"New Approaches on Harm Reduction with a look at UNGASS 2016"
Conference Room Paper
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I. Background

The harm reduction response to drug use has emerged as an evidence-based, highly effective and cost-effective component of drug policies around the world over the last 30 years. It has been defined by Harm Reduction International as "policies, programmes and practices that aim primarily to reduce the adverse health, social and economic consequences of the use of legal and illegal psychoactive drugs without necessarily reducing drug consumption". In this respect, harm reduction sits alongside, and is distinct from, other pillars of drug policy – such as demand reduction and supply reduction.

In the context of preparations for the United Nations General Assembly Special Session (UNGASS) on the World Drug Problem (19-21 April 2016, New York), the Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH on behalf of the Federal Ministry for Economic Cooperation and Development (BMZ) of Germany, the Drug Commissioner of the Federal Government of Germany, jointly with the International Drug Policy Consortium (IDPC), hosted an Expert Group Meeting (EGM) on "New Approaches on Harm Reduction" on 15-18 February 2016 in Berlin.

The EGM attendees included Government representatives from Brazil, Colombia, Germany, Ghana, India, Indonesia, Mexico, Myanmar, Netherlands, Nigeria, Norway, Philippines, Portugal, and United Kingdom. Additionally, civil society and academic representatives attended the meeting, as well as representatives from the United Nations Office on Drugs and Crime (UNODC) and the World Health Organisation (WHO). The meeting included presentations of country experiences from around the world, as well as thematic discussions about the current state of harm reduction, gender issues and stimulant use, and the UNGASS preparations. This Conference Room Paper seeks to sum up the key messages stemming from inputs and debates in the course of the Expert Group Meeting. However, the document does not necessarily reflect the particular position of any of the organizing and participating parties.

Harm reduction gained prominence as a pragmatic response to HIV and hepatitis transmission among people who inject drugs – a policy framework based on public health, human rights, dignity and empowerment, and with people who use drugs at the forefront of efforts to protect their peers. Germany was among the early pioneers of this approach, domestically and internationally. The national drug policy comprises four inter-connected pillars – prevention, harm reduction, treatment and rehabilitation, and supply reduction – and includes innovations such as needle and syringe vending machines and more than 20 drug consumption rooms.

Yet despite the available evidence, too many people who use drugs on a global level still do not have access to harm reduction services. Because of this, around 13 per cent of people who inject drugs are living with HIV – a prevalence more than 25 times that of the general population. Half of all people who inject drugs are thought to be living with hepatitis C, and there are more than 180,000 drug-related deaths every year.

In this context, the United Nations General Assembly Special Session (UNGASS) on the World Drug Problem is a policy milestone of great importance for the issue of harm reduction. Unless the international community embraces and promotes the harm reduction response, and significantly scales up the coverage and funding for this approach, the

Sustainable Development Goals Target 3.3 to end the AIDS epidemic by 2030 will most probably not be met, as participants warned during the meeting.

II. Key Issues and Recommendations – Priorities for UNGASS 2016

Political acceptance of harm reduction

At the last UNGASS on drugs in 1998 a harm reduction approach was not included, despite the availability of nearly two decades of evidence and experience from around the world. During the negotiations preceding the adoption of the 2009 Political Declaration and Plan of Action, there was no consensus between Member States to endorse the term harm reduction in the documents. Instead, the term "related support services" was agreed upon. Germany, on behalf of 25 other countries, on this occasion tabled a statement to interpret this term as harm reduction.

In 2014, the High Level Review of the 2009 Political Declaration again excluded a specific mention of harm reduction – although the language edged forward to include "measures aimed at minimizing the negative public health and social impacts of drug abuse that are outlined in the WHO, UNODC, UNAIDS Technical Guide".

As was discussed during the EGM, the concept of harm reduction remains contentious. In the preparation of the negotiations of the UNGASS outcome document, the term harm reduction had been included in the input papers of two regional groups, comprising 85 countries, and additionally by eight individual countries. At the same time, the term harm reduction has been endorsed by the UN General Assembly in both the 2001 and 2011 Political Declarations on HIV.

