

# Harm Reduction / Drug Policy Reform notes

Lecture given by Mark Haden - Addiction Services, Education Series

Goal is to look at drug policy in Vancouver and globally. It is important to examine other countries as we can learn from their successes and mistakes. The policies of the USA have significant impact on how we structure our laws and we should be try to avoid their errors.

The war on drugs.

What is the effect of the war on drugs in the American society?

- 1) War restricts personal freedom - War Measures Act
- 2) Propaganda - difficult to get accurate information
- 3) Promotes violence (police violence (Gil Pruder&Joseph MacNamara, ), gang violence) (Eldredge pg 59)
- 4) Seizure of property in USA (profits go to police departments). Suspicion is enough to enact forfeiture. 80% never get charged with a crime they just loose their possessions. (Gray pg 104) Police Departments have requested more asset seizures from their officers due to low departmental budgets (Gray pg 101.) (Eldredge pg 79)
- 5) Citizens become enemies (civil war?)
- 6) Promotes disrespect for the law (drug laws have been based on racism)
- 7) Escalates price of drugs
- 8) Promotes crime (60-80% of B&E's in Vancouver are to support habit)  
\$2000 worth of stolen goods + \$200 cash to buy \$20 worth of drugs. In the first year of Prohibition crime leaped 24% in USA major cities (Gray pg 67.)
- 9) Very costly (police, courts, jails)  
average jail time in states - manslaughter = 12 months : drugs = 60 months. (More than kidnaping, robbery, arson, extortion, assault). It costs more to send a man to jail than it does to send him to college (room, board, tuition and transportation). Prison bed cost \$50,000 to \$70,000 to build and \$20,000 to \$35,000 per year to fill. The per pupil cost at a well equipped American school is \$15,000. (Fernandez pg 279). Canada spends \$400 million per year on drug enforcement (Eric Single - Keeping the Door open conference: March/2000)
- 10) Black market does not pay taxes (more than the --top 500 companies profit)
- 11) Drug money destabilizes world markets, the Economist has recommended drug legalization for this reason. (Various estimates for the black market range from \$600 billion (CBC, witness)) to \$100 billion(P. Reuter: Rand) . Canadian Federal Government collected \$121 billion in taxes last year.
- 12) Drug money destabilizes governments. (Eldredge pg 57);(Pablo Escobar killed many government officials in Columbia,(Gray pg.119) there are more guns in the drug armies in Burma than the government army. (Booth pg 297). Smugglers have money and need protection and guerilla armies need money and have weapons. Joining forces = government instability (Wisotsky)
- 13) Promotes intolerance of others - discrimination.
- 14) Isolates people who could be more connected to others and services.
- 15) Goes against concept of personal responsibility.
- 16) Lack of pure drugs and clean needles are a health risk.

- 17) Prohibits beneficial use of some drugs (ie hemp paper, clothes, medicine)
- 18) May lead to punitive pain management practices (Eldredge pg 70)
- 19) Restricts religious practices. It took many years of litigation before the US allowed the Native American Church to use peyote legally, in accordance with their historical traditions.
- 20) Racist (The USA has the highest incarceration rate in the world with 426 of every 100,000 being in jail. The next two countries South Africa = 333 and Soviet Union = 268. In the USA Caucasians = 197 and black Americans = 1,534. There are more people in jail in the USA for drug offences than for all other crimes combined. (Fernandez pg 246) One in four black man in the USA is either in jail, on probation or parole. (Baum pg 259)
- 21) Goes against free and democratic society
- 22) Is abusive to the police. To require the police to treat addicts as criminals creates job stress. Can be corrupting to honest police (CBC Witness Oct 99) (Eldredge pg 55)(Globe and Mail 2/28/00)
- 23) Takes away police time from pursuing "real" criminals. Drug investigations are time and resource consuming. Our scarce tax dollars would be better spent dealing with murderers, and thieves.
- 23) The assumption of the war on drugs is that drug addicts (or drug users) are bad and need punishment and segregation from society (prisons). (Baum pg 264)

A good indicator that the War on Drugs is failing comes from a group of 50 American Federal Judges who, in protest to unfair mandatory minimum sentencing, announced that they would no longer try drug cases. (Eldredge pg 92)

Ask: does the illegal barrier stop drug use.

Being illegal does not mean they are not available:

- Easy to get delivered.

- Exist in all schools.

