

A preventive mental health service for substance use disorder: harm reduction

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Received: 05/03/2024

Accepted: 17/03/2024

Published: 24/03/2024

Cite this article: Gedik, İ. (2024). A preventive mental health service for substance use disorder: harm reduction. *J Nurs Care Res*, 1(1),20-23.

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ABSTRACT

Harm reduction is a pragmatic approach to reducing the harmful consequences of alcohol and drug use or other high-risk activities, including a variety of strategies, ranging from safer use to controlled use and abstinence. The primary goal of most harm reduction approaches is not to deny or condemn harmful behaviors by individuals, but to work with the individual or community to minimize the harmful effects of a particular behavior. The present review addresses some of the most recent developments related to harm reduction policy, prevention, and treatment programs. This review aims to increase public awareness by presenting some of the current information and developments on harm reduction as a tertiary preventive mental health service for substance use disorders that concern all health professionals, especially psychiatrists, general practitioners, family medicine specialists, psychologists, social workers, and nurses working in the field of dependence.

Keywords: Substance use disorder, harm reduction, preventive mental health

INTRODUCTION

Substance use disorder, which has relapse and remission phases and severely impairs functionality, is a disorder characterized by an unstoppable craving for any substance and the continuation of this craving and the individual's continued use despite negative, self-destructive consequences. The American Psychological Association (APA) considers addiction as a risk factor that negatively affects the health of society. Substance use and dependence, whose importance is increasing and becoming more evident in our country and in the world every day, significantly increases the incidence of infectious diseases such as HIV, Hepatitis C, and mortality rates due to substance use (Yoldaş & Demircioğlu, 2020). An estimated 15.5 million individuals worldwide have a substance use disorder. This leads to very high rates of infectious diseases and mortality. In the United States, untreated substance use disorder has led to death by overdose, resulting in reduced life expectancy over the past three years (Wakeman, 2019). However, the vast majority of individuals with active alcohol or substance problems do not voluntarily seek treatment. Those who do seek treatment are often forced to do so by the courts or other legal requirements or suffer from serious biological problems associated with excessive use that led to detrimental health outcomes (Marlatt & Witkiewitz, 2010). At this point, the focus is on creating programs and policies that address substance use, mostly designed to reduce the availability of illicit substances, reducing the supply, or expanding the existing treatment

system. Reducing the supply or expanding the existing treatment system may not target the needs of people who are actively using substances and are at the highest risk of harm or death. However, 'Harm Reduction' offers a practical approach that focuses on reducing negative outcomes and improving the lives and health of people who use substances (Wakeman, 2019).

PREVENTIVE MENTAL HEALTH AND HARM REDUCTION

Preventive mental health has a very important place in protecting the mental health of the society and preventing diseases. Preventive mental health services are services implemented within the scope of primary, secondary, and tertiary levels of protection in order to prevent, delay, shorten the duration of the disease or reduce disability. At the primary level, services such as preventing mental illnesses before they occur, early diagnosis or facilitating access to health services by identifying risky groups; at the secondary level, raining and counseling for mental health diseases, follow-up of individuals with psychiatric illnesses, and at the tertiary level, services such as reducing disability due to psychiatric diseases and reintegrating individuals into society are provided (Attepe Özden, 2015). In this context, 'Harm Reduction' in patients with substance use disorder is a tertiary level preventive health service and aims to minimize

the damage caused by the disease. Harm reduction is a substance use treatment approach that involves reducing risks and improving the quality of life of individuals, regardless of their willingness or ability to quit substance use. Harm reduction approaches include motivational interviewing, medication-assisted treatment, needle exchange programs, distribution of naloxone to counteract the effects of overdose, provision of fentanyl testing kits to opioid users, and safe consumption areas (Collins & Clifasefi, 2023; Moro & Burson, 2018, Carroll, Greene, Noonan, 2018). Many components of these specific interventions could be incorporated into clinical practice. In addition, general principles of harm reduction can inform a patient-centered model of care within both addiction treatment programs and general medical settings to improve patients' health and clinical outcomes. This approach embraces the idea that individuals who continue substance use deserve fair and dignified care delivered with respect and without judgment (Wakeman, 2019). Harm reduction is a pragmatic approach to helping substance users that focuses on improving quality of life rather than maintaining abstinence as the primary goal. It does not require abstinence to be an outcome goal for substance users and aims to provide services that protect the health and well-being of individuals regardless of substance use (Collins & Clifasefi, 2023). Harm Reduction is also a social justice movement built on a belief in and respect for the rights of people who use substances (National Harm Reduction Coalition, 2024). Harm reduction recognizes that people who use substances, like all individuals, are inherently valuable and deserve appropriate care, even if they are "unable or unwilling to stop using substances" (Moro & Burson, 2018). Substance use, whether legal or illicit, is part of our world and efforts should be made to minimize its harmful effects rather than ignoring or condemning them (National Harm Reduction Coalition, 2024). At this point, the attitude of health professionals is very important. A positive attitude of health professionals towards harm reduction strategies can increase patients' compliance with treatment and improve treatment outcomes (Korkmazer, Aslan, Ekingen, 2020). In addition, health professionals' knowledge about harm reduction strategies can help them provide better support to patients during the treatment process (Altındaş, Altındaş, Saylı, 2011). At this point, psychiatric nurses, who are closest to individuals in every field and are in the role of direct caregivers, have an important position in the implementation of harm reduction strategies (Ünsal et al. 2014).

