DRUG-RELATED RISK & HARM

RISK

(A) The probability that a type of drug use will result in harm

(B) Drug use (consumption behaviour) with a high probability of causing harm

Drug consumption has 7 risk components, and risk also arises from its causes & effects

HARM/BENEFIT

A negative/positive consequence (long-term effect or outcome) of drug use

3 types: health damage, socio-legal

problems, & economic costs
3 <u>levels</u>: individual, community or society

RISK

Drug consumption has seven core risk components, with 2 key indicators for each

PRODUCT	**Purity & Adulterants**
ACCESS	**Sources & Availability**
AMOUNTS	**per Dose & per Period**
PATTERNS	**Frequency & Stages of use**
MIXTURES	**Poly-use & Multi-use**
METHODS	**Route of use & Care**
CONTEXT	**Set & Setting**

R. Newcombe (1992). The reduction of drug-related harm. IN P. O'Hare et al. (eds), The Reduction of Drug-Related Harm. London: Routledge.

HARMS & BENEFITS

	Mental & Physical HEALTH DAMAGE	SOCIO- LEGAL PROBLEMS	ECONOMIC COSTS
INDIVIDUAL			
COMMUNITY			
SOCIETAL			

RISK ESTIMATION
CALCULATING RATES OF DRUG-RELATED HARM

EXPOSURE	DRUG USE	Example
PREVALENCE	*Number of people*	*1M users of E*
FREQUENCY	Mean no. of occasions	12 times a year
LEVEL	Mean amount used	2 tablets per occasion

NUMERATOR: number of cases of harm
(eg. death, heatstroke, psychosis)

DENOMINATOR: number of cases of exposure

to risk
(1) number of people, eg. one million users
(2) number of occasions, eg. 12 million occasions
(3) number of doses, eg. 24 million doses

WHAT IS BEING NEGLECTED BY HARM REDUCTION POLICY & SERVICES?

RISKS

DRUG PRODUCTS – variable purity (*overdose*)
- toxic adulterants (ecstasy)
- toxic additives (cannabis)
- bacterial contaminants (heroin)

ACCESS TO DRUGS – substitute prescribing
(99% methadone)
- cultivation of cannabis
(possible imprisonment)
- forensic data on seized drugs
(distribution to drug users)

HARMS

INDIVIDUAL HARM - TO DRUG DEALERS
- many/most users are user-dealers
- need dealers to cooperate on safer drug products

(since government will not provide quality supply)
- distinguish social supply from commercial supply
- end imprisonment for cannabis trafficking

CAUSES

DRUG LAWS - decriminalisation as first step
then legalisation

Effects
(1) reduction in criminalisation & discrimination
(2) users more willing to come forward for help
(3) talk to young experimenters directly
(4) clean hygienic measured controlled products
(5) point of sale information and advice

ENDPOINT

WOULD YOU WANT TO EAT IN A RESTAURANT WHICH GAVE YOU:
(1) AN INFORMATIVE MENU – WITH ADVICE ON INGREDIENTS, CALORIES, etc.
(2) A SUITABLE SETTING FOR DINERS ONLY
(3) CLEAN CROCKERY & CUTTLERY

BUT

SERVES BAD FOOD AT HIGH PRICES? – THAT IS,
* INGREDIENTS IN VARIABLE, UNKNOWN AMOUNTS
* FOOD ADULTERATED WITH TOXIC CHEMICALS
* FOOD CONTAMINATED WITH BACTERIA

BECAUSE <u>THIS</u> IS WHAT HARM REDUCTION MAINLY OFFERS DRUG USERS. FOR EXAMPLE, IDUs ARE GIVEN ADVICE ON SAFER INJECTING, INJECTING ROOMS, AND CLEAN NEEDLES & PARAPHERNALIA – BUT HAVE TO INJECT ILLICIT DRUGS (HIGH PRICES, VARIABLE DOSES, ADULTERATED, IMPURE & CONTAMINATED)

For harm reductionists, pressing for a legal supply of drugs should <u>neither</u> be (a) irrelevant, <u>nor</u> (b) a hidden agenda – it should be their explicit, formal agenda

An intervention can be classed as harm reduction if its objective is less risky behaviour (safer use/sex), instead of, or as well as, prevention of the behaviour (abstinence)

ALCOHOL

Information/advice on unsafe, safe *and* beneficial amounts of alcohol per week, by gender

Products with a range of potencies available, with information on labels about %ABV

Quality-controlled production and delivery by breweries, and sale by off-licenses and licensed bars

