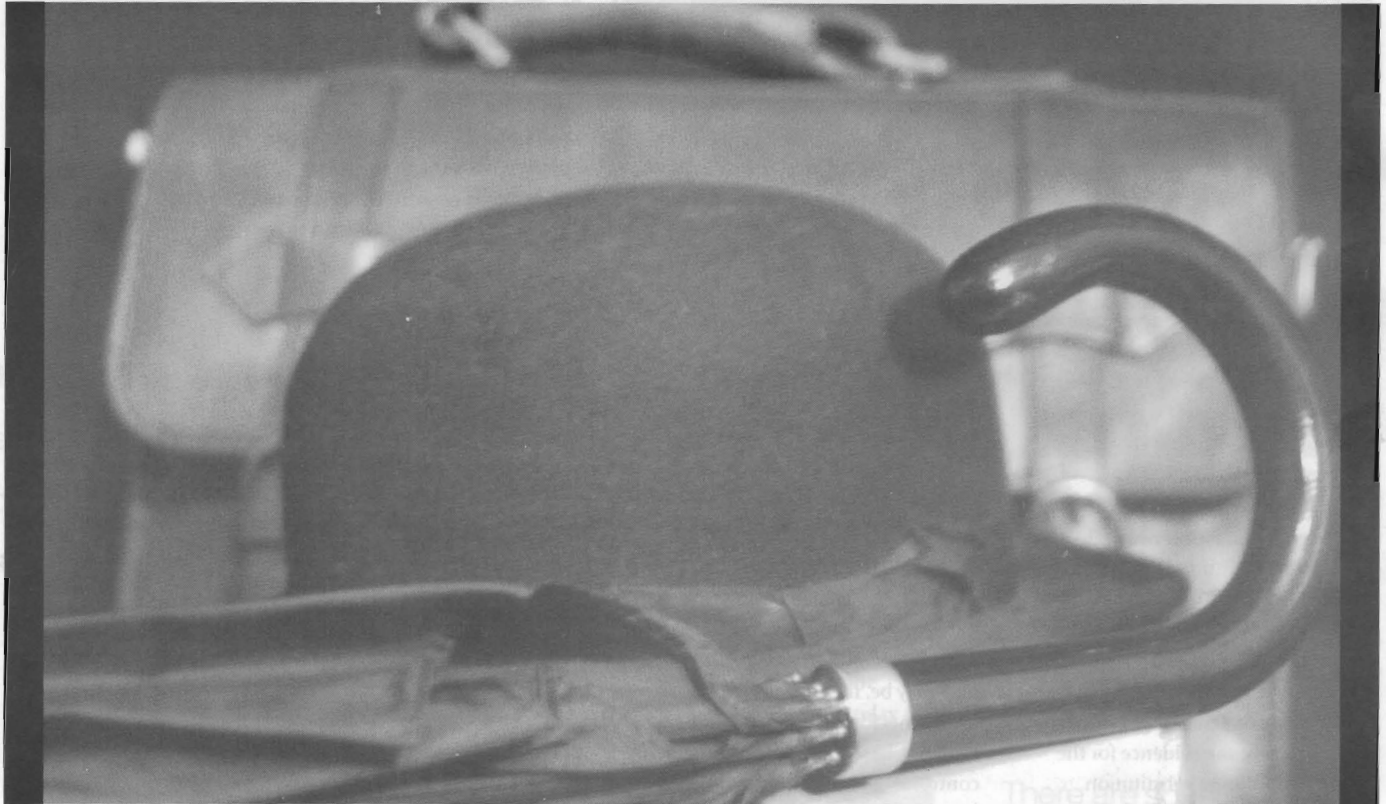


platform

Andria Efthimiou-Mordaunt

The new orthodoxy

Harm reduction goes AWOL



It was the drug field's 'big idea' of the last decade. But just as it is gaining the international recognition it has long deserved, we're getting worrying reports from the 'good ship harm reduction'. It's perhaps high time to ask: what's gone wrong with the new orthodoxy?

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Harm reduction. Harm reduction. Who will take the credit for harm reduction? The drug professionals – or the drug addicts who have been trying to reduce the harm drugs do to them since before the concept was even a twinkle in some psychiatrist's eye?

Some of my friends, those 'lucky' enough to be alive, have the most horrendous scarring all over their bodies – and John, my lover, comrade and bloody good friend is dead from AIDS. Myself, I was one of the folk who deliberately used a Hep-infected needle back in 1978 because I was so scared of becoming an addict. I figured if I was in hospital with Hep and out of the drug scene for a while, at least I wouldn't become a junkie. As if we needed to be told that we shouldn't share needles.

There have always been blood-

borne viruses which injecting drug users have had to fear, and many of us did our utmost to avoid them. We broke into chemists, stealing boxes of injecting paraphernalia as well as vast quantities of opiates, cocaine and whatever else our driven minds could get our hands on. We sneaked into accident and emergency rooms and stole whatever came within our reach. We begged and lied to pharmacists to get us insulin syringes, and a couple of them might just about have had the good sense to give them to us when we asked.

Over the years, then, I've listened as the climate towards drugs, drug users and our families has changed. And my heart has leapt with joy as I now see the greater compassion and realism that some drug workers have adopted through the medium of 'harm

reduction'. I also have serious respect for whoever it was who decided *not* to run huge banner headlines about the setting up of needle exchanges back in the late 1980s. We just thought – *yes, that's sensible, people want to protect their health.*

Rocking the bourgeois

But harm reduction – right from the start, some might say – has also carried the seeds of its downfall. Way back in 1992, John Mordaunt and I attended a cocaine conference at one of the Royal Colleges (don't ask me which one: the word 'royal' generally makes my head go into flight). There, I met one of my old doctors. We chatted a while, something I still like to do. It heals them to know at least one of us survived and it heals me to get to be able to say, "thank you". I like that.

Anyway, we soon got on to harm reduction. "Harm reduction!" he said, "Pheugh, well that's a bourgeois concept if ever I've heard one." I was shocked to hear such a stalwart of the psychiatric field so cynical about this bold new orthodoxy. After all, most in the field were patting each other on the back, as they compared the comparatively low English and Welsh HIV rates to those elsewhere.

Harm maximisation

And lately, I've begun to hear some really weird stuff: workers who say they let their clients shoot up in the loos – "we can't stop them" – unsupervised. GPs who unquestioningly prescribe methadone to ten year olds. I hear about friends living with HIV who get the most incredible quantities of methadone from GPs. Who's going to want 300mls of linctus? To sell to a 'strung-out' friend in return for 200mls of IV heroin perhaps, but surely not to drink!

I hear from an addict who got an electronic slap on the wrist via e-mail the other day from an American harm reductionist for advising kids against heroin in a leaflet he'd written. Well, what are we supposed to say? Yeah, heroin's great, you should try it! And finally, and most personally, I was recently at the Third European Methadone Conference in Slovenia, and I joked, "shall we go find some e?" to a methadone researcher who knew my history – and she was about to go

help me look for some!

Don't we have enough to do challenging the prohibitionist stances, than to be also wasting time dealing with friends and allies who are able to use drugs recreationally, and still think it's cool to take heroin now and then? At root, we have to ask – what on earth is going on with harm reduction?

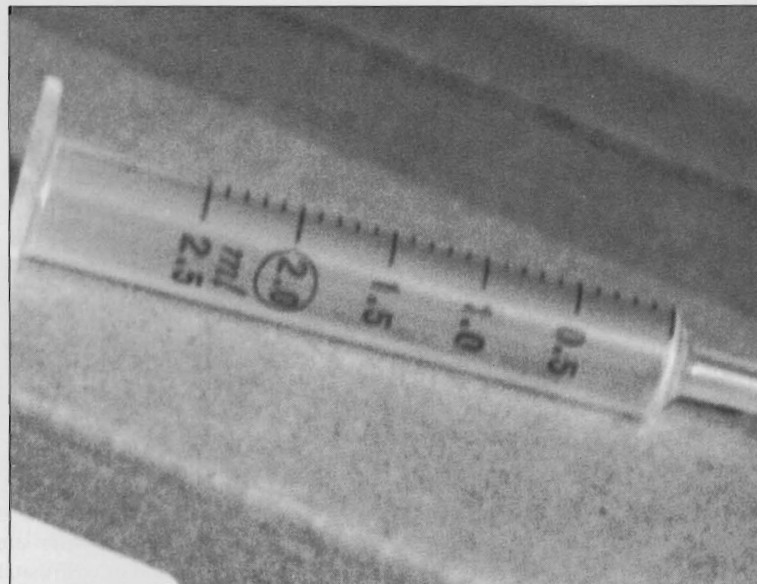
The process of addiction

It seems to me that there are a hell of a lot of people working in the drug field who haven't a clue about the process of addiction and who have absolutely no empathy with the client group they are supposed to be caring about and no desperation, as the man says, 'to keep them strong'. Neither do they have the interest nor concern to find out.

either going to have a continuous legal supply of whatever they are addicted to or be off drugs completely. There is now evidence that Serotonin Re-uptake Inhibitors (SSRIs) can also help addicts stay off drugs like heroin and cocaine, though I must admit that the pharmacological concept of addiction is something that I've personally riled against, God knows why. It's probably the most compassionate way to view the situation, as it locates the cause of drug use outside the 'self'. But as far as I'm concerned it still doesn't make it OK to behave irresponsibly as a result of drugs or alcohol, though it does perhaps explain it.

