www.ub.edu/
drogodependencias

UNIVERSITAT DE BARCELONA

Drug-related harm reduction: a conceptual approach and a framework for its teaching

Xavier Ferrer, Ph. D.
Joan Colom, M.D.
Ernesto Sierra, M.Sc
Otger Amatller, M.Sc
Fran Calvo, Ph.D

Training Programme on Addictions, Faculty of Psychology
Managed from the University Institute for Lifelong Learning

ICUDDR conference, Thessaloniki,

June 2024

ICUDDR
The International Consortium of Universities for Drug Demand Reduction

1. HARM REDUCTION: A DIFFICULT CONCEPTUAL APPROACH

Concepts about drug issues are imprecise, time or context - changing, overlapping, influenced by societal and personal options… Languages may influence them, and their translations may not correspond. Progress in clarification, and managing this complexity are both needed

"HARM" "REDUCTION"… Which harm?

- A preexisting harm that should be reduced? E. g. reducing marginalization by taking someone out from the illicit drug trade scene, improving respiratory functions by substituting cigarette smoking by nicotine chewing gum…
- Or a new prospective harm that is not to be "reduced" at the individual level, because still doesn't exist, but just avoided? E. g. avoiding a drug user getting infected by HIV or HCV through facilitating access to sterile injection equipment. (In this case, what we are truly reducing is "RISK")
- In this case, may still we understand that avoiding new harms for the individual will reduce their global burden for the society? E. g., by avoiding a single new case, we are contributing to reducing the harm implied from new infections and their spreading at the global level

"HARM" and "RISK": Strongly connected, often the same in this framework. Conceptually, risk does precede harm, but in practice may be used interchangeably.

- **In some languages, "Risk reduction" is the generic denomination for this field** (i.e., in French it is used "Réduction des Risques" with the same meaning).

- **In other languages / cases a difference is made among "Harm reduction" and "Risk Reduction", but not always in the same vein, neither clearly differentiated.** I.e., in Spanish, "Harm R." (Reducción de daños) is used for interventions in the care setting, whereas "reducción de riesgos" may refer to actions in contexts as rave parties and with recreational users.

- **"Damage" and "Problems" also used as synonyms of "Harm"**


Drug Abuse Management Strategies
Demand Reduction Strategies
aim to reduce the desire to use drugs and to prevent, reduce or delay the initiation of drug use
Supply Reduction Strategies
to disrupt the supply and availability of drugs.
Harm Reduction Strategies
aim to reduce the negative impact of drug use and drug-related activities on individuals and communities

- **HARM REDUCTION** may be conceived as an alternative – complementary distinct strategy regarding:

- **DRUG DEMAND REDUCTION**
- **DRUG SUPPLY REDUCTION**

The underlying idea to this distinction is that reducing HARM is not only to be achieved through reducing demand, but through modulating this demand and the subsequent drug use behavior, even if the demand and use do persist.

And reducing supply, even if aimed to reducing use (and expectedly also harm), may be attempted through dangerous strategies suitable to backfire and produce more harm than good… The same may be said for some extreme demand reduction strategies, as severely punishing simple drug use.

"HARM" "REDUCTION" may also be understood as <u>different</u> from:

- **TREATMENT, aimed to <u>recover from drug dependence</u>. But the best option may be keeping active some kind of dependence, whilst strongly reducing many other harms. So, it may then be understood as a harm reduction action.**

Besides the clear case of Opiate substitution treatments, in many Treatment facilities and programs, many harm reduction strategies are implemented, as instructing how to avoid overdose in case of relapse, or paying attention to possible violence against family members… So, HR is also to be aimed at into treatment facilities

- **PREVENTION, provided we adopt a <u>restrictive understanding</u> of Prevention, limited only to <u>avoid drug use or drug dependence</u>, but…**

Out of this restrictive approach, Harm reduction may be considered, mostly (not exclusively*), as a part of our prevention activities, with which a wide overlapping exists. **(To point out that prevention actions may be carried out often from care settings, as happens with vaccination…)**

Prevention means to avoid an unwanted event, judged as harmful, from occurring.

(*) a much smaller overlapping exists as well with treatment

Use of drugs may facilitate many harmful and unwanted events to occur, especially when that use is repeated. Among them:

Death, overdose, social exclusion, dependence, family troubles, accidents, crime, illnesses.

Dependence itself has a special position into this list, as it is a harm on itself and at the same time may further facilitate the occurrence or many other harm.

