

Establishing guidelines on harm reduction related to drug addiction

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Guidelines on harm reduction: experience from Villa Maraini Foundation/Italian Red Cross

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VILLA MARAINI FOUNDATION ITALIAN RED CROSS

Taking care of people with problems related to the use of drugs, applying the RC/RC fundamental principles, since 1976

Dr. Massimo Barra

Villa Maraini Founder

Member of the Standing Commission Red Cross Red Crescent Movement



*“If drug users who ask for help are ill,
those who are not capable to ask, are twice as ill...”
dr. Massimo Barra*

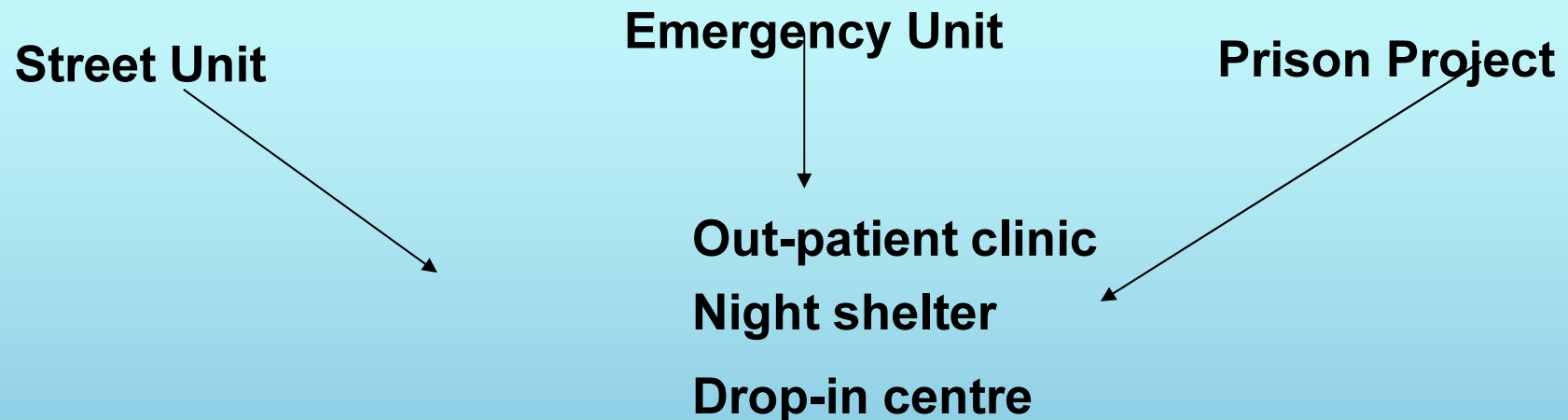


The Villa Maraini complex

- Two ancient buildings inside the Italian Red Cross Garden in Rome



The Villa Maraini offers a wide range of services suited to individual needs and capacities.
taking care is a continuous process



The Street Unit, the Emergency Unit are played at a “very low-threshold level”. These two services, together with the Prison Project, are to enter into contact with the most problematic active drug users when “their life is out of control”

“Listening and treating each individual as a unique entity”

“Working without referring to abstinence provides the chance to establish a human relation with people affected by use of drugs”

Street Unit

Outreach work has shown its potential to get in touch with people excluded from any kind of treatment

To give a syringe or a vial of naloxone is an act of solidarity not of complicity



Overall data of Street Unit activities from 25 March 1992 to 31 December 2012

• Contact with Dus	1.124.993
• Dus newly contacted	81.872
• Condoms given	273.113
• Vials of distilled water given	561.256
• Syringes given	1.138.862
• Syringes got back	588.471
• Information on Drugs or on infectious diseases	199.702
• Preventive/Informative material given	394.914
• Referrals to Drop In Centers	9.140
• Referrals to Night Shelters	4.107
• Referrals to Out Patient Clinic	2.140
• Vials of Naloxone given	12.625
• Medical Emergencies (including overdoses)	11.408

