

7 March 2018

English only

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**Commission on Narcotic Drugs****Sixty-first session**

Vienna, 12–16 March 2018

Item 7 of the provisional agenda\*

**Follow-up to the special session of the General Assembly on the world drug problem held in 2016, including the seven thematic areas of the outcome document of the special session****Conference room paper submitted by the Federal Republic of Germany on the importance of harm reduction for people who use stimulant drugs\*\***

*Disclaimer: This report summarizes the discussions and conclusions of the Expert Group Meeting, but does not necessarily reflect the positions of the German government*

**I. Introduction**

Harm reduction refers to “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”.<sup>1</sup> As such, harm reduction sits alongside other pillars of drug policy such as demand reduction and supply reduction. It is a pragmatic, evidence-based,<sup>2</sup> highly effective and cost-effective component of drug policies around the world — and has been a central component of Germany’s national approach since the late 1980s, being one of the four pillars of the German National Strategy on Drug and Addiction Policy (2012). Core harm-reduction interventions — such as needle and syringe programmes, opioid substitution therapy and naloxone distribution — were also referred to in the Outcome Document of the United Nations General Assembly Special Session (UNGASS) on the World Drug Problem in April 2016.<sup>3</sup>

The **Global Partnership on Drug Policies and Development (GPPD)** is a programme implemented by the Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH on behalf of the German Federal Ministry for Economic Cooperation and Development (BMZ) and under the political patronage of

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\* E/CN.7/2018/1.

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<sup>1</sup> <https://www.hri.global/what-is-harm-reduction>.

<sup>2</sup> See, for example: [http://www.emcdda.europa.eu/publications/monographs/harm-reduction\\_en](http://www.emcdda.europa.eu/publications/monographs/harm-reduction_en).

<sup>3</sup> See paras. 1m and 1o: <https://www.unodc.org/documents/postungass2016/outcome/V1603301-E.pdf>.



the Federal Government's Drug Commissioner.<sup>4</sup> Under the auspices of this Partnership, an Expert Group Meeting (EGM) on harm-reduction responses for people who use stimulant drugs was held from 4th to 6th October 2017 in Bangkok, Thailand. EGM was co-hosted by the Thai Office of the Narcotics Control Board (ONCB), the International Drug Policy Consortium (IDPC), the Transnational Institute (TNI) and Harm Reduction International (HRI). It brought together 52 participants from around the world, comprising representatives from Member States, United Nations agencies, civil society as well as academics, and people who use drugs. This was the second EGM on harm reduction within the framework of GPDPD, following a first Meeting in Berlin in 2016 whose results were fed into the UNGASS 2016 preparation process.<sup>5</sup>

Over recent decades, the consumption of stimulant drugs has proliferated: according to the United Nations Office on Drugs and Crime (UNODC), 37 million people used amphetamines and prescription stimulants in 2015, and 17 million used cocaine — placing this category of drugs second only to cannabis.<sup>6</sup> The exponential growth in stimulant use presents new challenges to the practice and principles of harm reduction, which have gained prominence over the last 30 years with a focus on opioid use, the injection of drugs and the transmission of HIV and other blood-borne diseases. EGM sought to discuss and explore how harm reduction could be better applied to protect the health of people who use stimulant drugs, within a human rights framework in line with the UNGASS Outcome Document Chapter IV.

This conference room paper outlines the most relevant findings of the Expert Group Meeting.

## II. Key themes

### A. Barriers to harm reduction for stimulants

One of the key thematic areas arising from the EGM discussions was the barriers that currently impede the scaling up of harm reduction, especially for stimulant use. It was noted, for example, that harm reduction remains a controversial concept at the United Nations Commission on Narcotic Drugs, and the term itself has yet to be used in any consensus-based documents of the Commission despite its widespread use by Member States and United Nations agencies. Even where harm reduction has been pioneered and adopted, the historical focus has commonly been on the injecting of opioid drugs such as heroin, and this has resulted in a lack of emphasis on non-injecting forms of drug consumption. Participants agreed that there is a gap in the data and guidance currently available to governments, policy analysts and practitioners with regards to stimulant drug use and appropriate interventions.

