

## Harm reduction strategies regarding the misuse of alcohol and other drugs: a review of the literature

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**Abstract** *The present study attempts to systemize the experiences of those that have been treated in the primary health care system for alcohol and drug abuse with a view to obtaining reductions in the damages caused to Brazil and the world at large. A bibliographical study was conducted of publications in Portuguese and in English over the past ten years on the following databases SciELO, Lilacs, Medline and PsycINFO. After the selection of the corpus, meta-synthesis was carried out in order to integrate the material obtained. It was possible to identify and analyze advances and impasses in the implementation of harm reduction strategies, and to compare the different approaches identified in the services and care activities offered to users. We noticed that Harm Reduction has become consolidated as a prevention and health care strategy; therefore, it is essential that more academic and scientific research in this area is conducted.*

**Key words** *Harm reduction, Psychoactive drugs, Meta-synthesis, Health policy*

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## Introduction

To understand human beings' relations with psychoactive substances it is necessary to understand the social, economic, political and cultural background and history. Through such analysis one can see a transformation in society through its history which has included changes in the ways in which drugs have been consumed. The use of psychoactive substances is not a recent phenomenon<sup>1-3</sup>. Its millennial character is connected to the learning behaviors of the knowledge and use of plants and extracts from vegetables and animals in order to produce alterations to the state of consciousness<sup>4</sup>. The use of opium and alcoholic drinks, for example, was associated with festive and religious rituals that were present in different cultures<sup>2</sup>.

From the end of the 15th century which was marked by major navigational endeavors, what started was a world system of business and cultural exchanges. What has been registered, since this period in world history, was the specialized trafficking of certain substances namely opium and tobacco. The Americas and the West, dubbed as the new continents, integrated themselves into the modern world through the supplying of such substances to European countries<sup>1</sup>.

The social changes such as the Industrial Revolution from the end of the 18th century generated changes in the consumption standards of the psychoactive substances. What also emerged were synthetic drugs such as cocaine. The offer of new psychoactive drugs which took place at the same time as the rise of capitalism as a hegemonic means of production in the 20th century, allowed for the positioning, in a strategic way, of the commercialization of drugs. Hundreds of millions of dollars were made through the commercialization of illegal and legal substances such as coffee, teas and drugs. Alcohol and tobacco started to be produced on a large scale<sup>2</sup>. The spread and circulation of these products became more abundant with the commercial expansion and production at large scales<sup>1</sup>.

However, in relation to humans' relations with psychoactive substances, the pattern of alcohol consumption and other drugs that started in the 20th century was different to the patterns of consumption in the past. The drugs reached commercial status and economic regulations in the ambit of the state with a distinction being made between illicit and licit drugs in accordance with political, cultural and economic stances<sup>1</sup>. Coupled with greater availability and incentives

to consume psychoactive substances through marketing, the problems associated with the use of these substances encompassed populations resulting in the rise of criminality, drug trafficking, marginalization and other socio-public health problems<sup>5</sup>.

The goal of banning the psychoactive substances making them illegal was a measure brought in to deal with the problems that arose which was "the Drugs War"<sup>2</sup>. The I International Conference on Opium took place in The Hague in 1912. It was the first time that the problem was internationally recognized however the action plan was abandoned due to the intervening wars. In 1961, the United States of America (USA) and the United Nations (UN) approved the Single Convention on Narcotics which established the basis for the existing paradigm. The objective of the Convention is the application of tough sanctions and penalties on anyone who commercializes psychoactive substances that are proscribed. This approach emphasizes the priority of reducing the offer through providing incentives to remove products. Information is also given to frighten people in to not using these substances and appeals are made with slogans such as "Say no to Drugs"<sup>5</sup>.

The unsuccessful model of prohibition can be seen through the rise in the world of drug trafficking and the consumption of drugs<sup>6</sup>. Within this ambit we can understand users of drugs in terms of two perspectives: moral/criminal and illnesses. The process of stigmatization based on these perspectives create barriers for social inclusion and also for treatments whereas the label attached to the drug users makes it difficult, for example, for them to access health institutions<sup>7</sup>.

In 1926 in England the Rolleston Report was published which recommended that doctors prescribe heroin and morphine as a medical act for people that were not able to quit using them. This was the first time of an official register of the practice of harm reduction (HR). There was the monitored administration of drugs with doses that were prescribed legally by responsible doctors permitting the person to have a more stable and productive life<sup>5</sup>. However only from the 1980s did the HR moved to be taken seriously as a strategy to be adopted in the primary health care system. Its feasibility was seen through innovative and important results that were obtained initially through the prevention of AIDS<sup>8</sup>.

