

Newman Weekly

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7 May 2006



The New Zealand Centre for Political Debate

Harming our Young

Our capacity to imagine dire outcomes is infinite. From the creaking of the house in the dead of night evoking vivid images of an approaching intruder, to a delayed arrival bringing fears of dreadful traffic accidents, we commonly imagine the worst.

As Mark Twain put it: "In my life I've experienced many horrible things, some of which actually happened"!

And that is the reality - most of the bad things that we imagine could happen don't, while conversely, of course, some bad things that we could never in our wildest dreams have imagined, like the September 11th terrorist attacks or the 2004 Tsunami, do occur.

This fear of risks and threats also affects governments. In that case, the scale can be massive: the potential threat of a Year 2K computer 'meltdown' and the risk of a bird flue pandemic, caused governments around the globe to panic and throw billions of taxpayers dollars at strategies to minimize the perceived risk.

But the real challenge for governments - that have a seemingly bottomless purse for public displays of 'caring' - is to find an appropriate balance in their desire to protect citizens from adverse events.

The problem is that governments are prone to regulate and spend in order to prove that they are addressing a perceived problem, even if what they are doing turns out to be doing more harm than good. And therein lies another problem: once a course of action to minimize a perceived risk has been implemented, there is little appetite for changing that course of action even if it proves not to be working as well as expected.

That certainly appears to be the case with regard to the government's strategy of "harm minimisation" in relation to potential risks affecting

young people. Harm minimisation, or harm reduction as it is also called, is the strategy that has been adopted in New Zealand to educate our young people about the potential danger of engaging in risky behaviours such as drug use and sexual activity.

Harm minimisation is based on the premise that if people are taught the safest possible way to undertake a risky behaviour, then the harm that they will experience will be reduced. The problem with this approach is that, not only does it send a message to our young people that dangerous activities and risky behaviours are acceptable, but it also teaches youngsters who have had no previous interest in such matters, how to engage in them!

For example, in our primary schools, the Health and Physical Well-being curriculum teaches our nine-year-olds about managing risks in "sexual decisions and drug use", at age ten, they are taught about harm minimisation in relation to "the use of drugs and sexual activity", and by age eleven, the children are being taught "safe sexual practices and drug use".

Further, curriculum resources include materials published by the Community Alcohol and Drug Services in conjunction with the Waitemata District Health Board, which contains explicit information on drug use such as "LSD tripping with good friends usually creates a much better time than doing it alone", when using cocaine "avoid using the same injection site when having several blasts in the same night, to reduce vein damage. Getting advice and filters (to remove impurities) from your local needle exchange is also advisable", and when using Nitrous Oxide "inhaling the gas using balloons reduces the risk of potentially fatal lung damage from NOS pressure as

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well as the risks associated with cold gas”.

This week's NZCPD Guest Commentator is former Member of Parliament Pauline Gardiner, Chief Executive of Welltrust, a secondary school alcohol and drug support service. Pauline questions whether this strategy is working: “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?” (See www.nzcpd.com)

Last year, Wellington Coroner Garry Evans, following his investigation into the deaths of six young people from substance abuse, called for a change away from the present 'harm minimisation' approach. He said the Government's national drug policy should focus on preventing the harm caused to young people by using drugs, rather than trying to minimise it. He also said that talk of "safe choices" by children and young people was inappropriate.

In response, the Public Health Association defended harm minimisation stating that it is recognised internationally as the most effective way of addressing drug-related harm.

This debate has now spilled over into another area of risk affecting young people, that of “self harm”, where someone deliberately mutilates

themselves. A UK based paediatrician, Dr Charles Essex (who previously worked for Plunket in Auckland) in an article published in the NZ Doctor has suggested that young people be given advice on the best ways to cut themselves: “One approach, therefore, is to advise safe self-cutting using clean blades instead of glass or rusty metal cans, advising where to cut so as not to damage underlying tendons or arteries...”

While there appears to be no plans at present to teach children and young people about this sort of deviant activity, it does serve to illustrate just how inappropriate the strategy of harm minimisation really is. It is like advising parents to show their young children exactly how to get the lids off dangerous chemicals, and then telling them not to do it, instead of warning them so strongly about the risks and dangers that they would never dream of experimenting for fear of the consequences.

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The poll this week asks whether you agree with the Wellington Coroner Garry Evans, that the Government's national drug policy should focus on preventing the harm caused to young people by using drugs, rather than trying to minimise it?

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