Coordinating NGO input to the UN Special Rapporteur on the right to health, concerning new report on harm reduction

The UN Special Rapporteur on the right to health is preparing a new report on a right to health framework on harm reduction, which will be presented in June 2024.

This report will constitute **the first-ever comprehensive review of harm reduction by a UN human rights expert**. As such, it is a historical opportunity to consolidate existing guidelines on harm reduction, and to expand its meaning to other interventions, forms of drug use, liberatory practices, and populations.

Civil society and communities have been invited to provide input to the report by responding to one or several of the questions included in the questionnaire prepared by the Special Rapporteur. The deadline is 15 November 2023!

Submissions should be no longer than 500 words per question, in English, French, or Spanish. They should be sent in Word or Pdf format to ohchr-srhealth@un.org

You can cover any topic that in your view is relevant to an expanded meaning of harm reduction, but you can find some potential ideas in Annex 1.

To ensure coordination and avoid duplication, if you send a submission please write below the name of your organisation and topic. Thanks!

Organisation	**Topic of submission**
IDPC	- Decriminalisation and harm reduction - Legal regulation as a harm reduction tool
SAFE	- Pour l'installation de distributeurs de naloxone - Pour la mise en place d'une éducation thérapeutique du patient pour les injecteurs - Mise en oeuvre de la RDR à distance
Youth RISE	Harm reduction and young people who use drugs
Recovering Nepal	Federation of People who Use Drugs

Organisation	**Topic of submission**
IDPC	- Decriminalisation and harm reduction - Legal regulation as a harm reduction tool
Drug Harm Reduction Advocacy Network Nigeria (DHRAN)	Peer-led community-based Harm Reduction programming
Groupement romand d'études des addictions (GREA), Switzerland	Harm reduction initiatives (switzerland), equal access
EHRA	Comprehensive harm reduction in EECA countries: services to response needs of people who use drugs
Russian harm reduction organisations	Community-based harm reduction in Russia in the situation when harm reduction under the political ban
Alliance for public health, Ukraine	Harm reduction in the humanitarian crises situation caused by war
Eurasian movement for right on health in prisons	Harm reduction in prisons in EECA countries: components of services, cooperation of NGO and administration, challenges and innovation
OSF	Overdose in the US, barriers to services, innovation and effective solutions
Coalition PLUS	Drug Policy frameworks: From criminalisation to harm reduction in Sub-Saharan Africa
Energy Control	Drug checking
Metzineres	
Penal Reform International	Harm reduction in prisons
SSDP Australia	Harm reduction, criminalisation, and young people in Australia
Helsinki Foundation for Human Rights	
Instituto RIA AC	Full spectrum harm reduction, legal regulation and social justice

Organisation	**Topic of submission**
IDPC	- Decriminalisation and harm reduction - Legal regulation as a harm reduction tool
Richard Elliott (consultant HIV Legal Network)	Harm reduction for GBTQ+ people, including re chemsex
Corporación Acción Técnica Social	Harm Reduction, Drug Checking, Consumption Rooms, Social Mobilization and Participation of Drug Users, from Latin America
HRI	Harm reduction in gral (all questions) and one submission on prisons.
GCDP	Responding to question 2). re. How do legal frameworks affect the harm reduction policies, programmes, and practices (whether related to drug use or otherwise) that are available in your community, country, or region? Are there laws or policies that either facilitate or serve as a barrier to adopting or implementing certain harm reduction policies, programmes, and practices? Aside from legal and regulatory barriers, are there other obstacles in place? Please provide specific examples. And to question 5). re. What type of harm reduction policies, programmes, and practices, as well as mental health and other support (e.g., housing, legal, social, educational, and economic), are available for people who use drugs in the community, institutions, or detention facilities? Please share examples of the impact of criminalisation, discrimination, stereotypes and stigma on the different groups of the population e.g., persons in situation of homelessness, migration, or poverty, sex workers, women, children, LGBTIQ+ persons, persons who are detained or incarcerated, persons with disabilities, Indigenous Peoples, Black persons, persons affected by HIV or hepatitis, and persons living in rural areas, etc.). With a conclusion drawn tied to regulation -

Annex 1

Potential topics for civil society input to the report on a right to health on harm reduction

Reminder: Submissions should answer one or several of the questions included in the Questionnaire prepared by the UN Special Rapporteur on the right to health. Submissions should be no longer than 500 words per question, in English, French, or Spanish. They should be sent in Word or Pdf format to ohchr-srhealth@un.org

You can cover any topic that in your view is relevant to human rights in drug policy, but you can find below some potential topics. These are just some ideas - please write about any topic you think is relevant!

What is harm reduction?

- Existing evidence on the impact, coverage, and availability of harm reduction. Also new exciting practices!
- Drug use, pleasure, and harm reduction
- Harm reduction for stimulants and for non-injecting drug use
- Overdose prevention, including naloxone
- Drug consumption rooms, for injecting and for other forms of drug use.
- Harm reduction facing a toxic drug supply, including safe supply
- Drug checking
- Harm reduction for chemsex
- Holistic interventions beyond health: housing, income, support, and solidarity. Liberatory forms of harm reduction

- Peer support and community-led responses

- Intersection of harm reduction for drug use with other forms of harm reduction (i.e. sex work)

Harm reduction tailored to certain populations or contexts

- Harm reduction for and by women

- Harm reduction for and by LGBTQ+ people

- Harm reduction for and by young people who use drugs

- Harm reduction and Indigenous peoples and practices

- Harm reduction, parenthood, and pregnancy

- Harm reduction in nightlife settings

- Harm reduction in prisons and other places of deprivation of liberty

- Inequalities in accessing harm reduction
    - Discrimination against women and LGBTQI+ people
    - Discrimination against people on the basis of race and ethnicity
    - Discrimination against migrants
    - Lack of coverage in certain regions

Drug policy frameworks and harm reduction

- Barriers to accessing harm reduction services in law or in practice
    - Criminalisation of drug use and possession for personal use
    - Prohibition of harm reduction by law
    - Harassment of harm reductions NGOs by public authorities or law enforcement
    - Lack of investment in harm reduction services

- Link between decriminalisation and harm reduction

- Tension between the prohibitionist paradigm and harm reduction

- Legal regulation as a harm reduction measure