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Commentary

Harm reduction headway and continuing resistance: Insights from safe injection in the city of Vancouver

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Abstract

North America's first official safe injection facility has begun to generate substantial evidence attesting to the harm reduction benefits of supervised injection. Reductions in morbidity, mortality, and crime rates have strengthened the resolve of local advocates and even influenced the views of some original detractors. Many status quo defenders are unwavering, however, in their condemnation of initiatives like InSite. The term 'drug den' has been used in right-wing media and some opponents of the programme say the evidence is biased. In their view, harm reduction advocates are really 'legalisers' in the guise of scientists and public health professionals. Providing services for people with drug problems sends the message that some use of drugs is normal, rather than affirming that drug use is *the problem*. Abstinence, prevention, and enforcement are the only acceptable and morally legitimate solutions. Harm reduction's muted stance on morals, rights and values prevents proponents from engaging criticisms of this nature in terms other than the evidence or science. The case of InSite in Vancouver, however, the authors argue, demonstrates the value of asserting human rights claims that do not rest on evidence per se. Scientific arguments are insufficient in themselves to move beyond the status quo on drugs. Rights-based moral warrants in support of harm reduction require far more extensive and explicit cultivation if they are to be discursively established and maintained.

Keywords: Harm reduction; Human rights; Drug policy reform

In September 2003, in an effort to reduce infectious diseases and overdose among injection drug users (IDUs), a facility was opened in Vancouver, British Columbia (BC) where IDUs can inject pre-obtained illicit drugs under the supervision of medical staff. Canada's first medically supervised safer injection facility (SIF) was granted a legal exemption to operate on the condition that its impacts be rigorously evaluated. Scientific evaluation of this pilot project is overseen by an external steering committee and an evaluation team that is entirely external to the operators running the facility. Study findings (Wood, Tyndall, Montaner, & Kerr, 2006) have been published in leading scientific journals including the *Canadian Medical Association Journal*, *New England Journal of Medicine* (Wood, Tyndall, Montaner et al., 2006; Wood, Tyndall, Qui et al., 2006), *British Medical Journal*, and *Lancet* (Kerr, Tyndall, Li, Montaner, & Wood, 2005). Reported findings mesh with studies in Australia and Europe (de Jong & Wever, 1999; Dolan et al., 2000) that found SIFs reduce the harms that stem from prohibition. Public health concerns directly linked to law enforcement (DeBeck, Wood, Montaner, & Kerr, 2007; Haden, 2006), like the use of drugs in unsafe environments and conditions, are not sufficiently addressed by more limited street-level initiatives like needle and syringe exchanges. SIFs allow for more direct and timely contact with health and treatment services, while lowering the incidence of overdose fatalities, public injection drug use, and infectious diseases (Broadhead, Kerr, Grund, & Altice, 2002; Wood, Kerr, Montaner et al., 2004; Wood, Kerr, Small et al., 2004).

Background

Harm reduction goals were first officially proclaimed 20 years ago in Canada under what was then known as the National Drug Strategy. First launched in 1987 with the specific aim to reduce the harm "to individuals, families, and

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communities from the abuse of drugs," an important shift was evident in the recognition that enforcement is ineffective for addressing what is primarily a health related issue. A "balanced approach" was promised with the majority of funding earmarked for demand reduction and rehabilitation programmes, and less resources going toward supply side efforts. But the implementation of these funds, which "looked strong on paper," delivered less than half of the treatment funds available (Fischer, 1994: pp. 75–76). The majority of funds allocated for prevention went toward police controlled drug education. On renewal of the Strategy in 1992, the minister in charge said that Canadian police forces now "lead the western world in the police delivery of. . . the drug prevention message to youth" (Erickson, 1992: p. 257). Their message was traditional, abstention oriented, and utilised a script still in wide use today (the US Drug Awareness Resistance Education [DARE] package) despite substantial evidence that it is ineffective and often counter-productive (DeBeck et al., 2007). A balanced approach to drug use has not been demonstrated either in selective non-enforcement of the drug laws. Drug charges continued to increase in the first decade of the Strategy; possession charges made up about two-thirds of the total (Hathaway & Erickson, 2003).

