



Global State of  
**Harm Reduction 2010**  
*At A Glance*

# Key Findings

Harm reduction policies or programmes have been adopted in more than half of the 158 countries and territories where injecting drug use has been reported.

- > 93 support harm reduction in policy or practice
- > 79 have an explicit supportive reference to harm reduction in national policy documents
- > 82 have needle and syringe exchange
- > 10 have needle and syringe exchange in prisons
- > 73 have opioid substitution therapy
- > 39 have opioid substitution therapy in prisons
- > 8 have drug consumption rooms

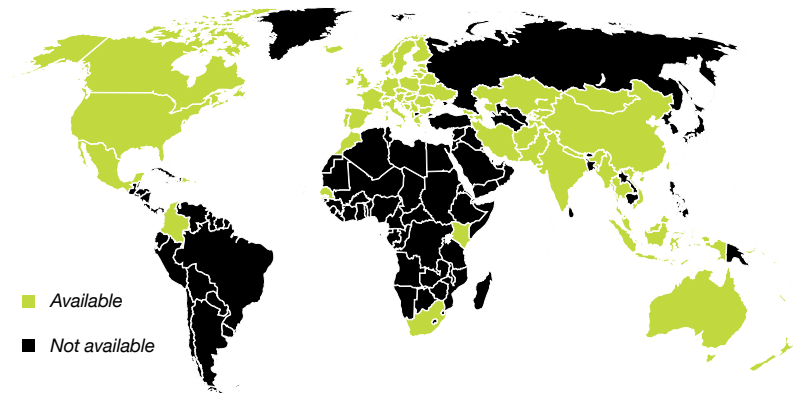
Injecting drug use is reported in at least 158 countries and territories around the world.<sup>1</sup> An estimated 15.9 million people inject drugs globally. In 120 countries, there are reports of HIV infection among people who inject drugs. In some countries prevalence among this group reaches 40% or more. Worldwide, an estimated 3 million people who inject drugs are living with HIV.<sup>2</sup> Extremely high proportions of people who inject drugs are also affected by viral hepatitis, tuberculosis, injection site bacterial infections and overdose.

Key harm reduction interventions such as needle and syringe exchange programmes (NSP) and opioid substitution therapy (OST) are available in an increasing number of countries. However, the coverage of services remains limited, particularly in low and middle income countries. Recent estimates indicate that many countries are distributing less than one needle per person who injects drugs per year. Similarly, in many Central Asian, Latin American and Sub-Saharan African countries, opioid substitution therapy (OST) coverage is low - equating to less than one OST recipient for every 100 people who inject drugs.<sup>3</sup> Of the countries with reported injecting drug use, seventy-six have no needle and syringe exchange services and eighty-eight have no OST provision.

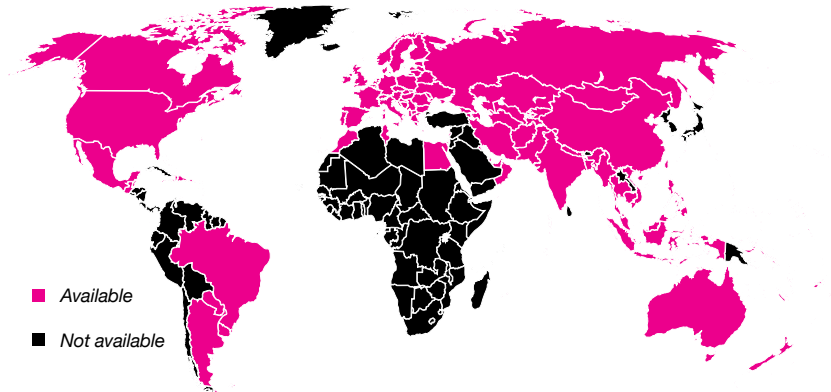
## Three cents a day is not enough

In calling for increased access to services, it is important to assess the finances that are currently available for the harm reduction response. IHRA estimates that US\$160 million was spent on HIV-related harm reduction in low and middle income countries in 2007.<sup>4</sup> To put this in context, UNAIDS estimated that the resources needed

Global availability of opioid substitution therapy



Global availability of needle and syringe programmes



for harm reduction were \$2.13 billion in 2009 and \$3.2 billion in 2010. Current expenditure works out at less than three US cents per day per person injecting drugs in these countries, which is clearly insufficient. The biggest investors in harm reduction are people who inject drugs themselves. Expenditure on harm reduction supplies (e.g. needles and syringes) and on drug treatment mainly comes from the out-of-pocket expenses of people who use drugs, rather than from harm reduction services.