With the implementation of the HR policy in Holland in 1984, various countries on the European Continent started to adopt these measures,

such as England in 1985. Initially HR focused on the control of the AIDS epidemic that principally affected drug users that injected themselves with needles. The majority of projects were being guided by the practice of sharing syringes and information between pairs. In addition to sexually transmitted diseases, a proliferation of cases of hepatitis amongst users and addicts was registered<sup>5</sup>.

It is worth highlighting the protagonists of the *junkie bonds* in Holland during the process of implementation of the programs where self-organized bodies made up of users offered services for the exchange of syringes and provided information to the targeted community. The programs were being improved with the prescription of injectable drugs such as heroin and cocaine with both the quality and the dosage being controlled for current addicts. Also the programs provided help for drug users to find work and housing as well as treatment for drug addiction aimed at detox<sup>3</sup>.

HR is not just appealing from a human point of view, it is also less costly and more efficient when compared with traditional approaches thus turning it into an international movement<sup>3</sup>. Some HR programs offer counselling and advice services not just for users but for family members and spouses as well as creating mutual help groups which allows it to take on a community dimension. Vaccination campaigns against Hepatitis A and B and actions involving the provision of information on people's rights in the health service are conducted for people in vulnerable situations such as transvestites, prostitutes and the homeless in addition to drug users that use needles<sup>5</sup>.

In Brazil the first recorded HR initiative dates back to 1980 in Santos, Rio de Janeiro and Salvador. However, HR only started to be taken on as a strategy in the Brazilian National Health Service (SUS) after the launch of the Policy on the Treatment of Alcohol and Other Drugs Users (PAIUAD) from the Ministry of Health in 2003. This policy advocates preventive actions and the reduction of damages coupled with the HR initiatives offered on SUS principally in the Psychosocial Primary Health Care Network (RAPS) in the Psychosocial Primary Health Care Centers (CAPS) and in the primary health care services with the Family Health Strategy (ESF)<sup>5</sup>.

One of the main points of this practice is the focus on the singularity of the subject and the rights of the citizen. The HR program, to its credits, brings to lights its underlying ethical

and humanitarian aims as well as the promotion of health and human rights<sup>6</sup>. The promotion of health allows for the social actors to have a better quality of life and health. This is in harmony with the provision of medical assistance that in turn will provide autonomy and freedom. Individuals and groups should construct ways to identify aspirations, necessities and ways to modify, in a favorable way, their life conditions, health and work situation. This concept is based on the Ottawa letter that came from the I International Conference on the Promotion of Health that took at in 1986<sup>6</sup>.

It repudiated the abandonment and discrimination of people that live with problems concerning the use of alcohol and drugs and who have problems with putting into practice immediate abstinence or who do not have the ability to adhere to treatment<sup>6</sup>. In summary it spotlighted the rights of the users and put into discussion individual responsibility as well as crime, the freedom to choose, self-care, the diversification of health care models (therapeutic plurality) etc. as fundamental elements in winning human rights and citizenship.

There is a search to attribute the health interface qualities with other aspects of life such as justice, sport, leisure, culture and work, acting on factors that presuppose the use, abuse and the dependency on psychoactive substances and inserting the social dynamic in an active way both in the aid of people that live with problems as well as preventive actions. The preventative practices proposed by HR encompass the adoption of measures before the rise and worsening of the situation with the aim of eliminating or diminishing the probability of the occurrences of harm to the individual or the collective<sup>9</sup>.

However, we noted political differences in the program and strategy. The policies consist in guiding principles which provide guidance to the system and provide the underlying concepts. The programs in turn have the intention of producing new technology and putting into operation the proposed guidelines through the policies that are indicated, for example, how to provide access to devices and services that provide assistance. The strategies, finally, consist in daily actions that define, guide and control the policies, governing the workers, managers and citizens<sup>8</sup>.

On looking at the situation in the past, it can be noted that HR enjoyed undeniable consolidation which reflects itself in the production of theories and the publishing of innovations in the area of technical assistance and management.

