

SOUTH AFRICAN NEEDLE & SYRINGE PROGRAMMES

South Africa faces a growing crisis related to the health and well-being of people who inject drugs (PWID), with approximately 84 500 individuals engaged in injection drug use, primarily concentrated in urban centres such as Johannesburg, Durban, and Cape Town. This population is disproportionately affected by infectious diseases, particularly HIV and hepatitis C, due to insufficient access to critical harm reduction services, including needle and syringe programmes (NSPs). The prevalence of HIV among PWID stands at 21%, significantly higher than the national average, while hepatitis C prevalence reaches an alarming 55% nationally, but almost 90% in the City of Tshwane.¹ Yet, coverage of HIV, tuberculosis, and sexually transmitted infection core services for PWID is alarmingly low at 25%, and harm reduction service coverage is even more inadequate, with less than 1% of opioid users receiving opioid substitution therapy.²

Despite the proven effectiveness of NSPs in reducing the transmission of blood-borne infections, enhancing public safety, and providing critical entry points to broader healthcare services, South Africa's NSP coverage remains drastically insufficient. On average, 240 needles and syringes are distributed per person per year across the 8 Global Funded harm reduction programmes. However, in three of the eight districts, provide under 200 needles per person per year, which is below the UN-recommended minimum of 200 syringes for HIV prevention and 300 for HCV prevention.³ Current implementation of NSPs is limited to only 10 health districts, with opioid substitution therapy available in just nine out of 52 districts, exacerbating the health disparities for PWID. Furthermore, NSPs are severely underfunded, and systemic barriers such as the criminalisation of drug use and possession further impede access to these life-saving services. Additionally, although the possession of paraphernalia is not criminalised, paraphernalia containing drugs are used as evidence. This is compounded by the reality that the National Strategic Plan for HIV, TB, and STIs (2023–2028) still faces challenges in achieving comprehensive national buy-in, political will and implementation with some local areas like Cape Town and Durban showing relatively better coverage, while other regions, including Johannesburg and Tshwane, fall far behind.⁴

SUMMARY

- South Africa is grappling with rising **rates of blood-borne infections**, including HIV and hepatitis C, among people who inject drugs.
- Needle and Syringe Programmes (NSPs) are globally recognised as effective, evidence-based **harm reduction interventions** that reduce the transmission of these diseases, improve public health outcomes, and connect PWID to essential healthcare services.
- This brief outlines the challenges, evidence and outcomes of NSPs and calls for a **national needle syringe policy**, which would establish a framework for harm reduction, improve health outcomes, and support a holistic public health response.
- **Actionable recommendations** include reforming the legal and policy framework to support harm reduction and decriminalise injecting equipment; ensuring meaningful participation of people who use drugs in decision-making; scaling up and integrating NSPs with health and social services; strengthening provider and law-enforcement capacity and stigma reduction; securing sustainable funding; and establishing robust national monitoring and evaluation.

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DISTRICT	CONTACTS	UNIQUE REACH	HARM REDUCTION PACKS DISTRIBUTED	NEEDLES DISTRIBUTED
Nelson Mandela	12,785	904	30,022	450,330
West Rand	13,627	1,886	37,091	556,365
uMgungundlovu	17,014	1,967	20,680	310,200
Sedibeng	22,252	3,966	58,190	872,850
Ekurhuleni	29,206	1,540	45,617	684,255
eThekweni	32,891	4,071	42,113	631,695
City of Cape Town	44,295	4,171	127,860	1,917,900
City of Johannesburg	107,955	17,076	189,116	2,836,740
Total	280,025	34,398	550,689	8,260,335

Women, gender non-conforming people and incarcerated individuals who inject drugs are particularly vulnerable groups within this crisis. Women account for 16-23% of PWIDs in South Africa.⁵ Women face compounded barriers to accessing harm reduction services, and this is reflected in the table below, which illustrates the number of women that access harm reduction services in the Global Fund-funded harm reduction services between April 2024 and March 2026. Additional barriers include gender-based violence, stigma, and a lack of services tailored to their specific needs. They are also at increased risk of contracting HIV and HCV, with limited access to gender-sensitive healthcare.⁶

Incarcerated individuals who inject drugs experience even greater barriers, including limited access to NSPs in correctional facilities, where the risk of infectious diseases is heightened due to overcrowding, inadequate healthcare, and a lack of harm reduction interventions.

