Community perspective on access to harm reduction

Designing focused, tailored and prioritized HIV and viral hepatitis interventions for and with people who use drugs

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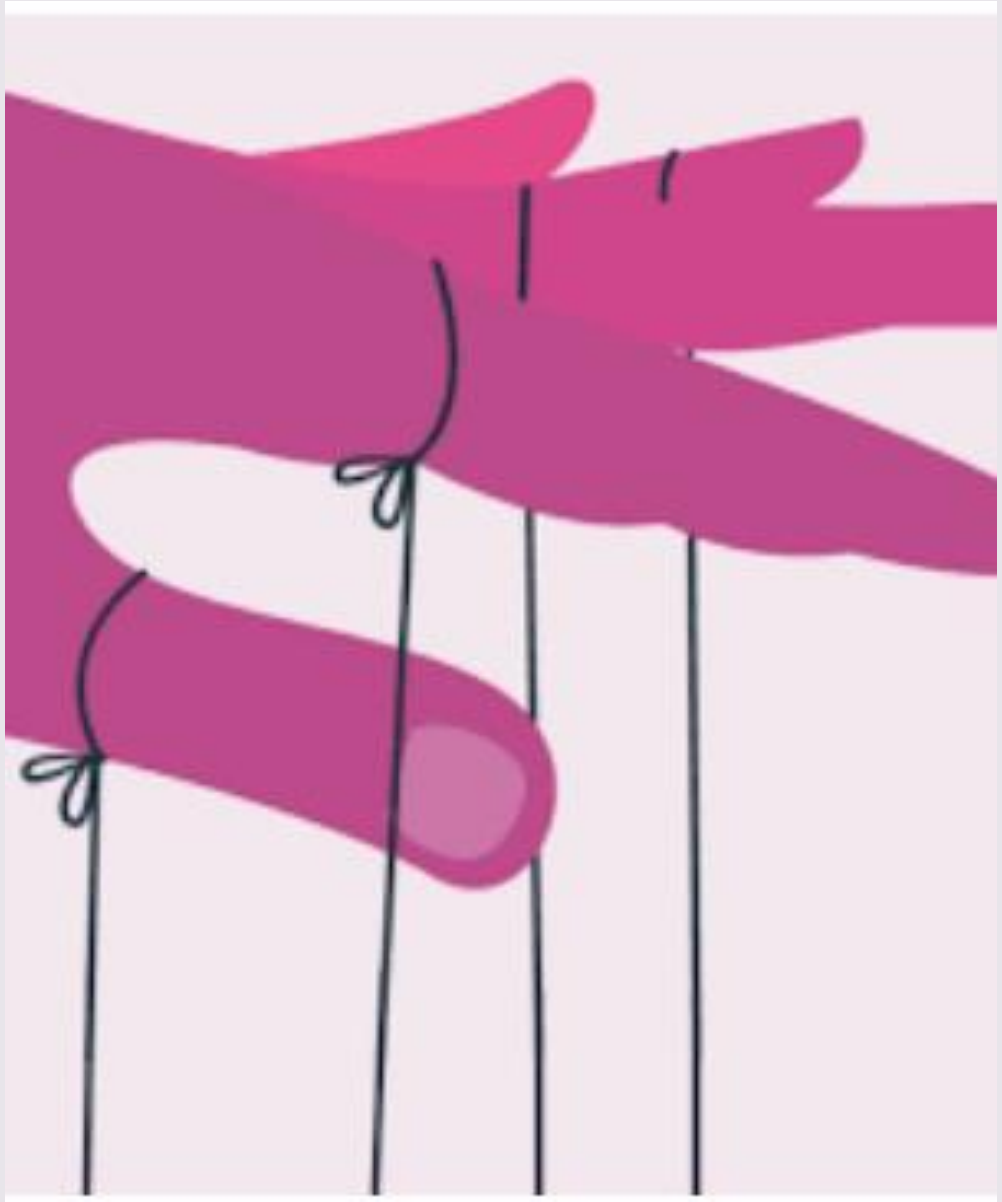
Snapshot of harm reduction worldwide

- Harm reduction interventions: range of services that enable people to safely consume drugs in contexts and settings that are respectful and rights-respecting
- Lack of access to harm reduction interventions: (data from Global State of Harm Reduction 2022)
  - Only 87 countries implement needle and syringe programmes
  - Only 86 countries implement opiate agonist therapy programmes
  - Only 16 countries have peer-distributed naloxone available to prevent overdose deaths
- Inappropriate health and social interventions ignore evidence, divert resources and compel people who use drugs to avoid services

