# Review of: "A Philosophical Analysis of the Foundational Suppositions in Harm Reduction Theory and Practice"

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This paper is a chapter in an unnamed forthcoming edited volume about substance use/abuse/addiction and should make a profound contribution to it. Du Plessis argues that harm reduction models, which lead to policy interventions like needle exchanges, rest on weak philosophical grounds, specifically when rooted in extreme versions of relativism, which too easily denies material reality, collectivism, which contradicts itself by placing the needs of a community or of true believers/helpers over those struggling with (ab)use issues, and/or determinism, which denies the agency of drug (ab)users.

The paper is well-documented and easily understood, even by interlopers from other areas like myself, because the author minimizes jargon and defines his terms carefully, like any good philosopher does (and should).

My only critique is that the paper tears down without trying to build up, or at least point towards a better synthesis beyond mentioning ROSC (Recovery-Oriented Systems of Care). Perhaps I can help here.

I come to this topic from the economic and policy history of slavery and incarceration, specifically the "Uncle Tom's Cabin" chapter in my 2010 book _Fubarnomics_, my 2017 Palgrave book The Poverty of Slavery, and my 2022 article on recidivism in the _Journal of Entrepreneurship and Public Policy_.

What those pieces, and my game theoretic look at dueling with Chris Kingston, show is that sometimes simple but multi-factor models can do much to elucidate human action by synthesizing seemingly disparate previous research. It need not be explicitly quantitative to help scholars to think through the issues involved and the ways they are (inter)related.

Such an approach can also help with policy implications by revealing that no one-size-fits-all approach is likely to work. For example, AA helps many but not all and Du Plessis himself argues elsewhere that logic-based therapy can help members of some populations struggling with addiction. Numerous other approaches help some individuals but not others. I noticed the same regarding recidivism, which could be considered a type of addiction to criminal activity or perhaps incarceration. That led me to suggest, in the piece cited above, that what we need to think about are incentives for matching FIPs (formerly incarcerated persons or ex-cons in an older lexicon) to the right post-release program for them, as individuals.

The same approach, I believe, is needed for addiction recovery so that those most likely to respond to philosophy-as-a-way-of-life therapy get matched to practitioners like Du Plessis while those more likely to respond to 12 step programs get matched to AA, and so forth. The best way to ensure such matches is to pay therapists for real-world results, e.g., for every week that a patient, post-therapy, stays alive and does not (ab)use. Pay-for-treatment models encourage providers to accept all comers and to achieve results sufficient to generate a flow of new (and often repeat) clients instead of encouraging the development of more effective, innovative treatments.