In addition to these issues, the criminal justice system’s punitive approach to drug use exacerbates the vulnerability of PWID. Section 4 (b) of the Drugs and Drug Trafficking Act (Act No. 140 of 1992)⁷ criminalises drug use and possession, discouraging PWID from seeking the healthcare services they need due to fear of arrest and prosecution. Meanwhile, the National Drug Master Plan (2019-2024)⁸ supports harm reduction approaches, but its implementation is undermined by lack of political will, stigma against PWIDs, as well as contradictory legal frameworks that hinder the effective scaling of harm reduction programmes.

Current gaps in South Africa’s public health strategy leave vulnerable populations at risk of preventable infections and social marginalisation. The absence of a cohesive needle syringe government policy results in inconsistent service delivery, limited integration with other health services, and missed opportunities for early intervention and community engagement. Without an NSP policy and significant reform and investment, South Africa will continue to face a public health crisis among PWID, with the potential for further spread of HIV, hepatitis, and other infectious diseases, as well as exacerbated health inequalities. To address this challenge, South Africa must prioritise the development and implementation of an NSP policy and guidelines, scaling up harm reduction services, ensure adequate funding, and support the decriminalisation of drug use as part of a comprehensive public health strategy.

NSP unique reach by gender – April 2024–March 2025

GENDER	UNIQUE REACH
Male	30,766
Female	3,769
Transgender female	25
No gender reported	1
Transgender male	1

