

“Harm Reduction” – POLITIKA SMANJENJA ŠTETA UPORABE DROGA

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Workshop on establishing guidelines on Harm Reduction related to drug addiction

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Treći milenij – javno zdravstveni problemi

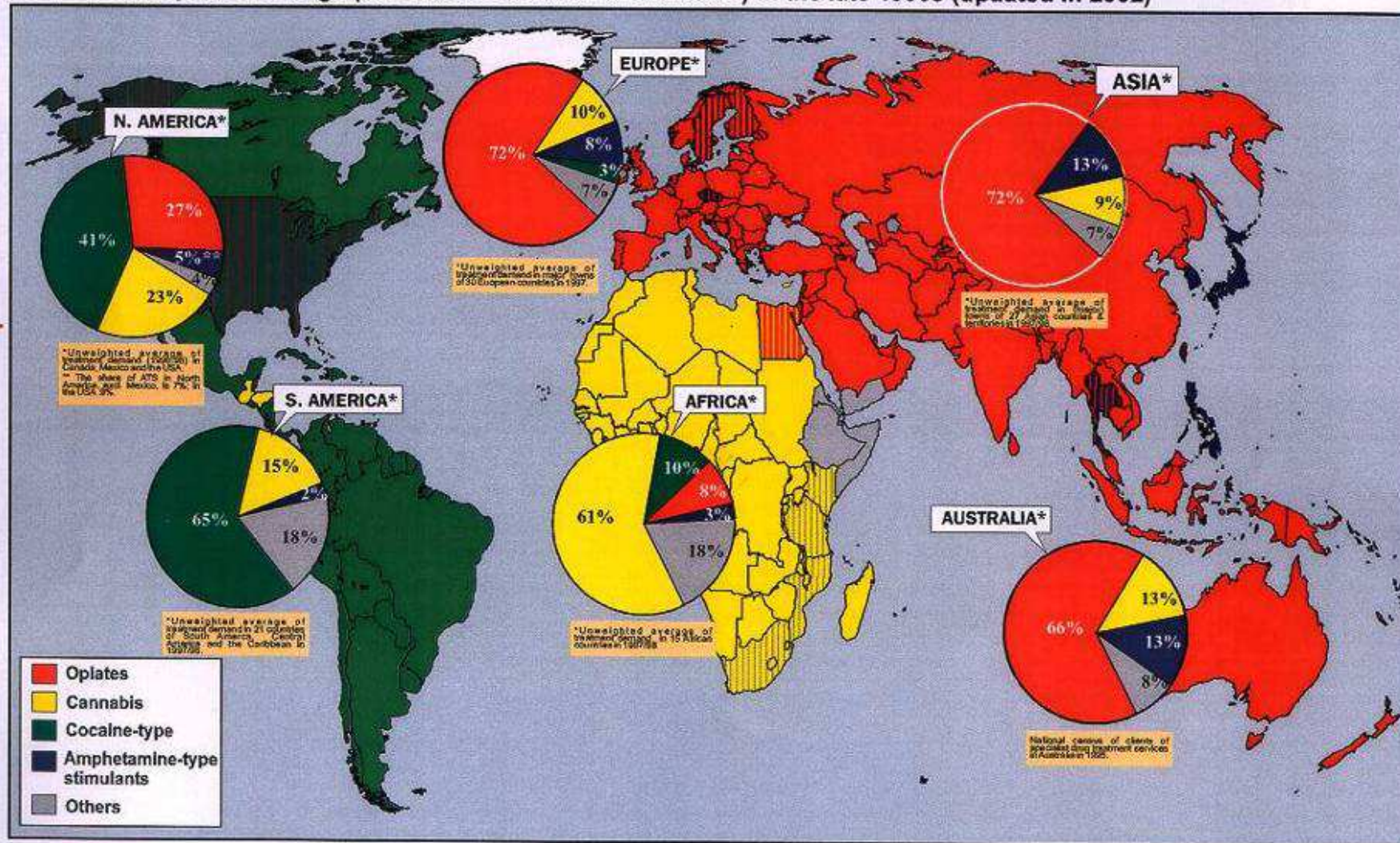
- Zlouporaba ilegalnih droga – UPORABA DROGA
- HIV/AIDS pandemija

- UNODC - (izvješće 2013.) – procjenjuje u svijetu između 167 i 315 milijuna osoba između 15 i 64 godina životne starosti koristi ilegalne droge (najmanje jednom u 2011. godini)
- 180 milijuna osoba između 15 i 64 godina životne starosti - CANNABIS
- 14 milijuna osoba - AMFETAMINSKI TIPOVI STIMULANATA
(ATS)
- 19 milijuna osoba - ECSTASY
- 17 milijuna osoba – KOKAIN
- 16 milijuna osoba – OPIJATNI TIPOVI DROGA

- 14 milijuna osoba [11,0 – 22 mil.]– INJICIRALO DROGE (u god. 20011.)

