



Harm Minimisation in Managing Substance use

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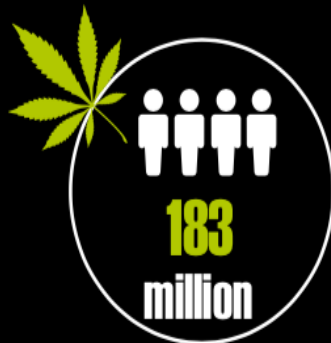
**Youth Mental Health ,Managing Substance Abuse & Associated Mental Health
,Issues , SYNLAB ,Ilupeju, Lagos**

Overview

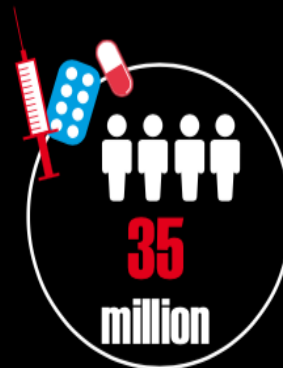
- Introduction
- Clinical Definitions
- Overview of Treatment interventions
- Harm Reduction approaches
- Next Steps

How Big a problem is Drug use ,in our communities ?

Number of past-year users in 2015



cannabis



opioids



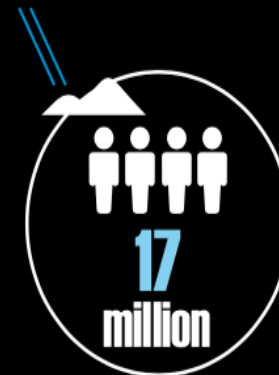
**amphetamines &
prescription stimulants**



"ecstasy"



opiates



cocaine

A Common Problem?

- Home Office 2011-12 Figures
- 1 in 3 adults has taken an illicit drug (36.5%) in their lifetime equivalent **12 million people**
- 8.9% in the last year (nearly **3 million people**)
- 5.2% in the last month



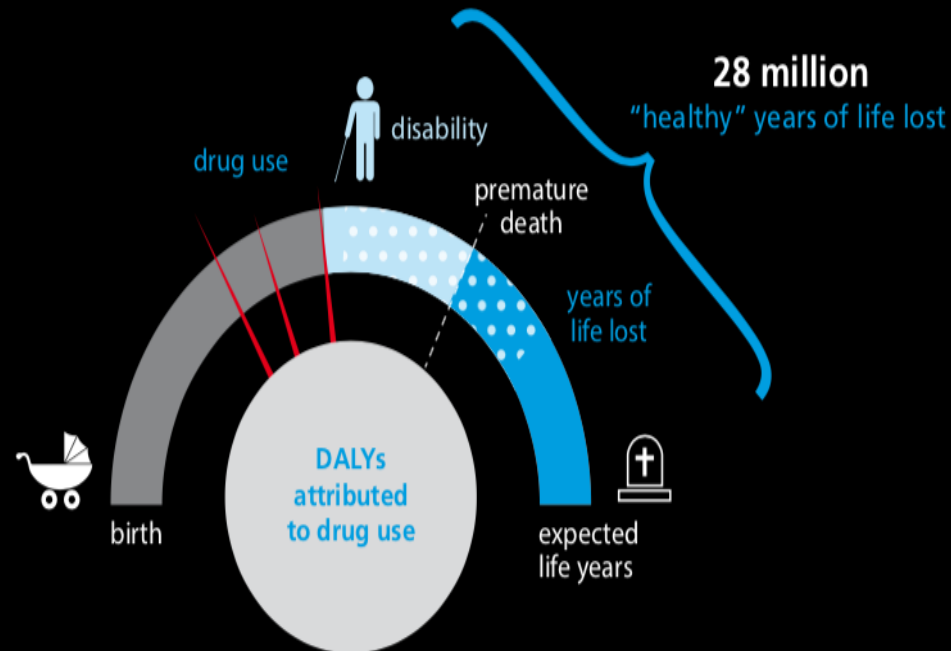
PREVALENCE



Year	Cocaine	Opioids	Cannabis
2007	0.5	0.6	13.8
2009	0.5	0.6	13.8
2011	0.5	0.7 (0.3-1.0)	14.3 (11.8-16.8)
2012	0.7 (0.3-1.1)	0.7 (0.3-1.0)	14.3 (11.8-16.8)
2013	0.7 (0.3-1.1)	0.7 (0.3-1.0)	14.3 (11.8-16.8)


