



Correspondence

3 **Public health and human rights: the virtues of ambiguity**

4
 5 “If it ain’t broke, don’t fix it” says folk wisdom. The
 6 harm reduction and drug law reform movements have cre-
 7 ated more drug policy reform in the last 20 years than ever
 8 before. There are more drug policy reform and harm re-
 9 duction organizations with more members and activists than
 10 ever before. More nations are moving away from the puni-
 11 tive prohibition model pushed by the US and toward policies
 12 based on harm reduction principles than ever before.

13 So what current conjuncture of events is pushing harm
 14 reductionists and drug policy reformers to choose either a
 15 strong-rights model rooted in John Stuart Mill’s sovereign
 16 self or a weak rights model rooted in public health prin-
 17 ciples? Do the re-negotiation of important international
 18 treaties (Bewley-Taylor, 2003) or pressing pieces of na-
 19 tional legislation hinge on this choice? Will harm reduction
 20 services cease to be delivered unless allegiance is sworn to
 21 one? Have harm reductionists and drug law reformers been
 22 hampered by failing to choose between these two models?
 23 It is not clear that if some official choice along such lines
 24 were made, a vexing problem would be solved.

25 Neil Hunt’s (2004) sensible and fair-minded essay on
 26 these questions provides the welcome service of framing the
 27 issues clearly and reflecting on what the different positions
 28 might mean. In outlining distinct “stylised” versions, Hunt
 29 “attempts to capture the essence of two possible, contrast-
 30 ing positions” which he intends “as an aid to analysis”. It
 31 seems odd to question the value of greater clarity, but I be-
 32 lieve such clarity can entail certain risks that are also worth
 33 thinking through.

34 To start with, are the harm reduction movement and the
 35 drug policy reform movement one and the same? Are there
 36 people who identify as harm reductionists who do not also
 37 favour of drug law reform? Are there people who identify
 38 as drug law reformers who do not also favour harm reduc-
 39 tion? There no doubt exist some harm reductionists whose
 40 support for drug law reform stops short of full legalization,
 41 but there are some drug law reformers who feel the same
 42 way. Conversely, there are probably some drug law reform-
 43 ers who question needle exchange or the need for public
 44 health-based drug controls. But there is so much overlap that
 45 one can see the harm reduction and drug law reform move-
 46 ments as one. Their opponents in the drug control complex
 47 certainly see them as one movement.

48 At the margins, the harm reduction and drug law reform
 49 movements may attract somewhat different constituencies,

50 but this collage of constituencies is part of the combined
 51 movement’s strength. User groups are especially important;
 52 no rights were ever won without those denied those rights
 53 standing up and demanding them (e.g., anti-colonial strug-
 54 gles in India and Africa, the Civil Rights and Gay Rights
 55 movements in the US). Various health service providers,
 56 educators, researchers, and other professionals also have
 57 played an essential role. The diversity of policy preferences
 58 found among these constituencies and activists in the move-
 59 ment can make matters messy for organizers. Many of us
 60 are political cyborgs (Haraway, 1985) who take pieces of
 61 our politics from a swirling smorgasbord of sources (e.g.,
 62 simultaneously supporting strong welfare states and broad
 63 civil liberties). This makes for partial, contingent political
 64 alliances, but hybridity (Bhabha, 1994) has helped make the
 65 movement both strong and flexible.

66 This hybridity is one reason why the question posed by
 67 Hunt – should we give primacy to public health or to human
 68 rights? – has remained unanswered for so long. A diverse
 69 movement is well served by a certain creative ambiguity on
 70 such issues. Framing the issue as human rights versus pub-
 71 lic health is useful for philosophical analysis, but it risks
 72 creating a false dichotomy. Faced with the undeniable fact
 73 that hundreds of thousands of injection drug users were dy-
 74 ing and would die of AIDS, the pioneer harm reductionists
 75 carved out new political space *between* legalization and pro-
 76 hibition by stepping above the policy debate. They defined
 77 themselves as being about reducing harm – whether from
 78 drug use or drug policy, and whether or not their practices
 79 reduced drug use per se. This naturally led most to be quite
 80 critical of drug prohibition as the source of many harms, but
 81 it did not necessarily entail public calls for a basic human
 82 right to use drugs and thus for legalization.

83 Faced with the human toll of punitive prohibition, it is
 84 exceedingly difficult not to assert a basic human right to in-
 85 gested consciousness altering chemicals and thus some form
 86 of legalization. Hundreds of thousands of U.S. citizens have
 87 had their lives and families disrupted or destroyed by drug
 88 laws that mandate long sentences and have given the US the
 89 highest imprisonment rate in the world. Inspired and sup-
 90 ported by the US, the Thai government has recently mounted
 91 “drug wars” in which as many as 7000 alleged drug deal-
 92 ers on police “blacklists” have been summarily executed
 93 (Meesubkwang, 2004). Everyone in the movement opposes
 94 such drug war atrocities, but the strategic question is how
 95 can the movement best help prevent mass slaughter or mass
 96 incarceration, by arguing against the harms of punitive pro-
 97 hibition or for the right to use drugs? In my view, there is no

98 one right answer we can adopt as a matter of philosophical
99 principle that will serve our purposes in all situations. Indi-
100 viduals can make this choice, but why must the movement
101 as a whole choose one or the other?

