



History of Harm Reduction – Provenance and Politics

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FOREWORD

Mr. Stoker is Director of the National Drug Prevention Alliance (NDPA), which he helped form. He has completed more than 40 years in this field and has helped three other charities to form, all running well. His first 7 years in the field were as a drugs/alcohol counsellor in a London drug agency; he also created and delivered a wide range of trainings and was a Government 'Drug Education Advisor' to some 100 primary and secondary schools. In 1987 he completed a one-month study tour throughout America, under the auspices of the US State Department. He has delivered workshops at more than 10 PRIDE conferences, and in 2004 he received the PRIDE Youth Programs International Award for services to prevention. He has completed technology transfer trainings in Poland, Germany, Portugal and Bulgaria. In 2001 he was awarded a First Prize in the Stockholm Challenge contest for websites with a health-promotion value. Mr. Stoker is often to be seen or heard on TV, radio or in national/regional newspapers and has authored many articles and papers. For 30 years prior to this career he worked as a professional Civil Engineer, running projects up to £10 Billion at present-day values.



Peter Stoker

PREFACE

Introduction to this re-print – January 2026

This paper was written in the light of the author's enormous respect for the many organisations he had collaborated with to that point in time (and with many of whom he continues to collaborate, at this present time). It also tries to charitably respect those who advocate a Harm Reduction approach (whilst not conclusively respecting their standpoint!). Courtesies aside, a more important point is that this paper dates from 2007, and a lot of water has flowed under the Harm Reduction and the Drug Policy bridges since then!

Whilst it is informative to re-visit this literature, and understand the provenance and the politics of Harm Reduction, it could be very useful if someone were to develop and report on what has passed between 2007 and 2026. ("But don't look at me!" says Mr Stoker).

Abstract

The history of 'so-called Harm Reduction' - starting with its conception in and dissemination from the Liverpool area of Britain in the 1980s - is described in comparison with American liberalisers', 'Responsible Use' stratagem in the 1970s and with subsequent so-called Harm Reduction initiatives in the USA, Canada, Australia, Britain and mainland Europe. As the scope of a historical review of Harm Reduction - over several decades and across several countries - is necessarily large, this paper is presented in 3 parts. Part 1 examines the developments in the USA; whilst Part 2 looks at Britain, Canada, and Australia. Part 3 considers mainland Europe, and then goes on to explore reasons why the package called 'Harm Reduction' has fared better than 'Responsible Use' as well as some possible reasons why the present, Harm-Reduction-biased situation has come about. The text takes extracts from or synopses of papers presented by various writers on both sides of the argument. Reasons as to why the packaging of 'Harm Reduction' has fared better than 'Responsible Use' are explored as are some possible reasons why the present, Harm-Reduction-biased situation has come about. The paper concludes by suggesting possible ways forward for those advocating a prevention-focused approach – learning from history.

PART 1

History of Harm Reduction – Provenance and Politics

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1. Introduction

The assessment of so-called ‘Harm Reduction’ (and its older stable-mate, ‘Responsible Use’) is far from straightforward. It is at the centre of a longstanding conflict between those who advocate avoiding drug misuse/abuse and those who advocate excusing and/or facilitating it. Like all conflicts, the front line is pushed this way and that to the extent that both sides sometimes risk losing their bearings in the mist that surrounds the arguments.

In the conflict about harm reduction, what one might term ‘The War about The War on Drugs’, the exchanges are more complex than just swapping bullets – different salvoes contain philosophy or practicality or politics – or permutations thereof.

Former Director of the Office of Drug Control for the state of Michigan, USA, Robert Peterson, has suggested (1) that those pressing for legalisation – and using Harm Reduction as a convenient vehicle to get there – can be considered as one of three types of ‘drug warrior’:

- **Theory warriors**

Those who argue in terms of economic, legal, political and health criteria, and often argue that the costs of illegality outweigh the benefits (though their selectivity of evidence is often challenged).

- **Rights warriors**

Those who argue that the rights of the individual user outweigh those of other citizens, and their rights should not be intruded upon by government.

- **User warriors**

Tapping into the motivation of self-interest, institutes and pressure groups – such as CATO, NORML, Drug Policy Alliance and the ACLU – have found it convenient to take up the users’ cause (even though only one third of the total population of drug misusers actually supported legalisation when this was surveyed in 1991).

Each side accuses the other of blindly ‘cherry picking’ data to suit themselves – overlooking the ‘beam in their own eye’. Whilst there is a crucial difference between presenting data to illustrate a point and collecting only data which support one’s own argument, forsaking all other, a charitable observation would be that we all do the former and try our best to not to do the latter.

Whilst the practicalities of structuring an ‘overview paper’ such as this demand that papers are grouped by country, it must be recognised that we live in the age of the Internet, and papers which describe experiences in one country soon whistle round the Net and are freely quoted in other countries. Similarly, whilst the date of a paper can be useful in explaining the historical progression, papers are used now, with often scant appreciation of when (and perhaps therefore, why) they were written.

The reader is recommended to read the full source articles from both schools of thought and to follow the trail to the many other papers which are indirectly indicated. It makes for an enlightening process. Clarity is not guaranteed, but a clearer understanding of why there is confusion may result.

This paper starts by looking at America, the birthplace in the 1970s of the notion of ‘Responsible Use’, and then moves to Britain where ‘Harm Reduction’ in its present form was conceived in the 1980s. As the new concept of Harm Reduction gathered pace and spread as a powerful ‘meme’, other countries such as Canada, Australia and mainland Europe became influenced.

The paper then explores reasons why ‘Harm Reduction’ as a meme evidently fared much better than ‘Responsible Use’. In conclusion, suggestions are made as to a constructive way forward for protagonists of the prevention approach.

2. Scene-setting

John Stuart Mill, considered by many to be the ‘Father of Liberty’ was born in London in 1806. A prodigiously intelligent man, the culmination of his career came in the celebrated essays he published between 1859 and 1865, in particular, his classic work ‘On Liberty’ (2). Many of those who wish to legalise or liberalise drugs employ philosophic arguments, quoting from this treatise to justify their position. But in doing so, they are making a fundamental strategic error. Their favourite quote is:

Over himself, over his own mind and body, the individual is sovereign.

However, this is but one sentence in many which unequivocally qualify the statement and which emphasise that the individual has an obligation to society and that the rights of society outweigh those of the individual. On the Penguin Books edition of Mills’ classic text ‘On Liberty’, the dust jacket gives a more apposite quote:

... the only purpose for which power can be rightfully exercised over any member of a civilised community, against his will, is to prevent harm to others...

And therein lies the key phrase - harm to others. For the driving force in the thinking of a drug aficionado is that the individual is sovereign, and the only harm that is significant is harm to that individual – harm to others can be dismissed as of secondary importance to the user. Mill rejects this, taking direct issue with those who abuse substances and making it clear that, because of the harm caused to others by this individual action, such abuse should be repressed by law. This was particularly far-sighted, given that he wrote it in 1859 when drug availability was low and its abuse was virtually non-existent in western nations.

In the context of morality, law and punishment, Mill says:

Whenever, in short there is definite damage, or definite risk of damage, either to an individual or to the public, the case is taken out of the province of Liberty and placed in that of morality or law.

Punishment is seen to be right:

...for such actions as are prejudicial to the interests of others ...the individual is accountable [to society] and may be subjected either to social or legal punishment if society is of the opinion that the one or the other is requisite for its protection.

Misguided reliance on Mill is not the only example of drug liberalisers wishing to live in another time. One of the studies frequently cited as 'evidence' of the innocuous nature of cannabis is the 1896 Indian Hemp Commission report. A premier libertarian in Britain, Dr. Colin Brewer, who is a senior member of the International Anti-prohibition League, frequently eulogises Victorian times as an example of how we might have 'drug peace' instead of 'drug war'.

Those who are more familiar with Mill's work take a more objective view. Gertrude Himmelfarb, editor of 'On Liberty', makes the point that "Mill's principle of liberty is less applicable than before, given that our social reality today is infinitely more complicated." For those of us who are familiar with the drug culture, Himmelfarb might be accused of missing the point. The main purpose of ingesting drugs is precisely to depart from 'our social reality today'. It follows that anything which enables or excuses this departure, including 'cherry picking' useful phrases from 150 year-old documents, is fair sport.

3. America in the Seventies and later

Although the Office of Substance Abuse Prevention now rejects the term 'Responsible Use', back in the 1970s many people were less aware of the implications. A rash of deaths from huffing (solvent sniffing abuse) produced a proposal to give guidance on less risky methods of sniffing. This followed on recommendations drafted in the early 1970s for education on 'Responsible Use' of alcohol, including recommendations for drinking and driving (as distinct from 'not drinking and driving'). David Duncan, et al in 1994 in the *Journal of Drug Education* wrote a work entitled 'Harm Reduction – a New Paradigm for Drug Education' (3). Duncan characterised this as a milestone in drug policy history, the start of a paradigm shift, and he remarked that such shifts can often be huge but equally are often incremental and so creep up on society unawares.

Society may have been unawares, but some people certainly were not. One of those who read Duncan's treatise was Dr. Robert DuPont, a drug specialist who had earlier publicly recanted his support for permissive approaches to drugs – especially cannabis. DuPont sent a stiff letter to the editor of the *Journal* saying that Duncan's article was a regurgitation of "**the failed Responsible Use initiative of 20 years ago**" and commenting that whilst there might be a place for harm reduction in tertiary prevention - to mitigate the effects on hard core users - harm reduction was a disastrous idea in primary prevention in schools in that it would undercut the overriding goal of non-use. Typical of the propositions in the Duncan article was the notion that 'Harm Reduction is consistent with the human experience ...' and 'Prevention often increases harm'. Particularly fascinating were his 'findings': that moderate users of drugs were healthier psychologically and enjoyed higher life satisfaction than either abusers or non-users. One may also be intrigued to learn that marijuana users enjoy better social skills, a broader range of interests and more concern for the feelings of others than non-users. DuPont reacted emphatically. He was in a strong position to make criticism - since up to that point he had been a member of the Journal's board of directors – but not any more; he resigned so that his name could 'no longer be associated with this dangerous message'.

Others have – perhaps wishfully – perceived a paradigm shift in drug policy. In a retrospective paper entitled 'A Kinder War' written in 1993, the high priest of drug liberalisation, American university professor Arnold Trebach (4) spoke of a change being in the air. There was, he perceived, greater understanding of:

...[the] enduring reality of drug use, the absurdity of even attempting to create a drug-free society, and the need to treat drug users and abusers as basically decent human beings.

In 1980 an organisation called the Drug Abuse Council spent \$10 million, most of it from the Ford Foundation, to produce a 300 page report entitled *Facts About Drugs*. It included such gems as the statement that users are no threat to society, only abusers are; it supported the idea of giving heroin to heroin addicts and – not surprisingly – it

proposed, as a Harm Reduction expedient, the decriminalisation of cannabis. It suggested that there should be a distinction between what it called 'recreational use' and 'misuse that harms society'. It went on to say that "by adhering to an unrealistic goal of total abstinence from the use of illicit drugs, **opportunities to encourage responsible drug using behaviour are missed**". The Drug Abuse Council comforted itself in the supposed validity of its recommendations by predicting that '...heavy use would prevail for the next few years....' In fact, from the year of their report's publication and for the succeeding 11 years, America brought about an astonishing public health success which yielded an overall reduction in the use of all substances by all ages of 60%, removing 13 million drug-users from the slate. In this as in everything else the Drug Abuse Council had got it wrong.

Advice for students - The harm reduction approach

Many have attempted to summarise 'the harm reduction approach'. One example is Dr. Tom O'Connor of North Carolina Wesleyan College who developed a tutorial (5) for the Faculty of Education. It seems likely that the tutorial has been amended over the period since it was first produced; the version downloaded in 2007 includes references up to 2004.

O'Connor seems to regard drug misuse as inevitable, and he therefore sees harm reduction as a necessary reaction. However, he is not alone in focusing on the needs (or wants) of the drug user, whilst giving no more than passing acknowledgement to the rest of society.

He starts with a definition, seeing it as an attempt to:

...minimize the dangers of drug use, teach people how to lessen or curtail the problems associated with taking drugs, and also try to diminish the levels of drug use. Harm reduction is a type of demand reduction, but not in the law enforcement sense of the term. Harm reduction is a macro sociological strategy which seeks to reform society, not the individual. Harm reduction is based on **compassionate pragmatism** instead of **moralistic paternalism**.

Sobriety, asserts O'Connor, simply isn't for everybody.

He gives mention to critics of the harm reduction approach (e.g. Dupont & Voth 1995) who said that harm reduction was:

... just another way to rationalize legalization of drugs, it's giving up on the goal of a Drug Free America, and it sends the wrong message (encouraging people to experiment with drugs).

Ultimately, opines O'Connor, it depends upon one's values. (But he underpins his position by using selective and tendentious 'examples' of what this might mean). 'Cherry picking' season is open once more.

If one gets upset over the fact that anyone, anywhere is able to alter their consciousness with drugs, then that person is likely to support use reduction, no matter what. Likewise, if someone believes that all drug users should suffer harm in some way, then they aren't likely to support harm reduction. If one doesn't care about what people do to alter their consciousness, but cares about the societal problems that such behavior contributes to, then one is likely to support harm reduction.

Critics of Harm Reduction are - quite speculatively – accredited with espousing a third option - Harm Elimination - which, O'Connor ventures, is a kind of 'drive them into treatment' or 'drive them out of business' or 'drive them nuts' strategy, depending upon how you look at it. O'Connor considers that this kind of approach is effectively the content and intent of the official policy toward alcohol and tobacco. He cites advertising bans, high taxation, restrictions on smoking locations, designated driver programs and product liability lawsuits against manufacturers which have helped, more than anything, to keep the worst excesses of alcohol and tobacco abuse under control. How this can be defined as 'driving people nuts' is a secret only Dr O'Connor knows.

O'Connor then moves on to invoke Pareto's Law (originally generated to describe the land ownership situation in Italy, where 80% of the land was found to be owned by 20% of the population). It has been widely borrowed since, for example to highlight e.g. that '80% of the problems in an organization (or a society) are going to be caused by 20% of the people'. Applying this to illicit drug use, he suggests that 20% of the population is going to have a drug problem which causes harms to the other 80%, i.e., to society as a whole.

He then suggests that to reduce this problem's size, harm reduction could approach 'those who maybe want to stop' in the following ways:

- access to treatment would be easier if "controlled" use or "moderate" use were OK (Author's note: This is an assertion often seen in liberalising treatises, but with no explanation of something that sounds like a complete non-sequitur)
- the user might be convinced to switch to a drug less associated with harm, or to a method of ingestion (e.g., nasal instead of intravenous) that produces less harm
- the user might become motivated to consider abstinence as a long-term goal, once they start receiving and seeing positive reinforcement for the harm reduction.

Needle or syringe exchange, in O'Connor's opinion is

... a viable public health measure which does not encourage drug use, and in fact, seems to encourage the seeking of drug treatment.

The official government position, says O'Connor, has long been that giving free needles to addicts is like giving matches to a pyromaniac. As contrast, he cites the American Medical Association which has taken the position that physicians should be allowed to prescribe

sterile syringes to persons addicted to injecting drug use. (O'Connor's source for the AMA position was the [DRC Network](#)).

In commenting on workplace drug testing, O'Connor essays a little humour, courtesy of former Los Angeles Laker basketball star Kurt Rambis:

I'm in favor of drug tests, as long as they're multiple choice.

But O'Connor sees little to smile at about workplace drug testing, which he sees as a stark contrast, even an opposite to Harm Reduction.

Drug testing invades privacy, and is most likely an example of harm maximization.

After all, says O'Connor, throughout the ages, workers in various occupations have used drugs, and he quotes Gahlinger (2004) who reports that despite the widely-held view that drugs have no right to be in the workplace, some 8% of American workers use drugs at work (which means 92% don't). The three major harms he sees resulting from such behaviour are: intoxication-related problems, employee reliability problems and other employee problems. The government's response has been to encourage drug testing – with a high level of acceptance in the workplace.

Presumably, in O'Connor's eyes, it is more acceptable to have 8% of your workforce using drugs of abuse than it is to 'invade their privacy' – and you may even, he suggests, 'maximise harm' by discouraging use. There may be some of the general public who are sanguine about 8% of their bus drivers, surgeons, pilots, teachers etc misusing drugs, but the odds are heavily against O'Connor getting a majority vote on this one.

Cannabis.com - discontent

If O'Connor showed some restrained discontent with 'invaders of privacy', the cannabis.com website was veritably seething with outrage at the US Government (Republican variety) and its policy of not funding needle exchange programmes abroad – which it was doing in line with its general, anti-use policy. In December 2004 (6) they vented their spleen about the US government indulging, as they saw it, in 'Bashing Harm Reduction Abroad':

A Republican effort to stamp out needle-exchange programs abroad incensed editorial boards at The Washington Post and The New York Times last weekend. Conservatives are trying to stamp out harm reduction abroad is no small story, but both pages missed the fact that this is only the latest instalment in a long story of strings-attached giving that has been changing U.S. foreign aid policy for years. Foreign aid has become an American adventure in social engineering".

The US Government had given large sums to the Global Fund to counteract HIV/AIDS already, and much more was expected, but suddenly

the President announced a whole new programme; PEPFAR. It was smaller in its ambitions than the Global Fund, but it soon became clear that they had fundamentally different missions. PEPFAR enthusiastically endorsed the so-called "**ABC**" approach – **Abstinence, Be Faithful, and Condoms.**

Representatives Mark Souder (R-Ind.) and Tom Davis (R-Va.) are now trying to keep American aid money out of the hands of any organization that promotes clean needle exchanges. Assistant Secretary of State Robert Charles has already succeeded in scaring the United Nations Office of Drugs and Crime (UNODC) out of mentioning harm reduction in its literature.

By all means hold views, cannabis.com seemed to be saying, but it is unfair **to** stop the money for projects of which you don't approve.

Soros and Company

Someone who can never be accused of stopping the money – at least not for his disciples – is George Soros. Best known in Britain for nearly destroying sterling when he gambled against it on Black Wednesday 1992, the multi-billionaire, in addition to his own fortune, has extensive influence on the Quantum Trust - worth in excess of \$700 billion. Less reverent sources than this Journal have taken to spelling George's surname '\$oro\$'.

Soros funds several campaigning organisations. The Open Society defines its mission as advancing democracy. It gives grants to many countries in many ways (and much of this philanthropy is not, of itself, a target for criticism). It is when the Open Society ventures into drug politics that reservations start to appear. Here are a couple of typical examples:

- At the micro end: Hungarian schools (Soros is Hungarian by birth) can receive grants only if they train pupils in Harm Reduction – working from a manual with pictorial coaching on how best to roll a cannabis joint. (The Harm Reduction value of this tuition is not explained).
- At the macro end: Soros poured money into the Democratic attempt to oust George Bush from the White House in 2004, and Soros proclaimed that he would "join a monastery if Bush won". The Democrats came up short, but there is no sign yet of Soros being measured for his monastic robes.

In between these extremes, Soros has applied himself to his own brand of social engineering, drawing heavily on his liking for the thinking of Karl Popper, whilst favouring such things as euthanasia - and of course legalisation of drugs. In his autobiography, *Soros on Soros*, he sets out his **utopian** vision for managing a drug-filled world – with himself as one of the managers, perchance.

Some time before Soros became prominent as the primary bank-roller for drug liberalisation, a significant initiative emerged in London, UK. Prominent libertarian Arnold Trebach had been teaching in the London School of Economics over several years and had established his prominence as a libertarian by publishing his book (7) under the snappy little title of *Why we are Losing the Great Drug War and Radical Proposals to make America Safe again*. A cluster of fellow libertarians flew to London for discussions with Arnold and out of this came the Drug Policy Foundation. Why had so many mountains travelled to Muhammad? Respect for the good professor? Perhaps. Avoidance of the US Freedom of Information Act? Unlikely – not thought to be applicable to non-government meetings. More likely is that Britain (at that time) was less alive than the USA to the issues surrounding drug policy, so there were fewer switched-on observers to blow the whistle.

The next initiative came from Soros when he embarked on founding and funding the Lindesmith Institute, with university academic Ethan Nadelmann at its helm. In 2000 the Drug Policy Foundation and the Lindesmith Institute merged to become the Drug Policy Alliance.

Soros, according to the AP (Associated Press) wire of 25 August 1997 (8) quoted in *Time* magazine, had by that time already poured over \$90 million into – as he put it – “weakening drug laws”. With today being almost ten years on, it is not unreasonable to estimate that by now the tally is at least double that figure. Soros described himself, modestly, as “a sort of *deus ex machina*” – which the Oxford English Dictionary translates as “An unexpected power saving a seemingly hopeless situation”. In the same *Time* magazine article George’s friend Byron Wein, a senior strategist at Morgan Stanley, said:

You must understand it. He thinks he’s been appointed by God to solve insoluble problems.

Dangerous liaisons

Whether the drug problem was insoluble or not, the concept of Harm Reduction became a ‘meme’ spreading vigorously in fertile ground – and not just in the private sector.

‘Memes’ were first described by Richard Dawkins in his book *The Selfish Gene*, as a “unit of culture, spread by imitation”. Where a meme is vigorous in its structure, it will spread the more rapidly – a kind of ‘viral thought’. What this means in lay terms is that if one creates a concept and dresses it in currently popular terms that trigger a positive response in the current culture, it is likely to ‘catch a wave’ in the mind of the group receiving it, and that concept will infect a whole area (or society) with lightning speed. Conversely, concepts that seem dull or lifeless (or have just plain come at a bad time) in the current culture are less likely to propagate. Survival of the fittest.

In the particular context of drug policy, International Task Force on Strategic Drug Policy and National Drug Prevention Alliance (NDPA) member Brian Heywood (based in the

UK) developed an illustrative paper (9) in 2004 entitled 'Assaying Information in the World of Substance Misuse'. The paper also addresses the difference between 'good science, bad science and non-science' (or nonsense, if one prefers) and offers the Shermer Standard as a basis for assaying. (Paper available on NDPA website www.drugprevent.org.uk).

The introduction of the meme 'Harm Reduction', the outlining of what it constituted and the timing of its launch – when workers in the field were (a) fatalistic about prevention, (b) ready to consider liberalisation and (c) looking at many aspects of their lives for something that would answer the new-found threat of HIV/AIDS – was near-perfect. And as memes go, it went.

A major challenge for prevention workers is to find the meme that will help correct the present imbalance in policy, but in the 1980s and 90s drug scene workers were not alive to this, and prevention was washed aside by the great tsunami that was Harm Reduction.

Even major national bodies were not immune to the effect. In 1996 at Emory University in Atlanta, Georgia, the first Southeastern Harm Reduction Conference (10) was – appallingly – co-hosted by America's prestigious Centers for Disease Control. Some of the very well known libertarian groups with which CDC rubbed shoulders included the Drug Policy Foundation, the Lindesmith Foundation and Eric Sterling's Criminal Justice Policy Foundation. A specimen statement from this bizarre grouping was:

In allowing users access to the tools needed to become healthier, we recognise the competency of their efforts to protect themselves, their loved ones, and their communities.

The notion that one way of becoming healthier might be to stop or, indeed, never start being drug users would presumably have been lost on this gathering.

Bless this weed ...

The meme of Harm Reduction did not stop at the church door. Earlier examples of some religious groups becoming accepting of drug misuse include the Family Council of Drug Awareness (11) based in Los Angeles, which suggested that God wanted his people to ingest cannabis, and 'every other green plant' vide: 'He causeth the grass to grow for the cattle and **herb** for the service of man' (Psalm 104: 14 – 15). After all, the 'Tree of Life' was, according to the Family Council, no more or less than a giant cannabis plant (probably). Harm reduction was to the fore, of course; overindulgence was frowned upon and should be avoided to reduce harm. FCDA's overall conclusion would seem to be that Christians have a sacred duty to get cannabis inside themselves on a regular basis.

Social responsibility was another touchstone for liberalisers. Currently, ChristiansforCannabis.com pleads for “socially responsible decisions based on true justice concerning drug policy”.

Social responsibility must of course extend to ‘**Responsible Use**’ (sound familiar?) and should be rewarded, as was announced by NORML on 20 January 2007 with ‘Life Insurance Coverage for Responsible Cannabis Smokers’. To qualify, one must ‘reduce harm’ by being, and presumably remaining, a ‘moderate toker’. NORML’s Executive Director Allen St.Pierre said, “Unlike tobacco or even alcohol, moderate use of cannabis – even when used long term – is not shown to have significant negative ramifications on health or mortality”. So, as the cannabis users would say, ‘Smoke ‘em if you got ‘em’ – but don’t forget to take out your NORML insurance.

Kingpins with Tarnished Crowns

In a seminal paper, Michael J Ard (12) took an interest in NORML and in its companions in drug misuse campaigning. His 1995 article in www.culturewars.com examined what he called ‘The Kingpins of Drug Legalisation’. In just 5000 words, Ard gives such an illuminating, in-depth coverage of the issue that it should be required reading for any student of this field.

In his critique of the drug libertarian ‘kingpins’, their motives and their driving forces, he suggests that their unifying emotion is ‘counter hegemony’ – the brainchild of Italian communist theorist, Antonio Gramsci (also known as the ‘Gramscite Endgame’). The Gramsci method is to dismantle the dominant culture, not to frontally attack the whole establishment; collapse of that should (they hope) follow the death of the culture.

Whilst each of the primary arguments of liberalisers has been torpedoed many times, the kingpins do not confront opposition, they merely ignore it. The issues they avoid are, if anything, greater than those they espouse. Not least on the list of ignored issues are what Ard calls ‘the externalities’ – street violence, child abuse, workplace damages, education regressions, family breakdowns and general health costs. Liberalisers pay lip service to these factors, but their practised application of ‘so-called harm reduction’ falls well short of them, being almost totally user-focussed.

What drives the kingpins? The DEA feels the kingpins are ‘some of the media’, some quarters of academia, and some folks exasperated at progress thus far against the drug problem. They seek to ‘normalise’ drug taking, which many of them have experienced without big consequences. They hold in contempt Judeo-Christian norms of morality, and they believe in ‘Statist solutions’, i.e., those in which the state has substantive control over social and economic affairs.

Who are the kingpins? Ard identifies all the ‘usual suspects’ – George Soros, Norman Dennis, the ACLU, NORML, Cato Institute, Drug Prevention Alliance, Arnold Trebach, Ethan Nadelmann, Milton Friedman, William Buckley, Mathea Falco, Kurt Schmoke, George Schultz, David Geffen and so on. As George Orwell put it, “There are some mistakes only intellectuals can make”.

Whilst the label of 'intellectual' may not fit comfortably around the necks of some of the above, they do seem to merge around one common theme – a pining for a return to the radicalism and hedonism of the 1960s (as they perceived that era). Giving this romanticism a cold dose of reality, Ard references Myron Magnet, who in his paper 'The Dream and the Nightmare: the Sixties Legacy to the Underclass' (13) fingers the 1960s for spawning many of the social problems we are still wrestling with today – including illegitimacy, homelessness, domestic violence, urban poverty – and, not least, drug abuse. We don't give up on trying to prevent these other social problems, despite our success rate being well short of 100% ; why then should we give up on drug prevention and resort solely to the 'conditional surrender' that is harm reduction?

Ard concludes by proposing that the best way to defend against this 'counter-hegemony' is to understand the extent of the movement, its potential to do harm, and its likely agenda – the Gramscite endgame, i.e., capture the culture and destroy it. Identifying and exposing the interconnected members and ridiculing their abstract arguments ought to manipulate the Kingpins into a more exposed position, with the risk of defeat for them. 'Know thine enemy', Ard counsels.

It also makes sense to 'Know thine allies' – and for prevention-focussed workers this would include the Family Research Council. In the council's magazine *Insight*, writer Rob Maginnis (14) produced a perceptive analysis of Harm Reduction; he noted the support from William F Buckley and the ACLU which he cited as "a leading promoter of Harm Reduction". (The ACLU has always been a major player in drug liberalisation, yet they are rarely seen or mentioned in this context. A possible explanation for this protected position may be the high percentage of ACLU members or supporters amongst the media). Maginnis gives an early example of Harm Reduction in Holland in the 1970s when they were handing out needles in an attempt to limit the spread of hepatitis – this was before the AIDS epidemic had become apparent.

The ACLU is quoted as asserting that:

Harm Reduction assumes drug-users civil rights and individual autonomy should be respected, it treats drug users as important participants in the process of gaining and maintaining control over their drug use, and makes no moral judgement based solely upon an individuals' use of drugs.

Harm production in needle exchanges

Many optimistic opinions are presented in unqualified support of such 'so-called harm reduction' initiatives as 'needle exchanges'(NEPs) and 'drug consumption rooms' (also known as 'shooting galleries'). In contrast with these upbeat reports, Dr Eric Voth (15) has examined actual progress reports for a wide number of NEPs, and in his analysis he finds significant grounds for concern.

Average needle requirements are estimated to be around 3,000 needles per year for a heroin addict and around 7,000 needles a year for a cocaine addict. Much is made by claims of 'safe' procedures including return of used needles to the agency. Study of 131 such agencies found that of nearly 20 million needles issued, more than 7 million needles were never seen again at the agency.

