



INTERNATIONAL
HARM REDUCTION
ASSOCIATION

IHRA Report



**Results of an Independent Evaluation
of the Programmes and Activities of the
International Harm Reduction Association
2007/09**



Results of an Independent Evaluation of the Programmes and Activities of the International Harm Reduction Association 2007/09

Summary of a report prepared by David Macdonald

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Background



In the summer of 2009, an independent evaluation was initiated to assess the outcomes and impacts of key areas of the work of the International Harm Reduction Association (IHRA). The evaluation was funded by the United Kingdom Department for International Development (DFID), and was intended primarily to assess IHRA's progress in achieving the objectives of a major 5-year DFID grant to IHRA that began in December 2006.¹

The main objective of this programme of work was to develop a conducive environment for the implementation and scaling-up of harm reduction interventions, with the acceptance, implementation, coverage and quality of such interventions improved on a global scale. Developing a conducive environment for harm reduction interventions would support the work of DFID, as well as the Millennium Development Goals in terms of combating HIV/AIDS and other diseases and tackling global problems such as poverty, child health, maternal health and incarceration.

The primary focus of this programme was on multilateral agencies, including the United Nations Office on Drugs and Crime (UNODC), the World Health Organization, UNAIDS and the Global Fund to Fight AIDS, Tuberculosis and Malaria, among others. Its activities worked to promote international support for the implementation and scaling-up of harm reduction by ensuring that:

DFID has received good value for money from IHRA during the programme and should now consider ways of capitalising on its investment by (a) promoting and enabling donor coordination for future IHRA funding, (b) supporting sustainability of future IHRA funding and/or (c) providing extra funding for activities not covered completely in the existing programme of work.

- Multilateral agencies have in place, and implement, policies and programmes that promote and support harm reduction interventions, delivery and best practice at international, regional and national levels.
- Multilateral agencies make explicit reference to, and commitments for, harm reduction interventions and the human rights of people who use drugs in their policy documentation.

¹ The value of DFID's investment in IHRA has been approximately £500,000 per annum. This amount initially represented about 70% of IHRA's total income, declining to about 50% of total income after three years due to IHRA's success in attracting new monies from a more diversified funding base.

- Harm reduction funding from multilateral agencies and other donors increases and becomes proportionate to evidenced need, leading to increased harm reduction resource allocation and service delivery.

These outcomes were pursued through a number of key strategic objectives and activities, including:

1. Monitoring multilateral agency delivery and performance against their existing commitments and policies, and monitoring harm reduction commitments in the context of UN system-wide coherence.
2. Assessing the policies and responses of multilateral agencies on harm reduction, highlighting any best practice or instances where these fail to meet and reflect national and regional need and experience.
3. Strengthening the advocacy processes and networking capacity of IHRA and IHRA's key civil society partners, including the Harm Reduction Networks and human rights, drug policy, HIV/AIDS and development non-governmental organisations.
4. Facilitating access to harm reduction resources for policy-makers, practitioners, people who use drugs and researchers. These resources include: expert harm reduction contacts, reports and documents stored on the IHRA website and blog; up-to-date, synthesised technical knowledge about harm reduction interventions, evidence, methods, programmes, policies, best practice, new innovations and approaches; and delivery and implementation in different global sectors
5. Planning and coordinating effective advocacy campaigns, lobbying efforts and challenges to multilateral agencies, delivered by IHRA in collaboration with its civil society partners and the Harm Reduction Networks at international, regional and country levels.

The IHRA policy, research and advocacy team established under the DFID grant to lead this work was in place by May 2007. This comprised 3.2 staff out of a total IHRA staff complement of eight, including three administrative/support staff. By November 2009 when this evaluation was completed, the staff team had been operational for 2.5 years, a relatively short period of time given the range of activities and expected outputs contained in such a broad global remit.

Scope, methodology and limitations



The evaluation was conducted by an external independent consultant. The consultant, in close cooperation with IHRA and DFID, sought to create a positive environment for dialogue, drawing upon the principles of Appreciative Inquiry, a commonly accepted practice in the evaluation of organisational development strategy. It attempts to help groups, organisations and communities create new generative images for themselves based upon an affirmative understanding of their past.

