Literature Review on Harm Reduction

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THIS LITERATURE REVIEW WAS CREATED BY
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FOR THE JUSTICE/INJUSTICE CLASS INSTRUCTED BY
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APRIL 2013
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Abstract

This paper is a review of the literature regarding the phenomena of substance abuse and the measures taken to combat it, with a specific focus on harm reduction. Substance abuse is a social issue with great cost to society. Effective initiatives to combat the prevalence of substance abuse are needed to reduce the economic and social cost to society. Harm reduction has presented itself as one of these initiatives. The literature surrounding harm reduction and harm reduction services shows great effectiveness in reducing and preventing the harms inherent in substance abuse, particularly among injection drug users.

Throughout this review the phenomena of substance abuse and the various responses to it are discussed. Harm reduction is of primary focus, particularly its effectiveness and cost-benefits. As well, public support and support from various organisations are considered. The review will go over much prevailing literature on the subject, with a more in-depth review of articles of particular relevance and interest.
Introduction

Substance abuse is a problem that exists all around the world. Its costs to society can be great, and its prevalence has led to many different strategies that seek to reduce its pervasiveness. These strategies range from criminalization to legalization, the most popular response being criminalization. In much of the Western world, drug use has been criminalized, although pushes for other strategies for combating drug use continue. One of the more recent responses to substance abuse has been one of harm reduction. The harm reduction ideology seeks to reduce the harms inherent in substance abuse as a first step toward treatment. This ideology conflicts heavily with the criminalization ideology and this has spawned much opposition. Despite strong opposition, most studies have shown positive results when evaluating harm reduction services, although not all evaluations have been universally positive. Substance abuse is, and continues to be, a major problem facing the many jurisdictions around the world. The failure to find effective responses to the harms and prevalence of substance abuse will only see this problem grow, as well as the economic and social cost along with it.

Statement of Problem

Substance abuse is a problem that is prevalent in many societies around the world. It can have serious adverse health effects on the users, as well as a great economic cost to society. The dangers that are already present in substance abuse are only compounded when the substances being used are intravenously injected. Injection drug users are the primary target for harm reduction services, particularly reducing the spread of blood-borne diseases that are very common among injection drug users. Indeed, drug injection accounts for one in four new HIV cases in some areas, and has become the single most significant driving force behind the AIDS
epidemic. This is a problem that can only continue to get worse as more from the drug using population contract these diseases. Effective strategies that combat the spread of blood-borne diseases are needed in order to reduce the transmission of these diseases among the injection drug using population.

Responses to Drug Addiction

Substance abuse is a significant concern in most developing countries. It can be measured in both social and economic cost to society. Substance abuse can be linked to issues of crime as well as public health. Given this, there have been many different responses to illegal drug use. One of the most common responses is criminalization. In this, illicit drug use is criminalized, violation of the laws often result in fines as well as confiscation of the drugs and drug paraphernalia, and prison sentences. Another approach that often accompanies criminalization is the clinic model. In this, different efforts are used in a clinical setting in order to achieve abstinence from substance abuse. The final model that will be looked at is harm reduction. The harm reduction model seeks to reduce the harm associated with drug use, with abstinence not necessarily as the primary goal. These models can at times run contrary to each other, namely harm reduction and criminalization; it is not always possible to have a response that incorporates the different models together.

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Within the criminalization model to drug abuse exists many different strategies that can be employed. From community anti-drug efforts, to intense police crackdowns of substance abuse rich areas, the criminalization model varies in its severity of response to illegal drug use.\(^5\) Criminalization of substance abuse has historically been the most prominent response to drug use, particularly in North America where this is still the primary response.\(^6\) The most common form of response within the criminalization model involves police apprehension of offenders. In this, substance abuse is criminalized and police will confiscate illegal drugs and drug paraphernalia.\(^7\) This often involves the apprehension of needles and syringes. Many studies have been done on the impact of police confiscation of syringes from injection drug users. One such study was done in Rhode Island in the mid 1990's.\(^8\) The state of Rhode Island passed a bill that made possession of syringes illegal in an attempt to curb the drug use problem. This led to high rates of police confiscation of syringes from injection drug users.\(^9\) The study found that as a result of syringe confiscation the rate of sharing practices among injection drug users went up significantly.\(^10\) This is thought to have significantly contributed to Rhode Island, in the mid-1990's, becoming one of only four State in the United States where over half of all HIV cases could be attributed to injection drug use.\(^11\)

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\(^7\) MacMaster, Harm Reduction.

