

# THE HUMAN COST OF POLICY SHIFTS:

## The Fallout of US Foreign Aid Cuts on Harm Reduction Programming and People who Use Drugs

The impact of US foreign aid cuts on the health and well-being of people who use drugs has been massive and monumental. The International Network of People who Use Drugs (INPUD) is conducting a rapid assessment to understand the depth and breadth of this impact. Over the course of 5 days, INPUD received 76 responses to its online survey evaluating the real-time consequences of these new US policy directives on the lives of people who use drugs and their service providers. Preliminary findings highlight:

1. **The severity of funding cuts have “cut harm reduction services at the knees”**, gutting the organisational capacity of community-led service provision, forcing service disruptions, closures and mass lay-offs of harm reduction’s essential work force (i.e., peer educators, outreach personnel, clinic staff).
2. **Evidence-based harm reduction models are at-risk**: Harm reduction is founded on strong peer-led front-line service delivery, such as outreach, peer education, and community leadership and engagement. Without peer-driven harm reduction services, the entire harm reduction model and its systemic infrastructure is placed at significant risk.
3. **Sustainability is bleak for rights-based harm reduction models that have proven effective in the fight against HIV and hepatitis C**: The collapse of harm reduction services will have direct human impact, meaning, a return to raging HIV, hepatitis C and overdose epidemics among people who use drugs globally.

The following recommendations are based on INPUD’s preliminary findings presented below:

1. **Alternative pooled funding mechanisms must be urgently established** by global partners to prevent service collapse and resultant spiking rates of new HIV/ HCV infections, and preventable overdose deaths.
2. **National governments must step up** to support harm reduction services previously reliant on U.S. funding, including equitable access to opioid agonist treatment (OAT) and social contracting arrangements that prioritise community-led responses.
3. **International and multilateral organizations must prioritize emergency resource allocation** to affected programs and key populations, including for people who use drugs.
4. **Advocacy efforts must be intensified** to restore funding and highlight the long-term public health consequences of these directives.

### Key Preliminary Survey Findings

Over the course of 6 days (March 1-6, 2025), INPUD received responses from 76 responses from harm reduction organisations and networks serving people who use drugs across multiple countries, with the **majority (56.6%) from Africa**. The five most represented countries in the survey are **Tanzania (13.2%), Kenya (13.2%), Indonesia (6.6%), Ukraine (6.6%), and Nigeria (5.3%)**.

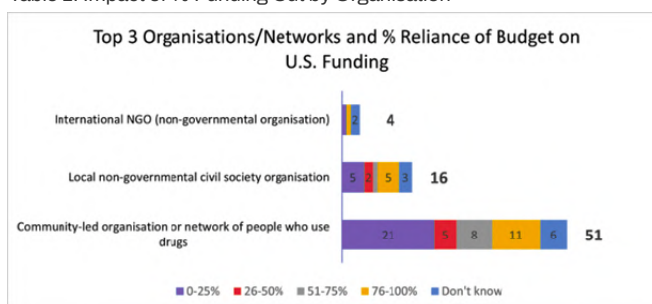


*“Many of the organization’s support staff, administrative and office costs, etc., are covered by U.S. funding but benefit all the organization. Without U.S. funding, all the projects suffer because the clinic can’t operate, and we are left with very few employees, insufficient to conduct the work.” – Respondent, Eastern Europe*

Community-led organisations and networks of people who use drugs constituted the majority of survey respondents (67%). Local non-governmental civil society organisation providing services for people who use drugs represented 21% of respondents; and, international organisations (5%). Government services also responded from narcology units, government hospitals and multisectoral HIV/TB/STIs coordination bodies (4%) (Table 1).

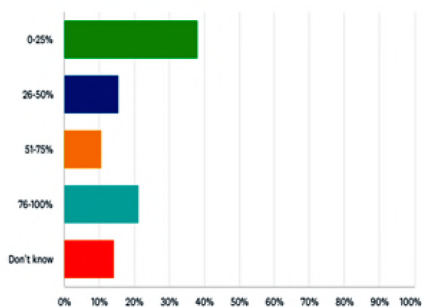
Approximately 77% of respondents (of which 67% were community-led) noted severe disruption to outreach and peer-led harm reduction activities, needle and syringe programs, HIV testing, legal support, services for women who use drugs, overdose prevention, and opioid agonist treatment. (see Table 3)

Table 1: Impact of % Funding Cut by Organisation



*“Staff of our organisation had been lay off and there’s definitely going to increase in new HIV infections as sharing needles and syringes had returned and there’s no HIV prevention commodities” – respondent, Africa*