The impact assessment was based primarily on a desk review of IHRA reports and other documents (see Appendix 1) as well as written questionnaires and selected follow-up telephone interviews provided by key individual stakeholders and representatives from IHRA's main partner organisations (see Appendix 2). The purpose of the questionnaires and telephone interviews was to elicit stakeholders' views and perspectives on the impact of IHRA's activities, and any recommendations for the future direction or development of IHRA's work.

The stakeholders represented a cross section of IHRA's primary partners, including UN organisations and other multilateral agencies, international non-governmental organisations, regional and thematic Harm Reduction Networks and other civil society partners and researchers. A questionnaire was sent out by e-mail to 50 stakeholders in September 2009. The final number of returned questionnaires was 29, with several of these reflecting a joint response from two or more people within an organisation. Interviews were also undertaken with IHRA staff members.

However extensive, this consultation cannot include all the many organisations and individuals whose work has been positively influenced, shaped and affected either directly or indirectly by IHRA activities over the past three years, and will continue to be in the future. As one IHRA staff member said, 'we are still at the beginning of the arc of our impact.' To assess the cascade or ripple impact of IHRA's activities would require a much more in-depth research process that is beyond the scope of this evaluation report.

Based upon the process above, the evaluator identified a series of findings and conclusions on the impact of IHRA's activities, as well as recommendations for its future work.

Findings and Conclusions



With such a small staff complement, scarce resources and the wide global remit of an international organisation, IHRA has faced several complex challenges in its work. While its activities have been prioritised through annual and multi-year workplans, there has been an inherent risk of spreading its work too thin in an attempt to be ‘all things to all people’. IHRA has resisted this temptation.

In the short time period considered by this evaluation (the first three years of a newly expanded programme of work), IHRA’s emphasis and prioritisation of work streams such as the publication of high quality reports and advocacy efforts with multilateral agencies has been justified. Those activities that were prioritised were most often successfully implemented.

However, success in these areas necessarily and unavoidably meant expending time, effort and energy at the expense of other activities. For example, IHRA has been less able to dedicate time and energy to supporting the development of Harm Reduction Networks. At the same time, it is difficult to see how IHRA could have achieved much more than it has already in its work with Harm Reduction Networks and drug user groups without a dedicated full-time networks coordinator and added resources.

The International Harm Reduction Conference continues to play a central role in IHRA’s annual workplan. Its significance should not be underestimated as it acts as an annual focal point for many in the international harm reduction community and presents unparalleled opportunities for networking and relationship-building between multilateral agencies, international non-governmental organisations, government officials, Harm Reduction Networks and drug user groups. However, the conference consumes considerable effort and staff time that could perhaps be used more productively elsewhere.

The conclusions below are based upon an assessment of the five individual strategic objectives identified above, and the impact of related IHRA activities, assessed on the basis of the available written evidence and stakeholder feedback.

1. Over the last three years, IHRA's capacity, influence and impact have rapidly expanded.

Although IHRA has existed as an organisation since 1996 (and before that traces its existence to the first harm reduction conference in 1990), it is only recently that it is has been in a position to expand its programmatic output and impact.

This has changed the dynamic of relationships with some partners, creating some manageable tensions in the process. While IHRA's working relationships with some stakeholders are maintained on an on-going basis, others are temporary and event driven. For one partner organisation, IHRA provides 'an authoritative voice based on sound research and policy positions'.

IHRA provides 'an authoritative voice based on sound research and policy positions.'
Stakeholder

At the same time, it has to be acknowledged that IHRA is competing for scarce funding and territorial influence with other organisations working in harm reduction and drug policy. While this does not appear to have detracted in any significant way from the development of positive relationships and collaborative ventures with most other organisations, nevertheless it can occasionally lead to competitive rivalries on the part of some stakeholders.

2. IHRA's reports and other publications are uniformly and consistently high quality, well-researched, critical and evidence-based, and are

IHRA's publications are 'useful not only as briefing papers but also as research sources for submissions, fund-raising or project design.'