Forthcoming guidance from the UNODC on HIV prevention, treatment and care and stimulant drugs use (launching in 2018) was widely acknowledged as a welcome attempt to address these gaps. Nonetheless, many participants noted the need to expand the concept of harm reduction beyond HIV and injecting drug use — including by looking at wider issues such as non-injecting drug use, instruments of social inclusion, the reduction of social harms associated with drug use, policy reforms, human rights considerations, and the broader needs of people who use stimulant drugs.

Interventions during EGM showed that available data on the global state of harm reduction also demonstrate the chronic under-funding of harm-reduction interventions, despite the evidence in their favour.<sup>7</sup> The need to identify sustainable, non-HIV specific sources of funding for the harm-reduction approach at the national, regional and international levels was also identified during EGM. EGM also discussed how merely punitive approaches to drug control may increase stigma and marginalization,

<sup>4</sup> <https://www.gpdpd.org/en/>.

<sup>5</sup> <http://files.idpc.net/library/Conference-Room-Paper-on-Harm-Reduction.pdf>.

<sup>6</sup> <https://www.unodc.org/wdr2017/en/exsum.html>.

<sup>7</sup> <https://www.hri.global/contents/1739>.

and present obstacles to the scaling up of harm-reduction measures. According to experts at EGM, prisons continue to be high-risk environments for people who use drugs, and frequent incarceration exacerbates the difficulties faced by many of these individuals. Women who use drugs also continue to face additional barriers to accessing treatment and services, as well as facing heightened risks and stigma. “Chemsex” — a term being increasingly used for the use of stimulant drugs to facilitate or enhance sex<sup>8</sup> — was also identified as a serious issue to be addressed.

## B. Innovative harm-reduction interventions

Some participants highlighted examples of concrete harm-reduction initiatives currently being trialled and implemented:

- Route transition interventions which promote a move away from more harmful forms of drug use such as injecting (and which also better engage people who smoke drugs themselves), such as the provision of smoking paraphernalia to reduce associated risks<sup>9</sup>
- The implementation of alternatives to conviction or punishment for low-level and drug use-related drug offences, in accordance with the three international drug control conventions, in order to address harm resulting from punitive drug control approaches<sup>10</sup>
- Drug checking services which allow people in some Member States to ascertain the content and strength of their stimulant drugs, in order to minimize the risks of overdose and undesired affects<sup>11</sup>
- The use of medical cannabis as a substitute for crack cocaine use, as implemented in some Member States.<sup>12</sup>

According to experts at EGM, pharmaceutical substitution treatments for people who use stimulant drugs are being trialled and explored, but remain far behind opioid substitution therapies in their development and evidence. Participants agreed that the absence of conclusive data in turn impedes advocacy for scaling up these harm-reduction services for people who use stimulants, and psychosocial interventions remain the primary approach. However, according to data provided by the relevant United Nations agencies, the majority of people who use drugs do not need treatment due to the casual or non-problematic nature of their drug use.<sup>13</sup>

There was widespread consensus among participants that effective harm-reduction measures for stimulant use remain to be identified, researched and reflected in international dialogue and guidance. However, some participants stated that the local development of pragmatic approaches that are appropriate to geographical and social contexts and the needs of people who use stimulants should be further encouraged.

EGM also featured presentations of several case studies of harm-reduction approaches for people who use stimulant drugs, drawn from different regions of the world. These included, inter alia: low-threshold and multi-dimensional services that encompass housing, employment, meals, health care and social assistance; and peer-based harm-reduction programmes providing advice and guidance on drug-related harms in order to promote physical health, nutrition, hydration and sleep.

<sup>8</sup> See, for example, <http://www.bmj.com/content/351/bmj.h5790> and <http://www.menrus.co.uk/drugs/introduction/#placeholder-DRUGS-chemsex>.

