

Commentary

Critiques of harm reduction, morality and the promise of human rights

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Abstract

This commentary critically reviews recent criticisms of harm reduction which argue that ideological limitations and a reluctance to express moral commitments are major factors preventing it from developing its full potential. It argues that, rather than a paradigm which is failing to live up to underlying ideals of freedom and human rights, harm reduction is better viewed as an assemblage of practices and goals with varied outcomes. Moreover, its professed value-neutrality can itself be seen as a powerful intervention in the moralised arena of drug debate. The commentary also suggests that the discourse of human rights may not be politically efficacious in the arena of drug use and suggests another ethical perspective based on open-ended debate, practices of freedom and a respect for difference.

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Introduction

Almost as soon as the concept of harm reduction gained wide circulation in the late 1980s, commentators began arguing that clarification of its defining characteristics and principles was crucial to its successful incorporation into policy and research (Newcombe, 1992; Strang, 1993). Therefore while harm reduction has been straightforwardly presented by many of its supporters as a progressive, practical and self-evidently effective approach to drug use, a self-reflexive and critical mode has also been a characteristic aspect of harm reduction literature. This critical work has included discussions of issues such as the relationship between risk and harm, the relationship between legalisation and harm reduction, the genealogy of harm reduction and the challenges of measuring different dimensions of harm. Important debates about how to define harm reduction and how to evaluate harm reduction programs have also taken place.

However, recent issues of this and other health journals have contained a different kind of critique of harm reduction which focuses on its ideological framework as a major factor preventing it from fulfilling its potential as a social policy. These are sympathetic but rigorous critiques that generally urge an expansion or re-invigoration of harm reduction and express a sense of disappointment with its development

and performance. This commentary critically reviews and responds to some of the arguments made in these critiques, particularly in relation to the issues of morality, human rights and the role of public health. The main focus is the article of Andrew Hathaway (2001) 'Shortcomings of harm reduction: toward a morally invested drug reform strategy', which argues against the 'value-neutral' discourse of harm reduction in favour of an explicit articulation of its deeper moral concerns. Also discussed is the article by Nadine Ezard (2001) on the benefits of expanding harm reduction to include 'vulnerability reduction' and the Peter Miller (2001) Foucauldian critique of harm reduction.

The aim of this review is not simply to defend the dominant paradigm of harm reduction from its recent critics, as they raise important and under-recognised problems in drug policy. However, it does argue against the call for harm reduction to become more openly morally-invested, made eloquently by Hathaway and less directly by Ezard. As many commentators have pointed out, one of the distinguishing elements of harm reduction has been its commitment to an amoral approach to drug use. This may not be achievable in practice, but it is a powerful rhetorical intervention in the highly moralised landscape of drug debate. Connected to their desire for an expanded vision of harm reduction, Hathaway and Ezard also advocate the use of human rights themes and discourse in relation to drug use. While human rights are highly effective tools for argument in some contexts, it is not clear that their mobilisation in

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the field of drugs will be politically efficacious. In fact, they may work to reinforce a universal model of the ‘normal’ sovereign individual that pathologises and marginalises drug users.

Finally, this review briefly addresses some of the difficult questions which arise out of recent Foucauldian analyses which characterise public health as a regulatory regime. Peter Miller criticises harm minimisation for increasing the surveillance and control of drug users and failing to challenge dominant medical, legal and economic discourses. Taking this criticism seriously requires an interrogation of the aim of improving health through changing individual behaviour. How can well-being be promoted without exercising some form of disciplinary power and encouraging conformity to externally-imposed values? What kind of public health respects the freedom of others? Engagement with these questions is an important part of drug policy debate, but solutions to the problems they raise is unlikely to be found by restating moral principles.