Claims are also made that needle sharing is less with NEP participants. The reality is somewhat less cheering: Chicago found 39% of NEP participants shared, compared to 38% of non-participants. Injection risks were found to involve 68% of NEP participants, compared to 66% of non-participants.

Vancouver's NEP has provoked more scrutiny than many. Since 1988 HIV prevalence amongst clients has risen from 2% to 23%. Some 27% of participants share needles. The overdose death rate is the highest in Canada.

Montreal's NEP found a 33% probability of HIV seroconversion for NEP participants, compared to only 13% for non-participants. Seattle found a higher risk of hepatitis B amongst NEP participants (1.81) than non-participants (1.3). Seattle made a salutary conclusion which all should memorise: 'Drug treatment programs that lead to cessation or reduction in drug injection may lower risks of both HCV and HBV in current drug injectors'.

In Puerto Rico, the NEP produced no significant change in injection habits. Only 9.4% moved on into full treatment. The success rate in return of needles never got better than 40.3%.

In Australia, there are 36 times more overdoses in the 'Drug Consumption Rooms' than in the rest of the Kings Cross area (where the 'rooms' are located).

In India, prevalence 'pre-NEP' (1996) was 1% for HIV, 8% for Hepatitis B and 17% for Hepatitis C. By February 2002 the figures had risen to 2%, 18% and 66%, respectively.

The overall findings included the conclusion that most NEPs are not 'exchanges' – they are needle 'hand-out' programs; there is no clear reduction in HIV or hepatitis; NEPs do nothing to change the underlying destructive behaviour; they have no advantage over outreach treatment or abstinence programs, and they are – in short – a misguided use of limited financial resources.

Birth of the Parent Movement

American drug policy and drug prevention experts Calvina Fay, Sue Rusche and Stephanie Haynes all define the Seventies as a period in which responsible use was the lubricant that allowed a whole generation to slide down the slope into drug

abuse. Rusche cites use prevalence figures which are stark and inescapable. In 1962, less than two per cent of the American population had had any encounter with any illegal drug. But by 1979, 34 % of adolescents, 65 % of high-school seniors and 70 % of young adults had tried drugs. It was responsible use policies which fuelled this escalation. Between 1973 and 1978, 11 American states decriminalised marijuana. Some 30,000 'head shops' sprang up to supply a curious population with drug paraphernalia. At the same time schools drug education materials taught children how to 'use drugs responsibly'.

At first, parents were unwitting collaborators in this unfortunate process in that they were blind to what was going on. But when their eyes were opened, they reacted strongly and assertively. Parent groups, such as Sue Rusche's National Families in Action, PRIDE - the Parents Resource Institute for Drug Education, and the National Federation of Parents for Drug-Free Youth, sprang up all over America until at one time there were more than 8,000 such groups.

All three experts are still in action today; Sue Rusche runs NFIA – National Families In Action, whilst Stephanie Haynes serves on the board of DPNA - the Drug Prevention Network of the Americas - which helps develop prevention-oriented strategies across Latin America as well as North America. Calvina Fay has now completed more than 25 years of drug policy expertise and is now serving as Executive Director of Drug Free America Foundation, arguably the most powerful prevention body in the USA. The Institute on Global Drug Policy (IGDP) and the International Task Force on Strategic Drug Policy (ITFSDP) have, with her guidance, become key players on the international stage. Their scientific critiques of Harm Reduction – for example their Resolution on 'so-called Harm Reduction' (16) launched at the Brussels conference in 2005 - proved to be a pivotal contribution to the global dialogue.

The parent movement hammered the professionals who had swallowed the Harm Reduction notion, and the parents were extremely successful in producing a paradigm shift of their own, back to prevention. The parent movement defined 'drugs' as any and all illegal drugs, plus any legal drugs (such as alcohol and tobacco) used illegally, for example, by those who were under age. Simple strategy goals were defined:

- Prevent use before it starts.
- Encourage and assist users to stop.
- Help those who can't stop to find treatment so that they can.

Parent campaigns closed the 'head shops' and put a stop to any decriminalisation. Several states have more recently succumbed to expensive PR campaigns and have swallowed the notion of using raw cannabis as 'snake oil' medicine, which just goes to show that you **can** fool the people some of the time, if your advertising budget is big enough. But in terms of non-medical use, no state has decriminalised marijuana since 1978, and several have actually re-criminalised it. Under the sterling work of the Parent

movement in the Seventies and later, the “responsible use” message went into the garbage can to be replaced by the “no use” message.

Would that it were that straightforward today! How was it that the American parent and family movement, consisting almost entirely of volunteers, managed to intercept and prevent this collapse – and yet the second onslaught, under the banner of ‘Harm Reduction’ proved almost unstoppable? One explanation is offered towards the end of this paper in the section entitled ‘How did we get into this mess?’

PART 2

History of Harm Reduction – Provenance and Politics

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Keywords: harm reduction, drug prevention, strategy, policy, politics

4. Britain in the Eighties and Since (Britannia waives the rules)

When this writer and his wife first became workers in the UK drugs field in the 1980s, for the first seven or eight years work was in 'Street Agencies' - face-to-face with addicts, alcoholics and others at various points along the continuum of substance abuse from experimentation onwards. There was also work to assist the families and significant others around the user, and work as specialist advisers to the teachers in more than 100 primary and secondary schools. Like most drug workers at the time (not counting the activists), we had blissful ignorance of the fomenting of unrest and radical activism from the Liverpool area, and this writer's agency duties were pursued on exactly the same strategic basis as the American parent movement had eventually developed, that is:

- Stop it starting.
- If it's started, stop it.
- If it's still not stopped, then help it to stop. Full stop!

The first signs of trouble came when our agency, in concert with other Drug Education Advisers across England and Wales, started attending National Drug Education conferences. One might have expected a few radical statements in an arena populated by teachers, but one was unprepared for the virulence of what was heard. It quickly became apparent (but sadly not to enough of our contemporaries) that the Drug Education Advisers were being hijacked by a small but well-organised bunch of mainly Liverpudlian libertarians.

One of the exponents of 'Scouse radicalism' was former teacher and Sociology/Criminology graduate Pat O'Hare, now better known as the Director of the International Harm Reduction Association. O'Hare and colleagues were well enough resourced to be able to run a glossy magazine named *The Mersey Drugs Journal* which

in due course became the even glossier *International Journal of Drug Policy (IJD)*. The list of contributing editors to the *IJD* read like an international “Who’s Who” of drug libertarianism.

Liverpool in the Eighties was a swirling pool of powerful undercurrents. Anger at its social and economic situation compared to the affluent south-east had flared up into serious riots in the Toxteth area of the city in 1981. Although these eventually subsided, a sharp antagonism remained. Dislike for the Establishment as a species translated into identification with subculture – including drugs. Whether jealous comparison of economies was at the root of the next factor or not, the fact is that there was also antipathy towards all things American amongst the so-called ‘caring professions’ – not reflected in the general population – and out of this came a striving for new directions. The upswelling of libertarian philosophies at this same time seemed to fuse naturally into the process. One specific outcome was a vigorous seeding of the idea of harm reduction; a seeding which took root not just in Liverpool but also, through energetic propagation, across the rest of Britain and internationally.

Whilst other British cities with a high incidence of drug use were obvious places for the harm reduction gospel to be spread, it was by no means limited to these centres. Obviously the onset of AIDS at the start of the Eighties was a catalyst in the development of Harm Reduction. Drug agency workers at that time can vividly remember that all were deeply concerned at this new major health hazard and were invited to regard AIDS as a greater threat to society than drug abuse, a notion which helped to undermine the significance of drug abuse as something to be arrested or prevented. With hindsight it is clear that though AIDS is a terrible disease, it is also preventable - as is drug use, and that of the two, widespread drug use is in fact a much bigger threat to society at large. Prevent drug use, and you are well on the way to preventing AIDS.

Liverpool was one of the areas where AIDS was a particular threat, largely due to the already high prevalence of drug abuse. But what is not widely known is that this drug use, and in particular heroin use, did not generally involve injecting; ‘chasing the dragon’ (smoking) was the preferred method. It was then that the Liverpool harm reduction activists entered the arena. What happened next was related to this writer by the mother of two heroin addicts who later became one of UK’s leading parent campaigners. Injecting your heroin makes it go further – literally gives you ‘more bang for your buck’. With a free and limitless supply of needles and ‘works’, Liverpool changed from an area with only minority injecting use into one with the majority injecting. The activists behind this knew exactly what they were doing. In the words of one of the harm reduction crusaders, *IJD* editor Peter McDermott (17):

As a member of the Liverpool cabal who hijacked the term Harm Reduction and used it aggressively to advocate change during the late 1980s, I am able to say what we meant when we used the term. Its real

value lay in its ability to signify a break with the style and substance of existing policies and practice. Harm Reduction implied a break with the old unworkable dogmas – the philosophy that placed a premium on seeking to achieve abstinence...

McDermot goes on to talk about the importance of the “availability of a legal supply of clean drugs and good supplies of sterile injecting equipment”. Note that he incorporates legalisation and needles as part of the harm reduction package; note too that he talks about ‘supply’ - not ‘exchange’ - of injecting equipment.

What McDermott and his colleagues meant by good supplies was more than just a rejection of the idea of needle exchange, a process which was supposed to be associated with dialogue between the drug worker and the user, with the aim of encouraging transition to a healthier lifestyle. McDermott & Co. had much more in mind than handing out a pack of needles without dialogue. The reality was, as the Liverpool mother told me, giving out needles by the bag full, and even giving out needles to known drug dealers (whom the police had agreed they would overlook if they found them carrying bagfuls of injecting equipment) to be distributed with the drugs they sold.

What the Liverpool ‘cabal’ had as their driving force may be judged from McDermott’s editorial of the time that said:

...we must continue to guard Harm Reduction’s original radical kernel, without which it loses almost all of its political power.

This movement, piously promoted in the name of treating drug users with respect, was in fact an exercise in radical politics. Radical politics sail under many flags, but here is one passage first encountered in an American leaflet and then published in this writer’s 1992 book *Drug Prevention – Just say NOW.* (18) The passage vividly illustrates a radical approach to drug policy:

By making readily available drugs of various kinds; by giving a teenager alcohol; by praising his wildness; by strangling him with sex literature and advertising to him or her ... the psychopolitical preparation can create the necessary attitude of chaos, idleness and worthlessness into which can then be cast the solution that will give the teenager complete freedom everywhere. If we can effectively kill the national pride and patriotism of just one generation, we will have won that country. Therefore, there must be continued propaganda to undermine the loyalty of citizens in general and teenagers in particular.

The author of this uplifting little piece was a Mr. Josef Stalin. At least one of the Liverpool ‘cabal’ was reputed locally to be a Stalinist. To imagine that one can disregard what Stalin said just because Russian communism has faded away is to miss the point.

Radicals want to change the world to suit themselves – just like the rest of us. They will approach this by first inducing confusion, fatalism and dismay – much as Britons now regard their nation’s drug situation. They will then introduce their own solution. This is the ‘Gramscite Endgame’ described in Michael Ard’s paper (12) earlier herein.

The ‘radical kernel’ was generally masked by rhetoric around the prevention of disease (and in particular AIDS) and the dignity of the user, but their preaching across Britain was both energetic and rapid. The message was promoted to drug workers, teachers, health workers and, not least, to police forces. In 1988 this writer sat in on a presentation to a regional health authority given by Alan Parry, another leading light in the Liverpool cabal. Parry outlined their policy: money would be moved from abstinence and detoxification into harm reduction. Prevention was dismissed as ineffective, and they would therefore block any drug education scheme unless it could be proved to be innovative and **with evaluation built in**. When a questioner from the floor asked Parry what evaluation they were building into their own harm reduction work, he answered that there was very little funding available, so they would **not** be evaluating what they were doing - but they did feel it was ‘working well’.

In this context, it is enlightening to hear the comment made a decade later (in the late 1990s) to one of NDPA’s member groups by Anna Bradley, at that time Director of Britain’s Institute for the Study of Drug Dependence (ISDD). Pushed back from her opening gambit, which was to allege a lack of evidence for prevention, Bradley was forced to concede that ‘... there is no research base for harm reduction’. She has now left ISDD – and ISDD has left its own home to join the DrugScope family.

Harm reduction or use reduction?

Two weighty academics applied themselves to this question.(19) Caulkins has been known in the past to resort to complex mathematical expressions to illustrate his thinking, but not always successfully. Peter Reuter is a well-known academic in the libertarian camp. Reuter is a seasoned ‘pressure group politician’ – he forgoes aggressive outbursts in favour of a silken rhetoric – ever ready to smooth the opposition with a few compliments. His style is to wrap everything in seemingly scientific statements and implant his arguments under verbal anaesthetic.

The authors used the USA as their datum; a country where use reduction has driven policies. Opening their remarks, they frankly concede that “Measures associated with use reduction goals are poor; those associated with harm reduction are even worse,” and go on to say “... the overall objective being to minimize the total harm associated with drug production, distribution, consumption and control. Reducing use should be seen as a principal means of attaining that end”. Presumably this would screen out the ‘amateur’ or novice users, leaving the arena free for the in-crowd who ‘know what they’re doing’.

They next commented on drug policy goals in the US saying, "America's commonly articulated goal has been a 'Drug Free America'. Few dispute that this would be a desirable end-state. Unfortunately it is no more feasible than 'Schizophrenia Free America'". More predictably, they then fell back on the old liberalisation chestnut; i.e., "Use of psychoactive substances **by some fraction** of the population is nearly universal, spanning centuries and cultures". That 'some fraction' have been users for a long time is not in dispute; the problem now derives from a 'large fraction' – particularly in young people. Whilst in the 1950s (and before) the fraction was around 1%, by 1980 it had risen to 10%.

Defining use and harm reduction, the authors suggested three ways of measuring 'use' – numbers of users, quantity of use and expenditure on use. They then suggested responses to each; e.g.:

- to reduce use, focus on light users, prevention and "soft drugs";
- to reduce quantity, treat heavy users and increase enforcement that raises prices;
- and to reduce expenditure, treat heavy users of expensive drugs and (perhaps) cut high-level enforcement so prices on the street fall.

Addressing the choice between use and harm reduction, the authors say:

Since use reduction and harm reduction are clearly different goals, it is natural to ask which is better? Keeney (1992) advises that goals are selected based on one's ultimate values. Following that argument, harm reduction makes more sense for people who do not care about drug use *per se*, but care about use because it contributes to health problems, poverty, spread of infectious diseases, property crime, violence, reduced productivity, etc.

Others view drug use itself as "bad". They view as bad even a hypothetical situation in which an adult user could freely choose to use a psychoactive that has absolutely zero risk of damaging self or others, directly or indirectly, in the short- or long-term. For such people, reduction may be the ultimate goal.

Caulkins and Reuter closed by offering a few opinions of their own, including:

It is our belief (see Reuter & Caulkins, 1995) that augmenting use reduction with explicit harm reduction goals and admitting the possibility that one might at times be willing to accept higher use if it yields substantially less harmful use, would encourage wiser policies.

This remark has to be a very speculative flyer, and the various other statements by these two authors, especially Reuter, strongly suggest that this whole article is a cynical construction to induce sympathy for the authors before giving the punch line – soften drug laws.

The evidence-base for harm reduction approaches to drug use

Britain can fairly claim to be the birthplace of modern harm reduction – though whether this is a matter of pride is open to debate. One of the longest reference papers encountered on this subject was published in 2003 and is “A Review of the Evidence-base for Harm Reduction Approaches to Drug Use” (20). No less than 52 pages (with some 250 references) rolled out of the computer printer, under the authorship of Neil Hunt at Kent University.

The familiar links between ‘the usual suspects’ in drug liberalisation are in evidence. Forward Thinking on Drugs, who commissioned the review, are (as already described) a Soros-financed liberalisation pressure group, with the UK’s disgraced former Deputy ‘Drug Tsar’ Mike Trace on the bridge. Principal author Neil Hunt is also a committee member with the IHRA – International Harm Reduction Alliance. Colleagues in Hunt’s review include Mike Ashton (formerly with Drugscope), Bill Nelles (organiser of the Methadone Alliance) and Gerry Stimson (another IHRA Senior: in fact, the current Executive Director). Observers of the Harm Reduction/Legalisation debate will recognise all these names.

Their listing of what comprises harm reduction is revealing in itself. The listing includes needle and syringe programmes, methadone and other replacement therapies, heroin prescribing, depenalisation and the harms associated with criminal penalties for drug use, information, education and communication, safer injecting and other ‘Drug Consumption Rooms’, pill testing and allied warning systems, and motivational interviewing.

But where are the interventions to reduce harm for people around the user, up to and including society as a whole? They refer to Newcombe (1992) whom they credit as giving:

...a widely-cited conception of harm reduction (which) distinguishes harm at different levels - individual, community and societal - and of different types - health, social and economic. These distinctions give a good indication of the breadth of focus and concern within harm reduction.

That may be so, but if it is, why are so many options solely fixated on the user and his personal harm?

Their overview considers the strength and nature of the evidence of the effectiveness of various forms of ‘harm reduction’ intervention and says:

In doing so, **some** consideration is also given to criticisms of harm reduction that are **occasionally** encountered’. (This writer’s emphasis)

In other words, they imply that very few people criticise harm reduction, and then do so only rarely – which is clearly not so, however much the authors might wish it.

What is harm reduction? (the authors ask)

In essence, they conclude, harm reduction refers to policies and programmes that aim to reduce the harms associated with the use of drugs. A defining feature is their focus on the prevention of drug-related harm rather than the prevention of drug use *per se*.

They concede that:

Rather unhelpfully, no definitive definition of 'harm reduction' exists. A number of definitions have nevertheless been offered (for example Newcombe 1992; CCSA 1996; Lenton and Single 1998; Hamilton, Kellehear & Rumbold, 1998).

Interestingly, they comment on the relative extent of prevention and harm reduction.

In practice there is more convergence between countries that are associated with harm reduction and those that are more associated with a 'war on drugs' than is often acknowledged. Globally, drug prohibition is universal, but with differences in the way that it is implemented. Similarly, primary prevention efforts to discourage the use of drugs by young people have remained a feature of the drug policy of countries that have been most strongly associated with the harm reduction approach such as The Netherlands, Australia, Canada, Germany, Switzerland and the United Kingdom.

Hunt, et al then go on to review harm reduction principles. They say:

Harm reduction is partly defined by a range of principles in which policies and programmes are grounded. The Canadian Centre on Substance Abuse (CCSA 1996) offers the following:

- Pragmatism: Harm reduction with some substance use is a common feature of human experience.
- Humanistic Values: The drug user's decision to use drugs is accepted as fact. No moralising.
- Focus on Harms: rather than use – this is accepted as it stands.
- Balancing Costs and Benefits: A pragmatic process of identifying, measuring, and assessing.
- Priority of Immediate Goals: first steps toward risk-free use, or, if appropriate, abstinence.

As Hunt, et al put it:

Where it seems the most feasible way to reduce harm, harm reductionists view abstinence as a valid and legitimate goal and interventions to promote abstinence are generally thought of as 'a special subset of harm reduction' (IHRA 2002)

The audacity of this is breathtaking. They have reversed the whole structure of drug policy, which is that drug use is firstly to be proactively prevented, and only if this fails do the reactive measures – enforcement, intervention, treatment (of which harm reduction is a part) come into play – as a 'subset' of prevention.

They concede that harm reduction is not without its critics, saying that:

Despite the fact that it is an approach grounded within public health, for which a considerable evidence base now exists, there remain people with reservations about a) its effectiveness, b) its effects and c) its intentions. The reservations they cite are: 'Harm reduction does not work'; 'It keeps addicts stuck'; 'It encourages drug use'; and 'It is a Trojan horse for drug law reform'.

This writer has given workshops including the 'Trojan Horse' concept, also offering another metaphor for the liberalising movement as the 'Beast with Seven Eyes' – with the 'eyes' being 'Trivialise', 'Sympathise', 'Glamorise', 'Normalise', 'De-penalise', 'Decriminalise' and 'Legalise'.

In reviewing the impact of legal status of drugs, they concluded that "depenalisation did not result in increased rates of cannabis use but did substantially reduce the adverse social costs on apprehended individuals". Quite why this should be so was not clear. The authors made passing reference to their case being supported by "the overwhelming weight of criminological research". The degree of 'overwhelm' would of course be a function of the ease with which one party can get their arguments published – in this the libertarians have a distinct advantage; any review of publications makes this clear.

The final conclusions of the 52 page study (with some 250 references) by Hunt, et al are:

Despite the fact that the bulk of its development has occurred in just 20 years or so, there is an extensive and rapidly developing literature on interventions that can be situated within a harm reduction perspective. This evidence base reveals that there are interventions that:

- Definitely work

- Show promise and require cautious expansion
- Are widely used yet under-researched

IHRA – its background and key members

The IHRA (International Harm Reduction Alliance) capitalised on the new-found enthusiasm for harm reduction in the 1990s and expanded vigorously after its formation – one benefactor being the ubiquitous George Soros. The following sections are taken from the IHRA website:

In 1990, Liverpool, England hosted the 1st International Conference on the Reduction of Drug Related Harm. The city was one of the first to open needle exchanges and had attracted hundreds of visitors each year who wanted to learn about the Mersey Harm Reduction Model. The conference was a way of dealing with this interest and the volume of visitors and it was a huge success. Accordingly, the following year, the 2nd International Conference on the Reduction of Drug Related Harm took place in Barcelona and a movement soon developed around this conference – spreading the principles behind the harm reduction approach, sharing knowledge and experiences from around the world and promoting the growing scientific evidence that supported this approach.

In 1995, Ernie Drucker outlined an idea he had for an International Harm Reduction Association, the birth of IHRA was announced the following year, at the 7th International Conference on the Reduction of Drug Related Harm in Hobart, Tasmania.

Patrick O'Hare started working in the drug field in the mid-1980s when he became Director of the Mersey Drug Training and Information Centre in Liverpool. As well as being a founder of IHRA, Pat also served as the Executive Director from 1996 until he stepped down in 2004. He is currently the Honorary President of IHRA.

Professor Gerry Stimson was appointed as the Executive Director of IHRA in 2004, taking over from Pat O'Hare. Professor Stimson is a public health sociologist. He has nearly 40 years' experience of research in this field and has advised the UK government, World Health Organization, UNAIDS and UNODC on issues relating to drugs.

Extra to these two luminaries, there are many more names that will be familiar to anyone on the drug policy circuit. Founders (who mostly remain active) included Ernst Buning and Ernie Drucker as well as Diane Riley (Toronto), Marsha Rosenbaum (San Francisco, formerly with NIDA), Bill Stronach (Melbourne) and Alex Wodak (Sydney). The current Executive Council also includes delegates from India, Brasil, Malaysia, Uruguay, Lithuania, Canada, and from Britain – the head of Transform, a legalising pressure group, Mr Danny Kushlik.

Conferencing is a constant feature; e.g.:

18th ICRDRH- Warsaw 2007 'Harm Reduction- Coming of Age'.
IHRA and the Conference Consortium are pleased to
announce this must- attend event, which takes place in
Warsaw, Poland, from 13th to 17th May 2007.

DrugScope – big ideas, big money

DrugScope as an entity was apparently the brainchild of health consultant Roger Howard during the time of the previous Conservative government (the early 1990s). Roger Howard Associates published a report titled *Across the Divide* in 1993; the topic was how to better interrelate the various government and non-government agencies in the drugs field. This was a timely publication as the Conservatives worked towards a national drugs strategy; the strategy was published in 1995 under the title "Tackling Drugs Together" (21) – and at that time it received all-party support.

The NDPA (National Drug Prevention Alliance) was one of several invited participants in working meetings with the government authors as the new drugs strategy was drafted. NDPA made the point that whilst the treatment field had a forum called SCODA (Standing Conference on Drug Abuse) for debating and voicing its views, and there was also a forum for research bodies called ISDD (Institute for the Study of Drug Dependency), no similar forum existed for prevention and education.

The outcome, as revealed in the final draft of "Tackling Drugs Together" was surprising and – as far as NDPA and other prevention bodies were concerned - depressing. SCODA and ISDD would be merged into a new charity called DrugScope – with a new director, none other than Roger Howard. Moreover, the new charity would expand its scope to also cover prevention and education, areas in which it had little experience. The government staffers (who were civil servants) told NDPA that this was only a proposal; NDPA asked why then the adverts for relevant personnel (to be funded by the Department of Health) were already published in appropriate health oriented journals. Clearly, the die had already been cast, and with it government money – anything up to £3 million per year has been seen in DrugScope's published accounts over the years since 1995.

The implications for the future of prevention and education engendered serious concerns in those advocating prevention as the primary strategy. SCODA had already expressed its liking

for harm reduction and its scorn for primary prevention, whilst ISDD (Dorn and Murshi) had produced a major report for government alleging that prevention was impossible – another example of adroit cherry picking. Subsequent developments did nothing to allay these concerns. DrugScope has been active in advancing harm reduction, but its prevention and education unit has for the most part been under the management of personnel well known in the field for their anti-prevention standpoint - Adrian King, Vivienne Evans, Ruth Joyce - whilst other relevant bodies such as the DEF (Drug Education Forum) and DEPF (Drug Education Practitioners Forum) have been heavily influenced by the same people. There has consequently been a stranglehold on drug education and an unjustified emphasis on harm reduction over prevention.

DrugScope has also been active in the international scene, as well as prominent in Wilton Park international drugs conferences and in Europe, where it has pro-actively cooperated with such as:

- ENCOD (European Coalition for Just and Effective Drug Policies) - 140 NGO members, born 1993;
- SENLIS (international policy think tank) - offices in Brussels, London, Paris, Ottawa and Kabul; the Kabul office was recently shut down by government – present situation uncertain. The UK member of parliament Chris Mullen, who earlier had chaired a UK government Select Committee which in 2002 suggested liberalising Britain's drug laws, now works with SENLIS – although his role is unknown;
- TNI (Trans National Institute) - key contact is Martin Jelsma;
- IAL (International Anti-prohibition League);
- CEDRO (Centre for Drug Research, Amsterdam University) - key contact is Peter Cohen;
- Beckley Foundation (UK-based) - key contact is Mike Trace.

DrugScope activist Axel Klein, who is now based at Kent University but maintains his contact with DrugScope, was particularly enthusiastic in his involvement with the above (and other) groups in the European arena. He showed his ability to think structurally rather than emotionally or opportunistically and is quite clearly an adversary to be respected.

DrugScope likes to describe itself as “the leading British drug agency ... internationally recognised” - and is not above positioning itself as a judge of others in the field. In his blog on Monday, November 27, 2006, entitled ‘Smoke, mirrors and the death of objectivity’ (22) DrugScope veteran Harry Shapiro published his thoughts on the integrity of information we each have to deal with in this field. Quoting from his blog, here are his main points:

Back in 1968, the Institute for the Study of Drug Dependence (now DrugScope) was set up in the UK to try and gather what little information was 'out there' about illegal drugs. Now enter 'illegal drugs' into Google and you'll net nearly seven million hits in half a second. So is that job done - is drug information now 'sorted?' Absolutely not. We have simply moved into a post-modern world where there are no longer any wrong answers,

simply alternative truths - often mired in scientific and statistical obfuscation:

- Studies are cherry-picked to suit an argument.
- Over-reliance is placed on studies where samples are small or unrepresentative, or fail to take into account other factors which might account for the result
- There are researchers who have the veneer of objective scientific respectability, but come to the work with their own moral agenda with the inevitable outcome for the results.
- Findings are refracted through the prism of spin. Medical journals announce new 'shock' research about drugs and by the time they hit the tabloids, what might have started out as considered work has been reduced to scary headlines.
- And of course, there are straightforward lies, exaggeration, the promotion of potential risk to a small group of users as the actual risk to most users and so on.

As an organisation DrugScope will not sit on the fence in highlighting the dangers of drugs, but neither will we condone or support drug information which lacks credibility and is detached from evidence.

All good salutary stuff, but it is only reasonable to suggest to DrugScope that they consider the time-honoured rubric: "Let him who is without sin cast the first stone". (John 8:7)

ACMD (Advisory Council on the Misuse of Drugs)

There is a natural human tendency to assume that any committee formed in the government field is competent, objective and unbiased in that it has no agenda of its own. Sadly, this has been shown to be far from the case with the ACMD. With very few exceptions (such as former school headmaster Peter Walker, who served on the ACMD for many years and is now advising the government on drug testing in schools), there is a heavy bias in the membership of the council. Of the thirty or so members in the 2002/2003 period when the government was reviewing UK drug policy, not far short of half of them were found to be linked in various ways to liberalising bodies (as reported in Hansard), and yet there were no members linked to any prevention bodies. To become a member of the ACMD it seems that in effect one has to be approved by the people who are already in – clearly, this is open to a self-serving approach.

How has harm reduction influenced education?

At the time that this writer took on additional work as an education advisor, assisting local schools with their drug education work (if any), the whole of England and Wales, a population of some 50 million people, had its drug education coordinated by just over 100 people. Most of these were teachers who had moved sideways into becoming Drug Education Coordinators. They had little or no knowledge of drugs, and they were therefore eagerly looking for guidance from those they considered to be more experienced. One hundred is a very small number for a group of determined radicals to penetrate and persuade; this could be seen taking place at drug education conferences and training sessions at the time, without it being apparent to anyone other than the activists just how wide-reaching and profound it was to become.

The British harm reduction movement did not content itself with staying in Britain -it soon established links elsewhere. It could be seen that those involved were using electronic means of communication globally, long before e-mails were common. One of the 'travelling salesmen' was Julian Cohen, co-author of the ambiguously-titled *Taking Drugs Seriously*. Cohen (23) argues for the 'plusses of drug taking'; a typical item in Julian's carpetbag is:

The primary prevention approach ignores the fun, the pleasure, the benefits of drug use ... drug use is purposeful, drug use is fun for young people and drug use brings benefits to them.

Prevention or promotion?

Scouring the various libraries for data on drug prevention proved a low-yield exercise for drug professional Ann Stoker, herself the director of two local government drug agencies in west London. Her agencies counselled and helped problem users and their families but also worked in local schools, with Ann appointed as the government-funded Drug Education Co-ordinator. Attendance at national drug conferences highlighted the creeping emphasis on harm reduction rather than preventive education - this at a time when the two largest preventive education bodies in the UK (DARE UK and Life Education Centres UK) were under constant fire from the libertarian trenches.

Stoker decided that a detailed audit of the UK drug education scene was needed and set about producing one. Her book, entitled *Drug Education: Prevention or Promotion?*, was published in 2000 (24) and examined all programmes that could reasonably be collected within the literature, identified approaches known to be in use in England at that time and compared them with works in other countries as known to the author. The findings were bleak and salutary; the Education sector had clearly embraced the harm reduction approach, and the lobbying work of the 'Liverpool cabal' (as described in the opening paragraphs of Section 3 of this paper) had been an unqualified success.

It is an understandable aspect of any educational area in conflict that some charitable (NGO) agencies will feel the pressure and adjust their position in order to protect their market or their funding. For drug education in UK this has been seen several times over. Both Life Education Centres UK and Hope UK were founder members of the NDPA (which is firmly based in primary prevention). As pressure on NDPA mounted, both these organisations reviewed their positions, adjusted their missions and sent NDPA a 'Dear John' letter along the lines of "We can still be friends but we can't sleep together anymore".

In Hope UK's case, their materials now extend into the harm reduction field as well as prevention. Life Education Centres took a more radical route by largely removing themselves from the 'discomfort zone' which is drug education, focusing instead on other aspects of personal health. (This contrasts interestingly with Life Education Centres Australia, which some years earlier had taken on harm reduction as a key component of its curriculum after being threatened with loss of its funding. Life Education Centres New Zealand and Life Education Centres UK at that time dissociated themselves from Life Education Centres Australia).

When you wish upon a tsar ...

In 1998 a Labour government came to power, and one of its first tasks was to review the previous (Tory) National Drugs Strategy, which had been published in 1995 under the title *Tackling Drugs Together* (21) and had received all-party support. The new strategy was at first encouragingly close to its predecessor - even in its choice of title – *Tackling Drugs Together to Build a Better Britain*.

The new government pinned its hopes on their innovation - the establishment of a 'Drugs Tsar' (Anti-Drugs Co-ordinator) to co-ordinate the various government departments in respect of drug policies. The drugs tsar job went to Keith Hellawell, a former Chief Constable with considerable insight in drugs matters, but he was surprised by an insistence from a government Minister on the eve of his appointment that he must take on a specified deputy, a Mr. Mike Trace from the treatment field.

This less than auspicious start to the tsar's office was not the last of its troubles. The media predominantly favoured a harm reduction approach, seeing this as closer to its own liberal philosophies. This meant that Hellawell would constantly take scrutiny and criticism on any enforcement/prevention missions he introduced, while his deputy would receive that much easier a ride on his work in harm reduction and treatment.

In 2001 the scene changed again. Jack Straw was replaced as Home Secretary by David Blunkett, and scarcely had Blunkett entered his office than he announced he was ' minded to reclassify cannabis'. The mechanisms applied to progress this idea were the Home Affairs Select Committee (HASC) and the Advisory Council on the Misuse of Drugs (ACMD). HASC, which is an All-Party Committee, embarked on a review of the whole UK strategy, *The Government's Drug Policy – Is It Working?*, (25) under the chairmanship of Labour MP Christopher Mullen (now with SENLIS). In May 2002 HASC concluded that reclassification was

a jolly good idea. ACMD also endorsed the notion - hardly a surprise, given that they had been pushing precisely this change for years.

Another radical move by new Home Secretary Blunkett on entering his office was to sideline his Drugs Tsar, moving him into a nebulous backwater called 'International Affairs'. Hellawell was clearly not happy with this sidelining nor with the downgrading of cannabis, and he took the unusual action of resigning his post on national radio - BBC's 4's *Today* programme.

Several have since wondered how David Blunkett had come up with such a radical idea as cannabis downgrading when he had clearly had little or no time to 'read himself in' - a process that would inevitably take much longer for him, given that he was profoundly blind. Clearly, he would have had to be helped, and equally clearly, Hellawell would not have been in a helpful mood. It is therefore a fair assumption that Mike Trace's team did much of the briefing, and the consequent shift in UK strategy towards harm reduction is therefore more understandable. This shift in emphasis was also self-evident in the Strategy Update of Christmas 2002 and prior to this at a conference in Ashford, Kent, southeast of London, in the summer of 2002 in a speech by Drugs Minister Bob Ainsworth where he committed the government to taking harm reduction to the core of its policies.

National journalist Melanie Phillips was at the Ashford conference and subjected it to a lacerating criticism. Phillips is a professional journalist and one of Britain's leading social commentators, producing articles and books full of thoughtful and forthright comment on social affairs. She also runs a public access website - www.melaniephillips.com. In October 2002, after attending the Ashford conference, she issued a trenchant piece entitled "The Drugs Policy of **Harm Production**", (26) from which the following extract is taken:

A silent coup has taken place in drugs policy. The legalisers have captured the Home Office. The government has quietly downgraded its attempt to reduce the number of people taking illegal drugs. This astonishing development became clear last Friday, when the Home Office minister Bob Ainsworth told a conference that the government was going to place 'harm minimisation' at the centre of its revised drugs strategy, to be unveiled in a few weeks' time.

Dutch drug legalisers were in great evidence; Peter Cohen, Freek Polak. Hans Visser, all took their turn. This group was described to Melanie by Hans Koopmans, of the De Hoop psychiatric hospital for drug users in Dordrecht in Holland, as 'the nucleus of the legalisation movement in the Netherlands',

It was apparent that most drug agencies now promote 'harm reduction'. The Home Office listens to them. And some of the most prominent of these agencies — Turning Point, DrugScope, and the International Harm Reduction Association (IHRA) - were involved alongside the Home Office in organising this conference. Of these, one at least had the honesty to admit that 'meaningful harm reduction' inevitably requires legalisation.

Winston and Wilton

Just after the Second World War, Winston Churchill perceived the idea of a "calm, residential environment", in which democracy-building could be nurtured.

Wilton Park classifies itself as "... an academically independent agency of the British Foreign and Commonwealth Office" (albeit financially underwritten by the FCO) . Around 60 conferences are organised each year and typically bring together 50-60 policy makers and opinion leaders from 25 countries. Generally, around half attendees are government officials – people "in a position to make direct impact on government policy". Wilton Park sees itself as "helping to move forward international policy agendas".

Over the past five years there have been yearly conferences on drug policy. (27) At first sight this seems laudable, but closer examination shows that Mr Soros' Open Society Foundation has been a major funder of these drug policy conferences, would most certainly have been involved in planning the agendas and libertarian/harm reduction speakers have been to the fore; e.g., "Keynote speech by Ethan Nadelmann", "Rapporteur supplied by TNI" and so on. Key speakers in the past in addition to Ethan Nadelmann have included Peter Reuter, Mike Trace, Axel Klein, Martin Jelsma, Peter Cohen, Dennis Peron and more with a similar leaning. There have been few representatives of prevention-based policies - conceivably due to the £800 registration fee. Britain's NDPA has had representatives at five conferences, but acting very much as a "voice in the wilderness". The US State Department has withdrawn from speaker slots at the last two conferences - presumably in disgust.

A regular at Wilton Park has been Carel Edwards, head of the European Commission's Drugs Branch, based in Brussels. It might seem that his department has little influence on member states' drug policies, given that drug strategy is something that states decide for themselves (which must multiply the difficulties he faces in running his department). However, there is no doubt that Carel's own series of conferences and statements are influential, especially on nations that are relatively undecided about their drug strategies.

The sum total therefore is that we have the bizarre situation of the British government funding an event which substantially undermines its own strategy - and the strategy of the USA - and gives unfettered promotion of the libertarian view in front of senior representatives from other countries who are unaware of the background machinations. Typical of the confusion created has been the remarks made to this writer by a foreign delegate who thought that Mr. Nadelmann was officially representing the government of the USA!

Paradigm shift coming?

There is some brighter news on the horizon, though the liberalisers are already anxiously decrying it. Under the leadership of Professor Neil McKeganey at Glasgow University's Centre for Drug Misuse Research, authoritative questions are being asked about harm reduction (28): Where and what are the significant results, if any, after fifteen to twenty

years of substantial investment? And why were we so ready to emasculate primary prevention? Moreover, CDMR interviewed a large cohort of drug addicts and asked them what services **they** wanted: needles? syringes? methadone? and so on. A sizeable majority answered, “We want none of the above – what we really want is help to give up using drugs”. McKeganey is not alone in raising these concerns, and it does seem that a reappraisal of policy priorities, with benefit to all concerned, is on the cards.

Cameron on substance

A recent blog by a Conservative party advisor (29) explores the new leader David Cameron’s current attitude on drugs and drug policy. Cameron, before his selection as party leader, served his time on the HASC, which reviewed the whole of Britain’s drug policy. According to the blog writer:

He was a tight-lipped as ever about his possible past use of illegal drugs, and seemed unwilling to recant his utterances when on the HASC – downgrade cannabis and ecstasy, set up shooting galleries, issue heroin on prescription – ideas which had provoked strong reaction amongst right-wing Tories. But he was anxious to dispel any notion that he was soft on drugs, saying: ‘Whoever you are, wherever you live, drugs wreck lives. And they wreck the lives not just of those who use drugs, but the lives of their families and the lives of the many people who are victims of drug-related crime.’

He suggested two priorities:

1. ‘Proper education about drugs’ – ‘The Government sends mixed messages with too much on reducing the harm and not enough on reducing the use.’
2. ‘Treatment and rehabilitation’ – He cited good models of rehab in Sweden, Holland and the USA. ‘We have to make it available – indeed, we have to make it compulsory for each and every young addict. That is both tough and compassionate.’

5. O, Canada!

Whilst the USA has remained implacably opposed to almost every liberalisation of drug laws (the exception being a few states where cannabis laws have been relaxed in relation to what is loosely termed ‘medical use’), north of the 49th Parallel the situation is very different.

There is considerable pressure to go soft on cannabis. A British company, GW Pharmaceuticals, has been awarded a Canadian government licence for its synthetic

cannabinoid-based product Sativex, but GW Pharmaceuticals insist that this licensing “has no direct consequences for the legal status of herbal cannabis for research and medical use”.

Vancouver has been a focal point in the conflict over drug policy with much volatile rhetoric on liberalising as the solution to the problems of the city – especially on the Lower East Side, but also with the sterling outreach work of Vancouver’s police ‘Odd Squad’ as a balancing factor. Perhaps the most damaging aspect of cannabis in Canada has been hydroponic cultivation in domestic properties – nowadays known as ‘Home Grow’. Domestic properties are filled with light systems and produce hundreds of high-grade plants. Electricity and water are illegally ‘boosted’ from the mains supplies in the road outside. Unsuspecting buyers or landlords of properties, after the home-growers have moved on, find themselves saddled not only with enormous services bills but also severe structural decay to the timber framework from the effects of sustained high humidity. In 2006/7 scores of similar homes used to grow cannabis hydroponically have been found in the UK – many set up and run by Vietnamese.

A major customer for the Canadian product is that large country just south of the 49th. Canada is not without internal conflicts as to its relationship with its southern neighbour, and the situation is further complicated by the internal tension between the Quebecois and the rest of the country. Randy White is a former Member of Parliament and is now the President of the Drug Prevention Network of Canada, the only Canadian national organization that promotes prevention, treatment and enforcement as its primary goal. It believes that those who are addicted are best served by treatment that does not accommodate or encourage their addiction. Asked for his summary of how ‘so-called harm reduction’ came to grow so fast in Canada, he replied with the following statement:

I was a Member of Parliament in Canada when the concept of harm reduction appeared on the Canadian scene around 1994. It wasn’t a concept really - it was an effort to accept drug abuse as another sickness that Canadians couldn’t avoid, so attempts began to accommodate addiction. An extremely weak National Drug Strategy at the federal level, virtually non-existent prevention programs, treatment as a minimum effort, and judges and lawyers sentencing offenders like they were selling candy on street corners all led to legalization efforts and “harm reduction” becoming a theory that might work better than past political failures.

First a needle exchange began, then more needle exchanges as governments at all levels jumped on the band wagon with money but without looking at a long term strategy. Money was easier to get for a new concept and people looking for more incomes for their own existence began to invent more and more accommodating programs like medical marijuana, crack inhalation sites, wet houses, legalized prostitution, heroin programs, addicts shooting up other addicts and on it goes under the umbrella of “harm reduction”. No one questioned, no one understood and no one watched as the scene developed.

I initiated a House of Commons special committee to study the non medical use of drugs in 2001. At each meeting [and there were many] I asked witnesses "What was harm reduction"? Virtually every witness answered differently, and to this day most people are not consistent with what it is and what it has accomplished. A common thread with those who wanted "harm reduction" was that they believed in legalization of drugs.

So today in Canada "harm reduction" has a tenuous foothold - achieving very little but soaking up tax dollars that could otherwise be used for prevention, treatment and enforcement. Canada, unlike most other civilized nations, followed the programs of Holland and Switzerland in such "harm reduction" concepts even when those two countries started to realize the failure in their approaches.

The "harm reduction movement" has come to represent a philosophy in which illicit substance use is seen as largely unpreventable and, increasingly, as a feasible and acceptable lifestyle - as long as use is not "problematic". At the root of this philosophy lies an acceptance of drug use into the mainstream of Canadian society.

As an example, a pilot project was established with government money for an injection site; the organizers then built in a smoke site [crack] within the confines of this building. Addicts did not just inject heroin, they injected 'meth' and other drugs. All this in the face of law enforcement, parents and friends as well as government expecting addicts would eventually kick the habit. This did not happen. When it came time for the Government to close the site, significant outcry began. Who was at the center of it? The workers and legalization advocates and even harm reduction/legalization advocates from other countries as well. The government, concerned about a noisy public lobby, did not close the facility, so there it stands - extending the harm to addicts and flying in the face of prevention and treatment. Such political expediency hardly deserves the term 'philosophy' – but if it were, then it would be a philosophy which is fatalistic and faulty at its core. The idea that we can use drugs 'safely' is a dangerous one – and in no way is substance use inevitable.

