

Harm

Reduction

Supporting Evidence

This document provides further Supporting Evidence for the UnitingCare ReGen (ReGen) [Harm Reduction Position Statement](#) for the expansion of Harm Reduction services in Australia.

What is Harm Reduction?

Drug policies must be based on solid empirical and scientific evidence. The primary measure of success should be the reduction of harm to the health, security and welfare of individuals and society. *Global Commission on Drug Policy 2011*

Harm Reduction is one of the three pillars of harm minimisation that have been the basis of Australia's National Drug Strategy since 1985 (MCDS, 2011). This approach is consistent across jurisdictions as evidenced by the most recent Victorian drug policy (Department of Health, 2012). The remaining two pillars focus on the reduction of both the supply and demand for drugs within our communities.

Harm Reduction is an evidence-based, pragmatic approach directed towards reducing negative health, social, and economic consequences associated with alcohol and other drug use. Harm Reduction is an approach to drug use that places the overall well-being of the drug user and society, above the narrow, and frequently elusive, sole goal of abstinence. While Harm Reduction recognises abstinence as a valuable, and in many cases a desirable outcome, Harm Reduction perceives drug use along a continuum. A Harm Reduction model requires the clinician and client working together to formulate realistic goals that will be attainable while optimising the client's health. For some clients, the goal may be abstinence or reduction of alcohol and other drug use; while for others, reducing harm associated with alcohol and other drug use, preventing HIV or overdose, may be the most realistic option.

Harm Reduction complements approaches that seek to prevent or reduce alcohol and other drug consumption. It is based on the recognition that many people throughout the world continue to use drugs despite even the strongest efforts to prevent the initial or continued use of them. Harm Reduction accepts that many people who use alcohol and other drugs are unable or unwilling to stop using at any given time.

Access to good treatment is important for people with alcohol and other drug problems, but many people with alcohol and other drug problems are unable or unwilling to get treatment. Furthermore, the majority of people who use alcohol and other drugs do not need treatment (Grover, 2010). There is a need to provide people who use alcohol and other drugs with options that help to minimise risks from continuing to use these substances, and of harming themselves or others. It is therefore essential that Harm Reduction information, services and other interventions exist to promote health and safety for this group.

Benefits of Harm Reduction

One of the key aims of Harm Reduction is that any intervention or strategy must result in a net reduction in overall drug related harm. This means that reduction in harms is measured not only against the benefits experienced by individuals, but also those experienced by the community as a whole (Ritter & Cameron, 2005).

The benefits of Harm Reduction go beyond the individual using alcohol and other drugs to their friends, families, workplaces and wider society by reducing death, violence, crime and HIV and other infections, and through supporting education.

Reduction in illness

Harm Reduction strategies have been found to reduce alcohol and drug-related harm and drug dependencies (Reuter and Pollack, 2006) and drug-related hospital admissions and costs (Riddell et al, 2008).

Addressing the harmful effects of alcohol and teaching new coping skills in situations associated with a risk of drinking and relapse are among the main strategies proven to be effective for the treatment of alcohol-related problems and dependence (WHO, 2001).

Harm Reduction interventions such as needle and syringe programs, peer education programs and opioid substitution therapies (OST) have proven to be important measures in the prevention of overdose, the transmission of blood born viruses and sexually transmitted infections and other health impacts in Australia (Ritter & Cameron, 2005). According to the National Centre in HIV Epidemiology and Clinical Research (2009), distributing syringes to people who inject drugs had prevented at least 32,000 HIV infections and 100,000 hepatitis C infections across Australia in the past 10 years.

Cost effective

For example, the efficacy of needle and syringe programs in preventing new infections and thereby reducing the requirement for expensive post infection treatments has been rigorously examined in two national economic evaluations in the past decade, testing their economic viability (DoHA, 2002, NCHECR, 2009).

For every dollar invested in needle and syringe programs, more than four dollars were returned in direct healthcare cost-savings in the short-term (ten years). Greater returns were expected over longer time horizons and if indirect costs were included (NCHECR, 2009).

The 'Return on Investment 2' study (NCHECR, 2009) has shown that needle and syringe programs alone have saved Australia \$1.28 billion in health costs in the past decade.

Respects human rights

Individuals who use drugs do not forfeit their human rights. These include the right to the highest attainable standard of physical and mental health (including access to treatment, services and care), the right not to be tortured or arbitrarily detained, and the right not to be arbitrarily deprived of their life. Too often, drug users suffer discrimination, are forced to accept treatment, are marginalized and often harmed by approaches which over-emphasize criminalization and punishment while under-emphasizing Harm Reduction and respect for human rights. This is despite the longstanding evidence that a Harm Reduction approach is the most effective way of protecting rights, limiting personal suffering, and reducing the incidence of HIV.

