

2.1 ASIA

AFGHANISTAN
BANGLADESH
BHUTAN
BRUNEI
CAMBODIA
CHINA
HONG KONG
INDIA
INDONESIA
JAPAN
LAOS
MACAU
MALAYSIA
MALDIVES
MONGOLIA
MYANMAR
NEPAL
NORTH KOREA
PAKISTAN
PHILIPPINES
SINGAPORE
SOUTH KOREA
SRI LANKA
TAIWAN
THAILAND
VIETNAM

TABLE 2.1.1:

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

Country/ territory with reported injecting drug use	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 ¹	OAT ²	Peer distribution of naloxone	DCRs ³
Afghanistan	139,000 (88,000-190,500) ^[1]	4.4-20.7 ^[2]	31.2 ^[2]	6.6 ^[2]	✓24 ^[3]	✓8 ^[3]	✓ ^[3]	✗
Bangladesh	68,500 (63,500-74,000) ^[1]	18.1 ^[4]	39.6 - 95 ^[4]	7.0 (4.7-10) ^[5]	✓88 ^[6]	✓7 ^[7]	✗	✗
Bhutan	nk	nk	nk	nk	✗	✗	✗	✗
Brunei	nk	nk	nk	nk	✗	✗	✗	✗
Cambodia	4,136 (3,267-4,742) ^[8]	15.2 ^[8]	30.4 ^[8]	nk	✓5 ^[6]	✓2 ^[9]	✗	✗
China	1,930,000 (1,310,000-2,540,000) ^[10]	2.6 ^[11]	29.8 ^[11]	23.4 ^[5]	✓814 ^[6]	✓785 ^[12]	✗	✗
Hong Kong	1,078 ^[13]	1.1 ^[14]	56 ^[15]	nk ^[15]	✗	✓20 ^[16]	✗	✗
India	850,000 ^[17]	6.3 ^[10]	40 (33.9-46.1) ^[5]	4.7 (0.9-8.5) ^[5]	✓266 ^[6]	✓225 ^[18]	✓ ^[19]	✗
Indonesia	33,492 (14,016-88,812) ^[20]	28.76-44.5 ^{[10][5]}	63.5-89.2 ^{[10][5]}	6.7 ^[10]	✓215 ^[6]	✓92 ^[21]	✗	✗
Japan	nk	0.02 ^[10]	40 ^[10]	8.6 ^[10]	✗	✗	✗	✗
Laos	1,600 ^[10]	17.4 (7.8-31.4) ^[5]	nk	nk	✗ ^[23]	✗ ^[24]	✗	✗
Macau	189 ^[10]	0 ^[10]	67 ^[10]	17 ^[10]	✓1 ^[25]	✓4 ^[25]	✗	✗
Malaysia	75,000 ^[26]	13.4 ^[26]	67.1 ^[10]	nk	✓501 ^[26]	✓891 ^[27]	✗	✗
Maldives	793 ^[10]	0 ^[10]	0.7 ^[10]	0.8 ^[10]	✗	✓2 ^[28]	✗	✗
Mongolia	nk	nk	nk	nk	✗ ^[29]	✗	✗	✗
Myanmar	92,798 (49,455-123,731) ^[30]	34.9 ^[30]	56 ^[30]	7.7 ^[30]	✓51 ^[31]	✓55 ^[32]	✓ ^[31]	✗
Nepal	35,000 (33,500-37,000) ^[1]	2.8-6.4 ^[10]	13.1-38.1 ^[10]	1.35 ^[10]	✓60 ^[6]	✓15 ^[33]	✗	✗
North Korea	nk	nk	nk	nk	nk	nk	nk	✗
Pakistan	113,422 ^[36]	38.4 (37.9-38.9) ^[10]	36.5 ^[10]	6.8 (6.0-7.5) ^[5]	✓34 ^[6]	✗ ^[37]	nk	✗
Philippines	25,500 (19,000-32,000) ^[6]	29 ^[10]	35.2 (15.9-54.5) ^[5]	7.12 ^[10]	✗	✗	✗	✗
Singapore	nk	0.5 ^[10]	42.5 (39.1-45.9) ^[5]	8.5 (7.0-10.0) ^[5]	✗	✗	✗	✗
South Korea	nk	0 ^[10]	48.4 (42.1-54.1) ^[5]	6.6 (4.1-9.9) ^[5]	✗	✗	✗	✗
Sri Lanka	2,672 ^[38]	0 ^[10]	6.2 (2.8-9.5) ^[10]	0.1 ^[10]	✗	✗	✗	✗
Taiwan	60,000 ^[39]	12.4 (8.1,16.8) ^[5]	91.3 ^[39]	15.3 ^[40]	✓1,254 ^[41]	✓162 ^[42]	✗	✗
Thailand	51,000 (16,000-87,000) ^[1]	24.5 (17.4-31.7) ^[5]	88.5 (82.6,92.9) ^[5]	30.5 (28.2-32.9) ^[5]	✓42 ^[43]	✓140 ^[43]	✗ ⁴	✗
Vietnam	161,000 (123,000-200,500) ^[1]	9.5 ^[44]	58.3 (42.7-74.0) ^[5]	11.1 ^[44]	✓56 ^[45]	✓332 ^[45]	✓	✗

nk = not known

1 All operational needle and syringe programme (NSP) sites, including fixed sites, vending machines and mobile NSPs operating from a vehicle or through outreach workers.

2 Opioid agonist therapy (OAT), including methadone (M), buprenorphine (B) and any other form (O) such as morphine and codeine.

3 Drug consumption rooms, also known as supervised injecting sites.

4 There are reports on take-home naloxone programme in Thailand, but we could not verify peer distribution.

MAP 2.1.1:

Availability of harm reduction services



- Both NSP and OAT available
- Neither available
- ⊗ Peer-distribution of naloxone
- OAT only
- Not known
- ⊗ DCR available

2.1 Harm reduction in Asia



13%

PEOPLE WHO INJECT DRUGS ACCOUNTED FOR 13% OF NEW INFECTIONS IN ASIA IN 2018.



“

Sri Lanka's former President Maithripala Sirisena sought to reinstate the death penalty for drug traffickers, and Indonesia continues to hand out death sentences for drug offences. In May 2020, at the height of the COVID-19 pandemic, a man convicted of drug charges was sentenced to death via a hearing on Zoom in Singapore.



1. Overview

Author: *Gideon Lasco*
Independent Consultant



There are approximately 4.35 million people who inject drugs in Asia, which is significantly higher than the previous estimate of over 3.5 million people (See Table 2.1.1). Although the full picture remains incomplete and is likely outdated due to lack of country reporting and updates, recent data and analyses indicate a far higher number of people who inject drugs in several countries than previously reported. In both India and Indonesia, for instance, the current figures are five times more than those reported in the *Global State of Harm Reduction 2018*.

The *World Drug Report 2020* estimates that there are over 11 million people who use amphetamines in Asia^[10], with growing methamphetamine use spurred by an unprecedented increase in supply and decrease in prices.^[46] The use of other drugs has similarly registered an increase, including opioids and new psychoactive substances (NPS) like ketamine and the locally-grown kratom, a traditional stimulant from a tree native to the region (*Mitragyna speciosa*). According to the most recent national household survey from 2016, kratom is currently the most widely used drug in Thailand,^[47] as well as a popular NPS in Malaysia and Southern Myanmar.^[48]

The widespread use of methamphetamine in Asia has led to some pioneering harm reduction efforts aimed at stimulant use in the region (See Box 2). At the same time, methamphetamine use is raising the need for more harm reduction services tailored to those who use it, even as existing harm reduction services (NSP, OAT) remain extremely limited.

In part because of many governments' lack of prioritisation of and negative attitudes towards harm reduction initiatives and people who inject drugs, there continues to be a dearth of data on prevalence of injecting drug use and the risks associated with it. However, the limited information points to a significant burden of disease among people who use drugs in the region, with HIV and viral hepatitis among people who inject drugs either increasing or stabilising over the past decade - despite the overall decline of HIV in the region. Moreover, some countries in the region exceed the global prevalence of hepatitis C and tuberculosis, suggesting a high disease burden for people who inject and use drugs. The 'syndemic'⁵ of HIV, TB, viral hepatitis, and drug-related harms such as overdose, lack of access to treatment, and physical violence, is especially evident in the region's prisons, many of which are grossly overcrowded as a result of punitive drug laws.^[49]

Drug policy in Asia continues to aim for a 'drug-free world' espoused by governments in countries like Bangladesh, Indonesia, the Philippines, Singapore and Sri Lanka, as well as regional organisations like the Association of Southeast Asian Nations (ASEAN).^[49] Ostensibly aimed at reducing drug supply, deadly 'drug wars' have disproportionately affected people living in urban poor communities, as well as drug-producing communities, small-scale dealers and people who use drugs. While international attention on the drug war in the Philippines has decreased significantly since it started in 2016, tens of thousands continue to be killed and many others are jailed, orphaned or widowed (See Box 1).

A similar paradigm has informed the policies of Bangladesh, Cambodia, Indonesia, Nepal and Sri Lanka, with grim consequences for people who use drugs, as well as women, children, and people from poor and marginalised communities, regardless of drug use.^[49] However, there are examples of community mobilisation efforts in the region for women who use drugs. National fora for women who use drugs were established in Nepal and India, which could help advocacy for more inclusive policy reform, and foster the building of women-centered services.^[180]

Despite political uncertainties, criminal justice reforms involving drugs have been enacted in Malaysia, which included the previous administration setting goals for the abolition of the death penalty and decriminalisation of drug possession, and Myanmar, where the drug policy more explicitly embraces harm reduction principles. Even in countries with punitive drug regimes, like the Philippines and Indonesia, some harm reduction efforts have been initiated or sustained. Significantly, pioneering programmes aimed at people who use methamphetamine have also been initiated in China, Indonesia, Myanmar and Thailand (see Box 2).

