ECECACD
Eastern and Central European and Central Asian Commission on Drug Policy

WHAT IS HARM REDUCTION?

A POSITION PAPER BY THE EASTERN AND CENTRAL EUROPEAN AND CENTRAL ASIAN COMMISSION ON DRUG POLICY

INTRODUCTION

Harm reduction emerged at the height of the HIV epidemic as an innovative approach to curb the spread of HIV among people who inject drugs. At its core, harm reduction is a practical, evidence-based approach that places individual and public health above all other considerations. It is a clear example of how individual and public health can and should always be prioritised, even when it comes into tension with policy frameworks.

In the context of a public health response to drugs, 'harm reduction' refers to "policies, programmes and practices that are aimed at minimising the negative health, social and legal impacts associated with drug use, drug policies and drug laws."[1] For the World Health Organization (WHO) harm reduction encompasses "a comprehensive package of evidence-based interventions, based on public health and human rights, including NSPs (Needle and Syringe Programs), OAMT (Opioid Agonist Maintenance Therapy) and naloxone for overdose management. Harm reduction also refers to policies and strategies that aim to prevent major public and individual health harms, including HIV, viral hepatitis and overdose, without necessarily stopping drug use."[2]

Harm reduction interventions aim at "meeting people where they are at" without judgment, accepting that not everyone may be ready or willing to stop using drugs. They acknowledge that abstinence from drugs, while it may be a valid goal of some individuals, should never be a precondition for accessing health and social services. Harm reduction services should be available and accessible to all people who may require them (including specific populations such as women and people in prison) without discrimination and should be adequately funded.

1 Human Rights Council, Drug use, harm reduction, and the right to health: Report of the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, Tlaleng Mofokeng. UN Doc A/HRC/56/52 (30 April 2024).

2 WHO (2022) Consolidated Guidelines on HIV, Viral Hepatitis and STI Prevention, Diagnosis, Treatment and Care for Key Populations.

1. HARM REDUCTION FOR PEOPLE WHO INJECT DRUGS

Harm reduction interventions for people who inject drugs include: needle and syringe programmes (NSPs), opioid agonist therapy (OAT), distribution of naloxone (a life-saving medicine that reverses opioid overdose), prevention, testing, and treatment of HIV, hepatitis and tuberculosis, and evidence-based information and education on drug use and drug-related risks. OAT, in which participants receive a prescribed medication as a substitute for opioids, is the most effective treatment for opioid dependence, and it is typically provided as long-term maintenance therapy. Different medications can be used, with different characteristics, but the most common options are methadone and buprenorphine. These are both included in the WHO Model List of essential medicines, and in many national essential medicines lists, meaning they should be widely available and affordable for all, under all circumstances, as a core component of essential health services; alongside emergency opioid overdose management with naloxone[3].

Harm reduction was born in Europe in the 1970s and 1980s as an attempt to reduce the spread of HIV among people who inject drugs.[4] The introduction of these services generated significant controversy: its proponents saw it as a pragmatic and effective response to a growing health crisis; while its critics argued that it encouraged drug use. Debates were strongly influenced by politics and ideology and informed by an international drug control regime that emphasises criminalisation and abstinence, rather than health.

Despite opposition, the proven effectiveness of harm reduction interventions led to significant expansion of this model in the following decades, mostly in Western Europe, Australia, and North America, but also in Asia and Latin America.[5] Where expansion proceeded more slowly (such as in EECA), the consequences were striking: by the early 2000s, HIV incidence was steadily decreasing in most of Western Europe including among people who inject drugs;[6] whereas HIV infections in Eastern Europe were rising faster than anywhere else, with injecting drug use identified as a key driver.[7]

3 WHO (2025) Opioid agonist maintenance treatment as an essential health service: implementation guidance on mitigating disruption of services for treatment of opioid dependence. DOI: https://doi.org/10.2471/B09543

4 Roe, G (2006) Harm reduction as a paradigm: Is better than bad good enough? The origins of harm reduction, Critical Public Health 15(3). DOI: 10.1080/09581590500372188

5 Fonseca, MD and van Wingerden, SGC (2020) From prohibition to harm reduction? An analysis of the adoption of the Dutch harm reduction approach in Brazilian drug laws and practice, International Journal of Drug Policy 83. DOI: https://doi.org/10.1016/j.drugpo.2020.102842.

