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Special Feature Article

Concept Expansion of Harm Reduction: Application to the Idea of Substance Abuse Therapy

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Abstract

Harm reduction refers to public health policies, programs and practices that aim to minimize the negative social and/or health associated with psychoactive substance use, both legal and illegal, without decreasing its use. This idea originated from practices with the goal to prevent the spread of human immunodeficiency of virus (HIV) and other infectious diseases by reducing needle reuse in heroin and other drug use. Consequently, this practice was applied to addiction treatment by clinicians. Obviously, harm reduction does not always agree with medical practice. However, it has recently, been started to be used as a treatment tool for alcohol use disorder. Furthermore, harm reduction is gradually being applied to the treatment of other substance addiction.

In 1971, the president of the United States declared "War on Drugs" which was a severe punishment policy on using illegal drugs. Ironically, "War on Drugs" resulted in the increase in amount of drug use and drug related crimes, As a result, the number of deaths due to overdose and the number HIV infections increased drastically. In 2011, the Global Commission on Drug Policy, which consisted of former leaders of several nations, evaluated drug policies of the last 5 decades. It declared that "War on Drugs"

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was a complete maladministration and advised each state not to impose punishment on drug users, but to offer them treatment and welfare service support. From such principles of harm reduction, several programs and practices for drug users in each country have been imposed, including needle and syringe exchange programs, medication assistance treatment, operation of drug consumption rooms, and decriminalization of illegal drug use. Japan in contrast, due to the relatively low number of illegal drug-users, has kept the "zero tolerance/heavy-penalty policy" against illegal drugs, while programs and services based on harm reduction are inactive. It has been pointed out that the number of illegal drug users is difficult to decrease by only judicial intervention. Like the rest of the world treatment in accordance to the principles of harm reduction approach, which prioritizes to minimize harm to maintain and improve health as well as to respect human rights and to grantee the necessary support of drug users, is now required in our country.

Keywords: substance use disorder, substance abuse, psychoactive substances, harm reduction, zero tolerance and severe punishment policy

Introduction

The purpose of this paper is to present the content of the symposium entitled: “Harm Reduction in Japan: Expansion of the Concept of Addiction and Its Application to Awareness, Prevention, and Treatment,” which was organized by the Special Committee on Harm Reduction of the Japanese Medical Society of Alcohol and Addiction Studies and held on June 17, 2022, at the 118th Annual Meeting of the Japanese Society of Psychiatry and Neurology.

The Special Committee on Harm Reduction was established within the Japanese Medical Society of Alcohol and Addiction Studies. Its purpose is to examine the concept of harm reduction and its practical applications, and assess whether it can be applied for the treatment of various addictions in Japan.

Several issues, as outlined below, were involved in the committee’s establishment. First, several years ago, during the process of enacting the “Integrated Resort (IR) Facilitation Act,” gambling addiction associated with the opening of casinos became a major concern. However, addiction specialists were rarely invited to participate in the meetings convened to discuss this issue. Furthermore, in Japan, there are misunderstandings regarding the interpretation of harm reduction; for example, in the field of alcohol-related

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organ damage, it is often equated with "alcohol reduction therapy." In addition, there are those who view harm reduction as a policy adopted because drug abuse had become so severe that enforcement was no longer feasible; thus, the concept of harm reduction is not always correctly understood. For this reason, we considered that it was necessary to examine the concept of harm reduction and examples of its implementation in other countries, and harm reduction as a policy and medical practice in Japan. This was the background leading to the establishment of this Special Committee.

I. What Is Harm Reduction?

Harm reduction refers to policies and programs, regardless of whether the substances involved are legal, whose primary objective is to reduce the adverse health and social consequences resulting from the use of psychoactive substances, even if the quantity of use does not necessarily decrease. "Harm" refers to the harm caused by the use of psychoactive substances, and "reduction" does not refer to reducing the amount of psychoactive substances used, but to lessening the harm caused by their use.[6)11)]

In recent years, there has been a trend overseas to apply the concept of harm reduction to treatment and recovery from alcohol and substance use disorders.[2)3)] In Japan as well, attempts are being made to apply this approach to treatment and recovery from alcohol and drug dependence.[8)14)] Until now, treatment programs for alcohol and drug use disorders and dependence have aimed for abstinence from alcohol and drugs. Thus, various meetings centered on group psychotherapy at medical institutions, as well as psychotherapy such as cognitive behavioral therapy (CBT), have also had abstinence as their goal. Self-help groups such as Alcoholics Anonymous (AA), Danshukai, and Narcotics Anonymous (NA) have also set abstinence from alcohol and drugs as their primary goal.

