Regional Overview
2.1 Asia

Table 2.1.1: Epidemiology of HIV and viral hepatitis, and harm reduction responses in Asia

Country/territory with reported injecting drug use[a]	People who inject drugs	HIV prevalence among people who inject drugs(%)	Hepatitis C (anti-HCV) prevalence among people who inject drugs(%)	Hepatitis B (anti-HBsAg) prevalence among people who inject drugs (%)	Harm reduction response		
					NSP[b]	OST[c]	Peer-distribution of naloxone
Afghanistan	40,900 (13,500-80,000)[2]	4.4[3]	31.2[3]	6.6[3]	✓20[4,5]	✓8[4,5]	✓[4,5]
Bangladesh	26,186-33,067[6]	18.1[d][7]	39.6 - 95[e][7]	9.4[8]	✓21[9]	✓5[9]	nk
Bhutan[f]	nk	nk	nk	nk	x	x	x
Brunei Darussalam	nk	nk	nk	nk	x	x	x
Cambodia	4136[11]	15.2[11]	30.4[11]	nk	✓5[12]	✓2[13]	x[13]
China	2,564,000[14]	5.9-18.3[15]	67 (60.9 - 73.1)[8]	23.4[14]	✓814[16]	✓767[15]	nk
Hong Kong	nk	1[17]	nk	nk	nk	✓20[18]	nk
India	170,000-180,000[19]	9.9[8]	41[8]	10.2 (2.7-17.8)[8]	✓247[8]	✓212[19]	✓[g][20]
Indonesia	33,492[21]	28.6[22]	63.5[22,23]	2.9[24]	✓194[h][25]	✓92[26]	x
Japan	nk	nk	64.8 (55-74.5)[8]	3.2 (2-4.3)[8]	x[27]	x[27]	x[27]
Laos	1,317[28]	0.1[29]	nk	nk	x[28]	x	x
Macau	189[30]	1.3[29]	80.4[29]	10.7[29]	✓3[29]	✓4[29]	x[29]
Malaysia	120,000[31]	16.3[32]	67[8]	nk	✓692[33]	✓466[33]	x[33]
Maldives	793[34]	0[35]	0.7-0.8[36]	0.8[i][36]	x	✓2[36]	x
Mongolia	nk	nk	nk	nk	✓1[37]	x	x
Myanmar	93,000[38]	34.9[38]	56[38]	7.7[38]	✓271[39,40]	✓51[41]	nk
Nepal	52,174[42]	3.3[43]	38.1[43]	2.7[44]	✓26[43]	✓15[43]	x
Pakistan	37,137[45]	38.4[46]	84[47]	6.8[46]	✓28[46]	x[46]	nk
Philippines	25,500[48]	41.6[49]	70[8]	nk	x[48]	x[48]	x
Singapore	nk	2[50]	42.5[8]	nk	x	x	x
South Korea	nk	nk	54[8]	4[8]	x	x	x
Sri Lanka	218-423[51]	17[51]	2.3[52]	0[52]	x[52]	x[52]	x
Taiwan	60,000[j][53]	17.7[54]	41[8]	16.7[8]	✓1,254[55]	✓162[58]	nk
Thailand	71,000[56]	21[54]	89.8[5]	30.5[57]	✓14[58]	✓147[58]	nk
Vietnam	226,860[59]	9.5[59]	74.1[8]	19.5[8]	✓53[59]	✓285[59]	nk

nk – not known

a Countries with reported injecting drug use according to Larney et al. in 2017. The study found no reports of injecting drug use in North Korea.[1]
b All operational needle and syringe exchange programme (NSP) sites, including fixed sites, vending machines and mobile NSPs operating from a vehicle or through outreach workers. (P) = pharmacy availability.
c Opioid substitution therapy (OST), including methadone (M), buprenorphine (B) and any other form (O) such as morphine and codeine.
d Based on subnational data from Dhaka.
e Based on subnational data: 39.6% prevalence in Dhaka, 70-95% in north-western Bangladesh.
f There is no NSP or OST in Bhutan. In 2015 Bhutan was planning to pilot NSP and OST programmes with Global Fund investment, but updates concerning this are unavailable.[10]
g Naloxone peer distribution is limited to the state of Manipur.
h There are also numerous grass roots organisations in Indonesia that distribute needles and syringes that are not yet documented.
i Based on subnational data from Addu.
j This estimate is based on longitudinal data from two prison cohorts.

Map 2.1.1: Availability of harm reduction services

Harm reduction in Asia

Overview

Although the prevalence of injecting drug use in Asia is below the global average, an estimated 46% of the global population of people who inject drugs live in the region and approximately 30% live in East and South East Asia.[60] Overall, the level of harm reduction provision in the region has improved moderately since 2016, although there remain considerable challenges for the health and human rights of people who inject drugs. In particular, there is an alarming trend of increasingly punitive approaches to drugs, both in countries previously supportive of progressive drug policy reform and in states with questionable human rights records.[61]

Needle and syringe programmes (NSPs) are now available in 15 of the 25 countries in the region, having been discontinued in Laos and the Philippines since the Global State of Harm Reduction 2016. There has been a fall in the number of NSP sites in four countries (Bangladesh, Macau, Nepal and Pakistan), and an increase in the number of NSP sites in five countries (Afghanistan, India, Malaysia, Myanmar and Vietnam), with the greatest increases seen in Myanmar and Vietnam. The number of countries in which opioid substitution therapy (OST) is available appears to have remained stable, and there has been an increase in overdose prevention activities, which includes peer-distribution of naloxone in Afghanistan and India (see Table 2.1.1).

Considerable advocacy efforts to promote cost-free access to hepatitis C treatment in Asia have resulted in success in India,[62] Indonesia[63] and Malaysia.[64] Despite the concerted advocacy efforts of civil society organisations across the region, many Asian countries continue to offer inadequate hepatitis C treatment services. Direct-acting antiviral (DAA) medicines, which can cure hepatitis C in over 95% of cases,[65] remain prohibitively expensive in many countries.

There is an acknowledged correlation between the high HIV, hepatitis C and tuberculosis prevalence found in Asia and the increased health, social and legal risks faced by people who inject drugs.[66] The virological risks associated with unsafe injecting drug use are exacerbated by entrenched stigma, discrimination, criminalisation and imprisonment.[67,68]

A trend in the region is the increasing use of amphetamine-type substances (ATS), such as methamphetamine in the form of yaba. Prevalence of use of yaba has superseded the prevalence of opioids in many countries, such as Cambodia, Indonesia, Laos, Malaysia, Myanmar and Thailand.[69-71] Additionally, it has been observed that high use of ATS exists amongst already marginalised women that use drugs in the region, and that ATS use contributes to elevated HIV and hepatitis C risks in this population.[72] Many vulnerable populations, such as men who have sex with men, male-to-female transgender people and sex workers, are also reporting increased ATS and new psychoactive substance (NPS) use.[73] This use of ATS in conjunction with increased risky sexual behaviours could lead to greater incidence of HIV and viral hepatitis.[74] Harm reduction for ATS use involves a different set of approaches and is an emerging field,[75] particularly given the increase in use all over the globe. Myanmar is one of a few countries to have formalised guidelines for ATS harm reduction,[76] and Indonesia is currently in the formative stages of developing similar guidelines.[77]

A growing area of concern in the region is the number of women who use drugs and the lack of gender-sensitive harm reduction services.[78-80] This population faces heightened stigma, sometimes intensified by gender-based violence, which increases their risk for contracting blood-borne viruses.[81] Harm reduction and other drug services remain overwhelmingly either gender-neutral or male-focused, leaving the specific issues faced by women little served or understood.[81] Women also appear disproportionately affected by the "war on drugs", with increasing rates of conviction. In 2016, over 90% of women in prison in Indonesia and the Philippines were incarcerated for drug related offences.[82] In Thailand, drug-related offences accounted for 83% of all sentences for female prisoners, often involving methamphetamine.[82]

The war on drugs continues to be a political trope in the region, with state authorities aggressively persecuting people who use drugs in several countries. In January 2017, the Cambodian government of prime minister Hun Sen began mass arrests of people who use drugs, with more than 8,000 arrested by June of that year.[83] In Bangladesh, there have been over 200 reported extrajudicial killings for drug-related offences since May 2018.[84] Despite an international call for consideration at the International Criminal Court by civil society, the situation is exponentially worse in the Philippines. Official statistics show that the death toll from President Duterte's anti-drug campaign reached 4,500 in July 2018, but civil society organisations fear the true number could be as high as 20,000.[85,86]

In contrast, Thailand demonstrated leadership in law reform in 2017, reducing penalties for drug possession, trafficking and production, and abolishing the mandatory death penalty for selling drugs.[87]

Developments in harm reduction implementation

Needle and syringe programmes (NSPs)

In Asia, Afghanistan, Bangladesh, Cambodia, China, India and Pakistan distributed the highest amount of needles per person per annum (see Table 2.1.2). However, some reductions in services across the region have been influenced by declining donor support and shifting policies regarding people who use drugs and drug control.

There is a severe lack of support for NSP initiatives in many countries in the region, especially Brunei Darussalam, Hong Kong, Japan, Laos, the Maldives, the Philippines, Singapore, South Korea and Sri Lanka. Since the *Global State of Harm Reduction 2016*, NSPs have ceased to operate in Laos and the Philippines.[28] In the Philippines, there was no provision in law until 2018 that would allow for the implementation of NSPs, as the possession of injecting equipment and other paraphernalia fit or intended for drug use was illegal.[48] However, the HIV and AIDS Policy Bill passed by the legislature in May 2018 aims to strengthen the HIV response in the country.[88] While all explicit references to harm reduction, OST and NSP were removed before the bill received approval, it contains a commitment to evidence-based preventative measures for key affected populations, which includes people who inject drugs.[89,90] The only documented instance of NSP delivery in the Philippines was through the Big Cities Project implemented in Cebu, where needle distribution was included among the many services provided at the Cebu City Social Hygiene Clinic.[48] The project was able to operate as an academic research initiative.[91] However, it has closed since 2016 due to political pressure.[48]

In countries supportive of NSP implementation, service delivery models vary, from programmes delivered on an ad hoc basis to those predominately delivered by civil society organisations within outreach settings. Until March 2013, an NSP in India provided up to four needles and syringes in exchange for used equipment. However, clients reported returning used needles to be problematic, and subsequently the exchange component was discontinued, and needles and syringes were distributed without the requirement of returning used ones.[92] This predicament was also reported in the seven provinces in Indonesia facilitating NSP services.[93] Incorporating NSPs into other HIV prevention approaches, such as counselling and testing, was identified as a successful approach to linking people who inject drugs with HIV testing in India.[94] Malaysia has adopted a combined approach of fixed-site needle and syringe distribution in the form of a drop-in centre, as well as distribution by peer outreach workers.[95] The Ministry of Health channels funds to a national non-governmental organisation, the Malaysian AIDS Council, which apportions the funds for harm reduction work. Since 2015, the Malaysian AIDS Council has supported 11 civil society organisations in implementing the NSP in 20 fixed sites across 11 states in Peninsular Malaysia.[96] A breakdown of the number of needles distributed for people who use drugs per year by region can be seen in Table 2.1.2.

