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
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 coun-
tries such as Canada, methadone is being given to users of OxyContin, 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 disadvan-
taged 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 con-
tent 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.