EVERYTHING

YOU EVER WANTED TO KNOW ABOUT DRUG-RELATED HARMS BUT WERE AFRAID TO ASK

REDUCING DRUG-RELATED HARMS

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HA·REACT
JOINT ACTION ON HIV AND CO INFECTION
PREVENTION AND HARM REDUCTION

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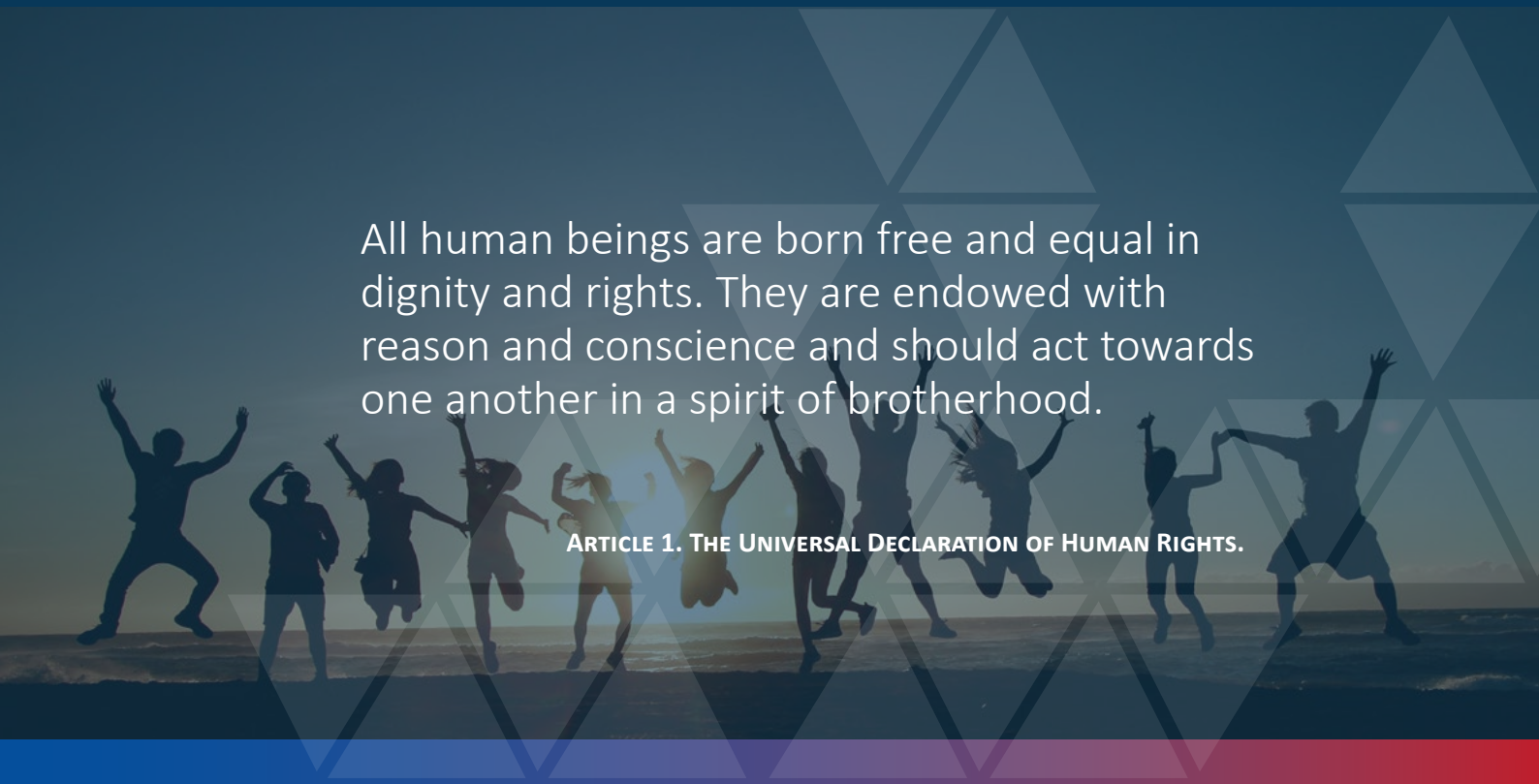

All human beings are born free and equal in dignity and rights. They are endowed with reason and conscience and should act towards one another in a spirit of brotherhood.

Article 1. The Universal Declaration of Human Rights.

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WHAT ARE WE DOING **HERE?**

We are about to introduce you to an approach to drug harm reduction: policies and interventions aimed at reducing drug-related harm for people who use drugs and for society as a whole.

To prepare and draft this document, we conducted interviews with people who use drugs, social workers, clinicians, researchers, etc. We also reviewed scientific evidence on harm reduction and other related content.

Our aim is to show an approach based on the opportunities that harm reduction offers to people who use drugs, to the community and to society.

What you will find here has been produced without making a value judgement, and it respects different life styles and choices: our aim is to show an approach based on the opportunities that harm reduction offers to people who use drugs, to the community and to society.

This document has been drafted for use in the European context, but it can most likely be applied to situations of drug use in other regions as well.

This report is part of the joint action ‘677085 / HA-REACT’ which has received funding from the European Union’s Health Programme (2014-2020).

DRUGS

It's very difficult to be living on the street without using any drugs. And if you stop using and you stay on the street because you can't pay the rent, because you can't find a job, because you have no legal status and you never will… **Why should they give up drugs if they don't have any incentive?** Of course there's life after drugs, but **how do you tell that to someone who's living on the street and who will never have a passport?**

Anna Lago Porredon,
in charge of an assisted inhalation room in Spain.

PEOPLE WHO USE DRUGS

People who use drugs are as varied as the general population: men, women, young people and the elderly. Some have children, some of them have a partner and friends...

Drugs are psychoactive substances that can change the state of consciousness, the mood, the thinking or the behaviour of an individual.

They can improve feelings of pleasure and well-being. Why do people use drugs? Some of them want to experiment with drugs out of curiosity. Some people take drugs to change their mood or to have fun. Some people take drugs because their friends do it. There are also people who use drugs to escape from boredom or worries.

There are different types of drugs, e.g. cannabis, cocaine, synthetic drugs such as MDMA and amphetamines, and opiates such as heroin. There are also different routes of administration: e.g. snorted, injected, smoked. Moreover, the effects of drugs, ranging from stimulant, to hallucinogenic to depressant, are very different according to the mindset and the setting.

People who use drugs are as varied as the general population: men, women, young people and the elderly. Some have children, some of them have a partner and friends, etc.

There are people who consume in their homes, others do it hidden on the street, and there are people who consume in the middle of a nightclub. Some people who use drugs openly talk about it; others hide it from everyone around them.

Among people who consume drugs, polydrug use is common.

Among people with problem drug use, there are some who want to give it up. Others just can´t give it up or don´t know how. And there are also some people who don’t want to stop taking drugs, but they are concerned about their health, their social relations and other key aspects of their lives.

The lives of drug users and drug use habits are often complex and diverse and need individual, imaginative and innovative answers.

I'm an ex-user. When I was 17, I started using marijuana, and then I moved to taking poppy. I used drugs for 25 years, but then I joined the methadone programme when it started in Riga.

Juris (client in Opioid Substitution Treatment)

The general population usually doesn't know about the psychiatric comorbidities or the factors behind the start of drug use. Because society isn't informed about what is shown by long-term research, people think that people who use drugs are lazy.

