

A STUDY ON HARM REDUCTION AND HARM ERADICATION

This study conducts a comparative analysis of data on the approaches adopted in 11 countries to deal with the problem of illicit drug use and its consequences for individual users and the community at large. The 11 countries comprise those in Europe, Asia, and the Commonwealth.

The study focuses on the harm reduction and harm eradication programmes adopted in these countries, and compares it to the approach adopted in Singapore, which is solely focused on harm eradication.

Features	Harm Reduction	Harm Eradication
Aspects	<p>Promotes the drug addict's right to use illicit drugs.</p> <p>Focuses on reducing the transmission of HIV and other blood-borne diseases through needle exchange programmes and drug consumption rooms.</p> <p>Assumes that the possibility of recovery is low, and that illicit drugs can be used safely, and that addicts may be helped to stay socially functioning (e.g. opiate substitution therapy).</p> <p>Advocates the decriminalisation of illicit drug consumption.</p>	<p>Brings together the concerted efforts of civil society, the private sector, and the government, to prevent drug addiction, rehabilitate drug addicts, and abolish the market for illicit substances.</p> <p>(E.g. Abstinence-oriented treatment and counselling, aftercare, legislation against drug cultivation and trafficking, drug prevention programmes).</p>
Underpinning Principle	<p>Prioritises the addicted individual's autonomy (even when his/her ability to make choices is impaired by addiction) at the expense of the individual's health</p>	<p>Prioritises Ethical Intervention, to help those who cannot help themselves</p>
Individual use of opiates & other harmful substances	<p>Facilitated</p>	<p>Controlled, minimised & prevented</p>

KEY FINDINGS

1. **The problem of drug addiction is an issue in all 11 countries, irrespective of their level of socio-economic development. In recent years, most of the 11 countries have shifted from harm reduction to the strengthening of the harm eradication approach.**
 - a. All 11 countries offer the full range of drug addiction treatments, comprising harm reduction as well as abstinence-based rehabilitation programmes.
 - b. Governments continue to meet their international obligations on supply-side enforcement against drug trafficking.
 - c. They also have education and information programmes on the harmful effects of illicit drugs, which are primarily targeted at young people.
2. **Harm reduction is premised on the addict being able to make rational choices to protect or enhance his well-being. However, evidence has shown an addict's ability to make rational decisions on his own welfare is impaired by his addiction.**
 - a. Setting up needle exchange programmes, drug consumption rooms, and decriminalising illicit drug use facilitates this addiction.
 - b. The problem of drug addiction requires comprehensive multi-pronged solutions that address the harm inflicted on both the individual and the community.
3. **Needle exchange programmes need close scrutiny.**
 - a. The number of sterile injecting kits distributed by needle exchange programmes does not appear to have led to a corresponding decrease in the prevalence of HIV/AIDS among injecting drug addicts.
 - b. **Needle exchange programmes support intravenous drug use.** Intravenous drug use is a dangerous practice that increase the risk of fatal overdose, causes severe physical harm, and may lead to riskier practices like groin injecting.
4. **Opiate substitution therapy is plagued by ethical, medical and logistical problems.**
 - a. Ethical – investing resources on a treatment that is merely palliative and replaces one addiction drug for another
 - b. Medical – high risk of misuse and mortality; in particular, there is a greater risk of overdose immediately after leaving therapy, arising from the high rates of relapse and lower tolerance to opiates upon return to use
 - c. Logistical – requires careful coordination among physicians, nurses, and pharmacists, and the assumption that addicts will comply with the regime
5. Governments must continue to fulfil their duty to identify and abolish illicit substances that threaten the health of individuals in the community, particularly the young. They should also adopt a harm eradication approach to tackling drug addiction, which emphasises prevention, rehabilitation, recovery, the provision of treatment (medical, psychiatric and psychological), support (from loved ones and the community), and supply reduction.
6. **All rehabilitation methods should be designed and implemented not only based on their demonstrated effectiveness but also on the principle of respect for the individual drug addict's well-being and his / her right to a drug-free lifestyle.**

CONCLUSION

7. Harm eradication should continue to be the cornerstone of Singapore's approach to tackling drugs.

The Researcher

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