Harm Reduction Strategies

Harm reduction strategies include a wide range of interventions, from prevention programs to treatment programs. Over the past 100 years, policies to address the demand and supply of substances have been implemented alongside policies to reduce the harms of substance use. The ultimate goal of both supply reduction and demand reduction policies is to reduce or remove the use and abuse of illicit substances (Marlatt & Witkiewitz, 2010). In the 2018-2023 National Action Plan and Strategy Document on Combating Drugs, 16 indicators and targets have been set to keep the society away from the use of all kinds of stimulants and drugs. All priorities and activities in the supply, demand, communication and coordination dimension have been prepared to achieve the determined goal. With the 2018-2023 National Action Plan and Strategy Document on Combating

Drugs, a road map for combating drugs for a period of 6 years has been determined and the headings are as follows.

- Reducing substance supply
- Reducing demand for substances
- Protective and preventive services
- Counseling, decontamination, treatment and rehabilitation services
- Social cohesion services
- Communication in the fight against drugs

Coordination, monitoring and evaluation of the process of combating drugs

The activities carried out within the scope of the fight against drugs are diverse (Republic of Turkey Ministry of Development, 2018).

Supply reduction: The goal of supply-side reduction is to reduce the availability of illicit drugs, which includes measures such as enforcing foreign policy aimed at eliminating the international cultivation of plants used to make drugs and stopping drug trafficking. To maximize the effectiveness of supply reduction programs, most supply-side efforts have focused on drug sources, including illicit crops, drug laboratories, drug trafficking organizations and street dealers (Marlatt & Witkiewitz, 2010).

Demand reduction: Demand reduction measures include prohibition and treatment. Awareness campaigns, preventive interventions, community social services and support for families, preventing individuals from starting to use substances, preventing experimental use from turning into regular use, providing early intervention in risky consumption patterns and providing treatment and rehabilitation programs are among the demand reduction strategies (Marlatt & Witkiewitz, 2010).

Harm Reduction Programs

Harm reduction policy aims to meet individuals where they are and help individuals and communities reduce the harms associated with drug use and other risky behaviors (Marlatt & Witkiewitz, 2010).

Needle syringe programs: The needle syringe exchange program primarily involves providing new needles/syringes to intravenous drug users and collecting old, used needles/syringes. Other clean injection equipment and condoms are also provided, as well as information on safer injection and safer sex practices. Needle syringe exchange programs are therefore primarily implemented to help reduce the transmission of HIV and other blood-borne viruses among intravenous drug users, and therefore from intravenous drug users to their partners (UNODC, 2012).

Supervised injection facilities: Supervised injection facilities are harm reduction interventions that allow intravenous drug users to use pre-obtained substances under the supervision of health professionals. Studies to determine the effectiveness of supervised injection facilities in terms of harm reduction and social outcomes have found that supervised injection facilities for intravenous drug users can reduce the risk of overdose morbidity and mortality, improve access to care, and do not increase crime or public nuisance in the surrounding community (Levendood et al., 2021).

Opioid substitution: Opioid substitution therapy involves replacing shorter-acting injected heroin with a longer-acting opioid, usually administered orally. Methadone blocks the effects of heroin when taken in high daily doses, allowing individuals to benefit from rehabilitation services. Its effectiveness is supported by randomized controlled trials and observational studies showing that it reduces heroin use, criminal activity and HIV transmission while users remain in treatment (Hall & Lucke, 2013).