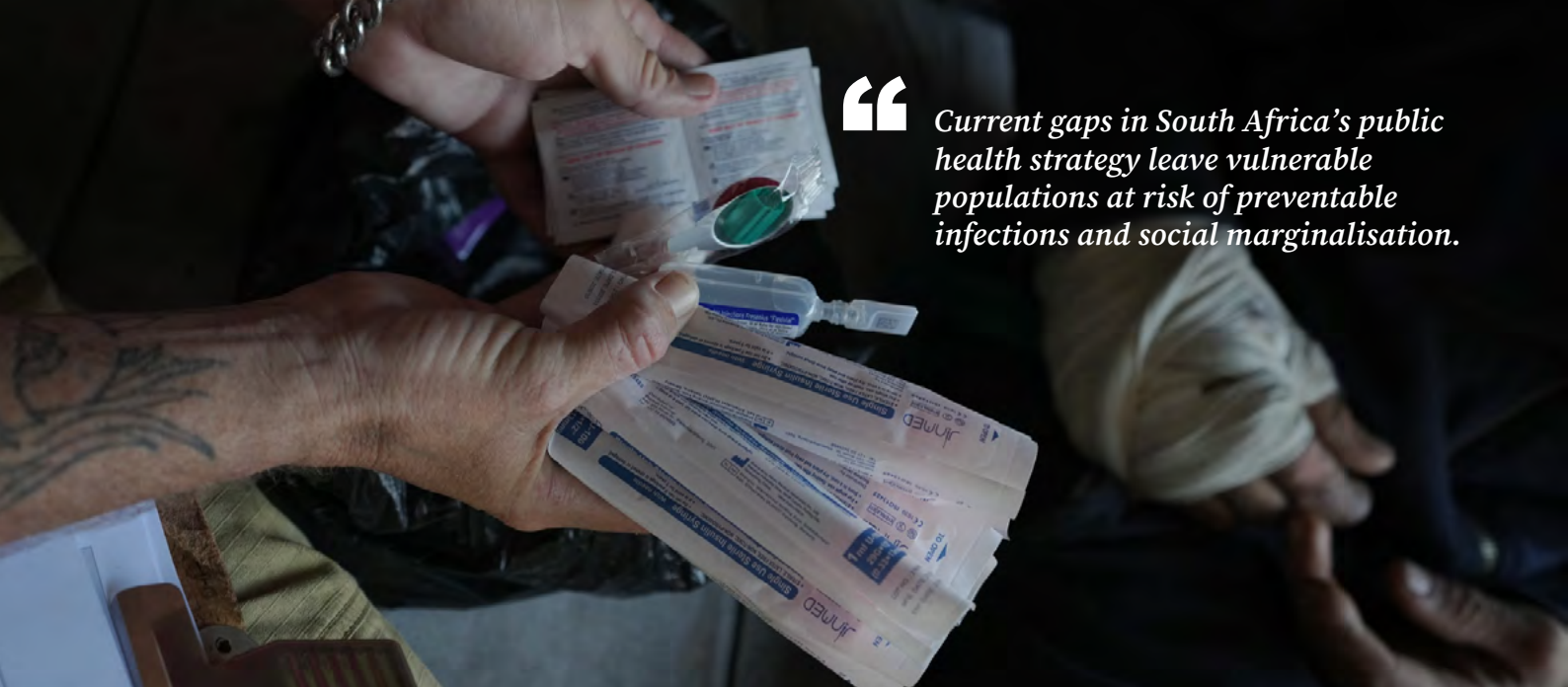


NEEDLE & SYRINGE POLICY FRAMEWORK

The table below summarises the suggested approach for needle and syringe policy in South Africa.

SECTION	KEY POINTS	IMPLEMENTATION
APPROACH Policy & Governance	Develop National Needle Syringe Policy; set minimum service standards, supply targets and roles across national, provincial and municipal levels; include procurement and supplychain responsibilities. Declare NSP suspension a national disaster; enable emergency restoration of services. Declare NSP suspension a national disaster; prioritise rapid resupply and service deployment while monitoring SAPS compliance.	Draft policy specifying minimum kit contents, reporting requirements, procurement lead and intergovernmental funding commitments; assign national policy lead and 6month drafting timeline. Issue Gazette declaration under the Disaster Management Act; activate national policy lead and emergency procurement. Fasttrack emergency procurement and mobile NSP deployment; require weekly reporting on distributions, stockouts and SAPS noninterference.
APPROACH Service Integration	Embed NSPs within primary health services and harmreduction platforms; formal referral pathways to opioid agonist therapy, HIV/TB care and mentalhealth services.	Colocate NSP outreach at 1–2 PHC clinics per district; create standard referral form and monthly feedback loop; designate clinic focal point.
APPROACH Community Engagement	Mobilise peer networks, community leaders and health workers; run stigmareduction sensitisation and participatory outreach design.	Fund peerled outreach stipends; include PWID representatives on district steering groups; run quarterly community sensitisation sessions.
APPROACH Monitoring & Adaptive Management	Routine, deduplicated client tracking; supply monitoring to measure coverage (needles per person per year), service quality and referrals; quarterly data reviews.	Use unique client identifier where possible; standardise indicators and reporting templates; hold quarterly data review meetings with implementers.
BARRIERS Legal & Human Rights	Criminalisation of paraphernalia under national law increases policing harms, deters service access and compounds stigma.	Produce policy briefings for legislators; document and publish policing incident logs for advocacy; engage legal aid partners.
BARRIERS Financing & Scale	Limited government investment; donordependent funding; few NSP sites outside pilot areas.	Develop municipal SLA template and costed scaleup plan; identify phased budget lines and funding commitments.
BARRIERS Stigma & Provider Capacity	Healthcare provider resistance and societal stigma reduce uptake; limited training on harm reduction.	Integrate harmreduction modules into inservice training; monitor provider attitudes and training completion rates.
RESULTS National Coverage	National average 240 N/P/Year; district variation with several districts below 200 N/P/Year.	Target benchmark range: 200–300 N/P/Year; prioritise lowcoverage districts for supply scaleup and outreach expansion.
RESULTS Reach	~34,398 unique individuals reached (deduplicated where identifier available).	Unique Reach = deduplicated clients where identifier exists; report deduplication completeness per district.
RESULTS Service Linkages	Referrals to opioid substitution therapy and HIV testing recorded; GBV referrals underreported in some districts.	Strengthen referral tracking and GBV referral protocols; add referral completion indicator to routine reports.
RESULTS Operational Constraints	Policing practices, stockouts and limited staff capacity reduced uptake and geographic scaleup.	Monitor stock levels monthly; include policing incidents and stockouts in routine reports for mitigation and escalation.
METHODS & DATA QUALITY	Routine monitoring dataset (Year 2 Apr 2024–Mar 2025) used; deduplication by client identifier where available; reporting lags and variable completeness noted.	Flag indicators with low completeness; apply conservative estimates where deduplication incomplete; document assumptions in annex.
RECOMMENDED PRIORITY ACTIONS	1. Finalise National Needle Syringe Policy 2. Pilot paraphernalia decriminalisation and police MOUs 3. Expand NSP sites in lowcoverage districts 4. Standardise monitoring and fund peer outreach.	Assign leads, timelines and budget lines for each action; include monitoring indicators and quarterly milestones; present to steering committee within 8 weeks.





