

How Route Transition Interventions Could Help to Reduce Harm in Europe

By James Bridge

One of the biggest challenges for harm reduction projects is that injecting – by its very nature and more than any other mainstream route of drug administration – is a dangerous and risk-laden behaviour. Although some of the harms associated with injecting can be prevented (such as HIV, hepatitis and overdose), others are seemingly less amenable to intervention (i.e. abscesses, vein damage, thrombosis and bacterial infections). Non-injecting drug use is by no means ‘safe’ – smoking heroin, for example, is associated with respiratory problems and Spongiform Leukoencephalopathy (a rare brain disorder). However, non-injecting drug use is far *safer* than injecting, so encouraging individuals to move away from injecting could help to prevent harms across Europe.

There are many factors behind a person’s decision to begin and continue injecting. These include drug effects, money, peers and broader political and cultural factors. One key factor is often the local drug market: the quality and type of drugs that are available may be particularly suited to injecting or other routes of administration. For example, white heroin and powdered cocaine are more suitable for injecting whereas brown heroin and ‘crack’ cocaine are base forms of drugs which are more suitable for smoking.

There are several country examples where people have switched from injecting to other forms of drug use. In Spain, non-injecting has increased in popularity over time and spread from the South-West to the North-East. In the Netherlands, 36% of people who use drugs reported injecting as their dominant route of administration in the mid-1990s compared to 66% in the mid-1980s. This followed a nationwide campaign to promote

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heroin “chasing” (inhaling vapour after heating the drug on foil). Outside of Europe, in New York, the percentage of people entering drug treatment who were intranasal heroin users rose from 25% in 1988 to 60% in 1999 and has remained high ever since. Similar trends in have been recorded in the UK as well. In each of these cases, ‘route transitions’ will have occurred – “a temporary or permanent transition in the way that a drug is administered”.

Such transitions can occur both toward and away from injecting and are complex processes that may take several attempts.

There are many factors that may facilitate transitions away from injecting, such as individual attachments to (or difficulties with) injecting, attitudes to life, drug treatment, relationships, imprisonment, peers, jobs, health concerns and drug markets. Some of these factors may lend themselves to intervention, yet little attention has been paid to this in the harm reduction field as the priority as historically been safer injecting.

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Nonetheless, in settings where smokable drugs are widely available, and with sufficient drug quality, it may be possible to actively promote non-injecting to current injectors. Several so-called 'route transition interventions' (RTIs) have been developed.

Substitution treatments are the most common and proven RTI. For tobacco users, oral nicotine replacement and non-smokable tobacco can support transitions away from cigarettes, which cause innumerable harms, and toward safer routes of use. For heroin users, there is a huge body of evidence to show that opioid substitution treatment reduces injecting and the associated risks. Another common RTI is the provision of non-injecting equipment (in the same way that needle and syringe programmes provide sterile tools for injecting). This may include the provision of glass pipes, mouthpieces, filters, lip balm and aluminium foil, all of which are used for drug smoking. There is emerging research from the UK, Canada and elsewhere that supports these interventions as effective tools to engage clients, reduce injecting and reduce harm, but more evidence is needed. In several European countries, safer smoking facilities also exist – normally alongside safer injection facilities in order to improve service engagement and provide non-injecting options to for existing clients.

There have also been several training programmes developed around the world. In New York, the "Sniffer" programme was developed for intranasal heroin users to help prevent transitions toward injecting. A randomised trial found that those in the programme were less likely to be injecting when they were followed-up. In the UK, the "Break the Cycle" project focussed on injectors to discourage them from initiating others. The evaluation showed promising results and the intervention has since been delivered across the UK and also in Asia and Eastern Europe. A similar programme – "Prevention Of Transition To Injecting (POTTI)" – has also been developed in Australia. Also in the UK, an intervention has been developed to promote an "Up Yer Bum"

"Europe has not paid enough attention to how we can promote safer routes of administration to people who inject drugs."

suppository technique as an alternative to injecting. In the Netherlands, a national programme to promote The Switch from injecting heroin to "chasing" took place in the 1990s and included social marketing, postcards, videos, magazine articles, outreach and the provision of aluminium foil.

