

Drugs virtual issue introduction

Drug use is a serious health risk and is strongly associated with social disadvantage. As drug use has become more widespread and visible it has become a global public health priority. As an international public health journal committed to exploring and confronting social inequality, *Critical Public Health* has published a range of research relevant to the field of public health and drug use – particularly on harm reduction approaches.

HIV and AIDS and the realisation that HIV was being transmitted among drug users through the sharing of injecting equipment (and concerns related to onwards transmission of HIV to non-injecting sexual partners) focused policy attention on the health problems associated with injecting drug use and shaped a renewed emphasis on ‘harm reduction’. Health promoters began to emphasise the importance of policies and practices that reduced the harmful consequences of drug use instead of traditional approaches that promoted abstinence and control. Most recently, the spread of hepatitis C among injecting drug users has also become the focus of increasing interest and informed harm reduction approaches.

Critical Public Health has contributed to debates critically reflecting upon the development of harm reduction, including a special edition in 2004 (volume 14, no. 4, 2004) on ‘different perspectives’ towards harm reduction. As well as articles which have highlighted the successes of harm reduction interventions and advocated the dissemination of these approaches, *Critical Public Health* has also published articles by authors who are more critical of the harm reduction movement.

An example of a successful community-based intervention to reduce the harm associated with injecting drug use – the Sydney Medically Supervised Injecting Centre – is described in Van Beek and colleagues (2004) report. This study describes a pioneering safe injecting facility in Sydney which aimed to reduce the morbidity and mortality associated with drug overdose by providing medical services for injecting drug-users. There are now over 60 safer injecting facilities in 40 countries and one of the best evaluated is the Sydney intervention. The service model described appears to have been successful in reducing risk behaviour as well as harm related to overdose in a community setting characterised by dense populations of street and homeless injectors. This project made use of data from nearly four-thousand clients who had registered at the programme to identify major risk and protective factors associated with overdoses among injecting drug-users. The authors discuss the relevance of these factors for future interventions.

Despite the emergence of successful harm reductions programmes, such as syringe exchanges and safer injecting facilities, other recent studies have highlighted the difficulty in translating the principles of harm reduction into practice for the most marginalised and excluded groups of drug-users. Two recent studies in *Critical Public Health* have explored the barriers and facilitators to implementing harm reduction interventions for injecting drug-users, in both community and custodial settings. Firstly, Strike, Myers and Millson

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(2004) outline the difficulties in finding a site for a Needle Exchange Program (NEP) in Ontario, Canada. This article reviews the literature about stigma, place and NIMBY-ism and examines the experiences of NEP staff of setting up programs in community settings in Ontario. This study highlights the socio-spatial stigmatisation of NEPs and discusses strategies which have been used to address these challenges to implementation. Kerr and colleagues (2004) focus on harm reduction in custodial settings which are a high-risk setting for drug use. This article uses a human rights framework to analyse the status of current prison policies around the world. Despite some examples of interventions that aim to reduce drug-related harm in custodial settings, there is little attention paid to prisoners' safety and health-needs. The authors conclude that the current security and correctional aims of prisons need to be balanced with a greater emphasis on harm reduction. Both these papers highlight that harm reduction interventions may be constrained by the social and political environments in which they operate.

Critical Public Health had also published work which critically reflects upon the social impacts of harm reduction discourses. Miller (2001) analyses the Australian experience of harm reduction approaches to injecting drug use and makes problematic several of the assumptions that are 'taken for granted' within the health promotion literature. Using a Foucauldian perspective, he argues that harm reduction, despite its claims to be non-judgmental and 'amoral', is dominated by discourses which represent the values of economic rationalism and utilitarianism. Miller concludes that harm reduction approaches are underpinned by this new set of dominant moral values and, the wider structural determinants of drug use, such as social and economic inequality, are still largely ignored. Roe (2005) outlines the historical development of harm reduction approaches and is also critical of the paradigm. Roe argues that, although these developments have their origins in 'bottom-up' community groups and radical political activism, harm reduction has 'matured into a conservative movement', increasingly less concerned with underlying social, economic or political structures. Interestingly, both articles criticise the use of large, epidemiological data-sets because they 'de-personalise' and serve to obscure the social context of health risk.

