HARMSPEAK: THE ORIGINS OF 'HARM REDUCTION' IN AUSTRALIA

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ABSTRACT

This paper examines the evolution of a harm discourse in Australian national drug policy from 1980 to 1996.

Three main stages are described. The first, 1980-1986, saw the use of harm develop primarily in relation to alcohol led by the medical profession. In the late eighties the threat of an AIDS epidemic created an unusual collaboration between politicians, bureaucrats and illicit drug users to develop the policy of harm reduction. AIDS bureaucrats took the lead during this period and the newly evolving principles of economic rationalism provided a pragmatism with which the new drug policy was able to connect.

By the 1990s the term 'harm reduction' had broadened to include virtually all drugs and all strategies. The various conflicting interest groups involved in drug policy had begun to contest the meaning of the terms and many are now questioning their value. The new bureaucratic leaders of national drug policy again face the challenge of finding a way of unifying conflicting interests in a climate of unpredictable and ambivalent community and political attitudes.

Introduction.

The development of a discourse around harm resulted in the adoption of the goal of the reduction or minimisation of harm in the National Campaign Against Drug Abuse, launched in 1985, and the National drug Strategy which followed in 1993. This policy has been acknowledged worldwide by many of those whose interests lie in the treatment and/or prevention of alcohol and other drug problems as an enlightened and humane approach. It also runs counter to the approach of the major world over, the United States. During the years 1980-1996 the meaning of "harm" in relation to drug policy became elaborated, linked in particular ways to "reduction" and "minimisation" and became contested.

Coinciding with the development of economic rationalist policies at both state and federal levels of government, the harm reduction movement harnessed political support through an emphasis on a cost/benefit analysis approach to drug policy. As an essentially pragmatic strategy, harm reduction was able to overcome political squeamishness in relation to illicit drug users, but on an unstable and unpredictable basis.

This paper will examine how and why the meaning of "harm" changed over this period of time, exploring key figures and processes that contributed to this change. The factors which enabled harm reduction to be enshrined in national policy will be illustrated, as well as the essential ambivalence of the State to such an internationally controversial policy.

Pre-AIDS. The reduction of harm.

In 1981 the term harm did not appear in the Australian National Drug Strategy. The aim of that strategy as outlined by the Federal Minister for Health Michael MacKellar when he opened the inaugural meeting of the Australian Medical Society for Alcohol and Drugs (AMSAD) was "to reduce drug-related problems". (MacKellar, 1981).

The so-called drug problem was defined very much in terms of illicit drugs in the public eye. Drug policy was the outcome of a struggle between the interests of health and law enforcement, embodied on the strategies of supply reduction and demand reduction and tempered by the lobbying of the powerful alcohol, tobacco and pharmaceutical industries. The government had been influenced by the recommendations of the recent Williams Inquiry which had focussed on crime and corruption. Legislation and law enforcement were at this time the main political focus. Politicians were very much influenced by the publicity surrounding illicit drugs and crime. The moderate way in which the overall aim was stated reflected the influence of the health lobby, which had worked so hard to have the government formulate a rational and realistic goal.

The health bureaucracy in Canberra had a very different view to the politicians of the aims of drug policy and the definition of the drug problem. Alcohol and tobacco were defined as drugs and seen to cause the major problem for Australia, as indicated by mortality and morbidity statistics collected by the Commonwealth. This view had been supported by a number of commissions and inquiries throughout the seventies and early eighties. The voluntary sector, through the Australian Foundation for Alcohol and Drug Dependence (AFADD), worked quite closely with the health bureaucracy at the national level and shared the same view of the definition of the drug problem. The use of the term harm was evolved by members of the health interest.

Leadership.

In Australia, leadership in the health arena regarding drug policy came from the medical profession. This group was also prominent in the voluntary sector. Doctors working with alcohol and drug problems were the first profession to become organised as a lobby designed to have input into drug policy, a process no doubt assisted by the higher salaries and status enjoyed by doctors as compared to workers in allied health professions and the voluntary section. Medical leaders involved in drug and alcohol problems across the country, maintained connections with each other through the formation in 1981 of a professional society and a professional journal. A key policy position was that of senior medical adviser and this was assisted by the Drugs of Dependence Branch of the Commonwealth Department of Health. The major voluntary body concerned with drug policy at the national level, AFADD, was also estimated to contain at least 40% doctors (Drew, 1997).