In conclusion, Europe has not paid enough attention to how we can promote safer routes of administration to people who inject drugs. The evidence for RTIs may be limited at the moment but there is little argument against the rationale for these interventions. That this approach has been historically overlooked may reflect fears that promoting non-injecting routes might increase drug use or encourage new drug users. Others may be concerned that such interventions serve to further alienate those who continue to inject, or that RTIs might be used as replacements for established interventions such as needle and syringe programmes. Programmes must be carefully designed with the engagement of people who use drugs in order to address and overcome these issues and to be relevant to the local drug markets and cultures. RTIs have the potential to be an effective and inexpensive addition to the existing package of harm reduction interventions in order to empower people to better control and manage their drug use.

For more information and references, please contact Jamie Bridge (bridgejamie@hotmail.com). This article is based on a recent review of RTIs in the International Journal of Drug Policy which can be found [here](#)

Spotlight on a Project:

International Doctors for Healthy Drug Policies Network | IDHDP



International Doctors for Healthy Drug Policies (IDHDP) is a network for medical doctors to share expertise and good practice in reducing the health social and economic harms of people who use drugs. There is a gap between evidence based practice and drug policy in many countries and IDHDP's purpose is to increase the participation of medical doctors in drug policy reform. IDHDP aims to lobby internationally to influence changes in drug policy to promote harm reduction and create healthy drug policies. We believe that doctors are in a strong position to help to achieve this. IDHDP also offers support to doctors in their home countries or regions by having core objectives/position statements that promote harm reduction and healthy drug policies, and by providing information, guidance and support via our website our email list, and meetings. We are also building partnerships with a growing number of international organizations interested in harm reduction, including service user organisations.

We currently have 95 members in 27 countries.

Our aims for the future include increasing our membership, mapping health and unhealthy drug policies and practices and targeting campaigns for improving policy and practice in the areas that most need them.

If you are a doctor, and agree with our aims, please become a member by completing the membership form found on the website www.idhdp.com and add the issues that you would like to be addressed by IDHDP.

For more information, please visit our website at www.idhdp.com

Spotlight on a Project:

NGO Veza: "Get Connected"



One of the most significant aspects of drug use is that it affects the most vulnerable demographics; namely, youth. The transition from adolescence to adulthood is a crucial period, during which a person is most likely to begin experimenting with drugs. Drug use can have a strong impact on young people who start searching for their own identity and a sense of independence. This age group is more prone to several issues which make them more susceptible to drug use. NGO Veza has observed this problem and with the support from UNICEF has launched a pilot project that is embracing young injecting drug users from Belgrade.

The main goal of the project is to prevent infectious viral diseases (HIV, Hepatitis B and C), as well as other sexually transmitted infections. A great number of young people due to both their age and their specific social status belong to a vulnerable category and are extremely susceptible engaging in activities leading them to more drug use. NGO Veza has implemented a pilot project, focused on education and development of individual potentials of youth at high risk.

The groups this projects targets are young male and female injecting drug users aged 15–21 who are at high risk for infections and who, due to their psychosocial status, are not enough educated about the risks related to drug injecting.



НЕВЛАДИНА ОРГАНИЗАЦИЈА

Methodology

Recruitment of participants is undertaken using outreach and the ECHO model. The first program activity that is implemented is a focus group interview. Focus group interviews are conducted prior to other activities, in order to identify the perceptions, expectations and beliefs, as well as possible misconceptions and prejudices related to a given topic. A series of interactive thematic lectures follow the focus groups. Once the participants have learned about a topic they practice using their new knowledge through dramatic workshops and role plays. Creative workshops are the final phase of practicing the acquired knowledge and they include creating materials in the form of brochures related to each topic they learn about. Topics for learning are focused on specific risks (types of drugs, drug effects and possible risks of drug use; HIV, HCV, HBV referral to voluntary and confidential counseling and testing (VCCT), HIV, hepatitis infections; Risky sexual behavior and reproductive health, sexually transmitted diseases, communication with the opposite sex; opiates and “Break the cycle”) and on the development and improvement of life skills that can help process of integration in society (attitudes, values and prejudices with focus on drug use and blood-transmitted viral infections; communication with the family and other close persons; communication with an authority, assistance with schooling and finding employment; basic emotions and anger management techniques; constructive resolution of problems and conflict situations)

Results

The number of participants was 46 young injecting drug users. 46,7% were aged between 15 and 18 and 53,4% aged between 18 to 21. Initiation to drug use, in most of the cases (53,4%), happened between the ages of 11 and 14 years. Initiation in injecting drugs started between the ages of 15 and 17, in the majority of cases (47,4%).