Several participants stressed the importance to draw upon agreed language from the UN General Assembly documents in the course of the ongoing negotiations of the UNGASS Outcome Document. There was also some discussion about whether it is important to have the term appear explicitly or whether it is adequate to ensure references to the WHO, UNODC, UNAIDS Technical Guide, as well as needle and syringe programmes, opioid substitution treatment and naloxone to prevent drug-related deaths. It was suggested that if the term 'harm reduction' cannot be reflected within the CND framework in Vienna, then alternatives may be sought. For example, the recent WHO Executive Board paper on the world drug problem used the language of "prevention and management of the harms associated with drug use".

Broadening out the concept of harm reduction

Harm reduction is often associated with interventions proven to reduce the acute health harms associated with injecting drug use, especially the injection of opioids, as the emergence of injecting-related HIV transmission has been a driving force behind the adoption and promotion of this approach. However, as suggested by several participants, harm reduction goes beyond this and should be conceived as a central tenet behind drug policies – one defined by a set of principles rather than a list of interventions. The harms that need to be reduced may be health harms (and not just HIV), but they are just as likely to be social or economic harms such as acquisitive crime, corruption, over-incarceration, violence, stigmatisation, marginalisation or harassment, to name just a few. Participants discussed the need to also apply these principles to supply reduction in order to reduce social damage and violence. However, it was pointed out that the current lack of concrete measures makes it hard to define and advance this important concept. A number of participants expressed the concern that a broadening of the concept of harm reduction towards a wider definition may imply the risk of blurring or diluting the approach.

As stated on several occasions, the traditional focus on opiates has also resulted in a lack of attention for other types of drugs and use – in particular non-injecting use and stimulant use. The existing evidence base for stimulant harm reduction needs to be better collated and communicated – a process that is currently being supported by UNODC and WHO. Participants suggested raising awareness of the novel interventions being implemented around the world, such as stimulant substitution therapies, pill testing services, structural interventions, psychosocial support, and some of the work being done around the use of cocaine paste (usually smokable) in Latin America.

Government representatives asked for better guidance for Member States on how to tailor the harm reduction approach for people who use stimulants – whether they inject, smoke or ingest drugs. Several presentations showed that increased sexual risks among stimulant using populations also require tailored interventions, male and female condom distribution, and accessible services for sexually transmitted infections. Participants raised the point that, for people who inject stimulants, the scale-up of interventions such as needle and syringe programmes is needed due to the higher frequency of injection associated with these drugs. Peer-based models may be an important mechanism to achieve this, especially for 'out of hours' provision. Furthermore, experts underlined that peer-supported route transition interventions should play a role in encouraging people to move from injecting to other safer routes of administration, or to embrace their identity as a non-injector.

In terms of the UNGASS process, several participants expressed a view that the traditional, cultural and indigenous uses of mild plant-based stimulants (including coca, guarana, betel, khat, kratom and ephedra) should be recognised, and that policies could be used to manage the market towards less harmful plant-based substances.

Harm reduction in prisons: a global health emergency

On a global scale, the level of incarceration from drug-related offences is considered to be a major concern. Widespread drug use in prisons creates high-risk environments for HIV, hepatitis, tuberculosis and other drug-use related diseases. Some participants stated that the coverage of proven harm reduction interventions in closed settings is alarming. Even in countries that have community-based harm reduction services, these often stop at the prison gates. As discussed during the EGM, just seven countries are currently implementing needle and syringe programmes in prisons, while only 43 countries provide prison-based opioid substitution therapy, and only 28 countries provide condoms to prisoners.

Taking this into account, participants suggested to encourage the implementation of the "Mandela Rules" on the treatment of prisoners. This set of rules includes clear references to the provision of healthcare, HIV prevention and treatment, and the need for collaboration between health services in the community and in prison settings. Participants also discussed the possibility of transferring prison health services – including harm reduction – to Ministries of Health, rather than Ministries of Justice.

