International Support for Harm Reduction

An overview of multi-lateral endorsement of harm reduction policy and practice

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1. United Nations Legal and Policy Statements on Harm Reduction

(a) UN endorsement of harm reduction measures

A harm reduction approach – including the provision of needle and syringe exchange programmes and opioid substitution therapy – is endorsed and promoted by the Joint United Nations Programme on HIV/AIDS (UNAIDS) and the World Health Organization (WHO) in numerous best practice guidelines and policy documents. UNAIDS, WHO and the United Nations Office on Drugs and Crime (and the INCB) include both opioid substitution therapy and needle and syringe programmes within their Comprehensive Package of Interventions for HIV prevention, treatment and care for people who inject drugs.

General Assembly	The UN General Assembly has endorsed harm reduction as an essential HIV prevention measure in its Declaration of Commitment on AIDS in 2001 and in the Political Declaration on AIDS in 2006. GA Res 60/262, Political Declaration on HIV/AIDS, A/RES/60/262 (2006) para. 22: "Reaffirm that the prevention of HIV infection must be the mainstay of national, regional and international responses to the pandemic, and therefore commit ourselves to intensifying efforts to **ensure** that a wide range of prevention programmes that take account of local circumstances, ethics and cultural values is available in all countries, particularly the most affected countries, including (…) expanded access to essential commodities, including male and female condoms and **sterile injecting equipment**; **harm-reduction efforts related to drug use**; (…)" GA Special Session on AIDS Res S-26/2, adopting the Declaration of Commitment on HIV/AIDS (2001) A/RES/S-26/2 para. 52: "By 2005, **ensure**: that a wide range of prevention programmes which take account of local circumstances, ethics and cultural values, is available in all countries, particularly the most affected countries, including (…) expanded access to essential commodities, including male and female condoms and **sterile injecting equipment**; **harm-reduction efforts related to drug use**; (…)" Declaration on the Guiding Principles of Drug Demand Reduction, adopted by the UN General Assembly Special Session (UNGASS) in Resolution S-20/4, Measures to enhance international cooperation to counter the world drug problem (1998) A/RES/S-20/4, http://www.un.org/ga/20special/demand.htm. *Para. 8:* "The following principles shall guide the formulation of the demand reduction component of national and international drug control strategies, in accordance with the principles of the Charter of the United Nations and international law, in particular, respect for the sovereignty and territorial integrity of States; human rights and fundamental freedoms and the principles of the Universal Declaration of Human Rights; and the principle of shared responsibility: (…)

	(b) Demand reduction policies shall: (i) Aim at preventing the use of drugs and at reducing the **adverse consequences of drug abuse**;" *Para. 10:* "Demand reduction programmes should cover all areas of prevention, from discouraging initial use to **reducing the negative health and social consequences of drug abuse**. They should embrace information, education, public awareness, early intervention, counselling, treatment, rehabilitation, relapse prevention, aftercare and social reintegration. Early help and access to services should be offered to those in need."
CND (support for General Assembly declarations which refer to harm reduction)	The Commission on Narcotic Drugs has endorsed the Declaration of Commitment and the Political Declaration on HIV/AIDS (and thereby indirectly the harm reduction words contained in them): 2008: CND Resolution 51/14 Promoting coordination and alignment of decisions between the Commission on Narcotic Drugs and the Programme Coordinating Board of the Joint United Nations Programme on HIV/AIDS http://www.unodc.org/documents/commissions/CND-Res-2000-until-present/CND-2008-Session51/CND-51-Res-2008-14e.pdf 2006: CND Resolution 49/4 Responding to the prevalence of HIV/AIDS and other blood-borne diseases among drug users http://www.unodc.org/pdf/resolutions/cnd_2006_49-4.pdf
UN System position paper	Preventing the Transmission of HIV Among Drug Abusers. A position paper of the United Nations System. Annex to the Report of 8th Session of ACC Subcommittee on Drug Control 28-29 September (2000) http://www.hivpolicy.org/Library/HPP000074.pdf 'The aim of this paper is to present a United Nations (UN) system wide position on policy and strategies to prevent the transmission of HIV among drug abusers. Deciding on the implementation of the intervention strategies to prevent HIV in injecting drug abusers is one of the most urgent questions facing policy makers. Studies have demonstrated that HIV transmission among injecting drug abusers can be prevented and that the epidemic already has been slowed and even reversed in some cases. HIV prevention activities which have shown impact on HIV prevalence and risk behaviour include AIDS education, access to condoms and clean injecting equipment, counselling and drug abuse treatment'
UNAIDS	Practical Guidelines for Intensifying HIV Prevention: Towards Universal Access (UNAIDS 2007), http://data.unaids.org/pub/Manual/2007/jc1274-towardsuniversalaccess_en.pdf. p. 46: "Table 2.2 Injecting drug users "Why? (…) "**Harm reduction measures** such as access to sterile injection equipment; drug dependence treatment such as methadone and buprenorphine; community-based outreach; and providing HIV prevention information are among the most effective and cost-effective measures to prevent, the epidemic among injecting drug users." "How? (…) "Promote adequate coverage of the full range of **harm reduction measures** – particularly sterile syringe and needle access and drug substitution treatment."

