Section 10

Section 10 : Minimising The Harm Drugs Do

The Problem:

Many people believe that creating a drug-free society is not an achievable goal. Instead we should be realistic and develop programmes and facilities that seek to minimise the harm drugs do.

But is this right in principle?
What does this mean in *practice*?
Will promoting programmes that minimise harm undermine efforts to reduce the demand for drugs?

Number	Title	Purpose	What To Do	Use with Young People
35	Minimising the harm drugs do	To introduce four main approaches to harm minimisation and some of the methods used in each approach.	Mini-lecture, group discussion and presentation of different strategies for harm minimisation.	
36	Attitudes to harm minimisation	To increase awareness of attitudes to harm minimisation and the role of the media.	Three 'newspaper editorial groups' produce a double page spread based on information provided in the British Medical Journal. Each has a different editorial perspective. Discuss the results, attitudes and the role of the media.	
37	Minimising harm—a challenging approach	To increase knowledge of materials used with illegal drug users written in a style/format of relevance to them.	Distribute examples of materials used in inner cities. Discuss key questions as a group. Produce materials to minimise harm that relate to the experiences of those they work with.	

Activity 35: Minimising the harm drugs do

Purpose

To introduce the four main approaches to harm minimisation and some of the methods used in each approach.

What To Do

1. Introduce the topic to the group by explaining what harm minimisation is.

   "Harm minimisation seeks to ensure that people who use drugs do the least harm to themselves and others whilst using drugs."

2. Divide the group into four small groups. Give each group a different topic to discuss:

   1. Minimising harm to the individual drug user (Handout 51)
   2. Minimising harm to the family and friends of drug users (Handout 52)
   3. Minimising harm to the workplace and the economy (Handout 53)
   4. Minimising harm to the community and society (Handout 54)

3. Each group present back to the whole group examples of harm minimisation and the advantages and disadvantages as they see them. Large group discussion of the examples and issues involved.

   Focus on:

   (a) What approaches to harm minimisation are needed and would be appropriate in our situation?

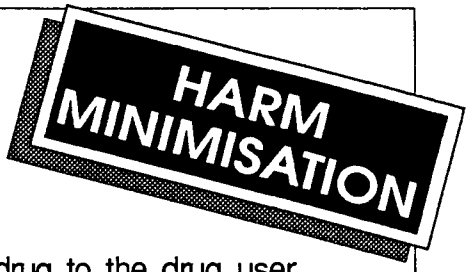
   (b) What cultural and legal aspects would make implementation difficult here and how could they be overcome?

   (c) If harm minimisation approaches are not used, what alternatives are there?

Reference 7

Handout 51

Minimising harm to the individual drug user



Techniques which could be used to minimise the harm of the drug to the drug user include:

(i) Controlled drinking programmes, in which participants learn ways to control their drinking behaviour, including changing from high to low alcohol drinks, counting drinks, pacing drinks, alternating alcoholic and non-alcoholic drinks.

(ii) Safe drug use, as many of the problems of drug use are related to the techniques of using and the situations in which drugs are used. If people continue using, they should be advised and encouraged to, for example, snort rather than inject cocaine, use clean needles if they do inject, use in a safe environment (not the street or with strangers), have a telephone ready, not indulge in binge drug-taking, use only one drug at a time, eat a healthy diet, not inject during pregnancy.

1. What other examples can you think of that would help minimise harm to the individual drug user?

   *
   *
   *

2. What are three main advantages of this approach to dealing with drug abuse?

   *
   *
   *

3. What are three main disadvantages of this approach to dealing with drug abuse?

   *
   *
   *

ON-LINE PROJECT

Handout 52

Minimising harm to the drug user's family and friends

HARM MINIMISATION

Family harmony is disturbed when it becomes known that one of the family is using drugs. An important part of the dysfunction that occurs involves the family taking on the behaviour of the addict even though they, themselves, are not using drugs. They often feel guilt. This can result in verbal and physical abuse, sometimes sexual abuse and other destructive behaviour. Through groups, individual therapy and stress management, the family can learn how to detach themselves emotionally from the addict.

