



## 5 HARM MINIMISATION TO THE COMMUNITY

The use of drugs, licit and illicit, poses a threat to the wider community. Inevitably, most programmes that work with individual drug users will have an effect on that wider community, though often that effect is indirect.

It is possible to think of some programmes as being primarily designed to minimise harm to the wider community, even though the focus of such programmes is the individual drug user. These include:

- Substitution Therapy;
- Needle Exchange Schemes;
- Anti-Drink Driving Programmes; and
- Decriminalisation of certain drugs.

Substitution Therapy involves the replacement of one drug with a less harmful alternative.

The most widely used substitute is methadone, a long acting synthetic opioid which requires one oral dose daily. It is used for individuals with an established opioid dependence such as heroin, codeine, morphine or pethadine. While on a methadone programme users may be monitored for other drug use.

Many users of illicit drugs are involved in other illegal activities. They support their habit through prostitution, stealing or dealing in drugs. They can become involved in violent activity and be criminally disruptive to the community.

Methadone treatment seeks to minimise the use of illicit drugs, thereby reducing the need for criminal activity to support the drug habit. Its more diluted effect on the individual is also likely to minimise any disruptive physical behaviour that results from drug usage. Methadone is an effective harm minimisation technique and provides an opportunity for drug users to stabilise their often chaotic lives.

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Methadone assists the community in another important way. As a programme it provides a contact point with the drug user. Those who find themselves in a situation in which they cannot, at this time, give up drugs, but know they should, have a halfway house available. This link provides the opportunity for discussing the reality of the drug user's life and the options available to him or her. Progress in handling the situation is of direct benefit to the community.

Needle Exchange schemes are increasingly being considered by governments as they recognise that the threat of AIDS is greater than the threat of intravenous drug use.

The spread of AIDS is a major threat to all countries and there is an increasing recognition that major steps need to be taken to control its spread. The sharing of needles has been shown to be one of the most effective ways of passing the AIDS virus from one user to another.

The spread of the virus among intravenous drug users also represents a major potential avenue for the spread of the virus to the community generally. If people are sharing dirty needles and syringes, a supply of clean, new ones, and encouragement to use them, could be an effective way of halting such a disturbing and fatal trend.

Needle exchange schemes give users access to supplies of clean needles and syringes. Many such schemes use the incentive of this 'service' to communicate with young people about the dangers of drug abuse and safe drug and sexual practices, while also providing an opportunity to convince them to refrain from using drugs. Such activities provide a clear indication to the 'client' that their drug use is not being condoned.

The United Kingdom and Australia are two countries that have commenced such programmes. In Sydney there are over 40 outlets, 50 per cent of which are pharmacists, who distribute the needles and syringes. In the U.K. the programme was established in 1987 and there were, in 1989, 47 outlets. In Liverpool (U.K.) research has shown that 80 per cent of drug users using the Needle Exchange Scheme were no longer sharing needles and that a smaller percentage had altered their sexual activity. It is particularly encouraging that many of the individuals attending the Scheme had not previously sought help with their drug problem.

Although Needle Exchange Schemes may be a contentious proposition in many countries, it needs to be acknowledged that the threat of AIDS is greater than that of drug use. If harm to the community is to be minimised clean needle and syringe use needs to be promoted amongst users.

Anti-Drink Driving programmes seek to protect the community from

the very real harm that is caused by drivers who are affected by alcohol when in charge of a motor vehicle.

Alcohol and other drugs are a major cause of morbidity and mortality associated with traffic accidents. In many countries the major cause of drug related deaths under the age of 25 is due to traffic accidents. In many of these it is innocent people that die.

One way of reducing this appalling situation is to introduce random breath testing. Under the appropriate legislation police are able to randomly stop drivers at any time of the day in order to check their alcohol level. The breath testing involves the administration of a scientifically authorised test to determine the alcohol concentration of a driver's breath. If the test shows that the driver is above the legal limit, a blood test will be taken (often administered by a doctor in a police station or hospital) to confirm the blood alcohol concentration. Severe penalties, including loss of license, fines and imprisonment, are applied to those convicted.

Individuals who are repeat offenders may be required to be assessed for any alcohol problem and referred for counselling and rehabilitation. Such an approach may be effective not only in halting the dangerous practice of drink driving but also in identifying individuals with drinking problems. New techniques are being developed to test for other drug use by drivers which may affect their driving performance.

Decriminalisation of certain drugs (e.g. marijuana) is argued for on the grounds that the main problems associated with their use are related to the criminal activity that results from their illegal nature, and the cost of supporting what could be an expensive habit.

Available evidence suggests that drug use usually progresses from legal drugs to cannabis to other illicit drugs such as heroin and cocaine. Further, some people believe that if the availability of one drug is restricted people will choose to use another drug which, possibly, may be more harmful, e.g. if the availability of marijuana is reduced an individual may turn to heroin because it is readily available.

Some arguments for the decriminalisation of certain drugs are:

- to flush the individual out into the open in order that they can receive help without the fear of legal repercussions; and
- to remove them from a criminal environment.

Various countries are seriously considering the decriminalisation of

marijuana and the controlled supply of other drugs such as heroin. The major concern is that such legislative change may increase the use of these drugs. However, there has been no solid research to either support or counteract such a view.