The term harm became officially recognised as part of international drug policy terminology after a World Health Organisation meeting in Washington in August, 1980. The publication of the Memorandum on Nomenclature and Classification of Drug and Alcohol-Related Problems introduced the terms "harmful" and "hazardous use" in preference to "abuse" and "misuse". It stated: (p 78) "abuse" and "misuse" are unsatisfactory concepts within a scientific approach. Because the terms involve value judgments they are impossible to define in such a way that they are appropriate for different drugs in different contexts." Hazardous use was defined as (p 78) "use of a drug that will probably lead to harmful consequences for the user - either to dysfunction or to harm." Harmful use was defined as "use of a drug that is known to have caused tissue damage or mental illness in the particular person." This definition of harm was seen to be scientific and measurable, as well as morally neutral, standing aside from terms which were indicative of value judgements and which stigmatised drug users.

The Memorandum was the product of an international working group of scientists called together by WHO. Among those attending was Dr Les Drew, the Senior Medical Adviser on Alcohol, Drugs and Mental Health to the Australian Government. Les Drew was trained as a psychiatrist and had extensively researched as well as treated alcohol problems. His first paper on the natural history of alcohol was published in the British Medical Journal in 1958. He was appointed to the senior adviser's position in 1975, and was also on the National Drug Education Program's sub-committee. Drew was an advocate of a public health model. Drug problems were a symptom of a sick society, factors wider than internal states such as overall levels of consumption affected drug use, drugs were defined broadly to include legal as well as illicit substances. Drug problems were essentially health and social, not law and order issues. Drug policy needed to be "rational" (Drew, 1997) and based on research data and scientific analysis, not on fear and loathing. Drew felt it was important not to stigmatise drug users. The role of the health worker was in dealing with the harm that resulted from drug use not the actual drug use itself. This view took into account the civil liberties concern of various groups of drug users. Drew was the first in the Australian drug policy literature to articulate the minimisation of harm as a policy position.

Other Australians on the WHO Committee were Dr David Hawks, who was at that time working for the WHO, and Dr Robin Room who was based at the University of California, Los Angeles. Hawks later returned to Australia to become a prominent advocate of harm reduction, especially in relation to alcohol. Room remained in the States but published some significant work on drug policy. Room's work was cited in 1990 as the foundation for the New South Wales' Directorate of the Drug Offensive's approach to harm minimisation. (McAvoy, 1990). Drew's contribution to the memorandum was a significant one - he was asked to write a paper on drug education, and was involved in the writing of the final version. Some of his material was incorporated into the final text.

The WHO memorandum deliberations on terminology were adopted in 1983 by the fledgling AMSAD. Drew had been one of the founders of this society, along with Jim Rankin and Lou Goldman. The society aimed to promote an increased awareness and knowledge of drug and alcohol problems in the medical profession. Later it was broadened to include allied health professionals and others interested in drug problems. Through the society's journal, the Drug and Alcohol Review, Drew elaborated his notions concerning the fundamental aims of drug policy. 1984 saw the publications of "Strategies for Minimising Drug Related Health Problems" wherein he made the significant distinction between reduction of drug use per se as a goal and reduction or minimisation of harm. It was in this literature that policy harm speak was emerging.

Drew continued to develop his notions regarding harm and drug policy in the literature, whilst attempting to provide firm foundations through the collection and analysis of health data. He was in a key position in Australia to be able to influence the development of national drug policy. "Minimisation of harm" was often used by him interchangeably with "reduction of harm". Meanwhile the use of this terminology was spreading around Australia. The New South Wales Health Department had adopted minimisation of harm as its goal in 1983.

The National Campaign Against Drug Abuse.

In 1984 federal election campaign led to the placing of drug policy high on the political agenda. Drug-related crime had become politically damaging to the Prime Minister, Bob Hawke, in parliament, and this was compounded by the revelation of his daughter's heroin addiction. During a talk-back radio interview with the Prime Minister, the idea of a drug summit was born.