\(^8\) Beletsky, Attitudes of police officers towards syringe access.

\(^9\) Ibid.

\(^10\) Ibid.

\(^11\) Ibid.
Another method employed by the police in attempts to reduce substance abuse is crackdowns. In this, the police will heavily concentrate their efforts to a small area of a city where they will confiscate and enforce drug laws. One of these such crackdowns in Vancouver, BC, was the subject of a study done by Wood et al. This crackdown focused on the Downtown Eastside of Vancouver and the estimated cost to taxpayers was in excess of $2.3 million dollars. The study found that after the crackdown the price of illicit drugs and the frequency of their use did not diminish, as well, enrolment in methadone clinics did not increase. A reduction in use of the safe injection site, INSITE, was witnessed after the crackdown, as well as an increase in reports of outdoor drug use. One of the most interesting findings of the study was that a large portion of the drug use in the Downtown Eastside was indeed displaced into adjacent areas of the city. This is perhaps the most important finding in that through displacement it is possible that new markets were found and those previously uninitiated with injection drug use and HIV became so as a result.

The clinic model approach to substance abuse is often used in conjunction with criminalization as its goals are abstinence from drug use. This substance abuse treatment model is confrontative in approach. It seeks to break the patient down, force them to view their addiction as a disease, and then build the person back up as a sober person with a sober lifestyle. The main goal of these programs, as was indicative of drug policies in the 1970s and

12 Wood, Displacement of Canada’s largest public illicit drug market.
13 Ibid.
14 Ibid.
15 Ibid.
16 Ibid.
17 Ibid.
18 Futterman, Beyond Harm Reduction.
19 Ibid.
1980s, is abstinence. Relapse of patients is seen as a sign that they are not yet ready for treatment. This model is widely used in the United States of America. Indeed, 93% of all drug and alcohol treatment centers in the United States conform to this model, and 99% report that abstinence is the primary goal of the treatment center. Although these clinics receive wide use they do not address the problem of drug use completely. Their belief that those drug users who are not capable of abstinence are not yet ready for treatment leaves much of the substance abuse community without alternatives.

Harm reduction is the final model for response to drug abuse that will be looked at, and covered in depth.

**Harm Reduction**

Harm reduction is a response to substance abuse that arose from the substantial presence and increase in blood-borne diseases, such as HIV, among injection drug users. The central goal of harm reduction is to reduce the harms inherent in substance abuse, making drug use less dangerous to active injection drug users. The harm reduction ideology and model encompasses a wide variety of different strategies not pertaining to drug use alone, although the focus will be on harm reduction targeted at injection drug users. Unlike the clinic model, harm reduction does not necessarily see abstinence as a primary goal, more of an ideal outcome. One of the most recognisable examples of harm reduction is needle exchange and distribution. There are many

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21 Futterman, Beyond Harm Reduction.
25 Woerd, Abstinence Versus Harm Reduction.
other forms of harm reduction programs. Some of these incorporate psychological practices and techniques in combination with traditional harm reduction services.\textsuperscript{26} Perhaps the most extreme version of harm reduction is the safe injection site where injection drug users are legally permitted to inject their drugs in a supervised setting.\textsuperscript{27}

