DRUG ABUSE AND MEASURES OF INTERVENTION WITH SPECIAL REFERENCE TO HARM REDUCTION APPROACH

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Abstract

Drug use and abuse is an old as mankind himself. Men have always had a desire to eat or drink substance that make them feel relieved stimulated or euphoric. Drug abuse is the use of illicit drug resulting into physical or psychological harm. Drug users who take drugs to seek instant remedies to their depression, frustration and anger suffer physically, economically, emotionally as well as socially. Drug use particularly injection drug use, puts people at risk of overdose death relapsing dependence, and medical conditions which are different and costly to treat. The risk for problems with drugs often goes hand in hand with risk for others social problems. The researcher has presented under a broad overview of general measures of intervention and specifically harm reduction approach to drug control in terms of its definition principles stages and a practicing model which can be adopted in other areas and cities where the problems exists Dead people cannot recover from addition. Therefore, it is important to provide knowledge and awareness of effective interventions to minimize the negative consequences of active drug use and dependents.

Keywords: drug abuse, intervention, harm reduction

Introduction

Before understanding the drug abuse, causes, types and general intervention, we cannot conceptualize the whole process of harm reduction. First of all we have to understand the term drug; a very broad definition was developed by World Health Organization understood internationally regarding drug, which is,

> A drug is any substance, other than those required for the maintenance of the normal health, which when taken into the living organism, may modify one or more of its function.[1]

Secondly, the drug abuse concern, WHO expert's committee on drug dependence, explained that,

> A pattern of psychoactive drug use that causes damage to health, either mental or physical and the harmful use of drug by an individual often has adverse effects on the drug user's family, the community and the society in general.[2]

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[1] World Health Organization, (1969), WHO Experts Committee on Drug Dependence (sixteenth technical report) series no 407.), Geneva :WHO

[2] World Health Organization, (1993), WHO Experts Committee on Drug Dependence, 28th Report (Technical Report Series 836). Geneva : WHO

Thirdly, there are several reasons of drug abuse prevails in the society. The WHO manual on drug dependence has enumerated following factors as promoting drug abuse.

- Curiosity and experimentation.
- Peer pressure.
- Relaxation.
- Escaping.(denying reality)
- Pain relief.(emotional and physical)
- Stress reduction.
- Inability to core problem.
- Boredom.
- Lack of self-worth/esteem
- To be part of social context/identify.
- Hospitality and friendship.
- Pleasure.
- Rebellion.
- Societal modeling.
- Unemployment.
- Breakdown of parental relationship.
- Poverty.
- To increase sexual potency.[3]

Fourthly, the drugs can be taken into the body in several ways like oral (swallowing); sniffing (inhalation, breathing or smoking); injecting (injection of the drugs into the veins); and depositing onto the mucosa (moist skin) of the nose or mouth.

Although, many theories discussed about drug abuse and its causes, but there are three factors, the drug, the individual and the society interact to lead to a variety of drug related behaviors; none of them alone is sufficient to cause drug abuse.

The facts about the commonly abused drugs have been provided a clear picture about what these drugs are and what they do. Stimulants are increasing the intensity of (CNS) central nervous system. Examples Amphetamines like Benzedrine, Dexedrine, Cocaine, Nicotine. The users of Amphetamine type stimulants (ATS) have the characteristics signs of excessive activity, excitability, restlessness, and even tremor of the hands. They have enlarged pupils; profuse perspiration is another tell-late sign, while irritable and argumentative, simultaneously, suffer from extreme nervousness. The consistent abuses skip food for days and go on losing weight. Overdoses may result in agitation; increase in body temperature and possible death.

On the other hand depressants slow down the activity of the brain. Examples: Alcohol, Barbiturates like, Nembutal, Tranquillizers, like Valium and Librium. The depressant drugs exhibit symptoms of intoxication, the movements of the users are slow, their speech is slurred and the mind is confused. There is a visible disorientation in the user.

[3] World health organization (1992) WHO the ICD classification of mental and behavioral disorders. Clinical descriptions diagnostic guide lines. Geneva: WHO

An overdose leads to shallow breathing, cold and clammy skin. The pulse may turn weak and rapid leading to death.

