Knowledge gained through experience in young problem drug users: reflections on interventions and change
Witteveen, E.J.

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Summary
General introduction

The Netherlands and especially big cities as Amsterdam already for decades have to deal with the grave and complex consequences of drug use. Meanwhile, enormous efforts have been deployed in developing and implementing a variety of interventions including; prevention, healthcare, social care, criminal justice, harm reduction and also supply reduction measures. However, current interventions mainly seem to stabilize and reduce harm primarily for opioid dependent patients. The disquiet about the consequences of problem drug use continue to exist.

Looking at the lack of effectiveness of these interventions, it is notable that for a long time the vast majority of efforts deployed to reduce substance misuse are supplier-driven, top-down, and mainly based on ideas and opinions. Perhaps this explains why interventions have failed to impact on rising trends in problem drug use. To tackle this problem maybe one should focus more on a consumer-run demand and use the experience of drug users themselves. Qualitative research therefore is very important. The main objective of this thesis is to enhance the understanding of problem drug use behaviour for developing rational policies and effective interventions with the help of knowledge gained through experience of problem drug users and the qualitative research methodology. By focusing on six more specific problems of particularly the new generation of drug users, I also want to make a contribution to the solution of problem drug use in Amsterdam. Finally, I hope to encourage a wider appreciation of the contribution that qualitative research can make.

The core of this thesis are six chapters, each of which includes an independent study about a more specific drug problem in Amsterdam. It concerns one epidemiological study and five qualitative studies. The epidemiological study and the first three qualitative studies concern drug use behaviour, the other two qualitative studies focus on health care.

Results

The epidemiological study in chapter 2 describes the development of drug use among young problem drug users in Amsterdam. This study specifically focuses on the transition to heroin and injecting drug use. Moreover, factors associated with continuation of frequent drug use are described.

90% Used crack cocaine at intake, 9% frequently injected. During follow-up incidence rates of new onset heroin users (5/100 personyears (py)) and injecting drug users (3/100py) are observed. The incidence rate of resuming injecting was higher (13/100py). Transition towards abstinence / non-frequent drug use (4 years cumulative incidence 59%) is common, mostly followed by a relapse (1.5 years cumulative incidence of 75%). Polydrug users were less likely to discontinue their (frequent) drug use.

Although most young cocaine and heroin experimenters are unlikely to maintain their drug use or to experience drug use-related problems, a substantial minority will develop cocaine and heroin problem use, involving additional health, safety and legal risks.
Chapter 3 therefore identifies self-reported factors facilitating the initiation of cocaine and heroin use among young problem users in Amsterdam. This study shows that the seven most common self-reported factors facilitating initiation of cocaine and heroin are: desire for affect regulation, drug availability, curiosity, desire to be part of a group, misinformation, desire for energy and starting because it has a depressant effect.

Injecting drug use does occur among young people in Amsterdam. Injection as a route of administration, however, can potentially increase disease transmission risks and overdose. Discouraging transition to injection and cessation of injecting stays important. Chapter 4 elaborates on the self-reported reasons for and against injecting. Reasons for starting injection are: stronger effect or rush, curiosity, economy, knowing injectors, and perceived lack of danger to health. Reasons for not starting injection are: fears of needles, overstepping a limit, damage to appearance, fears of missing veins and causing abscesses, and illnesses.

Chapter 5 gives additional insight into self-reported motives and methods in relation to cessation of injecting drug use. This study shows that health problems and significant others are the most important motives for users to stop injecting use. The study also shows that use of methadone and smoking hard drugs instead of injecting them, are among the methods for the cessation of injecting drug use.

The next two qualitative studies focus on problem drug users and their relation to health care in Amsterdam. Chapter 6 tries to construct a picture of the nature of unmet health care needs and of the self-perceived barriers to health care use. High rates of unmet needs were found in our sample. Respondents reported needing immediate help with organizing basic needs, such as housing, finances, and employment. Besides, half of the respondents wanted help in giving up drug use. Barriers hindering appropriate health care use often mentioned were: lack of personal supervision, help not based on client input, fragmentation of support, waiting lists, completing treatment was optional, and treatment focusing too much on abstinence.

The last study is described in chapter 7. Like many other HIV positive patients, drug users have problems in achieving good therapy compliance. As a result, the effectiveness of the medication therapy is seriously jeopardized. This study seeks to provide a better insight into the extent of adherence to highly active antiretroviral therapy (HAART). In addition, factors that impede or facilitate adherence have been listed in order to develop and improve strategies. The study shows that almost half of the hard drug users interviewed do not adhere to the therapy. A large number of determinants for adherence were identified at the level of medication, the individual and the environment.

**General discussion and conclusions**

In the above summary of the results the following recurring themes can be distinguished. Drug use seems to fulfil several important functions and affect regulation, economy and status are mentioned in this thesis. Also the themes illness versus health, curiosity, peer influences, detention and basic needs - such as housing, social support, financial security
and useful work - are noted. Finally, servers providers, attitude and supervision are regular mentioned. In the following paragraph I reflect on the implications these findings can have for interventions and change, making a distinction between preventive interventions on the one side, and cure and care interventions on the other.

