Regional Overview

2.5 Latin America

Latin America

Table 2.5.1: Epidemiology of HIV and viral hepatitis, and harm reduction responses in Latin America.

Country/ territory with reported injecting drug use	People who inject drugs	HIV prevalence among people who inject drugs (%)	Hepatitis C (anti-HCV) prevalence among people who inject drugs (%)	Hepatitis B (anti-HBsAg) prevalence among people who inject drugs (%)	Harm reduction response[a]	
					NSP	OST
Argentina	65,829 (64,500 - 67,158)[2]b	3.5[3]	4.8[4]	1.6[4]	✓[5]c	✗
Bolivia	nk	nk	nk	nk	✗	✗
Brazil	540,000[2]	5.92[6]	63.9[d]	2.3	✓[e]	✗
Chile	21,783[7]f	nk	nk	nk	✗	✗
Colombia	nk	2.7[8]	nk	nk	✓[9]	7[5]g
Costa Rica	nk	nk	nk	nk	✗	✗
Ecuador	nk	nk	nk	nk	✗	✗
El Salvador	nk	nk	nk	nk	✗	✗
Guatemala	nk	nk	nk	nk	✗	✗
Honduras	nk	nk	nk	nk	✗	✗
Mexico	164,000[10]	2.5[10]	96	nk	✓[5]	18[5]h (M, B)
Nicaragua	nk	nk	nk	nk	✗	✗
Panama	nk	nk	nk	nk	✗	✗
Paraguay	nk	9.35 (3.7-15)[11]	9.8	nk	✓[7]	✗
Peru	nk	1[12]	nk	nk	✗	✗
Uruguay	nk	0.2[13]	21.5[14]	19.5[14]	✓[5]	✗
Venezuela	nk	nk	nk	nk	✗	✗

nk = not known

[a] Unless otherwise stated, data has been sourced from Mathers BM, Degenhardt L, Ali H, Wiessing L, Hickman M, Mattick RP, et al. HIV prevention, treatment and care services for people who inject drugs: a systematic review of global, regional, and national coverage. *Lancet.* 2010;375(9719):1014-28.

[b] This estimate was taken from 1999 and injecting drug use is thought to have reduced significantly since this date. However, no new estimates of either drug use or injecting drug use have been undertaken in the country.

[c] The number of NSP sites has declined since the Global State last reported (n=25) with civil society reporting a decline in the number of people who inject drugs in Argentina

[d] Figure is taken from 2000/2001 and no recent estimate is available.

[e] The number of NSP sites are believed to have diminished from the 150-450 Global State estimate in 2012. No new estimate of NSP service provision is currently available

[f] Civil society organisations believe this figure to be an overestimate.

[g] In Columbia, OST is being developed in Armenia, Bogota, Bucaramanga, Cali, Cucuta, Medellin and Pereira, but exact numbers of sites are unknown.

[h] Of the 18 OST sites, 17 are private clinics and 1 is government run.

Map 2.5.1: Availability of needle and syringe programmes (NSP) and opioid substitution therapy (OST)

Harm reduction in Latin America

Overview

There are an estimated 721,000 people who inject drugs in Latin America.[10] Prevalence of injecting drug use remains low although unsafe injecting has been associated with HIV and viral hepatitis transmission, particularly in northern Mexico, and in Colombia.[15, 16] Cocaine is more commonly injected than heroin in the region,[16] and non-injecting drug use primarily centres on cocaine and its derivatives (particularly the smoking of crack cocaine and pasta base[i]) which remain the most predominant drugs used in the region. In certain areas, such as Tijuana and Cd. Juarez in northern Mexico, injecting drug use has seen an increase, with an escalating HIV epidemic among people who inject drugs.[17] In Argentina, however, the estimated proportion of new HIV infections among people who inject drugs has reduced, going from 7.6% to 0.4% in 2013, indicating a decrease in people who inject drugs in the country.[10] It is important to note that due to the lack of data, the figures included in Table 2.5.1 may not reflect overall prevalence of injecting drug use across the region,[5, 18] as they are based primarily on data from the Reference Group to the United Nations on HIV and Injecting Drugs Use collected in 2008.[2] There is a clear need for updated research on the numbers of people who inject/use drugs in this region.

