

## 2.5 Regional Update: Latin America



## Table 2.5.1: Harm reduction in Latin America

Country/territory with reported injecting drug use <sup>a</sup>	People who inject drugs <sup>1</sup>	Adult HIV prevalence amongst people who inject drugs <sup>1</sup>	Harm reduction response <sup>2</sup>	
			NSP <sup>b</sup>	OST <sup>c</sup>
Argentina	65,829	49.7%	✓(25)	x
Bolivia	nk	nk	x	x
Brazil	540,500 <sup>3</sup>	48%	✓(150–450)	x
Chile	42,176	nk	x	x
Colombia	nk	1% <sup>c</sup>	x	✓(4)
Costa Rica	nk	nk	x	x
Ecuador	nk	nk	x	x
El Salvador	nk	nk	x	x
Guatemala	nk	nk	x	x
Honduras	nk	nk	x	x
Mexico	nk	3%	✓(19)	✓(21–25) (M)
Nicaragua	nk	6%	x	x
Panama	nk	nk	x	x
Paraguay	nk	9.35%	✓(3)	x
Peru	nk	13% <sup>d</sup>	x	x
Uruguay	nk	nk	✓	x
Venezuela	nk	nk	x	x

nk = not known

a. The number in brackets represents the number of operational NSP sites, including fixed sites, vending machines and mobile NSPs operating from a vehicle or through outreach workers.

b. The number in brackets represents the number of operational OST programmes, including publicly and privately funded clinics and pharmacy dispensing programmes. (M) = methadone.

c. UN Reference Group estimate from 1999 data.

d. UN Reference Group figure: 1994–1995.

## Harm Reduction in Latin America

HIV predominantly affects marginalised populations in Latin America, including people who use drugs. Cocaine and its derivatives are the most commonly injected drugs in this region, with the exception of Northern Mexico and parts of Colombia, where heroin is more widely used. The Reference Group to the United Nations on HIV and Injecting Drug Use estimates that there are over two million people who inject drugs in Latin America, and that over one-quarter (580,500) are living with HIV.<sup>1</sup> Research suggests that Brazil and Argentina, in particular, have very high HIV prevalence rates within injecting populations.<sup>1</sup> There is also evidence of elevated prevalence rates of HIV and other sexually transmitted infections (STIs) among non-injecting drug users in the region.<sup>4</sup> However, a scarcity of reliable data means it is difficult to establish a true picture of drug-related HIV epidemics.

Government support for harm reduction has not increased significantly since 2008. However, one important development to note is Colombia's adoption of opioid substitution therapy (OST) and the explicit inclusion of harm reduction within its national policies. As in 2008, the vast majority of needle and syringe programmes (NSPs) operate in Brazil and Argentina, although there are some small projects in other countries. Mexico and Colombia, with substantially more heroin users than other Latin American countries, are the only states that prescribe OST, although coverage remains low. The development of harm reduction interventions for cocaine and its derivatives remains nascent. While community-based harm reduction programmes may be responding to non-injecting drug use, experiences have not yet been widely documented or disseminated. A lack of government support and an over-reliance on international funding remain barriers to introducing and/or scaling up harm reduction services in several countries.

While some Latin American governments continue to implement extensive, often problematic and ineffectual drug supply control measures, there have also been some positive drug policy developments in the region. Latin America has been at the forefront of a growing global movement to decriminalise drug use. Civil society advocacy in several countries has been instrumental in bringing about these changes. However, no country has followed up these reforms with an increase in harm reduction services in the region and non-governmental organisations (NGOs) continue to be the primary service providers, often with funding difficulties.

The Global Fund to Fight AIDS, Tuberculosis and Malaria will soon begin supporting new HIV programmes with a focus on people who use drugs in Paraguay and Mexico. In addition, agencies such as the World Health Organization's Pan American Health Organization (PAHO) have increased their involvement and support of harm reduction in the region. However, much more work must be done to ensure greater access to harm reduction services for people who use drugs.