Implementation of project activities in last three months, using pre and post project evaluations, revealed that the average participants knowledge about different risks increased by 30%. 13 participants have abstained from drug use during this time. Although, abstinence was not a specific goal of this project, by using non-repressive attitudes, education about risks as well as intensive motivational work with the family and offered help to find a job or continue education, some young drug users have chosen to stay away from drugs while those who have chosen to continue using drugs are more aware of the risks and how to reduce harms.

Conclusion

NGO Veza will strive to continue with the same programs that would include more young participants. The project is due to end in the March 2011 but NGO Veza will maintain with the project, since it is of crucial importance for us to offer a program that would help youth drug users to learn about prevention of virus infections and to integrate them to the society.

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The Response to Injecting Drug Use and Hepatitis C

By Eberhard Schatz

Transmitted through the sharing of needles, syringes and, unlike HIV, other injecting-related equipment, hepatitis C is the most common infectious disease among people who inject drugs. On average 60% of injecting drug users (IDUs) are estimated to have hepatitis C in Europe and in several countries the vast majority, over 90%, of people who inject drugs are believed to be living with hepatitis C. While the HIV epidemic is stabilizing overall across the EU, hepatitis C is increasingly prevalent and disproportionately affects drug users.

The considerable and increasing burden of hepatitis C across Europe is rarely reflected in awareness or attention to the issue. Many persistent challenges exist to implementing effective prevention, diagnosis, treatment and care systems, particularly for IDU populations. Although many of these are specific to individual countries, there are also a number of issues common to countries across the region. These include:

- A widespread lack of awareness and understanding of hepatitis, its causes and consequences, among governments and policy-makers, and as a result insufficient attention, political will and leadership at international, regional and national levels.
- A lack of standardized and well monitored disease surveillance for hepatitis C. This is often in addition to a lack of monitoring of injecting drug use.
- Widespread marginalization of drug using communities and the services they need, as well as stigmatization of this population and of hepatitis C:

Unlike HIV, Hepatitis C is the most commonly transmitted disease amongst people who inject drugs

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- Low levels of understanding of hepatitis C, including transmission dynamics, risk factors and, in particular, prevention measures for high risk populations such as IDUs;
- Inadequate access to hepatitis C prevention, diagnosis, treatment and care services for IDU populations;
- An insufficient level of knowledge of treatment standards, and of cooperation between specialists, including primary care, infectious disease and drug treatment specialists, resulting in hepatitis C infected persons failing to complete the diagnostic, referral, treatment and care pathway.

At the same time, many diverse interventions have been developed for reducing hepatitis C and related harms in IDU populations as well as on practical as on policy level all over Europe. The Correlation Network identified a number of good practice examples, which might improve HCV prevention, diagnosis, treatment and care among intravenous drug users.

In particular:

- The increasing of public awareness of blood borne viruses, developed by Mainliners, Great Britain
- Increasing detection of viral hepatitis, developed by Deutsche Aids Hilfe, Germany
- Education and peer support, developed by Drug Action, Scotland
- Preventing transmission of HCV among IDU's, developed by Fixpunkt, Germany

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- Reaching additional risk groups: non – opiate injectors, developed by Glasgow Addiction Services, Scotland
- Reaching most at risk groups: prison-based HCV interventions, developed by Scottish Prison Service, Scotland
- Comprehensive treatment, care and post-treatment support , developed by Amsterdam Cohort Studies, Netherlands
- Multidisciplinary services for injecting drug users developed by Arbeitsgemeinschaft für risikoarmen Umgang mit Drogen (ARUD), Switzerland
- Training Networks for professionals, developed by the Austrian Association for the Medically-Assisted Treatment of Addiction, Austria
- Mobilizing advocacy for hepatitis C, developed by the Eurasian Harm Reduction Network (EHRN) and the Open Society Institute (OSI).