Estimated prevalence (%) of drug use in Nigeria in the adult population (aged 15-64 years), 2007-2013, with confidence intervals where available, (UNODC) ²⁵


28 million healthy years of life lost as a result of drug use


17 million healthy years of life lost as a result of drug use disorders



DALYs =  years of "healthy" life lost as a result of disability +  years of life lost as a result of premature death

 17 million DALYs attributed to drug use disorders

 10 million years of life lost as a result of disability caused by drug use

 18 million years of life lost as a result of premature death caused by drug use

Trump declares opioid epidemic a national public health emergency

By Dan Merica, CNN

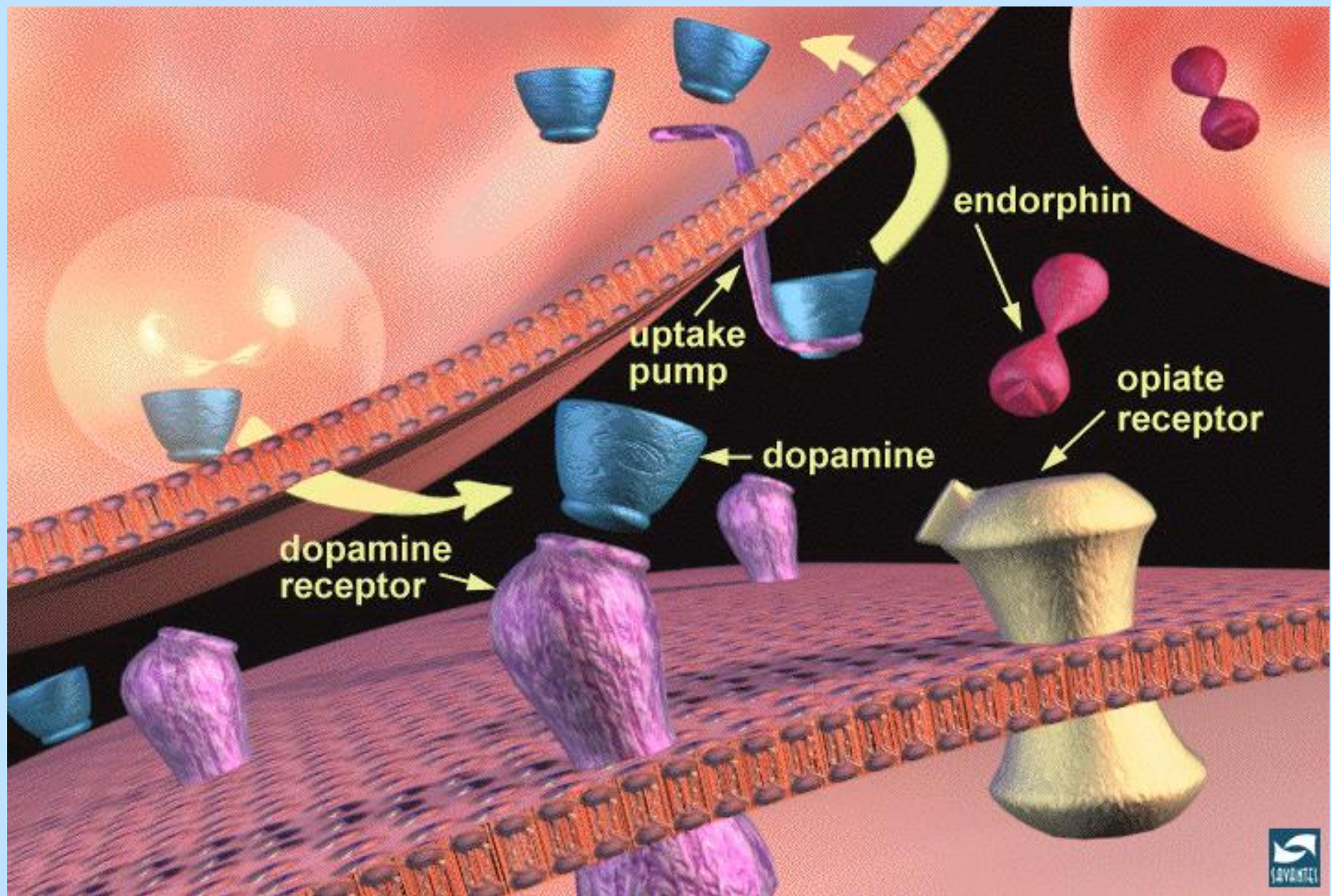
Updated 5:59 PM EDT, Thu October 26, 2017



