

# HARM REDUCTION POLICIES, CHALLENGES & FUTURE PLANS

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# Harm Reduction Services for Key Populations at a glance

- Key populations include groups disproportionately affected by HIV, viral hepatitis, and other health issues related to drug use. These populations face stigma, discrimination, barriers to healthcare and are ostracized from the mainstream society.
- Harm reduction services are program essentials because they are essential for
  - Reducing infection transmission
  - Minimize negative consequences of high risk behaviours especially drug use
  - Create a demand for the uptake of HIV prevention and testing services
  - Improve health outcomes for key populations
  - Improving the mental health and psycho-social well being of key populations

# Harm Reduction Services for Key Populations at a glance (contd...)

- 109 countries explicitly supportive of harm reduction in national policy documents
- 88 Countries are globally implementing opioid agonist maintenance therapy (OAMT)
- Increasing number of countries are introducing drug consumption room (DCR), to prevent drug overdose by supporting people who use drugs with supportive drugs consumption and also beginning peer distribution of naloxone.
- Harm reduction supportive measures also include
  - Housing and Employment Initiatives
  - Drug quality assurance to check for adulterants
  - Overdose Prevention and Reversal:
  - Psychosocial Support & information on safe drug use
- Harm reduction services expanded in some regions, but challenges remain, including stigma, discrimination, and limited access to healthcare for key populations.

# Global AIDS Strategy ... Key Targets (*Harm Reduction*)

- ✓ 90% of people who inject drugs have access to comprehensive harm reduction services integrated with or linked to hepatitis C, HIV and mental health services.
- ✓ 50% of people who inject drugs and are opioid dependent have access to OST.
- ✓ 80% of HIV prevention services, 30% of testing and treatment services, and 60% of programs to address societal enablers for people who inject drugs are community-led.
- ✓ Less than 10% of people who inject drugs or living with HIV experience stigma or discrimination, less than 10% of women who use drugs or living with HIV experience gender inequality/violence, and less than 10% of countries have punitive legal or policy environments that lead to denial or limitation of services.
- ✓ *Overlap of sex & drugs/ substance use (other than injectable) and its role in infection transmission ???*

# Harm Reduction Service Packages for Key Populations particularly (PWIDs)

- PWIDs at the center of harm reduction programmes allowing peer guided programme design and service delivery
- Promoting auto-lock, one-time use and low-dead-space syringes and autodestructing needles to reduce risk of infection with HIV or hepatitis C, and are recommended by WHO.
- Package other injection equipment, such as water, filters, spoons, “cookers”, tourniquets, acidifiers and materials for wound care, are important to reduce risk of HIV, hepatitis C, abscesses, and other kinds of infections.
- Overdose management and guidance
- Law enforcement sensitization and engagement for harm reduction programmes
- Gender, youth and key-populations friendly, sensitive and contextually appropriate services
- Engagement of relevant stakeholders, fostering multi-sectorial partnerships and strengthening community systems for integrated harm reduction programmes with shared wisdom, responsibility and accountability

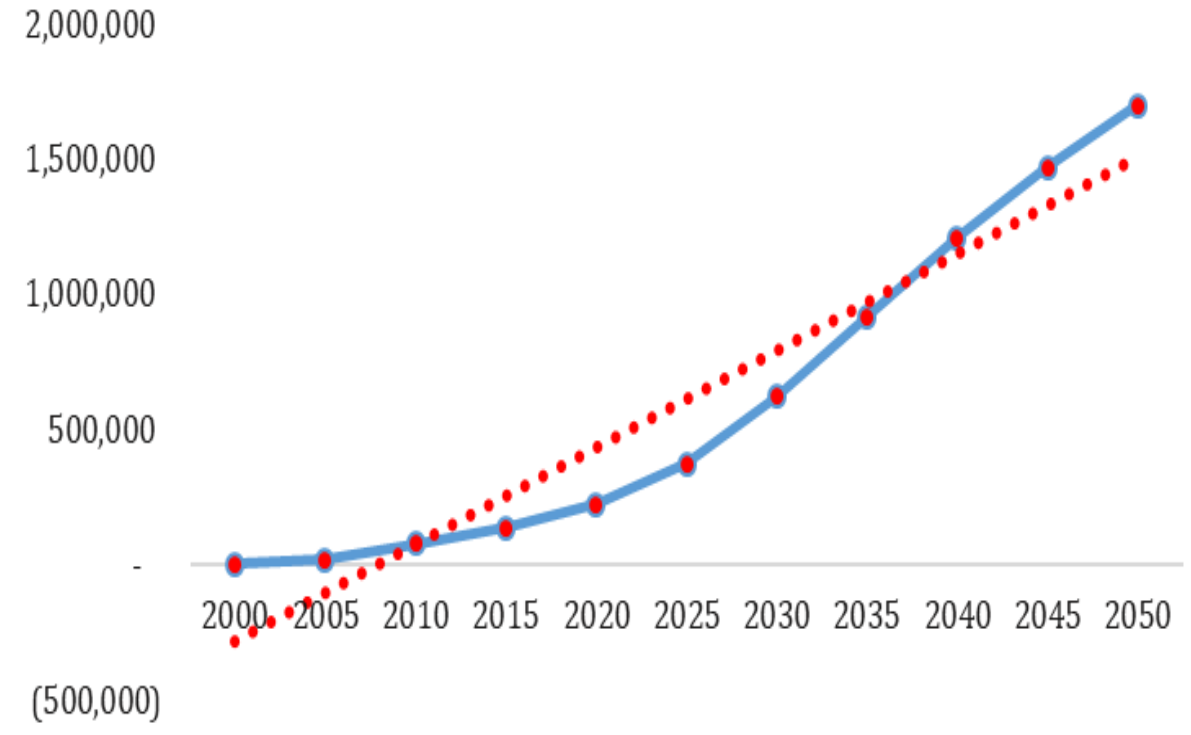
# Harm Reduction Services for Key Populations