The Canadian movement into "harm reduction" crept into our society because people, governments and organizations failed to recognize the real agenda of the organizers. Canadian families and communities have considerable power to prevent substance use if they have the will and resources and the support of governments. As a world society, we should be concentrating on prevention, treatment and enforcement now.

Reason and Rights (Be reasonable – we're right)

As an example of the environment in which the Drug Prevention Network of Canada has to work, there is a relatively uninhibited contribution from the modestly-named British Columbia 'Centre of Excellence' (in HIV/AIDS). Author Richard Elliott (30) takes no prisoners.

In his 2005 paper "Reason and Rights in Drug Control" from British Columbia Centre for Excellence in HIV/AIDS, Richard Elliott, et al starts by accusing countries who "enforce prohibition" and resist harm reduction of "disregarding the available scientific evidence", and, for good measure, "contributing to the spread of AIDS". Elliott called on WHO and UN to rise to (his) challenge – or to continue their "timidity in the face of ideological bullying".

Canada is, Elliott concedes, bound by the human rights obligations it has undertaken as a member state of the UN. But, he says, Canada should build on its declared control objective of harm reduction, and put itself about with vigour as a "strong global advocate for harm reduction".

6. 'Advance Australia Fair' (and 'God Defend New Zealand')

Australia has proved itself an interesting laboratory in responses to the drug problem. Not by nature inclined to match its Southeastern Asian neighbours such as Singapore in their severity of law enforcement (the death penalty being a prominent feature), Australia has several noteworthy initiatives in its casebook.

Since the role of primary prevention as a prime tool in harm reduction is (even) accepted by some liberalisers, it is appropriate to mention two Australian examples (and one New Zealand one). Australia has produced some excellent prevention materials and programmes. Life Education Centres started there under the stewardship of its author, the Reverend Ted Noffs at the Wayside Chapel in the Kings Cross area of Sydney. The Kangaroo Creek Gang programme came from Perth. Meanwhile, just across the Tasman Sea in New Zealand, one of the most approachable books ever for parents - now also available on interactive DVD is *The Great Brain Robbery* (31) created by Tom Scott and Trevor Grice, the latter being also a Director of Life Education New Zealand. But since those heartening days when those resources were produced, things have slid downwards, and Australia is now a strongpoint of harm reduction.

One of the most prolific current experts in the Australian drug scene is Brisbane GP Stuart Reece. From his wide-ranging output, the following extract gives a good insight into what prevention workers face in Australia. The extract is taken from his commentary on an address to the 'National Abstinence Summit' in San Antonio, Texas, in 1999. The full paper (32) deals in depth with sexual behaviours and diseases as well as drugs matters – only the drugs aspect is covered in the extracts which follow:

Fatigue of ‘harm minimization’ / ‘risk reduction’

Just as in its maturing years the hedonistic materialistic atheistic “drugs sex and rock and roll” culture of the ‘60’s is now widely acknowledged to have spawned a multiplicity of major medical and social pathologies, so too the public health philosophy which appears to have been created to justify it seems from an international perspective to be having not only a very brief initial effect, but also major unintended consequences of harm maximization and indeed risk multiplication.

Injecting Drug Users

The other classic area in which the harm reductionists / risk reducers have been very busy is in the area of drug policy. Their touchstones are needle and syringe distribution programs and methadone. I recently had one of their leading advocates tell me that methadone is a major factor reducing the HIV transmission risk. Whilst it may be true that most methadone patients do not inject heroin as often as they used to, considering that we estimate that only about 10% of all heroin addicts are on methadone, and that most still inject occasionally, the overall protective effect of methadone is likely to be quite modest in term of its global impact on the whole epidemic. A few reports on methadone are not favourable.

As in the case of condoms, harm minimization / risk reduction appears to have begun in Amsterdam. However, there was a report from there that in fact there were some indications that the number of injecting drug users (IDU) was thought to have increased both in the estimate of the total, and in terms of the numbers of clients entering rehab facilities. The same holds true in Australia, where the estimates of the number of IDU has been creeping steadily upwards during the 1990’s from about 150,000 earlier in the decade to the order of 250,000 heroin addicts alone now, and possibly almost as many speed injectors also. However, the factual basis of any such estimates is enormously problematic. Few would deny, however, that there has been an obvious increase in the nation’s drug problems associated with a fairly “laissez faire” liberal official attitude to drug policy under a protracted period of socialist administration since the 1970’s.

HM/RR in drug policy began in Amsterdam with the introduction of a syringe distribution program to help fight the rise in Hepatitis B amongst injectors. The HIV virus and the HIV tests were discovered the following year, and the program serendipitously happened to be in place. Interestingly, the Hepatitis B incidence appeared to fall away after its introduction, but the HIV incidence rose from 2% in 1988 to 6% in 1991

and 5% in 1992! Note that a very similar pattern was observed with the HIV sero-incidence amongst homosexual men. Hepatitis C incidence is not usually reported to respond well to needle and syringe programs either in Amsterdam or Australia.

Reports from Amsterdam in the early 90's showed that the effect of the needle program on needle sharing was transient and not significant. A similar effect was noted in Sydney, Australia, when needles and syringes were introduced in that the injecting behaviour rapidly and significantly escalated both in the study needle exchange and in another program in the same city in a matter of a few weeks!

NSP City Failures

Indeed when needle and syringe programs (NSP) are studied closely there is not infrequently a very adverse finding against the program. This has been seen most dramatically in the two Canadian programs in Montreal and Vancouver where HIV sero-incidence has been studied in detail amongst NSP attenders and non-attenders and the incidence found to be 2.5 fold greater amongst NSP participants. Indeed when all the cities reporting major problems with their NSP facilities are listed, it makes an impressive list of failures: Amsterdam, San Francisco, Zurich, Montreal, Vancouver, Dublin, London, Sydney, Baltimore!

Suggestive Correlations

The numbers of syringes distributed in Australia is not readily available but may be ascertained from the articles written by the leaders of HR/RR. Based on these figures, it may be said that the correlation between heroin overdose deaths and the number of syringes distributed is $P = 0.0022$. The correlation between the methadone registrations and numbers of heroin overdose deaths is $P = 0.00825$. Perhaps most frightening of all was the fact that in a recent survey of 80 heroin addicts conducted in my clinic, some **40% felt that government encourages drug using** through activities such as NSP, methadone programs which persist indefinitely, and the kind of drug education which sends dominant messages like "We won't tell you whether or not to use drugs, but if you decide to we'll spend the next one hour telling you how to do so safely."

Conclusions on harm minimization

In summary, from the world literature, the best that can be said about harm minimization / risk reduction (HM/RR) is that HM/RR has a

transient effect lasting a few years at most. In reality, the major studies which are usually thought to support HM/RR are deeply flawed and offer little or no supportive evidence at all. Indeed, it is one of the hallmarks of HM/RR philosophies that they deliberately refuse to address the problematic underlying risky and often selfish and irresponsible behaviours which underlie the pathologies they pretend to address. Meanwhile, evidence shows clearly that the underlying problematic behaviours spread and may be transmuted into different harmful forms, such as the transformation of the Australian AIDS epidemic into a heroin epidemic with a higher annual mortality than AIDS ever had, or the degradation of the culture of Amsterdam or Zurich under the influences of the liberal risk reductionists in those cities.

The epidemiological evidence would, however, strongly indicate several major conclusions including:

Knowledge imparted in the standard values free sex or drug education exercises will usually not positively impact behaviour as desired without the added variable of 'Wisdom.' The inculcation of wisdom, however, absolutely necessitates that character be taught; character based not on relativistic personal subjective values, but the ancient virtues of society and civilization, indeed, character traits of eternal moral and spiritual importance, and, indeed, those endorsed by most of the world's major religions.

Perhaps my heroin patients can help indicate at least the beginnings of an answer to the classically difficult chestnuts posed by causality. When we surveyed 80 heroin patients recently, 40% said that the government encouraged them to use drugs (through methadone, syringe distribution and drug 'education' programs). John Saunders, Professor of Drug and Alcohol Studies in the Dept. of Psychiatry at the University of Queensland, says that in many respects Australia has traded an AIDS epidemic for a heroin epidemic.

The intrinsically **behavioural** determinants of the world wide epidemic of mortality from psychosocial disorders need to be formally addressed once again. Clearly the "way forward" is in some respects also the way back, to the traditional virtues which have always been shared by stable, self-perpetuating civilizations. Clearly we need together and internationally to turn from the immature selfish and self-centred hedonistic delirium which saw the explosion of various serious disorders manifested by rising trend lines in many nations and were heralded by unsafe modern contraception and followed by its many ideological offspring and cousins including condoms, needles and syringes, methadone and values-free value-less so-called "education" programs in

many fields, and begin to deal with the core problems and the root social mythologies which support them and which are clearly rooted in indulgent attitudes of the human heart.

Only when we begin to marry the individual's need for life, love and fulfilment, with a coherent code for personal conduct based on integrity, personal responsibility and commitment in relationships traditionally denoted as 'marriage' will the world begin to slowly climb out of its present moral crevasse. In many nations, young people are already showing the way forward. Will we follow? The responsibility for what is in essence a regime of morality and personal fulfilment based on eternal virtues and the upward appeal of goodness to the human spirit should surely begin with the leaders of world culture in the Western nations. Are we ready? Will we answer the call? As the millennium changes, will we turn over a new and clean page in the book of the history of the nations? Or will we simply acquiesce to echo the failed default public health positions of a former generation which have now been so eloquently documented on the world stage to have cost us so dear, have had so protean consequences so often unforeseen, and are now proving so hollow and so frequently counterproductive on the global stage?

Alex Wodak – Australia's secret weapon

Having heard from some of the critics of Australia's drug policy, no paper would be complete without an utterance or two from Dr. Alex Wodak. Australian observers of their nation's harm reduction scene suggest that Wodak has been granted considerable leverage because of his apparent prominence in 'saving Australia from AIDS'. They concede that Wodak's policies have almost certainly delayed the spread of HIV, but by his failure to address the underlying social behaviours, they are left with the risk of an explosion of use in future.

In 2004 at the 15th International Harm Reduction Alliance Conference, Dr. Wodak presented (33) on the theme of "The past, present and future of harm reduction: decades of misunderstanding".

He set out the early history of harm reduction BA (Before Aids), the application of 'risk compensation' in psychiatry and of 'moral hazard' in economics and finance. His conclusion was that "The intellectual debate about harm reduction as a preferred policy is now over, the existing evidence is incontrovertible". (It is strange to hear someone of his experience in effect 'whistling in the dark', but preventionists may take some encouragement from this).

Harm reduction has, he said, long been applied to such as alcohol consumption, and needle exchanges first emerged in response to Hepatitis B concerns in the early 1980s in Holland and Scotland.

Nicotine replacement for smokers was no different to methadone maintenance for heroin injectors – surely a very debateable assertion. Harm reduction is not without some social

costs, he said, citing the likelihood of lesser risk encouraging more use, and – in a similar vein – fire insurance encourages more fires (not spontaneously, that is).

Harm reduction, opines Wodak, is neither pro nor anti-drugs; it is agnostic on the subject (This is hard to reconcile with the almost universal bonding of harm reduction advocacy with legalisation advocacy).

He mourned over the grave of ‘The War on Drugs’ – “It has undeniable intuitive appeal, but is weak empirically” (Perhaps if prevention were to get more funding, equal or close to harm reduction, this empirical equalising would be reflected in the outcomes). He went on to say “Harm reduction has an impressive empirical base ... there can be no argument that the evidence strongly favours harm reduction, whilst prevention is costly, ineffective and often has unintended consequences” (whistling again).

Prevention of HIV amongst IDUs is seen by Wodak as the big battle honour on harm reduction’s flag (and on his too, presumably). He reserved his most acerbic remarks for the INCB, whom he accused of “issuing fatwas” such as the reclassification of buprenorphine, and who were, he remarked, “The geriatric dinosaurs of the drug policy world” (He would do well to avoid their Jurassic teeth in future).

He cited the 2002 UK Home Affairs Select Committee Chairman Chris Mullins MP who, in his Committee’s final report on UK drug policy, *The Government’s Drug Policy: Is It Working?* (published in May 2002) asserted that “any policies based mainly on enforcement are destined to fail”. Mullins was himself destined – perhaps not in something he would regard as a failure - to join SENLIS, a legalising pressure group, not long later.

There is no doubt in this writer’s mind that **genuine** policies aimed at reducing harm amongst users (rather than bogus policies which are a front for legalising drugs) are, within their own limits, commendable. Where they can become counter-productive is in at least the following two respects: firstly, in their obsessive focus on the user, coupled with their dismissive ignoring (in all but ‘lip service’) of everyone else; and secondly, in their abandonment of abstinence as the long term goal of all interventions and treatments.

PART 3

History of Harm Reduction – Provenance and Politics

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Keywords: harm reduction, drug prevention, strategy, policy, politics

7. Europe

‘Mainland Europe is Not Immune’

Because much of the public’s debate about harm reduction and liberalisation is centred on the USA, UK, Canada and Australia, one could be forgiven for thinking that mainland Europe is not engaged with this struggle. Far from it.

Of course Holland and Switzerland have had their share of the spotlight, but other countries can show much from which to learn. Baltic country Lithuania is unique in Europe in refusing to use the term ‘Harm Reduction’ in its documents; it has an excellent support network for problem users and helps them limit harms from their use, but Lithuania does not want to embrace any notion or terminology continuing the hidden agenda of drug liberalisation. Neighbouring country Latvia has a prevention centre in its capital Riga that would be the envy of any country.

But of all the countries in this region it is Sweden that has the most admirable prevention-based strategy. Having actually tried an acquiescent policy after World War II focused on a growing amphetamine problem, Sweden found the Harm Reduction cure to be worse than the disease and switched to a restrictive approach thereafter. Today, Sweden has the lowest prevalence of drug use in Europe and has several commendable prevention programmes in its array. Treatment centres are either voluntary or mandatory, and results are roughly the same from both.

To be Seen as ‘Normal’ is All We Ask

The European Movement for the Normalisation of Drug Policy (EMNDP) had its first meeting in Swindon, England, in 1989. The Merseyside campaigners soon found themselves off to America [1988] where they were feted by libertarians ‘in the street and on the Hill’. Amongst those on this promotional trip was Pat O’Hare, now Director

of the International Harm Reduction Association. O'Hare and colleagues presented a paper with the innocuous title of 'Drug Education, a Basis for Reform' to a Maryland conference convened by a relatively new organisation called the Drug Policy Foundation, about which we now know a little more! Thanks to the late, great Otto Moulton whose vast library is now established in Drug Free America Foundation, there is a library tape of what was actually said by O'Hare and his companion Ian Clements at that conference; it bears little relationship to the written paper. O'Hare told his largely American audience that 'England has absolutely nothing to learn from America' and added that '...this 12-step rubbish is absolute cr*p'. One member of the audience made so bold as to ask O'Hare, 'What are the 12-steps?' 'I don't know,' he responded (but he did know they were 'absolute cr*p'). He then invited his audience to consider the notion that:

If kids can't have fun with drugs when they're kids, when can they have fun with them?