	Intensifying **HIV** prevention, UNAIDS policy **position paper.** Programme Coordinating Board, Seventeenth meeting, Geneva, Switzerland, 27-29 June 2005. **"Preventing transmission of HIV through injecting drug use-** by developing a comprehensive, integrated and effective system of measures that consists of the full range of treatment options, (notably drug substitution treatment) and the implementation of **harm reduction measures** (through, among others, peer outreach to injecting drug users, and sterile needle and syringe programmes), voluntary confidential HIV counselling and testing, prevention of sexual transmission of HIV among drug users (including condoms and prevention and treatment for sexually transmitted infections), access to primary healthcare, and access to antiretroviral therapy. Such an approach must be based on promoting, protecting and respecting the human rights of drug users"
Office of the High Commissioner for Human Rights	Office of the High Commissioner for Human Rights (OHCHR) and UNAIDS – International Guidelines on HIV and Human Rights, Consolidated Version 2006 http://www.ohchr.org/Documents/Publications/HIVAIDSGuidelinesen.pdf Guideline 4, para 21(d) "Criminal law should not be an impediment to measures taken by States to reduce the risk of HIV transmission among injecting drug users and to provide HIV-related care and treatment for injecting drug users. Criminal law should be reviewed to consider: the authorization or legalization and promotion of needle and syringe exchange programmes; the repeal of laws criminalizing the possession, distribution and dispensing of needles and syringes."
Joint WHO/UNODC/UNAIDS position papers	WHO, UNAIDS & UNODC (2004) Policy Brief: Provision of sterile injecting equipment to reduce HIV transmission. Geneva, World Health Organization, 2004 http://www.who.int/hiv/pub/advocacy/en/provisionofsterileen.pdf "The provision of access to sterile injection equipment for injecting drug users and the encouragement of its use are essential components of HIV/AIDS programmes, and should be seen as a part of overall comprehensive strategies to reduce the demand for illicit drugs." WHO, UNAIDS & UNODC (2004) Position Paper - Substitution maintenance therapy in the management of opioid dependence and HIV/AIDS prevention. Geneva, World Health Organization 2004 http://www.who.int/substance_abuse/publications/en/PositionPaper_English.pdf "Substitution maintenance therapy is one of the most effective treatment options for opioid dependence. It can decrease the high cost of opioid dependence to individuals, their families and society at large by reducing heroin use, associated deaths, HIV risk behaviours and criminal activity. Substitution maintenance therapy is a critical component of community-based approaches in the management of opioid dependence and the prevention of HIV infection among injecting drug users (IDUs)." WHO, UNAIDS & UNODC (2004) Policy Brief: Reduction of HIV Transmission in Prisons, Geneva, World Health Organization, 2004 http://www.who.int/hiv/pub/advocacy/en/transmissionprisonen.pdf

