HARM REDUCTION

In 1987, the Canadian government adopted harm reduction as the framework for Canada's Drug Strategy. The long-term goal of Canada's Drug Strategy is to reduce the harm associated with the use of substances such as alcohol, pharmaceuticals, solvents and illicit drugs to individuals, families and communities, (Health Canada, 1994 & 2000). It defines harm as sickness, death, social misery, crime, violence and economic costs to all levels of government, (Riley, 1993).

The term 'harm reduction' still causes debate when used in the addictions field. As demonstrated, it is not a new concept, but is often poorly defined and misunderstood. In the broadest sense, all public policies and programs related to substance use and gambling have, as their aim, the reduction of the harms associated with those behaviours. Abstinence is the most decisive way to reduce harm. However, just because the ultimate goal of a program or policy is reduced harm, not all such policies and programs are part of the Harm Reduction Approach. ***A key component of harm reduction is that abstinence is not a requirement for service.***

The current broad adoption of the Harm Reduction Approach from an integrated public health perspective is an entirely new way of thinking about drug use in Canadian culture. The approach accepts the use of drugs, even illicit ones, as a fact in Canadian society. There is no moral judgement about whether this is good or not—it just is. From this base, harm reduction must be understood within context. Harm reduction, as endorsed by many Canadian addiction services, is part of a broad public health approach to address problems associated with alcohol, other drug use and gambling.

Harm reduction strategies provide a practical response to the immediate health and safety risks associated with those behaviours.

There are three key aspects of harm reduction at the individual consumer-of-service level, (Single, 1995):

1. The individual's decision to engage in the behaviour is accepted. Acceptance does not necessarily imply approval of the decision.

2. The individual is treated with dignity as a human being who is responsible for their behaviour.

3. Harm reduction is neutral regarding the long-term goal of intervention. Abstinence may or may not be the eventual goal. There are also people for whom harm reduction itself, that is: lower levels of involvement or safer practices to remain involved, is a reasonable, appropriate and achievable goal.

Harm reduction gives priority to short-term, achievable goals. These goals focus on issues that are of the highest need/most urgent and have the greatest cost or liability. Demonstrated harms, such as disease transmission or use of highly toxic form of non-beverage alcohol (that is: Lysol), take precedence over the merely undesirable. This means that while dependent involvement is not desirable, there may be harm reduction goals, other than abstinence, that are of greater priority to individuals.

The eventual long-term goal of intervention is left as a matter of individual choice, and includes the possibility of abstinence. Abstinence and harm reduction are not mutually exclusive, but neither does harm reduction necessarily lead to abstinence.

The AFM accepts the following definition of harm reduction, which is very similar to ones endorsed by other Canadian addiction agencies:

> ***A strategy and/or program directed toward reducing or containing the adverse consequences of alcohol, other drug use and gambling without necessarily requiring total abstinence. (AFM, October 1998)***

The AFM recognizes that people can be involved with alcohol, other drug use and/or gambling activities in a number of ways—some more harmful than others—and that people can experience negative consequences from alcohol and other drug use and gambling activities without being 'dependent' on them. Within AFM programs, abstinence remains the recommended goal for anyone dependently involved with alcohol and other drugs. For those who are harmfully involved, non-abstinence goals may also be appropriate. Individuals who are dependently involved may reject the recommended goal of abstinence but still benefit from rehabilitation services that address their own goals.