Table 2.1.2: Overview of needle distribution per person who injects drugs per year[k]

Country	Needles distributed per person who injects drugs per year
Afghanistan	159[54]
Bangladesh	158[98]
Bhutan	N/K
Brunei Darussalam	N/A
Cambodia	912[12]
China	204[99]
Hong Kong	N/A
India	250[20]
Indonesia	26[25]
Japan	N/A
Korea (Republic of)	N/A
Laos	N/A
Macau	N/K[l]
Malaysia	31[33]
Maldives	N/A
Mongolia	N/K
Myanmar	358[101]
Nepal	61[102]
Pakistan	178[46]
Philippines	N/A
Singapore	N/A
Sri Lanka	N/A
Taiwan	58[m][103]
Thailand	14[58]
Vietnam	76[20]

k WHO recommends a minimum of 300 needles/syringes per person per year.[97]
l According to data from the Macau Association of Rehabilitation for Drug Abusers (Associação Reabilitação Toxicodependentes Macau, ARTM) between 4,000-6,000 needles are distributed monthly; however, this is difficult to verify.[100]
m Based on distribution data from 2015.

In Vietnam, the commercial and social marketing sales of low dead space syringes was scaled up in 2012. However, despite the WHO global endorsement of low dead space syringes, the majority of all syringes sold or distributed in Vietnam continue to be high dead space syringes. Unsafe injecting practices – including needle sharing and use of high dead space syringes – as well as sexual transmission are contributing to an estimated 11,000 new HIV infections in Vietnam every year.[104]

Sustainable funding for harm reduction initiatives such as NSP continues to be contingent on advocating for ongoing support from donors. Initiatives funded by national healthcare systems could increase sustainability of harm reduction initiatives, such as in Indonesia where investment in NSPs is paid for by the government.

Opioid substitution therapy (OST)

In Asia, overall coverage of OST has remained relatively stable since the *Global State of Harm Reduction 2016*. In China there are 767 OST sites, in Malaysia 466, in Vietnam 285, in India 212, in Taiwan 162, in Indonesia 92, in Myanmar 51, in Nepal 15, in Afghanistan eight, in Bangladesh five, in Macau four and in Cambodia two. In Hong Kong and the Maldives, OST programmes operate despite the absence of NSPs.

Although coverage has stabilised, in some countries in the region such as China, Malaysia and Vietnam, where there is high prevalence of both HIV and drug use, adherence to OST has not always been optimal, with an overall retention rate of just 40%.[105] This may be due in part to extenuating factors such as geographical barriers to services, stigma, discrimination from providers, low income and political investment in OST programmes.[105-107]

Vietnam has demonstrated strong political will to implement and scale up OST programmes.[105] OST programmes were first piloted in Hai Phong province in 2008 and by mid-2015 these had expanded to reach over 35,000 people in 50 provinces across the nation. According to a study published in 2017, 44,479 people who inject drugs were enrolled in OST in 57 provinces in June 2016.[108] OST has also proven to be extremely cost-effective in Vietnam. Based on data from 2012-2015, funding a person who injects drugs to stay in a rehabilitation facility has been found to cost the local government VND₫19,670,000 (US$840), which is 2.5 times higher than the cost to the government for one OST patient over one year (VND₫7,880,000 or US$340, including cost of methadone).[109]

In a number of Vietnamese provinces, OST programmes collect fees from clients in order to cover costs, though patients identified as poor or disabled are exempted from paying. This co-payment scheme has been found to place significant financial burdens on patients, which may have long-term implications for adherence and enrolment.[110] There are also plans to introduce buprenorphine as an alternative treatment option in order to improve OST adherence rates.[108] In some provinces, access to OST services is impeded by geographical obstacles such as distance to OST service providers,[111] which can diminish the accessibility of OST clinics and result in lower adherence.[112]

OST programme implementation is championed in Nepal due to its status as an evidence-based public health intervention for people who inject drugs. Due to ongoing advocacy, from 2011 to 2016 the Ministry of Home Affairs gradually began to share responsibility for OST with the Ministry of Health. This responsibility allows for the provision of OST at public hospitals and by non-governmental organisations. In Nepal, OST has been elevated to the status of a national programme under the Ministry of Health, implemented in accordance with country-specific policy documents that align with internationally accepted standards.[113] One particularly successful service model in Nepal, SPARSHA, works alongside medical and social support teams to develop individual care plans that respect the needs and preferences of clients. This psychosocial approach is supplemented by the availability of multiple OST options, with both methadone and buprenorphine available. The service has continued relatively uninterrupted, even after the catastrophic earthquake of April 2015.[113] However, it is important to note that the government's financial contribution to the programme is negligible at present, despite discussions of greater government investment in 2016,[113] and much of the future for OST programmes in Nepal is uncertain.[43]

Despite an emerging shift from opioid use towards increasing amphetamine-type substance use among people who inject drugs,[74] there is still a clear need for OST services in the region. Ensuring adequate OST service provision in Asia will require robust political commitment, which should be embedded in a human rights and health-based approach to drug use.

Women who use drugs

Robust data on women who use drugs in the region is scarce, but it is estimated that Asia is home to half of the 3.8 million women worldwide who inject drugs.[114] There are also reported to be one 1 million women who use drugs in Afghanistan.[115] Gender disparity, poverty, intimate partner violence and unsafe sex work environments all contribute to the vulnerable condition of women who use drugs in Asia.[81] In Bangladesh, sex work and injecting drug use often coincide.[116] In Malaysia, gendered poverty exacerbates the lives of women who use drugs, and across Asia women in intimate partnerships with partners who use drugs often trade sex or engage in risky behaviours to maintain drug use.[117]

Women who use drugs are susceptible to numerous forms of violence, including non-partner assault, trafficking, sexual exploitation and intimate partner violence.[118] In Bangladesh and Malaysia, academic research has found that women who use drugs are more likely to be drawn into abusive relationships.[119,120] A recent study in Indonesia found that at least 60% of women who inject drugs were victim to some form of intimate partner violence. This figure is up to 24 times higher than the prevalence of partner violence among the general Indonesian female population.[118] A study in India found that 13% of women who use drugs had experienced gang rape.[121]

A small number of tailored harm reduction services (for example, a drop-in centre in the Seng Taung-Hpakant Township in Myanmar) provide primary health care, reproduction services and psychosocial counselling to promote safer injecting practices and safer sex for women who inject drugs.[122] In the Jhapa, Sunsari and Morang districts of eastern Nepal, there are 15 male rehabilitation and treatment centres, with only two designed for women.[123] To document harm reduction services for women, the Women and Harm Reduction Network (WHRIN), in collaboration with Harm Reduction International, conducted a survey in 2018.[124] It discovered that, while overall awareness of the issues facing women who use drugs is increasing, there is a glaring absence of women-specific harm reduction services and persistent stigma towards women seeking treatment.[125]

Although there are nascent grass roots movements operating in the region, such as the Indonesian Female Drug User Network,[72,126] greater advocacy for tailored harm reduction for women is needed throughout Asia.

Amphetamine-type substances (ATS) and new psychoactive substances (NPS)

Amphetamines remain the second most frequently used drug globally, with an estimated 35 million people using ATS in 2016,[127] 60% of them in Asia.[128] The region has seen a continuous rise in the use of ATS. High levels of injecting use of ATS have been reported in Cambodia, Indonesia, Malaysia and Thailand,[71] particularly within already vulnerable populations such as men who have sex with men (associated with use in sexual contexts in the Philippines and Singapore), female sex workers (and their clients) and transgender women.[74] In 2015, 94% of people in drug treatment facilities in Brunei Darussalam were methamphetamine users, and in Indonesia 28% people who use drugs sought treatment for ATS use.[129] In China in 2016, more than 60% of people who use drugs reported using methamphetamine.[130]

A recent study in Indonesia investigated the HIV status and associated risk behaviours of people who use crystal methamphetamine (known locally as "shabu") in six urban centres in the archipelago.[74] The study discovered that because of an increasing paucity of accessible injectable opioids (such as heroin), many people who inject drugs have shifted to ATS use.[74] Of the respondents engaged in the study, 65% were HIV positive.[74] The results from the study indicated that people who use ATS come from a variety of communities such as men who have sex with men, female sex workers and people who buy sex.[74] These trends are found in other countries in the region. For example, a study in Hong Kong found that 16.2% of men who have sex with men interviewed had used recreational ATS before or during sex in the past six months,[131] and a 2017 study in Cambodia found that 55% of a sample of sex workers living with HIV reported using ATS.[132]

The association between transmission of HIV and other blood-borne viruses and ATS use is increasingly acknowledged within contemporary public health discourse.[133] However, there is an alarming absence of programmes that support people who use ATS.[75] Many people who use ATS in Asia do not access traditional harm reduction services, such as NSPs, and do not identify themselves with opioid users. There continues to be minimal gender-specific harm reduction services or guidelines for supporting the needs of men who have sex with men and female sex workers who use drugs in the region.[75] An exception is a peer outreach project operated by the Karisma non-governmental organisation in Jakarta.[75] The project distributes safer smoking kits and informational leaflets on health and drug use to people who use stimulants in the area, as

well as linking them to physical and mental health services.[75]

There are public health concerns with regard to the emergence of new psychoactive substances, such as the rising prevalence of synthetic cannabinoid use in Indonesia and neighbouring nations. Although data on the prevalence of NPS use remains limited, a wide range of NPS have been identified in East and South East Asia.[127] A number of governments in the region have taken steps to categorise and control these emerging substances. In late 2015, the government of China placed 116 substances under control, and identified Hong Kong as a transit location for NPS export links.[127,134] In Indonesia, the National Anti-Narcotics Agency had identified a total of 56 NPS in the country as of March 2017.[129] Ketamine use continues to be significant in the region: East and South East Asia accounted for 97% of the total quantity of ketamine seized worldwide in 2015.[127]

Harm reduction service providers and policy makers are working to respond to the rise in use of ATS and NPS, but are still in the process of putting into practice evidence-based psychosocial and health support mechanisms to assist people who use these substances. A series of interventions for stimulant use, which may be relevant to Asia, are beginning to emerge worldwide, such as drug-checking facilities, housing programmes and safer smoking kits.[75] Approximately 500,000 people in Asia are undergoing treatment for amphetamine use, but more often than not this is as part of compulsory rehabilitation programmes.[127] A positive development for the region is the WHO Guidelines for Management of Methamphetamine Use Disorders in Myanmar, with a focus on treatment for methamphetamine use. Though primarily treatment-focused, the guidelines acknowledge the benefits of a harm reduction approach, in particular the availability of specific and pragmatic advice on methamphetamine use.[76]

Overdose, overdose response and drug consumption rooms (DCRs)

There is a paucity of data on the drug-related mortality and overdose rate in Asia, as no country routinely monitors drug-related overdose deaths. Additionally, overdose is often not reported within drug using communities by people who inject drugs.[135] Across the region, sufficient overdose response mechanisms are lacking. This is notwithstanding the fact that naloxone distribution initiatives that engage people who use opioids and their support networks have proven to be both effective in saving lives and cost-effective in many contexts around the world.[136]

Provision of naloxone, an opioid antagonist that can reverse the effects of overdose,[137] has been increasing throughout the region. In Afghanistan, naloxone is distributed by outreach workers in the field and provided at drop-in centres.[5] In Manipur, India, naloxone is distributed by non-governmental organisations, predominantly through trained outreach workers and peer educators; of note, Manipur reports the highest number of overdose cases.[20] Organisations in Manipur also run an overdose hotline.[20] In Malaysia, naloxone is only available in hospital settings and not in take-home form.[33]

