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REVIEW

Clarifying 'harm reduction'?

SIMON LENTON & RICHARD MIDFORD

National Centre for Research into the Prevention of Drug Abuse, Curtin University, Perth, Western Australia

Definitional confusion

Harm reduction is a term well known to people working in the field of alcohol and other drugs. However, as *Drug and Alcohol Review*'s Special Issue on Harm Reduction [1] illustrates, there is considerable diversity of opinion among prominent people in the area as to what the term should mean. Some may see this as an indication of healthy and vigorous debate, which serves to illuminate and clarify. Yet others will agree with the editors of *Drug and Alcohol Review* who consider that it reflects an ambiguity which "adds to the confusion in an area already complicated by lack of terminological clarity and excessive emotional fervour" (p. 269) [2].

If achieving a more precise understanding of what harm reduction means was only relevant to people working in the field then the refinement process could proceed at a leisurely pace, with ambiguities, imprecision and particular points of view all providing grist for the mill of debate. However, the meaning of harm reduction has far-reaching implications, in that the broader community is manifestly concerned about the consequences of alcohol and other drug use and looks to government and expert agencies to provide policies and programmes that clarify and respond to these concerns. Harm reduction is often presented as the most effective approach, yet the term is probably not that well known in the broader community and is made more difficult to understand when so-called experts disagree on what it means.

In such a situation the term harm reduction is clearly open to being interpreted and misrepresented in a way that suits the needs of particular groups. The danger is that confusion and misunderstanding about what harm reduction means may drive the community to seek refuge in the more easily understood, but absolutist, prohibition and abstinence orientated responses to drug use.

A particular vulnerability of the harm reduction approach is that it can be represented as a permissive alternative to prohibition and abstinence [3] The problem created by such an either/or scenario is that so represented, harm reduction will most probably alarm and alienate the great majority of the community, who may be sympathetic to alternatives which acknowledge use, but who do not want to totally discard prohibition or abstinence approaches.

In our reading of the attempts to define the term harm reduction, it appears that there are four aspects which the definitions could address: assumptions/tenets, process/strategy, aims/goals and outcomes/measures. In our view the last two domains are the critical ones, yet these have been under-emphasized in some of the attempts to define the term.

Harm reduction: a goal achieved by different strategies in different circumstances

We agree with Single [4] that defining harm reduction as *any* (our emphasis) policy or programme that attempts to reduce the adverse conse-

Simon Lenton, BPsych, MPsych (Clin.), Research Fellow, Richard Midford, National Centre for Research into the Prevention of Drug Abuse, Curtin University, GPO Box U1987, Perth, WA 6001, Australia. Correspondence to Mr Simon Lenton.

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quences of drug use does not provide clear limits to the concept. However, we find some contradiction between his "preferred" definition of harm reduction as "a policy or program directed towards decreasing adverse health, social and economic adverse consequences of drug use, even though the user continues to use psychoactive drugs at the present time" and his statement that by this definition "abstinent oriented programs...would not be considered harm reduction measures" (p. 289). While Single notes that "in many instances, harm reduction measures are a vital first step towards reducing and even cessation of drug use" (p. 289) we would also note that there are a small number of examples, such as the prohibition on barbiturates in Australia, where abstinence or prohibition have successfully reduced harm.

In our view the most useful way to distinguish harm reduction approaches from others which might masquerade as such, is to conceptualize the reduction of harm as an objective, rather than a strategy. In fact, it must be the primary objective or goal. Use reduction may be a strategy to achieve harm reduction, but as soon as use reduction becomes a goal in its own right, the policy or programme should no longer be described as harm reduction. This is well articulated by Heather [5], who notes that "the distinction between use reduction and harm reduction programs appears to be in terms of their *primary* [or overall/main] goals: the primary goal of use reduction programs is to reduce use, whereas the primary goal of harm reduction strategies is to reduce harm without *necessarily*, and depending on particular circumstances, seeking to reduce use" (p. 333).

Achieving harm reduction: defining the harm and measuring its reduction

Heather also notes that if we wish to reduce harm and demonstrate that we have done so we need to be able to measure it. This we see as addressing the second essential component of a definition of harm reduction. However, as Newcombe [6] points out, reduction of harm is harder to measure than abstention. Evaluation first requires the selection of a sub-set of desired harm-reduction goals from a matrix of potential options. His framework, which can guide the measurement of harm-reduction outcomes, offers nine categories of drug-related harm from the dimensions of: type (health, social, economic); and level (individual, community, society). These occur within a time dimension (short-, medium- and long-term effects), a duration dimension (temporary, permanent) and a severity dimension (mild, moderate, major). He also notes that harm reduction goals are hierarchical and assessments need to be made as to the propensity of each for achieving the optimum net reduction in overall harm. In our view harm should be interpreted in its broadest sense and include, for example, the impact on the use of other drugs and the social and economic costs of the intervention. There is no point to achieving circumscribed benefits if the cost is substantially exacerbating problems in other domains.

Newcombe argues that risks may constitute good proxy measures of actual harms. They are more amenable to assessment by observational, interview and questionnaire methods and consequently easier and less expensive to assess. Yet, as Heather notes, the level of measurement needs be no more than a simple ordinal scale (minor/moderate/major, or even presence/absence). What Heather considers essential "is that judgements of degree of harm be made by reasonable, objective, replicable and, as far as possible, consensually agreed rules" (p. 333) [5].

Definition of harm reduction

So, in our view, a harm reduction programme or policy is one in which (1) the *primary goal* is to reduce net health, social and/or economic harm without *necessarily* seeking to reduce use and (2) it can be directly demonstrated, against broadly agreed criteria, that net harm across these dimensions has been reduced, rather than claiming or inferring that harm has been reduced from changes in other indices.

This definition requires that to claim the mantle of harm reduction, a policy or programme must provide more than simple intention or self-evident worth. It requires a demonstration that harm reduction has occurred in an overall sense. The corollary is that policies and programmes that aim to reduce indirect or proxy outcome measures, such as risk, must illustrate how reduction in these is associated with a reduction of harm. Furthermore, those who claim that *use* reduction constitutes *harm* reduction need to establish that such an approach does actually result in an overall reduction in harm.

References

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