

# Identifying local harm reduction priorities: involving drug users and professionals

LISBON ADDICTIONS

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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
  - EQUUS study (Uchtenhagen & Schaub, 2011): potential barriers with implementation
- Heterogeneous sample: various treatment settings and community services

# 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  $\approx$  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 and (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 (EQUUS 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

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