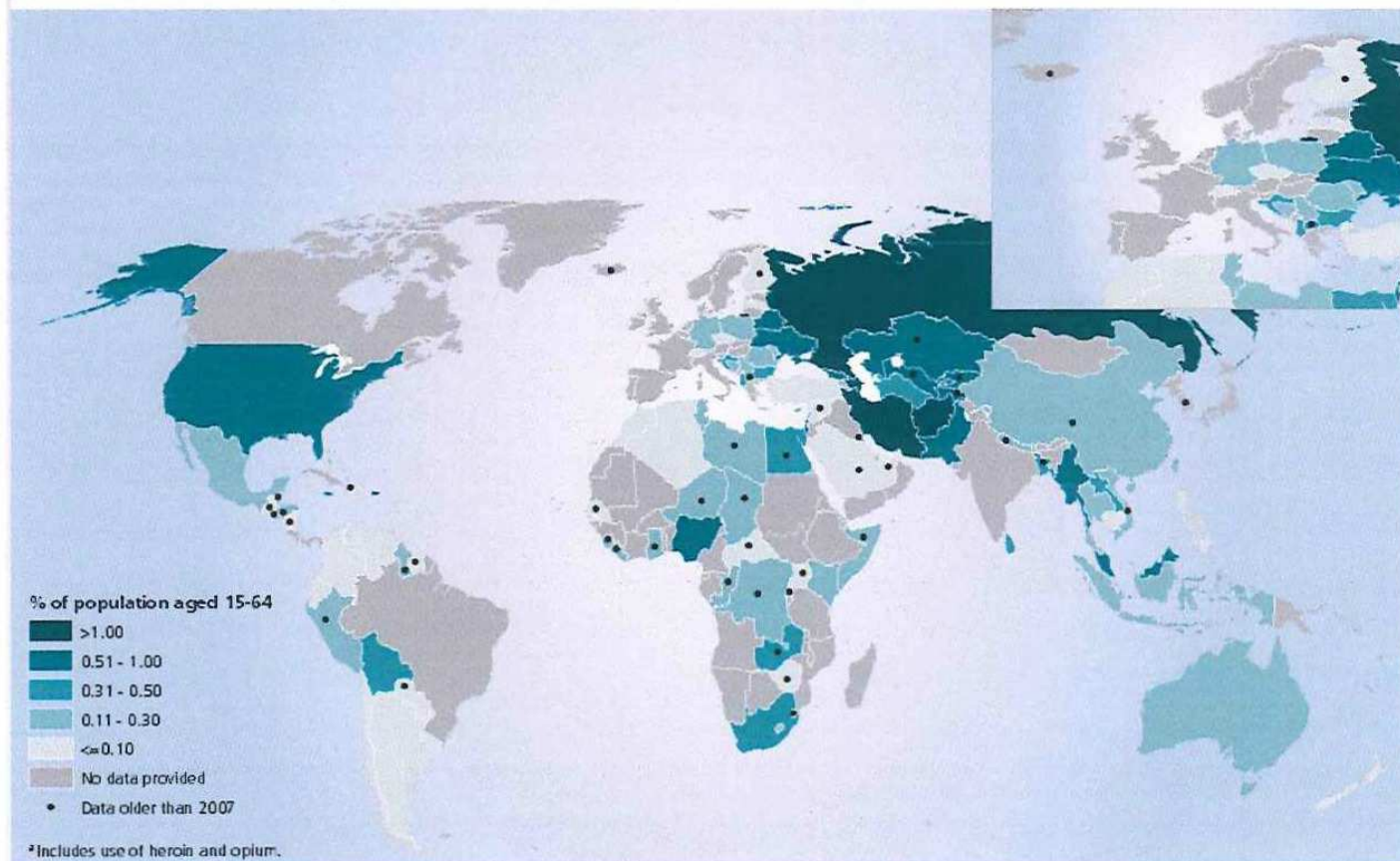
- IZMEĐU 167 i 315 MILIJUNA OSOBA – ekvivalent 3,6 – 5,9 % globalne odrasle populacije
- GLOBALNO, (zlo)uporaba droga ostaje STABILNA
- broj korisnika droga koji razvijaju bolest ovisnosti ili poremećaje vezane uz uporabu droga ostaje STABILAN
- POLIUPORABA DROGA (lijekovi prepisani na recept , posebice trankvilizatori, uz ilegalne droge) – 60% zemalja iz izvješća potvrđuje taj trend
- PORAST ZLOUPORABE DROGA, koji je očekivan obzirom na porast cjelokupna populacije čovječanstva
- **UNAIDS - HIV/AIDS – 33 [42 ?] MILIONA OSOBA ? ? ? ?**

Map 18. Main problem drugs (as reflected in treatment demand) in the late 1990s (updated in 2002)



Sources: World Drug Report 2000, and sources listed in previous tables on Primary Drugs of Abuse in Treatment.

Annual prevalence of opiates^a in 2011 (or latest year available)



Source (map 3 and 4): UNODC estimates based on annual report questionnaire data and other official sources

Note: The boundaries shown on this map do not imply official endorsement or acceptance by the United Nations. Dashed lines represent undetermined boundaries. The dotted line represents approximately the Line of Control in Jammu and Kashmir agreed upon by India and Pakistan. The final status of Jammu and Kashmir has not yet been agreed upon by the parties. The final boundary between the Sudan and South Sudan has not yet been determined.

According to the Government of Canada, data on heroin use based on the household survey is not reportable and the Government of Canada does not report an estimate based on indirect methods.

16 milijuna osoba – OPIJATI (heroin i opium) (2011.g.)