Harm reduction may be mostly defined as prevention of unwanted results of drug use, other that addiction itself: even if drug use and dependence continues, we are wanting to prevent early death, infectious diseases, overdose, family troubles, accidents, social exclusion, thefts, homicides…

MORE ABOUT CONCEPTS… AND CLARIFICATION OF VALUES

In this sense, and because its wide overlapping with both Treatment and Prevention concepts, drug-related Harm Reduction may also be defined in a wider sense: as a global objective where every drug- related action has to be aiming as to be legitimated. It is then not complementary or alternative, but comprehensive

Because, if not aimed at reducing an existing harm or to prevent a future one, why trying to avoid drug use or declaring a "war on drugs"??

Focus is not then on Drug use. Drug use is certainly a risk for the occurrence of drug- related harm, but there are acceptable and even positive drug uses, as:

- **A social use (obviously within a non – harm producing level)**
- **An appropriate medical use**
- **A religious – ceremonial use**
- **A recreational use (the same need for balancing the wished effects and harms do apply)**

Yes, any use (especially early use, and even more so with some substances in particular) is a risk for a (later) harm, but when properly adapted it also applies to…

- **Driving**
- **Travelling**
- **Doing sports** **(what about climbing or car racing? Is it heroic but drug use is to be blamed?)**
- **And many others…**

"Life is risky. Nobody comes out of it alive" (André Malraux)

So, are we legitimated to propose to avoid all these behaviors, because of their risk, or do we have to balance risks, wishes of the individuals, and real possibilities of action and success?

A PROPOSAL FOR VALUES TO GROUND DRUG HARM REDUCTION

Every action, policy or program on drugs matters should be:

- **Legitimated by being aimed to decrease a well defined drug-related harm**
- **Feasible, by having the means needed and maximum acceptance from the target persons involved.**
- **Based in a carefully considered balance of wanted / unwanted-side effects**
- **The most intelligent /cost-effective available option based in evidence**

A PROPOSAL FOR VALUES TO GROUND DRUG HARM REDUCTION (2)

Being in Greece, main cradle of the Scientific approach and the Values humanity is sharing today, let us propose as especially opportune as our guiding values for HR (and all drug-related action, why not?):

- **Respect and care for human life, as taught by Hippocrates and being still the basis for the physicians oath around most of the Globe. And promotion of the best possible Quality of Life for everyone.**

- **Respect to individual freedom (taught by Socrates, who also asserted that true liberty is based in knowledge and wisdom, being ignorance a type of slavery).**

A PROPOSAL FOR VALUES TO GROUND DRUG HARM REDUCTION (3)

- **Last but not least, Solidarity with those using, as well as with those not using drugs that may be affected from the consumption of the former ones. This implies support and care to drug addicts, but also caring for the whole community through avoiding drug-related crimes, gender violence and that against children, accidents… And respecting health and rights of unwilling consumers of drugs, as passive smokers or unborn fetus harmed by alcohol during pregnancy.**

- **Here again, a wise men born less that 100 km away of Thessaloniki, Aristotle, taught us that** Ο άνθρωπος είναι πολιτικών ζώων φυσάει, **that is, man is a social animal by nature, which means that mutual care and support is essential for us and consubstantial with human essence.**

But again… Which harms to be targeted?

- **Harm to (physical) health** Objectives: Decrease use-associated risks, Prevent illnesses and / or early detect –diagnose them; promote healthy behaviors; promote low-risk sex practices.
- **Harm to (mental) health** Objectives: Early diagnose previously existing mental disorders; early detect new appearing disorders; Early intervention regarding diagnosed disorders. Suicide as linking mental-physical harm
- **Harm to the social inclusion (of drug user)** Obj: Early consideration of social harm (housing, income, isolation…); ensure appropriate housing, living conditions, basic income, decrease criminality, avoid an imprisonment "career", promote social integration. Homelessness as very significant harm
- **Harm to third parties (family, community…)** Obj: Reduce violence against family, other citizens…; Reduce criminality (property, drug traffic). Reduce accidents harming others; Red. harm to passive users (non smokers, unborn babies…) alcohol fetal syndrome as a relevant underestimated harm

Logical framework design

GENERAL OBJECTIVE (H. Red. AREA)	GENERAL OBJ. INDICATORS OF ACHIEVEMENT (RESULT 1)	DEVELOPMENT INTO MORE SPECIFIC OBJECTIVES:
1. **Reduce harm to physical health**	- Positive evolution -or at least maintenance of the Global Level of physical health (selection of appropriate items from the IDEAS evaluation system, e.g.: Physical health self-assessment scale, Subscale of the WHOQoL-WHO questionnaire, sick days or similar last year...)	• 1) Decrease consumption-related risks
2. Reduce mental harm to the individual	- Objective improvements in the level of physical health (as reduction in consumption, improvement in selected blood analysis values, remission of infections, treatment of diseases and/or infections, completed vaccinations schedule…)	• 2) Prevent medical problems
3. Reduce harm to the individual social integration	- (…)	• 3) Detect and diagnose existing medical problems early
4. Reduce Harm to third parties		