1. What other examples can you think of that would help minimise harm to the drug user's family and friends?

   *
   *
   *

2. What are three main advantages of this approach to dealing with drug abuse?

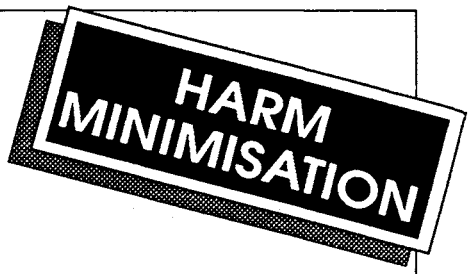
   *
   *
   *

3. What are three main disadvantages of this approach to dealing with drug abuse?

   *
   *
   *

Handout 53

Minimising Harm In The Workplace/Economy



Considerable personal harm and financial damage can be done by drug users in their place of work. Absenteeism, lateness, the dangerous use of equipment and a failure to use his/her talents to the full, all place economic improvement at risk.

Possible actions include:

- Employee Assistance Programmes;
- On-site counsellors;
- Managers and supervisors trained to notice behaviour that could be drug related and knowing where they can refer people;
- Close supervision of drug users in the work place.
- Drug screening for employees.

1. What other examples can you think of that would help minimise harm to the workplace and the economy?

   *
   *
   *

2. What are three main advantages of this approach to dealing with drug use?

   *
   *
   *

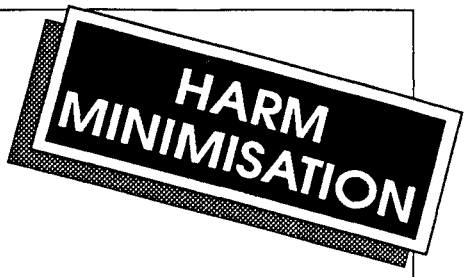
3. What are three main disadvantages of this approach to dealing with drug use?

   *
   *
   *

ON-LINE PROJECT

Handout 54

Minimising Harm To The Community And Society



(i) Substitution therapy involves the replacement of one drug with that of a less harmful altemative. Methadone is the most widely used. The aim is to minimise the use of illicit drugs and, therefore, minimise the harm to the individual and community related to illegal drug use.

(ii) Needle exchange schemes and safe sex programmes have been introduced because the threat of HIV and AIDS is greater than the threat of drug use. Sharing of needles is a major route for the contracting of HIV. Sex involving needle users further compounds the risk of AIDS. Therefore, needle exchange schemes and safe sex programmes are essential to protect the community from the spread of AIDS and other infections such as Hepatitis B.

(iii) Alcohol and other drugs are a major cause of death associated with traffic accidents. In many countries the major cause of drug related deaths is road accidents. Random breath testing can help reduce drink-driving levels.

(iv) Decriminalisation of certain drugs could be considered, as there is evidence that drug use usually progresses from legal drugs to cannabis to other illicit drugs such as heroin and cocaine. The argument for decriminalising certain drugs is:

* to gain better control over quality and supply;

* to prevent the individual going on to more serious drug use;

* to flush the individual out into the open in order that they can receive help without fear of legal repercussions;

* to remove them from a criminal environment;

* to prevent problems associated with using an illegal drug such as purity of the drug, crime and prostitution.

Handout 54 (continued)

Minimising Harm To The Community And Society

HARM MINIMISATION

1. What other examples can you think of that would help minimise harm to the community and society?

   *
   *
   *

2. What are three main advantages of this approach to dealing with drug use?

   *
   *
   *

3. What are three main disadvantages of this approach to dealing with drug use?

   *
   *
   *

ON-LINE PROJECT

Activity 36: Attitudes To Harm Minimisation

Purpose

To increase awareness of attitudes to harm minimisation and the role of the media.

What To Do

1. Give out Handout 55 which is an edited extract from a medical journal about Harm Minimisation in one country.

   Divide the group into three newspapers with relevant titles used in your country that take three different editorial lines:

   Newspaper

   A: Conservative anti-harm minimisation and hard line anti-drug campaigners.

   B: Liberal, in favour of some harm minimisation strategies but not decriminalisation of drugs, and anti-drug campaigners.

   C: Radical, pro harm minimisation, pro decriminalisation and anti-establishment campaigners that seeks to expose double standards.

   Each group should produce a double page spread of headline stories, cartoons, letters slot, a leading politician's reaction on editorial etc. on Harm Minimisation based on the information in the handout.

