From abstinence to harm reduction:

Peter Martin argues that far from being mutually exclusive, abstinence and harm reduction should be seen as part of the same continuum

"I FEEL I need to detox," said a client at one of Addaction's harm reduction (HR) projects. "I don't think you're ready for that yet," replied his key worker. A true story, but it might as well be apocryphal. The refusal to envisage that the client had thought about his needs and felt ready to move on exemplifies a silo attitude that can often divide the two strands of treatment work – the abstinence model and the public health care model. While both are needed, the connections between them have become blurred by history, inadequate training for drug workers and by differing political agendas.

POLES APART

On one side are those who believe that we are simply in the business of giving clients what they want. Harm reduction becomes the goal in itself. This view is fuelled by those who seem permanently engaged on the drugs battlefield waving their banners of human rights, morality or legalisation. By contrast, the antis see needle exchanges as one aspect of a creeping 'normalisation' of drug use, arising out of defeatism. Harm reduction and treatment programmes become irreconcilable and can never rest easy within a coherent multi-layered drug strategy. Both polarised positions are wrong-headed.

The problem of treatment goals that seem to be at variance with one another is not aided by the different interpretations and lack of understanding in the language we use to describe these drugs services. Although language provides the framework in which we work, an inadequate grasp of meaning causes all kinds of problems.

Addaction's new mission statement reads: *Reducing both the use of, and the harm caused by, drugs and alcohol.* Mission is a corporatist word, redolent of evangelism: we have all come across overblown, meaningless mission statements. But as treatment providers the statement expresses a belief in a seamless, integrated approach to treatment. We believe harm reduction is part of a linear path to the ultimate goal of abstinence. Somewhere along the road however, harm reduction has become stuck within the limited confines of its pre-determined role.

A QUESTION OF CHOICE

The anti– brigade would rid us of harm reduction services. But why should any human being be denied a service that manifestly reduces risk to them or others? Harm reduction has also produced the odd but radical concept of the 'health conscious' drug user.

Separating our perception of the human being from the drug is an essential process in treatment. It is also a central component in harm reduction. We are dealing with human beings in all their complexity, who will all be at varying stages of their emotional, physical and psychological development when they enter our services. The desire to change can happen at any stage in the course of a life. Harm reduction services can work as stepping-stones for later change whether this is an overt objective from the outset or not. It is precisely in the process of engagement and acceptance of the client and by respecting their choices that an individual user, who is often marginalised, may be given a sense of value. That is one of the first steps to change.

MOVING ON

But this change can be limited by a determinism which sets down as absolute a specific goal of stabilisation of the individual within the context of reducing harm – and allows no other goal. If abstinence is not perceived as the ultimate goal, and is not even a dot on the practitioner's horizon, how can a user ever see themselves as a candidate for moving on? In this scenario, the immensely valuable skill of a drugs

