



PRESS RELEASE

(Joint Press Statement released by Networks of People Who Use Drugs)

We carefully welcome the Press Statement released by Nepal Development Partners, which reflects the synergies of some good work between the UN and other development partners in Nepal.

We also welcome the idea of ensuring uninterrupted life saving services for key affected population however it is too early for us to make comments on everything since specific and clear answer has not been presented by parties to address relational dynamics, lapses and remained silent about recent episode of escalating human rights violation & terminated services for people who use drugs.

Harm reduction has remained the mainstay in the **Nepal's Second Health Sector Programme [NSHP2]** . However the nature [combination of approaches] and scale of the intervention has remained a challenge as clear matrix has not been presented as we anticipated. Country is reported to be not delivering all nine of the core interventions which make-up the comprehensive package of harm reduction services

National Action Plan [2008-2011] suggests a comprehensive harm reduction program that includes needle/syringe exchange programs [NSEP], oral substitution therapy [OST], including Methadone and Buprenorphine, Rehabilitation, Detoxification and 'After Care'. The Plan aims to achieve service coverage to 80% of IDUs by 2011. Approximately 60% of all IDUs will benefit from needle syringe exchange services; 30% of them will be in OST, 8% with rehabilitation and 2% will be provided with after care

However, the current evidence suggests that harm reduction interventions is not proportionate to country's need. Only 2 % of IDU have access to OST and 2 % are receiving testing service. An IDU gets approx 24 clean syringes per year and 1000 IDUs have less than 2 facility sites for them. This is not encouraging picture for all of us. There is an urgent need to intensify our effort to make universal access a reality for people who use drugs

We are baffled by the silence of the parties in relation to resuming service for 1500 people receiving drug treatment services which was forcefully came to end after July 15, 2011. We must find ways to address this lapses.

We remind the parties, their past commitments of meaningful involvement of people who use drugs in development and delivery of these services which seems now unanswered and uncertain that we can not implement and intensify this work without their support.

Whilst it is never too late but we are at risk of getting overwhelmed by technical illusion, that despite the shift in lead funding mechanism, there is a need to review, re-adjust and re-design the interventions and modalities that should remain cost effective, with high quality, buying in from the communities and