Harm Reduction Network

becoming increasingly accessible to both policy-makers and policy-shapers, such as Harm Reduction Networks and other civil society partners.

The high quality of IHRA's publications was commented on by nearly all stakeholders. Different stakeholders emphasised the value of different types of publications, depending on their specific interests. For example, researchers and UN officials tended to like the International Journal of Drug Policy and the '50 best' collections, while Harm Reduction Networks tended to like the newsletter and the blog. Importantly, a representative of a Harm Reduction Network emphasised that publications were 'useful not only as briefing papers but also as research sources for submissions, fund-raising or project design.'

One valid criticism of the publications was that (with a few exceptions) they were only accessible in the English language. This meant that many Harm Reduction Network members, and indeed members of other organisations, could not utilise them as widely as they might. One Harm Reduction Network member also commented that ‘it would be helpful if IHRA were to assist building capacity of in-country harm reduction advocates on how to effectively use materials produced by IHRA.’

3. IHRA works in a mutually supportive, cooperative and collaborative manner with a wide range of other organisations.

Stakeholders frequently commented on the positive relationships they had with IHRA. Such relationships have been a fundamental and essential aspect of IHRA’s work, particularly in its networking and advocacy efforts with multilateral agencies. This has necessitated the establishment of positive working relationships, which have been achieved through good communication, negotiation, lobbying and interpersonal skills on the part of IHRA staff.

For example, one stakeholder from the human rights field said ‘IHRA approached me and began to educate me about harm reduction’, which then led to the stakeholder successfully lobbying for harm reduction at a UN Council. A senior UN

‘We perceive the collaboration to be mutually beneficial and find that informal open communication between IHRA and UN staff is one of the key factors to this partnership.’
UN official

official said ‘we perceive the collaboration to be mutually beneficial and find that informal open communication between IHRA and UN staff is one of the key factors to this partnership.’

There was, however, also a perception among several stakeholders that IHRA was sometimes an insular organisation. One stakeholder saw IHRA as sometimes being less than transparent and ‘quite private’ about some of its work at international level but acknowledged this may have been due to ‘political sensitivities’, while several others noted that IHRA had a tendency to take a ‘top down’ approach to their work and should engage in fuller consultation/liaison with partner organisations.

- 4. A strong professional staff team and positive working environment underpins IHRA's prolific work rate, including its development of several key publications and reports, successful advocacy with multilateral agencies and its development and support for Harm Reduction Networks.**

It is notable that staff feel themselves to be members of a highly motivated, committed and mutually supportive team, with management providing a flexible work setting where staff are encouraged to be proactive, respectful of others' ideas and to work cooperatively.

At the same time, current staff is mainly from western legal and social science research backgrounds with little significant experience of fieldwork in the developing world and countries in transition. As such, one stakeholder suggests that a general limitation for the organisation has been that staff are 'working largely from paper...with little experience or understanding of work on the ground in countries with limited resources.'

However, as another says, it is inevitable that such a small staff group 'is not able to respond to all opportunities to move the harm reduction agenda forward, they have to work within the confines of resource constraints.' Indeed such a small staff team with their ever-expanding work prioritised on an event-driven basis run the risk of work overload and not being able to follow-up on work generated at such events due to time and other resource constraints.

- 5. IHRA has shown a notable focus in its work, despite the fact that different stakeholders and partner organisations often have differing expectations of what IHRA can deliver.**

There is a tendency among some stakeholders to expect IHRA to 'be all things to all people'. This is partly due to IHRA's close working relationships with a wide range of different types of organisations, and the multifaceted nature of harm reduction itself. While this may have created a risk for IHRA to spread itself too thin, the organisation has been remarkably focused to date, and has rightly prioritised its work in its main areas of expertise. This has resulted in IHRA being extremely successful in several areas of harm reduction work, but has left several stakeholders having expectations of IHRA in other areas that have not been fulfilled.

6. IHRA's focus on a human rights approach has broadened global thinking on harm reduction and has had a major impact on the policies and perspectives of UN agencies, other multilateral agencies and civil society partners.

