

23 – 25 October 2019

# Harm reduction drug policy in Israel: What has and still needs to be accomplished?

**Dr. Hagit Bonny-Noach, Ph.D** . Ariel University - Israel. Board Member- Israeli society of Addiction Medicine (ILSAM). Consultant, Israel Anti- Drug Authority (IADA) for 21 years until 2018 .



The screenshot shows the top portion of a web page for a BMC article. At the top, it says 'BMC Part of Springer Nature' with a search icon and 'Exp' on the right. Below that is the journal title 'Israel Journal of Health Policy Research' with a logo. A navigation bar contains 'Home', 'About', 'Articles', and 'Submission Guidelines'. The article information includes 'Integrative article | Open Access | Published: 16 October 2019'. The title is 'Harm reduction drug policy in Israel: what has been accomplished and what still needs to be done?' by 'Hagit Bonny-Noach'. Below the title, it says 'Israel Journal of Health Policy Research 8, Article number: 75 (2019) | Download Citation'. At the bottom of the visible section, it shows '33 Accesses | 2 Altmetric | Metrics >>'. The 'Abstract' section begins with 'The leading formal drug policy in Israel is the traditional approach of abstinence, probation, and punitive measures based on three main pillars: Enforcement,

# What is the leading formal drug policy in Israel ?

The leading formal drug policy in Israel is ♦  
the traditional “war on drugs” approach  
that includes probation, punitive ♦  
measures and abstinence and is based on  
**three main pillars:**

- Enforcement, ♦
- Treatment and Rehabilitation
- Prevention. ♦



**Under the treatment and rehabilitation pillar**, Israel has adopted a number of harm reduction services, focused mostly on people who use heroin and injecting drug users (IDUs). ◆

Harm reduction drug policy in Israel: What has been accomplished?

- Opioid Maintenance Therapy (OMT)**: Methadone and Buprenorphine Maintenance Treatment (MMT & BMT)
- Needle and Syringe Exchange Programs (NSEP)**
- Special services for PWID in Tel-Aviv's largest open drug scene**
- Intervention among young-adult populations-Backpackers**

Even so, the harm reduction approach has remained controversial, stigmatized, and is considered a sub-category for total-abstinence treatment in Israel.

harm reduction policy remains the last resort for people who use drugs (PWUD).

**Lack of a comprehensive, well-planned, ♦ formal national harm reduction drug policy**

# Methadone Maintenance Treatment (MMT)

The first harm reduction service adopted by Israel. ◆

Israel is part of the first wave of countries to institute MMT, a treatment method that started in the mid-1970s. ◆

# Background

-**Heroin** found its way onto the Israeli illegal drug market in around 1970, followed by a rapid increase in the number of people who have heroin use disorder (addicts).

Opiate addiction was then considered a chronic condition, "**once a drug addict, always a drug addict**", and, therefore, the main goal was not abstinence, but rather trying to stabilize people who use heroin and expose them to life without crime.



At that time, Methadone were mainly following the model of **Opioid Substitution** (OS).

During the 1980s, drug use in Israel evolved from a marginal concern to a social problem demanding a comprehensive solution. ◆



In the mid-80s, a great deal of controversy emerged over the role of Methadone. A policy position started to develop around the claim that users could be fully rehabilitated to a completely drug-free life. ◆

From the 1990s, various programs for treatment and rehabilitations services in Israel were established, which offered a drug-free treatment solutions.

During the 1990s, in accordance with the drug-free policy, MMT was pushed to the margins of the therapeutic system, its professional status and budget neglected.

As a result, Methadone distribution to heroin addicts reduced. Additionally, it change from Substitution Therapy to Maintenance Therapy , and include psycho-social support from multi-disciplinary professionals.

Most research on Israeli MMT patients confirms the advantages associated with MMT. Even so, the stigma attached to MMT is very common, even among addiction facility professionals in the social services departments (Peles, Kreek, Kellogg & Adelson, 2006; Peles, Schreiber, Sason & Adelson, 2018).