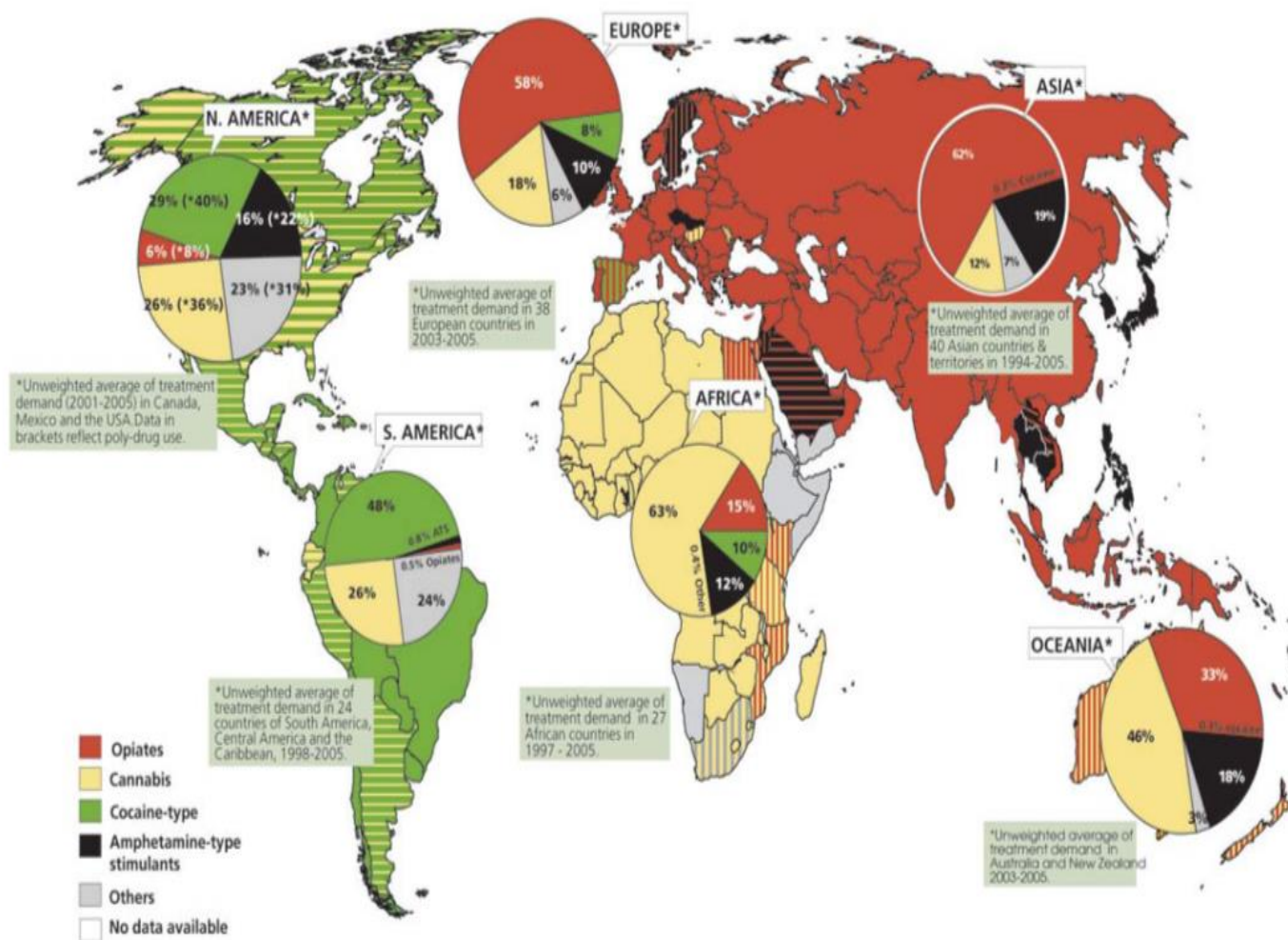
ICD-10 diagnostic criteria for dependence syndrome

A definite diagnosis of dependence should usually be made only if three or more of the following have been present together at some time during the previous year:

- a strong **desire** or sense of **compulsion** to take the substance
- difficulties in controlling substance-taking behaviour in terms of its onset, termination or levels of use
- a physiological **withdrawal** state when substance use has ceased or been reduced, as evidenced by the characteristic withdrawal syndrome for the substance, or use of the same (or a closely related) substance use with the intention of relieving or avoiding withdrawal symptoms
- evidence of **tolerance**, such that increased doses of the psychoactive substance(s) are required in order to achieve effects originally produced by lower doses
- progressive **neglect of alternative pleasures or interests** because of psychoactive substance use; increased amount of time necessary to obtain or take the substance or to recover from its effects
- **Persisting** with substance use despite clear evidence of overtly harmful consequences, such as harm to the liver through excessive drinking, depressive mood states consequent to periods of heavy substance use, or drug-related impairment of cognitive functioning; efforts should be made to determine that the user was actually, or could be expected to be, aware of the nature and extent of the harm.



Main problem drugs (as reflected in treatment demand), 2005 (or latest year available)



Unfortunately as the original picture is not straight, this is the best I can do with it unless you can give me the original copy.

BBC Launches *Africa Eye*, Screens Documentary On Codeine Abuse

By Omiko Awa

THE British Broadcasting Corporation (BBC), last week, further made an inroad into broadcasting and investigative journalism in Africa with the launch of *Africa Eye* and the screening of *Sweet Sweet Codeine*, an undercover documentary of addiction to cough mixture in Kano, Lagos, Ijigawa and Ilorin.

According to BBC Commissioning Editor for TV, Nisha Kapur, *Africa Eye* will promote the culture of investigative journalism across Africa and strengthen the skills of African investigative journalists.

She noted that all the programmes would be based on in-depth reporting and tackle topics that are of intense concern to the audiences in Africa, adding that the reports would be produced in a fresh and contemporary style that resonate with young audiences.

"The new strand is part of the BBC's commitment to invest in original content for Africa in English, French, Swahili, Igbo, Yoruba and Hausa languages, as part of the expansion of the BBC World Service. *Africa Eye* will create a network of trained investigative journalists across the continent — within BBC Africa and among BBC's partnering organisations on the continent.

"*African Eye* will also work with independent journalists to deliver up to 20 original and high-impact investigations from across Africa every year," she said.

Sweet Sweet Codeine, a co-production between *Africa Eye* and *BBC Pidgin* looks at the cough

syrup industry and how codeine is causing a plague of addiction across Nigeria. The undercover documentary reveals how senior figures in Nigeria's pharmaceutical industry are moving their legally produced products, codeine cough syrup, through the back door of their factories into the hands of drug dealers who sell them for the price of a bottle of cola drink.

The duo of Ruona Meyer and Adejwon Soyinka of *BBC Pidgin* exposes how this sweet tasting opioid is found in nightclubs in Lagos and on backstreets of

shanty communities in Kano, Ijigawa and other towns in the North, as well as the negative effect it is causing users, parents and the society.

The documentary also films some of the users, now demented, in Doriye Rehabilitation Centre, Kano, where they are being taken care of.

The audience made up of journalists, pharmacists, advocacy groups and traditional rulers, while commending *African Eye* and *BBC Pidgin* for the insightful reporting called for a follow-up with a second edition and also

want BBC to make authorities concern in the distribution chain and monitoring do their work properly, as part of ways of preventing the mixture from getting into wrong hands and eradicate the menace.

Responding to the various calls, Soyinka standing for BBC, said his organisation has played their part by exposing the codeine epidemic and urged other organisations to pick up the issues where *Africa Eye* stopped. He disclosed that the decision to do a second edition does not lie with him, but his organisation will be on the story

and report any positive changes as they happen.

