

# The Global State of Harm Reduction

It is estimated that 15.9 million people inject drugs in 158 countries and territories around the world. The overwhelming majority (80%) live in low- and middle-income countries. Outside of sub-Saharan Africa, up to 30% of all HIV infections occur through injecting drug use. Despite this, the overwhelming evidence in favour of harm reduction as an effective HIV prevention strategy, and despite endorsements by UNAIDS, WHO and UNODC, the global state of harm reduction is poor, especially in those countries where such services are needed most.

As of March 2009, harm reduction policies or programmes have been adopted in more than half of the 158 countries and territories where injecting drug use is reported.

**84** support harm reduction in policy or practice

**74** have an explicit supportive reference to harm reduction in national policy documents

**77** have needle and syringe exchange

**10** have needle and syringe exchange in prisons

**65** have opioid substitution therapy

**37** have opioid substitution therapy in prisons

**8** have drug consumption rooms

**Asia:** Although there have been significant developments in harm reduction policy and practice in parts of Asia in recent years, coverage remains far below levels necessary to have an impact on HIV epidemics. A lack of a supportive legal and policy framework in many countries further impedes the harm reduction response. Several states have national

legislation prohibiting possession or provision of sterile injecting equipment and the prescription of opioid substitution therapies. Drug use is highly criminalised in many Asian countries, and several retain the death penalty for drug offences. Despite the fact that a large proportion of those in prison are people who use drugs, no Asian prisons have NSP and only India, Indonesia and Malaysia provide very limited OST to prisoners.

## Central and Eastern Europe and Central Asia:

Following a rapid increase in injecting drug use during the 1990s, this region witnessed the fastest growing HIV epidemics in the world. In response, all states now have NSP, and the majority prescribe OST for drug dependence. However, large numbers still have no access to harm reduction measures, particularly in the Russian Federation where the use of OST is prohibited and coverage of NSP is poor. Young people make up a large proportion of those who inject drugs, but are neglected by public policy and underserved by harm reduction and drug treatment services. Rapid increases in HIV prevalence within prison populations have led a number of countries to begin prescribing OST to prisoners, but access to sterile injecting equipment remains a rarity.

**Western Europe:** HIV epidemics among injecting populations in the Netherlands and the UK during the 1980s prompted the development of the first NSPs in the region. Many governments were fast to adopt harm reduction approaches, and now almost every country has harm reduction interventions in place. High distribution of sterile injecting equipment and good coverage of OST prescription have averted or reversed HIV epidemics in several countries. Despite this, large areas are not covered. Stigma and discrimination, as well as limited funding, remain barriers to increasing access to these services. Several countries in this region have employed innovative harm reduction measures such as establishing drug consumption rooms, syringe vending machines, injectable OST and heroin prescription. Many countries prescribe OST in some prisons, but the availability of sterile injecting equipment is more limited.

**Caribbean:** HIV is predominantly sexually transmitted and injecting drug use is rare in much of the region. However, research has highlighted a link between crack cocaine smoking and sexual HIV transmission in several Caribbean countries. Only in Puerto Rico, where the majority of new HIV cases are associated with injecting drug use, are both OST and NSP available. Despite the evidence that drug use is playing a role in HIV epidemics in the Caribbean, national drug and HIV policies remain largely unrelated. Caribbean prisons are amongst some of the most crowded in the world. Although HIV prevalence is elevated within prison populations, there is limited access to HIV prevention, treatment and care.

**Latin America:** Injecting drug use is associated with HIV transmission in several countries and recent evidence also shows a link between non-injecting drug use and HIV. The vast majority of NSP sites operate in Brazil and Argentina, although there are some small projects in other countries. Mexico, with substantially more heroin users than other Latin American countries, is the only state that prescribes OST, although coverage is low. Where harm reduction services exist, the heavy stigma surrounding drug use, as well as a fear of arrest, often deter people from accessing them. Prisoners in this region have no access to NSP or OST. Pressure from the US government to reduce drug cultivation and supply overrides public health responses in several countries.

**North America:** Canada and the US both have key harm reduction programmes in place and support harm reduction in some aspects of national policy. However, service provision is inconsistent and many states/provinces favour repressive drug law enforcement and abstinence-only approaches. President Obama has expressed his support for lifting the ban on federal funding ban on NSPs, and the US publicly expressed support for needle exchange at the 2009 meeting of the UN Commission on Narcotic Drugs. However, in Canada the Conservative government has shifted policy away from public health oriented to enforcement oriented drug policy, and the country's sole safer injecting facility remains under constant scrutiny despite positive evaluations. Communities of colour and indigenous populations are disproportionately affected by drug related harms, HIV infection and punitive drug law enforcement. African American and Hispanic communities are vastly overrepresented among those incarcerated on drug related offences in the US. Neither country has NSP in prisons. Although most Canadian prisons provide OST, it remains rarely accessible for prisoners in the US.

**Oceania:** Early implementation of harm reduction in both Australia and New Zealand has resulted in generally low levels of HIV amongst injecting populations. Australia also has a safer injecting facility. Although Australia is often considered to be among the best at NSP implementation, barriers to accessing services remain, including cultural inappropriateness of services, poor opening hours, lack of coverage in rural areas and stigma. Although OST is available in prisons in Australia and New Zealand, neither provides access to sterile injecting equipment. Across the Pacific islands, harm reduction services are not available and more research is necessary to determine the levels of drug use and its related harms.

**Middle East and North Africa:** Injecting drug use is fuelling HIV epidemics in Iran and Libya and contributes to those in several other countries in the region. A small number of governments have embraced a harm reduction approach, but dramatic scale up of services has been limited to Iran. Several issues impede effective harm reduction in this region, including severe stigma, low awareness of risks and few NGOs focusing on harm reduction. Severe penalties for drug offences have led to prison populations with large numbers who use or have used drugs, and several countries maintain the death penalty for drugs. HIV prevalence in prisons in Yemen, the United Arab Emirates and Libya is reported to be elevated, but only Iran offers any harm reduction services to prisoners.

**Sub-Saharan Africa:** The influence of drug use on HIV epidemics is becoming increasingly evident in many countries, and injecting has been reported in the majority of sub-Saharan African states. Needle and syringe sharing is common, and extremely risky practices have been reported in Tanzania and Zanzibar. As in other world regions, women who inject drugs are particularly vulnerable to HIV infection. Responses to HIV in the region currently include little focus on people who inject drugs. Mauritius is the only country where NSP is operating. OST is prescribed to a limited extent in South Africa and Mauritius. There is no harm reduction in prisons in the region.

**For more information on the harm reduction around the world, visit [www.ihra.net](http://www.ihra.net) or the IHRA booth (2nd Floor, exhibition booth 4)**