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COSUP Tshwane

The Community Oriented Substance Use Programme (COSUP) in Tshwane is South Africa's first municipally funded harm reduction initiative, implemented by the University of Pretoria in partnership with the City of Tshwane. It combined needle and syringe provision, opioid substitution therapy (OST) linkages, peer-led outreach, and police sensitisation under a formal Service Level Agreement (SLA) with municipal funding support.⁹

OUTCOMES

COSUP established 17 municipal sites, reached ~1,513 clients, and distributed ~17,000 needles per month during early implementation.¹⁰ It demonstrated effective integration with PHC clinics, routine referrals to OST, HIV/TB services, and improved access through peer networks and police Memoranda of Understanding.¹¹

LESSONS

COSUP shows that municipal SLAs and budget lines are decisive for sustainability; peer stipends and workforce development are essential for reach; and police engagement reduces enforcement barriers. Monitoring partnerships with academia strengthened evidence and accountability.¹² South Africa has already tested pilot NSPs embedded in public health care facilities (for example, COSUP sites colocated at PHC clinics in Tshwane). These pilots demonstrated that distribution of sterile injecting equipment, safe disposal, and referral pathways to OST, HIV/TB and mental health services can operate effectively inside the PHC system without disrupting routine care.

RECOMMENDATIONS

Replicate COSUP's SLA model in other municipalities with dedicated budget lines, require police MOUs and sensitisation, fund peer outreach stipends, and standardise monitoring indicators.¹³

Implications

A national needle syringe policy would establish a framework for harm reduction, align with human rights commitments and improve health outcomes within a holistic public health response.

PUBLIC HEALTH

The scaling up of Needle and Syringe Programs (NSPs) presents a critical opportunity to address the public health crisis affecting people who inject drugs (PWID) in South Africa. Increased access to sterile injecting equipment is proven to reduce the transmission of blood-borne infections, such as HIV and hepatitis C (HCV), by up to 50%.¹⁴ For a country with such high HIV and HCV prevalence among PWID, 21% and 55% respectively,¹⁵ the widespread distribution of syringes is not only a public health imperative but a cost-saving measure in the long run. By reducing the spread of these infections, NSPs would alleviate the burden on the national healthcare system, decreasing the need for costly treatments for chronic conditions like HIV/

AIDS and hepatitis. Moreover, the public safety benefits cannot be overstated: the provision of safe disposal services would reduce the risk of needle litter, thus enhancing community safety.

Government departments, particularly the Department of Health, must recognise the far-reaching public health benefits of scaling up NSPs and take ownership of their integration into national healthcare services and include in the Department's annual budget under HIV prevention. To fully realise these benefits, the government must also support a coordinated approach that brings together relevant sectors, such as law enforcement, social development, and healthcare.

HUMAN RIGHTS

Scaling up NSPs and decriminalising drug paraphernalia directly aligns with South Africa's constitutional commitments to human dignity, equality, and access to healthcare. The Constitution enshrines the right to healthcare, which must be extended to all citizens, regardless of their social status or involvement

in illegal activities. The use of syringes and other injecting equipment as evidence by police officers disproportionately affects PWID, who are already marginalised, and serves as a barrier to accessing essential health services. Decriminalisation could potentially uphold the human rights of PWID, enabling them to seek healthcare services without fear of arrest or persecution. Moreover, a harm reduction approach grounded in human rights would contribute to the dignity of PWID, recognising their autonomy and right to health, while reducing stigma and discrimination. This includes prioritising peer-led approaches (legal support and human rights defenders).

The Department of Justice and Constitutional Development must take action to amend relevant laws, such as the Drugs and Drug Trafficking Act (Act No. 140 of 1992), Medicines and Related Substances Act 101 of 1965, the Criminal Procedure Act 51 of 1977, which currently criminalise the possession of drug paraphernalia, including syringes. Decriminalising drug paraphernalia would reflect a commitment to a public health approach to drug use, grounded in respect for the human rights of PWID.