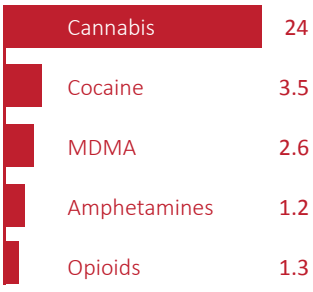
Barbara Janikova (Czech researcher)

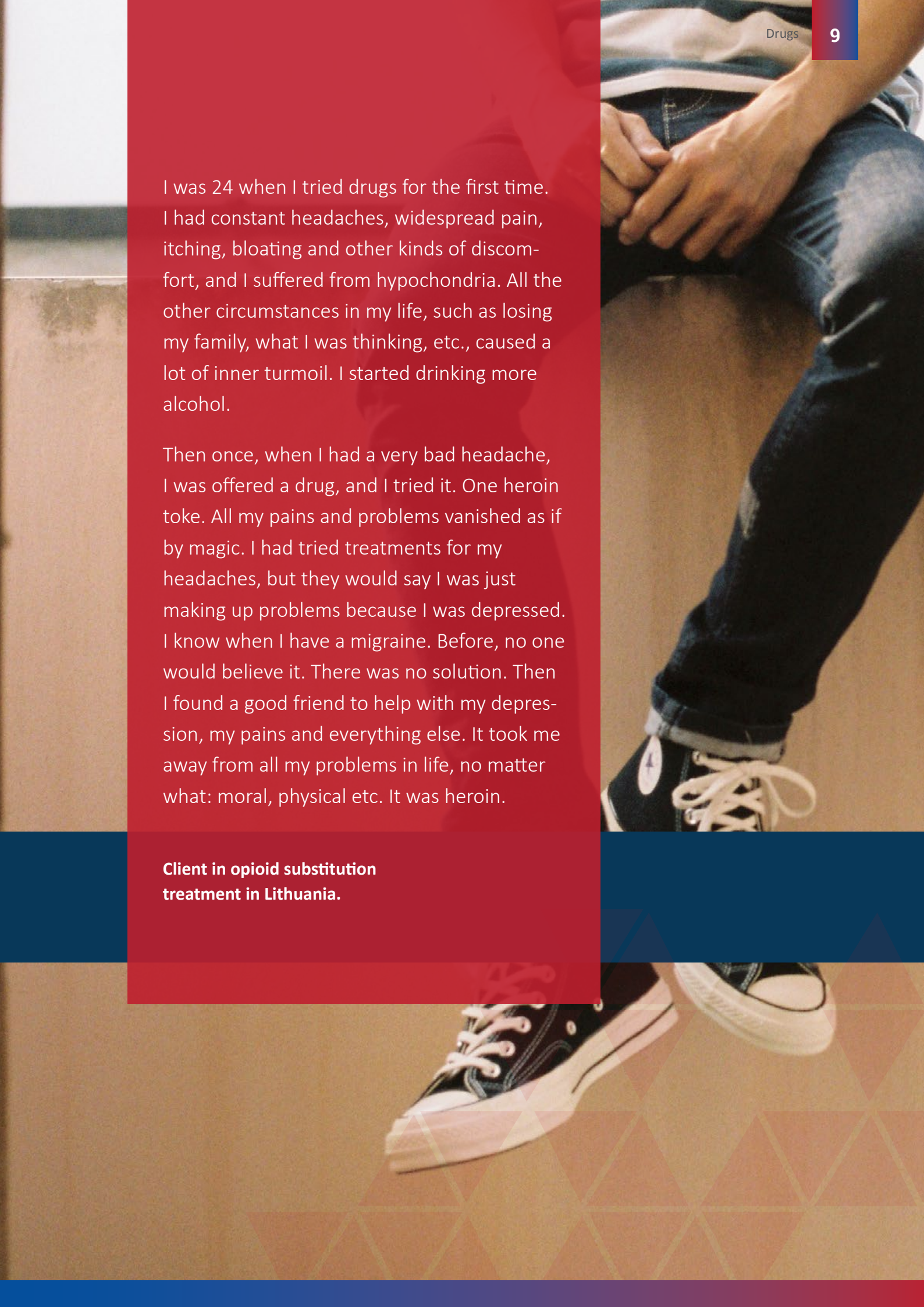
It's difficult for society in general to fully understand how life is for people who use drugs and how they end up where they are.

Inga Landsmane (Latvian psychiatrist)

The use of drugs is a very heterogeneous phenomenon that reflects different realities: approaches to treating drug-related problems have to address this heterogeneity

- The European Monitoring Centre for Drugs and Drug Addiction is based in Lisbon, and it is the European Union (EU) organization in charge of monitoring drug use. It offers policymakers the data they need for drawing up drug laws and strategies. Its latest report from 2018 shows the following estimates of drug use prevalence during the preceding year in the EU (millions of people who use drugs):





I was 24 when I tried drugs for the first time. I had constant headaches, widespread pain, itching, bloating and other kinds of discomfort, and I suffered from hypochondria. All the other circumstances in my life, such as losing my family, what I was thinking, etc., caused a lot of inner turmoil. I started drinking more alcohol.

Then once, when I had a very bad headache, I was offered a drug, and I tried it. One heroin toke. All my pains and problems vanished as if by magic. I had tried treatments for my headaches, but they would say I was just making up problems because I was depressed. I know when I have a migraine. Before, no one would believe it. There was no solution. Then I found a good friend to help with my depression, my pains and everything else. It took me away from all my problems in life, no matter what: moral, physical etc. It was heroin.

Client in opioid substitution treatment in Lithuania.

THE (OLD AND) NEW AGE OF INJECTING DRUGS

The social image of injecting drug use is commonly associated with opioid consumption during the "heroin epidemic" of the 80s suffered by some European countries, the United States and Canada: very young people injecting heroine, the presence of syringes thrown in the street and an extended feeling of citizen insecurity due to thefts and assaults.

In recent years, the reality of injecting drugs has become more complex.

Currently, people who are injecting opioids are still in a very vulnerable situation and are at high risk of social exclusion. Ruta Kaupe, a coordinator of an NGO in Latvia, explains the situation of people who inject drugs in her country: "Most of our clients are unemployed, most of them have been in prison and most of them are men." And regarding gender, "as clients, we may have one woman for every two men, or even fewer. 80% or more of them are Russian speakers. Some of them are from Latvia, others are Russian people living here in Riga."

People who inject drugs are often marginalized

In recent years, the reality of injecting drugs has become more complex. In a few European countries, the injection of stimulants such as methamphetamines, amphetamines or cocaine is becoming a public health problem. In addition, Public Health Authorities are becoming increasingly concerned about the so called “chemsex” phenomenon: men who have sex with men involved in high-risk sexual behaviours under the influence of drugs.

Stigmatization contributes to a higher risk of other diseases and complications.

Compared with the administration routes of other drugs, injecting drugs puts the user’s health at increased overall risk to HIV and other transmissible diseases. Sometimes injectors share syringes, needles and other injecting paraphernalia. They are also exposed to other risks related to decreased inhibitions, such as engaging in risky sexual behaviour or driving a car under the influence of drugs, although this is not unique to people who inject drugs.

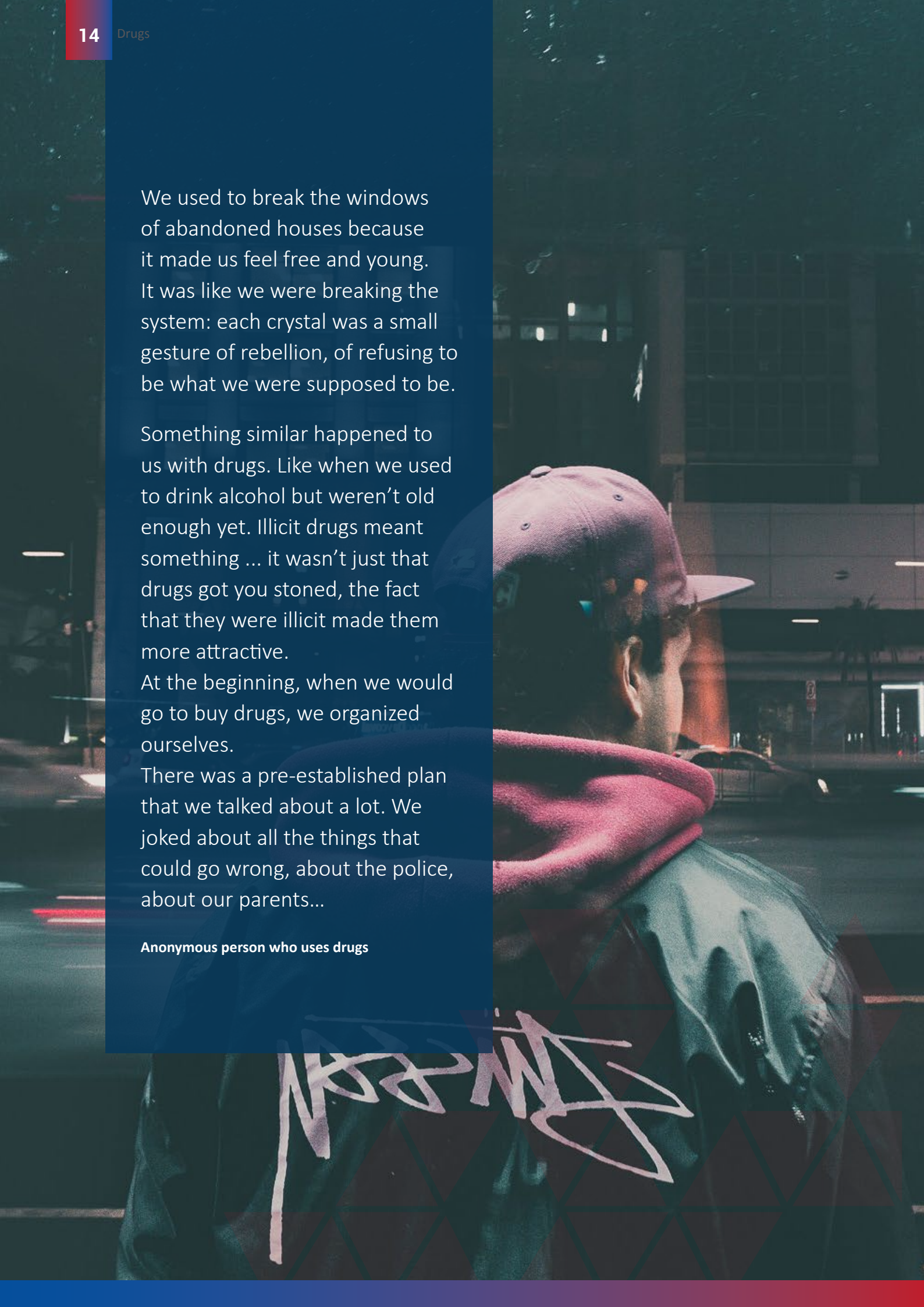
In addition, people who inject drugs have to face social stigmatization and discrimination. This is the main reason why they are marginalized from society and thus isolated from everyone else. Morgana Daniele, a Lithuanian researcher, describes the importance of policies in this regard: “People who inject drugs are often marginalized, and this happens not only because they may be truly different, but also because of the drug policy itself: punishment. The legal and social systems actually push them even further to the margins of society.”