O'Hare was demonstrating that when it comes to radicalism, we Brits can show the former colonies a thing or two.

One milestone on the Harm Reduction road was the establishment of European Cities on Drug Policy (ECDP). Their first International Conference was held in 1990 in the German city of Frankfurt and produced the so-called Frankfurt Resolution, calling for heroin distribution to addicts, decriminalisation of cannabis and the provision of shooting galleries. It initiated a recruiting drive, and one of its first disciples was Scotland, much to the disgust of Scottish prevention colleagues. According to Glasgow's Families For Change organiser Maxie Richards, "...harm reduction has become a vested interest of the Social Service industry, and with only one purpose: keeping social peace at the cost of dispensing drugs".

European Cities Work in Harmony

In 1994 Stockholm, Sweden, saw the first meeting of what was to become a major vehicle in harmonising European drug policy at the city level, promoting good practice in prevention and resisting the pressures from those who favoured legalisation. ECAD (European Cities Against Drugs) membership comprises mayors of European cities, and to date more than 250 cities have joined. The organisation runs regular international conferences as well as projects involving member countries in cooperative ventures. ECAD has an Advisory Board with members from Turkey, Russia, Lithuania, Poland, Sweden, Finland, Iceland, Ireland, Bulgaria and Norway. Until his death in 2003, London city alderman Peter Rigby was a key activist.

In 2003 Dr. Kerstin Kall, Chief Medical Officer of the addiction clinic at Linkoping University Hospital in Sweden, produced a very useful, dispassionate appraisal of Harm Reduction in comparison with other interventions.(23) She noted that Estonia has the fastest spread rate for HIV, with other former Soviet states not far behind. In the face of this concern, WHO and UNAIDS have rated work against HIV above work against drugs. Current suggestions by

some that drug penalties should be relaxed in order to 'solicit' attendance at HIV clinics are dubious, Kall feels. Needle exchanges did partly slow HIV spread – but greater effect could be observed from other medical interventions, coupled with public health education on the themes of 'Don't inject/don't share/boil your works/use condoms'. Needle exchanges are not observed to be as effective as testing and counselling. The idea that illegality of a drug deters visits to clinics is a myth. Equally, downgrading policy as a scheme to elicit greater use of Harm Reduction is seen to be extremely debateable – the 'road paved with good intentions' leads to its usual destination.

A Threat or a Promise?

At an ECAD conference in Reykjavik, Iceland, in April 2002, former Swedish MEP MaLou Lindholm gave a most perceptive paper (24) on the workings of the EU. Her theme was, 'Is EU a threat to or a possibility for a restrictive drug policy?' The following is an extract from her paper:

All the member states of the European Union (EU) have signed the UN conventions on drugs and doing so have committed themselves to act for a humane restrictive drug policy in accordance with these conventions.

Drug policy is not a competence area for the EU since it is a part of the third pillar, where EU has no right to formulate any binding laws or directives. Every country is independent and the national parliaments are to decide in democratic order. But the EU has big indirect impact on drug policies in its member states through recommendations, agreements, financial support, through laws and directives in other political areas.

If the EU and its bodies (the European Parliament (EP), the Commission (Com), the Council of Ministers and the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) strongly supported and worked to implement the UN conventions and the UNGASS declaration, the EU could play a positive role for a restrictive drug policy in Europe and in the world.

Sadly, this is not the case! It is almost impossible to find any written or pronounced support from the EU Commission, the EP or the EMCDDA for the UN conventions on drugs. On the contrary, direct and indirect support is given to the Harm Reduction policy and projects. By this the EU helps to undermine the UN conventions and a restrictive drug policy.

A look at the political groups in the EP shows the same pattern as in most member states. The most drug liberal political groups are the Radicals followed by the Social Democrats (Labour), the Greens, the Leftwing and the Liberals. The Conservatives and the Christian Democrats support a restrictive drug policy. However, it is important to notice that there is no

consensus in any political group, except from the Radicals who are all in favour of the liberalisation of drugs.

The main body of Radicals in EP consists of members of the Italian TransNational Radical Party (TRP) which focuses on the liberalisation of illicit drugs. The TRP as well as other drug liberal MEPs takes every opportunity in the EP to write drug liberal amendments to reports from different committees. The amendments and speeches support efforts for decriminalisation and liberalisation of cannabis and reconsideration of the UN conventions on illicit drugs.

The drug liberal organisation CORA (Radical Antiprohibitionist Coordination) associated with the TRP has, thanks to some MEPs, its office inside the building of the EU Parliament. This makes it possible for CORA and its members to operate and lobby the politicians directly and also to be updated on what is the agenda in the different committees. They can, and do, organise meetings and conferences inside the Parliament. They can, without any charges, use the phone, fax and internet of the Parliament. The EU taxpayers pay the bill!

A major problem in the EU, as well as in national parliaments, is that politicians in general have almost no drug-political knowledge. Their ignorance can be partly excused since it is mostly due to the fact that they are dealing with other political areas. But too often it is also a result of lacking interest, which is worrying; as a result they easily fall victim to drug liberal or harm reduction lobbyists.

The EU funds many projects in the field of drugs. A majority are projects promoting Harm Reduction, very few promoting a restrictive drug policy. For instance, ECAD (European Cities Against Drugs), a network of more than 260 European cities who support the UN conventions and work for a restrictive drug policy, has twice applied for funding – and twice been rejected. In contrast, the organisation ECDP (European Cities on Drug Policy), consisting of only approximately 30 cities which have signed the Frankfurt Declaration and work for harm reduction and decriminalisation of cannabis, has received funding for many years from the EU. To summarise: the EU is probably one of the main threats to a humane, restrictive drug policy.

It is quite possible that a new drug-liberal Resolution might be proposed to the EP. It would have a heavy political impact if the EP nations supported a 'European Cannabis Policy' and a review of the UN conventions on illicit drugs in a more 'pragmatic' way.

In the Council of Europe (COE) with its 43 member states, an attempt was made in January 2002 to have the drug liberal report by British MP Paul Flynn adopted. If it had been adopted, it would have had big political

impact – and it almost was. But just before voting, the majority of politicians were convinced that adopting the Flynn report would be a huge mistake, contravening as it did both the UN conventions and the international agreements which their countries had signed. The Flynn report was rejected.

In fact, it is now known that a Harm Reduction Convention is being drawn up (2006/7) for submission to the European Parliament – and it has already achieved some sympathy with some key players.

Semantics in Drug Policy

One outcome of the much greater funding which libertarian entities enjoy is their greater output of writing/s embracing their beliefs. Several professed ‘overviews’ speak of the ‘great weight of argument for Harm Reduction’ – without acknowledging that this greater weight derives from much greater disposable income allowing a greater tonnage of paper to be churned out.

Frequent allegations are made against Prevention-based entities, accusing them of flowery language, whilst turning a blind eye to their own. Giancarlo Arnao, founder member of the IAL (International Antiprohibition League), has even gone so far as to publish a paper on the topic. (25) He directs his fire against the UN, accusing them of having ‘a semantic system which evinces a tautology’. Indeed.

He starts by criticising people for using the word ‘narcotics’ when they mean drugs in general – and he has a point there. He then objects to the word ‘abuse’ as too stigmatising for use of illegal drugs and the word ‘addiction’ similarly stigmatising compared to ‘dependence’. Arnao concludes by examining what he calls ‘The Semantics of the Single Convention’, asserting that the UN has been wilfully drafted in pejorative terms – but he produces no evidence of the ‘dirty work at the crossroads’ he alleges.

In truth, the greater credit for ‘semantics skills’ management must be awarded to the libertarian tendency; they have consistently outmanoeuvred the opposition by clever use of words. For instance:

Soft Drugs – a brilliant nomenclature implanting the notion of relative harmlessness

Medical Use – better defined as ‘medical excuse’ when speaking of raw (as-grown) cannabis ingested by smoking; two respects in which medical authorities reject the notion (not to be confused with pharmaceutically prepared cannabinoid extracts which are ingested by oral sprays or similar and for which there is emerging promise of medicinal use)

Recreational Use – a term normally applied to healthy hobbies and interests and having no relevance to the use of illegal substances

Ecstasy – one of several slick marketing names by suppliers

Harm Reduction – replacing the earlier term ‘Responsible Use’ which was more open to criticism by non-users (Who can gainsay ‘reducing harm’? Many do gainsay it when the definition of ‘harm’ is narrow and self-serving.)

Prohibition – a mental trigger term implanting the idea that prevention of the use of illegal drugs is equal to the US alcohol policy in the 1920s (This term conjures up an image of a policy that was doubly ‘bad’ – firstly, because it denied folk a drink, and secondly and worse, it was American and useful for libertarians who frequently use anti-American slurs to discredit any prevention-based approach.)

The real purpose of using the word ‘prohibition’ is to generate a meme (a mental trigger, as described in the section entitled ‘Dangerous Liaisons’ in this paper). A study by Robert Peterson (1) examines whether the usual mental triggers caused by use of the word ‘prohibition’ are justified. Peterson says:

Did prohibition fail? Surprisingly, from a health and economic perspective, prohibition accomplished its goal, saving America both money and lives. Even though alcohol use was not illegal, prohibition significantly lowered alcohol consumption, whilst cirrhosis deaths were cut by over a third, and alcohol psychosis fell dramatically. Even with gangster killings, the overall murder rate declined. From 1905 to 1990 the murder rate rose 300%; during the prohibition period, 1918-1929, it only rose 30%; subsequent to prohibition, the murder rate accelerated again. Arguments against prohibition are clearly based more on public opinion and social consensus than on economic or health data. Since the repeal of prohibition, alcohol consumption has tripled. Alcohol is also strongly linked (together with illicit drugs) to violent and property crimes. The real lesson of prohibition is not whether society should absorb **either** the heavy cost of legal alcohol **or** the heavy cost of legal street drugs; it is whether society can tolerate **multiplying** the cost of legal alcohol by legalising other drugs. From an economic, health or legal perspective no justification for legalisation can be made.

The Pursuit of Happiness, German Style

Bremen, Germany, does not automatically spring to mind in the context of pro-drug campaigning, but it undoubtedly has a dedicated campaigner in Professor Dr. Lorenz Bollinger. In 1994 he was the editor of a book with the cosy little title of ‘De-Americanizing Drug Policy’ (27). The book was a compendium of arguments for liberalisation, and it came out of a conference the previous year which Dr. Bollinger also hosted in Bremen’s Institute of Drug Research (BISDRO). The conference attracted not a few familiar names – Peter

Cohen (Amsterdam), Diane Gordon (New York), Mario Lap (Amsterdam), John Morgan (New York), Ethan Nadelmann (New York), Freek Polack (Amsterdam), Craig Reinerman (California) and Lyn Zimmer (New York).

Bollinger's own contribution to the conference centred on his paranoia that all drug control policies have a hidden agenda. By this premise, they are designed either to give one nation control over another (with the USA fingered as the main blackguards) or to give enforcement agencies the tools to socially control target groups – in effect imposing a 'police state'. In contrast with such oppressive nations/people, liberalisers are the 'good guys'. One's view, as ever, depends upon where one stands.

The conference book opens with a suitably-emoted dedication:

These pages are dedicated to all those who, in the pursuit of happiness, have obtained and consumed certain substances defined as illegal and thereby got miserably entangled, detained and stigmatized by the criminal justice system.

Bollinger Spills the Beans

It is only seldom that the operational system for promoting and advancing Harm Reduction is honestly described. The *Hanf-Magazin* (Hemp Magazine), which provides grass-roots information, published an article by Dr.Lorenz Bollinger (28) in its August 1998 issue.

Bollinger is not only co-director of BISDRO, he is also a Professor for Criminal Law and Criminology at Bremen University, a qualified psychologist and psychoanalyst. Faced with a 'significant change' in the attitudes amongst the expanding body of drug proponents and protected against prosecution for criminal offences by informal agreements with local and regional criminal authorities, the following article by Bollinger displays an understanding of the law that is more in keeping with that of a dealer than a lawyer.

What Bollinger understands by grass-roots movements is, for instance, the illegal setting up of the 'shooting gallery' by 'akzept eV' in Bremen. The aim of this deliberate violation of the law was to push for a legal decision at what is seen as an 'opportune moment' - because several penologists had already spoken out against taking legal measures against 'shooting galleries'. Bollinger unmistakably calls a spade a spade:

In my opinion, the only viable strategy is one of slow erosion... by the taking of small steps towards definite decriminalisation; practicable solutions pertaining to administrative law and the law regulating public health need to be found which are unobtrusive because they are unrelated to criminal law. Such examples are the medical prescription of cannabis, models of drug distribution by chemists or heroin rations ..., the toleration of 'Coffee Shops', shooting galleries or drug-checking, **certain permissible violations of the laws, aggressive information campaigns in schools** and elsewhere, grass-roots organisations.

Ich Bin Frankfurter

US libertarian Ethan Nadelmann clearly has a generous travelling budget; he can be seen around the globe. For example, in 1997 he peddled his American-derived, Soros-financed philosophy at a conference in Frankfurt, Germany. (29) Ethan was obviously in rumbustious form. There **was** disagreement in the US, he said: 'disagreement as to which aspect of the war on drugs was most disgraceful'. But there **was**, he said, agreement: that 'you could blame illegality of drugs for almost all the ills the nation suffers'.

Proponents of restrictive drug policies often cited the 60% reduction in drug use between 1980 and 1992. Nadelmann said you can't count that because the 'War on Drugs' didn't start until 1986 (In fact, it started a good deal sooner with the parent movement rather than the government deserving the credit, having mobilised thousands of parents from the late 1970s onwards). Moreover, says Nadelmann, it was a poor outcome because it only affected the middle classes (No evidence is given to support this charge).

Most people don't harm themselves in using drugs – his next point (But they do harm a lot of other people around them). Drugs won't go away, he says (But the prevalence **can** be significantly reduced, evidence shows – both in relation to illegal drugs and, notably, to tobacco).

Methadone, says Nadelmann, is to heroin as nicotine patches are to smokers (The comparison is shaky; no deaths have been reported from use of nicotine patches. And the fact is that patches are used as a stepping stone to cessation of smoking. Far too often these days, methadone is seen as the permanent stopping place for users).

According to Nadelmann, who seemed to stray further from the middle of the road with every step, the government is to blame for crack cocaine through their unwillingness to agree to cocaine legalisation, just as they were guilty of provoking the making of 'moonshine' by prohibiting regular booze. In Ethan's eyes, the Dutch are the true pathfinders of drug policy – a nation where 'pragmatism' counts for more than 'moralism'. This conference was seemingly not the place to whisper the suggestion that a pragmatic policy does not have to axiomatically abandon morality – or vice versa – but then Nadelmann would not have heard it anyway, he was in full flight, heading for his Promised Land.

Some Final Thoughts on European Matters

This paper need not take space in repeating the developments in Switzerland, since most readers will be familiar with that disaster area – an avalanche of Harm Reduction. When looking for the reasons why Switzerland has gone downhill in the avalanche, one explanation may lie in the fact that the director of the so-called 'Swiss Experiment' of heroin prescription and assisted injection sites also happened to be the President of the Swiss branch of the International Anti-prohibition League.

Similarly, readers of this Journal can be assumed to know a good deal about the Netherlands. Their particular brand of Harm Reduction was visible for many years before drugs became the issue and cannabis cafes opened. Holland is also liberal in its approach to pornography and to the age at which sexual activity is legal (12 years of age). In the late 50s, this writer can remember walking in astonishment along Canal Street in Amsterdam, looking at brightly lit and decorated shop windows in which the 'Item for Sale' was not a washing machine; it was a human being. There were, it was said, 'Harm Reduction' procedures in place – condoms on the bedside table, regular health inspections for the 'service provider', and so on.

George Soros does not neglect Europe; in recent years Soros has placed some of his support and resources behind new organisations in Europe. The Soros-funded 'Forward Thinking on Drugs' group had a familiar figure on the bridge: Mike Trace, the disgraced UK ex-Deputy Drugs Tsar. Subsequently, another international libertarian body was created with Soros support - the Beckley Foundation, based in London. And its head? Mike Trace.

8. Taking Stock: Where Are We Now?

Definitely **not** where we want to be, that much is certain. Through a 'combination of strong adversaries and weak friends' (quoting Emperor Cicero - 106 to 43 BC), one can see the Harm Reduction Movement has already reached critical mass in several countries. Australia has taken Harm Reduction as the touchstone of its education, whilst in England many, perhaps most, schools are adopting a Harm Reduction approach within their education, and the libertarian elite are well entrenched in the Education ministry's corridors. A self-appointed and exclusive pressure group of educationists and related disciplines, the Drug Education Forum (based and serviced for most of its life in the DrugScope's offices) seems curiously able to propagandize with impunity - a philosophy which effectively neuters prevention in our schools.

Prevention workers did their best to alert and galvanise those in control, and during his term of office they had several meetings with Keith Hellawell. But even a senior advisor like Keith, with all the experience of being a Chief Constable to stiffen him, found that changing the direction of our government officials was like boxing with cotton wool. It is small comfort – in fact no comfort at all - for colleagues such as those in Australia to say that the situation is even worse there and has been for at least a decade, with Harm Reduction education being the mandatory norm and cannabis decriminalisation a fact of life in some areas. This just paints a depressing picture of what the future might hold for other countries if prevention workers continue to be pushed aside.

9. How Did We Get Into This Mess?

Are the cuckoos in charge of the nest? It is a known fact of avian life that cuckoos, once in the nest, push everyone else out – hence one English language metaphor derived from the word ‘cuckoo’. The other common metaphor for ‘cuckoo’ is, quite simply, someone who is ‘not too tightly wrapped’.

George Soros seemingly recognises the first metaphor. In advancing his Open Society (which might be more accurately defined as a Half-Open Society), he does his best to see that his half of any argument has the major share of the resources. This determination even extended in 2004 to his funding Democrats to ‘cuckoo’ George Bush out of his White House nest.

There is, in truth, no shortage of cuckoos. Many people in a wide variety of fields are currently expressing concerns about the bizarre drift which is carrying Britain along in 2007. For example, over the last 12 months or so, the British national press has reported the following gems in the ‘Human Rights’ sector:

- Police declining to publish pictures of escaped murderers in case this infringed their Human Rights
- Health professionals suggesting self-mutilators should be given clean blades and helped by nursing assistants to cut themselves
- UK drug workers voting in favour of being drug users themselves, if they want
- National Lottery refusal of funding to lifeboats because they were not rescuing enough ethnic minority people
- Forestry Commission launching new recruiting campaign to encourage more gays to become lumberjacks

Prevention workers are always at the mercy of the cuckoos. The opposing forces, given the combined effect of their greater financial and personnel resources plus the majority Libertarian tendency in the media, have made the playing field so tilted and so slippery that ascent by prevention advocates is nigh on impossible.

The media tilt is very significant. It always used to be the case that British Prime Minister Blair, faced with a difficult issue, would ask, “What does the *Mail* say about this?” The counter-attack by libertarians has therefore been to steadily assassinate the character of the *Mail*. This contrasts with some years ago when it used to be the *Guardian* that was the whipping boy. Neither extreme attack was justified; the centre ground is, as ever, where a balanced view is more likely to be found.

A common thread in the libertarian media is to characterise prevention as punitive and oppressive of Human Rights. Neither is true, and the latter is particularly unbalanced in that it speaks only to the Human Rights of the drug user. The Human Rights of all those around the user – up to and including society as a whole – are not even entered, let alone entertained in this rhetoric.

What, then, is needed to produce balance? A much greater exposure of prevention for the health promotion value it embodies, a large reduction in the 'Human Rights' hyperbole, a rational approach to harm reduction which has cessation and abstinence as its ultimate goal and a balanced recognition of the Human Rights of all concerned – which of course includes the users. Cuckoos, too, deserve their share - but no more than that.

What Fertilised the Growth of Harm Reduction, the Ebb of Prevention?

In reflecting on the development of Harm Reduction, one stark contrast emerges. How was it that there are two virtually identical philosophies: One from only 20 years ago, operating under the title of 'Responsible Use' was quickly identified as 'The Emperor's New Clothes' and kicked out, and yet here we are now, faced with Harm Reduction deeply embedded, its tentacles reaching everywhere – even into government? What caused the difference?

If readers of this Journal were to be asked to come up with one word as an explanation of the difference, that word would probably be 'Soros'. In one sense they would be right; the money that he has injected into the libertarian movement, compared to that which Prevention workers can marshal, is like attacking their artillery with our cavalry. We British tried that once; it was heroic but futile.

A deeper explanation of why Harm Reduction flourished where Responsible Use failed in the push for liberalisation may lie elsewhere.

It was in the 1960s both in the UK and in the US that a sea change in educational approaches really took hold; morals-based education gave way to individual rights. Apparently disparate subjects such as reading, mathematics, history, geography and religious education fell victim to the excesses of an overheated individual rights approach in which some pupils could even decide whether to participate in classes or not. It goes without saying that lifestyle subjects such as sex education, drugs education and personal/social education would be swept along at the front of this wave.

One book which explores this phenomenon in more depth is called *The Great Disruption* by Francis Fukuyama. (30) Fukuyama concludes that there has been a major paradigm shift. Who created that shift?

It could be that the answer lies in a process known as Values Clarification, also associated with Outcome-Based Education. This concept originated in Wisconsin, USA, in the 1970s under the leadership of a man whom most people regard as one of the fathers of psychotherapy – Carl Rogers, together with Professor Sidney Simon and psychologist William Coulson. Rogers started with a very laudable concept, i.e., that pupils should be facilitated to discover and thus reach consensus on values which are

beneficial to society. Sadly, within a short time the concept was diverted into one in which pupils were facilitated to discover values which were beneficial to them as individuals. External constraints were to be viewed as obstacles to the individual's 'Self-Actualisation' - as Abraham Maslow, a contemporary of Rogers, termed it. Thus, the notion was advanced that:

... children should be left to create their own autonomous world, and that adults would be anti-democratic if they tried to pass their values to their children.

This was echoed by co-author Sidney Simon in the statement:

...the school must not be allowed to continue fostering **the immorality of morality**. An entirely different set of values must be nourished.

Similar approaches were observed in Gestalt-based education practices in Switzerland. A typical guiding assertion was that "Morals are regarded as obstacles which hinder the development of 'my authentic self', and the teacher has no right to impose his sense of values about what is right or wrong". In Australia, classroom techniques resembling group therapy were deployed to produce changes in children's attitudes and behaviour and challenge their previously held values.

Carl Rogers eventually expressed his own concern about the monster he had created, referring to it as 'this damned thing' and wondering, 'Did I start something that is in some fundamental way mistaken, and will lead us off into paths that we will regret?' But by then the wave had swept things beyond his reach. Britain now has a *Journal of Values Education* which invites school classes to discuss such questions as 'Are drugs really bad for you?', 'What are the benefits and risks of drug taking?' and 'If adults drink alcohol why should I not take Ecstasy?'

Study of the Values Clarification process (31) and related movements helps explain how we have reached where we are today and why Harm Reduction has taken root when Responsible Use died off quickly after a first flourish of growth, having fallen on stony ground.

But one cannot blame Carl Rogers for everything that has happened in the last 20 to 30 years, anymore than one can blame George Soros. One is an idealist and the other an opportunist, but they both sowed seeds in grounds which we ourselves have made fertile.

External factors across and within society have, by their confluence, brought about enormous changes. Emancipation of the young, their greater disposable income, disempowerment of traditional authority (including parents and teachers), a more materialistic society and a 'me first' outlook, dismantling of 'community', the highlighting of 'personal rights' at the same time as the downplaying of

'responsibilities', effects of structural unemployment and the need for a more mobile workforce (this last factor adding to the breakdown of the nuclear family) are some of the causal forces creating a ripeness for such societal change. The 'contribution' of the professions in being part of the problem rather than part of the solution is a major influence, as Professor Norman Dennis (32) makes clear. One could say more, but the picture is already clear...

The results can now be seen in undisciplined classrooms, in a police force which is perceived as sometimes more ready to arrest victims than criminals in order to reduce the harm to the latter, in drug workers campaigning to free colleagues who have apparently allowed drug dealing to be pursued on their premises and in Education Authorities that will not allow school nurses to issue Aspirin or Paracetamol for fear of a negative reaction but **are** receptive to the idea of issuing 'morning after pills' to young girls without their parents' knowledge.

Harm Reduction is no more than an extension of this much deeper and wider cultural shift. Addressing only Harm Reduction in seeking to strengthen our society against structural collapse is an over-simplification that could prove disastrous.

10. What Should Be Our Rational Response?

This paper is focused on history - on yesterday and today rather than tomorrow – nevertheless, some indication of possible future options learnt from history may be in order. Sample initiatives include the following:

- Become more pro-active, more guided by structural planning, less preoccupied with responding to what 'the Other Side' does
- Continue doing what you are doing, but get better at it
- Improve your international networking and cooperation (How many hundreds of signatures have you collected in support of the ITFSDP Resolution, first tabled at the conference in Brussels in February 2005 and addressing what is known as 'so-called Harm Reduction'?)
- Find the prevention-funding equivalent of George Soros

- Study and learn from the processes that have brought us to where we are today (This paper attempts to contribute to that understanding.) In this context, a studious read of the full paper by Michael J Ard (13) could be a good use of your time.
- Keep up with the changes – this arena is volatile, not static. For example, even as this paper was being put to bed, a British national newspaper (*Independent, 10 April 2007*) ran a feature arguing that Afghanistan's poppy crop should be purchased outright by Western nations such as Britain and the US which, they argued, would cut off the opium flow to Europe at a stroke, undermine the Taliban and correct a current shortfall in supply of opium for Western nations' medical purposes. (A broadly similar proposal a few weeks ago by SENLIS was enough to provoke the Afghan government into closing the SENLIS office in Kabul) This writer suggests that an appropriate name for such a project would be 'Poppycock'.
- Recognise that there **is** a place for some methods of reducing harms from drug use, but that place is downstream of onset of use – a part of the treatment process, always open to assessment and practice review and always with the eventual goal of abstinence.
- Learn from the comparisons between preventive policies and Harm Reduction. Dr Lucy Sullivan gives an exemplary report (33) of the comparison between Sweden and Australia.
- Understand that the Media are not just passive observers – they contribute to social and cultural change through what they choose to write in their columns and editorials, what the adverts show, what they say on TV, radio and movies and what they write in their blogs and websites. It is incumbent on all of us to make relationships with the media and make them not just listen to our views, but use them.

You will not like every media contact you make, but that is less important than their liking your story. In the early days of the *New York Times*, they posted a motto 'All the news that's fit to print'. In our present age the rock mag *Rolling*

Stone parodies this by offering 'All the news that fits' – i.e., if it doesn't fit with their prejudices, it won't get onto the page. Don't be put off – try them anyway and all the others.

- Create your own memes!

It has been said that those who do not learn from history are condemned to repeat it. American judge and educationalist Robert H. Bork might have been thinking about the history of so-called Harm Reduction when he wrote:

One of the uses of history is to free us from a falsely imagined past. The less we know of how ideas actually took root and grew, the more apt we are to accept them unquestioningly, as inevitable features of the world in which we move.

11. And in Conclusion ...

Society exists and expands through the building of structures. Some structures are physical – the concern of architects and engineers. Others are organisational or behavioural – the concern of a very diverse range of people. Structures are known to sometimes overstress or even collapse if the stress is great enough. In the case of drug misuse (or abuse), our society today can be seen to be severely stressed – but there is no structural unity in our remedial works. For some participants this is quite intentional, whilst for others it is no more than 'unintended consequence'.

By studying the provenance and practice of harm reduction, as encouraged by this paper, it is possible to identify more clearly what best to do to achieve more unity in our response and to generate consequences that are 'intended' rather than accidental.

Perhaps the single most seminal point this writer can offer in concluding this paper is that **all** behaviours – including abuse of drugs – are influenced by the 'culture' that surrounds them. This is, in effect, the confluence of the many and varied factors around drug abuse and misuse.

Some cultural factors like health awareness and morality are society-wide. Others are mostly confined to specific groups – youth, adult, employers, leisure, sports, arts, advertising, music and so on. This writer took an earlier 'sounding' of these cultural

aspects in his paper (34) to the Fifth International Drug Prevention Conference in Rome (2003).

Clearly, many of these factors range widely and are independent of specific behaviours like drug abuse/misuse. It is therefore essential that anyone seeking to influence drug policy is alive to these important external factors.

The topic of this paper was the 'history' of Harm Reduction. In exploring the subject, it became apparent that there was as much 'mystery' as 'history' – or perhaps, more appropriately, 'mysticism' which the dictionary defines as:

A belief characterised by self-delusion or dreamy confusion of thought, especially when based on mysterious agencies

How true that seems of Harm Reduction. And some of the agencies are more mysterious than others.

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