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## Harm Reduction

### Developing Practical, Humane and Effective Strategies

*Maija Prakash, MA; Addiction and Mental Health Lab and Streetworks, Boyle Street Community Services Co-Operative*

*Marliss Taylor, RN, BScN; Streetworks, Boyle Street Community Services Co-Operative*

Although not a new idea, the philosophy of harm reduction is gaining greater credibility, as society grapples with activities that can have negative consequences to the general public. Particularly in the realm of illicit substance use, harm reduction has become the ideal of many programs and agencies and is being considered as an operational philosophy for agencies, organizations, and governments across the country.

Harm reduction accepts that drug use is inevitable in any society. It recognizes that treating addicted persons with dignity and respect opens the door to healthier living and a healthier society. A key element of harm reduction is that it supports programs and policies that attempt to move addictions back into the realm of health and away from the criminal justice system. As we have seen time and again at Streetworks needle exchange, individuals who connect with caring workers often become safer and healthier. Their ability to make

positive life changes is greatly enhanced when they no longer have to hide their substance use and its associated risks. Some injecting drug users may never quit using drugs, but they are able to take greater control over their lives and their health. Harm reduction attempts to intervene where the drug user is, rather than forcing them to adopt an impractical goal of eliminating drug use entirely.

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However, harm reduction is not without its opponents and controversy. It is often seen as enabling drug use and providing free drug paraphernalia to users.

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It flies in the face of the popularly held notion that a drug-free society is attainable and even desirable. It runs contrary to the political interests of the United States, which has declared a "War on Drugs" and views the criminal justice system as the basic approach to dealing with illicit drug use. Harm reduction therefore opens debate, particularly for health-

care providers and criminal-justice agencies, as to whether addiction is a health issue or a criminal issue.

If Canada were to adopt harm reduction as an operating principle, several challenges are evident. First, how do you 'sell' harm reduction, particularly to more conservative-thinking Canadians who may be inclined to see drug use only through the lens of the justice system? What are the risks to the country from dissenting countries, such as the United States, and what would be the international consequences? Second, if we push the harm reduction perspective to the extreme of legalizing certain drugs, will there be a resultant rebound effect and will such well-intentioned policies eventually have a negative effect on the nation? Would such a policy change essentially be inviting addicted persons from around the continent to come to Canada?

Moreover, which drugs should be decriminalized? What is the



difference between decriminalizing and legalizing drugs? Would legalizing certain drugs encourage many more people to use them, or will only those who are already at high risk make use of the new system? Is it appropriate for our public health system to pay for heroin and cocaine in order to decrease the harmful results of the criminalization of drugs in our society, such as crime, theft, gangs, and violence.

Is it more cost effective to provide clean needles and a clean, regulated drug supply than it is to pay for the criminal justice system; emergency room visits due to abscesses, overdoses, HIV, and Hepatitis C; and physical injury due to violence and the high-risk lifestyle associated with illegal drugs. At this point in our policy decision making, these are the questions that should be seriously considered.

What we do know is that Canada's drug policies need to change. Imprisonment does not cure addiction. Many people argue that imprisonment and the resultant socializing of inmates leads to different and harder forms of drug use. As recently reported in the popular media, HIV and Hepatitis C are rampant amongst inmates. We must ask then, is the country paying concurrently for the punishment of the addicted individual, the social costs of the illegal drug market in society, and the medical treatment of health issues associated with drug use? How can we divert the monies needed for an expensive system of incarceration to fund greater

access to treatment programs, job training, and housing which, so often, are the overwhelming problems faced by the 'have nots' in our society?

At the same time, how do we acknowledge that "haves" also struggle with a wide range of addictions? Drug use is viewed by some as a symptom of an inequitable society – an epidemic of the poor – where there is a wide gap between the rich and the poor. The resultant resentment toward and insecurity about the 'addicted' by the 'clean' only furthers to deepen the divide between 'have' and 'have-nots.' 'Junkies' are portrayed as the worst-of-the-worst in society and are simply made the scapegoats for much deeper social issues that, ironically, often lead to addiction in the first place. Maybe the most relevant question is: what other social policies need to be in place in order to lessen the need for individuals to engage in drug use? How do we begin to bring together all pertinent departments in order to deal with issues of poverty, isolation, abuse, and mental illness, which all too often lead to drug addiction? How do social agencies with abstinence-only policies begin to adopt a harm reduction philosophy?

Overall, the role of health promotion is to work towards an increased awareness of healthy behavior and skills. Yet how is a health worker to help an individual who lives a high-risk lifestyle, such as an injecting drug user, without being able to confront the immediate concerns? Is the only alternative to pass these

addicted individuals to the criminal justice system and let that system deal with the health issues of these individuals? Is that not putting our collective heads in the sand and ignoring our responsibility for health promotion for all of society? It is apparent then, that harm reduction does fit into current health promotion. What remains to be determined is what role harm reduction should play in the health promotion of individuals who live high-risk lifestyles.

The harm reduction perspective is one that poses countless questions to practitioners, social agencies, and academics. However, without carrying out these debates and these practices will we ever know if we've been successful in the health promotion of society as a whole? Moreover, how many years are we willing to invest in this experiment? And, ultimately, what will happen if we don't try?

## Contact Info

*Cross Links* is intended to encourage discussion and build linkages among health promotion practitioners, students, researchers, and policy makers. We welcome suggestions and contributions from our readers. Please contact the Editor at:

**Centre for Health Promotion Studies**  
**5-10 University Extension Centre**  
**8303 - 112 Street**  
**Edmonton, Alberta T6G 2T4**  
**Fax: 780.492.9579**  
**Phone: 780.492.1386**  
**Email: [donna.richardson@ualberta.ca](mailto:donna.richardson@ualberta.ca)**