According to a recent report by UNAIDS, HIV among people who inject drugs averages 2%,[19] with a 0.3% incidence of new HIV infections among this population each year.[10] However, these rates can vary greatly between countries and reliable figures on incidences of HIV, viral hepatitis and tuberculosis (TB) among people who inject/use drugs are extremely limited. The latest figures from Brazil report HIV prevalence among people who inject drugs at 5.9%, yet this reflects data published in 2009.

The Brazilian Ministry of Health reports there has been a statistically significant decreasing trend of HIV among people who inject drugs between 2004-2013.[6] The use of crack and other coca derivatives (e.g, coca paste), is growing. Brazil is reported to have one of the world's largest crack markets, which may comprise of up to 1 million people,[20] with research finding levels of HIV at approximately 23% among people who smoke crack cocaine.[21, 22] In the previous edition of the *Global State*, it was reported that the non-governmental organisation É de Lei of São Paulo had been distributing new crack pipes as a harm reduction response.[23] However, civil society organisations report crack pipe distribution as part of this project has now been halted.[18] Other initiatives, such as the "Braços Abertos" (Open Arms) programme which aims to reduce the significant health, social and security problems in *Cracôlandia*, a huge open crack scene in Sao Paulo, Brazil, which was launched by the Sao Paolo City Council in 2014. This project offered people living in the "favela" (slum) housing in one of the motels contracted by the government, without requiring abstinence from crack use as a precondition of housing. Program participants are given access to health care, receive three meals a day and the opportunity to work cleaning parks and other public places. Information is provided about existing treatment programs and other services, but there's no obligation to use them. Thus far the programme has made a significant impact on health outcomes,[24] and the Brazilian government announced plans to support reproduction of the program in other Brazilian cities in 2015. In Sao Paolo, however, a newly elected Mayor declared shortly after winning that he would close Bracos Abertos.[25]

Injecting drug use does occur in Mexico, and has increased since the *Global State* last reported,[26] yet the harm reduction response in terms of needle and syringe programmes (NSP) or opioid substitution treatment (OST) has decreased following cessation of Global Fund support to the country.[18, 27] An increase in polydrug use has been observed, particularly in the Northern border cities such as Tijuana,[28] with methamphetamine use continuing to expand.[29, 30]

Harm reduction services at raves and festivals are being increasingly practiced via civil society organisations, with substance analysis taking place to ensure drugs are safe, general information regarding drug use is offered, and psychological support is given for people experiencing psychological difficulties.[31] Since 2012, Échele cabeza cuando se de en la cabeza (or, Use your head before it goes to your head), a project of Acción Técnica Social (ATS) has been implementing harm reduction services and substance analysis in festivals and raves. They have analyzed more than 2,000 samples and have witnessed a decrease in the adulteration of MDMA/ecstasy pills by 25%. During this time, ATS has also emitted 17 health alerts to bring attention to the adulteration of cocaine, fake LSD and 2CB. These alerts were shared more than 45,000 times on social media and taken up by both print and television media.[32]

[i] Also known as paco and basuco, pasta base is a paste that is produced in the intermediate stages of cocaine preparation, and is marketed as a cheaper alternative to pure cocaine in a number of Latin American countries.

Harm reduction services such as these demonstrate Mexico and Colombia's policy shift away from punitive responses to drug use and further towards decriminalisation. However, reports suggest that these changes to laws have not translated into reduced arrests or incarceration in many instances, and services are primarily being undertaken without the support of the government.[32, 33] There is still some way to go until harm reduction services are scaled-up to meet needs.