Needle and syringe exchange programs are easily the most commonly recognised harm reduction programs. Needle exchange programs first emerged as a response to the growing rates of HIV in the mid-1980s, and since then states, particularly in Europe, have begun officially adopting them as public-health measures.\textsuperscript{28} These programs typically serve several different purposes. They provide various items of drug paraphernalia as well as other items such as condoms and disposal bins for used needles.\textsuperscript{29} They often have literature and train staff regarding safer methods of injection that they can pass onto clients of the programs.\textsuperscript{30} Many needle exchange programs differ from one another in regards to services offered as well as policies regarding distribution of goods. Not all needle exchanges are distributions and not all distributions require exchange. In the United States there is a wide variety of different policies regarding needle exchanges.\textsuperscript{31} Most programs in the United States, sixty-six percent, offer a one-to-one exchange on needles, whereas Forty-nine percent will offer a start-up pack which is only given on the first visit and then they revert back to a one-for-one exchange.\textsuperscript{32} Thirty-three percent will offer a minimum number of new syringes according to those exchanged, while only seven percent operate on a distribution model where no exchange is required to receive clean

\textsuperscript{26} Des Jarlais, Don C., Courtney McKnight, Cullen Goldblatt, and David Purchase. 2009. "Doing harm reduction better: syringe exchange in the United States." \textit{Addiction} 104, no. 9.
\textsuperscript{28} Hedrich, From margin to mainstream.
\textsuperscript{29} Rosenberg, Acceptability and availability of harm-reduction.
\textsuperscript{30} Ibid.
\textsuperscript{31} Des Jarlais, Doing harm reduction better.
\textsuperscript{32} Ibid.
syringes.\textsuperscript{33} The differences between needle exchanges are not only in their policies but also in their services offered. In the United States over three fourths of needle exchanges offer more than one type of service.\textsuperscript{34} These range from counselling to rehabilitation and detoxification.\textsuperscript{35}

Perhaps the most radical and controversial of harm reduction programs are that of safe injection sites and wet sites. Safe injection sites are places where drug users can consume their illicit drugs, safe from prosecution, in a site supervised by nurses and doctors.\textsuperscript{36} These sites are in use in Europe as well as in one location in North America, Vancouver, BC. A wet site is a place designated to drug users after they have consumed their drugs in another location where they can stay.\textsuperscript{37} These sites allow for staff, which consists of nurses and doctors, to monitor drug users to ensure good health and reduce the risk of overdose.\textsuperscript{38} In these facilities users are also encouraged to seek participation in detoxification and rehabilitation programs, although it is not necessary for use of the facility.\textsuperscript{39}

**Effectiveness of Harm Reduction**

The effectiveness of harm reduction programs has been widely reported on and studies vary as to their effectiveness. Harm reduction services are largely regarded as a cost effective way of informing injection drug users about ways to prevent some medical conditions and reducing the spread of blood-borne diseases.\textsuperscript{40} Studies that look at the effectiveness of harm reduction services often compare the area with the service pre and post. As well, some studies have looked at areas with harm reduction services and areas without such services for

\textsuperscript{33} Ibid.
\textsuperscript{34} Ibid.
\textsuperscript{35} Ibid.
\textsuperscript{36} Rosenberg, Acceptability and availability of harm-reduction.
\textsuperscript{37} Ibid.
\textsuperscript{38} Ibid.
\textsuperscript{39} Ibid.
\textsuperscript{40} Ibid.
comparison. Often the criteria by which harm reduction services are measured are prevalence of HIV and HCV diseases among the injection drug using populace.\textsuperscript{41} Since abstinence seems to come secondary to reducing harms for many harm reduction services, there is scant research on rates of successful referral to detox and rehabilitation programs. Nevertheless, much of the research done on needle exchange programs is positive and supports their effectiveness at reducing harms.\textsuperscript{42}

Needle exchange programs have been widely researched on their effectiveness at reducing the prevalence of HIV and HCV as well as other blood-borne pathogens. Existing research indicates that needle exchange programs effectively slow the spread of HIV among injection drug users.\textsuperscript{43} Several meta-analyses on the effectiveness of needle exchange programs have been conducted and found that internationally in cities with needle exchange programs HIV prevalence decreased an average of 5.8 percent per year, this is contrasted with an increase on average by 5.9 percent per year in cities without needle exchange programs.\textsuperscript{44} As well, In New York City, needle exchange programs have been associated with a radical decline in HIV prevalence among injection drug users, leading to claims that the HIV epidemic among injection drug users has been reversed.\textsuperscript{45} These studies have found needle exchange programs to be very effective. The comparison between those areas with needle exchange programs and those without are very radical in their findings. There is a difference of over ten percent in the yearly change of HIV prevalence among injection drug users.