In summary, while there are many challenges and barriers to delivering hepatitis C prevention, diagnosis, care and support services to injecting drug users, these interventions demonstrate that through effective, tailored service provision these can be reduced and, in many cases, removed.

Recommendations for governments and policymakers:

- Develop national hepatitis C frameworks to ensure that this receives the requisite attention for all members of society;
- Develop national treatment standards and protocols where these are not in place, working in partnership with health care professionals, drug treatment specialists and affected communities;
- Ensure training to health care professionals is provided at the highest standard;
- Ensure equal access to hepatitis C treatment for all groups including socially marginalized groups such as drug users;

International organizations and agencies (such as



WHO, EMCDDA) should significantly improve surveillance and monitoring of disease burdens, tackling progression and outcomes of treatment, non treatment, and effective prevention measures

Recommendations for health care professionals:

- Increase cooperation and knowledge sharing among different health care providers, including infectious diseases specialists, drug treatment and harm reduction service providers, and liver patient organizations, in building a comprehensive approach to hepatitis C;
- Rely only on scientifically proven evidence when determining patients' treatment and care, not discriminating or withdrawing treatment from anyone;
- Include affected communities in decision making, advocacy work and service provision;

Recommendations for civil society:

- Civil society organizations should advocate for the development of the national programs on hepatitis C treatment, and call for reviews of national legislation and the development of national treatment guidelines.

Correlation and the Eurasian Harm Reduction Network (EHRN) has published a booklet on *'Hepatitis C Transmission and Injecting Drug Use: Harm Reduction Responses'* Available for download [here](#)

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New Swedish website documents abuse in the war on drugs

In Sweden a new website has been launched called Overgrepp.com which aims to document abuse in the global fight against illegal drugs.

The sites name, övergrepp, means abuse or assault in Swedish, and aims to provide Swedish visitors with both domestic and international news in their own language about the consequences of becoming a 'drugfree society'.

Magnus Brahn created the site to inform the public about the high cost in regards of civil and humans rights.

"This kind of information is missing from the Swedish media, and in a country that has been described as Europe's America, this perspective is often 'forgotten'," Brahn explains.

www.overgrepp.com

In the news.....

Taking Harm Reduction to Capitol Hill | The Loop International HIV/AIDS Alliance

Issues relevant to injecting drug users will be taken to Capitol Hill, during the Millennium Development Goals (MDG) Summit in New York this month (20–22 September). Advocates and implementers of harm reduction from around the world will meet at a policy event in Washington to identify common challenges and synchronize advocacy asks.

Click [here](#) to read the full story.

Sex and drugs and Russian roulette | The Guardian | 14th September

HIV and Aids have gripped Russia's drug users and sex workers and transmission rates are spiralling. What next for the hidden epidemic?

Click [here](#) to read the full story

Eve of an HIV Epidemic in Romania | Time Magazine | 20th September

Click [here](#) to read the full story

A moment of clarity? | Irish Times | 6th September

The first centre of its kind in Europe, this is a new project based on a unique concept regarding alcohol harm reduction

Click [here](#) to read the full story

Ageing people who use drug 'face chronic health problems' | BBC | 12th September

Click [here](#) to read full story

Low prevalence of end-stage kidney disease in European HIV patients | NAM | 15th September

Click [here](#) to read full story

Could trade rules spell the end of lifesaving cheap Aids drugs?

A new report shows that the vast majority of Aids drugs keeping people alive in poor countries are made by Indian generics companies, but new trade rules may prevent them making cheap copies in years to come

Click [here](#) to read full story

Upcoming Events

'Addicted to Life' organizes media contest with a focus on amphetamine use

Material submission deadline | September 30 2010

The international journalists' contest is held as a part of 'Addicted to Life', the campaign for prevention and reduction of risks associated with amphetamine use. Click [here](#) for more information

5th Adriatic Drug Addiction Treatment Conference

September 30 - October 2, 2010 | Ohrid, Macedonia

The 5th Adriatic Drug Addiction Treatment Conference will bring together colleagues and practitioner from throughout South Eastern European Adriatic region. Click [here](#) for more information

The National French Harm Reduction Conference

14 - 15 October 2010 | Montreuil (Near Paris)

Organised by [AFR](#).

