

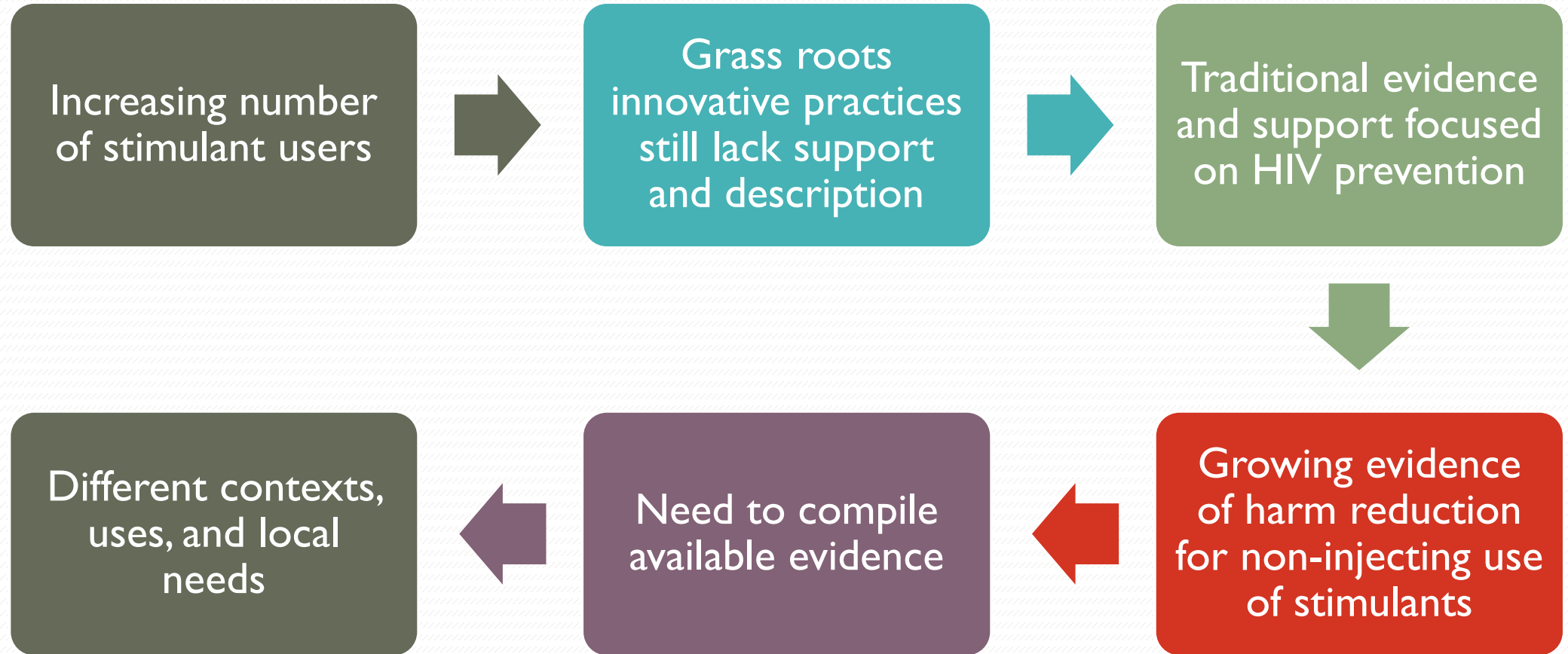


SPEED LIMITS

**HARM REDUCTION
FOR PEOPLE WHO USE
STIMULANTS**

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CONTEXT



OBJECTIVES

Literature review

Worldwide literature review of harm reduction strategies for stimulant drugs

7 good-practice cases

Document, describe and analyze 7 cases of practices of harm reduction for stimulant users in different world regions

Guidance

Contribute to guidance in supporting harm reduction interventions for people who use stimulants

Beyond HIV

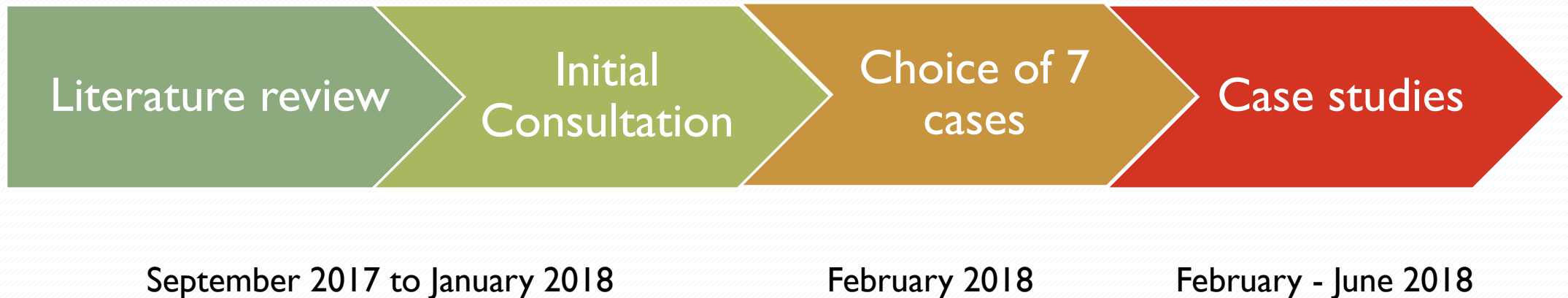
Stimulate a harm reduction narrative which moves beyond HIV and focus on human rights and quality of life for people who use stimulants