“For a country with such high HIV and hepatitis prevalence among people who inject drugs, the widespread distribution of syringes is not only a public health imperative but a cost-saving measure in the long run.

POLICY ALIGNMENT

Scaling up NSPs would significantly strengthen South Africa's alignment with international harm reduction frameworks and the Sustainable Development Goals (SDGs). South Africa has committed to the 2022 High-Level Political Declaration on HIV/AIDS and the 2025 Global AIDS Strategy Targets, which include the expansion of harm reduction services, such as NSPs, as a critical component in the fight against HIV and viral hepatitis. Furthermore, the National Strategic Plan for HIV, TB, and STIs (2023-2028) recognises people who use drugs as a key population and calls for the decriminalisation of drug use and the expansion of harm reduction services. However, the implementation of these policies has been insufficient, particularly with regard to NSPs.

By prioritising the expansion of NSPs, South Africa would be making significant progress towards the SDG targets, particularly SDG 3, which aims to ensure healthy lives and promote well-being for all at all ages, and SDG 10, which seeks to reduce inequality within and among countries. The Department of International Relations and Cooperation must ensure that South Africa's domestic policies reflect these global commitments and are harmonised with international best practices.



Aligning Implementation with Judicial and Law Enforcement Directives

The evidence supporting the expansion of Needle Syringe Programmes (NSP) in South Africa is compelling, particularly in terms of reducing HIV transmission and other blood-borne infections. However, as highlighted by harm reduction service providers, the effectiveness of NSP is significantly compromised when government judicial and law enforcement structures issue mis-directives that conflict with harm reduction objectives. There is a need for robust government policies that not only advocate for the expansion of NSP but also reconcile these critical service provisions with the mandates of judicial and law enforcement institutions.

Addressing Mis-direction and Inconsistent Enforcement

Despite the clear public health benefits of NSP, the current landscape in South Africa is marred by conflicting interpretations of drug policies. Law enforcement and judicial practices have, at times, undermined harm reduction efforts by prioritising punitive measures over public health solutions. Such mis-directives create an environment of uncertainty and apprehension among NSP providers and beneficiaries, ultimately reducing access to these essential services.

Imperative for integrated government policies

To effectively counter these challenges, it is essential that the government adopts a comprehensive policy framework which:

- **Clarifies the Legal Mandate:** Establishes clear legislative guidelines that unequivocally support NSP as a harm reduction strategy, thereby minimising room for misinterpretation by judicial and law enforcement bodies.
- **Promotes Intersectoral Collaboration:** Facilitates cooperation between health, judicial, and law enforcement sectors. This includes regular interdepartmental consultations and training initiatives to ensure that all stakeholders are informed about the public health imperatives underpinning NSP.
- **Supports Evidence-Based Practice:** Embeds harm reduction principles within the legal and policy framework, ensuring that judicial decisions and enforcement practices are informed by the latest scientific evidence and international best practices.
- **Enhances Accountability:** Implements monitoring and evaluation mechanisms to oversee the alignment of judicial and law enforcement practices with national public health policies, ensuring that deviations are quickly identified and addressed.

RECOMMENDATIONS

POLICY REVIEW AND REFORM

Initiate a comprehensive review of existing drug policies and related judicial mandates, with the aim of eliminating inconsistencies that hinder NSP implementation.

Gazette the NDoH's unilateral suspension and termination of MOUs with NGO sector leaders as a national disaster under the Disaster Management Act. Activate emergency procurement and distribution of sterile injecting equipment, reinstate or renegotiate MOUs, and require immediate service restoration measures. Limit unilateral ministerial powers by requiring a timebound multisectoral suspension protocol (DoH, Treasury, SANAC, municipal representatives, NGO sector leaders, legal counsel), mandatory stakeholder consultations, parliamentary notification, and judicial review rights before any further suspension or termination of NSP services.

DECRIMINALISATION OF DRUG PARAPHERNALIA

To effectively reduce barriers to harm reduction services, the government must amend the Drugs and Drug Trafficking Act (Act No. 140 of 1992) to decriminalise the possession of syringes and other injecting equipment. The criminalisation of drug paraphernalia currently forces people who inject drugs (PWID) into further marginalisation, preventing them from accessing the healthcare services they need. Decriminalisation would facilitate greater access to Needle and Syringe Programmes (NSPs) and other harm reduction services, in line with South Africa's constitutional and international commitments. The Department of Justice and Constitutional Development must lead legislative amendments that embed harm reduction into the broader criminal justice framework, ensuring that NSP operations are protected from punitive misinterpretations.