<sup>9</sup> <https://www.ncbi.nlm.nih.gov/pubmed/20167464>.

<sup>10</sup> See, for example, [https://www.rand.org/pubs/external\\_publications/EP66607.html](https://www.rand.org/pubs/external_publications/EP66607.html).

<sup>11</sup> [http://www.emcdda.europa.eu/document-library/drug-checking-pill-testing-harm-reduction-tool-recreational-drug-users-opportunities-and-challenges\\_en](http://www.emcdda.europa.eu/document-library/drug-checking-pill-testing-harm-reduction-tool-recreational-drug-users-opportunities-and-challenges_en).

<sup>12</sup> See, for example, <http://www.tandfonline.com/doi/abs/10.1080/02791072.1999.10471776>.

<sup>13</sup> See, for example, [http://www.wpro.who.int/hiv/documents/docs/Brief2forweb\\_9CE8.pdf](http://www.wpro.who.int/hiv/documents/docs/Brief2forweb_9CE8.pdf).

### C. Towards the Sixty-first and Sixty-second sessions of the Commission on Narcotic Drugs

Several EGM participants discussed the importance of promoting the gains that had been made at 2016 UNGASS on the World Drug Problem, and to further embed the Outcome Document into practices and operations at all levels. This includes the continued sharing of best practices, promising innovations and evidenced successes for harm reduction in different contexts — as well as bringing forward the discussion of the broader concept of harm reduction at the United Nations Commission on Narcotic Drugs.

Participants underlined that the commitments secured at the international level are important in facilitating the political will and (multilateral, bilateral and domestic) funding needed to ensure that both established and innovative harm-reduction approaches can be scaled up. In the course of the meeting there was a widespread recognition expressed by the participants that by the relevant United Nations entities — including UNODC, WHO, the United Nations Joint Programme on HIV/AIDS, the United Nations Office of the High Commissioner on Human Rights, the United Nations Development Programme, and the International Narcotics Control Board — there was already broad support and endorsement for the concept of harm reduction.<sup>14</sup>

The deliberations at EGM showed that successful cases of harm reduction, especially where police services and the healthcare sector work together, also need to be more effectively showcased. The establishment of good relationships with communities and local authorities can help to build cross-sector support and reduce harm-reduction's vulnerability to political change.

## III. Recommendations

The following suggestions and recommendations emerged from the discussions at EGM:

- Consider harm-reduction responses as one of the array of approaches available alongside abstinence-based interventions, rather than these being pitched against one another
- Moving the discussions on harm reduction beyond a narrow focus on HIV, opioid drugs and injecting drug use — including through collective research, policy framing and advocacy — in order to scale-up specific interventions for people who use stimulants
- Contribute to the implementation of the provisions in the field of harm reduction of the UNGASS Outcome Document of April 2016
- Promote broader harm-reduction interventions in different regions, using the forthcoming UNODC guidance on HIV prevention, treatment and care and stimulant drugs use, which will outline the key harm-reduction interventions for people who use stimulant drugs
- Engage further the law enforcement sector to develop mutually beneficial collaborations and productive approaches, and to share good practices
- Recognize and address the stigmatization (including self-stigmatization) and marginalization faced by people who use drugs, and ensure that drug policies comply with human rights at all levels
- Showcase, at the Commission on Narcotic Drugs and other key international fora, examples of successful harm-reduction interventions for people who use stimulant drugs

<sup>14</sup> See, for example, submissions at: [http://www.unodc.org/ungass2016/en/contribution\\_UN\\_Entities.html](http://www.unodc.org/ungass2016/en/contribution_UN_Entities.html).

- Promote the availability of alternatives to conviction or punishment for low-level drug offences, in accordance with the three international drug control conventions
  - Identify and expand research on suitable therapies for problematic stimulant use, with a view to building an evidence base for best practice.
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