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

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Item 6 of the provisional agenda\*

**Follow-up to the implementation at the national, regional, and international levels of all commitments, as reflected in the Ministerial Declaration of 2019, to address and counter the world drug problem****Conference room paper submitted by the Federal Republic of Germany on the key results of the Expert Group Meetings on Harm Reduction in 2022 and 2023, co-hosted by the Office of the Narcotics Control Board of Thailand (ONCB), Harm Reduction International (HRI) and the International Drug Policy Consortium (IDPC)**

*Disclaimer: This report summarizes the discussions and conclusions of the Expert Group Meetings, but does not reflect the positions of the German Government nor those of the other co-hosts or participants.*

**I. Introduction**

1. Harm reduction has been a central component of Germany's national approach to drugs since the late 1980s. It is embraced as one of the four pillars of Germany's National Strategy on Drug and Addiction Policy (2012).<sup>1</sup> Harm reduction can be defined as "policies, programmes and practices that aim to minimise the negative health, social and legal impacts associated with drug use, drug policies and drug laws... working with people without judgement, coercion, discrimination, or requiring that people stop using drugs as a precondition of support".<sup>2</sup> It is a pragmatic, evidence-based, effective and cost-effective approach, and part of a balanced, comprehensive response to the world drug situation. The World Health Organization (WHO) includes harm reduction as part of its consolidated guidelines on HIV, viral hepatitis and STI prevention, diagnosis, treatment and care for key populations (herein referred to as the consolidated guidelines),<sup>3</sup> and describes it as a "package of evidence-based interventions, based on public health and human rights" that includes

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\* E/CN.7/2024/1.

<sup>1</sup> <https://www.bundesdrogenbeauftragter.de/en/themen/national-strategy-on-drug-and-addiction-policy/>.

<sup>2</sup> <https://hri.global/what-is-harm-reduction/>.

<sup>3</sup> <https://www.who.int/publications/i/item/9789240052390>.



needle and syringe programmes (NSPs), opioid agonist therapy (OAT) and the availability of naloxone for overdose management. The consolidated guidelines also include enabling interventions that target stigma, discrimination, criminalisation and other structural barriers. Harm reduction is currently supported in national policy documents by 109 member states.<sup>4</sup>

2. The **Global Partnership on Drug Policies and Development (GPDPD)** is a project implemented by the Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH on behalf of the Federal Ministry for Economic Cooperation and Development (BMZ) and under the political patronage of the German Federal Government's Commissioner for Drugs and Addiction Policy.<sup>5</sup> Under the auspices of GPDPD, and in line with Germany's long-standing leadership on harm reduction, a series of Expert Group Meetings (EGMs) have been held on the topic since 2016. The EGMs bring together participants from around the world, including representatives from Member States, United Nations (UN) agencies, civil society, affected communities and academia – and have been held in Germany (2016, to input into the UN General Assembly Special Session on the world drug problem), in Thailand (2017 and 2018), and then via online platforms since 2021.

3. This conference room paper outlines three of the key themes discussed at the most recent Expert Group Meetings, held virtually in May 2022 and September 2023, and co-hosted by GPDPD, the German Federal Government's Commissioner for Drug and Addiction Policy, the Thai Office of the Narcotics Control Board (ONCB), Harm Reduction International (HRI) and the International Drug Policy Consortium (IDPC).

## II. Viral Hepatitis and Drug Use

4. The WHO estimates there are 3 million new infections of both hepatitis B and C each year, with 1.1 million related deaths around the world each year.<sup>6</sup> International targets aim for the elimination of this preventable disease as a public health threat by 2030.<sup>7</sup> An estimated 40% of people who inject drugs are living with hepatitis C, and 1 in 12 with chronic hepatitis B infection.<sup>8</sup> Therefore, ensuring that people who use drugs (PWUD) have access to evidence-based prevention services, harm reduction, diagnosis, treatment and vaccination (in the case of hepatitis B) is essential if the elimination goal is to be obtained. Modelling research has shown that scaling up high-coverage NSP, OAT and effective hepatitis C treatment in PWUD would reduce the incidence of hepatitis C by 90% by 2030.<sup>9</sup>

5. At the 5th EGM on harm reduction in September 2023, participants discussed the importance and effectiveness of hepatitis B vaccines and hepatitis B and C treatment for people who use drugs. However, it was stated that it is important to overcome the vast differences that still exist in coverage and pricing. Participants stated that, for example, essential diagnostic tests for hepatitis B and C ranged from USD 1.21 to as much as USD 120 per test between countries.<sup>10</sup>

6. Participants also gained insights from country interventions of Germany, Nigeria, Egypt and India, providing practical examples of hepatitis responses for people who use drugs. A case study from India demonstrated how integrated and peer-led models had successfully reduced the time from initial screening to the commencement of hepatitis C treatment to just 18 minutes.