In 1996 a new drug law was introduced (the *Controlled Drugs and Substances Act*) as "a harm reduction law. . . that takes a public health approach to the problem of drug abuse rather than a moralistic, punitive one which views such abuse as criminal in and of itself" (Fischer, 1997: p. 62). Despite its vaguely phrased provision for rehabilitation and treatment, however, there were no specific guidelines for judicial discretion, and further powers were given to police and prosecutors for the more efficient processing of drug users and sellers (Fischer, Erickson, & Smart, 1996). Continuing lip service to demand and harm reduction is a feature of the *Strategy* over the last 10 years. The only review conducted since its 2003 renewal (DeBeck et al., 2007) found that funding for enforcement dropped to 73 percent in 2005 (from 95 percent in 2001). Yet responses have been slow to mounting evidence of harms due to police activity, especially the link between aggressive law enforcement and prevalence of high-risk injection behaviour. Drug enforcement also incurs further costs by undermining low-threshold treatment services and harm reduction programmes. DeBeck and her coauthors found that harm reduction programmes in 2004–2005 received less than 3 percent ($10 million) of funding marked for drug use; the other 24 percent of non-enforcement funds went to coordination/research (7 percent), treatment (14 percent), and prevention (3 percent).

Outlook

Harm reduction rhetoric is prominent in Canada, but little tangible support has been evident to uphold the promise of a more balanced approach. The "four pillars" strategy articulated in Vancouver (MacPherson, Mulla, & Richardson, 2006) is a prominent example of the attempt to balance the aims of harm reduction, law enforcement, treatment, and prevention. Appeals to "balance" under prohibition still ring hollow in view of the resources allocated to policing as compared to public health initiatives. Commitment to the war on drugs, moreover, is increasing as reflected in the new "Anti-Drug Strategy" enacted by the Conservative government of Prime Minister Stephen Harper. This stance is difficult to reconcile with the fact that many potent, often harmful drugs are prescribed and legally ingested for some of the same reasons (coping with physical or mental pain, or non-medical use of drugs for recreational enjoyment), while the use of other drugs that are chemically quite similar is prohibited and harshly penalised by law. Many of the substances now banned have been ingested, with few documented problems, throughout time in many cultures (Alexander, 1990, 2001). While sometimes disapproved on moral or religious grounds, historically drug taking was not seen as an activity requiring a drug strategy nor formal prohibitionist response. An array of adverse outcomes have been linked to prohibition including death, disease, crime, (sub)urban blight, and the devastation of family and community bonds. Street drugs are readily available at lower prices and higher purity than ever. Drug overdoses remain a leading cause of death and high rates of infectious diseases from drug sharing persist in many major urban centres (Bruneau et al., 1997; Wood, Kerr, Montaner et al., 2004; Wood, Kerr, Small et al., 2004). Meanwhile, initiatives like InSite are subjected to exhaustive evaluation standards and operational requirements unlike any other drug-related policy or programme (DeBeck et al., 2007).

Despite documented evidence of positive health outcomes and its contribution to restoring public order (Wood, Tyndall, Montaner et al., 2006), in September 2006 the Harper government refused to renew InSite's license for another three years beyond the pilot phase. Citing insufficient understanding of its impact, the Health Minister announced that InSite would stay open through 2007, pending further research on the issue. Further, no more safe injection sites would be allowed in Canada, despite demand in other cities like Victoria, BC (which applied in June of 2007 for permission to open three sites of its own), and majority support in the city of Vancouver (76 percent of adults) for extending InSite's operating license ("Poll backs injection site", *Vancouver Sun*, June 28, 2007). At the time of this refusal, the Minister remarked, "Do safe injection sites contribute to lowering drug use and fighting addiction? Right now the only thing the research to date has proven conclusively is drug addicts need more help to get off drugs." Whereas lowering rates of drug use and fighting addiction are *not* the intended goals of supervised injection, referrals into detox and drug treatment programs *are* among the documented benefits (Wood, Tyndall, Qui et al., 2006; Wood, Tyndall, Zhang et al., 2006). Beyond the Minister's denial of the evidence, however, a central implication is that the burden has been shifted from proving a reduction in disease and death to reducing drug use and rates of addiction. This distortion of the issue sets safe injection up for failure,

deflecting attention away from the real objectives and harm reduction markers of success.

The definition of harm as drug use or addiction was overcome by pressure from the margins in Vancouver to set up a SIF in spite of such resistance. Small, Palepu, and Tyndall (2006) note the "culture change" that was required to overcome prevailing views about addiction and injection drug use. The starting point, they argue, for a public health response was the broad perception of a crisis situation in which deaths due to overdose, HIV/AIDS, and drug use in public spaces were increasing. Making harm reduction headway was accordingly contingent on the outlook that the city of Vancouver "hit rock bottom" (Wood & Kerr, 2006). Public endorsement of harm reduction programs was another crucial step in countering perceptions that services for addicts merely keep people on drugs and promote addiction. The forces of culture change on this front included a multi-pronged alliance of academics, bureaucrats, progressive politicians, community drug user groups and service providers (Kerr, Small et al., 2006; Kerr, Stoltz et al., 2006; Osborne & Small, 2006; Wodak, 2006). Popular perceptions of addiction and drug addicts have slowly been destabilised by evidence-based knowledge. At the same time confrontation of the status quo was aided by diffusion of the outlook that the SIF supporters held the moral high ground from a human rights perspective. Social activists bridged chasms that research evidence could not in forcing recognition that 'addicts' are sons and daughters, brothers, sisters, parents—i.e., people with addictions are first and foremost people too.

