

A multi-disciplinary theory of drug-related harm reduction

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The 2-sided coin of drug policy

1. Abstentionism

Demand reduction: stopping non-users from starting (prevention) & helping current users to stop (recovery)

Supply reduction: preventing production & distribution

2. Risk/Harm Reduction

Risk reduction: preventing unsafe drug consumption

Harm reduction: preventing negative consequences of drug use & promoting positive consequences of drug use

Why do we need a theory of HR?

“Experience without theory is blind” (Kant 1787)

Improve communication between various groups

Help design and develop policies and interventions

Organise and interpret research findings

Evaluate effectiveness of interventions/policies

Map out the territory and identify the gaps

In short: *it's time to stop making it up as we go along*

Harm Reduction Theory: definitions of 4 core concepts

Stages of drug use:

Causes: factors underlying drug consumption and its riskiness
(notably genes, traits, memes & policies)

Consumption: preparing & administering drugs,
and drug intoxication [immediate effects]

Consequences: positive and negative outcomes of drug
consumption - harms and benefits [ultimate effects]

Intervention: a strategy, service or product aimed at modifying
causes, consumption and/or consequences

Risk & Harm Conceptual Model

Causes

**promoting-
protecting**

**strong-weak
(causality)**

**physical
mental
social**

Consumption

risky – safer

**high - medium
- low (risk)**

**drug, set & setting
[Risk CAMP-MAP]**

Consequences

harmful - beneficial

**major - moderate
- minor (outcome)**

**health
socio-legal
economic**

Red: primary dimension of each stage of drug use

Green: salience levels

Purple: core classes of cause/consumption/consequence

Levels of Risk

Risk levels indicate the general propensity of a drug consumption behaviour (eg. injecting) for producing a particular harmful consequence (eg. overdose).

Example: overdose risk from 3 methods of heroin use:

Lower risk: *smoking heroin*

Medium risk: *snorting heroin*

Higher risk: *injecting heroin*

Example: health risk of alcohol doses for male drinkers:

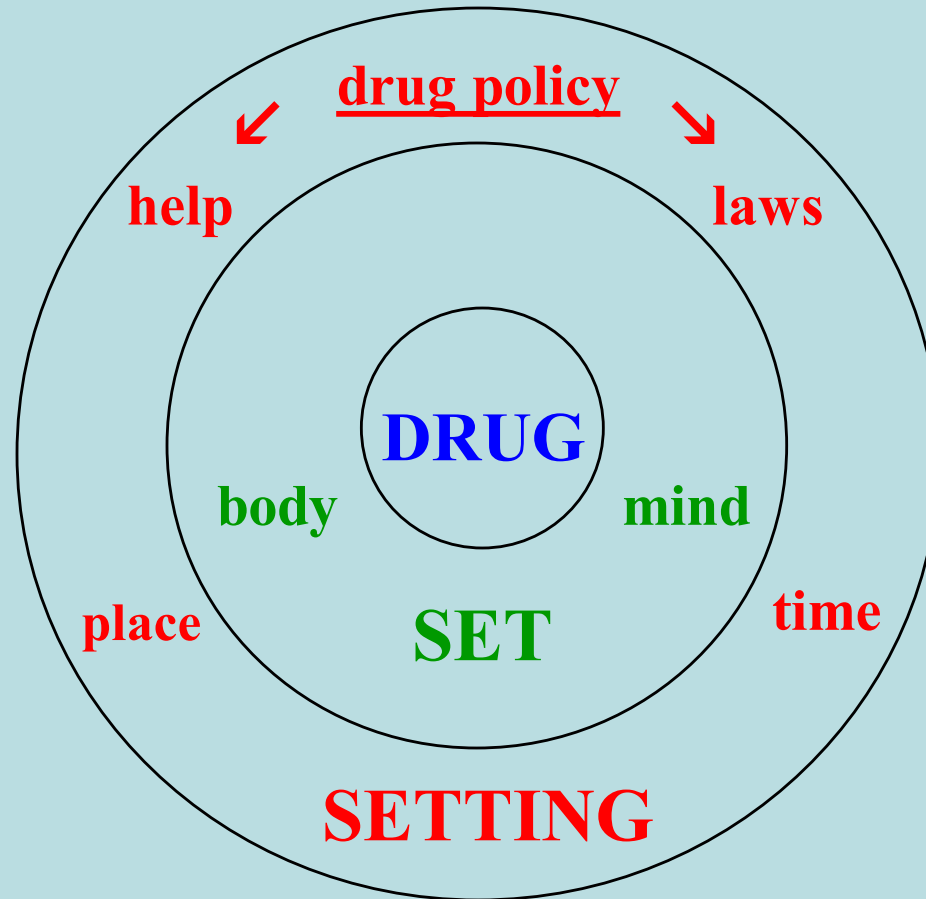
No risk/healthy: *about 7 units per week (1 per day)*

Lower risk: *from 8 to 21 alcohol units per week*

Medium risk: *from 22 to 34 alcohol units per week*

Higher risk: *over 35 alcohol units per week*

The 3 classes of drug-related risk



DRUG = contents & consumption

Source: Zinberg (1984)