IHRA's groundbreaking and prolific work on human rights has had a significant impact on the way that the UN system, as well as other multilateral agencies, perceive and understand the nature and implications of harm reduction.

From the available evidence, there can be little doubt that IHRA's groundbreaking and prolific work over the last three years on a human rights approach to harm reduction has had a

significant and major impact on the way that the UN system, as well as other multilateral agencies, perceive and understand the nature and implications of a harm reduction perspective. Overall, IHRA's application of human rights discourse has substantially influenced UN drug policy, while at the same time highlighting harm reduction and drug policy issues in the work of human rights organisations.

IHRA has been instrumental in helping to shift the global harm reduction agenda from one based solely on public health to one that is broader, accommodating a wide range of other human rights. In terms of a human rights approach to harm reduction, IHRA has provided an authoritative voice based on sound research and policy positions, and has enabled human rights organisations to speak with greater authority on the issue of drug use. For example, one stakeholder emphasised that IHRA has initiated 'a process of dialogue between itself, OHCHR,² UNODC and the Special Rapporteur on Summary Executions around the role of UNODC in supporting drug control regimes that maintain the death penalty for drug crimes – a position contrary to international human rights law.'

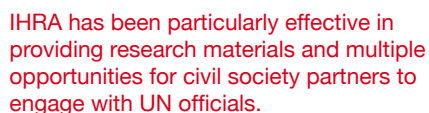
While the human rights agenda expertly and effectively promoted by IHRA is acknowledged by all stakeholders as extremely important, particularly in ongoing advocacy work with multilateral agencies, some point out that a focus on public health would be more relevant and apposite in countries where human rights arguments are not accepted by national governments. Some felt it may be counterproductive to promote the human rights approach to harm reduction in countries where democratic principles are not in place.

² Office of the United Nations High Commissioner for Human Rights

At the same time, it should be recognised that there is substantial support for a human rights approach to harm reduction in non-Western settings, as the November 2009 Middle East and North Africa Harm Reduction Conference in Lebanon confirmed. IHRA has also built links with human rights groups working in repressive states, and collaborated with them on issues related to harm reduction and/or drug policy.

- 7. IHRA's work has functioned as a catalyst for civil society partners by providing a source of credible analysis and information, and by organising high level fora in which marginalised harm reduction issues can be discussed between civil society organisations and policy-makers.**

IHRA has been particularly effective in providing research materials, as well as multiple opportunities for civil society partners to engage with UN officials by actively participating in



IHRA has been particularly effective in providing research materials and multiple opportunities for civil society partners to engage with UN officials.

meetings, conferences and other fora. This has enabled a range of stakeholder organisations to make their work more evidence-based, which is essential for effective advocacy, lobbying and promotional purposes.

- 8. IHRA's engagement with grass roots organisations is limited, particularly in developing countries, and countries in transition where IHRA is short of expertise and experience.**

In terms of future development, and if resources are available, IHRA should consider engaging more with development issues, particularly as these are relevant for countries where harm reduction coverage is often lowest and the policy barriers to effective harm reduction often the greatest. IHRA might also consider a more 'back-to-basics' approach in terms of advocating for harm reduction interventions in countries, particularly in the developing world, that consistently reject basic harm reduction principles and where advocacy for a public health approach to harm reduction is essential. In such contexts, it may be more appropriate for IHRA to build the capacity of Harm Reduction Networks to engage in advocacy/lobbying for harm reduction with national governments than to do this directly themselves.

9. The annual International Harm Reduction Conference plays multi-faceted roles for IHRA and its stakeholders, but involves an inordinate use of staff time and energy that may be more productively engaged elsewhere.

While the DFID programme does not directly fund the IHRA conference, apart from providing some scholarships and staff time, it receives considerable value added in terms of programme outputs, for example through networking, capacity building and information sharing/exchange.

The conference ‘provides a space for the HR community to come together’, and also provides an opportunity for some Harm Reduction Networks to hold annual general meetings and strategic planning sessions. However, a few stakeholders commented that IHRA does not always follow up on initiatives developed at the conference, particularly with regard to practice-based as opposed to research/policy-based activities, although it was acknowledged that time and resource constraints militated against this. Despite the availability of scholarships, very high registration costs can prevent grass roots harm reduction workers from attending the conference.