## Developments in harm reduction implementation

### ***Needle and syringe exchange programmes (NSPs)***

As in 2008, despite injecting drug use being reported in all countries of the region, only five Latin American countries implement NSPs. Brazil, the country with the highest (available) estimate of the number of people injecting drugs (540,000), has the most NSP sites (150–450).<sup>2</sup> The number of sites may have increased in Brazil (it was reported that there were 93 NSP sites in 2008), but the number has not changed in Argentina and has only increased slightly in Mexico.<sup>5</sup> While there may be more NSPs in Brazil, the Brazilian NGO Psicotropicus reports that harm reduction services in general have decreased during this period; funding difficulties due to a decline in international donor contributions and the decentralisation of financing for state-implemented harm reduction programmes are cited as the main cause.<sup>6</sup>

Estimates of NSP coverage are very limited for the region, but, where available, indicate extremely low coverage, with Brazilian injectors receiving the equivalent of less than one needle/syringe per year. There is a need for further research and programme monitoring in countries implementing NSPs in order to determine coverage levels. Twelve Latin American countries with reported injecting drug use have no NSP sites.

There are reports of significant advances in the implementation of harm reduction activities targeting people who inject drugs in Paraguay, funded by a Global Fund grant.<sup>7</sup> Conversely, the last two years are reported to have seen no significant changes for harm reduction in Uruguay, Argentina and Chile.<sup>6</sup> Across the region, epidemics are concentrated within key populations, but 'only a small fraction of HIV prevention spending in the region supports prevention programmes specifically focused on these populations'.<sup>8</sup>

### ***Opioid substitution therapy (OST)***

Although opioid use is low in the region, Colombia and Mexico are home to significant numbers of people who use heroin. In response, both countries have implemented OST programmes. There is no up-to-date information available on Mexican OST implementation; in 2008 it was estimated that there were 21 to 25 sites and 3,644 people receiving methadone.<sup>4</sup> OST was introduced in Colombia in 2008 and there are now four operational sites<sup>1</sup> providing methadone maintenance treatment in three districts.<sup>5</sup> More research is necessary to determine the coverage within each country.

### ***Antiretroviral therapy (ART)***

Brazil is the only country for which there is an estimate of how many injecting drug users are living with HIV and receiving ART. While past estimates have been much higher, the UN Reference Group found only 2,974 such persons, equating to between 1 and 4 of every hundred injecting drug users living with HIV in Brazil.<sup>2</sup>

## Policy developments for harm reduction

At least six Latin American countries – Argentina, Brazil, Colombia, Mexico, Paraguay and Uruguay – include harm reduction within their domestic HIV and/or drug policies. Colombia is the latest addition to this list, with the introduction in 2007 of its new social inclusion model for drug users, implemented by the Ministry of Social Protection.<sup>9</sup> In Central America, ‘harm reduction is still pending.’<sup>10</sup> Guatemala is one of the few countries in the sub-region with a national policy that refers to drug use and the sharing of syringes as an HIV risk behaviour, stating the intention to provide STI/HIV prevention information to vulnerable populations. However, it is reported that efforts to reach vulnerable populations with these interventions have not yet been successful.<sup>5</sup> In Nicaragua, the national HIV/AIDS plan for 2006 to 2010 includes drug users in the list of populations most at risk of HIV transmission. However, national plans or strategies in Costa Rica, El Salvador and Panama do not yet include people who use drugs as a most-at-risk population for HIV.<sup>5</sup>

### **Colombia: Harm reduction and wider drug policy**

Colombia’s new social inclusion model policy articulates an increased public health emphasis in responding to drug use in the country.<sup>9</sup> Harm reduction now features, along with network participation, community mobilisation, peer involvement and a strong emphasis on reducing stigma and discrimination for people who use drugs. In practice, as well as four OST sites, the government funds fifteen community-based drop-in centres in eleven of the thirty-two Colombian districts.<sup>11</sup> Despite this, and moves toward the decriminalisation of drug use in neighbouring countries, a constitutional amendment recriminalising drug possession for personal use was approved by the Colombian Congress in 2009. Since a ruling in Colombia’s Constitutional Court in 1994, adults found with up to 20g of cannabis and 1g of cocaine had not been prosecuted, so this amendment increases the prohibition of drug use in the country.<sup>6</sup>

