Effective Messaging for Harm Reduction.

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HERE'S THE
STORY
itv NEWS

Drug Policy Responses

(1) Supply reduction

(2) Demand reduction

(3) Harm reduction

Historically, for school pupils & university students, the focus has been on demand reduction / prevention

Whereas there has been a greater focus on harm reduction for wider drug using communities, eg. in response to HIV in 1980s (for dependent PWUD) & rave culture in 1990s (for recreational PWUD)

Harm Reduction

"Policies, programmes, services & actions that work to reduce the health, social & economic harms to individuals, communities & society that are associated with the use of drugs" (Newcombe, 1992)

Harm reduction is pragmatic & grounded in public health

While all drug use carries risk, some people will choose to take drugs anyway & there are measures which can be taken to reduce harm

Accept some people use drugs & meet them where they are.

Harm Reduction is not

- Encouraging drug use or saying people should take drugs.
- "Drug pride".
- Facilitating poor public health outcomes.

Harm Reduction is about reducing risk

THERE IS NO SUCH THING AS "SAFE" DRUG USE, WHETHER TALKING ABOUT LEGAL OR ILLEGAL DRUGS

RISK OF DEATH FROM DRUG USE & OTHER ACTIVITIES IN UK

Annual mortality rates for drug use compared with AMRs for leisure activities & other exposures - 2021

LEVEL OF RISK			TYPE OF EXPOSURE (BEHAVIOUR/EXPERIENCE)		
SDU	Numerical risk	Risk category	Drug use	Leisure activities	Other activities/experiences
0	1 in 1 to 1 in 5 (100% to 20%)	*Maximum*		Climbing Annapurna	Resuscitation from cardiac arrest
1	1 in 10 (1 in 6 to 1 in 50)	*Extremely high*		Climbing Everest Russian roulette	Intensive care patient Hospitalization with Covid-19
2	1 in 100 (1 in 51 to 1 in 500)	*Very high*	Prescribed drugs (overall) Heroin injecting; Methadone Benzodiazepines/Sedatives Tobacco (cigarettes etc.)	Climbing in Himalayas Grand Prix racing Extreme sports (e.g. base jumping)	Deep Sea Fishing; Bomb disposal Surgery; Suicide attempt Neonates/Infants; Homelessness Drug treatment (esp. opioid users)
3	1 in 1,000 (1 in 501 to 1 in 5,000)	*Quite high*	Alcohol; Butane/Fuels Anti-depressants; Anti-psychotics Cocaine; Amphetamine; NPS Buprenorphine; PMA/PMMA	Flying/Parachuting Mountain climbing Motorcycle racing Canoeing	Oil rigs; Mining; Motorcycling Air pollution; Fires/Smoke; Assault Medical treatment; Asylum seeking Anaesthesia; Austerity; Sex work
4	1 in 10,000 (1 in 5,001 to 1 in 50,000)	*Medium*	MDMA (ecstasy) Heroin smoking Other opioids (*e.g.* tramadol) Ketamine/Dissociatives	Motor/Road sports Water sports; Swimming Mountain hiking Clubbing/Festivals	Suicide; Falls; Childbirth (mothers) Police - contact, custody, tasers Military; Liposuction; Cold homes Food/Eating; Mobility scooter
5	1 in 100,000 (1 in 50,001 to 1 in 500,000)	*Quite low*	Aspirin; Paracetamol Alkyl nitrites (poppers) Anabolic steroids Nitrous oxide; Aerosols	Snow-Ice sports/Skiing Fighting sports/Boxing Sports spectatoring Marathons	Choking; DIY; Beds; Stairs; Ladders Rail/Sea travel; Cycling; Wheelchair Road/Car travel; Bugs; Helicopters Cosmetic surgery; X-rays; Homicide
6	1 in 1 million (1 in 500,001 to 1 in 5,000,000)	*Very low*	Cannabis/Phytocannabinoids Raw opium; Kratom Glue/Paint-thinners LSD/Lysergamides	Athletics, Running Horse-riding; Skating Fairground; Toys Field/team/ball sports	Furniture; Baths; Hot water; Vaccine Cooking; Cleaning; Gardening; CO Electricity; Pens; Cattle; Crossbows Flights; e-scooters; Sex; Bus travel
7	1 in 10 million (1 in 5,000,001 to 1 in 50,000,000)	*Extremely low*	Nicotine vapes; Kava Other phenethylamines DMT/Tryptamines; Tropanes	Playground/Park; TV Computers games Audience; Trampoline	Dogs; Nuts; Milk; Terrorism; Toilets Covid vax; Toasters; Gas explosions Lightning; Fireworks; Starvation
8	1 in 100 million (lower than 1 in 50,000,000)	*Minimum*	Caffeine/Xanthines; Mescaline Psilocybe; Amanita muscaria Coca; Khat; Ayahuasca; Salvia	Reading; Joking Table/board games Juggling; Puppetry	Masturbation; Execution; Meteorites Sharks; Snakes; Cats; Hedgehogs Earthquakes; Elevators; Escalators

