

THE HUMAN COST OF POLICY SHIFTS: A World in Turmoil.

In April 2025, the impact of the immediate withdrawal of U.S. foreign assistance on the health and well-being of people who use drugs was nothing less than massive and monumental. Now one year later, [the International Network of People who Use Drugs \(INPUD\)](#) has conducted a follow-up global survey to take a pulse check to ascertain how our community has fared over the last 14-months. The survey 2.0 (wave 2), was administered online and was open from 8 May to 22 May 2026. It was designed to preserve comparability with the 2025 survey (wave 1) while adding new questions on emerging funding, policy, service delivery and community-level impacts. Over the course of the 2 weeks, 149 respondents participated in the survey.

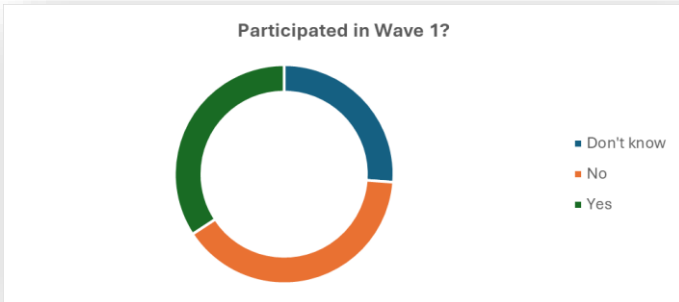
EIGHT KEY MESSAGES are drawn from our findings:

1. **The health, rights and dignity of people who use drugs are being pushed underground.** The emergency is no longer solely a financial one. The downstream harms to the community are also quickly escalating. Today, we are observing the consequences of a year of service disruption, and **the crisis is now transitioning to a state of emergency for the rights, dignity and lives of our community.**
2. **Significant and ongoing disruption to needle and syringe programming (NSP) is setting off our alarm bells.** Low threshold access to free sterile injecting equipment provided by needle and syringe programming reduces HIV transmission among people who use drugs [by approximately 50%](#) and [76% for hepatitis C infection](#). Needle and syringe programming is also in many cases, the first point of contact with people who use drugs and because of this, are vital gateways to a breadth of comprehensive health and social support services. **The absence of such programming increases the likelihood that community members [remain entirely out of reach, allowing epidemics of HIV, HCV, and tuberculosis \(TB\) to spread unchecked.](#)**
3. **Drug user community-led organisations/networks are confronting a critical funding gap.** Community-led responses can't exist on volunteerism and goodwill alone, they need to be funded with direct, flexible and predictable funding.
4. **The triple hitter: drug user-led harm reduction organisations and networks have been the hardest hit by funding shifts and are on the brink of extinction.** Our findings show the funding shocks to be concentrated among the same community-led organisations. The first financial shock was the U.S. withdrawal of its foreign assistance. The second wave of financial shock was the Global Fund's GC7 reprioritisation process. The triple hitter has been the withdrawal and changing priorities of other donors, including bilateral government programmes, philanthropies, and UN agencies. Relatedly, community participation in decision-making processes has shown no protective effect: closure rates are similar across organisations regardless of whether communities were 'at the table' (19% versus 17%).
5. **Spoiler alert: we know this story because we've been here before.** Steep increases in service disruptions are giving way for burgeoning levels of stigma, low access to harm reduction supplies (likely related to the closure of NSPs) combined with higher police surveillance, harassment and punitive legal environments. **Each of these occurrences signify crucial factors that drive people into hiding, away from available services and into high risk settings for HIV transmission and other bloodborne infections.** Stark increases in disrupted overdose prevention activities across the two survey periods (30% to 43% respectively) shows that we **are witnessing the brewing of another perfect storm.**
6. **The connection is clear: the shifts in the funding environment are happening in tandem with increased punitive drug policy landscapes.** Intensified police presence, raids on hotspots, arbitrary arrests, ICE activity, and harassment of harm-reduction workers are driving our community further underground and making it difficult for our organisations to provide the services needed. Repressions on civic space in many countries is making it a *challenging operating environment* for community-led organisations and outreach workers.
7. **Women who use drugs** are identified as the most impacted group experiencing the greatest reductions in services following people who inject drugs. Further research is urgently needed to better understand the extent to which women, lesbian, gay, bisexual, trans and gender diverse people who use drugs are being affected by this new funding environment, and what health responses are needed.
8. **Our Call to Action** – It is of no surprise that the growing funding gap, the sustainability risks to harm reduction and community-led service delivery, and the safety and security of people who use drugs have risen as the most prominent and urgent concerns of our community today.