However, these programs are not suitable for patients who do not aim for abstinence. In reality, many patients were told: "We cannot treat you unless you aim to abstain from alcohol and drugs," and were effectively pushed out of the medical system. Historically, many patients were severely ill individuals who had lost their social and family lives, so it cannot be said that recommending abstinence was wrong. However, regarding alcohol dependence, the number of patients with mild cases is currently increasing. One cannot help but question whether it is appropriate to uniformly set abstinence as an absolute goal for these patients. While

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abstinence is, in principle, the treatment goal for severe cases, insisting that treatment is impossible unless this is accepted could be seen as tantamount to "refusal of treatment." When treating patients with mild cases, it is important to respect the patient's choice. In cases where there are no severe mental disorders or significant impairment of social functioning (such as violence or drink driving), reducing alcohol consumption may be set as the treatment goal based on the patient's wishes.[12)13)] It is also necessary to prioritize the therapeutic relationship with the patient rather than being fixated on abstinence, and to flexibly assist patients in overcoming their difficulties in daily life. Naruse[9)10)] discusses the importance of patient-centered care based on harm reduction, emphasizing that "above all, their (the patients') right to receive humane support must be guaranteed." Harm Reduction International (HRI) also identifies respect for human rights as one of the pillars of harm reduction.[6)] The organization states that "using drugs does not mean losing one's human rights," noting that "many policies and practices to date have, intentionally or unintentionally, created and exacerbated risks and harms for people who use drugs. These include the criminalization of drug use, discrimination, abusive and corrupt policing, restrictive and punitive laws and policies, denial of life-saving medical care and harm reduction services, social inequality, and the social isolation of people who use drugs." The organization further states: "We must promote an understanding that respects and protects the fundamental human rights of people who use drugs, and oppose and take action against policies and practices that maximize harm."

Harm reduction for drug abuse and drug dependence began with needle and syringe exchange programs for intravenous drug users to prevent human immunodeficiency virus (HIV) infection caused by the sharing of needles among users. Subsequently, with government support, it has evolved into the distribution of drug overdose kits, establishment of drug consumption rooms, and drug policies. These practices contribute to preventing the spread of infectious diseases such as HIV and hepatitis C, as well as deaths from drug overdoses, by reducing the sharing and reuse of needles and syringes among users of heroin and other drugs. The purpose of these policies is to provide drug users with support options that minimize the risks associated with continued drug use and causing harm to themselves or others.[19)]

II. Tightening Drug Controls and Harm Reduction

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International drug control efforts were led by the United Nations (UN). In 1971, the "Convention on Psychotropic Substances," targeting central nervous system stimulants such as amphetamines, sedative-hypnotics such as barbiturates and benzodiazepines, and hallucinogens such as LSD and MDMA, was adopted, followed in 1988 by the "United Nations Convention Against Illicit Traffic in Narcotic Drugs and Psychotropic Substances." More than 180 countries, including Japan, have ratified both treaties, and all of Japan's drug control laws are based on these treaties.[4)7)8)16)]

In 1971, U.S. President Nixon implemented a large-scale drug prohibition policy and launched the "War on Drugs," which involved strengthening enforcement against drug crimes and imposing harsher penalties. He declared substance abuse to be "Public Enemy Number One," and a massive budget was allocated to this policy.[5)]

In 2011, 50 years after promulgation of the Single Convention on Narcotic Drugs, the Global Commission on Drug Policy, composed primarily of former heads of state and academic experts, evaluated the effectiveness of the harsh punishment policies of the past 50 years. As a result, it declared that these policies had been a complete failure.[5)] Over the course of the last 50 years, the consumption of illicit drugs increased, and prisons became overcrowded with drug offenders.