- Throughout the war on drugs drug price has gone down and purity has gone up. (Massing pg 9, Fernandez pg 51)

- Teens believe that drugs are easier to get than alcohol. (Eldredge pg 140)

- Bruce Alexander makes it clear that historically the law does not stop use most of the time (Peaceful Measures chp 2) (and when it does, briefly, other drugs are abused) Ecstasy lab shut down = more pcp busts at raves.

The debate in our society for the last 20 years has been legalization vs criminalization. The debate has not progressed as neither of these two polar opposites offers effective solutions.

If criminalization does not work what is the effect of legalization.

- Alcohol \ tobacco model does not work (1&2 drug killers in our society)

- Needle park - does not work. (De facto Decriminalization)

- Zurich - Switzerland

- No penalty for use in one area

- 1000 users daily

- 1986-1994 closed after open for 8 years

- Increased violence, HIV, robberies, gang violence, drug deaths

## Black market thrived

Harm reduction appears to be the best solution:

This is a different model:

medical/public health model - treatment options

also driven by business, and economic think tanks (RAND, Fraser Institute)

also driven by human rights

also driven by compassion not punishment

There is a global transition occurring where previously underpowered groups are gaining power. Women, aboriginals, gays, children, racial minorities are all slowly gaining in power around the planet. This transition is just starting to affect drug abusers.

Initial driver behind this model was HIV/Aids (if you say "just say no" to sex = HIV spreads/ if you teach people about safe sex techniques HIV declines in a population)

HIV transmission graph

Another driver is heroin overdose deaths - average one a day (increases every year). 30% of Vancouver's IDU population is HIV positive and IDU is for approx 45% of all new infections. (CCENDU99)

Harm reduction is also driven by the internet. The Canadian Foundation for Drug Policy and the Lindsmith Center present easily accessible research, studies, and commentary which is available to anyone. It is not surprising that the US government is trying to suppress Internet discussions on drugs. (Wired News: Aug 6/99)

"Just say no" to drugs does not stop people from using drugs

What do we offer people who choose to use.

Most services are for people who want to stop.

Need a range of services (that are client centered) for people at each stage of abuse/use.

Services to users are not incompatible with services to those who want to quit.

In order to engage addicts we must "meet them where they are".

"Drug policies must be pragmatic. They must be assessed on their actual consequences, not on whether they send the right, the wrong, or mixed messages" (American Journal of Public Health 85(1995))

Harm Reduction is not the same as the criminalization, legalization debate.

Not just about legalization of drugs - it's a whole philosophy/set of values.

Not a Trojan horse for legalization.

Drug addicts are seen in the larger social context of poverty, family abuse, and not just criminals in need of punishment.

Harm Reduction theory recognizes that there are many options in between the two poles of

legalization and criminalization.

legalization - legalization with some restrictions - legalization with many restrictions - available on prescription - decriminalization - defacto decriminalization - criminalization. Each of these options produces different benefits and harms.

Harm reduction asks the Question: How do you reduce the harm to individuals and society given the fact that some individuals will use drugs.

Cars kill people: safe driving courses / seat belts / stop signs / speed limits are all harm reduction strategies.

Lessons from Europe:

Swiss study -prescription of narcotics: 1994 - 1996

- ◆ 1146 in total 800 heroin users were give free IV heroin at 16 different sites (morphine and methadone were given to the rest)
- ◆ participants would inject onsite up to 3 times daily with nurse present
- ◆ no overdoses, no diversion to black market
- ◆ Improvements in physical health, mental health (depression anxiety delusional disorders) housing, employment doubled, contacts with drug scene decreased, and criminal acts dropped by 60%.
- ◆ 83 of the subjects voluntarily choose abstinence during this study.
- ◆ Most did not want maximum available dose - self limiting.
- ◆ Difference between heroin and methadone were: heroin was better at recruitment, retention, and compliance. Heroin also had fewer side effects, (Grey pg164, MacCoun and Reuter 1999, Gutzwiller 1997)

In Amsterdam the Dutch have had marijuana available (while it is still illegal they ignore this) for many years.

Goal is to make drugs boring.

Part of an integrated social policy.

Per capita use is less than the USA today. Increase in use when it first became available (use curves matched American use curves) but this dropped off to a lower per capita level.

The Dutch use the word normalization to describe the goal of reintegrating addicts into the mainstream society. This is one of their primary goals.

