

THE IMPACT OF HARM MINIMISATION PROGRAMS ON FAMILIES:

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Australia's National Drug Strategy has been based on the principles of harm minimisation since 1985. The Strategy (2004-2009) stresses that this means "improving the health, social and economic outcomes" not just for the individual drug user, but also for the wider community. Specifically, the Strategy includes as one of its main objectives the reduction of "drug-related harm for individuals, families and communities". The Australian National Council on Drugs recently released a statement (posted to NSPForum on behalf of Gino Vumbaca) which confirmed its concern that families affected by drug use "need real and properly considered advice".

In our view, a distinction should be drawn between two different ways in which harm reduction applies to families. Firstly, harm reduction programs targeting the individual drug user can have beneficial effects on their families. Secondly, harm reduction programs might address the harms experienced by a drug user's family members in their own right, separate from the harms experienced by the user [1]. These harms include violence, disruptions to family relationships, feelings of guilt and isolation, damage to property, neglect of children, children's initiation to drug taking, financial pressures and theft, loss of trust, and concern for the safety and the health status of the drug-using family member [2].

In 1996, one commentator noted that the harm reduction literature almost exclusively focussed on a drug user's health, and that there was an urgent need to develop harm reduction programs for families [1]. Ten years later, a recent review pointed out that evidence for the success of such programs is slowly appearing [3]. For example, the UK "Alcohol, Drugs and the Family Research Group" has developed strategies to reduce family members' stress and strain and to improve coping mechanisms [4,5]. Significant reductions in family conflict as well as mental and physical symptoms of family members are also achieved by community reinforcement approaches, which focus on restructuring the family, social and vocational components of the daily lives of substance users [6,7]. Training for parents of adolescent substance users to enhance their own coping skills and their personal well-being is another strategy that has yielded positive results [8-10]. Similarly, it has been found in Australia that in families where one or both of the parents are undertaking methadone maintenance treatment, parenting interventions can improve child well-being and developmental outcomes as well as family relationships. This was shown in a pilot study of the Parents Under Pressure (PUP) family-based treatment program in Queensland, where it was found that parental functioning had greatly improved, including better relationships with children and a reduction in abusive parenting. Child behaviour also showed significant improvements. Concurrently, a reduction in parents' substance use and risk taking was observed [11].

Family self-help groups and networks are an important and growing resource. An example of such an organisation in Australia is Family Drug Support (<http://www.fds.org.au/>), which seeks to assist families experiencing problems relating to drug use by a family member. A key aim is the strengthening of family relationships within the affected family. A similar organisation in Canada, From Grief

to Action (<http://www.fromgriefftoaction.org/>), likewise specifically addresses the welfare of families, with the main objective of "Working to promote ways in which drug users and their families can achieve and maintain healthy and productive lives."

Such strategies and their preliminary positive outcomes highlights the potential for harm reduction to directly target families to alleviate the problems they experience as a result of drug use by a family member. The expansion of existing harm reduction programs caring for the needs of family members of substance users is urgently required to cope with demand. A recent publication on harm minimisation in Aboriginal Communities also stresses the need to reduce drug-related harm, not merely for individual drug users, but also for their families and the entire community [12].

Contrary to the relatively sparse publication record on harm reduction programs directly targeting families, a large number of articles describe the indirect, "trickle-down" effects of harm reduction programs to the families of drug users. The conclusion is invariably that harm reduction programs aimed at the individual drug user have a simultaneous positive impact on the user's family. Examples come from all over the world. For instance, an evaluation of a harm reduction program run by the NGO Sharan at a drop-in centre in Delhi, India, noted that out of 50 IDUs, 32 reported "harmonious relationships with friends/family members" after joining the drop-in centre, compared to only 8 IDUs beforehand [13]. IDUs enrolled in a large harm reduction program in New York City cited improved family relations as a desirable outcome of harm reduction programs [14]. Improvements in family relationships were also reported for a group of Californian methamphetamine users following drug treatment [15].

Finally, there are positive benefits when family members become involved in supporting their drug-using relative in a harm reduction program, e.g. by encouraging them, helping them to procure needles/syringes or substitution drugs, or securing the provision of counseling and other harm reduction services. From the point of view of the drug user, family support is highly desirable. For example, the involvement of a significant other in methadone maintenance treatment, including the attendance of a weekly support group, can help patients adhere to treatment [16].

In summary, it is clear that there is great potential for families to benefit from harm reduction interventions, both those primarily aimed at the illicit drug user, and those catering for the specific needs of family members.

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