Thus, while drug offenders were subjected to rigorous crackdowns, ironically, drug consumption and related crimes actually increased. Furthermore, because drug users were excluded from treatment and community health and welfare support, the numbers of new HIV infections among drug users and deaths from drug overdoses continued to rise. Furthermore, stricter drug regulations actually generated enormous profits for trafficking organizations. As a result, drug trafficking networks grew so large that they became impossible to control. In light of these developments, the International Commission on Drug Policy recommended that countries review their drug policies.[5)]

In 2013, the UN issued a statement declaring that: "the rule of law is only part of the solution to drug problems and that criminal punishment is by no means a panacea," and that "measures based on science for prevention and treatment, as well as the protection of human rights and public health, are necessary in line with the goals of reducing health harm and the prison population."[17)] In April 2016, the UN General Assembly Special Session on Drugs withdrew the goal of "achieving a drug-free world" (set at the 1998

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General Assembly), stating that drug control, which should fundamentally be aimed at improving health and well-being, is instead isolating drug users and reinforcing social stigma. It issued a statement declaring that: "today, internationally, the drug problem is not a judicial issue but a health issue requiring support."[18] Around this time, the international community began a major shift away from harsh punitive policies toward drug use and toward harm reduction.

III. Decriminalization and Harm Reduction Regarding Global Drug Use

As mentioned above, overseas, there has been a major shift away from harsh punitive policies toward drug use and harm reduction. In 2014, the World Health Organization (WHO), in its guidelines for HIV infection prevention and treatment, called for the decriminalization of controlled substance use to reduce the prison population, and proposed establishing systems to provide drug users with appropriate treatment and clean needles and syringes. The effectiveness of such harm reduction measures has been scientifically proven, and by 2016, needle and syringe exchange programs had been introduced in 90 countries, and opioid substitution therapy (OST) in 80 countries.[14] Needle exchange programs often distribute not only syringes but also other hygiene supplies and drug-use paraphernalia, and collection boxes for used syringes are typically provided.

In addition, some countries have established drug consumption rooms. These not only provide a safe space for supervised drug use but also sometimes offer advice and counseling from healthcare professionals and peers. Some countries also have naloxone distribution programs as part of their opioid substitution therapy.[14] Some countries distribute "harm reduction kits" containing syringes, antiseptic wipes, condoms, and information on social resources for recovery from drug dependence. Furthermore, in Portugal, employment support services are also provided to drug users.[2][8] The table below shows examples of harm reduction practices in various countries.[8]

Such services are not provided in Japan. Interest in harm reduction is low in Japan because the number of illicit drug users is relatively small and the country maintains a policy of severe punishment. The decriminalization of drug use, which has recently gained prominence in other countries, has not been implemented in Japan either. The decriminalization referred to in the table involves amending laws so that acts previously considered illegal and subject to penalties remain illegal but

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are no longer punishable by criminal sanctions. To date, several European countries have decriminalized drug use. On December 4, 2020, the U.S. House of Representatives passed the Marijuana Opportunity Reinvestment and Expungement Act (MORE Act), a marijuana reform bill that would decriminalize marijuana; however, it was not considered by the Senate. As of December 2020, the U.S. state of Oregon had decriminalized all drugs. In the future, several U.S. states are scheduled to hold referendums on legalizing cannabis for adult use.[1)]

On October 6, 2022, U.S. President Biden issued a statement regarding cannabis use, stating: "Currently, at the federal level, marijuana use and possession are federal felonies, but the punitive approach to marijuana to date has been wrong and must be corrected. I am announcing a pardon for those convicted of marijuana possession. I strongly urge all state governors to take similar action. We will review the classification of marijuana under the Controlled Substances Act. Even as marijuana regulations in the United States change, important safeguards, such as the protection of minors, must be maintained. Too many lives have been lost because the government's approach to marijuana has failed. Now is the time to set this right."[1)] In Japan, there has been no movement by the Diet or government regarding the legalization or decriminalization of cannabis, but discussions on the matter are currently beginning at the grassroots level.