\textsuperscript{41} Pollack, Cost-effectiveness of Harm Reduction.
\textsuperscript{42} Ibid.
\textsuperscript{43} Ibid.
\textsuperscript{44} Strathdee, Steffanie A., David Vlahov. 2001. "The effectiveness of needle exchange programs: A review of the science and policy." \textit{AIDS}Science 1, no. 16.
Studies have also been conducted on the prevalence of needle sharing between injection drug users in areas with needle exchange programs with pre and post comparisons. In a meta-analysis done by Gibson, Flynn, and Perales, it was found that the borrowing and sharing of syringes decreased in areas with needle exchange programs as well, those areas in which needle exchange programs had been closed the rates of sharing drastically increased.\(^{46}\) In Windham, after the closure of the needle exchange program, rates of sharing of used syringes increased from sixteen percent to thirty-four percent.\(^{47}\) Which was corroborated in both Glasgow and Tacoma where needle exchange program users were less likely to borrow or share used needles.\(^{48}\) In Tacoma specifically, needle exchange program users were found to borrow used needles 58% less than injection drug users who did not use the service, and a follow up 72% less likely the following month.\(^{49}\) These studies demonstrate that needle exchange programs are effective at reducing the rates of the sharing of needles between injection drug users which has been causally linked to prevalence and spread of blood-borne diseases such as HIV.\(^{50}\)

**Challenges to the Effectiveness of Harm Reduction**

Not all studies done on the effectiveness of harm reduction programs have shown them to be effective measures at reducing drug use or prevalence of blood-borne diseases such as HIV. Not only has the effectiveness of harm reduction services come into question but these services also face a wide array of problems from a lack of support to ideological conflicts.\(^{51}\) Even if harm reduction programs were universally accepted as to their effectiveness in areas where they were

\(^{47}\) Ibid.  
\(^{48}\) Ibid.  
\(^{49}\) Ibid.  
\(^{50}\) Wodak, Do Needle Syringe Programs Reduce HIV.  
\(^{51}\) Rosenberg, Acceptability and availability of harm-reduction.
fully utilised, they would still face problems in areas where they conflict with the dominant political ideology. The effectiveness of harm reduction programs have also been linked with collaboration with the police.\textsuperscript{52} This created another challenge to the effectiveness of harm reduction programs in that many police agencies do not view harm reduction as an effective response to substance abuse and the principles of harm reduction conflict with their illegal drug use strategies in place.

Not all studies conducted regarding the effectiveness of harm reduction programs have shown positive results.\textsuperscript{53} In a study done by Strathdee et al. on needle exchange programs in Vancouver, BC, it was found that prevalence of HIV positive injection drug users was higher for those using the needle exchange programs that those that were not.\textsuperscript{54} The HIV prevalence among injection drug users who actively used the needle exchange programs was 81\% while those that did not use needle exchange programs was only 71\%.\textsuperscript{55} It was also shown in this study that the prevalence of HIV among injection drug users has increased drastically since the introduction of needle exchange programs in Vancouver.\textsuperscript{56} This was corroborated by studies done in Montreal, Quebec that yielded the same results.\textsuperscript{57} Although this study has been criticized for selection bias, in that it is possible that those infected with HIV are more likely to use needle exchange programs, it nevertheless provides an interesting contrast to the magnitude of studies that show positive results from harm reduction programs. It is possible that harm reduction programs only serve to delay infection of blood-borne diseases and more lasting behavioural changes must be achieved in order to prevent the spread of these diseases beyond the simple provision of sterile

\textsuperscript{52} Beletsky, Attitudes of police officers towards syringe access.
\textsuperscript{53} Gibson, Effectiveness of syringe exchange pro-grms.
\textsuperscript{54} Strathdee, Needle exchange is not enough.
\textsuperscript{55} Ibid.
\textsuperscript{56} Ibid.
\textsuperscript{57} Gibson, Effectiveness of syringe exchange pro-grms.
drug paraphernalia.\textsuperscript{58} Harm reduction programs have been criticised by some as being blindly accepted, much as proponents of criminalisation of drug use are criticized today, rather than critically analysed without bias.\textsuperscript{59}