In 1985 few federal politicians seemed to support the application of a harm discourse to drug policy. Public debate focussed around issues of law and order. Les Drew described the way in which the national drug campaign began: "when Bob Hawke suddenly decided to have this program I actually wasn't in Canberra at the time, I was directing the Commonwealth's Health Services in Melbourne

because there was nothing to do - you know, nothing was happening ...I came home for Christmas and was in the garden working and the head of the Nutrition section rang up to say could I give her a couple of ideas because she was going to draw up this national drug policy - she'd been told to draw up the program for Bob Hawke's new policy. I said you're kidding - I said I'm not going back to Melbourne, I'll be back in my old job on Monday. So over the Christmas I actually drew up the national program and sent it round to all my mates all-round the states so by the time the New Year came round I was able to go back and say ... look we've got consensus ... this is what we want which was totally different to what Bob Hawke wanted." (Drew, 1997).

However, the Federal Minister for Health, Neal Blewett, was much more favourably disposed. During his academic career, prior to entering politics, Blewett had supported cannabis policy reform. In a 1994 interview with Steve Allsop he stated: "I saw alcohol and cigarettes as the premier drug problems in this country - issues that the police generally had little to do with. I wanted to keep the emphasis on these drugs, which would certainly have been lost if the moneys were going into enforcement agencies to respond to what were essentially the minority drug problems in society." His overseas trip in January 1985 to view drug programs in the U.S., Britain and Hong Kong had a very significant influence upon him, alerting him to the issues of HIV and drug use and had a key influence on his later support of AIDS programs.

Much has subsequently been made of the use of the phrase "the minimisation of harm" as the goal of the National Drug Campaign. However, at that time, "harm" was not defined or elaborated as a concept in the policy. Neither was it connected to AIDS. The presences of the term did, however, reflect the influence of a reasonably well united pressure group of health professionals and others who were involved in working with alcohol and drug problems who had successfully introduced the discourse into the political arena. The fact that it had been acceptable to the politicians did not indicate a long-term victory for the health interest. Much of the public rhetoric surrounding the campaign was about crime and corruption and for the first three years the major targets were youth and illegal drug use. It was to take much longer to establish national alcohol and tobacco policies.

AIDS. Harm reduction.

The arrival of the threat of an epidemic from the incurable disease AIDS in the mid-eighties created a new meaning for the term harm and a new phrase, harm reduction, to describe the particular set of drug-related strategies designed to prevent the spread of the HIV virus. It also resulted in new leaders and interest groups becoming involved in drug policy. A coalition of AIDS bureaucrats, drug policy-makers, medicos and hastily-formed user groups, supported by the Federal Minister for Health, united under threat to prevent the spread of the HIV virus. The newly set up AIDS bodies drove the changes in drug policy (Gore, 1997) - as many drug agencies and policy bodies were not in the habit of focusing on the needs of illicit drug users. These developments coincided with the growth of an international left-wing harm reduction movement which was anti-prohibitionist and pro-civil rights for illicit drug users.

"Harm" was now used specifically related to the HIV virus and this disease fell easily into the traditional public health model. The virus could be identified, measured, studied and tracked with the aid of traditional epidemiological tools, unlike the drug problem which had proved a slippery and complex non-medical phenomenon. There was a great deal of panic amongst health workers and in the general community about the spread of the virus and a sense of urgency permeated this period of policy-making. The public health model received its justification by extension to drug policy from the time of the arrival of AIDS.

At this time the Director of Drug and Alcohol Services at St Vincent's Hospital, Alex Wodak, was realising the importance of the connection between drug use and AIDS. "One Friday morning I ran into David Cooper at the traffic lights just outside my office at the corner of Burton and Victoria

Streets (Darlinghurst) .. David was already involved in AIDS and maybe it was '83, '84, ... he looked very disconsolate that morning and I said "what's the matter?" and he said ..I've just seen somebody who is the son of a Professor of Medicine from in town here and he works at Brett's Boys which is a gay brothel around the corner ... and he's got AIDS, was HIV positive, and is also a drug user'. As soon as those words tumbled out of his mouth I could see Sydney going down the same road as New York, Geneva, Milan, and having 50% positive in 18 months and me spending the rest of my life looking after HIV infected drug users." (Wodak, 1997) Alex had previously written about the reduction of harm in relation to alcohol problems with a similar perspective to Les Drew. He now applied this model to injecting drug use and the prevention of AIDS.