Collaborating with, and being supported by IHRA has helped strengthen the capacity of Harm Reduction Networks to engage in lobbying and advocacy.

10. Collaborating with IHRA has enabled Harm Reduction Networks to gain a prestige and status when working with national/regional partners, as it is internationally recognised as a leader in the harm reduction field.

Collaborating with, and being supported by IHRA has helped to strengthen the capacity of Harm Reduction Networks to engage in lobbying and advocacy with national and regional organisations, and at the international level with multilateral agencies. Despite this, IHRA still lacks sufficient capacity and resources to offer the level of support necessary for the optimal development of the Harm Reduction Networks.

11. A particular strength of IHRA is that it is not seen as a radical organisation. This enables it to retain an ability to engage with a wide variety of stakeholders, many of whom would be uncomfortable with an organisation seen to have a more hard line advocacy agenda.

This has led to very successful advocacy work with multilateral agencies, particularly UN agencies. However, it has also left the organisation vulnerable to accusations that it is not enough of a campaigning body and avoids areas of work outside its own agenda for political rather than for intellectual or topicality reasons. This dichotomy signifies the constantly shifting balance, as well as the necessary time and energy involved, that IHRA has to maintain in its work in order to keep such a varied group of stakeholders 'on board'.

Recommendations



DFID has received good value for money from IHRA during the programme and should now consider ways of capitalising on its investment by (a) promoting and enabling donor coordination for future IHRA funding, (b) supporting sustainability of future IHRA funding, and/or (c) providing extra funding for activities not covered completely in the existing programme of work.

'IHRA needs to be a bigger organisation in order to do what it says on the tin.'
IHRA staff member

The specific recommendations below are not presented in any order of priority, and it should be noted that some are already being considered and

implemented by IHRA, although a lack of funding/resources restricts the opportunities to put into practice many of the suggested activities.

Harm Reduction Networking and related Civil Society Advocacy

- There is a distinct and urgent need for IHRA to employ a dedicated full-time coordinator responsible for the development, support and capacity building of Harm Reduction Networks, particularly in developing countries.
- Each regional Harm Reduction Network supported by IHRA should be resourced to have a full-time Coordinator to promote, develop and support national harm reduction associations and other civil society partners that can play a key role in harm reduction advocacy/lobbying in their respective countries.
- Harm Reduction Networks should be supported to strategically disseminate IHRA publications in a structured, systematic and goal-oriented way, for example through IHRA funded/supported national and regional workshops, seminars and roundtables. IHRA should also support and build the capacity of Harm Reduction Networks to form partnerships with national governments and government agencies to promote and advocate for harm reduction using such resources.
- In several developed countries, harm reduction is both fragile and insecure (for example in the US and Canada), and is also under threat in countries that are regarded as paradigms of good harm reduction practice, such as

Netherlands and the UK. IHRA should therefore look at ways of providing support to partner organisations to address and overcome challenges to harm reduction in the developed world.

- IHRA should increase its engagement with international development agencies such as GTZ, Oxfam, Red Cross/RedCrescent and Save the Children. In many cases, such organisations, in conjunction with local non-governmental organisations and community groups, may be the most viable partners for implementing and promoting harm reduction in low income and post-conflict countries, and supporting/advocating for change at the local level. These organisations may prove better than under-resourced or inappropriate Harm Reduction Networks for engagement with grass roots organisations in developing countries, or at least should partner with Harm Reduction Networks in such initiatives.

Public Health Research and Advocacy

- Given the lack of harm reduction services as public health measures in many developing countries and countries in transition, there is a need for IHRA to employ a dedicated Public Health Specialist to offer support and technical assistance on best practice harm reduction interventions to Harm Reduction Networks and other civil society partners.
- There is a need to expand advocacy work beyond a focus on harm reduction for injecting drug use and HIV/AIDS prevention, for example to look at alcohol and non-injecting drug use. IHRA is already active in promoting harm reduction in some of these areas, and they are reflected in the recently published IHRA Definition of Harm Reduction and publications such as the Global State of Harm Reduction.

