Introduction

At both national and international levels, the term harm reduction is slowly being eroded not only in meaning but, also in practice. Policies, strategic frameworks and government agendas are moving away from a philosophy of harm reduction replacing such an approach with terminology and activities such as harm prevention. Given the success that harm reduction has played particularly within Australia but also in the rest of the world, AIVL is concerned about the cause and effect that the dilution of harm reduction will have on the lives of people who inject/use illicit drugs. AIVL believes that harm reduction is the most effective approach to the management of the use of illicit drugs not only for those who use them but, also for the wider community.

Discussion

The International Harm Reduction Association states that:

“Harm-reduction has as its first priority a decrease in the negative consequences of drug use. This approach can be contrasted with abstentionism..., which emphasizes a decrease in the prevalence of drug use. According to a harm-reduction approach, a strategy which is aimed exclusively at decreasing the prevalence of drug use may only serve to increase various drug-related harms. Harm reduction tries to reduce problems associated with drug use and recognizes that abstinence may be neither a realistic nor a desirable goal for some, especially in the short term. This is not to say that harm reduction and abstinence are mutually exclusive but only that abstinence is not the only acceptable or important goal. Harm reduction involves setting up a hierarchy of goals, with the more immediate and realistic ones to be achieved in steps on the way to risk-free use or, if appropriate, abstinence; it is consequently an approach which is characterized by pragmatism.”

Harm Reduction, became a recognised philosophy and approach in the late 1980s within the field of illicit drug taking. As stated by Pat O’Hare, this was due to two particular pressures, “The first was the problem of HIV infection among injecting drug users. The second was a growing suspicion that the strategies… adopted to deal with drug use exacerbated the problem rather than ameliorating it.” Many individuals involved in the Harm Reduction movement are unable to agree on a “pure” definition of Harm Reduction and as the International Harm Reduction Association states, “There is no generally accepted definition of Harm Reduction.” However, Harm Reduction in its broadest terms can be described by the definition given by Mr. Russell Newcombe, “Harm Reduction has its main roots in the scientific public health model, with deeper roots in humanitarianism and libertarianism.”

Within Australia, Harm Reduction was adopted and practiced from the late 1980s and was discussed in political and policy terms within the countries HIV/AIDS strategies. It was not however until 1998 that the Federal Government recognised Harm Reduction within national drug policy. In November of 1998, the Federal Government launched its national drug policy, National Drug Strategic Framework 1998 -99 to 2002 -03, Building Partnerships; A strategy to reduce the harm caused by drugs in our community. In international terms, this was a great achievement however, by this time; a great deal of work had already been undertaken. The HIV infection rates amongst injecting drug users had been kept at a low level much, to the envy of the rest of the world. However, one key element that is often underestimated or ignored is the role that people who inject drugs played and continue to play in Australia’s Harm Reduction response. In some States and Territories, Governments funded drug users to establish drug user organisations. This is because, Governments rightly recognised that the most effective and efficient way in which to reach people who inject drugs was through peer networks. This can also be further defined by the work of Croft and Friedman who have analysed the development of HIV in the Australian and US contexts respectively. They argue that drug injectors began to spontaneously change prior to professional intervention. The provision of sterile injecting equipment became a means to an end among the population highly motivated to change due to the overwhelming fear of the “walking dead disease” as users named the emerging AIDS cases on the streets of New York in the mid 1980’s. HIV is not the only potential harm that can result from illicit drug use. There are many

---

1 Harm Reduction: Policy and Practice, International Harm Reduction Association, Diane Riley
Canadian Foundation for Drug Policy & International Harm Reduction Association, Pat O’Hare International Harm Reduction Association/International Journal of Drug Policy United Kingdom

2 International Harm Reduction Association
aspects of drug use that require strategic Harm Reduction responses such as; peer education and community development. AIVL is clear that there are already a number of Harm Reduction strategies in place across Australia:

- Needle and Syringe programs
- Pharmacotherapy based treatment options
- Education and Outreach programs

