

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

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Potential competing interests: The author(s) declared that no potential competing interests exist.

While there are some very good points in this paper, there are some problems. The first is that the author does not seem to understand that Harm Reduction emerged as a response to the HIV/AIDS epidemic. It clearly emphasized the importance of saving lives over recovery from addictions or problematic substance use. The sentence "In the initial formalisation of harm reduction, it was conceptualized as a need partner to treatment and prevention." This is clearly not true - there was a great deal of hostility toward mainstream treatment in the early days of the Harm Reduction movement. The second is that the author only discuss what might be called public health or "grassroots" harm reduction; he does not make any mention of harm reduction psychotherapy - which is the other wing of the movement. Many of the issues that he raises are addressed in the harm reduction therapy literature. I would refer him to the work of Tatarsky, Denning, and Kellogg for a more complex understanding of change and healing within the context of the harm reduction framework.

1. He is correct about conflating drug use and addiction; I think there is a desire among many harm reductionists to not acknowledge that addiction is real.
2. Whether the interventions for substance use and addiction should be different probably depends on the framework being used. What is central here is the relationship between the harm reduction worker and the participant; it also matters if this is being done within a therapeutic framework.
3. The tensions between a collectivist and individualist understanding of problematic substance use can be reduced, if not necessarily eliminated, when one uses a parts model or a vision of the individual based on multiplicity of self.
4. The voices of users are central to many harm reduction programs - I do not see them as being ignored the way it is described here.
5. The point about "Big Pharma" is well placed. Many public health harm reduction programs use a "bio-social" model instead of a "biopsychosocial" model.

The author has gone to philosophy to challenge some of the problems and inconsistencies of public health harm reduction programs and strategies. I think that it would be more fruitful to go the harm reduction psychotherapy literature as this is where many of these issues are wrestled with and, hopefully, resolved. A slightly better understanding of the history of harm reduction and its roots in Rotterdam and Liverpool would also help to illuminate some of the forces at work in the field.