Harm reduction and morality

The value-neutral standpoint of harm reduction toward drug use and drug users is commonly identified by its supporters as one of its major strengths (Erickson, Riley, Cheung, & O’Hare, 1997; Rumbold & Hamilton, 1998; Strang, 1993). In opposition to strategies based on ‘arbitrary moralism’, the philosophy of harm reduction is generally assumed to promote rationality, pragmatism and utilitarianism in the development of drug interventions (Newcombe, 1992; O’Hare, 1992). Because the primary aim is reduction of harm rather than the attainment of ideals such as ‘a drug-free nation’, strategies can theoretically be assessed through an objective calculation of consequences, both costs and benefits. As many commentators have noted, however, such measurement is impossible in practice because the nature of harm is itself open to interpretation and judgements of harm themselves contain moral assessments (see Valverde, 1998) and, as pointed out by one of the reviewers of this article, it could also be argued that harm reduction is not so much value-neutral, but rather expresses and promotes values that are so widely accepted that they are not subject to debate. Instead they tend to be regarded as objective ‘goods’, for example, the protection and promotion of public health (although of course the *means* of promoting these values/goods is highly contested). Nevertheless, an expressed commitment to value-neutrality and a preference for pragmatic solutions over abstract ideals remain key elements distinguishing harm reduction from other approaches.

In its strongest form, the value-neutrality of harm reduction is seen as requiring a rigorous refusal to support or oppose any view about drug use, except as far as it increases or decreases harmful consequences. Taking this line, Strang (1993) argues that “The true champion of harm reduction is not necessarily anti-drugs; nor necessarily pro-drugs A

pre-determined position on drug use as intrinsically ‘bad’ or ‘good’ has no meaning in this context, where the response is determined solely by the extent of observed or anticipated harm which results from drug use. Thus the champion of harm reduction is neither for nor against increased civil rights for users . . . neither for nor against the legalisation or decriminalisation of drug use . . . except insofar as one or other of these choices influences the nature and extent of harms consequent upon the drug use” (1993, pp. 3–4). But this vision of perfect neutrality is challenged by the intensity of moral discourse already surrounding drug use. As O’Hare (1992) has noted, commitment to harm reduction inevitably brings with it an engagement with questions about the social and legal status of drug use. For example, he asks, social stigma prevents users from accessing services, so should harm reduction workers endeavour to change public attitudes toward drug users? (1992, pp. xv–xvi). Moreover, social stigma itself could qualify as a harm of drug use and since illegality produces some of the most obvious harms of drug use, investigation of drug laws is also well within the scope of harm reduction.

Thus, the crucial point masked by the strong discourse of value-neutrality is that in a context where drugs are predominantly identified as bad (or even evil) and drug use as pathological, a view that drug use is neither right nor wrong is *not* neutral, but is itself a committed and critical standpoint. Humanistic values, respect for the rights and dignity of the drug user and even a libertarian foundation are listed by others in the field as important characteristics of harm reduction (Newcombe, 1992; Riley et al., 1999). However, the specificities of what it means to respect the rights of drug users, what a humane value system requires in terms of drug policy and how these values interact with the objective evaluation of harms and benefits tend not to be spelled out in detail.

The tension in harm reduction between value-neutrality and utilitarianism and the liberal commitments of many of its supporters is astutely highlighted by Stephen Mugford (1993) in his exploration of the incoherencies of harm reduction. Mugford points out that following the utilitarian logic of harm reduction to its end would result in Draconian anti-drug strategies, highly unpalatable to supporters of harm reduction with their concern for civil liberties and humane policies. This is firstly because of the difficulties of measuring, or indeed acknowledging, the subjective benefits of drug use (excitement and pleasure) against the more obvious and seemingly objective harms (1993, p. 28). Secondly, because ‘neutral’ cost-benefit analysis will often lead to the sacrifice of individual rights in favour of the greater public good (1993, p. 29). Therefore, it is hardly surprising that the most ardent anti-drug campaigners are able to identify themselves as harm reductionists. One defence against this possibility is insisting that a harm reduction program is, by definition, one in which ‘the primary goal is the reduction of drug-related harm rather than drug use per se’ (Lenton & Single, 1998, p. 216). But of course, definitions themselves

can always be contested. The question then becomes who has the authority to define harm reduction.