In most Latin American countries, and particularly in Central America, drug policies, strategies and plans remain overwhelmingly focused on reducing supply and combating trafficking. Responses to drugs are largely determined by security and justice ministries, rather than ministries of health.<sup>6</sup> As a result, drug use and trafficking are often treated as equally serious offences; see, for example, El Salvador’s national anti-drug plan for 2002 to 2008.<sup>12</sup> Under pressure from the US government, many countries employ crop eradication methods (involving aerial spraying and military activities on the ground) and huge operations to interdict trafficked drugs. For example, Plan Merida was a multi-country project to reduce drug supply and trafficking, articulated by the Bush US administration and signed up to by the governments of Mexico, Dominican Republic, Haiti and several Central American countries.<sup>13</sup>

It is important to note, however, that some of the most interesting developments in global drug policy in the past few years have been in Latin America. In particular, Argentina, Bolivia, Mexico,

Brazil and Ecuador have exhibited a new openness in drug policy deliberations and, importantly, some countries have amended drug laws to decrease criminal charges for drugs or decriminalise personal drug use altogether.

### **Drug policy developments in Latin America**

**Argentina:** On 25 August 2009 the Argentinian Supreme Court voted unanimously in favour of decriminalising personal consumption of illicit drugs, declaring it unconstitutional to punish a person for possessing or using illegal drugs if it does not endanger others. Although the court order specifically refers to cannabis, it opened the door to judicial reform of national drug laws. In 2010 the Scientific Advisory Committee of the Ministry of Justice published a key report on drug users and policies to address drug use. Also, the National Commission on Drug Policy was created and is tasked with launching the national drug plan for 2010 to 2015 and exploring possible law reform.<sup>6</sup>

**Ecuador:** In an effort to increase proportionality of punishment, the government approved an amnesty for small-scale drug traffickers in 2008. Harsh sentences of between twelve and twenty-five years were previously given for this kind of offence. As a result, approximately 1,500 people detained for crimes related to small-scale drug trafficking were released from prison in 2008 and 2009. There are also indications that decriminalisation of drug use and harm reduction may soon form part of the national response to drugs.<sup>14 15</sup>

**Mexico:** On 21 August 2009 a new drug law, proposed by President Felipe Calderón in response to increasing violence, organised crime and drug use, came into effect. The law distinguishes *narcomenudeo* (drug dealers) from drug users. In effect, it decriminalises people who use drugs and preserves the right of indigenous people to the traditional use of certain substances. However, the Transnational Institute warns that the law was not reformed to protect the rights of people who use drugs and has several negative consequences, including a toughening of sentences for *narcomenudeo*, many of whom are from poor communities.<sup>16</sup>

**Brazil:** A new drug law in 2006 differentiated between drug possession for personal use and drug trafficking. The law offered alternatives to incarceration for drug possession for personal use, namely drug treatment. Four years on, critics argue that the law has had little effect in distinguishing between consumers and dealers, as it contained no specific guidance on drug amounts.<sup>6</sup>

Some Latin American governments have supported harm reduction and drug policy reform in international fora. During the 51st Session of the Commission on Narcotic Drugs (CND), held in Vienna in March 2008, Uruguay tabled the resolution ‘Ensuring the proper integration of the United Nations human rights system with international drug control policy’, which called for respect for fundamental human rights and equal access to social and health care services for people who use drugs. The resolution was co-

sponsored by Uruguay, Argentina and Switzerland, while Italy, the UK, Finland, Germany and other EU states played leading roles in defending it during CND negotiations.<sup>17</sup>

In 2009, in advance of the High-Level Segment of CND, Bolivian President Evo Morales sent a formal letter to UN Secretary General Ban Ki-moon calling for the abolition of two sub-articles of the 1961 Single Convention on Narcotic Drugs that specifically prohibit the chewing of coca leaf.<sup>18</sup> However, this does not indicate a movement away from Bolivia's punitive drug laws, which remain repressive towards both drug use and trafficking.

