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Literature review

Harm reduction paradigm in the face of psychoactive substance use and dependence: psychotherapeutic implications

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ABSTRACT

The harm reduction paradigm is a health approach that prioritizes reducing the negative consequences of substance use over the requirement of total abstinence. It is based on the recognition that substance use is a complex and persistent phenomenon in society. The objective of the study was to determine the importance of the harm reduction paradigm in the face of psychoactive substance use and dependence, focusing on its psychotherapeutic implications. Methodologically, the study constitutes a documentary exploration; for this purpose, doctoral and master's theses, original articles, and review articles were considered. The search was carried out in the Scielo, MEDLINE, Dialnet, Scopus, Psycodoc, PsycArticles,



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Google Scholar databases and main postgraduate repositories. The results highlight that the harm reduction approach is a psychotherapeutic perspective applied in developed countries regarding the use of psychoactive substances, where a culture of consumption exists and a series of erroneous criteria about them have been destigmatized. These countries have evolved in terms of human rights and addiction interventions, as drug use becomes entirely an individual responsibility and not that of the State. It is concluded that public health policies with a modern contextual approach within the field of addictions to psychoactive substances are based on harm reduction, since the complexity of their treatment indicates that it is the most viable option for the individual and society. Furthermore, it is consolidated on solid parameters of human rights, ethics, and bioethics.

Keywords: Drug Dependencies; Psychotherapy; Harm Reduction; Psychoactive Substances.

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Introduction

From the perspective of Argadoña-García & Rodríguez-Álava(1) when analyzing the current reality of the problem of drug dependence and its impact within the population, it is essential to mention that the group of adolescents and adults is the sector of greatest conflict worldwide, since the initial age for the experience of the recreational use of psychoactive substances is getting younger and younger, which generates an epidemic of consumption at the planet level, since it also brings with it a series of social ills such as crime, drug trafficking, prostitution, extortion, mafias, and other socio-cultural-economic-political phenomena characteristic of the world that frames drugs.

Based on these parameters, Bohórquez-Borda et al. (2) point out that the frequent and uncontrolled use of psychoactive substances, whether marijuana, cocaine, ecstasy, inhalants such as poppers, or LSD, increases the risk of developing an addiction, which can vary in severity and depends on several environmental and personal factors. However, maintaining



harmful consumption not only affects personal health but also negatively impacts the surrounding environment, causing accidents, fights, robberies, drug trafficking, family and work breakdown, and constituting a social and individual problem.

Cogollo-Milanés et al.(3) further note that within this context, it is essential to understand the processes and mechanisms of intervention for the prevention and reduction of harm caused by drug addiction. This involves serious public policies at the global level, some of which have even been spearheaded by proposals from the World Health Organization (WHO). It is crucial to mention that prohibitionist policies in the countries that have implemented them have had harmful consequences, in contrast to those that have opted for more flexible policies and controlled consumption.

On the other hand, Tarqui-Silva and Sánchez Salinas(4) argue that, within the psychotherapeutic approach, there have been serious human rights violations since the beginning of the problems of addictions, since punishments, humiliations, degradations, deprivation of sleep, food, hygiene, and even involuntary internments have been applied, which constitutes a serious violation of the personal decision of life and health.

It is important to determine mechanisms for regulating substance use based on real and contextual parameters. It should be clarified that the statistical level of rehabilitation in drug addicts worldwide is extremely low, which demonstrates that it is essential to have perspectives on addressing the consumption and dependence of psychoactive substances from a harm reduction angle.

Based on the above, Carrascosa-Venegas(5) proposes rational emotive therapy as one of the most effective intervention mechanisms, but its foundation lies in something deeper, in the internal conception of the control of substance use, and in the awareness of emotions and thoughts, something very similar to what is pursued as a goal in harm reduction in the face of substance use.

Reinforcing the previous argument is Yegros-Velázquez(6) who indicates and clarifies that awareness of consumption behavior is central to overcoming addiction, knowing personal behavior in the face of a certain substance, its reactions and consequences; these

parameters are part of the conception that encompasses the risk reduction paradigm in the face of the consumption of legal or illegal drugs.