Use of opioids^a in 2011 (or latest year available)



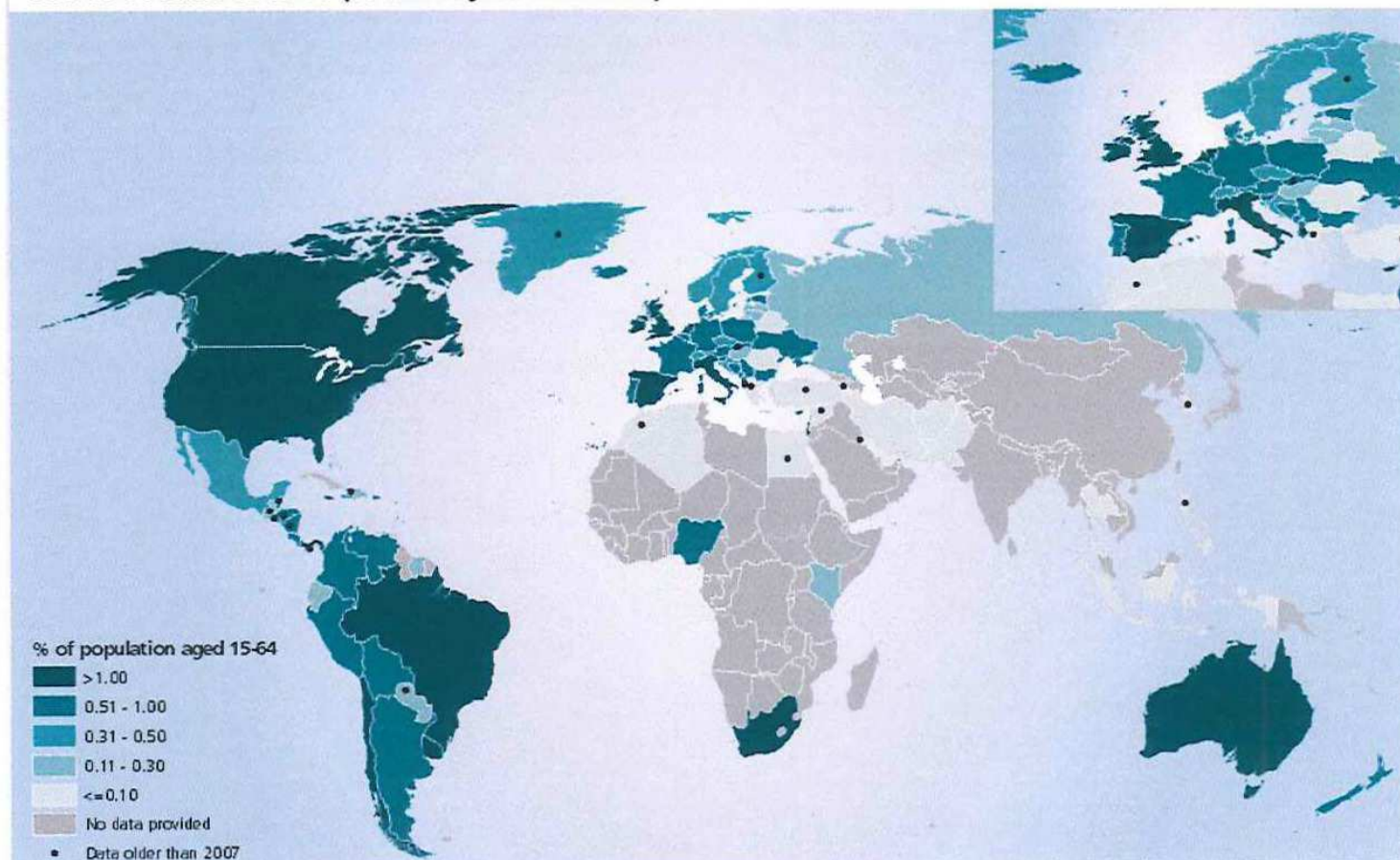
31 milijun osoba OPIOIDI (opioidni lijekovi na recept, heroin i opium) (2011.g.)

Use of cannabis in 2011 (or latest year available)



180 milijuna osoba – CANABIS (2011.g.)

Use of cocaine in 2011 (or latest year available)



Source (map 1 and 2): UNODC estimates based on annual report questionnaire data and other official sources.

