

HARM REDUCTION COMES OF AGE

Next month IHRA's 21st international harm reduction conference returns to its first ever venue, Liverpool, a city with a proud heritage of both public health and harm reduction. **DDN** looks back at the early days

In the mid 1980s Liverpool was known as 'smack city'. An influx of cheap heroin had given the region problematic drug use way beyond the capacity of its treatment services – which, like the rest of the UK, were concentrated mainly on getting people off drugs. In 1985 the Mersey Regional Health Authority set up a drug information centre (Mersey Drug Training and Information Centre or MDTIC, which later became HIT) to provide a drop-in service for drug users, their parents, friends and members of the public. One of the first needle and syringe programmes started in a converted toilet in MDTIC. 'This was based on honest information, no scare stories, just factual information,' says Pat O'Hare, who moved over from Sefton Education Authority to become the MDTIC's director in 1987. 'The funny thing is we used to speak about harm reduction but never called it that at the time.'

This was the era when the threat of HIV and AIDS loomed large and public health information campaigns were governed by fear. It took a brave decision by some key figures working in public health and health promotion in Merseyside to try a different approach, focusing on practical advice and better services for drug users to prevent them from catching the virus from shared injecting equipment. Their pioneering efforts became known as the Mersey Harm Reduction Model, and drew inspiration from a multi-agency approach to AIDS prevention that seemed to be getting results in San Francisco.

With its primary aim to reduce risky sharing of injection equipment, the centre was easy to access, with long opening hours and non-judgemental staff. Reducing drug use and increasing abstinence were also objectives, but they came beneath reducing risk behaviour. Visitors could use the needle exchange, get a methadone prescription, access all kinds of information – and were encouraged to come back.

'Drug users came out of the woodwork who had never been to a drugs service – 25-year injectors with the most horrendous abscesses,' remembers O'Hare. 'At the time it was thought everyone in Liverpool smoked heroin and we used to say "there's not many injectors in Liverpool". But that was because we didn't know.'

Visitor numbers rocketed and the converted toilet was replaced by the Maryland Centre, to make room for healthcare and HIV prevention services. There was tangible reduction in needle and syringe-sharing behaviour – borne out by the fact an HIV epidemic did not materialise in Merseyside.

While HIV rates were still climbing in Manchester, just 30 miles away, the virus became 'statistically insignificant' in Liverpool, according to the regional epidemiologist. 'And while there are lots of reasons for that,' says O'Hare, 'the thing was in Liverpool we had all these services and in Manchester they didn't. It was years before they started doing this stuff.'

Active involvement of local police seemed to contribute strongly to the strategy's success.

'We worked closely with the police in that we told them what we were going to do, and eventually they felt ownership,' he says. 'The head of Merseyside's drug squad used to go to conferences and talk about "our harm reduction project" – there was this real sense of pride.'

While many aspects of harm reduction courted controversy, O'Hare remembers a 'real watershed' in public awareness relating to what he calls 'the Chill Out episode'. He casts his mind back to 1991 when he suddenly found himself on the front page of *The Liverpool Echo*, then *The Sun* and *The Daily Star*, whose headline screamed 'What a dope! Daft do-gooder tells kids it's OK to use killer drug'. The offending item was a leaflet he'd prepared, to inform young people about ecstasy.

'It started off by saying "it's not a good idea to use ecstasy – however if you do..." Well all hell broke loose,' he says. But the outcry presented an opportunity. O'Hare was soon defending the leaflet on national and local television, radio and in the newspapers – an unprecedented chance to hold a harm reduction debate with the public: 'I did Kilroy and all sorts of television shows and even *The Echo* gave me a double page to explain everything. It was quite a seminal moment in the UK. When we did that there were questions in Parliament – some people were saying we shouldn't have funding. But there was a massive shift in attitude.'

The other major shift was to take the progress in Merseyside and share it on a national and international stage. With visitors coming to Merseyside to 'learn and see what was happening', O'Hare was encouraged by Mersey's regional director of public health, John Ashton, to organise a conference. Despite 'not even knowing what an abstract was', he found himself with the job of organising the first international conference on his home turf.

'It was totally international from the start,' he says. 'I vividly remember being in our training room on Maryland Street the Saturday before the event. We were packing the conference bags, and saying "do you realise that people are flying here from all over the world?" It was amazing.'