Overseas experience suggested to Wodak that needle and syringe exchange programs had been successful in containing the spread of the HIV virus amongst injecting drug users. The Health Department was emphatically against the use of needle and syringe exchange programs. Wodak spent the next two years unsuccessfully writing submissions to fund a program in Darlinghurst, Sydney the epicentre of the epidemic. On 13th November, 1986 in desperation, he opened the first needle and syringe exchange at Rankin Court, unaware that this was in breach of the recent Drugs Misuse and Trafficking Act. "On November 12th, 1986 I had a meeting with Ron Penny and I had just been rejected yet again for something or other - you know, too long, too short, too narrow, too wide, too hot, too cold - whatever - so I came downstairs (to the Alcohol and Drug Information Service) .. and I said .. look they're just fobbing me off .. I think we'll just have to do it .. so we took up a collection, we all chipped in .. and Kat Dolan and Gino Vambucca .. went out and bought 1,000 needles and syringes and then we wrote on a piece of paper 'free needles and syringes ring the doorbell' .. and we stuck that with a drawing pin on the front door there and you can still see where the little holes are' (Wodak, 1997). The doorbell began to ring very soon.

Tony Adams, Secretary of the Department of Health at that time, supported this move, and though Wodak was interviewed by the Drug Squad, they did not take action against him. Shortly afterwards the legislation was modified and the government opened a program operated through pharmacies followed by a community-based program. Needle and syringe exchanges are now a well-established and proven HIV prevention strategy. In August 1989 the National HIV/AIDS Strategy was published and a national AIDS and Injecting Drug Use Media Campaign was later launched.

The need for knowledge about the behaviour of injecting drug users provided the impetus for a new attitude on the part of workers and policy-makers to illicit drug users. This group, for the first time in Australia, developed a public voice and participated in the policy-making process. "User groups" were formed all over the country by the end of the eighties, and represented nationally by The Australian IV League (AIVL) which began a journal, "Junk Mail". Mostly these groups were funded through AIDS bodies. However, many users were sceptical about the new concern for their welfare suspecting that the main issue was the safety of the heterosexual community from their behaviour rather than their own risk of infection. "Some people may point to needle exchange as an example of harm reduction in action, but it wasn't introduced to keep us safe, it was introduced to stop HIV spreading into the community at large - i.e. to keep them safe from us" wrote Michael Rimmer in the March 1992 edition of Junk Mail. (p 12).

A top priority was to convert the drug and alcohol field to an awareness of the danger of the spread of AIDS through injecting drug use, and to train workers in methods of containing this spread. The overall HIV prevention strategy used was called "harm reduction". It challenged those parts of the field whose treatment and education methods were based on abstinence, rather than safe use, as the main goal. In New South Wales the newly-formed Drug and Alcohol Directorate adopted harm minimisation as its goal, broadening the use of the term to include all drugs, both legal and illegal. (McAvoy, 1990). This process was supported by an extensive training program conducted in 1989 by the Directorate's strategic arm, the Centre for Education and Information in Drugs and Alcohol

(CEIDA). Funding came from the AIDS Bureau. In 1990 CEIDA sponsored a forum on harm minimisation and the magazine "Connexions" did a two part series on the meaning and history of the strategy/policy. The Directorate also surveyed community attitudes to harm minimisation and found that the term was little understood or even recognised in the broader community, although there was a surprising amount of support for methadone programs and needle and syringe exchanges.

Nationally, the lead was being set by AIDS policy. However, the Senior Medical Adviser was lobbying hard for harm minimisation and he found his support in AIDS. In June, 1988 Les Drew presented a paper to the National Health and Medical Research Council alerting them to the possibility of a "second AIDS epidemic" spread by intravenous drug users. In this paper he described the Ministerial Council on Drug Strategy's attitude to HIV prevention as "ambivalent and tentative" (p4). He urged that more positive action be taken in support of needle exchange and that AIDS and drug policy should be more closely aligned and mutually reinforcing. Cost containment was an important part of his rationale. "It is clear that such a change in drug policy, combined with decisive action, would result in considerable savings, in terms of illness, loss of life and health care costs" he argued, (Drew, 1988).

Drew's strategy was very effective as it tuned into the concurrent development of economic rationalist policies by the Hawke Labor government during this period. The emergence of much greater support for deregulation and the creation of the policy of micro-economic reform had led to significant change in views on the role of government in relation to welfare and social problems. Cost containment, especially in the health arena, was a high priority as well as the shrinking of the public sector.

