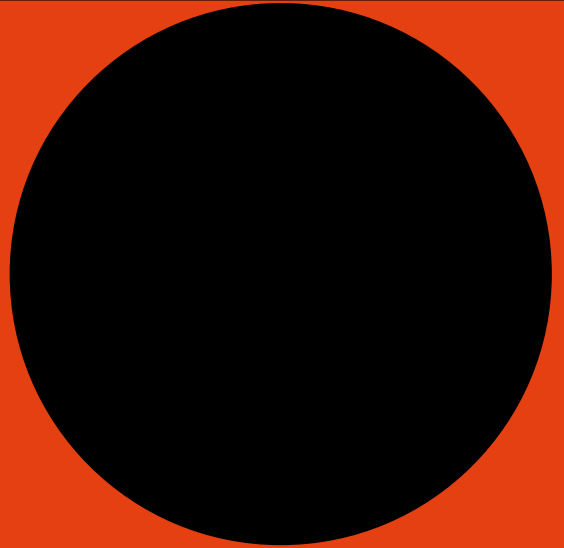
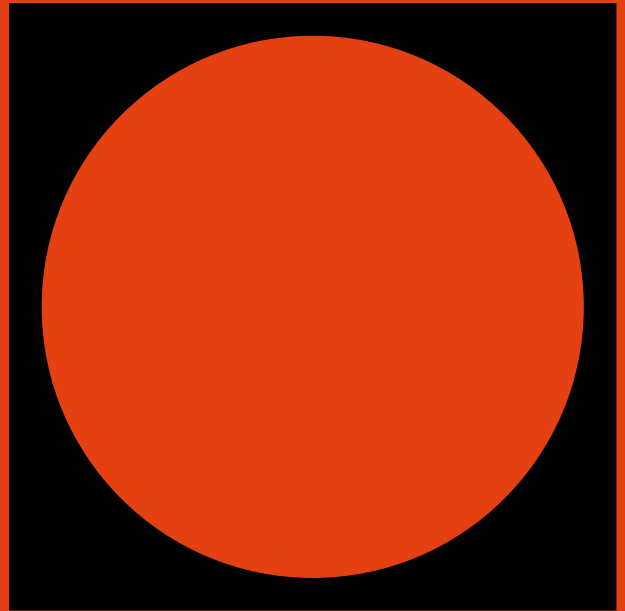


REGIONAL CHAPTERS

REGIONAL OVERVIEW: ASIA



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

Country/territory	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 responses				
					NSP ^a	OAT ^b	Peer distribution of naloxone ^c	DCR ^d	Safer smoking equipment ^e
Bangladesh	34,370	4.1	33.2	7	✓ 44	✓ M	×	×	×
Bhutan	nd ^f	nd	nd	nd	×	×	×	×	×
Brunei Darussalam	nd	nd	nd	nd	×	×	×	×	×
Cambodia	4,136	15.2	30.4	nd	✓ 5	✓ M	×	×	×
China	nd	5	71.6	19.6	✓ 578	✓ M	×	×	×
Hong Kong	738	nd	nd	nd	×	✓ M	×	×	×
India	288,717	9.03	44.71	19.2	✓ 266	✓ B M	nd	×	×
Indonesia	34,517	39.1	89.2	nd	✓ 194	✓ M	×	×	✓
Japan	nd	0.02	36.4	8.6	×	×	×	×	×
Laos	1,661	7.4	nd	nd	×	×	×	×	×
Macau	<100	2.7	39	12	✓ 1	✓ M B	×	×	×
Malaysia	60,000	7.5	55.2	2.9	✓ 477	✓ M	×	×	×
Maldives	nd	nd	nd	nd	×	✓ M B	×	×	×
Mongolia	nd	nd	nd	nd	×	×	×	×	×
Myanmar	92,798	34.9	56	7.7	✓ 51	✓ M	✓	×	×
Nepal	37,822	2.8	13.3	0.8	✓ 60	✓ M	×	×	×
North Korea	nd	nd	nd	nd	nd	nd	nd	nd	nd
Philippines	7,700	29	35.2	7.12	×	×	×	×	×
Singapore	3,470	nd	47	nd	×	×	×	×	×
South Korea	nd	1.9	39.7	4	×	×	×	×	×
Sri Lanka	2,672	0	6.2	0.1	×	×	×	×	×
Taiwan	60,000	16	93.1	20.8	✓ 1,252	✓ M B	×	×	×
Thailand	57,640	8.2	42.2	3.5	✓ 30	✓ M	×	×	×
Vietnam	189,000	12.1	72.51	17.07	✓ 56	✓ M	×	×	×

a At least one needle and syringe programme operational in the country or territory, and the number of programmes (where data is available).