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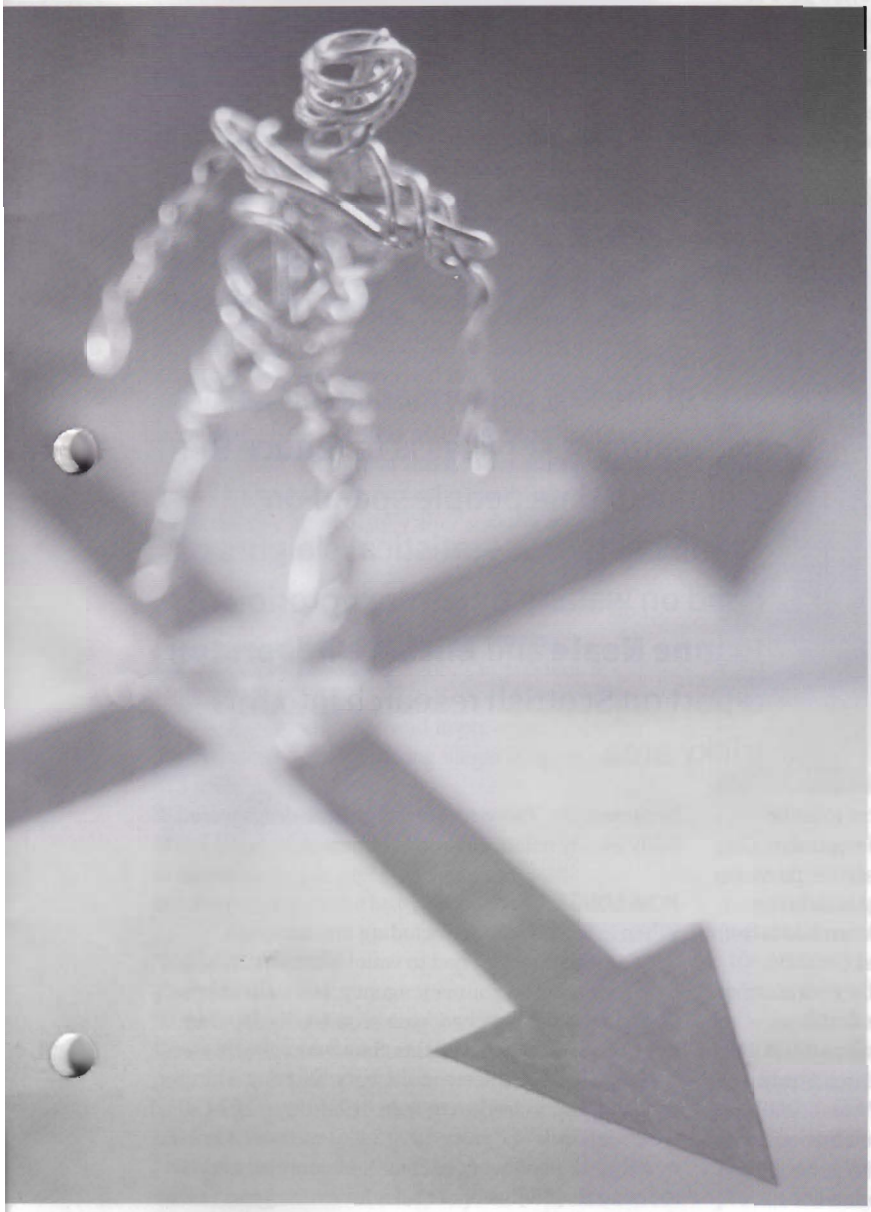
parallel tracks or a road less travelled?



worker to recognise an individual's readiness for change is obscured and demoted. The individual becomes disenfranchised by virtue of a reductionist system that is itself resistant to challenge or change.

In his book, *Community As Method*,[1] George De Leon points that many people doing well on methadone will nonetheless need other interventions, while others cannot engage in an abstinence-oriented process without pharmacological support. 'This issue is not one of methadone or drug-free treatment, but one of providing the opioid user with the opportunity to initiate a recovery-oriented process of change."

A study of a model programme in the USA, called *Passages* – a model similar to HR services in the UK– compared a *Passages* group with a similar control group. Both groups identified as ready for change but initially requiring pharmacological support. The outcome showed a much higher level of retention rate in the *Passages* group who were part of a structured recovery-oriented process of change.

TRAINING NEEDS

But not everyone will aspire to further change. Harm reduction can be likened to the sequence of 'travelators' at Heathrow. Once you step on to it you have the opportunity to get off at various points on route. The crucial role of the worker in relation to the client is to be sensitive to the readiness for change that may occur which may allow the individual– at the right time– to continue onto the next travelator. The ability to recognise when someone is in a state of readiness also needs to be embedded in our drug training programmes. It is estimated that 4000 new workers will be required in the next couple of years in order to deliver effective services in the drugs field. This workforce must be trained to understand that the ultimate goal of harm reduction is abstinence, and to develop the skills for identifying the client's readiness for change.

BREAKING THE SILENCE

We must break down the defensive positions adopted by proponents on either side of the policy agenda who are often scrabbling for a limited pot of funding. We must also avoid the timidity which has resulted in leaders in the field failing to grapple with controversial issues in public. Controversy has never been the favoured route of voluntary providers whose dependency for survival rests on those who hold the purse strings. However maintaining silence, when the consequences of saying nothing have the potential to damage the future opportunities for service users, is not an option for those who work on the front line and place all service users at the centre of their work.

Noam Chomsky states, "language is a process of free creation." By naming harm reduction we created it and defined it, but we did not stop it from growing and developing according to our knowledge and experience. It was experience that lead us to create harm reduction services in the first place, and it is experience in the process of working with clients that will lead us to create new ideas about what works best, and what is required to ensure these services optimise chances for change for the individual. ■

"This workforce must be trained to understand that the ultimate goal of harm reduction is abstinence" What do you think? Write to the editor or email harrys@drugscope.org.uk

references

1 Chapter 15 Community as method – A modified therapeutic community model for methadone maintained clients. Editor, George De Leon, Praeger Publications, 1997. Library of Congress ISBN 0-275-94818-8.