However, reform must not stop at the Drugs and Drug Trafficking Act. For South Africa to fully enable the implementation and expansion of NSPs, broader legislative alignment is necessary to ensure consistency across the legal landscape. This includes reviewing and amending other key laws that continue to criminalise or restrict harm reduction practices.

Two key statutes requiring urgent reform include:

- **The Criminal Procedure Act 51 of 1977:** This Act provides wide powers to law enforcement that often result in the arrest and prosecution of individuals found with drug paraphernalia. Specifically, Section 20 allows for the seizure of "articles which may afford evidence of the commission or suspected commission of an offence," while Section 21(1) (a) permits search and seizure without a warrant in certain circumstances. These provisions are frequently invoked to target individuals in possession of injecting equipment, treating such items as incriminating rather than as essential public health tools.

- **The Medicines and Related Substances Act 101 of 1965:** Although sterile injecting equipment is not itself a scheduled substance, Section 22A(5) criminalises the possession of Schedule 5 and 6 substances without appropriate authorisation, and this is often applied broadly. Community-based distribution of injecting equipment, especially outside medical facilities, remains vulnerable to legal sanctions under this provision, limiting the reach and impact of peer-led or civil society-led NSPs.

Additionally, municipal by-laws and local enforcement practices often continue to penalise the visible possession of syringes, further undermining harm reduction strategies on the ground.

Comprehensive legal reform will ensure that all relevant government departments, including Health, Social Development, and the South African Police Service – operate within a harmonised legislative framework that upholds public health goals and human rights.

This coordinated legislative approach is essential for achieving the right to health, reducing HIV and Hepatitis C transmission among PWID, and meeting South Africa's domestic and global obligations to uphold human rights in drug policy.

STAKEHOLDER ENGAGEMENT

Existing harm reduction service providers to create platforms for continuous dialogue between health professionals, legal experts, law enforcement officials and PWUD communities. Establish a formal PWUD advisory board at the national and provincial level to inform the design, implementation, and monitoring of all harm reduction policies and programmes, including within SANAC. This will ensure that policy adjustments are responsive to on-the-ground challenges and are implemented in a coordinated manner.

Ensure that PWUDs are present in all forums where decisions are made that impact on them. Ensure SANAC recognition of PWUD as an independent Civil Society Sector.

NATIONAL SCALE-UP OF NSPS

The South African government must commit to a national scale-up of NSPs to ensure that harm reduction services are available in all provinces, particularly in areas with high injection drug use prevalence. This includes expanding the geographic reach of NSPs to underserved areas, where PWID are at greatest risk of HIV and hepatitis transmission. The Department of Health must institutionalise NSPs within the public health system, ensuring that these services are integrated into primary healthcare settings and are made available through both public and private health facilities. On the one hand, this institutionalisation will also ensure the sustainability and accessibility of NSPs over the long term. On the other hand, This includes integrating NSP services into primary health care (PHC) clinics, mobile health units, and TB/HIV testing sites, ensuring a 'one-stop-shop' approach for PWUD.

INTEGRATION WITH SOCIAL AND HEALTH SERVICES

NSPs must be integrated with broader social and health services to ensure that PWID receive comprehensive care. The Department of Social Development should collaborate with the Department of Health to link NSPs to psychosocial support services, rehabilitation programmes, and family counselling, creating a holistic approach to addressing the needs of PWID. Additionally, NSPs should be connected to treatment programmes for HIV, hepatitis C, and tuberculosis, enabling PWID to receive the full spectrum of care they require to improve their health outcomes. This integrated approach will increase the likelihood of PWID engaging with services and will improve overall public health outcomes.

CAPACITY BUILDING AND STIGMA REDUCTION

Training healthcare providers on harm reduction principles and best practices for engaging with PWID is essential to ensure that services are delivered with empathy and professionalism. The Department of Health should implement mandatory training programmes for healthcare professionals, ensuring that they are equipped to provide stigma-free, non-judgmental care to PWID. Training should include practical skills for non-judgmental engagement, overdose prevention and management (including naloxone administration), and vein health and abscess care.

