

# deciphering 'harm reduction' 解讀「緩害」

SS Lee  
HKCSS Seminar on Harm Reduction  
1 April 2009



[http://www.soros.org/initiatives/drugpolicy/multimedia/drugreport\\_20090303](http://www.soros.org/initiatives/drugpolicy/multimedia/drugreport_20090303)



**OPEN SOCIETY INSTITUTE**  
& Soros Foundations Network



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Two major harm reduction **interventions** are substitution therapy (methadone, buprenorphine, and, in some cases, heroin), needle or syringe exchange.

The first needle exchange **programme** was set up in the Netherlands in 1984. By providing clean needles and the chance to dispose of dirty ones, the chances of transmitting bloodborne diseases, such as HIV or hepatitis C, are dramatically reduced.

By 2008, at least 77 countries or territories had implemented/tolerated some form of harm reduction intervention - 63 had substitution treatment.

Open Society Institute. International Drug policy Fact Sheet  
[http://www.soros.org/initiatives/drugpolicy/articles\\_publications/publications/factsheet\\_20090303/factsheet\\_20090312.pdf](http://www.soros.org/initiatives/drugpolicy/articles_publications/publications/factsheet_20090303/factsheet_20090312.pdf)  
Accessed on 21 March 2009

Drug dependence treatment aims at improving the health and quality of life of persons with drug dependence through achieving abstinence from drug consumption, reduction in morbidity and mortality caused by or related to high risk behaviours associated with drug consumption, and providing access to services and opportunities to achieve the highest possible level of physical, mental and social well-being



WHO, UNAIDS, UNODC. Evidence for action on HIV/AIDS and injecting drug use **POLICY BRIEF**: REDUCTION OF HIV TRANSMISSION THROUGH DRUG-DEPENDENCE TREATMENT WHO/HIV/2004.04

A **policy** is typically described as a deliberate plan of action to guide decisions and achieve rational outcome(s). However, the term may also be used to denote what is actually done, even though it is unplanned. The term may apply to government, private sector organizations and groups, and individuals.

Policy differs from law. While **law** can compel or prohibit behaviors (e.g. a law requiring the payment of taxes on income) policy merely guides actions toward those that are most likely to achieve a desired outcome.

Policies can be understood as political, management, financial, and administrative mechanisms arranged to reach explicit goals.

SOURCE: Wikipedia <http://en.wikipedia.org/wiki/Policy>

The term **drug policy** refers to any policy whose aim is to control drug supply and drug demand. It can therefore have an impact on multiple areas, ranging from the treatment of drug dependence and other diseases, such as HIV/AIDS and cancer, to the production and trade in illegal drugs, and the levels of violence, incarceration and poverty worldwide.

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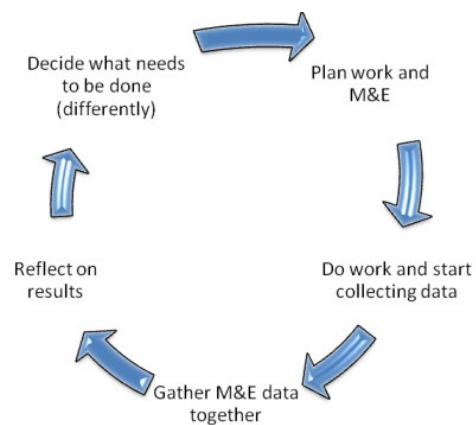
Harm reduction is a **philosophy** whose central aim is to reduce the harms of drug use.

Open Society Institute. International Drug policy Fact Sheet  
[http://www.soros.org/initiatives/drugpolicy/articles\\_publications/publications/factsheet\\_20090303/factsheet\\_20090312.pdf](http://www.soros.org/initiatives/drugpolicy/articles_publications/publications/factsheet_20090303/factsheet_20090312.pdf)  
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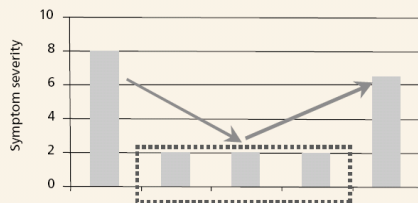
### Framework of monitoring and evaluation



SOURCE: Clear Horizon – Reflection, learning & improvement <http://www.clearhorizon.com.au>

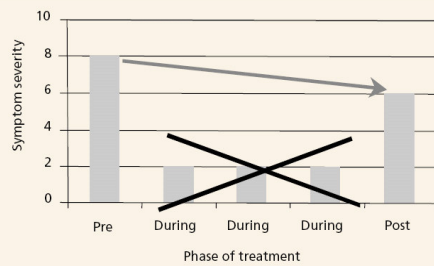
where is the problem?