Harm reduction programs also face challenges in that they are not accepted by many public representatives or the police.\textsuperscript{60} Often harm reduction services conflict with the political ideologies of public representatives who see it as supporting drug use, with public funds. This has led to a widespread problem, there is a lack of funding for many harm reduction programs.\textsuperscript{61} There are also issues with police support of harm reduction programs. The behaviour and collaboration of police with needle exchange programs has been shown to influence their effectiveness.\textsuperscript{62} As discussed above, with the crackdown in the Downtown Eastside of Vancouver, BC, the police had an adverse effect on harm reduction programs when they heavily enforced substance use laws.\textsuperscript{63} The result of the heavy policing led to a displacement away from the harm reduction programs and a reduction in the use of these programs.\textsuperscript{64} This is an example of where the police can adversely influence the effectiveness of harm reduction programs.

**Public Support**

Harm reduction as a substance abuse strategy faces many misconceptions by the public. There has been a constant lack of support from federal governments in North America which has had many adverse consequences.\textsuperscript{65} The result of the lack of federal support for harm reduction

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\item \textsuperscript{58} Pollack, Cost-effectiveness of Harm Reduction.
\item \textsuperscript{59} Voth, Eric A. 2008. "Harm reduction drug policy." The Lancet Infectious Diseases 8, no. 9.
\item \textsuperscript{60} Beletsky, Attitudes of police officers towards syringe access.
\item \textsuperscript{61} Des Jarlais, Doing harm reduction better.
\item \textsuperscript{62} Beletsky, Attitudes of police officers towards syringe access.
\item \textsuperscript{63} Wood, Displacement of Canada’s largest public illicit drug market.
\item \textsuperscript{64} Ibid
\item \textsuperscript{65} Des Jarlais, Doing harm reduction better.
\end{itemize}
\end{footnotesize}
initiatives, such as needle exchange programs, has been a scarcity of funding.\textsuperscript{66} Thus in much of North America the provincial and state governments have had to step in and provide funding in order for these programs to survive. Approximately half of all needle exchange programs in the United State subsist on state funding alone, and virtually all large programs receive significant funding from the state.\textsuperscript{67} As an extension of the lack of support from federal governments, many police forces also do not fully support harm reduction initiatives.\textsuperscript{68} Indeed, in Vancouver, BC, an area with many different harm reduction initiatives, police are not required to complete training in harm reduction techniques.\textsuperscript{69} This poses problems as discussed above; the police have a large impact on the effectiveness of harm reduction initiatives.

Harm reduction is also not universally accepted among those offering drug treatment programs. Many do not fully support harm reduction based on one of its primary tenants, that abstinence is not necessarily a primary goal.\textsuperscript{70} They oppose this as they see it as undercutting abstinence and abstinence based programs.\textsuperscript{71} In a study done in Ontario, Canada, on drug counsellors' willingness to set short-term non-abstinence goals for their patients, about 50\% working in detoxification and residential settings said they would be willing to do so.\textsuperscript{72} This is a troubling statistic in that these are drug counsellors responding, and even they have a difficult time accepting non-abstinence based goal. Although, a wider study that looked as physicians and substance abuse counsellors across Canada, Britain, and Australia found moderate to widespread acceptance of harm reduction initiative such as needle exchange programs.\textsuperscript{73} In this study, non-

\textsuperscript{66} Ibid.
\textsuperscript{67} Ibid.
\textsuperscript{68} Werb, From margin to mainstream.
\textsuperscript{69} Ibid.
\textsuperscript{70} Rosenberg, Acceptability and availability of harm-reduction.
\textsuperscript{71} Ibid.
\textsuperscript{72} Ibid.
\textsuperscript{73} Ibid.
abstinence as a final outcome was almost universally unacceptable.\textsuperscript{74} Given that people who work in the substance abuse field cannot fully accept the principles of harm reduction, this casts doubt over whether it will ever be fully accepted by the public and public representative.