From 2010 voluntary counselling testing on HIV and TB offered by outreach and low-threshold services

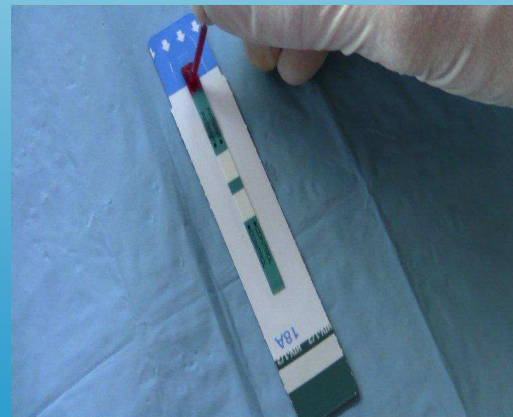
The Project I.m.p.Ac.T. (Improving Access to HIV/TB testing) for marginalized groups was co-financed by the European Commission under the Programme of Community Action in the field of Health (2008-2013)

Project Coordinator: Villa Maraini Foundation

Partners: SANANIM (CZ), OZ Odysseus (SK) and Gruppo Abele (IT) and Foundation Regeboog Groep (NL)

Project Imp.Ac.T.: General Aims

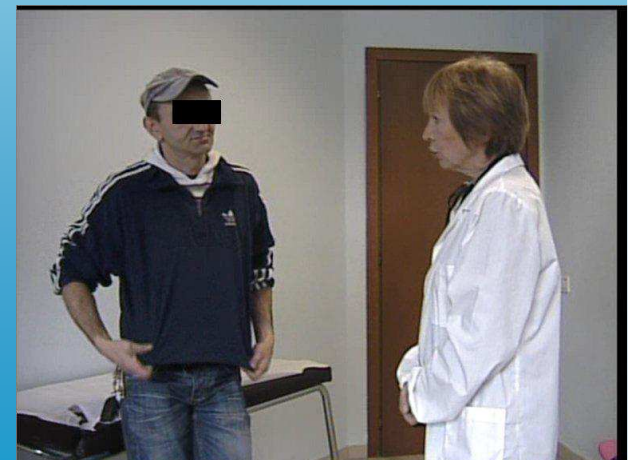
- ❖ To broaden the access to HIV and tuberculosis (TB) testing, prevention, treatment and care for vulnerable groups, such as drug users (DUs) and migrants DUs.
- ❖ To reduce the gap between DUs/migrants DUs and health care services and reduce inequalities in their access to treatment.



Project Imp.Ac.T.: Results

- **4855 persons were approached,**
- **2352 accepted to be interviewed (48%)**
- Main reasons for non-response: No time/ in a hurry; No interest; HIV tested before; Fear of results
- **During the project 571 problematic drug users were tested by Villa Maraini, 9 were positive to HIV of which 4 came back to be followed and the rest didn't**

VCT has become a new service of the Foundation



Emergency Unit

- Withdrawal: giving assistance (mostly oral methadone) to drug users as they are arrested (inside Police or Carabinieri Stations and at the Court of Justice)