Gender responsive harm reduction interventions

The EGM included a number of presentations and discussions on the need for gender responsive harm reduction and drug policy approaches. Participants warned that appropriate responses for women who use drugs are hindered by the dearth of data on drug use and drug-related harms among women. Presentations showed that, globally, only one out of five people in drug treatment is a woman, even though one out of three people who use drugs is a woman. According to recent data provided by participants, women who use drugs often have higher rates of HIV, hepatitis C and sexually transmitted infections than men who use drugs, and are often subjected to heightened stigma and discrimination, domestic violence

and gender-based violence. There was a widespread concern that many existing responses feed on, and fuel, these harms and human rights abuses – including campaigns offering women who use drugs money to be sterilised.

UNODC has published specific guidance and policy recommendations for women who use drugs, building upon the WHO, UNODC, UNAIDS Technical Guide, and elaborating many of the critical enablers, structural interventions and capacity building efforts needed to address the specific and increased risks faced by this group. Participants agreed that services should engage women who use drugs in their design, implementation and evaluation. Furthermore, participants discussed that drug policy responses should be based on the available evidence and on human rights.

Presentations during the EGM showcased that women drug offenders are the fastest growing population in prisons around the world – especially in Latin America and Asia. According to data provided by participants, a majority of these women are low-level, non-violent offenders, or women who use drugs. The presented research showed that incarceration can have a devastating impact on families and children, and exacerbates the harms facing women who use drugs – including health harms, but also negative impacts on future employment, poverty and social reintegration. Some participants suggested that greater efforts must therefore be made to reduce the incarceration of women, including through more proportionate drug sentencing that accounts for mitigating factors such as coercion, caregiving status and motivations for offending, and through the provision of gender-sensitive alternatives to incarceration.

The policy and legislative challenges for the implementation of harm reduction

Throughout the discussions, participants cited a number of policy and legislative barriers to the adoption, scale-up and sustainability of harm reduction programmes around the world. Some participants highlighted the need for an enabling policy environment that is supportive for the implementation of harm reduction interventions.

Many participants noted that the application of criminal sanctions for drug use creates a high-risk environment, which often impedes access to health services, increases stigma and exacerbates drug problems. There were several calls during the EGM for consideration to be given to removing criminal sanctions for drug use, drug possession for personal use and/or the possession of drug paraphernalia, in line with recommendations from across the UN family – and specifically by the UN Secretary General, UNAIDS, WHO, UN Women, OHCHR and UNDP.

The role of networks of people who use drugs

A number of participants and speakers remarked on the role that networks of people who use drugs have played in the global harm reduction response since the 1970s – including in Germany. With international, regional and national networks now flourishing around the world, the EGM participants discussed the part that they should continue to play in advocating for and delivering lifesaving harm reduction services. Furthermore, peer-supported or peer-delivered harm reduction and mutual support services were discussed as a way to achieve greater levels of acceptance, uptake and coverage. For example, peer-based needle and syringe programmes, or services that enable peer distribution (also known as ‘secondary exchange’), were highlighted as particularly effective interventions to reach individuals who are unable or unwilling to engage in regular services.

The global funding crisis for harm reduction

Several participants warned that despite the scale-up of harm reduction programmes in some countries, the global coverage of these services remains woefully inadequate to deliver

the public health, social and economic benefits that can be gained. Some of the presented estimates suggest, that it will be 2026 until some form of services are available in every country in need, if Member States continue to adopt harm reduction measures at the current pace. Likewise, as was stated in the course of the EGM, the Sustainable Development Goal of ending the AIDS epidemic by 2030 will probably not be met. According to some participants, there has been a visible fragility of harm reduction commitments in a number of countries – both due to political changes and the withdrawal of essential international funding, especially in middle income countries. Participants widely agreed that a significant upscale in global harm reduction funding – from international and domestic sources – will be essential to address the existing coverage gaps. It was commented by some participants that such upscale could be achieved by redirecting a small part the funding currently provided for drug law enforcement efforts around the world.