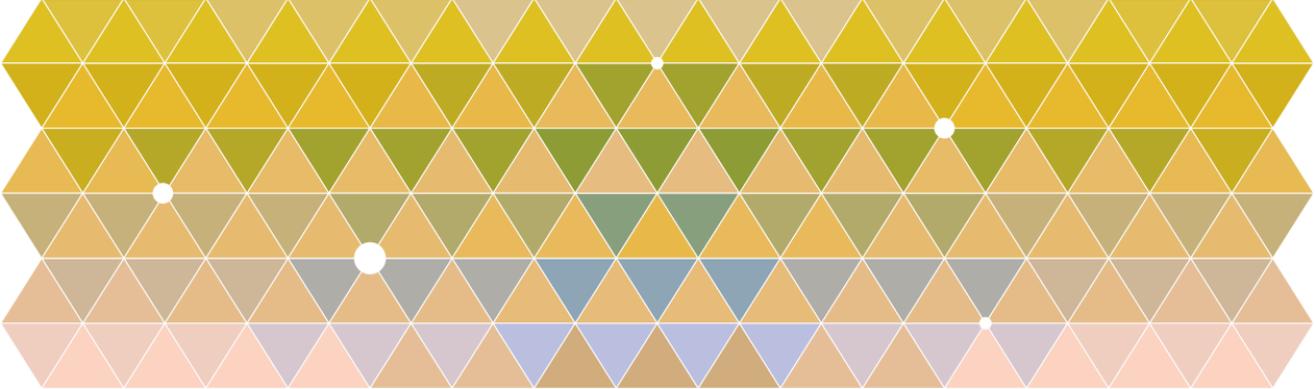


# GUIDELINES FOR DEBATE

WHAT IS HARM REDUCTION?





BY BRUN GONZÁLEZ

This issue of *Guidelines for debate* seeks to generate a broader and better understanding of the meaning of “harm reduction”, what it implies and how it can be utilized through a framework of respect towards human rights and with a youth-friendly perspective.

*Freedom is owning one's own life*  
Plato

*Our greatness lays not so much in being able to remake the world as in being able to remake ourselves*  
Gandhi

The aim of the series **GUIDELINES FOR DEBATE** is to influence the formulation, implementation and evaluation of programs and policies through guidelines that foster the debate of ideas from a progressive approach. The collection features a cool exchange of data and theoretical and methodological tools for analysis and action aimed at emerging political generations.



# OFF WE GO

All throughout history, human beings have thought that it's possible to transcend our own conscience. Chemical substances, that alter the way in which we perceive the world, have played an important role in this search. In some cases it was believed that chemicals have spiritual powers and mystical properties. There are those who have a less spiritual vision about the use of drugs and choose chemical substances that help through particularly difficult moments; those who use drugs to reduce anxiety or suppress shyness by the means of prescriptions for depression or schizophrenia, and those who seek to stimulate the enjoyment of their social relationships through drugs.

With the progress made by science, the range of possibilities has grown and there are all kinds of reasons to believe that this tendency will continue almost unlimitedly. In this sense, the contemporary educational efforts on the effects of alcohol and other drugs are inadequate and poorly targeted. As we know, the effects of drugs in the human body are complex and vary significantly from substance to substance as well as from one person to another. For these reasons, making general affirmations such as "drugs destroy" is a mistake that's commonly made and whoever who has had personal experience with drugs can confirm it without a doubt.<sup>1</sup> Rather, it is the type of use that is given to a substance that defines the level and type of risk.

Therefore, understanding that there are all sorts of substances, in an endless number of different markets –the pharmacy, the drugstore, the canteen, the street, etc.– and that they are used for various purposes and in different ways, helps us to understand why it is necessary to reduce the risks that each one entails. Here we find a first approach towards the definition of harm reduction: “Harm reduction is understood, not so much as a series of programs, but as a criteria cluster to make decisions regarding how to reduce the negative effects of the use of drugs and the war against them”.<sup>2</sup>

Even if harm reduction has traditionally placed its focus on needle exchange, condoms distribution and opiates substitution treatment using methadone and buprenorphine,<sup>3</sup> it excludes everyone who doesn't use opiates and don't inject other substances. In this scenario, the information that is available about the substances and everything that surrounds them is scarce and many time deceitful.

With this perspective, harm reduction is a philosophy that allows us to create a paradigmatic opportunity to relate to drugs in a neutral fashion, to develop ways of reducing the negative impacts of drugs on people and communities and finally, it allows proposing strategies to increase the quality of the information and the education on the subject.

Next we will begin to approach our objective of defining harm reduction and its usefulness.

# DYNAMIC 1

For this activity you will require **A FLIP-CHART** or **BOARD** that can remain with the **RESULTS** of each activity. With a group of **5** to **20** people start **BRAINSTORMING**. One by one, each will appoint or name one **DRUG**, one **METHOD** of administration or way of using it and –if they feel comfortable with sharing– an **EXPERIENCE** or **CONSEQUENCE** derived from its use. Write down **EVERY WORD** or **SHORT SENTENCE** that's being said. Group the substances, the methods of consumption or administration and the experiences or consequences in different affinity fields (**CLUSTERS**) in different columns.

