

# REGIONAL OVERVIEW: ASIA

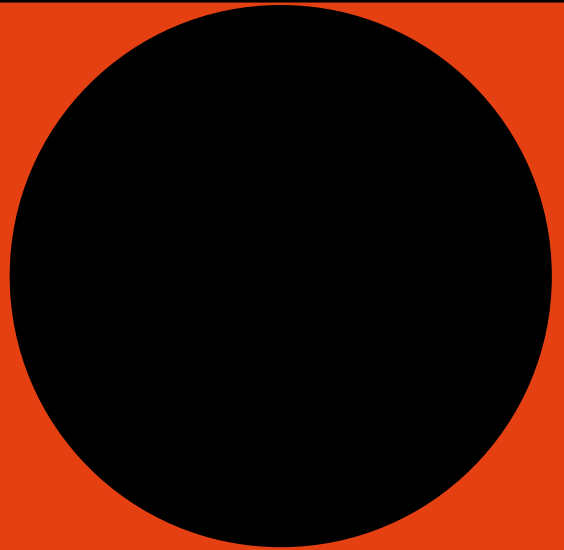
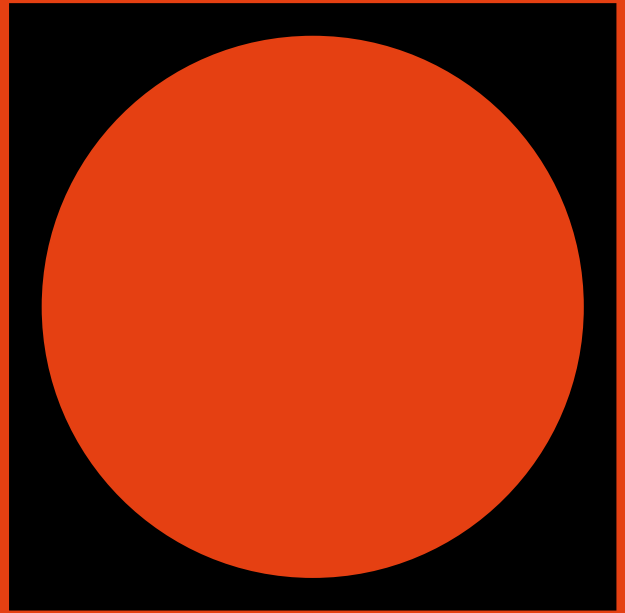
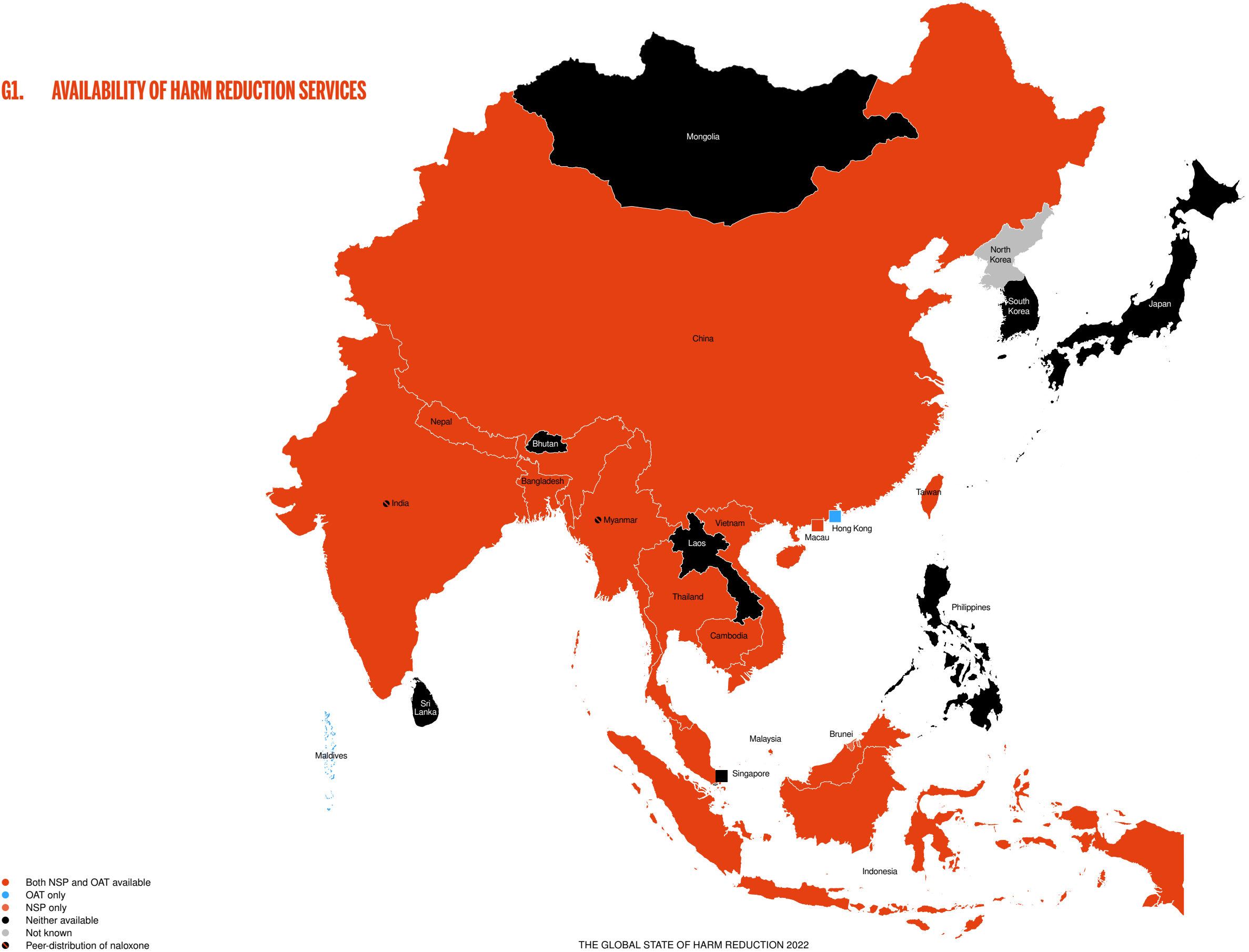


