



Harm Minimisation and Diversion Programs

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Harm Minimisation

Harm minimisation is an overarching strategy that aims to prevent and reduce the myriad harms associated with the use of psychoactive drugs (licit and illicit) in the community.

Harm minimisation comprises three major strategies:

- ★ Supply reduction
- ★ Demand reduction
- ★ Harm reduction



Harm Minimisation

Supply Reduction

Controlling the amount of the drug available, mainly through legislation and regulation.

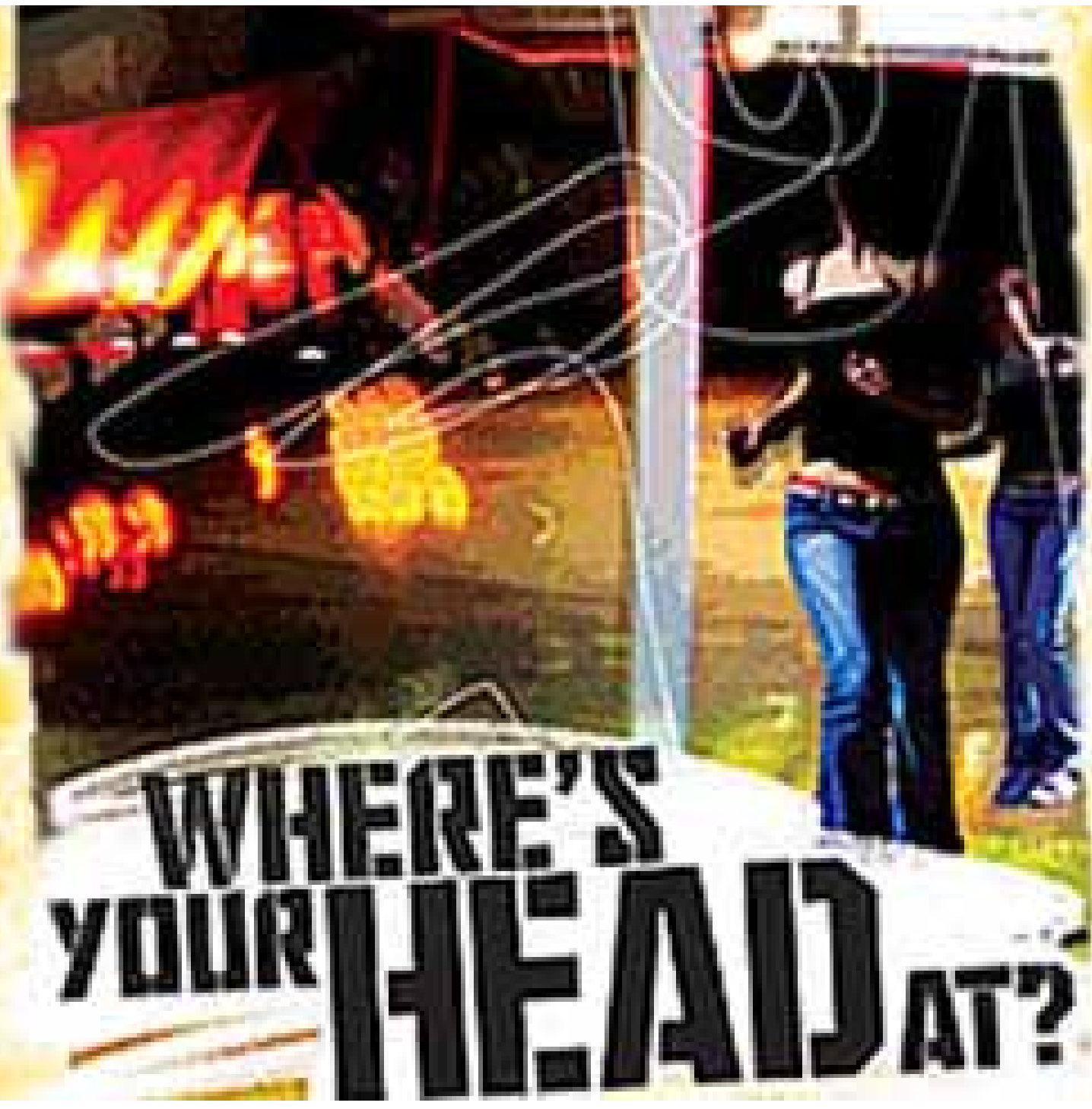
Demand Reduction

Encouraging people not to use, to delay use, or to use less of a drug through information and education strategies, treatment programs and regulatory controls.

