

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 levels: 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
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INDIVIDUAL

COMMUNITY

SOCIETAL

RISK ESTIMATION

CALCULATING RATES OF DRUG-RELATED HARM

EXPOSURE	DRUG USE	Example
<i>PREVALENCE</i>	<i>Number of people</i>	<i>1M users of E</i>
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 THIS 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 neither be (a) irrelevant, nor (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

Information/advice/education on safer sex – activities (esp. non-penetrative), protection (esp. condoms), lifestyles (esp. monogamy and fidelity), etc.

Free condoms provided from health agencies, and on sale at pharmacies and in vending machines (eg. pub toilets)

Other contraception also available from health agencies and pharmacies, eg. the pill, dam, coil, vascectomy, etc.

Legalisation of prostitution (medical monitoring, etc.)

Chemical/physical castration of repeated serious sexual offenders – 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-

SHORT-TERM

LONGER-TERM

SUMPTION

EFFECTS

EFFECTS

(INGESTION)

(INTOXICATION)

(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**

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-- RISK REDUCTION --

HARM REDUCTION

I N T E R V E N T I O N S

RISK-HARM RELATIONSHIPS

RISK

HALLMARK HARMS

Specific causes

PRODUCT

POISONING/ODs

Variable purity

INFECTIONS

& additives etc.

ACCESS

CRIMINALISATION

Drug offences

DEALING, ACQ. CRIME

Funding habit

PATTERNS

DEPENDENCE

Daily use

MENTAL DISORDERS

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

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ACCESS

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AMOUNT

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PATTERN

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METHOD

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MIXTURE

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SETTING

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INDIRECT INFO INFORMATION & ADVICE on all drugs and all risks/harms –leaflets, software, websites, etc.
TEST DRUG TESTING FACILITIES: mainly for ecstasy (on-site in clubs, and take-home kits)

DIRECT

PRES SUBSTITUTE PRESCRIBING: mainly oral methadone; also other opiates, stimulants, and injectables & reefers
EXCH NEEDLE EXCHANGE for IDUs, including new-for-old syringes, and injecting paraphernalia
DRUG CONSUMPTION ROOMS/AREAS: mainly for IDUs (also: tobacco smokers)
LAWS LEGALISING USE &/OR SUPPLY: mainly for cannabis use (Europe), but also cannabis supply (Holland, Switz.)

PRINCIPLES OF HARM REDUCTION

INTERVENTION STAGES

KEY PRINCIPLES

MAKING & MAINTAINING
CONTACT

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

DELIVERING SERVICES

MULTI-LEVEL DELIVERY: direct & indirect
interventions into drug use and 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