Outreach, Communications and Conferences

- With the breadth and volume of work now undertaken, IHRA needs to consider contracting a dedicated Public Relations/Media Coordinator on a regular, if not full-time, basis and developing a communication strategy to move from more informal to more structured communication with key stakeholders and the media. Such a strategy should include ways to market harm reduction to key organisations outside the drugs field, as well as to the general public, and to clarify for stakeholders what IHRA can and cannot do within their workplans and global remit.

- Each major IHRA publication should have a separate, synthesised version containing key issues/debates that could then be used by Harm Reduction Networks and other civil society partners for advocacy, training and capacity building purposes.
- IHRA should consider translation of their short fact sheets and briefings, as well as synopses of their main reports, into key languages such as Arabic, Farsi/Dari, Mandarin, Russian and Spanish. These should then be distributed and disseminated through regional Harm Reduction Networks. In regions such as Africa, where translations are also needed in other languages such as French, Portuguese and Swahili, Harm Reduction Networks should be resourced and supported through IHRA to develop such translations on a needs basis.
- There is a need expressed by several stakeholders for IHRA to review the International Harm Reduction Conference with a view to making it biennial rather than annual, thus allowing for support of a regional conference every alternate year. Such a regional conference would provide for wider consultation at the regional level in order to identify critical areas for advocacy informed by country and regional level partners. Other items to consider are options to increase accessibility by reducing registration fees.

APPENDIX 1

IHRA Publications, 2007-2009

IHRA Major Research Reports

2010 (forthcoming): Three Cents a Day is Not Enough: Resourcing HIV-related Harm Reduction on a Global Basis

2010 (forthcoming): Through a Harm Reduction Lens – Civil Society Engagement in Multilateral Decision-making

From Evidence to Action – Reflections on the Global Politics of Harm Reduction and HIV (September 2009)

Global State of Harm Reduction e-Tool (June 2009)

Harm Reduction Policies and Practice Worldwide – An overview of national support for Harm Reduction in policy and practice (February 2009)

Book of Authorities: Building Consensus: A Reference Guide to Human Rights and Drug Policy (IHRA and Human Rights Watch, January 2009)

Harm Reduction and Human Rights – The Global Response to Injection-Driven HIV Epidemics (January 2009)

Human Rights, Health and Harm Reduction: States' Amnesia and Parallel Universes (August 2008)

The Global State of Harm Reduction: Mapping the Response to Drug-Related HIV and Hepatitis C Epidemics (May 2008)

Recalibrating the Regime: The need for a Human Rights-Based Approach to International Drug Policy (IHRA and the Beckley Foundation Drug Policy Programme, March 2008)

Unique in International Relations? A Comparison of the International Narcotics Control Board and the UN Human Rights Treaty Bodies (February 2008)

The Death Penalty for Drug Offences: A Violation of International Human Rights Law (December 2007)

IHRA Submissions, Policy Briefs, Info Sheets and other Resources

IHRA Harm Reduction Definition (September 2009)

The Global State of Harm Reduction (leaflet) (April 2009)

Drugs, Harm Reduction and the UN Convention on the Rights of the Child: Common themes and universal rights (IHRA and Youth RISE, April 2009)

Ten Reasons Why the UN Human Rights Council must Address Drug Policy (IHRA, Human Rights Watch and the Open Society Institute, March 2009)

Coherence not Denial – Alone among UN agencies, CND continues to block support for Harm Reduction (March 2009)

Civil Society: The Silenced Partners? Civil Society Engagement with the UN Commission on Narcotic Drugs (March 2009)

Ten Ways Drug Policy Affects Human Rights (IHRA, Human Rights Watch and the Open Society Institute, March 2009)

Ten Reasons Why Human Rights is an Issue for CND (IHRA, Human Rights Watch and the Open Society Institute, March 2009)

Ten Reasons Why Access to Controlled Medicines is an Issue for CND (IHRA, Human Rights Watch and the Open Society Institute, March 2009)

Resourcing Harm Reduction on a Global Basis – Network of Networks brochure from IHRA (January 2009)