The tension between harm reduction as ideological commitment and harm reduction as neutrality is the ground from which the critique of Hathaway (2001) emerges. He argues that harm reduction is limited by practical and ideological problems because its strictly empirical approach and value-neutral discursive style is undercutting its deeper moral foundations. In its attempts to take a middle road and forge common ground with dominant ‘temperance mentality’, it sacrifices its inherent commitment to human rights and ‘liberty-based’ values (2001). It is also ‘vulnerable to debasement and co-option by proponents of curative abstinence’ (p. 127). For instance, the reluctance to acknowledge research findings which show that experimental drug use is a normal part of adolescent development and that it may in fact improve psychological health, prevents genuine reform of abstinence-based drug education (pp. 128–129). Overall, Hathaway claims, harm reduction promotes ‘endangerment’ rather than a human rights framework of ‘drug use entitlement’ (p. 125).

The first point to be made is that Hathaway is not simply describing harm reduction when he talks about its deeper foundations and underlying ideals. Rather, his account constructs a particular version of what harm reduction should be by attributing to it an essential identity and then highlighting the ways in which it is failing to live up to its true beliefs. As noted earlier, themes of both pragmatic neutrality and liberal humanism are found in accounts of harm reduction. It is just as possible to argue that the identity of harm reduction lies in its pragmatic rhetoric and varied and flexible practices and programs, rather than the liberal ideals promoted by many of its advocates. In this case, there would be no deeper moral foundation against which to judge the rightness or wrongness of different strategies, they would be evaluated instead on the basis of their specific consequences. As I have already argued, this kind of pragmatism is one of the distinguishing characteristics of harm reduction. Indeed, it is not clear that the hierarchical depth and surface metaphor employed by Hathaway is a useful way of understanding public health interventions. These kinds of programs are practices of government, assemblages of techniques and goals, designed not so much to express moral truths, but to produce certain outcomes. This is not to say that political principles should not be discussed and advanced, but judging drug policy on how clearly it expresses moral ideals ignores its specific functions and demands.

Perhaps my view is mediated by writing in the Australian context, where harm reduction strategies, such as needle exchange programs, have been relatively successful in attracting support. The most notable, recent success has been the establishment of a state funded safe-injecting room in Sydney, which opened in 2000 after lengthy legal battles. On the other hand, the strength and successes of opposition to harm reduction should not be minimised. The implementation of harm reduction strategies in Australia has occurred

despite a robust anti-drug public discourse, a continuing emphasis on law enforcement and powerful support for prohibitionist policies, including from the current Prime Minister. This kind of opposition has blocked other proposed harm reduction interventions, for example, in 1997 a small trial of prescription heroin for addicts in the Australian Capital Territory faced vocal public opposition and was ultimately prevented from proceeding by the Prime Minister. Nevertheless, achievements such as the safe injecting room, limited and hard won as they are, are made possible by framing drug use as a technical and public health problem rather than a moral issue. Couching harm reduction in grander narratives of freedom and morality runs the danger of locating the debate even more firmly in the domain of those who feel they know the truth about how human beings should live. Moreover, there is the danger of a kind of political romanticism in which the everyday, practical achievements of programs, such as needle exchanges, are minimised by being measured against a goal of perfect freedom. To draw on a distinction made by Foucault (1988), concrete practices of liberty can be much more useful in forming ethical modes of life than repeated affirmations of the importance of liberation (1988, p. 3).

While the position I have outlined does not answer the important question of how to respond effectively to the dominance of the punitive criminal justice model, it suggests that the search for one perfect answer or single alternative model is unlikely to succeed. Rather, it suggests that the benefits and limitations of alternative interventions, which might include strategies such as drug courts, are difficult to predict in advance and need to be assessed (and continually re-assessed) in context.

Drugs and human rights

The critical points made above do not require us to accept that current drug legislation is ethically justifiable. Prohibitionist policies threaten the freedom of users, damage their health and constitute them as marginal and stigmatised subjects excluded from normative categories of citizenship, such as ‘the general public’. Challenging the demonisation of illicit drug use and the current parameters of thinking about drugs is crucial if we wish to support forms of social organisation which respect the ability of others to live their own lives in their own way. Adopting a discourse of human rights is one way of making strong claims for the interests of users and against the status quo. In Hathaway’s view, human rights are not only at the core of harm reduction, they also offer a necessary moral grounding for arguments for social change and policy reform (p. 135). Their particular power lies in their constitution of autonomy as an inherent, foundational and universal value and their respect for individual freedom of will. A human rights framework presents prohibition as not only irrational but immoral because it violates the autonomy of the individual that is at the core of what it is to be human.