Table 2: % of Organisation's Budget Impacted



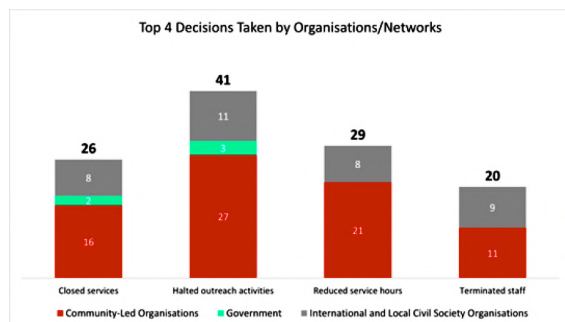
**Key Messages:**

**Funding CRISIS for LIFESAVING SERVICES for People who Use Drugs (Tables 1 and 2)**

- 25% of respondents reported losing 75-100% of their organisation budget for harm reduction programming.
- 45% of respondents reported significant-to-severe impact with a loss of 26-100% of organisational harm reduction budgets.
- Approximately 12% of respondents did not know the impact on their organisational funding given (i) they are awaiting donor funding decisions (e.g., RCF) (ii) they are still to receive termination letters from US implementing partners; (iii) do not have access to that information.

"We can barely make ends meet. We are finance[-ing] from our pockets and the funds of volunteers." – Respondent, Eastern Europe

Table 3: Responses to Funding Cuts



**Key Messages:**

**Services Disrupted:**

- Outreach and peer-led harm reduction (38%)
- HIV testing (37%)
- Services for women who use drugs (34%)
- Legal and human rights support (34%)
- Overdose prevention (29%)
- Needle and syringe programs (24%)

Table 4: Lifesaving Services Disrupted by US Foreign Aid Cuts

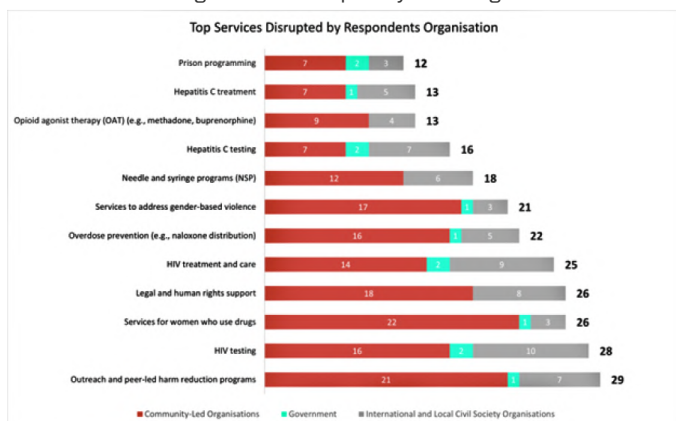
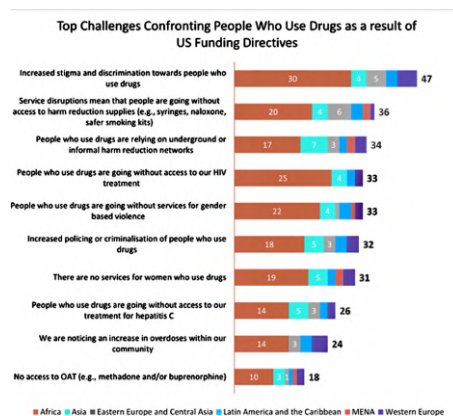


Table 5: Early Warning - Impacts on People who Use Drugs



**Key Messages:**

**Early Warning - The Impact on People who Use Drugs:**

- 62% report experiencing increased stigma and discrimination
- 47% report that people are going without access to harm reduction supplies
- 45% report that people are relying on underground or informal harm reduction networks
- 32% report increases in overdose within their community.

These preliminary findings point to a swift recoiling of progress and a return to unsafe environments in many contexts around the world, which place people who use drugs at higher risk of HIV, HCV, overdose, and violence.

**Conclusion**

The U.S. funding cuts has had immediate and devastating consequences on people who use drugs and harm reduction service providers globally. The impact is three-fold:

- **Service Disruptions:** Critical harm reduction services—including outreach, OAT, HIV and hepatitis C prevention, overdose response, and legal support—are being scaled back or shut down, leaving people without essential health interventions.
- **Threat to Community-Led Networks:** Organisations led by people who use drugs, central to harm reduction responses, are being forced to close or drastically reduce services, undermining their ability to support their communities.
- **Immediate Harm to People Who Use Drugs:** The loss of harm reduction services is leading to increased health risks, criminalisation, and exclusion, with women who use drugs particularly affected due to the disruption of gender-sensitive services.

**Impact on Advocacy**

Funding cuts, including from the Robert Carr Fund, are weakening advocacy at global, regional, and national levels. The ability of networks of people who use drugs to engage in key policy discussions, advocate for evidence-based harm reduction, and hold governments accountable is under threat. Without urgent investment, decades of progress in public health and human rights will be reversed.