## Civil society and advocacy developments for harm reduction

Civil society organisations have been active in advocating for harm reduction and drug policy reform at the regional level in the past two years. For example, the first Latin American Conference and the VII National Conference on Drug Policy, held in Argentina in August 2009, was a key event, bringing together 650 participants from civil society, policy makers and media to raise awareness of the need for a public health approach to drugs.<sup>e</sup> A meeting entitled 'Drugs, youth, violence and gangs: An alternative view', held in El Salvador in October 2008, also mobilised civil society organisations, particularly those in the RAISSS network.<sup>f</sup> The meeting culminated in RAISSS members developing and signing up to a statement calling for action on harm reduction by the UN, governments, international organisations and civil society.<sup>19</sup>

The formation of the Latin American Commission on Drugs and Democracy has been a significant regional development. Comprising seventeen drug policy campaigners, including former presidents of Brazil, Colombia and Mexico, the commission has made important contributions to the debate through its assessments of the limitations and negative consequences of repressive drug policy in the region, and has called for a more efficient and humane response to drug use.<sup>20</sup>

Continuing to providing a space for drug policy debate in the region, the Transnational Institute and the Washington Office on Latin America have organised informal dialogues on drug policy in Uruguay, Mexico, Ecuador, Bolivia, Brazil and Argentina since 2007.

At the national level, civil society organisations play a key role in advocating for changes to drug laws and increases in harm reduction service provision. They participate in key fora such as the Brazilian seminar on drugs, harm reduction, legislation and intersectorality hosted by the Commission on Human Rights and Minorities of the Chamber of Deputies in October 2009. They also organise national events such as the Chilean Harm Reduction Network's seminar entitled 'Towards a new drug policy for the bicentenary citizenship', which brought together the existing government and potential candidates for the next presidency to review current policies and to discuss possible changes in national strategies to address drug and alcohol use.

e The second Latin American Conference on Drug Policy will be held in Rio de Janeiro, Brazil in 2010 and will be jointly organised by Intercambios Civil Association and Psicotropicus.

f RAISSS is a network of institutions involved in situations of 'social suffering' and includes many community-based organisations responding to drug use and involved in harm reduction. It comprises organisations from countries such as Brazil, Chile, Haiti, Guatemala, Honduras, El Salvador, Nicaragua, Costa Rica, Panama, Bolivia, Mexico and Colombia.

Procrear Foundation, a Colombian NGO, worked with UNESCO to carry out a national consultation on harm reduction and education in 2008.<sup>21</sup> Following the recriminalisation of the possession of drugs for personal use in Colombia, civil society organisations such as Dosis de Personalidad and La Res were mobilised to advocate against repressive policy towards drug users.<sup>6</sup>

Civil society advocacy for harm reduction and the involvement of drug users remains weakest in Central America, although some NGOs cover these issues in their work. For example, in 2009 Nimehuatzin Foundation, a Nicaraguan NGO, published a study on HIV and drug use in two Nicaraguan cities, Managua and Chinandega, and called for further action on drug-related HIV epidemics, which currently gain little attention in Central American countries.<sup>6</sup>

## Multilaterals and donors: Developments for harm reduction

Multilateral agencies and international donors have supported several initiatives on harm reduction in Latin America in recent years. For example, in November 2009 the PAHO, UNICEF and UNAIDS included an analysis of the HIV epidemic among people who use drugs in a report on the challenges posed by the HIV epidemic in Latin America and Caribbean 2009.<sup>22</sup> WHO specifically called for an increase in harm reduction in the region at the Inter-American Drug Abuse Control Commission (CICAD) meeting in Miami in November 2009.<sup>23</sup> To assist this scale-up, the agency is adapting the target-setting guide for people who inject drugs in the Latin American and Caribbean region.<sup>24</sup> As the association between HIV transmission and non-injecting drug use in the region is being increasingly reported, it will be important to provide guidance for implementers on developing interventions that specifically aim to prevent HIV for those drug users who do not inject. Researchers and NGOs within the region call for an urgent expansion of access to HIV testing and prevention for crack cocaine users in particular.<sup>25</sup>