Two countries that have taken significant steps in overdose prevention are Thailand and Vietnam. In Vietnam, naloxone provision programmes, including treatment education and overdose identification skills, are being implemented in Hanoi and Ho Chi Minh City.[138] A 2017 study on overdose incidence in Vietnam supports the critical need for provision of naloxone in non-clinical contexts. Of the respondents, around 70% had witnessed an overdose at one time.[138] Similar conditions have been reported in Thailand, with an estimated 68% of people who inject drugs having witnessed at least one overdose in their lifetimes.[139] In order to address this, the Servicing Communities with Opioid Overdose Prevention project has operated since 2014, facilitating access to naloxone in 19 Thai provinces.[139] However, due to diminishing funds for harm reduction efforts in Thailand, the future status of the project is precarious at best.[139]

Viral hepatitis

Blood-borne viruses, particularly viral hepatitis, are responsible for considerable mortality and morbidity among people who inject drugs in Asia.[127] People who use drugs in Asia have some of the highest rates of viral hepatitis globally.[127] In Asia, high prevalence of blood-borne viruses is exacerbated by many factors that include insufficient access to testing, lack of treatment, criminalisation of drug use, incarceration of people who inject drugs, lack of harm reduction services in prisons, social exclusion and discrimination from service providers.[140]

In contrast to the provision of anti-retroviral therapy for people living with HIV, governments have been reticent to invest in treatment for people living with hepatitis C. However, Bangladesh, Japan and Mongolia have been praised for their pledged support for the response to hepatitis C.[141] In Pakistan, direct-acting antivirals have been made accessible through the public sector.[142] In Indonesia, a community-led “buyer’s club” works with the

country's few doctors able to prescribe direct-acting antivirals to offer treatment at a lower cost than otherwise available.[143] From 2015 to 2017, the scheme supported 139 people to access 12-week courses of treatment.[143] Other successes in the region have included increased access for people who inject drugs in Malaysia, where the government acted to ensure the generic version of the direct-acting antiviral sofosbuvir could be imported,[64] and the Sajiwa prison in Manipur, India.[62] Treatment with direct-acting antivirals has also proven to be extremely effective in Thailand[144] and in five hospitals across three provinces in Vietnam.[145]

A growing evidence base indicates that early testing and initiation of hepatitis C treatment is more cost-effective in the long term.[146]

Tuberculosis (TB)

Although there were 2,965,311 reported cases of TB in South East Asia in 2017, treatment coverage remains steady at 64%.[147] Of the 30 nations with a high tuberculosis burden globally, 12 are located in Asia: Bangladesh, Cambodia, China, India, Indonesia, North Korea, Myanmar, Pakistan, Papua New Guinea, Philippines, Thailand and Vietnam.[147] Unfortunately, there continues to be a lack of robust regional data on TB prevalence among people who inject drugs in Asia since the *Global State of Harm Reduction 2016*.

High rates of TB among people who use drugs in the region, coupled with the punitive drug laws prevalent in many countries, lead to the frequent incarceration of individuals with TB, for example in Indonesia, Bangladesh and Thailand. This increases the risk of spreading TB infection due to depreciated life circumstances.[148] Testing and treatment coverage for TB is low, along with TB prevention measures for people who inject/use drugs in the region.

HIV and antiretroviral therapy (ART)

Prevalence of HIV among people who inject drugs in Asia is among the highest in the world.[149] For antiretroviral therapy to have an impact on HIV prevalence and life outcomes for people living with HIV, access and coverage at the national level must be addressed. For example, stigma and discrimination can dissuade people who inject drugs from accessing health services such as HIV testing and treatment.[27,150,151]

Access and availability to antiretroviral therapy is inconsistent across the region, and there is a lack of services to support adherence and prevent attrition rates among people who inject drugs. In 2017, 53% of the total number of people who were living with HIV in Asia accessed treatment.[152] However, the coverage and availability of treatment services for people who inject drugs was considerably lower.[152] For example, Cambodia ranks poorly on the cascade of care for people living with HIV. Although there are 67 sites providing antiretroviral therapy in Cambodia, only 270 of the estimated 58,321 people living with HIV in the country are receiving treatment.[13] Not only is coverage extremely low, extenuating circumstances affect access to antiretroviral therapy for people who inject/use drugs, especially those in detention for "rehabilitation". For example, people detained at the Prey Speu facility in Cambodia report they are not given access to HIV treatment or OST. Cambodian newspapers report a number of deaths, apparently for different or unknown causes, within the detention system.[153]

Singapore's draconian approach to drug use and people who use drugs unquestionably has an impact on the population's access to antiretroviral therapy.[154] Additionally, antiretroviral therapy can cost approximately US$1,000 per month, and newer drugs can cost around US$2,000.[155] This impacts negatively on access for people who inject drugs and decisions to undergo testing.[155] According to the city-state's Infectious Disease Act, failure to declare one's HIV status or even status as a person who injects drugs can have serious legal consequences.[156] In Japan, though antiretroviral therapy is available free of charge, individuals are reluctant to inform practitioners that they inject drugs as there is the high risk of being reported to police.[27] In Mongolia the predicament is similar, wherein people who inject drugs do not access testing nor treatment for HIV for fear of legal repercussions.[150] Although there are facilities to support people who use drugs during antiretroviral therapy initiation and beyond in Pakistan, uptake remains low as many physicians are reluctant to engage people who inject drugs in the treatment. This is due to anticipated adverse treatment outcomes that create a systemic caution around prescribing treatment to this population.[151]

Thailand provides an example of better practice, with a total of 3,567 people who inject drugs living with HIV currently accessing antiretroviral treatment. This represents 47.6% of the total estimated number of people who inject drugs living with HIV (7,499).[58] The situation in Vietnam, where 34% of people who use drugs are living with HIV, is also notable. Many one-stop services for people who use drugs in the country provide not only antiretroviral therapy but also OST.[157] In 2018, the Vietnamese government announced that the provision of essential harm reduction interventions, including new HIV testing services, will be expanded to 32 provinces and cities

across Vietnam.[158] In addition, health insurance, and the communication of its benefits, will reportedly be promoted for people who use drugs.[158] Bangladesh also scores relatively well across the cascade of care, with an estimated 45.5% of people who inject drugs and living with HIV currently accessing antiretroviral therapy.[98] A best practice service delivery model has been adopted in Dhaka, in a programme funded by Save the Children to introduce one-stop services and comprehensive drop-in centres.[159]

India has the second largest HIV treatment programme in the world, and promotes a one-stop service model incorporating NSP, OST and antiretroviral therapy for people who inject drugs who are living with HIV.[160] An estimated 57.9% of people eligible for inclusion in this scheme reported antiretroviral therapy initiation in such services in a study published in 2018.[94] The Indonesian Ministry of Health supports a "test and treat" service model, with 495 antiretroviral therapy dispensers across the archipelago.[93]

In Myanmar, a new policy of initiating antiretroviral therapy for every person living with HIV in every centre providing OST, which includes harm reduction organisations, has great potential to improve access to HIV treatment for people who use drugs.[40] However, the policy is not yet operational[161] and access remains impeded due to limited health literacy in rural and other affected communities, along with the stigma and discrimination attendant to drug use in the country.[40]

Harm reduction in prisons

In Asia, there was a 30.2% increase in the prison population between 2000 and 2016, compared to a 19.8% rise worldwide.[162] Since the *Global State of Harm Reduction 2016*, prison overcrowding has continued to be an issue across the region, but in South Asia it is particularly severe. In India, for instance, delays in the criminal justice system have caused some prisons to operate at more than two or three times their capacity.[163] In China, new judicial interpretations of drug laws have meant that smaller amounts of drugs are now being criminalised, and have led to the introduction of penalties for online activities related to the sale or distribution of drugs.[164,165]

A number of factors have led to the overall rise in prison populations in the region. Thresholds adopted to define who is a user and who is a dealer are rapidly becoming smaller in Asia. A punitive approach to drug policing in Cambodia and Thailand has also given rise to large numbers of individuals incarcerated for possession of small amounts of drugs.[166] Another cause of high prison populations are policies of so called "penal populism". For example in the Philippines, President Duterte's "war on drugs" has led to the detention of an estimated 142,000 people in facilities meant to house just 20,000 people.[167] Overcrowding has also been reported in Thailand, where Klong Prem prison detains 6,267 people serving sentences that range from 15 years to life, with 64% convicted of drug-related crimes.[168]

There continues to be a dearth of harm reduction services in prison contexts, as illustrated in Table 2.1.3.

Table 2.1.3: Provision of harm reduction in prisons a selection of Asian countries

Country	NSP	OST	ART	Naloxone
Afghanistan[5]	No	Yes, in 4 prisons	Yes	Yes
Bangladesh[9]	No	No	Yes	No
Cambodia[13]	No	No	Yes	No
India[20]	No	Yes	No	No
Indonesia[93]	No	Yes, in 11 prisons	Yes	No
Macau[29]	No	Yes, for those tapering off	Yes	No
Malaysia[33]	No	Yes	Yes	No
Mongolia[150]	nk	nk	nk	nk
Myanmar[40,161]	No	No	Yes	No
Nepal[43]	No	No	Yes	No
Vietnam[59]	No	Yes	No	No

nk = not known

Although no prisons in the region offer NSP, there are several prisons that continue to support people who use drugs and are living with HIV. Many offer harm reduction programmes that include antiretroviral therapy provision, and TB testing and treatment. Prison systems in two areas of India, Punjab and Tihar, offer testing and treatment of hepatitis C, as well as OST. In Tihar, prisoners can access OST at any time; however, in Punjab OST is only dispensed temporarily as part of drug detoxification.[20] Despite much advocacy in India, prison guidelines do not allow for NSPs or condom distribution.[169] In Tahir's 10 prisons, buprenorphine is given sublingually as daily directly-observed treatment.[170] In prisons in Vietnam, HIV prevention, treatment and care services as well as OST provision are being carried out at Phu Son prison and soon in Than Xuan prison.[171] In addition to these, only Indonesia and Malaysia currently offer OST in prisons in Asia.