Encouraged by the 420 delegates, he booked the next one in Barcelona, with each stage of the organising process a huge learning curve. In 1996 he suddenly found himself with the job of nurturing a fledgling International Harm Reduction Association that had been suggested by American addiction researcher Ernie Drucker, and threw himself into getting it off the ground.

'It took off to such an extent that our credibility far outstripped our ability to do it,' he remembers. 'Our capacity was so small yet everyone thought it was this big organisation. But we grew and became quite influential, getting in to see ministers on the back of the conference.'

By 2004, with his enthusiasm for travelling exhausted, O'Hare realised that he couldn't take the association to the next level. He became IHRA president and public health sociologist, Gerry Stimson, was brought in as executive director.

At this point IHRA relied mainly on personal contacts and networks, but had been very successful in promoting harm reduction to international agencies. 'What I wanted to do was capitalise on IHRA's position and give it the capacity to be a big player within harm reduction globally,' says Stimson.

He set 'strategic proactive advocacy' – not just responding to when things happen, but also looking forward – and 'quality policy analysis' as among key objectives. He also wanted to emphasise that harm reduction applies to all psychoactive drugs including alcohol and tobacco, an objective that hasn't yet been a success as he would like. A grant from the UK Department for International Development in 2006 helped develop the strands of policy analysis, advocacy and working with partners.

Back in 2004 IHRA's entire annual budget was £120,000 which meant only part-time posts for Stimson and his colleague Jennifer Curcio. This year the budget is £1.2m, which doesn't include the separate conference budget and finance for joint projects, such as work in the Middle East with the World Health Organization.

But as the budget has increased, so has the task ahead. 'We're always looking for where we can have the biggest impact and make the biggest inroads,' says Stimson. 'The biggest insight for me has been the mileage we can get by focusing on human rights. As a public health sociologist and researcher I've pursued the public health argument for harm reduction. But the human rights argument has been particularly powerful in providing new leverage for harm reduction'.

Among the current ten-strong staff team are Rick Lines and Damon Barratt, who opened his eyes to the range of mechanisms that could be used to call countries to account for their human rights records, in terms of the human rights conventions and treaties they had signed.

Through working with the UN special rapporteurs on areas such as the right to health, extrajudicial killings and torture, IHRA has helped 'people who hadn't had much to do with drugs before to suddenly realise that drugs and human rights are part of their mandate,' says Stimson.

Liaising with the UN High Commission on Human Rights has gone on to put pressure on other parts of the UN system. 'The United Nations Office on Drugs and Crime (UNODC) has always worked in a bit of a vacuum,' he says. 'But we're trying to break that cosy arena – what's been described as a parallel universe – and really put pressure on the UNODC by reminding it of its human rights obligations.'

'And that opens up a whole new agenda about drug law reform – looking at some of the implications of the ways drug users are treated as a result of drug conventions and national laws. If you put a human rights angle in there you open up lots of new ways to argue for harm reduction and drug law reform.' Much of IHRA's method relies on working behind the scenes to encourage and cajole reform.

Equally prominent this year has been a project to map the state of global harm reduction led by Catherine Cook. It's not just about coverage of harm reduction, but also the amount of money going into it. 'None of us have been that astute at trying to influence the Global Fund to Fight AIDS, Tuberculosis and Malaria (the biggest funder of HIV/AIDS prevention and treatment) or getting other funders to put money into global harm reduction – so globally only about 5 per cent of drug injectors have any access to any kind of harm reduction services at all,' says Stimson.

IHRA's latest report shows that global funding of harm reduction amounts to around just three US cents a day, leading to the conclusion that spending needs to increase about 20-fold.

'It means we might need to think about harm reduction in totally different ways,' he reflects. 'This might mean you don't open up needle exchanges or methadone clinics, but try to integrate harm reduction into general medical care.'

And with this statement Stimson reflects that for him, harm reduction keeps on presenting new and bigger challenges. 'Every year, every month there are new ideas about how to push it forward, and that's how it's been for the last 20 years. Every year there are new things happening – it just doesn't stand still.'

Resourcing global harm reduction will be one of many topics explored at IHRA's 21st international harm reduction conference in Liverpool on 25-29 April. Details at www.ihra.net

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