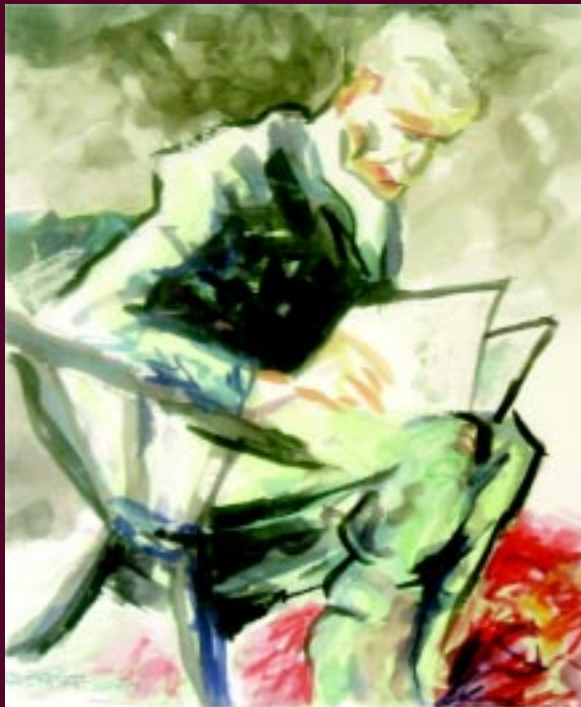




FEDERATION OF EUROPEAN PROFESSIONALS
WORKING IN THE FIELD OF DRUG ABUSE

EUROPEAN LETTER ON RISK REDUCTION



With the support of the European Commission



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Group Manager:
Dr. Alain MOREL- ERIT
Technical Coordination:
Luis MORALES



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FEDERATION OF EUROPEAN PROFESSIONALS WORKING IN THE FIELD OF DRUG ABUSE



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I. GENERAL PRESENTATION



Since its inception in 1992, and in accordance with the statutes by which it is ruled, the ERIT Federation has been conducting efforts with the objective of promoting the exchange of knowledge and the increased technical competency of the European professionals that work in the field of drug addiction. Representing 15 national associations from 9 European countries, ERIT is regarded as a real forum for debate and the exchange of experiences by people involved in the field of drug addiction, in this way contributing to the depth of the investigation and the understanding of this phenomenon.

The manner in which ERIT has been conducting its activities in this field is shrouded with some complexity: there are various ways in which the Federation carries out its statutory mandate. Among them, the more visible ones are the European Conferences (Liège 1992, Paris 1996, Bologna 1998, Porto 2000 and possibly Berlin 2002), which gather in an open forum for debate thousands of professionals and social organizations involved in the fight against drug addiction, as well as ERIT's Work Groups. These groups, lead by members of ERIT's Council of Administration, have as their objective the investigation of topics that are current and relevant to the discussion about the drug phenomenon in Europe. They are composed of national experts (not necessarily from ERIT's member-associations) that, in their activities, favour the exchange of information and the analysis of the situation in various countries, from which an evaluation of common problems is conducted and, eventually, a concerted response is prepared.

Since these Work Groups have been functioning for years and, as such, have done a considerable amount of work yielding significant results, ERIT's Council of Administration decided to promote the publication of the aforementioned reports, as a way to publicize the nature of the work done and the guidelines that have been highlighted thus far. More than definitive statements regarding the nature of drug addiction and the phenomena associated with it, the conclusions and recommendations put forth in these publications reflect the current status of the situation in regards to the expression and evolution of the drug phenomenon in Europe, as well as what has been done in view of a concerted response.



FEDERATION OF EUROPEAN PROFESSIONALS WORKING IN THE FIELD OF DRUG ABUSE

II. REASONS FOR AN EUROPEAN LETTER ON RISK REDUCTION



FEDERATION OF EUROPEAN PROFESSIONALS WORKING IN THE FIELD OF DRUG ABUSE



At present, when Europe is facing important changes concerning drug use and addiction, we think it is important to appeal to our group of states to build a global and more adapted policy on drug addiction. From our point of view, risk reduction is one of the undeniable pillars of this new policy. The European Letter for Risk Reduction has the goal to express and put together the main principles of this practice so it has its place in the definition of a European policy for psychoactive substance abuse.

Overlooking the contradictions and reinforcing the convergence points between Professionals, this letter questions the political will and appeals for the development and reinforcement of the actions for risk reduction in all European countries.

The genesis:

In 1998, The Federation of European Professionals Working in the Field of Drug Abuse (ERIT) conducted, with the support of the European Commission, a study of the evolution of professional practice about risk reduction in Europe.

This study performed in seven European countries (Spain, Portugal, France, Belgium, Germany, Italy, and England) has shown a set of elements that outline the importance of risk reduction as an intervention model in the field of abuse and the difficulties of the professionals in developing this model more in the terrain.

