

## Alberta Alcohol and Drug Abuse Commission

### POLICY ON HARM REDUCTION December 2001

#### POLICY STATEMENT

The Alberta Alcohol and Drug Abuse Commission (AADAC) recognizes the value of harm reduction as one approach along a continuum of interventions that address the prevention and treatment of substance abuse and problem gambling. Consistent with the Commission's mandate, AADAC will provide programs and services that reduce the risks and consequences of addiction or harmful involvement with alcohol, other drugs and gambling.

#### CONTEXT

1. AADAC accepts the following definition of harm reduction: *A policy or program directed toward reducing or containing the adverse health, social and economic consequences of alcohol, other drug use and gambling without necessarily requiring a reduction in consumption or abstinence from substance use or gambling.*<sup>1</sup>
2. The idea of reducing the harms associated with alcohol, other drug use and gambling is neither a new concept nor an alternative approach. Instead, it has emerged as an extension of existing and accepted public health practices (i.e., secondary prevention with high-risk groups).
3. A harm reduction approach accepts that, within society, a continuing level of substance use (i.e., alcohol, other mood-altering drugs, tobacco) and gambling is inevitable. Therefore, harm reduction strategies focus on reducing or containing the negative consequences of substance use and gambling. The harm addressed can be related to health, social, economic or other factors that adversely affect the individual, community, and society as a whole. Negative consequences can be the direct result of use or may arise as an indirect consequence of efforts to deter alcohol, other drug use, and gambling through the enforcement of laws and regulation of behaviour.
4. The first priority of harm reduction is to actively engage individuals, target groups, and communities to address their most pressing health and safety needs. From this perspective, persons with alcohol, other drug, or gambling problems are treated respectfully as legitimate members of the community who need help, and who share in the responsibility to find solutions to the problems associated with substance use and gambling.

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<sup>1</sup> AADAC EXC Position on Harm Reduction (May 1999). Adapted from: Canadian Centre on Substance Abuse (CCSA), National Working Group on Policy (1997). Harm reduction: Concepts and practice (p. 2), Ottawa: CCSA.

5. Harm reduction is complementary to the abstinence model of addiction treatment. While harm reduction emphasizes a change to safer practices or patterns of use, it does not rule out a longer-term goal of abstinence—should the individual decide to pursue it.
6. Although many of its proponents advocate some type of drug policy reform, harm reduction is not the same as legalization or decriminalization.

## **PRINCIPLES FOR ACTION**

Harm reduction is part of a multidimensional response to substance abuse and problem gambling that includes addiction prevention and treatment, supportive public health and social policies, research and evaluation. Harm reduction does not offer a simple solution to the complex problems that can arise for individuals and communities because of substance use or gambling.

AADAC delivers prevention, treatment and information services for alcohol and other drug abuse and problem gambling. Harm reduction strategies within these service areas are consistent with AADAC's mandate and responsibility to support population health.

### ***Prevention***

AADAC will deliver quality prevention and education programs that (1) prevent the development of alcohol, other drug and gambling problems, and (2) increase protective factors and reduce risk factors clearly associated with addiction.

The Commission will support community harm reduction activities or undertake targeted intervention strategies aimed at reducing the immediate health and safety risks associated with substance use and gambling. AADAC believes that harm reduction initiatives play an important role in offering substance users and gamblers support and access to other health, social, and community services, including addiction treatment.

### ***Treatment***

AADAC will deliver treatment programs and services that promote health recovery among those persons affected by problems related to substance use or gambling. In the context of addiction treatment, AADAC promotes abstinence as the most appropriate goal for dependent clients, and the Commission views harm reduction as complementary in initiating action toward this objective<sup>2</sup>.

AADAC takes a client-centred approach to treatment. Recognizing that not all dependent clients will choose abstinence as a treatment goal, the Commission will provide comprehensive assessment and match individual clients to appropriate program options.

<sup>2</sup> AADAC EXC Position on Abstinence (May 1999).

### ***Information***

AADAC will provide the public, the media, and clients with current and accurate information about harm reduction, especially when working to address the needs of particular groups such as youth, injection drug users, or prison populations.

### ***Joint Initiatives***

The Commission works with individuals and communities to develop and provide addiction prevention, treatment and information services that minimize the negative consequences of substance use and gambling.

AADAC believes collaborative strategies must reflect the characteristics and needs of target groups, and should engage the genuine support of all those with a stake in the issue; individuals who gamble or use alcohol and other drugs, community groups, policy makers, health professionals, social service providers, law enforcement agencies, and the judicial system.

### ***Research***

Harm reduction initiatives, like other AADAC programs and services, will be based on sound research and current best practices in the addiction field. AADAC will support the systematic monitoring and evaluation of harm reduction strategies and the dissemination of research results in order to advance professional knowledge and improve service delivery.

Adopted: January 23, 1998 (Position on Harm Reduction)  
Adopted: February 11, 2000  
Amended: December 7, 2001  
Review: 2004