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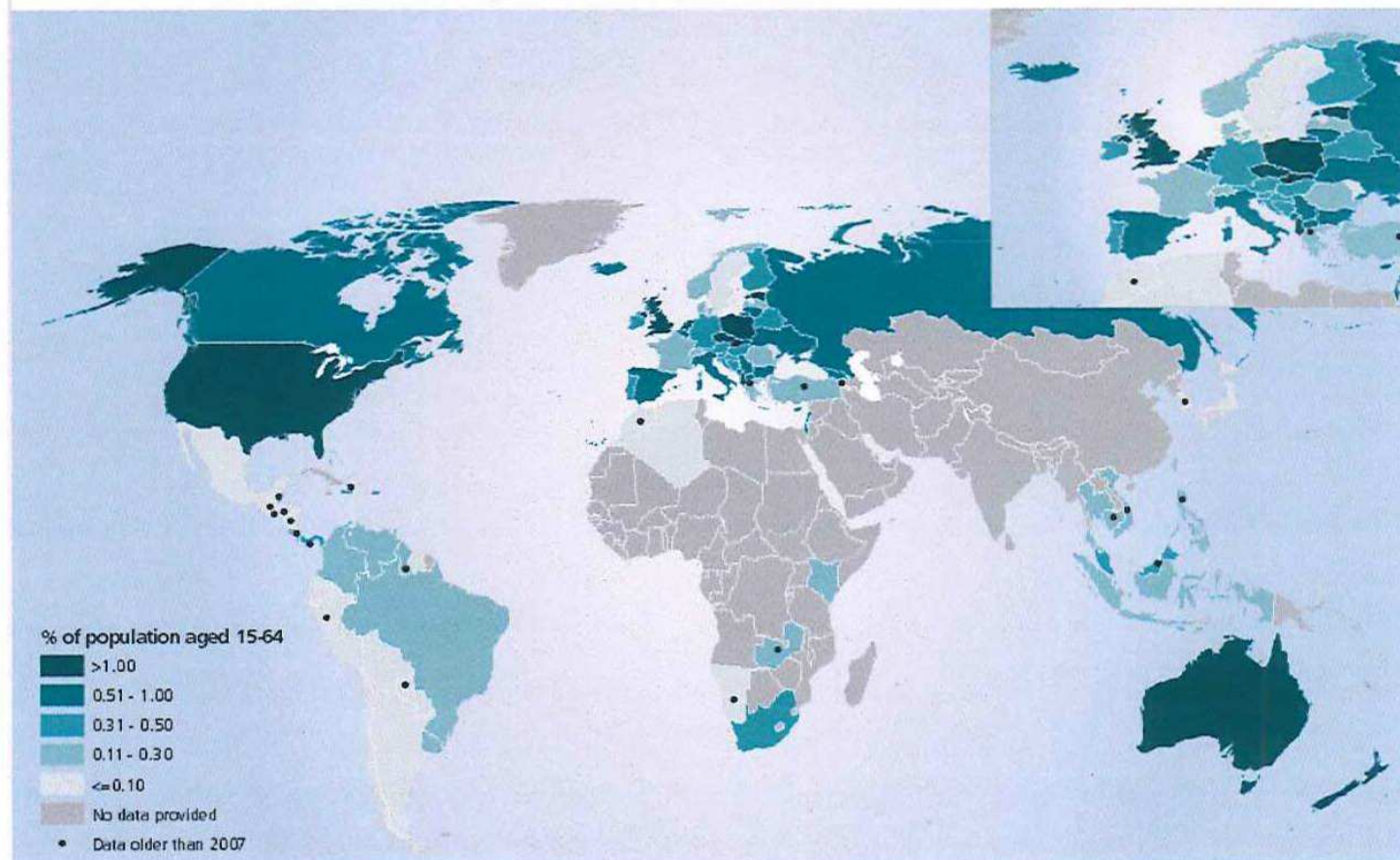
17 milijuna osoba – COCAIN (2011.g.)

Use of amphetamines in 2011 (or latest year available)



14 milijuna osoba – AMFETAMINSKI TIPOVI STIMULANATA (ATS) (2011.g.)

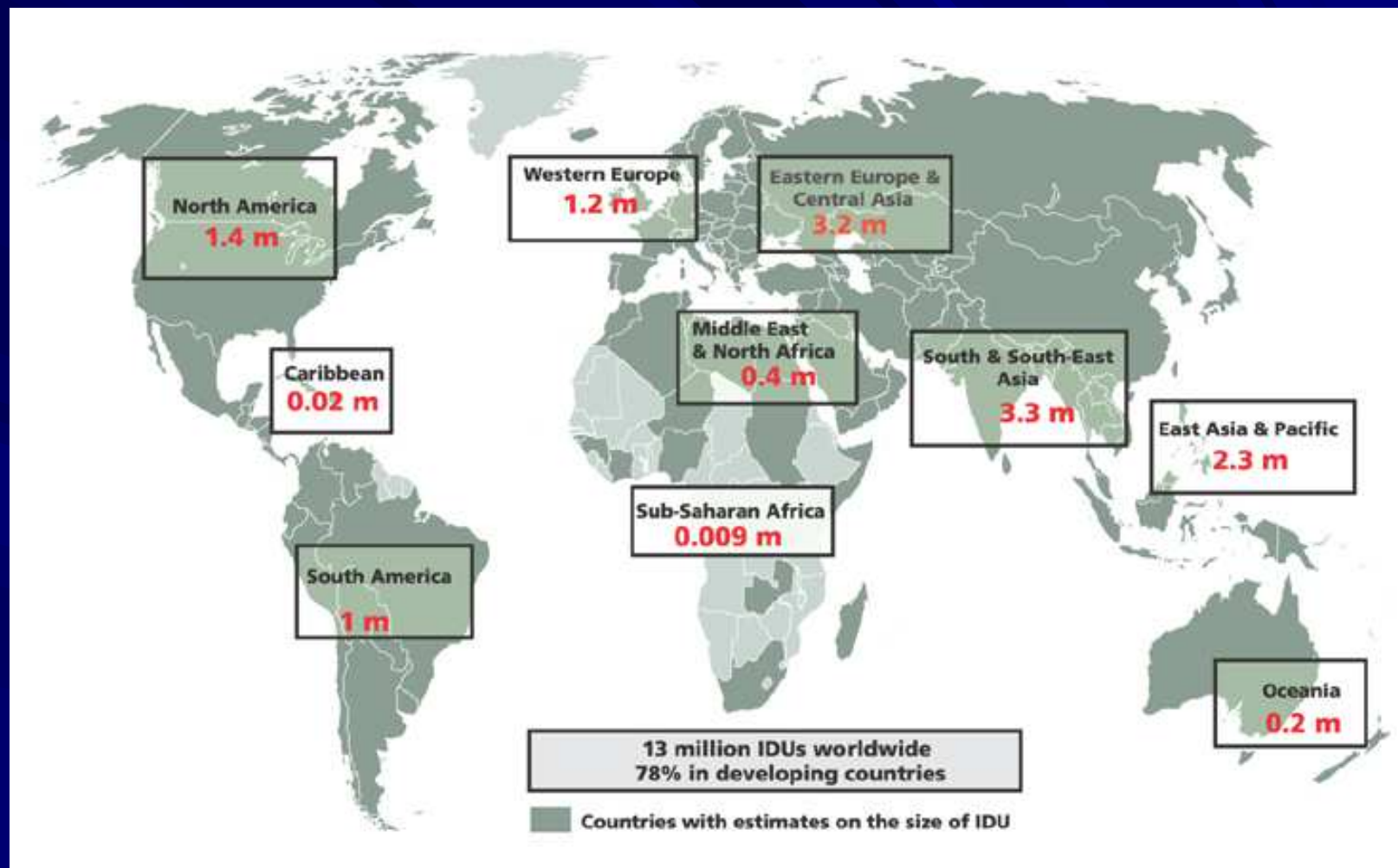
Use of "ecstasy" in 2011 (or latest year available)