Narcotics and analgesics are obtained from opium or artificial substitutes that produce opium like effects. For example opium morphine, codeine, heroine, brown sugar, synthetic drugs, such as methadone, LSD, marijuana. The misuse of these drugs exhibit euphoria, drowsiness, slow breathing, constricted pupils and nausea. The overdoses lead to death. Most common type abused drug in this group is Heroine. It is usually injected, snorted or smoked. It is highly addictive. It enters the brain rapidly but makes people thinks and react slowly, impairing their decision-making ability. It causes difficulty in remembering things.

Injecting a drug can create a risk of contracting HIV, Hepatitis and other diseases caused by infected needles. These health problems can be passed on to sexual partners and newborns. It is one of the three most frequently cited drugs in drug abuse deaths. Violence and crime are linked to its use. Abusers experience clouded mental functioning, nausea and vomiting. Awareness of pain may be suppressed. Pregnant women can suffer spontaneous abortion. Cardiac functions slow down and breathing is several slowed, sometimes to the point of death. These are short term effects of heroine.

Scarred and/ or collapsed veins, bacterial infections of the blood vessels, heart valves, abscesses and the other soft-tissues infections, and liver or kidney diseases. Lung complications may result. Sharing of injections equipment's or fluids may result in hepatitis B and C, HIV and other blood-borne viruses. These are long term effects of heroine.

Cannabis comes from cannabis sativa, plant easily cultivated, used in many forms known as Ganja, Hashish, Bhang, Chars as well as Marijuana. The outward sign of use are few, excepting an odor of smoke from the clothes and reddened dilated pupils. At early stages of the abuse, the users are animated, hilarious, hysterical and talkative with heavier doses the users suffer from fatigue, paranoia and irrational behavior.

Hallucinogens are drugs that distort our normal visual, hearing and feeling functions. Examples: LSD (Lysergic Acid Diethylamide). PCP (Phencyclidine). The users of hallucinogens often sit in a trance like state and experience illusions and hallucinations. They may become fearful and suffer from a degree of terror. Staring vacantly into space, they may suddenly erupt into a screaming hysterical state and remain oblivious of the companions believing and acting in a projected direction. Immediate psychological effects may include distorted perception, exaggerations or swing of certain emotions.

Glue, butane, aerosols, lighter fuel which are sniffed, fall in solvents category. Solvents produce a drunk appearance, dreamy or blank expression chemical smell on breathe or clothing overdoses bad to fatigue, depression, tremors, weight loss, brain, lung or lever damage.

Measures of interventions

Some intervention are directed at the underlying causes which may have any initiated drug- taking and/ or are contribution to its continuation. Some helps to resolve the

problems associated with drug taking and some deals more directly with the drug taking behavior itself, aiming to reduce or stop drug taking, regardless of other problems. Some treatments may be directed at helping the client's motivation for change, rather than directly changing the behavior, while other are aimed at helping to prevent relapse in those who have achieved change. Not all intervention is suitable for every drug user, nor are they mutually exclusive. Because there are no hard and fast rules about management of patient (drug user), much depends on the skills of multi-professional health care workers in developing a treatment plan that meets the needs of the patient. These interventions are mostly long term measures, aimed at bringing about long term and fundamental changes.

The term "psychotherapy" embraces far more than classical techniques of psycho analysis. In its broadest sense it is a treatment involving communication between patient and therapist aimed at modifying or alleviating the patient's illness and any encounter between the patient and a health care work thus offers an opportunities to psychotherapy. There are two types of psychotherapy.

Group psychotherapy is the technique of treating patients in groups rather than individually. One of the aims might be to improve the ability of individual members to control their social behavior a skill in which some are deficient and to this end the behavioral interactions between the members of the group are the subject of examination. Members of the group are confronted with observations about their own behavior and become aware of their effect on others and of the effect of others on themselves. In this supportive environment, individual growth is possible and the experience gained within the group can be transferred to life outside the group.

The use of family therapy in the treatment of drug abuse is particularly appropriate because, as has long been recognized, the family as a whole may profoundly influence the behavior of its individual members, including their use, or non-use, of drugs. Members of the family, unconsciously, may actually encourage or reinforce drug habit, and may seriously undermine any treatment program, in case of married addict; it is often the family of origin that continues to have a powerful influence on drug habit and is the focus for family intervention.

