



What are

HARM REDUCTION PROGRAMMES related to drug abuse?



WHAT ARE HARM REDUCTION PROGRAMMES RELATED TO DRUG ABUSE?



Programmes intended to reduce harm from drug abuse (harm reduction) start from the premise that if a person cannot or does not wish to stop using drugs, action needs to be taken to reduce harm to the individual and the society caused by and associated with the individual's risky lifestyle (drug abuse), mainly drug injection, as much as possible.

Their objective is to reduce deleterious health, social and economic consequences related to the use of psychoactive substances.

They consist of comprehensive free-of-charge and anonymous activities intended for people who use drugs, which include:

- distributing needles and syringes to people who use drugs,
- receiving and destroying used needles and syringes,
- removing discarded and used injection paraphernalia from sites.
- distributing condoms and raising awareness about sexually transmitted diseases,
- distributing educational and informative material,
- counselling on ways to reduce risky behaviours and form new habits and attitudes, and
- administering substitution therapies.

In the narrow sense, harm reduction programmes are mainly aimed at reducing the likelihood of transmission of infectious diseases associated with drug injection: hepatitis B, hepatitis C and HIV infection. The first such programmes were carried out in Great Britain, the Netherlands, and Switzerland some thirty years ago, and today they exist in almost every country in the world. Harm reduction programmes have been carried out in Croatia since 1996 and form part of the measures and activities within the National Strategy on Combating Drug Abuse and the National HIV/AIDS Prevention Programme.





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WHATDOHARMREDUCTION PROGRAMMES ENSURE?

These programmes are designed to provide people who use drugs who continue to take intravenous drugs even after counselling and addiction treatment attempts with access to clean, sterile drug injection equipment (needles, syringes, alcohol swabs, distilled water ampoules, filters, bongs, etc.).

Programme activities providing people who use drugs with sterile equipment usually include the collection of used paraphernalia so that it can be properly discarded and disposed of.

Programmes aimed at distributing needles and syringes take many forms. Some require one-for-one needle and syringe exchange (meaning returning the same number of equipment units as received), whereas others seek to achieve a high degree of exchange whilst accepting a less than 100% (used needle and syringe) return rate. There are programmes that encourage secondary exchange so that people who inject drugs receive multiple packs of sterile equipment to hand out to other people who us drugs they know. The purpose is to reach people who use drugs who may not be in contact with the programme team.

Programmes vary, depending on the location where exchange takes place. These could be outreach locations (so called checkpoints) and drop-in centres (rota-based locations open to users, where they can take a hot meal, a shower, change clothes, temporary refuge from the street etc.).

There is strong evidence to suggest that increasing the availability and use of sterile injection paraphernalia significantly contributes to reducing the spread of the HIV and hepatitis infections.

The HIV infection spreads rapidly, with 50% and more becoming infected within one year spent within a community of addicts.

There is no convincing evidence of many adverse consequences of needle and syringe replacement programmes, such as initiation of intravenous drug use among people who have not used drugs previously, nor is there convincing evidence of any increase in the duration and frequency of illicit drug use or intravenous use.



SUBSTITUTION PROGRAMMES



Substitution treatment means treating opiate addicts under medical supervision and is based on prescription drugs, such as methadone and buprenorphine.

Maintenance programmes involve doctors issuing prescription drugs over a lengthy period of time, typically from six months on.

While the main purpose of substitution treatment is to encourage patients to abstain from illicit drugs, many are unable to reach full abstinence despite knowing that full abstinence could improve their health and quality of life in general. Nonetheless, there is clear evidence that medically-supervised substitution treatments help to significantly lower the risks of opiate and intravenous drug use, and, by extension, the risk of infection with HIV, and hepatitis B and C.

FACTS AND MISCONCEPTIONS



Needle and syringe distribution programmes and substitution treatments send a wrong message.

Such views are mostly shared by politicians in almost every country, along with the belief that any effort to promote harm reduction programmes is contrary to their policies. This is untrue. Harm reduction programme implementation and advocacy do not mean "weakness" or "leniency" towards drugs. Every country that has run such a programme has stood firmly by its policy to reduce the availability/supply and demands of drugs. What we need is a balanced approach, one that enables the government to keep drug use under control and prevent HIV and hepatitis epidemics among drug users.

FLIGHT runs harm reduction programmes for people who use drugs in the City of Zagreb and the wider region.

The programme is implemented by mobile teams visiting 11 locations where drug users can bring used needles and syringes and collect new, sterile ones.

The programme is based on anonymity, trust, mutual respect, and is available free of charge for all users.









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HRVATSKI ZAVOD ZA JAVNO ZDRAVSTVO

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