Source (map 5 and 6): UNODC estimates based on annual report questionnaire data and other official sources

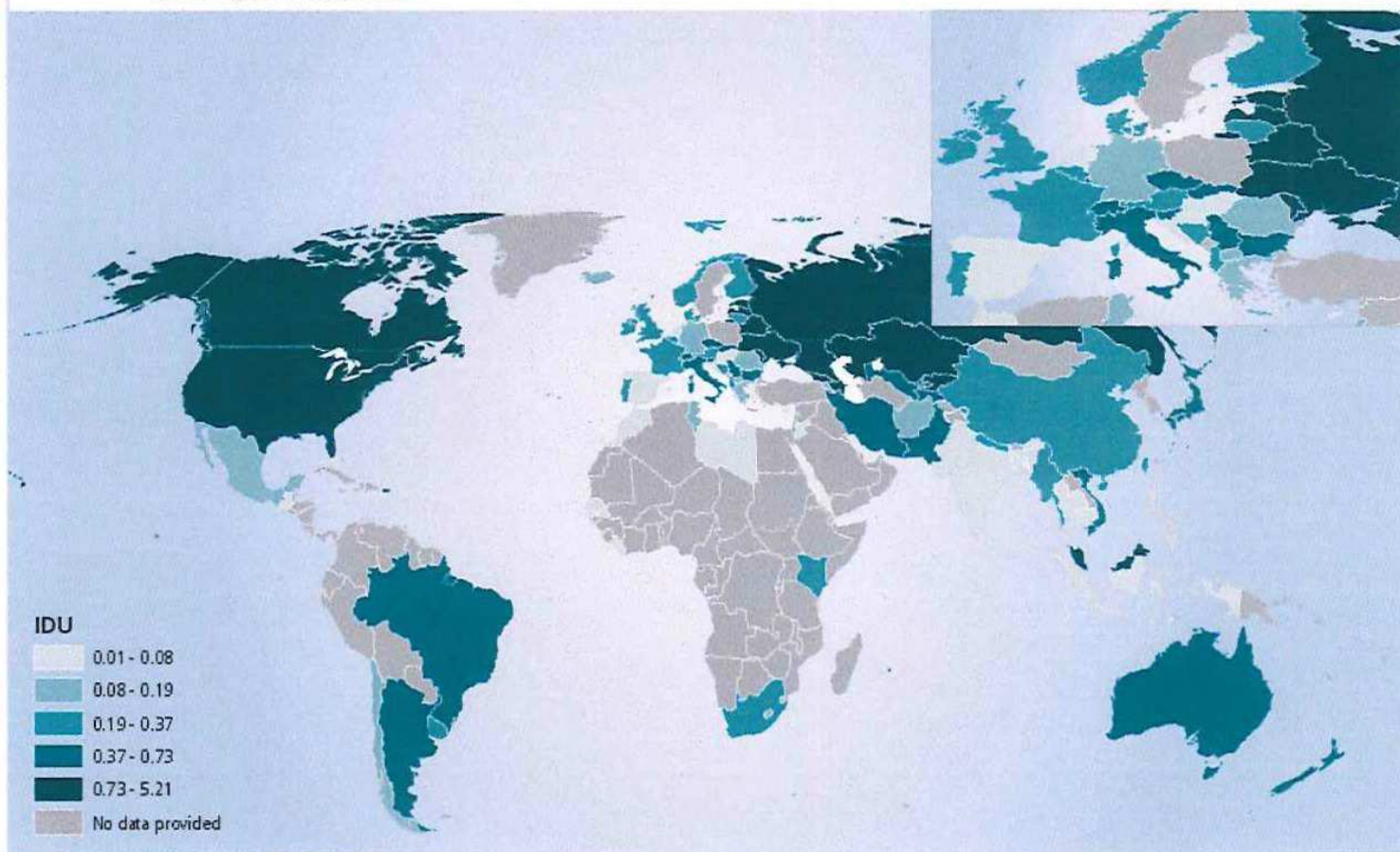
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19 milijuna osoba – ECSTASY (2011.g.)



