What's wrong with prevention?

THE WELCOME RECOGNITION that drug use is a mass consumption issue, rather than the deviant behaviour of a 'sick' minority, throws up many challenges to the treatment sector, the most important of which is whether we should seek to prevent drug use, or merely promote the accepted practices of harm-reduction? This is a central question, and an old one, but one which has been avoided as a topic for serious discussion.

In the absence of serious debate there has been an onslaught by anti-preventionists in the liberal press, ***Druglink*** included, against primary prevention. The treatment field has visibly recoiled at the emphasis on prevention in *Tackling Drugs Together*, and some old battle-lines have been redrawn, with the treatment and harm reduction advocates – aided and abetted by their allies in the media – railing against the preventionists who are fuelled by tabloid campaigns, Jack Straw pronouncements and bereaved parents.

This situation has dredged up the old image of a gulf between those engaged in primary prevention and those who argue for harm reduction. Many people object to being told what to do by those they label 'health fascists'. The libertarian streak in the drug world is very deep, and clearly many feel that prevention is philosophically or even professionally wrong. It goes against the ideologies of many of those engaged in helping users, who believe the choices of individuals should be really and truly free of any restraint or moral suasion.

However, recognising the harm drugs undoubtedly can bring, there are others – drug workers and educationalists alike – who also believe in some sort of education that addresses mass use. But what is its aim? To stop people using now, later, or to stop and not use again? Some probably accept the idea of a kind of education that allows people to make 'informed choices'. A compromise, clearly, between the fascist's dictat and the free marketeer's 'laissez-faire'.

But how real is the aim? What choice is ever free, or truly informed, especially to people lacking basic social and economic 'rights'? Such an expression of 'choice' is often in reality an unavoidable degrading obligation, not a libertarian's rich fine concept.

A perfectly reasonable case can in fact be made in support of primary prevention. People use drugs for a variety of reasons – some good, some bad, some very bad. Use for bad reasons, however safely the drug is used, compounds those reasons. For a lot of people, wrecked by whatever cause we choose to name – unemployment, homelessness, family destruction – drugs, even safely used, don't normally help, and mostly they make things worse.

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For many others, drug use may be fashionable and recreational, and they may use them safely, and personally be very secure people. But for others, their social support may not be so very strong, and for still more, unavoidable toxic harms may be awaiting them that even the most secure person can't avoid.

So whoever you are, however secure you are, you will face risks if you take drugs. They could be social and legal risks – or they could simply be pharmacological risks (witness Leah Betts). And this is as true of cannabis and ecstasy as it is of crack and heroin: the personality and environmental state of the user matter just as much as the toxicology of the drug. And because of this, for some people – perhaps a very large number – there is only one sensible piece of advice: don't take drugs.

Just as much as this is true, person by person, it is relevant at a societal level. Drugs may not actually be that useful in a society that is so atomised, so broken down, so incapable of looking after its own that we have to shrug responsibility onto "counsellors, therapists and carers . . . to console us for our broken capacity to perform for one another even the basic services of humanity".[1] To tell poor communities scarred by the consequences of drugs that "recreational drug use is here to stay" is an admittance of atomisation. Society becomes an *I'm All Right Jack* fog of individuals looking after number one (making sure they use drugs safely) in the hope that it won't happen to them. And if it does, there will be a counsellor waiting, as though that solved it. *Sorted it.*

Primary prevention may not work – but we just don't know, partly because a lot of the research is being done by people seeking to prove the opposite, and partly because the pressures to use drugs are simply so huge. Simply saying "prevention does not work" isn't an answer but merely indicates where the speaker is coming from.

Our desire to protect the right of drug users to choose drugs blinds many people to the acceptable rationale for primary prevention. Wanting to reduce harm is not incompatible with wishing to see a reduction of per capita use. Many drug workers who are involved in prevention are as much a part of harm reduction as those who argue that prevention doesn't work.

But believing in harm reduction shouldn't stop workers caring whether young people live or die (I always thought that was central to harm reduction) or – at a structural level – whether communities are harmed, which can be achieved by less drug use as much as by better practice. Such a desire to prevent harm occuring on a mass scale is not – and must not be – incompatible with the desire to reduce the harm which drug users do to themselves.

from
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1. Seabrook J. "Values for money." *New Statesman*: 8.12.95.