TABLE 2 EPIDEMIOLOGY OF HIV AND VIRAL HEPATITIS, AND HARM REDUCTION RESPONSES IN ASIA

Country/territory	People who inject drugs <sup>a</sup>	HIV prevalence among people who inject drugs (%) <sup>a</sup>	Hepatitis C (anti-HCV) prevalence among people who inject drugs (%) <sup>a</sup>	Hepatitis B (anti-HBsAg) prevalence among people who inject drugs (%) <sup>a</sup>	Harm reduction responses				
					NSP <sup>b</sup>	OAT <sup>c</sup>	Peer distribution of naloxone <sup>d</sup>	DCR <sup>e</sup>	Safer smoking equipment <sup>f</sup>
Bangladesh	33,067 <sup>2</sup>	2.5	31	7	✓ 21 <sup>3</sup>	✓ M <sup>3</sup>	×	×	×
Bhutan	nd	nd	nd	nd	×	×	×	×	×
Brunei Darussalam	nd	nd	nd	nd	×	×	×	×	×
Cambodia	4,500	8	29.2	nd	✓ 5 <sup>4</sup>	✓ M <sup>4</sup>	×	×	×
China	556,000 <sup>5</sup>	5 <sup>6</sup>	49	18.3	✓ <sup>7</sup>	✓ M <sup>7</sup>	×	×	×
Hong Kong	861 <sup>8</sup>	<1 <sup>9</sup>	83.5	nd	×	✓ M <sup>10</sup>	×	×	×
India	878,000	9 <sup>11</sup>	49.5	6.4	✓ 266 <sup>12</sup>	✓ B M <sup>11</sup>	✓ <sup>13</sup>	×	×
Indonesia	204,000	39.1	89.2	nd	✓ 216 <sup>12</sup>	✓ M <sup>14</sup>	×	×	✓ <sup>15</sup>
Japan	351,000	nd	64.8	3.2	×	×	×	×	×
Laos	nd	17.4	nd	nd	×	×	×	×	×
Macau	<100 <sup>16</sup>	3 <sup>17</sup>	40 <sup>17</sup>	9 <sup>17</sup>	✓ 1 <sup>18</sup>	✓ B M <sup>18</sup>	×	×	×
Malaysia	75,000 <sup>19</sup>	14.1	49.5	nd	✓ 477 <sup>20</sup>	✓ M <sup>20</sup>	×	×	×
Maldives	2,500	nd	0.7	0.2	×	✓ B M <sup>21</sup>	×	×	×
Mongolia	nd	nd	nd	nd	×	×	×	×	×
Myanmar	96,000	26.4	75.6	7.7 <sup>22</sup>	✓ 51 <sup>12</sup>	✓ M <sup>23</sup>	✓	×	×
Nepal	38,000	2.8 <sup>24</sup>	21.8	1	✓ 60 <sup>12</sup>	✓ M <sup>25</sup>	×	×	×
North Korea	nd	nd	nd	nd	nd	nd	nd	×	×
Philippines	7,200 <sup>26</sup>	29 <sup>26</sup>	36	7.1 <sup>27</sup>	×	×	×	×	×
Singapore	2,285 <sup>28</sup>	nd	42.5	8.5	×	×	×	×	×
South Korea	nd	nd	50.6	nd	×	×	×	×	×
Sri Lanka	2,500	0	5.6	0.3	×	×	×	×	×
Taiwan	60,000 <sup>29</sup>	13.4	91.9	18.1	✓ 1,254 <sup>30</sup>	✓ M <sup>30</sup>	×	×	×
Thailand	46,233 <sup>31</sup>	22.2	72.4 <sup>32</sup>	4.8 <sup>32</sup>	✓ 30 <sup>33</sup>	✓ M <sup>33</sup>	×	×	×
Vietnam	214,000	22.5	72.5 <sup>34</sup>	17 <sup>34</sup>	✓ 56 <sup>35</sup>	✓ M <sup>35</sup>	×	×	×

a Unless otherwise stated, data is from Degenhardt et al (under review).<sup>1</sup>  
b At least one needle and syringe programme operational in the country or territory, and the number of programmes (where data is available)  
c At least one opioid agonist therapy programme operational in the country or territory, and the medications available for therapy. B=buprenorphine, M=methadon.  
d At least one naloxone distribution programme that engages people who use drugs (peers) in the distribution of naloxone and naloxone training, and facilitates secondary distribution of naloxone between peers.  
e At least on drug consumption room (also known as safe consumption sites among other names) operational in the country or territory, and the number of facilities.  
f At least one programme in the country or territory distributing safer smoking equipment to people who use drugs.

