Harm-Reduction as Risk Decreasing Strategy in Heroin Dependence

Daniel Vasile

Abstract: Harm reduction is a relatively new concept in the armamentarium of methods used for decreasing abuse and complications of drug dependence, in patients who do not actually intend to give up their substance use completely. The main strategies in this intervention are drug substitution with a less dangerous pharmacological agent, information dissemination in consumer communities about long-term negative effects of drug use and possible complications (sexually transmitted diseases, traumatisations, death by intoxication) and other strategies like needle-exchange or promoting less aggressive criminalization policies. This strategy tries to reduce the high-risk situations encountered by drug dependent patients and was implemented in several countries from Europe (Great Britain, Holland, Switzerland, Germany) and America (United States, Brazil). Several strategies of harm-reduction are also applied in Romania, in adolescent population, with high risk for overdose and other drug dependence complications. Although at conceptual level harm reduction seems an interesting and useful approach, more controlled data are needed in order to verify its efficacy versus other methods.

Key-Words: harm reduction, heroin dependence, risk reduction, drug dependence complications, drug substitution, needle exchange, psychoeducation, criminalization policies

I. INTRODUCTION

According to Prochaska-diClemente trans-theoretical model there are six stages in health behavior change: pre-contemplation, contemplation, preparation, action, maintenance and relapse [1]. After relapse, the cycle starts again. The main idea postulated by the founders of this model is that change is not a one-step action, but rather a laborious, multistage process, with advances and relapses, conscious and unconscious elements. Therefore, the clinician should be aware of the patient’s motivation for change and he/she needs to permanently adjust interventional methods to the client peculiarities.

In the pre-contemplation phase, the drug consumer has not acknowledged the existence of a problem behavior yet and therefore has not perceived the need for change. People in this stage tend to use denial and projection, maintaining the problem-behavior outside the sphere of consciousness.

In the contemplation stage, subjects acknowledge that there is a problem but they are not sure if there is need for change. They are do not use active denial as in the previous stage and they become aware of the negative impact of drug abuse in their lives. This stage is defined by ambivalence, because patients consider the possibility of change but they tend to weigh the pros and cons of this change.

In the third stage, patients prepare themselves for change and in the following stage they modify their problem-behavior. In the action stage, patients are actively involved in modifying drug related behaviors, they develop plans, seek support and make overt efforts to quit or change drug use.

Maintenance stage is defined by patient’s perseverance in holding to the new and normal acquired behavior, developing new skills and extending the change to other related domains. People in the maintenance stage constantly reframe their rules for everyday activities, and are able to anticipate the trigger for drug use situations.

Relapse consists in the returning to older drug consuming habits and in abandoning the new changes. The experience of relapse is considered only one phase in the process of acquiring permanent cessation of drug use, therefore patients should not be blamed for engaging in relapse. The self-blame is discouraged and patients are taught that recovery is not a straightforward line, but a cycle.

The harm reduction model is perfectly adapted for patients situated in the first phases of Prochaska-diClemente cycle of change model. As for people in pre-contemplation and contemplation phases the objective of abstinence is impossible, due to their limited or absent insight and frequent use of denial and projection, a more limited target for therapeutic interventions is in order.

Harm reduction is a set of practical strategies aimed at providing help for drug users where this is needed, mainly in the communities of dependents. Through harm reduction, health care professionals try to reduce the specific risks for harm in patients: lower the possibility of HIV infection, through syringe exchange, promotion of safe sex, referrals to AIDS testing and medical care; substitution treatment with methadone, focusing on lowering the dose rather than abruptly stopping its administration; psycho-education and health-risks education; advocating for changes in drug policies, including making treatment readily available, legalizing syringe purchase, providing rehabilitation and vocational training in prison, less aggressive criminalization policies for consumers, as opposite to drug dealers.

The principles of harm-reduction, defined by Vanzo, are (1) abstinence should not be the only objective of services

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to drug users, because it excludes a large percentage of drug users; (2) abstinence from drug use should be the final goal in a series of harm reduction objectives designed to reduce harmful consequences; (3) harm reduction strategies should be focused upon offering user-friendly services, in order to attract and make contact with drug users and to empower them to change their problem behavior, developing suitable intermediate objectives for change; (4) harm reduction should be multidisciplinary, involving health care providers, police, drug treatment and prevention workers etc; (5) harm reduction should include treatment, care, control and education [2].

II. PROBLEM FORMULATION

Harm reduction is based on the assumption that drug dependence is a complex phenomenon, with biological, psychological and social components, that encompasses a continuum of behaviors from abuse and intoxication to complete abstinence. The individual agenda of drug users is very diverse and, therefore, the offer of health-protecting techniques has to be various, according to the consumers’ needs.