The Dutch believe that repressing marijuana increases the use of heroin and cocaine. There is evidence that this is true. The solders in Vietnam initially smoked marijuana and when this was repressed (sniffer dogs, etc) heroin use escalated, when pressure was applied to reduce heroin use IV use increased (as the drugs became less pure and more valuable). (Baum pg 50&55) David Smith of the Haight Ashbury free clinic notes that after "Operation intercept" (Nixon 1969) the availability of heroin increased markedly. (Fernandez pg 214)

Ecstasy can be tested at raves in Switzerland

Safe injection sites have been established in 12 cities in Germany, Switzerland and the Netherlands (Holland):

Staffed by public health nurses, doctors, health care workers  
All fixing is observed but no assistance is given  
Clean and comfortable, safe needles, bleach, safe sex information, other health promotion programs are promoted, easy to educate as people are accessible.  
Some social space is provided

So far studies evaluating harm reduction have shown that:

- overdose deaths decrease
- less sharing of needles
- less needles left in public
- reduced participation in unsafe sex
- declining HIV infection rates
- drug use in the IDU population goes down
- drug related crime (robbery, breakins and trafficking) goes down (if cheap or free drugs are available)

In England the physicians were not limited in what they could prescribe (as they have been in USA and Canada) up until 1965. After that there were specific clinics to deal with addicts. Dr. John Marks took one over which was prescribing heroin (with the intention of closing it) but evaluated it and found that the patients were free of AIDS (he expected 15-20%), in good health, and most were employed. The local police tracked 100 of his patients and found a 94% drop in theft, burglary and property crimes. The most significant finding was that convictions for illegal possession in the community dropped immediately after the clinic opened. Marks concluded that the demand curve for drugs is U shaped. If drugs (or alcohol) is too freely available or if they are prohibited - you increase consumption. The bottom of the U appears to be drugs available on prescription. (Gray pg 159)

Change is happening around the Globe: In response to the Swiss study on Heroin Prescription the Dutch (BMJ 1997 pg 831) and the Germans (Nadelman - 1999) have agreed to launch a heroin prescription program study. This is being discussed in Denmark and Italy (Nadelman 1999). Medical use of Marijuana has passed referendums in seven states.

Dirk Chase Eldredge a right wing conservative republican wrote Ending the War on Drugs. He states "In 1997 the federal government spent \$1.4 billion on interdiction with little, if any, tangible impact on the drug problem. If that money had been spent on antidrug education and treatment, not only would Americans have received real value for their tax dollars but also many would enjoy a much improved quality of life."(pg 159)

In June of 1998 a letter was sent to the United Nations with 47 pages of signatures including 11 Nobel Prize winners, 7 heads of state, 13 Canadian Members of Parliament and the UN's Secretary General. The letter stated "We believe that the global war on drugs is now causing more harm than drug abuse itself" and "every decade the United Nations adopts new international conventions, focused largely on criminalization and punishment. Every year, governments enact more punitive and costly drug control measures. Every day, politicians endorse harsher, new drug war strategies. What's the result? The illegal drug industry has empowered organized criminals, corrupted governments at all levels, eroded internal security, stimulated violence and distorted both economic markets and moral values. These are the consequences not of drug use per se but

of decades of failed and futile drug war policies. **Scarce resources, better expended on health, education, and economic development are squandered** on ever more expensive interdiction methods. Realistic proposals to reduce drug related crime, disease and death are abandoned in favour of rhetorical proposals to create drug free societies'.

What could harm reduction mean for Vancouver: More Methadone (BCMA report), lower threshold methadone (eg methadone bus, no urine tests, increased accessibility (Marlett?, Nadelmann 1996) ), prescribing heroin, cocaine, amphetamines (Health Canada Report 1999), needle exchange, safe injection sites (Van Richmond Health Board), less stigma (more political power) to addicts, more detox and treatment options, more prevention programs, selective non enforcement of laws (ie marijuana possession -Alan Rock -CBC Radio Dec 99).

Groups of drug users are organizing, and gaining in political power. Vancouver examples are VANDU, IV feed, compassion club. The advantage of this is a greater connection between addicts and mainstream population. The police are changing and starting to behave more like social workers (Through a Blue Lens - Dec 99, CBC TV). The Canadian Association of Chiefs of Police and the RCMP support decriminalization for possession of marijuana (RCMP web site:1999).