Developments in harm reduction implementation

Needle and syringe programmes (NSPs)

NSP services for people who inject drugs in Latin America continue to be extremely limited, and since the previous edition of the *Global State*, coverage has reportedly diminished.[18] It is important to note, however, that the majority of substance use in the region relates to the use of cocaine and its derivatives, which are often smoked. In some cases coverage of NSP services are believed to have declined due the reduction in the number of people who inject drugs, for example, in Argentina,[10] Brazil and Uruguay.[5, 34] However, up to date estimates on the number of people who inject drugs in much of Latin America is unavailable. Of the 12 countries in the region that report injecting drug use, only six operate NSPs (see Table 2.5.1).

Colombia began implementing a mobile health service through the Medical Care Centre for Drug Addicts (CAMAD), which targeted people who inject drugs. However, this service has since closed.[8] Support from Open Society Foundations helped establish a syringe programme in Pereira and Dos Quebradas in 2014,[8] with 818 people who inject drugs registered in the programme.[5] Further NSPs have since been developed by NGOs with support from the Ministries of Justice and have begun operating in Bogotá and Cali[5] However, the services available for people who inject drugs remain limited, and are often unavailable outside of city centres. A study undertaken in Colombia in 2016 observed a high rate of new injector initiation and the sharing of products used to clean syringes, noting HIV prevalence rates among this population of 2.7% in Medellin and Pereira.[8] Due to a lack of knowledge regarding safe injecting practices, and limited harm reduction service provision, these figures are expected to rapidly increase.[8] In light of this, is it essential that NSP continue to be implemented in the country.

In Mexico, the sale of needles is legal and does not require a prescription. However pharmacists often resist sales to people who inject drugs.[16] UNAIDS reports that the number of needles and syringes has increased in Mexico, going from 3.9 per person who injects drugs per year in 2014,[35] to 7.2,[10] a figure which is still low in terms of provision.[36] However, NGOs in Tijuana and Cd. Juarez report that distribution of needles and syringes per person who injects drugs fell by between 60 to 90% following cessation of Global Fund support. Funding cuts also meant that outreach was reduced, requiring people who inject drugs to come to NGO offices, rather than receiving sterile injecting equipment where they are. Even the limited level of existing harm reduction services has relied partly on commodities donated by organisations ceasing operations after the withdrawal of the Global Fund.

Redumex, a network of organisations working to reduce HIV among people who inject drugs, report a reduction in the amount of needles distributed, with women experiencing more pronounced inaccessibility to NSPs due to greater stigma.[34]

In the countries where NSP provision is available, many people who inject drugs are deterred from accessing services due to restricted opening hours, long waiting times, insufficient resources, criminalisation of drug use and inadequately trained service providers.[18, 34] Further research, advocacy and service provision is necessary in the region to ensure people who inject drugs have appropriate access to safe injecting equipment.

Opioid substitution therapy (OST)

Of the 17 countries where injecting opioid use has been reported, civil society organisations note that only Mexico, Colombia, Argentina and Brazil provide OST to people who inject drugs and/or use opiates, primarily in the private sector.[5] Of these, only Colombia and Mexico provide OST outside of the private sector, with Mexico having one government facility providing methadone for people who use opiates compared to 17 private OST sites. In Colombia, publicly available OST sites operate across seven cities: Bogotá, Medellin, Cali, Pereira, Armenia, Cúcuta and Bucaramanga.[37] However, the number of sites available is unknown. As a controlled medicine, several countries in Latin America, such as Mexico, Guatemala, Bolivia, El Salvador, Honduras and Colombia have requirements that impede access to opiates as a form of OST in hospital-based services, often requiring four doctors to sign an opiate prescription.[38]

In Argentina, opiate use is reportedly rare, but OST can be made available at some public hospitals based on results from toxicology services,[39] and a methadone programme was initiated in 2015.[40] Given that opiate use, although not common, is apparent in the region, a scale-up of OST provision continues to be necessary.[34] In Brazil, there are no public methadone programmes integrated within the healthcare system, but methadone can be obtained through private clinics.[5]