<sup>4</sup> <https://hri.global/publications/global-state-of-harm-reduction-2023-update-to-key-data/>.

<sup>5</sup> <https://www.gpdpd.org/>.

<sup>6</sup> [https://www.who.int/health-topics/hepatitis#tab=tab\\_1](https://www.who.int/health-topics/hepatitis#tab=tab_1).

<sup>7</sup> <https://www.who.int/publications/i/item/9789240053779>.

<sup>8</sup> Please, see p. 42: [https://hri.global/wp-content/uploads/2022/11/HRI\\_GSHR-2022\\_Full-Report\\_Final.pdf](https://hri.global/wp-content/uploads/2022/11/HRI_GSHR-2022_Full-Report_Final.pdf).

<sup>9</sup> <https://pubmed.ncbi.nlm.nih.gov/29774607/>.

<sup>10</sup> <https://www.clintonhealthaccess.org/report/2023-hepatitis-c-market-intelligence-report/>.

7. In 2019, the UN Commission on Narcotic Drugs (CND) adopted Resolution 62/7 titled “Promoting measures to prevent and treat viral hepatitis C attributable to drug use”<sup>11</sup> – which invites Member States to accelerate the accessibility of non-discriminatory hepatitis services for people who use drugs, promote political commitment, and strengthen voluntary screening, including in partnership with civil society and affected populations. There was widespread agreement that, in the context of the forthcoming 2024 Midterm Review of the 2019 Ministerial Declaration, the ongoing challenges relating to hepatitis burden and responses among people who use drugs should be given prominence to best support the global elimination target by 2030.

### III. Drug Checking Services

8. At the 4th EGM on harm reduction in May 2022, participants learned about the subject of voluntary drug checking – the methodology of which includes testing the content and purity of small samples of substances, before providing the results to the individual alongside tailored harm reduction advice. The discussion showed that, at an individual level, the results from drug checking services can help people make informed decisions about if or how they use those substances, and alert people to the risks of using unknown or unexpected substances (including the risk of overdose). Furthermore, it was stated that at the wider level, these data also provide valuable insights into the unregulated drug supply, which can then inform policy making and public health alerts and responses.

9. Experts showed that drug checking services are currently available in countries in Europe, Central Asia, Latin America, and North America. These services can involve postal/home testing systems, services at popular nightlife venues and festivals, and fixed-site or mobile laboratories. The comparison of different models made clear that some drug checking services can detect only the presence or absence of a substance in a sample (such as through reagent testing kits), whereas those with more technologically advanced facilities can also provide detailed analysis of composition and potency. The EGM showcased examples from Switzerland and Colombia, where services are available for people who use drugs to use anonymously and free of charge. According to participants, drug checking services were enshrined in Colombia’s national policy since 2007. Furthermore, these experiences are considered valuable to provide access to a rich source of data as an early warning of potentially harmful drug market trends. If patterns of high-risk drug supply emerge, early warnings and alerts are then shared through social media.

10. In 2023, Germany passed a new law authorizing Federal States to allow for drug checking services as part of its commitment to harm reduction approaches. At the 5th EGM on harm reduction in September 2023, participants learned about the services provided in the City of Berlin, which began operating prior to adoption of the federal law through a collaboration between civil society organisations. According to the provided overview, these organisations offer drug checking services and harm reduction advice around three criteria: the chemical composition and active ingredient(s), the purity and dose amount, and any unexpected contaminants of the tested samples.<sup>12</sup>

11. The presentations showed that results are available after 2-3 days, and that the services are available for adults only. According to the discussions, the service has been able to reach a wide variety of different profiles of people who use drugs, including people using high doses and/or in risky settings.

12. Discussions at the EGMs highlighted two key considerations for drug checking services. Firstly, legal reinsurance was considered to be key for the sustainability of drug checking services. Participants stated that often arrangements need to be made

<sup>11</sup> [CND\\_Resolution\\_62\\_7.pdf \(unodc.org\)](#).

<sup>12</sup> <https://drugchecking.berlin/>.

with local law enforcement agencies to allow these services to be in possession of small amounts of drugs to perform their tests, in order to protect staff as well as those anonymously using the services. The Berlin case study showed that a written agreement with the local police agency may be a suitable local solution, while participants also highlighted that legal barriers may need to be addressed or removed in order for drug checking services to commence.