Stigmatization also contributes to a higher risk of other diseases and complications, thereby leading to social and economic limitations that reduce access to prevention and treatment services for HIV and other communicable diseases.

Compared with the administration routes of other drugs, injecting drugs puts a person’s health at increased overall risk to HIV and other transmissible diseases.

People who inject drugs have to face social stigmatization and discrimination

- Opioids, including heroin, are considered the illicit drug type that is the most harmful to health. According to the European Monitoring Centre for Drugs and Drug Addiction, the prevalence of injecting drug use (since 2012) ranges from less than 1 case to 9 cases per 1,000 in the population aged 15–64 years.



We used to break the windows of abandoned houses because it made us feel free and young. It was like we were breaking the system: each crystal was a small gesture of rebellion, of refusing to be what we were supposed to be.

Something similar happened to us with drugs. Like when we used to drink alcohol but weren't old enough yet. Illicit drugs meant something ... it wasn't just that drugs got you stoned, the fact that they were illicit made them more attractive.
At the beginning, when we would go to buy drugs, we organized ourselves.
There was a pre-established plan that we talked about a lot. We joked about all the things that could go wrong, about the police, about our parents...

Anonymous person who uses drugs

ILLICIT DRUGS
OR THE RIGHT TO TAKE DRUGS

Laws and policies about drugs distinguish between legal drugs (e.g. tobacco, alcohol) and illicit drugs (e.g. cannabis, heroin, amphetamines) in every country. If the drug is legal, then the state will define how it can be marketed, the minimum consumption ages and/or the selling schedules. However, illicit drugs are sold in the black market and are usually consumed clandestinely.

Despite the legal considerations, the effects of both types of drugs can be equally detrimental to a person's health and their social environment.

Ana Muñoz, from a Spanish NGO that deals with people who use drugs for recreational purposes, explains: "There are people who come to us with a false sense of security: they say 'I'm not taking drugs', but they're completely drunk. We have to have a critical attitude here. The issue of legality is separate: we look at things from a health-related point of view. Alcohol causes a false sense of security because it's legal, but with illicit drugs, everything is taboo."

While using legal drugs is socially accepted for the most part, the use of illicit drugs is socially stigmatized. Generally speaking, society´s perception of illicit drugs is that they have are something "bad", unacceptable and criminal, and its perception of people who use drugs is that they are "bad" or immoral or that they are or will become "criminals".

People say 'it's their own fault', but that doesn't happen too often with people who are addicted to alcohol. Society is much more willing to accept alcohol and help with alcohol-related problems just because it's a legal drug.

Morgana Daniele
(Lithuanian researcher)

Both legal and illicit drugs can have the same range of effects on a person's health, yet illicit substances are socially judged

Barbara Janikova, a Czech researcher,
explains the social stigmatization associated with illicit drugs and people who use them:

If you are speaking about alcohol harm reduction interventions, no one has any problem. But when you talk about harm reduction interventions related to illicit drugs and people who use those drugs, the public doesn't have a positive opinion because they say 'those people shouldn't be taking drugs'. **The question isn't really about harm reduction but about who has the right to use drugs.**

In medicine, a 'drug' refers to any substance with the potential to prevent or cure disease or enhance physical or mental welfare, and in pharmacology it refers to any chemical agent that alters the biochemical or physiological processes of tissues or organisms. In common usage, the term often refers to illicit drugs, of which there is non-medical use in addition to any medical use. Professional formulations (e.g. 'alcohol and other drugs') often seek to make the point that caffeine, tobacco, alcohol and other substances in common non-medical use are also drugs in the sense of being taken, at least in part, for their psychoactive effects.

The World Health Organization

One day I realized it. I was walking through the bus station, looking for something to eat... I had a pen in my hand that I had just found. I was tired and drunk and my steps were slow and insecure. I was hungry. My trousers were torn. I was dirty. My sweater was tattered and my shoes were worn. A mother was waiting for a bus with her daughter. When she saw me, she looked at me with fear. It was as if she was afraid that I would do something to them.

—Madam, can you give me some change? I have not eaten today...

I saw that she looked absolutely terrified of what I was carrying in my hand. She grabbed her daughter and ran off. I kept looking at my hand and I shouted:

—Madam, it's a pen. I'm not going to do anything. It's only a damn pen that I just found.

I sat on a bench in the station and felt more tired than ever. I dropped the pen and fell asleep right there.

Anonymous person who uses drugs

WHEN YOU ARE **NO LONGER A PART OF SOCIETY**

Stigma drives people who use illicit drugs to the margins, it deteriorates their mental and physical health, and it has an impact on their social exclusion, their self-perception and their self-esteem.

Morgana Daniele, a Lithuanian researcher, describes it as follows: “Many people who use drugs live with stigma engraved deeply into their thinking. Cases of police violence against people who use drugs remain widespread, not to mention the baseless refusal to provide medical help or treatment. Even state-level violations, such as the non-availability of any opioid substitution treatment in prisons, existed until very recently in Lithuania.” She also points out that nobody protects marginalized communities: “This is an extremely vulnerable population because they don’t feel worthy of being treated with dignity, and they have no one to resort to about protecting their rights – the violators often are those who are supposed to be the protectors.”

People who use drugs are left on the edges of society and are treated with total disrespect by many people.

In this same sense, Jaan Väärt, a peer consultant at an Estonian NGO, thinks that stigma drives the human rights violations of people who use drugs: “I think everybody has the human right to not be discriminated against because of how they look, because of their diseases, etc. They have the right to live, they have the right to receive services... the right to receive human contact. You know how people who use drugs are treated on the street.”