**Prevention**

**Prevention of use**

At the time of cocaine/heroin initiation, 90% of the interviewees in the YODAM sample were struggling with problems. They were dealing with foster care/juvenile correctional institutions, addicted parents, violence, psychopathology, or problems with justice. These results suggest that these youngsters could be a focus of preventive programs.

Our observation on the motives and reasons related to drug use mentioned, do suggest that drug use mostly fulfills important functions. To target interventions precisely at issues that are personally relevant for the specific populations, programs to be more effective should focus on these functions behind use.

Experimentation with illicit drugs starts at a relatively young age (mean 16.5).

‘Availability’ in marginalized places and ‘trying drugs to be part of the group’ are perceived factors associated with first cocaine and heroin use. Interventions focusing on these motives should equip young people with the interpersonal tools to deal with the various situations in which drugs may be available or on offer.

**Prevention of injecting**

Intravenous use still occurs in Amsterdam. ‘Affect regulation’ as an important motive for initiation of use and ‘better effect, a more pleasant feeling’ as a motive for injecting may both have the same function and indicate traumatic experiences and deep personal grief. Effective interventions can prevent youngsters both from initiation and injecting.

In this thesis two chapters focus on the motives in relation to injecting drug use. Comparing the motives against injecting drug use (chapter 4), with the motives of cessation of injection (chapter 5), shows important resemblances: ‘Health problems’, ‘not being able to find veins and abscesses’, ‘dependence’ or ‘overstepping a limit’ and ‘overdose’ are mentioned both as motives against and as motives of cessation and suggest strong and timeless motives for non-injecting.

‘Curiosity’, to obtain ‘available drugs’, and ‘knowing injectors’ are important factors associated with initiation of cocaine and heroin and to start injection. However, in order to satisfy their curiosity and to get drugs and information youngsters depend heavily on their drug-using peers. Significant others in the user’s social network also play an important role. Since we found no proof of peer pressure to use drugs, interventions which make use of the influence of these persons may turn out to be effective.

**Care and cure**

The Amsterdam drug problem has primarily been interpreted as a heroin problem. Therefore, treatment programs have been developed specially for these patients and services have something on offer mainly for heroin users. Although interviewees did
indicate that they saw the addictive nature of methadone as a big problem, analysis of
the interviews showed that the use of high dosages of methadone still play an important
role in relation to controlled heroin use and cessation of injecting heroin use.

However, studies show a clear tendency towards increasing cocaine use. Cocaine is now
the most common drug of initiation and addicts who exclusively used heroin in the
1970s, became the current multiple-substance abusers with an excessive reliance on
crack. Moreover, the majority of crack cocaine users without a history of opiate use will
not start using heroin in the coming years.

However, due to the complexity of the problems of many crack cocaine users and a lack
of evidence to support interventions, we see health services that have little on offer for
crack users. This not-optimal service quality for crack cocaine users has resulted in
dissatisfaction and presumably the reason they are difficult to reach. From this
perspective it is better to speak about ‘difficult to offer’ instead of ‘difficult to reach’.
Health care provision for current problem drug users should be a new challenge that
requires a different approach.
1. From the results we know that service integration of addiction, mental, physical, and
social services is necessary for the success of current problem drug users to help.
2. Next, ‘lack of personal supervision’ makes it difficult to find your way through the
range of services on offer and even with integrated services a case-management
approach seems important. The case-manager also should focus more on users as
individuals and an optimal relationship involves trust, concern and continuity.
3. For both, users who want to stop drug use and for users who don’t want to stop, it
should be emphasized that health care focuses primarily on the basic needs - such as
housing, social support, financial security, and good working conditions - of these
marginalized users.
4. Specially for the subpopulation of the difficult to help problem drug user, great
emphasis could be placed on outreach activities.
5. Periods spent in custody and to a lesser extent in hospital, are strongly associated with
transition to non-frequent drug use, as well as abstinence oriented treatment. However,
these high rates of transition to non-frequent drug use and abstinence, are followed by
high rates of relapse. Therefore, these periods may be suitable points in time for
interventions that specifically target drug users who temporarily control their drug use in
order to prevent relapse.
6. To prevent further deterioration I am also of the opinion, that besides motivational
interviewing and assertive treatment activities, because of high percentages of
psychopathology, using legislation to compel users to make a choice between treatment
or detention, is important.
7. Next, it is important to develop and implement effective treatment strategies for the
growing population of crack cocaine users.
8. From the results we know that problem drug users generally are enthusiastic about
learning practical skills. To prevent them mistakenly stopping before the end of
treatment (abstinence oriented) and making it more effective, maybe treatment should
focus more on practical skills instead of therapeutic sessions. Besides, this study shows
that having a sense of purpose/occupation does play an important role in continuing
controlled drug use and abstinence. Practical skills better prepare these patients for
finding a meaning in life (work, computer, music).
9. Finally, it should be emphasized that about one-third of our YODAM respondents
indicated that they did not want to stop using hard drugs. This can be considered as a
high number. It raises the policy question as to whether addicted people not in treatment should be offered all kinds of services. The answer should be based primarily on a pragmatic, public health perspective rather than on ideology. On the first place I believe it remains important to focus on users’ basic needs as I mentioned before. I’m also of the opinion that controlled drug use, as a goal of treatment for problem users, should be considered.