In an editorial of the Drug and Alcohol Review in 1988 Drew again criticised the National Drug Campaign for its pre-occupation with reducing drug use, rather than minimising harm. He was becoming increasingly disillusioned with the media campaign, called "The Drug Offensive". He was also concerned that drug and alcohol workers in the treatment area were still focusing on abstinence as their goal. He argued that AIDS had necessitated an urgent change in drug policy. He identified harm reduction as a third force to add to demand reduction and supply reduction as major drug policy strategies. He concluded "If we really cared about the harm drugs cause we would ensure that harm reduction strategies were included within NCADA and that they were acknowledged to be at least as important as demand reduction strategies and supply control strategies". However, the clarity Drew showed in his conceptualisation of the place of harm reduction in drug strategy was not to emerge in the national policy documents. In 1988 Drew resigned.

In New South Wales the arrival of a new liberal government in 1988 coincided with the start of the new drug policy body first called The Directorate of the Drug Offensive but later to be known as the Drug and Alcohol Directorate. The new Premier, Nick Greiner, had a strongly reformist agenda also based on economic rationalist foundations. This echoed trends at the Federal level. "Minimisation" came to be a term that united the cost-cutting interests of the reformist Liberal government with the harm reduction concerns of drug policy-makers and so this term was more commonly used than "reduction" during the period 1988-1994.

In the late eighties, harm reduction in Australia was part of a worldwide movement spearheaded by the Mersey Regional Drug Training and Information Centre, Liverpool England, but supported in Europe, Canada and small sections of the United States. The home of harm reduction was the Netherlands, which had exhibited tolerant and moderate drug policy since the seventies, but the late eighties saw the spread of advocates of these ideas, especially through the establishment of the International Journal of Drug Policy and the beginnings of the annual International Conferences on the Reduction of Drug-Related Harm. This movement was not led solely by medicos and it set itself a

clearly political and reformist agenda, targeting prohibitionist drug policies across the globe, especially in the United States and emphasising the inclusion of the interests of illicit drug users in the policy agenda. As such, it is a radical, left-wing movement. Australians such as Alex Wodak and the Canberra sociologist Stephen Mugford were involved internationally in harm reduction during the late eighties and there have been close connections ever since. Two of the eight international conferences so far have been held in Australia.

By 1990 harmspeak in Australian national and state drug policy reflected a blending of the new HIV prevention harm reduction discourse and the earlier concerns about the reduction of harm focused on alcohol. Harm minimisation, the preferred term at this time, was now defined, for example by the New South Wales Directorate, in terms of all drugs and all strategies. In a somewhat confusing speech, in which he failed to specifically define any of his terms, Mike McAvoy, head of the New South Wales Drug and Alcohol Directorate stated: "one common misconception is that adopting a harm minimisation strategy excludes other strategies, for example, directed towards abstinence. As room points out, harm minimisation as a goal co-exists quite happily with the range of strategies of prevention and treatment". (McAvoy, 1990). The only strategy rejected by McAvoy at this time was what he called the "abstinence or nothing" approach. However he carefully avoided taking an anti-prohibition stance, as well as side-stepping the debates about drug law reform and user's rights.

Post AIDS. Harm reduction contested.

At the 3rd International Conference on Drug-Related Harm held in Melbourne in March, 1992, differing definitions of harm reduction were debated. So many differing views and voices were represented by this board rubic at the conference that one could say harmspeak had turned into harmbabble. "Minimisation" was distinguished from "reduction". Medicos such as John Strang distanced themselves from pro-legalisation and anti-abstinence arguments, attempting to seize the middle ground for the terminology. Strang stated: "there is a real risk that the pure consideration of harm reduction will be confused or diluted by the introduction of other concepts and debates, and it may prove vital to the healthy survival of harm reduction debate for it to be conducted at a distance from other debates, which may perhaps be related but not the same".

The British journalist, Peter McDermott, whilst supporting harm reduction as anti-prohibition, anti 'war on drugs' and pro user's rights, said that harm reduction did not go far enough as it did not tackle the problem of pleasure in relation to drug use. Stephen Mugford argued that the very pragmatism of harm reduction would be its undoing. He warned: "Marsha Rosenbaum has said that the lovely thing about harm reduction as a phrase is that it is such a great sound bite. Everyone thinks they know what it means and it seems reasonable to everyone, and this is a view I long shared. But now I think that the sound bit is haunting us much as simple political slogans such as read my lips come to haunt politicians who uttered them. It is time to think the problem of drug policy beyond harm reduction before we get caught regretting we ever said it". (Mugford, 1993).