"In Australia to the end of 2000, over 160,000 diagnoses of hepatitis C virus (HCV) were reported to State and Territory surveillance systems...Studies of HCV risk factors in Australia indicate that the vast majority, around 80%, of prevalent HCV infections were through injecting drug use. In injecting drug users HCV prevalence ranged from 50% to 70% since the early 1970's. For the injecting drug using community, HCV has been the hidden and ignored epidemic that requires a fully funded and committed Harm Reduction response. Whilst Australia does have a National Hepatitis C Strategy; (*) a decline in Federal Government support for harm reduction as the primary public policy response to issues such as hepatitis C prevention is creating an increasingly fragile environment for frontline services operating on harm reduction approaches. (*)

The dilution of the principles of Harm Reduction is ensuring that minimising the spread of HCV is more difficult and complex than the tackling of the HIV virus. More broadly, the lack of clarity as to a true definition or theory for Harm Reduction is ensuring that its dilution is becoming easier and tolerable for many. AIVL believes this to be unacceptable and too costly for individual drug users. The redefining of the term Harm Reduction to include the term Harm Minimisation is proving as was predicted, to be misleading and dangerously complex. AIVL believes that Harm Reduction does not have a role to play in the demand or supply reduction.

AIVL Harm Reduction Principles

AIVL has adopted the following principles to assist in defining Harm Reduction:

- Harm Reduction rests on several basic assumptions – A basic tenet of harm reduction is that there has never been, is not now, and never will be a drug free society
- AIVL maintains that the reduction of harm with respect to mood altering substances (drugs) should be consistent with the logical and pragmatic approach to the management of other substances in the community.
- A Harm Reduction Strategy seeks pragmatic solutions to harms that drugs and drugs policies can cause
- A Harm Reduction approach acknowledges that there is no ultimate solution to the problem of drugs in a free society, and that many different interventions may work. Those interventions should be based on science, public health, common sense and human rights
- Harm Reduction strategy demands new outcome measurements. Where as the success of current drug policies is primarily measured by change in use rates, the success of harm reduction strategy is measured by change in rates of death, disease, crime and suffering
- Harm Reduction seeks to reduce the harms of drug policies dependent on an over-emphasis on interdiction, such as arrest, incarceration, establishment of a criminal record, lack of treatment, lack of adequate information about drugs and intrusion on personal freedoms
- Harm Reduction also seeks to reduce the harms caused by an over emphasis on prohibition, such as increased purity, black market adulterants and black market crime.
- Harm Reduction strategy can only be designed, developed and delivered with the inclusion of drug users. AIVL believes that in purest terms, the best Harm Reduction Strategies are those where the drug using community hold control.
- Harm Reduction does indeed include the goal of achieving the end of prohibition, which remains the greatest contributor to the harms associated with illicit drug use.
- Harm Reduction respects the notion that within a free society an individual has the human right to take/use substances
- Ensures that drug users and those with a history of drug use routinely have a real voice in the creation of programs and policies designed to serve them.
- Affirms drugs users themselves as the primary agents of reducing the harms of their drug use, and seeks to empower users to share information and support each other in strategies which meet their actual condition of use.
1. **Primacy of Harm Reduction** - AIVL recognises Harm Reduction as the principle paradigm upon which drugs policy should be based. All other approaches (eg demand reduction, supply reduction) can have validity only where there is strong evidence that they are appropriate, practical and equitable means of reducing drug-related harm.

2. **Evidence-based, pragmatic approach** - Harm reduction with respect to psychoactive substances is an evidence-based approach that seeks to reduce the harms that might occur to individuals, to groups or to the community in connection with the use of or trade in such substances. It is a subset of and should be consistent with the general range of pragmatic approaches taken for the management of all (potentially harmful) compounds and reagents that are used and traded in modern society.

3. **Complexity of drug-human interactions** - Harm reduction policy involves a sophisticated analysis of the causality and dynamics of drug-related harms. It rejects simplistic solutions such as the objectification of a drug or its use as harm in itself and recognises that the effects of a substance, whether for benefit or harm, are determined by complex interactions of a range of factors. These include:
   - The mind-set of the users: their expectations and motivations, the diverse ways in which individuals respond to the action of a drug;
   - The setting: the physical, social, economic, historical and legal context in which use occurs.
   - The physiological actions of the drug: ie. its long and short-term impacts on body organs and systems (including brain function). The physiological actions of drugs are further influenced by factors such as dosage, interaction with the actions of other substances and frequency of use.
   Interventions aimed at reducing drug related harm must thereby identify the drivers of the harm and must anticipate the downstream consequences of the intervention through subjecting all known data and variables to sophisticated analysis.