On the other hand, Tarqui-Silva(7) contributes fundamental elements when facing the complexity of consumption and the approach to addictions to psychoactive substances, highlighting that ethical, bioethical and human rights factors are paramount within the structuring of treatment plans, whether outpatient or residential.

Precisely, under these backgrounds Flores and Rivas(8) warn about a series of violations of ethics and bioethics by centers that offer treatments for addictions, since the initial and fundamental parameter to start a behavioral and mental change is the consent of the client or patient (informed consent), since their personal space cannot be invaded nor can they be "kidnapped" to be committed, the change must be spontaneous.

Precisely within this line of ethical approach and respect for free life choices, Tarqui-Silva et al.(9) analyze the psychotherapeutic approaches of the so-called Treatment Centers for Addictions or Therapeutic Communities, and indicate that their conceptual structure of therapeutic approach is dichotomous, that is, one either consumes or one does not, in such a way that the client or patient is categorized as healthy or sick, this constitutes a totally polarized approach and far removed from a true reality, with greater resonance in South American countries despite being a zone of drug export to other parts of the world and their economic, sociocultural and geographical reality have a profound influence on the use of psychoactive substances, showing retrograde policies on the issue of addressing consumption.

In light of this perspective, Dávila(10) states that the addiction treatments offered by the aforementioned centers are not a real solution to the problem of consumption; relapse rates are extremely high, and these isolations, in the case of residential programs, become mere periods of abstinence. The vast majority of consumers maintain this habit throughout their lives, according to studies conducted after their internment.

Pawlowicz et al. (11) propose a completely different approach from those discussed so far, pointing out that the harm reduction paradigm in substance use recognizes that many people cannot or do not want to stop using or consuming substances at a given time, and



seeks to protect their life, health, and overall stability while they continue to use. It is important to emphasize that these actions do not aim to cure addiction immediately, but rather to prevent deaths and chronic illnesses.

In the context of the psychotherapeutic approach of risk reduction within addictions, Fernández-Piedra et al.(12) clarify that the objective of this intervention is health care from a broad and neoliberal vision, in which the consumer must be aware of the results of excesses in the use of substances and regulate their energies and addictive impulses, channeling them and appeasing them in the best way, without generating psychological, emotional and behavioral damage.

Based on this background, the objective of the present research was to determine the importance of the harm reduction paradigm in relation to the consumption and dependence of psychoactive substances, focusing on its psychotherapeutic implications.

Methods

The current research was conducted using a qualitative methodological approach, a perspective based on the criteria proposed by Peralta-Lara & Guamán-Gómez,(13) who state that this is the ideal method to apply within a literature review, as it involves an exhaustive approach of logical-conceptual exploration. Furthermore, the criteria for documentary research must be established beforehand; therefore, it is appropriate to define principles and parameters of inclusion and exclusion, prioritizing the protocols within the process of filtering and selecting research, all of this to solidly establish the scientific exploration and analysis, as proposed by Sánchez-Serrano et al.(14).

Furthermore, the parameters proposed by Arias-Odón (15) are followed, who specifies that narrative and documentary reviews constitute critical and objective descriptions of current knowledge on a given topic. They are characterized by not following a rigid or systematic protocol, but rather offer a comprehensive and broad perspective. Finally, the guidelines established by Gómez et al. (16) regarding documentary reviews were followed, who clarify that this is an information gathering technique structured around the analysis of documents of various kinds, and focuses on the document as a source of data in itself.



Finally, a literature review was conducted to develop a critical and reflective analysis of the content of documents on the topic. This study constitutes a descriptive documentary exploration, for which doctoral and master's theses, original articles, and review articles were considered. The search was carried out in the databases Scielo, MEDLINE, Dialnet, Scopus, Psycodoc, PsycArticles, Google Scholar, and major postgraduate repositories.

