

RESEARCH AND DEVELOPMENT

Harm Reduction: Front Line

Harm reduction offers pragmatic solutions to many of the points on the list of needs of substance abusers and their social environment. However, where its intervention really comes to the fore is in those areas not reached by civilization or by the most elemental health-care services. In depressed neighbourhoods lying on the outskirts of major cities around the world, harm reduction comes up against drug users who cannot be motivated by normalisation of their behaviour, or by having a fully functioning social life, simply because their reality is inhuman and drugs end up as make-up to mask the lack of education, work, running water, electricity and the most basic of things that make a person want to be a person and to live in society. But where is society in these places? Evidently, it does not exist. AIDS and all sorts of opportunist diseases spread in these areas at the speed Concorde flies over the Atlantic. Without needle exchange or crack smoking programmes, without public health antennae camouflaged under the name of safe injection rooms, without immediate care programmes for

acute cases, without a whole range of low threshold programmes, people would be dying like flies in autumn and civilised society would be facing a far greater threat from these breeding grounds for misery and delinquency.

Just as rehabilitation programmes aiming at abstinence or others are the appropriate solution for certain users, situated in a different social stratum, so that they can recover their rights and duties as citizens, so for those people whose situation offers an inhuman reality, we have to begin by offering them a visible and immediate improvement in their daily life. A clean needle or a new crack pipe may be a good start. Then, we can start thinking about greater help.

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