4. **Abstinence** - Cessation or reduction in use of any particular drugs should be viewed as neither ends in themselves or even necessarily desirable, but they may be strategies by which individuals choose to reduce drug-related harm in their own lives.

5. **Criminal Sanctions** - The use of criminal sanctions to enforce prohibition in the use or trade in drugs for which there is a popular demand has not been shown by available evidence to be an effective strategy for reducing drug-related harm. On the contrary, there is overwhelming evidence that the prohibition regime contributes to circumstances in which drug-related harms to society and to individuals are greatly magnified. The use of Criminal sanctions should only be applied selectively to protect third parties where there is compelling evidence that a particular behaviour related to the consumption or trade in a substance by an individual constitutes a risk of inflicting gross harm and where no other harm reduction strategies are appropriate to the situation. Examples of such situations might include a drug manufacturer who breaches purity or dosage safety standards or where an intoxicated person takes control of a passenger vehicle. [Criminal sanctions apply to behaviours, not substances].

6. **Ubiquity of psychoactive substance use** - Harm Reduction proceeds from the evidence that the use of psychoactive substances is endemic to all cultures and is part of the human condition. Individuals choose to use psychoactive substances in order to receive a benefit. All drugs have the capacity to contribute to harm.

7. **Role of users** - Harm reduction interventions can only be appropriately targeted and effectively delivered where users of the substance are adequately involved in contributing their perspectives and experience to the evidence base and in implementing the strategy. Where legal and social factors have driven drug use underground and alienated users from the mainstream, the role of peers in informing policy and in developing and delivering harm reductive interventions and strategies is even more important.

8. **Rights- based social policy paradigm and HR** - The harm reduction approach to the management of psychoactive substances is more appropriately situated in a public health than in a law and order context. Ultimately, however, Harm reduction is concerned, as is all social policy, with balancing the competing rights of individuals and communities and should be situated within an overarching rights-based policy framework that delineates and guarantees the rights of participants in society. Such a framework might define ‘harms’ as encroachments upon the rights of others to health, safety, bodily sovereignty, self-determination and equality.
Recommendations

1. That harm reduction is the paramount concern and driver of drugs policies in Australia and elsewhere.

2. The current trend by Governments around Australia to retreat from harm reduction principles and to revert to simplistic and emotive “law and order” conceptions of drugs policy needs to be resolutely challenged.

3. That Australian Governments use the following as an analysis tool for the development of harm reduction initiatives and policy:
   - What is the precise nature of the harm being addressed?
   - What are the determinants of the harm?
   - What is the evidence that suggests that a particular approach (for instance, increased customs surveillance, increased criminal penalties) will result in reduced levels of harm?
   - Is there any evidence suggesting that such approaches might actually increase harm?
   - What purpose can there be to any drug policy if it is not the reduction of harm?

4. That within both the new HIV and Hepatitis C national strategies harm reduction is the primary policy approach.

5. That as part of the development of the new National Illicit Drug Strategic Framework that the Commonwealth Government review its commitment and focus to harm minimisation to ensure that harm reduction remains and is promoted as the primary policy focus.

6. Recognition from Australian Governments of the vital role that drug user organisations play in the initiation, development and delivery of harm reduction programs and the centrality of peer controlled processes.
AIVL Member Organisations

ACT: Canberra Alliance for Harm Minimisation (CAHAMA) - 02 6262 5299

NSW: New South Wales Users AIDS Association (NUAA) - 02 8354 7300

NT: Network Against Prohibition (NAP) – 08 8942 0570
 Territory Users Forum (TUF) – 08 8941 2308

QLD: Drug Users Network and Support (DUNES) – 07 5520 7900

SA: SA Voice of IV Education (SAVIVE) – 08 8362 9299
 USERS Association of South Australia - 0423653896

VIC: Victorian Drug Users Group (VIVAIDS) – 03 9419 3633

WA: WA Substance Users Association (WASUA) 08 9227 7866

AIVL Contact Details

Postal Address:
GPO Box 1552
Canberra City
2600
ACT

Telephone: 02 6279 1600

Fax: 02 6279 1610

Email: info@aivl.org.au

Website: www.aivl.org.au