Section I
Background

Chapter 1
INTRODUCTION

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Harm reduction for psychoactive substance has been practised for centuries (see chapter 2) but harm reduction as we now know it was first developed in the 1980s, mainly as a response to HIV and hepatitis transmission among people who use drugs. There is now an extensive literature on harm reduction in academic journals and books and there are numerous publications aimed at advising and informing on best practice in many areas. We have come a long way since the days when all attempt at limiting the harm from psychoactive substances and high-risk behaviours simply involved prohibition, bans, and telling people not to partake. We know that the use of alcohol and other psychoactive substances goes back many thousands of years, sex work is called 'the oldest profession', and gambling has a very long history too. All of these have attracted opprobrium from the establishment in almost all countries and at most times in history, and attempts to recognise their inevitability and render them safer have been scant.

That harm reduction around psychoactive substances has been controversial is of interest in itself. If we look at another major cause of death and injury throughout the world, that of the motor car, we see a very different situation. It has never been seriously suggested that cars should be banned because of the number of deaths caused through their use (far more than heroin overdoses), but we have put in numerous harm reduction measures in an attempt to ameliorate these accidents. In terms of cars themselves we have introduced safer cars that stop more efficiently, that have greater protection for the occupants through stronger construction and crumple zones, and so forth. We provide seat belts and airbags so that in the event of an accident the occupants have a lesser chance of being injured. We have laws to limit the amount of alcohol people may consume before driving; we impose speed limits and enact a considerable amount of legislation to make the roads safer. We also make the motoring environment safer by constructing crash barriers, traffic lights, roundabouts and other physical changes to the infrastructure. These are all harm reduction measures designed to reduce death and injury on the road, and apart from some people feeling it infringes their personal liberty to be made to wear a seat belt or crash helmet, nobody really objects. The situation regarding harm reduction for psychoactive substances and gambling has been very different indeed.

This book covers a number of areas pertaining to harm reduction. The first section is an introduction by way of a history of harm reduction (which deserves a book in itself and is thus brief) and a discussion about the role of education in primary prevention, an attempt to remove the harm before it occurs. The second section looks at policy, offers a critique of various policy matters, examines law and policing, and raises questions about ethics and legalisation. The third section is centred around harm reduction for individual substances and behaviours, offering expert views on current best practice and ideas. The chapter on opiate harm reduction has been written from the 'recovery' perspective. There is much discussion elsewhere in the book about opiate substitution therapy (OST), so this is not included in this chapter, but current thinking is that the use of substitute medication such as methadone is necessary in the treatment of opioid problems but not sufficient, it

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stabilises those dependent on opioids but is not a cure. In the UK and a number of other countries we have created a system for helping people stop using opiates but we have not really helped them become free of dependence (on both the drugs and the services that provide them). In some countries such as Canada, methadone is being given to users of Oxcycontin, many of the young people, to help them discontinue use of the pain killer; the result has been an increase in methadone users who are also buying Oxycontin on the street. This is not an example of best practice in harm reduction.

The fourth section is a global geographical review highlighting what services have been available in all the continents and where the deficiencies lie. Whereas we are well informed about Western Europe, North America and Australia we are less well informed about parts of the world with large populations, increasing problems, and a marked deficiency of services. This comprehensive survey has highlighted how far harm reduction has come since the 1980s, from being a mainly northern European and Australian concern to being truly global and reaching some of the most disadvantaged people in the world.

We have assembled a distinguished group of experts to write this book, some well known and some less well known, but all experts in their fields. There may appear to be some gaps in the content and this is not accidental; there are some subjects that deserve more space than this long book allows and it is our intention to include them in another book. There is, for example, discussion of gender issues in a number of the chapters, but no specific chapter on girls and women. This is one example of a subject which needs more space than allowed here.

The chapter on Australasia is different in format to the other regional chapters. The author who was to write this was unable to do so due to unforeseen circumstances and we therefore gathered, at short notice, a distinguished panel of Australian and New Zealand authors to write a number of perspectives on these two countries.

Any book on a subject like this is only as good as its current content and we are aware that this is only a snapshot of harm reduction a decade into the twenty-first century. It is hoped that this will provide a useful resource for students, academics, policy-makers, law enforcement officers and all those interested in the reduction of harm. An attempt has been made to be comprehensive, but even in a book of this length there will be gaps. The subject of performance and image enhancing drugs was to have been included but again the authors were unable to deliver the chapter (for reasons beyond their control and not because of performance deficit) and it is hoped to devote another book to this increasingly relevant area.

Harm reduction has become part of accepted practice in many parts of the world. It is inevitable that new challenges will arise, new drugs that will cause moral panics and new political systems that will reject the libertarian ideas of harm reduction. What is important is that in both policy and practice the foundations have been laid to continue this work, to develop it, and to try to reduce the harm that is associated with the inevitable use of psychoactive substances and the other behaviours associated with human beings such as gambling and sex work.