The comprehensive approach:
no contrast, but synergism, between prevention, treatment, rehabilitation and reducing the health and social consequences of substance abuse.

Harm Reduction

Overdoses/suicides
Car accidents
HIV/ AIDS Hepatitis B and C, TBC
Medical consequences
Psychiatric consequences
Legal problems
Broken interpersonal relationships
Social and economic problems
Addictive behaviour
...eliminating or reducing illicit demand for narcotic drugs and psychotropic substances, with a view of
1) reducing human suffering
2) eliminating financial incentives for illicit traffic

Art. 14

non-vulnerable and vulnerable children and adolescents

treatment seekers and non-treatment seekers

motivated or non-motivated patients at risk for HIV/HC-B

non-relapsing or relapsing patients

high compliance or low compliance

drug addicts outside or in prison
Are the low-compliance patients in other medical disciplines abandoned? Are restoring metabolic balance and preventing stroke in diabetics activities contrasting each other?
Heroin dependent patients (776)

22 years follow-up

33% had died during the 22-year period:
- drug overdose
- violence
- alcohol
- suicide
- AIDS

Of the 428 known survivors, 48% were currently enrolled in a methadone program after 22 years

Those not on methadone (52%) were using significantly more heroin, alcohol, and other drugs than those on methadone

Goldstein and Herrera, 1995
The first way to reduce health and social consequences is not exposing people to drugs.

Parent-centered intervention was found effective in preventing substance use and HIV risk behaviors in adolescents (Prado et al., 2007).

Both residential (drug-free) and community (methadone) programmes obtained reductions of injecting and sharing of injecting equipment (Gossop et al., 2003).

Long-acting opioid agonists reduce both drug- and sex-related risk behaviors and prevent HIV/HCV (Willner-Reid et al., 2007; Perreault et al., 2007).
TO STAY IN TREATMENT IS PROTECTIVE ALSO WITHOUT RESPONDING TO TREATMENT

Low-threshold MMT programs can reduce the risk of HIV without the enforcement of abstinence-based policies.

Millson et al., 2007

RISK REDUCTION PREDICTS ABSTINENCE

Risk reduction programs do not work against those messages aimed at stopping drug use.
Risk reduction preceded abstinence.

Meyer et al., 1998
Drug dependence treatment per se can reduce the spread of HIV and AIDS among those coming to the attention of the criminal justice system.

Re-arrest: does HIV serostatus make a difference? HIV-positive individuals appeared to be more vulnerable to re-arrest.

Inciardi, 1996, Harris et al, 2002
combined prevention measures—but not the use of needle exchange program or methadone alone—might contribute to the reduction of the spread of HCV and HIV infection

Van Den Berg et al., 2007

The Amsterdam cohort: a prospective study
Complementary approach involving also...

- Antisocial personality disorder
  (Broome et al., 1999, Kelly and Petry, 2000)

- BZD abuse
  (Bleich et al., 1999)

- Legal Problems and prison
  (Epperson et al., 2008)

- Homeless
  (Lum et al., 2005)

- Psychiatric comorbidity
  (Disney et al., 2006 King et al., 2000)

- higher frequency HIV/HCV risk-taking behavior
- reduced response to harm reduction measures
Buprenorphine and methadone maintenance treatment of heroin addicts preserves immune function

No differences in socio-demographic conditions between heroin addicts and patients in treatment

Paola Sacerdote, Silvia Franchi, Gilberto Gerra, Vincenzo Leccese, Alberto E. Panerai, Lorenzo Somaini
Long-acting opioid-agonists in the treatment of heroin addiction: why we should not call them “substitution”


REINFORCING CAPACITY

NEUROENDOCRINE SYSTEM CHANGES

IMMUNE SYSTEM CHANGES
Significantly more participants assigned to the interim methadone maintenance condition entered comprehensive methadone maintenance treatment by the 120th day from baseline (75.9%) than those assigned to the waiting list control condition (20.8%) (P<.001).

interim participants showed significantly - fewer days of heroin use (P<.001), - a reduction in heroin-positive drug test results (P<.001), - spending less money on drugs (P<.001), - less illegal income (P<.02)

than the waiting list participants.

THE NEED OF RAPID ACCESSIBILITY AND LOW THRESHOLD
HIV risk, psychiatric symptoms, and overall adjustment were markedly improved among all patients who remained on treatment and did not relapse.