METHODOLOGY



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RESEARCH TIMELINE



METHODOLOGY 1 – LITERATURE REVIEW

Academic and grey
literature

Studies in English,
Spanish and
Portuguese, between
1990-2018

Focus on evidence
of harm reduction
interventions for
stimulants

Evidence clustered
in 12 strategies

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LITERATURE REVIEW



12 EVIDENCE-BASED STRATEGIES

LITERATURE REVIEW



SAFER SMOKING KITS

Typically contain a crack / meth pipe; mouthpiece; screens; lip balm; condoms, lubricant; safer drug use/sex education materials. Often distributed during outreach.



PREVENTION OF SEXUAL RISKS

Includes providing condoms & lubricant; STIs and HIV info, testing & treatment; counselling on contraception and pregnancy; addressing sexual violence; transactional sex, abusive relationships.; increasing self-control. Ideally, integrated with mental health and drug services.



FEMALE FOCUSED INTERVENTIONS

Usually focused on access to care (opening hours, emotionally safe, offering childcare); pregnancy and parenting; sexual and reproductive rights.

LITERATURE REVIEW



DRUG CONSUMPTION ROOMS

Professionally supervised facilities where PWUD can use in safer and more hygienic conditions. Decreases morbidity, mortality, public drug use, and increases access to care.



SELF REGULATION

Strategies to maximize control over drug use. Ex: Mindfulness-based interventions. Empowers PWUD control skills; promotes safer use; helps setting personal-based rules for use and accepting/dealing with emotions.



HOUSING FIRST

Moving PWUD in stable housing as quickly as possible, without demands (on abstinence). Reduces exposure to drug use (scenes) and problematic drug use; increases treatment adherence and autonomy; helps developing healthier sleep/eating patterns.

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LITERATURE REVIEW



SUBSTITUTION

Replacing a stimulant with a drug perceived as safer, less addictive, acceptable and able to reduce adverse effects and craving of first drug. Ex: pharmaceutical & traditional substances.



OUTREACH & PEER-BASED INTERVENTIONS

Contacting with and providing health and social services to PWUD where they are. Peers help reaching hard-to-reach PWUD and convey safer drug use practices.



DROP-IN CENTRES

Low-threshold, safe, informal social setting providing basic needs like food, shelter and hygiene, and activities. Helps connecting to additional (care) services.

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LITERATURE REVIEW



DRUG CHECKING

Harm reduction method aimed at nightlife drug use. Different methods used to test drug sample for (dosage of) substances, and presence of adulterants.



INTERNET-BASED INTERVENTIONS

Programs that offer selective prevention and harm reduction online, either fully automated and self-guided, or including contact with a professional.