Harm Reduction

Helping those who continue to use drugs to do so in ways that are less harmful.

Mass Media Campaign



Demand Reduction

1 ugly actress
1 insane actor
1 braindead singer

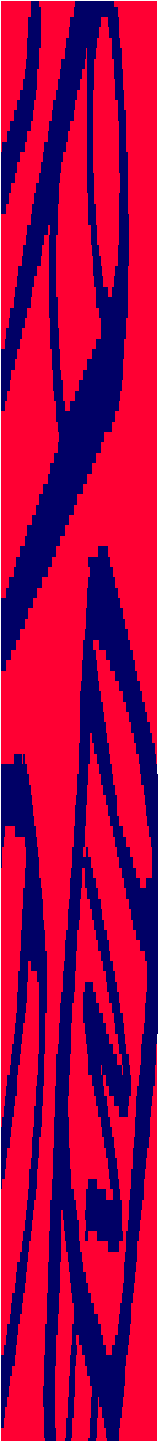


Don't do **DRUGS!**

Seriously.*

visit freevibe.com

* If you are ugly, insane or braindead you're already screwed so huff away.



Does it work?

A major review of Australia's National Drug Strategy in 1997 recognised harm minimisation as fundamental to the Strategy's success.

A combined HOI & UNSW report provides overwhelming evidence of the success of harm reduction services such as needle and syringe programs in Australia.

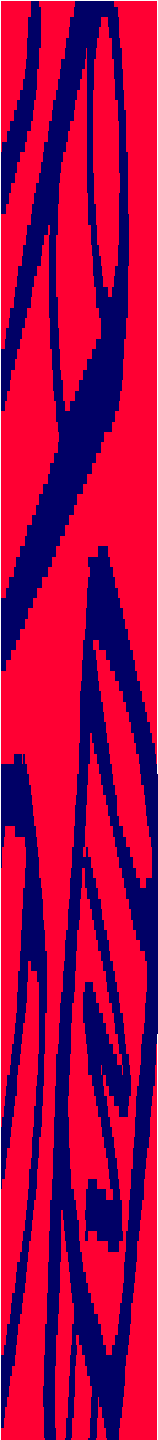
Health Outcomes International, in association with the National Centre in HIV Epidemiology and Clinical Research, University of New South Wales, & Drummond, M. (2002).



Zero Tolerance The War on Drugs

Zero tolerance is a term commonly associated with strict policing measures.

Zero Tolerance is a term that has been used recently in relation to Australian drug strategy. It was originally coined in the United States to describe a policy of strict policing where all petty crime is prosecuted.



Does it work?

The controversial question?

Results from the United States on the zero tolerance approach to drug use has led to a huge number of people being imprisoned, many for minor drug offences.

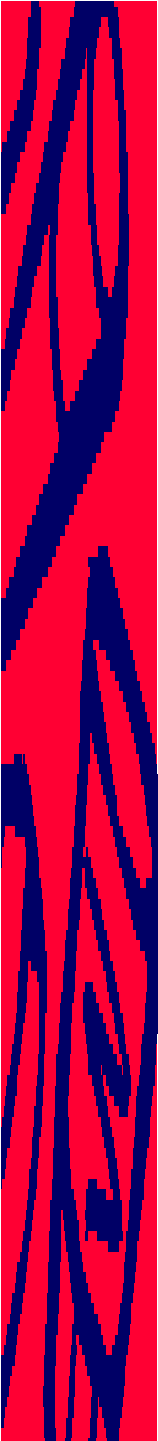
Of those being imprisoned a disproportionate number come from socially disadvantaged minority groups. Findings also show that HIV infection and hepatitis C infection levels are higher than countries that follow a harm minimisation approach to drug use.