What does harm reduction for Cocaine look like: Weak oral solution, aboriginal people have had no problem with chewing leaves. There are many examples of the fact that people will choose weaker drugs if given a choice. During prohibition people just drank whisky and rum, now the majority of sales are beer and wine. Most cigarettes sold are filtered not unfiltered and expresso the strongest coffee is not the most popular.

Must not be packaged in a way to make attractive, prescription drug packaging is not attractive.

Regional control is important.(Alexander pg 293). DTES needs it's own ability to regulate as the needs of this community are unique. The Health Canada report suggests we challenge international drug control agreements.

Drug courts: An incremental step in the right direction. Treatment not incarceration is the goal. (Baum pg 285)

What are the factors which do result in drug reduction in society. The largest drop in consumption of alcohol in North America (since Columbus) was not prohibition but settlement, adoption of family life and increased social cohesiveness (Uppers Downers all Rounders pg 203). Reduction of cigarette use in recent times has been "agreed upon public pressure" which has been followed by smoking space and sale restrictions. If we went much further than this it is easy to guess that the tobacco black market would start. How do you find that right place in the U curve?

Harm reduction has to be an integrated social policy not just legalization/decriminalization of drugs. Addiction must be seen as a treatable illness and treatment and prevention is the most cost effective way of dealing with this problem. A study done in California found that for every dollar spend on treatment \$7. were saved in crime and health care costs. Another study found that one dollar spent on treatment resulted in \$11.54 savings in social costs. (Eldredge pg 113)

RAND Study (1994) compared the effectiveness of four types of drug control. Source control (attacking the drug trade abroad), interdiction (stopping drugs at the border), domestic law enforcement (arresting and imprisoning buyers and sellers) and drug treatment. The researchers asked "how much would the government have to spend on each approach to reduce cocaine consumption by 1%". They devised a financial model with over 70 variables. Treatment was seven times more effective than law enforcement, ten times more effective than interdiction and twenty one times more effective than attacking drugs at their source. (Massing - pg 49). The most cost effective way of reducing drug consumption in society is to provide treatment/prevention services.

Harm reduction can increase the chance of abstinence:

- 1) Public Health nurses and counsellors are more likely to promote abstinence than dealers.
  - 2) Harm Reduction programs increase sense of personal power which is needed to believe that life can be better without drugs.
  - 3) The black market would be smaller and drugs from this source would be less available. The reduced availability of drugs would increase abstinence.
  - 4) If we saw drugs as a health problem and not a criminal justice problem this would free up money to be put into treatment beds and prevention programs. Increased availability of immediate treatment and increased prevention efforts would increase abstinence.
- The fact that Harm Reduction programs increase abstinence is found in studies of needle exchange programs. In one study of 720 NEP clients over half requested help to enter treatment. (Eldredge pg 113)

What does harm reduction look like for youth? The Safety First program (Lindesmith Centre) suggests that cautionary honesty is the best approach. If the money was redirected from the criminal justice system into the treatment/prevention services youth would have more exposure to programs which were designed to assist them to make healthy choices. The Dutch believe that scare tactics increase drug consumption in youth and they embed drug prevention material in a larger health promotion context. A comprehensive harm reduction approach would reduce the adult dealers in our society which would mean fewer drugs would be available for youth.

The 12 step community which has been historically resistant to Harm Reduction is now starting to change its perspective. The book Heroin by Fernandez is published by Hazelden Press and it provides a scathing review of why the War on Drugs is failing.

What is the difference between enabling and harm reduction? Enabling is supporting the denial process to assist in continuing addiction and all the connected negative behaviors. Enabling consists of avoiding, shielding, taking over responsibilities, rationalizing and rescuing. It denies addiction and avoids honesty. Harm Reduction deals directly with the addiction, with no denial. The individual is supported to take personal responsibility and make better choices around both the addiction and related harmful behaviours. As harm is reduced in the addict's life and he/she becomes "normalized" (through increased contact with health care providers, counsellors, etc) and empowered and physical/psychological health improve. Enabling deals with one factor alone, the support of addiction. Harm reduction deals with all aspects of an individual's life as it deals with issues from poverty to parenting. Enabling is about denial, harm reduction is about honesty.

In our media driven society change is usually driven by specific sound bytes, like the following:

- ◆ Addiction is a Public Health problem not a criminal justice problem.
- ◆ The war on drugs is a fundamental evil in our society.
- ◆ Humanize don't demonize.
- ◆ The war on drugs creates more harm than drug use itself.
- ◆ Harm Reduction is not rocket science.