UNODC	UNODC (2008) Reducing the adverse health and social effects of drug use: A comprehensive approach. http://www.unodc.org/documents/prevention/Reducing-adverse-consequences-drug-abuse.pdf "Harm reduction" is often made an unnecessarily controversial issue as if there was a contradiction between prevention and treatment on one hand and reducing the adverse health and social consequences of drug use on the other. This is a false dichotomy. They are complementary. Recommended interventions in the UNODC discussion paper include: 'low-threshold pharmacological interventions (example opioid-agonists and antagonist drugs), not directly related to drug-free oriented programmes, but to immediate health protection, have to be easily accessible' 'needle/syringe exchange programmes'
WHO EURO	Resolution EUR/RC52/R9 Scaling up response the response to HIV/AIDS in the European Region of WHO (2002) http://www.euro.who.int/Governance/resolutions/2002/20021231_4 "1. URGES member states: (e) to promote, enable and strengthen widespread introduction and expansion of evidence-based targeted interventions for vulnerable/high-risk groups, such as prevention, treatment and **harm reduction** programmes (e.g. expanded needle and syringe programmes, bleach and condom distribution, voluntary HIV counselling and testing, substitution drug therapy, STI diagnosis and treatment) in all affected communities, including prisons, in line with national policies"
WHO EMRO	Resolution EM/RC52/R.5 Drug Use and Dependence (2005) "1. URGES member states to 1.2 Make a wide range of approaches and interventions available to address different aspects of primary prevention, through programmes like life skills education, and different levels of care, rehabilitation and **harm reduction**, with major reliance on community-based mechanisms and not only hospital based services"
WHO essential medicines	World Health Organization (2007) Model List of Essential Medicines, 15th list March 2007. http://www.who.int/medicines/publications/EssMedList15.pdf List includes methadone and buprenorphine

(b) Legality of harm reduction services under the Drug Conventions

Numerous reviews – including that done by the UNDCP Legal Affairs Section at the request of the INCB – have concluded that the provision of harm reduction programmes is consistent with, and not in violation of, State obligations under the three UN Drug Control Conventions.

UN Drug conventions	The drug conventions express concern for the "health and welfare of mankind" and for the health and social concern with the health and social problems resulting from abuse, and instruct State parties to "adopt appropriate measures" to reduce the human suffering associated with drug use. Single Convention on Narcotic Drugs (1961) as amended by the 1972 Protocol, http://www.incb.org/pdf/e/conv/convention_1961_en.pdf. Preamble: "*The Parties*, *Concerned* with the **health and welfare of mankind**" Commentary on the United Nations Convention Against Illicit Traffic in Narcotic Drugs and Psychotropic Substances (1988), UN Doc. E/CN.7/590, available at http://www.stopdrogama.org/download/004.pdf. para. 3.109: "'Treatment' will typically include counseling, group counseling or referral to a support group, which may involve out-patient day care, day support, in-patient care or therapeutic community support. A number of treatment facilities may prescribe **pharmacological treatment such as methadone maintenance**, but treatment referrals are most frequently to drug-free programmes." Convention Against the Illicit Traffic in Narcotic Drugs and Psychotropic Substances (1988), http://www.unodc.org/pdf/convention_1988_en.pdf. Article 14, para. 4: "**The Parties shall adopt appropriate measures** aimed at eliminating or reducing illicit demand for narcotic drugs and psychotropic substances **with a view to reducing human suffering** and eliminating financial incentives for illicit traffic. **These measures may be based, inter alia, on the recommendations of the United Nations, specialized agencies of the United Nations such as the World Health Organization, and other competent international organizations** . . ."
UNDCP Legal Opinion	In 2002, the UNDCP Legal Affairs Section issued a decision making clear that harm reduction approaches are legal under the UN Drug Conventions, and noting that this position is "fully consistent" with the stated position of the INCB and with General Assembly and UN system positions. *See* Decision 74/10, Flexibility of Treaty Provisions as Regards Harm Reduction Approaches, prepared by UNDCP 's Legal Affairs Section, E/INCB/2002/W.13/SS.5, 30 September 2002, http://www.tni.org/drugsreform-docs/un300902.pdf, stating: *para.* 6 *12:* **UNDCP would, however, support a balanced approach that would match supply reduction measures and prevention, treatment, and rehabilitation initiatives, with programmes aimed at reducing the overall health and social consequences and costs of drug abuse for both the individuals and their communities. This would be**