G1. AVAILABILITY OF HARM REDUCTION SERVICES



NSP, OAT AND DCRs



**12 countries** (50%) in Asia provide **needle and syringe programmes** (no change from 2020)

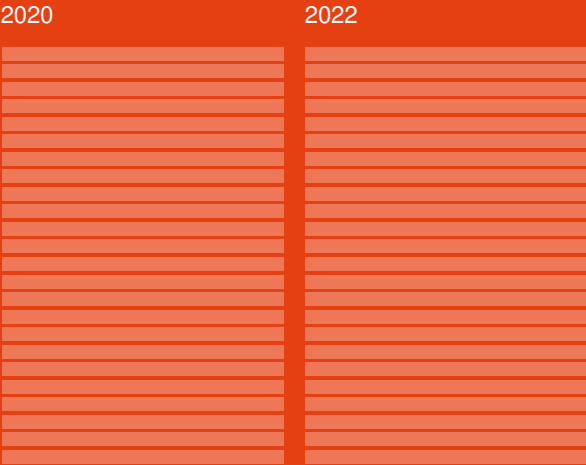


**14 countries** (58%) in Asia provide **opioid agonist therapy** (no change from 2020)

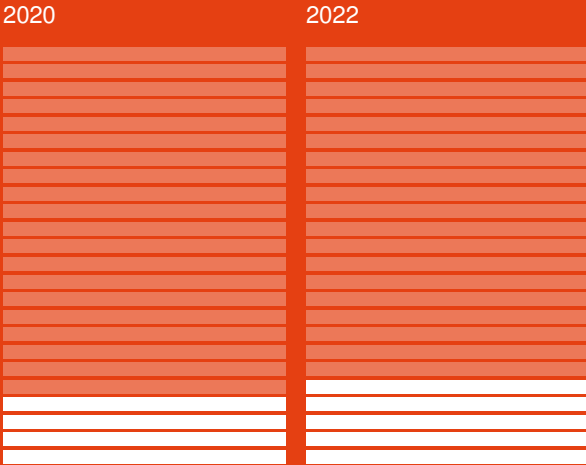


**No country** in Asia provides **drug consumption rooms** (no change from 2020)

HARM REDUCTION IN PRISONS



**No country** in Asia provides **needle and syringe programmes** in prisons (no change from 2020)



**5 countries** in Asia provide **opioid agonist therapy** in prisons (+1 since 2020, Macau)

**INDONESIA IS THE ONLY COUNTRY IN ASIA WITH A SAFER SMOKING EQUIPMENT PROGRAMME**

# REGIONAL OVERVIEW

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## INTRODUCTION

There are over 2.5 million people who inject drugs in Asia (see Table 2, page 50) and many others use drugs via other methods.

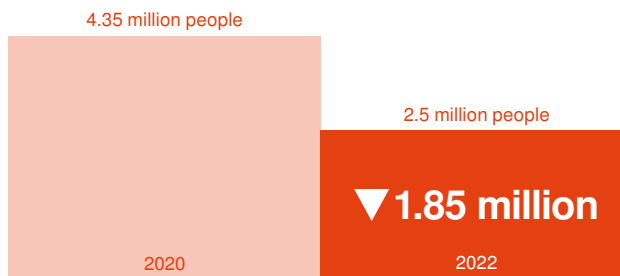
Drug use and policy contexts vary across the region's 24 countries. However, there are several observable trends, one of which is the continuing shift in the drug of choice (and/or of concern) in various countries from heroin and other opioids to methamphetamine.<sup>36</sup> In China, the government now reports that a majority of people who use drugs use methamphetamine,<sup>5</sup> leading to a revised official estimate (reflected in Table 2, page 50) of 556,000 people who inject drugs. Academic studies have identified various factors that are causing this shift, including the wider availability and accessibility of methamphetamine and the widespread perception of its relative safety compared to heroin (public health campaigns have focused on the harms of using heroin).<sup>37</sup>

The new regional estimate of over 2.5 million people who inject drugs reflects the shift toward methamphetamine, as it is around 2 million fewer people than the estimate of 4.35 million reported in the *Global State of Harm Reduction 2020*.<sup>38</sup>

It is worth noting that the updated figure is partly based on incomplete data and country population estimates that have not been revised since the *Global State of Harm Reduction 2020*. Nonetheless, this indicates a changing regional picture of drug use that is corroborated by global and national reports. For instance, the United Nations Office on Drugs and Crime (UNODC) describes 2021 as a record year for methamphetamine seizures in the region, totalling 171.5 tons.<sup>39</sup> The general price of methamphetamine has continued to decrease, making it more widely accessible and available—trends that have been attributed primarily to the shift of methamphetamine production to tablet form and the use of non-controlled substances in the lower Mekong sub-region in Southeast Asia.<sup>39</sup>

**“The drug of choice and/or concern is shifting from heroin and other opioids to methamphetamine in many Asian countries”**

### Estimate of the number of people who inject drugs in Asia



The rise in methamphetamine use has created new harm reduction needs. Some organisations have already pioneered interventions. In Jakarta and Makassar, Karisma Foundation's outreach programme involving the distribution of *cangklong* (glass pipes) as part of safer smoking kits reported considerable success in terms of engagement and awareness.<sup>40</sup> Likewise, in Hanoi and Ho Chi Minh City, the Centre for Supporting Community Development Initiatives (SCDI) piloted a methamphetamine-focused outreach programme that offered harm reduction counselling, mental health screening and referrals to other services.<sup>41</sup> Although limited in scope and highly controversial within their political contexts, such programmes can nonetheless lead to scaled-up responses in the future.