Despite the cultural, economic and political differences among the different countries, and sometimes even among the different regions of a same country, the convergent points among the Professionals are more numerous than we may believe at first glance. Equally, the transactional analysis of this study, shows us that some elements that nowadays are obstacles to



develop risk reduction find their roots in more or less similar situations whatever the country or region.

The initiative of a European Letter for Risk Reduction that states the main values and principles of this model appeared to the Professionals as a logical continuation of the study done in 1998.

A. THE IMPORTANCE OF RISK REDUCTION AS A MODEL FOR INTERVENTION IN DRUG ABUSE

Risk Reduction as an intervention model in drug abuse started to develop in Europe in the 80's.

This model has had a positive reception by the Professionals for it is mainly pragmatic: risk reduction obeys a logic that does not have the goal of participating in the reasons for drug abuse, but participates in the terrible health consequences related to its use.

The development of the AIDS virus has had an important role in the development of this model but other elements have also contributed.

The degradation of the living conditions of the European population under the effects of what is called "the economic crisis of the 80's" that first reached the most fragile population, has also been an important element and parallel to the AIDS epidemic.

Under the effects of this structural crisis, the lack and fractures that have affected the social links of the most elemental existing living conditions have widely affected the situation of numerous population groups, and among these are the



drug users.

These historic elements allow us to understand why risk reduction cannot and should not mean only a health problem. If at the end of the 80's or the beginning of the 90's activities have set the goal to reduce the incidence of viral infections (mainly HIV) with information campaigns and the distribution of clean injection materials, today these actions are very diverse and pick up other needs that overflow the field of public health and the field of the intravenous drug users.

This evolution has a different rhythm in the countries studied but seems to focus on three main axes.

1. The work related to injection evolves towards the consideration of other risky behaviour:

It is true, that the distribution of syringes is one of the main actions in the drug use and overall in the south of Europe where the use of injections is very usual. But, other uses with risk have appeared in Europe and are the objective of other activity. The excessive consumption of alcohol and medication, the consumption of illicit products parallel to substitution treatments, the extended use of ecstasy, the early use of cannabis teenagers or medicines associated with alcohol, the increment of cocaine and crack users, etc.. are the problems that the risk reduction teams find in Europe.

2. The actions of risk reduction are only limited to health aspects, social aspects are increasingly important



It is clear that today the problems to accede health attention are also accompanied by social problems that must be taken into account at the same time and even sometimes before treating health aspects. The matter of social rights has extended itself widely as a theme inherent to the work of risk reduction.

Although the actions of health goals are major (access to clean syringes, to condoms, to substitution treatments, to medical treatments and in hospitals...), many teams with low frame structures have been provided with specific mechanisms that include accommodation, reinsertion in the workplace, legal and administrative advice, access to leisure, etc...

Whether in Spain, in Portugal, in Belgium, in Germany or in Switzerland, a wide number of institutions have been forced to develop specific mechanisms for employment help, for cultural access, for reception of specific categories of users (women, women with children, people in the streets, immigrant communities, etc...)

The problems these institutions have are to find structures accessible and flexible enough to receive people, generally unstable, that never stopped using drugs. The challenge of risk reduction is to make non specialised health services more accessible to drug addicts, and care social services more permeable and more adapted to this population..

3. The work of professionals of risk reduction is not done only around the group of users, it tends more and more to integrate the surrounding social community:



The restoration of social links and the adaptation of social structures of the population with difficulties, lead a great number of risk reduction teams to play the role of mediator between the drug users and their surroundings.

What really should be modified is the group of the social representations of drug users.

For the teams that work in risk reduction it is essential to establish nets among the politicians, the police, the local associations and the administration.

This point shows the general difficulty in reaching a social consensus with satisfactory balances among the different political axes in drug matters.

These axes, the repression of drug trafficking, risk reduction, therapeutic action, and prevention, when they are not isolated and when on the contrary they are integrated in a general reflection, lead to a global and adapted policy that allows the birth of a new logic more adapted and more operative in the drug addiction matter. This global policy cannot be put into practice without a political will strong enough from the European states.

B. THE VALUE OF A MAINLY PRAGMATIC MODEL:

The risk reduction structure is an essential pillar in any policy against drug addiction. For us, the essential value of risk reduction is not only to contribute to the decrease of infectious contamination between users or the decrease of the number of deaths caused by overdoses or the significant decrease of criminality among users.



Risk reduction also allows to:

- To be nearer to concrete problems and to the consumption modalities of the most endangered population.
- To transmit prevention messages in a more adapted way to the more reticent groups. The results are much better than those obtained by the normal channels.
- Risk reduction frequently leads to a more positive evolution of very risky practice and sometimes plays a mediation role between the care or health services and the direct environment of the users.
- When innovative practices happen, the risk reduction teams may sometimes lean on the users associating them more or less directly to their work..