Human rights, 'treatment' and harm reduction in Latin America

Abstinence-oriented drug treatment services for people who use opiates continue to remain the norm in the region. Such interventions have been found to be effective for only a small minority of people who inject opiates, with harm reduction services, such as OST, widely acknowledged as the preferred first line of treatment.[36, 41]

Mexico has approximately 2,000 registered residential abstinence-focused treatment centres and a reported 35,000 people who use drugs placed in centres that operate outside the law.[42] Many of the unregistered centres have no medical personnel, and no medications for withdrawal like opioid substitution therapy.[43] It has recently been reported that treatment can consist of inhumane acts such as forcing people to eat their own vomit, and to eat food from the container where they urinate or defecate.[43] Reports also suggest that a 'spiritual patrol' operate, in which people who use drugs are often forced into church-run treatment centres.[44]

Centres such as these are not unique to Mexico. In Guatemala many people who use drugs end up in private Pentecostal rehabilitation centres rather than prisons.[45] And the US and Caribbean also contain organisations operating unorthodox and zero tolerance faith-based rehabilitation centres, using methods not based on the scientific evidence of harm reduction or substitution therapy, but instead preferring 'confrontational therapy' which sometimes involves sessions throughout the night over 12 hour periods with buckets of icy water thrown at the participant.[45] Both registered and unregistered centres in the region receive little government supervision, and often violate the rights of people who use drugs, such as the right to be free from cruel and inhuman or degrading treatment.[45, 46]

In 2016, the Community of Latin American and Caribbean States (CELAC), adopted the Quito Declaration. Drug policy officials highlighted the need to incorporate the principles of the Universal Declaration of Human Rights into drug conventions in a comprehensive way, concentrating on policies which centre on citizens well-being.[47] The implications of the Declaration could significantly improve drug treatment centres if actioned.

Viral hepatitis

Data on viral hepatitis among people who inject drugs in Latin America is sparse and often out of date. Argentina is believed to have the lowest prevalence of hepatitis C among people who inject drugs in the region, at 4.8%[7] and Mexico the highest, at 96%.[1] In Brazil, prevalence rates for hepatitis C were recorded as 28.9% among people who inject drugs in 2011.[48] The figures cited are from data published in 2009 and 2005 respectively, and since the *Global State* last reported in 2014, there are no updated estimates available for Latin America.

A 2002 study in Buenos Aires and Montevideo, highlighted the vulnerability to infection among people who use drugs but do not inject, through practices such as sharing straws, and emphasised the need for harm reduction services tailored to them in Latin America[49] In 2011, the Buenos Aires provincial ministry of health launched the Programme for Prevention and Detection of Viral Hepatitis to work in conjunction with the HIV/AIDS and Sexually Transmitted Infections (STIs) Programme. However, civil society organisations contest the levels of access to hepatitis C testing and treatment said to be available across the country.[50] Mexico is currently drafting a national viral hepatitis programme with REDUMEX as one of the consultants, it is expected that the plan will be complete by the end of 2016.[34]

Tuberculosis (TB)

Previous evidence has suggested that tuberculosis (TB) rates in countries such as Brazil are extremely high, with 44 cases per 100,000 people in the general population in 2014,[51] a marginal decline since the *Global State* last reported.[26] Although research on TB prevalence among people who use drugs in Latin America is lacking, there is evidence to suggest that they are experiencing elevated TB infection rates,[52] perhaps as a result of disproportionate rates of incarceration or detention in treatment facilities lacking TB control.

