Integrated and Person-Centred Harm Reduction Services

November 2021

HARM REDUCTION INTERNATIONAL

Harm Reduction International
61 Mansell Street, Aldgate, London E1 8AN
Telephone: +44 (0)20 7324 3535
E-mail: office@hri.global
Website: www.hri.global

What is an integrated harm reduction service?

In this report, we define an integrated harm reduction service as a site or organisation that provides one or more 'traditional' harm reduction services (such as opioid agonist therapy or a needle and syringe programme) alongside other health and social services. In doing so, they ensure that a wide range of services are available and accessible to their clients.

Key Lessons

Integrated services are better placed to treat people as people

- Treating clients as rounded individuals, rather than reducing them to 'symptoms' or 'challenges' encourages self-care and solidarity, and empowers them to demand their rights.
- Collaboration in multidisciplinary teams can ensure that integrated services are complementary.
- Providing a space where people can simply exist in comfort and safety is just as important as formal health and social services.
- Holistic care and support can build self-worth, pride and solidarity, and combat the effects of stigma and discrimination.

Integrating services makes them more accessible

- Service integration is about making services accessible and empowering people to use them, without pressure or obligation.
- Integrating services makes them easier for clients to navigate, and can support them to engage more effectively.
- Integrated services understand the barriers their clients face when accessing external services, and can ensure that clients are referred to the most appropriate options.
- Even complex services, like blood tests and consultations, can be delivered in a way that places minimal burdens on clients' time and resources.

Community leadership and involvement is transformational

- The leadership of peers eases the building of trusting relationships, and ensures that people are treated as human beings not just patients.
- Peer-leaders in integrated services have a unique insight into the lives and experiences of their clients, and can use that to provide compassionate and non-judgemental services.
- Working closely with clients and community improves the range and quality of services you can offer.
- Ensuring a culturally safe environment for Indigenous communities makes services more accessible and acceptable to people who may otherwise be marginalised.

Integrated services can adapt to their environment

- Enabling political and legal environments support greater integration and accessibility.
- Integrated services know their context and clients, and can make sure they have access to the most relevant and safest commodities.
- Sometimes it is necessary to recognise the limits of integration under one roof: some services might be better delivered separately.

Introduction

A person's health is multifaceted and interconnected. In order for any service to genuinely empower people to improve their health, it needs to recognise the various factors that contribute to it. Integrating health and social services enables these services to be responsive to the needs of their clients.

Where health and social services are disparate and disconnected, they can only address particular symptoms or conditions of a person's health. On the other hand, integrated services are capable of addressing a person's health in a broader context. This 'biosocial' approach to health acknowledges that different health and social issues are interconnected and need to be addressed holistically. This can range from biomedical knowledge about the interaction between certain medications, to acknowledging the impacts of discrimination, marginalisation and criminalisation on a person's ability to access good health. A failure to recognise any one factor in a person's health can dramatically impact the ability to address other areas.

For harm reduction, this means moving beyond the narrow frame of preventing and treating infections and overdoses through biomedical and bio-behavioural interventions.

The services profiled in this report show real world examples which have had excellent results. In some cases, this simply means making it easier for people to access the health services they need by providing them all in one place. In others, it means broadening what we mean by harm, and recognising the full range of what harm reduction can be. **They are person-centred services: organised around the person as an autonomous whole, not reducible to their drug use or specific medical conditions, but with intersecting needs linked to their personal social determinants of health.**[a]

Community leadership has always been central to harm reduction. It is the only way to provide the appropriate range of services in the appropriate way. It is also essential to consider those whose needs are commonly unmet. People who use but do not inject drugs, as well as people who use stimulants, are largely left out of a framing of harm reduction centred on injecting opioid use. Women, people of colour and Indigenous people are poorly served by services created with white men in mind. People from sexual minorities experience stigma and a lack of understanding in services not used to their practices and needs.

