
Harm Minimisation Approaches

One afternoon of the conference was devoted to the concept of harm minimisation in working with people on drugs. This controversial concept argues that, as only the person on drugs can make a decision to stop using them, it is important to ensure that they do themselves no extra harm whilst using.

Format

In the free time available at the conference, three of the participants with interest and experience in this area developed a presentation. They delivered their thoughts to the conference in a plenary session.

Following a brief discussion after the presentation, participants met in small groups to consider the material put in front of them. They reported their views back to the plenary.

The summary of the presentation by the three participants is recorded here. The full text of their contribution is available as a separate document. The five areas they concentrated on were the minimisation of harm to:

- a) The individual drug user
- b) The drug worker
- c) The family and friends of drug users
- d) The community and society
- e) The workplace and economy

a) 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.

b) To the Alcohol and Drug Worker

Burn Out is a common occurrence for workers in this field. The worker is often the last person to whom attention is given. Workers need to avoid taking on the role of 'God' and trying to solve everyone's problems. They should know their own limitations and tolerances. It is important to maintain a degree of 'normal existence' and stress management sessions should be provided to both the worker and his/her family.

c) To the Drug User's Family & Friends

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.

d) To the Community and Society

- i) Substitution therapy involves the replacement of one drug with that of a less harmful alternative. 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 is greater than the threat of drug misuse. Sharing of needles is a major passage 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.
- 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 should 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 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

e) To the Workplace and Economy

Minimising harm in the workplace/economy is necessary as 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.

In the course of small group discussions and the plenary session, the points and issues listed below were raised. Harm Minimisation was regarded as a constructive but controversial approach.

- a drug is a drug is a drug!
- the approach is OK in principle but cultural and legal differences mean that its implementation would be extremely difficult in some countries
- with regard to HIV, would a better approach not be, as is the case in some countries, to isolate people who are infected, from the community
- professional, medical and psychiatric treatment for 'heavy' drug users (e.g. heroin) is preferable to harm minimisation
- does this approach not encourage drug use?