EXCERPTS OF KEY FINDINGS:

Respondents were drawn primarily from community-led organisations and networks of people who use drugs, local civil society organisations, harm reduction service providers, international NGOs, and other community, policy and service-delivery actors. Just over one-third of respondents (n=51), or their organisations, reported participating in the 2025 survey, while a larger proportion were new respondents (n=59), supporting both continuity with the 1.0 survey and expanded reach (Figure 1).

Figure 1: Continuity in Respondent Participation in 2025 and 2026 Survey

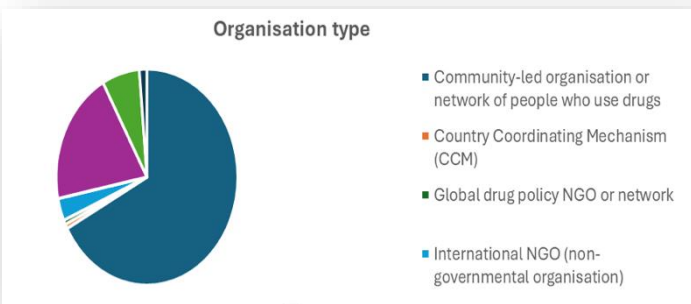


Respondents represented a broad range of regions, with the largest proportion from Africa (n=62), followed by Asia (n=21), Eastern Europe and Central Asia (n=10), the Middle East and North Africa (n=10), the Pacific, Latin America and the Caribbean (n=7), Western Europe (n=4) and global (n=5) respondents. Most respondents represented community-led organisations or networks of people who use drugs (n=100), with others from local non-governmental civil society organisations (n=30), international NGOs (n=5), state-funded hospitals (n=2), Country Coordinating Mechanisms (n=1), global drug policy networks (n=1), and other organisational types (Figure 2).

Analysis indicates a very stable organisational mix

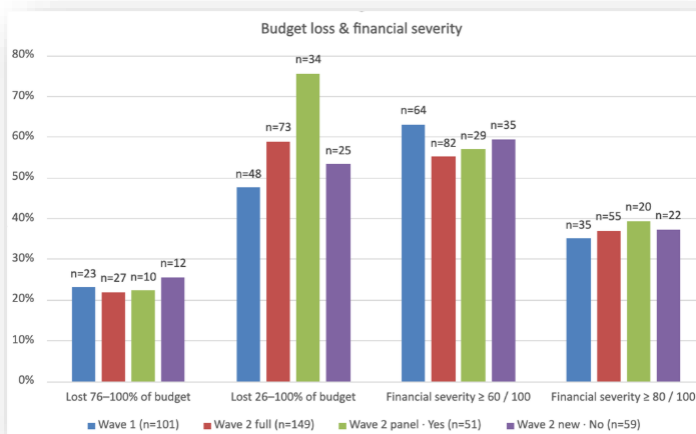
across both waves: approximately 67% of respondents were community-led organisations, which makes for robust comparison by organisational type. The regional mix of respondents is broader in wave 2 (Africa 42% versus 53% in Wave 1, with more respondents from other regions), making regional shifts in the trends above partly reflective of who answered, not only the changing conditions.

Figure 2: Respondent Profile – Organisation Type



Responding organisations and networks reported providing a wide range of harm reduction, health, legal, social and community services. The most reported services included harm reduction education and training, outreach and peer-led harm reduction programmes, HIV testing, psychosocial support, legal and human rights support, needle and syringe programmes, overdose prevention including naloxone distribution, and services for women who use drugs. Other services included hepatitis C testing and treatment, HIV treatment and care, opioid agonist therapy (OAT), PrEP, safer smoking kits, low-threshold support, gender-based violence prevention services, TB screening and treatment support, and programming for stimulant use.