Drug counseling is at its simplest level is an advisory service. This deals with the relatives of the patient's. Present situation, but the advice that is given is backed up by the practical help of a professional counselor. Counseling entails assessing the specific needs of individual patient and then providing or directing the patient towards the services that meet these needs.

Motivational interviewing also called Motivational Enhancement Therapy; it is an approach of non-directive counseling models. In this method, therapist select certain comments and through rememorizing, affirming, reframing and questioning techniques, increases dissonance which is the vehicle for motivating change, as well as developing discrepancy in the patient's beliefs and behaviors. In addiction it helps raise the client's self-esteem, self-efficiency, and awareness problems its clients, self-motivational statements and pinpoints motivated behavior. It is particularly helpful for patients who deny that they have a drug problem and are resistant to treatment.

Cognitive behavior techniques are completely different approach to the management of drug abuse and dependence is the systematic application of cognitive and behavioral intervention techniques. These approaches focus on drug abuse as a disorder of behavior, beliefs and more belief systems or cognitive scheme, which therapy aims to modify. There is no attempt to identify the causes, which might or might that be amenable to treatment, nor to trace the history of the conditions. Instead, current behavior emotions and beliefs, as they exist when the patient presents, are recognized as the pressing problems to be treated. The theoretical background to behavior therapy comes from experimental work on theories of learning. Changing behavior can lead to changes in thoughts and feeling and also to changes in relationships. While cognitive therapy is based on the recognition that thoughts and feelings are closely related. Patients can learn, with the help of a therapist, to examine errors and distortions in thinking that lead to or contribute to problematic behaviors.

Vocational rehabilitation is a treatment modality aimed at helping patients to acquire job related skills. These may be specific skills, related to specific jobs and / or the interpersonal skills needed to obtain and retain employment.

Therapeutic communities has long been recognized that detoxification does not solve drug dependence, that the severity of drug dependence often leads to relapse and that it took time for drug abuser to learn live without drugs. There are two types of therapeutic communities, religious communities and concept houses. Offering support to those in need is fundamental to all religious and it is therefore not surprising that many set out to help drug addicts who are so often marginalized by society. The best known type of therapeutic community is the concept houses. Concept houses have a rigid social hierarchy with an autocratic leadership; all are drug free communities are residential, so their inmates are within the therapeutic environment for 24 hours every day. This forces interaction with other residents and permits constant scrutiny of their behavior by their press and appropriate out spoken criticism.

The concept of self-help, in the sense of mutual help within a community, is a traditional and valued approach to many problems. With the changing structure of society, due to increased mobility and the loosening of family ties, this type of community support seems to occur less easily and more rarely, and more formal self-help groups (SHG) have emerged to fill the void. In the field of substance dependence, the best known SHG is AA (Alcoholics Anonymous); followed by NA (Narcotics Anonymous), since then, a host of other groups have been formed in response to a variety of drug problems, such as tranquilizer dependence, opiate dependence, solvent abuse and cigarette smoking. They aim to help the drug-dependent or drug-abusing individual become abstinent.

FA (Families Anonymous) is an organization allied to NA and aims to help the relatives of drug-dependent individuals. FA meetings, like NA meetings, are based on openness and honesty and provide an opportunity for the families of drug abusers to meet others in the same situation as themselves and to share experiences which may never previously have been divulged. These meetings offer social acceptance and, for many facilities, a relief from social isolation and the accumulated experience of the members

means that they are able to offer constructive advice and help in dealing with particular situations and problems.

Minnesota method involves a multidisciplinary team that is tailored according nurses, social workers, counselors, psychologist, etc. who can provide a wide range of professional services. It may be as an out-patient or as an in-patient, and begins with a thorough assessment and detoxification, if necessary. There are regular individual counseling sessions and group therapy twice daily. There is an education program for patients, with lectures, giving advice about ways of achieving recovery, and organized exercise and relaxation sessions which improve general mental and physical health, as well as providing opportunities for social interaction. Families are also involved in the treatment process by family therapy or family counseling.