THERAPEUTIC INTERVENTIONS

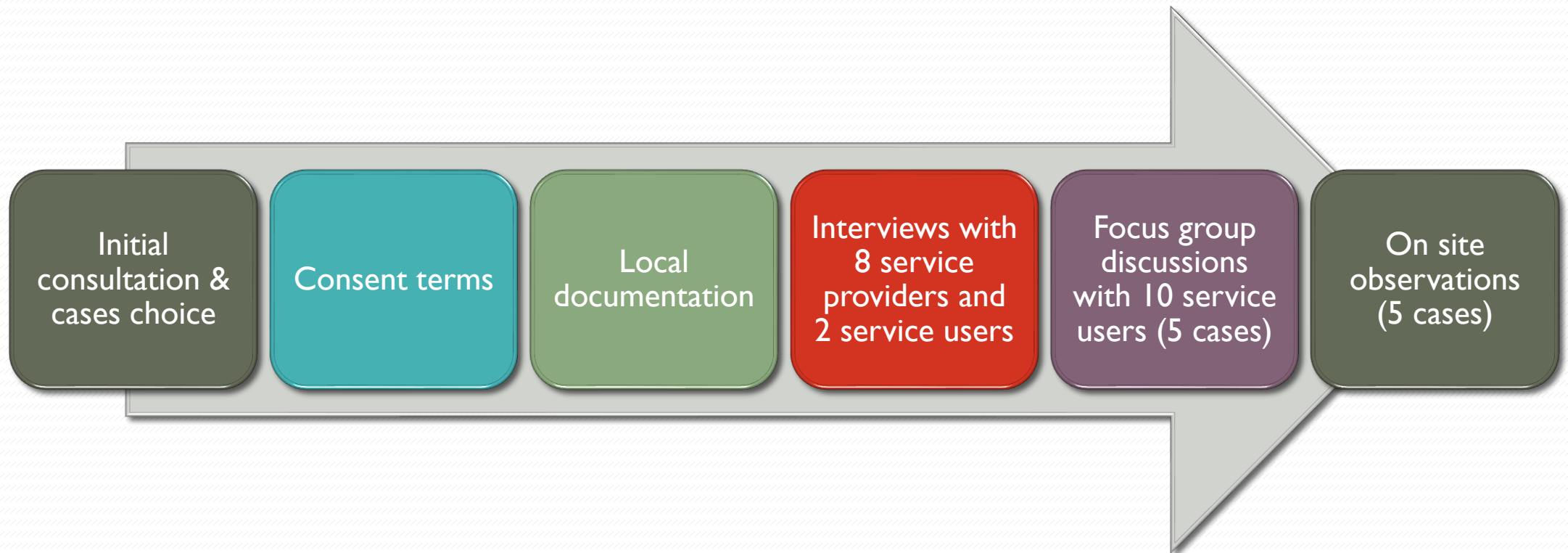
Treatment-based interventions that also work in harm reduction settings. Provide support with mental health issues, enhance self-control and management of craving/use.

CASE STUDIES



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METHODOLOGY 2 – CASE STUDIES



ATTITUDE

**HOUSING FIRST FOR PEOPLE WHO
USE CRACK COCAINE IN **BRAZIL****

Helps people to:

Decrease or have more control over crack use

Get more organized, stable and decrease anxiety

Increase sociability and protection against violence

Develop autonomy, self-care and strengthen (family) relations

Develop child-mother bond and protection for abusive relationships (females)

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CHEM-SAFE

INTERNET-BASED INTERVENTIONS
FOR CHEMSEX IN **SPAIN**

Help people to:

Access specific information on drug use in a sexual context

Access information on adverse effects, risks, and interactions of stimulants with medication or other substances

Develop healthier consumption patterns

Reflect on sex-drugs-gender connection and increase self-care

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CONTEMPLATION GROUPS

**SELF-REGULATION FOR PEOPLE
WHO USE METH IN SOUTH AFRICA**

Help people to:

Self-reflect

Become aware of their drug use triggers and patterns

Make informed and conscious decisions regarding their drug use

Make conscious decisions on what life changes they want to make

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COUNTERFIT

**SAFER SMOKING KITS FOR
PEOPLE WHO USE CRACK AND
METH IN CANADA**

Helps people to:

Access safe equipment and adopt safer practices

Reduce social isolation

Develop social, learning, and leadership skills

Establish contact and stay connected with harm reduction programs

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EL ACHIQUE

**DROP-IN CENTRES FOR PEOPLE
WHO USE CRACK IN URUGUAY**

Helps people to:

Have a warm, safe, friendly and healthy environment

Develop supportive family-like relations and solidarity

Access psychological counselling, (health) education, and other harm reduction services

Develop self-control strategies to deal with substance use

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KARISMA' S SHABU OUTREACH

OUTREACH WORK FOR PEOPLE
WHO USE METH IN **INDONESIA**

Helps people to:

Access safe equipment and (health) information

Be heard and able to use their experience to help other PWUS

Reduce, stop, or achieve a better control over meth use

Be more aware of and reducing sexually-related risks

Increase self-care and self-esteem

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PRINCEHOF, RIPPERDASTRAAT, SCHURMANNSTRAAT

DRUG CONSUMPTION ROOMS
FOR PEOPLE WHO USE CRACK
IN **THE NETHERLANDS**

Help people to:

Reduce drug use related morbidity

Prevent overdosing

Not use their drugs in public spaces

Access social and health services

Access information on safer drug use and drug use paraphernalia

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CONCLUSIONS

HARM REDUCTION FOR
PEOPLE USING STIMULANTS
SHOULD CONSIDER

Addressing
poly-drug use

Providing low-
threshold
services

Focusing on
belonging and
acceptance

Promoting self-
care and self
control

Addressing
social exclusion,

Providing stable
housing and
income sources

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CONCLUSIONS

HARM REDUCTION FOR
PEOPLE USING STIMULANTS
SHOULD CONSIDER

Involving peers

Providing factual,
non-sensational
information

Offering concrete
benefits during
outreach

Integrating
services

Providing mental
health care

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RECOMMENDATIONS

Further research
on interventions
for stimulants

Practical
guidelines and
training

Better monitoring
of impact

Sharing of best
practices

Funding for harm
reduction services
for PWUS