Humanising drug addiction was the underlying value that united SIF supporters. A recent backlash against services for addicts in the city (Small et al., 2006) suggests the 'us' and 'them' mentality, however, has resurfaced. The federal government, in this vein, has officially served notice that harm reduction is no longer even nominally accepted as a goal or pillar of Canadian drug policy. "Because if you remain a drug addict," said the PM, "I don't care how much harm you reduce, you're going to have a short and miserable life" (*Winnipeg Free Press*, A1, October 5, 2007). Harper's skepticism about the aims of harm reduction clearly contradicts the evidence, but focusing on 'facts' obscures the message underlying his government's most recent anti-drug pronouncements. Notwithstanding public health impacts of spurning harm reduction, the Party has asserted its ideological commitment to waging war on drugs and a permissive culture of illicit drug consumers (*Globe and Mail*, A4, October 5, 2007). "Enforcement is harm reduction," suggested the Health Minister, and referring to mixed messages concerning Cannabis, for users of illicit drugs, he declared, ". . .the party's over" (Tories plan get-tough national drug strategy, *CBC News*, September 9, 2007). Willful neglect of evidence in favour of ideology denotes the latest incarnation of Canada′s drug strategy. The scientific 'proof' is just as easily ignored as the tainted advocacy of acknowledged law reformers. Claiming impartiality in this context has not imbued harm reduction with a notable rhetorical advantage over an explicit anti-prohibition stance. The authority of harm reduction exists because it works, and has repeatedly been proven to improve the lives of addicts. Acknowledging the central source of harm, the war on drugs, changes neither the science nor the legitimacy of a harm reductionist perspective.

Comment

> Harm reduction is defined as. . .an ideology viewing drug use as **not only as inevitable, but as simply a lifestyle option, a pleasure to be pursued, even a human right**. . . .harm reduction ideology has politicized drug issues. . .. The only beneficiaries of politicized drug policies are the members of the drug legalization movement. (Mangham, 2007, emphasis in original).

Harm reduction contrasts itself with drug prohibition while finding ways to work within the framework it imposes. Much has been achieved in this pragmatic undertaking; the inroads made are more than a rhetorical endeavour. At the same time harm reduction has been fraught with contradictions that lay beneath the surface of its 'middle-ground' approach (Hathaway, 2002, 2005). Internal inconsistencies arise from compromises between public health priorities and drug law enforcement. Harm reduction's central theses (cf. Tammi & Hurme, 2007) espouse a neutral view of drug use and drug policy based on science, not ideology or morals. At the same time these declare support for rights and social justice—convictions that in no sense can be seen as 'value-neutral.' Harm reduction and enforcement may be reconciled, some argue, by making human rights the main foundation of drug policy. Barring an immediate retreat from prohibition, respect for human rights imposes limits on policing to ensure public protection does not result in needless intrusions into individual liberty (Cohen & Csete, 2006).

Prohibiting the legal sale and use of drugs, however, does not respect the sovereignty or rights of individuals to manage their own bodies or alter consciousness with drugs. Harm reduction advocates who take a "weak rights" view (Hunt, 2004) put public health priorities ahead of rights of users or changes in their status under law. Tacitly supporting the war on drugs maintains the moral–legal boundaries between drugs that allow opponents of reform to speak authoritatively, albeit hypocritically, as if they themselves do not use drugs. People who use illegal drugs are pathologised as addicts or criminals in need of either punishment or treatment. So-called "progressive prohibitionists" (Mugford, 1993; Nadelmann, 1993) accordingly, notes Stafford (2007), do not respect the user's right to self-determination, nor the outlook of those for whom ending prohibition is the surest route to harm reduction.

Respect for users' rights means recognising that drug users are the primary practitioners of substance harm reduction. This role is downplayed or neglected in harm reduction discourse that casts users as recipients or objects of intervention

(Friedman et al., 2007). The strategy has worked well from a public health perspective in advocating services for drug dependent 'addicts.' It has proven less effective from the standpoint of reformers concerned with the dismantling of drug prohibition. Harm reduction in this context of compassionate surveillance reflects the theorised shift from punitive repression to the governance of drug use through public health *and* law enforcement with the aim to regulate risk and maintain public order (Fischer, Turnbull, Poland, & Haydon, 2004; Miller, 2001; O'Malley, 1999). The 'right' to use drugs is provisional on showing oneself worthy as determined by health experts whose benevolent intentions and technologies in practice help justify repressive laws against the 'undeserving.'

