

Harm Reduction in Botswana

Harm reduction is a public health strategy that was developed initially for adults with substance abuse problems for whom abstinence was not feasible.¹ Harm reduction approaches have been effective in reducing morbidity and mortality rates, and in attempts to reduce teen pregnancies and STIs, including HIV. Programs using a harm reduction philosophy have also successfully lowered risky use of alcohol.²

Alcohol and illicit drug use has been recognized as a growing problem among adolescents in Botswana. Little is known about factors affecting alcohol and drug use among Botswana's secondary school students.³ There are increases in alcohol use among young people in Botswana, with no specific data on MSM or other key populations.⁴

There has been an increase in smoking prevalence trends with rates among adults; reflecting from 2000 at 19.4% to 19.8% in 2015.⁵ This is projected to increase further to 21% by 2025. Binary gender disaggregated data reflects women declining from 7.6% in 2000 to 5.5% in 2015, with 4.6% projected by 2025. Men reflect the opposite with 31.5% in 2000 to 34% in 2015 and 37% projected by 2025.⁶

There is a funding crisis in implementing harm reduction policies. It will worsen as funds will be directed to low income countries.⁷ People in detention often have less access to harm reduction services and face greater risk of HIV, tuberculosis and viral hepatitis transmission among other health risks. Intersecting discrimination and vulnerability in gender, age and race have variant impacts on drug users.⁸ This is key to incorporating treatment and preventing treatment failure.⁹

The use of harm-reduction principles can help to safeguard sex workers' lives in the same way that drug users have benefited from drug-use harm reduction.¹⁰ Sex workers are exposed to serious harms: including drug use, disease, violence, discrimination, debt, criminalisation, and exploitation.

¹ Taylor et al (2018). Prevalence and predictors of alcohol and drug use among secondary school students in Botswana: a cross-sectional study. BMC Public Health.

https://www.researchgate.net/publication/329822549_Prevalence_and_predictors_of_alcohol_and_drug_use_among_secondary_school_students_in_Botswana_a_cross-sectional_study

² Celok et al (2008) Harm reduction: An approach to reducing risky health behaviours in adolescents *Pediatrics child health* <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2528824/>

³ Riva et al (2018) Prevalence and predictors of alcohol and drug use among secondary school students in Botswana: a cross-sectional study *BMC* <https://bmcpubhealth.biomedcentral.com/articles/10.1186/s12889-018-6263-2>

⁴ R. Sinkamba (2015) Alcohol abuse and interventions strategies in Botswana and China: A preliminary study *Journal of African studies* <http://ithuteng.ub.bw/jspui/bitstream/10311/1532/1/590-1895-1-PB.pdf>

⁵ Global adult tobacco survey (2017) *World health Organisation* <https://nccd.cdc.gov/GTSSDataSurveyResources/Ancillary/DataReports.aspx?CAID=1>

⁶ Global adult tobacco survey (2017) *World health Organisation* <https://nccd.cdc.gov/GTSSDataSurveyResources/Ancillary/DataReports.aspx?CAID=1>

⁷ Harm Reduction International (2014) Funding crisis for harm reduction https://www.hri.global/files/2014/09/22/Funding_report_2014.pdf

⁸ UNAIDS (2019) Harm Reduction, Decriminalization And Zero Discrimination For People Who Use Drugs https://www.unaids.org/sites/default/files/media_asset/JC2954_UNAIDS_drugs_report_2019_en.pdf

⁹ K. Witkiewitz (2005) Defining Relapse from a Harm Reduction Perspective *Journal of evidence based social work* https://www.tandfonline.com/doi/abs/10.1300/J394v02n01_11?journalCode=webs20

¹⁰ McKnight et al.(2007) Factors associated with public injecting among users of Vancouver's supervised injection facility. *American Journal of Drug and Alcohol Abuse* <https://www.catie.ca/ga->

Best practices

- A multipronged approach that includes education, empowerment, prevention, care, occupational health and safety, decriminalisation of sex workers, and human rights-based engagement would be critical for a successful HIV response.¹¹
- There is a need to understand experiences in Botswana. Particularly in needle sharing, particularly variants in distributive or receptive sharing among key populations. Understanding these kinds of needle sharing among communities will help understand risks and injecting users.¹²
- People who inject drugs (PWID) have benefited from state programmes that provide them with syringes.¹³ Botswana should explore similar approaches beyond just injected drugs to safeguard health of substance users.
- Issuing re-packaged safer injection kits that include needles/syringes, cookers, filters, ascorbic acid when required, sterile water for injection, alcohol swabs and tourniquets, along with condoms and lubricants concurrently.¹⁴

[pdf.php?file=sites/default/files/BestPracticeRecommendations_HarmReductionProgramsCanada_Part1_August_15_2013.pdf](http://www.health.gov.on.ca/english/providers/pub/aids/reports/ontarioneedleexchangeprogramsbestpracticesreport.pdf)

¹¹M. Rakart (2005) Sex-work harm reduction *The lancet*

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(05\)67732-X/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(05)67732-X/fulltext)

¹² Bailey et al (2007) Perceived risk, peer influences, and injection partner type predict receptive syringe sharing among young adult injection drug users in five U.S. cities *PubMed* <https://pubmed.ncbi.nlm.nih.gov/17434267/>

¹³ Strike C, Leonard L, Millson M, Anstice S, Berkeley N, Medd E. Ontario (2006) needle exchange programs: Best practice recommendations. Toronto: Ontario Needle Exchange Coordinating Committee

<http://www.health.gov.on.ca/english/providers/pub/aids/reports/ontarioneedleexchangeprogramsbestpracticesreport.pdf>

¹⁴ Hemant et al (2014) New Best Practice Guidelines for Harm Reduction Programs Promote Needle Distribution

<https://www.thebodypro.com/article/new-best-practice-guidelines-for-harm-reduction-pr>