

mores which eschew notions of 'bossing' people to give up, and which already utilize mechanisms to diminish harm to the drinker and those around the drinker. I would also suggest that more emphasis needs to be placed on encouraging dialogue (and working out innovative avenues for such a dialogue) between drug and alcohol professionals and Aboriginal service providers in Australia. This would not only offer an alternative to the present reliance on North American models, which stress expensive institutional treatment solutions, but help to disentangle misperceptions over the intent and meaning of harm reduction, particularly that harm reduction does not preclude the goal of abstinence.

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Harm reduction and self-determination

For someone working in the alcohol and other drug area among indigenous Australians, Landau's paper is particularly informative, and highlights the many similarities in patterns of use, their consequences and attempts to intervene among indigenous peoples in Canada and Australia. Her warning that harm reduction should not lead to tolerance of the high levels of harm among indigenous peoples and the social and political factors which underlie it, is particularly apposite with the recent election in Australia of a government whose philosophy tends towards an extreme form of liberal individualism.

Despite recognition of the need to empower indigenous communities, the paper begs the question of who defines harm minimization and who decides upon its implementation. Contrary to Landau's discussion, "harm reduction" is a contested term. In a general sense, there are few who would not wish to reduce the harm caused by the misuse of alcohol and other drugs. However, particularly among academics, bureaucrats and politicians there have been recent efforts to limit its meaning—largely based on the strategies by which such reduction is to be achieved. These efforts have important implications for indigenous Australians because attempts to prescribe such strategies *a priori* have the potential to subvert the policy of indigenous self-determination/self-management and to circumscribe the ability of indigenous peoples to decide their own solutions to the problems associated with the misuse of alcohol and other drugs.

Currently, in Australia there are more than 120 indigenous community organizations conducting a wide range of alcohol and other drug-related programmes. These programmes, which reflect the heterogeneous nature of indigenous communities, include: acute interventions such as provision of sobering-up shelters, patrols and detoxification centres; treatment programmes of various kinds, including those based on principles of abstinence; support services such as after-treatment care, accommodation and various forms of crisis care and support; and a broad range of preventive activities including personal injury and disease prevention, supply reduction, health promotion, alternatives to use and various culturally based initiatives. In addition, indigenous organizations are undertaking broad-based political and economic activities which

address the underlying structural component of misuse. A large proportion of these interventions have been funded by the federal government under the rubric of harm reduction as part of the National Drug Strategy, although many fall outside the range of strategies preferred by those who advocate circumscribed definitions of harm minimization.

If we genuinely wish to assist indigenous peoples to reduce the harm that alcohol and other drugs cause, we should not impose narrowly conceived harm reduction strategies from above. Rather, we need to:

- Recognize the social heterogeneity and varied needs of different sections of the indigenous population;
- Acknowledge that indigenous communities themselves are best able to understand the

context of the use and misuse of alcohol and other drugs;

- Allow those communities to make their own determinations about what constitutes harm and the most appropriate strategies for reducing it; and
- Provide them with adequate levels of support to enable them to implement those harm reduction strategies.

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