Exploration of the Concept of Harm Reduction

Definition:

"Harm reduction" defines an approach to drug policy that assumes continued drug use in society. Measures are therefore put in place to protect individuals and the rest of society from the detrimental effects of drug use.

Philosophy underlying harm reduction

- Problem drug use is not an all or nothing phenomenon: it ranges on a continuum of minimal use to extreme abuse
- Changing addictive behavior is necessarily a stepwise process with complete abstinence as the final goal. Any movement in the direction of reduced harm, no matter how small, is positive
- Sobriety is not for everyone. The harm reduction approach rejects a moralistic approach and states that the health and well-being of the individual is the primary concern. If individuals are unable or unwilling to put aside addictive behaviors at any given time, they should not be denied services.
- The significance of 'relapse' is the underlying failure with relationships, work, responsibilities, or other functions; the resumption of addictive behavior is a result of these failures,lesl which must themselves be addressed.

Rationale for having harm reduction programs:

- The heroin bought on the street is of uncertain potency. If it is stronger than expected, an overdose—possibly fatal—may result. Street heroin may also be contaminated with a variety of potentially dangerous diluents, infectious agents, or enhancers.
- Cities like Vancouver, BC have moved toward Safer Injection Facilities (SIFs—see below) because of the high concentration of intravenous drug users (IDUs) living in a part of the city rife with those who were homeless or living in single room occupancy (SRO) hotels, where an explosive outbreak of HIV/AIDS and other health effects flooded the hospitals, and where there were as many as 200 fatal overdoses a year in the mid-1990s. The situation was compounded by a police crackdown on IDUs which drove intravenous drug use underground where there was a shortage of clean syringes and needles and unsafe injecting techniques.[1],[2],[3]

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[1] R. S. Broadhead, R. T. Kerr, J. P. Grund, R. Altice: Safer injection facilities in North America; their place in public policy and health initiatives, *Joournal of Drug Issues 32 (1) 329-355.*

[2] J. V. Cain, *The Cain Report: Report of the Task Forece into Illicit Narcotic Deaths in British Columbia.* Victoria BC Ministry of Health (1994)

[3] T. Kerr, D MacPherson, El. Wood, Crossing Frontiers, Chapter 5. *Establishing North America's first safer injection facility: lessons from the Vancouver experience, p 118,* 2008.

- In order to obtain the funds to buy his/her drug(s) of choice, the problem user will commit a variety of crimes each day, most of which go unreported, but create a burden on the police and on the quality of life in the neighborhoods. Programs that reduce the need to commit crimes to obtain drugs reduce the harm to society.
- The intravenous drug user without clean needles available will share needles, raising the risk of infection.

Traditional forms of a harm reduction program:

1. Needle and syringe exchange programs: Providing either needles or needles and syringes to IDUs reduces the dangers of HIV/AIDS, hepatitis, and local infections and the possibility of innocent people being punctured by infected needles. These programs, some state supported and some provided by non-profit organizations (federal law bans federal support), are not universally available. The first program was in Amsterdam, initiated in a successful attempt to interrupt a serious hepatitis epidemic. The first person in the US to hand out drug injection equipment openly was Jon Stuen-Parker in New Haven and Boston in 1986, but the first formal US needle exchange program was started in 1988 in Tacoma, Washington A study of the New Haven program showed that prior to starting a needle exchange program, over 60% of needles found on the street were infected with HIV. The significance of this finding is not just the risk to IV drug users, but to children playing where needles are found or to neighbors or city workers cleaning up trash. Within 5 months of the New Haven needle exchange program having been put in place, the incidence of returned infected needles dropped from greater than 60% to 43% and a computer model projected the incidence of HIV/AIDS to fall by 33%[4].

- Methadone clinics where less dangerous and longer acting, oral substitute narcotics (methadone and buprenorphine) can be administered daily to better manage the client's addiction. These are more widely accepted but still not widely practiced in this country. As in Germany, which introduced this modality of management in 1987 after much controversial debate, the US has in place a number of methadone clinics. Although these facilities have success in retaining their patients, 100% reduction in criminal activities, and social reintegration and vocational/occupational rehabilitation, achieving abstinence is not common (occurring about 10% of the time in the German study)[5]. Concern about diversion of this oral medication to the streets remains a minor issue and some locations

[4] E H Kaplan, K Khoshnood, and R Heimer: A decline in HIV-infected needles returned *to New Haven's needle exchange program: client shift or needle exchange? , J Public Health. 1994 December; 84(12)*

[5] Ingo Ilja Michels, Heino Stöver, and Ralf Gerlach¨ Substitution treatment for opioid addicts in Germany. (This is an Open Access article distributed under the terms of the Creative Commons Attribution License (http://creativecommons.org/licenses/by/2.0), which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited)

have raised legal and legislative objections to these clinics (e.g., Indiana, Virgina). Although the federal government is barred from direct support of needle exchange programs, it has nevertheless generally been supportive.