On the other side and without a doubt, their work contributes to restoring the dignity, the responsibility and the basic rights of people that were rejected.



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***III. PROPOSITIONS FOR AN EUROPEAN LETTER
FOR RISK REDUCTION.***



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ETHICAL PRINCIPLES AND GOALS.

Risk reduction is an intervention model in drug addiction that tries to respond to the health and social needs of drug users. This model is directed to all the consumers and especially to those that cannot or do not want to stop their drug use. Its goals are not only risk reduction and the harm linked to drug use, but also to contribute to the process of curing the subject, to help acquire the civil and social rights favouring the reinsertion of users. In this sense, harm reduction is at the same time a practice and a policy. Its action is based on a double precept: the pragmatism of the action done on the terrain and respect for what the users choose.

But, risk reduction does not intend to be self-sufficient. On the contrary, it is included in a global policy and adapted to fight against the abuse of psychoactive substances in the European environment.

1. Risk reduction cannot be limited to the improvement of health conditions:

Risk reduction should be considered as a right of the users: the right to dispose of clean injection material when there is no intention to stop consumption, the right to benefit from professional help without submitting to an abstinence petition, the right to maintain positive social links though the addictive behaviour is considered socially deviant. For us, risk reduction allows us not only to improve the health conditions of the users but also to create spaces for re-socialization that contribute to a major recognition of their citizenship.

Risk reduction also recommends more responsibility to the users encouraging, for instance, the return of their injection material to the appropriate places, which leads to more re-



spect and a better protection of other citizens.

2. The professionals of risk reduction are favourable to a diversity of responses:

Risk reduction should focus as much as possible on individual actions in order to avoid standard answers.

The central element of these actions is the drug user as a subject. This principle leads the professionals involved in risk reduction to respect the user's choice totally. All the responses given by the professionals in the terrain obey to a pragmatic principle which makes them execute actions considered efficient on the terrain. The search for this efficacy explains the differences observed in the practice of different countries and even among different regions of a country.

Any way to standardise the responses would be in contradiction with cultural, economic, political and individual determinants of the users.

Therefore we consider important not to confuse this pragmatism principle with the standardisation of the responses.

3. Risk reduction demands a permanent effort to adapt to the terrain:

According to risk reduction principles, the professionals should adapt to the real situation of the user to work from where he is. This forces the professionals to be in consonance with the user avoiding passing judgement about them or about their lifestyle.



This lack of judgement should not be mistaken with a guaranty of user behaviour, it is the indispensable element to another postulate: not to condition the action of the professionals to a subject adhesion to a pre-established health project.

4. The incoherence induced by the penalisation of drug use is an obstacle to the development of risk reduction:

The adaptation capacity, creativity and innovation constitutes a force for this model but, on occasions it is limited by the incoherence of public health policies, especially in countries where the laws outline a repressive logic over any other logic.

People that sign this letter report the incoherence generated by penalties for drug use and ask the public powers to elaborate legal frameworks adapted to the actual context.

5. Assessment as a privileged tool:

In order to establish quality services, people that sign this letter vow to establish specific and adapted assessment mechanisms that allow for the measurement of the adequacy of the actions and the impact on the terrain.

These actions must follow adapted principles and specific rules.

6. The organisation of the different ways to focus on drug addiction is a permanent need:

Though the long term goals of risk reduction are not forcibly the end of drug use, we must admit that in many cases this



type of intervention constitutes a first step towards a change in the lifestyle of the user.

For people that sign this letter, risk reduction shows all its dimension in a global policy that integrates prevention, health aspects, drug trafficking repression, etc...

It is within this global policy that all the elements should be organised and completed.

The people that sign this letter call the public powers to sustain the associations and the NGO's in order to establish specific actions in risk reduction matters. These actors should be focused on the teenagers, who are generally less sensitive to information campaigns.

It is also essential to perform specific actions to improve the organisation among the risk reduction, prevention and treatment mechanisms.

Therefore we ask for the financial means to increase and that the budgets for all these actions be permanent.

7. The actions of the ex users is an essential tool for risk reduction practice:

In most of the European countries the intervention of the ex users in the risk reduction actions is a necessity. But a great number of the participants work in precarious ways, which implies the recognition of the knowledge and the transmission of it.

8. The question of status of the professionals.



The permanent search for demands related to the user, implies a high level of professional competence. The people signing this letter vow to do everything possible to encourage recognition and value the competence and specific techniques of the professionals who work in the different fields of risk reduction.

Training and qualification actions should be developed to guarantee the best status possible to the participants in these types of programs, ex-users or not.