Since 2020, Asia has experienced drastic natural disasters and climate crises. Cyclones, earthquakes, heatwaves, drought, forest fires, flooding, landslides and tropical storms have resulted in death, disease and poverty. Existing health and social care systems are unprepared, and ill equipped in most cases, to effectively respond to and manage these crises, leaving people who have been marginalised the most – including people who use drugs – to fend for themselves.<sup>42,43,44</sup> Political and economic crises have also had a significant negative impact on harm reduction. Sri Lanka's ongoing economic crisis has put health services under immense pressure,<sup>45</sup> while the 2021 military coup in Myanmar disrupted the implementation of harm reduction services and may have put the future of such services at risk.<sup>46,47</sup>

## COVID-19, NEEDLE AND SYRINGE PROGRAMMES (NSP) AND OPIOID AGONIST THERAPY (OAT)



Since the *Global State of Harm Reduction 2020*, no country in Asia has made major changes in the availability of needle and syringe programmes (NSPs) or opioid agonist treatment (OAT). However, sociopolitical opposition has either held back or

scaled down harm reduction programmes,<sup>48,49</sup> in Myanmar and Thailand, while Malaysia officially attributes its decrease in NSP sites to the decreased demand for those services. Yet “the continued significance of injecting drug use is reflected by the region's epidemiological picture: HIV infections continues to rise in countries such as the Philippines and Malaysia, despite a global decline,<sup>50,51</sup> while hepatitis C (HCV) prevalence remains high among people who inject drugs (e.g. 80% of men who inject drugs in Cebu City, Philippines are living with hepatitis C<sup>52</sup>).”

**“The continued significance of injecting drug use is reflected by the region's epidemiological picture: HIV infections continues to rise in countries such as the Philippines and Malaysia, despite a global decline, while hepatitis C (HCV) prevalence remains high among people who inject drugs”**



The COVID-19 pandemic appears to have had little impact on drug supply and demand in the region.<sup>36</sup> However, the resulting diversion of health resources and social services toward COVID-19-related programmes has hampered harm reduction efforts in some countries (see Asia paragraph of COVID chapter, page 34). In parallel, the COVID-19 pandemic has also accelerated reforms in some harm reduction initiatives, such as the provision of take-home methadone in India, Myanmar and Vietnam<sup>53</sup> and the initiation of online counselling and outreach in Japan and Macau.<sup>54,55</sup> Alongside programmes intended specifically for chemsex (see Spotlight on chemsex, page 56), these represent some positive developments since 2020.

## POLICY DEVELOPMENTS

In terms of overall policy, much of the region continues to subscribe to hardline approaches and ‘drug-free’ paradigms. In the Philippines, President Rodrigo Duterte’s ‘war on drugs’ persisted up to the end of his term, and the country’s political climate remains tilted towards punitive approaches under President Ferdinand Marcos Jr., including efforts to restore the death penalty for drug offences.<sup>56</sup> In Japan, under its zero-tolerance drug regime, the government has proposed amendments to existing laws that would criminalise the personal consumption of cannabis.<sup>57</sup> In Bangladesh, an association has been made between drugs and the Rohingya crisis, which has contributed to negative attitudes and punitive responses towards Rohingya refugees. In June 2022, a 28-year-old Rohingya man was sentenced to death for the possession and smuggling of methamphetamine tablets, for example.<sup>58</sup> Bangladesh has seen a rise in extrajudicial killings of people associated with the drug trade, and the country’s drug policy has become increasingly militarised.<sup>46,59,60</sup> Despite vocal opposition from civil society and the United Nations Office of the High Commissioner for Human Rights, Singapore has resumed executions of people convicted of drug trafficking,<sup>61</sup> cementing its classification—alongside China, Malaysia, Indonesia, North Korea and Vietnam—as a ‘high application state’ in imposing the death penalty for drug offences.<sup>62</sup>

Punitive approaches to drugs have also translated to poor conditions in prisons, resulting in a vast number of people who use drugs being deprived not only of their liberty, but of access to basic harm reduction services.<sup>63</sup> Forced rehabilitation programmes are often no different from prisons. As a 2020 United Nations joint statement asserts, such programmes are rife with ‘human rights violations, including lack of due process, forced labour, inadequate nutrition, physical and sexual violence... and denial of evidence-based drug dependence treatment and basic health-care services’ toward detainees.<sup>64</sup> Only two countries in the region (Myanmar and India) are known to offer take-home naloxone and/or peer distribution of naloxone, and this is on a very limited basis.<sup>65,66</sup> No country is known to offer drug consumption rooms.

Some countries have undertaken efforts to depart from punitive approaches. For example, Thailand legalised kratom, a plant that has stimulant properties, resulting in the release of thousands of people jailed for related offences and the expungement of their records.<sup>67</sup> In 2022, the country became the first in Asia to legalise cannabis, including consumption, possession, sale, cultivation and importation.<sup>46</sup> Thailand’s latest report shows that NSPs have been managed exclusively by civil society organisations (not the government) due to what it describes as ‘controversy within the public sector about needle exchange.’<sup>49</sup> In June 2022, Malaysia announced its intent to abolish mandatory death penalty sentencing, which has been disproportionately meted out to people charged with drug offences.<sup>68</sup> However, indicating this intention does not necessarily signify progress in overall policy reform.