Figure 3: Budget Loss and Financial Severity

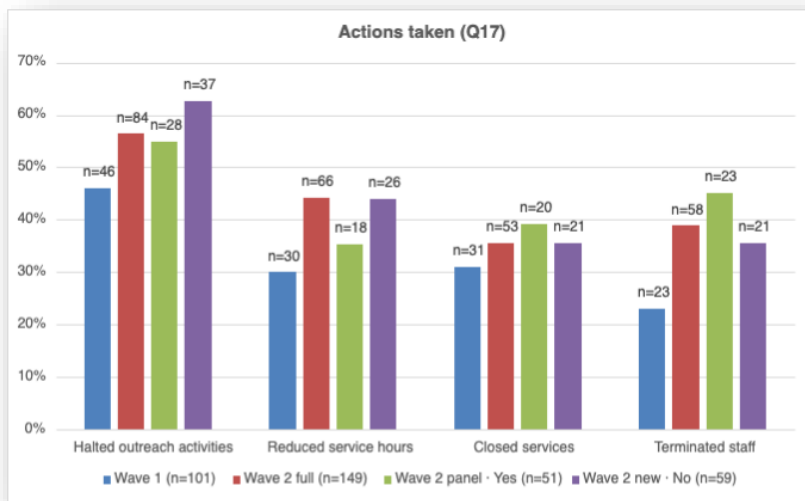


When we compared responses across time (Figure 3), 48% of respondents in wave 1 (2025) had identified a loss of 26-100% of their funding. Under wave 2 (2026), the total number jumped an alarming 11 percentage points (pp) to 59%. **Interestingly, when we isolated for repeat respondents (those who had self-reported completing both survey waves), the number rose by an astounding 28 pp to 76%.** This means that for the cohort of respondents who participated in both surveys, there are a greater number of organisations who are currently experiencing precarious financial stability as a result of losing 26-100% of their funding due to U.S. funding cuts (Figure 3). Whilst the analysis is directional in nature because the responses are based on a self-reported quasi-panel rather than an ID-matched panel, the message is crystal clear: **Harm reduction organisations, including drug user-led**

organisations in particular, are confronting a critical funding gap placing the sustainability of harm reduction and the drug-user rights movement under urgent question.

"Many drug user outreach workers and peer educators lost their job, resulting in overburden among those remaining." - Respondent

Figure 4: Mitigating Actions Taken to Offset Financial Losses



Looking at patterns over time, financial challenges have continued to intensify across both survey waves. Figure 4 tells us that organisations who responded during wave 2 were more likely to have halted outreach (63% versus 55% for the panel) and more likely to have terminated staff (39% versus 15%). These findings also show that each mitigating measure has intensified over the 14-months between March 2025 and May 2026. Staff terminations show the sharpest rise (+16 pp, now 39%) and reduced hours are up more than 14 percentage points. **This is evidence that the initial cuts in 2025 have moved from initial pauses in service delivery to a deeper, structural downsizing of the harm reduction workforce.** Remaining staff face heavier workloads, unstable pay, and emotional toll from witnessing community deaths and political hostility.

"Staff burnout and lack of motivation, [it] feels unstable, undervalued, and unsupported" - Respondent

Table 1: Top 10 Service Disruptions Across Wave 1 and Wave 2

Top 11 Service Disruptions following U.S. foreign aid work stop orders and terminations (2025)	% of respondents (N=101)	Top 11 Service Disruptions following U.S. foreign aid work stop orders and terminations (2026)	% of respondents (N=149)
Outreach and peer-led harm reduction services	41%	Harm reduction education and training	48%
Legal and human rights support	36%	Outreach and peer-led harm reduction programs	39%
HIV testing	35%	HIV testing	35%
Services for women who use drugs	33%	Psychosocial support	33%
HIV treatment and care	32%	Needle and syringe programming	31%
Services to address gender-based violence	28%	HIV treatment and care	30%
Overdose prevention (Naloxone distribution)	25%	Legal and human rights support	28%
Needle and syringe programming	23%	Overdose prevention (Naloxone distribution)	27%
Hepatitis C testing	20%	Services for women who use drugs	23%
Opioid agonist treatment (OAT)	16%	PrEP (pre-exposure prophylaxis)	23%
Hepatitis C treatment	16%	Hepatitis C testing	22%