However, there are difficulties in the transference of knowledge and or learning in public policy since those that are in charge rely on scarce resources. It is important to understand the HR programs with reference to the political situation in implementation, financing, history, work relations, the legal context, the development of activities, partnerships and the geographic distribution<sup>9</sup>. Using this opportunity, it was possible to review experiences of HR from indexed scientific works based on data which is a way of understanding the advances and barriers in implementation of HR in Brazil and the world.

## Methodology

Meta-synthesis made it possible to investigate relations and human interactions without not considering singular experiences and not obtaining an understanding of each experience<sup>10</sup>. It is a model of qualitative research that makes it possible, through the analysis and summary of results, to give value to scientific evidence on the qualitative investigatory process<sup>11</sup>.

It is developed in four steps. The first relates to determining the sample that will be the subject of the research and setting the scope of the study. In the subsequent phase, a detailed reading is carried out with the aim of producing a summary of the key facts, more details on the study and to obtain the first results<sup>11</sup>. The third stage is also known as the meta-analysis and meta-method stage. It consists in the drafting of an initial summary of the results with the establishment of interpretation criteria of the content and the classification of the main themes and sub-themes. Finally, in the fourth stage, with consideration being given for meta-theory and meta-summary as mentioned, the researcher will describe the phenomenon and draft a summary of the results<sup>11</sup>.

We included information on professional experiences and management based on quantitative and qualitative research whose content consisted in the description of the HR services from 2005 to 2015. We excluded works that were not written in Portuguese or English.

The search terms used in Portuguese were: "Harm reduction" with "strategy", "model", "practice", "Methodology" or equivalent, and in English: "harm reduction" with "strategies", "model" and "approach". The selection of the articles was done in three stages: selection by title, followed by a reading of the summary and finally

a reading of the full article. The search of these articles had the following indexation: *Scientific Electronic Library Online* (SciELO), *Literatura Latino-Americana e do Caribe em Ciências da Saúde* (LILACS), *Medical Literature Analysis and Retrieval System Online* (MEDLINE) and *PsycINFO*.

The second stage consisted in a detailed reading of the selected material. Owing to the large quantity of articles, we adopted the model of grouping them in order to facilitate our reading and to allow for pre-analysis and preliminary considerations. In this process, the text was organized based on its country of origin. Table 1 shows the number of articles that were selected from the indexed database according to nationality.

The problems were analyzed, as well as the strategies and the concepts that were touched on in the related experiences resulting in a systemization of the main characteristics of each work. The techniques of the HR were registered as well as the target population and the area where the action took place. In this third moment (meta-method and meta-analysis) whose aim was to identify and interpret the similarities and differences between the different HR models, the analysis and the integration of the content had better focus and as a result produced the first summary of the results.

In the final summary a systemization of the techniques that were adopted was presented as well as the peculiarities of the action areas and the characteristics of the target public. There was an expression of the divergences, convergences and tendencies in the HR that were related.

**Table 1.** Results of the searches conducted on the databases selected, according to nationality, between 2005 and 2015.

Country	Number of Articles
Brazil	13
Other Countries	13
Europe	9
USA	5
Iran	4
Canada	3
Multiple nationalities	3
India	2

Sources: SciELO, Lilacs, Medline and PsycINFO.

## Results and Discussion

In the research conducted on SciELO the following descriptors were used: “reduction of damage”, “alcohol and drugs”, “strategies”, “public policies”, “public health”, “drug users”, “drug addiction”, “harm reduction”, “harm reduction – model”, “harm reduction approach”, “public health – harm reduction” e “drug users”. Table 2 shows the results obtained from the search.

Search options offered by LILACS and articles selected in Portuguese and English that have the following key-terms: “reduction of damages”, “abuse of substances through intravenous use”, “infections due to HIV”, “the exchange of needles programs”, “illicit drugs”, “alcohol and health policy”, “drug users”, “public health” and “social policy”. The selection amounted to 38 articles and six complied with the inclusion criteria. The same research options were used on MEDLINE, which brought back a total of 4,984 with 31 works on the *corpus*.

Finally, on PsycINFO, the following terms were used: “harm reduction”, “drugs”, “human”, “journal”, “peer reviewed journal”, “government policy”, “public health”, “empirical study” e “quantitative/qualitative study”. Through the use of these parameters 120 articles were found with 19 corresponding to the objectives of the research. A summary of these results can be found in Table 3.