6 Harmers, FF et al. (2001) Surveillance of HIV/AIDS in Europe: update at end 2000, Eurosurveillance 6(5), https://www.eurosurveillance.org/content/10.2807/esm.06.05.00210-en.

7 UNAIDS and WHO (2001) AIDS epidemic update – December 2001, https://digitallibrary.un.org › files › epiupdate01_en

Since then, harm reduction interventions have continued to expand, adapting to local needs, and **garnering wide support**. As of 2024, harm reduction is endorsed by the national policies of 108 countries – including 26 in Eurasia - with OAT and NSP services reported in 94 and 93 countries respectively.[8] Harm reduction has now also been widely endorsed at multigovernmental level by the UN Commission on Narcotic Drugs,[9] the Human Rights Council,[10] and the UN General Assembly through the 2021 Political Declaration on HIV and AIDS - which recognises harm reduction as a key component of combination HIV prevention and expresses concern for lack of expansion of harm reduction programmes in many contexts.[11] Harm reduction is also supported by the Global AIDS Strategy 2021-2026,[12] the UN Common Position on Drug-related Matters,[13] and all UN agencies, including WHO, UNAIDS, OHCHR, UNDP, UNODC, as well as the International Narcotics Control Board[14] and the European Union.[15] Several mandates of the Human Rights Council including the Special Rapporteur on the right to health as well as UN human rights treaty bodies have identified harm reduction as an essential component of the right to health for people who use drugs.[16]

Harm reduction interventions are **effective at promoting individual and public health**. Harm reduction services decrease the occurrence of HIV, hepatitis C and tuberculosis infections among people who inject drugs, by reducing avenues of transmission, and prevent overdoses deaths. Harm reduction services are often the first point of contact between the health system and hard-to-reach populations, thus they are also effective at linking people to medical care (including voluntary drug treatment) and social support and improving overall health outcomes.[17]

8 Harm Reduction International (2024) The Global State of Harm Reduction 2024, https://hri.global/wp-content/uploads/2024/10/GSR24_full-document_12.12.24_B.pdf.

9 Commission on Narcotic Drugs, Resolution 67/4 – Preventing and responding to drug overdose through prevention, treatment, care and recovery measures, as well as other public health interventions, to address the harms associated with illicit drug use as part of a balanced, comprehensive, scientific evidence-based approach. UN Doc. E/CN.7/2024/15 (2024).

10 Human Rights Council, Resolution adopted by the Human Rights Council on 8 October 2025 - The human rights implications of drug policy. UN Doc. A/HRC/RES/60/26 (9 October 2025).

11 UN General Assembly, Political Declaration on HIV and AIDS: Ending Inequalities and Getting on Track to End AIDS by 2030. UN Doc. A/75/L.9 (7 June 2021).

12 UNAIDS (2021) Global AIDS Strategy 2021-2026, https://www.unaids.org/sites/default/files/media_asset/global-AIDS-strategy-2021-2026_en.pdf.

13 United Nations System Chief Executives Board for Coordination (2019) Summary of Deliberations. UN Doc. CEB/2018/2, annex 1, https://www.unodc.org/unodc/un-common-position-drugs/index.html.

14 For a review see Schleifer, R et al. (2023) Commentary on the International Guidelines on Human Rights and Drug Policy, https://www.humanrights-drugpolicy.org/site/assets/files/3204/guidelines_with_commentary_and_references.pdf.

15 Council of the European Union (2021) EU Drugs Strategi 2021-2025, https://www.consilium.europa.eu/media/49194/eu-drugs-strategy-booklet.pdf.

16 Among others, see UN General Assembly, Report of the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health. UN Doc. A/65/255 (6 August 2010).

17 Among others, see Hunt, N (2005) Reducing drug-related harms to health: an overview of the global evidence, https://www.beckleyfoundation.org/wp-content/uploads/2016/04/BF_Report_04.pdf.