Further arguments for placing human rights at the centre of harm reduction are made by Nadine Ezard (2001). Ezard's main concern is to expand the paradigm of harm reduction to include 'vulnerability reduction' as well as the reduction of risky behaviours. Vulnerability is here understood as the broad complex of individual and social factors which underlie and increase predisposition to risk (p. 213). For example, levels of self-esteem may mediate individual vulnerability, while community cohesion and fragmentation may mediate collective vulnerability to harmful drug use (pp. 213–214). Taking vulnerability into account allows broader interventions in areas such as education and employment to be recognised as a necessary part of harm reduction.

For Ezard, a focus on human rights is important because it highlights the obligation of the state to reduce the vulnerability of individuals as well as their risk of drug-related harm. Specifically, she argues that there are two ways in which human rights obligations relate to drug use. Firstly, states are obligated to provide services and conditions that minimise harms of drug use, ranging from medical treatments and child care to an adequate standard of living for all. Secondly, the failure of states to respect and protect human rights obligations may contribute to the conditions that increase the likelihood of drug-related harm (p. 215). For example, discrimination may increase the vulnerability of individuals and groups to such harm.

While Ezard mentions in passing issues such as harassment, mistreatment and arbitrary arrest of drug users (p. 216), her deployment of human rights does not explicitly include the themes of freedom of choice, autonomy and drug-use entitlement central to Hathaway's argument. In her view, human rights primarily require states to do more to protect and care for people, to intervene more extensively in their lives, rather than lessen their control over their conduct. Thus, Ezard's rights-based perspective seeks to extend the reach of government drug strategies into areas of life well beyond those directly related to drug use. Indeed, it could be argued that by expanding the purview of harm reduction to include predisposing vulnerabilities, Ezard's approach strengthens the view of drug use as inherently negative, dangerous and arising out of individual and social deficits. Again, this is contrary to Hathaway's call for harm reduction to recognise the benefits of drugs as well as their costs. These differences demonstrate that adopting a discourse of human rights will not provide an end to the debates about harm reduction and its defining characteristics and principles. The nature of human rights and the principles they entail are equally open to contestation. In particular, there is a fundamental tension between a demand for care and protection by the state and a demand for freedom from state regulation which are both expressed in the language of rights. Therefore, invoking human rights does not automatically lead to particular principles and policies, these will still have to be argued for in less abstract terms.

In addition, there are particular characteristics of dominant conceptualisations of human rights which may limit

their usefulness in the arena of drug use. As Johnson (1993) has argued 'Because rights are categorical, they often come in contradictory pairs: the right to life versus the right to reproductive choice, for example. Nothing in the *concept* of rights can negotiate the conflict that arises out of such binary opposites' (1993, p. 7, emphasis in original). Thus, the rights of drug users, especially in the form envisaged by Hathaway, will inevitably come up against entities, such as the rights of children (to have drug-free parents), the rights of non-drug users (to be protected from public drug use and health risks), the rights of tax-payers (not to pay for self-inflicted medical costs) and so on. It may still be possible to argue that the rights of drug users trump these competing rights, but the dominance of anti-drug sentiment and authority of medico-legal discourses on drugs would make these difficult contests to win. Indeed, embarking on debates about human rights is likely to increase the political obstacles faced when implementing harm reduction strategies, by explicitly linking such strategies to a powerful challenge to existing drug legislation.