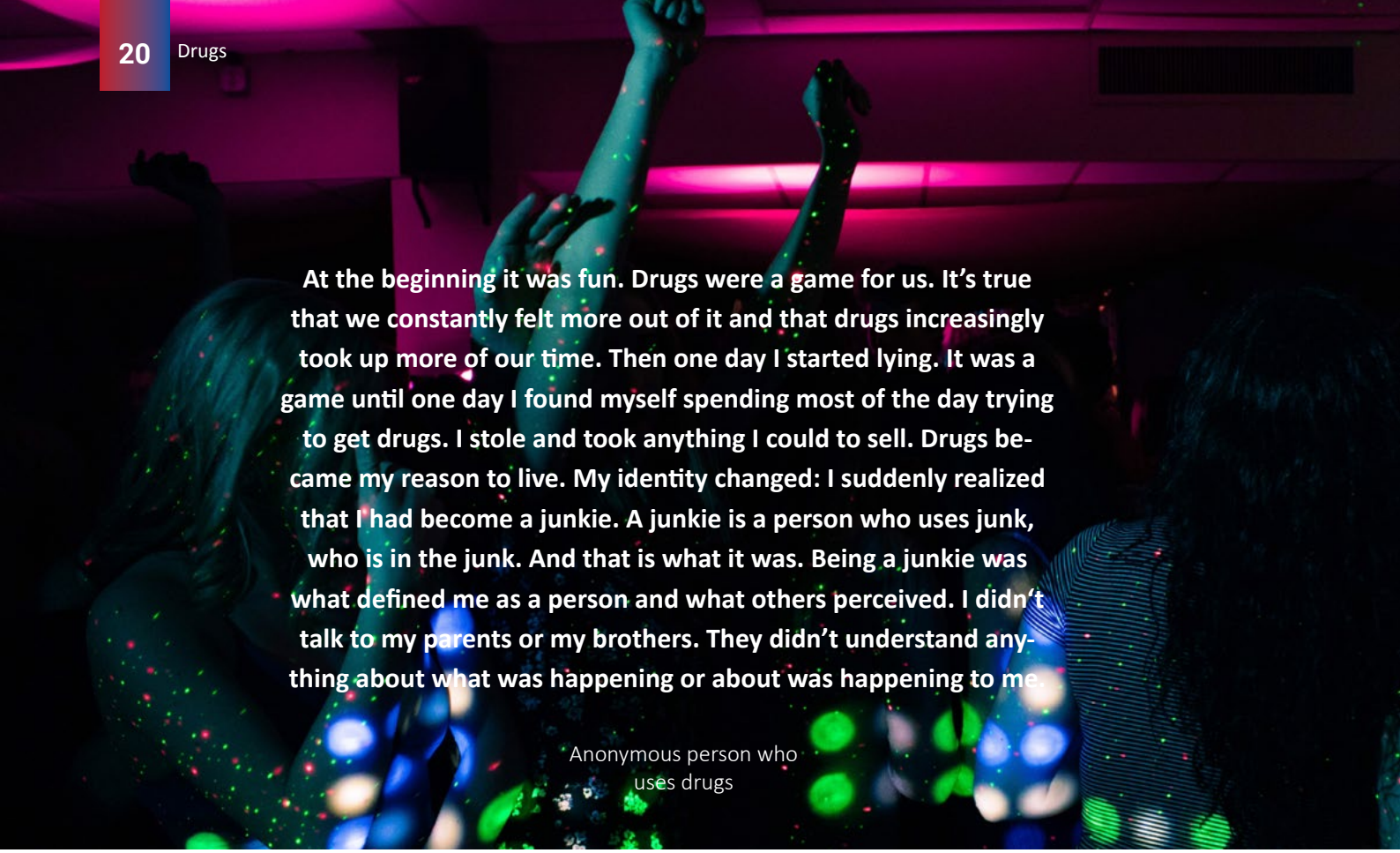
Mat Southwell, a British project manager and consultant, thinks that “people who use drugs are left on the edges of society and are treated with total disrespect by many people”. Within this context, there is increased stigmatization, which those living with HIV (mainly people who inject drugs) have to face: “HIV amplifies the impact of how societies exclude marginalized groups, so it really shows that there is a close relationship between health and rights.”

But stigmatization isn’t found at only a society level. Inga Landsmane, a Latvian psychiatrist, states that stigma also appears among medical doctors: “We have to make medical doctors understand that our patients are as valuable as any other. In this sense, there is a close relationship with human rights. There is still this idea that addiction psychiatry is something different from general psychiatry: many doctors don’t consider it to be a part of their field. At some point, it stops being a professional issue and turns into an ethical one.”

People who use drugs are set apart from society – a society that fails to comprehend why there are people who take illicit drugs

- **Stigma refers to an attribute that is someone "from a whole and usual person to a tainted, discounted one".**

  GOFFMAN, *Stigma*



At the beginning it was fun. Drugs were a game for us. It's true that we constantly felt more out of it and that drugs increasingly took up more of our time. Then one day I started lying. It was a game until one day I found myself spending most of the day trying to get drugs. I stole and took anything I could to sell. Drugs became my reason to live. My identity changed: I suddenly realized that I had become a junkie. A junkie is a person who uses junk, who is in the junk. And that is what it was. Being a junkie was what defined me as a person and what others perceived. I didn't talk to my parents or my brothers. They didn't understand anything about what was happening or about was happening to me.

Anonymous person who uses drugs

RISKS RELATED TO DRUG USE

The implications of drug consumption vary according to the genetic predisposition, the social environment and individual psychological characteristics

Drug use may be associated with individual and social harms. **The real risk depends on the substance, the administration route, the frequency of consumption, the consumed quantity and the individual characteristics** of the person who is taking the drug. Ana Muñoz, from a Spanish NGO, points out that "it isn't just about physical risks, such as the risk of becoming an addict... there are substances that may have a psychological risk derived from a bad 'high' or from a family history or genetic predisposition". There are people who use drugs but never become addicted, while others are predisposed to become an addict. Apart from the substance, "the consumption, the context of consumption and the characteristics of the person" are also important.

The risk associated with drug consumption depends on the drugs, on the setting and on the subject consuming them

- **Health risks** may occur after just one drug use: anxiety, infections, overdose, heart attack, stroke, psychosis and even death. But these risks are also long term, such as lung disease, mental illness and infectious diseases (HIV/AIDS, hepatitis and others)

- **Risk from injecting.** People who inject drugs face the most severe health consequences (HIV, Hepatitis C) associated with drug consumption, which are derived from sharing needles or injection paraphernalia, in addition to the invasive procedure. Skin diseases are also common among these health risks

- **Social risk.** People who use drugs often represent a problem for their family and community: they make relationships difficult and ignore social norms. Furthermore, illicit drug use has been associated with an increase in criminal offences. The latest available data show that 1.5 million drug law offences were reported in the EU in 2015

- **Risk of drug dependence.** Psychoactive substance use can lead to the dependence syndrome, defined by the WHO as "a cluster of behavioural, cognitive, and physiological phenomena that develop after repeated substance use and that typically include a strong desire to take the drug"

I liked that girl very much. The first time I saw her, she was sitting on the bench where we always went. She was smoking a cigarette that she'd got from someone. Her eyes were vacant. I was very shocked to see her the first time. Maybe she had been beautiful once. She was smart and was still trying to smile at us.

— 'She's Mike's cousin', Andris told me. She had come to our city because she wanted a change, but she had been using heroin too long.

DRUGS ARE A MALE THING

The types of drugs that are used, when they are consumed and the routes that are used are different between men and women

The modernization of society and a shrinking gender gap are modifying the cultural pattern according to which illicit drug use was traditionally associated with men. Women also use drugs, albeit to a lesser extent.

The types of drugs that are used, when they are consumed and the routes that are used are different between men and women. Ana Maria Vella explains that "it takes longer for a female to start taking drugs, but once she starts, her progression is very rapid. If you go down very quickly, that means that the slope is very steep and getting back up to the top is much harder."

When women are the ones who have problems with drugs, they suffer more from social rejection than men. Anna Maria Vella, a Maltese medical doctor working in the field of substance abuse, explains how women are more stigmatized and isolated by society: "Men are allowed to use drugs in their youth and overcome this situation, but society leaves a substance-misusing woman with the sole option of being a junkie: that is going to be her lifestyle".

'She came to the wrong place', I thought.

Something happened between us. We liked each other and started dating.

At night, she prostituted herself and both of us injected what she got. It was weird ... we talked all the time about the future ... but, deep down, we both knew that the future did not exist for us.

Anonymous person who uses drugs

... OR **NOT?**

Women commonly hide the addiction experience, which in many cases persists until the consequences of consumption become unsustainable.

There are also gender-specific vulnerabilities. For example, women using drugs are more prone to obtain money for consumption through prostitution: "When men take drugs, they usually choose a path of criminality to sustain their habit, so they will steal, deal drugs, etc. In the case of women, they resort to prostitution, which is easier for them. Once they are on the streets, they need to drink alcohol or take drugs to cope with the situation, otherwise it hurts too much."

The gender gap is also reflected in the drug acquisition process. According to Ana Maria Vella, "women have to rely on men to buy their drugs, since they aren't usually trusted by dealers. Men will help women if they can get a dose of their own."

It is important to recognize that most programmes and interventions are not designed for women.

In addition, it is not unusual for men to prepare drugs for women, especially at the beginning: "Women don't know how to do it, or rather, drugs aren't usually prepared by women. Therefore, men once again have to be paid for their work, either through drugs or sex."

Women commonly hide the addiction experience, which in many cases persists until the consequences of consumption become unsustainable

In these sexual exchanges, “women tell us that condoms are not used during sexual interaction between ‘friends’, unlike when they are on the streets prostituting themselves. They are therefore exposed to sexually transmitted infections.”

Ana Maria Vella points out that it is very difficult to help women in this situation: forcing them to stop prostituting themselves is not the answer, because it would be an additional punishment.

She suggests giving them back their dignity and making them believe that they are worth it, that they deserve it on their own.