**“Despite vocal opposition from civil society and the United Nations Office of the High Commissioner for Human Rights, Singapore has resumed executions of people convicted of drug trafficking, cementing its classification as a ‘high application state’ in imposing the death penalty for drug offences”**

## SPOTLIGHT:

## CHEMSEX IN ASIA



Chemsex, the practice among gay men and other men who have sex with men of using specific drugs to enhance and prolong sex (often involving group sex), is on the rise in Asia. In 2021, estimates from nine countries in the region suggest that between 3 to 31% of gay men and other men who have sex with men engaged in chemsex in the past year.<sup>69</sup> These statistics indicate that a robust response is required because people who engage in chemsex are at higher risk of contracting HIV than the general population, according to studies from Malaysia,<sup>70</sup> Hong Kong,<sup>71</sup> Thailand,<sup>72</sup> and China.<sup>73</sup> Common drugs used by people engaged in chemsex in the region, typically in a polydrug-use context, include methamphetamine, ecstasy (MDMA), poppers (alkyl nitrites), ketamine and gamma-hydroxybutyrate or gamma-butyrolactone (GHB/GBL),<sup>74,75,76</sup> and will often use more than one type of drug during their chemsex sessions.

In approaching chemsex as a distinct practice and context of drug use, scholars, advocates and people from the chemsex community acknowledge that “traditional harm reduction services are [often] not

appropriate for [the] needs” of people who engage in chemsex.<sup>77</sup> For instance, while certain chemsex settings may involve injecting drugs, meaning some risks can be mitigated by NSPs, many others, such as the risks arising from orally-consumed drugs like MDMA, require tailored interventions that pre-existing programmes do not cover. There is, in other words, a need to innovate and tailor programmes to meet the specific needs of the communities in question. Fortunately, in recent years, a number of organisations and initiatives in the region have paved the way for such contextualised interventions.

For Lighthouse, a Hanoi-based organisation that caters specifically to gay men and other men who have sex with men, community engagement is fundamental. In addition to providing accessible peer support, harm reduction packages, sexually transmitted infection (STI) prevention services such as pre-exposure prophylaxis (PrEP) and specialist referrals, the organisation’s advisory board consists of gay men and other men who have sex with men. By taking this community-centred approach, the

organisation is able to ensure that its efforts reflect the realities of the communities it supports.<sup>69</sup>

In Thailand, APCOM Foundation has made progress in chemsex-related interventions by harnessing digital landscapes. Its HIV-testing campaign, *TestXXX*, started as a Bangkok-based initiative in 2014 (as *TestBKK*), but has since partnered with civil society organisations from neighbouring Southeast Asian countries to create branches in Ho Chi Minh City, Manila and Jakarta. These community-led initiatives encourage gay men – particularly those who engage in chemsex – to access HIV services and provide them with online information on sexual health, harm reduction and living with HIV.<sup>78</sup>

In Taiwan, Min-Sheng Hospital in Kaoshiung City supports the HERO (Healing, Empowerment, Recovery of chemsex) clinic, which uses an integrated health service model to create a one-stop health and social service designed to address the needs of gay men and other men who have sex with men who engage in chemsex.<sup>69</sup> The clinic uses digital

technologies to make the service easy to access, and centralises the diagnosis, treatment and prevention of STIs and mental health issues, including access to counselling and specialist care with an emphasis on tailoring care according to an individual’s self-assessed needs.<sup>69,79</sup>

Researchers have documented the ways in which individuals and communities can limit the harms of chemsex, particularly in places with little or no policy support. In the Philippines, people engaging in chemsex have been found to actively bring their own syringes to ‘party’n’play’ sessions to reduce the possibility of sharing syringes, to pay for PrEP and STI tests and medicines where available, and limit polydrug use.<sup>80</sup>

All of the above illustrates the need to broaden the availability, accessibility and acceptability of harm reduction services, and to tailor services for chemsex, as well as other drug-use practices, based on local and regional contexts.



