Global Partnership on Drug Policies and Development implemented by the Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) on behalf of the Federal Ministry of Economic Cooperation and Development (BMZ).**

This is in addition to collaboration and partnerships with the Joint United Nations Programme on HIV and AIDS (UNAIDS), the World Health Organization, and the UN Office of Drugs and Crime.

6.

OUR FINANCES

6. OUR FINANCES

Statement of Financial Position

Balance sheet as at 31 December 2022

	2022	2021
Fixed assets		
Tangible assets	£9,443	£18,931
Total	£9,443	£18,931
Current assets		
Debtors	£177,431	£30,555
Cash at bank and in hand	£731,471	£882,388
Total	£908,902	£912,943
Liabilities		
Creditors: amounts falling due within one year	(£459,936)	(£769,322)
Net current assets / (liabilities)	£448,966	£143,621
Total net assets / (liabilities)	£458,409	£162,552
The funds of the charity		
Restricted income funds	£176,700	£101,696
Unrestricted income funds		
Designated funds	£179,353	
General funds	£102,356	£60,856
Total unrestricted funds	£281,709	
Total charity funds	£458,409	£162,552

6. OUR FINANCES

Statement of Financial Activities

(incorporating an income and expenditure account)
For the year ended 31 December 2022

	Unrestricted Funds 2022	Restricted Funds 2022	Total Funds 2022	Total Funds 2021
Income from				
Donations and legacies	£10,385	-	£10,385	£101,365
Charitable activities				
Project work	£406,554	£797,201	£1,203,755	£722,017
Conferences & support	£136,717	-	£136,717	
Investments	£970	-	£970	£23
Total Income	£554,626	£797,201	£1,351,827	£823,405
Expenditure on				
Charitable activities				£849,501
Project work	£68,918	£722,197	£791,115	
Conferences & support	£264,855	-	£264,855	
Total expenditure	£333,773	£722,197	£1,055,970	£849,501
Net income/ (expenditure) before net gains / (losses) on investments	£220,853	£75,004	£295,857	(£26,096)
Net income/ (expenditure) for the year	£220,853	£75,004	£295,857	(£26,096)
Net income/ (expenditure) before other recognised gains and losses	£220,853	£75,004	£295,857	(£26,096)
Net movement in funds	£220,853	£75,004	£295,857	(£26,096)
Reconciliation of funds	£220,853	£75,004	£295,857	(£26,096)
Total funds brought forward	£60,856	£101,696	£162,552	£188,648
Total funds carried forward	£281,709	£176,700	£458,409	£162,552

7.

OUR TEAM

7. OUR TEAM



Naomi Burke-Shyne
Executive Director



Colleen Daniels
Deputy Director



Anne Taiwo
Finance Manager



Ajeng Larasati
Human Rights Lead



Catherine Cook
Sustainable Financing
Lead



Cinzia Brentari
Senior Advisor



Gaj Gurung
Research and Policy
Analyst



Giada Girelli
Senior Human Rights
Analyst



Lucy O'Hare
Conference Director



Maddie O'Hare
Conference Director



Marcela Jofre
Human Rights Analyst



Suchitra Rajagopalan
Communications Strategist



Temitope Salami
Project Coordinator

HARM REDUCTION INTERNATIONAL ANNUAL REPORT 2022