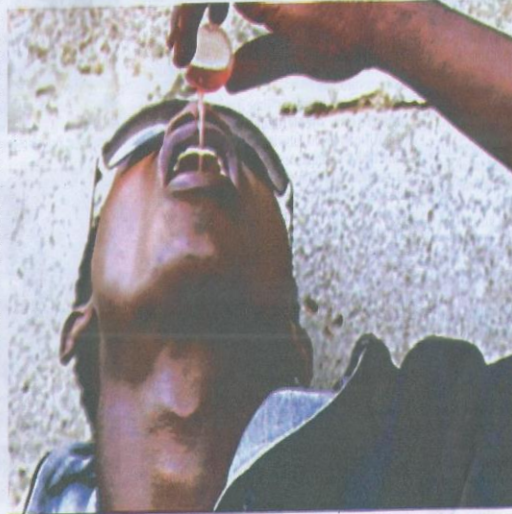
The *BBC Pidgin* Editor expressing showing surprise at some of the things he saw and heard, while doing the story said: "It's shocking what we found and how much of an epidemic cough syrup abuse has become in Nigeria. Equally shocking is the sheer size of criminal network involved in the illicit trade."

Speaking at the event, Dr. Bashir Mohammed, Dan Kande of Kano, representing the Emir of Kano, said the problem is an epidemic that everyone should rally round to fight.

According to Dr. Mohammed codeine syrup is just one of the drugs abused in his domain, adding that the Emir of Kano is working in collaboration with different groups, including health care organisation to end the menace.

"Codeine is not the only drug abused in Kano, there are others like morphine. We even hear that some people go the extent of sniffing lizard droppings and inhaling the odour of decomposing corpses; so, it is a problem we must all fight. Government should ban the production of codeine and also come up with laws that will make illegal the use, sales and distribution, and anyone found going against the law should be punished," he said.

The audience called for the documentary to be taken around the TV stations, tertiary institutions and secondary schools in the country for people to know the dangers of codeine abuse.



FG bans production of codeine syrups in Nigeria

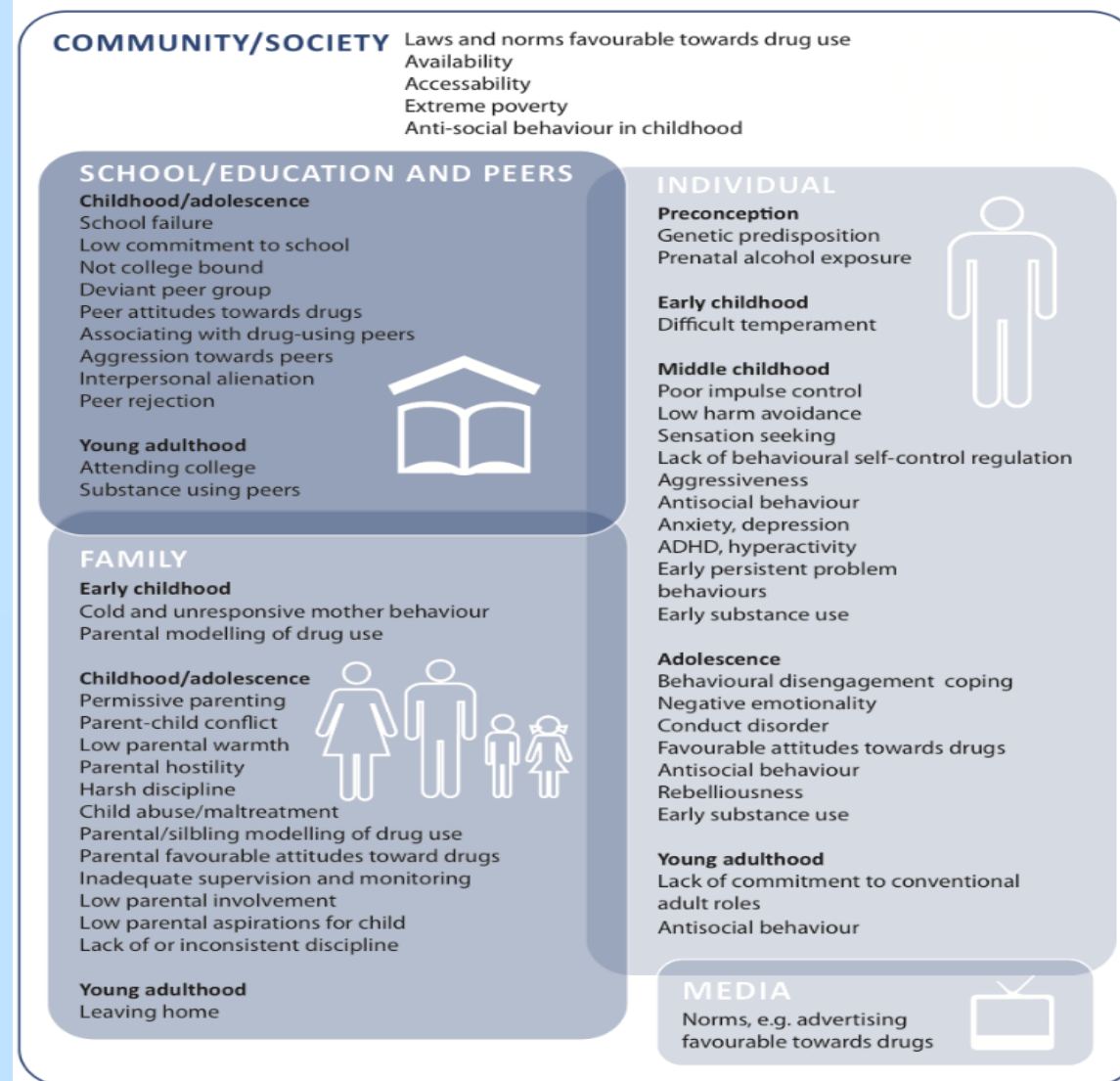
Posted By: [Vincent Ikuomola, Abuja](#) On:
May 1, 2018 In: [News Update](#)

