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

<table>
<thead>
<tr>
<th>Causes</th>
<th>Consumption</th>
<th>Consequences</th>
</tr>
</thead>
<tbody>
<tr>
<td>promoting-</td>
<td>risky – safer</td>
<td>harmful - beneficial</td>
</tr>
<tr>
<td>protecting</td>
<td>high - medium</td>
<td>major - moderate</td>
</tr>
<tr>
<td>strong-weak</td>
<td>- low (risk)</td>
<td>- minor (outcome)</td>
</tr>
<tr>
<td>(causality)</td>
<td>drug, set &amp; setting</td>
<td>health</td>
</tr>
<tr>
<td>physical</td>
<td>[Risk CAMP-MAP]</td>
<td>socio-legal</td>
</tr>
<tr>
<td>mental</td>
<td>health</td>
<td>economic</td>
</tr>
<tr>
<td>social</td>
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</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Context</th>
<th>set &amp; setting</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amount</td>
<td>dose (per use) &amp; quota (per period)</td>
</tr>
<tr>
<td>Method</td>
<td>preparation &amp; administration</td>
</tr>
<tr>
<td>Pattern</td>
<td>frequency &amp; stability</td>
</tr>
<tr>
<td>Mixture</td>
<td>multi-use &amp; poly-use</td>
</tr>
<tr>
<td>Access</td>
<td>source (who) &amp; means (how)</td>
</tr>
<tr>
<td>Product</td>
<td>chemistry &amp; adulterants</td>
</tr>
</tbody>
</table>
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

Causes ⇒ Consumption ⇒ Consequences

↑ risk prevention / safety promotion
↑ harm prevention / benefit promotion
↑ harm containment / benefit expansion
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 three 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 (eg. adulterants)
Methods drug-using equipment (eg. foil, pipes, tubes)
Mixtures multi-use & poly-use

Neglected harms

Social criminalization, discrimination, families
Health beyond 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)