Treatment and Harm Reduction

It is important to individualise drug and alcohol prevention and interventions to accommodate the preferences and needs of the targeted person or population.

G. Alan Marlatt, Katie Witkiewitz Addictive Behaviors 27 (2002) 867-886



What happens in drug and alcohol treatment?

██████████ states that he has never used hard drugs as he had seen the results it had on his cousins. He feels marijuana will not cause adverse effects. He also states that on many occasions that offences had been committed, he had been 'using' prior to the offence. ██████████ states that he was admitted to the drug diversion course last year and found it 'handy', as they showed him how to use drugs properly and imparted some useful information regarding their use. ██████████ mother states that ██████████ use of drugs was a constant cause for argument between them.



Why they say versus what they get

“some sort of survey, I think it was for research or something”

- **Assessment** – Comprehensive bio-psychosocial AOD clinical assessment (includes drug use, impacts, health, previous treatment, risks etc)

“they told me how to use drugs properly”

- **Brief interventions** - Targeted interventions aimed to reduce identified risk taking behaviours. Proven to be effective in reducing high risk behaviours (eg. education regarding standard drinks, transmission of blood borne viruses, etc.)

“talked about what I liked about using”

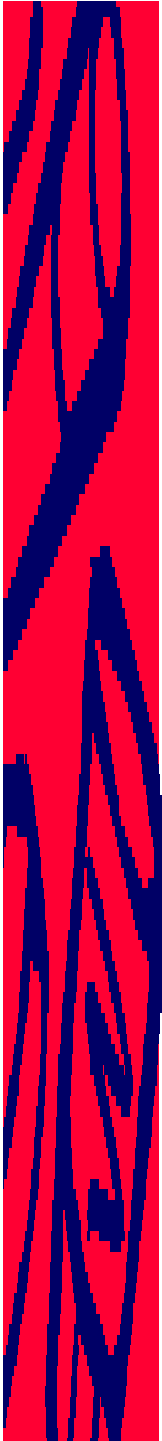
- **Tailored intervention** – Tailored interventions work from where the client is currently “at”. Based on current stage of change, usually includes treatment planning and using evidence based treatment (eg. motivational interviewing, cognitive behaviour therapy).

What do we do?

Assess risk....

eg. Cannabis

- *How do you use it?*
- *When do you use it?*
- *How much do you use?*
- *Do you share bongs?*
- *What type of bong do you use?*
- *Do you mix it with tobacco?*
- *Do you ever drive after you have smoked?*
- *Do you ever feel a bit paranoid, have strange thoughts or feel depressed after smoking?*

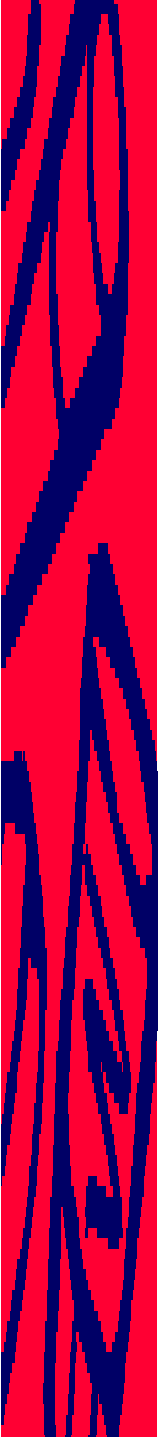




Why do we ask these questions?

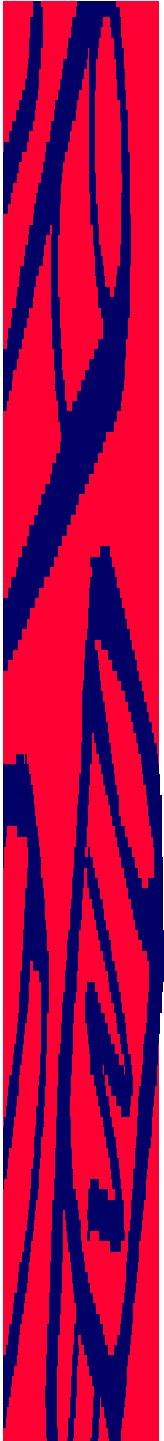
We are looking for:

- Tolerance / Dependence – both cannabis and other drugs such as tobacco
- Risk - hepatitis transfer, unplanned pregnancy, STI
- Risk – smoke toxins from plastic or combustible bongs
- Drug driving risk
- Mental health risk



Common harm reduction strategies used in AOD treatment

- Standard drinks psycho-education
- IDU education (technique and BBV transfer)
- Education on mental health and psychoactive drug use
- Provision of needle and syringe programs
- Provision of opioid maintenance programs
















Now for your turn

Some questions

- Do you drink?
- How many standard drinks would you have on average?

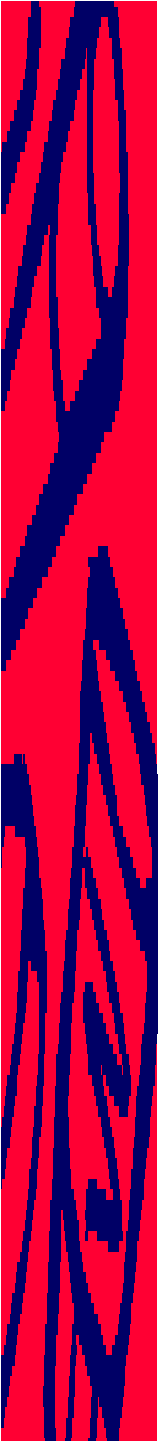
See chart for details.

Standard Drinks Guide					
					
1.5	1	0.8	1	0.7	
375ml Full Strength Beer 4.9% Alc./Vol	375ml Mid Strength Beer 3.5% Alc./Vol	375ml Light Beer 2.7% Alc./Vol	285ml Middy Full Strength Beer 4.9% Alc./Vol	285ml Middy Mid Strength Beer 3.5% Alc./Vol	
					
0.5	1.5	1.5	1	22	0.9
285ml Middy Light Beer 2.7% Alc./Vol	375ml Pre-mix Spirits 5% Alc./Vol	340ml Alcoholic Soda 5.5% Alc./Vol	30ml Spirit Nip 40% Alc./Vol	700ml Bottle of Spirits 40% Alc./Vol	60ml Port/Sherry Glass 18% Alc./Vol
					
1.5	1	1.8	7	38	
170ml Sparkling Wine/Champ 11.5% Alc./Vol	100ml Wine 12% Alc./Vol	180ml Average Restaurant Serve of Wine 12% Alc./Vol	750ml Bottle of Wine 12% Alc./Vol	4 Litre Cask Wine 12% Alc./Vol	
<small>NSW, WA, ACT = Middy, VIC, QLD, TAS = Handle, SA = Schooner. Standard drinks artwork courtesy of National Alcohol Campaign, Commonwealth Department of Health & Ageing</small>					



Follow up questions ...

- How long have you been drinking in this pattern for?
- In the last year have drunk more than 6 drinks on any one occasion?
- Has anyone including yourself ever been hurt as a result of your drinking?
- Do you ever drive after you have had a few drinks?
- Do you ever have difficulty stopping drinking once you have started?
- Has anyone ever been concerned about your drinking or asked you to cut down or stop?



Low Risk Drinking

Low-risk drinking means:

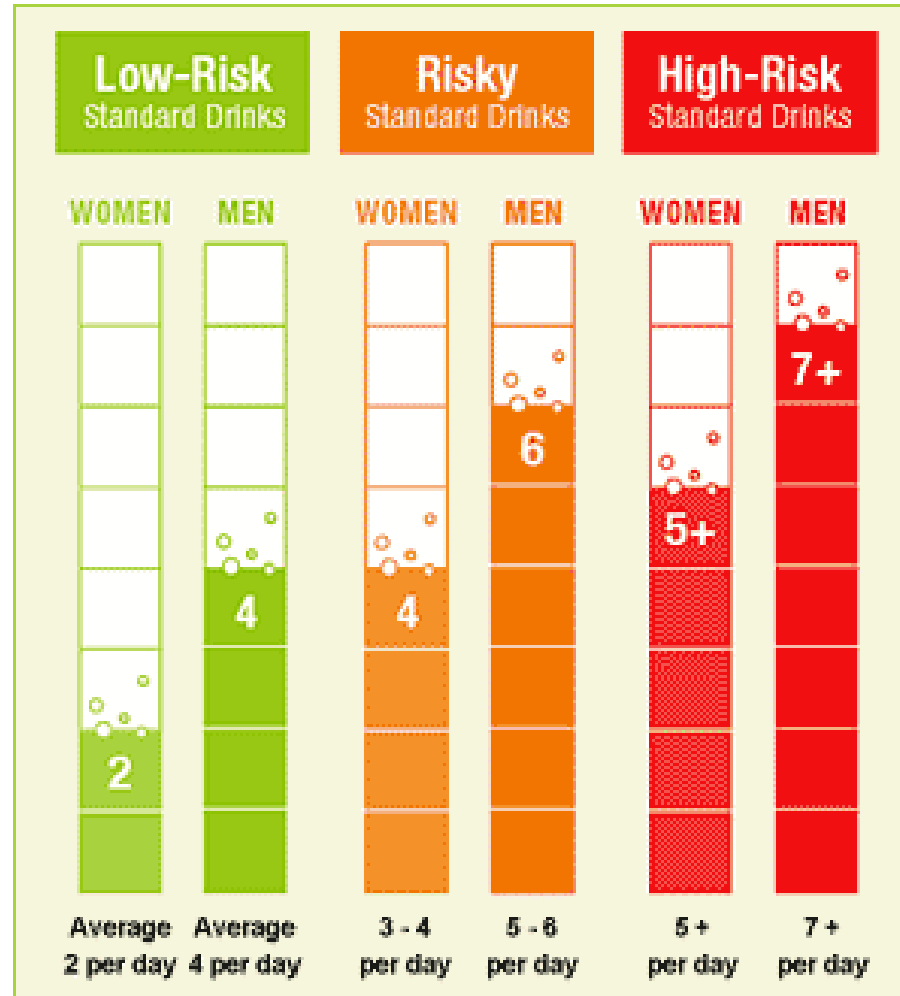
For Men

- An average of no more than 4 standard drinks per day
- No more than 6 standard drinks on any one day
- And 1 - 2 alcohol-free days per week

For Women

- An average of no more than 2 standard drinks per day
- No more than 4 standard drinks on any one day
- And 1 - 2 alcohol-free days per week


Standard Drinks

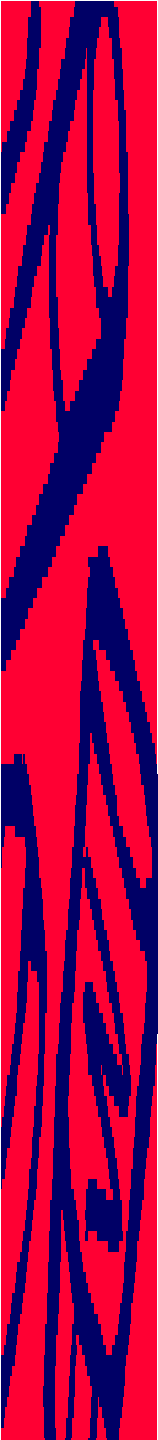




Why did I ask you these questions?

I'm looking for risk.

- Are you drinking at hazardous levels? 
- Do you have a problem, could you be alcohol dependant?
- Are you putting other people at risk through your behaviours?



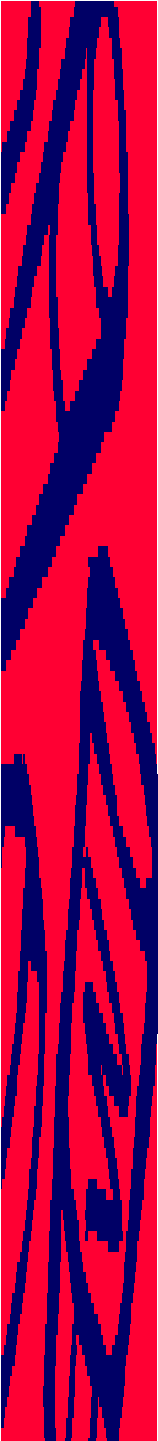
What do you do with that information?