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Who is at Risk?

FIGURE 2.1. RISK FACTORS FOR DRUG USE



Source: UNODC, 2015, World Drug Report

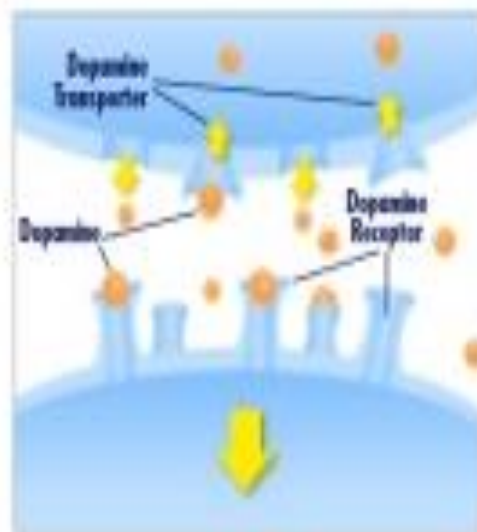
DRUGS OF ABUSE TARGET THE BRAIN'S PLEASURE CENTER

Brain reward (dopamine) pathways



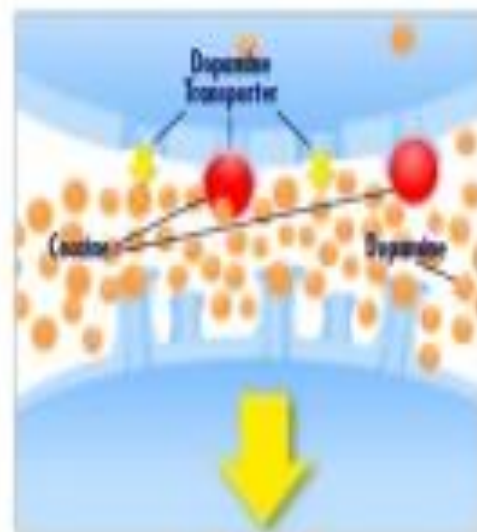
These brain circuits are important for natural rewards such as food, music, and sex.

Drugs of abuse increase dopamine



FOOD

Typically, dopamine increases in response to natural rewards such as food. When cocaine is taken, dopamine increases are exaggerated, and communication is altered.



COCAINE

RISK FACTORS (Cannabis use)

- Drug availability (*Hawkins et al 1992, Stone et al 2012, Emc DDA 2015b*)
- Use of tobacco and alcohol at an early age
- Social norms that are tolerant of alcohol and drug use
- People from a socially disadvantaged background are much more likely to use illicit drugs

Daniel et al 2009

FAMILY FACTORS THAT INCREASE RISK DURING ADOLESCENCE

- Poor quality of parent-child interaction and parent-child relationships
- Parental conflict
- Parental and sibling drug use
- Not absolute risk

Degenhardt L et al 2010

Fergusson et al 2015

INDIVIDUAL RISK FACTORS

- Male gender
- Personality traits
- Poor school performance, low commitment to education and early school leaving
- Inadequate sleep
- Associating with anti-social and drug using peers is a strong predictor of adolescent alcohol and drug use. Independent of individual and family risk factors