Most Latin American countries offer HIV testing to anyone presenting with TB. However, as in other regions, prevalence figures do not detail what proportion of infections are among people who use drugs or who inject drugs. Moreover, whilst diagnosis services are available across the region, access to these is inconsistent for people who use drugs.[5]

Antiretroviral therapy (ART)

In a recent report, UNAIDS noted that coverage of antiretroviral therapy (ART) for people living with HIV in Latin America was 55%,[19] a decrease of 8% in comparison to 2010.[15] Latin America has the highest total spend on ART among low- and middle-income countries, at just under US$800 million.[53] Argentina, Brazil, Chile, Cuba, Guyana, and Mexico all achieved universal access to treatment for HIV in 2012.[54] However, access for people who inject/use drugs remains unclear in many of the aforementioned countries.

Although Brazil has a well-documented treatment system with high coverage rates and free ART, a 2011 study noted that many people who inject drugs had failed to initiate ART due to a lack of access to HIV testing and stigma surrounding injecting drug use.[55] The criminalisation of drug use continues to greatly restrict access to services and treatment adherence among people who inject drugs, although figures relating to rates of service provision among key populations are severely lacking. Further research on the availability of ART for people who use drugs in Latin America is urgently needed.

Harm reduction in prisons

Despite the gradual trend towards decriminalising drug use and possession for personal use in the region, the cultivation and distribution of drugs - including for very small quantities - continue to be heavily criminalised. As a result, people who use drugs continue to be treated as criminals, and frequently end up being prosecuted as traffickers. Currently, approximately one in five prisoners are detained in the region's grossly overcrowded criminal justice system for drug-related offences, many of them in pre-trial detention facilities where they can wait years before being sentenced.[56, 57] Drug-related incarceration rates have grown in most countries in the region in recent years.[56] In Mexico, for example, the number of people held for drug-related offences increased by 1,200% between 2006 and 2014,[56] while in Brazil it has gone up by 211% since 2005.[58] This punitive approach to drugs has been shown to have a particularly disproportionate impact on women in the region. Currently, more than 60% of the female prison population in Argentina, Brazil, and Costa Rica is incarcerated for drug-related offences, the majority of whom are single mothers.[59]

Despite the lack of data on the issue, injecting drug use in prison has recently been reported in some countries in the region, including in Mexico[60] and Brazil.[61] Similarly, despite the persistent scarcity of research on HIV, HCV and TB in Latin American prisons, prevalence rates are still reported to be much higher (up to 25% in some countries) in prisons than in the broader community.[62] A recent systematic review of the global burden of HIV, HCV and TB among prisoners found that prevalence rates among prison populations in Latin America are 2.3%, 4.7% and 1.9% respectively.[63] At the national level, a recent study in Mexico revealed that the prison population was six times more likely to be living with HCV, and that HIV prevalence was 0.7% higher among prisoners than the broader community.[60] In Argentina, HIV prevalence is reportedly more than seven times higher in prisons,[64] while in Brazil, HIV prevalence among prisoners is reported to be between three and 16%,[65] and a recent systematic review found the mean prevalence of HCV to be 13.6% among prisoners.[66]

Despite the clear need for comprehensive harm reduction service provision in prisons in Latin America, the regional response remains the weakest in the world. Available data (or lack thereof) suggest that NSPs, OST and harm reduction approaches to cocaine use continue to be entirely absent in Latin American prison settings, in violation of public health and human rights standards. Research on prison-based testing, treatment and care of HIV, HCV and TB is still scarce, but existing data suggest the availability and accessibility of these services vary between and within countries. A recent cross-sectional study of prisoners in Mexico City, for example, revealed that there is no routine testing for communicable diseases on entry to prison,[60] and that prisoners are only tested for HIV, for example, when prison healthcare staff suspect infection.[60] According to Mexican civil society organisations, HIV, HCV and TB treatment and care are only sometimes available within prisons and condom provision tends to be unreliable due to a lack of resources.[18] In Brazil, HIV testing and condom use are reported as being irregular, which may in part be due to the stigma associated with HIV status in prisons.[61] Thanks to standardised treatment guidelines in that are used in both prison and community settings, access to HIV-related medical services in Argentinian prisons is considered widespread, and prisoners reportedly feel

confident they will continue to receive these services upon release.[64]

Alongside the obvious and urgent need to scale up prison-based harm reduction in the region in accordance with international human rights and public health standards, more systematic research is desperately required to help ensure that prison-based harm reduction policies and programmes, when they are developed and implemented, are as effective as possible.