b At least one opioid agonist therapy programme operational in the country or territory, and the medications available for therapy.
B=buprenorphine, H=heroin, M=methadone, N=Naloxone

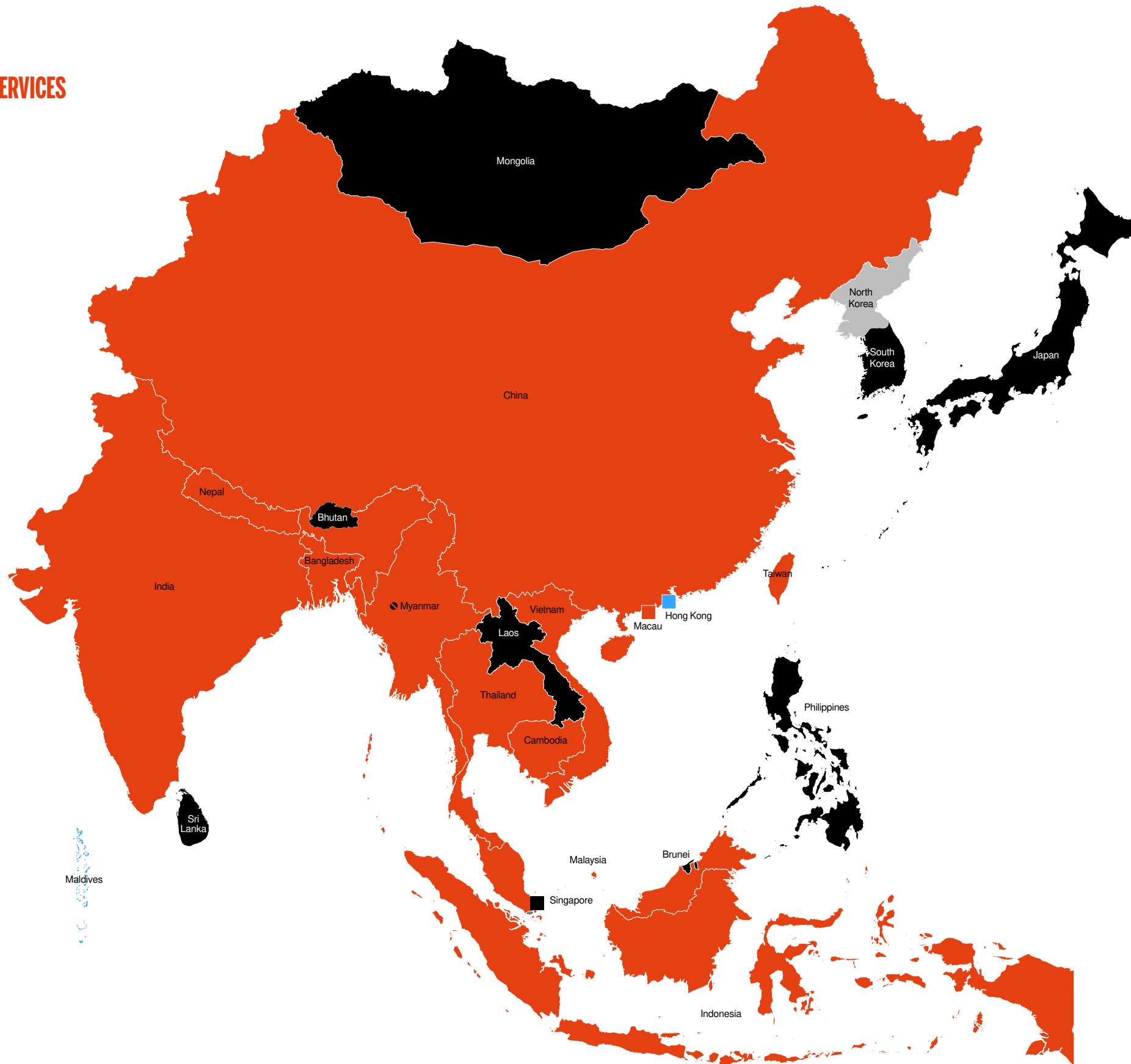
c At least one naloxone distribution programme that engages people who use drugs (peers) in the distribution of naloxone and naloxone training and facilitates secondary distribution of naloxone between peers.