- Safe injection sites (**SIFs)** are medical facilities where addicted intravenous drug users can safely receive injections under medical supervision to reduce the incidence of overdose deaths and other complications associated with street injections. Such sites provide medical supervision where heroin can be injected by the intravenous drug user. The heroin can be provided by the user or by the facility. In the latter case the drugs are of a known concentration, free of impurities and of known potency. In case of the former, the attendants are alert to the possibility of any adverse reactions (which are common) and are prepared to deal with them. In either case, the facility provides an avenue to obtain supportive social, medical, and mental health services
- Heroin assisted treatment": When all other efforts have failed and occasionally as isolated therapy, the addition of provider managed heroin (a synthetic form called diamorphine) injections in combination with methadone or other modalities has proved effective.[6] This regimen, long used in Switzerland has been credited with reducing drug-related crime and improving problem users' health.
- All of these approaches are used to open doors to additional treatment or counseling or access to other supportive services. The goal is not necessarily abstinence, but rather 'managing addiction'. Most harm reduction programs reflect the Four Pillar Approach used by Vancouver, B.C.: prevention, treatment, enforcement, and harm reduction.[7] Some, such as the Lower East Side Harm Reduction Center, for example, offer Reiki and Thai massage, yoga, acupuncture, and street outreach to serve those reluctant to visit the center, in addition to neelde exchange.
- Decriminalizing the sale or use of small amounts of drugs to separate the consumer from exposure to either the criminal market or the criminal justice system. In Holland this begins with the premise that drug use and addiction are not criminal. Thus, coffee houses are available for the purchases of small amounts of marijuana under carefully controlled circumstances. Making addiction and drug use a non-legal issue (that is, legalizing or decriminalizing presently illegal drugs, their use or possession, or the fact of addiction) allows users and problem users to seek help without fear of legal entanglement (besides Holland, this approach is used in Portugal, Germany, Australia, and Switzerland)

[6] E. Wood, T. Kerr, W. Small, J. Jones, M. T. Schechter, M. W Tyndall: *The Impact of Police Presence on Access to Needle exchange Programs,* Journal of Acquired Immune Deficiency Syndrome 34 (1) 116-118.

[7] T. Kerr, D MacPherson, El. Wood, Crossing Frontiers, Chapter 5. *Establishing North America's first safer injection facility: lessons from the Vancouver experience, p 118,* 2008.

Barriers to instituting a harm reduction program

- The debate too often has not been based upon scientific information, rather it has taken place entirely in the realm of politics, fear, and morality[8]
- Federal law prohibits assisting needle exchange programs based upon a controversial interpretation of scientific data supporting these programs.

Typical Results of Harm Reduction Programs (composite of results in Holland and Switzerland from 2000-2001):

- Crime cut by 60%
- Cocaine use among addicts dropped from 35% to 5%
- Unstable housing dropped by nearly 2/3
- Homelessness fell from 12% to zero
- Drug-caused deaths dropped 34%
- Fulltime employment doubled to 42% of participants with 22% of those going back to work, giving up their addiction

And from the SIF in Vancouver[9]:

- Reduction in public disorder
- Reduced syringe sharing
- Safer injecting practices
- Increased use of addiction treatment
- Reduced risks associated with drug related overdose
- An exceptionally high-risk segment of the local IDU community utilized the site
- There was no increased crime
- There was no increase in drug use in the community

And from Portugal.[10]

- There is wide public support for the bill
- Sexually transmitted disease and deaths due to drug usage have decreased dramatically
- As resources are shifted, an ability to offer a wider range of treatment options is financially more feasible

Commentary:

The present 'war on drugs' has been 'waged' for more than 30 years now. We have not eliminated or reduced drug use, restricted the drugs available in our cities and towns, or

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[9] E. Wood, M. W. Tyndall, J. S. Montaner, T Kerr, *Summary of findings from the evaluation of a pilot medically supervised safer injecting facility.* Canadian Medical *Association* Journal 175 (11) 1399-1404, 2006.