The National Drug Strategy, 1998.

The policy makers were not taking any notice of Mugford. The commitment to the minimisation of harm as the goal of national drug policy was re-affirmed in 1993. The use of harm terminology in the 1993 national drug policy, although cautious compared to some positions, reflected important changes in national policy language since 1985. The definition of harm was considerably expanded under two broad categories, physical and social with more detailed descriptions in each area. The phrase "without necessarily eliminating use" was also included. This was a more marked attempt to state an anti-prohibition position than previously, but was still essentially rather equivocal. "Minimisation" was not defined and "reduction" was often substituted in the text. These changes reflect some expansion in the ground held by the health as opposed to the law enforcement interest

over the previous ten years. They also reflected the success of the harm reduction discourse in unifying the health interest.

In response to the move by many harm reduction proponents to the middle ground, there developed a specific left-wing push for drug law reform. Groups such as Politicians for Drug Law Reform and Parents for Drug Law Reform pursued the stronger anti-prohibition and pro user's rights positions that had been adopted by the harm reduction movement in the late eighties. The drug law reform movement continued to described itself as a proponent of harm reduction. With the occupation of the middle grounds by some prominent members of the harm reduction movement, user groups ceased to be well-represented and involved in the policy-making discourse. (Gore, 1997).

In 1995 the Drug and Alcohol Review's devoted a whole issue to defining harm reduction, but largely representing the moderate view. Again writers asserted that the phrase had become so broad as to be meaningless. "However, 'harm reduction' is that the most unfortunate of beings - a term in search of a meaning" wrote Wodak and Saunders in the editorial. Consensus seemed to reached relating to the fact that drug use did not necessarily have to stop when one was practicing harm reduction. Harm reduction was identified primarily as a pubic health strategy and differentiated from drug law reform. Its best place was the middle ground, advocated Eric Single (p 290) echoing John Strang's words in 1992. The discourse still represented significant interests in the health arena.

Towards the end of 1996 a Sydney teenager died after taking the drug ecstasy. The resulting public drug debate and media frenzy demonstrated that New South Wales politicians and many in the general community were complete strangers to the harm reduction discourse (Dillon, 1995), though harm reduction had become so commonplace in the drug and alcohol field, in the broader community it was still very much either unknown or unacceptable, especially in relation to young people.

In the commentary section of the international Journal of Drug Policy, vol 7, no. 4, 1996 the long time Australian proponent of harm reduction, Alex Wodak, suggested that the terminology might be abandoned altogether, as it was regarded as inflammatory by a number of countries. He was greeted by a chorus of objections from many different perspectives-illicit drug user groups, developing countries, supporters in the United States and some of the original founders of the harm reduction movement in the mid-eighties. However, a movement that had been well united in the late eighties had now become fragmented and divided.

Conclusion.

Initially the drug policy discourse on harm was developed by pubic-health-minded medicos in relation to alcohol. The advent of AIDS saw the reduction of harm transformed to "harm reduction", by a coalition of AIDS bureaucrat, medicos, drug-policy-makers and user groups who formed a movement to prevent the spread of AIDS. For a brief time in the late eighties the political, medical, bureaucratic and community interest united under threat. Once the epidemic had been seen to be contained this alliance foundered and the harm reduction movement now represents a broad range of conflicting interests who constantly debate the meaning and use of the terminology.

The incorporation of a harm discourse into national drug policy represents a triumph for the health lobby. This achievement was assisted by the political strategies of some powerfully placed and enlightened medical figures, a policy based on a cost/benefit analysis combined with an overall trend to cost-cutting in the health sector as a result of economic rationalist policies and the threat of a new pubic health epidemic. The gay community provided a model for dealing with AIDS and AIDS

bureaucrats provided the impetus for changes in the drug policy in the late eighties which created a new voice for illegal drug users.

"Drug policy is decided in the cauldron of law and order and in the context of public ambivalence about drug users. Cast such elements into the less humane political environment of the last decade, and it's a wonder any progress has been made at all". (Webster, 1995). This comment signifies the achievements that have been made under the harm reduction banner. Now, in 1997, drug policy has been handed over by government to the public health bureaucrats. This is a logical outcome of the public health model advocated by key advisers on drug policy and it attempts to resolve tensions that have long existed with the separation of drug and alcohol and other public health issues. It introduces new players into the leadership in government drug policy-making. It remains to be seen whether this new leadership can master the subtleties of harmspeak and unit all the various conflicting interests that have made a national drug policy such a difficult endeavour in the past.