Overdose prevention programs: In the past two decades, more than 750,000 lives have been lost due to drug overdoses. Access to life-saving tools could have prevented many of these tragic deaths. Overdose prevention programs focus on policies that put people in greater harm, including substance use controls, housing affordability crises, and limited access to effective drug treatment (National Harm Reduction Coalition, 2024).

School based substance use prevention programs: School-based prevention programs are considered one of the most effective strategies to reduce substance use among youth (Gingiss, Roberts-Gray & Boerm, 2006). Findings from numerous studies examining the effectiveness of youth substance use disorder prevention programs suggest that substance use prevention programs that include skills training aimed at changing attitudes, promoting social and emotional abilities, critical thinking, and problem-solving produce more beneficial outcomes than traditional intervention approaches that focus solely on changing perceptions and attitudes towards drugs (Alarcó-Rosales et al., 2021). School-based substance use prevention programs, and intervention programs that include behavioral and skills training to change attitudes and improve social and emotional abilities in early adolescence have shown promising results in reducing substance consumption and promoting attitudes that lead to rejection of drugs (Zins & Elias, 2007). As schools provide more opportunities to conduct intervention programs, it is important that intervention programs can be incorporated into school curricula.

Brief alcohol screening and intervention for university students: Alcohol prevention and treatment interventions for college students, including motivational interviewing cognitive behavioral skills (e.g., alcohol-related skills training) and individualized normative feedback, have received substantial empirical support for effectiveness among college students (Marlatt & Witkiewitz, 2010). The Brief Alcohol Screening and Intervention for College Students is a brief intervention that includes education about the effects of alcohol on the brain and behavior, skills training, risk awareness, expectancy information, and personalized feedback about drinking behavior with components of cognitive behavioral treatment, including suggestions for less risky drinking habits as well as brainstorming alternatives to heavy alcohol consumption (Marlatt et al., 1998).

Web-based or computer-implemented interventions: Recent research has evaluated extensions of harm reduction approaches to be delivered through Web-based or computer-mediated interventions. Importantly, Web or computer-based methods allow for complete anonymity and also allow individuals to use the program when it is most needed. Web or computer-based interventions are developed to address issues such as alcohol, substance and tobacco use, weight loss, nutrition, activity, violence, stress and coping (Marlatt & Witkiewitz, 2010).

SITUATION IN TURKEY

Turkey is a country where a “Prevention Policy” is implemented in relation to substance use and dependence. Although it is seen as an advantage that it is not at the point of “harm reduction” unlike many European countries in terms of this feature, situations such as not taking preventive and protective measures and not implementing intervention programs with proven effectiveness and sustainability may cause the risk of substance use and dependence to increase. For this reason, the development of protective and supportive psycho-education programs with universal validity, taking into account the cultural characteristics of the target group, is considered as a very functional solution proposal in terms of protecting individuals from risks (Yoldaş & Demircioğlu, 2020). Although it is not possible to provide these interventions with campaigns on certain days, well-organized and planned studies are required in which inter-institutional cooperation is ensured in every field. Treatment and rehabilitation opportunities for individuals with substance use disorders are not sufficient and of the same quality in all parts of our country, and the number of individuals specialized in this field is not sufficient to carry out this service. As for harm reduction, no policy has been developed in Turkey so far (Psychiatry Association of Turkey, 2024).

CONCLUSION

Harm reduction is a practical and compassionate approach that aims to alleviate the negative consequences associated with alcohol and substance use, as well as other high-risk behaviors. It covers a wide range of strategies, ranging from safer consumption practices to controlled use and even abstinence. It is of great importance to set specific goals for the implementation of these strategies in the fight against substance use disorder and to support scientific studies to achieve these goals. For this purpose, state policies should be established, and inter-institutional cooperation should be maintained. Preventive activities are also of great importance in order to raise awareness throughout the society and to prevent the formation of negative attitudes towards individuals who use substances. Identifying risk groups and developing special approaches for these groups can help prevent the spread of substance use and reduce the harms suffered by individuals.

ETHICAL DECLARATIONS

Referee Evaluation Process

Externally peer-reviewed.

Conflict of Interest Statement

The authors have no conflicts of interest to declare.

Financial Disclosure

The authors declared that this study has received no financial support.

Author Contributions

All of the authors declare that they have all participated in the design, execution, and analysis of the paper, and that they have approved the final version.

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