- Comprehensive harm reduction services for key populations include:
- **Health Interventions:**
  - Condom and lubricant programming
  - Harm reduction interventions (e.g., needle exchange programs)
  - HIV testing services including HIV self testing (HIV-ST)
  - HIV treatment and care, including pre-exposure prophylaxis (PrEP)
- **Structural Interventions:**
  - Supportive legislation, policy, and funding
  - Addressing stigma and discrimination
  - Community empowerment
  - Ensuring safety & security of implementers

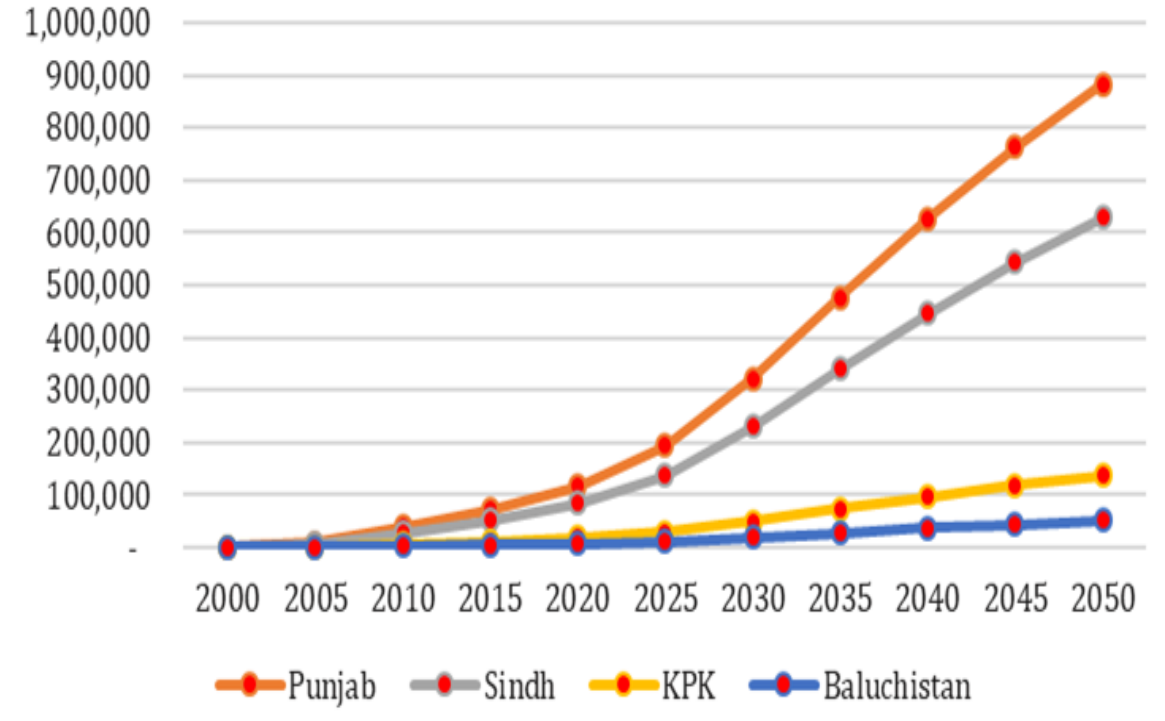
# Epidemic Trends

(estimates-2023)