Communicating Harm Reduction

Communicating Harm Reduction

- **Who** is delivering the harm reduction communication?
- Who is the harm reduction **being communicated to**?
- What is the **evidence** behind the communication?
- What **language** is being used?
- What **platforms** are being used to communicate?
- What is the **legal, policy and cultural context** you are communicating within?

Who is delivering the harm reduction communication?

- When communicating harm reduction messages, it is important to think about **who is providing the message**.
- **Trust** and **credibility** are essential when communicating information and associated risk.
- Without these essentials, people are much less likely to accept and follow guidance and public health information.
- Trust & credibility are challenging when communicating drug-related information, if also enforcing '**zero tolerance**' or promoting '**just say no**'. Evidence on drug use prevention messaging suggests that they are largely ineffective.
- Credibility and trust are hard to build but easy to lose – it can just take one mistake or error to lose them.

Who is harm reduction **being communicated to**?

- People who take drugs are a heterogenous bunch, including variation in:
  - Drug literacy,
  - Health literacy,
  - Reasons for taking drugs,
  - Risk taking behaviours,
  - Gender,
  - Health,
  - Reading age,
  - Drug taking experience.
- When communicating harm reduction it is important to scrutinise your message and think about how it might be understood by different recipients.
  - Ecstasy vs MDMA

What is the **evidence** behind the communication?

- Getting information wrong can quickly erode credibility, and worse, can lead to people engaging in higher risk behaviours, and seeking alternative sources of information on drugs, often including rumour, anecdotes and misinformation.
  - *"If you spit the drip when you take ketamine, it won't harm your bladder"*
  - *"If someone's body temperature is over 40 degrees on MDMA call an ambulance"*
- Harm reduction must be factually accurate.
  - If you are unsure about information or communication you are going to make, do not include this in your messaging
  - Consult with credible sources – get support from *The Loop*!

What is the **evidence** behind the communication?

"Please be aware that spooky ghosts are not MDMA and are 2CB. It is a synthetic cathinone known as Bath Salts or Monkey Dust and will cause a completely different reaction including aggressive behaviour."

Reading Festival, 2018

What **language** is being used?

- Language should be **clear,** easy to **understand** and **accessible**, and whenever possible, **unambiguous**
- Avoid **exaggerating** risk
- Be **objective** rather than subjective
  - "is extremely dangerous" vs "has been associated with a number of fatalities".
- Avoid using **stigmatising** language
  - "addict", "hard drugs", "misuse", "abuse", "alcoholic"
- **Unbiased** & **neutral** – does not condemn nor condone

What language is being used?

When raising a **threat**, accompany it with clear, easy actions for people to **reduce** the risk of that threat (why & how)

- *"Be aware of the risk of BBV's from sharing notes"*
- *"There have been hospitalisations associated with high strength ecstasy pills"*
- *"Using banknotes to snort drugs increases your risk of catching a virus – use your own snorter, such as a plastic straw"*
- *"If taking ecstasy, start with a quarter and wait at least 90 minutes before redosing"*

What language is being used?

Poorly chosen wording can lead to people ignoring the message – or worse counterproductive behaviours.