	fully consistent not only with the Declaration on the Guiding Principles of Drug Demand Reduction (Resolution A/RES/S-20/4) of the General Assembly Special Session (GASS-1998), **but also with the stated position of the INCB**. Moreover, this approach would also be in accord with the United Nations system 's position on *Preventing the Transmission of HIV among Drug Users*, as approved in February 2001. *para. 12:* "it could easily be argued that the Guiding Principles of Drug Demand Reduction provide a **clear mandate for the institution of harm reduction policies** that, respecting cultural and gender differences, provide for a more supportive environment for drug users." *Para. 17 on **Substitution and Maintenance Treatment** :* "(…) **[methadone] substitution/maintenance treatment could hardly be perceived as contrary to the text or the spirit of the treaties.** It is a commonly accepted addiction treatment, with several advantages and few drawbacks. Although results are mixed and dependent on many factors, its implementation along sound medical practice guidelines would not constitute a breach of treaty provisions." *Para. 29 on **Needle-or Syringe-Exchange**:* "This is rather **straightforward strategy to reduce the risk of contagion with communicable diseases** to IV drug abusers who share needles or syringes. It has been introduced in many countries around the world, to help reduce the rate of intravenous transmission of HIV and other transmittable diseases." *Paras. 23, 27 and 28 on **Drug-injection Rooms:*** "[..] **even supplying a drug addict with the drug he depends on could be seen as a sort of rehabilitation and social reintegration**, assuming that once his drug requirements are taken care of, he will not need to involve himself in criminal activities to finance his dependence." "It would be difficult to assert that, in establishing drug-injection rooms, it is the intent of Parties to actually incite to or induce the illicit use of drugs, or even more so, to associate with, aid, abet or facilitate the possession of drugs. [..] On the contrary, it seems clear that in such cases the intention of governments is to provide healthier conditions for IV drug abusers, thereby reducing their risk of infection with grave transmittable diseases and, at least in some cases, reaching out to them with counselling and other therapeutic options. Albeit how insufficient this may look from a demand reduction point of view, it would still fall **far from the intent of committing an offence as foreseen in the 1988 Convention**." *Para. 35:* "It could even be argued that the drug control treaties, as they stand, have been rendered out of synch with reality, since at the time they came into force they could not have possibly foreseen these new threats."
International Narcotics Control Board	International Narcotics Control Board, Annual Report 2004 p. 36 The Board maintains the position expressed by it already in 1987 that Governments need to adopt measures that may decrease the sharing of hypodermic needles among injecting drug abusers in order to limit the spread of HIV/AIDS

	Many Governments have opted in favour of drug substitution and maintenance treatment as one of the forms of medical treatment of drug addicts, whereby a drug with similar action to the drug of dependence, but with a lower degree of risks, is prescribed by a medical doctor for a specific treatment aim. Although results are dependent on many factors, its implementation does not constitute any breach of treaty provisions, whatever substance may be used for such treatment in line with established national sound medical practice Article 14 of the 1988 Convention requires parties to adopt appropriate measures aimed at eliminating or reducing illicit demand for narcotic drugs and psychotropic substances, with a view to reducing human suffering. The ultimate aim of the conventions is to reduce harm.

(c) The obligation in human rights law to ensure access to harm reduction services

Every year, the United Nations General Assembly adopts by consensus a resolution which states that 'countering the world drug problem' must be carried out in full conformity with the purposes and principles of the Charter of the United Nations and 'in particular' with international human rights law. Under international human rights law, in particular under Article 12 of the International Covenant on Economic Social and Cultural Rights, State Parties have the obligation to prevent epidemics and to progressively realise the right to the highest attainable standard of health for their populations. UN human rights bodies – including the Committee on Economic, Social and Cultural Rights and two UN Special Rapportuers on the Right to Health – have interpreted the provisions of Article 12 as creating an obligation under international law to provide harm reduction services.

General Assembly	The Annual General Assembly resolution on international co-operation to counter the world drug problem contains the following clause "…**countering the world drug problem** is a common and shared responsibility that must be addressed in a multilateral setting, requires an integrated and balanced approach and **must be carried out in full conformity with the purposes and principles of the Charter of the United Nations and other provisions of international law, and in particular** with full respect for the sovereignty and territorial integrity of States, the principle of non-intervention in the internal affairs of States and for **all human rights and fundamental freedoms**, and on the basis of the principles of equal rights and mutual respect" [emphasis added] See, for example, GA Res 62/176 adopted in December 2007 http://daccessdds.un.org/doc/UNDOC/GEN/N07/474/33/PDF/N0747433.pdf?OpenElement Further to that annual statement, the following observations and recommendations of UN human rights entities in the context of harm reduction are important:
UN Special Rapporteurs on the Right to Health and on Torture	The UN Special Rapporteurs on Torture and on the Right to the Highest Attainable Standard of Health have concluded that State failure to ensure access to harm reduction measures violates State obligations to protect the right to health, and amount to cruel, inhuman and degrading treatment of people who use drugs. They have thus urged the CND Chair and Vice-chairs to ensure that the outcome documents for the March 2009 CND make a strong commitment to harm reduction. *See Letter to CND Chairperson* Ms. Selma