The ongoing COVID-19 pandemic has exposed some of the above-mentioned gaps and has further underscored the need for drug policy reform in the region. On top of challenges for people who use drugs such as inaccessibility of treatment and other services and greater risk of infection, women and people deprived of liberty are especially vulnerable.^[50,51] For their part, civil society groups report restrictions in their activities due to COVID-19, uncertainty in funding and, in some settings, increased political and legal vulnerability.^[31,52,53]

The pandemic and its aftermath, the continued rise of methamphetamine and NPS, as well as the perpetuation of punitive drug policy regimes will likely pose major challenges for harm reduction in the region in the coming years.

5 The aggregation of two or more concurrent or sequential epidemics or disease clusters in a population with biological interactions.

2. Developments in harm reduction implementation



2.1

NEEDLE AND SYRINGE PROGRAMMES (NSPs)

Fourteen out of 25 countries/territories in the region have existing NSPs, with Bangladesh, Cambodia, China and Myanmar distributing over 200 syringes per person per year. Some countries have registered changes in the number of sites. In Vietnam and Indonesia, for instance, the number of NSP sites increased from 53 to 56 and 194 to 215 respectively, while in Malaysia and Macau, the number of sites decreased from 692 to 501 and three to one respectively.

Meanwhile, in India, the number of NSP sites increased from 247 to 266. However, a 2019 population size estimate indicates a much higher estimated number of people who inject drugs, meaning that although there are more NSP sites, there is still a much lower per capita syringe distribution - 35.5, down from the 250 reported in the *Global State of Harm Reduction 2018*.

Although the 14 countries/territories with NSPs constitute a majority in the region, the presence of NSPs does not necessarily mean that the services are adequate and evenly distributed. In Bangladesh, for instance, the services have been concentrated in Dhaka^[7], while in Myanmar, the rate of syringes distributed per person per year varies greatly from state to state - from 814 in Kachin to 50 in South Shan.^[32] There is also uneven distribution of services among different subpopulations. For example, in Nepal, NSP coverage is high for men who inject drugs, but there are hardly any services for women who inject drugs despite HIV prevalence being the same for both groups (8.8%).^[180]

Civil society organisations in some countries report that while NSPs are officially allowed in their countries, they receive little support outside of the non-governmental sector.^{[9][53]} ^[54] Even in China, where NSPs have been proven to be an effective intervention, the notion that such programmes encourage drug use continue to inform unfavourable attitudes^[55] echoed elsewhere in the region.^[56]

On the other hand, eleven countries in the region either prohibit or do not implement NSPs - a figure unchanged since the *Global State of Harm Reduction 2018*. In Laos, the only two NSPs in the country were terminated in 2017, after the completion of a project funded by the Asian Development Bank.^[23]

In the Philippines, no new NSP has been initiated since the termination of an NSP in Cebu that operated from 2014 to 2015 as an academic research initiative due to political pressure. This is despite calls from some health officials to restore it^[57] and the 2018 HIV/AIDS Law potentially clearing the way for similar programmes.^[52]

In Hong Kong, a 2017 report by the Hong Kong Advisory Council on AIDS acknowledges the possibility that “drug injection is unavoidable”, and calls for the provision of sterile syringes, proper disposal of unsterile syringes, and provision of safe disposal equipment (e.g. sharps boxes) in venues frequented by people who inject drugs. However, it stops short of recommending NSPs.^[58]

TABLE 2.1.2

Overview of syringe distribution per person who injects drugs per year in selected countries

Country/territory with reported injecting drug use	Syringes per person
Afghanistan	52 ^[59]
Bangladesh	300 ^[7]
Cambodia	457 ^[60]
China	204 ^[61]
India	35.5 ^[18]
Indonesia	3 ^[62]
Malaysia	17.9 ^[26]
Myanmar	377 ^[31]
Nepal	84 ^[63]
Pakistan	46 ^[64]
Taiwan	58 ^[42]
Thailand	14 ^[43]
Vietnam	117 ^[65]



2.2

OPIOID AGONIST THERAPY (OAT)

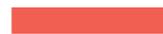
Most of the countries that provide NSPs also provide OAT, with the exception of Maldives and Hong Kong which have OAT but no NSPs. Pakistan has NSPs but has yet to adopt OAT despite an official plan to do so as part of its AIDS Strategy 2015-2020^[66] and an official study in 2017 concluding that doing so will bring considerable cost savings.^[66] There has been a dramatic increase in the number of OAT programmes in Malaysia, while modest increases or little change can be seen in other countries with OAT programmes. In May 2020, Vietnam announced a pilot programme to allow for take-home methadone as part of its 2020-2022 plan.^[67]

As with NSPs, the presence of or increase in the number of these programmes may obscure geographical inconsistencies and barriers affecting certain groups, for example, access to OAT for women who inject drugs remains low in many countries. In India, a review of the scholarly literature on OAT programmes found that the lack of a conducive policy environment prevents a scale-up of such programmes.^[68] The same report underscored the need for more research on specific populations (e.g. women, adolescents), given that much of the previous research had been on adult males. In both India and China, client retention and scaling up of OAT programmes were identified as challenges.^{[12][68]} Moreover, even in countries that officially support OAT (for example, China and Vietnam) tensions with law enforcement have been reported.^{[12][69]}

Meanwhile, research in the region has strengthened the case for the efficacy of OAT and has articulated future prospects and challenges. In Vietnam, for instance, methadone maintenance treatment was found to be effective even in mountainous settings, with the concurrent provision of mental health services seen as key to the programme's success.^[70] In Malaysia, a study found that compulsory drug detention centre (CDDC) participants were significantly more likely to return to the illegal drug market post-release compared with community-based cure and care centre participants.^[71]



The widespread use of methamphetamine in Asia has led to some pioneering harm reduction efforts aimed at stimulant use in the region. At the same time, methamphetamine use is raising the need for more harm reduction services tailored to those who use it, even as existing harm reduction services (NSP, OAT) remain extremely limited.





2.3

AMPHETAMINE-TYPE STIMULANTS (ATS) AND NEW PSYCHOACTIVE SUBSTANCES (NPS)

Maintaining a trend observed since the 2000s, the methamphetamine market has expanded in the region^[72], accounting for the majority of treatment admissions, including forced rehabilitation and compulsory detention.^[48] Tablets (e.g. yaba) and crystal methamphetamine (e.g. ice or shabu) remain the two common ATS products in the region, but the injecting use of methamphetamine appears to be increasing^[73], as well its involvement in poly-drug use (use of methamphetamine in combination with other drugs, e.g. opioids).^[74] There are also reports of widespread use of crystal methamphetamine in North Korea, where it is known as “pingdu”.^[35]

The evidence base for harm reduction efforts for ATS remains limited, partly because such initiatives have been led by non-governmental organisations with little or no support from governments.^[75] These include promising pilot programmes in Indonesia, Myanmar and Thailand that focus on people who use methamphetamine and have the potential to pave the way for larger-scale programmes (see Box 2). In a notable exception that involves state recognition, Myanmar introduced treatment guidelines for ATS in 2017 that call for general harm reduction measures including education, access to condoms and syringes and expressing openness for more specific interventions.^[76]

Mirroring the trend with ATS, both the number of new psychoactive substances (NPS) and the people who use them are growing, with 434 different NPS (31% of which are synthetic cannabinoids and 26% synthetic cathinones) reported in East and South-East Asia from 2008 to 2018, accounting for almost half of the global total.^[48] There are no known NPS-specific harm reduction interventions, although in Thailand testBKK - an HIV testing campaign aimed at young gay men - has developed materials for safer chemsex parties that often include ATS and NPS like ecstasy (MDMA) and GHB, both of which are club drugs perceived to enhance energy and sexual arousal.^{[77][78]}

While most of the NPS used in the region are synthetic, the rise of NPS of natural origin or plant-based NPS have also been growing in popularity in the region, particularly kratom (*Mitragyna speciosa*), a traditional stimulant that is currently the most widely used drug in Thailand, as well as a popular NPS in Malaysia and Southern Myanmar.^[48] Kratom is a

substance that is being referenced for its harm reduction use (i.e. as an opioid substitute), potential for related harms, and growing global popularity,^{[79][80]} and thus merits attention from harm reduction advocates and scholars in the coming years.



2.4

OVERDOSE, OVERDOSE RESPONSE, AND DRUG CONSUMPTION ROOMS (DCRS)

Governments in the region use the medical harms associated with drugs to justify punitive drug policies,^[81] but there remains little or no data on drug mortality and overdose. Despite the extensive evidence of the efficacy of naloxone to reverse opioid overdoses, it remains largely unavailable in Asia. Moreover, overdose management is hardly, if at all, included in official documents on drugs and HIV policies. In some settings, people who use drugs may not consider or articulate drug overdose as a risk, in part because of punitive drug regimes.^[82]

Amid this restrictive environment, however, a number of overdose initiatives have taken root, largely initiated and driven by civil society organisations. In Afghanistan, for instance, overdose management services are available in 12 out of 34 provinces - including the distribution and administration of naloxone by trained peer workers in drop-in centres.^[3] In India, peer distribution of naloxone has continued in Manipur despite tensions with the police.^[19] The India HIV/AIDS Alliance and its partners have also worked to offer access to naloxone across the country.^[83] Meanwhile, the Asian Harm Reduction Network in Myanmar also reports the availability of overdose response services at their sites, including the distribution of naloxone through trained outreach workers, peers, and staff of areas of concentrated drug use.^[31] Similar programmes have been reported in Thailand^[84] and Vietnam.^[85]

There are no known government-authorised drug consumption rooms in the region.