IV. The Potential for Harm Reduction in Japan

In Japan, a system of partial suspension of sentence execution was introduced in June 2016 based on the "Act on Partial Suspension of Execution of Sentence for Persons Who Have Committed Crimes Related to Drug Use, etc." Given the high recidivism rate for drug-related offenses, this law was enacted with the aim of addressing substance addiction not through prison treatment, but by facilitating rehabilitation within society with the cooperation of rehabilitation support organizations and hospitals. Considering Japan's policy of stubbornly adhering to severe punishment, this system represents a step forward.

However, the foundation of Japan's policy remains a regulatory approach symbolized by the slogan "No! Absolutely No!" and the country has not shifted toward harm reduction. Matsumoto points out that harm reduction is by no means a "last resort" for countries with severe drug problems, but rather a philosophy of effective public health policy and support

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practices that stems from the limitations of harsh punishment policies. Above all, he states that: “harm reduction is an ethical practice that respects the human rights of drug users and rescues from isolation those who have been alienated from support by harsh punishment policies.”[8)]

Therefore, even in Japan, where the number of illicit drug users is relatively low, we must consider harm reduction practices tailored to our actual circumstances. As mentioned earlier, Japan has not implemented harm reduction measures such as needle and syringe exchange programs, drug consumption rooms, opioid substitution therapy, or the decriminalization of drug-related offenses, as seen in other countries. Going forward, we should evaluate whether the practices currently in use overseas should be adopted in light of the actual circumstances of drug use in Japan.

Furthermore, providing counseling services can also be considered a form of harm reduction. While medical institutions sometimes offer counseling for health issues, including those related to drug use, it is hoped that in the future, public institutions such as public health centers will provide support that encompasses various aspects of daily life, including work and child-rearing.

Prevention education has also begun in schools and other settings. However, some research findings suggest that "No! Absolutely No!"-based zero-tolerance and severe punishment education is not effective even for current issues, such as unwanted or unsafe sexual behavior and drink driving. Although alcohol education is provided in schools, many people begin drinking in their teens. Given that many young people do drink, is there not a need for realistic and effective education regarding the harms caused by alcohol consumption?

Harm reduction psychotherapy (HRP) is an application of the harm reduction philosophy in the context of individualized support.[15)] HRP is a philosophy of individualized support that respects the patient’s dignity, believes in their strengths without denying their personal preferences, and emphasizes engagement tailored to the patient’s level of motivation. Its defining characteristic is the view that the greatest harm is disruption of the therapeutic relationship. Naruse states that if he were to cite one key to addiction treatment, it would be: “not trying to make them stop.”[9)10)] Furthermore, Naruse asserts that harm reduction is effective in two respects: “it facilitates the building of trust because it does not force patients to quit,” and “it reduces stigma and enables the

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provision of support that respects human rights."[9)10)] Thus, an approach grounded in harm reduction, which prioritizes the relationship with the patient, is increasingly in demand in Japan as well.

Conclusion

Patients with addiction face difficulties in daily life, and the stigma from society, support providers, and themselves has further wounded them and deepened their struggles. Should we not consider a humanitarian approach to support, one that moves away from the severe punishment policy that perpetuates stigma, connects people through trust, and empowers them, as a harm reduction approach that can be implemented in Japan today?

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References

1) 朝日新聞デジタル: バイデン米大統領, 大麻所持を恩赦「非犯罪化」の公約に向け一歩(2022 年 10 月 7 日). (https://www.asahi.com/articles/ASQB721F6QB7UHBI001.html?iref=com_lateststnews_05) (参照 2022-12-05) (in Japanese)

2) Csete, J., Grob, P. J.: Switzerland, HIV and the power of pragmatism: lessons for drug policy development. Int J Drug Policy, 23 (1); 82-86, 2012

3) Csete, J., Kamarulzaman, A., Kazatchkine, M., et al.: Public health and international drug policy. Lancet, 387 (10026); 1427-1480, 2016

4) 外務省: 国際組織犯罪に対する国際社会と日本の取組 麻薬・薬物犯罪. 2019 (https://www.mofa.go.jp/mofaj/gaiko/mayaku/index.html#:~:text=) (参照 2022-12-09) (in Japanese)

5) Global Commission on Drug Policy: War on Drugs: Report of the Global Commission on Drug policy. 2011 (https://www.globalcommissionondrugs.org/wp-content/uploads/2017/10/GCDP_WaronDrugs_EN.pdf) (参照 2022-12-03)

6) Harm Reduction International: What Is Harm Reduction?