After this first selection of articles, an individual analysis was carried out. At this moment,

guided by the inclusion criteria mentioned above, seven articles were excluded as they did not comply with the requirements. Eight articles were not found and three articles had been repeated. Thus, 51 were deemed sufficient to move to the next stage of the research.

Subsequently an individual reading was done which resulted in a comparative analysis. Criteria were established that made it possible to group the material, respecting the elements and the methodology of the meta-summary. Based on the summary of the analyzed material, three principal aspects appeared: (1) the techniques that were adopted, (2) the area of the actions and (3) the target population.

### HR Techniques

The HR programs are sensitive to the social, economic and political context in which that are inserted. These singularities allow for differences in the approaches in a training of professionals, the make-up of teams and in the services and products that are offered<sup>12-15</sup>.

In addition to the cultural and socio-economic differences, the scope of the cover also permits heterogeneity amongst the HR programs making them low or high. The programs with low coverage reached a reduced number of users and on the whole they were found in the implementation phase which can be seen in the reports from Nepal<sup>16</sup>, Cambodia<sup>13</sup>, Brazil<sup>17</sup> and Thailand<sup>18</sup>. The programs with high coverage, in turn, provided assistance over a wide expansion of territories and contained a large contingent of people as was the case in the United Kingdom<sup>12</sup>, Germany<sup>19</sup> and Australia<sup>20</sup>. In countries with high coverage the HR is a consolidated strategy and there is more time<sup>12</sup>.

In relation to financing, various related experiences noted the need to use public money which connected the HR policies to the public

**Table 2.** Results of the search conducted on SciELO between 2005 and 2015.

Researched Terms	Articles Found	Articles Used
<i>Drug Users</i>	36	2
<i>Harm Reduction</i>	24	2
Public policies/Drugs	23	3
Reduction of Damage	19	4
<i>Harm Reduction/Drugs</i>	17	-
Strategies/Drugs	12	1
Drug addiction	8	-
Public Health	5	-
Users of Drugs	3	1
Alcohol and Other Drugs	1	-
Total number of Articles	148	13

Sources: SciELO.

**Table 3.** Results of the searches conducted on the databases selected between 2005 and 2015.

Indexed Bases	Articles Found	Articles Used
MEDLINE	4,982	31
SciELO.	148	13
PsycINFO	120	19
LILACS	38	6
Total	5,288	69

Sources: SciELO, Lilacs, Medline and PsycINFO.



health policies, social assistance and security. This financing model came out in the reports from Brazil<sup>4,9,21,22</sup>, Canada<sup>14</sup>, USA (in the state of Utah)<sup>23</sup>, Switzerland<sup>24</sup> and Spain<sup>25,26</sup> which provided the opportunity for advances in legislation<sup>12,22,27,28</sup>.

The presence of non-governmental organizations (NGOs) is common, principally in the countries in which the HR strategies have low coverage. The NGOs may articulate public policy or not where they seek private financing. The presence of private participation and the mix model occurs in India<sup>29</sup>, Brazil<sup>9</sup>, Spain<sup>25</sup>, Canada<sup>30</sup> and some Asian countries<sup>28</sup>. The resources from companies, foundations and corporations that provide these services keep active in this area<sup>16,29,31-33</sup>. Multilateral international Organizations such as, for example, the United Nations (UN) finance and support the implementation and maintenance of some of these programs<sup>28,31</sup>.

The Damage Reducing Agents (AHR) and their work conditions were also highlighted in the accounts given<sup>4,6,9,17,21,22,34-37</sup>. An important part of the workers kept informal connects and the majority were volunteers while the others were the local leaders and the ex-users which is seen in the accounts from Brazil<sup>4,6,9,17,21,34,37</sup>, USA<sup>36</sup> and England<sup>35</sup>. The precariousness and the instability of the work connections make professional development difficult as well as the perennial nature of the HR programs expressed in an explicit way in the Brazilian experiences<sup>6,9,17</sup>.

The accounts talked of the overburdening of the AHRs in compliance with its assistant activities<sup>35</sup>. Difficulties related to the planning of activities producing losses to the service<sup>36</sup>. Aside from this, holes in the training interferes in the quality of the offer of assistance to the alcohol and other drug users<sup>9,17,36</sup>. The closeness of the HR activities with illegal drug trafficking is also indicted as a challenge to be faced on a daily basis<sup>6</sup>.