2.5 HIV AND ANTIRETROVIRAL THERAPY (ART)

Overall, there has been a modest decline in HIV incidence in the region, with people who inject drugs accounting for 13% of new infections in 2018.^[104] However, at the country level, a mixed picture can be seen. While some countries including Cambodia, Singapore, Thailand and Vietnam have registered significant declines in new infections, others including Afghanistan, Bangladesh, Pakistan and the Philippines are reporting disturbingly high increases.^[104]

Access to testing, treatment and care is also uneven across countries in the region. Among people who inject drugs in Bangladesh, Malaysia, Myanmar, Pakistan, Philippines, Sri Lanka and Thailand, for instance, less than half knew their HIV status. Among people living with HIV in Afghanistan and Indonesia, just a third who know their status are on treatment.^[104] Stigma and discrimination remain major barriers to the cascade of care, and yet only a few countries have mounted concerted efforts to address them as part of their national policies.^[105]

The situation in the Philippines is especially worrisome, with a 203% increase in new infections from 2010 to 2018 - the world's fastest growing HIV epidemic.^[106] People who use drugs are particularly affected, with over-incarceration stemming from the government's 'drug war' and the lack of HIV testing, and condom distribution. A leading government official indicated that as many as 'one to three in every jail cell' have HIV. An HIV Law was passed in 2018 providing for more services and less stigma, but its impact remains to be seen.^[52]

Efforts to combine and streamline harm reduction services with HIV counselling, testing and treatment in "one-stop services" comprise some of the region's best practices, especially when they address a particular demographic. For instance, in Kapurthala, India, the India HIV/AIDS Alliance has collaborated with the Punjab Government to develop a 'one-stop' clinic for women, offering HIV alongside harm reduction services (NSP, OAT, naloxone) as well as other health and gender-sensitive programmes.^[83] Similar "one-stop" approaches are being pursued in Vietnam^[107], Cambodia^[108], and Myanmar.^[31]



2.6 HARM REDUCTION IN PRISONS

Punitive drug policies have resulted in over-criminalisation and over-crowding of jails in what regional scholars have called 'penal populism'.^[109] Women are not spared from this punitive regime. Six of the ten countries worldwide with the highest female incarceration rates are in Asia.^[110]

A project implemented by the International Drug Policy Consortium in collaboration with NoBox Transitions (Philippines), Ozone Foundation (Thailand) and LBH Masyarakat (Indonesia), gave an insight into the predicaments women held in detention or prison face. In Thailand, 17% of women interviewed reported that they were compelled to admit to crimes that they did not commit, and only a few - if any - are able to access legal, health, and harm reduction services in detention/prison.^[110] A similar scenario was seen in Indonesia and the Philippines.^[101,111]

There are over 400,000 people detained in forced rehabilitation and compulsory detention centres in Asia.^[49] Despite growing evidence that voluntary and community-based programmes are more effective^[112], compulsory detention continues to be the major treatment paradigm, with Singapore increasing the maximum detention period in drug rehabilitation centres from three to four years.^[113]

Harm reduction services in prisons in the region are very limited. Despite the availability of illegal drugs in prisons in some countries, there are no known prison-based NSPs, and OAT is offered only in a limited number of sites in Afghanistan,^[3] India,^[114] Indonesia,^[115] Malaysia^[116] and Vietnam.^[117] Reflecting negative attitudes towards homosexuality, condom provision in prisons is confined to Indonesia and Thailand.^[118] In countries like the Philippines, condoms must be requested from health staff.^[119]

3. Policy developments for harm reduction

Overall, the regional policy model remains drug-free and punitive. Despite countries' commitments to UN frameworks, highly restrictive interpretations are used. This is reflected in regional documents. Southeast Asian countries, for instance, continue to follow the 2016-2025 ASEAN Work Plan Against Drugs, which calls for a "drug-free ASEAN" and regard drugs as a security issue, not a multifactorial one that involves public health and socio-economic reforms.^[49,120]

Cambodia's drug war, which the government initiated in January 2017, has been described as an 'unmitigated disaster' characterised by brutality and violence, police targeting and the undermining of health and harm reduction services.^[121] In Bangladesh, 391 extrajudicial killings were reported in 2019,^[122] and accounts of evidence planting and assertions of self-defence to justify police killings despite eyewitness accounts to the contrary eerily echo President Duterte's drug war in the Philippines.^[123]

Despite the proven ineffectiveness of the death penalty as a deterrent to drug use or crimes, its use for drug offences has continued, at times accompanying the drug wars, with Bangladesh expanding the death penalty to cover the manufacture and trafficking of yaba.^[124] Sri Lanka's former President Maithripala Sirisena sought to reinstate the death penalty for drug traffickers,^[125] and Indonesia continues to hand out death sentences for drug offences.^[124] In May 2020, at the height of the COVID-19 pandemic, a man convicted of drug charges was sentenced to death via a hearing on Zoom in Singapore.^[126]

On the other hand, some countries have enacted policy reforms. In 2019, the previous Malaysian government committed to the abolition of the death penalty and decriminalisation of drug possession,^[127] although it is unclear how the newly installed government will act on drug issues.^[128] For its part, Myanmar enacted a national drug policy in 2018 with the stated aim of building "safe and healthy communities by minimising health, social and economic harm."^[129]

Owing to the politicised nature of drugs in the region, some policies and programmes are 'harm reduction' in name but not in practice, while others are 'harm reduction' in practice but not in name. Paradoxically, both are seen in the Philippines, where the drug enforcement agency uses the term 'harm reduction' to describe its forced rehabilitation programmes^[130] and the HIV Law skirts around it, merely mentioning the promotion of "other practices that reduce

risk of HIV infection."^[131] Even so, at least two bills explicitly calling for harm reduction approaches have been filed in Congress since Duterte took office in 2016,^[132,133] and even the discursive use of 'harm reduction' can open a new avenue of accountability to harm reduction principles. The same avenue can be seen in Japan, where the drug policy strategy for the first time includes a reference to harm reduction.^[134]

In another welcome development, pioneering programmes aimed at people who use methamphetamine have also been initiated or contemplated in China, Indonesia, Myanmar, Thailand and Vietnam (see Box 2). While still in their infancy and largely driven by non-governmental organisations, these initiatives may nonetheless prove consequential given the continued rise of methamphetamine supply and demand in the region.

In countries that have already seen successes with harm reduction programmes, governments have taken steps to further institutionalise them. Malaysia's 15-year HIV strategy, for instance, asserts that its harm reduction programme "remains a priority and will be further intensified."^[135]

Whether or not countries support harm reduction officially or in practice, one barrier to its political and financial sustainability in the region is the persistence of negative attitudes surrounding it, amplified by government officials^[136,137] and shared by political, religious, and civic leaders around the region.

4. Funding developments for harm reduction

The fact that much of the harm reduction work in the region is initiated and implemented by civil society and non-governmental organisations means that the work is politically and financially precarious, undermined by the retreat of international donors, the predominance of punitive responses to drugs in national drug policies and, correspondingly, poor political support for harm reduction.^[147,148] Harm Reduction International's research in Asia found that the region is experiencing these pressures acutely, with only the Vietnamese government expressing 'moderate' investment in harm reduction (out of seven countries studied in the region).^[147,149] According to a 2020 report by Harm Reduction International,^[150] earlier findings of low prioritisation remain, and are corroborated by civil society who cite the discontinuation of harm reduction programmes as examples. In both Mongolia and Laos, the few NSPs in operation were discontinued after foreign funding ceased in 2015 and 2017 respectively.^[23,29]

The Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund) remains the most significant and influential donor of harm reduction in the region. Although many projects will terminate in 2020, application is ongoing (as of the time of writing) for the 2020-2022 cycle, for which many of the countries in the region remain eligible (see Table 2.1.3). The country allocations (or envelopes) are determined by country income status, disease burden and a qualitative analysis process, and it is positive that many of the countries in the region reliant on the Global Fund for harm reduction funding have seen an increase in their HIV country envelope. However, community representation on Country Coordinating Mechanisms (CCMs) and strong civil society and community advocacy is crucial, as the increased envelopes will only translate into an increase in harm reduction funding if it is requested in the country application by the CCM. Significantly for harm reduction, "adaptive prevention programming for different risk scenarios" is identified as one of the priority areas, specifying preventive services for people who inject drugs.^[151] The Global Fund has also announced flexibility in the application process in consideration of COVID-19 pandemic-related circumstances.^[152] It must be noted, however, that the uptake of these funds towards harm reduction remains contingent on country rules and local decision making mechanisms.

Other significant funding sources reported by civil society organisations in correspondence or acknowledged on their websites include the United States Agency for International Development (USAID), the Open Society Foundations (OSF), and the Robert Carr Fund.