United Nations High Commissioner for Human Rights (2009)

Human rights apply to everyone including people who use drugs. Harm Reduction promotes responses to drug use that respect and protect human rights.

Fits with stages of change – pathway to treatment

Drug use falls into a spectrum often referred to as 'the stages of change' (DiClemente & Prochaska, 1982). Drug treatment implies that a user of substances wishes to make changes to their use or behaviour. For many substance users, they do not perceive their use as problematic and the benefits of their use currently outweigh the negatives. This group is known as 'precontemplators', in that they are not currently considering change.

A key underpinning of alcohol and other drug treatment is matching the treatment provided to the needs of the client, or 'working with them where they are at' (Hser et al., 1999). Providing Harm Reduction services for those clients not wishing to reduce or cease their use is an effective process when the aim is engagement with the service. Engagement builds on the work of establishing rapport and communicating empathy, and extends this relationship to one where the client now feels they have been welcomed and is 'part of the service' (Stephens, 2007). Engaging clients in a service or therapy is crucial to the effectiveness of the service (Ashton & Witton, 2004).

Harm Reduction and brief advice are suitable approaches for those not considering change (Jenner & Lee, 2008) and can provide a positive experience for those contacting treatment services that will encourage further contact and treatment, if required, in the future.

The recently released Victorian drug policy has strengthened harm reduction strategies by:

- Exploring models for the distribution of naloxone to potential overdose witnesses in an attempt to reduce overdose deaths
- Increasing the availability of needles and syringes
- Removing the GP training requirement for the prescription of suboxone to up to five clients as part of the OST program (Department of Health, 2012).

Common arguments against Harm Reduction

Encourages drug use

One argument asserted by critics of Harm Reduction is that by reducing the harms associated with drug use, more people would be prepared to consume drugs.

In a paper examining the policy implications of changing drug policy focus from use reduction to Harm Reduction, Caulkin et. al. citing Macoun (2010, pg.315) highlighted that:

"...people do often decide to participate in an activity more frequently when it is safer, but the increases are smaller, proportionately, than the reductions in harm, so total harm is generally reduced when an activity is made less harmful."

Sends wrong message

Critics are often concerned that, irrespective of their effectiveness in reducing harms, harm-reduction programs communicate messages that encourage drug use. They suggest that without intending to do so, Harm Reduction initiatives imply messages that are construed as approval or at least the absence of strong disapproval - of drug consumption. A similar argument that 'sex education encourages premarital sexual activity among teenagers' has also been shown to be inaccurate (Ott and Santelli, 2007).

It is not clear how Harm Reduction implies endorsement of drug use. If Harm Reduction service providers intend to send a message, it is something like this:

We care about you as a person. Our focus is to help you to improve the health and social welfare for you and those around you. This may be by cutting down or ceasing your use, and/or working with you to develop strategies to reduce the harm this use is causing.

Harm Reduction interventions are often complemented with secondary prevention and treatment efforts. Through such efforts, users are informed if their behaviour is dangerous to themselves and others, and that assistance and support are available to help them if they wish to reduce or quit their drug use.

Not real treatment

There are some concerns that deploying a Harm Reduction approach may enable drug use and keep people stuck within a pattern of addiction from which they would otherwise escape, perhaps after hitting a 'rock bottom' (Dolan et al., 2000).

This concern is probably best evaluated with reference to the literature regarding methadone maintenance treatment. Methadone maintenance treatment has been evaluated against various drug free alternative treatments including placebo medication, offers of drug-free treatment, detoxification and waiting-list control (WHO, 1999). Methadone consistently performs better at retaining people in treatment and reducing heroin use. There is also evidence that it prevents HIV infection, reduces mortality, reduces crime and is cost-effective: outcomes that are rarely demonstrable from other treatments (WHO, 1999).

Summary

Over the last 25 years, whether as an overarching concept, or as shorthand for specific interventions, 'Harm Reduction' has changed the way we think about and respond to drug problems. Debates continue about what sort of interventions legitimately fall under the heading of Harm Reduction, and what value they bring. An ongoing challenge for Harm Reduction is communicating what can be seen as a complex approach to what is a complex issue. However, measures that reduce harm, but do not specifically attempt to reduce drug use, are an important element in drug policy and strategy.

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About ReGen

Our purpose is to promote health and reduce alcohol and other drug related harm.

ReGen is the lead Alcohol and Other Drugs (AOD) treatment and education agency of UnitingCare Victoria and Tasmania. ReGen is a not-for-profit agency, which has over 40 years experience delivering a comprehensive range of AOD treatment and education services to the community.

These services include Counselling and Support, Assessment and Intake, Community Outpatient, Home-based and Residential Withdrawal for adults and youth, Supported Accommodation, Drug Diversion programs, Youth and Family Services, an Intensive Playgroup, Alcohol Community Rehabilitation Program and AOD services at Port Phillip Prison. ReGen also delivers Education and Training programs nationally.

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