

**Anti-Drug Policy:
Harm reduction within the human rights framework**

1. While the concept of harm reduction has traditionally been applied to drug use, the Special Rapporteur is taking a broadened approach to harm reduction. What types of harm reduction policies, programmes, and practices are in place in your community, and what is their purpose or aim? How successful have they been at achieving that aim? Please provide data, as possible.

In Azerbaijan, the "Harm Reduction Program" is implemented with the participation of the Republican AIDS Center and civil society (12 non-governmental organizations with state support). As per the Law No. 1001-IIIQ of the Republic of Azerbaijan, dated May 11, 2010, "On Combating the Disease Caused by HIV", and Annex No. 5 of the Decision No. 62 of the Cabinet of Ministers of the Republic of Azerbaijan, dated April 27, 2011, the "Harm Reduction Program" typically encompass the following areas:

- Distributing syringes and other consumables to Injection Drug Users (IDUs)
- Providing Personal Protective Equipment (PPE) to prevent sexual transmission of HIV among men who have sex with men and women engaged in sex work.
- Involvement of injection drug users in opioid substitution therapy (OST) in order to prevent transmission of HIV
- Raising awareness about safe behaviours, providing psychological support, and distributing educational materials.

During 2022, with technical support from the Ministry of Health and financial support from the Global Fund, 3,343,060 syringes and sets of sterile materials, as well as 6,312,597 sets of personal protective equipment, were distributed among at-risk groups.

Injection drug users who have HIV are referred for a review by a narcologist. Throughout the year, the opioid substitution therapy program had 268 HIV-infected injection drug users enrolled. To broaden the reach of the substitution therapy program among injection drug users, access to high-quality medical services is facilitated by working closely with members of civil society.

The "Harm Reduction Program" is an initiative aimed at preventing the spread of HIV. In the past decade, the program has helped to reduce HIV infections among injection drug users by half. The program has been successful in identifying risk groups and helping them get the treatment they need, as well as educating them on the importance of social adaptation and integration into society. The program focuses on preventing HIV/AIDS, hepatitis B and C, skin-venereal diseases, and treating concomitant diseases such as tuberculosis, diabetes, and mental disorders. It also helps to reduce complications related to injection drug use and increases the efficiency of medical services provided to women who take drugs before and after childbirth. The program strives to attract drug users to state drug addiction medical institutions and to prevent and socially rehabilitate HIV-infected injection drug users.

2. How do legal frameworks affect the harm reduction policies, programmes, and practices (whether related to drug use or otherwise) that are available in your community, country, or region? Are there laws or policies that either facilitate or serve as a barrier to adopting or implementing specific harm reduction policies, programmes, and practices? Aside from legal and regulatory barriers, are there other obstacles in place? Please provide specific examples.

The "Harm Reduction Program" is an effective tool in preventing the spread of HIV among at-risk groups. There are no legal barriers to implementing the program. To clarify certain issues, specific guidelines have been put in place, such as limiting the amount of drugs that can be prescribed for sale or personal use and ensuring a certain level of medical assistance and preventive measures funded by the state. The NGOs working in the field of harm reduction programs and regulatory

bodies collect information on the implementation, results, and shortcomings of harm reduction programs.

3. How does the jurisdiction in place in your region/country/state approach the criminalisation (or decriminalisation) of drug use? Please provide disaggregated data, including but not limited to gender, age, race/ethnicity, status of poverty, sexual orientation and the number of persons deprived of liberty for drug possession or consumption.

Drug use in Azerbaijan is considered as a form of addiction, and the individuals who suffer from it are treated as patients, which is an accepted practice in the international community. If a person consumes drugs within the prescribed limit for personal use, they are not held criminally responsible. The Republic of Azerbaijan does not differentiate between genders, age, race, ethnicity, poverty status, or sexual orientation when it comes to criminal liability related to drug addiction.

The Republican Center for the Fight against AIDS is closely monitoring the medical observation of population groups that are at high risk of HIV infection. In 2022, a total of 8,507 immunoenzyme analysis examinations were conducted for injection drug users, 104 for men who have sex with men, 421 for women engaged in sex work, and 3,892 for prisoners to diagnose HIV. As part of the initiative, mobile stations conducted 50,196 examinations on representatives of vulnerable groups. Additionally, 1,556 people were given oral quick testing for self-examination. Out of those tested, 572 were injection drug users, 455 were sex workers, 448 were men who have sex with men, and 81 were transgender women.

4. Beyond reducing the adverse health, social, and legal consequences of drug use, what other areas can benefit from harm reduction policies, programmes, and practices in furtherance of the right to health and related human rights? Examples may include, but are not limited to, the decriminalisation of sex work, the decriminalisation of abortion, and safe sex programmes.