Overdose

As mentioned in The *Global State* of Harm Reduction 2014, there is no official support for overdose prevention programmes in the whole of Latin America. One of the central issues amongst people who use/inject drugs is the fear of arrest when seeking medical care or attention.[34]

Naloxone, a highly effective opioid antagonist used to reverse the effect of overdose, is generally unavailable in Latin America except in hospitals. Naloxone is made available by the federal government in Mexico, but has been consistently undersupplied, with paramedics lacking it as part of their basic medical kit.[18] In Colombia, a study undertaken in 2012 noted that in both Pereira and Medellin, six out of ten people who use drugs revealed they would not access healthcare services if they had another overdose for fear of referral to law enforcement authorities.[67] During 2014-2015, civil society organisations began building capacity and training to increase the use of Naloxone in Colombia. Since then, 84 doses of Naloxone have been distributed and have been effectively used 49 times by people experiencing an overdose.[32]

Policy development for harm reduction

Several Latin American countries are slowly seeing a policy shift away a punitive approach to drug use and towards a model that favours health and human rights. In August 2009, Mexico's federal government partially decriminalised the possession of small quantities of drugs such as cannabis, cocaine, amphetamines and heroin, with people being diverted to treatment services or OST, rather than criminalised.[33] As previously noted, however, this has yet to reduce incarceration or arrest rates. In 2011, Bolivia denounced the 1961 Single Convention on Narcotic Drugs, reassessing it with a reservation allowing the traditional use of the coca leaf domestically, enabling indigenous communities to legally cultivate and use the leaves.[68] In 2013, the Government of Uruguay passed legislation to regulate state-controlled sales of cannabis becoming the first country in the world to do so,[69] and the National Strategy on Drugs 2016-2020 advanced the development of an alternative model using risk and harm reduction as the basis for a new approach to the use of drugs. Colombia has also begun defining guidelines for a new approach to drug policy which promotes human rights and social inclusion.[70] However, the recent referendum on the peace process in Colombia is believed to have had a significant impact on advocacy as well as policy reform in the future.[71]

In April 2016, during the United Nations General Assembly Special Session (UNGASS) on drugs in New York, Brazil, Costa Rica, Colombia and Uruguay all made statements in explicit support of harm reduction.[72] The Research Consortium on Drugs and the Law (Colectivo de Estudios Drogas y Derecho – CEDD), incorporating researchers from nine Latin American countries (Argentina, Bolivia, Brazil, Colombia, Costa Rica, Ecuador, Mexico, Peru and Uruguay) was established in 2010. CEDD seek to foster debate in the region regarding the effectiveness of current drug policies and recommend more feasible policy alternatives given the increasing and unmanageable rate of incarceration for drug offenses in Latin America.[73]

An important development emerged during the 55th Directing Council 68th Session of the Regional Committee of WHO (World Health Organisation) for the Americas, held in September 2016, which included non-injecting drug users as a key population group within the new Plan of Action for the Prevention and Control of HIV and Sexually Transmitted Infections 2016-2021.[74]

Civil society and advocacy developments for harm reduction

One of the challenges increasingly recongised by civil society groups in Latin America is the integration of harm reduction into drug services as a cost-effective and human rights based approach.[75] In light of this, the Civil Society Task Force – established as the official NGO (Non-Governmental Organisation) engagement mechanism in the run up to the United Nations General Assembly Special Session (UNGASS) on the drugs – surveyed a number of NGOs actively engaging with people who use drugs to urge governments to respond to the different forms of drug consumption in the region using a harm reduction approach.[75] This sentiment was echoed by the Latin American Network of People

Who Use Drugs in their contribution to the UNGASS, together with Caravan for Peace, Life and Justice, a large organisation of networks and activists highlighting the growing discontent with the effects of the drug war.[76, 77] In 2015, in Sao Paulo, a Regional Dialogue on HIV and Drug Policy, organised by the United Nations Office on Drugs and Crime (UNODC) and involving civil society took place, with the objective of offering technical assistance to participants contributing to the ongoing regional, national and international level discussions in the approach to the UNGASS.