Compulsory drug detention and rehabilitation

Compulsory drug treatment centres continue to proliferate across Asia, managed by law enforcement and other stakeholders, with individuals living in conditions comparable to prison settings.[172]

The detention and coercive treatment of people who use illicit drugs is currently a dominant approach in 11 countries in the region, including Cambodia, China, Indonesia, Laos, Malaysia, Myanmar, Philippines, Thailand and Vietnam.[173] This is despite a 2012 joint statement issued by 12 UN agencies calling for the closure of compulsory drug treatment centres[174] and a lack of evidence that such facilities even achieve their stated aims.[175] This trend appears to be escalating in Laos and Myanmar.[173] In Sri Lanka, conversations have begun on the establishment of compulsory drug treatment centres.[176] Elsewhere in South Asia, there is continued support for a more evidence-based approach incorporating treatment, prevention and care alongside other cost-effective harm reduction initiatives.[177]

In 2017, there were reports of mass arrests of people who use drugs by the counter-narcotics department in Kabul, Afghanistan, with 150 people who inject drugs captured and subjected to forced detention.[178] China continues to demonstrate that enforced rehabilitation has not been successful in achieving better health outcomes for people who use drugs. In 2016, it was reported that the estimated 240,000 people held in such facilities in the country made a total of 2.9 million hospital visits, more than 10 per individual, signalling their lack of capacity to prevent and address the negative health consequences associated with drug use.[179] Academic observers have questioned whether China's support for enforced rehabilitation approaches might be based on powerful bureaucratic interests, with these centres providing employment and funds for judicial and public security agencies.[180] In June 2018, China appeared to be considering joining in the harm reduction conversation by diversifying its drug treatment programme.[181] However, this diversification appears to be based on pseudo-scientific approaches such as "trans-cranial magnetic simulation" and "virtual reality addiction assessment".[182,183] In Thailand, authorities have incorporated forced participation in military-style training as part of the drug use treatment approach.[173,184]

High relapse rates after release from forced rehabilitation centres have been reported in China (98% returned to heroin use within a year) and Thailand (50% returned to injecting drug use within a year).[175,185] People who use drugs receive little access to basic healthcare within compulsory drug treatment centres in several countries in the region.[186] Other human rights abuses are continually documented in Cambodia, Laos and Myanmar.[187] In Cambodia, children who use drugs have been detained against their will and routinely beaten, with many reporting other abuses, including sexual abuse.[187] In the state of Kachin, Myanmar, people who inject drugs are reportedly detained in cell-like conditions in forced rehabilitation centres, receiving no medical care while suffering withdrawal symptoms.[172] There are also reports of widespread beatings, inhumane treatment and other human rights abuses.[188] A 2018 submission to the UN Human Rights Committee initiated by Harm Reduction International and the World Coalition Against the Death Penalty highlighted evidence that shows that many centres use forced drug testing, lack medical evaluation, use forced labour, detain people in unsanitary conditions, and that acts of sexual violence have become part of the culture of compulsory drug treatment centres in Asia.[189] In addition to this, UN agencies hosted a series of regional consultations resulting in recommendations that included the establishment of national transition committees to coordinate a move away from compulsory detention across judicial, public health and law enforcement divisions.[190]

There is mounting recognition that compulsory drug treatment centres are a counter-productive approach to achieving effective national health and social reintegration objectives, and slowly growing interest in transitioning from compulsory detoxification centres towards community-based treatment facilities. Community-based treatment facilities are proven to improve the life outcomes of people who use drugs overall.[58,191] However, strategies for facilitating successful transition from compulsory to community-based services will continue to be largely dependent on government priorities, and attitudes towards drug use and people who use drugs, as well as the availability of investment in these proven initiatives.

Policy developments for harm reduction

There have been considerable shifts in policy in the region since the *Global State of Harm Reduction 2016*, many of which are counter-productive to harm reduction approaches. Punitive drug control messages are increasingly being used by politicians in order to consolidate power, in which people who use drugs are seen as morally culpable and against "Asian values".[192] The last two years have seen extrajudicial killings, mass arrests of people who use drugs and other human rights violations under the auspices of the "war on drugs", especially in Bangladesh, the Philippines and Sri Lanka.[193-195]

Despite advocacy from civil society organisations around the world,[193,196,197] the Bangladeshi home minister, Asaduzzaman Khan, is implementing a Philippines-style "war on drugs" using the Rapid Action Battalion.[198,199] This zero tolerance policy approach promotes short-term political benefits as opposed to more longer-term social benefits.[84,194] In June 2018, the UN High Commissioner on Human Rights condemned the government's crackdown, highlighting how people who use drugs now fear arrest or violence if they access essential health services.[200] A wealth of evidence from around the world emphatically demonstrates the devastating health impact of zero tolerance policies. The criminalisation of people who use drugs not only reduces their access to health services, but also limits the availability of safer drug paraphernalia, limits access to essential pain medication, disrupts treatment regimes, creates epidemics in vulnerable populations such as prisoners and sex workers, and increases the prevalence of practices associated with a higher risk of blood-borne disease transmission.[201-204]

In positive developments, Thailand's current drug policy is being revised to take a more health-based approach to drug use. A concrete indication of this change came with the announcement in 2016 that responsibility for drug treatment services would be moved by the end of 2018 from the Ministry of Home Affairs to the Ministry of Health.[205] The move away from criminal justice to public health management of drug use is a promising step towards the use of evidence-based and client-centred harm reduction programmes, and the increased meaningful involvement of people who use drugs in policy and service design.[205] This health-based approach is reinforced by amendments to the Thai Narcotics Act to reduce penalties for the possession, production, import and export of narcotics.[206]

A process of drug law reform took place in Indonesia in 2018, with Indonesia's new anti-narcotics chief, Heru Winarko, calling for an expansion of rehabilitation centres across the country.[207] Winarko announced his plan to move away from the proposed previous proposals to house people who use drugs in unsafe environments without adequate facilities.[207] While this is a positive development towards a more humane and health-centred approach, it is vital that drug treatment is only undertaken voluntarily, and based on international standards and evidence. In 2017, courts in Japan (which has some of the strictest drug control policies of any advanced democracy globally) have begun to show moderation in sentencing people who use drugs, signalling the opening of a space in which policy reform could be discussed.[208] In addition, there have been increasing incidences where Japanese courts have shown moderation, moving from harsh sentencing towards community rehabilitation.[208]

A drug law reform process is currently underway in Myanmar, where a new draft narcotics law (which explicitly refers to harm reduction and human rights) was released in 2017.[188] Myanmar has also embraced the UN Guiding Principles on Alternative Development within Myanmar's drug control policies.[188]

A revision of the Mekong Memorandum of Understanding between Laos, Myanmar, Cambodia, China, Vietnam and Thailand has adopted recommendations from the 2016 UN General Assembly Special Session on the Global Drug Problem, and acknowledges the importance of rights-based drug policy to the 2030 Agenda for Sustainable Development.[209] Additionally, the 2016-2025 ASEAN (Association of Southeast Asian Nations) Work Plan Against Drugs, adopted in 2016, has broadened the regional approach to drugs by including recommendations to engage departments with responsibility for education, health and social matters in the response to drug use.[210] However, it retains the ultimate goal of achieving a drug-free ASEAN.[210]

Civil society and advocacy developments for harm reduction

Civil society organisations in Asia have played a critical role in advocating for the availability, suitability and accessibility of harm reduction services in the region for decades.[211] The Asian Network of People who Use Drugs (ANPUD), which is

based in Bangkok, continues to be the coordinating resource body for local networks of people who use drugs. A focus of this group is advocacy within community organisations in local areas. In some countries where stigma and discrimination towards people who use drugs is increasing to dangerous levels, grass roots networks have reportedly been forced to go underground or suspend operations.[212]

In Indonesia, Persaudaraan Korban Napza Indonesia has been instrumental in ensuring the availability of hepatitis treatment in the country in the last year.[63] The Drug User Network, a Pakistani advocacy group for people who use drugs, continues to work to mobilise community leadership to influence policies, laws, programme funds and to promote actions that empower people who use drugs.[213]

The Japan Advocacy Network for Drug Policy (JANDP) is a multidisciplinary collective working to increase and strengthen the debate on drug policy alternatives in Japan .[27] Japan's international engagement on drugs has progressed since the *Global State of Harm Reduction 2016*.[27,211] JANDP gained membership of the New York Non-Governmental Organisation Committee on Drugs and is currently being considered for affiliation with the Vienna Non-Governmental Organisation Committee on Narcotic Drugs.[27] The Malaysian Welfare Association of Recovering Drug Users also continues to be active at the national level. In Myanmar, the National Drug Users Network of Myanmar and the Drug Policy Advocacy Group campaigned around the message of the Support. Don't Punish movement in 2018, and in 2017 produced a publication outlining best practice recommendations for health and human rights-based drug policies.[214,215] The Indian Drug Users Forum (IDUF), a national-level forum, endeavours to promote the meaningful involvement of people who use drugs. The IDUF been growing in membership and looks to influence policy and programme development consistently.[20]

In Afghanistan, there are informal networks of people who use drugs that are not affiliated with regional groups.[5] The Cambodia Network for Drug Users is still in its formative stages and ensures membership of women who use drugs, and works closely alongside law enforcement through a local civil society organisation, KHANA.[13] Nepal has a long history of drug user activism, with extensive networks. The lead organisation, Recovering Nepal, works alongside the Coalition of Drug Users, a non-abstinence-based all-inclusive drug user network[216] that includes women and transgender people who use drugs.[43] In Vietnam, the Vietnamese Network of People who Use Drugs continues to be active in advocacy and campaign work, including fostering the global Support. Don't Punish campaign.[217]n

Regionally, many major milestones have been accomplished under the guidance and technical support of the International Drug Policy Consortium. These include the active involvement and presence of civil society and drug user networks in scheduled side event sessions at the 61st Session of the Commission on Narcotic Drugs in Vienna in March 2018. The International Drug Policy Consortium, along with regional partners, also ensured that the human rights of people who use drugs and the importance of harm reduction as a public health measure were highlighted at the ASEAN Member State Meeting in Kuala Lumpur in May 2018.[61] Global campaigns such as Support. Don't Punish, as well as Harm Reduction International's flagship budget advocacy campaign, 10 by 20,[15] have been embraced by networks of people who use drugs in Asia. At the time of writing, there was limited information about the existence of networks in Bangladesh, Bhutan, Brunei Darussalam, China, Hong Kong, the Philippines, Laos, Macau, the Maldives, Mongolia, Singapore, Sri Lanka, South Korea and Taiwan.

Funding developments for harm reduction

Based on research conducted by Harm Reduction International into the funding landscape for harm reduction services in Asia in 2017-2018, it is evident that there is a paucity of funding for HIV prevention, treatment and care programmes for people who use drugs.[220-224] There is an overarching lack of political and financial support for harm reduction from most governments in Asia, and most initiatives rely heavily on international donors. In Indonesia, for example, 90% of harm reduction programmes have been funded by international donors to date, and these funds have been steadily reducing in recent years.[221]

The revised Global Fund Eligibility Policy states that all low- and middle-income countries are eligible to access funds, with upper middle-income countries that have high disease burdens being eligible to seek funding.[225] Fortunately for the region, the majority of Asian countries remain eligible to access funds under the new criteria. However, funds for harm reduction continue to diminish in the region overall.[226]

n Support. Don't Punish is a global advocacy campaign calling for better drug policies that prioritise public health and human rights. The campaign aims to promote drug policy reform, and to change laws and policies which impede access to harm reduction interventions.[218]

Adding to the harm reduction funding crisis is a lack of preparedness among governments to transition away from international donor support. Sustainability of harm reduction work in Asia will be largely contingent on domestic governments' willingness to bear financial responsibility for these programmes in the future. For example, Cambodia has seen international funding plummet since its status was upgraded to a lower middle-income country,[222] a shortfall that must be met by increased national investment. The government of Vietnam has increased domestic support for OST in recent years and is due to be fully funding these programmes in 2018.[223] In Thailand, there have also been positive steps taken by the government to address funding shortfalls for harm reduction.[224] However, in both Thailand and Vietnam, NSP provision is still heavily reliant on international donors, and civil society concerns remain as to whether plans and allocations will be realised as government priorities continue to shift.[43]

The funding situation in other countries in the region is also precarious. Afghanistan currently benefits from Global Fund and World Bank support for harm reduction services, with the Global Fund allocating US$8.9 million for 2017-2019.[5] However, as the World Bank slowly withdraws, support for harm reduction services will rely upon budget allocation from the subnational government.[5] In Myanmar, UN agencies (primarily UNAIDS, WHO and UNODC) have been involved in national efforts to support harm reduction. These developments include a National Strategic Plan on HIV/AIDS 2016-2020 and the development of a Global Fund funding request.[40] The WHO has advocated for increased government allocation for OST, and worked with the Myanmar government to draft a National Strategic Framework on Drug Treatment.[40] The development of a National Strategic Framework on Health and Drugs, including harm reduction as a core strategic approach to addressing health consequences of drugs use, is underway by the Ministry of Health and Sports.[161]