Most bars sell food and non-alcoholic drinks

Law permits sale to (a) adults only, (b) sober people only

Drink-driving is an offence, detected by breathalyser

Public drunkenness (with or without disorder) is an offence

Local by-laws prohibit alcohol use in public places

Giving alcohol to child under 5 years is an offence

Laws gradually introduce young people to alcohol

(enter bars at 14, drink with meal at 16, buy alcohol at 18)

Alcohol use is prohibited by many organisations in the workplace and/or during working hours (eg. transport, security, medical), and may be monitored by drug tests

Alcohol units and helping agencies for problem drinkers

SEXUAL BEHAVIOUR

<u>Information/advice/education</u> on safer sex – activities (esp.
 non-penetrative), protection (esp. condoms), lifestyles (esp.
 monogamy and fidelity), etc.
Free <u>condoms</u> provided from health agencies, and on sale
 at pharmacies and in vending machines (eg. pub toilets)
Other <u>contraception</u> also available from health agencies
 and pharmacies, eg. the pill, dam, coil, vasecectomy, etc.
Legalisation of <u>prostitution</u> (medical monitoring, etc.)
Chemical/physical castration of repeated serious <u>sexual
 offenders</u> – esp. child abusers and rapists
STD clinics and HIV/hepatitis units for treatment

DRUG-RELATED RISK AND HARM

<----------------------R I S K------------------> <----H A R M--->

CAUSES	DRUG CON-SUMPTION (INGESTION)	SHORT-TERM EFFECTS (INTOXICATION)	LONGER-TERM EFFECTS (OUTCOMES)
laws/policy soc. exclusion genes/traits etc.	product, access, amount, pattern, method, context, mixtures	physical effects mental effects	health damage sociolegal problems economic costs
^ | |	^ | |	^ | |	^ | |

--RISK REDUCTION--   HARM REDUCTION

INTERVENTIONS

RISK-HARM RELATIONSHIPS

RISK	HALLMARK HARMS	Specific causes
PRODUCT	POISONING/ODs INFECTIONS	Variable purity & additives etc.
ACCESS	CRIMINALISATION DEALING, ACQ. CRIME	Drug offences Funding habit
PATTERNS	DEPENDENCE MENTAL DISORDERS	Daily use Regular use
AMOUNTS	POISONING/ODs/DEATHS	High doses

METHODS   INFECTIONS   Sharing needles

MIXTURES   POISONING/ODs/DEATHS Drug cocktails

CONTEXT   ACCIDENTS/INJURIES   Driving, work etc.
                  EXPOSURE & DISORDER   Public places etc.

RISKS REDUCED BY MAIN TYPES OF HARM REDUCTION INTERVENTION

	MAIN TYPES OF H-R INTERVENTION					
TYPE OF RISK	INFO	TEST	PRES	EXCH	ROOM	LAWS
PRODUCT	*	*	*			*
ACCESS	*		*			*
AMOUNT	*		*			*
PATTERN	*		*			
METHOD	*		*	*	*	

MIXTURE   * |

SETTING   * | *   *

<u>INDIRECT</u> INFO   **INFORMATION & ADVICE** on <u>all drugs</u> and all risks/harms –leaflets, software, websites, etc.
            TEST   **DRUG TESTING FACILITIES:** mainly for <u>ecstasy</u> (on-site in clubs, and take-home kits)
<u>DIRECT</u>
PRES   **SUBSTITUTE PRESCRIBING:** mainly oral <u>methadone</u>; also other opiates, stimulants, and injectables & reefers
EXCH   **NEEDLE EXCHANGE** for IDUs, including new-for-old syringes, and <u>injecting</u> paraphernalia
DRUG   **CONSUMPTION ROOMS/AREAS:** mainly for <u>IDU</u>s (also: tobacco smokers)
LAWS   **LEGALISING USE &/OR SUPPLY:** mainly for <u>cannabis</u> use (Europe), but also cannabis supply (Holland, Switz.)

PRINCIPLES OF HARM REDUCTION

<u>INTERVENTION STAGES</u>   <u>KEY PRINCIPLES</u>

MAKING & MAINTAINING   **USER-FRIENDLINESS (accessible, flexible,**
 CONTACT   **drop-in & outreach, suitable/friendly staff,**
                             relevant client-led services, etc.)

DELIVERING SERVICES   **MULTI-LEVEL DELIVERY: direct & indirect**
                             interventions into drug use <u>and</u> its causes/effects

CHANGING BEHAVIOUR   **HIERARCHY OF OBJECTIVES – based on**
                                  the 7 components of risk, and its key sub-types

ACHIEVING AIMS   TARGET EVALUATION: 3 types of outcome

(REDUCING HARMS AND   at 3 levels, with targets: performance indicators
INCREASING BENEFITS)   **with specified levels of change and deadlines**