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The Global State of Harm Reduction 2010

Key issues for broadening the response

Edited by Catherine Cook

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Abbreviations and acronyms

| | | | |
|---------|--|--------|--|
| AHRN | Asian Harm Reduction Network | UNGASS | United Nations General Assembly Special Session |
| AIVL | Australian Injecting and Illicit Drug Users' League | UNICEF | United Nations Children's Fund |
| AIDS | Acquired immune deficiency syndrome | UNODC | United Nations Office on Drugs and Crime |
| ANPUD | Asian Network of People who use Drugs | MENARO | UNODC Middle East and North Africa Regional Office |
| ART | Antiretroviral therapy | US | United States of America |
| ATS | Amphetamine-type stimulants | VCT | Voluntary HIV counselling and testing |
| CARICOM | Caribbean Community | WFP | World Food Programme (UN) |
| CHRC | Caribbean Harm Reduction Coalition | WHO | World Health Organization |
| CND | Commission on Narcotic Drugs | | |
| CPR | Cardiopulmonary resuscitation | | |
| CPT | Co-trimoxazole preventive treatment | | |
| CSO | Civil society organisation | | |
| DCR | Drug consumption room | | |
| DFID | Department for International Development (UK) | | |
| DOTS | Directly Observed Treatment Short-Course | | |
| ECOSOC | Economic and Social Council (UN) | | |
| EMCDDA | European Monitoring Centre for Drugs and Drug Addiction | | |
| EMRO | WHO Eastern Mediterranean Regional Office | | |
| EC | European Commission | | |
| EU | European Union | | |
| GDP | Gross Domestic Product | | |
| GFATM | Global Fund to Fight AIDS, Tuberculosis and Malaria | | |
| GTZ | Deutsche Gesellschaft für Technische Zusammenarbeit | | |
| HAT | Heroin assisted treatment | | |
| HBV | Hepatitis B virus | | |
| HBsAG | Marker in the blood indicating active HBV infection | | |
| HCV | Hepatitis C virus | | |
| HIV | Human immunodeficiency virus | | |
| HLS | High Level Segment | | |
| IDU | Injecting drug use | | |
| IHRA | International Harm Reduction Association | | |
| INCB | International Narcotics Control Board | | |
| INPUD | International Network of People who Use Drugs | | |
| MENA | Middle East and North Africa | | |
| MENAHRA | Middle East and North African Harm Reduction Network | | |
| MDT | Mandatory drug testing | | |
| MMT | Methadone maintenance treatment | | |
| MSM | Men who have sex with men | | |
| NASA | National AIDS Spending assessment | | |
| NGO | Non-governmental organisation | | |
| NIDU | Non-injecting drug use | | |
| NSP | Needle and syringe exchange programme | | |
| OST | Opioid substitution therapy | | |
| PAHO | Pan American Health Organization (WHO) | | |
| PEPFAR | President's Emergency Plan for AIDS Relief | | |
| PICTs | Pacific Island Countries and Territories | | |
| PNEP | Prison needle and syringe exchange programme | | |
| SAHRN | Sub-Saharan African Harm Reduction Network | | |
| SAMHSA | US Substance Abuse and Mental Health Services Administration | | |
| SIF | Supervised or safer injecting facility | | |
| STI | Sexually transmitted infection | | |
| SPC | Secretariat of the Pacific Community | | |
| TB | Tuberculosis | | |
| UAE | United Arab Emirates | | |
| UK | United Kingdom of Great Britain and Northern Ireland | | |
| UN | United Nations | | |
| UNAIDS | Joint United Nations Programme on AIDS | | |
| UNDP | United Nations Development Programme | | |
| UNESCO | United Nations Economic, Social and Cultural Organization | | |
| UNFPA | United Nations Population Fund | | |



About the Global State of Harm Reduction 2010

In 2008 the International Harm Reduction Association (IHRA) released the *Global State of Harm Reduction*, a report that mapped responses to drug-related HIV and hepatitis C epidemics around the world for the first time.^a The information gathered for the report provided a critical baseline against which progress could be measured in terms of the international, regional and national acceptance and action on harm reduction policies and interventions.