Figure IV  
Hypothetical hypertension treatment



**A chronic illness  
perspective on treatment  
and evaluation  
designs**

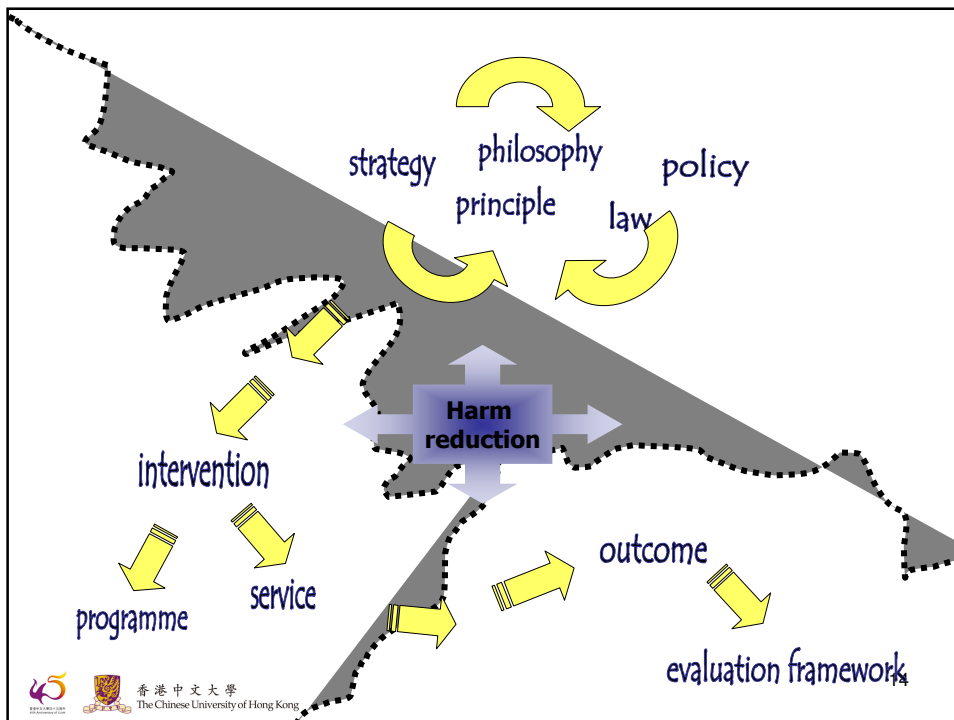
Figure III  
Hypothetical addiction treatment



UNODC. Investing in Drug Abuse  
Treatment - a discussion paper for policy  
makers. New York: UN, 2003

### Format of Logframe Matrix

Hierarchy of Activities/Objectives	Indicators for Achievements	Assumptions	Indicators for Assumptions
Overall Goal <i>Ultimate benefits for target population/environment</i>	Indications <i>Qualitative description of positive general impact</i>	Assumption for sustainability of benefits	Indicators <i>threshold values for external conditions</i>
Intermediate Goal <i>direct benefits for target groups</i>	Indicators <i>Targets measuring the positive impact for target groups/beneficiaries</i>	Assumptions for achievement of overall goal	Indicators <i>threshold values for external conditions</i>
Purpose <i>Intended utilisation of outputs by recipients/direct clients</i>	Indicators <i>targets measuring the uptake of outputs by others</i>	Assumptions for achievement of intermediate goal	Indicators <i>threshold values for external conditions</i>
Outputs <i>Products (tangible/intangible) delivered by research</i>	Indicators <i>targets showing successful finalisation of outputs</i>	Assumptions for achievement of purpose <i>products delivered by others</i>	Indicators <i>threshold values for external conditions</i>
Activities <i>Tasks undertaken in order to produce research outputs</i>	Milestones <i>key intermediate targets for production of outputs</i>	Preconditions for implementation of activities	



**Harm reduction interventions**

Vs

**Interventions**

incorporating harm reduction

**Monitoring and evaluation**

of harm reduction

Vs

**Monitoring and evaluation**

using a harm reduction framework

**Drug policy**

incorporating harm reduction

Vs

**Harm reduction policy**



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*Policy*  
*Programme*  
*Intervention*  
*Monitoring*  
*Surveillance*

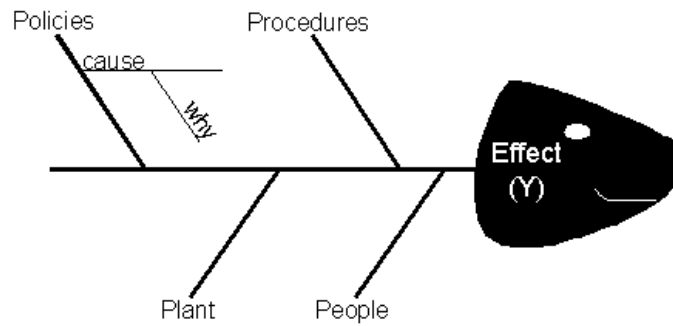


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Open Society Institute International Drug Policy – animated report 2009 16



## Fishbone Diagram



Simon K. The Cause and Effect Diagram (a.k.a. Fishbone)  
<http://www.isixsigma.com/library/content/t000827.asp>

When and where does **policy** begin?