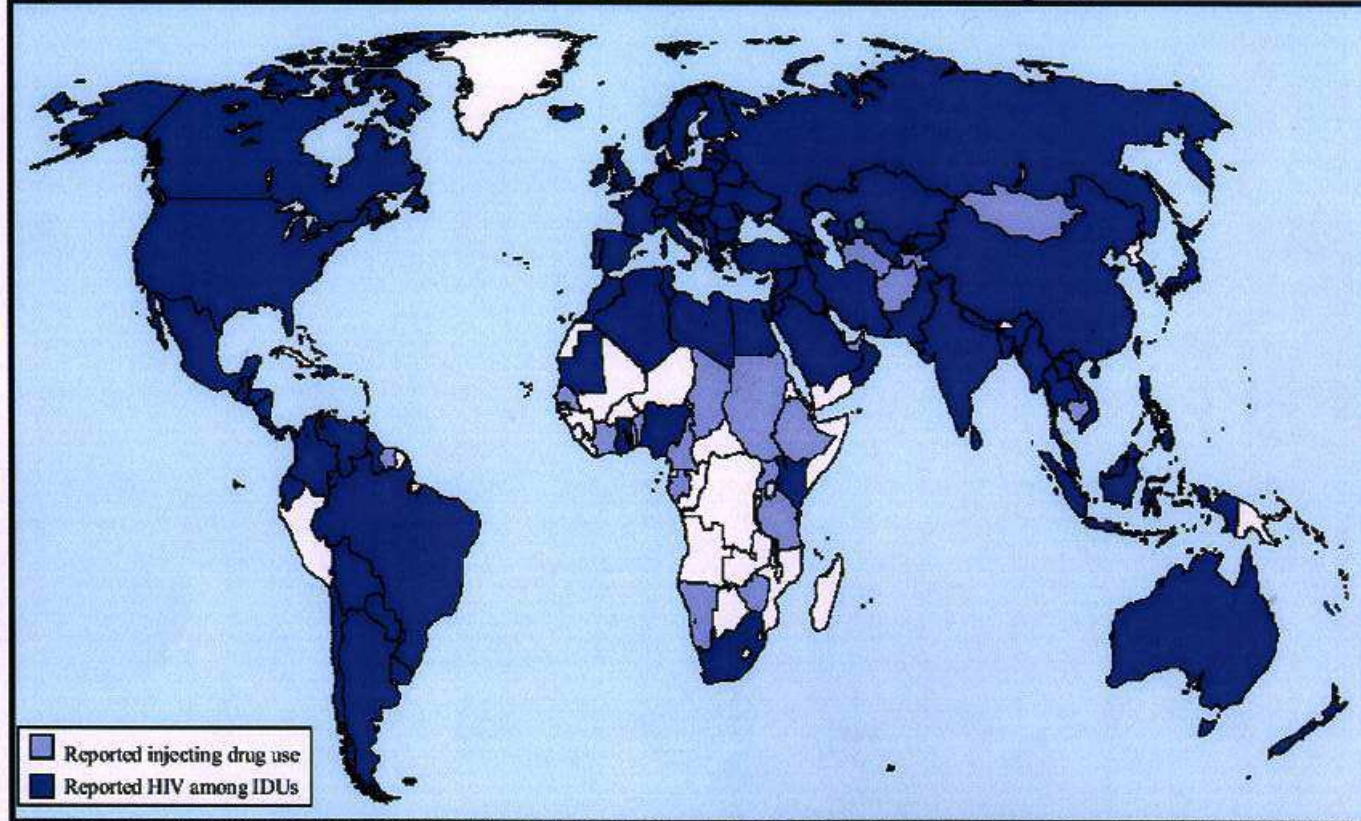
13 milijuna injicirajućih korisnici droga (2009.g.)

Map 1. Prevalence of people who inject drugs among the general population aged 15-64, 2011 or latest year available



U 2011. 14 milijuna [11,0 – 22 milijuna] osoba je injiciralo droge

Map 7. Countries and territories reporting injecting drug use and HIV infections among IDUs



SOURCES: Annual reports questionnaire, part II on drug abuse (E/NR/1998/2); Drug Injecting and HIV Infection: Gery Stimson, Don C. Des Jarlais and Andrew Ball (WHO), UNAIDS/WHO Epi Fact sheet: Prokovski et al, 1999. HIV/AIDS Surveillance in Europe: European Centre for the Epidemiological Monitoring of AIDS. Pompidou Group Project on Treatment Demand: Final Report on Treated Drug Users in 23 European Cities Data 1997: Trends 1996-97, Parry CDH. HIV among arrestees in Cape Town, Durban and Johannesburg, South Africa (Phase I). 2000 GRN meeting on HIV prevention in drug-using populations, July 5-7, 2000, Durban, S. Africa, Global AIDS Surveillance. Part II Weekly epidemiological record 2000, 74: 409-414, 75: 386-392, AIDS Epidemic Update December 2000 UNAIDS. Figueroa et al. AIDS 1998, 12 (suppl 2): S89-S98. Dehne K & Kobysheva Y. The HIV Epidemic in Central and Eastern Europe: Update 2000. Presented at the European HIV Strategy meeting, Copenhagen December 2000. Khwaja et al. AIDS 1997, 11: 843-848. AIDS Cases Country Report Kuwait. HIV/AIDS case country report Nepal. UNAIDS Report on the Global HIV/AIDS epidemic June 2001, Revisiting "The Hidden Epidemic" The Centre for Harm Reduction, The Burnet Institute, Australia, Recent HIV Seroprevalence Levels by country: June 2001 US Census Bureau.

