

“Harm and risk reduction strategies in the comprehensive therapeutical approach of problematic drug use and other forms of consumption.”

Section.

As part of the WFMH, the aim of our work is to generate a space where to exchange thoughts, and share observations and results, in order to deepen and update our research and clinical fields, and also our work in prevention, teaching and consultancy areas. To fulfill this objective, we have the purpose of founding the present section which is entitled: “Harm and risk reduction strategies in the comprehensive therapeutical approach of problematic drug use and other forms of consumption.”

We are a diverse group of people which has elaborated, as an act of inauguration, a set of shared premises which represent the fundamentals and spirits of our section. These premises are our standpoint and regulate our practices and projects. We consider diversity as a fundamental aspect of human groups, and we decide to work respecting differences in order to generate consense.

The following items represent our main ideas:

1. We are conscious of the importance of having national and international law which contemplate problematic drug use and consumptions as part of Mental Health policies. This should lead to guarantee that people with problematic use of drugs (both legal and illegal) rely on having their rights respected as every other user of the Health System. Governments should assign economical and technical resources to fullfil that end. And in this sense, it is desirable that laws regulating clinical practice could: be useful to prevent the development of problematic drug use counting with direct intersectoral participation of the states; ensure comprehensive medical assistance to problematic drug users; and provide social protection to these subjects.

2. We consider mental health as a socio-historical field and reject any dogmatic position that may not consider singularity as a vital aspect of psychic suffering.

3. We define as problematic those consumptions that, involving or not any substances, physically or mentally affect subjects and/or social relationships in a negative way. Problematic use or consumptions may be expressed as addictions, alcohol, tobacco, or psychotropic substances (both legal and illegal) abuse, or as a compulsive behaviour towards gambling, gaming, technology, food, sex, shopping, among others.

4. Problematic use and consumptions involve multiple and complex factors that should be taken into account, considering subjects as part and expression of their community.

5. We have a critical interpretation regarding abstencionists paradigms in drugs. Harm and risk reduction strategies provide valuable tools for both treatment and prevention, and allow to build participative health policies.

6. We reject any theoretical or clinical approach that may consider drug use as a moral deviation and also consider that not every form of drug use are or lead to problematic forms.

7. Our clinical practice leads us to understand that subjective aspects are always involved when relating to drugs or different forms of consumption. Therefore, considering singularity in each case is a must when referring to approaches and treatments.

8. It is fundamental to understand the risks implied in conducting treatments using our professional knowledge only considering patients as mere passive receptors. Users and consumers have their own knowledge that should be respected and taken into account, as well as their own decision on how they want to be helped or (if) treated. We believe in enabling participative strategies having users as main actors.

9. Universities and other Institutions addressing health and mental health careers or courses, should have specific subjects as regards

problematic use and consumption and should promote research in order to generate information that could help better clinical practice and health policies.

10. We consider that raising awareness in the community is vital to reduce the stigmatization that drug users historically suffer. This should lead to generate inclusive and preventive policies that may bring better alternatives to laws that penalize drug personal use. In this sense, harm and risk reduction strategies surpass abstensionist perspectives by allowing human right focused health policies favour social integration.