Photography courtesy of: The Muslim Education and Welfare Associated (MEWA).

a "Person-centred care" differs from the current World Health Organisation definition of "people-centred care by appreciating diversity and intersectionality between population groups and the unique circumstances that define each individual person's health needs and aims.[1]

What is an integrated service?

At its heart, an integrated service is one that provides multiple services at once, in a way that makes it easy for clients to move between them. In doing so, they can address the complex needs of their clients 'simultaneously, rather than in parallel or sequential fashion'.[2] In the context of harm reduction, this commonly means providing a continuum of prevention, diagnosis and treatment for blood-borne diseases tailored to the needs of people who use drugs, alongside broader health and social services. Central to this practice is the acknowledgement that the health consequences of drug use cannot be addressed in isolation, but must be considered in a social, economic and legal context.

Integration comes in different forms, each of which comes with its own advantages and disadvantages. A fully integrated 'one-stop shop' might provide a full range of services under one roof, provided by one multidisciplinary team. These services provide strong linkage to care, but might be more difficult to implement.[3] On the other hand, a service may function as an entry point to a network of service providers. The links between services in these cases might be weaker, but integration can be achieved more quickly and services can be more specialised.[3] The type of integration that is appropriate will depend on the context and the needs of clients.

In this report, we use a broad definition of an integrated service to demonstrate the range of possible models. All the services profiled in this report provide at least one 'traditional' harm reduction service (such as access to safer smoking or injecting equipment or opioid agonist therapy), while ensuring access to other health and social services by either sharing a site or providing strong referral pathways to other organisations and services.

Photography courtesy of: The Canberra Alliance for Harm Minimisation and Advocacy (CAHMA)

Global commitments and guidelines on integrated services

Integrated harm reduction services are a part of several global international commitments and guidelines, including:

- The **International Covenant on Economic, Social and Cultural Rights** obliges its 171 signatories to ensure people have access to 'the highest attainable standard of physical and mental health'.
- The latest **UNAIDS strategy (2021-2026)** places a strong emphasis on the need for integrated services. It commits countries to ensuring access to 'quality, integrated HIV treatment and care that optimises health and wellbeing.' Importantly, it also recognises the need for 'fully recognised, empowered, resources and integrated community-led HIV responses.' It also explicitly calls for the inclusion of 'medical and nonmedical' services.
- The **Political Declaration of the 2021 UN General Assembly High Level Meeting on HIV and AIDS** commits member states to providing context specific integrated services for HIV and other communicable diseases, non-communicable diseases, sexual and reproductive health, gender-based violence, mental health, alcohol and drug use, legal services, and other services they need for their overall health and well-being by 2025.
- The World Health Organization's guidelines on addressing HIV among people who use drugs recommends a **'comprehensive package'** of HIV services for people who inject drugs, including needle and syringe programmes, opioid agonist therapy, and HIV, viral hepatitis and tuberculosis services among others.
- The **Global Health Sector Strategies on HIV and viral hepatitis and sexually transmitted infections 2016-2021** commits to including the comprehensive package in integrated health services.

Photography courtesy of: The Muslim Education and Welfare Associated (MEWA)

The Evidence

Integrated and person-centred harm reduction services increase engagement and improve health outcomes

When implemented well, integrated harm reduction services offer a more person-centred approach, giving clients more control over how they manage their drug use and access health and social services. By allowing for closer and more understanding relationships with clients and by placing fewer burdens on their clients' time and resources, the services are able to be more responsive, convenient and appropriate to the lives of people who use drugs. This also makes them better at reaching marginalised people and building trust.[4]

A wealth of international research finds that integrated harm reduction services are both more effective at reaching clients and at empowering them to improve their health. Reviews of evidence find that integrating HIV and substance use care not only increased the number of people accessing those services, but also improved their access to primary care in general.[2,4] Similarly, modelling in Mexico shows that integrating anti-retroviral therapy for HIV with opioid agonist therapy could boost uptake of both and reduce HIV infections and overdose among people who inject drugs.[5] Global studies find that where needle and syringe programmes provide HIV and viral hepatitis testing and linkage to care, they make a big contribution to the number of people who know their status and enrol in treatment.[6]