SPECIFIC OBJECTIVE:

Decrease consumption – related risks

EXAMPLES of INDICATORS BEING CONSIDERED - TESTED FOR A SINGLE SPECIFIC OBJECTIVE 1) Decrease consumption- related risks *- From the previous slide*

- An INDEX of RISK ASSOCIATED WITH CONSUMPTION with the following parameters: risk associated with the administration route + risk associated with the use of that route + risk associated with the substance + risk associated with the dose, frequency and circumstances of use

- 1) Number of overdoses 2) Number of deaths due to overdose 3) Other Harm associated with overdose 4) Survival in case of overdose

- 1) Number of accidents associated with consumption 2) Severity of injuries 3) Number of infections associated with consumption 4) Attacks suffered by the user while intoxicated 5) Frequency of consumption of adulterated substances 6) Quantity of consumption of adulterated substances

SPECIFIC OBJECTIVE:

Decrease consumption – related risks

Example of a particular SPECIFIC SUB-OBJECTIVE	EXAMPLES INDICATORS SPECIFIC SUB-OBJECTIVE	POSSIBLE RELEVANT ACTION/S	INDICATORS ACTIONS (PROCESS)
Get lower risk injections	1) Frequency of injection under the postulated hygienic conditions 2) % of these injections over total injections 3) Reasons when it is not done	Ensure availability of sterile syringes	1) Number of people who require and receive sterile syringes. 2)) Number of people who have sterile syringes when they need them
		Safe removal of those already used	1) Number of used syringes returned or correctly discarded. 2) Percentage of used syringes returned or correctly discarded
		Ensure availability/ Provide appropriate paraphernalia and products (bowls, distilled water, disinfectant wipes...)	Coverage of care (percentage of: target people / people who finally receives care)
		Injection monitoring	1) Number of supervisions carried out. 2) Qualitative observations
		Educational activities: Instructions or discussions regarding not sharing injection material, not reusing it, not abandoning it, etc.	1) Number of actions carried out 2) Coverage of the action (percentage of target people / who finally receives education)

The previous logical framework slides are a small piece of example from an ongoing work, which may be reported in future conferences, now on a test phase

After a review of worldwide experiences on Harm Reduction, a logical framework based evaluation system called I.D.E.A.S. is being built, consensus-based, aimed to share a common set of variables and indicators. It should allow to share experiences, results and to learn together.

Now on a Spanish level, developing a computer program to deal with data collection and process of selected indicators. Developed with Foundation Health and Community (www.fsyc.org) and receiving national- European funding. European extension being considered.

It is a modular system (some H.R. program deals with very selected objectives and actions, whilst other are much wider). Three levels of quality, to fit different possibilities of H.R. programs to develop evaluation of their activities

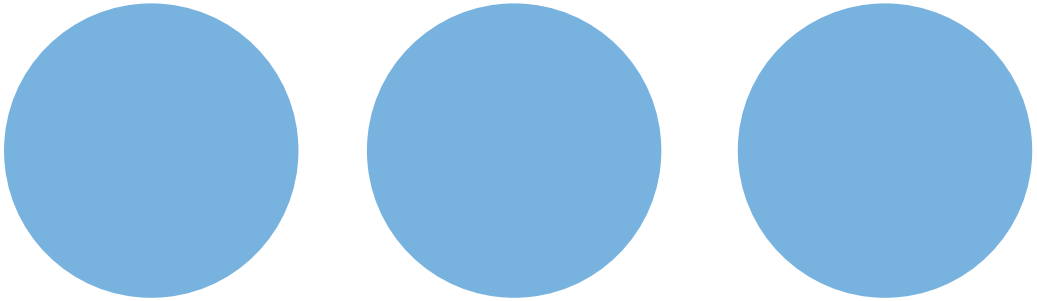
Example: Logical Framework for the Reduction of Harm to Mental Health