Development

Determinants and importance of the harm reduction paradigm in relation to the consumption of psychoactive substances

Rossi (17) points out that, in recent years, especially in countries with contemporary mindsets, the use of legal or illegal psychoactive substances for recreational purposes has ceased to be seen as a social or public health problem. On the contrary, the health and life choices made by the individual who uses them are respected. These criteria imply that states adopting this public policy perspective base their approach on harm reduction. Within this framework, the primary goal is for individuals to be aware of their actions and lead fulfilling lives without exposing themselves or those around them to risks.

At the level of this mature and realistic line of psychotherapeutic intervention, Camuz-Chávez (18) clarifies that the therapist with this type of approach, together with the patient, seeks to balance their psycho-emotional state in terms of personal and internal relationships, their worldview, and to regulate the experiences associated with substance use. It is important to consider and balance the social, legal, and biological-chemical implications of "being a user." Clearly, guilt about substance use should not be instilled; there are no "relapses," nor should self-reproach. It is important for the person to connect with their own meaning, that is, to be happy and fulfilled by the decision made regarding their life.

When delving into the harm reduction perspective on substance use, it is essential to note that society is the primary source of prejudice against substance use, as punitive laws and distorted beliefs create mental and behavioral models regarding this issue. It is crucial to recognize that the normalization or legalization of psychoactive substances constitutes a



significant step in effectively addressing the global spread of this phenomenon. It is mentioned that legalized substances such as alcohol, cigarettes, and some medications do not generate as much social stigma as marijuana, cocaine, hashish, and other drugs, demonstrating the impact of social factors and entrenched prejudices.(19)

Another significant contribution is provided by Vindas-Acosta(20) who explains that the harm reduction stance is not only applied to the field of addictions, it is a health approach to large-scale salutogenic problems that maintains a compassionate and ethical-anthropological perspective, especially at the Latin American level, where there are archaic philosophical, anthropological, geographical and social elements that encompass the worldview of its native peoples who do not consider substances such as coca, peyote, marijuana, and ayahuasca to be drugs, but plants with psycho-spiritual and healing characteristics with medicinal properties.

The reality of psychotherapy in Latin America regarding outpatient and residential treatments for drug addicts

When analyzing existing psychotherapeutic approaches in Latin America for treating problematic substance use, it is necessary to refer to the findings of the Pan American Health Organization (PAHO), which indicate that the treatment gap in South America is enormous. Less than 20% of people with substance use disorders access professional services, with the majority ending up in self-help groups (Alcoholics Anonymous or Narcotics Anonymous) that do not always address the complexity of the pathology. Furthermore, it is essential to highlight that in South America, only three fundamental models exist at the governmental level, and in the vast majority of countries in this region, the approaches to addressing addiction are identical: outpatient treatment, inpatient treatment, and self-help groups.

Since these are lucrative businesses in the case of private establishments, there is no true transdisciplinary or multidisciplinary complementarity, being limited to programs of alcoholics or narcotics anonymous in their structural psychotherapeutic basis.(21)

Guerrero-López et al. (22), in their comparative research on addiction treatments in Spanish-speaking populations versus studies conducted in Europe, demonstrate that there is not a significant rate of people who manage to overcome their addictions throughout their lives,



as it is a complex and multicausal problem. They cite three psychotherapeutic approaches that supposedly structure the intervention modalities: cognitive behavioral therapy, systemic family therapy, and humanistic therapy. An interesting finding of this scientific research is that it corroborates the other data discussed so far; factors such as discrimination and isolation are circumstances that substance users must endure.

Given the above, it is important to remember what Rossi(17) pointed out, who highlights the risk reduction paradigm as the best alternative, since, as can be seen, it is the most practical solution to addictions.

Within this approach, alarmingly, research suggests the distortion of alternative addiction interventions offered in South America by private centers, called in some countries CETAD – Specialized Treatment Centers for Addictions, which are mostly owned by former addicts who have found their livelihood in these businesses. This phenomenon is described by Sánchez-Salinas et al. (23), who, in their research, demonstrate the violation of human rights, ethics, and bioethics. Currently, the private lives of consumers are invaded, and there are also a series of shady mechanisms such as street harassment and the use of psychological-emotional torture and behavioral manipulation techniques. The authors call these actions “illegal addiction treatments,” situations that demonstrate the limited effectiveness of outpatient or inpatient approaches, presenting them as an unethical and bioethical resource of “pseudo-healing.”