d At least one drug consumption room (also known as safe consumption sites among other names) operational in the country or territory.

e At least one programme in the country or territory distributing safer smoking equipment to people who use drugs.

f nd = no data

AVAILABILITY OF HARM REDUCTION SERVICES



- Both NSP and OAT available
- OAT only
- NSP only
- Neither available
- Not known
- Peer-distribution of naloxone

NSP, OAT, DCRs AND SAFER SMOKING KITS



12 countries (50%) in Asia provide **needle and syringe programmes**
(no change from 2022)



14 countries (58%) in Asia provide **opioid agonist therapy**
(no change from 2022)



No country in Asia provides **drug consumption rooms**
(no change from 2022)



Indonesia is the only country in Asia which provides **safer smoking kits**
(no change from 2022)

KEY ISSUE

PUNITIVE DRUG LAWS HOLD BACK HARM REDUCTION

From marginalisation and incarceration of people who use drugs, to executions and extrajudicial killings, Asia's punitive drug laws continue to hold back efforts to promote harm reduction. However,

there is growing recognition within the region, including from some government officials,^{1,2} that a zero-tolerance approach to drugs has had staggering humanitarian, social and economic costs and a different strategy is needed.^{3,4}

In December 2023, Sri Lanka's government launched Operation Yukthiya, which led to tens of thousands of people being arrested over four months. From the beginning, the campaign was marked by an intensification of public humiliation, arbitrary arrests, detention in inhumane conditions and other human rights violations which have long characterised the Sri Lankan government's approach to drugs.^{5,6} In Indonesia, the election of Prabowo Subianto in March 2024 has raised concerns of a further escalation of the country's punitive approach to drugs, given Subianto's vocal support for the death penalty for drug offences.⁷

In the Philippines, there have been some welcome developments, like the dropping of trumped-up

charges against staunch drug war critic Leila de Lima as well as government participation in a recently-held Drug Policy and Law Reform Summit.^{8,9,10,11} Despite this, 700 drug-related killings have been documented since former President Duterte left office,¹² and neither the former President nor his high-ranking officials have been held accountable for their actions.^{13,14} Crucially, the government has yet to go beyond rhetoric in pursuing a scientific, evidence-based and health-centred approach that fully respects human rights.^{15,16}

Anti-drug campaigns in the region are initiated by leaders like Duterte, Sri Lanka's Ranil Wickremesinghe and Bangladesh's Sheikh Hasina, who use drugs and 'drug wars' as populist tropes.¹⁷ They are ultimately sustained by broader political attitudes towards drugs and enabled by punitive (and often longstanding) laws that conflate drug use with criminality and curtail harm reduction approaches.¹⁸ These laws often single out drug-related offences. For instance, all of the at least 15 executions that Singapore carried out in 2022 and 2023 were for drug-related offences.^{19,20} Even in affluent countries in the region, laws that criminalise and harshly punish any kind of involvement with drugs harms individuals and entire communities. This is illustrated by the suicide of South Korean actor Lee Sun-kyun following allegations of drug use and the trauma and stigmatisation experienced by LGBTQI+ people in Singapore.^{21,22}

Civil society organisations (CSOs) in the region are valiantly challenging these laws and engaging with their respective governments to find ways forward.^{23,24} Lawmakers are also exploring legislative reforms, such as the Japanese parliamentarians who recently formed a harm reduction group.²⁵ Developments like Malaysia's apparent commitment to decriminalising drugs²⁶ and Nepal's strong support for harm reduction in its new *National Master Plan on Drugs*^{27,25} may make neighbouring countries rethink their own laws and policies. As Thailand's indecision on the legal status of cannabis shows, these moves can be illusory and highly contingent on political currents,²⁸ but they can nonetheless pave the way for more humane, evidence-based and cost-effective drug policies in the region.

