Harm reduction and zero tolerance

In this essay the author will explore and critically evaluate harm reduction in drug rehabilitation versus zero tolerance approaches, with reference to public policy issues in drug use. Drawing on available literature on the policy context, and on literature and evidence from the rehabilitation domain, the author will develop a discursive analysis of how harm reduction can present a workable and potentially valuable intervention solution in developing concrete policies which might effectively address this rapidly increasing social need.

Harm reduction is a process by which those involved in the rehabilitation process with illegal drug users attempt to reduce the risks of drug taking behaviour rather than trying to eradicate drug use altogether. In Australia, drug users have traditionally been addressed with a zero tolerance approach, in which the drug user is counselled towards complete abstinence from drug use (Wodak and Moore, 2002). Socio-politically this approach is both lauded and condemned and both for good reason. A reorientation away from legal and punitive, law enforcement approaches to controlling illegal drug trafficking and use and towards a health-oriented model of rehabilitation of drug users is now taking place (Wodak and Moore, 2002), mimicking international trends based on research evidence. Thus the policy context has been subject to pressure to engage in new approaches to drug rehabilitation (Wodak and Moore, 2002). Thus policy responses to the moral model of drug use have been viewed as insufficient, and the disease model of drug use has grown in popularity in socio-political and therapeutic arenas (Hamilton and Cape, 2002). Australia and New Zealand have both adopted this approach, which is both pragmatic and forward thinking (Hamilton and

Cape, 2002). However, it could be argued that this approach represents societies and their governments affording license to an immoral trade which has a significant negative personal, social and medical, not to mention economic, impact on society. This approach " accepts that drug use is a common feature of human experience …[and]… recognises that abstinence may be the ultimate goal, but accepts that this may not be achievable (or desirable) at least in the short-term" (Hamilton and Cape, 2002, p 24). Thus social and political critics can view this as a tolerant attitude which fails to punish those who perpetrate the drug trade and cause significant suffering amongst those who abuse illegal and harmful drugs. All psychoactive drugs have the potential to cause some type of harm (Rumbold and Hamilton, 1998), and as such, represent a risk to the individual and society.

However, drug use is viewed by many as normal social behaviour (Rumbold and Hamilton, 1998), and therefore policies which totally outlaw drug use can be viewed as inappropriate.

Harm reduction strategies in Australia as enshrined in the National Drug Strategy (Rumbold and Hamilton, 1998), and as such present a more cohesive approach to managing the multiple facets of the ' problem' or social phenomenon that is illicit drug use. Although law enforcement advocates argue that harm reduction strategies are not as effective as their own, economically, treatment and rehabilitation are actually much more cost effective in decreasing drug consumption (King, 1998). However, it is also possible to view legal, legislative and law enforcement approaches themselves as a form of harm reduction. Kutin (1998) shows how leglisative and law enforcement approaches have reduced violence associated with

alcohol use. Harm reduction approaches, therefore, need not be viewed as diametrically opposed to the law enforcement approach, and this would argue that current policy orientations which encompass both approaches are actually the ideal way in which to approach the ongoing social and public health drivers requiring an effective response from the policy level right down to the therapeutic level. According to Hellawell (1995 in Kutin, 1998, p 181):

" More realistic goals include attempting to reduce the frequency of sue, the quantity and toxicity of drugs consumed and to reduce harm to drug users and the community generally. Harm reduction must be embraced. Police strategies must encompass all these elements."

There is ample evidence that harm reduction strategies are beneficial to indvidual clients, and represent the opportunity for significant public health improvement (Ritter and Cameron, 2006). However, McKeganey (2006) shows that in relation to the growth of the prevalence of drug abuse, and the increase in occurrence of drug related harms, including drug related crime, it is now the time to make drug prevention, rather than harm reduction, the focus of policy and practice. Futterman et al (2005) suggest a therapeutic approach which combines effective therapies with harm reduction strategies, working on behaviours with an overall end point of reducing drug use. But the ongoing arguments both for and against harm reduction policies are subject to forces which relate to key features of harm reduction, including: the primary goal being reducing harm rather than reducing drug use; the acceptance that drugs are a part of social life and cannot be eradicated from this; harm reduction is a comprehensive public health framework; the

priority is achievable and immediate goals; and that harm reduction is based upon values of pragmatism and humanism (Ritter and Cameron, 2006).

This means that while reducing harm may be an improvement for the individual, and may be more realistic and achievable, there will always be groups and individuals who do not believe that this is a sufficiently aggressive approach, and while harm reduction produces individual benefits (Riley and O'Hare, 2000; Christie and Anderson, 2003), it does not prevent drug use or remove the threat, risk and harm associated with this practice, and it does not punish those who are effectively breaking the law. Ultimately, many will always reject a humanistic approach which is so pragmatic as to tolerate law breaking and the potential causing of harm to others, as well as to the self (Christie et al, 2008). Yet the evidence remains clear that harm reduction strategies can impact on drug use rates, on risk-associated behaviour such as needle sharing, and on transmission of blood-borne diseases and engagement in rehabilitaton (Hunt, 2005; Stoltz et al, 2007; Strathdee et al, 1999). Therefore, public policies may be subject to an ethical imperative to address illegal drug use via every possible (and effective route), because the long term social costs of untreated drug dependency are of such significance (Wall et al, 2000). Therefore, it could be argued that the zero tolerance approach is, as already demonstrated, not sufficiently effective on its own, and that the harm reduction approach, as one element of a wider policy framework, is likely to bring benefits in the longer term.