\textbf{Cost-Benefit}

The cost-effectiveness of harm reduction services is often measured in relation to the money saved by the health system of a country through prevented harms. Much of the literature surrounding the cost-effectiveness of harm reduction programs is positive. Harm reduction is viewed as a cost-effective measure, even when HIV prevalence and other such diseases are very high.\textsuperscript{75} Harm reduction initiatives are also affected by other areas such as policing, which can be factored into its cost effectiveness. In areas with high prevalence of injection drug users the rate of needle stick incidents, where a police officer is inadvertently stuck with a needle while searching an injection drug user, can be reduced.\textsuperscript{76} Evidence has been found that in areas where injection drug users have access to needle exchange programs that they are less likely to hide their needles during a police search, thus reducing the amount of needle stick incidents.\textsuperscript{77}

In studies done on the cost-effectiveness of needle exchange programs they have generally found that they are cost effective in reducing the spread of HIV and heroin incidence rates among injection drug users.\textsuperscript{78} In a study done in the United States it was found that to meet a 100\% coverage for sterile syringes it would require 954.8 million syringes at a cost of U.S.
$423 million dollars.\textsuperscript{79} This would in turn be estimated to prevent 12,350 cases of HIV.\textsuperscript{80} Lifetime medical cost for HIV infected persons is estimated to be about $108,469; this would result in an estimated cost-savings of $34,278 per infected individual for HIV.\textsuperscript{81} Many have concluded that that needle exchange programs can be considered cost effective in terms of HIV prevention.\textsuperscript{82} Despite the promising research surrounding needle exchange programs' effectiveness at preventing HIV infections, there is less when it comes to HCV prevalence.\textsuperscript{83} Studies have found that needle exchange and distribution alone is not enough to prevent the spread of HCV among injection drug users, and more comprehensive programs are needed in order to be cost-effective.\textsuperscript{84}

\textbf{Conclusion}

The issue of substance abuse and drug use is a serious consideration and is a considerable issue facing much of the world. Careful review of the history of the issue and previous attempts to tackle it provide a pathway to an increasingly popular method of drug treatment. Harm reduction services have been implemented as an intervention for substance abuse. While there is some contradiction in the literature evaluating the effectiveness of harm reduction services, the widespread response has been that harm reduction services are an effective way to reduce the harms inherent in drug use. The vast majority of the literature examining harm reduction services has shown it to be effective in reducing the spread of blood-borne diseases. This data, combined with the research in multiple studies, indicating that the cost-benefit analysis of the intervention results in a net savings, indicates that the intervention is a financially responsible method. The

\textsuperscript{79} Ibid.
\textsuperscript{80} Ibid.
\textsuperscript{81} Ibid.
\textsuperscript{82} Pollack, Cost-effectiveness of Harm Reduction.
\textsuperscript{83} Ibid.
\textsuperscript{84} Pollack, Cost-effectiveness of Harm Reduction.
literature indicates that harm reduction services are an effective piece of the puzzle in managing substance abuse, and will be most effective as an intervention with cooperation from other organizations that deal directly with the injection drug using population.

Summary of Five Exemplar Articles

1. Supply and Demand: Harm Reduction Product Distribution

The following is a more in depth look at the product distribution of harm reduction supplies in British Columbia, Canada.


Background:

The British Columbia Centre for Disease Control (BCCDC) tracks the distribution of all harm reduction products subsidized by the BC government; specifically the distribution of sterilized, drug-related equipment. This study measures the distribution of the World Health Organization’s recommended harm reduction products in BC, identifies regional variation in distribution, and estimates the supply/demand ratio for needle and syringe units. The objective is to evaluate current IDU-targeted HIV and HCV prevention efforts in BC with the goal of providing an adequate level of sterile injecting equipment for every injection in the province.
Results:

The average number of needle and syringe units distributed annually in BC from 2004-2006 was 5,382,933. IDU related HCV case report rates were found to be highest in urban areas and HSDAs with correctional facilities and/or high proportions of Aboriginal populations. Marked regional variation exists in the rates of harm reduction product distribution per 100,000 residents aged 15-64. However, the estimated number of injections per year in BC is 24,951,144. These findings suggest that the province distributed 21.5% of the units required to cover all illicit drug injections in the province.