In Cambodia, outreach work and technical support for HIV-focused organisations continue to be supported by the Global Fund, which is predicted to end in 2020.[13] Nepal is facing a catastrophic funding crisis, with the German Corporation for International Cooperation (also known as GiZ) ending its support in 2016-2019.[43] The Bridging the Gaps project, funded by the Ministry of Foreign Affairs of the Netherlands in Nepal, will also be ending in December 2018, in conjunction with a gradual reduction in support from the Global Fund. With such swift donor withdrawal, the government of Nepal may be unable to commit to support harm reduction services at the same capacity in future.[43] Funding for harm reduction work in Japan is negligible, and JANDP only receives minimal funding from the Open Society Foundations for its advocacy activities.[27] The funding predicament in Mongolia is also dire, where the Global Fund stopped funding at the beginning of 2018.[150] There is a dearth of information on funding for harm reduction in Macau, and at the time of writing there are no funds supporting harm reduction work in the Philippines.[48] Advocacy work in the region will continue to be funded under the Global Fund Harm Reduction Advocacy in Asia project, with the India HIV/AIDS Alliance as Principal Recipient until the end of 2019.[227]

References

1. Larney S, Peacock A, Leung J, Colledge S, Hickman M, Vickerman P, et al. (2017). 'Global, regional, and country-level coverage of interventions to prevent and manage HIV and hepatitis C among people who inject drugs: a systematic review.' *Lancet Glob Health* 5(12):1208-20.
2. National AIDS Control Programme (2015) *Extrapolation: A Report on Afghanistan HIV Key Populations*. Kabul: Ministry of Public Health.
3. National AIDS Control Programme (2012) *Afghanistan Integrated Biological Behavioral Surveillance Survey (IBBS)*. Kabul: Ministry of Public Health.
4. Ministry of Public Health (Afghanistan) (2016) *National Strategic Plan for HIV/AIDS Developed by the MoPH and Technical Partners for 2016-2020*. Kabul: Ministry of Public Health.
5. Ziaurahman Z (2018) *Global State of Harm Reduction 2018 survey response*.
6. Directorate General of Health Services (Bangladesh) (2016) *Mapping Study and Size Estimations of Key Populations in Bangladesh for HIV Programs 201-2016*. Dhaka: Ministry of Health and Family Welfare.
7. National AIDS/STD Programme (2017) *Behavioural and Serological Surveillance Amongst Key Populations at Risk of HIV in Selected Areas of Bangladesh, 2016: Technical report*. Dhaka: Ministry of Health and Family Welfare.
8. Nelson PK, Mathers BM, Cowie B, Hagan H, Jarlais DD, Horyniak D, et al. (2011) 'Global epidemiology of hepatitis B and hepatitis C in people who inject drugs: results of systematic reviews.' *The Lancet* 378(9791):571-83.
9. Country respondent, Bangladesh (2018) *Global State of Harm Reduction 2018 survey response*.
10. National AIDS Control Programme (2015) *Country Progress Report on the HIV Response in Bhutan*. Thimpu: Ministry of Health.
11. KHANA, National Centre for HIV/AIDS, Dermatology and STDs, National Authority for Combatting Drugs (2017) *Integrated Biological and Behavioral Survey, HCV and Size Estimation Among People who Use Drugs in Cambodia*. Phnom Penh: KHANA.
12. UNAIDS (2016) *Global AIDS Response Progress Reporting: Cambodia*. Geneva: Joint United Nations Programme on HIV/AIDS.
13. Chamreun S (2018) *Global State of Harm Reduction 2018 survey response*.
14. Degenhardt L, Peacock A, Colledge S, Leung J, Grebely J, Vickerman P, et al. (2017) 'Global prevalence of injecting drug use and sociodemographic characteristics and prevalence of HIV, HBV, and HCV in people who inject drugs: a multistage systematic review.' *Lancet Glob Health* 5(12):1192-207.
15. UNAIDS, Evidence to Action (2018) *China Country Snapshot*. Available from: http://aidsdatahub.org/sites/default/files/country_review/China_Country_Card_2018.pdf.
16. UNAIDS (2015) *Global AIDS Response Progress Reporting: China*. Geneva: Joint United Nations Programme on HIV/AIDS.
17. Virtual AIDS Office of Hong Kong (2015) *Annual Surveillance Report on HIV/AIDS*. Hong Kong: Department of Health.
18. Kwan TH, Wong NS, Lee SS (2015) 'Participation dynamics of a cohort of drug users in a low-threshold methadone treatment programme.' *Harm Reduct J* 12(1):30.
19. NACO (2015) *National Integrated Biological and Behavioral Surveillance (IBBS) 2014-15*. New Delhi: National AIDS Control Organization.
20. Sharma C (2018) *Global State of Harm Reduction 2018 survey response*.
21. Directorate General of Disease Prevention and Control (2017) *HIV Epidemiology Review Indonesia*. Jakarta: Ministry of Health.
22. Durier N, Yunihastuti E, Ruxrungtham K, Kinh NV, Kamarulzaman A, Boettiger D, et al. (2017) 'Chronic hepatitis C infection and liver disease in HIV-coinfected patients in Asia.' *J Viral Hepat* 24(3):187-96.
23. National AIDS Commission (2016) *Reducing the Time Bomb: Probability of HIV Co-Infection and Hepatitis C among People Who Inject Drugs in Three Cities in Indonesia*. Jakarta: Ministry of Health.
24. Rey I, Saragih RH, Effendi-YS R, Sembiring J, Siregar GA, Zain LH (2018) 'Profile of hepatitis B and C virus infection in prisoners in Lubuk Pakam correctional facilities.' *IOP Conf Ser Earth Environ Sci* 125(1):012033.
25. UNAIDS (2012) *Global AIDS Response Progress Reporting: Indonesia*. Geneva: Joint United Nations Programme on HIV/AIDS.
26. Ministry of Health (Indonesia) (2017) *Laporan Perkembangan HIV di Indonesia*. Jakarta: Ministry of Health.
27. Goro K (2018) *Global State of Harm Reduction 2018 survey response*.
28. UNAIDS (2016) *Global AIDS Response Progress Reporting: Lao PDR*. Geneva: Joint United Nations Programme on HIV/AIDS.
29. Nogueira A (2018) *Global State of Harm Reduction 2018 survey response*.
30. Department of Treatment and Social Reintegration (2011) *Central Registration of Drug Abusers of Macau: Annual Report 2011*. Macau: Social Welfare Bureau.
31. Disease Control Division (2015) *Ending AIDS in Malaysia: Myth or Reality?* Kuala Lumpur: Ministry of Health.
32. UNAIDS (2015) *Global AIDS Response Progress Reporting: Malaysia*. Geneva: Joint United Nations Programme on HIV/AIDS.
33. Jonet Y (2018) *Global State of Harm Reduction 2018 survey response*.
34. Ministry of Health (Republic of Maldives) (2016) *National Strategic Plan for the Prevention and Control of HIV/AIDS: Republic of Maldives 2014-2018*. Malé: Ministry of Health.
35. UNAIDS (2012) *Global AIDS Response Progress Reporting: Maldives*. Geneva: Joint United Nations Programme on HIV/AIDS.
36. Health Protection Agency (2016) *Country Progress Report, Maldives*. Malé: Ministry of Health.
37. Mathers BM, Degenhardt L, Phillips B, Wiessing L, Hickman M, Strathdee SA, et al. (2008) 'Global epidemiology of injecting drug use and HIV among people who inject drugs: a systematic review.' *The Lancet* 372(9651):1733-45.
38. National AIDS Programme (2018) *Myanmar Integrated Biological and Behavioural Surveillance Survey and Population Size Estimates among People Who Inject Drugs 2017-2018 Final Report*. Naypyidaw: Ministry of Health and Sports.
39. UNAIDS (2015) *Global AIDS Response Progress Reporting: Myanmar*. Geneva: Joint United Nations Programme on HIV/AIDS.
40. Win Htin KC (2018) *Global State of Harm Reduction 2018 survey response*.
41. Drug Dependency Treatment and Research Unit (2017) *Annual Report 2017*. Naypyidaw: Ministry of Health and Sports.
42. Central Bureau of Statistics (2013) *Survey Report on Current Hard Drug Users in Nepal*. Kathmandu: Ministry of Home Affairs.
43. Kumar A (2018) *Global State of Harm Reduction 2018 survey response*.
44. National Centre for AIDS and STD Control (2017) *National HIV Strategic Plan 2016*. Kathmandu: Ministry of Health.
45. National AIDS Control Programme (2017) *Integrated Biological and Behavioural Survey in Pakistan 2016-2017*. Islamabad: National Institute of Health.
46. UNAIDS (2017) *Global AIDS Response Progress Reporting: Pakistan*. Geneva: Joint United Nations Programme on HIV/AIDS.
47. Bergenstrom A, Achakzai B, Furqan S, ul Haq M, Khan R, Saba M (2015) 'Drug-related HIV epidemic in Pakistan: a review of current situation and response and the way forward beyond 2015.' *Harm Reduct J* 12.
48. Angeles P (2018) *Global State of Harm Reduction 2018 survey response*.
49. National Epidemiology Centre (2013) *Integrated HIV Behavioural and Serologic Surveillance*. Manila: Department of Health.
50. UNAIDS (2015) *Global AIDS Response Progress Reporting: Singapore*. Geneva: Joint United Nations Programme on HIV/AIDS.
51. National STD/AIDS Control Programme, National Dangerous Drugs Control Board (2018) *Rapid Assessment of Drug Use Patterns (RADUP) in Sri Lanka To Inform Risk Reduction Interventions for People Who Use / Inject Drugs (PWUD/PWID)*. Colombo: Ministry of Health, Nutrition & Indigenous Medicine.
52. WHO (2010) *ATLAS of Substance Use Disorders Resources for the Prevention and Treatment of Substance Use Disorders (SUD), Country Profile: Sri Lanka*. Geneva: World Health Organization.
53. Huang YF, Yang JY, Nelson KE, Kuo HS, Lew-Ting CY, Yang CH, et al. (2014) 'Changes in HIV Incidence among people who inject drugs in Taiwan following introduction of a harm reduction program: a study of two cohorts.' *PLOS Med* 11(4):e1001625.
54. UNAIDS (2016) *Do No Harm: Health, Human Rights and People Who Use Drugs*. Geneva: Joint United Nations Programme on HIV/AIDS.
55. Chen J (2016) 'Harm reduction policy in Taiwan: toward a comprehensive understanding of its making and effects.' *Harm Reduct J* 13.
56. National AIDS Management Centre (2015) *National Consensus Meeting: Size Estimation on PWID, September 2015*. Bangkok: Ministry of Public Health.
57. Sunthornchart S, Linkins RW, Natephisarnwanish V, Levine WC, Maneesinthu K, Lolekha R, et al. (2008) 'Prevalence of hepatitis B, tetanus, hepatitis A, human immunodeficiency virus and feasibility of vaccine delivery among injecting drug users in Bangkok, Thailand, 2003-2005.' *Addiction* 103(10):1687-95.
58. Tanguay P (2018) *Global State of Harm Reduction 2018 survey response*.
59. Minh Tam NT (2018) *Global State of Harm Reduction 2018 survey response*.
60. UNODC (2018) *World Drug Report 2018*. Vienna: United Nations Office for Drugs and Crime.
61. Phillips S (2018) *ASEAN and HIV Prevention Amongst People Who Inject Drugs: The Need for an Effective and Sustainable Response*. London: International Drug Policy Consortium.
62. Imphal Free Press (2018) 'Free Hep-C treatment initiated to Sajiwa jail inmates.' Imphal Free Press. Available from: https://www.ifp.co.in/page/items/43154/free-hep-c-treatment-initiated-to-sajiwa-jail-inmates/.
63. PKNI (2018) 'Pengobatan Hepatitis C Gratis dan Kelanjutan Pendanaannya di Indonesia.' Korban Napza. Available from: http://korbannapza.org/id/news/detail/142/rilisan-pers-pengobatan-hepatitis-c-gratis-dan-kelanjutan-pendanaannya-di-indonesia.
64. Fong LF (2018) 'Malaysia wins award for access to affordable hepatitis C medicine.' The Star. Available from: https://www.thestar.com.my/news/nation/2018/01/18/malaysia-wins-award-for-access-to-affordable-hepatitis-c-medicine/.
65. Walsh N, Durier N, Khwairakpam G, Sohn AH, Lo YR (2015) 'The hepatitis C treatment revolution: how to avoid Asia missing out.' *J Virus Erad* 1(4):272-5.
66. DeBeck K, Cheng T, Montaner JS, Beyrer C, Elliott R, Sherman S, et al. (2017) 'HIV and the criminalisation of drug use among people who inject drugs: a systematic review.' *The Lancet HIV* 4(8):e357-74.
67. Levy J (2014) *The Harms of Drug Use*. London: International Network of People Who Use Drugs.
68. UNODC (2016) *Outcome Document of the 2016 United Nations General Assembly Special Session on the World Drug Problem*. Vienna: United Nations Office on Drugs and Crime.
69. Sychareun V, Santavasy B, Chanlivong N, Fischer A, Thomson N, Power R, et al. (2018) 'Methamphetamine-type stimulant use in Lao PDR: qualitative findings from users aged 15-25 years in Vientiane Capital and Vientiane Province.' *Harm Reduct J* 15(1):17.
70. Douglas J (2018) 'Asia's new methamphetamine hotspot fueling regional unrest.' CNN. Available from: https://www.cnn.com/2018/06/08/opinions/myanmar-shan-state-methamphetamine-intl/index.html.
71. UNODC (2016) *Global SMART Update: Special Segment on Injecting Use of Synthetic Drugs*. Vienna: United Nations Office on Drugs and Crime.
72. Stoicescu C (2016) *Women Speak Out: Understanding Women Who Inject Drugs in Indonesia*. Jakarta: Korban Napza.