- 1 Degenhardt L, Webb P, Colledge-Frisby S, Ireland J, Wheeler A, Ottaviano S, et al. (under review), 'A global systematic review of the epidemiology of people who inject drugs: Prevalence, sociodemographic characteristics, risk environments and injecting-related harm', *Lancet Glob Health*.
- 2 Ministry of Home Affairs (Bangladesh), Department of Narcotics Control (2022), *Annual Drug Report*.
- 3 Directorate General of Health Services (Bangladesh), National AIDS/STD Programme (2020), *Annual Report 2019*.
- 4 Chamreun CS (2022), 'Global State of Harm Reduction 2022 survey response'.
- 5 China Anti-Drug Network (2021), *China Drug Situation Report* [internet]. Available from [http://www.nncc626.com/2022-06/23/c\\_1211659746.htm](http://www.nncc626.com/2022-06/23/c_1211659746.htm).
- 6 Zhang B, Yan X, Li Y, Zhu H, Liu Z, Lu Z, et al. (2021), 'Epidemic of HIV infection among persons who inject drugs in mainland China: a series, cross-sectional study', *Harm Reduct J*, 18(1):63.
- 7 He N (2021), 'Research Progress in the Epidemiology of HIV/AIDS in China', *China CDC Wkly*, 3(48):1022–30.
- 8 Government of Hong Kong Security Bureau (2021), *Central Registry of Drug Abuse Seventieth Report 2011–2020*.
- 9 Government of Hong Kong, Community Forum on AIDS (2021), *An overview of HIV/AIDS situation of People who inject drugs (PWID) in Hong Kong for Community Stakeholders' Consultation Meeting (CCM) 2021*.
- 10 Government of Hong Kong Security Bureau (2018), *Three-year Plan on Drug Treatment and Rehabilitation Services in Hong Kong (2018–2020)*.
- 11 Ministry of Health and Welfare (India), National AIDS Control Organisation (2021), *Sankalak: Status of National AIDS Response*.
- 12 Degenhardt L, Peacock A, Colledge S, Leung J, Grebely J, Vickerman P, et al. (2017), 'Global prevalence of injecting drug use and sociodemographic characteristics and prevalence of HIV, HBV, and HCV in people who inject drugs: a multistage systematic review', *Lancet Glob Health*, 5(12):1192–207.
- 13 Alliance India (2020), *Provision of harm reduction service in the lockup of a police station* [internet]. Available from <https://allianceindia.org/provision-harm-reduction-service-lockup-police-station/>.
- 14 Wulansari W, Makful MR (2018), 'Why is the Number of Patients of Methadone Maintenance Therapy in Indonesia Stagnant? Improvement of Service', *KnE Life Sci*, 136–43.
- 15 Rigoni R, Woods S, Brecksema JJ (2019) 'From opiates to methamphetamine: building new harm reduction responses in Jakarta, Indonesia', *Harm Reduct J*, 16(1):67.
- 16 Government of Macau Social Welfare Bureau (2022), 'Central Registration System for Drug Abusers of Macao: Comparison Table regarding the Status from 2017 till to 2021'.
- 17 Government of Macau Social Welfare Bureau (2020), *Report on Drug Control in Macao*.
- 18 Nogueira A (2022), 'Global State of Harm Reduction 2022 survey response'.
- 19 Ministry of Health (Malaysia), HIV/STI/Hepatitis C Section (2020), *Global AIDS Monitoring: Malaysia HIV/AIDS Progress Report*.
- 20 Ministry of Home Affairs Malaysia (2019), *Malaysia country report on drug issues 2019*.
- 21 Ministry of Health (Maldives), National Drug Agency (2022) *National Drug Agency Report*.
- 22 Ministry of Health and Sports (Myanmar), National AIDS Program (2019) *Myanmar Integrated Biological and Behavioural Surveillance Survey & Population Size Estimates among People who inject drugs (PWID) 2017–2018*.
- 23 Ministry of Health and Sports (Myanmar), National AIDS Programme, Drug Dependency Treatment and Research Unit (2020), *National Strategic Framework on Health and Drugs: A Comprehensive Approach to Address Health, Social and Legal Consequences of Drug Use in Myanmar*.
- 24 Government of Nepal, National Center for AIDS and STD Control (2021), National Integrated Biological and Behavioral Surveillance (IBBS) Survey among People Who Inject Drugs (PWID) in Nepal-2020.
- 25 Sharma C (2022), 'Global State of Harm Reduction 2022 survey response'.
- 26 HIV and AIDS data hub for Asia Pacific (2022), 'Review in slides: Philippines. HIV and AIDS data hub for Asia Pacific'.
- 27 Department of Health (Philippines), Epidemiology Bureau (2018). *2015 Integrated HIV Behavioral and Serologic Surveillance (IHBS) Technical Report*.
- 28 Chaillon A, Thuraiah PH, Hsiang JC, Martin NK (2021), 'What is required for achieving HCV elimination in Singapore? A modeling study', *J Gastroenterol Hepatol*, 36(4):1110–7.
- 29 Huang YF, Yang JY, Nelson KE et al. (2014), 'Changes in HIV incidence among people who inject drugs in Taiwan following introduction of a harm reduction program: a study of two cohorts', *PLoS Med*, 11(4):1001625.
- 30 Chen J shin (2016), 'Harm reduction policy in Taiwan: toward a comprehensive understanding of its making and effects', *Harm Reduct J*, 13(1):11.
- 31 Ministry of Public Health (Thailand), Jacobson J and Siraprasasri T (2019), *Estimation of PrEP Targets for Key and High-Risk Populations in Thailand, 2020–2022*.
- 32 Wansom T (2021), *High HCV cure rates in C-FREE, first community-based study offering testing and treatment of viral hepatitis and HIV among people who use drugs and their partners in Thailand*.
