

Rebel Recovery: The Evidence for Harm Reduction

Oct 1, 2026 · @Ragini Sharma

Overdose still kills about 183 Americans a day, and the services Rebel Recovery offers are backed by systematic reviews, meta-analyses, large cohorts and federal surveillance. These are the numbers chosen for the Rebel Recovery donor page, each with its source. The need numbers are US data except where marked; the benefit numbers come from the strongest available reviews.

The need

Headline	Source
About 183 Americans die of overdose every day	CDC/NCHS, Provisional Drug Overdose Death Counts , 12 months ending April 2026 (66,937 deaths), accessed 1 Oct 2026
About 2.4 million American adults inject drugs	Bradley, Glick & Hall, Am J Public Health 2026
4 in 5 Americans who need substance use treatment don't receive it	SAMHSA, 2024 National Survey on Drug Use and Health
Only 1 in 5 with opioid use disorder receive medication for it	Jones et al., JAMA Netw Open 2023
People who inject drugs face 14× higher HIV risk	UNAIDS, 2024 Global AIDS Update: People Who Inject Drugs (global estimate)
People who inject drugs are 16× more likely to get a serious invasive infection	Jackson et al., MMWR 2018

The benefits

Each Rebel Recovery service has at least one evidence-based outcome a donor can understand at a glance.

Service	Headline	Source
Naloxone distribution	96–98% of people survive when a bystander gives naloxone	Fischer et al., BMC Public Health 2025
Naloxone distribution	Community overdose deaths fell 25–46% after naloxone programs started	Fischer et al., BMC Public Health 2025
Linkage to treatment	Opioid use disorder treatment halves the death rate , with lower deaths from overdose and suicide	Santo et al., JAMA Psychiatry 2021
Case management and linkage to care	Improves retention in treatment and linkage to services	Vanderplasschen et al., Front Psychiatry 2019
Peer recovery support	Linked to less relapse, better treatment retention, greater housing stability and fewer emergency visits and rehospitalizations	Reif et al., Psychiatr Serv 2014; Bassuk et al., J Subst Abuse Treat 2016 (summary)
Syringe services	58% lower HIV risk	Aspinall et al., Int J Epidemiol 2014
Syringe services	New users are 5× more likely to enter treatment	Hagan et al., J Subst Abuse Treat 2000
Cost	A \$500,000 syringe program pays for itself by preventing 3 HIV infections a year	Des Jarlais et al., Harm Reduct J 2021
Cost	Each HIV infection prevented saves \$420,285 in lifetime care	Bingham et al., Sex Transm Dis 2021

Wording notes

These keep each number accurate when it goes on the page.

- **183 a day** is $66,937 \div 365$. CDC updates the count monthly, so print the "12 months ending" period beside it.

- **4 in 5 and 1 in 5:** say "don't receive," not "cannot access." Most people who went without treatment in the SAMHSA survey didn't seek it.
- **14× HIV risk** is a global UNAIDS estimate; no US equivalent was found. The citation keeps "(global estimate)."
- **16× infection** refers to invasive MRSA (bloodstream, bone, heart valve). Skin abscesses were excluded, so don't call it "abscess."
- **Halves the death rate** is the pooled rate ratio of 0.47 while in treatment. The evidence is for being in treatment, so phrase it as "treatment we connect people to."
- **5× treatment entry** comes from one Seattle cohort (2000), not a systematic review. It is the weakest number on the page.
- Case management and peer support have no single pooled figure, so they are stated as outcomes in words.

References

1. Centers for Disease Control and Prevention, National Center for Health Statistics. [Provisional Drug Overdose Death Counts](#). Vital Statistics Rapid Release, 12 months ending April 2026. Accessed October 1, 2026.
2. Bradley H, Glick SN, Hall EW. Estimated number of people who inject drugs in the United States, 2022. *Am J Public Health*. 2026;116(3):376–379. [doi:10.2105/AJPH.2025.308310](#)
3. Substance Abuse and Mental Health Services Administration. [Key Substance Use and Mental Health Indicators in the United States: Results from the 2024 National Survey on Drug Use and Health](#). July 2025.
4. Jones CM, Han B, Baldwin GT, Einstein EB, Compton WM. Use of medication for opioid use disorder among adults with past-year opioid use disorder in the US, 2021. *JAMA Netw Open*. 2023;6(8):e2327488. [PMC](#)
5. UNAIDS. [2024 Global AIDS Update: People Who Inject Drugs](#). 2024.
6. Jackson KA, Bohm MK, Brooks JT, et al. Invasive methicillin-resistant *Staphylococcus aureus* infections among persons who inject drugs — six sites, 2005–2016. *MMWR*. 2018;67(22):625–628. [doi:10.15585/mmwr.mm6722a2](#)
7. Fischer LS, Asher A, Stein R, et al. Effectiveness of naloxone distribution in community settings to reduce opioid overdose deaths among people who use drugs: a systematic review and meta-analysis. *BMC Public Health*. 2025;25:1135. [PMC](#)

8. Santo T Jr, Clark B, Hickman M, et al. Association of opioid agonist treatment with all-cause mortality and specific causes of death among people with opioid dependence: a systematic review and meta-analysis. *JAMA Psychiatry*. 2021;78(9):979–993. [doi:10.1001/jamapsychiatry.2021.0976](https://doi.org/10.1001/jamapsychiatry.2021.0976)
9. Vanderplasschen W, Rapp RC, De Maeyer J, Van Den Noortgate W. A meta-analysis of the efficacy of case management for substance use disorders: a recovery perspective. *Front Psychiatry*. 2019;10:186. [doi:10.3389/fpsy.2019.00186](https://doi.org/10.3389/fpsy.2019.00186)
10. Reif S, Braude L, Lyman DR, et al. Peer recovery support for individuals with substance use disorders: assessing the evidence. *Psychiatr Serv*. 2014;65(7):853–861.
11. Bassuk EL, Hanson J, Greene RN, Richard M, Laudet A. Peer-delivered recovery support services for addictions in the United States: a systematic review. *J Subst Abuse Treat*. 2016;63:1–9.
12. Aspinall EJ, Nambiar D, Goldberg DJ, et al. Are needle and syringe programmes associated with a reduction in HIV transmission among people who inject drugs: a systematic review and meta-analysis. *Int J Epidemiol*. 2014;43(1):235–248. [PubMed](#)
13. Hagan H, McGough JP, Thiede H, Hopkins S, Duchin J, Alexander ER. Reduced injection frequency and increased entry and retention in drug treatment associated with needle-exchange participation in Seattle drug injectors. *J Subst Abuse Treat*. 2000;19(3):247–252. [doi:10.1016/S0740-5472\(00\)00104-5](https://doi.org/10.1016/S0740-5472(00)00104-5)
14. Des Jarlais DC, Feelemyer J, McKnight C, Knudtson K, Glick SN. Is your syringe services program cost-saving to society? A methodological case study. *Harm Reduct J*. 2021;18:126. [PMC](#)
15. Bingham A, Shrestha RK, Khurana N, Jacobson EU, Farnham PG. Estimated lifetime HIV-related medical costs in the United States. *Sex Transm Dis*. 2021;48(4):299–304. [PubMed](#)