Harm Reduction Theory and Practice

by Nicolas Sheon (adapted from "Harm Reduction - A Definition" by Sara Kershnar, Harm Reduction Coalition)

1. Harm Reduction refers to measures aimed at reducing the harm associated with drug use without necessarily requiring a reduction in consumption (Alex Wodak, 1994, Australia)

2. The use of non-medical drugs is accepted as an inevitable fact Drug users are an integral part of all communities, recognized or unrecognized. Harm reduction measures presume that for the present the user is going to continue his or her drug use, and we must accept that fact.

3. Illicit drug use can produce a variety of harm fro the user, their loved ones, and the communities in which they live.

4. The user is treated with dignity as a normal human being. Harm reduction attempts to recognize and remove judgments about drugs, drug use and drug users.

5. Provide up-to-date and relevant referrals for appropriate services, especially those which embrace harm reduction principles.

6. Harm reduction is neutral regarding the long-term goals of intervention. It does not mean that the eventual goal of a harm reduction approach might not include abstention. Indeed, in many instances, harm reduction measures are a vital first step towards reduction of , and even cessation of, drug use. By treating the user with dignity rather than as a criminal, harm reduction programs have been successful in bringing drug users into treatment programs. (Eric Single, Int. J on Drug Policy, Vol. 6:1, 1995, pp. 26-7)

7. Any reduction in harm is a step in the right direction. Quality of life and well-being are criteria for measuring success not reduction in the consumption of drugs.

8. Drug policies (including counseling and other social services) must be pragmatic, realistic, informed by and relevant to the individuals and communites most affected by drug-related harm. Harm reduction practice involves a prioritization of goals, in which immediate and realizable goals take priority when dealing with users who cannot be realistically expected to cease their drug use in the near future, but it does not conflict with an eventual goal of abstention. It is simply neutral regarding the long-term goal of intervention.

9. Harm reduction interventions are non-directive and involve a collaboration and exchange of ideas between the participant and the service provider. The agenda belongs to the participant. The service provider facilitates the agenda with the participant; she or he does not implement it upon the participant. Harm reduction recognizes that behavior change is a multi-stage process that is not necessarily linear.

10. Harm reduction interventions view the participant as capable of taking a greater degree of control in their own lives. It praises even the smallest accomplishment toward self-efficacy and validates the participant's current attempts. It prioritizes the remaining risks and points toward realistic steps to achieve the participant's goals.

11. Harm reduction strategies are as varied as the mechanisms which contribute to drug-related harm.

12. Harm reduction practice means bringing services to where people are at, as well as increasing access to services by reducing impediments such as bureaucracy, location and hours.

13. Participants must be incorporated in the planning and evaluation of services and programs. Peer educators and participant self-organization should be given support, training and technical assistance.