Crisis intervention centers are usually staffed by nurses and social workers with a doctor on call for medical emergencies. They offer temporary shelter and social support to drug abusers at times of crisis, when they may be more receptive to help and more motivated to tackle their drug problem. It provides a humane response at a time of great need. It is unlikely to have much rehabilitate value unless the staff-succeed in referring the drug abuser onwards to a longer-term program. In so doing, crisis intervention proves its value as an acceptable entry point into treatment for many people who would otherwise not be helped.

i. Harm reduction

The International Harm Reduction Association (2002) describes harm reduction as:

> Policies and programs which attempt primarily to reduce the adverse, health, social and economic consequences of mood altering substances to individual drug users, their families and communities without requiring decrease the drug use.

Conceptually, harm reduction, focuses on the harms from drug use rather than on the use of itself. It does not insist on or object to abstinence and acknowledges the active role of the drug user in harm reduction program.

Practically, the aim of harm reduction is to reduce the more immediate harmful consequences of drug use through the more widely known harm reduction strategies are needle exchange programs, methadone maintenance treatment, outreach and education programs for high risk populations, law enforcement cooperation, medical prescription of heroin and other drugs and super vied consumption facilities:

Harm reduction is important for several reasons. For example, harm reduction is an essential part of comprehensive response to problematic substance use that complement, prevention, treatment and enforcement. Harm reduction is a set of non-judgmental policies and programs which aim to provide and / or enhance skills, knowledge, resources and support that people need to live safer, healthier life. It encourages people to build strength and to gain sense of confidence. It can help move a person from a stage of chaos to a stage of central over their own life and health. By this, we can saves lives and improve quality of life by allowing drug users to remain integrated in society. Harm

reduction also benefits the community through substantial reductions in open drug use, drug related crime, drug-related overdose, disease transmission, injury and illness, as well as hospital utilization.

The following are the principles of Harm Reduction:

(i) Harm reduction accepts that non-medical use of psychoactive or mood altering substance is a near-universal human cultural phenomenon.

(ii) Harm reduction respects the basic human dignity and rights of people who use drugs.

(iii) The priority is to decrease the negative consequences of drug use to the user and other, rather than decrease drug use itself.

(iv) Harm reduction is choice and prompt access to a broad range of interventions that keep people alive and safe.

(v) It starts with "where the person is" in their drug use, with the immediate focus on the most praising needs.

(vi) Harm reduction recognized the competency of drug users to make choices and change their lives.

The following harm reduction strategies have strong evidences of effectiveness in the scientific literature and in practice.

Education and outreach

Drug education materials with a harm reduction focus do not promote drug use, but rather tell users how to reduce the risk associated with drug use, especially the transmission of HIV and other STDs (Sexually Transmitted Diseases)

Referral to health and social services

Harm reduction encourages rug users to seek adequate care and encourages service providers to provide that care without discrimination.

Low threshold support services

These services have minimum requirements for participation and normally address basic health and social needs of the drug user.

Law enforcement policies and protocols

Health and law enforcement are both concerned with reducing drug-related harm. Police activities can influence health harms such as overdose and the spread of (BBS) Blood Born diseases, and health activities can influence crime and public amenity.

Needle exchange programs

Under this program, distribute sterile syringes and collect syringes. The use of non-sterile injection equipment increases the risk of HIV, Hepatitis B&C, bacterial and sexually transmitted infections and other blood borne diseases.

Methadone maintenance treatment

Methadone maintenance therapy is a long term treatment for heroin addiction just as insulin is a long term treatment for diabetic. It works by binding with receptors in the brain that also bind with heroin, resulting in reduced carvings for heroin. There is no high or changes in behavior associated with taking methadone. It is relatively safe and has few side effects. It recues the use of other opioids, injection related health risk, morality and drug related criminal activity. It improves physical and mental health social functioning, quality of life pregnancy outcomes and client connectors to other critical medical and social services.

Street drug testing and early warning system

Street drug testing can be used to disseminate information about hazardous substances directly to drug users and can alert early warning systems to the circulation of high strength or contaminated batches of drug.

Heroin prescription

Despite the success of methadone maintenance, a substantial proportion of heroin uses remain resistant to this mode of treatment. These individuals tend to be long-term heroin users who have experienced several times failures.