TABLE 2.1.3

Global Fund HIV funding envelopes for 2017-2019 and 2020-2022 allocation periods

Country/ territory	Allocated funding for HIV for 2020-2022 cycle (in USD) <small>[153]</small>	Allocated funding for HIV for 2017-2019 cycle (in USD) <small>[154]</small>
Afghanistan	10,474,755	9,109,250
Bangladesh	23,000,765	18,295,447
Bhutan	1,054,855	1,081,903
Cambodia	41,595,706	41,597,533
India	155,000,000	155,063,624
Indonesia	102,717,937	91,934,562
Laos	6,930,536	7,374,096
Malaysia	3,964,273	4,031,592
Mongolia	2,626,061	3,044,708
Myanmar	122,408,561	123,102,465
Nepal	26,926,654	21,964,144
Pakistan	71,687,227	34,956,107
Philippines	20,338,651	8,483,242
Sri Lanka	6,387,963	6,948,047
Thailand	40,573,017	24,569,150
Vietnam	54,996,342	56,638,006

The drug war in the Philippines



Four years after Rodrigo Duterte, President of the Philippines, announced a “war on drugs” this continues to be state policy. Duterte repeatedly vows to continue “Operation Tokhang”, which has killed tens of thousands of people, despite acknowledgment from government officials, and Duterte himself, that the campaign has been a failure.^[162]

With public attention shifting to other issues and with media outlets facing pressure from the administration, it has become increasingly difficult to estimate the number of people killed in what scholars have described as verging on ‘genocide’.^[163] The government reported 29,000 “deaths under investigation” as of 2019. Human rights groups fear that this number represents the real death toll, as opposed to the official death toll of 5,601 reported by the government.^[164,165] Only one case, that of 17-year-old Kian Delos Santos, has led to a murder conviction. Analyses of victim-level data from media reports indicate that most of the people killed were from poor communities, particularly in urban areas.^[166]

The “war on drugs” in the Philippines has impacted individuals, families and communities, with tens of thousands of people affected, including thousands who have been widowed or orphaned after family members were killed in extrajudicial killings. Women are particularly vulnerable, with reports of sex being demanded in exchange for the prison release or lesser charges for their partners or family members. Lacking financial or social protection, there are reports of some ‘drug war widows’ turning to sex work.^[167]

Children in the Philippines have also suffered great physical and emotional harm including, in some cases, the profoundly traumatic experience of witnessing one’s parents being killed. There have been reports of children relocating out of fear of further violence, dropping out of school due to lack of funds, and bullying in school because of the stigma resulting from their parents being associated with drugs.^[168]

Overcriminalisation of drugs has also led to overcongestion of Philippine jails and prisons, precipitating a humanitarian crisis. Between 2016 and 2018, people deprived of liberty increased from 96,000 to 160,000; a 64% increase that has resulted in the country becoming one of the world’s most overcrowded prison systems.^[169] In one Metro Manila jail alone, it is estimated that 40 inmates die each month.^[170] These circumstances have been exacerbated by COVID-19 (see Section 6) and, beyond mortality and morbidity statistics, harrowing accounts and photographs point to violations of human rights and human dignity.^[171,172]

Viewed as part of the broader climate of authoritarianism, the drug war has also made it more difficult for civil society groups to operate, due to increased regulation and the risk of political trolling, and legal harassment. Although some scholars have also noted the ‘protective effect’ of outsider presence (e.g. researchers) in heavily policed communities in Metro Manila.^[173] Moreover, civil society organisations see the increased attention to drug issues as an opportunity to plant the seeds of policy reform.^[174]

Harm reduction for methamphetamine use

Harm reduction responses for methamphetamine use have not kept pace with the rise of its use in Asia in part because, as drug policy advocates in the region point out, the evidence base for specific harm reduction interventions is underdeveloped.^[175] Moreover, as methamphetamine is often the main target of punitive measures and violence, it has been politically difficult to advocate for measures that approach the substance as anything other than a dangerous drug. Finally, people who use methamphetamine often belong to different communities than those who inject drugs and do not identify with programmes that cater to people who inject drugs - or have no relationships with organisations who offer those programmes.^[175]

Nonetheless, the past few years have seen innovative attempts to establish harm reduction programmes in the region that cater specifically for people who use methamphetamine. In 2016, Karisma, a Jakarta-based non-governmental organisation, piloted a shabu outreach programme which included the distribution of safer smoking kits and plastic straws, accompanied by trust building, harm reduction education, and provision of health and legal services - including access to HIV, hepatitis C, tuberculosis (TB) and sexually transmitted infection testing and treatment. The programme reached 1,650 people in 2018.^[176]

An analysis of Karisma's programme in 2019 concluded that developing a new harm reduction approach requires an understanding of and meaningful involvement by people who use methamphetamine; particular attention to trust building; operating a broader definition of harm reduction; and securing funding. It also identified the development of national guidelines as a key step to scaling up the programme.^[175]

Since the inception of Karisma's programme, a second site offering harm reduction for shabu opened in Makassar, Indonesia, established by Persaudaraan Korban Napza Makassar (PKNM) with support from Mainline, and reached 750 people in 2018.^[177] Additionally, a similar initiative is being explored in Vietnam to build the capacity of local civil society organisations to respond to the need for harm reduction for methamphetamine use.^[178]

Meanwhile, a recent report noted the ways in which people who use methamphetamine practise self-regulation and user-driven harm reduction in Myanmar,

Thailand and Southern China.^[173] Similar practices have been reported in the Philippines by scholars and civil society groups who emphasize the need to provide practical information and a safe environment for people to access basic health, social, and legal services as an equally important form of harm reduction - and a requisite step for specific services.^[158,174,179]



In 2016, Karisma, a Jakarta-based non-governmental organisation, piloted a shabu outreach programme which included the distribution of safer smoking kits and plastic straws, accompanied by trust building, harm reduction education, and provision of health and legal services - including access to HIV, hepatitis C, tuberculosis and sexually transmitted infection testing and treatment. The programme reached 1,650 people in 2018.



