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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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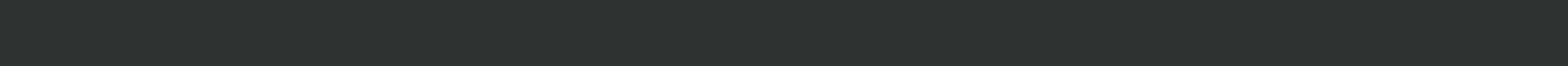
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Abbreviations and acronyms

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.