1. Global State of Harm Reduction 2021

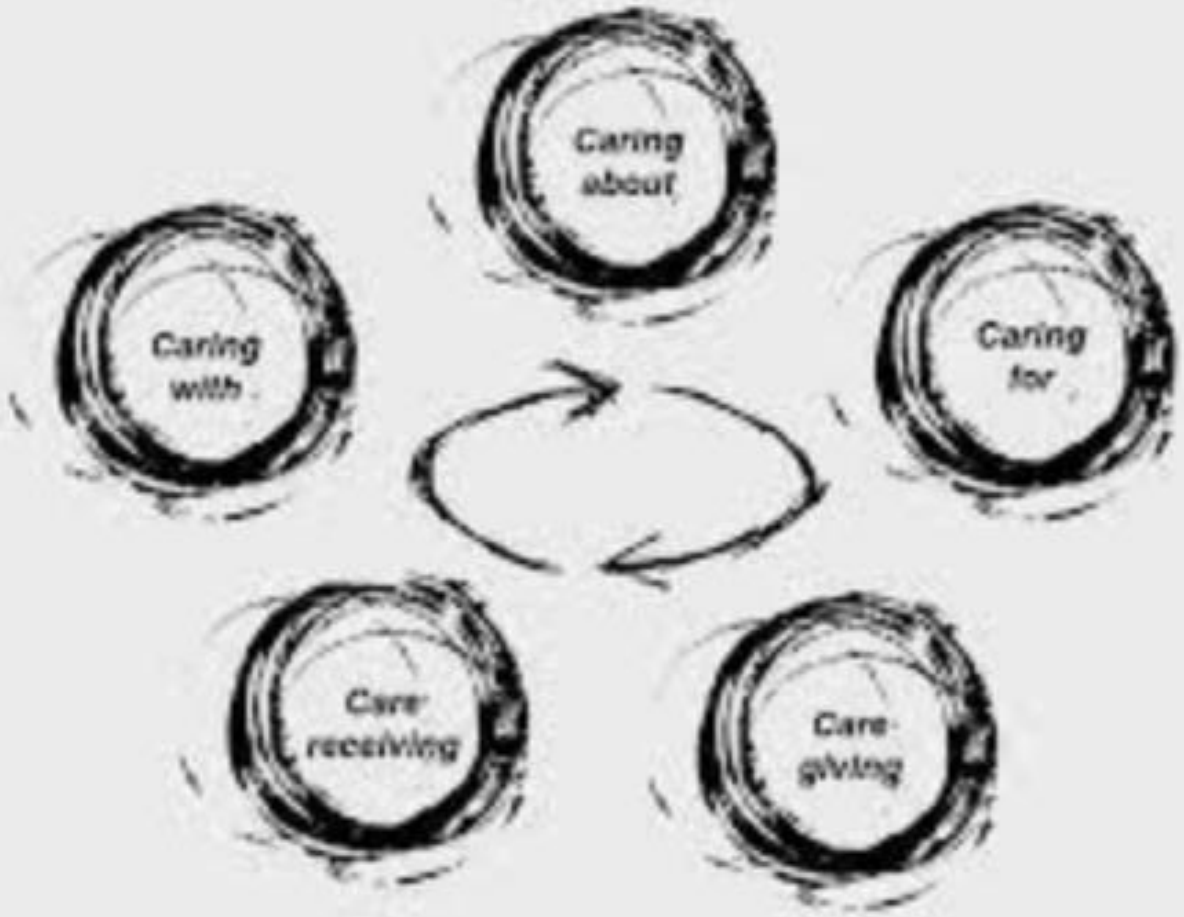
Harm reduction as coercive care and a means of social control

- Needle and syringe programmes: strict one for one exchange, registration, criminalising possession of needles and syringes, fixed site only
- Opiate Agonist Therapy programmes: daily supervised consumption, supervised urine testing, compulsory medical and welfare appointments, compulsory testing, ‘gateway’ to abstinence
- Naloxone: strictly controlled, widely unavailable, out of reach of those most likely to witness an overdose



From coercive and conditional care to participatory person-centered care

- Disrupt: totalising logic that conflates drug use with harms that is the principal logic underlying modern drug policies and practices
- Participatory harm reduction praxis: to become more responsive to ways people not only reduce harm but consume drugs in ways that contribute to living better
- Person-centered care actively seeks the needs and preferences of the individual to guide clinical decisions



Recommendations for focused, tailored and prioritised services

- Normative and technical guidance that has had mechanisms for community input i.e. WHO Consolidated Guidelines on Key Populations, UNODC & WHO OAT Operational Tool
- Meaningful involvement of people who use drugs in priority-setting, design and implementation of service interventions
- Avoid ‘expert knows best’ approach to interventions, e.g. Suboxone and long-term bupe without consultation. User concerns matter more than policy and prescriber concerns, as prioritising latter is what makes care coercive and ineffective