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The New Zealand Centre for Political Debate

## Harm Minimisation - Is it working?

Governments over the past 15 - 20 years have predicated their drug policy on the one single approach of Harm Minimisation, the various interpretations of which have progressed to the current more acceptable definition in the current Draft National Drug Policy 2006-2111, which states: "A harm minimization approach does not condone harmful or illicit drug use. The most effective way to minimize harm from drugs is not to use them.....It encompasses a wide range of approaches, including abstinence-oriented strategies and initiatives for people who use drugs".

This is a significant change from previous definitions (1998) which include such statements as:

"Harm minimization is an approach that aims to minimize the adverse health, social and economic consequences of drug use, without necessarily ending such use for people who cannot be expected to stop their drug use immediately. The primary goal of this approach is a net reduction in drug-related harm rather than becoming drug-free overnight....."

What the community should ask is, if Harm Minimisation, which has been the only approach for the past 20 years, is working so well - why are we one of the highest drug-using nations in the world? Why is methadone one of the highest growth prescription drugs? Why do more than half our population state that they have used cannabis, why is 80% or more of our crime drug-related, why are thousands of our school suspensions drug-related, why are our mental institutions full of people with cannabis and other drug-related disorders? Why have parents been indoctrinated to believing that drug 'experimentation' is something that goes on over a long period, when young people themselves define experimentation as "trying

something a few times". No wonder we are left with trying to minimize the harm from their use.

The fundamental problems with predicating a total drug policy simply on 'harm minimisation', is that this allows for no explicit focus on preventative drug education, or validating non-use of drugs by children, as the community's 'starting point' on drugs. Just as importantly, harm minimization is actually a 'treatment or intervention' approach, and is what you do with someone when they are already doing something and don't want to stop and yet, harm minimization also underpins official, recommended school drug education policies.

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If we are to focus on the most vulnerable group in society our children - our drug policies should surely recognise that there are different requirements for children. Unfortunately, our drug policies have always been a 'one size fits all approach' which until now, have barely recognised the need for prevention, and have never validated non-use as the

totally acceptable community 'norm'. Even now, prevention is something simply 'buried' within harm minimisation.

Neither have our policies ever educated society about addiction or dependence and how to identify this level of use, and what interventions are required, or what risk factors will assist in early detection and intervention for those suffering from addiction.

There is a definite and valid place for harm minimization in intervention and treatment, and includes approaches such as "don't drink and drive", dip needles in bleach, lie down to use nitrous oxide because it can cause dizziness, don't sniff solvents alone, don't use alcohol with party pills, which are all elements of advice provided at times by official agencies. I believe

they are in a similar league to 'practicing safe sex' which immediately begs the next questions "How often, how long, how do you know when you have got it right?"

Starting at the beginning should make sense to us all, and we should surely start our Policy approach by firstly validating non-use as the acceptable social 'norm', and educating our children with factual knowledge about drugs, their brain, puberty and why they should not mix these elements during their formative years.

We need to look at what drug 'education' should be. My interpretation is: The provision of factual information on the chemical nature of drugs, their potential effect on the brain (and puberty in the case of children), their effect on health, wellbeing and behaviour, their impact on society, the definition of addiction and those who are at greater risk, the validation of those who choose not to use drugs, the skills and motivation to delay the decision to use, the reasons to stop current use, and how to recognise when drug use becomes problematic for those who do choose to use and abuse drugs, and how to intervene and treat those suffering from addiction.

Preventative education should not have a bias to advising what to do to keep you safer while you are doing what you are doing. Neither should it be a one-size-fits-all from primary school through to hard out addiction. Harm minimization is nothing to do with preventative or even informative education for the general population, but is a specifically different type

of education, focused on one group of existing users.

The drug policy approach should be to clearly and explicitly validate non-use of drugs as a starting point, then ensure schools are funded (and they are not) to educate about drugs. For those who decide to use or abuse drugs, or their use becomes problematic, then harm minimization is used in its appropriate context. When all else fails for those who are dependent intervention/treatment and compulsory orders may be required, as in the mental health field. There should also be of course, parallel efforts to control supply at borders and through legislation.

If our Ministries continue to do what they have always done, we will always get what we've always got. If they do not recognize that their policy advice has led to our 'gold medal' for drug use, then there needs to be a clean-out of advisors, because it is under their stewardship/direction over the past 20 years that we have reached this appalling pinnacle of drug use and worse still - our societal acceptance of that use.

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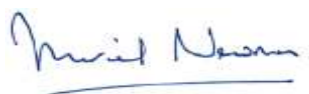
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