Note: The boundaries shown on this map do not imply official endorsement or acceptance by the United Nations

HIV kod injicirajućih korisnika droga (2007.g.)

Map 2. Prevalence of HIV among people who inject drugs, 2011 or latest year available

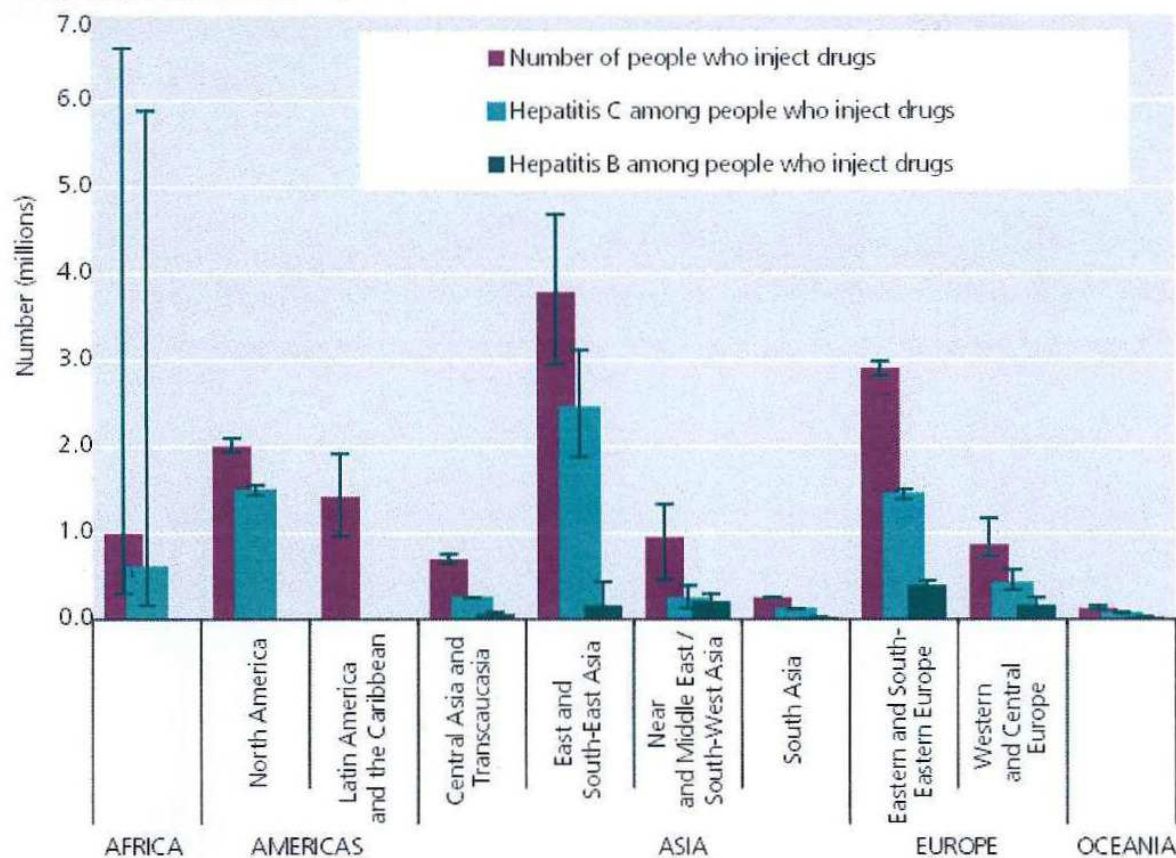


Source: United Nations Office on Drugs and Crime, data from the annual report questionnaire; progress reports of the Joint United Nations Programme on HIV/AIDS (UNAIDS) on the global AIDS response (various years); the Reference Group to the United Nations on HIV and Injecting Drug Use; estimates based on United Nations Office on Drugs and Crime data; and national Government reports.
Note: The boundaries shown on this map do not imply official endorsement or acceptance by the United Nations. Dashed lines represent undetermined boundaries. Dotted line represents approximately the Line of Control in Jammu and Kashmir agreed upon by India and Pakistan. The final status of Jammu and Kashmir has not yet been agreed upon by the parties. The final boundary between the Sudan and South Sudan has not yet been determined.

Prevalencija HIV-a kod injicirajućih korisnika droga (2011.g.)

- 1,6 milijuna IDU živi s HIV-om: 11,5% cjelokupne populacije IDU

Fig. 9. Estimated number of people who inject drugs, and number of people who inject drugs living with hepatitis B and hepatitis C



Hepatitis B i hepatitis C kod injicirajućih korisnika droga (2011.g.)

- Prevalencija HCV – 51% IDU – 7,2 milijuna osoba
- Prevalencija HBV – 8,4% IDU – 1,2 milijuna osoba

-HCV i HIV – najveći u zatvorskoj populaciji (od 10%, do 42% Finska, 45% Novi Zeland)

DROGE - PROBLEMI

- POLIUPORABA DROGA
- PREKLAPANJE BOLESTI
- OVISNOST, HIV/AIDS, TBC (multiterapijski rezistentan), hepatitis C, hepatitis B
- Psihijatrijski komorbiditeti

HARM REDUCTION - politika smanjenja štete

- Politika o drogama koja se primarno bavi smanjenjem štete koja nastaje kao posljedica uzimanja droga.
- “Ako korisnik droga nije sposoban ili voljan odreći se njegove/njene ovisnosti, treba im se pomoći u smanjenju štete koju nanose sebi i drugima.”