RISK FOR PROGRESSION TO DEPENDENCE

- Intense and risky pattern of use
- Persistent use and early onset
- Positive experience of early cannabis use
- Psychological factors — low self-esteem, low self-control and low coping skills
- Low socio-economic status and difficult personal situation

PROTECTIVE FACTORS IN CHILDHOOD ADOLESCENCES

- Positive family environment
- Experience of strong parental support during adolescence
(King & Chassin 2004, Stone et al 2012)
- **Good family management** encompassing effective monitoring discipline, reward systems, reinforcement is associated with lower rates of substance use among young adults
- **Religious involvement** is associated with lower cannabis use and higher rates of abstinence in adolescents in most cultures
(Schulenberg et al 2005)

Harm Reduction - a Treatment Approach !

- The treatment of psychoactive substance misuse involve a range of evidence based psychosocial and pharmacological interventions .
- Harm Reduction interventions aim to reduce the adverse health ,social & economic consequences of legal & illegal psychoactive substance use utilizing practical , feasible ,safe & cost effective ,evidence based approaches
- They include policies , programs and practices &tend to be easy to implement with high impact on individual & community health



Drug misuse and dependence

UK guidelines on clinical management

PRINCIPLES OF TREATMENT

- **ENGAGEMENT**
- **EDUCATION**
- **HARM REDUCTION**
- **SPECIFIC TREATMENT**
- **REHABILITATION**

Harm Reduction Approaches

- Engagement
- Education
- Screening (Hep B, HIV) /Immunisation
- Needle Exchange programs
- Promoting Self Reliance
- Access to Treatment programs
- Promoting Increased Resilience & Self Efficacy
- Supporting Children whose Parents Misuse Substances
- Overdose prevention / training / Naloxone

Promoting Emotional Wellbeing of Children & Young People & Their Families

- Brief Interventions (BI) -advice
- Promote good mental health
- Self esteem & emotional resilience
- Learning to say No

FRAMES

- The acronym **FRAMES** captures the essence of the interventions commonly tested under the terms 'brief intervention' and 'motivational interviewing'.
- **F**eedback: about personal risk or impairment
- **R**esponsibility: personal responsibility for change
- **A**dvice: to cut down or abstain as indicated
- **M**enu: alternative options for changing drinking pattern, jointly with the patient setting goals
- **E**mphatic interviewing: listening reflectively
- **S**elf efficacy: an interviewing style which enhances people's beliefs in their ability to change

Quick reference guide

Issue date: July 2007

Drug misuse

Psychosocial interventions and opioid detoxification

THE HIGHS, THE LOWS, AND EVERYTHING IN BETWEEN

DRUGS A-Z



FREQUENTLY ASKED QUESTIONS



WHAT TO DO IN AN EMERGENCY



DEALING WITH PRESSURE



WORRIED ABOUT SOMEONE?



DRUG TREATMENT



FIND SUPPORT NEAR YOU

EMAIL

TEXT
82111

CALL
03001236600

Treatment for young people should :

- Be comprehensive
- Address substance use and associated behaviours
- Take into account their Developmental needs
- Physical and mental health needs
- Risks and safeguarding issues
- Assess Family functioning
- Educational attainment and any associated difficulties
- Vulnerabilities
- Resilience
- Community resources

Challenges to Harm Reduction interventions

- Moral vs Medical Model ?
- How do you develop resilience ?
- Individual Responsibilities
- ?

- Youth experience of substance use is contextualised with particular social & (local) community norms “Differential Normalisation” .
- For harm reduction approaches to be effective it must be informed by youth experiences & an understanding of their strategies for minimising harm .

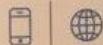
Where there is unequal access to treatment or other resources, the health and social consequences of a given level or pattern of drinking are more likely to be more severe for those with less resources.

Shi & Steven et al 2005
Who 2007; Blas & Krup 2010



MEDICAL CANNABIS: A PRACTITIONER QUICK GUIDE

CANNTRUST INC.