Like HIV and AIDS, hepatitis C has become a global public health challenge and is associated with syringe sharing among injectors. Research in *Critical Public Health* has explored the social context of living with hepatitis C and the socio-cultural meanings of the concepts used in health promotion materials targeting hepatitis C prevention. Hopwood and Southgate (2003) reviewed the literature related to diagnoses, disclosure and the discrimination associated with hepatitis C. While there has been a strong emphasis internationally on mapping the extent and distribution of hepatitis C transmission epidemiologically, the authors found that there is a paucity of sociological research about the experiences and views of those affected by hepatitis C, how experiences differ across social groups, and a need to better understand related issues, such as stigma. Treloar and Fraser (2004) take a slightly different approach to exploring the lived experience of hepatitis C risk. Drawing on sociological perspectives of the body, they examine the different models of the body represented in printed materials promoting safe injecting and explored the views of injecting drug-users about concepts such as the relationship between blood, the body and health in relation to hepatitis C. This study identified a disjuncture between how the body and blood were presented in the health promotion literature, where the body was a 'fortress' and blood was an 'external threat', and how injecting drug-users viewed blood. Despite how blood was symbolised in health

promotion materials, blood was not just seen as individually harmful but also as beneficial and a collective resource. The authors have used their research to propose a fresh approach to representing blood in educational materials. In light of the relative absence of qualitative or ethnographic research investigating the lived experience of hepatitis C risk, the study by Treloar and Fraser study is particularly timely.

While focusing on harm reduction approaches, *Critical Public Health* has also published recent sociological research exploring young adults' drug use. Studies on the determinants of drug use have traditionally emphasised individual behaviour and neglected the structural determinants. Lindsay (2003) looks beyond these individualistic explanations for youthful drug use and investigates some of the social and environmental determinants of drug use. She draws on Pierre Bourdieu's concept of the *habitus* to investigate how young people's social activities and routines influence drug consumption and other risky health behaviours, and how these vary in terms of age, gender and social background. Using survey data from Australia, this study explores the association between young people's socialising patterns and their risky health behaviours. Unlike most studies of young people's behaviour, which use schools, colleges or universities as their sampling strategy because they are relatively cheap and straight-forward, this study focuses on a group of young people who are often neglected by these methods: 15 to 25 year-olds in the non-professional workforce, such as the manufacturing, construction, retail and fast food industries. This study is helpful for identifying 'target groups' and appropriate sites for health promotion activities; however, the cross-sectional data collection means that this study can only identify associations rather than any causal effects.

These on-line articles about drug use, its determinants and recent harm reduction approaches highlight many of the most important and interesting issues currently facing researchers, policy-makers and practitioners in this field. Like all good critical and exploratory research these articles have posed plenty of new questions that need to be answered regarding drug use and public health. What are the broader social, economic and environmental determinants which influence drug use and harm, and how are these influences mediated? How can interventions that reduce harm be implemented appropriately and more widely in high-risk settings? Does harm reduction represent a genuine and lasting change in policy and practice?

Despite the broad range of different academic disciplines which the authors represent and their different perspectives, there is a consensus that drug use and the health risks associated with it are products of the social environment. This is a far cry from the majority of research exploring the public health aspects of drug use which concentrates on individual's risk-awareness and decision-making. It is also timely that critical and reflexive studies of harm reduction discourses and practices have come to the fore because there are currently very few studies which have critically explored the implications of these for how health, responsibility and the drug using subject are articulated. *Critical Public Health* is well positioned to continue to fill these gaps in the literature, studying the social and environmental structures which influence drug use and drug-related harm, and critically questioning current harm reduction discourses and practices.

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