Harm reduction interventions are **cost effective** – with NSPs identified among the most cost-effective public health initiatives that exist.[18] Further, they tend to be cost-saving in the long term. On one hand, by preventing infectious diseases and other health complications, they reduce the costs the health system would otherwise incur for treatment. On the other hand, providing harm reduction services is significantly less expensive than incarcerating people for drug offences, while being more beneficial in terms of individual and societal health, social and economic outcomes.[19]

By reducing reliance on illicit substances – and thus interactions with illicit markets – harm reduction initiatives contribute to lowering the rates of criminalisation and incarceration related to drug use. These programmes also connect people with essential supports such as housing, healthcare, and social services, further decreasing overall criminal behaviour. By reaching marginalised populations and providing safe, supervised environments, harm reduction efforts can reduce public drug use and enhance community safety.[20]

A common objection to harm reduction has been that it may encourage drug use. Extensive evidence indicates that harm reduction does not increase drug use, and in some contexts contributes to reducing use of illicit substances. Claims that NSPs promote drug use by providing the tools for injection are unfounded, as studies consistently show no increase in injecting.[21] Research on OAT indicates a decrease in illicit drug use, improved treatment adherence, and greater social reintegration.[22]

Opponents of harm reduction also question its compatibility with the three international drug control conventions.[23] However, the conventions do not explicitly prohibit harm reduction nor drug use. Several actors, including UNODC, have repeatedly affirmed the full compatibility of harm reduction interventions with the three international drug control conventions. This was confirmed by Resolution 67/4 (2024) of the UN Commission on Narcotic Drugs, which explicitly recognised harm reduction as a key component of an effective public health response.[24]

18 Harm Reduction International (2024) Making the investment case: economic evidence for harm reduction (2024 update), https://hri.global/publications/making-the-investment-case-economic-evidence-for-harm-reduction-2024-update/.

19 Eurasian Harm Reduction Association, Criminalization Costs. Available at: https://harmreductioneurasia.org/news/the-costly-and-ineffective-approach-of-criminalizing-drug-use last accessed 20 October 2025].

20 Kennedy, MC et al. (2022) The North American opioid crisis: how effective are supervised consumption sites? The Lancet 400(10361). 1403-1404.

21 Fernandes, RM et al. (2017) Effectiveness of needle and syringe Programmes in people who inject drugs – An overview of systematic reviews, BMC Public Health 17 (309). DOI: https://doi.org/10.1186/s12889-017-4210-2

22 Among others, see Bjørnestad, ED et al (2024) Change in substance use among patients in opioid maintenance treatment: Baseline to 1-year follow-up, Harm Reduction Journal 21(1). DOI: 10.1186/s12954-024-01005-x.

23 The Single Convention on Narcotic Drugs of 1961 as amended by the 1972 Protocol, the Convention on Psychotropic Substances of 1971, and the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988.

24 Commission on Narcotic Drugs, Resolution 67/4 – Preventing and responding to drug overdose through prevention, treatment, care and recovery measures, as well as other public health interventions, to address the harms associated with illicit drug use as part of a balanced, comprehensive, scientific evidence-based approach. UN Doc. E/CN.7/2024/15 (2024).

2. AN EXPANDING APPROACH: HARM REDUCTION FOR PEOPLE WHO USE DRUGS

In time, harm reduction services have expanded to address harms linked to other forms of drug use beyond injection (such as crack cocaine smoking) and other substances beyond opioids (methamphetamine). This flexibility has allowed adaptation to diverse contexts – for example Latin America, where drug use involves stimulants more than opioids, and is predominantly non-injecting.

Examples of these services further include drug checking, which consists of testing a small amount of a substance to identify its composition and purity, providing users with accurate information and counselling on potential risks. Drug consumption rooms also operate in 19 countries; offering a hygienic and medically supervised environment to consume drugs, so to reduce public consumption, prevent disease transmission, and enabling rapid response to overdoses.[25]

Harm reduction services are increasingly integrated into local health systems. Although coverage and availability vary between countries and regions, several harm reduction programmes also provide complementary support, including mental health care, sexual and reproductive health services, legal aid, housing, food, and other social support.

25 Global Commission on Drug Policy (2023) HIV, Hepatitis and Drug Policy Reform, https://globalcommissionondrugs.org/wp-content/uploads/2023/11/GCDP_Report2023_forweb.pdf.

