

# Harm Reduction

Harm reduction is a set of practical strategies that reduce negative consequences of drug use, incorporating a spectrum of strategies from safer use, to managed use to abstinence. Harm reduction strategies meet drug users "where they're at," addressing conditions of use along with the use itself.

Because harm reduction demands that interventions and policies designed to serve drug users reflect specific individual and community needs, there is no universal definition of or formula for implementing harm reduction. However, HRC considers the following principles central to harm reduction practice.

- \* Accepts, for better and for worse, that licit and illicit drug use is part of our world and chooses to work to minimize its harmful effects rather than simply ignore or condemn them.
- \* Understands drug use as a complex, multi-faceted phenomenon that encompasses a continuum of behaviors from severe abuse to total abstinence, and acknowledges that some ways of using drugs are clearly safer than others.
- \* Establishes quality of individual and community

life and well-being--not necessarily cessation of all drug use--as the criteria for successful interventions and policies.

- \* Calls for the non-judgmental, non-coercive provision of services and resources to people who use drugs and the communities in which they live in order to assist them in reducing attendant harm.
- \* Ensures that drug users and those with a history of drug use routinely have a real voice in the creation of programs and policies designed to serve them.
- \* Affirms drugs users themselves as the primary agents of reducing the harms of their drug use, and seeks to empower users to share information and support each other in strategies which meet their actual conditions of use.
- \* Recognizes that the realities of poverty, class, racism, social isolation, past trauma, sex-based discrimination and other social inequalities affect both people's vulnerability to and capacity for effectively dealing with drug-related harm.
- \* Does not attempt to minimize or ignore the real and tragic harm and danger associated with licit and illicit drug use.

With American drug treatment and prevention policy rooted in criminal law enforcement and incarceration, most approaches to drug-related problems help only a tiny fraction of the people who use illicit drugs. We recognize that families and communities (especially communities of color) are frequently devastated not only by addiction, but also by arrest and incarceration, the lack of available drug treatment, infectious disease, poor housing, unemployment, etc. Drug related problems continue to baffle communities across the country, leaving them frustrated and hopeless in their inability to respond to the harms they experience. The harm reduction movement grows from the need for a conscientious response to drug use that is less damaging to the fabric of our nation's diverse communities. Harm reduction works to redress the following injustices, among others:

- \* There is a shocking lack of the basic services that help reduce drug-related harm. Most areas in the United States still have neither needle exchange programs, nor over-the-counter sale of syringes, as HIV prevention measures. Drug treatment is not available at all in some states, and there are no methadone maintenance treatment programs in nearly one-fifth of them. Where treatment is available, it is not funded to meet the level of demand.

- \* The lack of universal health care and the

movement toward privatization and managed care threaten to reduce or eliminate some the few therapeutic services that currently exist for illicit drug users—particularly drug treatment.

\* While personal difficulty in maintaining housing, family, employment and health may be worsened by chronic drug abuse, the problems are equally worsened by policies that create obstacles to housing, family, employment and health care for drug users.

\* Most therapeutic services for drug users, including drug treatment, are designed to serve the priorities of providers instead of the needs of consumers. Drug education and prevention campaigns are largely ineffective, attempting to scare people away from using drugs instead of equipping them with accurate information about drugs and drug use, including their adverse and harmful effects.

\* Current drug control strategies criminalize a huge proportion of the country's population. Since 1980, the number of adults incarcerated in state and federal prisons, local jails, and on probation or parole has more than tripled, with one-third of this expansion due to an increase in the number of drug law violators

put behind bars. Women, African-Americans, and Latino/as have been disproportionately affected.

\* A struggle exists between law enforcement and medical providers to define drug users as either criminals or medical patients, with communities and families left out of the debate and unable to define users as community and family members. Effective community planning for drug treatment and post-incarceration support for drug users have no priority in the allocation of drug intervention funding.

\* The HIV epidemic has killed hundreds of thousands of people in the United States and continues to rage on. Swift public policy changes and the implementation of critical services could have prevented an untold number of deaths and HIV infections among injection drug users, their sexual partners, and children.

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