- 33 Bureau of AIDS, TB and STIs (Thailand), National Monitoring and Evaluation Unit (2018), *Ending AIDS: 2018 Thailand Progress Report*.
- 34 Flower B, Hong DD, Kim HVT, Minh KP, Geskus RB, Day J, et al. (2022) 'Seroprevalence of Hepatitis B, C and D in Vietnam: A systematic review and meta-analysis', *Lancet Reg Health – West Pac*, 24:100468 [internet, cited 31 August 2022]. Available from [www.thelancet.com/journals/lanwpc/article/PIIS2666-6065\(22\)00083-9/fulltext](http://www.thelancet.com/journals/lanwpc/article/PIIS2666-6065(22)00083-9/fulltext).
- 35 Ministry of Health (Vietnam), Tuyen DX (2020), *Results of HIV/AIDS prevention and control in 2019 and key tasks in 2020*.
- 36 United Nations Office on Drugs and Crime (2022), *World Drug Report 2022*.
- 37 Liu L, Chui WH, Chai X (2018), 'A qualitative study of methamphetamine initiation among Chinese male users: Patterns and policy implications', *Int J Drug Policy*, 62:37–42.
- 38 Harm Reduction International, Lasco G (2020), 'Harm Reduction in Asia', *The Global State of Harm Reduction 2020*, p63–80. Available from [www.hri.global/files/2021/03/04/Global\\_State\\_HRI\\_2020\\_BOOK\\_FA\\_Web.pdf](http://www.hri.global/files/2021/03/04/Global_State_HRI_2020_BOOK_FA_Web.pdf).
- 39 United Nations Office on Drugs and Crime (2022), *Global SMART Programme. Synthetic drugs in East and Southeast Asia: Latest developments and challenges 2022*. Available from [https://www.unodc.org/documents/scientific/Synthetic\\_Drugs\\_in\\_East\\_and\\_Southeast\\_Asia\\_2022\\_web.pdf](https://www.unodc.org/documents/scientific/Synthetic_Drugs_in_East_and_Southeast_Asia_2022_web.pdf).
- 40 Karisma Foundation, Mainline, AIDS Research Centre, Atma Jaya Catholic University (2020), *Evaluation on harm reduction programme for people who use crystal methamphetamine in Indonesia*.
- 41 Mainline, Centre for Training and Research on Substance Abuse and HIV, Hanoi Medical University (2021), 'Harm reduction for key populations who use methamphetamine in Vietnam: An acceptability and feasibility evaluation report. Available from [https://blogbird.b-cdn.net/mainline-eng/Evaluation\\_HR\\_for\\_key\\_populations\\_who\\_use\\_meth\\_in\\_Vietnam1.pdf](https://blogbird.b-cdn.net/mainline-eng/Evaluation_HR_for_key_populations_who_use_meth_in_Vietnam1.pdf)
- 42 Beddoe S (2022), 'Global State of Harm Reduction 2022 reviewer response'.
- 43 World Meteorological Organization (2021), 'Asia-Pacific needs to tackle overlapping crises' [internet, cited 8 September, 2022]. Available from <https://public.wmo.int/en/media/news/asia-pacific-needs-tackle-overlapping-crises>.
- 44 Sarkar S (2022) 'Pakistan floods pose serious health challenges', *BMJ*, 378:2141.
- 45 ACAPS (2022), *Sri Lanka: Update on the socioeconomic crisis*.
- 46 Lai G (2022), 'Global State of Harm Reduction 2022 reviewer response'.
- 47 Drugs and (Dis) Order, Thomson N, Meehan P (2021), *Understanding the drugs policy landscape in Myanmar*.
- 48 Dan SL, Maran JHP, Sadan M, Meehan P, Goodhand J (2021), 'The Pat Jasan drug eradication social movement in Northern Myanmar, part one: Origins & reactions', *Int J Drug Policy*, 89:103181.
- 49 National Monitoring and Evaluation Unit, Bureau of AIDS, TB and STIs, Thailand (2018), *Ending AIDS: 2018 Thailand Progress Report*.
- 50 HIV/STI/Hepatitis C Section, Disease Control Division, Ministry of Health Malaysia (2020), *Global AIDS Monitoring 2020. Malaysia HIV/AIDS Progress Report*.
- 51 Philippine Department of Health Epidemiology Bureau (2020), *A brief on the Philippine HIV estimates 2020*. Available from [https://doh.gov.ph/sites/default/files/publications/A%20Brief%20on%20the%20PH%20Estimates%202020\\_08232021.pdf](https://doh.gov.ph/sites/default/files/publications/A%20Brief%20on%20the%20PH%20Estimates%202020_08232021.pdf).
- 52 Philippine Department of Health Epidemiology Bureau (2018), *2015 Integrated HIV Behavioral and Serologic Surveillance (IHBS) Technical Report*.
- 53 Harm Reduction International, Choudhury L (2020) *The impact of COVID-19 on harm reduction in seven Asian countries*. Available from <https://www.hri.global/files/2020/12/07/HRI-COVID-Report.pdf>.
- 54 Koto G (2022), 'GSHR 2022 survey response for Japan'.
- 55 Nogueira A (2022), 'GSHR 2022 survey response for Macau'.
- 56 Jose JM, De Ungria MCA (2021), 'Death in the time of Covid-19: Efforts to restore the death penalty in the Philippines', *Forensic Sci Int Mind Law*, 2:100054.
- 57 Kyodo News (27 May, 2021), 'Advocacy groups ask Japan gov't to rethink harsher anti-cannabis law' [internet]. Available from <https://english.kyodonews.net/news/2021/05/8a14da866514-advocacy-groups-ask-japan-govt-to-rethink-harsher-anti-cannabis-law.html>.
- 58 The Diplomat, Anjum S (30 June, 2022), 'Rohingya Man Sentenced to Death in Bangladesh' [internet]. Available from <https://thediplomat.com/2022/06/rohingya-man-sentenced-to-death-in-bangladesh/>.
- 59 VOA News, Rahman SA (17 August, 2022), 'No Extrajudicial Killings,

