



HARM REDUCTION IN SUBSTANCE USE AND HIGH-RISK BEHAVIOUR

International Policy and Practice

EDITED BY
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 WILEY-BLACKWELL

Addiction **Press**

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Harm Reduction in Substance Use and High-Risk Behaviour

International Policy and Practice

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 **WILEY-BLACKWELL**

A John Wiley & Sons, Ltd., Publication

Addiction Press

This edition first published 2012

© 2012 by Blackwell Publishing Ltd

Wiley-Blackwell is an imprint of John Wiley & Sons, formed by the merger of Wiley's global Scientific, Technical and Medical business with Blackwell Publishing.

Registered office: John Wiley & Sons, Ltd, The Atrium, Southern Gate, Chichester, West Sussex, PO19 8SQ, UK

Editorial offices: 9600 Garsington Road, Oxford, OX4 2DQ, UK

The Atrium, Southern Gate, Chichester, West Sussex, PO19 8SQ, UK

2121 State Avenue, Ames, Iowa 50014-8300, USA

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understanding that the publisher is not engaged in rendering professional services. If professional advice or other expert assistance is required, the services of a competent professional should be sought.

Library of Congress Cataloging-in-Publication Data

Harm reduction in substance use and high-risk behaviour:
international policy and practice / edited by
Richard Pates, Diane Riley.

p. ; cm.

Includes bibliographical references and index.

ISBN 978-1-4051-8297-3 (pbk.:alk. paper)

I. Pates, Richard. II. Riley, Diane M. (Diane Mary), 1953-
[DNLM: 1. Harm Reduction. 2. Substance-Related Disorders-
therapy. 3. Risk Reduction Behavior. 4. Risk-Taking. WM 270]

362.19686—dc23

2012007474

A catalogue record for this book is available from the British
Library.

Cover image: [Gracey Stinson/Morguefile.com](http://GraceyStinson/Morguefile.com)

Cover design by Steve Thompson

*This book is dedicated to Dominic Pates, Helen Jamet and
Suzanne Pates, and Gemma and Cleo Pates, all of whom
have been my strength and support.*

RP

Foreword

The prevention of the spread of the human immunodeficiency virus among and from whole communities of people who inject drugs is no less than a public health triumph - one of the public health triumphs of the 20th century, as far as I am concerned. There is much history in this volume, about harm reduction, its antecedents, and other aspects of humankind's relationship with drugs and other fancies; and very welcome it is, because much of the extraordinary history of the current movement is in danger of disappearing. In this historical spirit, my own small involvement in this public health triumph came about relatively accidentally, in a way which introduced me to the predominant feature of the field: prejudice and discrimination, based on man's inhumanity to man.

Those who use drugs (of any kind, legal, illegal, anodyne or exciting) participate in one of the most useful tools for defining who's in and who's out, who's in power and who is not...I learnt this again when I ran a harm reduction workshop with WHO in the mid-1990s, in Guizhou in the south of China, for Public Security and Public Health officials from 10 Chinese Provinces. The Public Security officials traveled to the workshop straight from organizing the public executions which marked National Drug Control Day, executions of low level heroin user dealers and small time heroin traders. Each evening was marked with copious quantities of the local Maotai, 55-plus% alcohol, a slower but reliable form of execution. The extreme irony of celebrating the death of those using a pharmacologically pretty harmless drug by drinking large amounts of a severely harmful one brought home to me the utility of

labeling people by the drugs they use, and selectively dealing with them on that basis. Using the drugs as an excuse, a cover, a blind to draw away attention, to effectively silence and subjugate the people.

The more I look at drugs, the more I see people. The more I look at people, the more I see a propensity to dehumanize so as to control. The more I look at the harm reduction movement of the last three decades, the more I see hope. Harm reduction drives towards re-humanizing the dehumanized, de-demonizing the demonized, normalizing and welcoming back to the human fold the outcast person, and the outcast behaviour...and reclaiming them as part of our humanity, so we can confront and deal with them in properly human ways.

The accident that happened to me, that I referred to above, was when I worked in the AIDS Branch at the Centers for Disease Control in the late 1980s. I was very supernumerary, and reputations were being made; territory was strongly claimed and fiercely guarded. But there was a bit of turf no-one wanted, and it was the scrap thrown to me - HIV among injecting drug users. I remember at the time, around 1988, noting that in an epicentre of the epidemic in the US, in the northeast states of New York and New Jersey, the number of people diagnosed with AIDS with histories of injecting drug use outnumbered those diagnosed who had histories of male to male sex - and yet there was no-one in the AIDS Branch at CDC, the home of the discovery of AIDS, the world leading public health institution, specifically studying this massive and devastating part of the epidemic. A first exposure to the depth to which prejudice permeates our institutions...and a surprise to a youngish public health practitioner, whose aspiration was to get the science right, and had trouble seeing, let alone understanding, the basis on which some people with AIDS were worth more than others.

It has always seemed to me that there is a parallel between our drug policies and the practice of execution of deserters in war (who have always seemed to me far more heroic in their humanness than the adrenalin charged killer who wins the medal; perhaps only because I can completely identify with the former and do not for a moment understand the latter). The more dangerous we can make the use of a particular drug, by removing any possibility of quality control or regulation of access or informed use, the more likely are users likely to suffer harm from its use, so bolstering our initial proposal that its use is dangerous...if we do our job well enough, we might be fortunate in that a few will die, providing us with exactly what we need *pour encourager les autres*.

'Harm reduction' as a name may have started with HIV, but as we read in these pages as a concept it is co-contingent with humanity - it is in essence part of the definition of being human. Harm reduction is a normal human response to intractable, usually behaviourally-based, problems that allow no immediate solution - what could be more sensible than to ensure that the harm they cause is lessened to the extent possible? Is this not, indeed, simply good public health practice under a different guise? And again as we read within these pages, is not the best public health synonymous with human rights?

HIV is just the starting point, the entry into the world of systematic discrimination and dehumanization. Harm reduction takes us through the door that HIV opens, a door to ourselves; and we betray it and our selves if we do not follow up, and confront the beast within.

This current book is as good a guide to this journey as it is possible to produce - a guide through personal experiences, from activists to users to educators and policy makers and police; a global guide, spanning the world as do the phenomena, the problems, the philosophy and the

response; and a guide that takes us into the many paths that harm reduction, branching out from its beginnings with injecting drug use and HIV, is beginning to explore. It will serve us for many years, as textbook and inspiration.

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