It is important to recognize that most programmes and interventions are not designed for women: **interventions must be adapted from a gender perspective.**

Up to a quarter of all people who have serious problems related to illicit drug use are women

However, most harm-reduction programmes are designed for men

STOPPING DRUG-RELATED HARM

One day a man approached me. I remember it well, because normally no one approached me anymore. It seemed strange to me. He smiled at me, and I couldn't remember the last time that someone had smiled at me. I felt intimidated. He offered me a cup of tea. It was cold outside, and I took it right away. He asked me how I was. He told me that he was from an NGO, that they had a van nearby and that, if I wanted to, I could come over to see them from time to time. He told me they were going to be there every day. They offered tea and conversation. He said his name was Albert. I told him to leave me alone.

Anonymous person who uses drugs

STOPPING RISKS:
THE HARM-REDUCTION APPROACH

Not all people who use drugs are able or want to stop using them. There are many different situations – from using drugs in a way that causes self-harm to drug abstinence – and there are a lot of "grey areas". All these situations mean that that there are a variety of different options that respond to different realities and needs.

The "Harm-reduction approach" is one of these options, and it includes policies, programmes and interventions aimed at reducing risk among people who use drugs.

Its main goal is not to reduce drug consumption, rather it seeks to reduce the health, social and economic consequences of drug use; it seeks to prevent the harms associated with drugs; and it seeks to help not only the people who use drugs but also their families and the community.

Mat Southwell, a project manager and consultant in the United Kingdom, describes it as a participatory process, "where people who use drugs work with NGOs, governments and other stakeholders to work out solutions to their problems", thereby underscoring the importance of participation by all stakeholders.

Harm reduction encompasses interventions, programmes and policies that seek to reduce the health, social and economic harms of drug use to individuals, communities and societies.

Rhodes & Hedrich, 2010
EMCDDA, Harm Reduction Monograph

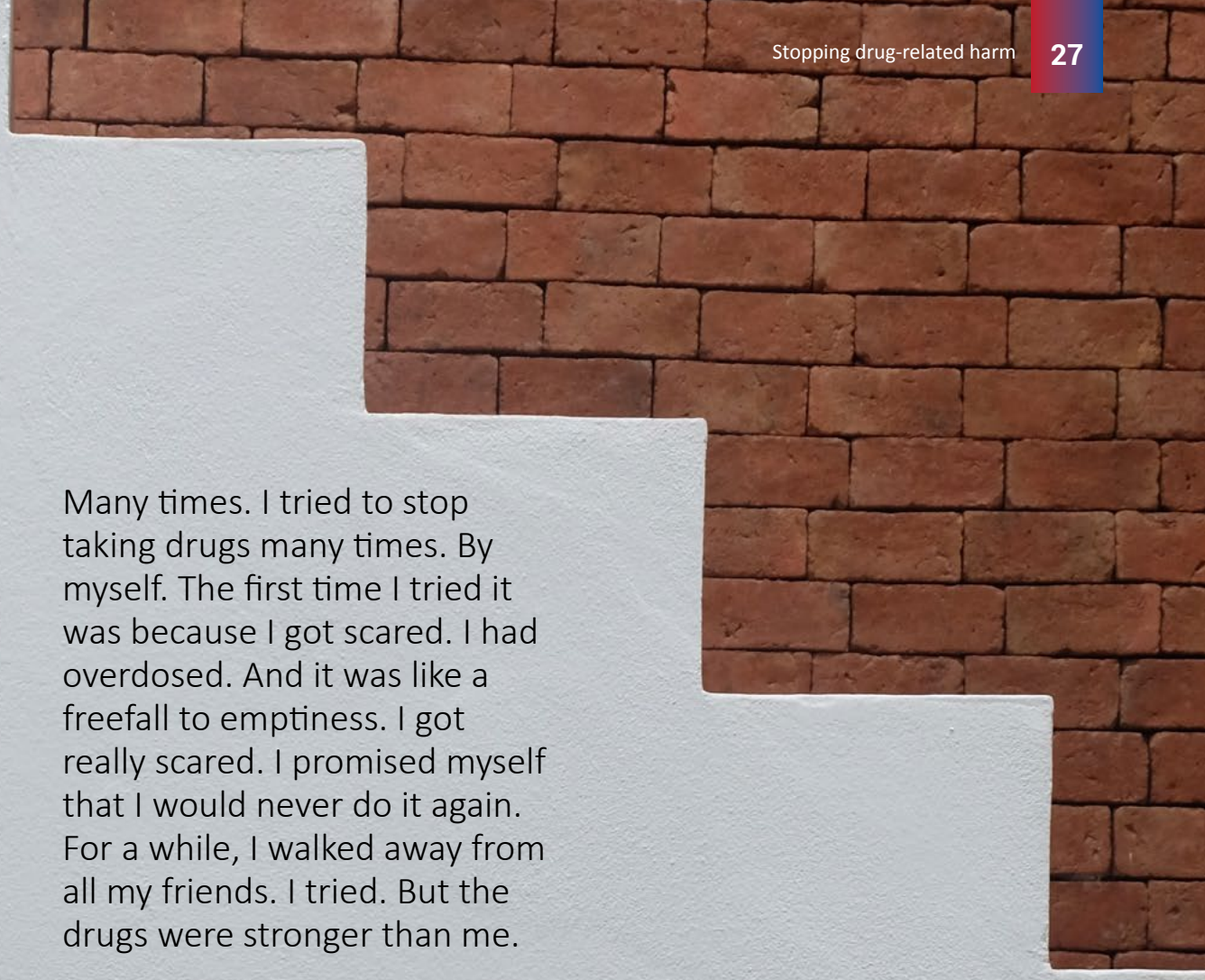
Diego Aràvega, a coordinator in a Spanish harm reduction service, explains their model for approaching people: "Instead of addressing people who use drugs directly from the point of view of addiction, we try to address all the facets related to addiction." In this model, short-term benefits are very important: "If we achieve many short-term bene-fits, then there is an overall benefit to the user in many different areas."

In addition, **harm reduction services provide people who use drugs with a unique space for emotional support.**

The harm reduction approach helps to reduce risks among people who use drugs

According to Alexandra Gurinova, a specialist in a German association, "harm reduction services are often the only place where people can drink a cup of tea and where someone listens to them and doesn't judge them". Ruta Kaupe also addresses this question regarding her NGO in Latvia: "Our users see our centre as a place where people who have been rejected or who are not wanted in other places get the support, understanding and help they need so very much."

It's important to point out that, in order to implement harm reduction programmes and interventions, a policy and a legal framework that allow this kind of approach must be developed.



Many times. I tried to stop taking drugs many times. By myself. The first time I tried it was because I got scared. I had overdosed. And it was like a freefall to emptiness. I got really scared. I promised myself that I would never do it again. For a while, I walked away from all my friends. I tried. But the drugs were stronger than me.

One day I couldn't take it anymore. I went to the corner where I knew they'd be. And there I found my friends. And there I fell again.

Again a silent spiral. And the pain I felt due to having disappointed myself. That was just the first of many attempts. That was just the first of many disappointments.

Anonymous person who uses drugs

WHEN YOU GET INTO **TROUBLE:** **HIGH RISK** DRUG USE AND **ADDICTION**

Abstinence is an achievable objective only for some when seeking treatment or help

The dependence syndrome is a cluster of physiological, behavioural and cognitive phenomena in which the use of a substance or a class of substances takes on a much higher priority for a given individual than other behaviours that once had greater value.

How does it work? All addictive psychoactive substances affect brain pathways that involve a reward (the dopamine system).

Drugs can become important in activating certain parts of the brain. Psychosocial stress factors such as family problems, work pressure, psychiatric illness or stress related to the social environment can contribute to developing problem drug use.

People who stop using drugs may suffer from a series of physical and psychological reactions, such as the withdrawal syndrome and cravings. Symptoms vary according to the substance, the duration of drug use, individual predispositions, etc. It can be very hard to stop using drugs, and it may even seem impossible at the time.

"Low-threshold" services are for people who use drugs, but they place a very low demand on the patient. This means that there are no controls on drug intake and that providers give counselling without demanding something in return. A provider should be someone with whom a patient can talk and on whom they can rely.

The main goals of this therapeutic support are to stay close and keep in touch. Services are provided free of charge and guarantee patient anonymity, and it is not necessary to have health insurance.

First of all, harm reduction is a philosophy, and you always have to keep in mind that you are working with people and that you have to be very flexible. If a person, after coming to my service and being in my HR programme for months, finally starts to eat an apple a day or starts to brush their teeth every day, then this is a success. It is what HR is all about for me. In these cases, what it means is that they are starting to think about their health and that they see themselves as a human being and are treating themselves with respect. And this is the very first step: offering information to them so that they start thinking about their health and about how to stay healthy.

