

# Harm reduction in the time of COVID

## Integrated and community-led services

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**HARM REDUCTION**  
INTERNATIONAL

[www.hri.global](http://www.hri.global)

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# Disclosures of interest

No disclosures

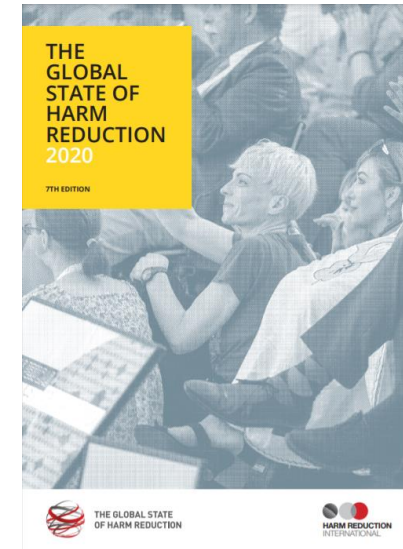
# The Global State of Harm Reduction

HARM REDUCTION IMPLEMENTATION HAS  
WORSENERD SINCE OUR LAST REPORT IN  
2018, AFTER HAVING STALLED SINCE 2014.



THE NUMBER OF COUNTRIES WHERE  
NEEDLE AND SYRINGE PROGRAMMES  
ARE AVAILABLE REMAINED LEVEL

THE NUMBER OF COUNTRIES WHERE  
OPIOID AGONIST THERAPY IS AVAILABLE  
DECREASED BY TWO



# Harm reduction and confinement measures

- Limitations on travel and movement
  - Clients unable access to fixed sites
  - Outreach services unable to operate
  - Disruption to social networks and income
- Partial or permanent closures
  - Reduced operating hours
  - Reduced staff and client capacity
  - Reallocation of government resources (Bulgaria, Montenegro)
  - Services in 80% of EU countries reported serious disruption



*People who use drugs faced difficulties accessing services because of lockdown measures, while service providers had to reduce the number of working days or close entirely.*



# The response: Flexibility and resilience

- Services adapted to meet clients' needs
  - NSP and OAT by home delivery
  - Expanded and COVID-secure DCRs
  - Basic needs provision: Food, housing
  - COVID prevention: Hygiene and PPE
- Community-led services
  - Early response with advice (e.g. LANPUD, INPUD)
  - Uniquely able to maintain contact with service clients
- Policy
  - Take-home OAT (47 countries)
  - Pharmacist prescription (e.g. Canada)
  - Harm reduction as 'essential service' (e.g. NZ)



Photo credit: City of Zurich

# The post-pandemic future: What did we learn?

- We must value the role of **community-led** groups and services
- We must protect harm reduction as an **essential service**
- We must **maintain reforms** that have made services more accessible