The Risk CAMP-MAP

Context	set & setting
Amount	dose (per use) & quota (per period)
Method	preparation & administration
Pattern	frequency & stability
Mixture	multi-use & poly-use
Access	source (who) & means (how)
Product	chemistry & adulterants

Consequences: Harms & Benefits

3 levels x 3 types = 9 categories

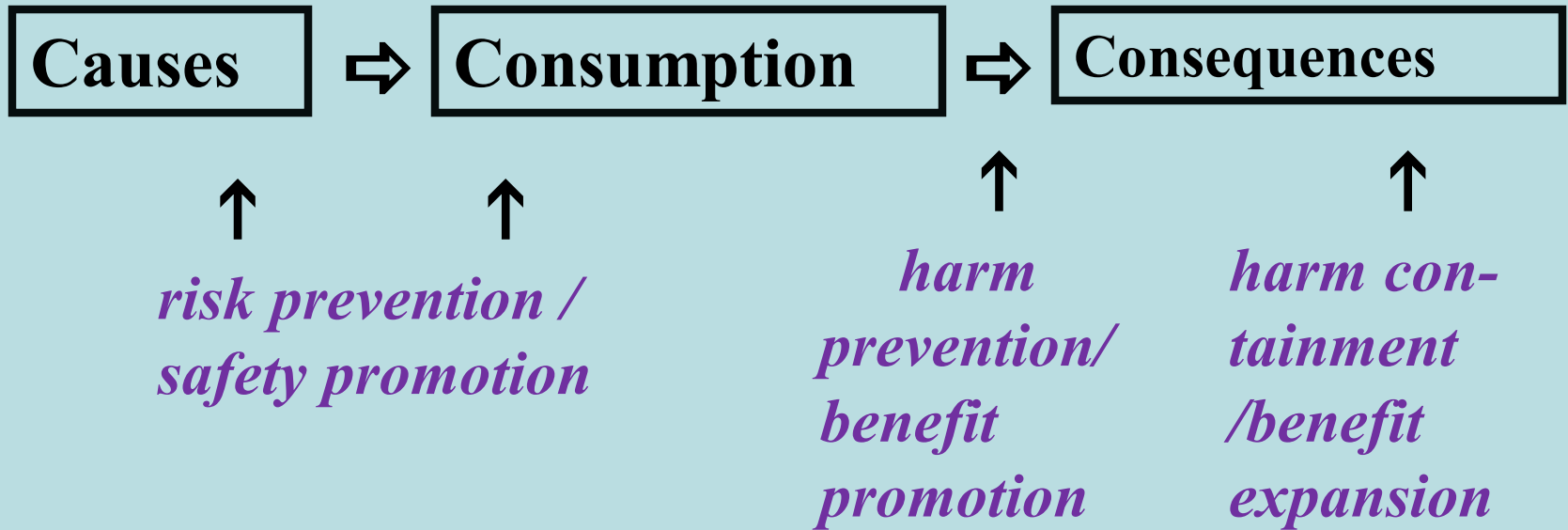
Harm/Benefit Levels (negative/positive consequences)

Individual	drug users
Community	family, friends, colleagues etc.
Societal	organisations & institutions

Types of Harm/Benefit

Health	physical & mental functioning
Social	order/disorder; inclusion/exclusion
Economic	financial costs & gains

Harm-reduction interventions



HR interventions: 3 classes

HR interventions are aimed at three aspects of drug use:

- (1) drug consumption & its causes (risk & safety factors)**
- (2) links between drug consumption & its consequences**
- (3) drug-related consequences (harms & benefits)**

In short, there are 3 classes of harm-reduction intervention:

- | | |
|-----------------------------|--------------------------|
| (1) Risk prevention | eg. clean needles |
| (2) Harm prevention | eg. HBV vaccine |
| (3) Harm containment | eg. HBV treatment |

Measures of Effectiveness

The magnitude of change (reduction or increase) in a risk or harm/benefit can be measured on 3 levels:

Example of risk: sharing needles

Prevalence **number of needle-sharers**

Frequency **number of sharing occasions**

Intensity **number of co-sharers**

8 core HR interventions, 2010

- **Provision of drug-taking equipment (esp. NX)**
- **Health-care for drug users (eg. HBV vaccine)**
- **Substitute prescribing (methadone etc.)**
- **Information & education on safer drug use**
- **Drug consumption rooms/sites**
- **Antidotes & treatments for overdose**
- **Testing of drug products (eg. E-testing kits)**
- **Drug law reform & drug users' rights**

Gaps in Harm Reduction Work

Neglected risks

Causes	genes, memes, knowledge
Access	HR with drug dealers (<i>eg.</i> adulterants)
Methods	drug-using equipment (<i>eg.</i> foil, pipes, tubes)
Mixtures	multi-use & poly-use

Neglected harms

Social	criminalization, discrimination, families
Health	<i>beyond</i> injecting & infectious diseases
Economic	massive costs of drug prohibition

Neglect of benefits: almost total!

This paper is dedicated to all casualties of the Drug War

Especially:

Huw Wauchope (imprisoned for cannabis supply – RIP)

**Casey Hardison (serving 20 years in prison in UK for
'trafficking' LSD & psychedelic drugs)**

Full version of harm-reduction theory is available from:

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“Imagination is more important than knowledge”

(Albert Einstein 1931)