Alexandra Gurinova.
Specialist at a German association.

Drug abstinence is an objective that can only be reached by very few. It's like a utopia in the world of drug addiction. Treatment has to be approached as a continuum. In this course of action, there are as many processes as there are people.

Diego Aranega.
Coordinator in a Spanish harm reduction service.

HARM REDUCTION SERVICES

HARM-REDUCTION APPROACH AND HUMAN RIGHTS

Marginalized communities are not protected by anyone. A lot of other groups (police, doctors, social workers, the judicial system, etc.) have power over them, and in most cases this power is abused. Harm-reduction interventions take a different approach to marginalized communities. One of the roles is not only to provide a bridge for these communities to return to society, but also to empower them and teach them about their human dignity.

Morgana Daniele.
Lithuanian researcher.

■ The harm reduction approach respects the human rights of people

Harm reduction respects the basic human dignity and rights of people who use drugs. It accepts the person's decision to use drugs as fact and no judgment is made either to condemn or support the use of drugs. Harm reduction acknowledges the individual person's right to self determination and supports informed decision making in the context of active drug use. Emphasis is placed on personal choice, responsibility and self-management.

British Columbia and Ministry of Health,
Harm Reduction.

Harm reduction is related to human rights. Harm reduction services are often the only place where people who use drugs are treated like human beings, where human needs and human rights come together.

Alexandra Gurinova.
Specialist at a German association.

Harm reduction is something that has to be approached from both a political and a public point of view. We talk with politicians who work in this field and also with family doctors: we encourage them to inform these groups about the possibilities that are available for facing their problems and trying to find a solution.

Inga Landsmane.
Latvian psychiatrist.

Harm reduction is the right to have control over your body and over your thoughts. Nobody is surprised that someone uses alcohol, so why are they surprised that someone might be using other substances? It represents the division between illicit and legal substances: people have the right to use drugs and the right to get help.

Barbara Janikova.
Czech researcher.

Harm reduction is an approach linked to human rights

NEEDLE AND SYRINGE PROGRAMMES

The goal of needle and syringe programmes is to prevent infectious diseases, particularly HIV and Hepatitis B and C

Jaan Väärt, a peer-consultant at an Estonian NGO, justifies the need for these programmes: studies conducted in Estonia show that HIV is decreasing among people who use drugs. Preventing the spread of HIV is economically more efficient than treating it. In addition, it is a way to reach a hard-to-reach population: **"The most important thing is to establish contact with people who use drugs. Needle exchange programmes are tools that help us to keep that contact."**

Once people who inject drugs have been approached, other kinds of interventions can be undertaken: "I believe that the relationships we provide for people who use drugs are what truly help them in their efforts to change their lives."

Needle and syringe programmes are delivered through both offices and outreach services (e.g. mobile units). Moreover, peer interventions are key: peers speak the same language as people who use drugs, they have in-depth knowledge of the phenomenon, and they are able to reach the most hidden populations in the places where they're located. According to Ruta Kaupe, an NGO coordinator in Latvia, "including people who use drugs really helps to improve the results of our interventions. For example, we achieve more syringe exchanges. "However, there are still legal barriers that jeopardise this kind of intervention: "It's not easy and it's very challenging: there are legal challenges when you include people who are actively using drugs in regular cooperation."

> The first thing I thought was that they were crazy: free syringes? This young guy, Albert, explained to me how I should use them. They expected me to take them back once I had used them, in order to give me new ones. 'Nobody else should use them. If you know someone who needs syringes, let them come here. But don't share them. If you share syringes, you put yourself and others at risk of many infections and diseases. Maybe next time we can check your health, if you agree. We can perform some tests. Hey…are you listening to me?'
> But I had already left the place and was quite far away.
>
> **Anonymous person who uses drugs**

DIA+LOGS support centre for people affected by HIV/AIDS is an NGO based in Riga (Latvia).

DIA+LOGS works with various profiles, such as people who use injecting drugs. They provide information, social welfare and psychological support.

DIA+LOGS has a needle and syringe programme at their site in Riga and provides outreach work through a mobile HIV prevention unit.

Juris is an ex-user who helps with this programme's outreach work: "I help people who use drugs through needle exchange programmes, and I provide them with all kinds of useful information. My main goal is to convince them to go into the methadone programme. I keep in touch with them, and when we meet I always bring them syringes and condoms."

These programmes contribute to reducing the spread of HIV and other infectious diseases

Needle exchange programmes provide sterile needles in exchange for contaminated or used needles. Needle exchange programmes also provide the opportunity to establish contact with otherwise hard-to-reach populations in order to provide them with health services, counselling or referrals to treatment for drug-addiction.

B. Junge: "The role of needle exchange programmes is HIV prevention."

Distributing condoms is also very important in these programmes

Mobile HIV prevention unit

After a while I tried a drug consumption room. I was tired of the neighbours catching me injecting in their front door entrances.

They treated me well there and made me feel quite comfortable. They gave me a cup of coffee and sometimes I could even eat there.

It was like a dream, feeling that I was safe again. They gave me syringes and all the paraphernalia I needed. But above all, they treated me well. They asked me about my drug consumption without making me feel guilty.

For me it was a little oasis. I had been living on the street for a few months, and the warmth I felt when entering the building was very comforting.

Anonymous person who uses drugs

SUPERVISED DRUG CONSUMPTION ROOMS

Supervised drug consumption rooms are places where people who use drugs are provided with all the paraphernalia needed to take drugs safely, thereby preventing overdoses and providing some basic healthcare.

Diego Aránega explains the first approach to a new service user in Sala Baluard (Barcelona), where he is a coordinator: “There is a triangle of reference persons for a service user’s process: a social reference, an educational reference and a health reference. These three profiles will follow up on all of a service user’s needs.” They also provide a physical, psychological and social assessment of people and recommend specific programmes for the social reintegration of people who use drugs.

The characteristics of consumption rooms vary considerably from one centre to another, but they all offer a space to people who use drugs, thereby providing an opportunity for other interventions and for referrals to other types of services.

Anna Lago, in charge of the assisted inhalation room in Sala Baluard, explains: “Once they are here, we can start with harm reduction. We begin with the basic needs: meals, showers, etc. Once we’ve created the link and they see that we’re taking care of them, we can start asking about more personal matters.”

Centre de atenció Sala Baluard is a harm reduction service in Barcelona (Spain).

A multidisciplinary team (clinicians, nurses, social workers, social educators, psychologists and psychiatrists) provides a number of harm reduction services.

They offer two drug consumption rooms under the supervision of medical staff and optimum hygiene conditions.

Anna Lago is social specialist in the assisted inhalation room, and she explains how it works: "We offer a space where people who use drugs can consume if they use inhaled heroin, cocaine, methamphetamine, etc. Our clients consume on a daily basis. We also offer the appropriate paraphernalia for each type of drug. They ultimately come here because of the paraphernalia." This room is also used to prevent people who use drugs from changing the consumption route.

Maider Quilez is in charge of the venipuncture assistance room for the consumption of injected drugs: "Our goal is to reduce the risk related to injected drug consumption. We also answer any questions by service users related to mental or physical health needs or their current situation."

The centre also works to ensure responsible consumption by clients in order to avoid overdose and other health-related risks.

"We also provide education: we encourage them to be responsible for their self-care and their own consumption."

This intervention reduces the health-related risks of drug consumption

Drug consumption rooms are "professionally supervised healthcare facilities where people who use drugs can consume drugs in safer and more hygienic conditions".

Hedrich, Kerr and Dobois-Arter, 2010. *EMCDDA, Harm Reduction Monograph.*

Supervised drug consumption room

Once I went too far. For sure. I can't remember anything. My mother said that they found me on the carpet of my room, foaming at the mouth. I crossed the line with anxiolytics. I was not feeling well, and I might have mixed them with alcohol or maybe took too many pills.

When I woke up, I was in a hospital room. I was afraid. I was in the psychiatric ward. It was as if a part of me had broken. I'm crazy. Definitely. There's nothing else that can be done with me.

Anonymous person who uses drugs

OVERDOSE PREVENTION

Overdose is one of the most serious side effects of using drugs. Between 6,300 and 8,000 drug-related deaths are reported every year in Europe, but the real number is most likely much higher.

Drug consumption in most places happens in a hidden context and clandestinely. Iva Jovovic, the executive director of a Croatian NGO, describes the risk: "Drug use in Croatia is hidden from the public. You won't see people using drugs in the streets. Society pretends that these things don't exist. One of the consequences is that when people who use drugs overdose, there isn't anyone with them to call emergency services, since they tend to inject in the solitude of their apartments."