Harm Reduction and Human Rights – The Global Response to Injection-Driven HIV Epidemics: A Submission to the Office of the UN High Commissioner for Human Rights (November 2008)

Briefing to the Committee on Economic, Social and Cultural Rights on the fifth report of Sweden on the implementation of the International Covenant on Economic, Social and Cultural Rights (Jointly written by IHRA and the Swedish Drug Users Union, October 2007)

Articles by IHRA staff in Journals and other Publications

2010 (forthcoming): 'Route Transition Interventions: Public Health Gains from Reducing or Preventing Injecting' in *International Journal of Drug Policy*

2010 (forthcoming): 'Human Security, Human Development and Human Rights: Placing individuals and communities at the centre of international drug policy' in *International Journal of Drug Policy*

2010 (forthcoming): 'Improving the Data to Strengthen the Global Response to HIV among People who Inject Drugs' in *International Journal of Drug Policy*

2009 (In Press): 'The Diffusion of Harm Reduction in Europe and Beyond' in *Harm Reduction: Evidence, Impacts and Challenges (EMCDDA Scientific Monograph)*

'The United Nations and Drug Policy: Towards a human rights-based approach' in *The Diversity of International Law: Essays in Honour of Professor Kalliopi K. Koufa* (2009)

'Harm Reduction in European Prisons – Looking for Champions and Ways to Put Evidence-Based Approaches into Practice' in *Old and New Policies, Theories, Research Methods and Drug Users Across Europe* (October 2009)

Addicted to News: A Guide to Responsible Reporting on Opioid Dependence and its Treatment (IHRA and the European Opiate Treatment Association, September 2009)

'Juvenile Justice' in *Young People and Injecting Drug Use in Selected Counties in Central and Eastern Europe* (EHRN and Youth RISE, 2009)

'Foiled Again' in *Drug Link* (November 2008)

'HIV/AIDS and Prisoners' in *Progress on implementing the Dublin Declaration on Partnership to Fight AIDS in Europe and Central Asia* (World Health Organization Europe, 2008)

'Stigma, Discrimination and Human Rights' in *Progress on implementing the Dublin Declaration on Partnership to Fight AIDS in Europe and Central Asia* (World Health Organization Europe, 2008)

'Global State of Harm Reduction' in *Matters of Substance* (August 2008)

'Policing Harm' in *Drug Link* (May 2007)

'Injecting Drugs into Human Rights Advocacy' in *International Journal of Drug Policy* (August 2007)

APPENDIX 2

Stakeholder list

Multilateral Agencies and UN Experts

Global Fund on AIDS, Tuberculosis and Malaria
HIV/AIDS Asia Regional Program
Office of the High Commissioner for Human Rights
UNAIDS Headquarters
UNAIDS, Regional Support Team South East Asia
UN Office on Drugs and Crime Headquarters
UN Special Rapporteur on Torture
UN Special Rapporteur on the Right to Health
World Health Organization Headquarters
World Health Organization, Middle East and North Africa

International Non-Governmental Organisations

Amnesty International
Canadian HIV/AIDS Legal Network
Drosos Foundation
Drug Policy Alliance
Global Drug Policy Program of the Open Society Institute
Human Rights Watch
International AIDS Society
International Drug Policy Consortium
International Harm Reduction Development Program of the Open Society Institute
International HIV/AIDS Alliance

Regional and Thematic Harm Reduction Networks

Asian Harm Reduction Network
Canadian Harm Reduction Network
Caribbean Harm Reduction Coalition
Eurasian Harm Reduction Network
Intercambios
International Network of People who Use Drugs
International Nursing Harm Reduction Network
Middle East and North Africa Harm Reduction Association
Sub Saharan Africa Harm Reduction Network
Thai Harm Reduction Network
Youth RISE

Research Groups

Burnet Institute
Irish Centre for Human Rights, National University of Ireland, Galway
Temple University
UN Reference Group on HIV/AIDS and Injecting Drug Use

UK Partners

Royal College of General Practitioners, Substance Misuse in General Practice Group
Release
Transform Drug Policy Foundation
UK Harm Reduction Association