

Definition

There is no generally accepted definition of drug-related harm reduction; however, it is known to cover a set of activities that are intended to minimize the negative physical and social impact, including the transmission of HIV, incurred by the behaviours related to drug use.

Importance of Harm Reduction

The reasons why people start using drugs are complex and diverse, and so are the consequences. Acknowledging that efforts to prevent initiating drug use should be strengthened and that abstinence-oriented treatment should be made available to whoever needs it, it should be noted that there will always be people who continue to use drugs, either temporarily or forever.

The risk of transmission of HIV is mainly linked to the injection of drugs. Injecting drug users (IDU) tend to share their syringes, needles and other injection equipment with their fellow IDUs. In addition, drug users may engage in risky sexual relations. In order to finance their drugs, certain drug users may engage in selling sex.

Harm reduction strategies dissect the problem of drug use and address the various risk factors in order to minimize the associated risks. Evidence has strongly shown that harm reduction interventions, if implemented at a large scale of coverage can prevent, slow or even curb HIV epidemics among injecting drug users. The benefits of harm reduction interventions extend beyond HIV to the prevention of other blood borne viruses such as hepatitis B and C; in addition to the prevention of overdose death, reduction of criminality and of social exclusion.

Components of a comprehensive harm reduction programme

Needle and syringe programmes: This service provides the drug users with access to sterile needles and syringes, and has proven success in decreasing the rate of sharing syringes and

increasing adequate disposal of used materials. Together with syringes and needles, drug users are provided with condoms to encourage safer sex practices, as well as other possible material like disinfectant pads, clean water to dissolve the drug, etc

Opioid substitution therapy (OST) and other drug dependence treatment: Treatment options for drug users have to be broad to meet the biological and/or psychosocial needs of the different drug users. Abstinence treatment objective may be possible for few drug users, but it may not be achievable for many others. In the latter case, the treatment objective should be to reduce the morbidity and mortality associated with the continued use of drugs. Scientific evidence favours OST as the most successful form of treatment for opiate users. Providing access to methadone and buprenorphine substitution treatment for eligible opiate users has proven success in limiting injecting activity, decreasing criminality and improving the overall quality of life, in addition to better adherence to antiretroviral therapy for those receiving it;

HIV testing and counselling: Drug users are informed of their risks, counselled to adopt a less risky behaviour, and encouraged to know their HIV status through testing;

Antiretroviral therapy (ART): Drug users who are HIV positive must be provided with the needed treatment and care, including antiretroviral therapy for those who are eligible to receive it. Harm reduction services which do not provide ART, care and support on-site must ensure the proper linkages with services and facilities which provide them.

Other elements of the comprehensive package of harm reduction services include:

Prevention and treatment of sexually transmitted infections (STIs)

Condom programmes for IDUs and their sexual partners

Targeted information, education and communication (IEC) for IDUs and their sexual partners

Vaccination, diagnosis and treatment of viral hepatitis

Prevention, diagnosis and treatment of tuberculosis (TB)

Harm reduction in the Eastern Mediterranean Region

Harm reduction is more and more gaining acceptance as a strategic approach to HIV prevention among IDU in the Eastern Mediterranean Region (EMR). After the pioneer large scale harm reduction programme implemented in the Islamic Republic of Iran, OST and NSP are implemented at smaller scales in Afghanistan, Lebanon and Morocco. Other countries have implemented NSP and are exploring means to introduce OST.

At the political level, all the Ministers of Health of the EMR countries have unanimously adopted 3 resolutions related to harm reduction in their 52nd and 56th Regional Committee meetings. These resolutions urge member states to introduce and scale up harm reduction as measures for preventing HIV and viral hepatitis as well as for controlling substance dependence. through adopting resolutions in that regard during the 52nd Session of the WHO Regional Committee.

WHO/EMRO has also committed itself to supporting the countries in scaling up harm reduction activities, particularly those addressing IDUs. It has worked on strengthening the role of civil society in harm reduction through the establishing the [Middle East and North Africa Harm Reduction Association \(MENAHR\)](#)

WHO/EMRO will work on developing and disseminating the needed normative tools and information resources, supporting capacity building, fostering experience sharing and networking and providing countries with technical support based on their individual needs.

Further information

[WHO | IDU: Injecting Drug Use](#)

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