- *"Warning – do not take any pills tonight. Pills in circulation have been causing severe reactions"*
- *"High strength cocaine in circulation. Avoid."*

Avoid unnecessarily causing speculation or fueling uncertainty - however, sometimes there is uncertainty, and this can and should be said.

- *"We're becoming increasingly concerned about reports of a potentially lethal batch of drugs circulating in the city.*

  "It remains to be seen how widespread the issue is, however the recent hospitalisation of several people and the death of a young person over one weekend, suggests that this is not an isolated incident."

What platforms are you using to communicate harm reduction?

- How are you reaching your intended audience?
  - Is this appropriate for the people who you want to communicate with?
- Could it be shared out of context?
  - Harm reduction communications may only be applicable at a certain time or in a certain place.
- How urgently do you need to communicate the message?
- How will it be disseminated? Will it be easy for other groups to understand and adapt?

What is the legal, policy and cultural context you are communicating within?

- (Illegal) drugs and alcohol hold different legal and cultural statuses.
  - Alcohol harm reduction can be viewed by critics as paternalism.
  - Drug harm reduction can be viewed by critics as condoning drug use.

- Within a university context, what are the attitudes of parents, donors, students, local, national and potentially international stakeholders?
  - Difficult balance communicating risk while keeping all stakeholders on-side.
  - Be absolutely clear why you are communicating harm reduction in the way you are.

Types of Harm Reduction communication

Types of harm reduction communication

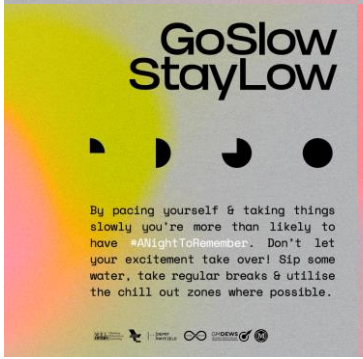
- General: covers a wide range of situations and is applicable in a number of circumstances.
  - "Look after your mates"
  - "Seek help if unwell"
- More specific: a particular drug or drug taking behaviour.
  - "Start with a quarter and sip water"
- Time limited campaigns: targets a specific trend or phenomenon that has arisen.
  - "Pills that look similar can contain completely different drugs"

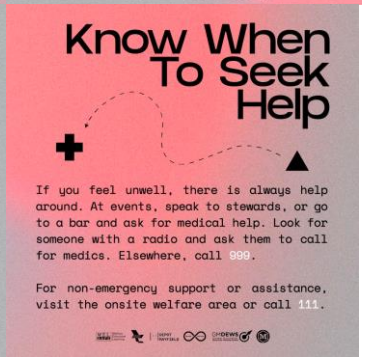
- Suitable when: you want to message a large audience with very simple messages that will be relevant for a wide range of people at different times and in many situations.
- Suitable when: you want to communicate about a particular and typical drug taking behaviour.
- Suitable when: you want to respond to a specific drug related risk that has emerged.

Types of harm reduction communication

- Drug alerts: focuses on a particularly high risk substance or adulterant in circulation.
- Suitable: when you have concerns that a substance could cause serious harm & have strong evidence to believe it warrants an alert

General harm reduction communication:





More specific harm reduction

Time specific campaigns

Time specific campaigns

Year	Avg. Pill Strength	Range* (in mg)	MDMA products with no MDMA
'19	194 mg	74-320	7%
'21	157 mg	70-287	45%
'22	167 mg	58-271	11%

Source: The Loop

* Excluding outliers (under 1% and over 99% percentile)

ALERT: Yellow Spongebob pills with 4-CMC tested at Parklife 2021

This cathinone is a potent stimulant, reportedly missold as MDMA. No MDMA was detected in these pills.

It is **1.5-2x stronger** than MDMA with similar duration. There are enough similarities to MDMA to mislead people but it is **less empathogenic** & **more stimulating**, even in large amounts, leading to harmful redosing.

These pills have been linked to **medical problems** in festivals & nightlife venues.

Seek medical help if you experience any of the following: *significantly raised temperature, excessive sweating, muscle rigidity, non-responsiveness, agitation or seizure.*

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Clephedrone (4-CMC) found in circulation at Lost Village Festival 2021

4-CMC in crystal form, 2021.