Harm reduction is a public health philosophy that seeks to reduce the harms associated with the use. One aspect of harm reduction initiates focuses on behavior of individual uses. This includes suffer means of taking the drugs, such as smoking, nasal use, oral or rectal insertion. These attempts to avoid the higher skills of overdose, infections and blood-borne-viruses associated with injecting the drug. Other measures including the small amount of drug first to gauge the strength, and minimize the risk of overdose for the same reason, poly drug use (the use of two or more drugs at a time) is discouraged. IDUS are encouraged to use new needles, syringes, spoons/ steri-cups and filters every time they inject and not share these with other users. They are also encouraged not to use it on their own, as others can assist in the event of an overdose. Government that supports a harm reduction approach usually provides funds for needle exchange programs, which supply new needles and syringes on a confidential basis, as well as education on proper filtering prior to injection, suffer injection techniques, safe disposal of used injecting gear and other equipment. Another harm reduction measures employed for example in Europe Canada and Australia are safe injection sitter users can inject drugs and cocaine under the supervision of medically trained staff. Safe injection sites are low threshold and allow social services to approach problem uses that would otherwise be hard to reach. They have placed onto a methadone program. This aspect of harm reduction is seen as being beneficial to both the individual and the community at large.

A case study of Pakistani society

Injecting drug use is growing problems in the counter, posing a potential threat for rapid spread of HIV infection and other Blood Born Diseases (BBDS) among their marginalized population sharing of injecting equipment is very high among this group, further increasing the vulnerability to spread HIV and other BBDS rapidly in IDV's. Pakistan society a well-known NGO working on Drugs and HIV for the long time, taken the initiative to start harm reduction program with the financial and technical support of UNDCP, UNAIDS and Sind Aids Central program. A DIC (drop in-Centre) has been established in one of the following concentrated pockets of IDVs in Karachi. Following services are being provided free of cost under this program not only to IDVS but other drug users and the community member as a whole.

- Needle / Syringe exchange services
- Primary Health Care Services including wounds care and Anti Septic Dressings.
- STI's Management through syndromes protocol, social services including bathing, washing, sleeping, resting food and refreshment etc.
- Heal education focusing on drug use HIV/HBV/HCV/STI's and other harm related to injecting drugs and sharing of injecting equipment.
- Counseling on Risk Reduction and behavior change.
- Promotion and provisions of condoms for disease prevention.
- Outreach services for education, consulting family counseling, Detoxification, Rehabilitation referral for other problems at appropriate places etc.
- Data collection and surveillance.

People who use drugs are not expendable they are human beings who comes from families, who care them. They are someone's sons, daughter, brother, sister or parents, the risks from drug can also affect families, not just the people who use drugs. People who inject drugs may be having unprotected sex that puts other at risk for STI (Sexually Transmitted Infections), HIV/Aids and hepatitis B&C.

According to a survey of AIDA Central Program (NACP) (Feb., 2013), the HIV epidemic in Pakistan is currently in its early stages. It is most prevalent among injecting drug users. The research has identified several factors which indicate a strong possibility of the epidemic spreading. (i) The most at risk populations in Pakistan. (People who inject drugs, and men, women, and transgender people who sell sex) were found to have very high level of sexually transmitted infection (STI'S) and HIV (ii) They were found to have severely limited or no access to sexual health services and limit knowledge of the risk of STI'S and HIV (iii) The report identified complex sexual and social networks between at risk population and general population which are potential routes for HIV transmission.

Therefore, it is important to know and provide effective interventions to minimize the negative and harmful consequences of drug use and dependence.

Conclusion

Harm reduction is a somewhat different approach to prevention distinguishes between measures and aimed at reducing the risk of engagement in substance abuse and measures aimed at reducing the harm associated with drug abuse. In the present climate of anxiety about the wider risk of HIV and AIDS, more emphasis is now being placed on harm reduction. This acknowledge that, as total eradication of drug abuse is impossible, every effect should be made to minimize its harmful consequences, both for the individual concerned and for society as a whole. A potential disadvantage of such measures is that they may give an impression of ambivalence in altitude towards substance abuse. The harmful consequences of drug abuse are rarely due to the effect of the drug itself, but are more often due to the method of its administration.

However, since the late 1980's harm reduction has been formally identified as an approach to treatment and encompasses a range of different goals including stopping (or reducing) injecting, sharing injection equipment, illicit drug use, prescribed drug use and offending behavior. Drug abusers deserve a more positive and energetic response from multi-health care professionals.