- Enforced Disappearances in Bangladesh, Bachelet Is Told' [internet]. Available from <https://www.voanews.com/a/no-extrajudicial-killing-enforced-disappearance-in-bangladesh-bachelet-is-told-6704801.html>.
- 60 Amnesty International (4 November, 2019), 'Bangladeshi authorities allegedly carried out extrajudicial killings in the guise of a 'war on drugs'' [internet]. Available from [www.amnesty.org/en/latest/press-release/2019/11/bangladesh-killed-in-crossfire](http://www.amnesty.org/en/latest/press-release/2019/11/bangladesh-killed-in-crossfire).
  - 61 Amnesty International (22 July, 2022), 'Singapore: Fifth execution in under four months carried out' [internet]. Available from <https://www.amnesty.org/en/latest/news/2022/07/singapore-execution-nazeri-bin-lajim/#:~:text=%E2%80%9CFive%20people%20have%20been%20hanged,human%20rights%20law%20and%20standards,%E2%80%9D>.
  - 62 Harm Reduction International, Girelli G, Larasati A (2022), *The death penalty for drug offences: Global overview 2021*. Available from <https://www.hri.global/death-penalty-2021>.
  - 63 Penal Reform International (2021), *Global Prison Trends 2021: Special Focus: Prisons in Crises*. Available from <https://www.penalreform.org/global-prison-trends-2021/>.
  - 64 UN (1 June, 2020), 'Joint statement: Compulsory drug detention and rehabilitation centres in Asia and the Pacific in the context of COVID-19' [internet]. Available from <https://reliefweb.int/report/world/joint-statement-compulsory-drug-detention-and-rehabilitation-centres-asia-and-pacific>.
  - 65 Imphal Free Press, Devi PK (4 September, 2021), 'Social stigma major cause of opioid overdose deaths in Manipur' [internet]. Available from [www.ifp.co.in/ifp-breaking-point/social-stigma-major-cause-of-opioid-overdose-deaths-in-manipur](http://www.ifp.co.in/ifp-breaking-point/social-stigma-major-cause-of-opioid-overdose-deaths-in-manipur).
  - 66 Han ZM (2022), 'GSHR 2022 survey response for Myanmar'.
  - 67 Natl. News Bur. Thailand, Angskul T (27 August, 2021), 'Inmates released following "Kratom" decriminalization' [internet]. Available from <https://thainews.prd.go.th/en/news/detail/TCATG210827140553924>.
  - 68 New Straits Times, Bernama (10 June, 2022), 'Death penalty remains but judges now given discretion in sentencing - PM' [internet]. Available from [www.nst.com.my/news/nation/2022/06/803919/death-penalty-remains-judges-now-given-discretion-sentencing-pm](http://www.nst.com.my/news/nation/2022/06/803919/death-penalty-remains-judges-now-given-discretion-sentencing-pm).
  - 69 Asia Catalyst, Mainline, Lighthouse, and The Global Fund (2021), *Chemsex in Asia: A community manual on sexualised substance use among MSM*.
  - 70 Ng RX, Guadamuz TE, Akbar M, Kamarulzaman A, Lim SH (2020), 'Association of co- occurring psychosocial health conditions and HIV infection among MSM in Malaysia: Implication of a syndemic effect', *Int J STD AIDS*, 31(6):568–78.
  - 71 Wong NS, Kwan TH, Lee KCK, Lau JYC, Lee SS (2020), 'Delineation of chemsex patterns of men who have sex with men in association with their sexual networks and linkage to HIV prevention', *Int J Drug Policy*, 75:102591.
  - 72 Piyaaraj P, van Griensven F, Holtz TH, Mock PA, Varangrat A, Wimonasate W, et al. (2018), 'The finding of casual sex partners on the internet, methamphetamine use for sexual pleasure, and incidence of HIV infection among men who have sex with men in Bangkok, Thailand: an observational cohort study', *Lancet HIV*, 5(7):379–89.
  - 73 Chen X, Li X, Zheng J, Zhao J, He Jianmei, Zhang G, et al. (2015) 'Club Drugs and HIV/STD Infection: An Exploratory Analysis among Men Who Have Sex with Men in Changsha, China', *PLOS One*, 10(5):0126320.
  - 74 Tan RKJ, Wong CM, Chen MIC, Chan YY, Ibrahim MAB, Lim OZ, et al. (2018), 'Chemsex among gay, bisexual, and other men who have sex with men in Singapore and the challenges ahead: A qualitative study', *Int J Drug Policy*, 61:31–7.
  - 75 Wang Z, Yang X, Mo PKH, Fang Y, Ip TKM, Lau JTF (2020), 'Influence of Social Media on Sexualized Drug Use and Chemsex Among Chinese Men Who Have Sex With Men: Observational Prospective Cohort Study', *J Med Internet Res*, 22(7):17894.
  - 76 Guadamuz TE, Boonmongkon P (2018), 'Ice parties among young men who have sex with men in Thailand: Pleasures, secrecy and risks', *Int J Drug Policy*, 55:249–55.
  - 77 Harm Reduction International, APCOM (2021), *Chemsex and harm reduction for gay men and other men who have sex with men*. Available from [www.aidsdatahub.org/sites/default/files/resource/hri-apcom-briefing-chemsex-2021.pdf](http://www.aidsdatahub.org/sites/default/files/resource/hri-apcom-briefing-chemsex-2021.pdf).
  - 78 APCOM(2019), *2018 Annual Update: Over a Decade of Community Service*. Available from [https://www.apcom.org/wp-content/uploads/2021/10/2018\\_Annual-Update\\_20190912\\_v8.pdf](https://www.apcom.org/wp-content/uploads/2021/10/2018_Annual-Update_20190912_v8.pdf).
  - 79 Lee HJ, Wei S yi, Yen C chi. (2019), 'Outcomes of HERO clinic services for chemsex practitioners', *Proceedings of the 9th International Conference on Digital Public Health*, 119–20.
  - 80 Yu VG (2022), personal correspondence from Iloilo City, Philippines.