# Buprenorphine Maintenance Treatment (BMT)

Buprenorphine Maintenance Treatment (BMT) ♦ has been available in Israel since 2001.

In 2013, Buprenorphine (Subxone) was ♦ included in the health-drug basket, the first substitute for addictions of its kind.

Until now, the stigma attached to MMT and BMT is ♦ very common, and remained a marginal part of the comprehensive drug-free treatment system, given to people who use drugs only as a last resort – along with fees, conditions, and rules.

# Needle and Syringe Exchange Programs (NSEP)

An increase of HIV infections among drug users ♦ was noted in 2002, especially among new immigrants from the former Soviet Union that brought their heroin injecting patterns with them in contrast to non-immigrant addicts, who tended to smoke their substance of choice.

As AIDS is considered a greater threat to health than the dangers of drug use, Israel initiated the first experimental project of needle and syringe exchange programs (NSEP) in Jerusalem in order to decrease the extent of needle-transmitted infections. ◆

During 2004 and 2005, the NSEP was initiated in three major cities and from 2007 Israel operates the NSEP in five cities with a base of professionals, although it relies mainly on volunteers, and suffers from lack of funding. ◆

These NSEP centers provide additional services such as paraphernalia, condoms, warm beverages, food, clothes and a shower . ◆



# Special services for IDUs in Tel-Aviv's largest open drug scene

The term 'Open Drug Scene' is used to describe meeting points where drugs are sold and for places where users get together. ◆

While 'Open Drug Scene' has been known for more than three decades in various cities in Europe, North America and Australia (Nafstad, 2011; Waal, Clausen, Gjersing & Gossop, 2014), In Israel is relatively new and began to form in the mid-2000s. ◆

# “Open Dug Scene ”



The marginal population are in poor physical and mental condition.



The majority of IDUs in the open drug scene are considered socially inferior and marginal. They inject Heroin, NPS, and other Mixed Substances

In this area, the authorities and NGOs established a few harm reduction interventions:

# Levinsky clinic

A community clinic for sexually transmitted diseases established in 2002. They offer voluntary medical care for this population. ♦



# 'First Step' Center (FSC)

Established by the Israel Anti Drug Authority (IADA) in cooperation with the MOH in 2006. ◆

Managed by ex-addict, the center refers IDUs to needed services, including detoxification, OMT, clinics, etc. ◆

In 2007, the NSEP was also located in the FSC and provided IDUs with resources such as a shower, clothes, condoms, snacks and hot drink or just a chat with professionals and volunteers at the center. Once a week, it functions as a harm reduction center for women only. ◆



# 'Saleet'

-An emergency apartment

In 2009, an emergency apartment called ◆ Saleet for addicted women engaged in prostitution and living on the street was established.

# Harm reduction among young-adult - backpackers

Every year after finishing their mandatory military service, approximately 50,000 Israelis in their early twenties travel abroad, particularly on long treks through the South-East Asia (India) and South America. ◆

Drug use is common among Israeli backpackers (And also among Europeans, from: Spain, England, Italy, France, Germany etc.) ◆

The most commonly-used drugs are hallucinogens, cannabis products such as Marijuana, Indian Charas (Hashish), hallucinogenic mushrooms and cacti, LSD & ecstasy, Cocaine, ketamine and more. ◆

(Bonny-Noach, 2018; Bonny-Noach & Mell, 2015; Bonny-Noach & Sagiv allyof, 2017). ◆



# Adopting a “harm-reduction” approach

This includes providing tips for backpackers ♦ and information in case of emergencies such as acute psychosis due to substance abuse. In addition, an open house information resource center called the ‘Israeli Warm Home’ was set up in India in 2003. It was established as a first response site for those negatively affected by drug use.

## Passport cover

In the internal pockets:

How do I know that my friend has mental problems?

First Aid – what can I do for him?

