

Minutes of the webinar meeting of AHRER

Date: 22.07.2020

Venue: Google Meet

Time: 07.00 PM-08.00 PM

Presiding members

Name	Specialty	Location
Prof. Rajesh Sharan	Biochemistry	Shillong
Prof. Dr. Nimesh Desai	Psychiatry	Delhi
Dr. Vikas Jain	Pediatrics	Indore
Mr. Samrat Choudhery	President, INNCO	Mumbai
Dr. Nikhil G	Psychiatry	Delhi
Dr. Sree T. Sucharitha	Public Health	Chennai

The meeting of Association for Harm reduction Education & Research (AHRER) was convened on 22.07.2020 at **-7.00 PM-08.00 PM on web portal of Google Meet.**

The meeting was later shifted to *Zoom portal* to enable recording of the session Harm Reduction Science in India: History, Present and Future by Dr. Nimesh G. Desai.

*THR in this document refers to tobacco harm reduction.

After a brief welcome remark by Dr. Sre, Dr. Desai opened the presentation and the 20 minute session is summarized as below:

I Why Tobacco Harm Reduction may not be saleable or acceptable?

1. Inherent human tendencies which see issues as black and white and fail to see the shades of grey embedded in human behavior

2. Contemporary society and intersection with bio-behavioral problems (scientific, moral, ethical issues with alcohol, tobacco and drugs-inescapable conflict?)

3. Socio-cultural issues in South-east Asian countries: Accruing PUNYA by bearing (putting up) with maximum 'suffering' (scoring brownie-points)

4. Philosophical underpinning in governance and legal issues

II. The narrative was presented about historical evolution of addiction potential pathways of heroin-opioid/barbiturates (considered not to have addiction potential)/benzodiazepines/methadone etc

III. Professional-OMNIPOTENCE" (Medicine, Psychiatry, Substance abuse) We must save every life"/ "Abstinence oriented therapies-no shades of grey (Black or white)

IV. UNLIKE in Drug Harm Reduction, decreases/reductions rates with Legal, Criminal, Medical illness and Illicit trade were notice. Such data is not going to come for Tobacco Harm Reduction.

THR-IS NOT taken serious.

V. Professional bodies' doggedness not to accept pragmatism as reflected in WHO definition of health (perfect health-UTOPIA)

VI: WHO-1974-Health definition is a conflict between idealism vs pragmatism and suffers at the level of practicalism.

Though practice of medicine is essentially harm reduction (speaker forgot the source from which he learnt this idea; in a virtual platform in which this idea was put forward very aptly), this remains an interplay between i. cure (infections, surgical care), ii. therapeutics and iii. well-being relatively better than prior to seeking care.

Ex: Harm Reduction-Pragmatism

- I. Alcoholism: Pragmatism: Drunken driving regulation
- II. Smoking: Western World: Passive smoking legislation

The speaker summarized the session by expressing that the scope of this session is limited to the above and thus not including the influence of corporate and political elements on THR.

Dr.Sre thanked Dr. Desai for a thought provoking and stimulating session and opened up the floor for insights and questions.

Prof. Sharan made the following observations

1. Expressing a favorable feedback and extreme delight in the presentation, explicit attention was drawn to the historical acceptance to harm reduction to HIV/AIDS epidemic through condom promotion for safe sex program, needle exchange program for safer injection practices to reduce the incidence of HIV injections but why not the same for tobacco harm reduction?
2. In the play of political salability-governance-money making/profit: Is the balance lost? No more care about human life?

Dr. Desai responded

1. In HIV/AIDS Epidemic: i. Young lives are lost ii. Pragmatism was quickly accepted iii. Global issues iv. Human race issue v. First world to Third world issue VI. Immediately life-threatening
2. In THR: We are failing to translate the same to tobacco and tobacco harm reduction
3. In democracy: difficult to sell pragmatic policy than 'hyperbole' (Prof. Sharan reminded the drying up of funding for cancer research saying this effects geriatric population, another example of humans drinking cow milk and depriving calf of it's mothers milk and the capability of humans deception)

Samrat made the following observations

- Highlighted the similarities and diversions, and drew the attention that though deaths were concentrated in youth (HIV/Drugs), tobacco is silent killer, despite salability of public health policy s is real issue, perhaps harm reduction policies may highlight pre-mature deaths of adults rather than youth deaths(may be).

- Tobacco debated was frozen around children, what about adult tobacco users? Tobacco control has become “fiefdom”(apologized for using the term, but this is an internal forum) and consumers voicing their lived experiences are termed as ‘industry voices’ (Prof. Sharan reminded that industry has track record for manipulative tactics)

With over a billion smokers globally and 80% of whom are present in LMIC-low- and middle-income countries, Prof. Sharan, reiterated the huge need for pragmatic, strategic thinking to formulate,(collective draft of a statement lead by co-authored by Dr. Desai, Prof. Sharan, assisted by AHRER members may be) and address valid, practical solutions for THR in India. Identifying the blocks and barriers and intellectual pathways to circumvent the same through critical thinking is essential need of the hour from this gathered audience.

Dr. Desai concluded the discussion saying that human race is becoming pragmatic (new trend) and fitting quickly enough in this new trend and in this new front of THR!! WHY NOT INDEED!!

Dr. Sre thanked everyone who participated in the monthly meeting and announced that Harm Reduction Series will continue next month with lecture by Prof. Sharan where we will pick up the conversation exactly where we just left.

*The minutes were drafted by Dr. Sree T. Sucharitha, AHRER

Next AHRER meeting proposed on: August 20th, 7-8 PM