Research finds that client perspectives of integrated services are also generally positive. Clients highlight the holistic care that is provided, and the ability of integrated services to address unmet social needs.[4] In population-specific services, such as those that are female-centred, clients report an opportunity for the recognition of and solidarity with common challenges and experiences.[7] This contrasts with client perspectives of non-integrated services, which demonstrate the barriers to care, including fear and experiences of stigma and discrimination, unmet basic needs, unfriendly clinical environments and procedures, inadequate counselling, and a perceived lack of confidentiality.[4]

Not only are integrated services effective, they are also cost-effective. Evidence shows this is true of any type of integration of HIV services with sexual and reproductive health, tuberculosis or primary health care, and that this may make services cheaper for clients where that is a factor.[8]

Community-leadership and peer workers make integrated services even more effective

The involvement and leadership of the community is also important to integrating harm reduction services. From the early days of harm reduction practice, peers have been central to its development and delivery.[9] Peers are uniquely able to win the trust of clients and have the knowledge and expertise to understand their experiences.[10] Evidence shows that peer involvement in HIV and harm reduction services is linked to better health outcomes, including reduced incidence of HIV, increased accessibility, acceptability and quality of services, reduced risk behaviours and reduced experiences of stigma and discrimination.[10]

Integrated services can better meet the needs of women who use drugs

Integrated services are particularly effective in reaching women who use drugs. Where sexual and reproductive health and harm reduction services have been integrated (either through referral pathways or sharing a site), engagement in both has increased.[7] A study in Kenya found that women who use drugs had low use of sexual and reproductive health services, but that this can be improved by integrating them with outreach-based HIV and harm reduction services – a solution they found was both feasible and acceptable to the clients.[11] Evidence shows that integrated HIV and sexual and reproductive health services improve client satisfaction, reduce stigma and are better at reaching some more marginalised populations, such as sex workers.[12]

Acknowledgements

Harm Reduction International would like to acknowledge the contributions of all those people who contributed to this report: Maria Angélica Comis (É de Lei); Chris Gough (CAHMA), Gaby Bruning (VACCHO) and Sione Crawford (Harm Reduction Victoria); Prawchan KC (SPARSHA); Américo Nave, Rita Lopes, Maria Bento Carmona and Carlos Morgado (CRESCER); Fatma Jeneby (MEWA); DJ Laroche (Kontak) and Alexandre Fafard (RÉZO).

Integrated Services Demonstrated Their Unique Abilities During Covid-19

In the context of the global pandemic, harm reduction services were able to provide COVID-19 care to their clients, alongside core services. Even where integrated and person-centred harm reduction services have closed, they were able to remain in contact with their service population during the pandemic. For example, Pink House in Bulgaria provided COVID-19 information, face masks, disinfectant and food, even while their drop-in centre was forced to close temporarily.[13]

Harm reduction services that treat people with compassion and without judgement are uniquely positioned to encourage trust between clients and service providers. As such, they can play a crucial role in providing COVID-19 services to people who use drugs.[14,15] An example is ARCAD Sante Plus in Mali. The organisation integrated their responses to HIV and COVID-19 through the CovidPrev project. Using the long established and trusting relationship between the organisation and their HIV service clients, they were able to continue testing and treating for HIV while delivering COVID-19 prevention messages and restructuring their service to comply with social distancing.[16]

Additionally, because of the stronger relationships formed between integrated services and their clients, the services themselves are commonly more aware of the needs of their target population than standalone services. For example, services in Norway, South Africa and the United States recognised early on the possible confusion of COVID-19 and opioid withdrawal symptoms, and responded by expanding access to COVID-19 screening and information.[17–19]