	Ashipala-Musavyi from Manfred Nowak, Special Rapporteur on the question of torture, and Anand Grover, Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, December 10, 2008. Their position reflects earlier statements by the Special Rapporteur on health supporting harm reduction measures. http://www.ihra.net/Assets/1384/1/SpecialRapporteursLettertoCND012009.pdf "Harm reduction is an essential HIV prevention measure endorsed by the General Assembly in the Declaration of Commitment on AIDS in 2001 and in the Political Declaration on AIDS in 2006. We have reviewed the Chairperson's draft annex, dated 4 November 2008. Given the General Assembly's endorsement and the global HIV pandemic, we are, however, concerned that it fails to include any reference to harm reduction services. In order for member states to live up to their human rights obligations, and to ensure UN system-wide coherence, we believe that the annex should be amended to include specific language supporting comprehensive harm reduction services." "Harm reduction is essential to the progressive realization of the right to the highest attainable standard of health for people who are using drugs, and indeed, communities affected by drug use. Moreover, the Committee Against Torture, the Special Rapporteur on Torture, the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment, and the European Court of Human Rights all have raised concerns that the failure to provide adequate health services to detainees may contribute to conditions amounting to cruel, inhuman and degrading treatment. The failure to ensure access to harm reduction measures – both inside and outside prisons– puts injection drug users at unnecessary and avoidable risk of HIV and other blood-borne infections. We consider that such failure violates State obligations to respect, protect, and fulfil the right to the highest attainable standard of health, and may amount to cruel inhuman and degrading treatment of this vulnerable and marginalized population. We recommend that the annex reflect the commitments that member states made in 2001 and 2006, and include a strong commitment to harm reduction -- including needle and syringe exchange and opioid substitution therapy -- as essential HIV prevention measures."
UN Special Rapporteur on the Right to Health	Report of the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, Mission to Sweden (28 Feb. 2007) UN Doc A/HRC/4/28/Add.2 "61. These results are in line with the worldwide experience that harm-reduction programmes, including needle exchange programmes and associated health care, promote and protect the health of drug users and reduce transmission of communicable diseases such as hepatitis B and C and HIV, including vertical transmission to newborn children from pregnant intravenous drug users or their partners. These programmes are highly cost-effective. 62. Harm-reduction programmes are endorsed by the World Health Organization, the United Nations Office on Drugs and Crime and the Joint United Nations Programme on HIV/AIDS. (…) such an important human rights issue cannot be left to the discretion of local government. **The Special Rapporteur emphasizes that the Government has a**

	responsibility to ensure the implementation, throughout Sweden and as a matter of priority, of a comprehensive harm-reduction policy, including counselling, advice on sexual and reproductive health, and clean needles and syringes." Statement of current UN Special Rapporteur on the right to health, Mr. Anand Grover, on harm reduction and the right to health in Harm Reduction and Human Rights: The Global Response to Drug Related HIV Epidemics, International Harm Reduction Association, 2009 'State Parties have obligations under international law and in particular under Article 12 of the International Covenant on Economic Social and Cultural Rights (ICESR) to prevent epidemics. Therefore, states have an obligation under international law to pursue harm reduction strategies. Under the same provision, State Parties also are obliged to realize the right to highest attainable standard of health, particularly for marginalized communities, such as drug users. This means that drug user communities are entitled to, opioid substitution therapy and drug dependence treatment, both inside and outside prisons.'
UN Committee on Economic Social and Cultural Rights	The UN Committee on Economic, Social and Cultural Rights has interpreted the provision of harm reduction as necessary for states to comply with obligations under the right to health. In 2006, the Committee expressed concern at "the rapid spread of HIV," "in particular among drug users, prisoners, and sex workers," and called on the Tajikistan government to "establish time-bound targets for extending the provision of free... harm reduction services to all parts of the country" to meet its right to health obligations. In 2007, the Committee raised concerns about drug users' limited access to opioid substitution therapy in Ukraine, and recommended that the government take action to make it more accessible to them. Committee on Economic, Social, and Cultural Rights, Concluding Observations: Tajikistan (24 November 2006) UN Doc No E/C.12/TJK/CO/1. 69. The Committee urges the State party to take effective measures to combat the inflow and consumption of illicit drugs and **to provide adequate treatment and rehabilitation for drug users**. 70. (…) The Committee also recommends that the State party establish time-bound targets for extending the provision of free testing services, free treatment for HIV and **harm reduction services** to all parts of the country." Committee on Economic, Social, and Cultural Rights, Concluding Observations: Ukraine (4 January 2008) UN Doc No E/C.12/UKR/CO/5. para. 28: "The Committee is gravely concerned at the high prevalence of HIV/AIDS in the State party, including among women; discrimination against persons with HIV/AIDS and high-risk groups such as sex workers, drug users and incarcerated persons; disclosure of information about their HIV status by law enforcement agencies, healthcare and educational institutions; and the **limited access by drug users to substitution therapy**." para. 51: "The Committee recommends that the State party (…) **make drug substitution therapy and other HIV prevention services more accessible to drug users**."