"There are increases in overdose deaths, increases in death among community members living with HIV and increases in new infections" - Respondent

"Most of our beneficiaries have gone back to unsafe injecting practices" - Respondent

"People who use drugs are switching from opioids to stimulants due to limited harm reduction services for opioid use" - Respondent

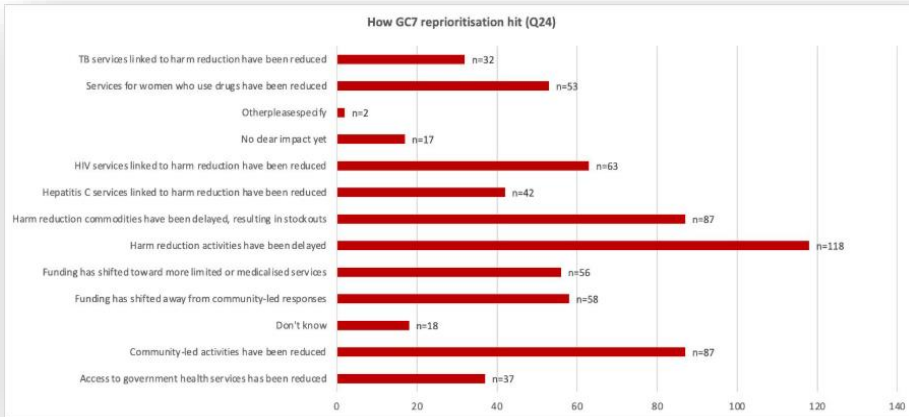
Whilst disruptions to HIV testing among people who use drugs remained relatively consistent across the two survey periods (35% in 2025; 35% in 2026), **the 8-percentage point spike in disruptions to needle and syringe programming is alarming.** The foundational harm reduction service is seeing a scale-back, not a scale-up.

Over the last two survey periods, the most reported challenges experienced by people who use drugs resulting from service disruptions include:

- Experiences of stigma and discrimination (jumped from 60% to 77%)
- A lack of access to harm reduction supplies (spiked from 47% to 64% in 2026)

- Experiences of increased policing, harassment or criminalisation (increased from 42% to 64%), and
- Reliance on underground/informal networks for accessing harm reduction supplies (46% to 47%).

Figure 5: How GC7 Reprioritisation Affected Access to Harm Reduction and Related Services



Whilst 15% indicated that the reprioritisation process had brought positive results for harm reduction programming in their country (e.g., expansion to new provinces/districts, introduction of or expansion of OAT), a significant group of respondents (40%) indicated negative outcomes. As depicted in Figure 5, the impact of GC7 reprioritisation has been substantial and sweeping across harm reduction interventions and settings.

Of the 149 respondents:

- 79% indicated that harm reduction activities have been delayed
- 58% pointed to delays in harm reduction commodities resulting in stockouts
- 58% noted that community-led activities have been reduced
- 42% reported reductions in HIV services linked to harm reduction programming
- 38% reported a shift in funding towards more limited or medicalised services
- 36% indicated reductions in service availability for women who use drugs
- 28% noted reductions to hepatitis C services linked to harm reduction programmes
- 22% noted reductions in TB services that were linked to harm reduction programmes.

Deeper cross-analysis within wave 2 found that the organisations most dependent on U.S. funding were also the most exposed to the impacts of the Global Fund’s GC7 reprioritisation process. **The key takeaway here is the nature of the ‘double hit’: the funding shocks appear to be concentrated among the same community-led organisations.** In other words, among the most U.S.-dependent organisations (76-100% of their budget), 63% also reported negative impact from the outcome of the Global Fund GC7 reprioritisation process. Relatedly, community participation in decision-making processes has shown no protective effect: closure rates are similar across organisations regardless of whether communities were ‘at the table’ (19% versus 17%).

