

Recovery in Focus: *Harm Reduction*

Harm reduction refers to non-judgmental, person-centered interventions, including programs and policies, which aim to reduce the adverse health, social, and economic consequences that may arise from the use of legal and illegal substances, and can include (but does not require) abstinence. It is widely accepted by many groups, including the World Health Organization and Canadian Centre on Substance Abuse, as an evidence-based approach to addressing substance related harms.

MYTHS & FACTS ABOUT HARM REDUCTION

MYTH: *Harm reduction encourages substance use.*

FACT: Numerous studies have demonstrated that harm reduction programs neither increase substance use, nor do they increase the number of new users. Some studies have shown that harm reduction programs actually increase exposure to treatment options.

MYTH: *Harm reduction takes money away from other programs.*

FACT: In Canada the trend has been that the vast majority of funds go toward enforcing the current drug laws. Only a small fraction (~2%) goes toward harm reduction programs or services.

MYTH: *Harm reduction is a “Don’t ask, don’t tell” approach that implies the promotion of risky behaviour.*

FACT: Harm reduction takes substance use seriously and seeks to create opportunities for realistic conversations about substance use, without requiring that people stop using, unless the individual makes that their goal. Harm reduction efforts can include objectives ranging from safer use to managed use to abstinence.

MYTH: *By making condoms or safer drug use equipment available at program sites, programs will undermine policies that state that clients cannot have sex or use drugs on the premises.*

FACT: Making harm reduction equipment and information readily available shows commitment to the health of both overall community. It demonstrates that you value

individuals’ health and well-being, and creates opportunities to have open and honest conversations about varying levels of risks associated with these practices. There is no evidence that making these tools available leads to an increase in the level of these activities either inside or outside programs.

MYTH: *If a person doesn’t abstain from all substances, use will lead to renewed problems and possibly addiction.*

FACT: People who use substances are diverse in the types of substances used, the different ways they consume substances and have varying purposes/outcomes. Different people have different relationships with different drugs. For some, the use of any substance can trigger intense drug use, while others find it possible to use substances in moderation.

MYTH: *Abstinence based models are the only way people will get well.*

FACT: Not every person can stop using or wants to stop using substances. Harm reduction accepts this reality and provides practical and immediate solutions that can be used rather than waiting for the individual to stop using substances at some unidentifiable future point. Abstinence only models are useful for very few individuals. For individuals who continue to use substances, harm reduction decreases long term consequences such as Hepatitis C, HIV, AIDS, fatal overdose, and other serious health related issues.



Key Principles of Harm Reduction

Pragmatic: Recognizes that substance use and high risk behavior are near-universal human cultural phenomena. It acknowledges that there are risks and benefits to substance use.

Humanistic: Respects the basic human dignity and rights of people who use substances. It accepts a person's use of substances as fact and no judgment is made either to condemn or support this activity.

Focus on harms: Focuses on preventing long term negative consequences from substance use and related practices rather than focusing on substance use itself.

Maximizing intervention options: Acknowledges that there is no one prevention approach that will work for everyone. It is the ability to have choice and access to a broad range of options that help to keep people safe and alive, and promote health.

Priority of immediate goals: Meets individuals "where they are at" with their substance use, and focuses on the most pressing needs. It recognizes the importance of small gains that can add up over time.

Involvement of people who use substances: Recognizes that people who use substances are the best source of information about their own substance use. It empowers people to join with service providers to determine what is best for them and respects that people who use substances are capable to make choices and change their lives.

Individual harm reduction strategies and benefits:

- **Strategy:** Avoid using substances alone, learn CPR/first aid strategies, know one's dealer to establish the source, the strength and toxicity of the drug
- **Strategy:** Support for physical/mental health concerns, housing or basic necessities, legal problems, employment concerns and relationship issues
- **Benefits:** fewer overdoses; increased capacity for self-care; opportunities to link with sources of support; options to a person who may not have perceived any other choices

Community harm reduction strategies and benefits:

- **Strategy:** Needle exchange programs – access to clean needles and syringes for free, workers provide education and links into health/other support systems
- **Strategy:** Overdose prevention programs – training provided to recognize and respond to symptoms of overdose, program can include the provision of naloxone (a medication to reverse the symptoms of opioid overdose)
- **Benefits:** lower incidence of HIV, hepatitis C and other blood-borne pathogens in the whole community; fewer overdose deaths; reduced strain on social/health services; reduced drug-related criminal activity

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For more information about harm reduction services in Thunder Bay:

Superior Points Harm Reduction Program: (807)-625-8831

Sources: Non Prescription Needle Use Initiative (2001). *Working with people who use drugs: A harm reduction approach*. Edmonton, AB.; Canadian Centre on Substance Abuse (July 2008). *Harm reduction: What's in a name?* Ottawa, ON.; Ontario Harm Reduction Distribution Program (2012). *Community based naloxone distribution: Guidance document*. Kingston, ON.; Neil Hunt et al (2003) *A review of the evidence-base for harm reduction approaches to drug use*. Forward Thinking, London.; *What is harm reduction? A position statement from the International Harm Reduction Association*. Retrieved February 27, 2013 from www.ihra.net. MacMaster, S. A., (2004). Harm Reduction: A New Perspective on Substance Abuse Services. *Social Work, 49*, 356-362.