Discussion:

This study illustrates some limitations of harm reduction product distribution in the province of British Columbia. Firstly, the distribution of sterile injecting equipment is not equitable between BC by different health service delivery areas. In some BC regions, rates of needle and syringe and other sterile product distribution are in the second-lowest quartile, while HCV case report rates are in the highest quartile. Secondly, the current level of harm reduction product distribution (specifically sterile injecting equipment) is inadequate to provide a clean needle for every injection. Therefore, in order to establish any serious attempt at combating the harms associated with intravenous-drug use in BC, the provincial government maintains the responsibility to increase its funding and subsidization of harm reduction services so the quantity of sterile injecting equipment distributed can match the numbers of intravenous drug use in the province of BC.
2. Normative Ethics and Harm Reduction Misconceptions

The following is a look at various misconceptions of harm reduction services, utilizing moral theories to justify the harm reduction ideology.


Background:

There is strong evidence that harm reduction interventions prevent many of the negative consequences of problematic substance use. Yet many nations, conservative individuals, and lobbyists for drug criminalization still do not endorse these interventions and claim that they advance three negative results that completely dwarf whatever possible good that could come from these interventions.

Methodology:

Paper will analyze the intention and effectiveness of, as well as objections to harm reduction, in light of the three main normative theories of morality: deontology, utilitarianism, and virtue ethics.

Results:

Because harm reduction programs don’t require addicts to reduce or abstain from illicit drug use, the most imperative ethical issue in the abstinence vs. harm reduction debate is whether harm reduction can be ethically justified.
Discussion:

1. Utilitarianism: harm reduction interventions are justified because such policies would produce the greatest good for the greatest number of people. Utilitarianism almost exclusively emphasizes the importance of consequences, and thus harm reduction interventions maintain the objective of reducing the level or severity of the harms associated with problematic drug use or—in other words—drug abuse.

2. Deontology: harm reduction programs are unjustified because these interventions focus exclusively on consequences as opposed to the motive. Supervised injection sites and needle distributions are ethically justified under the context of utilitarianism because they have instrumental value, in that these programs are apparatuses for bringing about good consequences (i.e. reduced drug-related harm). However, given that consequential reasoning is irrelevant on the topic of deontology; harm reduction interventions are not good in and of themselves and could not be universalized without contradiction. For example, needle distributions and safe-injection sites have value, not because illicit drug use is good, but rather to avoid more serious consequences. This does not meet the necessary ethical standard of the categorical imperative. In order for “an action to pass the test of the categorical imperative it must be able to be rationally willed by everyone, and be able to be acted upon by everyone, that is, it would have to be seen as good in itself without appealing to consequences.” Abstinence-based treatment options, on the other hand, would certainly pass the Kantian test of morality; “an application of Kant’s categorical imperative would be:

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can we universalize the maxim that everyone should refrain from illicit drug use? Taking into consideration the harms associated with drug use, clearly we could.

3. Virtue Ethics: harm reduction interventions & abstinence-based interventions are justified under the virtue of compassion. Aristotle’s virtue ethics locates the perfect balance between harm reduction interventions and abstinence-based treatment options. Now, virtue ethics would seek the virtue of compassion. Compassion is—within the context of virtue—defined as the proper balance between “sensitivity” & “hardness.”  

In other words, harm reduction interventions are rendered to “soft” or “sensitive” by advocates of exclusively abstinence-based treatment options whereas harm reduction lobbyists would deem the abstinence advocates as “to hard.” Now, the goal of virtue ethics is to find the right balance and not one of the two polarized extremes.