As previously mentioned, UNESCO and Procrear Foundation carried out the Colombian national consultation on harm reduction and education in September 2008. This consultation had the support of Caritas Germany, the EU, UNODC, UNAIDS and WHO. The five main topics covered were education, harm reduction, human rights and social inclusion, public policy and management, and stigma and discrimination.<sup>20</sup>

The Global Drug Policy Program of the Open Society Institute has supported civil society engagement in regional and international fora, including the International Drug Policy Reform Conference in Albuquerque and the first Latin American Conference on Drug Policies. The Dutch and British governments funded a side event at the Latin American conference, which brought together civil society organisations and government officials of countries in the region.

In November 2009 the Global Fund Board signed new agreements with Paraguay and Mexico to fund HIV programmes with a focus on people who inject drugs and/or on harm reduction. The Paraguayan programme aims to prevent HIV and STI transmission among vulnerable populations, including people who inject drugs, in six regions.<sup>26</sup> The Mexican programme aims to strengthen HIV prevention and harm reduction for men who have

sex with men and for people who inject drugs, to reduce stigma and discrimination (including homophobia) and to strengthen community and government systems within the HIV response.<sup>27</sup>

In Argentina, however, where a Global Fund grant has recently come to an end, there has been some stagnation and even a lessening of harm reduction activities due to the lack of availability of alternative funds.<sup>6</sup> Government support is essential to sustain harm reduction programmes, particularly in the current international financial crisis. Despite many welcome developments, such as the increased focus on harm reduction in Latin America of some international donors and multilateral agencies, more must be done to ensure that it is an integral part of responding to drugs and HIV in the region.