Make all the **ROUNDS** you need until no one has anything left to say, around **20** minutes shall be enough. In this manner you will be able to establish a **COMMON PICTURE** regarding several planes of reality all related to **DRUGS**. Talk about what does this activity and what is being said makes you **THINK** or **FEEL**.

# ON WE GO

You will probably notice, if you hadn't noticed before, that there are many more drugs than those normally considered by the public opinion or the media. Besides, these substances can have completely different effects and potencies, regardless of their legal status. That is why it is necessary to know each substance in depth before discussing their risks and the precautions one should have when taking it. It is clear that there are different risks depending on the method of administration that is used and the knowledge and care one has with them.

As you may already see up to this point, *drugs are a complex subject*. Many people talk about them and have even used them,<sup>4</sup> but very few people have information and knowledge about the substances themselves beyond what is said by the media. The taboo surrounding drugs turns them into something attractive for many people, especially the youth, whom as we've seen earlier, choose to try them for different reasons and every day at a younger age. More important than making any judgment over the validity of the reason behind this, it is important to emphasize that no young person who experiments with drugs wants to harm their body, much less become an addict or develop a problematic use.<sup>5</sup> Many of the bad experiences and accidents that people associate with drug use are actually caused by lack of information and preparation of the people who use a substance for the first time (or the last). Harm reduction's philosophy is about designing, developing and providing tools and guidelines, which allow the person who uses drugs to be self-sustainable<sup>6</sup> and fully aware of the implications of their own decisions.

Everyone participates in the construction of their own destinies. With harm reduction the intention is to make this valid in terms of the use of psychoactive substances, trying to sort out the obstacles that have historically restricted the options a person can “choose” because of the law, the stigma and the social repression and which are in many aspects the cause of the negative impacts that these substances can have. By achieving to introduce this growing awareness through horizontal, peer to peer interaction, you can achieve a new consolidation of the person who uses drugs within its social environment in a new way, less *negative or harmful way*.

So let's start building new messages that are relevant in reducing the harm associated to drugs.

**It's time to build a didactic story! For this, we will think of a hypothetical character that will help us become aware of the risks implicated in drug consumption by means of consolidating many different stories into one whole.**

## DYNAMIC 2

Based on the results of the first activity, create a **RADIAL CONCEPTUAL MAP**, this map begins basically with a **PLAIN CIRCLE**, inside of which you can write “Drug Use Cycle”, from this circle, you’re going to **EXTEND** rays or axis or lines that indicate a subject, or in the case of our exercise, a **MOMENT/SITUATION**, after extending the different rays or lines you will be able to have a **COMPLETE VIEW** of the cycle that any person who is using illegal drugs has to go through. Draw a circle on a flip-chart and simulate the **HOURS** on a **CLOCK** drawing lines at the edge of the circle, from these marks you will extend each **MOMENT** or **WORD**. Next, the group will discuss the different steps a person would have to go through to consume a drug on a **VOLUNTARY** and **DELIBERATE** fashion. Try to discuss **THE WHOLE PROCESS**, from the first moment of decision until the moment where the effects of the substance have long gone; write each of these steps next to the rays outside the circle.

Depending on the type of **SUBSTANCE** and the kind of person (even if it is a **HYPOTHETICAL** person) this time line is going to be **DIFFERENT** so if you have a lot of participants in the group you can ask them to form teams and that each team makes the time line with **A DIFFERENT DRUG**; if you’re working with the whole group at the same time, you could use different colors to represent different stories of different drugs in the same map. Once you have finished the **DISCUSSION**, the participants should identify the situations that pose **A GREATER RISK**. Immediately afterwards you should discuss ideas and options for reducing the harms **ASSOCIATED TO THE RISKS** the group identified in each part of the process.<sup>7</sup>

# THEN

By the end of this dynamic, the participants will have learned that there are several external factors that define risks and dangers in any given situation, for instance: inexperience or lack of information; abuse or addiction to a specific substance; ignorance of the law and/or the consumer's rights (these vary from country to country and sometimes from place to place within the same country); how to respond in case of accidents, overdoses or psychological crisis related to the effects of the substances.

The hypothesis defined by the harm reduction paradigm as a response to the use of drugs implies that by knowing these factors prior to the use and specifically in the body and the community, the person who uses any drug will be able to take care of his or herself and avoid behaviors and activities that can put them in immediate danger or long term harm. There will be as well a greater awareness of the impacts of the use in the community and the context. Harm reduction then becomes a consciousness generating strategy that deals with the inherent risks to each type of substance and the different methods of administration. It implies taking into account various degrees of experimenting and using in order to develop the capability of making the right choices and having the tools and the preparation to avoid potential harms.

A big step of this process, as it may be evident, is centered in having access to scientific, pertinent, relevant and friendly information. So, to do this it's important to work in increasing the available information through advocacy campaigns on public opinion and helping to discern what is true and what is false in every moment.