2. International Reviews of Evidence

There is strong and consistent evidence that harm reduction interventions which include access to sterile injecting equipment, opioid substitution therapies, and community-based outreach, are the most effective and cost effective means of reducing HIV-related risk behaviours and therefore preventing transmission of HIV, hepatitis C and other blood borne viruses among people who inject drugs. Harm reduction services have been shown to limit or reverse the spread of HIV in people who inject drugs in many countries. There is no evidence of unintended negative consequences such as increased initiation, duration or frequency of injecting drug use, and no country which has started harm reduction programmes has subsequently stopped them.

The evidence regarding the effectiveness of harm reduction interventions was comprehensively reviewed by the U.S. Institute of Medicine. The IOM report found that several key approaches can reduce the use and injection of illegal drugs, and also curb other drug- and sex-related risk behavior that increases the risk of HIV infection. The report provides evidence-based recommendations regarding drug dependence treatment, sterile needle and syringe access, and outreach and education. The report urges high-risk countries to take immediate steps to make effective HIV prevention strategies widely available. Evidence for the effectiveness of harm reduction interventions including needle exchange, opioid substitution treatment, outreach, and for voluntary testing and counseling has also been reviewed comprehensively by the WHO. UNODC and UNAIDS have issued several technical papers based on the international evidence.

U.S. Institute of Medicine	U.S. Institute of Medicine (2006), Preventing HIV Infection among Injecting Drug Users in High Risk Countries: An Assessment of the Evidence, September 2006 http://books.nap.edu/catalog.php?record_id=11731#toc
World Health Organization	World Health Organization (2004) Evidence for Action Technical Papers: Effectiveness of Sterile Needle and Syringe Programming in Reducing HIV/AIDS among Injecting Drug Users. Geneva, World Health Organization 2004 http://www.who.int/hiv/pub/prev_care/effectivenesssterileneedle.pdf World Health Organization (2004) Evidence for Action Technical Papers: Effectiveness of drug dependence treatment in HIV prevention, Geneva, World Health Organization 2004 http://www.emro.who.int/aiecf/web203.pdf
WHO, UNODC, UNAIDS	World Health Organisation, Evidence for Action Technical Papers, Interventions to Address HIV in Prisons: Needle and Syringe Programmes and Decontamination Strategies, WHO/UNODC/UNAIDS, 2007 http://www.who.int/hiv/idu/oms_%20ea_nsp_df.pdf World Health Organisation, Evidence for Action Technical Papers, Interventions to Address HIV in Prisons: Drug Dependence Treatments WHO/UNODC/UNAIDS, 2007 http://www.who.int/hiv/idu/EADrugTreatment.pdf UNAIDS, WHO & UNODC Evidence for Action Technical Papers (2004) Effectiveness of interventions to address HIV in prisons WHO, UNAIDS & UNODC (2008) Evidence for action on HIV/AIDS and injecting drug use Policy brief: Policy guidelines for collaborative TB and HIV services for injecting and other drug users WHO, UNAIDS & UNODC (2008) Evidence for Action Technical Papers. Policy Guidelines for Collaborative TB and HIV Services for Injecting and Other Drug Users: An Integrated Approach