In Argentina, to develop a harm reduction perspective and facilitate access to health services, training workshops on the accessibility of drug users to health services was undertaken with support from the UNODC, and co-organised by the National Direction of AIDS and STD and local government. Intercambios developed the workshops in seven Argentine provinces and the deferral penitentiary system in order to improve health providers' practices, aiming to build capacity among health and social teams and enabling better access for people who use drugs.[78] In August 2016, the Argentinian civil society organisation Asociación Pensamiento Penal (APP) introduced a Declaration endorsed by more than 550 Argentine magistrates, judges and lawyers calling on the government to redraw its policy on narcotics and end the 'War on Drugs'.[79] It is estimated that approximately 70% of cases pending before the Federal Courts relate to possession of drugs for personal use[79] Mexico, too, is resuming its leadership between the federal government, civil society organisations, and local governments to carry out a more coordinated approach to harm reduction.[34]

In October 2012, the Latin American Network of People who Use Drugs (LANPUD) was formed.[26] Since then, the regional Harm Reduction Network of the Americas (which include Colombia, Brazil, Canada, United States, Mexico) has been formed, and country level groups are in development such as the Mexican Harm Reduction Coalition.[18] The 'Support Don't Punish' campaign, a global advocacy campaign which occurs every year on 26 June and calls for drug policies to be based on health and human rights, has been growing throughout Latin America. It is receiving greater support and raising awareness of harm reduction and the need to end repressive policies against people who use drugs, subsistence farmers and vulnerable groups.[18]

Harm reduction as a concept is expanding within Latin America, with organisations questioning the impact not only of drug use, but also the negative impacts of the current policies. As a means of addressing these policies, including violence, corruption and widespread human rights violations, organisations are diversifying their partners to include victims and ensure that their voices are heard within the drug policy debate. In addition to seeking new ways of addressing the increasing levels of stimulant consumption, the increase in the use of substance analysis services in nightlife spaces provide an innovative opportunity to reach young people and people who use drugs. There is a clear recognition by civil society organisations that most people who use psychoactive substances do so without generating any problematic use and therefore must be provided with information, harm reduction services and improved quality of access. Responsible consumption as a concept is gaining force amongst a new generation that seeks direct information and political and social mechanisms through which they can contribute.[32, 71]

Funding developments for harm reduction

As previously reported, much of Latin America has received limited international donor support for their harm reduction initiatives.[26] The Global Fund, one of the primary donors in the region, has allocated funding in Colombia and Paraguay.[5] Open Society Foundations have also provided harm reduction funding in the region, and the Levi Strauss Foundation have supported similar initiatives in Argentina.[5] However, the Global Fund is no longer providing funds for harm reduction, and other international organisations have continued to reduce resources.[18]

Civil society organisations report that one of the main issues regarding HIV funding is the focus on injecting drug use rather than stimulant-oriented non-injecting and poly-use consumption patterns which occur to a greater extent in the region.[28] This has left many innovative harm reduction approaches, for example cannabis as a substitute for crack use, overlooked and lacking financial support.[18] Donors are increasingly restricting resources for middle-income countries, and the sustainability of many harm reduction projects in Latin America is therefore at risk.[5] With an estimated 2% of HIV prevention investment directed towards key populations in the region,[80] it is imperative that government support increases, as it has been in Colombia and Uruguay, where the governments have increasingly begun to advocate for harm reduction, and now provide state funding to support operational and administrative aspects of various projects.[18]

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