## References

1. Mathers B et al. (2008) for the 2007 Reference Group to the UN on HIV and Injecting Drug Use. Global epidemiology of injecting drug use and HIV among people who inject drugs: A systematic review. *Lancet* 372(9651): 1733–45.
2. Mathers B et al. (2010) HIV prevention, treatment and care for people who inject drugs: A systematic review of global, regional and country level coverage. *Lancet* 375(9719): 1014–28.
3. Mathers B et al. (2010) HIV prevention, treatment and care for people who inject drugs: A systematic review of global, regional and country level coverage. *Lancet* 375(9719): 1014–28. Country Report.
4. See, for example, Rossi D et al. (2008) Multiple infections and associated risk factors among non-injecting cocaine users in Argentina. *Cadernos de Saúde Pública* 24(5): 965–74.
5. 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.
6. Intercambios Civil Association (2010) Global state of harm reduction information response.
7. Marcelo Vila, sub-regional coordinator for HIV/STI for the Southern Cone of PAHO, consulted by Intercambios Civil Association (2010) op. cit.
8. UNAIDS (2009) *AIDS Epidemic Update*. Geneva: UNAIDS, p. 56.
9. [http://fundacionprocrear.org/index.php?option=com\\_content&task=view&id=95&Itemid=77](http://fundacionprocrear.org/index.php?option=com_content&task=view&id=95&Itemid=77) (last accessed 22 March 2010).
10. Pascual Ortells, Nimehuatzin Foundation, consulted by Intercambios Civil Association (2010) op. cit.
11. Inés Elvira Mejía Motta, consulted by Intercambios Civil Association (2010) op. cit.
12. Comisión Salvadoreña Antidrogas (2002) *Plan Nacional Antidrogas 2002–2008*: [www.seguridad.gob.sv/observatorio/pnad/pnad.pdf](http://www.seguridad.gob.sv/observatorio/pnad/pnad.pdf) (last accessed 10 March 2010).
13. Personal e-mail communication with Pascual Ortells, Nimehuatzin Foundation, Nicaragua, 2 August 2010; and [www.radiolaprimerisima.com/noticias/resumen/31023](http://www.radiolaprimerisima.com/noticias/resumen/31023) (last accessed 19 March 2010).
14. *Constitución del Ecuador*: [www.asambleanacional.gov.ec/documentos/constitucion\\_de\\_bolsillo.pdf](http://www.asambleanacional.gov.ec/documentos/constitucion_de_bolsillo.pdf) (last accessed 18 January 2010).
15. Transnational Institute (2010) Drug law reform in Ecuador: [www.tni.org/article/drug-law-reform-ecuador](http://www.tni.org/article/drug-law-reform-ecuador) (last accessed 18 March 2010).
16. Hernández Tinajero J and Angles CZ (2009) *Mexico: The Law Against Small-Scale Drug Dealing, A Doubtful Venture*. Legislative Reform of Drug Policies 3. Washington, DC: Transnational Institute, Washington Office on Latin America.
17. IHRA blog (2008) The life of a human rights resolution at the Commission on Narcotic Drugs: [www.ihrablog.net/2008/04/life-of-human-rights-resolution-at-un.html](http://www.ihrablog.net/2008/04/life-of-human-rights-resolution-at-un.html) (last accessed 18 March 2010).
18. Transnational Institute (2009) Letter to the UN Secretary General: [www.ungassondrugs.org/index.php?option=com\\_content&task=view&id=262&Itemid=84](http://www.ungassondrugs.org/index.php?option=com_content&task=view&id=262&Itemid=84) (last accessed 18 March 2010).
19. RAISSS (2010) Declaración de Ayagualo. *Boletín RAISSS* 1: [www.iglesia.cl/proyectos/raiss/antiores/2009-1/5.html](http://www.iglesia.cl/proyectos/raiss/antiores/2009-1/5.html) (last accessed 10 February 2010).
20. Latin American Commission on Drugs and Democracy (2009) Drugs and democracy: Toward a paradigm shift. Statement by the Latin American Commission on Drugs and Democracy.
21. UNESCO (2008) Consulta nacional sobre reducción de daños y educación en situaciones asociadas al consumo de drogas y VIH/SIDA en Colombia: [www.unesco.org/ulis/cgi-bin/ulis.pl?catno=186624&set=4B57360B\\_1\\_186&gp=0&lin=1&il=f](http://www.unesco.org/ulis/cgi-bin/ulis.pl?catno=186624&set=4B57360B_1_186&gp=0&lin=1&il=f) (last accessed 12 March 2010).
22. ONUSIDA, OPS, UNICEF (2009) *Retos planteados por la epidemia del VIH en América Latina y el Caribe*. Washington, DC: PAHO.
23. OPS (2009) Pronunciamento de la OPS. 46 período ordinario de sesiones: [www.cicad.oas.org/apps/Document.aspx?Id=945](http://www.cicad.oas.org/apps/Document.aspx?Id=945) (last accessed 18 March 2010).
24. WHO, UNODC, UNAIDS (2009) *Technical Guide for Countries to Set Targets for Universal Access to HIV Prevention, Treatment and Care for Injecting Drug Users*. Geneva: WHO.
25. For example, see Dickson-Gomez J et al. (2010) Resources and obstacles to developing and implementing a structural intervention to prevent HIV in San Salvador, El Salvador. *Social Science & Medicine* 70(3): 351–9.
26. Global Fund to Fight AIDS, Tuberculosis and Malaria (2010) Grant Number: PRY-607-G02-H: [www.theglobalfund.org/grantdocuments/6PRYH\\_1400\\_545\\_gsc.pdf](http://www.theglobalfund.org/grantdocuments/6PRYH_1400_545_gsc.pdf) (last accessed 22 March 2010).
27. Centro Nacional para la Prevención y el Control del VIH/SIDA Dirección General (2010) Comunicado de prensa: El Fondo Mundial otorgará financiamiento a México para fortalecer la lucha contra el VIH/SIDA: [www.censida.salud.gob.mx/descargas/boletin\\_prensa\\_si\\_fondo\\_mundial.pdf](http://www.censida.salud.gob.mx/descargas/boletin_prensa_si_fondo_mundial.pdf) (last accessed 15 February 2010).