

Facts and Statistics

Substance use “has and will be a part of our world; accepting this reality leads to a focus on reducing drug-related harm rather than reducing drug use” (MacMaster, 2004, p.358).

Substance use “inherently causes harm; however, many of the most harmful consequences of substance use (HIV, Hepatitis C, overdoses etc.) can be eliminated without complete abstinence” (MacMaster, 2004, p.358).

Drug addiction “costs provincial taxpayers \$1.5 billion annually in social services ranging from medical treatment to housing and welfare payments. Conversely, for every \$1 spent on prevention, \$11 is saved in social-service costs” (Kent, 1996, p.571).



According to MacPherson and Rowley (2001) “in the past ten years there has been little significant expansion of drug and alcohol addiction services despite the growing problem with substance misuse” (p.16).

A study found “injection drug users who use an NEP were more likely to report reduced injection frequency or to stop injecting, and to remain in drug treatment, than those who did not” (Villarreal & Fogg, 2006, p.60).

Harm reduction services have proven successful in “decreasing the open drug scene, the spread of HIV/AIDS and hepatitis, overdoses and overdose deaths in countries such as Germany, Switzerland and Australia” (MacPherson & Rowley, 2001, p.61).

What Can You Do To Help?

- Get Involved.
- Attend information sessions.
- Talk to people who specialize in harm reduction services.
- Give your input and feedback.
- Learn more about harm reduction and intravenous drug use (through using the internet, going to your local library etc).
- Visit these websites for more information:

<http://www.city.vancouver.bc.ca/fourpillars/index.htm>

<http://www.health.gov.bc.ca/prevent/pdf/hrcommunityguide.pdf>

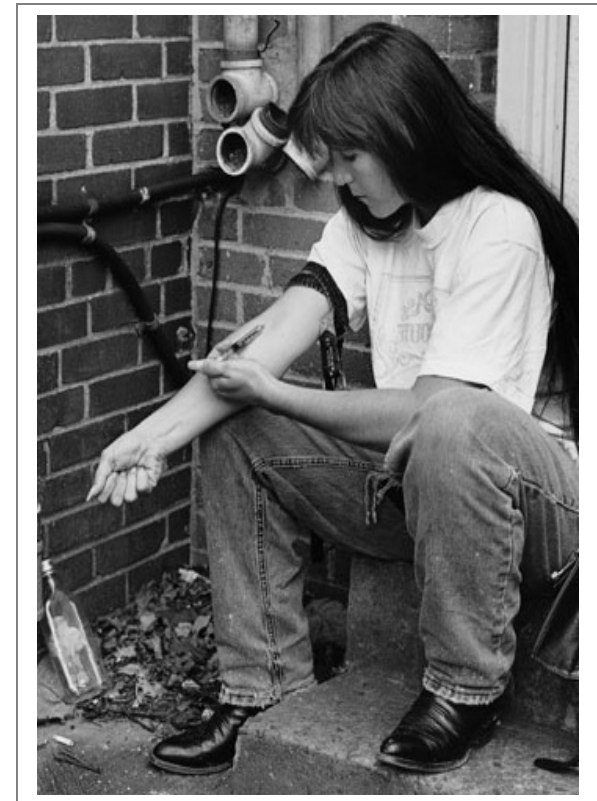
<http://www.canadianharmreduction.com/>

<http://www.ihra.net/>

References

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- MacPherson, D., & Rowley, M. (2001). *A framework for action: a four-pillar approach to drug problems in Vancouver*. Retrieved October 1, 2006, from <http://www.city.vancouver.bc.ca/fourpillars/index.htm>.
- Villarreal, H., & Fogg, C. (2006). Syringe-exchange programs and HIV prevention. *American Journal of Nursing, 106* (5), 58-63.
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Harm Reduction And Intravenous Drug Use



Find out more about harm reduction and its benefits.

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Harm Reduction

Definition

“Harm reduction is a public health approach that aims to reduce drug-related harm experienced by individuals and communities, without necessarily reducing the consumption of drugs. Harm reduction strategies meet drug users ‘where they’re at’, addressing conditions of use along with the use itself” (Harm Reduction Training Institute, 2006).



Goals

To decrease harm to the community and the individual. This includes “harms resulting from public nuisance, disorder, and the debris of the drug scene such as litter, discarded needles and other paraphernalia” (MacPherson & Rowley, 2001).

The Federal/Provincial Harm Reduction Working Group has outlined five principles of harm reduction which include:

- First, do no harm.
- Respect the basic human dignity of persons who use drugs.
- Maximize intervention options.
- Focus on the harms caused by drug use, rather than drug use per se.
- Choose appropriate outcome goals.

(MacPherson, & Rowley, 2001)

Common Misconceptions

Harm reduction enables drug use

Harm reduction is often the first link drug users have to social and health care services making it a good resource for those who wish to seek out additional services such as detoxification and addiction treatment centers (British Columbia Ministry of Health, n.d.).

Harm reduction encourages drug use among non-drug users

This statement fails to describe the complexity of why people begin to use drugs. It also “ignores numerous scientific studies that have found no evidence that the introduction of needle exchange or other harm reduction programs increases drug use” (British Columbia Ministry of Health, n.d., p.6).

Harm reduction drains resources from treatment services

Harm reduction services “increase social and financial efficiency by interrupting the transmission of infectious disease at a lower cost, rather than waiting to treat complications of advanced illness at a much higher cost” (British Columbia Ministry of Health, n.d, p. 6).



Harm reduction programs cause an increase in crime rates

Several studies have shown crime rates do not rise when harm reduction services open in neighborhoods. Often they lessen the spread of communicable disease and recover more needles than they distribute resulting in less discarded needles found in the area (British Columbia Ministry of Health, n.d; Villarreal & Fogg, 2006).

Current Services Available in British Columbia

Supervised Injection Sites

Provide “supervision of injections, including emergency response to drug overdose; assessment and referral to primary health care and service providers; harm reduction teaching and counseling; access to condoms, needles and other injecting equipment” (MacPherson & Rowley, 2001, p.12). This program has been shown to decrease drug overdoses and the transmission of HIV and hepatitis C.



Needle Exchange Programs (NEP)

Distribute sterile syringes and collect used syringes. NEP’s have been proven to decrease the transmission of HIV and Hepatitis C. Evidence has shown “addicts seek out clean needles if they are available; needle sharing declines among participants of NEP’s; and people do not become IV drug users when clean needles are available” (Wilson & Kolander, 2003, p.298).

Additional Services Available Include:

- Methadone Maintenance Treatment
- Education and Outreach Services
- Referral to Health and Social Services
- Low Threshold Support Services
- Law Enforcement Policies and Protocols

To find out more about these services please visit: <http://www.city.vancouver.bc.ca/fourpillars/index.htm>