Telephones of agencies who can give information and help



# Conclusions : What more needs to be done?

- The lack of comprehensive drug policy in **Israel**: Israel should adopt and implement a comprehensive harm reduction policy led by a multidisciplinary group of policy-maker representatives from all the relevant ministries. ◆
- There is still criticism and controversy ◆ regarding harm reduction philosophy. **We need to reduce stigma and discrimination against harm reduction policy and against people who use drugs.** Additionally, Involvement of more civil society organizations (CSOs)

# In Israel, more remains to be done in terms of existing harm reduction services for OMT patients

- Less strict conditions for OMT patients ♦
- NSEP should provide more equipment ♦
- ATS harm reduction strategies and services are needed ♦
- Israel should adopt more radical harm reduction interventions for IDUs such Naltrexone, consumption rooms, and heroin-assisted treatment (HAT). ♦
- Harm reduction services are still considered a last resort for heroin addicts. ♦
- There is persistent misunderstanding and denial of the need of "Substance Security" among IDUs. ♦

# “Substance Insecurity”?

There is persistent misunderstanding and denial of the needs of PWID. ◆

“Substance Insecurity”- defined as the uncertain ◆  
availability of quality substances (or their substitutes)  
and ability to acquire them and safe injection  
equipment in socially acceptable (or not) ways  
(Bonny-Noach & Ronel,2018). ◆

Article

## Everyday Substance Insecurity Among Homeless Injection Drug Users in Israel’s Largest Open Drug Scene

Hagit Bonny-Noach<sup>1</sup> and Natti Ronel<sup>2</sup>

### Abstract

Limited attention has been given to Homeless Injection Drug Users (HIDUs) perceived need for illegal substances. This study assessed self-perceived illegal drug need in HIDUs based on their experiences. Observations and in-depth qualitative interviews were conducted with 11 HIDUs and with four treatment professionals. The findings revealed three findings concerning the unique experiences and perceptions of HIDUs: (a) Everyday Substance Need caused fear and anxiety, (b) Substance Need was experienced as more urgent than basic survival needs, and (c) HIDU participants attributed misunderstanding and denial of Substance Need to the authorities. It was found that HIDUs suffer from “Substance Insecurity,” which may be defined as the uncertain availability of quality substances (or their substitutes) and uncertain ability to acquire substances/substitutes and safe injection equipment in socially acceptable (or not) ways. Increased awareness of Substance Insecurity for HIDUs as a Substance Security First (SSF) model should be adopted.

### Keywords

substance insecurity, drugs, injection drug users, open drug scene, homeless population, harm reduction

Journal of Drug Issues  
2018, Vol. 48(4) 645–656  
© The Author(s) 2018  
Article reuse guidelines:  
sagepub.com/journals-permissions  
DOI: 10.1177/0022042618791261  
journals.sagepub.com/home/jod



Over the last years, In Israel, the attitude of ♦  
the establishment and general public has begun  
to soften.

In parallel to the formal "war on drugs," Israel ♦  
has started to implement a "public health"  
approach, with authorities implementing a  
'flexible' drug policy. On the declarative de jure  
(legal) level, the war on drugs policy continues.  
However, the de facto (substantive) reality is  
focused mostly on drug dealers and less on  
users. As a result, in April 2019, Israel officially  
decriminalized adult use of cannabis.

Even so, No clear comprehensive enforcement, ♦  
treatment, prevention, and harm reduction  
drug policy plan for cannabis exists.

-There is need for a comprehensive harm reduction approach to reduce risky health behaviors in young-adults and other populations. ◆

**-ATS harm reduction strategies and services are not readily available. ◆**

New treatment projects for people who use ATS and hallucinogenic substances at mass gatherings such as raves should be formalized with supervision by the authorities and policy makers, as it is typical with existing comprehensive alcohol consumption strategy ◆

# In conclusion:

It is thus a major challenge to translate ♦ worldwide evidence and research findings into action and social change so as to implement a comprehensive harm reduction policy in Israel.

**Thank you**◆

hagitbo@gmail.com◆