In harm reduction settings, people who use drugs are provided with information about how to prevent overdoses, depending on the drug consumed and on the type, quantity and frequency.

For example, Anna Lago, a social specialist in an assisted inhalation consumption room explains: "I am concerned about what a person has consumed over the last 12 hours. For example, if they've used heroin and now want to use cocaine, I have to briefly inform them about it. This is important because I have to show them that they can't consume those substances together. The purpose is for them to learn how to prevent overdoses".

Opioids are present in most overdose cases, and many of them can be prevented using naloxone, an antagonist medication that blocks or reverses the effects of opioids. It is used in emergency cases to reverse an overdose, even by trained bystanders.

The European Monitoring Centre for Drugs and Drug Addiction, in its last report (2017), addresses take-home naloxone: "In recent years, there has been growth in the provision of 'take-home' naloxone to people who use opioid drugs, their partners, peers and families (...) A recent systematic review of the effectiveness of take-home naloxone found evidence that its provision in combination with educational and training interventions reduces overdose-related mortality."

Naloxone is a drug that is used to prevent or reverse an overdose by rapidly counteracting an opioid's effects

Appropriate information and naloxone programmes prevent overdoses

Before I started, nobody believed in methadone. They would say that this is the end, because you stay dependent forever. So they would say that this is the last chance. Not a chance actually. Everyone around me believed that taking methadone was wrong. That's why I never considered coming here. I tried giving up drugs without any help. After a few attempts, I felt I had no more energy to do it. When I realized that I couldn't do it and had to come here, it was challenging.

Client of opioid substitution treatment

OPIOID SUBSTITUTION THERAPY

Opioid substitution therapy provides people who use drugs with a prescribed medicine in a supervised clinical setting. In the European Union, mainly methadone and buprenorphine are used. In some places, slow-release oral morphine or diacetylmorphine (heroin) are prescribed, although it also depends on the level of medical implications.

This is the most-used treatment intervention by people who use opioid drugs in the EU, and it is usually combined with psychosocial interventions. Opioid substitution therapy is provided in specialist outpatient settings and prisons, and in some countries it is also available in inpatient settings

Scientific evidence supports opioid substitution therapy. It has found positive outcomes regarding treatment retention, illicit opioid use, reported risk behaviour, drug-related harms and mortality. Iva Jovovic, the executive director of a Croatian NGO, explains the situation in Croatia: "We promote methadone programmes because they also reduce the crime rate. At the same time, the use of methadone is inexpensive for the government and insurance companies, since there is a company that produces it at a national level."

Scientific evidence supports opioid substitution therapy.

Despite the benefits, the chronicity of the treatment is a concern for people, as it was stated by an opioid substitution therapy client from Lithuania (previous page).

Inga Landsmane, a Latvian psychiatrist, is also concerned about when the programme should be started: "We need to make people aware of the fact that they can begin treatments even if they have just started using drugs. They don't have to wait for the problem to become long term. Unfortunately, they perceive of the idea of starting a programme as being the end of their lives as they know them".

In opioid substitution therapy, a misused opioid is replaced by a prescribed opioid

Inga Landsmane, a Latvian psychiatrist, explains how this programme works in Latvia: "We collaborate with social work units so that the long-term opioid pharmacotherapy programme can achieve better results."

This intervention is performed by a multidisciplinary team: "We have one social worker, two psychologists, four doctors and many nurses who are mostly involved in dispensing methadone. In our country, the methadone programme is subsidized by the government, but buprenorphine treatment is not, so it is not free of charge and ends up being too expensive for patients."

Juris, a person in recovery and a client of one of these programmes in Latvia, explains his experience: "I learned about the programmes 15 years ago. There was a narcologist, a drug addiction specialist, who approached me with the information. This professional told me that if I joined the programme I would no longer need to use poppy."

Opioid substitution therapy reduces health risks, helps to promote the social inclusion of people who use drugs and prevents drug-related crime

■ Methadone dispensing machine. The nurse has to enter the personal data of a patient in the computer, which then automatically dispenses the prescribed dosage

COMPLEXITIES

POLICIES AND **POLICYMAKERS** LAWS AND **JUDGES** POLICE AND **STREETS**

Harm reduction is aimed at reducing the harms associated with drugs at both an individual and a community level. The legal context is key to understanding what types of interventions and policies can be designed and developed. The World Health Organization considers that "policies which influence the levels and patterns of substance use and related harm can significantly reduce the public health problems attributable to substance use, and interventions at the health care system level can work towards the restoration of health in affected individuals."

Within this complex context, policymakers, judges and police have the last word. Jaan Väärt, a peer-consultant at an Estonian NGO, speaks about the limitations of policies to deliver some kinds of services: "According to our laws, there are some things that someone without a medical background cannot do. For example, I couldn't give naloxone training because I can't prescribe medicines. Only doctors are allowed to do that. Also, the HIV test can only be given by medical staff, by someone who must at least be a nurse".

An appropriate legal framework must be provided for harm reduction interventions

Morgana Daniele, a Lithuanian researcher, explains why these kinds of interventions are not on the political agenda: "Neither the media nor politicians are interested or willing to speak. Moreover, since ratification of the Convention on Narcotic Drugs in 1961, the belief has been that the world could be free of drugs. Abstinence-based approaches to addiction treatment and a drug-free world were becoming the general dream and belief. But the real world is full of drugs. And harm reduction is the eye-opener that many are still trying to resist."

Policymakers, judges and police enact and enforce regulations regarding both drugs and harm reduction programmes

Sometimes people don't know the legal system, and they may be afraid of the consequences of using these kinds of services. Juris, a client of the opioid substitution therapy programme in Latvia, explains that before starting with methadone he was more afraid of the legal consequences than the side effects: "Before I joined the programme, I was very much afraid of the police. I'd been sent to prison before and didn't want to repeat the experience."

NOT EVERYBODY IS HAPPY WITH HARM REDUCTION...

General society does not agree with providing help to people who are still taking drugs

Scientific evidence widely supports harm reduction as a successful approach to helping people who use drugs and helping society as a whole. It has also been proved to be economically cost-effective.

However, the harm reduction approach also has its opponents. Offering services to people who actively use drugs sometimes generates social controversies. Iva Jovovic, the executive director of a Croatian NGO, points out that “it’s very hard. People not only think that you’re supporting drug use, they also believe that people who use drugs are to be blamed for their situation.”

Harm reduction interventions help with the social inclusion of people who use drugs

Ruta Kaupe, a coordinator of a Latvian NGO, refers to this negative social perception about the services provided by her organization: "General society does not agree with this approach, with providing help to people who are still taking drugs. Society thinks that you're helping them to continue with their addiction."

Yet she thinks that policymakers have to raise society's awareness about the benefits of harm reduction: "We have to respect their point of view, but you also have to try to make them see that, here in Latvia, HIV is spreading rapidly. We must try to stop the infection at its origin. We have to fight the spread, and this is how we know how to do it."

In this same sense, **opiate substitution treatment programmes are among the most controversial.** People perceive them, at times, as the beginning of the end of their lives. "Succumbing" to methadone is initially seen as changing from one consumption to another, as mortgaging the methadone consumer for life.

Mat Southwell, a project manager and consultant in the United Kingdom, also points out the dangers derived from how services are delivered: "There also are dangers related to harm reduction. If you are working in harm reduction, then you have to pay attention to how services are delivered".

Scientific evidence supports harm reduction interventions

EVERYONE INVOLVED IN HARM REDUCTION

Various professional and non-professional profiles should be involved in harm reduction interventions. From clinicians to peers to people who inject drugs.

When designing and developing interventions, having **a multidisciplinary team** to enrich and improve the intervention is key. Morgana Daniele, a Lithuanian researcher, highlights the importance of peers in intervention design: "We must have a group with a broad array of skills, but the most important role is played by the affected population itself. Community representatives of people who use drugs know their own needs the best, and they should therefore play a central role in the development of any related programmes, be it harm reduction, rehabilitation or any other."

Interventions have to be designed and developed by multidisciplinary teams

The different profiles involved in an intervention also vary according to a country's laws, as it was previously stated. JaanVäärt, a peer consultant at an Estonian NGO, states that "peer-consultants are very important, since they are the most experienced and probably know the client better than anyone else. Some medical staff are also needed, maybe some doctors, nurses, etc. I think it would also be necessary to have the help of psychologists and social workers. In this kind of job, you need to develop communication skills. You can get some training through experience, but you have to find the proper people to do it."