73. Lim SH (2018) 'HIV prevention among MSM and transgender people who use drugs in Asia and the Pacific.' *Aust Fed AIDS Organ*. Available from: https://www.afao.org.au/article/hiv-prevention-among-msm-transgender-people-use-drugs-asia-pacific/.
74. Praptoraharjo I, Nevendorff L, Widihastuti A, Mediestya M (2017) *Integrated Biological and Behavioural Surveillance on HIV, Hepatitis B, Hepatitis C, and Syphillis Transmission Among Meth-Users Population in Six Cities of Indonesia*. Jakarta: AIDS Research Centre Atma Jaya, Catholic University of Indonesia.
75. Rigoni R, Breeksema J, Woods S (2018) *Speed Limits: Harm Reduction for People who use Stimulants*. Amsterdam: Mainline.
76. Department of Medical Services (Myanmar) (2017) *Guidelines for the Management of Methamphetamine Use Disorders in Myanmar*. Naypidaw: World Health Organization.
77. Nevendorff L, Praptoraharjo I (2015) *Crystal-meth Use and HIV-related Risk Behaviors in Indonesia*. Available from: https://www.neliti.com/publications/45307/crystal-meth-use-and-hiv-related-risk-behaviors-in-indonesia.
78. Alvarez MC (2018) *Women, Incarceration and Drug Policies in South East Asia: Promoting Humane and Effective Responses – A Policy Guide for Indonesia*. London: International Drug Policy Consortium.
79. Alvarez MC (2018) *Women, Incarceration and Drug Policies in South East Asia: Promoting Humane and Effective Responses – A Policy Guide for the Philippines*. Quezon City: NoBox Philippines.
80. Alvarez MC (2018) *Women, Incarceration and Drug Policies in South East Asia: Promoting Humane and Effective Responses – A Policy Guide for Thailand*. Bangkok: Ozone Foundation.
81. UNODC (2014) *Women Who Inject Drugs and HIV: Addressing Specific Needs*. Vienna: United Nations Office on Drugs and Crime.
82. Chuenurah C, Park MJY (2016) *Women Prisoners in Southeast Asia: Their Profiles and Pathways to Prison*.
83. Sander G (2018) *The Death Penalty for Drug Offences: Global Overview 2017*. London: Harm Reduction International.
84. Roy AD (2018) 'The war on drugs is a tool for class apartheid.' Dhaka Tribune. Available from: https://www.dhakatribune.com/opinion/op-ed/2018/06/29/the-war-on-drugs-is-a-tool-for-class-apartheid.
85. Gavilan J (2018) 'Duterte faces new complaint before Int'l Criminal Court.' Rappler. Available from: http://www.rappler.com//nation/210550-families-war-on-drugs-victims-new-complaint-international-criminal-court-vs-duterte.
86. Burke-Shyne N (2018) 'Bangladesh's deadly war on drugs.' Project Syndicate. Available from: https://www.project-syndicate.org/commentary/bangladesh-deadly-war-on-drugs-by-naomi-burke-shyne-2018-10.
87. Akbar P, Lai G (2017) 'Thailand amends drug law to reduce penalties and ensure more proportionate sentencing.' *IDPC Crim Justice Drug Law Reform*. Available from: https://idpc.net/blog/2017/02/thailand-amends-drug-law-to-reduce-penalties-and-ensure-more-proportionate-sentencing.
88. Republic of the Philippines (2018) *Philippines HIV and AIDS Policy Act*.
89. Bagas J (2018) 'A new law to reverse PH's HIV epidemic.' Inquirer. Available from: https://opinion.inquirer.net/116795/new-law-reverse-phs-hiv-epidemic.
90. Anonymous (2018) *Personal communication with StreetLawPH, the Philippines*.
91. Burke-Shyne N (2018) *Global State of Harm Reduction 2018 reviewer response*.
92. Sebastian MP, Dasgupta A, Saraswati LR, Singh A, Sharma V, Madan I, et al. (2017) 'Service utilization and cost of implementing a comprehensive HIV prevention and care program among people who inject drugs in Delhi, India.' *Harm Reduct J* 14(1):38.
93. Praptoraharjo I (2018) *Global State of Harm Reduction 2018 survey response*.
94. Smith MK, Solomon SS, Cummings DAT, Srikrishnan AK, Kumar MS, Vasudevan CK, et al. (2018) 'Overlap between harm reduction and HIV service utilisation among PWID in India: Implications for HIV combination prevention.' *Int J Drug Policy* 57:111-8.
95. Malaysian AIDS Council (2018) 'Malaysian AIDS Council & Malaysian AIDS Foundation.' MAC. Available from: http://www.mac.org.my/v3/.
96. Chandrasekaran S, Kyaw NTT, Harries AD, Yee IA, Ellan P, Kurusamy T, et al. (2017) 'Enrolment and retention of people who inject drugs in the Needle & Syringe Exchange Programme in Malaysia.' *Public Health Action* 7(2):155-60.
97. WHO (2016) *Combating Hepatitis B and C to Reach Elimination by 2030*. Geneva: World Health Organization.
98. UNAIDS (2017) *Country Progress Report – Bangladesh: Global AIDS Monitoring 2017*. Geneva: Joint United Nations Programme on HIV/AIDS.
99. National Health and Family Planning Commission (2015) *2015 China AIDS Response Progress Report*. Geneva: Joint United Nations Programme on HIV/AIDS.
100. Delaire J (2018) 'Treating drug addicts: how Hong Kong can learn from Macau.' South China Morning Post. Available from: https://www.scmp.com/lifestyle/health-beauty/article/2099670/treating-drug-addicts-what-macau-can-teach-hong-kong.
101. UNAIDS (2018) *Global AIDS Response Progress Reporting: Myanmar*. Geneva: Joint United Nations Programme on HIV/AIDS.
102. National Centre for AIDS and STD Control (2018) *Country Progress Report: Nepal*. Kathmandu: Ministry of Health.
103. Lin T, Chen CH, Chou P (2016) 'Effects of combination approach on harm reduction programs: the Taiwan experience.' *Harm Reduct J* 13(1):23.
104. PSI Vietnam (2018) *PSI Increases Private Sector Contributions to HIV/AIDS Prevention and 90-90-90 Targets in Vietnam*. Washington DC: Population Services International.
105. Tran BX, Nguyen LH, Tran TT, Latkin CA (2018) 'Social and structural barriers for adherence to methadone maintenance treatment among Vietnamese opioid dependence patients.' *PLOS ONE* 13(1):e0190941.
106. Musa R, Abu Bakar AZ, Ali Khan U (2011) 'Two-year outcomes of methadone maintenance therapy at a clinic in Malaysia.' *Asia Pac J Public Health* 24(5).
107. Zhou K, Li H, Wei X, Li X, Zhuang G (2017) 'Medication adherence in patients undergoing methadone maintenance treatment in Xi'an, China.' *J Addict Med* 11(1):28-33.
108. Khue PM, Tham NT, Thanh Mai DT, Thuc PV, Thuc VM, Han PV, et al. (2017) 'A longitudinal and case-control study of dropout among drug users in methadone maintenance treatment in Haiphong, Vietnam.' *Harm Reduct J* 14. Available from: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5577787/.
109. Vuong TTH, Nguyen N, Le G, Ritter A, Shanahan M, Ali R, et al. (2015) *Economic Evaluation Comparing Center-Based Compulsory Drug Rehabilitation (CCT) with Community-Based Methadone Maintenance Treatment (MMT) in Hai Phong City, Vietnam*. Durham: FHI 360.
110. Johns B, Chau LB, Hanh KH, Manh PD, Do HM, Duong AT, et al. (2018) 'Association between user fees and dropout from methadone maintenance therapy: results of a cohort study in Vietnam.' *Health Syst Reform* 4(2):101-13.
111. VNS (2018) 'Decreasing use of methadone in rehab.' Viet Nam News. Available from: https://vietnamnews.vn/print/decreasing-use-of-methadone-in-rehab/449787.html.
112. Tran BX, Boggiano VL, Nguyen HLT, Nguyen LH, Nguyen HV, Hoang CD, et al. (2018) 'Concurrent drug use among methadone maintenance patients in mountainous areas in northern Vietnam.' *BMJ Open* 8(3):e015875.
113. German Health Practice Collection (2016) *Opioid Substitution Therapy in Nepal*. Berlin: Deutsche Gesellschaft für Internationale Zusammenarbeit.
114. Larney S, Mathers BM, Poteat T, Kamarulzaman A, Degenhardt L (2015) 'Global epidemiology of HIV among women and girls who use or inject drugs: current knowledge and limitations of existing data.' *J Acquir Immune Defic Syndr* 2:S100-109.
115. Hamid T (2018) 'Afghanistan has one million female drug addicts.' TOLOnews. Available from: https://www.tolonews.com/afghanistan/afghanistan-has-one-million-female-drug-addicts.
116. Garai J (2016) 'Gender and HIV/AIDS in Bangladesh: a review.' *J Health Soc Sci* 1(3):181-98.
117. Rahman F, Lall P, Iqbal S, Vicknasingam B (2015) 'Pain, instability, and familial discord: a qualitative study into women who use drugs in Malaysia.' *Harm Reduct J* 12(1):52.
118. Stoicescu C, Cluver LD, Spreckelsen T, Casale M, Sudewo AG, Irwanto (2018) 'Intimate partner violence and HIV sexual risk behaviour among women who inject drugs in Indonesia: a respondent-driven sampling study.' *AIDS Behav* 22(10):3307-23.
119. Loeliger KB, Marcus R, Wickersham JA, Pillai V, Kamarulzaman A, Altice FL (2016) 'The syndemic of HIV, HIV-related risk and multiple co-morbidities among women who use drugs in Malaysia: important targets for intervention.' *Addict Behav* 53:31-9.
120. Sultana SE (2017) 'HIV positive women in Bangladesh: lived experiences, vulnerabilities and sexual health knowledge.' *Am J Public Health Res* 5(6):190-6.
121. Bhutia P (2018) *Global State of Harm Reduction 2018 survey response*.
122. Putri D (2018) 'Women and drugs in Myanmar: beyond harm reduction.' Transnational Institute. Available from: https://www.tni.org/en/article/women-and-drugs-in-myanmar-beyond-harm-reduction.
123. Kunze J (2018) 'Women drug users in eastern Nepal: a silent story.' Kathmandu Post. Available from: http://kathmandupost.ekantipur.com/printedition/news/2018-01-13/women-drug-users-in-eastern-nepal-a-silent-story.html.
124. WHRIN (2018) *Global State of Harm Reduction 2018 survey response*.
125. ANPUD (2016) *Women Who Use Drugs Study*. Asian Network of People who Use Drugs. Available from: http://www.anpud.org/women-use-drugs-study/.
126. Rima A, Stone K (2018) 'Harm reduction in Indonesia failing women who use drugs.' Talking Drugs. Available from: https://www.talkingdrugs.org/harm-reduction-in-indonesia-failing-women-who-use-drugs.
127. UNODC (2017) *World Drug Report 2017*. Vienna: United Nations Office on Drugs and Crime.
128. UNODC (2012) *Amphetamine-Type Stimulants in Vietnam: Review of the Availability, Use and Implications for Health Security, Project Report*. Vienna: United Nations Office on Drugs and Crime.
129. UNODC (2017) *The Challenge of Synthetic Drugs in East and South-East Asia: Trends and Patterns of Amphetamine-type Stimulants and New Psychoactive Substances*. Vienna: United Nations Office on Drugs and Crime.
130. Agence France-Presse (2017) 'China's synthetic drug problem growing: government.' South China Morning Post. Available from: https://www.scmp.com/news/china/policies-politics/article/2082474/chinas-synthetic-drug-problem-growing-government-says.
131. Cheung E (2018) 'HIV infection rate among men with same-sex partners on rise.' South China Morning Post. Available from: https://www.scmp.com/news/hong-kong/health-environment/article/2148335/hiv-and-chemsex-rise-hong-kong-among-men-who-have.
132. Muth S, Len A, Evans JL, Phou M, Chhit S, Neak Y, et al. (2017) 'HIV treatment cascade among female entertainment and sex workers in Cambodia: impact of amphetamine use and an HIV prevention program.' *Addict Sci Clin Pract* 12(1).
133. Fischer A (2013) *The Link Between Amphetamine-type Stimulant Use and the Transmission of HIV and Other Blood-borne Viruses in the Southeast Asia region*. Canberra: Australian National Council on Drugs.
134. China Food and Drug Administration (2018) 'China announces controls over 116 New Psychoactive Substances.' United Nations Office for Drugs and Crime. Available from: https://www.unodc.org/LSS/Announcement/Details/83b02e73-4896-4ed5-944c-51a7646647aa.