CONTACT

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Vaughan, ON,
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1-855-794-2266

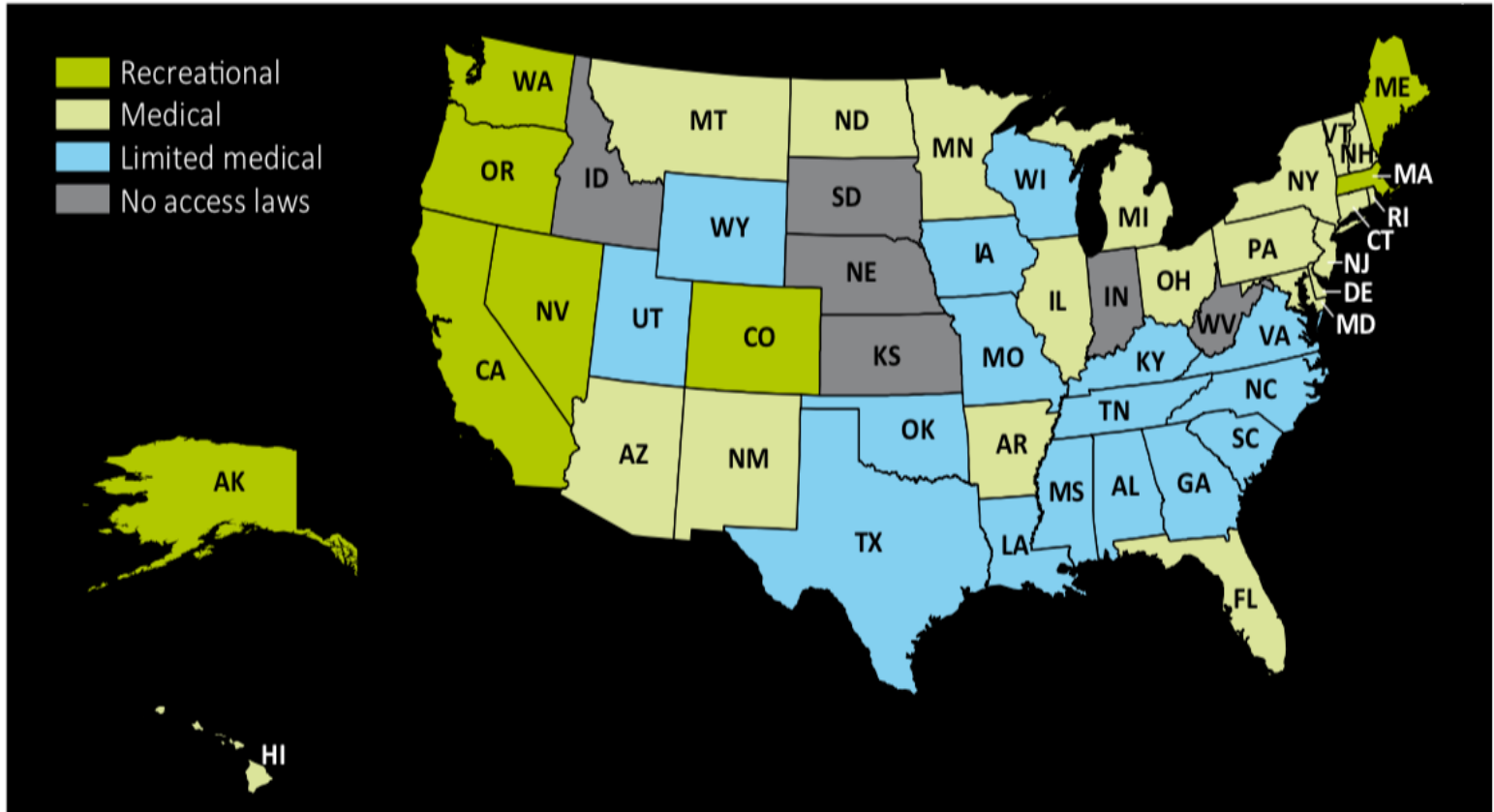
Phone: 1-647-872-2300
Fax: 1-844-295-6641

Online

Email:
customerservice@canntrust.ca

Website:
www.canntrust.ca

Jurisdictions in the United States that allow recreational use, medical use of cannabis and those that allow no access to cannabis



Source: Based on information from the National Conference of State Legislatures (NCSL) as of 12 May 2017.

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

CONCLUSIONS

- Education, Education, Education!
- Early interventions (BI), & Harm Reduction are important public health strategies
- National Strategy (global context)
- Support the development of Systems & Processes that promote long term Recovery

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- www.theretreathealthcare.com
- *Rafiat ,Ayo,Dipo &Zahra*

TOUR OUR FACILITY: OUTDOOR



THANK YOU