Click [here](#) for more information.

Facing the future: tackling drugs in the new decade

3 Nov 2010 | London, UK

How will wider economic and political changes impact on drug policy and the focus on recovery in drug and alcohol treatment?

Click [here](#) for more information

National Drugs Conference

4 - 5 November | Dublin, Ireland

Click [here](#) for more information

European Scientific Conference on Applied Infectious Disease Epidemiology in Lisbon

11-13 November 2010 | Lisbon, Portugal

Article submission deadline: July 12, 2010.

Click [here](#) for more information.

Standards of outreach work with young people in Europe: what works, what doesn't?

18 - 20 Nov 2010 | Prague, Czech Republic

This seminar organised by [Correlation](#) will focus on the current state of affairs regarding outreach work and early intervention. Click [here](#) for more information.

HIV/AIDS policy recommendations, reduce existing health inequalities in the EU.

29 - 30 Nov 2010 | Brussels, Belgium

The objective of the seminar organized by Correlation is to stimulate the dialogue, dissemination and advocacy relating to HIV and health inequalities in Europe. Click [here](#) for more information.

The Impact of Drug Dependence on Children's Educational Attainment

2 Dec 2010 | Glasgow, Scotland

This conference, organised by the University of Glasgow, will be of interest to anyone working with children and young people affected by drug and alcohol dependence

Click [here](#) for more information

Training event & presentation of a new social intervention tool for online outreach.

17 - 19 Mar 2011 | Padova, Italy

The main goal is to train participants in the use and implementation of the Social Intervention Tool within their own organisation. The training will focus on different aspects of the use of online strategies, including practical use of the SIT, online communication methods and conversation techniques, and guidelines for successful implementation.

Click [here](#) for more information.

International Harm Reduction Association announces 22nd International Conference on Harm Reduction

April 3-7 2011 | Beirut, Lebanon

Early bird registration deadline: January 21, 2011

Click [here](#) for more information.

Recent Publications

Global State of Harm Reduction 2010 at a glance

[International Harm Reduction Association](#)

Provides an overview of IHRA's second major report in the Global State of Harm Reduction series, in a leaflet and poster format.

The table is designed to be printed out and used as an A3 poster

Click [here](#) for more information

Risk-assessment report on mephedrone

[EMCDDA](#)

This risk-assessment report is now submitted to the Commission and Council of the EU in the final stage of the process. On the basis of the report, the Council, upon an initiative of the Commission, may decide to subject mephedrone to control measures throughout the EU.

Click [here](#) for more information

Implementing the Dublin Declaration on Partnership to Fight HIV/AIDS in Europe and Central Asia. 2010 Progress Report

[ECDC Special Report](#)

Click [here](#) for more information

Migrant Health: Epidemiology of HIV and AIDS in migrant countries and ethnic minorities in EU/EEA countries

[ECDC](#)

Click [here](#) for more information

Hepatitis C: "transmission and injecting drug use: harm reduction responses"

[Correlation and EHRN](#)

Provides an overview about Hepatitis C and injecting drug use in Europe, including best practice examples as response to the epidemic.

Click [here](#) for more information

EuroHRN Partners

International Harm Reduction
Association (UK)

Azkept (Germany)

Foundation De Regenboog Groep
(Netherlands)

APDES (Portugal)

Eurasian Harm Reduction Network
(Lithuania)

ASUD (France)

AFR (France)

Gadejuristen (Denmark)

ITACA (Italy)

SDUU (Sweden)

International Network of People who
Use Drugs (UK)

Want to get involved in EuroHRN?

Upcoming projects

We will be looking for input from our members in the following projects

Civil Society Audit

EuroHRN will be producing a HR and civil society audit examining the existence, coverage and quality of HR interventions across Europe – it'll also be examining resource allocation, funding and political acceptance of HR highlighting good and bad practice and giving us a baseline to advocate for better provision of HR services.

Drug User Organising Survey

We will be mapping the state of drug user organising in Europe, and producing a report. EuroHRN will also be establishing and promoting models of meaningful participation of people who use drugs and their associations.

For more information please contact
maria.phelan@ihra.net

To join EuroHRN please go to www.eurohrn.eu

EUROHRN
European Harm Reduction Network



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