References

- Hines LA, Trickey A, Leung J, Larney S, Peacock A, Degenhardt L, et al. Associations between national development indicators and the age profile of people who inject drugs: results from a global systematic review and meta-analysis. *Lancet Glob Health* 2020;8(1):e76–91.
- National AIDS Control Programme. Afghanistan Integrated Biological Behavioral Surveillance Survey (IBBS). Kabul: Ministry of Public Health; 2012.
- Ziaurahman Z. Global State of Harm Reduction 2020 survey response. 2020.
- National AIDS/STD Programme. 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, Bangladesh; 2017.
- Degenhardt L, Peacock A, Colledge S, Leung J, Grebely J, Vickerman P, et al. 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* 2017;5(12):e1192–207.
- Larney S, Peacock A, Leung J, Colledge S, Hickman M, Vickerman P, et al. 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* 2017;5(12):e1208–20.
- Khan SI, Reza MM, Crowe SM, Rahman M, Hellard M, Sarker MS, et al. People who inject drugs in Bangladesh—The untold burden! *Int J Infect Dis* 2019;83:109–15.
- KHANA, National Centre for HIV/AIDS, Dermatology and STDs, National Authority for Combating Drugs. Integrated Biological and Behavioral Survey, HCV and Size Estimation Among People who Use Drugs in Cambodia. Phnom Penh: KHANA; 2017.
- Chamreun CS. Global State of Harm Reduction 2020 survey response. 2020.
- UN Office on Drugs and Crime. World Drug Report 2020 - Statistical Annex [Internet]. Vienna: UN Office on Drugs and Crime; 2020. Available from: <https://wdr.unodc.org/wdr2020/en/maps-and-tables.html>
- National Center for AIDS/STD Control and Prevention. China CDC Annual Report of China National HIV/STD/HCV Comprehensive Prevention and Treatment Programs in 2018. Beijing: National Center for AIDS/STD Control and Prevention; 2018.
- Cao X, Lin C, Wang C, Wu Z. The National Methadone Maintenance Treatment Program. In: *HIV/AIDS in China*. Springer; 2020. page 177–200.
- Narcotics Division, Security Bureau. Central Registry of Drug Abuse Sixty-eighth Report. Hong Kong: Narcotics Division, Security Bureau; 2018.
- Hong Kong Advisory Council on AIDS. A Supplement on the Process of Formulating the Recommended HIV/AIDS Strategies for Hong Kong (2017–2021) [Internet]. Hong Kong: Hong Kong Advisory Council on AIDS; 2017. Available from: <https://www.aidsdatahub.org/resource/recommended-hiv-aids-strategies-hong-kong-2017-2021>
- Lam R, Kwok P, Poon S. Surveillance of Viral Hepatitis in Hong Kong 2018 Report [Internet]. Hong Kong: Viral Hepatitis Control Office, Department of Health; 2019. Available from: https://www.chp.gov.hk/files/pdf/viral_hep_sur_report_2018.pdf
- Kwan TH, Wong NS, Lee SS. Participation dynamics of a cohort of drug users in a low-threshold methadone treatment programme. *Harm Reduct J* 2015;12(1):30.
- Ambekar A, Chadda RK, Khandelwal SK, Rao R, Mishra AK, Agrawal A. Magnitude of Substance Use in India [Internet]. New Delhi: National Drug Dependence Treatment Centre (NDDTC), All India Institute of Medical Sciences (AIIMS); 2019. Available from: http://socialjustice.nic.in/writereaddata/UploadFile/Magnitude_Substance_Use_India_REPORT.pdf
- National AIDS Control Organization. National AIDS Control Organization (NACO) Annual Report 2018-19 [Internet]. New Delhi: National AIDS Control Organization; 2019. Available from: <https://main.mohfw.gov.in/sites/default/files/24%20Chapter%20496AN2018-19.pdf>
- Alliance India. Provision of harm reduction service in the lockup of a police station [Internet]. 2020. Available from: <http://www.allianceindia.org/provision-harm-reduction-service-lockup-police-station/>
- Directorate General of Disease Prevention and Control. Estimates and Projections of HIV/AIDS in Indonesia, 2015–2020 [Internet]. Ministry of Health (Indonesia); 2017. Available from: https://www.kemkes.go.id/download.php?file=download/info-terkini/ESTIMATES_AND_PROJECTION_OF_HIVAIDS_IN_INDONESIA_2015_2020.pdf
- Wulansari W, Makful MR. Why is the Number of Patients of Methadone Maintenance Therapy in Indonesia Stagnant? Improvement of Service. *KnE Life Sci* 2018;136–143–136–143.
- Koto G. Global State of Harm Reduction 2020 survey response. 2020.
- Harm Reduction International, International Drug Policy Consortium, Asian Network of People Who Use Drugs. Lao PDR - Joint Submission to the Working Group for the Universal Periodic Review – Third cycle 35th Session – January/February 2020 [Internet]. London: Harm Reduction International; Available from: https://www.hri.global/files/2019/07/18/Lao_UPR_Submission_2019_HRI_IDPC_ANPUD_final.pdf
- UNAIDS. Lao PDR Country Progress Report [Internet]. Geneva: Joint United Nations Programme on HIV/AIDS (UNAIDS); 2016. Available from: https://www.unaids.org/sites/default/files/country/documents/LAO_narrative_report_2016.pdf
- Nogueira A. Global State of Harm Reduction 2020 survey response. 2020.
- HIV/STI/Hepatitis C Section. Country Progress Report on HIV/AIDS 2019 Malaysia - The Global AIDS Monitoring Report 2019 [Internet]. Putrajaya: Ministry of Health (Malaysia); 2019. Available from: [https://www.moh.gov.my/moh/resources/Penerbitan/Laporan/Umum/Report_GAM_2019_\(Final\).pdf](https://www.moh.gov.my/moh/resources/Penerbitan/Laporan/Umum/Report_GAM_2019_(Final).pdf)
- Ministry of Home Affairs. Malaysia Country Report on Drug Issues 2019 [Internet]. Putrajaya: Ministry of Home Affairs; 2019. Available from: <https://www.parliament.go.th/ewtdadmin/ewtd/aipa2019/download/article/AIPACODD/Annex%20M%20-%20Country%20Report%20of%20Malaysia.pdf>
- Health Protection Agency. Country Progress Report, Maldives [Internet]. Male: Ministry of Health; Available from: https://www.unaids.org/sites/default/files/country/documents/MDV_narrative_report_2016.pdf
- Norgin T. Global State of Harm Reduction 2020 survey response. 2020.
- National AIDS Program. Myanmar Integrated Biological and Behavioural Surveillance Survey and Population Size Estimates among People Who Inject Drugs 2017–2018 Final Report [Internet]. Naypyidaw: Ministry of Health and Sports; 2018. Available from: <https://www.aidsdatahub.org/resource/myanmar-ibbs-population-size-estimates-pwid-2017-2018>
- Bijl M. Global State of Harm Reduction 2020 survey response. 2020.
- National AIDS Program. Progress Report 2018 [Internet]. Naypyidaw: Ministry of Health and Sports; 2018. Available from: <https://www.aidsdatahub.org/resource/myanmar-progress-report-2018>
- Sharma B. Global State of Harm Reduction 2020 survey response. 2020.
- Daily NK. “Amidon” drug wreaking havoc in North [Internet]. Dly. NK2014. Available from: <https://www.dailykn.com/english/amidon-drug-wreaking-havoc-in-nort/>
- Ives M. Crystal meth is North Korea's trendiest lunar new year's gift [Internet]. N. Y. Times 2019. Available from: <https://www.nytimes.com/2019/02/12/world/asia/north-korea-crystal-meth-methamphetamine-drugs.html>
- National AIDS Control Programme. Pakistan AIDS Strategy III 2015–2020 [Internet]. Islamabad: Ministry of National Health Service, Regulations & Coordination; 2015. Available from: http://www.oit.org/wcm5/groups/public/---ed_protect/---protrav/---ilo_aids/documents/legaldocument/wcms_532867.pdf
- Bergstrom A, Achakzai B, Furqan S, ul Haq M, Khan R, Saba M. Drug-related HIV epidemic in Pakistan: a review of current situation and response and the way forward beyond 2015. *Harm Reduct J* 2015;12(1):43.
- National STD/AIDS Control Programme. Sri Lanka Annual Report 2018 [Internet]. Colombo: Ministry of Health and Indigenous Medical Services; 2019. Available from: <https://aidsdatahub.org/annual-report-2018-national-stdaids-control-programme-sri-lanka-2019>
- Huang Y-F, Yang J-Y, Nelson KE, Kuo H-S, Lew-Ting C-Y, Yang C-H, et al. 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* 2014;11(4):e1001625.
- Hsieh M-H, Tsai J-J, Hsieh M-Y, Huang C-F, Yeh M-L, Yang J-F, et al. Hepatitis C virus infection among injection drug users with and without human immunodeficiency virus co-infection. *PLoS One* 2014;9(4):e94791.
- Chen J. Harm reduction policy in Taiwan: toward a comprehensive understanding of its making and effects. *Harm Reduct J* 2016;13(1):11.
- Lin T, Chen C-H, Chou P. Effects of combination approach on harm reduction programs: the Taiwan experience. *Harm Reduct J* 2016;13(1):23.
- National AIDS Committee. Thailand AIDS Response Progress Report, 2015 [Internet]. Mueang Nonthaburi: Ministry of Public Health; 2015. Available from: https://www.unaids.org/sites/default/files/country/documents/THA_narrative_report_2015.pdf
- Ishizaki A, Tran VT, Nguyen CH, Tanimoto T, Hoang HTT, Pham HV, et al. Discrepancies in prevalence trends for HIV, hepatitis B virus, and hepatitis C virus in Haiphong, Vietnam from 2007 to 2012. *PLoS One* 2017;12(6):e0179616.

