



3 HARM MINIMISATION TO THE INDIVIDUAL DRUG USER

“...young people who have been assessed as not having alcohol related physical problems or a physical dependence can learn ways to control their drinking behaviour”

If the initial focus is to be on the person most directly involved, the individual drug user, we need, then, to be able to identify what programmes can be put in place to minimise the harm an addict does to him or herself through hazardous drug use. Here we focus on alcohol and illicit drugs.

CONTROLLED DRINKING

Many individuals who have alcohol related problems do not necessarily have a physical dependence on it or health problems specifically associated with their drinking. Rather, the drinking may cause a range of other problems: it could have an effect on the family; impair their performance at work; or relationships with friends and colleagues may be effected. It may be that the person drinks in a hazardous 'binge pattern'. Excessive intakes of alcohol could take place in dangerous situations such as before driving a car or going swimming. It is not just the long-term effect on the general physical health of the individual that is of concern.

Many individuals who drink excessively are not prepared to stop, and may not need to stop drinking, so recommending abstinence for them is sure to fail. It follows that if abstinence is the goal of a particular programme, then that programme is highly likely to fail the individual concerned. Alternative strategies need to be developed.

Controlled drinking programmes provide one viable option. In these programmes young people who have been assessed as not having alcohol related physical problems or a physical dependence can learn ways to control their drinking behaviour.

Some of the strategies that could be learned, include:

- changing from high alcohol to low alcohol drinks;
- counting or pacing drinks;
- alternating alcoholic and non-alcoholic drinks;
- avoiding drinking in binges;;

“An essential part of all of the above strategies is to inform the ‘client’ of the limits of safe alcohol use”

- not drinking every day
- not drinking when feeling depressed, anxious, or upset;
- avoiding situations where they know there will be pressure on them to drink; and
- not drinking if driving or involved in other hazardous activities such as water sports.

An essential part of all of the above strategies is to inform the ‘client’ of the limits of safe alcohol use.

A wide range of techniques is available to encourage young people to adopt such strategies. They include:

- individual counselling (formal and informal);
- group therapy;
- social skills training;
- assertiveness training;
- problem solving skill development;
- diversion therapy;
- behaviour modification programmes;
- acupuncture; and
- hypnotherapy.

Workers need to be trained in the use of the above techniques so that they can use them in a considered and effective manner.

‘SAFE’ DRUG USE

The problems associated with illicit drug use are often related to the way in which the drug is used rather than the chemical property of the drug being consumed. The most extreme example of this is the sharing of contaminated needles that convey the AIDS virus, but it can also apply to the environment in which the drug is used.

Therefore, if people continue to use drugs, for whatever reason,

they should still have access to information on the ways in which these illicit drugs may be used more safely until they feel ready and able to stop using drugs altogether. To not have such information available is to abandon the drug user simply because they are not in a position to stop using a particular substance. They deserve more assistance than that.

Some of the possible options include encouraging:

- any user who is taking drugs by injection to use an alternative method of administration, e.g. from injecting heroin or smoking cocaine to snorting;
- individuals who continue intravenous drug use to choose healthier injecting practices and techniques, e.g. how to clean injecting equipment and the appropriate location for the injection, i.e. knowing where the vein is;
- users to find a safe environment for injection, e.g. not to inject in the street, with strangers or alone;
- the individual user to use the particular drug in a less chaotic way, e.g. not to indulge in binge drug taking where large quantities of a drug are taken at once;
- single, rather than poly-drug use (the latter, involving the mixing together of a range of drugs, e.g. heroin, alcohol and tranquilizers is much more dangerous);
- anyone using drugs to manage their finances well, including giving priority to the purchase of food, rent and clothing rather than solely drugs;
- a healthy diet and lifestyle; good food needs to be eaten, a regular routine entered into and personal cleanliness attended to;
- women drug users to stop using any drugs if they are planning a pregnancy or are already pregnant (this includes alcohol and tobacco as well as illicit drugs), and
- users who are unwell or are infected, e.g. by hepatitis, to stop using;

Encouraging safe drug use enables the drug user to be engaged in a supportive, positive programme until they feel able to stop using drugs altogether. It may enable them to come out the 'other side' in a comparatively healthy state, when abstinence programmes, with their inevitably high failure rates, may not.