Drug workers can screw you up

I reckon the reason that most drug workers lack empathy with the client



– Let's take a closer look at the 'process of addiction'. Most treatment regimes – though many won't admit it – are based on the notion that once you've cleaned up and had a bit of time away from daily and dependent drug use, you can use drugs again, no problem. Certainly, this works for some people. But my experience suggests that most of us who've been chronically addicted at some time find the business of controlled drug use extremely difficult. Even ex-addicts who only smoke cannabis tend to end up smoking it everyday.

And there is certainly enough evidence out there to support a disease concept of addiction. That is – the most stable 'addict' drug user is

group is because most of them have used drugs, but they haven't ended up on their ass (to coin a phrase). Consequently, they find it annoying and frustrating when some of us do. You know the idea – *why does someone always have to ruin it for the rest of us?*

I can't really answer that. I only know that there have been times when

The theory works. But the practice, insofar as it relates to treatment, is another case all together



my use of alcohol or drugs has been completely out of control. Was I broken-hearted? Was it 'the disease' talking? Who the hell knows and frankly who cares, because at the end of the day what I needed was to stabilise, and if the people who were supposed to help me had some giant chip on their shoulder, if they lacked empathy, then they should get the hell out of the way and let someone else do their job. We don't need external judgement – we have enough pain dealing with our own internal judges.

In my own experience the most powerful and healing tool is speaking with another addict whether they are active or not. That great sense of knowing that the other person understands what you're talking about is so liberating – you don't have to explain, define, describe or justify. And since, in truth, most of us believe that addicts can be or are quite crazy, it's good to not have your own particular brand of 'screw-up' misunderstood or misinterpreted.

Confusing the issue

If you do accept that there is some kind of 'dis-ease' or disease process going on – whether it be located in the pain of the unconscious or in our chemistry – then it is incumbent on service providers to make available the drug of need (not always synonymous with 'the drug of choice'), clean works of course to tackle blood-borne infection, counselling for those of us who will brave it – and whatever else it takes to ensure that if someone's going to take drugs, they do it safely.

The theory of harm reduction, in short.

And yet somehow, it's all gone pear-shaped. The theory works. In fact, the theory cannot be faulted. In a decade of harm reduction, I have yet to come across a valid, sustainable argument against the theory.

But the practice, insofar as it relates to treatment, is another case all

ultimately the two concepts are very different things. One works within the status quo, minimising the deaths and other harm that we do to ourselves, and the other implies a mammoth infrastructural change alongside major upheaval and planning on the socio-economic as well as the political level.

Some workers see challenging inappropriate drug use (such as unsupervised injection on agency premises) as an infringement of civil liberties. I see it as irresponsible and inadequate care – namely, that they can't be bothered anymore and allow it to go on rather than 'come down heavy' (peer pressure works both ways, you know). Well, if a physician, drug worker or anyone in the so-called 'caring professions' feels that way, I suggest that it's well past their bedtime and – if they decide to stay up – that they take a long hard look at where they're coming from and what they want to achieve. Mixing my metaphors at the expense of rearranging my house – if you can't stand the heat, get out of the kitchen.

Yes, of course there is an issue of the

Harm reduction and legislative change *must* remain separate issues

together. Some drug workers and doctors have absorbed the language of harm reduction so 'well' that they have turned it to other ends. Letting people shoot up in your bogs is not harm reduction; dishing out scripts to pre-pubescent kids is not harm reduction.

A theory grounded in the 'British system' of treatment and in the amelioration of the drug user's lot is now being dragooned into the service of a cause for which it was never designed: for 'harm reduction' now read 'legalisation'.

Harm reduction and legislative change must remain separate issues – unless they do, then the first becomes simply a stalking horse for the second and loses all validity and credibility on the policy and practice level as an approach in its own right. OK, harm reduction can be seen as a staging post on the path to legislative change, but

infringement of civil liberties, but you don't address that by saying 'sod it' and throwing your hands in the air. If people want to allow clients to use drugs safely on agency premises, we should lobby to set up 'primary healthcare rooms', the Frankfurt innovation which to date have had zero overdoses. We can be supervised, cared for, even when we are at our most chaotic, and – surprise surprise – some of us may even begin to wonder whether it might be worth getting stable or drug-free. Turning a blind eye or paying lip service to the theory of harm reduction without applying it in practice only makes matters worse for those who really count – the drug users. You can be political, you can be correct, yes – but don't stand idly by, principles intact, while we die ■