

What is Harm Reduction?

A position statement from the International Harm Reduction Association

Harm reduction refers to policies, programmes and practices that aim to reduce the harms associated with the use of psychoactive drugs in people unable or unwilling to stop. The defining features are the focus on the prevention of harm, rather than on the prevention of drug use itself, and the focus on people who continue to use drugs.

Harm reduction began to be discussed frequently after the threat of HIV spreading among and from injecting drug users was first recognised. However, similar approaches have long been used in many other contexts for a wide range of drugs.

Harm reduction complements approaches that seek to prevent or reduce the overall level of drug consumption. It is based on the recognition that many people throughout the world continue to use psychoactive drugs despite even the strongest efforts to prevent the initiation or continued use of drugs. Harm reduction accepts that many people who use drugs are unable or unwilling to stop using drugs at any given time. Access to good treatment is important for people with drug problems, but many people with drug problems are unable or unwilling to get treatment. Furthermore, the majority of people who use drugs do not need treatment. There is a need to provide people who use drugs with options that help to minimise risks from continuing to use drugs, and of harming themselves or others. It is therefore essential that harm reduction information, services and other interventions exist to help keep people healthy and safe. Allowing people to suffer or die from preventable causes is not an option. Many people who use drugs prefer to use informal and non-clinical methods to reduce their drug consumption or reduce the risks associated with their drug use.

This short statement sets out the main characteristics of harm reduction. This statement is designed to be relevant to all psychoactive drugs including controlled drugs, alcohol, tobacco and pharmaceutical drugs. The specific harm reduction interventions may differ for different drugs. Readers can refer to the IHRA website (www.ihra.net) for more detailed guidance on harm reduction interventions.

Definition

‘Harm Reduction’ refers to policies, programmes and practices that aim primarily to reduce the adverse health, social and economic consequences of the use of legal and illegal psychoactive drugs without necessarily reducing drug consumption. Harm reduction benefits people who use drugs, their families and the community.

Principles

The harm reduction approach to drugs is based on a strong commitment to public health and human rights.

Targeted at risks and harms

Harm reduction is a targeted approach that focuses on specific risks and harms. Politicians, policymakers, communities, researchers, frontline workers and people who use drugs should ascertain:

- » What are the specific risks and harms associated with the use of specific psychoactive drugs?
- » What causes those risks and harms?
- » What can be done to reduce these risks and harms?

Harm reduction targets the causes of risks and harms. The identification of specific harms, their causes, and decisions about appropriate interventions requires proper assessment of the problem and the actions needed. The tailoring of harm reduction interventions to address the specific risks and harms must also take into account factors which may render people who use drugs particularly vulnerable, such as age, gender and incarceration.

Evidence based and cost effective

Harm reduction approaches are practical, feasible, effective, safe and cost-effective. Harm reduction has a commitment to basing policy and practice on the strongest evidence available. Most harm reduction approaches are inexpensive, easy to implement and have a high impact on individual and community health. In a world where there will never be sufficient resources, benefit is maximised when low-cost/high-impact interventions are preferred over high-cost/low-impact interventions.

Incremental

Harm reduction practitioners acknowledge the significance of any positive change that individuals make in their lives. Harm reduction interventions are facilitative rather than coercive, and are grounded in the needs of individuals. As such, harm reduction services are designed to meet people's needs where they currently are in their lives. Small gains for many people have more benefit for a community than heroic gains achieved for a select few. People are much more likely to take multiple tiny steps rather than one or two huge steps. The objective of harm reduction in a specific context can often be arranged in a hierarchy with the more feasible options at one end (eg measures to keep people healthy) and less feasible but desirable options at the other end. Abstinence can be considered a difficult to achieve but desirable option for harm reduction in such a hierarchy. Keeping people who use drugs alive and preventing irreparable damage is regarded as the most urgent priority while it is acknowledged that there may be many other important priorities.

Dignity and compassion

Harm reduction practitioners accept people as they are and avoid being judgemental. People who use drugs are always somebody's son or daughter, sister or brother or father or mother. This compassion extends to the families of people with drug problems and their communities. Harm reduction practitioners oppose the deliberate stigmatisation of people who use drugs. Describing people using language such as 'drug abusers', 'a scourge', 'bingers', 'junkies', 'misusers', or a 'social evil' perpetuates stereotypes, marginalises and creates barriers to helping people who use drugs. Terminology and language should always convey respect and tolerance.

Universality and interdependence of rights

Human rights apply to everyone. People who use drugs do not forfeit their human rights, including the right to the highest attainable standard of health, to social services, to work, to benefit from scientific progress, to freedom from arbitrary detention and freedom from cruel inhuman and degrading treatment. Harm reduction opposes the deliberate hurts and harms inflicted on people who use drugs in the name of drug control and drug prevention, and promotes responses to drug use that respect and protect fundamental human rights.

Challenging policies and practices that maximise harm

Many factors contribute to drug-related risks and harms including the behaviour and choices of individuals, the environment in which they use drugs, and the laws and policies designed to control drug use. Many policies and practices intentionally or unintentionally create and exacerbate risks and harms for drug users. These include: the criminalisation of drug use, discrimination, abusive and corrupt policing practices, restrictive and punitive laws and policies, the denial of life-saving medical care and harm reduction services, and social inequities. Harm reduction policies and practice must support individuals in changing their behaviour. But it is also essential to challenge the international and national laws and policies that create risky drug using environments and contribute to drug related harms.

Transparency, accountability and participation

Practitioners and decision makers are accountable for their interventions and decisions, and for their successes and failures. Harm reduction principles encourage open dialogue, consultation and debate. A wide range of stakeholders must be meaningfully involved in policy development and programme implementation, delivery and evaluation. In particular, people who use drugs and other affected communities should be involved in decisions that affect them.

IHRA: PROMOTING HARM REDUCTION ON A GLOBAL BASIS

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