Furthermore, in closing this section, it is possible to identify, at the research level, the application of torture, cruel and inhuman treatment in several addiction treatment centers. This is precisely one of the most profound criticisms of behaviorism, since it resorts to the application of aversive stimuli to expect disinhibition responses to consumption. These actions do not consider that with the removal of the stimulus, the behavior tends to be repeated. Herein lies the genesis of the very high rate of people who, after internment (which in the vast majority of situations occurs without the consent of the consumer), return to the frequent use of substances, without internalizing the true reason for consumption, nor identifying the mechanisms to overcome it.(24)

Human rights, ethics and bioethics: fundamental components when addressing problems related to drug addiction

Yoma (25), in his doctoral research on human rights and addiction treatment, indicates that, decades ago, these health approaches considered consumers as morally ill, mentally disturbed, and spiritually deficient, generating a series of stigmas that, in some retrograde cultures, persist to this day. He notes that the initial treatments, which were actually the first attempts at addressing addiction, were based on torture, verbal and physical abuse, and deprivation of basic functions such as sleep, hygiene, sexuality, food, and rest. These are primary aspects of human functioning and are now considered affronts to human dignity and serious human rights violations. However, countless cases of these obsolete and punitive mechanisms of "torture" applied to drug addicts can still be found today.

Within this proposal on addictions, respecting ethics, bioethics, and human rights, Molina-Fernández et al. (26) cite as an example the Spanish National Drug Plan (PNSD), which does not operate in isolation but is closely aligned with the European Union's 2021-2025 drug strategy. This coordination ensures that Spanish policies follow a common European framework based on scientific evidence and respect for human rights, which is an example of public policy framed within the protection and valorization of human beings.

It is essential to note that the above is not fully implemented with regard to what is proposed within this plan, but harm reduction is largely respected, including legalizing the recreational use of substances such as hashish, marijuana and certain chemical compounds, which demonstrate in reality a greater culture of consumption and a decrease in inhumane abuses in illegal offerings as occurs in South America, in addition to regulating the micro-trafficking of drugs.

In contrast, the research conducted by Córdoba(27) points to a series of iatrogenic interventions in addiction treatment models in South America. It exemplifies this with the case of Ecuador, where, even in the vast majority of private centers, informed consent is not obtained—a crucial step for genuine involvement in any attempt at change. Furthermore, they emphasize the lack of training among professionals working in these establishments, the inappropriate application of psychological reagents and interventions, especially in the case of women, where emotional and sexual involvement may even occur between patients,

professionals, owners, and “therapists.” Additionally, they report non-compliance with specialized protocols, demonstrating the lack of oversight by authorities and clear violations of ethics, bioethics, and human rights.

Liblik et al. (28) indicate that a series of prohibitions against substance use stem from outdated policies, social prejudices, and archaic thinking, failing to consider the psychotherapeutic effects of some substances. Within their scientific exploration, they cite the use of psychedelics for cultural and ancestral purposes, for healing the psyche and spirit, highlighting the importance of ideologies in certain societies and the need to respect personal decisions. They emphasize the existence of a prohibitionist moral paradigm and compare substance use to social phenomena such as homosexuality, which was once completely censored, scandalized, and demonized, only to become "commonplace or normal" today. In this way, they encapsulate the concepts of respect versus disrespect for human rights, one of which is the right not to be discriminated against, thus demonstrating the fragility of a punitive and isolating approach to substance use.

Regarding these aspects addressed, Tarqui-Silva(21) expresses that the free decision about what is done with individual, and evidently personal, life, plus free will regarding health, are part of human rights and constitute factors that contemplate the position of the harm reduction paradigm.

Conclusions

Public health policies with a modern contextual approach within the field of addictions to psychoactive substances are based on harm reduction, since the complexity of their treatment indicates that it is the most viable for the individual and society, and is also based on solid parameters of human rights, ethics and bioethics.

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Conflicts of interest:

The authors declare that there are no conflicts of interest.



Authorship contribution:

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