

What is Harm Reduction?

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Harm Reduction is a set of practical strategies and ideas aimed at reducing the harms associated with both the use of psychoactive drugs as well as ineffective drug policies. Harm Reduction is built on a belief in, and respect for, the rights of people who are marginalized, including those who use drugs.

Simply stated, harm reduction is “meeting people where they’re at” in a non-judgmental, respectful manner. Harm reduction is a human-centered, pragmatic approach to address complex public health and safety issues—including substance use, mental illness, sex work, and poverty—within the context of the current societal realities of racial and gender inequity, economic injustice, mass incarceration, and drug prohibition. A harm reduction approach recognizes that marginalized people and communities are routinely targeted and criminalized, and that there are significant barriers, both structural and personal, that limit access to resources and impede behavior change.

In practice, harm reduction can take the form of interventions such as condom distribution, supplying clean syringes and safer-use equipment, overdose prevention, Medication-Assisted Treatment (MAT), risk reduction education, developing peer-to-peer learning and action networks, and creating supervised consumption spaces. By “meeting people where they’re at” and providing such services in a stigma-free and judgment-free environment, self-efficacy is built, human connection is fostered, and vital links to safety-net resources are opened.

In Katal’s approach to harm reduction, we focus on working with people and communities to develop the concrete tools necessary to protect public health and public safety in the short term, while organizing for structural and institutional change in the long term.

“When people start to be valued by others, they start to value themselves. And even when drug use remains unchanged, harm reduction nearly always increases the amount of warm, social contact that the most traumatized and marginalized people have. Because this is essential to coping with trauma, it provides a foundation for human growth. Harm reduction is the opposite of tough love—it is the unconditional kindness and imbues what looks to outsiders like irredeemable ugliness with startling moments of transcendent beauty.”

Maia Szalavitz

From the book “Unbroken Brain: A Revolutionary New Way of Understanding Addiction”

Decades of research shows that harm reduction interventions like syringe access have worked as intended to reduce the incidence and prevalence of HIV, Hepatitis C, and other blood-borne infections.¹ In New York State for example, the implementation of authorized Syringe Exchange Programs (SEPs) is credited with reducing HIV prevalence among injection drug users from 54% to 3% and is considered the “gold standard” of HIV prevention efforts.² In Connecticut, the first ever federally funded evaluation of a syringe exchange program showed a decrease in returned syringes testing positive for HIV-1 proviral DNA among participants while also demonstrating that the program was serving as a vital entry point for treatment.³ Further, studies indicate that harm reduction measures are cost-effective and deliver a significant return on investment.^{2,4} In New York, the reduction in HIV prevalence has likely saved the state nearly \$40 million.² Similarly, condom distribution interventions aimed at reducing sexually transmitted infections among groups identified as particularly at-risk demonstrate significantly positive results.⁵ Finally, opposition to harm reduction measures like safer consumption spaces and syringe access are often framed around concerns about

increases in crime, “condoning” illegal or risky behaviors, and threats to public safety. In reality, studies have shown that harm reduction interventions do not promote risky behavior.^{6,7}

Harm reduction efforts like these actually strengthen public safety by preventing disease transmission and injury, reducing public nuisance, providing an entry point for people into services (including treatment), and developing meaningful partnerships between community groups, public health and public safety groups, and business groups.

Harm reduction approaches are improving health and safety in our communities.

¹AIDS United. Syringe Exchange Programs: Critical to Public Health and Public Safety. 2014. Accessed June 1, 2017 from: <https://www.aidsunited.org/data/.../2014AidsUnited-FactSheet-SyringeExchange.pdf>

²New York State Department of Health AIDS Institute. Comprehensive Harm Reduction Reverses the Trend in New HIV Infections. March 2014. Accessed June 1, 2017 from: https://www.health.ny.gov/diseases/aids/providers/reports/docs/sep_report.pdf

³Heimer, R., Kaplan, E.H., Khoshnood, K., Jariwala, B., Cadman, E.C. Needle exchange decreases the prevalence of HIV-1 proviral DNA in returned syringes in New Haven, Connecticut. August, 1993. *Am. J. Med.* 95(2). Accessed August 17, 2017 from: <http://www.sciencedirect.com/science/article/pii/0002934393902630>

⁴Ruiz, M.S., O'Rourke, A., Allen, S.T. Impact Evaluation of a Policy Intervention for HIV Prevention in Washington, DC. January 2016. *AIDS Behav.* 20(1). Accessed June 1, 2017 from: <https://www.ncbi.nlm.nih.gov/pubmed/26336945>

⁵Centers for Disease Control and Prevention (CDC). Condom Distribution as a Structural Level Intervention. November 7, 2016. Accessed June 1, 2017 from: <https://www.cdc.gov/hiv/programresources/guidance/condoms/>

⁶Wodak, A., Cooney, A. Do Needle Syringe Programs Reduce HIV Infection Among Injecting Drug Users: A Comprehensive Review of the International Evidence. 2006. *Subst Use Misuse* 41(6-7). Accessed June 1, 2017 from: <https://www.ncbi.nlm.nih.gov/pubmed/16809167>

⁷Harm Reduction Coalition. Fact Sheet: Syringe Exchange Programs Do Not Increase Crime Rates. 2006. Accessed June 1, 2017 from: <http://harmreduction.org/syringe-access/syringe-access-tools/syringe-exchange-and-crime/>