102 The movement has succeeded where other attempts had
103 failed partly because it *blended* human rights and public
104 health, not because it chose one as superordinate. Just as
105 prohibition is functional for nation states (Levine, 2003),
106 ambiguity is functional for the harm reduction/drug law re-
107 form movement. Ambiguity helps create a large political
108 tent under which our unwieldy coalition can fit, maximiz-
109 ing our appeal, increasing membership, allowing for local
110 autonomy so that unique local conditions can be addressed.
111 Most movement members have long supported the basic hu-
112 man right to use drugs and some form of decriminalization.
113 But for over a century prohibitionists have so demonized
114 drugs and poisoned policy discourse that avoidance of the
115 question of legalization is often the only politically sensi-
116 ble strategy for accomplishing anything in the way of harm
117 reduction. In short, given the perverse politics of prohibi-
118 tion, one might be forgiven for fudging on the question of a
119 strong-rights/legalization model and the policy implications
120 that logically flow from it.

121 I am suggesting that a certain amount of philosophical and
122 logical ambiguity on this question is not an obstacle to mean-
123 ingful harm reduction or drug law reform. On the contrary,
124 it offers certain advantages. The public health principles that
125 under gird harm reduction practices have afforded much
126 needed political legitimacy to controversial policies. This
127 legitimacy is a precious resource, some of which might be
128 jeopardized if the movement were to give loud primacy to the
129 right to use whatever drugs one desires and to make legaliza-
130 tion its principal policy objective. As a citizen, I have argued
131 for the basic human right to use drugs and for decriminaliza-
132 tion for over 30 years, so I like the strong rights model. But as
133 a student of social movements, I know that adoption of that
134 approach entails certain political costs of which we should
135 at least be mindful. Movements often have more than one
136 “foundation” and manage to live with the necessary strain.
137 Indeed, thought of as pillars holding up a building, we need
138 *both* public health and human rights or the thing collapses.

139 The Angel Declaration is an immensely intelligent docu-
140 ment that may usefully be adapted beyond the UK. It need
141 not, however, be read as a demand that all members of the
142 harm reduction/drug law reform movement embrace all as-
143 pects of the strong rights model. Nearly every social move-
144 ment has been torn by the tension between those advocating
145 greater radical purity and others advocating more pragmatic,
146 incremental steps (e.g., Szymanski, 2003, on movements
147 for alcohol prohibition). In the early 20th century, the U.S.
148 labour movement was divided between a socialist left and
149 more conservative craft unions (e.g., Wellman, 1995). In the
150 1960s, the Civil Rights Movement experienced ongoing ten-
151 sions between the activists of the Student Non-Violent Co-
152 ordinating Committee and Martin Luther King’s more main-
153 stream Southern Christian Leadership Conference (Morris,

154 1984). The student movement was torn between the broad
155 movement led by Students for a Democratic Society for par-
156 ticipatory democracy and against the Vietnam War and more
157 militant splinter groups like the Weathermen who bombed
158 buildings and robbed banks (Flacks, 1988). In 2000, Ralph
159 Nader ran for President of the US to punish what he saw as
160 the Democrats’ centrist incrementalism and failure to con-
161 front corporate power. But his crusade resulted in the elec-
162 tion of George W. Bush, the hand-picked candidate of cor-
163 porate power (Domhoff, 2003; Levine, 2004).

164 The harm reduction/drug law reform movement need not
165 suffer a similar fate. Those who come to this movement from
166 the public health side well understand the harms caused by
167 prohibitionist policies. And those movement activists who
168 demand the right to use drugs as a basic human right well
169 understand that this entails risks and harms that must be
170 addressed. Whether it is easier to establish a basic human
171 right to use and then push for public health than to establish
172 public health and then push for human rights, depends upon
173 the constellation of political circumstances in a given society
174 at a given moment in history. For now, the movement needs
175 all the members it can get, whether they lean toward a strong
176 rights or a weak rights approach.

177 Whether public health or human rights eventually emerges
178 as the defining principle in this movement is ultimately less
179 important than the shift in sensibility that it already has
180 engendered. The harm reduction/drug law reform movement
181 has demonstrated that punitive prohibition harms *both* public
182 health *and* human rights, and it has persuaded officials in
183 many nations who are charged with doing something about
184 drug problems on the ground. The drug control complex of
185 the US and the UN retains power, but it no longer enjoys
186 unquestioned hegemony. This is why, despite intense US/UN
187 pressure, Switzerland, Germany, England, Australia, Spain,
188 Portugal, Belgium, and Canada have all moved in the Dutch
189 direction and away from the prohibition *uber alles* position
190 of the UN conventions. In some countries, the movement
191 will stress rights while in others it will stress public health.
192 We need a moveable mix we can adapt to country-specific
193 conditions, which are themselves ever-changing.

194 **Uncited reference**

195 Mill (1946).

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