This cathinone is a potent stimulant, visually similar to MDMA and reportedly missold as it. Found in pill, powder & crystal form.

It is **1.5-2 times stronger than MDMA,** with a similar duration of 2-4 hours.

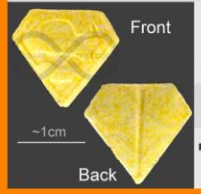
Effects include: increased euphoria, energy & hallucinations, although less empathogenic & more stimulating.

Caution advised: Emergent evidence base

Evidence on the long term effects of 4-CMC is emerging. It has a similar structure to 4-chloroamphetamine, which is extremely damaging to serotonin neurons. There is no information about whether 4-CMC could be similar.

Risk of harmful redosing

As 4-CMC produces less empathy than MDMA, this could increase the risk of redosing. Similarly to some other stimulants, negative effects include nausea, insomnia, anxiety and compulsion to take more.



Seek medical help if you feel unwell

Look out for excessive sweating, muscle rigidity, rapid heartbeat, non-responsiveness, seizure - call medics or 999

#LoopAlert

Reference: Patterns of use and toxicity of new para-halogenated substituted cathinones: 4-CMC (clephedrone), 4-CEC (4-chloroethcatinone) and 4-BMC (brephedrone) - Grifell et al (2017) - *https://onlinelibrary.wiley.com/doi/10.1002/hup.2621*