In addition, this approach emphasizes the facts that effective prevention will never be brought about on the community, by the action of professional and experts alone. On the contrary, it is absolutely essential that the whole community has a strong commitment to prevention.

References

A.S. Kohli, *Drue Abuse and Drue Prevention,* 1st ed , New Delhi India, Anmol Publications Pvt. Ltd. 1997.

DebasisBagchi, *Narcotics Druss and Substance abuse: Solace or misery* Vol. 1, Gyan Publishing House, New Delhi, 2005.

Fred Zacken, *The Encyclopedia of Psychoactive Druss: Heroin the street Narcotics,* Burke Publishing Company Limited London, 1988.

IkramulHaq, *Pakistan Hash to Heroine.* Lahore, Annor Printer & Publisher, 1991.

Jalal Zai, Moosa Khan, *Narcotics and Global Economy:* Lahore, Idara-e-Istehkam, 1998.

Premilla D. Cruz, *In sickness and in Health. The family experience of HIV/AIDS in India.* Stree, Kolkata, 2003.

Qureshi M. Toaher, *"Community Education for the Prevention of Drue Abuse.*

National Conference of NGOs on Drug Abuse Prevention, Pakistan Narcotics Control Board, Islamabad, 1986.

Ross Coomber, *"The control of Druss and DrueUsers":* Reasons or REactionzs, Harwood Academic Publishers, UK, 1998.

Reports / Journal / Periodicals

A Joint project UNDCP, UNDP and Narcotics Control Division of Govtof Pakistan, *National Directory of Drue Treatment and Rehabilitation*

Services. Prepared by WADA, Working Against Drug Abuse, Islamabad, Pakistan, 1994

Center for Substance Abuse. *Treatment, Need, Demand and Problems Assessment for substance Abuse Services;* Technical Assistance Publication Series Number 3, US Department of Health and Human Services, 1992

Division of Narcotics Drug: Special issues on treatment, *Rehabilitation and Social Reinteeration of Drug Dependent Persons,* Bulletin on Narcotics, Volume XL, No. 1, United Nations, 1988

Division of Narcotics Drugs, *Declaration of the International Conference on Drug Abuse and illicit Trafficking and Comprehensive Multidisciplinary outline of future.* Activities in Drug Abuse control, United Nations, 1998

Goldstein, *A Hand Book on Drue Abuse National Institute on Drue Abuse,*Washington *DC,* U.S.A. 1979.

INCB, International Narcotics Control Board. *Report of the International Narcotics Control Board for 2001.* New York: United Nations 2002.

Joint United Nation Program, *Report on Global HIV/AIDS Epidemic:* Collaboration of UNICEF, UNDP, UNFPA, UNDCP, ILO, UNESCO, WHO, World Bank, 2004

NIDA, National Institute on Drug Abuse, *Drue Abuse and Drus Abuse Research:* The third Triennial Report to Congress Washington DC, US Department of Health and Human Services, 1991.

UN Report, *The United Nations and Drus Abuse Control.* New York, 1987.

Mclellan AT, Woody GE, Lubosky L and Obrien CP, *Is the counselor an 'Active Ingredient' in substance abuse treatment?* Journal of Nervous and Mental Disease, 176,1988.

Miller WR, *Motivational Interviewing: Research. Practice and puzzles. Addictive Behaviors,* 21,1996.

Mubbashir, Malik H., *Drug Dependence.* Pakistan Narcotics Control Board, Islamabad, 1984.

Resnick, H. S. H. Starts with people: *Experiences is drus abuse prevention.* (NIDA Publications NO ADM 79-590) Rocrbille, MD: National Institute on Drug Abuse 1979.

Rizvi, Maqsud. H, *"The Need for the Community Intervention Against Drug Abuse.* National Conference on Drug Abuse Prevention, P.N.C.B., Islamabad, 1986.

INCB Report on *Precursors and Chemicals Frequently used in the Illicit Manufacture of Narcotic Drugs &Psvchotropic Substances.* By International Narcotics Control Board Report for 2006.

INCB, International Narcotics Control Board. *Report of the International Narcotics Control Board for 2001.* New York: United Nations 2002.

Harm Reduction: A British Columbia Community Guide: Report online available from www.health.gov.bc.ca/prevent/pdf/hrcommunityguide.pdf. September 2012.