Bibliography.

Interviews.

Dr Les Drew

Dr Alex Wodak

Cecilia Gore.

References.

The International Journal of Drug Policy, 1989-1996.

Junk Mail, vol 1 No 1, vol 2, nos 1 & 2, vol 3, nos 1 & 2.

Drug and Alcohol Review, formerly the Australian Drug and Alcohol Review formerly the Australian Alcohol/Drug Review, 1981-1996.

Connexions, 1983-1996.

Allsop S. *Harnessing harm reduction in Australia: an interview with the Hon. Neal Blewett* Drug and Alcohol Review (1995) 14, p273-281.

Committee of Review: *Final Report into Drug and Alcohol Services in NSW.* Parliament of New South Wales 1985.

Dillon, P, Goldspink Lord, L and Parkhill, N. *Sex, drugs and just say not: the media perspective.* Proceedings of the 7th International Conference on The Reduction of Drug Related Harm. Hobart, 1996.

Drew, L.R.H. *What do we know about reducing drug-related problems?* Australian Alcohol/Drug Review Proceedings of the First National Conference, 30 July - 1 August, 1981. Canberra p.36.

Drew, L.R.H. *Alcohol Control Policies.* Editorial Australian Alcohol/Drug Review. Vol 2, no 2, July 1983 p3-4.

Drew, L.R.H. *Strategies for Minimising Drug Related Health Problems.* Australian Alcohol/Drug Review vol 3, no 1, January 1984, p.14.

Drew, L.R.H. *The National Campaign Against Drug Abuse.* Australian Drug and Alcohol Review, 1986 5:p.107-108.

Drew, L.R.H. *Cannabis: Health Issues and Public Policies.* Editorial Australian Drug and Alcohol Review 1986 5: p.125-126.

Drew, L.R.H. *Beyond the Disease Concept of Addiction: Towards and Integration of the Moral and Scientific Perspectives.* Australian Drug and Alcohol Review 1987: 6: p.45-48.

Drew, L.R.H. *The Emperor has no clothes: the limits of science in dealing with drug problems.* Australian Drug and Alcohol Review 1987 6: p.265-269.

Drew, L.R.H. *Minimising drug problems: the importance of harm reduction strategies.* Australian Drug and Alcohol Review 1988 7: p.139-140.

Drew, L.R.H. *Intravenous drug use and the AIDS epidemic: a review.* NHMRC June, 1988.

The Drug Offensive. *National Drug Strategic Plan 1993-97.* AGPS Canberra 1993.

Edwards, G, Arif, A and Hodgson, R. *Nomenclature and Classification of Drug and Alcohol-Related Problems - a shortened version of a WHO memorandum.* Australian Alcohol Drug Review, vol 3, no 2, July, 1984.

Gruen, F. *Managing Government: Labor's Achievements and failures.* Longman Cheshire, Melbourne, 1993.

Heather, N, Wodak, A, Nadelman, E and O'Hare, P. (ed) *Psychoactive Drugs and Harm Reduction. From Faith to Science.* Whurr, London, 1993.

Laffin, M and Painter, M. (ed) *Reform and Reversal. Lessons from the Coalition Government in New South Wales 1988-1995.* Macmillan Melbourne, 1995.

MacAvoy, M. *What the Directorate means when it says Harm Minimisation.* Unpub. paper delivered at the CEIDA Forum on Harm Reduction, November, 1990.

MacKellar, m. *Opening of the first national conference of the Australian Medical Society on Alcohol and Other Drug Problems.* Australian Alcohol/Drug Review. Vol 1, no 1.

O'Hare, P, Newcombe, R, Matthew, A, Buning, E, and Drucker, E. *The Reduction of Drug-Related Harm.* Routledge. London, 1992.

Pusey, M. *Economic Rationalism in Canberra. A Nation Building State Changes its Mind.* (Up, Sydney, 1991.

Webster, I. *NCADA and NDS Looking Forward while Looking Back.* Proceedings of the Eighth NDARC Annual Symposium, Sydney, 1995. Ed. P. Dillon.

Wodak, A. *Harm Reduction: Time for a Change in Terminology?* The International Journal of Drug Policy. Vol 7, no 4, 1996.

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