The assumption that a commitment to promote human rights and the commitment to reduce drug-related harm are inherently and inevitably compatible is also contestable. There are bound to be situations where the two 'goods' conflict. For example, it could be argued that women (or at least certain types of women) have been protected from some of the physical harms of excessive alcohol consumption by social systems that promotes gender inequality. In some contexts, promoting 'women's rights' could lead to an increase in their drug-related vulnerability and harm. On a smaller scale, the harms of cigarette smoking have been reduced by taking away or at least limiting the right of smokers to smoke in public spaces, which was once taken for granted. Many would argue that such regulation of smoking is in fact an overall increase in rights because it protects the rights of non-smokers, but the point is that an inherent consistency between rights and harm reduction does not exist. Indeed, individual rights are seen as valuable specifically because they are a way of defending individual desires against the competing claims of collective goals and general benefits, such as the reduction of harm.

Another obstacle facing 'drug users' rights' is the particular liberal conceptualisation of the sovereign individual expressed in the dominant discourse of human rights. This is centred on ideals of autonomy and rationality, which are presumed to be the necessary attributes of full subjectivity and the basis of individual moral agency (Shildrick, 1997, p. 63). Contemporary understandings of addiction as a disease of the will, in which the addict loses control over her behaviour and her life, produce the addicted as virtually the opposite of the rational, autonomous individual. The vision of the addict as profoundly irrational and unfree, combined with a regulatory ideal of autonomy, is used, paradoxically, to justify coercive practices, such as compulsory treatment. Certainly, drug use does not equal addiction, but the demonisation of drugs is also, in a large part, fuelled by their

presumed ability to destroy an individual's autonomy and instead reduce them to an inhuman state of dependence. Because of this particular relationship between drugs, addiction and autonomy, the abstract language of rights could easily act to conceal the specific injustices and inequities faced by drug users. It could also work to naturalise the oppressive legal, social and economic situations faced by some illicit drug users as a result of their failure to attain the status of a rights-bearing and rights-exercising individual.

As an alternative to thinking in terms of rights and moral ideology, a less abstract approach to the ethics of drug policy has been suggested by Stengers and Ralet (1997) (writing with Olivier Ralet). For Stengers, ethics and morality are significantly different. While 'morality is concerned with statements like 'must one', or 'must one not'', ethics "must, above all else, ask the question, 'Who am I to say to the other 'you must' or 'you must not', and how will this statement define my relation to this other?'" (1997, p. 222). In relation to drug laws and other issues of 'community management', the state must ask itself this question and ensure that it is addressing individuals without anticipating their stupidity or infantilism, otherwise democracy becomes nothing more than 'leading the flock' (p. 223). Stengers argues that a technical approach to problems, such as drug consumption, is the best way of meeting this ethical necessity. She uses the term technical to describe an approach which does not impose a moral consensus, but rather demands a continuing debate amongst many divergent experts and interests, a debate which sets forth detailed information about the parameters of the problem and the risks and benefits of different choices the community might make. This seems to me a kind of ethical perspective highly compatible with the pragmatics of harm reduction. It focuses attention on the effect of different programmes and campaigns on individuals' capacity for freedom and ethical self-formation, rather than promoting freedom as a moral principle or universal ideal.

Public health, morality and regulation

At first glance Peter Miller's critique of 'harm minimisation ideology' argues almost the opposite case to the article of Hathaway (2001). For Miller, the problem is not that the harm reduction paradigm is not living up to its liberatory potential. Rather, harm reduction in both its theory and current practice reveals itself to be a prime example of 'surveillance medicine', a disciplinary regime of power and knowledge that regulates both individuals and populations. While claiming amorality, harm minimisation in fact promotes a prescriptive moralism, based on the duty of citizens to be healthy. It also unthinkingly applies middle-class values to drug use, reproduces categories, such as 'abnormal' and 'pathological', through its reliance on epidemiological knowledge, takes attention away from issues such as poverty and inequality, and increases the power of medical expertise.

In this critique, as in that of Hathaway, there is the sense of policy, strategies and practices failing to bring into being an idealised state of freedom and non-regulation.