The continuum model suggests that drug consumers should be routinely evaluated from their motivational and readiness to change perspective. A cost-efficient strategy needs to be adjusted to this particular profile and the policy makers should be aware that ignoring low-investment high-impact strategies, like needle/syringe exchange or reach-out education in drug users communities and focusing all the financial resources in hospital detoxification programs or post-cure settings could be a specious approach.

Although the benefits of harm reduction strategies are highly difficult to validate, due to their non-conventional target group, multiple environmental variables and low economic support, this concept of treatment is applied in many countries around the world. This strategy was implemented in several countries from Europe (Great Britain, Holland, Switzerland, Germany) and America (United States, Brazil).

III. EPIDEMIOLOGICAL DATA FOR HEROIN USE IN ROMANIA

According to a Romanian National Report [3] elaborated in 2007, lifetime prevalence for heroin use in our country is estimated at 0.1%, being situated on the third place, after cannabis (1.5%) and ecstasy (0.4%). The highest incidence of heroin users is observed in Bucharest, but also in two regions, namely Transylvania and Oltenia (0.2% for each).

An analysis of drug use related perceived risks showed that over 85% of the drug users consider themselves to be informed about these risks [3].

The highest rate of admissions in the national network for evaluation, counseling and prevention of drug use centers (CPECAs) was determined by the use of heroin (78.4%), according to the same report. Also, an important factor to consider is that 98% of patients that requested health care were intravenously (iv) consumers of heroin. Therefore the risk for HIV/AIDS, hepatitis B and C is not at all negligible.

An important risk factor for initiating heroin use seems to be young age, because 42% drug users declared they began to use heroin at 15-19 years old.

Romania is a high risk zone for heroin use: statistics of the Romanian police showed that in only one year (2007) 129903 kg of heroin were confiscated, compared to 46695 kg cocaine or 7041 kg opium [3].

As the above mentioned data suggest, the importance of harm reduction methods, oriented upon HIV prevention, health risks education, needle exchange programs and substitution on methadone should be taken into consideration.

IV. ROMANIAN EXPERIENCE IN HARM REDUCTION

In our country a network of methadone centers for substitution in heroin dependent patients is currently functioning. Methadone is a substitution treatment used in opiate dependence that prevents the appearance of withdrawal, improving patient’s life quality, under careful medical and psychological surveillance. Several hospital-based centers and regional mental health centers are developing methadone substitution programs for patients with heroin dependence.

There are also penitentiaries which have methadone substitution programs, but their number is limited, so the possible continuation of treatment for transferred inmates is limited [4]. Psychologists and psychiatrists work in these penitentiaries detoxification and harm reduction centers, offering education, counseling and therapy.

Also, needle exchange and offering free condoms are considered of main importance and several programs are developed through non-governmental agencies.

Outreach programs involve actual or ex-consumers, but also non-consumers, social workers, medical volunteers, that work with iv drug users, inmates using iv heroin, prostitutes who use drugs, homeless children with high risk for contracting AIDS or other sexually transmitted diseases etc [5]. The outreach workers help risk users wherever they can be met, like in the street, in bars, shooting galleries, metro stations, markets and so on. The main methods used are information dissemination, offering condoms and sterile syringes, disinfectants, collecting of used materials, detoxification or substitution centers referrals, medical treatment for abscesses and other contracted diseases, counseling, shelter & food help.

Regarding the educational approach, the National Antidrug Agency and several non-governmental agencies implemented programs for disseminating information about health risks of drug use in schools, gymnasiums, colleges and faculties. A hotline for AIDS and other sexually transmitted diseases prevention was founded and educational programs for pupils and college students through forum- theater pieces were also initiated by non-governmental agencies [5].

V DISCUSSION

Efforts for developing outreach programs, educational approaches and drug substitution in heroin dependent patients are made in many countries around the world. Although harm reduction is a relatively new approach in the vast area of drug dependence reducing strategies, it has been supported by governmental and non-governmental agencies, because of its intuitively clear advantages. Field validation of these methods needs to be further proved, but face validity is considerable.

More efforts are needed in order to sustain a network focused upon harm reduction in our country. The enthusiastic approach of volunteers for harm reduction in communities of
drug users has to be further supported financially by responsible state agencies.

VI CONCLUSION

Abstinence is not always an option in heroin users; in fact patients requesting detoxification in hospitals represent only the visible part of the iceberg. The main segment of users are in the pre-contemplation, contemplation or relapse stages of Prochaska-diClemente cycle of change and, therefore, need tailored approaches, focused upon short-term, non-inpatient, step-by-step strategies.

References: