

Paradox 1

- Substantial positive changes in countries with harm reduction policy :
 - Control of HIV incidence in the drug using population
 - Large proportion of drug users in treatment for substance abuse and HIV infection (60-70%)
 - Decrease in fatal overdoses
- Substantial other changes needed
 - High rates of HVC prevalence and incidence
 - High mortality
 - Social marginalisation despite treatment of drug dependence
 - Drug dependence remains a lifelong relapsing conditions

Paradox 2

- Harm reduction strategies (needle accessibility, oral buprenorphine in general practice) have been implemented without scientific evidence and then shown effective (ecological data, HIV surveillance, fatal overdoses monitoring)
- Delay in implementing treatment strategies long after evidence (substitution : methadone, heroin)

- Better harm reduction strategies to be adapted to changes in the drug using population, in drug use patterns (drugs, routes of administration,, sub-culture), in the legal and law enforcement context
- Supplementary treatment strategies to reduce drug use and to lengthen periods of stable abstinence/to reduce chaotic drug use

Political issues

- In the drug field, research is highly dependent upon political decision to stop/not allow studies on innovative strategies
 - Heroin trials have been postponed or not allowed in most countries
- Misuse of research from policymakers :
 - Requiring new scientific evidence to delay decision
 - Needle exchange programs in the US
 - Ignoring positive results which raises ethical issues
- Could governments ignore positive evidence from other countries
- The role of the professional community and users organisations to advocate for research and implementation

Methodological issues

- Intervention studies at the community level have remained rare because of practical and methodological issues (ex : needle exchange programmes)
- Drug users volunteer to participate in research : descriptive, cohorts, clinical trials
- In heroin RCTs, a significant proportion of subjects randomized to the control arm do not initiate methadone treatment (ITT vs. per protocol)
- RCTs have a short duration but drug dependence is a chronic recurring condition

Methodological issues : outcomes

- Drug dependence is multidimensional
 - Multiple drug use
 - Psychiatric comorbidity
 - Infectious comorbidity (HIV, HCV)
 - Poor social integration/marginalisation
- To assess the overall effect of the intervention from a range of indicators
 - **Retention**
 - **Safety risks**
 - **Drug use not only opioid but other legal and illegal substances**
 - Health and well-being
 - Social integration
 - delinquance

Methodological issues

- To disentangle the role of the different components in a comprehensive treatment (heroin vs. psychosocial care) and the effects of intensive supervision (RCTs are better but even ..)
- To assess the effects after the end of the intervention in the subjects participating in the study
- To assess the effects when the treatment has been implemented
 - at the population level in treatment seeking behaviour
 - at the providers level

The need for triangulation

- It is necessary to implement new strategies when enough evidence are available and to continue monitoring the situation to assess the impact at a global level with epidemiological and behavioral surveillance (eg. Switzerland)