Interventions must be scaled up in order to have an impact on HIV epidemics, but this will only be possible with substantially increased investment from governments and international donors. A severe lack of resources, government apathy and distrust of harm reduction, the criminalisation of drug users and harm reduction activities and poor engagement of people most affected by drugs and drug policy in the decision-making fora all act as barriers to harm reduction around the world. The work of harm reduction networks and wider civil society to advocate for harm reduction approaches, sometimes in very hostile policy and legal environments, is essential to the sustainability and scale up of this life-saving approach.







# Global State of Harm Reduction 2010

*At A Glance*

## Guide to Reading the Table

This table lists the countries and territories around the world that support harm reduction in policy or practice.<sup>5</sup> Please note that inclusion in this table does not indicate the scope, quality or coverage of services.

It is also important to recognise that the explicit supportive reference to harm reduction in national policy may not necessarily equate to the existence of quality and high coverage services. Furthermore, in many countries harm reduction services, NSP in particular, are NGO-driven and may be operating without government support.

-  **Explicit supportive reference to harm reduction in national policy documents:**  
Countries and territories which have an explicit reference to harm reduction in national health or drug-related policy.
-  **Needle and syringe exchange programmes (NSP) operational:**  
Countries and territories which have one or more operational NSP sites.
-  **Opioid substitution therapy programmes (OST) operational:**  
Countries and territories which have one or more sites which provide opioid substitution therapy as maintenance (not for detoxification only).
-  **Drug consumption rooms:**  
Countries and territories which have one or more operational drug consumption rooms (or safer injecting facilities)
-  **Needle exchange in prisons:**  
Countries and territories which have one or more prisons with operational NSP.
-  **Opioid substitution therapy in prisons:**  
Countries and territories which have one or more prisons with opioid substitution therapy as maintenance (not for detoxification only)

Country or territory (93)	Explicit supportive reference to harm reduction in national policy documents (79)	Needle and syringe exchange programmes operational (82)	Opioid substitution therapy programmes operational (73)	Drug consumption rooms (8)	Needle exchange in prisons (10)	Opioid substitution therapy in prisons (39)
<b>ASIA</b>						
Afghanistan	✓	✓	✓			
Bangladesh	✓	✓	✓			
Cambodia	✓	✓				
China	✓	✓	✓			

Country or territory (93)	Explicit supportive reference to harm reduction in national policy documents (79)	Needle and syringe exchange programmes operational (82)	Opioid substitution therapy programmes operational (73)	Drug consumption rooms (8)	Needle exchange in prisons (10)	Opioid substitution therapy in prisons (39)
<b>LATIN AMERICA</b>						
Argentina	✓	✓				
Brazil	✓	✓				
Colombia	✓		✓			
Mexico	✓	✓	✓			

