ILLUSTRATION: SOPHIE BUCKLE

BEG TO DIFFER

After chairing a debate last year between Stanton Peele and Neil McKeganey, **Mike Ashton** concludes that the evidence-base cannot settle the harm reduction/abstinence argument.

In September 2011, a debate took place in Glasgow between two well-known and controversial personalities in the addictions field; the American psychologist Professor Stanton Peele and the Scottish sociologist Professor Neil McKeganey. The event was refreshing in many ways, but most of all in two interlinked aspects; first, the explicit acknowledgement of the role of values in drug policy; and second, that this means the distinction between harm reduction and abstinence-oriented approaches can neither be eliminated by good intentions nor resolved by evidence; it is a matter of values – what matters most to the person making those judgements.

Rather than being complementary, these philosophies stem from profoundly different moral positions and ways of thinking. The values which promote harm reduction above competing objectives will remain unmoved by criticisms made from an alien values base, and vice versa, the values which generate an abstinence orientation will be immune to appeals from a value base

they may not simply disagree with, but find abhorrent.

Instead of (as some formulations have it) being morally neutral, reducing harm has an obvious values base in the preservation of life and health as ultimate priorities. But even within a harm reduction context, there remains the issue of which/whose harms matter most and should be targeted. Beyond harm reduction are competing strategic and moral positions, such as freedom of the individual (even if that allows self-harm), zero tolerance of crime and illegal drug use, and recovery/abstinence agendas, within which some degree of harmful side effects might be seen as worth enduring in the service of a greater good – perhaps even an instrument in achieving that good.

Still further out is the elephant in the room of cost-benefit calculations – the fact that at least the users feel they get something of value from their substance use, something they are willing to pay for financially and in a degree of risk and some actual harm. But even if drug-taking truly did add to the sum of human pleasure, for abstinence-oriented thinkers, seeking pleasure or solace in these ways is reprehensible, while for harm reductionists, it is irrelevant except as an obstacle to harm reducing patterns of use.

Underpinning an insistence on abstinence is among some a visceral reaction to certain forms of drug use. For many people these are, as Kathy Gyngell, put it, simply "unpalatable", a contrast to the appeal of a 'clean' life without drugs. Such a life for oneself and for others is worth possibly dying for: "This is what former addict Steve Speigel and long time CEO of the ground breaking Providence Projects commented on the issue, 'I ask myself this question, if there had been legal shooting galleries with free heroin in the UK years ago would I have ever got clean and sober? The answer to that is a categorical no'."

The contradiction between the approaches is exemplified in the presumption that dependent substance users must hit 'rock bottom' (ie, experience extreme harm) before they really see the need to stop using. It legitimises strategies which at the least do not try to stop this happening (from this perspective, such efforts are denigrated as 'enabling'), through to promoting it by imprisonment and the withdrawal of housing, employment, respect and family support.

'Hassle' from the uncomfortable and risky life forced on illegal drug users by conventional enforcement is commonly cited as a reason for 'early retirement' and treatment entry, driving dependent users towards a possible route to stopping using. Evidence that such strategies risk harm could be met by the answer that risking harm is precisely the intention in order to promote abstinence. From this perspective, making (especially illegal) drug use safer/less harmful is questionable because it is seen as making it easier to start and stay using drugs – and using drugs is in itself 'bad'.

THE DISTINCTION BETWEEN HARM REDUCTION AND ABSTINENCE-ORIENTED APPROACHES CAN NEITHER BE ELIMINATED BY GOOD INTENTIONS NOR RESOLVED BY EVIDENCE

Professor McKeganey has highlighted the values issue in his analysis of research on the treatment of heroin and cocaine users at a primary care practice in Scotland, in particular in his analysis of the role of methadone maintenance – as he sees it, "one of the central planks of harm reduction oriented drug treatment". The study found being in methadone treatment and being in it for longer associated both with saving lives and with longer injecting careers. If both are accepted as caused by and not just linked to methadone, the dilemma becomes, should we save lives by getting more people in methadone treatment for longer, or should we sacrifice some in the quest for an end to injecting drug use? Just how sharp this dilemma might be is revealed in the paper's estimate that "for patients who do not start opiate substitution treatment (unexposed), a quarter will be dead within 25 years of their first injection compared with 6% of those with more than five cumulative years of exposure to opiate substitution treatment".

Evidence cannot resolve such dilemmas – it comes down to what to you is most important – but it can cast light on the degree to which they are real or imaginary. In fact the paper cannot show whether either outcome was caused by the treatment and the wider evidence base, while supportive of methadone's lifesaving potential, either does not address the issue of whether it extends addiction careers, or finds that it does not do so; it might, but we simply do not have enough of the right kind of data to conclude securely one way or the other.

When such deep-seated values drive debate and research the reader and listener must expect some glossing over and selectivity in the facts. So in the debate Professor Peele supported his argument by asking the audience how many had overcome their dependence on tobacco on their own, but did not ask how many managed to do so through moderation rather than abstinence. The answer to the former question supported his contention that addiction can be resolved without treatment; the latter was at odds with his emphasis on moderation.

In a paper following up on the debate Professor McKeganey cited research in England to undermine one of harm reduction's "three core assumptions": "That there is very little prospect of recovery from dependent drug use". It showed that even in respect of heroin, the archetypal drug of addiction, 37% of heroin dependent clients were abstinent from that drug at their last treatment review. What he does not stress is that all these patients were still in treatment and for over 80% this was opiate substitution treatment. In other words, the vast majority were being prescribed methadone or other opiate substitutes so were almost certainly still dependent on opiate-type drugs. If that was not the case, then the success he alludes to was largely success for what he sees as the leading harm reduction treatment.

Only in challenge and debate can we get the facts straight about whether A or B causes more of C or D, but no matter how straight we get them, if for one person 100 Cs is worth 1 D, or vice versa, the facts are unlikely to settle the argument about whether A or B is the preferable policy. In making this clear and dispelling the comforting illusion that "We all want the same things in the end, don't we?" Neil McKeganey and Stanton Peele did us all a service as they crossed swords in Scotland.

Mike Ashton is the editor of Drug and Alcohol Findings