135. UNODC (2017) *World Drug Report 2017*. Vienna: United Nations Office for Drugs and Crime.
136. Coffin PO, Sullivan SD (2013) 'Cost-effectiveness of distributing naloxone to heroin users for lay overdose reversal.' *Ann Intern Med* 158(1):1-9.
137. WHO (2014) *Community Management of Opioid Overdose*. Geneva: World Health Organization.
138. Blackburn NA, Lancaster KE, Ha TV, Latkin CA, Miller WC, Frangakis C, et al. (2017) 'Characteristics of persons who inject drugs and who witness opioid overdoses in Vietnam: a cross-sectional analysis to inform future overdose prevention programs.' *Harm Reduct J* 14.
139. PSI Thailand (2015) *Servicing Communities with Opioid Overdose Prevention: Lessons Learned from Thailand*. Washington DC: Population Services International.
140. WHO (2017) *Global Hepatitis Report 2017*. Geneva: World Health Organization.
141. Farrell T (2017) 'Nine countries now on track to eliminate hepatitis C.' World Hepatis Alliance. Available from: http://www.worldhepatitisalliance.org/news/nov-2017/nine-countries-now-track-eliminate-hepatitis-c.
142. Asar ME, Pooyan EJ, Ramazani R, Oliaeimanesh A, Pourreza A (2018) 'Health sector response to viral hepatitis in the selected countries.' *J Res Med Dent Sci* 6(3):325-31.
143. Highleyman L (2017) 'Indonesian buyers club helps people obtain generic hepatitis C treatment.' Aidsmap. Available from: http://www.aidsmap.com/print/Indonesian-buyers-club-helps-people-obtain-generic-hepatitis-C-treatment/page/3141053.
144. Wipatayotin A (2018) 'Low-cost hepatitis C cure showing good results in Thailand.' South China Morning Post. Available from: https://www.scmp.com/print/news/asia/southeast-asia/article/2145192/low-cost-hepatitis-c-cure-showing-good-results-thailand.
145. Cao T, Nguyen T, Nguyen H, Nguyen D, Boeke C, Sacks J, et al. (2018) *Preliminary Cure Rates from the National HCV Pilot Program in Vietnam*. Hanoi: Clinton Health Access Initiative.
146. Kim BK, Jang ES, Kim JH, Park SY, Ahn SV, Kim HJ, et al. (2017) 'Current status of and strategies for hepatitis C control in South Korea.' *Clin Mol Hepatol* 23(3):212-8.
147. WHO (2018) *Global Tuberculosis Report*. Geneva: World Health Organization.
148. Dolan K, Wirtz AL, Moazen B, Ndeffo-mbah M, Galvani A, Kinner SA, et al. (2016) 'Global burden of HIV, viral hepatitis, and tuberculosis in prisoners and detainees.' *The Lancet* 388(10049):1089-102.
149. UNAIDS (2017) *UNAIDS Data 2017*. Geneva: Joint United Nations Programme on HIV/AIDS.
150. Choijil S (2018) *Global State of Harm Reduction 2018 survey response*.
151. Mainline (2016) *Adherence to ART Among People Who Use Drugs: An Independent Evaluation of Nai Zindagi's ART Adherence Unit (AAU) in Pakistan*. Amsterdam: Mainline.
152. UNAIDS (2018) *UNAIDS Data 2018*. Geneva: Joint United Nations Programme on HIV/AIDS.
153. Soumy P, Surrusco M (2017) 'Man dies after detention without HIV medication, methadone.' Cambodia Daily. Available from: https://www.cambodiadaily.com/editors-choice/man-dies-after-detention-without-hiv-meds-methadone-130372/.
154. Lines R (2018) 'Trump take note – why Singapore's claim that the death penalty works for drug offences is fake news.' The Conversation. Available from: http://theconversation.com/trump-take-note-why-singapores-claim-that-the-death-penalty-works-for-drug-offences-is-fake-news-92305.
155. Lee V (2015) 'HIV: no longer a death sentence.' Straits Times. Available from: https://www.straitstimes.com/singapore/hiv-no-longer-a-death-sentence.
156. Singapore Government (2003) *Infectious Disease Act*. Available from: https://sso.agc.gov.sg/Act/IDA1976.
157. Robert (2017) 'ARV, methadone treatments to help VN reach UN's 90-90-90 goals.' Talk Vietnam. Available from: https://www.talkvietnam.com/2017/08/arv-methadone-treatments-to-help-vn-reach-uns-90-90-90-goals/.
158. Kiet A (2018) 'Vietnam aims to keep low rate of new HIV/AIDS infections.' Hanoi Times. Available from: http://www.hanoitimes.vn/social-affair/2018/03/81e0c346/vietnam-aims-to-keep-low-rate-of-new-hiv-aids-infections/.
159. Save the Children (2017) 'One-stop-service for HIV positive people who inject drugs.' Save the Children. Available from: https://bangladesh.savethechildren.net/news/one-stop-service-hiv-positive-people-who-inject-drugs.
160. WHO (2017) 'India adopts policy to treat all people living with HIV.' HIV/AIDS. Available from: http://www.who.int/hiv/mediacentre/news/India-treat-all/en/.
161. Bergenstrom A (2018) *Global State of Harm Reduction 2018 reviewer response*.
162. Walmsley R (2016) *World Prison Population List (eleventh edition)*. London: World Prison Brief.
163. PRI, TIJ (2018) *Global Prison Trends 2018*. London/Bangkok: Penal Reform International/Thailand Institute of Justice.
164. PRI, TIJ (2017) *Global Prison Trends 2017*. London/Bangkok: Penal Reform International/Thailand Institute of Justice.
165. Cheng X (2016) 'China's top court steps up harsher punishment for drug-related crimes.' CRI English. Available from: http://english.cri.cn/12394/2016/04/08/3801s923441.html.
166. Baltzer M (2018) *Redefining Drug Offences in Southeast Asia*. Singapore: Singapore Academy of Law.
167. South China Morning Post (2017) 'Startling figures reveal how overcrowded Philippine prisons are.' South China Morning Post. Available from: https://www.scmp.com/news/asia/southeast-asia/article/2094273/142000-held-philippine-jails-built-20000-dutertes-drug-war.
168. Lefevre AS (2016) 'Soaring prison population prompts Thailand to re-think "lost" drug war.' Reuters. Available from: https://www.reuters.com/article/us-drugs-thailand-prisons/soaring-prison-population-prompts-thailand-to-re-think-lost-drug-war-idUSKCN0ZX01J.
169. Rao M (2018) 'Unsafe sex and drug use in India's prisons is leading to high HIV rates.' Scroll.in. Available from: https://scroll.in/pulse/865861/high-levels-of-hiv-hepatitis-c-and-tb-found-among-prison-inmates-in-india.
170. Jhanjee S, Pant S, Girdhar NK, Sethi H, Rengaswamy RG, Jain R, et al. (2015) 'Opioid substitution treatment in Tihar prisons, India: process of implementation.' *Int J Drug Policy* 26(9):890-1.
171. Neuman J (2015) 'Vietnam introduces methadone to prisons, but needle exchange severely lacking.' Talking Drugs. Available from: https://www.talkingdrugs.org/vietnam-introduces-methadone-to-prisons-but-needle-exchange-severely-lacking.
172. Shaw D (2017) 'Inside Myanmar's surprisingly harsh heroin rehab centres.' Vice. Available from: https://www.vice.com/en_uk/article/mgm9g8/inside-myanmars-surprisingly-harsh-heroin-rehab-centres.
173. Kamarulzaman A, McBrayer JL (2015) 'Compulsory drug detention centers in East and Southeast Asia.' *Int J Drug Policy* 26 Suppl 1:S33-37.
174. United Nations Joint Statement (2012) 'Compulsory drug detention and rehabilitation centres.' Available from: https://www.unodc.org/documents/southeastasiaandpacific/2012/03/drug-detention-centre/JC2310_Joint_Statement6March12FINAL_En.pdf.
175. Werb D, Kamarulzaman A, Meacham M, Rafful C, Fisher B, Strathdee S, et al. (2016) 'The effectiveness of compulsory drug treatment: a systematic review.' *Int J Drug Policy* 28:1-9.
176. Christopher C (2017) 'NDDCB plans residential rehab camps for drug addicts.' Sunday Times Sri Lanka. Available from: http://www.sundaytimes.lk/170219/news/nddcb-holds-residential-rehabilitation-camps-for-drug-users-229554.html.
177. Dorabjee J (2016) *Harm Reduction in South, South East and East Asia*. Bangkok: Asian Network of People who Use Drugs.
178. Gul R (2017) 'Afghan police round up Kabul addicts in fight against drugs.' Washington Times. Available from: https://www.washingtontimes.com/news/2017/oct/24/afghan-police-round-up-kabul-addicts-in-fight-agai/.
179. Yan Z (2018) 'Comprehensive hospitals to help treat drug addicts.' China Daily. Available from: https://www.chinadaily.com.cn/a/201806/25/WS5b303e3da3103349141de7b4.html.
180. Dirks E (2018) 'China's outdated war on drugs.' East Asia Forum. Available from: http://www.eastasiaforum.org/2018/03/31/chinas-outdated-war-on-drugs/.
181. Zhang SX, Chin K (2018) 'China's new Long March to control illicit substance use: from a punitive regime towards harm reduction.' *J Drug Policy Anal* 11(1).
182. Fan W (2018) 'Hi-tech, social care aid drug control in China.' ECNS. Available from: http://www.ecns.cn/news/society/2018-06-26/detail-ifyvmiee7354797.shtml.
183. Fontes M (2018) 'China introducing new nationwide drug rehab program.' CGTN America. Available from: https://america.cgtn.com/2018/06/25/china-introducing-new-nationwide-drug-rehab-program.
184. Kerr T, Small W, Ayutthaya PPN, Hayashi K (2018) 'Experiences with compulsory drug detention among people who inject drugs in Bangkok, Thailand: a qualitative study.' *Int J Drug Policy* 52:32-8.
185. Fairbairn N, Hayashi K, Ti L, Kaplan K, Suwannawong P, Wood E, et al. (2015) 'Compulsory drug detention and injection drug use cessation and relapse in Bangkok, Thailand.' *Drug Alcohol Rev* 34(1):74-81.
186. Ma Y, Du C, Cai T, Han Q, Yuan H, Luo T, et al. (2016) 'Barriers to community-based drug dependence treatment: implications for police roles, collaborations and performance indicators.' *J Int AIDS Soc* 19(4 Suppl 3):20879.
187. Lunze K, Idrisov B, Golichenko M, Kamarulzaman A (2016) 'Mandatory addiction treatment for people who use drugs: global health and human rights analysis.' *BMJ* 353:i2943.
188. Cachia R (2017) 'Will Myanmar lead drug policy reform in Southeast Asia?' Transnational Institute. Available from: https://www.tni.org/en/article/will-myanmar-lead-drug-policy-reform-in-southeast-asia.
189. HRI, WCADP (2018) *Submission to the Human Rights Committee – 123rd Session (2-27 July 2018)*. London: Harm Reduction International/ World Coalition Against the Death Penalty.
190. Tanguay P, Kamarulzaman A, Aramrattana A, Wodak A, Thomson N, Ali R, et al. (2015) 'Facilitating a transition from compulsory detention of people who use drugs towards voluntary community-based drug dependence treatment and support services in Asia.' *Harm Reduct J* 12:31.
191. UNODC (2014) *Guidance for Community-Based Treatment and Care Services for People Affected by Drug Use and Dependence in Southeast Asia*. Bangkok: United Nations Office on Drugs and Crime.
192. Miao M (2017) *The Penal Construction of Drug-Related Offenses in the Context of 'Asian Values': The Rise of Punitive Anti-Drug Campaigns in Asia*. Rochester: Social Science Research Network.
193. Human Rights Watch (2018) 'Bangladesh: suspend deadly "war on drugs".' Human Rights Watch. Available from: https://www.hrw.org/news/2018/06/06/bangladesh-suspend-deadly-war-drugs.
194. Mahmud F (2018) 'Bangladesh: extrajudicial killing fears in drug crackdown.' Al Jazeera. Available from: https://www.aljazeera.com/news/2018/05/bangladesh-extrajudicial-killing-fears-drug-crackdown-180522162713973.html.
195. Beaumont P (2018) 'Sri Lanka to begin hanging drug dealers to "replicate success of Philippines".' The Guardian. Available from: https://www.theguardian.com/global-development/2018/jul/11/sri-lanka-to-begin-hanging-drug-dealers-to-replicate-success-of-philippines.