Hong Kong	✓		✓			
India	✓	✓	✓			✓
Indonesia	✓	✓	✓			✓
PDR Laos	✓					
Malaysia	✓	✓	✓			✓
Maldives			✓			
Mongolia		✓				
Myanmar	✓	✓	✓			
Nepal	✓	✓	✓			
Pakistan	✓	✓				
Philippines	✓	✓				
Taiwan	✓	✓	✓			
Thailand	✓	✓	✓			
Vietnam	✓	✓	✓			
<b>CARIBBEAN</b>						
Puerto Rico		✓	✓			✓
Trinidad and Tobago	✓					
<b>CENTRAL AND EASTERN EUROPE AND CENTRAL ASIA</b>						
Albania	✓	✓	✓			✓
Armenia	✓	✓	✓		✓	
Azerbaijan		✓	✓			
Belarus	✓	✓	✓		✓	
Bosnia and Herzegovina	✓	✓	✓			
Bulgaria	✓	✓	✓			
Croatia	✓	✓	✓			✓
Czech Republic	✓	✓	✓			✓
Estonia	✓	✓	✓			
Georgia	✓	✓	✓			✓
Hungary	✓	✓	✓			✓
Kazakhstan	✓	✓	✓			
Kosovo		✓	✓			
Kyrgyzstan	✓	✓	✓		✓	
Latvia	✓	✓	✓			
Lithuania	✓	✓	✓			
Macedonia FYR	✓	✓	✓			✓
Moldova	✓	✓	✓		✓	✓
Montenegro	✓	✓	✓			✓
Poland	✓	✓	✓			✓
Romania	✓	✓	✓		✓	✓
Russia		✓				
Serbia	✓	✓	✓			✓
Slovakia	✓	✓	✓			
Slovenia	✓	✓	✓			✓
Tajikistan	✓	✓	✓			
Turkmenistan		✓	✓			
Ukraine	✓	✓	✓			
Uzbekistan	✓	✓	✓			

Paraguay	✓	✓				
Uruguay	✓	✓				
<b>MIDDLE EAST and NORTH AFRICA</b>						
Egypt		✓				
Iran	✓	✓	✓		✓	✓
Israel	✓	✓	✓			
Lebanon	✓	✓	✓			
Morocco	✓	✓	✓			
Oman		✓				
Palestine		✓				
Tunisia		✓				
<b>NORTH AMERICA</b>						
Canada	✓	✓	✓	✓		✓
United States	✓	✓	✓			✓
<b>OCEANIA</b>						
Australia	✓	✓	✓	✓		✓
New Zealand	✓	✓	✓			✓
<b>SUB-SAHARAN AFRICA</b>						
Kenya	✓	✓	✓			
Mauritius	✓	✓	✓			✓
Senegal		✓	✓			
Seychelles						
South Africa		✓	✓			
Tanzania	✓					
Zanzibar	✓	✓				
<b>WESTERN EUROPE</b>						
Austria	✓	✓	✓			✓
Belgium	✓	✓	✓			✓
Cyprus	✓	✓	✓			
Denmark	✓	✓	✓			✓
Finland	✓	✓	✓			✓
France	✓	✓	✓			✓
Germany	✓	✓	✓	✓		✓
Greece	✓	✓	✓			
Iceland		✓	✓			
Ireland	✓	✓	✓			✓
Italy	✓	✓	✓			✓
Luxembourg	✓	✓	✓	✓		✓
Malta	✓	✓	✓			✓
Netherlands	✓	✓	✓	✓		✓
Norway	✓	✓	✓	✓		✓
Portugal	✓	✓	✓		✓	✓
Spain	✓	✓	✓	✓	✓	✓
Sweden	✓	✓	✓			✓
Switzerland	✓	✓	✓	✓	✓	✓
United Kingdom	✓	✓	✓			✓

1 Cook C & Kanaef N (2008) *Global State of Harm Reduction: Mapping the response to drug-related HIV and hepatitis C epidemics*. International Harm Reduction Association, London, UK

2 Mathers B et al (2008) for the 2007 Reference Group to the UN on HIV and Injecting Drug Use. *Global epidemiology of injecting drug use and HIV among people who inject drugs: A systematic review*. *Lancet* 372(9651):1733-45.

3 Mathers B et al. (2010) *HIV prevention, treatment and care for people who inject drugs: A systematic review of global, regional and country level coverage*. *Lancet* 375(9719): 1014-28

4 Stimson GV et al (2010) *Three Cents a Day is Not Enough. Resourcing HIV-related harm reduction on a global basis*. International Harm Reduction Association, London, UK.

5 The data are largely drawn from Cook C (ed) (2010) *Global State of Harm Reduction 2010: Key issues for broadening the response*. International Harm Reduction Association, London, UK. The start up of OST programmes in Morocco, Bangladesh and Tajikistan as of June and July 2010 are also reflected.



Cook, C (2010) *Global State of Harm Reduction 2010 at a glance*. International Harm Reduction Association, London, UK.  
For more information on the Global State of Harm Reduction see [www.ihra.net](http://www.ihra.net)