- Think about it....*mmm there is some merit in what she is saying...maybe I need to do something about my drinking*
"Contemplative"
- Dismiss it....*bloody health workers...don't know what they are talking about...a few drinks has never hurt me.*
"Precontemplator"
- Yikes....*I've got a problem....I need to get off the booze bus.*
"Action"



What do I do?

Reinforce it!



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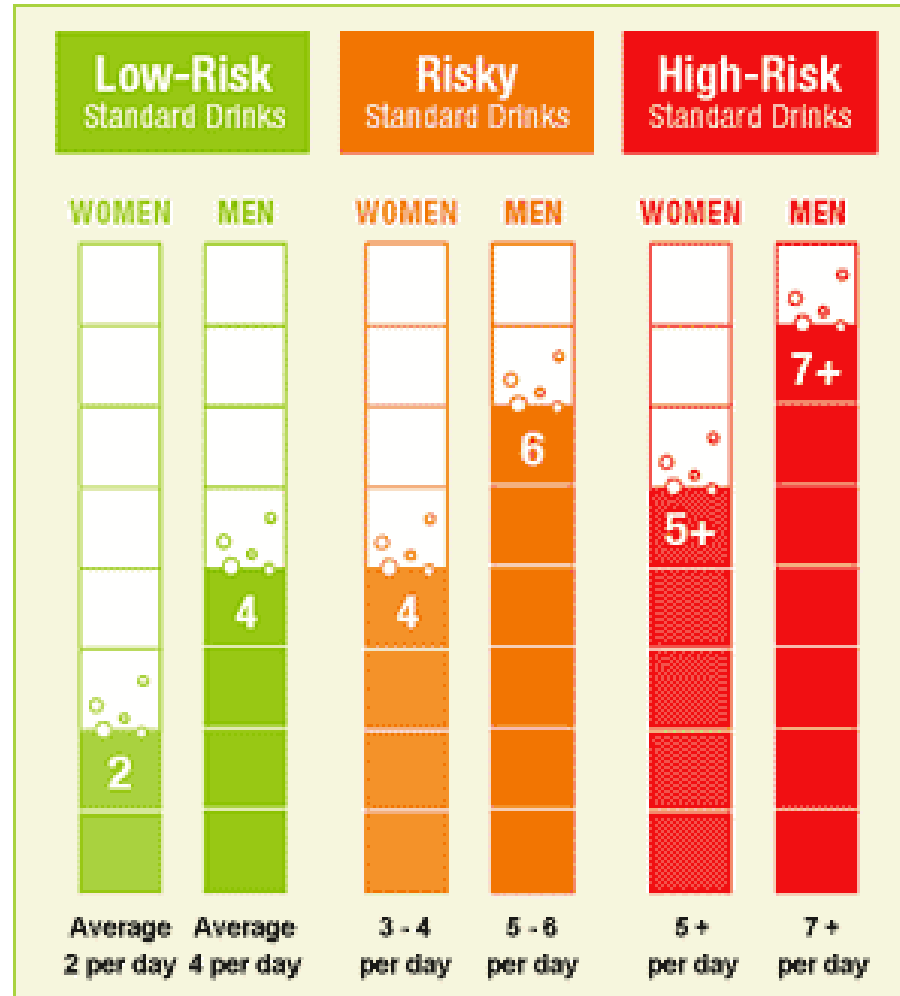
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Standard Drinks





Then what

- Keep a track of what you are drinking.
- Remember to try to have a couple of alcohol free days each week.
- If you do run into any trouble down the track, there are lots of confidential services out there that can help.
- Leaving the door open.....



Harm Minimisation

In summary ...

- It encompasses a broad range of strategies including abstinence and harm reduction strategies.
- It does work for both the community and the individual...and has the evidence to back it up.