Programi smanjenja šteta

- “Harm Reduction” programi – specifični programi namijenjeni **AKTIVNIM INJICIRAJUĆIM KORISNICIMA DROGA**, kao i svim drugim **AKTIVNIM** korisnicima droga
- Sastavni dio javno-zdravstvenih aktivnosti
- CILJ: približiti ugroženu populaciju ovisnika terapijskim programima; smanjiti nastanak štetnih zdravstvenih i socijalnih posljedica uzrokovanih uporabom droga

HARM REDUCTION

- Aktivnost JAVNOG ZDRAVSTVA
- Djelatnost u aktivnoj prevenciji HIV/AIDS-a, hepatitisa B, hepatitisa C
- Jedini učinkoviti oblik rada s ciljanim grupama populacije životnog stila visokog rizika – injicirajući ovisnici o drogama, seksualne radnice/radnici

- **HARM REDUCTION** – prihvaćen, preporučen, provođen od strane WHO, IFRC, Global Fund; UNAIDS, IHRD
- HR pripada u programe “male zahtjevnosti” – low treshold programe

POLITIKA O DROGAMA

- Nema opskrbe drogama
- Nema potražnje za drogama
- NEMA ŠTETE ZA KORISNIKE DROGA I ZA DRUŠTVO

HARM REDUCTION – politika smanjenja štete

Osnovni principi učinkovite prevencije širenja HIV-a među populacijom intravenskih korisnika droga

(W.H.O. Euro – UNAIDS Task Force)

- Informiranje, komunikacija, edukacija
- Omogućavanje lakše dostupnosti zdravstvenim i socijalnim službama
- Doći do intravenskih korisnika droga
- Osiguravanje dostupnosti sterilnom priboru za injiciranje i dezinfekcijskom materijalu
- Ostvarivanje mogućeg i dostupnog supstitucijskog tretmana (metadon)

HARM REDUCTION DEFINICIJA (UNAIDS Terminology Guidelines – Jnuary 2011)

- HARM REDUCTION – politika, programi i pristup koji želi smanjiti štetne zdravstvene, socijalne i ekonomske posljedice povezane s uporabom psihoaktivnih supatanci;
- HR – opsežan paket znanstveno temeljenih informativnih programa za ljude koji koriste droge; devet komponenti :
 1. Opijatna supstitucijska terapija
 2. HIV testiranje i savjetovanje
 3. HIV njega i antriretroviralna terapija za injicirajuće korisnike droga (IDU)
 4. Prevencija seksualnog prijenosa
 5. Outreach (informiranje, edukacija, komunikacija sa IDU i njihovim seksualnim partnerima)
 6. Dijagnoza i liječenje hepatitisa
 7. Cijepljenja protiv hepatitisa B
 8. Prevencija tuberkuloze (TB)
 9. TB dijagnoza i liječenje

HARM REDUCTION

- Nemojte koristiti droge
- Ako koristite droge, nemojte ih injicirati
- Ako injicirate droge, uvijek koristite sterilan osobni pribor (šprice, igle, pribor za kuhanje)

HARM REDUCTION – OBLICI AKTIVNOSTI

- **NEEDLE EXCHANGE – NX**; zamjena štrcaljki i igala;
mobilni timovi
stacionarni timovi (osnovna medicinska pomoć???)
- **SAVJETOVALIŠTA**
peer edukacija
osnovna med. pomoć (prva pomoć za intravenske ovisnike)
- **INJECTING ROOM**
- **DROP IN CENTRI**
osnovna medicinska pomoć; socijalna pomoć (osobna higijena,
prehrana)
- **SUPSTITUCIJSKA TERAPIJA – METADON, BUPRENORFIN**

HARM REDUCTION – PROBLEMI

- ZAKONSKA REGULACIJA
- STAV DONOSITELJA ODLUKA (POLITIKE)
- STAV DRUŠTVA (ZAJEDNICE)
- SUKOB INTERESA
- IZVORI FINANCIRANJA
- STIGMATIZACIJA

HARM REDUCTION - KORISTI

- FINANCIJSK KORISNOST (1 USD uložen u Harm Reduction štedi 10 USD u funkcioniranju zdravstvenih sustava)
- JAVNO – ZDRAVSTVENA KORISNOST (direktna prevencija HIV-a, hepatitisa, tuberkuloze)
- SOCIJALNA KORISNOST (direktno smanjenje svih socijalnih negativnosti vezanih uz uporabu droga)

HARM REDUCTION – PREDUVJETI ZA USPJEŠNOST

- PROFESIONALNOST AKTIVNOSTI I OSOBLJA
- TRAJNI IZVORI FINANCIRANJA
- DOBRA POVEZANOST SA SUSTAVOM (IMPLEMENTIRANOST U SUSTAV)
- EVALUACIJA I EPIDEMIOLOŠKO PRAĆENJE
- JASNO ODREĐENI CILJEVI
- FLEKSIBILNOST

- U RADU S KLIJENTIMA:
- ANONIMNOST
- BESPLATNOST
- HUMANOST