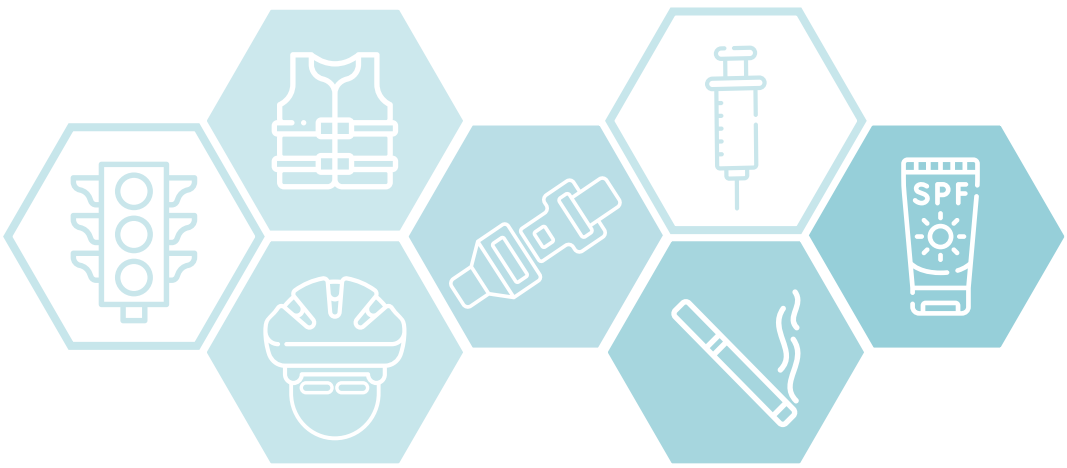
3. HARM REDUCTION BEYOND DRUG USE: A FRAMEWORK TO PROTECT HEALTH AND SAFETY

A harm reduction approach is also applicable more broadly across public health and safety. It refers to any pragmatic strategy aimed at minimising the health and social risks of potentially dangerous behaviours, enhancing safety rather than seeking to eradicate behaviours altogether.

For example, seat belts and laws requiring their use, speed limits, and crash-detection devices are pragmatic and effective interventions to reduce mortality and morbidity associated with driving vehicles without requiring people to stop driving; and which do not condone neither condemn the act of driving itself but rather focus on reducing its negative impacts.

Non-combusted products such as e-cigarettes and other smokeless tobacco products have significantly lower health risks than cigarettes and other combustible tobacco products. Switching to smokeless tobacco has been proposed as a harm reduction strategy to reduce harm from smoking cigarettes, particularly for people unwilling or unable to quit smoking.[26]

In a recent report to the UN General Assembly, the UN Special Rapporteur on the right to health articulated the applicability of the harm reduction model to several issues which are central to sustainable peace and development. Healthy food procurement policies, for example, were highlighted as a harm reduction measure to reduce the harms linked to diet-related non-communicable diseases.[27]



26 Global State of tobacco harm reduction (2022) What is tobacco harm reduction?, https://gsthr.org/resources/briefing-papers/what-is-tobacco-harm-reduction/125/.

27 UN General Assembly, Harm reduction for sustainable peace and development – Report of the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health. UN Doc. A/79/177 (18 July 2024).

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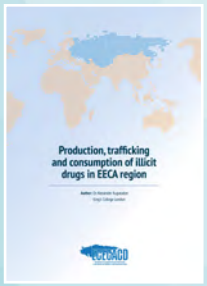
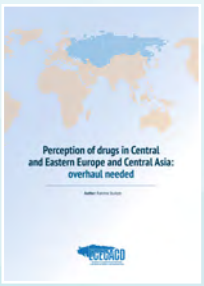


Production, trafficking and consumption of illicit drugs in EECA region *(2021)*

Drug laws and policies in four regions of Eurasia *(2021)*



Perception of drugs in Central and Eastern Europe and Central Asia: overhaul needed *(2021)*

Guiding Principles Towards Effective and Humane Drug Policies in Eastern and Central Europe and Central Asia *(2023)*

The Intersection of Health, Drug Use, and Imprisonment in Eastern Europe and Central Asia *(2025)*