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Drug alerts


WARNING: N-ethylpentylone powder at Secret Garden Party, 2022
N-ethylpentylone has been missold as MDMA crystal, powder and pills. Visually identical.
There is a short period of effects similar to MDMA followed by 12-48 hours of severe insomnia and in some cases psychosis.
If you think you have taken N-ethylpentylone try and rest. Most negative psychological symptoms subside after sleep.
Seek medical help if you experience any of the following: significantly raised temperature or heart rate , severe agitation, muscle rigidity, non-responsiveness or psychosis
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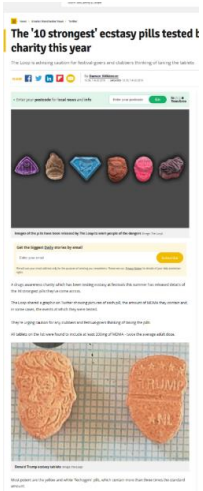
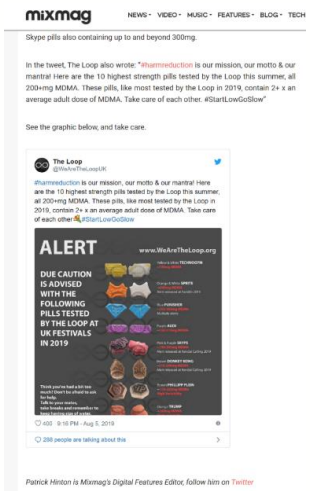
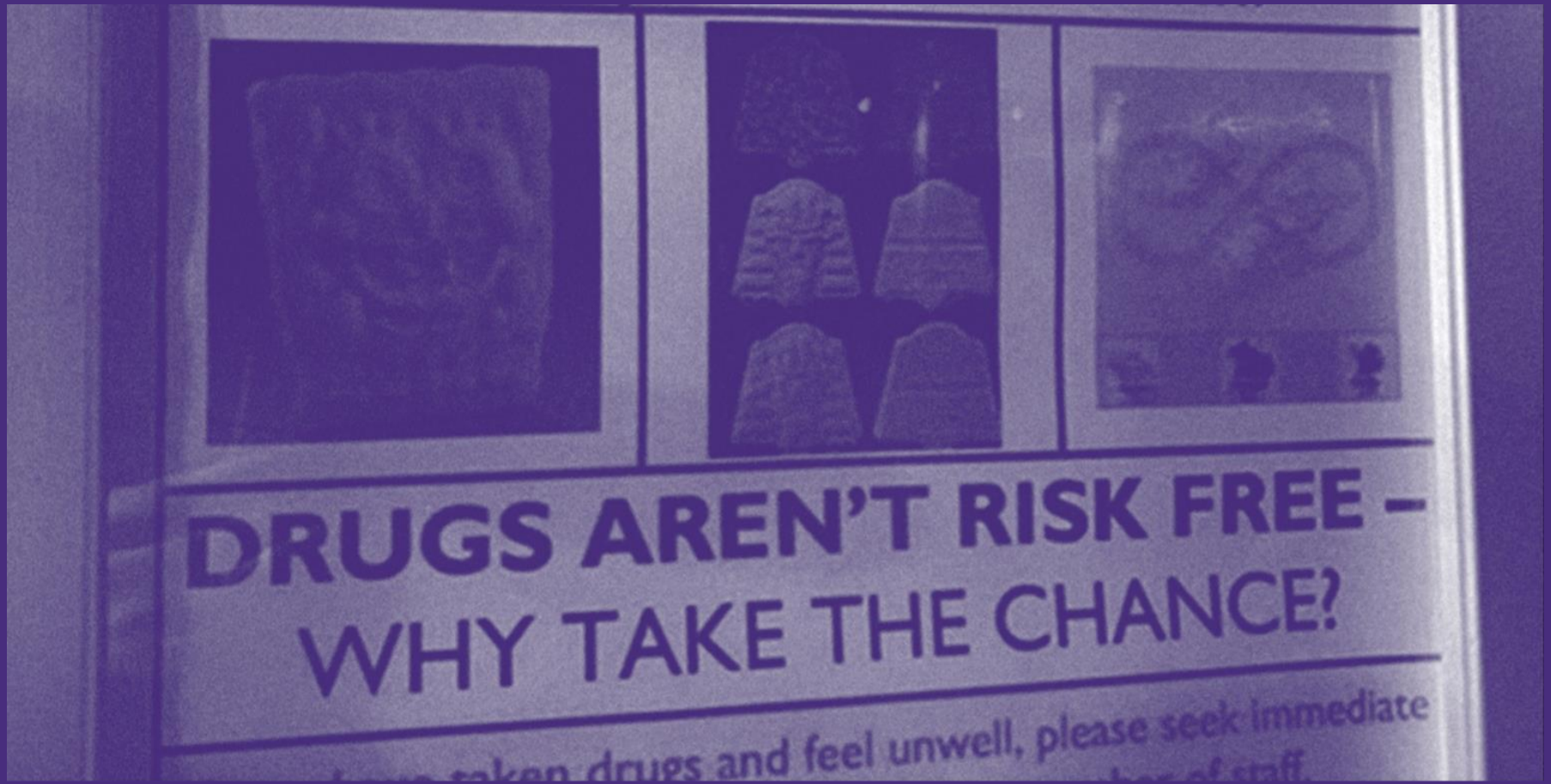




International reach: ½ million+ viewers


DRUGS AREN'T RISK FREE –
WHY TAKE THE CHANCE?
drugs and feel unwell, please seek immediate

Training

- Training is an excellent way to increase your student and staff's understanding of harm reduction practices.
- The Loop co-produced an e-learning module with *We Are With You* which was bought by a leading UK university.
- Training is available for staff, student unions, other student groups and direct to students.

Case Study

1. It is a fortnight before the start of term and freshers week. You are expecting higher levels of alcohol use and some drug use.
2. When students return, several students are hospitalised having consumed cocaine and alcohol. There are rumours that there is a ‘bad batch’ of cocaine going round.
3. A few days pass and you have no clarity on the cause of the hospitalisations. There is pressure from some student groups to issue a drug alert. What do you do?

Conclusion

- Be clear about what harm reduction is and isn't.
- When communicating harm reduction, the language you use matters and can make the difference between an effective communication and one which magnifies harm.
- There are different types of communication that you can use.

Questions?

Some things I mentioned in this talk

The Loop's Website

The Loop's harm reduction resources and links to other trusted sources

The Loop's past drug alerts

Crew 2000 – drugs information and harm reduction

We are with you – alcohol and other drugs service

Scottish Drug Forum – glossary on stigma & language used when describing alcohol and other drug use

Bristol Nights harm reduction handbook