

Harm reduction: science and social movement

I have no disagreement with Neil McKeganey's views (letters, *DDN*, 18 April) that harm reduction should address the needs of families and communities as well as of drug users, and that it needs to be self-critical. But his piece – with its selective focus and reporting – does an injustice to the conference and its participants.

The 16th International Conference on the Reduction of Drug Related Harm in Belfast attracted over 1,000 people from nearly 60 countries. There were large groups from Indonesia, Thailand, Iran and Malaysia. Talks were presented across 270 sessions. Over 150 posters were on display. The conference theme was 'Widening the agenda', and the range and diversity of the conference programme indicated that this agenda was considerably met. Presentations covered science and research, policy and practice, and critical commentaries on harm reduction issues. The programme had ten major pathways: HIV/AIDS and other blood borne infections, law enforcement and harm reduction, prisons, social context and policy responses, young people and education, harm reduction philosophy and practice, services and treatment, drugs and injecting and harm reduction practice. The Film Fest showed over 40 short films to a large and highly appreciative audience. McKeganey comments that a session on the impact of parental drug use on children attracted less than 10 per cent of the 1,000 delegates – given the range of session choices, that was an excellent audience!

Harm reduction is certainly – for some people – a social movement; but it is also evidence based, good public health, pragmatic social policy, and a practical response to pressing issues. The conference succeeds because it brings together an extremely wide range of people. It attracts UN officials from WHO, World Bank, UNICEF, UNAIDS, and UNODC; policy makers, politicians, and government officials; scientists and researchers; harm reduction advocates; people working in health, criminal justice, social welfare, and education; people in national and international NGOs (eg the International Federation of the Red Cross and Red Crescent Societies, Family Health International, and the HIV/AIDS Alliance); and people affected by HIV/AIDS and drug use.

This is hardly a group of people who – in McKeganey's words – are there for a 'celebration of the drug using lifestyle'. People at the conference hold many different views on drug use – there are prohibitionists, people in NA, pragmatic public health workers, and some seeking drug policy reform. Most people at the conference are clearly against unfettered drug use. Nor is it true to say that the main tenor of the conference is about the right of the individual to use his or

her drugs of choice with the least harm. This is to confuse the human rights of drug users (a key principle of harm reduction) with the human rights to use drugs (an issue for other organisations and fora).

There are indeed some vociferous drug users in attendance. We go to great lengths to ensure their participation. We include drug users in the opening and closing ceremonies, have a plenary drug user speaker, and ensure – in whatever the country the conference is held – that the medical needs of drug users are met. I think we may be the only international conference which assists in the provision of methadone and other substitution treatment for those who need it.

McKeganey argues that harm reduction is in danger of being just a social movement, and hence is in danger of being uncritical and strong on rhetoric. This sets up a false opposition between science and social movements. There are plenty of social movements which clearly base their activity on the evidence – as harm reduction does. There is no difficulty in being both a science and a social movement. The harm reduction field is typified by extensive efforts to provide an evidence base – and as a result there is more evidence for the effectiveness of harm reduction interventions than for many other drug interventions.

To criticise the conference for being in danger of being long on rhetoric sits oddly with the rhetorical devices used in his letter: for example, the use of terms such as 'loved ones', when referring to those who may be harmed by drug users, and the aforementioned reference to 'celebration' of a drug using lifestyle. A paragraph is devoted to a researcher from a harm reduction service in Australia who is reported saying that he would underplay information critical of the service he was evaluating. I can't but agree that this researcher is wrong. But so too are writers who selectively use evidence that fits their argument.

The majority of drug users and drug problems are in developing and transitional countries. In many of these countries harm reduction and drug treatment services are very thin on the ground. What most drug users get instead is penal excesses, neglect of their rights to health care, no or ineffective treatment, community and judicial harassment, and marginalisation of themselves and their families. There is a huge need to argue for an evidence-based and human rights based approach to reducing drug related harms. I make no excuse that harm reduction brings together science, good policy, and practice, and that for some it is a social movement – that is part of how we change the world for the better.

Prof Gerry Stimson,
executive director,
International Harm Reduction
Association www.ihra.net

STOP don't RUN

Many strange things have happened to me
But this I won't forget for eternity
I am currently laid up with two guards at my side
Because I thought I was clever and that I could hide
But I went on the run – turned up in Bracknell Town
Fell 32 feet straight onto the ground
I've broken my arm and smashed up my feet
Had a seven hour operation I've got a big frame in my heel
It wouldn't have happened if I hadn't went to do a deal
But it's woken me up proper opened my eyes
I am really lucky – I should have died
But I know I'm a fighter and soon I'll be well
So I'll look at this paper and a story will tell
Look what can happen when you don't stop and think
Hang around with people who live for drugs and drink
But I'm out real soon – hopefully I'll walk again
Stuck with the thought never run again!!

Nathan Brooks

Abstinence offers a clear advantage

On the issue of harm reduction (*DDN*, 18 April): The aim of harm reduction is to limit use to an amount which significantly reduces or removes the harmful effects. However this often causes a problem: what is the required reduction and how is this measured? For every individual there will be a number of factors influencing what may be a varying limit – a limit which can be hard to identify, let alone meet. Therefore in the harm reduction versus abstinence debate, I would propagate that in many cases, abstinence has one particular advantage (aside from the physiological benefits): abstinence establishes a clear set line with no option for manipulating.

Of course abstinence may not be suitable for many, but for those who see it as an option, the clarity of where those goal posts lie often eliminates the easiest pitfall of harm reduction – overstepping the sometimes blurred line back into harmful levels of use. Of course, successful harm reduction is more suited for many, but for those who achieve the feat of sustained abstinence, rewards are reaped with the greatest chance of avoiding relapse back into harmful use.

**James Morris, alcohol strategy
development officer, London Borough of
Hammersmith And Fulham**

Learning from experience

Above is a poem written by a drug user from Bracknell Forest.

He had been in custody, doing well and had been clean for approx nine months, and was then moved to an open prison.

Unfortunately the move did not go well

and he absconded from the prison and was at large for around four weeks.

Unable to access the support he needed to maintain his recovery, he drifted back into drug usage and eventually the police caught up with him. In a state of panic he climbed out of a window in a block of flats to attempt to get away – this resulted in him falling 32 feet and nearly losing his left foot.

The poem was written whilst he was recovering from the injuries in the John Radcliffe Hospital – he has since gone back to Bulingdon to complete his sentence.

The reason I am in possession of this poem is that the young man is my son and he asked me to see if this could be published and hopefully get a message across to others.

Name and address withheld.

Drugs don't fit 'disease model'

It concerns me to hear an addiction psychiatrist, Dr Finch, applying the disease card to people who use drugs (GP debate, *DDN*, 16 May). To compare this 'chronic disease' with diabetes or asthma is wholly inappropriate. Unlike the latter conditions which we know are lifelong, the drug 'disease' can be eliminated by a voluntary choice the like of which those with diabetes and asthma don't get. It probably makes her job much easier, diagnosing her patients with the 'disease' especially when prescribing medication results, but isn't this rather patronising to those who have a drug habit? Therapists should look at the whole picture and remember that patient belief in the 'disease model' tends to predict greater relapse.

Russell Jones, by email