However, Miller's disruption of the conventional view of harm reduction as fundamentally progressive and inherently emancipatory is valuable. He also makes explicit the important point that a focus on the reduction of harm to the wider community does not necessarily translate into a reduction of harm to the drug user. While models of harm reduction routinely divide harm into those faced by the individual, community and society (see e.g. Ezard, 2001, p. 209), the complex and sometimes contradictory relationships between these harms are not often discussed. Miller argues that the primary impulses propelling programs, such as needle exchanges, have been the protection of the 'general public' and the reduction of health care costs, rather than concern for the well-being of drug users. Therefore, it makes sense that harm reduction avoids confronting the very things that produce the most harm for drug users: drug laws, dominant discourses of drug use and the stigmatisation of users. From this perspective, the specific and definite benefits of existing interventions (which may occur despite the intentions of policy makers) fade into insignificance when compared with the hypocritical complicity of harm reduction with the existing drug control system.

But there are tensions in Miller's analysis which raise broader questions about public health, regulation and freedom. One of his arguments is that the reliance on epidemiology easily becomes 'a depersonalising and alienating perspective towards what is a highly individual problem' (p. 173). But he also criticises the way public health practices focus on the individual and produce subjects who objectify and monitor their own bodies (p. 171). Thus, both population-based and individual-focused strategies are suspect because of their attempt to change behaviour and form people into particular types of self-regulating citizens. While the normalising aspects of public health deserve trenchant critique, the search for a perfect practice unpolluted by and outside of power itself seems part of the neo-liberal morality of individual freedom and responsibility challenged by Miller and the compelling question of how to encourage and enable people to care for themselves remains. Miller interprets safer-injecting messages as regulatory attempts to reduce the public health costs of heroin use (p. 171), but they can also reduce the transmission of health-damaging viruses. They also constitute illicit drug users and addicts as people who are able to care for themselves (and others) and make decisions about their bodily practices. This is surely a challenge to the status quo, although it may not be couched in explicitly radical discourse. The recruitment of drug users into programmes of disease prevention can be negatively classified as the production of disciplined subjects, but it also enables these drug-using subjects to make new demands of authorities and claims about their needs.

Government strategies which aim to produce a population of healthy, enterprising and productive citizens, clearly

require scrutiny and active forms of resistance because they subjectify individuals and limit the possibility of different forms of existence. However, an overarching suspicion of regulation can lead to a position where all health programs and medical care are diagnosed as inherently oppressive. This stance can bring about a conceptual and practical impasse in which attempts to care for others and for oneself can only be diagnosed as paternalism, surveillance or co-option into a disciplinary regime. But there are other ways to envisage the demands of care which also respect the freedom and difference of others. In an insightful article on the ethics of policy and treatment for pregnant drug users, Roe Sybylla (2001) has suggested that caring can be consistent with an ethics grounded in freedom. Drawing on Foucault's understanding of ethics and freedom, she argues that care is best thought of 'as a disposition or attitude that may be incorporated into one's own freely chosen rules of conduct, where respect for one's own and others' freedom is the fundamental principle' (2001, p. 79). What is crucial is that freedom here is not an absolute ideal, nor a natural human attribute. Rather it is the capacity to actively reflect on and author one's own actions, a capacity that can be enhanced or diminished by techniques of government. Like Stenger's approach, such a perspective enables us to examine specific harm reduction strategies, not only in terms of vulnerability and risk, but also in their constitution of individuals for whom this kind of self-determination is possible. While a concern with the ethics of freedom may seem a long way from the defence of pragmatism that opened this paper, there is an important connection. In the current field of drug policy and debate, discourses of practical utility seem more likely to promote practices of liberty than are investment in moral truths.

Conclusion

This review has responded to recent critiques of harm reduction which focus on its ideological framework and moral elements. It has argued that rather than a paradigm which is failing to live up to underlying ideals of freedom and human rights, harm reduction is better viewed as an assemblage of pragmatic practices and practical goals with varied outcomes. This is not to say that harm reduction has no role in challenging dominant discourses and practices of drug policy. Its pragmatism, avowed value-neutrality and constitution of drug use problems as technical rather than moral are themselves significant interventions in the moralised realm of drug debate. Moreover, its technical approach is a fruitful basis for imagining and working towards a particular style of ethics which supports open-ended debate and respects the freedom and difference of others.

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