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**Opening Speech
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This is our 20th conference. The first was held in Liverpool in England in 1990. Harm reduction for drug users started a few years before this – in the mid 1980s. It started with a handle of community and drug user led projects in Europe, Australia and North America. Harm reduction has come a long way in 25 years.

So – what is distinctive about harm reduction?

Harm reduction refers to policies, programmes and practices that reduce the adverse health, social and economic consequences of psychoactive drug use without necessarily reducing drug consumption.

Some harms are related to the way drugs – and alcohol -are used and associated health risks. Others are created by the legal and social environment in which people who use drugs are forced to lead their lives. This includes the denial of essential medicines and life saving harm reduction and medical services to which people are entitled.

It also includes the punitive or repressive policies and practices directed towards drug users – and in some countries alcohol users – in the name of drug or alcohol control, or simply because they use drugs or alcohol. This includes – but is not limited to – officially sanctioned physical punishment, compulsory detention, and in some countries the death penalty, for both drugs and alcohol. These examples illustrate the many ways that laws can be harm maximising when they should be harm minimising.

Psychoactive drug use is primarily a health and social issue, not a criminal one, but this is not reflected in the way that states spend money. A disproportionate amount of money is spent on law enforcement activities with no evidence base: drug and alcohol users have a greater chance of being processed by the criminal justice systems than by health care systems.

Harm reduction is based in public health. There is strong evidence for its effectiveness. The scientific debate in this regard has been won.

Harm reduction is based in human rights – the right of all people to the highest attainable state of health. Harm reduction is also based on respect – as Scott Burris once said, it is the opposite of hatred.

Since last year, there has been important work done on drug policy and human rights around the world – from drug user activists in Cambodia, Thailand, Sweden and beyond, to international NGOs such as IHRA, Human Rights Watch and OSI, to UN bodies such as the UN High Commissioner for Human Rights and the UN Special Rapporteurs on Health and on Torture (both of whom are here with us this week in Bangkok).

Last year I outlined the Global State of Harm Reduction at the Barcelona conference. Some progress has been made since then.

Needle and syringe exchange has been newly adopted in the Philippines and opioid substitution therapy has begun in Kazakhstan and at one site in the Maldives. Substitution treatment will soon be available in Tajikistan and Bangladesh. The US Government – under pressure during the Commission on Narcotic Drugs meeting last month – has rescinded its opposition to needle exchange.

In total, 84 countries support or tolerate drugs harm reduction in policy or in practice.

But that is not enough progress. In some of these countries, harm reduction is limited to small NGO-led projects, often operating despite pressure from government or law enforcement. In 74 countries that have reported injecting drug use have no harm reduction services. In some countries – for example Russia and Nepal – established programmes are under threat.

And there is a shameful lack of investment in harm reduction. IHRA estimates that only about \$200 million dollars a year is spent by donors on harm reduction in low and middle income countries – this is about 2 per cent of the global AIDS spend – it is about 4 US cents per drug user per day. This is a scandal.

It is no wonder that coverage is poor. Life-saving sterile injecting equipment and maintenance therapies remain inaccessible to the vast majority of people who inject drugs around the world. Drug users are being left behind in efforts to reach the international target of Universal Access.

Harm reduction is UN policy at the highest level. But the Commission on Narcotic Drugs – the governing body for the United Nations Office on Drugs and Crime – operates in wilful ignorance of the rest of the UN. Harm reduction was written out of the political declaration agreed in Vienna last month.

Harm reduction was first relegated to a footnote, and then taken out: those countries which prevented the inclusion of the words 'harm reduction' included Malaysia, Indonesia, India, Pakistan, Nigeria, Iran, Sudan, Philippines, Colombia, Italy, the US, Japan and Russia.

There is a euphemism in the political declaration – ‘relevant support services’ – we should I suppose be thankful that 26 countries said that to them these words meant harm reduction.

The word health appears just four times in the political declaration. We have suffered a decade or more of neglect of health issues at CND, and now we are set for a further decade of neglect.

Before I finish, however, let me stress that we urgently need to develop and expand harm reduction approaches. The UN family and the harm reduction field needs to be reminded that harm reduction is not only about HIV, injecting drug use and heroin. It applies to all psychoactive drugs. Public health interest in alcohol and tobacco is dominated by demand and availability issues, yet there is a wide range of other opportunities to reduce harms related to the use of these drugs. I am pleased that this conference is one of the few to give attention to harm reduction for legal and prescribed drugs.

Additionally, in many parts of the world – such as Sub-Saharan Africa, here in South East Asia, and of course Latin America – stimulant drugs and non-injecting drug use are particularly important.

As was pointed out recently by Alex Wodak, when the first harm reduction conference took place 20 years ago, we were very much seen as the fringe of drug and health policy. 20 years later – and after much hard work around the world – harm reduction is now at the centre of international drug policy.

Those opposed to harm reduction are now increasingly confined to the fringe. While we should be rightly proud of that success, clearly the fight for harm reduction has not been won in many parts of the world. But we are winning. I commend all of you for your commitment and creativity. Together, we will ensure that the struggle for harm reduction and human rights will continue to advance around the world.