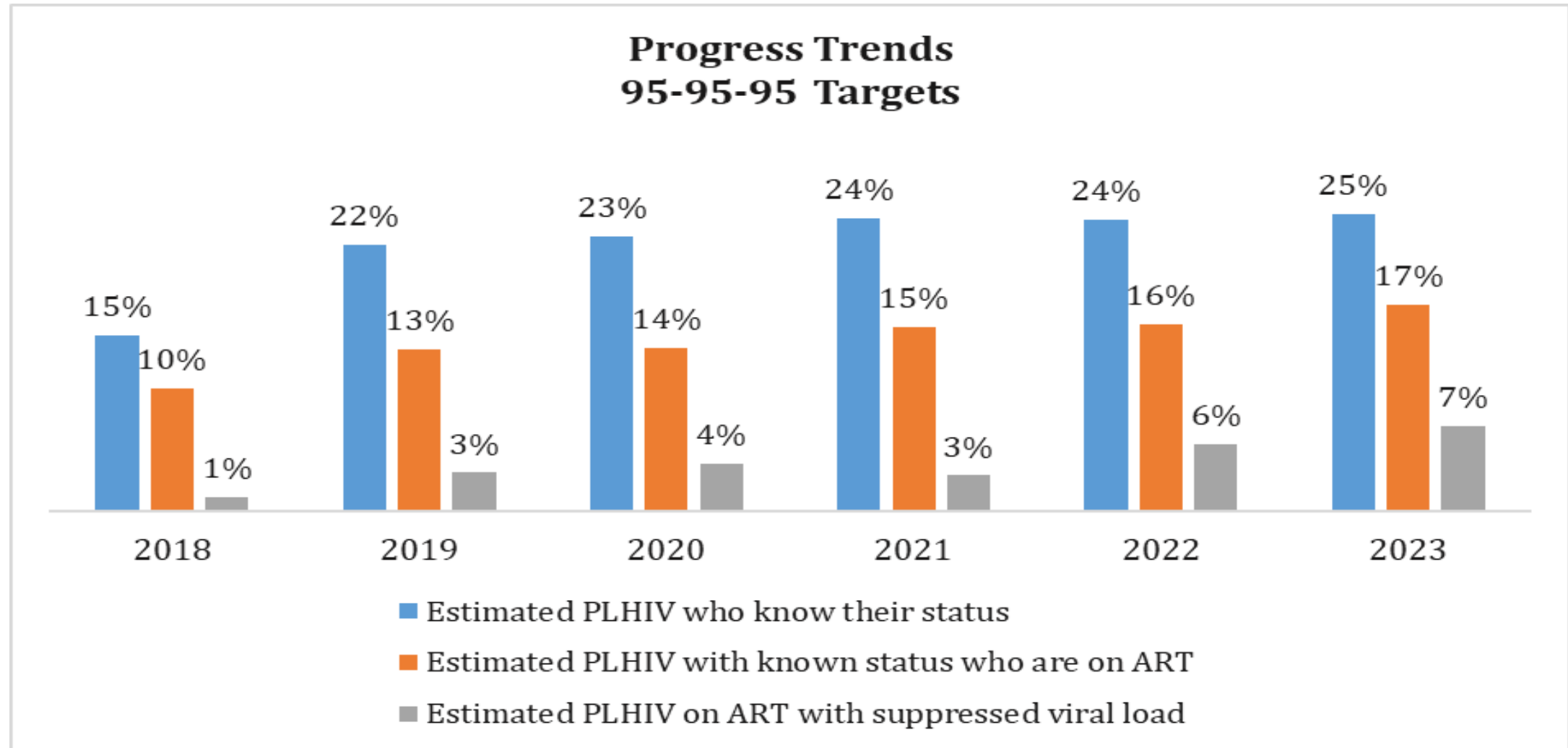
### National PLHIV Trends (2000-2050)



### Provincial PLHIV Trends (2000-2050)



# Linking Harm Reduction to improved Health outcomes





# Key Challenges

- Sub-optimal HIV prevention, harm reduction & testing services coverage among the key populations
- Persistent socio-legal barriers to accessing HIV prevention, treatment and harm reduction services
- Operational challenges including hard to reach communities with evolving dynamics, overlapping of high risk behaviours and community conflicts
- Stigma & discrimination

# Future Planning

- Advocacy, awareness and sensitization of different sections of the society about harm reduction programming
- Increasing Government oversight, monitoring and regular evaluation of harm reduction programmes to tailor it to the needs and requirements and key populations, review impact and redesign for better outcomes
- Strengthening
  - Evidence-based HIV combination prevention programmes and adaptation of contextually appropriate, tailored community-KP friendly differentiated HIV testing, treatment, care and support models
  - Promoting community-based and community led programming
  - Enabling environment for safeguarding gender & human rights, mitigating stigma & discrimination, social protection and HIV case management in crisis situations
- Adaption of high impact interventions
  - PrEP
  - OAMT
  - HIV-ST
  - HIV Co-infection management
- Providing services to other vulnerable populations in special settings such as prisons