[10] Portugal, as opposed to all other European countries, decriminalized all drugs, including cocaine and heroin in 2001. Glenn Greenwald, *Drug Decriminalization in Portugal, Lessons for Creating Fair and Successful Drug Policies,* CATO Institute (www.cato.org) 2009

changed the addiction rate. We have confiscated drugs and guns, interdicted tons of illegal drugs, arrested hundreds of thousands of our citizens for drug crimes, and have spent trillions of dollars for military training, crop spraying, coastal and border patrols, state and federal and local task forces, vice and narcotics squads, and we have watched turf wars kill or maim our young people and the occasional innocent bystander. We have watched the development of an extensive and expensive system develop to manage the drug trade which remains outside the law, untaxed, uncontrolled, violent, and increasingly drawing our poor and minority young people into a dead-end trade. We have entwined ourselves into an intricate, US-instigated international treaty system of categorizing presently illegal drugs, and imposing a prohibitionist legal approach on signatory states, from which it will be extremely complicated to extricate ourselves.

An increasing number of thoughtful people, recognizing in drug prohibition a repeat performance of our experience with alcohol prohibition, have begun to question the rationale of continuing to use measures, which have proven year after year to be ineffective and inappropriate. Considering drug use as a fact of life and non-violent drug users as warranting help in managing their habit, unfortunate as the need may be, has led to the harm reduction approach. In place where this approach has been used, there has been no increase in drug use (in fact, there has been a decline), and crime and social disorder have decreased.[11]

Most people, when asked if we will ever eliminate the use of drugs, will say, "no". Evidently sobriety simply isn't for everyone. This principle of harm reduction requires acceptance of the fact that many people live under extremely bad conditions. Some are able to cope without the use of drugs, while others use drugs as a primary means of escape or 'survival'. Until we as a society are able to offer an alternative means of survival to these people, leveling legal or moral judgment becomes a barrier to providing problem users what they and society need. Harm reduction holds that the health and well-being of the individual is the primary concern. If individuals are unwilling or unable to change addictive behaviors at this time, they should not be denied services. Attempts should be made to reduce the harm from their habit as much as possible.

In Portugal this is accomplished by decriminalizing drug use, referring those with drugs to a public health process, which may include treatment or counseling[12]. Those who embrace the harm reduction model believe that any movement in the direction of reduced harm, no matter how small, is positive.

Safe (or Safer) Injection sites; Holland's coffee shops, heroin assisted treatment; or the full legalization of drugs with appropriate systems, safeguards, and regulations are not easy concepts in a nation that has struggled to make prohibition of drug use the guiding

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[11] Greenwald, Glenn. "Drug Decriminalization in Portugal: Lessons for Creating Fair and Successful Drug Policies." April 2, 2009.

[12] Greenwald, Glenn. "Drug Decriminalization in Portugal: Lessons for Creating Fair and Successful Drug Policies." April 2, 2009. http://www.cato.org/pub_display.php?pub_id=10080 (accessed June 24, 2009)

principle. To spend trillions of dollars to fight the drug war, both in and outside of the country, often using scare tactics such as in the D.A.R.E. program, and avoiding scientific evaluation of our successes or failures in fighting the drug war, has created an environment where it is difficult to consider any system of legalization. The history of setting up SIFs in Vancouver is instructive. The Cain study, activist movements in the city, the resignation of the first Mayor to push for the system and a replacement election in which support of SIFs became a critical element in the overwhelming win of the successful mayoral candidate encapsulates the issues on both sides.[13]

In most localities where such aggressive programs have been instituted and in spite of their success, continuing concerns by more conservative groups have led to persisting, but unsuccessful efforts to shut them down. The sense that a moral imperative exists that outweighs more pragmatic approaches remains a particularly entrenched position. It is instructive, however, to listen to the words of the conservative Nobel economics Laureate Milton Friedman:

- "Who would believe that a democratic government would pursue for eight decades a failed policy that produced tens of millions of victims and trillions dollars of illicit profits for drug dealers; cost taxpayers hundreds of billions of dollars increased crime and destroyed inner cities, fostered wide-spread corruption and violations of human rights—and all with no success in achieving the stated and unattainable objective of a drug-free America."

It is time to recognize that our expensive and extensive prohibition efforts have failed and to listen to the voices of experience from other places and to carefully examine their results. There is enough information available regarding these results to induce the federal government to permit states to launch pilot programs of their own, measure their results and offer their insights to the rest of the country. To allow a policy to continue that aspires to a drug-free society, but does not reduce the use of drugs or the harm caused by them is folly.

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[13] T. Kerr, D MacPherson, El. Wood, Crossing Frontiers, Chapter 5. *Establishing North America's first safer injection facility: lessons from the Vancouver experience, p 120,* 2008.