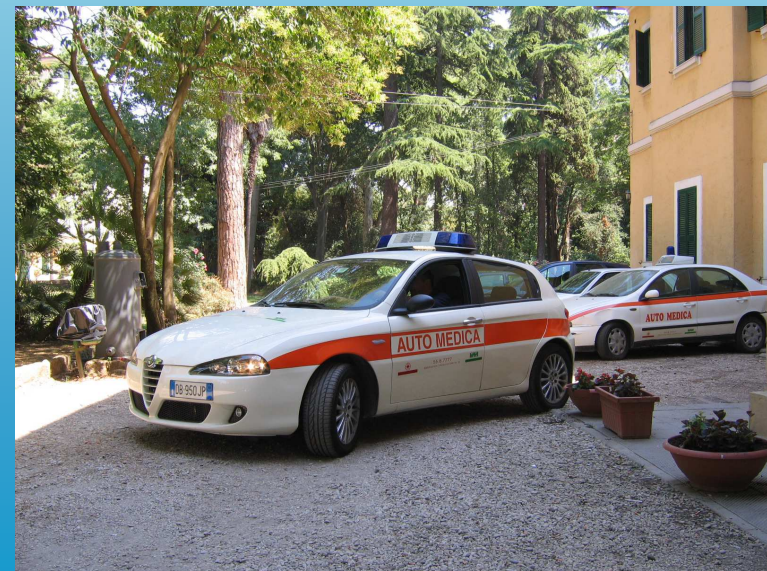
Overdose Interventions



- The Villa Maraini outreach and the emergency units have done 2081 interventions for overdose since 25 March 1992

Different people treated during “external emergencies in 2012

January					97
February					93
March					98
April					93
May					140
June					78
July					89
August					54
September					91
October					83
November					96
December					56
TOT					1.068



Prison Project

Inside Prison

Individual and group support: orienting and helping in going towards external therapeutic facilities



Outside Prison

Psychological, Social and Legal Support

Networking with other stakeholders



YEAR 2012 - Different clients per month treated by oral methadone at the Out Patient Clinic

	ITALIAN MEN	ITALIAN WOMEN	FOREIGN MEN	FOREIGN WOMEN	TOT
January	538	124	159	15	836
February	380	99	170	15	664
March	377	95	167	15	654
April	399	100	183	18	700
May	401	98	189	14	702
June	413	101	147	19	680
July	381	88	165	15	649
August	362	96	150	15	623
September	357	99	135	13	604
October	372	102	142	14	630
November	361	99	158	19	637
December	366	89	146	14	615

The Villa Maraini Foundation: “taking care is a continous process”

Clinic center + Night shelter + Drop-in centre



3 Major Community Programmes

The 3 Major Community Programmes

- Orientation Centre
- Semi Residential Therapeutic Community
- Full Residential for House Arrest

***Preventing Relapse means
continuously adapting steps to
individual needs and capacities***

Other services run by Villa Maraini

- The “Open Community”
- Family Support Group
- Web Counselling
- Social Rehabilitative Labour Cooperative
- Training Activities

The Programme:

“To Scale Up the Capacity of The National Red Cross and Red Crescent Societies on a Comprehensive Harm Reduction Approach for Drug Users”

The Organizational Committee



International Federation of Red Cross and Red Crescent Societies
Fédération internationale des Sociétés de la Croix-Rouge et du Croissant-Rouge
Federación Internacional de Sociedades de la Cruz Roja y de la Media Luna Roja
الاتحاد الدولي لجمعيات الصليب الأحمر والهلال الأحمر



Participants:

**the Red Cross and Red Crescent National Societies
who apply for being trained**

The Programme: five full days in Villa Maraini



- Trainings include all elements of harm reduction concept



The Training Programme for RC/RC NSs: Outcomes

- Increases community awareness on harm of drugs.
- Supports link between health services, legal institutions and community.
- Grows visibility through campaigns, social mobilization.
- Involves people affected by the problem.
- Addresses stigma and social exclusion:
“if Red Cross works with drug users it must be a good practice to do”

The Programme: Results

- 37 RC/RC National Societies came to be trained: Afghanistan, Argentina, Armenia, Azerbaijan, Belarus, Botswana, Bulgaria, Cambodia, China, Croatia, Estonia, France, Georgia, Indonesia, Japan, Kazakhstan, Kenya, Kyrgyzstan, Laos, Latvia, Lithuania, Macedonia, Mauritius, Moldova, Romania, Russia, Serbia, Syria, Tanzania, Tajikistan, Thailand, Timor Leste, Turkmenistan, Uganda, Ukraine, Uruguay, Uzbekistan, Vietnam
- RC/RC Societies in more than 20 countries are implementing harm reduction programmes.