3. Global State of Harm Reduction

There are presently eighty-two countries and territories worldwide that support or tolerate harm reduction, explicitly in HIV, hepatitis C or drug-related policy documents (71 countries), and/or through the implementation or tolerance of harm reduction interventions such as needle exchange (77 countries) or opioid substitution therapy (63 countries). The following table provides further details.[1]

Table A.3: Countries supporting harm reduction

Country or territory	Explicit supportive reference to harm reduction in national policy documents	Needle exchange programmes operational	Opioid substitution programmes operational
ASIA			
Afghanistan	✓	✓	x
Bangladesh	✓	✓	x
Cambodia	✓	✓	x
China	✓	✓	✓
Hong Kong	✓	x	✓
India	✓	✓	✓
Indonesia	✓	✓	✓
PDR Laos	✓	x	x
Malaysia	x	✓	✓
Myanmar	✓	✓	✓
Nepal	✓	✓	✓
Pakistan	✓	✓	x
Taiwan	✓	✓	✓
Thailand	x	✓	✓
Vietnam	nk	✓	✓
CARIBBEAN			
Puerto Rico	nk	✓	✓
EURASIA			
Albania	✓	✓	✓
Armenia	✓	✓	x
Azerbaijan	x	✓	✓
Belarus	✓	✓	✓
Bosnia and Herzegovina	x	✓	✓
Bulgaria	✓	✓	✓
Croatia	✓	✓	✓
Czech Republic	✓	✓	✓
Estonia	✓	✓	✓
Georgia	✓	✓	✓
Hungary	✓	✓	✓
Kazakhstan	✓	✓	x
Kyrgyzstan	✓	✓	✓
Latvia	✓	✓	✓
Lithuania	✓	✓	✓
Macedonia	✓	✓	✓
Moldova	✓	✓	✓
Montenegro	✓	✓	✓
Poland	✓	✓	✓
Romania	✓	✓	✓
Russia	x	✓	x
Serbia	✓	✓	✓
Slovakia	✓	✓	✓
Slovenia	✓	✓	✓
Tajikistan	✓	✓	x
Ukraine	✓	✓	✓
Uzbekistan	✓	✓	✓

nk = not known

Table A.3: continued.

Country or territory	Explicit supportive reference to harm reduction in national policy documents	Needle exchange programmes operational	Opioid substitution programmes operational
LATIN AMERICA			
Argentina	✓	✓	x
Brazil	✓	✓	x
Mexico	✓	✓	✓
Paraguay	x	✓	x
Uruguay	✓	✓	x
MIDDLE EAST and NORTH AFRICA			
Egypt	x	✓	x
Iran	✓	✓	✓
Israel	✓	✓	✓
Lebanon	x	✓	✓
Morocco	✓	✓	x
Oman	✓	✓	x
Palestine	x	✓	x
NORTH AMERICA			
Canada	✓	✓	✓
United States	✓	✓	✓
OCEANIA			
Australia	✓	✓	✓
New Zealand	✓	✓	✓
SUB-SAHARAN AFRICA			
Mauritius	✓	✓	✓
South Africa	✓	x	✓
Tanzania	✓	x	x
Zanzibar	✓	x	x
WESTERN EUROPE			
Austria	✓	✓	✓
Belgium	✓	✓	✓
Cyprus	nk	✓	✓
Denmark	✓	✓	✓
Finland	✓	✓	✓
France	✓	✓	✓
Germany	✓	✓	✓
Greece	✓	✓	✓
Ireland	✓	✓	✓
Italy	✓	✓	✓
Luxembourg	✓	✓	✓
Malta	✓	✓	✓
Netherlands	✓	✓	✓
Norway	✓	✓	✓
Portugal	✓	✓	✓
Spain	✓	✓	✓
Sweden	✓	✓	✓
Switzerland	✓	✓	✓
United Kingdom	✓	✓	✓

nk = not known

[1] Taken from Cook C & Kanaef N (2008) The Global State of Harm Reduction 2008: Mapping the response to drug-related HIV and hepatitis C epidemics. International Harm Reduction Association. Ticks indicate a) National government policy and/or strategy documents on HIV, hepatitis C and/or drugs include explicit reference to harm reduction, b) at least one needle and syringe exchange programme is operational in the country, c) at least one opioid substitution therapy programme is operational in the country