AREA IN RDD, (GENERAL OBJECTIVE)	OBJ. INDICATORS GENERAL (RESULT 1)	SPECIFIC GOAL	EXAMPLES OBJ INDICATORS. SPECIFIC (RESULT 2)	SPECIFIC SUB-OBJECTIVES	EXAMPLES INDICATORS SPECIFIC SUB-OBJECTIVES (RESULT 3)	POSSIBLE RELEVANT ACTION/S	INDICATORS ACTIONS (PROCESS)
REDUCE DAMAGE TO PHYSIC	Positive evolution or at least maintenance of the Global Level of physical health (selection of appropriate items from the IDEAS system, e.g. physical health self-assessment scale, subscale of the WHOQOL-WHO questionnaire, sick days	Lower risk consumption	RISK INDEX ASSOCIATED WITH CONSUMPTION with the following parameters: risk associated with the route + risk associated with the use of that route + risk associated with the substance + risk associated with the dose, frequency and times of use	Get a lower risk injection	1) Frequency of injection under the postulated hygienic conditions 2) % of these injections over total injections 3) Reasons when it is not done	Ensure availability of sterile syringes	1) Number of people who require and receive sterile syringes. 2) Number of people who have sterile syringes when they need them
						Safe removal of those already used	1) Number of used syringes returned or correctly discarded. 2) Percentage of used syringes returned or correctly discarded
						Ensure availability/ Provide appropriate paraphernalia and products (bowls, distilled water, disinfectant wipes...)	Coverage of care (percentage of: target people / people who finally receive care)
						Injection monitoring	1) Number of supervisions carried out. 2) Qualitative observations
						Educational activities: Instructions or comments regarding not sharing injection material, not reusing it, not abandoning it, etc.	1) Number of actions carried out 2) Coverage of the action (percentage of target people / people who finally receive care)
				Change the route of consumption to one with lower risk (either oral	1) Change to a less dangerous route 2) Monitoring the consistency in that change	Educational activities: Instructions, comments and recommendations regarding the benefits of modifying consumption patterns (either in informal conversations or in structured workshops)	1) Number of actions carried out 2) Coverage of the action (percentage of: target people / people who finally receive care)
						Provide the appropriate material and paraphernalia to modify the consumption route (distribute tubes, bongs, etc.)	Material coverage (percentage of: estimate of the need of the target population / available material)
				Switch to a lower risk	1) Change to a lower risk substance 2) Monitoring the	Provide or prescribe Methadone, Buprenorphine or other appropriate substances, in cases other than opiates	1) Coverage or capacity for care in methadone maintenance programs. 2) Drug prescription
						Facilitate change to sterile pharmaceutical diacetylmorphine, regarding adulterated heroin, imprecise doses and with biological contamination	1) Coverage or capacity to provide care in therapeutic heroin or morphine programs 2)

Many tables like this, developing different harms, now being applied; Google translation provided only as to have a glimpse

2. Training on harm reduction within a Master on Addictions

Going now into training: it is our responsibility as universities training specialists on addictions to provide them with a full spectrum of information and competences to perform their professional tasks. This obviously includes harm reduction.



Methods and principles:

- **Accepting that individuals, using their freedom and decision capabilities, may be not able or not willing to quit drugs**
- **Open, careful, respectful debate**
- **Analysis of and training about the issue, (we at UB include about 50 hours face to face teaching) included within our prevention module (compulsory), plus:**

Aquí hi aniria el títol del tema que es tracta

On their first year, all students go through visits /short stays at:

- Methadone programs
- Syringe exchange
- Family violence prevention programs
- Overdose prevention
- Drug testing and information at night parties
- HR within the prison
- Drug consumption rooms
- Outreach street programs
- Social exclusion programs among those still using drugs, as “housing first” or drug users shelters
- Discussions with drug (former) users associations

- Their placement within the second year (300 h. minimum) maybe full time in a HR program or facility, according to their choice

- Their master thesis may also deal with HR, should they choose a subject within.

- At second year, there is an optional seminar to deepen into Harm reduction (3 credits)

Determination to do it despite difficulties

From 1987 it has been included in the curriculum. At the beginning, many criticisms were received for not being *hardly enough* "against drugs".

To be pointed out that almost all our former critics are today strong supporters.

Facing the issue even if it is conflictive for students, respecting diversity: at their arrival, students range from those strongly "against drugs" to some with a "drug-friendly" anthropological-naive simplistic approach.

Resisting pressure "not to speak" on this topic, when existing. Beyond all opinions and creeds, University is temple of the wisdom and must continue to be so.

www.ub.edu/
drogodependencias

UNIVERSITAT DE BARCELONA

Special thanks to our colleagues at the Training Programme on Addictions

For their contributions to prepare this presentation

Jaume Aspa

Miriam Ovejero

Paula Sandoval

And to all teaching at the Harm Reduction issues within the classroom or the cooperating centers and programs.

BUIL-
DING
TA-
LENT

Training Programme on Addictions

School of Psychology *and* Institute For Life Long Learning

Universitat de Barcelona

www.ub.edu/drogodependencias

drogodependencias@ub.edu

xavier.ferrer@ub.edu