The multiplicity of know-how and practices has permitted the adaption of consolidated models as well as the development of innovation and the proposed interventions that are more adequate for the local context<sup>17</sup>. However, in spite of the singularity of the experiences, we observed that the techniques that are described below have been more common in their adoption owing to the cost-benefit characteristics and the benefits to the people that are the target.

### Exchanging needles and sterilized material

The exchange or supply of syringes continues to be one of the HR practices that is widely adopted and used in various countries such as Brazil<sup>9,12,17,34</sup>, Bangladesh<sup>12</sup>, China<sup>12,38</sup>, Ukraine<sup>12</sup>, Russia<sup>12,33</sup>, Belarus<sup>12</sup>, Cambodia<sup>13</sup>, USA<sup>14,37</sup>, Thailand<sup>18</sup>, India<sup>29</sup>, Spain<sup>25</sup>, Canada<sup>14</sup>, Tanzania<sup>32</sup> and the Asian continent. This is the case due to the low cost in relation to the other devices as well as having been proven effective.

The access to this service occurs in a way different to others, respecting the local characteristics<sup>12,17</sup>. The needles can be exchanged and distributed in health services as is the case in Asia and China<sup>28,38</sup>. They can also be exchanged and distributed where they are being used as is the case in Canada or in registered drug units on the HR programs such as in Thailand and Spain<sup>18,25</sup>. The syringes are supplies included in the HR Kits in the experience in Thailand<sup>32</sup>.

The offer of these materials have brought positive results in terms of the HR<sup>14,25</sup>. The studies prove that this offer does not increase the incidents of new users and it actually reduces consumption<sup>17</sup>. The offer of exchanging needles is associated with a wide gamut of activities together with users, such as informative actions, counselling, testing for the HIV virus amongst others<sup>9,12-14,17,18,25,28,29,32-34,38,39</sup>.

Some studies spotlight negative aspects such as the distance of the exchange points with the user areas which means greater distances to be taken by users in order to exchange syringes and needles or at the disposal points such as in Thailand<sup>18</sup>. Another factor that makes access to the practices of HR difficult is the harassment from the police next to these environments which produces fear, discomfort and conflict as described in the reports from Brazil<sup>12</sup>, Canada<sup>14</sup>, Thailand<sup>18</sup> and Spain<sup>25</sup>.

The rooms that protect use are also an alternative for consumption, reducing the risk factors that are commonly found at the scene of use. These areas provide aseptic and safe environments that reduce the risk of contamination and dispenses with the presence of the police. This was the case in Canada<sup>14</sup>, Thailand<sup>18</sup>, Spain<sup>25</sup> and in European countries with high coverage<sup>20</sup>. The other advantage is there is no sharing of syringes owing to the availability of material and information.

### Information and Counseling

The information and counselling services are an integral part of the majority of HR strategies. The information can be re-passed verbally to the users of the services as well to the mutual help groups. Iran<sup>15,40</sup>, USA<sup>23</sup>, Thailand<sup>18</sup>, Switzerland<sup>24</sup>, India<sup>29</sup>, England<sup>35,41</sup>, Tanzania<sup>32</sup> and China<sup>38</sup> adopted informative interventions associated with other HR services. The preventative information can also be spread through printed material that usually accompany the supplies which is the case with the syringes, pipes and HR kits offered in the experiences in Brazil<sup>4,21,32</sup> and in Tanzania<sup>42</sup>.

The information amongst pairs meaning between users and ex-users continue being indicated as the most efficient way to make opportune the exchange of know-how<sup>9,21,29,34,35,37</sup>. Its efficacy occurs because it is conducted amongst pairs and it is done in an informal way<sup>35</sup>. There is the offer and exchange of information on drugs as well as in relation to the ways to use drugs safely preventing evitable risks. Informative moments also make possible interventions aimed at self-esteem and self-care permitting, as a consequence, the recognition of necessities of health that are often neglected<sup>43</sup>.

The offer of information also takes in account family members and the community aiming to overcome or at least to minimize the stigma around the drug users and the HR proposals as indicted in the accounts from the USA<sup>23</sup>, Switzerland<sup>24</sup> and Indonesia<sup>31</sup>. On receiving appropriate information on the prejudicial use of drugs, the family members and the community can offer care and preventative actions<sup>25</sup>.

The counselling services benefit both the user and the family member and they can be coupled with psychological support. In Brazil the receipt of psychological support has become common<sup>13,25,34,57</sup>. In addition to the Brazilian experience, Iran<sup>6,20</sup>, Tanzania<sup>42</sup> and China<sup>54</sup> have also adopted it as an intervention strategy. The test for the HIV virus which is a service that is a part of the HR strategy, is also accompanied with counselling<sup>54</sup>.

