

Harm minimisation & hepatitis



FACTSHEET 13

Hepatitis Council of Qld



There is strong and consistent evidence that harm reduction interventions are the most effective and cost effective means of preventing the transmission of blood-borne viruses among people who inject drugs

Harm Minimisation

Harm minimisation aims to reduce the harmful health, social and economic consequences of alcohol and other drugs, both for people who use drugs and the wider community. Harm minimisation recognises that while total abstinence from illicit drug use is the most desirable option, some people will continue to use drugs - so it is necessary to also minimise the harm drugs can cause.

In 1985 Australia adopted a harm minimisation approach as part of the 'National Campaign Against Drug Abuse', later known as the 'National Drug Strategy'. Harm minimisation involves three wide-ranging and integrated strategies, each with a particular focus and specific objectives. These strategies include supply reduction, demand reduction and harm reduction.

Supply Reduction

Supply reduction involves strategies designed to disrupt the production and supply of illicit drugs. Through interventions to reduce availability and supply the aim is to:

- Stabilise and ultimately reduce street level dealing in illicit drugs; and
- Effectively disrupt illicit drug production, supply and distribution networks at local, national and international levels.

Demand Reduction

Demand reduction is designed to prevent the commencement of harmful drug use, including abstinence-oriented strategies to reduce drug use. Through reduction of demand and promotion of opportunities, settings and values that promote resilience and reduce the uptake and use of drugs, demand reduction aims to:

- Prevent and/or delay uptake of drug use;
- Increase community understanding of drug related harm and increase capacity to participate in informed debate about drugs and drug policy;
- Promote positive alternatives to drug use that are acceptable, attractive and meaningful to those most at risk of drug use, and those from socially, educationally and culturally diverse backgrounds;
- Foster a community supportive of the family and positive parenting; and
- Promote school and community environments safe from drug use and related harm.

Harm Reduction

Harm reduction involves strategies designed to reduce drug-related harm for particular individuals and communities. In reducing drug related harm, strategies aim to:

- Reduce the harm for individuals who use drugs, their families, and the community, in particular:
 - Decreased drug-related overdose deaths, illnesses and injuries;
 - Decreased spread of infectious diseases through injecting drug use and unsafe sexual practices as a result of intoxication;
 - Decreased suicides and attempted suicides associated with drug use; and

The ABC of Hepatitis Training Package is an initiative of Queensland Health through funding provided by the Commonwealth Department of Health and Ageing under the National Hepatitis C Prevention and Education Initiative

Updated: 3 April 2009

For more information www.hepqld.asn.au
or Hepatitis Council of Qld info line 1800 648 491

Harm minimisation & hepatitis



FACTSHEET 13

Hepatitis Council of Qld

- Decreased incidence of drug-related crime;
- Improve community amenities in areas of high public drug use, drug related crime and disruption; and
- Give law enforcement an increased capacity to contribute to the reduction of harm caused by illicit drug use.

Why is minimising the harmful effects of drugs the main goal of the National Drug Strategy?

Alcohol and drug use problems in Australia are estimated to cost more than \$34.5 billion a year (2002). This includes health care, loss of work productivity and law enforcement costs associated with alcohol-related road accidents and illicit drugs.

Harm minimisation is an essential public health measure. Needle and syringe programs (NSPs) have been shown to be effective in reducing hepatitis C prevalence rates in people new to drug injecting. A recent report by the Commonwealth Department of Health and Ageing titled *'Returns on Investment in Needle and Syringe Programs in Australia'*, estimated that between 1998 and 2001, 21,000 cases of hepatitis C among people who inject drugs were prevented due to the operation of the existing needle and syringe program. Based on this estimated 21,000 hepatitis C cases, it is estimated that \$783 million in hepatitis C treatment costs were avoided.

The public health expenditure on NSPs is comparatively small in relation to the size of the total public health budget, and has resulted in huge financial returns on investment.

How does harm minimisation fit in with traditional drug law enforcement?

Drug law enforcement still concentrates on reducing the supply of illicit drugs available, in the hope that people will not take up or continue to use these drugs. However, research has shown that the American-style "war on drugs" approach has not achieved its intended results.

The broader strategies of harm minimisation embrace many new areas such as police support for health protection measures. Police Service Community Drug Education training courses are aimed at preventing the demand for drugs. Harm minimisation extends the range of traditional law enforcement and is achieving good results.

Why is police support for NSPs part of harm minimisation?

The Queensland Police Force have an agreement with Queensland Health that police will support Needle and Syringe Programs and one way of maintaining support is through the agreement that police will not monitor NSPs or harass clients.

Interested in finding out more?

Factsheets

- 09 Needle stick injury and syringe disposal
- 14 Hepatitis C: an Australian snapshot

Websites

- The National Drug Strategy
www.nationaldrugstrategy.gov.au

The ABC of Hepatitis Training Package is an initiative of Queensland Health through funding provided by the Commonwealth Department of Health and Ageing under the National Hepatitis C Prevention and Education Initiative

Updated: 3 April 2009

For more information www.hepqld.asn.au
or Hepatitis Council of Qld info line 1800 648 491

2 of 2