## DYNAMIC 3

From the chart below which has **TRUE** and **FALSE** sentences choose the ones you want and write them down in a way that everyone can see them clearly, once you have written them down conduct a kind of **SURVEY** where the people on the group that think a sentence is false move to **ONE END OF THE ROOM** and those who believe that the sentence is true **MOVE TO THE OTHER END**, write down how many people are in each side for every sentence and go **ONE PHRASE** at a time, by doing this, everyone in the group can have a pretty clear idea of the **DIFFERENCE OF PERCEPTIONS**.

At the end of the activity you will **DISCLOSE** which sentences are true and which are false and then you can **OPEN THE DEBATE** over the **RESULTS** trying to **CLARIFY** what each participant based his or her **ANSWER** on and what do they think about how this relates to **REALITY**.

### TRUE AFFIRMATIONS

Tobacco kills more people than heroin

You could get HIV or Hepatitis by sharing a bill/straw to snort cocaine

When the effect of drugs disinhibits people is easier to have unprotected sex

Sharing metal crack pipes could result in the transmission of infections such as HIV and Hepatitis

When you take one alcoholic drink and you mix it with a pill, the effects don't add but multiply

There is no record for someone dying because of an LSD or marihuana overdose

### FALSE AFFIRMATIONS

You will become addicted to heroin or crack after one use

Marihuana is more toxic than alcohol

When you take medically prescribed drugs there is no way to develop an addiction

LSD causes irreparable genetic damage

It is not possible to become pregnant under the effects of heroin

Consuming "smart drugs" (MDMA, MDA, 2C-B, etc.) makes you smarter

With this exercise you will be able to see the **PREJUDICES** that are a consequence of the **LACK OF INFORMATION** around drugs and the people who use them. It's really important for you to **CLARIFY** with the group which affirmations are **TRUE** and which ones are **FALSE** and make a **RECOUNT** of this new knowledge.

# IN SHORT

In short, so far we have learned that:

- There are an endless number of drugs (and everyday that goes by there are more).
- Each drug belongs to a different family and type, which means that their effects are different.
- There are many ways to consume each drug and every method of administration has different risks.
- The experience of consuming each substance will unfold differently depending on the person and the context.
- There are different kinds of risks at every step of the way and each can be prevented or minimized (some completely, others just a little) in different ways.
- The means to solve and address this situation is through clear, precise and objective information that can be accessible and friendly for everyone.
- It is important to stay updated and look for reliable information sources (e.g. [www.espolea.org/drogas](http://www.espolea.org/drogas))

We now know that harm reduction is a philosophy, a series of tools and strategies that aim to improve the quality of life of people and society in general. This is achieved by reducing the impacts of the irresponsible use of any substance (legal or illegal, natural or synthetic, injected or not, toxic or not, etc.) and by improving the understanding of a subject so complex as it is the subject of psychoactive substances and their relation with humanity.



With this look over the scenario, which encompasses harm reduction, we look to empower everyone towards a real awareness that allows us to change the global tendencies that are destructive and decadent processes. The approach we've used on the subject is an attempt to place the emphasis on the personal decision making that requires a certain preparation and information so that the person can be fully responsible of his or her body and his or her consumption. In this sense, it will be easier to revert our prohibitionist and paternalist political model that supports its posture on the necessity of "protecting people from themselves" invalidating any traces of individual freedom and the right over one's own body and mind. Help us spread these messages and practices in order to achieve changes in every scale.

Are you an expert harm reducer now? Ask the group to share something they have learned from this workshop and give the opportunity for some final comments.

1. Kuhn, Swartzwelder, Wilson. (2011). *Drogas: Lo que hay que saber sobre las más consumidas desde el alcohol y el tabaco hasta el éxtasis*. Random House. Mexico
2. Espolea (2008). *Reducción de daños*. Read online on March 1st, 2012. Available at: <http://www.scribd.com/doc/11620712/Que-es-la-Reduccion-de-Danos>
3. To know more about these and other substances visit our portal The Universe of Drugs in: [www.espolea.org](http://www.espolea.org)
4. According to the UN's *World Drug Report 2011*, 272 million people in the world, which is 6.1% of the world's population, has used illegal drugs, this of course does not take into consideration the large number of persons that regularly use legal drugs.
5. Brocca, Tovar. (2006). *De la ficción a la adicción*. Santillana. Mexico
6. Within this text a self-sustainable individual is understood as a person who is capable of taking care of herself or himself, living and reproducing in an integral manner through it's own means and capacity.
7. Some ideas are: what drug is being used; buying the drug in the streets with/from unknown people; transporting the drug and running into the police; preparing the drug inadequately, for example, grinding a pill in order to inject it; the company and the place where the drug is being used, this is known as set and setting; the behavior or the lack of awareness of it during the effects and finally how to handle the crash or going down and whether the substance will be used again or not.

The views expressed in the text, as well as the analyses and interpretations contained therein, have not been subjected to editorial review and are the sole responsibility of their authors. They do not necessarily reflect the views and stance of Espolea A.C.

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