### Kits for Reduction of Damage

The kits are an all-encompassing offer in relation to the health of the user which have different compositions in accordance with the public that is being catered for. Generally, the kits have: information leaflets, material for treating injuries, distilled water, condoms and lubricants. Needles,

syringes and pipes are also included in some kits. The distribution of these materials occurs in a variety of ways: in health care spaces, at areas of use by AHR or in mutual health groups and counselling, as noted in the accounts of the experience in Brazil<sup>12,46,51</sup> and Tanzania<sup>42</sup>

### Substitution Therapy

The substitution therapy has a long trajectory as the HR strategy. Initially the technique is restricted to the prescription of heroin and morphine which is the case principally in the European continent<sup>22,58</sup>. With the advances in pharmacology, new substances started to become a part of the offer for substitution drugs such as the use of methadone and the compound Buprenorphine-naloxone used in the treatment for those dependent on opiates. This was a strategy adopted in various countries such as USA<sup>45</sup>, Nepal<sup>16</sup>, India<sup>46</sup>, Thailand<sup>18</sup>, Indonesia<sup>31</sup>, Iran<sup>47,48</sup>, Brazil<sup>8</sup>, China<sup>38</sup> and Malaysia<sup>49</sup>.

One of the problems shown in the use of Substitution Therapy of heroin for methadone is its high cost<sup>8</sup>. In addition to this the user of the services note that the treatment is delayed and many times the standard doses given are not sufficient. These aspects make adhering to the treatment difficult<sup>46,49</sup>. In an Iranian experience of HR, the high cost of methadone was countered by the prescription of naloxone which also minimizes the risks of overdoses through opiates<sup>48</sup>. The availability of medications and the guidance in relation to its use had been a way to prevent the risk of acute intoxication. In this way what remains is an alternative to be considered to cease consumption, obtaining stability in the use or prevention of related diseases<sup>46</sup>.

New options keep arising with the intention of reducing the damages caused by the administration of drugs. In the Czech Republic<sup>50</sup> gelatin capsules containing the desired quantity of methamphetamine is dispensed for oral consumption. In the Chinese experience heroin was offered to be smoked as a possibility to reduce consumption or to help user with damaged veins, reducing the risk of overdoses<sup>51</sup>.

### Access to health services and Social Assistance

Some experiences involve the implementation of disciplinary and inter-sectoral programs aiming to provide access to health services and social assistance. This is the case considering the

relevance of full primary health services in the face of vulnerabilities. Aside from the information on drugs and the supply of smoking pipes, syringes, dilution pots and other material for the consumption of drugs, primary care is also the focus of these interventions. In this way these proposals offer food, hygiene and/or rest.

Social aspects are also worked on in the training workshops, the round table discussions and the listening therapies. What was also highlighted was the access to biometric care through outpatient and hospital services. This action places the subject in a network of care embracing leisure, culture and education. This type of strategy spotlights the Brazilian experiences<sup>9,21,22,34,37,44</sup>, however countries like Tanzania<sup>32</sup>, Canada<sup>14</sup> and the USA<sup>39</sup> have also been using such resources.

#### **Place where Actions Have Been Taken and the Target-Public**

The mapping of the territory is an important step in the HR programs which is generally done through the AHRs. Through mapping, which took place in China<sup>12</sup>, Brazil<sup>4,22,34,37</sup> and the Asian continent<sup>28</sup>, it was possible to delimit the target population and the areas of drug use as well as the substances whose consumption is more frequent. This process permits the development of activities consistent with the local reality and consistent with the demand of those in need, delimiting the best strategies and places for the actions of the AHRs<sup>12,28</sup>.

A majority of the strategies had as their target populations in vulnerable social situations and that suffered spatial stigmatization<sup>39</sup>. Those that live on the streets, sex workers, men that have sex with other men and residents living in areas with poor urban infrastructure make up the population that were most frequently assisted. The spouses and the sexual partners of the users are also included in the HR programs as well as children and adolescents in situation of sexual exploitation<sup>4,9,15,29,39</sup>.

The places of action vary in accordance with the services given and the public that they desire to reach. The pharmacies as points for the exchange of needles and syringes and the offer of sterilized materials, were used in programs in Thailand<sup>18</sup> and Spain<sup>25</sup>.