The tripe-hit becomes apparent through responses laying bare experiences of concurrent financial pressures and the concomitant loss of financial support not only from the U.S., the Global Fund, but from other sources as well. This phenomenon is reflected by other donor withdrawal, reductions to bilateral programme funding, reductions to ODA, philanthropic and UN funding on top of grant disbursement challenges causing delayed grant payments and more stringent grant requirements. Respondents observed:

- The full withdrawal of another donor (23%)
- Reductions to other bilateral funding (30%)
- Reductions to philanthropic/private donor funding (26%)
- Reductions in UN funding or support (22%)
- No major funding change (7%)

Alongside these monumental shifts, respondents indicated supplementary pressures having contributed to even further pressures on the organisation’s already stretched capacity and fiscal space. These additional constraints include:

- Delays in disbursements of existing funds (37%)
- Increased restrictions or conditions attached to funding (42%)
- Pressure to align programming with new government or donor priorities (meaning, not necessarily aligned with community priorities or needs) – (39%)

“Mobile MAT [medication assisted treatment] services which favoured women who use drugs and sex workers who use drugs have shut down, GBV [gender-based violence] response services have been reduced drastically... child-friendly spaces at drop-in centres are no longer available” - Respondent

Together, these findings provide prime illustration of the knock-on impacts of the U.S. withdrawal of its foreign assistance. Our findings similarly speak to the broader financial ecosystem buckling under new pressures because of shifting geo-political priorities away from HIV and global health more broadly, towards national priority-setting for trade, defence and military spending. The USD 5 billion shortfall in the Global Fund’s 8th Replenishment outcome forewarns of difficult trade-offs and prioritisation processes going forward under Grant Cycle 8 as a result of much smaller country funding envelopes. This does not bode well for people who use drugs and the drug user-led organisations that serve them and will require intensive strategic advocacy and engagement strategies at the country level. **Respondents warn that the collapse of these services dismantles the ‘trust infrastructure’ that is so critical to ensuring that prevention services and health commodities reach the hands of and are appropriately used by the drug user community at all.**

"Ongoing uncertainty erodes trust in systems at large and may ultimately impact our rapport with those we serve" – Respondent

"People are withdrawing; they have stopped approaching NGOs for services" - Respondent

Table 2: Respondents Identify Their Top Advocacy Priorities

Top Advocacy Asks:	Percentage
Flexible / core funding for community-led organisations	44%
Immediate emergency funding for harm reduction	40%
Protection of community-led and peer-led services	40%
Legal and human rights protections for people who use drugs	30%
Protection of HIV treatment and care access	24%
Protection of NSP and OAT	21%
Protection of services for women who use drugs	21%
Greater community participation in funding and implementing decisions	16%
Global Fund flexibility / reprogramming for harm reduction	15%
Domestic financing to sustain harm reduction	14%
Opposition to punitive drug policy shifts / “narcoterrorism” framing	13%
Better donor coordination and transparency	3%

As the final section in the survey, respondents were invited to share their top three (3) advocacy asks, or priorities. It is of no surprise that the growing funding gap, the sustainability risks to community-led service delivery, and the safety and security of people who use drugs have risen as the most prominent and urgent concerns of the sector today.

Our calls to action remain consistent with those in our first report, [The Human Costs of Policy Shifts: The Fallout of United States’ Foreign Aid Cuts on Harm Reduction Programming and People who Use Drugs](#).

Fourteen months later, we see no alternative

solutions coming to the fore to ensure the continuity of equitable access to harm reduction services. Little alternative funding has helped to bridge service closures of HIV/hepatitis C prevention, treatment, care and support for and by our community. Our lives and lived realities, our leadership, innovations and commitment are being erased in the name of “integration”. Fourteen months since the original financial shock and the fallout has only deepened, inequity has widened, and the environment has gotten much harder for community members and community-led organisations alike.

CALL TO ACTION:

1. Alternative pooled funding mechanisms must be urgently established by global and regional 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, including equitable access to opioid agonist treatment (OAT) and social contracting arrangements that prioritise community-led responses.
3. International and multilateral organisations must prioritise resource allocation to affected programs and key populations, including people who use drugs.
4. Advocacy efforts must be intensified to restore funding and highlight the long-term public health consequences of such dramatic funding and policy shifts.