45. Department of HIV/AIDS Prevention and Control. Report on HIV / AIDS prevention and control in 2019 and key tasks in 2020 [Internet]. Hanoi: Ministry of Health (Vietnam); 2020. Available from: <http://vaac.gov.vn/soiue/Detail/Bao-cao-ket-qua-cong-tac-phong-chong-HIV-AIDS-nam-2019-va-nhiem-vu-trong-tam-nam-2020>
46. UN Office on Drugs and Crime. World Drug Report 2019 4: Stimulants. [Internet]. Vienna: UN Office on Drugs and Crime; 2019. Available from: https://wdr.unodc.org/wdr2019/prelaunch/WDR19_Booklet_4_STIMULANTS.pdf
47. Wonguppa R, Kanato M. The prevalence and associated factors of new psychoactive substance use: A 2016 Thailand national household survey. *Addict Behav Rep* 2018;7:111–5.
48. UN Office on Drugs and Crime. Synthetic Drugs in East and South-East Asia: Trends and Patterns of Amphetamine-type Stimulants and New Psychoactive Substances [Internet]. Vienna: UN Office on Drugs and Crime; 2019. Available from: https://www.unodc.org/documents/southeastasiapacific/Publications/2019/2019_The_Challenge_of_Synthetic_Drugs_in_East_and_SEA.pdf
49. Stoicescu C, Lasco G. 10 Years of Drug Policy in Asia: How Far Have We Come? [Internet]. London: International Drug Policy Consortium; 2019. Available from: <https://idpc.net/publications/2019/02/10-years-of-drug-policy-in-asia-how-far-have-we-come-a-civil-society-shadow-report>
50. Alliance India. Alliance India's COVID-19 Response: Ensuring essential gender-sensitive harm reduction services for women who use drugs in Manipur [Internet]. 2020. Available from: <http://www.allianceindia.org/alliance-indias-covid-19-response-ensuring-essential-gender-sensitive-harm-reduction-services-women-use-drugs-manipur/>
51. International Drug Policy Consortium. COVID-19: Prisons and Detentions in Southeast Asia [Internet]. London: International Drug Policy Consortium; Available from: http://fileserv.idpc.net/library/IDPC-Advocacy-Note_COVID19-prisons-and-detention-in-SEA_April-2020.pdf
52. Angeles P. Global State of Harm Reduction 2020 survey response. 2020.
53. Gunawan R. Personal communication. 2020.
54. Praptoraharjo I, Refianti EP. Global State of Harm Reduction 2020 survey response. 2020.
55. Luo W, Shi CX, Li Z, Han L. National Needle and Syringe Exchange Program. In: *HIV/AIDS in China*. Springer; 2020. page 201–23.
56. UNAIDS. Situational Analysis on Drug Use, HIV, and the Response in Myanmar [Internet]. Geneva: Joint United Nations Programme on HIV/AIDS (UNAIDS); 2015. Available from: https://www.3mdg.org/sites/3mdg.org/files/publication_docs/situational_analysis_on_drug_use_and_hiv_final.pdf
57. Miasco M. Free syringe may be effective in preventing HIV transmission [Internet]. *The Freeman* 2018. Available from: <https://www.philstar.com/the-freeman/cebu-news/2018/04/05/1803062/free-syringe-may-be-effective-preventing-hiv-transmission>
58. Hong Kong Advisory Council on AIDS. Recommended HIV/AIDS Strategies for Hong Kong (2017–2021) [Internet]. Hong Kong: Hong Kong Advisory Council on AIDS; 2017. Available from: <https://www.aca.gov.hk/english/strategies/pdf/strategies17-21.pdf>
59. UNAIDS. Country progress report - Afghanistan. Geneva: Joint United Nations Programme on HIV/AIDS (UNAIDS); 2019.
60. UNAIDS. UNAIDS Country Data - Cambodia [Internet]. Geneva: Joint United Nations Programme on HIV/AIDS (UNAIDS); 2019. Available from: <https://www.aidsdatahub.org/resource/cambodia-country-data>
61. UNAIDS. Country progress report - China. Geneva: Joint United Nations Programme on HIV/AIDS (UNAIDS); 2019.
62. UNAIDS. UNAIDS Country Data - Indonesia [Internet]. Geneva: Joint United Nations Programme on HIV/AIDS (UNAIDS); 2019. Available from: <https://www.aidsdatahub.org/resource/indonesia-country-data>
63. UNAIDS. Country progress report - Nepal. Geneva: Joint United Nations Programme on HIV/AIDS (UNAIDS); 2019.
64. UNAIDS. Country progress report - Pakistan. Geneva: Joint United Nations Programme on HIV/AIDS (UNAIDS); 2019.
65. UNAIDS. UNAIDS Country Data - Vietnam [Internet]. Geneva: Joint United Nations Programme on HIV/AIDS (UNAIDS); 2019. Available from: <https://www.aidsdatahub.org/resource/viet-nam-country-data>
66. National AIDS Control Programme. AIDS Epidemic Modelling Exercise for Pakistan 2017 [Internet]. Islamabad: Ministry of National Health Service, Regulations & Coordination; 2017. Available from: <https://www.nacp.gov.pk/repository/whatwedo/surveillance/Book.pdf>
67. Ministry of Health (Vietnam). Notice of opinion gathering The Project on MMT Pilot Bringing home for patients to treat opioid addiction with MMT (English translation). [Internet]. 2020. Available from: <http://vaac.gov.vn/trang-chu/ThongBaoDetail/Thong-bao-Xin-y-kien-gop-y-De-an-Thi-diem-cap-thuoc-MMT-mang-ve-nha-cho-nguoi-benh-dieu-tri-nghien-cac-chat-dang-thuoc-phien-bang-thuoc-MMT?fbclid=IwAR0TXM3471gsWKEkIO1RSritWdb1H3BS1y9YCAQisaKnklCudUF9ShI>
68. Ambekar A, Rao R, Agrawal A, Kathiresan P. Research on opioid substitution therapy in India: A brief, narrative review. *Indian J Psychiatry* 2018;60(3):265.
69. Luong HT, Le TQ, Lam DT, Ngo BG. Vietnam's policing in harm reduction: Has one decade seen changes in drug control? *J Community Saf Well-Being* 2019;4(4):67–72.
70. Tran BX, Boggiano VL, Nguyen HLT, Nguyen LH, Van Nguyen H, Hoang CD, et al. Concurrent drug use among methadone maintenance patients in mountainous areas in northern Vietnam. *BMJ Open* 2018;8(3):e015875.
71. Wegman MP, Altice FL, Kaur S, Rajandaran V, Osornoprasop S, Wilson D, et al. Relapse to opioid use in opioid-dependent individuals released from compulsory drug detention centres compared with those from voluntary methadone treatment centres in Malaysia: a two-arm, prospective observational study. *Lancet Glob Health* 2017;5(2):e198–207.
72. UN Office on Drugs and Crime. Synthetic Drugs in East and Southeast Asia Latest developments and challenges [Internet]. Vienna: UN Office on Drugs and Crime; 2020. Available from: https://www.unodc.org/documents/scientific/ATS/2020_ESEA_Regional_Synthetic_Drug_Report_web.pdf
73. Cachia R, Lwin TM. Methamphetamine use in Myanmar, Thailand, and Southern China: assessing practices, reducing harms. *Transnatl Inst* 2019;
74. UN Office on Drugs and Crime. Global Smart Update: Methamphetamine continues to dominate synthetic drug markets [Internet]. Geneva: UN Office on Drugs and Crime; 2018. Available from: https://www.unodc.org/documents/scientific/Global_Smart_Update_20_web.pdf
75. Pinkham S, Stone K. A Global Review of the harm reduction response to amphetamines: a 2015 update. *Lond Harm Reduct Int* 2015.
76. Department of Medical Services. Guidelines for the Management of Methamphetamine Use Disorders in Myanmar [Internet]. Naypyidaw: Ministry of Health and Sports; 2017. Available from: <http://fileserv.idpc.net/library/ATS%20Treatment%20Guide%20Book%20WHO%20%20MYANMAR%202017.pdf>
77. APCOM. testBKK launches harm reduction resources for Thai MSM [Internet]. Available from: <https://www.apcom.org/testbkk-launches-harm-reduction-resources-for-thai-msm/>
78. Chakraborty K, Neogi R, Basu D. Club drugs: review of the 'rave' with a note of concern for the Indian scenario. *Indian J Med Res* 2011;133(6):594–604.
79. Veltri C, Grundmann O. Current perspectives on the impact of Kratom use. *Subst Abuse Rehabil* 2019;10:23.
80. Coe MA, Pillitteri JL, Sembower MA, Gerlach KK, Henningfield JE. Kratom as a substitute for opioids: results from an online survey. *Drug Alcohol Depend* 2019;202:24–32.
81. Lasco G. Drugs and drug wars as populist tropes in Asia: Illustrative examples and implications for drug policy. *Int J Drug Policy* 2020;77:102668.
82. Guadamuz TE, Boonmongkon P. Ice parties among young men who have sex with men in Thailand: Pleasures, secrecy and risks. *Int J Drug Policy* 2018;55:249–55.
83. UNAIDS. Services tailored for women who inject drugs in India [Internet]. 2020. Available from: https://www.unaids.org/en/resources/presscentre/featurestories/2020/march/20200302_Kapurthala
84. Panitchpakdi P. Global State of Harm Reduction 2020 survey response. 2020.
85. Blackburn NA, Lancaster KE, Ha TV, Latkin CA, Miller WC, Frangakis C, et al. 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* 2017;14(1):62.
86. Grebely J, Larney S, Peacock A, Colledge S, Leung J, Hickman M, et al. Global, regional, and country-level estimates of hepatitis C infection among people who have recently injected drugs. *Addiction* 2019;114(1):150–66.
87. World Health Organization. Global Hepatitis Report 2017 [Internet]. Geneva: World Health Organization; 2017. Available from: <https://apps.who.int/iris/bitstream/handle/10665/255016/9789241565455-eng.pdf>
88. Walsh N, Durier N, Khwairakpam G, Sohn AH, Lo Y-R. The hepatitis C treatment revolution: how to avoid Asia missing out. *J Virus Erad* 2015;1(4):272.