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(https://hri.global/what-is-harm-reduction/) (参照 2022-12-04)

7) 法務省: 国際的な薬物統制. 令和 2 年版 犯罪白書. 2020 (https://hakusyo1.moj.go.jp/jp/67/nfm/n67_2_7_7_2_1.html) (参照 2022-12-03) (in Japanese)

8) 松本俊彦: ハーム・リダクションの理念とわが国における可能性と課題. 精神経誌, 121 (12); 914-925, 2019 (in Japanese)

9) 成瀬暢也: 薬物依存症の回復支援ハンドブック—援助者, 家族, 当事者への手引き—. 金剛出版, 東京, 2016 (in Japanese)

10) 成瀬暢也: ハームリダクションアプローチ—やめさせようとしない依存症治療の実践—. 中外医学社, 東京, 2019

11) Open Society Foundations: What is Harm Reduction? 2021 (https://www.opensocietyfoundations.org/explainers/what-harm-reduction) (参照 2022-12-04)

12) 齋藤利和, 田山真矢, 白坂知彦: アルコール依存症におけるナルメフェンの位置づけ. 精神科, 37 (1); 82-86, 2020 (in Japanese)

13) 新アルコール・薬物使用障害の診断治療ガイドライン作成委員会監, 樋口 進, 齋藤利和ほか編: 新アルコール・薬物使用障害の診断治療ガイドライン. 新興医学出版社, 東京, p.18, 2018 (in Japanese)

14) 徐 淑子, 池田光穂: ハームリダクション—概念成立の背景と日本における語の定着について—. 2019 (https://doi.org/10.18910/73012) (参照 2022-12-03) (in Japanese)

15) Tatarsky, A., Kellogg, S.: Integrative harm reduction psychotherapy: a case of substance use, multiple trauma, and suicidality. J Clin Psychol, 66 (2); 123-135, 2010

16) United Nations Office on Drug and Crime: United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances, 1988 (https://www.unodc.org/unodc/en/treaties/illicit-trafficking.html) (参照 2022-12-03)

17) United Nations Office on Drug and Crime: World Drug Report 2013 (https://www.unodc.org/unodc/secured/wdr/wdr2013/World_Drug_Report_2013.pdf) (参照 2022-12-03)

18) United Nations Office on Drug and Crime: Special Session of the United Nations General Assembly on the World Drug Problem (https://www.unodc.org/ungass2016/en/about.html) (参照 2022-12-03)

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19) van der Gouwe, D., Strada, L., Diender, B., et al.: Harm reduction services in the Netherlands: recent developments and future challenges. 2022 (https://www.trimbos.nl/wp-content/uploads/2022/02/AF1973-Harm-reduction-services-in-the-Netherlands.pdf) (参照 2022-12-03)

表　各国におけるハームリダクションの実践例

	注射器（針）交換	薬物使用ルーム	オピオイド代替療法	薬物使用の非犯罪化	HR ボックス*
スイス	○	○	○	○	
オーストラリア	○	○	○	○	○
カナダ	○	○	○	○	
ポルトガル	○	○	○	○	
マレーシア	○		○		
台湾	○		○		

*ハームリダクション（HR）ボックス：注射器，消毒綿，コンドーム，薬物依存からの回復のための社会資源の情報などが箱詰めされたもの．
（文献 8 を一部改変）

Table: Examples of harm reduction practices in various countries

Syringe (needle) exchange
Drug consumption rooms
Opioid substitution therapy
Decriminalization of drug use
HR Box*

Switzerland
Australia
Canada
Portugal
Malaysia
Taiwan

*Harm Reduction (HR) Box: A box containing syringes, antiseptic wipes, condoms, and information on social resources for recovery from substance addiction.

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(Partially modified from Reference 8)

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