In Vancouver prior to InSite strong support for safe injection existed among IDUs, with endorsement dropping due to proximal policing, mandatory registration, and extensive monitoring of clients (Kerr, Wood, Small, Palepu, & Tyndall, 2003; see also Fry, 2002, 2003). InSite's patrons are among its most outspoken proponents, and user groups like VANDU (Vancouver Area Network of Drug Users) support the site while making clear that they are unequivocally opposed to prohibition. Promoting circumscribed rights in the name of harm reduction departs widely from the needs and goals of users and their families for whom legal stigma is the most injurious harm. No amount of data or downplaying values will resolve the fundamental ideological division between those defined and labeled by oppressive anti-drug laws and those who seek to maintain the current war on drugs. The recent concern for values and ethics in harm reduction, however, is an indication of the movement's maturation and readiness to move beyond promoting stopgap measures in the search for more humane longer-term solutions.

With clear evidence that the war on drugs is ineffective, costly, inhumane, and harmful to the user and society, the choice to stay the course as a societal response is ultimately a moral choice with drastic consequences. Forgoing deeper moral warrants as a tactical concession, harm reduction has been a necessary step toward more meaningful reform where confronting prohibition is too politically contentious (Hathaway, 2001). Value neutrality in this sense has undoubtedly been useful, or politically expedient, allowing for some common ground that benefits drug users by sidestepping ideological disputes (Reinarman, 2004). As a multidisciplinary movement tied to the public health perspective, harm reduction critiques of punitive drug policies have been timely, well positioned, and effective. By neglecting its core values, however, harm reduction undermines severely its inherent humanism and basis in respect for human rights.

The excerpt from Colin Mangham (2007) that begins this section appears in an online journal (http://www.globaldrugpolicy.org) that is published jointly by the *Institute on Drug Policy* and the *International Scientific and Medical Forum on Drug Abuse*, and funded by the US Department of Justice. Both the Institute and Forum are divisions of the DFA (Drug Free America Foundation) whose stated goals are to oppose efforts to legalise or decriminalise illicit drugs and support law enforcement and interdiction efforts. The Institute is "charged with creating and strengthening international laws that hold drug users and dealers criminally accountable for their actions" and explicitly supports "efforts to oppose policies based on the concept of harm reduction" (http://www.dfaf.org/globaldrugpolicy.php).

The critical response to Mangham's claim that InSite is a failure despite the (biased) evidence presented in its favour, spurred a letter from the editors asserting that the journal and article in question are peer-reviewed and credible by scientific standards (*Vancouver Sun*, May 19, 2007). The debate on safe injection has thus been (re)constructed into a disagreement about *whose* science ultimately counts. An editorial appearing in the *National Post* (May 29, 2007) soon after applauds Harper's commitment to the war on drugs proclaiming SIFs "don't work" and that they "send the wrong message." InSite's sponsors responded in a letter to the editor asserting the imperative of saving lives while also conceding that "any nation-wide drug strategy desperately *needs to incorporate improved enforcement*, comprehensive prevention programmes and flexible and accessible detox and treatment interventions" (*National Post*, June 7, 2007, emphasis ours).

Calls for improved enforcement in concert with harm reduction miss the crucial point that prohibition is immoral *and* irrational precisely because it creates the black market conditions in which harm reduction strategies are needed. The underlying problems behind much drug "abuse"—poverty, homelessness, mental illness, isolation—are inevitably diminished in policy discussions dominated, as in Canada, by the focus on enforcement. A drug strategy concerned with human rights and social justice must not be complicit in promoting drug war myths. The single most effective harm reduction measure would be to eliminate entirely the current prohibition and regulate all drug use within a legal framework. A human rights foundation for drug policy more squarely puts the onus on the government and other prohibition sponsors to justify their war against drug users.

This approach would also prompt more critical reflection about the kind and sources of harms that ought to be prioritised from the much-neglected standpoint of illicit drug consumers. A human rights perspective helps to put in sharp relief the arbitrary nature of the reified distinctions between 'legal' and 'illegal' drugs and treatment of their users. Without commitment to "strong rights" (Hunt, 2004) and the sovereignty of users harm reduction sentiments are easily subverted to a technocratic governance agenda. Against the accusation that we are *really* "legalisers" harm reduction advocates need not dispute the label but rather the suggestion that opposition to the drug war is somehow irresponsible, dishonest, or immoral. Respect for human rights moves harm reduction past the confines of a scientific project – which has not been well respected outside academic circles – toward a generative programme for replacing prohibition with policies

reflecting the costs and benefits of drug use and the costs and benefits of formal intervention.

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