2. Display each newspaper spread. Ask each participant to read them. Lead a large group discussion focussing on:

   - differences between facts and propaganda;
   - the variation in views in the Press in their area;
   - the way that myths can be generated and perpetuated to suit political ends;
   - their views about the way the example given and their country compare in their approaches to harm minimisation.

Handout 55

Attitudes to harm minimisation

HARM MINIMISATION

Recommendation to decriminalise heroin

A Government working panel has recommended that the national AIDS strategy should aim at decriminalising the possession of small quantities of injectable drugs and cannabis for personal use.

A few months ago the government set up six panels to consult widely on various aspects of the problem of HIV infection and give advice for a white paper expected to be released in June. One senator, a consultant physician, chaired the panel on intravenous drug use and HIV/AIDS. When the conservative opposition were in power in the 1970s the senator conducted his own inquiry into drug abuse. He is considered by people on both sides in parliament to be the most expert politician on the subject.

Half a million people in this country have at some time used illicit intravenous drugs. They come from all sections of the community, and there is little evidence that they have taken up safer sexual practices more assiduously than anyone else.

The panel endorsed a previous state and federal decision that the main priority of a policy on intravenous drug use should be to reduce harm, especially if the threat of HIV is to be minimised. Reducing harm, according to the panel, can be achieved effectively only if the policies have multiple objectives; these include abstinence from using drugs, injecting without sharing, injecting with sterile needles and syringes, and using drugs without injecting them. The panel also argued strongly that law enforcement procedures should be consistent with reducing harm, that education and prevention programmes should be realistic, and that drug users should participate in strategic planning.

Presently there is little uniformity among states about access to sterile needles and syringes, although the federal government has pushed for more exchange programmes. In one city known as the HIV and intravenous drug use capital, for instance, police have been known to harass and even arrest users coming out of needle exchange centres and pharmacies.

The government has been stung by frequent criticism that it has followed meekly the vigorous stances of other governments against drugs. It has begun to encourage the expansion of methadone programmes and agreed to limited trials of prescribed intravenous methadone and morphine with the aim of encouraging as many drug users as possible to come into contact with health care services. Even so, the panel showed that law enforcement practices targeted at cannabis have made it scarce and expensive whereas heroin and other intravenous drugs have become cheaper and more available. In addition, the panel pointed to the high number of drug users in the prison population, which makes the chances of introduction of HIV into the general community more likely. The panel suggested that police and governments change their priorities from cannabis to intravenous drug use in line with the potential for harm.

"Many submissions suggested the legalisation of heroin", the senator said, "but we opted for the less radical decriminalisation, which means it's still an offence but a lesser one. It's important to separate the objectives of drugs and AIDS policies. Our aim is to reduce the risks of HIV spread."

Interestingly, the panel's advice is not a cry in the wilderness; it conforms quite closely to a paper put forward to the government from the normally conservative State Bar Association.

British Medical Journal,
Volume 298,
3rd June 1989.

ON-LINE PROJECT

Activity 37: Minimising harm — A challenging approach

Purpose

To increase knowledge of materials that can be used with illicit drug users to minimise the harm they do to themselves and which is written in a style and format that they can directly relate to.

A harm minimisation project called Lifeline Project in Manchester in the U.K. seeks to prevent the spread of AIDS, to minimise the harm people do to themselves with drugs and uses materials that drug users will be prepared to read. Examples of these materials are shown in Handout 56. If it is appropriate with the group concerned, use this exercise.

What To Do

1. Explain to the group the purpose of the Lifeline Project. Before distributing the materials warn people about the bad language used. The reason for including it in the pack is that experience has shown that in some countries material is more effective if it is in easily understood language that the target group of young people commonly use. What follows could, therefore, offend you. Distribute examples of the materials they use, all of which have been taken from one of the magazines they produce and distribute. Examine the following questions:
   - How do you react to the style of the material?
   - How would you think drug users who are the target group might react to the style?
   - What messages are being put across in the various extracts?
   - What is your opinion of those messages?
2. After the discussion, ask people to work in small groups on producing materials relevant to the target groups they work with which would minimise the harm drugs do.

Reference 16

Warning!

You may find the following material offensive. It works on the principle of communicating with young people at risk of drug abuse in a language that is natural to them.

If this offends your culture, please remove it.

Editors