Global State of Harm Reduction 2010 presents the major developments in harm reduction policy adoption and programme implementation that have occurred since 2008, enabling some assessment of global progress. It also explores several key issues for harm reduction, such as the response to amphetamine-related harms; harm reduction in prisons; the reduction of various drug-related health harms including bacterial infections, tuberculosis, viral hepatitis and overdose; and the extent to which financial resources for harm reduction are available.

This report, and other global state of harm reduction resources,^b are designed to provide advocacy and reference tools for a wide range of audiences, such as international donor organisations, multilateral and bilateral agencies, civil society and non-governmental organisations (NGOs), including organisations of people who use drugs, as well as researchers and the media.

Methodology

The information in Sections 1 and 2 of this report was gathered using existing data sources, including research papers and reports from multilateral agencies, international NGOs, civil society and harm reduction networks, as well as expert opinion from drug user organisations and those working in the harm reduction field. Within each region, IHRA enlisted support from regional harm reduction networks and researchers to gather information on key developments.

Regions were largely identified using the coverage of the regional harm reduction networks. Therefore, this report examines the regions of Oceania, Asia, Eurasia (Central and Eastern Europe and Central Asia), Western Europe, Sub-Saharan Africa, Middle East and North Africa, Latin America, the Caribbean and North America.

^a Cook C and Kanaef N (2008) *Global State of Harm Reduction 2008: Mapping the Response to Drug-Related HIV and Hepatitis C Epidemics*. London: IHRA.

^b See www.ihra.net for more details.

Where possible, the regional updates were peer reviewed by the regional harm reduction networks and other experts in the field (see Acknowledgements).

This report also contains chapters on key issues for the harm reduction response, which were identified through feedback on the first report and consultation with an advisory panel. These chapters have been prepared by representatives from civil society, research and multilateral agencies with specific expertise in the area and reviewed by peers in the field. Although some of the issues covered are fairly new areas with relatively little research to report on, these chapters aim to present what is currently known and raise issues for the international harm reduction community to consider.

Data quality

This report draws heavily on recent global systematic reviews conducted by the Reference Group to the United Nations on HIV/AIDS and Injecting Drug Use on the epidemiological situation and the coverage of key harm reduction interventions. The epidemiological review presented only data that fitted with reliability criteria established by the UN Reference Group, resulting in data gaps for many countries with HIV epidemics among people who inject drugs. Given that this is the most reliable picture of the state of the epidemic, IHRA has presented the UN Reference Group data in this report, and provided data from other sources for only those countries and territories not covered by the UN Reference Group. Where estimates have been queried by civil society reviewers, this is indicated within the text.

Establishing standards for reliability in this area is particularly important given the difficulties involved in researching HIV and drug use. The significant data gaps are also a stark reminder of the need for improved monitoring systems and data reporting on these issues around the world.

Similarly, this report draws heavily on the UN Reference Group data in reporting on the existence and coverage of harm reduction interventions. However, input from harm reduction networks, researchers and other experts in the field has been crucial in providing contextual information on harm reduction implementation around the world.

The data presented here, on both epidemiology and coverage, represent the best estimates currently available, however, lack of uniformity in measures, data collection methodologies and definitions renders cross-national and regional comparisons difficult.

Limitations

This report attempts to provide a global snapshot of harm reduction policies and programmes and, as such, has several limitations. It does not provide an extensive evaluation of the services or policies in place. It must be recognised that the existence of a service does not necessarily denote quality and adequate coverage to have an impact on drug-related harms.

While this report aims to cover some important areas for harm reduction, it focuses largely on the public health aspects of the response and does not document the full spectrum of social and legal harms faced by people who use drugs. It also does not cover the full spectrum of harms related to substance use, for example those related to alcohol and tobacco use.

Report structure

Section 1 provides a global overview of harm reduction policy and programming.

Section 2 contains nine brief regional updates – Asia, Eurasia, Western Europe, the Caribbean, Latin America, North America, Oceania, Middle East and North Africa, and Sub-Saharan Africa – that examine the developments for harm reduction since 2008.

Section 3 comprises seven chapters that explore issues key to assessing the global state of harm reduction, including the response to amphetamine-related harms; harm reduction in prisons; the reduction of various drug-related health harms such as bacterial infections, tuberculosis, viral hepatitis and overdose; and the extent to which financial resources for harm reduction are available.