89. Tordrup D, Hutin Y, Stenberg K, Lauer JA, Hutton DW, Toy M, et al. Additional resource needs for viral hepatitis elimination through universal health coverage: projections in 67 low-income and middle-income countries, 2016–30. *Lancet Glob Health* 2019;7(9):e1180–8.
90. World Health Organization. Japan's hepatitis programme frees people from disease and financial hardship [Internet]. 2018. Available from: <https://www.who.int/westernpacific/news/feature-stories/detail/japan%E2%80%99s-hepatitis-programme-frees-people-from-disease-and-financial-hardship>
91. World Health Organization. Progress Report on Access to Hepatitis C Treatment - Focus on Overcoming Barriers in Low- and Middle-Income Countries [Internet]. Geneva: World Health Organization; 2018. Available from: <https://apps.who.int/iris/bitstream/handle/10665/260445/WHO-CDS-HIV-18.4-eng.pdf?sequence=1>
92. Unurzul M. 2100 patients of Arkhangai aimg completely cured [Internet]. Montsame2019. Available from: <https://montsame.mn/en/read/190554>
93. Rahman M, Janjua NZ, Shafiq TKI, Chowdhury EI, Sarker MS, Khan SI, et al. Hepatitis C virus treatment in people who inject drugs (PWID) in Bangladesh. *Int J Drug Policy* 2019;74:69–75.
94. Ministry of Health and Family Welfare. National Action Plan Combating Viral Hepatitis in India [Internet]. New Delhi: Ministry of Health and Family Welfare; 2019. Available from: https://www.who.int/docs/default-source/primary-health-care-conference/national-action-plan-lowress-reference-file.pdf?sfvrsn=6a00ecbf_2
95. Ministry of Health (Malaysia). National Strategic Plan for Hepatitis B and C 2019-2023 [Internet]. Putrajaya: Ministry of Health (Malaysia); 2019. Available from: https://www.moh.gov.my/moh/resources/Penerbitan/Pelan%20Strategik%20NSP_Hep_BC_2019_2023.pdf
96. Ministry of Health and Welfare. Taiwan Hepatitis C Policy Guidelines 2018-2025. Taipei: Ministry of Health and Welfare; 2019.
97. Highleyman L. Indonesian buyers club helps people obtain generic hepatitis C treatment [Internet]. NAMaidsmap2017. Available from: <https://www.aidsmap.com/news/may-2017/indonesian-buyers-club-helps-people-obtain-generic-hepatitis-c-treatment>
98. World Health Organization. Global Tuberculosis Report 2019 [Internet]. Geneva: World Health Organization; 2019. Available from: <https://apps.who.int/iris/bitstream/handle/10665/329368/9789241565714-eng.pdf?ua=1>
99. Culbert GJ, Pillai V, Bick J, Al-Darraj HA, Wickersham JA, Wegman MP, et al. Confronting the HIV, tuberculosis, addiction, and incarceration syndemic in Southeast Asia: lessons learned from Malaysia. *J Neuroimmune Pharmacol* 2016;11(3):446–55.
100. World Health Organization. Tuberculosis in prisons [Internet]. Available from: <https://www.who.int/tb/areas-of-work/population-groups/prisons-facts/en/>
101. Alvarez MCA. Women Incarceration and Drug Policies in the Philippines: Promoting Humane and Effective Responses [Internet]. NoBox Philippines; 2018. Available from: http://fileserv.idpc.net/library/Philippines_Policy_Guide_Women.pdf
102. CNN Philippines. 20% of Bilbid inmates die every year due to overcrowding, hospital head says [Internet]. CNN Philipp.2019. Available from: <https://cnnphilippines.com/news/2019/10/3/new-bilbid-prison-20-percent-inmate-die-every-year.html>
103. Rao M. Injection drug users fall through the gaps in India's tuberculosis treatment programme [Internet]. Scroll.in2017. Available from: <https://scroll.in/pulse/852270/injecting-drug-users-fall-through-the-gaps-in-indias-tuberculosis-treatment-programme>
104. UNAIDS. UNAIDS Data 2019 [Internet]. Geneva: Joint United Nations Programme on HIV/AIDS (UNAIDS); 2019. Available from: https://www.unaids.org/sites/default/files/media_asset/2019-UNAIDS-data_en.pdf
105. UNAIDS. Miles to go: closing gaps, breaking barriers, righting injustices [Internet]. UNAIDS; 2018. Available from: https://www.unaids.org/sites/default/files/media_asset/miles-to-go_en.pdf
106. Crisostomo S. UN body projects 200,000 HIV case in Philippines by 2025 [Internet]. Philipp. Star 2019. Available from: <https://www.philstar.com/headlines/2019/10/22/1962260/un-body-projects-200000-hiv-case-philippines-2025>
107. Duong BD. Adapting treatment 2.0 in Viet Nam - toward universal and sustainable access [Internet]. Available from: https://www.who.int/hiv/events/duong_treatment2.0.pdf
108. Tuot S, Heng S, Chhea C, Salonga E, Yi S. How Harm Reduction Programs Work in the Context of Village and Commune Safety Policy: Lessons Learned from a National Non-Governmental Organization in Cambodia. *J Addict Disord Rehabil* 2017;1(1):1.
109. Curato N. Politics of anxiety, politics of hope: Penal populism and Duterte's rise to power. *J Curr Southeast Asian Aff* 2016;35(3):91–109.
110. Alvarez MCA. Women, Incarceration and Drug Policies in South East Asia: Promoting Humane and Effective Responses - A Policy Guide for Thailand [Internet]. International Drug Policy Consortium; 2018. Available from: <https://idpc.net/publications/2018/10/women-incarceration-and-drug-policies-in-south-east-asia-promoting-humane-and-effective-responses-a-policy-guide-for-thailand>
111. Alvarez MCA. Women, Incarceration and Drug Policy in Indonesia: Promoting Humane and Effective Responses [Internet]. International Drug Policy Consortium; 2019. Available from: http://fileserv.idpc.net/library/Indonesia_Policy_Guide_Women.pdf
112. Khan F, Krishnan A, Ghani MA, Wickersham JA, Fu JJ, Lim SH, et al. Assessment of an innovative voluntary substance abuse treatment program designed to replace compulsory drug detention centers in Malaysia. *Subst Use Misuse* 2018;53(2):249–59.
113. International Narcotics Control Board. Report of the International Narcotics Control Board for 2019 [Internet]. Vienna: International Narcotics Control Board; 2019. Available from: <https://www.incb.org/incb/en/publications/annual-reports/annual-report-2019.html>
114. Jhanjee S, Pant S, Girdhar NK, Sethi H, Rengaswamy R [Gunasekaran, Jain R, et al. Opioid substitution treatment in Tihar prisons, India: Process of implementation. *Int J Drug Policy* 2015;26(9):890–1.
115. HIV Cooperation Project for Indonesia. Methadone Maintenance Treatment in Indonesian Prisons. [Internet]. Available from: <https://www.burnet.edu.au/system/asset/file/1434/methadone2.pdf>
116. Mukherjee TI, Wickersham JA, Desai MM, Pillai V, Kamarulzaman A, Altice FL. Factors associated with interest in receiving prison-based methadone maintenance therapy in Malaysia. *Drug Alcohol Depend* 2016;164:120–7.
117. Neuman J. Vietnam introduces methadone to prisons, but needle exchange severely lacking [Internet]. TalkingDrugs2015. Available from: <https://www.talkingdrugs.org/vietnam-introduces-methadone-to-prisons-but-needle-exchange-severely-lacking>
118. Moazen B, Dolan K, Bosworth R, Owusu PN, Wiessner P, Stöver H. Availability, coverage and barriers towards condom provision in prisons: a review of the evidence. *Frankf Am MainGermany Inst Für Suchtforsch ISFF Frankf Univ Appl Sci* 2019;
119. Yarcia L. Kalusugan sa kulungan: Examining the policy for people living with HIV/AIDS and hepatitis C in Philippine prisons [Internet]. London: International Drug Policy Consortium; 2018. Available from: <https://idpc.net/publications/2018/05/kalusugan-sa-kulungan-examining-the-policy-for-people-living-with-hiv-aids-and-hepatitis-c-in-philippine-prisons>
120. Gunawan R, Lai G. Consensus and Contradictions in ASEAN: An Analysis of Southeast Asia At and After UNGASS 2016. In: *Collapse of the Global Order on Drugs: From UNGASS 2016 to Review 2019*. Emerald Publishing Limited; 2018.
121. Amnesty International. Substance Abuses - The Human Cost of Cambodia's Anti-Drug Campaign. [Internet]. London: Amnesty International; 2020. Available from: <https://www.amnesty.org/download/Documents/ASA23220202020ENGLISH.PDF>
122. Odikhar. Annual Human Rights Report 2019 Bangladesh [Internet]. Dhaka: Odikhar; 2020. Available from: http://odhikar.org/wp-content/uploads/2020/02/Annual-HR-Report-2019_Eng.pdf
123. Amnesty International. Killed in "Crossfire" - Allegations of Extrajudicial Executions in Bangladesh in the Guise of a War on Drugs [Internet]. London: Amnesty International; 2019. Available from: <https://www.amnesty.org/download/Documents/ASA1312652019ENGLISH.pdf>
124. Girelli G. The Death Penalty for Drug Offences: Global Overview 2018. [Internet]. Harm Reduction International; 2019. Available from: https://www.hri.global/files/2019/02/22/HRI_DeathPenaltyReport_2019.pdf
125. Amnesty International. Sri Lanka: President Maithripala Sirisena signs execution warrants for four prisoners, plans shrouded in secrecy [Internet]. 2019. Available from: <https://www.amnesty.org/en/latest/news/2019/06/sri-lanka-president-maithripala-sirisena-signs-execution-warrants-for-four-prisoners-plans-shrouded-in-secrecy/>
126. Ratcliffe R. Singapore sentences man to death via Zoom call [Internet]. The Guardian 2020/ Available from: <https://www.theguardian.com/world/2020/may/20/singapore-sentences-man-to-death-via-zoom-call>
127. Attorney General's Chambers of Malaysia. Dangerous Drugs Act 1952 [Internet]. 2018 [cited 2020 Jul 8]. Available from: <http://www.agc.gov.my/agcportal/uploads/files/Publications/LOM/EN/Act%20234.pdf>
128. Antolak-Saper N, Kowal S, Lindsey S, Ying NC, Kananatu T. Drug Offences and the Death Penalty in Malaysia: Fair Trial Rights and Ramifications.