13. Furthermore, the need for normative international guidance on drug checking services was identified. Whereas harm reduction services such as NSPs, OAT and naloxone were specifically mentioned in the outcome document of the UN General Assembly Special Session on drugs in 2016, there is currently no normative guidance at the UN level on drug checking. Despite the lack of a normative framework, the experts convened agreed that this approach can help tackle the global overdose crisis (see below), as well as improving the quality and quantity of data available at the global level on drug markets, supplies and trends.

#### IV. Preventing overdose

14. The 5th EGM on harm reduction held in September 2023 included a dedicated session on the topic of overdose and ways to counter the rapidly growing numbers of drug-related deaths in several countries. The discussed evidence showed that there is divergence on available data on the global scale of drug-related deaths. Participants stated that there are significant gaps in the coverage and reliability of available data. It was also stated that the available statistics on overdose-related deaths may be deficient due to widespread underreporting or lack of detection.

15. The experts agreed that naloxone, an opioid antagonist medicine, is considered an essential part of the response to the opioid overdose crisis. This approach has also been reflected by the WHO Consolidated guidelines<sup>13</sup> and within the Outcome Document of the 2016 UN General Assembly Special Session on the World Drug Problem (UNGASS).<sup>14</sup> The WHO also includes naloxone in its Model List of Essential Medicines.<sup>15</sup>

16. The 5th EGM featured the experiences from Scotland, a country facing the highest rate of fatal overdoses in Europe. According to delivered inputs, Scotland established a national naloxone program in 2010 which now includes peer distribution of the medicine, prison distribution, click-and-deliver services, the roll-out of intranasal naloxone formulations, training (including for paramedics and police officers), policy changes to promote availability, and a public awareness campaign.<sup>16</sup> According to the experts, naloxone distribution and availability has rapidly expanded in the country: since the launch of the click-and-deliver service in 2021, nearly 13,000 kits have been distributed across the country – including to people who use drugs, to their social networks as well as to other exposed populations. According to the presented evidence, in 2022, Scotland reported a reduction in the number of drug-related deaths for the second year in a row.

17. The discussion furthermore focussed on the rapid increase in drug-related deaths in North America. Experts consider that this dynamic is driven by a saturation of drug markets with high-potency synthetic opioids such as fentanyl. Participants agreed that the current scope of this crisis underlines the need for lifesaving harm reduction interventions. At the 5th EGM, participants were introduced to the approach and results of overdose prevention centres in the City of New York. The presented evidence included the documentation of more than 1,200 overdose interventions over two years (including the delivery of naloxone, oxygen, and cardiopulmonary

<sup>13</sup> <https://www.who.int/publications/i/item/9789240052390>.

<sup>14</sup> See paras. p 6, l m: <https://www.unodc.org/documents/postungass2016/outcome/V1603301-E.pdf>.

<sup>15</sup> <https://iris.who.int/bitstream/handle/10665/371090/WHO-MHP-HPS-EML-2023.02-eng.pdf?sequence=1>.

<sup>16</sup> <https://www.stophedeaths.com/>.

resuscitation, or CPR) with zero deaths recorded.<sup>17</sup> According to the expert's inputs, most attention is paid to the on-site supervised drug consumption facilities at these centres. However, it was made clear that the model provided embraces a holistic methodology designed to address the complex needs of people, including the provision of hygiene facilities, clothing, paraphernalia and drug checking to alternative therapies, mental health support, HIV and hepatitis testing and treatment, and support with housing.

18. Drug consumption rooms, or supervised consumption facilities, are also a feature of Germany's harm reduction response to drugs, currently available in eight German Federal States.<sup>18</sup> Supervised consumption facilities have been reported in a total of 17 Member States.<sup>19</sup> It was reported that the most recent entry to that list is Colombia, through a service centre in the City of Bogotá which provides first aid, harm reduction advice and psychological support.

19. It was underlined by the experts that the 2019 Ministerial Declaration acknowledged the increase in drug-related deaths as one of many "persistent and emerging challenges".<sup>20</sup> However, there was also agreement that the number of drug-related deaths has continued to increase since 2019. There was widespread recognition that the further scaling-up and promotion of harm reduction for people who use drugs is essential to counter this challenge, deserving the immediate attention of the relevant multilateral decision-making bodies.

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<sup>17</sup> See, for example: <https://onpointnyc.org/>.

<sup>18</sup> <https://www.drogenkonsumraum.de/de/quantity-and-locations>.

<sup>19</sup> <https://hri.global/publications/global-state-of-harm-reduction-2023-update-to-key-data/>.

<sup>20</sup> [https://www.unodc.org/documents/commissions/CND/2019/Ministerial\\_Declaration.pdf](https://www.unodc.org/documents/commissions/CND/2019/Ministerial_Declaration.pdf).