

Rejoinder

Public health or human rights?

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Readiness to acknowledge that your beliefs have changed can be viewed as a sign of character but also involves making your fallibility uncomfortably public. Consequently, it felt a little risky to expose my change of mind in what was a somewhat personal paper: 'Public health or human rights: what comes first?' (Hunt, 2004). I am therefore indebted to each of those writing responses (Burris, 2004; Kushlik & Rolles, 2004; Reinerman, 2004) for their thoughtful reflections. I will limit this rejoinder to elaborating three main points: (i) the purpose of the paper as a prompt to introspection, (ii) the social justice imperative and, (iii) the relevance of post-prohibition options for drug control within an evidence-based approach to drug-related harm.

Introspection—a provocation

The original paper (Hunt, 2004) was born out of recognition that my *personal* views had changed and that I had moved from ambivalence about a right to use drugs towards a fuller recognition that people should be entitled to determine what they ingest, even if it does them harm. I found that this had a profound impact on how I thought about harm reduction, the issues and strategic questions that I was prepared to consider and what I was prepared to say and discuss in public forums. It did not mean that I stopped being concerned with the same practical public health issues that have dominated my work for the past 15 years or so but it had a marked effect on the ideas and questions that interested me. In this sense, the paper was largely ethical. At root, what principles do we believe should determine the powers people can exercise over their bodies? Nevertheless, I am entirely

sympathetic to Kushlik and Rolles' (2004) argument that an emphasis other than upon *rights* may be necessary as far as strategic and political questions are concerned.

During the production of *The Angel Declaration* (<http://www.angeldeclaration.com/>)—a set of proposals for a legal, regulated drug control system within the UK—it became apparent to me that there was merit in urging a more rigorous examination of our underlying assumptions about the rights of drug users to use drugs, and the intellectual and policy territory this takes us towards. Regardless of what might be written in formal definitions, it seemed useful to write the paper as a provocation that asks harm reductionists to interrogate their own beliefs and consider what might be implied in order to be true to these. The paper can, and has, been read as a call to redefine harm reduction but its first intention was, instead, to act as a call for introspection and logical consistency. Although ambiguity may be very practical within definitions it was primarily ambiguity of thought that was in my sights.

A parallel concern with social justice

Burris (2004) concedes that he dodges my question. Nevertheless he quite reasonably draws attention to a crucial point that I did not address. It might well be argued that a right to use drugs is a relatively trivial right when considered in the context of societies in which social conditions effectively deny people rights with far better established credentials, notably those enshrined in the Universal Declaration of Human Rights.

Is it reasonable to expect that people living in grinding poverty, who are oppressed, tyrannised or exposed to obscene social inequalities would use an extended right to use drugs in ways that confer enjoyment yet avoid harm? No. Whether it is with regard to alcohol and tobacco, volatile substances

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or those substances that are currently illegal, drug-related harm is already clearly skewed towards the most vulnerable, impoverished and marginalised members of society.

The existing regime of drug prohibition does not prevent these groups from experiencing the biggest burden of harm associated with their drug-taking. Indeed, in some instances such as the differential sentencing for cocaine powder and crack users in USA, prohibition is implemented in a way that actively exacerbates it and contributes to the overrepresentation of the poor within the criminal justice system (Rhodes, Singer, & Bourgois, in press).

I find it impossible to conceive of a ‘harm reduction’ that is not simultaneously concerned with these underlying social conditions. However, this was not the main concern of the paper. As critical as the social justice agenda is, I do not think that reformers should pursue these objectives sequentially but, rather, that action calculated to produce reform should occur in parallel.

Should harm reductionists be concerned with the impact of post-prohibition policy options?

I largely agree with Reinerman (2004) about the virtues of ambiguity within official definitions of harm reduction, which I acknowledge (Hunt, 2004, p. 236). This ambiguity is an undoubted strength that allows effective coalitions of interests to take immediate action that confers vital, direct benefits for drug users in a way that, often, usefully sidesteps ideological disputes between authoritarian and libertarian perspectives on societies and the body.

Nevertheless, for me, the logic of my new position forced me to re-evaluate the questions that concern me personally as a harm reductionist. If I recognise a right to use drugs, in what contexts would I want to see that right exerted, within what regulatory framework? It seems legitimate territory for harm reduction to debate and explore these questions and yet, although harm reduction theorists have not been mute on the subject, they have not been especially audible (Haden’s paper (2004) is nevertheless an interesting example of the sort of exploration that is required, as is Rolles and Kushlik’s (2004) report). Perhaps it is harm reduction’s tradition of pragmatism that leads us to focus so much on what can be done within the immediate conditions that prevail: drug prohibition?

As I noted, Newcombe’s (1992) conception of harm reduction draws attention to a range of levels (individual, community, societal) and types (health, social, economic) of harm. These are conventionally considered with regard to harms directly associated with drug use; but within the societal/economic realm, questions concerning the harms contingent on drug prohibition seem equally salient, notably the direct cost of its maintenance and the associated questions of its cost-effectiveness. Equally, it has been argued that drug prohibition damages justice—a societal/social harm as well as a societal/economic cost (Husak, 2002). And beyond these costs/harms might there also be opportunities

for enhancing health and well-being that the removal of drug prohibition would provide? Of course, evidence that would assess how great or little these might be does not exist. Self-evidently, policy options that are prohibited by international law cannot be evaluated. So I felt disappointed that none of the commentators addressed the question of whether harm reduction—as an avowedly evidence-based discipline—should be concerned to assess policy options that are currently prohibited and to remove barriers that prevent their careful evaluation.

I think the following questions might all merit study by a movement concerned to reduce drug-related harm: (i) Would people with heroin dependence receive treatment more rapidly and readily if their source of supply was from, say, licensed distributors where there was some degree of medical supervision of sales? (ii) Could regulated supply systems be structured so as promote transitions away from drug formulations that work more intensively—heroin and cocaine—towards those with more moderated actions—coca and opium? (iii) In what ways could fiscal measures be used to moderate use as Edwards et al. (1994) discuss for alcohol and might a hypothecated sales tax provide a bounty for prevention and treatment that we can only dream of at present? (iv) Could legal distribution systems help reverse or moderate inner-city problems such as escalating gun-crime and the powerful allure of drug-related career pathways associated with lucrative, criminally controlled illicit markets? (v) In what ways might a legal, regulated market reduce harms at the bottom end of the production and distribution system? Specifically to what extent could alternative systems prevent the exploitation and imprisonment of drug ‘mules’? And, given the abject failure of crop substitution programmes, could trading systems such as ‘Fairtrade’ be used to shift the balance of wealth back towards subsistence farmers in developing economies and increase trade justice as Bailie and Brett (2001) have suggested?

The answer to none of these questions is clear, yet each seems to merit investigation within a movement grounded in public health. However, at present, drug prohibition—and the denial of a corresponding right to use drugs that this implies—means that these questions cannot be evaluated. Surely an evidence-based project such as harm reduction should be concerned to create the conditions in which we can generate evidence that would answer such questions?

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