“ Many harm reduction programmes are designed for injecting drug use, even as drug use in the region has continued to shift to methamphetamine and amphetamine-type stimulants.”

KEY ISSUE

DISPARITIES IN DISTRIBUTION OF SERVICES

As *Global State of Harm Reduction* reports indicate, several countries in Asia have many harm reduction services. While these are welcome developments, there lies a more complicated picture of geographic and socio-economic disparities in the distribution of harm reduction programmes.

In 12 Indian states and Union territories, for instance, at least 95% of people who inject drugs are covered by a package of harm reduction services, but coverage figures are only 22% for the state of Assam, 31% for Haryana and 39% for Delhi.^{29,30} Opioid agonist therapy (OAT) coverage in Thailand overall is dismally low at 5.2%; it is even lower in Bangkok at 1.8%,³¹ despite non-governmental organisations and CSOs in the capital attracting clients from the provinces due to their perceived non-judgmental attitudes.^{32,33}

Socioeconomic marginality comes with additional barriers to accessing harm reduction services, including being singled out by law enforcement and facing further stigma and discrimination. For instance, the Rohingya refugees in Bangladesh are simultaneously exploited by drug traffickers and blamed by the government for bringing drugs into the country; they have been disproportionately targeted by the drug war along with the country's urban poor.^{34,35} Crucially, marginalised communities are also on the receiving end of the structural drivers of harms related to drug policies.^{36,37,38}

Many harm reduction programmes are designed for injecting drug use,³⁹ even as drug use in the region has continued to shift to methamphetamine and amphetamine-type stimulants.^{40,41} Governments in the region have also disproportionately targeted these drugs in their punitive campaigns.^{42,43} These disparities are further complicated by continued dependence on international support for harm reduction in countries like Myanmar, Nepal and Thailand, making services, as well as the CSOs that provide them, financially and politically precarious.^{44,45,46}

Encouragingly, there are also some positive developments. In Myanmar, harm reduction services have continued despite the country's political situation, even in conflict-affected areas like Sagaing, Kachin and Shan State.⁴⁷ In Vietnam, community health workers are enabling the provision of OAT in rural areas as far as 55 kilometres away from clinics. In Bangkok, Thailand a new facility specifically catering to LGBTQI+ people who inject drugs opened in November 2022, integrating health and harm reduction services.^{48,49} In Kaohsiung, Taiwan, a health centre specifically for chemsex adopted a new community- and person-centered social enterprise model in 2022, and received 1,576 clients in its first 10 months.⁴⁴ Meanwhile, the incorporation of harm reduction services in Malaysia's healthcare system through One Stop Crisis Centres is increasing access and improving trust.⁵⁰

Scaling up these initiatives and engendering people-centered drug policies in the process^{51,52} will require greater and more tailored investments from international and national sources, meaningful involvement of people who use drugs, and broader recognition of the economic, health and social benefits of harm reduction.

NEGATIVE DEVELOPMENTS IN ASIA



Sri Lanka’s government launched Operation Yukthiya, which led to tens of thousands of people being arrested over four months, public humiliation, arbitrary arrests, detention in inhumane conditions and other human rights violations

Indonesia’s President Prabowo Subianto expressed support for the death penalty for drug offences



Drug-related killings in the Philippines have continued since former President Duterte left office

Countries like Singapore continue to execute people for drug offences. All of the at least 15 executions that Singapore carried out in 2022 and 2023 were for drug-related offences

POSITIVE DEVELOPMENTS IN ASIA

Japanese parliamentarians formed a harm reduction group



Malaysia committed to decriminalising drugs



Nepal supported harm reduction in its new National Master Plan on Drugs

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