129. UN Commission on Narcotic Drugs. Side event: Myanmar drug policy reform and civil society perspective [Internet]. CND Blog 2020. Available from: <http://cndblog.org/2020/03/myanmar-drug-policy-reform-and-civil-society-perspective/>
130. Philippine Drug Enforcement Agency. Annual Report 2018 [Internet]. Quezon City: Philippine Drug Enforcement Agency; Available from: <https://drive.google.com/file/d/15vzVY2lz6es1x00QLKBD0t6ADihSdb/view>
131. Official Gazette. Republic Act No. 11166. [Internet]. 2018. Available from: <https://www.officialgazette.gov.ph/downloads/2018/12dec/20181220-RA-11166-RRD.pdf>
132. 17th Congress (Philippines). Senate Bill No. 1313 [Internet]. 2017. Available from: <https://www.senate.gov.ph/lisdata/25344218461.pdf>
133. 18th Congress (Philippines). House Bill No. 162. 2019; 134. Koto G, Tarui M, Kamioka H, Hayashi K. Drug use, regulations and policy in Japan. Int Drug Policy Consort [Internet] 2020. Available from: http://files.server.idpc.net/library/Drug_use_regulations_policy_japan.pdf
135. Ministry of Health (Malaysia). National Strategic Plan - Ending AIDS 2016 - 2030 [Internet]. Putrajaya: Ministry of Health (Malaysia); Available from: https://www.aidsdatahub.org/sites/default/files/publication/Malaysia_National_strategic_plan_2016-2030.pdf
136. Salaverria L. Sotto slams needle program vs HIV [Internet]. Philipp. Dly. Inq. 2015. Available from: <https://newsinfo.inquirer.net/691834/sotto-slams-needle-program-vs-hiv>
137. Ministry for Home Affairs (Singapore). Harm Prevention Seminar - Speech by Mrs Josephine Teo, Minister for Manpower and Second Minister for Home Affairs [Internet]. 2020. Available from: <https://www.mha.gov.sg/newsroom/speeches/news/harm-prevention-seminar-speech-by-mrs-josephine-teo-minister-for-manpower-and-second-minister-for-home-affairs>
138. Support. Don't Punish. Global Day of Action 2019 [Internet]. 2019. Available from: <https://supportdontpunish.org/about/past-events/>
139. Support. Don't Punish. 2020 Global Day of Action: In time of challenge, the #SupportDontPunish mobilises with redoubled solidarity [Internet]. 2020. Available from: <https://supportdontpunish.org/join/>
140. Asian Network of People Who Use Drugs. The ANPUD Strategic Plan 2018-2022: Building on a Decade of Experience [Internet]. Bangkok: Asian Network of People Who Use Drugs; 2018. Available from: <https://www.nytimes.com/2019/02/12/world/asia/north-korea-crystal-meth-methamphetamine-drugs.html>
141. International Society for the Study of Drug Policy. Detailed Program [Internet]. 2019. Available from: https://www.issdp.org/wp-content/uploads/2019/10/Final-programme_ARM2019.pdf
142. Ambarwati L. Imprisonment does more harm than good for drug users [Internet]. Jkt. Post 2020. Available from: <https://www.thejakartapost.com/academia/2020/02/18/imprisonment-does-more-harm-than-good-for-drug-users.html>
143. Wardhani WK. Drug decriminalization in Indonesia is not easy, but necessary | Coconuts Jakarta [Internet]. Coconuts 2020 [cited 2020 Sep 21]. Available from: <https://coconuts.co/jakarta/features/drug-decriminalization-in-indonesia-is-not-easy-but-necessary/>
144. Hoekstrra A. Cambodia's drugs crackdown pushes users into hiding [Internet]. UCA News 2018. Available from: <https://www.ucanews.com/news/cambodias-drugs-crackdown-pushes-users-into-hiding/81320>
145. Browne R. Saving lives is dangerous in the Philippines' bloody drug war [Internet]. Vice 2019. Available from: https://www.vice.com/en_ca/article/59neyd/saving-lives-is-dangerous-in-the-philippines-bloody-drug-war
146. Sato A. Global State of Harm Reduction 2020 survey response. 2020.
147. Rowe E. Summing it up: Building evidence to inform advocacy for harm reduction funding in Asia [Internet]. London: Harm Reduction International; 2020. Available from: <https://www.hri.global/files/2020/07/06/HRI-SUMMING-IT-UP-LOWRES.pdf>
148. Cook C, Davies C. The lost decade: neglect for harm reduction funding and the health crisis among people who use drugs. Lond Harm Reduct Int 2018.
149. Harm Reduction International. Harm Reduction Investment in Asia: Policy briefing [Internet]. London: Harm Reduction International; 2018. Available from: https://www.hri.global/files/2018/07/22/FINAL_HRI_Investment_in_Asia_BriefingPaper_July2018_Web3.pdf
150. HRI. Summing it up: Building evidence to inform advocacy for harm reduction funding in Asia [Internet]. London: HRI; 2020. Available from: <https://www.hri.global/contents/2051>
151. The Global Fund. COVID 19: Priorities for Global Fund HIV Support [Internet]. Geneva: The Global Fund; 2020. Available from: https://www.theglobalfund.org/media/9630/covid19_hivpriority_list_en.pdf?u=637249766610000000
152. The Global Fund. Questions & Answers Supporting Countries and Grants during the COVID-19 Pandemic [Internet]. Geneva: The Global Fund; 2020. Available from: https://www.theglobalfund.org/media/9501/covid19_supportingcountriesandgrants_faq_en.pdf?u=637278309580000000
153. The Global Fund. '2017-2019 allocations' (Excel spreadsheet) [Internet]. 2016. Available from: https://www.theglobalfund.org/media/5649/core_overviewofallocations20172019_overview_en.pdf?u=637319005319800000
154. The Global Fund. '2020-2022 allocations' (Excel spreadsheet) [Internet]. 2019. Available from: https://www.theglobalfund.org/media/9227/fundingmodel_2020-2022allocations_table_en.xlsx?u=637278306740000000
155. Talabong R. 745 prisoners, 125 personnel in Philippine jails test positive for coronavirus [Internet]. Rappler. Available from: <https://r3.rappler.com/nation/263519-coronavirus-cases-jails-philippines-june-11-2020>
156. Office of the United Nations High Commissioner for Human Rights, International Organization for Migration, UN Office on Drugs and Crime, UNAIDS, International Labor Organization, UNHCR, et al. Joint Statement: Compulsory drug detention and rehabilitation centres in Asia and the Pacific in the context of COVID-19. [Internet]. Available from: <https://unaids-ap.org/2020/06/01/compulsory-drug-detention-and-rehabilitation-centres-in-asia-and-the-pacific-in-the-context-of-covid-19/>
157. Poonkasetwattana M. Personal communication with APCOM. 2020.
158. Alvarez MCA. Personal communication with StreetLawPH. 2020.
159. APCASO. Rapid survey on the needs of young key populations and young people living with HIV in Asia and the Pacific in the context of COVID-19 [Internet]. 2020. Available from: <https://apcaso.org/assessing-the-needs-of-young-key-populations-during-covid-19-outbreak-in-asia-and-the-pacific/>
160. Regencia T. Maria Ressa found guilty in blow to Philippines' press freedom. [Internet]. Al Jazeera 2020. Available from: <https://www.aljazeera.com/news/2020/06/philippine-court-rappler-maria-ressa-guilty-cyberlibel-200614210221502.html>
161. Alliance India. People who use drugs - somewhere between lockdown and unlockdown [Internet]. 2020. Available from: <http://www.allianceindia.org/people-use-drugs-somewhere-lockdown-unlockdown/>
162. Lasco G, Yu VG. Philippine drug policy could be humane [Internet]. East Asia Forum 2020. Available from: <https://www.eastasiaforum.org/2020/03/30/philippine-drug-policy-could-be-humane/>
163. Simangan D. Is the Philippine "war on drugs" an act of genocide? J Genocide Res 2018;20(1):68-89.
164. Tupas E. 29,000 deaths probed since drug war launched [Internet]. Philipp. Star 2019. Available from: <https://www.philstar.com/nation/2019/03/06/1898959/29000-deaths-probed-drug-war-launched>
165. #RealNumbersPH. #RealNumbersPH Year 3 (Facebook photo). [Internet]. 2020. Available from: <https://www.facebook.com/reallnumbersph/photos/a.1564140077100858/1564143913767141/>
166. Atun JML, Mendoza RU, David CC, Cossid RPN, Soriano CRR. The Philippines' antidrug campaign: Spatial and temporal patterns of killings linked to drugs. Int J Drug Policy 2019;73:100-11.
167. Santos A. Teen 'widows' of Duterte's drug war face a bleak economic future [Internet]. News Deep. 2018. Available from: <https://www.newsdeeply.com/womensadvancement/articles/2018/02/07/teen-widows-of-dutertes-drug-war-face-a-bleak-economic-future>
168. Human Rights Watch. "Our Happy Family Is Gone": Impact of the "War on Drugs" on Children in the Philippines. New York City: Human Rights Watch; 2020.
169. Narag R. State of the PH in 2018: Our jails are now world's most congested [Internet]. Philipp. Cent. Investig. Journal. 2018. Available from: <https://pcij.org/article/923/state-of-the-ph-in-2018-our-jails-are-now-worlds-most-congested>
170. Sie AB. Philippine jails are a COVID-19 time bomb [Internet]. Rappler 2020. Available from: <https://www.rappler.com/newsbreak/investigative/257640-philippine-jails-covid-time-bomb>
171. Rocamora R. Bursting at the seams: Philippine detention centers [Internet]. Rappler 2018. Available from: <https://www.rappler.com/views/imho/197309-bursting-seams-duterte-drug-war-detention-centers>

172. Human Rights Watch. Philippines: prison deaths unreported amid pandemic [Internet]. New York City: Human Rights Watch; 2020. Available from: <https://www.hrw.org/news/2020/04/28/philippines-prison-deaths-unreported-amid-pandemic>
173. Warburg A. Policing in the Philippine 'war on drugs': (in)security, morality, and order in Bagong Silang'. 2018.
174. Feria I. Personal communication with NoBox Philippines. 2020.
175. Rigoni R, Woods S, Brecksema JJ. From opiates to methamphetamine: building new harm reduction responses in Jakarta, Indonesia. *Harm Reduct J* 2019;16(1):67.
176. Rigoni R, Brecksema J, Woods S. Speed limits: harm reduction for people who use stimulants. Amsterdam: Mainline, Centrum voor Verslavingsonderzoek.; 2018.
177. Mainline. Annual Report 2018 [Internet]. Amsterdam: Stichting Mainline; Available from: <https://english.mainline.nl/page/annual-report-2018>
178. Mainline. Hanoi field lab for stimulant harm reduction [Internet]. Available from: <https://english.mainline.nl/posts/show/12888/hanoi-field-lab-for-stimulant-harm-reduction>
179. Lasco G. Living in the Time of Tokhang: Perspectives from Filipino Youth. Quezon City: NoBox Philippines; 2018.
180. Kishore K. Global State of Harm Reduction 2020 reviewer response, 2020.