196. ANPUD (2018) 'ANPUD calls on Bangladesh government to immediately stop the war on drugs.' Asian Network of People who Use Drugs. Available from: http://www.anpud.org/anpud-calls-on-bangladesh-government-to-immediately-stop-the-war-on-drugs/.
197. The International Indigenous Peoples Movement on Self-Determination and Liberation (2018) 'On the government of Bangladesh's war on drugs.' IDPC Human Rights. Available from: https://idpc.net/alerts/2018/06/on-the-government-of-bangladesh-s-war-on-drugs.
198. Press Trust of India (2018) 'Bangladesh's "war on drugs": over 100 alleged dealers killed by Rapid Action Battalion in two weeks.' Firstpost. Available from: https://www.firstpost.com/world/bangladeshs-war-on-drugs-over-100-alleged-dealers-killed-by-rapid-action-battalion-in-two-weeks-4486947.html.
199. Islam A (2018) 'Bangladesh launches "Philippine-style" war on drugs.' USA Today. Available from: http://www.usatoday.com/story/news/world/2018/05/22/bangladesh-launches-war-drugs/631773002/.
200. OHCHR (2018) 'Killings of suspected "drug offenders" in Bangladesh must stop – UN Human Rights Chief.' Office of the High Commissioner for Human Rights. Available from: https://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=23178.
201. Global Commission on Drug Policy (2012) *The War on Drugs and HIV/AIDS: How the Criminalisation of Drug Use Fuels the Global Pandemic*. Geneva: Global Commission on Drug Policy.
202. Global Commission on Drug Policy (2013) *The Negative Impact of the War on Drugs on Public Health: The Hidden Hepatitis C Epidemic*. Geneva: Global Commission on Drug Policy.
203. Global Commission on Drug Policy (2015) *The Negative Impact of Drug Control on Public Health: The Global Crisis of Avoidable Pain*. Geneva: Global Commission on Drug Policy.
204. IDPC (2018) *Taking Stock: A Decade of Drug Policy*. London: International Drug Policy Consortium.
205. Tanguay P, Ngammee V (2018) *Drug Dependence Treatment in Thailand: Progress Against Persistent Concerns*. London: International Drug Policy Consortium.
206. Fernquest J (2017) 'Drug reform Thailand: harm reduction & decriminalisation.' Bangkok Post. Available from: https://www.bangkokpost.com/learning/advanced/1228730/drug-reform-thailand-harm-reduction-decriminalisation.
207. Allard T, Da Costa AB (2018) 'Counseling, not crocodiles.' Reuters. Available from: https://www.reuters.com/article/us-indonesia-drugs/counseling-not-crocodiles-indonesia-anti-drugs-tsar-flags-new-strategy-idUSKBN1HP1TG.
208. Hari J (2018) 'Japan, the place with the strangest drug debate in the world.' Open Democracy. Available from: https://www.opendemocracy.net/johann-hari/japan-place-with-strangest-drug-debate-in-world.
209. UNODC (2018) 'Mekong MOU on drug control.' United Nations Office for Drugs and Crime. Available from: https://www.unodc.org/southeastasiaandpacific/en/what-we-do/toc/mou.html.
210. Gunawan R, Lai G (2018) 'Consensus and contradictions in ASEAN: an analysis of Southeast Asia at and after UNGASS 2016.' In: Klein A, Stothard B (eds) (2018) *Collapse of the Global Order on Drugs: From UNGASS 2016 to Review 2019*. Bingley: Emerald Publishing, 151-65.
211. Stone K (2016) *Global State of Harm Reduction 2016*. London: Harm Reduction International.
212. Anonymous (2018) *Personal communication*.
213. *APLHIV* (2018) 'Health rights of drug users in Paksitan under international project of Bridging the Gaps.' Association of People Living with HIV. Available from: http://theaplhiv.org.pk/portfolio-items/treatment-and-rights-of-drug-users/.
214. Cachia R (2017) *Addressing Drug Problems in Myanmar*. Yangon: Drug Policy Advocacy Group Myanmar.
215. Kay Thi M (2018) 'Drug advocacy groups urge public to help drug users.' Myanmar Times. Available from: https://www.mmtimes.com/news/drug-advocacy-groups-urge-public-help-drug-users.html.
216. Bishnu S (2018) *Global State of Harm Reduction 2018 survey response*.
217. Anh V (2018) 'VNPUD and the CBOs joined "Support. Don't Punish campaign" – SCDI Trung tâm Hỗ trợ Sáng kiến Phát triển Cộng đồng.' SCDI. Available from: /en/news/others-news/vnpud-and-the-cbos-joined-support-don-t-punish-campaign-2/.
218. Support. Don't Punish (2018) 'About.' Support. Dont Punish. Available from: http://supportdontpunish.org/about/.
219. HRI (2018) *10 by 20 Campaign*. Harm Reduction International. Available from: https://www.hri.global/10by20.
220. Cook C, Davies C (2018) *The Lost Decade: Neglect for Harm Reduction Funding and the Health Crisis Among People who use Drugs*. London: Harm Reduction International.
221. HRI (2018) *Harm Reduction Funding Situation in Indonesia: Consultant Findings from Harm Reduction Investment Study Conducted Within the Global Fund Harm Reduction Advocacy in Asia Project*. London: Harm Reduction International.
222. HRI (2018) *Harm Reduction Funding Situation in Cambodia: Consultant Findings from Harm Reduction Investment Study Conducted Within the Global Fund Harm Reduction Advocacy in Asia Project*. London: Harm Reduction International.
223. HRI (2018) *Harm Reduction Funding Situation in Vietnam: Consultant Findings from Harm Reduction Investment Study Conducted Within the Global Fund Harm Reduction Advocacy in Asia Project*. London: Harm Reduction International.
224. HRI (2018) *Harm Reduction Funding Situation in Thailand: Consultant f Findings from Harm Reduction Investment Study Conducted Within the Global Fund Harm Reduction Advocacy in Asia Project*. London: Harm Reduction International.
225. Davis M (2018) 'Changes to the Global Fund Eligibility Policy: an overview.' Meg Davis PhD. Available from: https://megdavisconsulting.com/2018/03/28/changes-to-the-global-fund-eligibility-policy-an-overview/.
226. The Global Fund (2018) *Eligibility List 2018*. Geneva: The Global Fund.
227. India HIV/AIDS Alliance (2018) 'HR Asia.' Alliance India. Available from: http://www.allianceindia.org/ourwork/hr-asia/.