

*Welcome to PolicyCheck, a new form of political coverage that aims to make better sense of policies launched by the major parties in the lead up to the 2016 election. Here, The Conversation's academic experts look at the history of policies, whether they have been tried in Australia before, and how likely they are to succeed.*

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The Greens' leader Richard Di Natale used the International Society for the Study of Drug Policy [conference](#) in Sydney to announce a \$10 million [Harm Reduction Innovation Fund](#) .

While there are few details of how the fund will operate, it is designed to invest in new approaches to reducing harms and deaths associated with alcohol and other drug use.

### What is harm reduction?

[Harm reduction](#) aims to reduce the negative consequences of alcohol, tobacco and other drug use for the user and the community by encouraging safer behaviours and creating environments that make use less risky. Examples include [drug checking](#) and [safe consumption facilities](#) .

Harm reduction accepts, without judging, that drug use is part of society and works to reduce the harms associated with drug use rather than focusing on trying to eliminate it.

Harm reduction is one of the three “pillars” of Australia’s current [National Drug Strategy](#) , which guides Australia’s policy response to alcohol and other drugs.

The other two pillars are demand reduction (designed to prevent the uptake, and reduce the use, of alcohol, tobacco and other drugs in the community) and supply reduction (intended to disrupt the manufacture and supply of illicit drugs and regulate the supply of legal drugs such as alcohol and tobacco).

Together, the three pillars form our harm minimisation policy. This has been the long-standing approach to alcohol, tobacco and other drugs in Australia dating back to 1985.

However, the National Drug Strategy does not guide the allocation of funding to the three “pillars”. [In practice](#), supply reduction receives about two thirds of the funding available for drug responses, demand reduction receives around [30%](#) and harm reduction receives just [2%](#).

## The Harm Reduction Innovation Fund

The proposed fund is a separate investment specifically for harm reduction initiatives, including research and evaluation. Some of the initial ideas put forward by Di Natale ( [a former drug and alcohol clinician](#) ) include drug checking and safe consumption facilities.

### Drug checking

[Drug checking](#), sometimes called pill testing, tests the pharmacological contents of a person’s drugs to allow them to make more informed choices.

Despite the controversy in Australia around drug checking, is not a new idea. Many countries around the world including France, Germany, Spain, the Netherlands, Switzerland, Austria, Belgium, routinely have drug checking facilities available at festivals. In those countries [it has been shown](#) to change the black market, improve the content of illicit drugs and affect people’s choice about whether to use drugs.

There is a lot of support among young people for this policy. Many drug treatment and law enforcement professionals have spoken out [in favour](#) of drug checking as one way to prevent deaths at festivals and dance parties.

### Safe consumption facilities

Safe consumption rooms allow people to use drugs under the supervision of medical staff. They provide space and some equipment like clean needles but do not provide drugs. Australia only has one safe injecting facility, located in Kings Cross, which has been in operation since 2001.

Evaluation of these facilities in [Australia](#) and internationally has shown [significant benefits](#) in reducing overdose deaths and increasing access to treatment.

Again, it is not a radical idea. The [first supervised injecting facility](#) opened in Switzerland in 1986 and there are at least 88 established centres across the world.

These facilities have growing [support in the community](#), despite initial reservations from the general public when the first one was opened in Australia 15 years ago.

### What's the provenance of this policy?

Historically, Australia has been a world innovator and leader in harm reduction. We were among the first in the world to establish [needle and syringe programs](#) in the mid 1980s, a safe injecting facility, random breath testing, and opioid pharmacotherapies like methadone. As a result of the rapid expansion of needle and syringe programs in the 1980s, we have one of the [lowest rates](#) of HIV in the world.

But we are now lagging behind other countries, with limited investment in harm reduction activities. A specific allocation of funds to develop innovative harm reduction strategies is a welcome proposal.

The proposed strategies from the Greens, however, are not new. There is ample international evidence that they are effective in reducing harms. Some might argue that they are well established and well evaluated enough across the world to implement now.

### Is it good policy?

The fund is relatively small. The Sydney Medically Supervised Injecting Centre [costs](#) around \$3 million a year to run, so the fund is unlikely to be able to fully fund many additional centres.

But a targeted fund like this could provide support for research into new strategies to prevent harms and death among people who use alcohol and other drugs, the largest group of which is

young people.

We know that most people who [use illicit drugs](#) do so infrequently, for a relatively short period of time and then quit. Keeping them safe and alive until they stop should be a high policy priority.

We also know that some of the greatest harms are from the legal drugs, alcohol, tobacco and pharmaceuticals. Policymakers also need to come up with innovative ways to reduce harms for these drugs as well.

*Is there a policy you want us to check? Contact us at [checkit@theconversation.edu.au](mailto:checkit@theconversation.edu.au).*

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**Read more** <http://theconversation.com/policycheck-the-greens-harm-reduction-innovation-fund-drug-policy-59666>