

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

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The article seeks to address some fundamental notions often drawn upon when developing harm reduction approaches. The paper covers relativism, determinism and collectivism and systematically addresses the limitations of focusing solely on one of the said philosophical frameworks. To summarise the review, the paper presents an interesting abstract examination of the perspectives relating the harm reduction. However, the harm reduction/ prevention field is practical, and focus cannot be placed solely on the abstract when discussing it. The focus on the foundational suppositions of harm reduction is fine, but the limited scope of the assessment greatly hinders its value to those working in the field seeking to deliver such strategies.

While many of the points are logical (and in some cases supported by modern-day literature), much of the work lacks meaningful supporting evidence. Much of what is said throughout reads more like the author's opinion/ professional experience rather than the result of scientific inquiry or a body of evidence. Many of the citations are outdated, which is especially problematic when addressing specific issues. In many cases, the author will refer to an issue as if it is a fact and then immediately move on to critiquing it without first supporting the existence of the issues with evidence. It would be useful to provide more detailed examples of the said issues with reference to the literature; as it stands, it reads as though the author is constructing shallow (admittedly rational and logical) arguments which are not grounded in the modern literature.

In general, the paper feels rather outdated, and much of the discourse feels like it was taken from an older paper, where many of the notions discussed were still unclear. For example, how harm reduction is discussed throughout the paper feels rather outdated, as do many of the concepts presented for critique. In some cases, the author presents points that seem both outdated and confused. For example, the introduction reads, "*Since the introduction of the harm reduction paradigm in the 1980s, it has almost universally been presented as the 'self-evidently correct' and 'rational' approach to the problems associated with drug use*". This exemplifies one of the key issues with the essay, which is that it tends to present rather vague, general, and uncited arguments. It seems unlikely that a single researcher in the field would agree with the previous sentiment completely and without argument or caveats.

Similarly, later in the introduction, the author writes, "*Yet, harm reduction proponents are frequently ill-informed of the epistemological and ontological assumptions that underlie their theories and interventions*", which is again rather vague

and broad. My issue with much of the work is that many of the issues cited by the author do not seem to be notions legitimately held within the field, and as such, the critique (which is, in many places, rational) is not as useful as it could be. While the point that proponents of harm reduction approaches should be mindful of their ontological assumptions is a valid one (and especially valid when considering the role governmental and industry bodies play in funding support for those affected by substance-related harm), the work does so in a way that is lacking depth and clarity. Surely the question that follows this assertion would be to ask in what ways do these assumptions hinder meaningful harm reduction? A paper that addressed these fundamental issues more practically would be more beneficial.

In a similar vein to the last paragraph, the author has also included some information that does not seem relevant. An example of this would be the section covering a relativist view of addiction. I agree with the author's critique of this perspective, as would much of the literature, but I wonder whether the legitimacy of this perspective is even up for debate? Again, this section could have been more insightful and relevant if specific examples of this perspective impacting harm reduction discourse were presented; as it stands, the concept is discussed in an abstract sense limiting its usefulness. Admittedly, the author does address some of the consequences of this perspective later, but this is done in the abstract, and no specific real-world examples are presented.

The section addressing collectivism has two issues. Firstly, the author assumes intent when addressing those who implement needle exchanges (or other such HR approaches) as not having "*concern for the individual drug user, but rather for the benefit or protection of the general public and the reduction of healthcare costs*". While there is room to critique the effectiveness of the intervention, it seems inappropriate to directly address the motives of those implementing it. Second, the author conflates societal level harm reduction with a lack of care or concern for the individual. Community-level interventions allow for the most widespread impact at the least cost. Such interventions will not benefit everyone within the targeted cohort, but 100% effectiveness is never the goal for any harm reduction strategy. It is also worth noting that many harm reduction strategies are derived from the constraints of the environment. In a perfect world, the issue would be addressed in its totality without concern for cost or time, but the reality is that such approaches are not possible, and practitioners must, unfortunately, settle for (in some cases) minor reductions in overall harm. Later in this section, the author rightly draws attention to the fact that many harm reduction strategies are created in isolation without the input of those likely to receive it. This is a legitimate worry, but the author cites more than 20 years old examples. The harm reduction and public health fields have moved forward, and the use of experts by experience is growing rapidly.

The final section of the paper addressed the deterministic perspective. While it is true that personal responsibility impacts the development of a given addiction, how we discuss it largely depends on what we are trying to do. If the focus is on explaining the root cause of an addiction, it is impossible to avoid the impact of socioeconomic status (and social inequality). This impact cannot be understated, and one need only look at the rates of gambling or substance use across a range of countries to see its importance. The issue with underlining personal responsibility when discussing the causes of an issue is that it allows those profiting from the substance or service (alcohol, drugs, gambling companies) to completely

relinquish all responsibility for the harm caused. Examples of this would be the much criticised "responsible gambling" rhetoric that has been purported by much of the industry for several years. It is important to remember that theories do not sit in a vacuum and when seeking to reduce harm, one must be mindful of the context in which that information sits and the impact it may have on later harm/ harm reduction. The story is somewhat different when addressing treatment and recovery; in such an environment, the role of personal responsibility should be brought to the forefront as greater self-efficacy may lead to better results in terms of abstinence. It should be noted that the author is deliberately presenting a strong version of the superstitions; however, it is still important to identify this issue.

The author concludes the article by stating that the previously discussed approaches offer little value to individuals experiencing substance-related harm and instead calls for person-centred and strength-based approaches. The arguments here are valid and would likely find agreement among many within the field. However, while the author does point toward a person-centred and strength-based approach, they do not 1) explain in detail what these are and how they differ from the previously discussed perspectives and 2) do not illustrate their superiority using supporting evidence. Supporting evidence is especially important if the aim is to show that one approach is more beneficial than another. Earlier in the paper, the author cited needle exchange programs as problematic but did not provide an alternative to illustrate this last point. In summary, while the conclusions seem robust, the evidence framework to support them is lacking. In its totality, while insightful, the paper does not seem to add much meaningful and novel information to this area of discourse that would inform practice.