The Programme: Country examples

- Belarus: to enhance female injecting drug users access to services
- Cambodia: peer support activities to help drug users and ex-drug users to increase their knowledge on HIV
- Kazakhstan: outreach activities with distribution of syringes and condoms, telephone Hotline, peer-to peer trainings, conduction of campaigns, referral services
- Kenya: harm reduction among the most at risk population in Mombasa
- Latvia: firstly opened a harm reduction point in a night shelter for homeless and then two drop-in centres
- Lithuania: opened two syringe exchange points inside local RC branches
- Tajikistan: opened three harm reduction points inside RC branches
- Ukraine: developed psychosocial support activities for injecting drug users and syringe exchange points

“The Training and Research Partnership on Substance Abuse” (1)

In 2012, in response to the growing level of drug use and related problems on a global level

the IFRC, the Italian RC and the Villa Maraini Foundation signed an agreement concerning
“The RC/RC Training and Research Partnership on Substance Abuse”

in order to join efforts, maximize the expertise brought by the Villa Maraini and expand the comprehensive approaches to drug abuse, and fight against stigma and social exclusion

“The Training and Research Partnership on Substance Abuse” (2)

- By disseminating the knowledge and experience of Villa Maraini, the agreement aims at ensuring the provision of training, capacity building of National Societies in harm reduction activities, and carrying out research on harm reduction.

Villa Maraini recommends peer education and active involvement of drug users and the community

- **“Nothing about us without us”**
- Final beneficiaries must be involved in programme development and implementation, from early stages.
- Service providers must go beyond prejudice



Reasons for offering harm reduction

To create a contact between drug user and break the isolation in which they are used to live: a branched harm reduction programme can arrive also in far and critical areas

To give support and assistance to drug users in the active phase of their addiction

To improve the living conditions of drug addicted

To give a helping hand to people who are afraid to be punished and rejected for their behavior.

Reasons for offering outreach services at a very low-threshold level

- To enter into contact with the most problematic active drug users.
- To reach drug users during personal crisis, when help could be crucial for starting a process of rehabilitation
- To make the most vulnerable have access into low-threshold services; in fact one of the crucial points for a correct policy on drug is the access to the treatment for all drug abusers
- To offer VCT to 'hard-to-reach' groups: 21% of people tested by the Project Imp.Ac.T. were never tested before!
- To make possible to reach short term goals, such as: not to share syringes any more; use condom;...
- To increase information and knowledge about infectious diseases

Why harm reduction should be a “comprehensive” harm reduction package

- Different needs and expectations can be covered by flexible answers to needs
- Give the chance to suite the programme to every users' needs
- Give the chance to adapt offers to every drug users' changing needs and capacities, preventing relapse and ac-companying towards the best feasible re-socialization
- To support drug users to cope with their health and social problems and motivate them toward healthier lifestyles
- To make the relation with care-provider sustainable and preventing relapse from treatment

Final Recommendations

- Advocate for a humanitarian approach to drug problem, based on a just and fair treatment of drug users, free from ideology, force, stigmatization and discrimination.
- Base the programme on a full assessment process: services standardized according to the kind of drug used
- Put the needs of people who use drugs at the centre of the programme.
- Accountability to people who use drugs and the wider community including the most excluded people living in imposed restricted conditions
- To use peer-driven intervention for recruitment and motivation of DUs toward testing and treatment including Hepatitis C in the VCT process
- To integrate the programme into the local infrastructure working together with other relevant stakeholders, do networking
- The programme must build capacity of the target population, the staff, volunteers and the wider community.

Final Recommendations

- Make the programme accessible to everybody: to people living in cities and rural areas, poor people, women and men, people with diverse sexuality and ethnicity, and young people, including those who live on the streets.
- Monitor and evaluate regularly the programme
- Where national plans and priorities are insufficient, it is necessary to advocate for changes in national plans.

Thank you for your attention

- **Web site**
- www.villamaraini.it
- www.massimobarra.it