Alexandra Gurinova, a technician at a German association, also agrees about the key participation of peer consultants, because they are the ones who have a better understanding and know the situation of people who use drugs: "The most important group is the peer group, meaning people who used to do drugs, because nobody has a better understanding of what the needs are. They have to be involved in the development of every service."

Peers are key and should play an important role in the design and development of interventions

CLINICIANS AND GENERAL PRACTITIONERS

General practitioners are key when it comes to referring people who use drugs to specialized centres, where they will be able to receive the care they need. In many cases, general practitioners can serve as the gateway to specialized healthcare resources.

However, some professionals working in the field of harm reduction point out that there is a certain reluctance on the part of clinical physicians to treat this type of patient.

Even though clinicians are key when implementing harm reduction programmes, some of them seem to be somewhat reluctant about dealing with people who use drugs

Iva Jovovic, the executive director of a Croatian NGO, states that "our clients are not the most polite people you might encounter, and when they're waiting to receive methadone, they might find themselves in some sort of a crisis, so they don't want to be kept waiting. In addition, most practitioners are private in Croatia, and they think that they will lose clients if their regular patients have to wait in a waiting room next to addicts who may not be clean or are impolite. Then, of course, there are practitioners who are aware of the situation and are willing to work with people who use drugs."

Inga Landsmane, a Latvian psychiatrist, explains that maybe the problem comes from both sides: "The problem is that people still want to hide their drug-related problems. And doctors are sometimes to blame as well.

Here in Latvia, there is a big problem with alcohol consumption, so if an intoxicated person arrives at the emergency room after having been involved in a car accident due to being inebriated, most of the time, doctors won't take the opportunity to redirect this person to places where they can receive appropriate help to deal with their addiction. Doctors will treat their injuries and turn a blind eye to the rest."

She thinks that the stigmatization related to this kind of patient is also present among clinicians: "We have to make them understand that our patients are as valuable as any other. There is still this idea that addiction psychiatry is something different from general psychiatry, and many doctors don't consider it to be a part of their field."

HARM REDUCTION MEANS **HOPE**

Harm reduction is hope: it is the only hope that many people who use drugs have. For them, it is an opportunity. And some of them consider it their last chance.

Observing others, I grew to realize that people rarely, if ever, succeed in getting rid of an addiction on their own. Many people change their minds, too, after seeing others die. I had no other choice, in fact. I had no more energy to do anything about it. I decided I couldn't do it by myself. For me, methadone has been very effective. It has helped me a lot. I'm sure I owe my life to this programme. I couldn't overcome my problems on my own. It's very effective. You just need motivation, nothing more.

Client of substitution treatment in Lithuania.

After starting with methadone, my life changed so much. I started to live in a completely different way. It was all a process that was also connected to some personal experiences: ten years ago my mother passed away; I was reunited with my wife and we started living together again; I reconnected with my son and we began talking again. Now I am employed, I have a flat and I have money to pay for it, and I'm not afraid of the police anymore. I like my life as it is now.

Juris, client of substitution treatment in Latvia.

I started working for the NGO where I received treatment. I thought it was my last chance in life. But life surprised me, and it turned out to be the beginning of a new life for me.

Anonymous person who uses drugs

Harm reduction often provides an alternative life to people who use drugs.

SUMMARIZING...

- Harm reduction encompasses interventions, programmes and policies that seek to reduce the health, social and economic harms of drug use to individuals, communities and societies.
- The harm reduction approach respects people's human rights.
- These programmes contribute to reducing HIV and the spread of other infectious diseases, they contribute to reducing health-related risks and other risks related to drug consumption, and they prevent overdoses.
- Harm reduction interventions help to decrease the spread of infectious diseases at the public health level.
- Harm reduction prevents drug-related crime.
- Interventions have to be designed and developed by multidisciplinary teams, and an appropriate legal framework for harm reduction interventions must be provided.
- Harm reduction interventions help promote the social inclusion of people who use drugs and provide support for socially excluded people who face increased vulnerability.

…And this is why harm reduction needs to be seen as an important tool for fighting drug-related problems

PARTICIPANTS AND ACKNOWLEDGEMENTS

Alexandra Gurinova. *Project coordinator for the International department at Deutsche AIDS-Hilfe (Germany).* Deutsche AIDS-Hilfe is an NGO and an umbrella organization that provides services for people at risk of HIV. They work with people living with HIV, people who use drugs, sex workers, men who have sex with men, prisoners and migrants by providing them with information about how to protect themselves from HIV and where to get support and treatment and also by empowering people living with HIV.

Ana Muñoz. *Project coordinator for the Energy Control project in Madrid (Spain).* Energy Control is a project of the NGO, *Asociación Bienestar y Desarrollo*, which works to reduce risks in drug use within a preventive framework. It is mainly concerned with the use of synthetic drugs and other substances by young people in recreational spaces frequented by youths. The organization offers information about drugs for the purpose of reducing the risks of consumption.

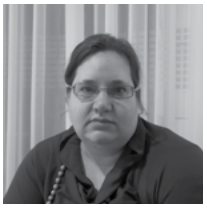
Anna Lago Porredon. *Social specialist in assisted inhalation consumption rooms, CAS Baluard (Spain).* The Center for Attention and Follow-up on drug addiction (CAS) Baluard is managed by the NGO, ABD (Associació Benestar i Desenvolupament). Anna is in charge of the supervised inhalation drug consumption room.

Anna Maria Vella. *Senior medical Officer at Sedqa Agency (Malta).* This is the national, executive and non-profit agency that is fully-funded by the state and works in the field of substance abuse, compulsive gambling and other dependencies.

Diego Aràenega. *Coordinator, CAS Baluard (Spain).* The Center for Attention and Follow-up on drug addiction (CAS) Baluard is managed by the NGO, ABD - Associació Benestar i Desenvolupament. This organization has two main areas of intervention: a health programme and a socio-educational programme. The objective is to cover person's basic needs, demands and problems. Its clients are people who suffer from high- risk drug use and who are in a special situation of social vulnerability.

Barbara Janíková. *Researcher, National Monitoring Centre for Drugs and Addiction (NMC), Office of the Government (Czech Republic).* The NMC is responsible for compiling, analysing and interpreting key indicators on drug use. This centre works with data on the individual aspects of using legal and illicit drugs, and it participates in the evaluation of drug prevention interventions and treatment programmes.

Inga Landsmane. *Head of the Out-patient Department, Addiction Medicine Unit. Riga Centre of Psychiatry and Addiction Medicine (Latvia).* The Riga Centre of Psychiatry and Addiction Medicine is the oldest and biggest psychiatry centre in Latvia, and it provides qualitative and professional out-patient and in-patient care for patient groups in both general and addiction psychiatry.



Iva Jovovic. *Executive Director of the NGO, LET/FLIGHT (Croatia).* LET/FLIGHT is a non-profit organization that seeks to improve the quality of life of vulnerable groups in Croatian society, therefore drawing up and implementing public health programmes and providing social services based on the needs of its users. This NGO is focused on harm reduction and quality-of-life improvement for people who use drugs.

Jaan Väärt. *Peer-consultant of the NGO, Convictus (Estonia).* This NGO has been operating since 2003 according to the objectives of providing services and support not only for people who are struggling with drug use but also for their families. It offers a variety of support, including needle exchange, social counselling and psychological help.

Juris. *Peer consultant at the NGO, "DIA+LOGS", a support centre for people affected by HIV/AIDS (Latvia).* Since 2002, it has been operating as a low-threshold centre for PLWHAs and at-risk groups in greater Riga, thereby providing and organizing psycho-social support for people living with HIV. D+L is the largest HIV/AIDS NGO in Latvia and a key player in the harm reduction field.

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Mat Southwell. *Project Manager at EuroNPUD and Consultant at Co-act (United Kingdom).* EuroNPUD is a regional network of people who use drugs in Europe. Coact is a peer-led technical support agency specializing in community mobilization with PWUD.

Morgana Daniele. *Specialist in the Methodological Guidance and Monitoring Department, Republican Centre for Addictive Disorders (Lithuania).* This is the country's largest healthcare and psycho-social support centre for people whose lives are affected by addiction issues related to drugs, alcohol, tobacco and gambling. The Centre offers a wide range of treatment and rehabilitation services in the 5 biggest cities of Lithuania.

Ruta Kaupe. *Chairperson of the NGO, "DIA+LOGS", a support centre for people affected by HIV/AIDS (Latvia).* Since 2002, it has been operating as a low-threshold centre for PLWHAs and at-risk groups in greater Riga, thereby providing and organizing psycho-social support for people living with HIV. D+L is the largest HIV/AIDS NGO in Latvia and a key player in the harm reduction field.

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