Krupitsky et al., 2006, J Substance Abuse Treatment
THE NEED OF OUTREACH WORK

opioid-dependent patients
- socially excluded
- with severe
physical health problems
- with severe
mental health problems
- when all available previous treatments have failed

TO REACH THE HIDDEN POPULATION

OUTREACH WORKERS ORIENTATION
reliable information and counseling on the physical and psycho-social risks of drug abuse the risk of overdose, infectious diseases, driving problems, cardiovascular, metabolic and psychiatric disorders;

low-threshold pharmacological interventions (example opioid-agonists and antagonist drugs), not directly related to drug-free oriented programmes

adequate social assistance for marginalized drug dependents

vaccination programmes against Hepatitis for all drug abusers

medication and emergency kits for management of overdoses
needle/syringe exchange programmes for injecting drug abusers

voluntary HIV counseling and testing, and antiretroviral treatment for HIV-infected drug users

prevention and services for the management of sexually transmitted infections for drug abusers and particularly sex workers

measures to prevent acute consequences of stimulants abuse

interventions in emergency rooms

street-workers and peer outreach workers units adequately trained to contact drug abusers
Unconditioned help...
Clear finality...
Long-time work...
SOCIAL ASSISTANCE

FOOD
SHELTER
CLEAN DRESSES
VOUCHERS
HEAT – ELECTRICITY – WATER
TEMPORARY JOB OPPORTUNITIES
PROTECTED JOBS
SUPPORT TO RENT A HOUSE/ROOM

Establish a contact…

From help on the street to treatment seeking…
Principles of Drug Dependence Treatment

March 2008

Discussion Paper
Drug dependence is considered a multi-factorial health disorder that often follows the course of a relapsing and remitting chronic disease.

Unfortunately in many societies drug dependence is still not recognized as a health problem and many people suffering from it are stigmatized and have no access to treatment and rehabilitation.
Principle 1: Availability and Accessibility of Drug Dependence Treatment

Principle 2: Screening, Assessment, Diagnosis and Treatment Planning

Principle 3: Evidence-informed Drug Dependence Treatment

Principle 4: Drug Dependence Treatment, Human Rights, and Patient Dignity

Principle 5: Targeting Special Subgroups and Conditions

Principle 6: Addiction Treatment and the Criminal Justice System

Principle 7: Community Involvement, Participation and Patient Orientation

Principle 8: Clinical Governance of Drug Dependence Treatment Services

Principle 9: Treatment Systems: Policy Development, Strategic Planning and Coordination of Services
MAINSTREAMING ADDICTION TREATMENT IN THE PUBLIC HEALTH CARE SYSTEM

- PRIMARY CARE

- MENTAL HEALTH

- INTERDISCIPLINARY APPROACH (HOSPITAL, INFECTIONS DISEASES DIVISION, EMERGENCY ROOM)

IN FULL COORDINATION WITH THE NGOs AND MUNICIPALITIES AS QUALIFIED PARTS OF TREATMENT SYSTEM
Reducing the adverse health and social consequences of drug abuse: A comprehensive approach
Many substance abusers, who would be motivated to treatment but do not find accessible well equipped treatment facilities in their neighborhood are *de facto* condemned to remain in a condition of dependence and to perpetuate their dependence in social exclusion.
Some countries provide only selective services and do not provide harm reduction opportunities for dependent individuals who are not involved in treatment.

Untreated drug dependent people, without any contact to the health care system and welfare facilities, are exposed to the highest level of risk and may cause consistent harm to themselves and society as a whole.
Measures to reduce adverse health and social consequences should be offered in a nondiscriminatory and comprehensive programme.

If they are included in a comprehensive strategy, with easy access to high quality clinical facilities, drug abusers may be more motivated to seek treatment.
If a comprehensive strategy is not adopted, the risk of social discrimination remains high.

This may translate into further discrimination by which marginalized drug abusers may, in the end, receive only some basic services (such as clean needles, condoms and occasional free food) while being deprived of the opportunity to have access to comprehensive treatment (such as out-patient and in-patient clinical facilities providing intensive care and drug-free rehabilitation programs).
REDUCING THE ADVERSE HEALTH AND SOCIAL CONSEQUENCES ALSO AMONG NON-INJECTING DRUG USERS (STIMULANTS, ATS, COCAINE)

High risk of HIV/AIDS-Hepatitis in relationship to unprotected sex

Hyperthermia, arrhythmias, heart failure, delusions, behaviours at risk

Car accidents

Information
Free water
Chilling rooms
Public transportation
Emergency room tools and mobile units
today, researchers and informed, creative clinicians are achieving the understanding and management skills that eventually will erase the stigma surrounding drug addiction

... one of the great moral achievements of science: establishing the right of people who have been regarded as hopeless or untouchable to full consideration as human beings

Nora D. Volkow, M.D.
Director, National Institute on Drug Abuse