Identifying local harm reduction priorities: involving drug users and professionals

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Background

Internationally, harm reduction interventions are considered evidence-based practices (EMCDDA, 2010; Strang et al., 2012)

- Part of the mainstream policy response to drug use
- Opioid substitution treatments, needle and syringe programmes, drug consumption rooms, heroin-assisted treatments, ...

In order to be effective, policy and (HR) interventions should be tailored to the local setting and needs (EMCDDA, 2010, 2015)

- No universal, *one size fits all* solutions

When identifying local needs, *all* relevant stakeholders should be actively involved (Lancaster et al., 2013; Ti et al., 2012)

- Multi-agency professionals *and* drug users
Background (2)

However, in practice, ...

• Particular focus on the views of professionals (‘experts’)
• Drug users’ voices have largely been marginalized from policy debate

Added value of user involvement in policy development

• Solely professional input is likely to be incomplete and one-sided
• Professionals’ perspectives do not always reflect those of drug users
• Drug users can identify gaps, limitations and strengths of policy (changes)

→ starting point of our study
Methodology

Research setting: Ghent, Belgium

- Drug Policy Note (2013-2018)
- RQ: *what range of HR-interventions meets the needs of local stakeholders?*

Two-phase, sequential mixed methods study

- Qualitative phase: exploratory needs assessment
  - In-depth interviews with professionals (N=17)
  - Focus group-discussions with drug users (N=25)
- Quantitative phase: identifying local priorities (Nominal Group Technique)
  - Online survey for professionals (N=121)
  - Written questionnaires for drug users (N=31)
  - Scoring of needs, identified in phase one, in terms of perceived priority
  - EQUS study (Uchtenhagen & Schaub, 2011): potential barriers with implementation

- Heterogeneous sample: various treatment settings and community services

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Limitations

Sampling bias

- Dutch language: ethnic-cultural minorities?
- Only inclusion of drug users in contact with services (recruitment)
  - Underrepresentation of hidden/hard-to-reach populations → snowball sampling

No direct communication between both groups

- Such interaction is a prerequisite of genuine involvement (Rance & Treloar, 2015)
  → focus groups
Results

Needs assessment: 35 local needs on 4 broad categories

• Harm reduction, drug-related life domains, drug treatment, and policy

Focus on priorities (NGT)

1a. In general, *existing* HR initiatives meet local needs

• Reduction of OST waiting lists (interim OST)
• OST in prison: continuity of care – interagency partnerships
  → especially identified by drug users

1b. Implementation of *new* HR programmes: divided opinions

• HAT and drug testing: emphasized by drug users, not by professionals
• Consensus about an (integrated) DCR
Results (2)

2. Importance of drug-related life domains
   • Homelessness: night shelter (DU) and social housing (P)
   • Opportunities for daily (structured) activities
   • Low-threshold drop-in centre

3. Drug treatment: particularly professionals
   • Outreach and case management (P >> DU)
   • In-patient: capacity for dual diagnosis patients and aftercare

4. Policy
   • Coordination between different services (HR and abstinence-oriented)
   • User involvement in policy deliberation (P > DU)
Discussion

HR: broad interpretation, beyond ‘classic’ health-related aspects

- Drug-related life domains ≈ quality of life

Different focus on local priorities

- Drug users: interventions directly related to substance/medication
  - Implementation (DCR, HAT, drug testing) and optimization (OST)
- Professionals: pursue/expand current practice
  - Outreach and case management as overreaching methods
  - Drug treatment: capacity of inpatient services and aftercare
  - Policy-related aspects: user involvement and coordination

Consensus: 5 local priorities

- (1) harm reduction programmes in correctional settings
- (2) affordable social housing
- (3) drug consumption room
- (4) structured daytime activities
- (5) a low threshold drop-in centre
Discussion (2)

User involvement

• Emphasized by professionals (focus on policy) > drug users
• Significant discrepancies between both groups ➔ different needs/priorities
  • In fact: focus on direct ‘personal’ needs

Expected barriers for implementation (EQUS study)

• As could be expected: political (legal) obstacles for HAT and DCR
• Dominant = professional barriers (i.e., interagency cooperation)
Conclusion

As an essential complement to professionals’ perspectives, drug policy development can better be informed when systematically giving a voice to the community of drug users.

Lessons learned for future study

• Invest more in sampling hidden and hard-to-reach populations (e.g., ethnic-cultural minorities, no contact with services)
• Involve drug users throughout all phases of the study
Selected literature