The "Harm Reduction Program" not only aims to prevent the spread of HIV but also supports high-risk population groups in society. This program forms an "equal" group of outreach workers from the patients. It is important to note that professional sex work is not legal in the Republic of Azerbaijan. Artificial disruption of pregnancy (abortion) is carried out in a medical institution by qualified doctors, following medical and social guidelines and within the period specified by the legislation. Any abortions performed outside of these regulations are considered illegal and may pose a risk to the health of both the mother and child.

5. What type of harm reduction policies, programmes, and practices, as well as mental health and other support (e.g., housing, legal, social, educational, and economic), are available for people who use drugs in the community, institutions or detention facilities? Please share examples of the impact of criminalisation, discrimination, stereotypes and stigma on the different groups of the population e.g., persons in situation of homelessness, migration, or poverty, sex workers, women, children, LGBTIQ+ persons, persons who are detained or incarcerated, persons with disabilities, Indigenous Peoples, Black persons, persons affected by HIV or hepatitis, and persons living in rural areas, etc.).

In both communities and institutions, drug users who want to quit their harmful habit are given the same level of support and encouragement. Every effort is made to help injection drug users lead a healthy lifestyle by involving them in treatment programs. They are entitled to social, household, and economic rights as any other group. In Azerbaijan, drug use is not considered a criminal offence under the law. However, society still condemns drug use as it often leads to criminal activities that put others in danger. The stigma associated with drug use is mainly due to the behaviour of the person addicted to this harmful habit, which can cause discomfort and harm to others.

6. Are there alternative measures to institutionalisation or detention? For example, are there outpatient or inpatient facilities available in your country for people using drugs? Please provide additional details (are they compulsory, voluntary; number available in urban and

rural areas; entity in charge; type of support provided and type of staff working in these facilities/centres)?

Medical-rehabilitation measures are being implemented in the Republic of Azerbaijan to address drug addiction. These include the Republican Narcological Center (RNC), Baku Narcological Center, Lankaran Narcological Hospital, Sumgayit, Ganja, Mingachevir Narcological Dispensary, and Nakhchivan Mental Illness Dispensary. In addition to these, there are drug offices in all administrative areas. In addition to these, drug offices were organized in all administrative areas. Organised narcology institutions provide outpatient services, while inter-district dispensaries and RNC have inpatient departments. In 2022, an outpatient rehabilitation department was established at the Republican Narcological Center. Participation in treatment is voluntary, except in cases where court decisions mandate it. Narcological service institutions are specialised medical centres with trained medical narcologists. Additionally, integrated drug/HIV services are being improved.

7. Please provide examples of harm reduction policies, programmes, and practices adopted or implemented with international cooperation or through foreign assistance in your country, as well as their impact on different groups within the population. What types of challenges can arise from reliance on foreign assistance? Please also provide examples focusing on the need for, and impact of, harm reduction policies, programmes, and practices on different groups of the population (e.g., persons in situation of homelessness, migration, or poverty, sex workers, women, children, LGBTIQ+ persons, persons who are detained or incarcerated, persons with disabilities, Indigenous Peoples, Black persons, persons affected by HIV or hepatitis, and persons living in rural areas, etc.).

International organisations provide financial and technical support for implementing the "Harm Reduction Program." The Global Fund for the Fight against AIDS, Tuberculosis, and Malaria initiated the program's implementation in our country and continues to provide direct support for its continuous implementation. Since the harm reduction policy mainly targets the closed lifestyle group of society, it may be less informative for other groups.

8. Are there programmes of research and innovation related to harm reduction from a right-to-health perspective (e.g., needle and syringe programmes, supervised injection and drug use facilities, opioid substitution therapy, and others beyond the area of drug use), including outreach and education programmes, in your community, country, or region? Please provide good practices and examples.

The "Harm Reduction Program" is primarily implemented by non-governmental organisations (NGOs), and the results are reported to their support and monitoring authorities. The program's training is provided to executives and consumers, and recommendations for improving the work are provided. Education programs on the application of harm reduction programs contain only brief informational knowledge. Basic information is provided by medical personnel or NGOs during examinations and educational campaigns in educational institutions. Help to drug users, including training of specialists and the educating general population, and prevention of stigmatisation, is coordinated by the RNC and Public Health and Reforms Center (PHRC). PHRC's social media pages regularly raise awareness against harmful habits, distribute prepared educational materials, display educational videos on YouTube, and promote a healthy lifestyle. In 2023, more than 12,500 educational materials were published and distributed under the themes of "Choose a healthy life without drugs!", "Use of drugs and psychotropic substances among children and adolescents", "Stay away from drugs!", "Choose a healthy life without drugs!" and "Let's say NO to harmful habits!".

To ensure accessibility, educational materials are also posted on the PHRC website. <https://www.isim.az/az/pages/20-Resurslar>