Furthermore, public awareness campaigns must be conducted to reduce the stigma associated with drug use and NSPs. These campaigns should focus on educating the public about the benefits of NSPs, including their role in reducing the spread of infectious diseases, and should aim to foster a more compassionate societal response to PWID.

Develop specialized training programmes to sensitize police officers and judicial staff on the benefits and public health rationale of NSP, rights-based approaches to health and thereby fostering an environment of support rather than opposition; drawing on a development approach to drug-use rather than a criminal justice response.

SUSTAINABLE FUNDING

The scaling up of NSPs will require sustained financial investment. The government must allocate dedicated funding to support NSPs as part of its commitment to improving public health. This funding should be sourced from the Department of Health's budget, with additional support from international donors and private sector partnerships. Philanthropic organisations and global health institutions could also play a pivotal role in ensuring that NSPs are adequately funded, especially in the initial stages of scale-up. Long-term funding sustainability must be prioritised to ensure that NSPs remain accessible to PWID.

Watch a sensitisation video about the lived experiences of women who use drugs →

MONITORING AND EVALUATION

To ensure that NSPs are effectively reaching PWID and improving public health outcomes, a robust monitoring and evaluation framework must be established. The Department of Health, in collaboration with civil society organisations, should develop a national monitoring system to track NSP coverage, syringe distribution, and health outcomes. Data should be used to assess the effectiveness of NSPs, identify gaps in service delivery, and inform the refinement of policies. This evidence-based approach will enable the government to demonstrate the impact of NSPs and adjust strategies as needed to achieve optimal outcomes.

Conclusion

The current approach to addressing the health needs of PWIDs in South Africa is insufficient and failing to meet the pressing public health challenges faced by this population and meeting South Africa's public health goals. While needle and syringe programmes are recognised globally as effective tools for reducing the transmission of HIV, Hepatitis C, and other infectious diseases, South Africa's NSPs remain limited in scope and accessibility. With only a fraction of PWID benefiting from essential services, there is a clear disparity between the health needs of this population and the available resources. Furthermore, legal, societal, and systemic barriers continue to hinder the scale-up and effectiveness of NSPs.

The policy options presented in this brief—scaling up NSPs, decrim of drugs for private possession, integrating NSPs with social and health services, and committing to sustainable funding and capacity building—represent a strategic and urgent way forward. However, the current approach of patchy implementation, low coverage, and punitive drug policies is failing to make meaningful progress. The lack of a cohesive, national response to harm reduction has left many PWID without access to life-saving services, exacerbating the burden of HIV, Hepatitis C, and other related health issues.

By addressing these critical issues, the policy brief underscores that the expansion of NSP must go hand-in-hand with the development and implementation of a coherent Needle Syringe policy. This policy should serve to align judicial and law enforcement practices with public health goals, ultimately ensuring a more effective and harmonised approach to harm reduction in South Africa.



Towards a national needle and syringe policy

NACOSA is honoured to be a member of the National Key Population Steering Committee. The Steering Committee provides technical insights and oversight in the development of the Key Population Health Sector Plan to shape South Africa's HIV, TB and STI response.

In October 2026, the National Department of Health convened a two day workshop with civil society, national representatives, researchers, development partners, the World Health Organisation and UNAIDS to finalise the health sector plan. As members worked through the plan, a stark omission in HIV prevention programming became increasingly evident. South Africa does not have a national policy on needle and syringe programming, making it near impossible to combat HIV and hepatitis without this life-saving, harm reduction commodity.



NACOSA is therefore calling on the country to establish and formally adopt national operational guidance for needle and syringe programmes to support comprehensive harm reduction services for people who inject drugs.

NACOSA recognises that an established policy does not automatically mean that sterile needles and syringes are consistently available, that services are funded, or that people who provide or carry injecting equipment are protected from community interference. It is therefore critical that the proposed national policy translates into clear operational guidance for the Department of Health, service providers and law enforcement; by defining minimum service standards, commodity requirements, coverage targets, safe disposal procedures, referral pathways, monitoring indicators and national, provincial and district implementation responsibilities.

Based on national and global evidence on harm reduction, we know that a national policy on needle and syringe programming will save lives. This policy will enable South Africa to curb the spread of HIV and hepatitis and contribute to the bringing about the end of AIDS.

Endnotes

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