

Global provision of harm reduction is patchy and limited outside of the European Union, North America, Australia and New Zealand.

The politics surrounding harm reduction are a barrier to progress. The US government has pressured the UNODC into withdrawing support for harm reduction, specifically needle exchange. Lobbying by non-governmental organisations has had a positive impact.

RESPONDENT

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'Even during the difficult discussion at different multilateral forums around harm reduction and needle exchange last year, there was little opposition on the question of the evidence for the effectiveness of these interventions. Even if you looked at the US Government's reservation, nobody was arguing for or against evidence. The issue was how politically acceptable harm reduction is and how it can be packaged in a programme'.

Anindya Chatterjee

Anindya Chatterjee agreed that injecting drug use was one of the main drivers of HIV/AIDS epidemics, and that provision of harm-reduction services for drug users worldwide was unacceptably low. The real argument was not about the evidence base for the effectiveness of such services, but about ideological and political acceptability.

PROBLEMS WITH JOINING UP DRUG STRATEGIES

It was important to be aware of the political and institutional barriers to progress, and particularly the tendency for different policy communities to work disparately. At UN level, there had been challenges in joining up drug and HIV/AIDS policy. An UNGASS report on drug-demand reduction produced in 1998 had not even mentioned HIV/AIDS, referring to the adverse consequences of drug misuse in general terms. There had been significant progress since 1998, but even today, there is not one single UN drug policy document that has been approved by member states (as distinguished from publications of the UN secretariat) which has unambiguously supported harm reduction.

There are formidable obstacles to joining up policy at the national level. Policy on drugs and HIV/AIDS is the concern of three sectors, which are located within different structures and ministries in many countries: the drug control sector, the drug treatment sector and the HIV/AIDS control sector. At UN level, all these policy functions must interact with foreign affairs ministries. In most countries, there are no formal mechanisms to facilitate dialogue between these different agencies. Similarly, many NGOs concerned with drug treatment, harm reduction and HIV/AIDS lack mechanisms for constructive dialogue, both nationally and internationally.

Dr Chatterjee noted Gerry Stimson had spoken of 'bitter policy debates' at the highest level but observed, 'this is only the tip of the iceberg ... it goes down to ground level where even grassroots organisations can be pitted against one another and have different ideologies'. Harm reduction initiatives have always been perfectly acceptable within health policy; it is within the drug policy context that it is controversial. Improved dialogue between these sectors would improve understanding of harm reduction. This will require systematic investment at national level, to create institutions that provide space for productive cross-sectoral dialogue and debate.