Programs situated in closed institutions, such as prisons, require the actions of the AHRs. In these cases, the agent carries out activities that are informative for the inmate and the employees in the establishment. They also offer substitution

therapy. This was the case in Iran<sup>40</sup> and Malaysia<sup>49</sup>. There is a vast variation in the proposed activities, varying in accordance with the characteristics and necessities of the area in question. In the Brazilian experiences<sup>9,21,22,34</sup> there was a partnership with the UN and there were proposals of HR activities in closed institutions in the USA<sup>14</sup>, Thailand<sup>18</sup>, Switzerland<sup>24</sup>, India<sup>29</sup>, Indonesia<sup>31</sup> and Spain<sup>26</sup>.

In the case of the interventions aimed at the areas where drug use is taking place and areas with poor urban infrastructure, the construction of a connection of the AHR with the user is central. The service may be offered in specific units and through visits to households and areas of use. In Iran<sup>15</sup>, Spain<sup>25</sup>, USA<sup>39</sup>, Brazil<sup>4,9,22,37</sup> and Canada<sup>30</sup> they went to community public spaces for the offer of HR actions. In this strategy the closeness of the AHR with the reality of use is more narrow, however, it is necessary to consider the risk of the proximity with drug trafficking in their planning and development<sup>6</sup>.

In relation to the prevention services, the use of formal spaces or informal education was used. In these it is possible to have educational and preventive interventions and activities aimed at offering appropriate information on the HR programs in addition to creating opportunities for training health care professionals and those in education. The concerns with the training of professionals is described in the Indonesian<sup>31</sup> accounts and in the Brazilian experience<sup>22,52</sup>.

#### **Final Consideration**

The HR strategies that were analyzed aided in improving, life conditions, health and survival. The aim was to keep the drug users in the primary health system and social assistance network avoiding their being marginalized. They sought to increased social inclusion and offer conditions in order that the subject would re-think their relationship with drugs. Such measures highlight the multiplicity of routes that exist to alter the problematic relationship that some people have with drugs.

HR highlights the need to recognize, in its target public, the singularity of the relations that people have with their drug of choice. On considering them based on this perspective, it became possible to map out strategies with the drug user that promoted health and which gave them back their dignity. The offer of treatment occurs with the perspective of gains in terms of the person's



liberty and autonomy, emphasizing the ability of the subject to respond positively to their own treatment<sup>21</sup>.

Even with a lot of methodological rigor we encountered bias on the part of the researchers because of the fact that the results needed to be interpreted based on the meta-summaries. However, it was possible to check that HR is being consolidated as a health strategy on the international stage but in Brazil the Government is acting in a more tentative manner. In spite of the specifics owing to distinct socio-economic and cultural realities the ethical principles from the HR experience that were analyzed showed that the peoples human rights and the social inclusion of the drug users was guaranteed. The programs and strategies showed good results for the attention of the policy makers.

In spite of the good results there are still many barriers that are found when there is implementation. These impediments are connected to the political opposition and the moral values both for the managers as well as the technical and professional people that are in charge of providing care. Various experiences that were analyzed registered such difficulties and expressed a lack of community support and policies for the implementation of HR proposals. Another factor is the

ability of the professionals in the area that was evaluated as insufficient. This is also the case for the number publications on this theme.

However aside from the *stricto sensu* assistant character of the HR strategies that were not all encompassing, we noted the revised reports that the HR programs that received public finances were indeed all encompassing with legal institutionalization. Considering the importance of the socio-cultural dimension in the change in the health practices for users of alcohol and other drugs, the institutionalization of the HR actions is fundamental to ensure pluralization of the therapeutic offers for these people in the primary health care system<sup>3,8</sup>.

Various works point to the difficulties in measuring the results as well as the scope and efficacy of the HR strategies showing a need for evaluations that overcome these lacunas<sup>18,22,28</sup>. This study did not include a detailed investigation of the policies and programs that underlie the proposals for the adopted strategies which is fundamental in evaluated studies. A detailed accompaniment of the implementation of these services and evaluated researches that investigate the sanitary impact of the strategies and techniques used are perspectives that ought to be considered in future studies.

## Collaborations

TB Gomes contributed in the research and the drafting of this paper. M Dalla Vecchia contributed in the idea behind the paper as well as the methodology and the final version of this paper.

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