**Four Misconceptions of Harm reduction Interventions:**

1. Encourages drug use [to the individual]

2. Sends a mixed message [and damages the social fabric of society]

3. Doesn’t get users off drugs [because abstinence-based options require the individual to reduce the amount of drug use or stop use, whereas harm reduction does not]

4. Harm reduction interventions are expensive [in contrast to alternative avenues]

**Addressing the Four Misconceptions:**

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86 Ibid, 56.
87 Ibid, 56.
1. However, there is an abundance of literature & statistics supporting the claim that harm reduction interventions do not increase or encourage drug use. In fact, on the contrary, harm reduction interventions have been found to often be the first step for drug users on the path to recovery and abstinence. Now, what I am declaring is that; patients whom would not have otherwise sought treatment, eventually seek treatment (including abstinence-based treatment options) as a direct result of using Canada’s first & only safe-injection site; Insite. Therefore, the claim that harm reduction interventions—such as needle distributions & safe-injection sites—encourage drug use is unsubstantiated.

2. It sends a mixed signal. The claim that governments should not be in the business of facilitating illegal activities is grounded in the assumption that a nation that condemns drug use from a legal standpoint, should never condone or tolerate drug use to any extent, because it sends a mixed message to the public about drug use, specifically, that it is acceptable when in turn, it is not. This is a misconception because it has been statistically proven that general deterrence through prohibition is ineffective and a complete waste of government capitol & tax payers money. If an individual wants to use drugs, the individual is going to use drugs; if an individual does not want to do drugs, the individual is not going to do drugs. In other words, making an activity illegal has absolutely no effect on the reduction or deterrence of the particular drug of study.

3. It doesn't help the addict get off drugs. This objection completely misses the point & objective of harm reduction interventions. Harm reduction is rooted in the assumption that drug use is here to stay, as there has never been another human society in the history of mankind in which there was absolutely zero drug use and there has certainly never been a society in which a prohibitionist attitude & policies has actually worked as a tool
for attaining a "drug free society". Harm reduction is based off the idea that there will always be drug use and a prohibitionist attitude has never, and most likely never will end drug use. Given that harm reduction interventions are based off the assumption that drug use has existed since time immemorial, and will continue to exist until the end of time, it is sensible to provide these people, with sterile utensils to ensure the utmost safety of the individual and the greater good of the population.

4. The fourth misconception of harm reduction is that in Canada 73% of federal spending in the National Drug Strategy is spent on enforcement measures such as border patrol, police investigations and federal prosecution expenses; whereas less than three percent is spent on harm reduction interventions. The final argument against harm reduction services are that they are too expensive to justify implementation and therefore, taxpayers have a tendency to voice their concern over the fact that they don’t want their hard-earned money being allocated to the facilitation of drug use. However, the costs associated with diseases resulting from the lack of harm reduction interventions are far more extravagant. The cost for every untreated opiate user is over $45,000 Canadian per year. The lifetime cost of treating a person with HIV exceeds $250,000. A course of a hepatitis C treatment can range from $10,000 to $30,000.

3. Public Perceptions of Harm Reduction

The following is a look at a study on the public perceptions of harm reduction. There are few studies looking at the wider public's view of harm reduction services, this being one of them.

Background:

Three different public opinion studies examined the public’s perception of “prevalence reduction” and “harm reduction” across a multitude of domains. The different domains of risky behaviours analyzed exclusively include heroin, tobacco, teen pregnancy, and skateboarding. Through questioning respondents, this study aims to compare the publics’ opinions on prevalence reduction and harm reduction within different risk contexts. Studies one and two were telephone surveys of adults’ views on prevalence reduction and harm reduction strategies. Study three explored whether there were domains in which liberals would reject the notion of harm reduction.

The use of real drugs offers hedonic benefits only with a risk of potential harms to the user and/or other people but there are undoubtedly, many ways we could make drug use safer in our current legal regime. As a result of popular opinion supporting global prohibitionist policies among the citizens of Canada and the US, many public health officials and politicians have deliberately avoided advocacy of harm reduction interventions because of its controversial subject matter. Despite scientific evaluation that indicates harm reduction is effective in saving lives and reducing needless suffering, proponents of drug criminalization continue to appeal to (scientifically proven) misconceptions of harm reduction as a basis for their arguments. These misconceptions of harm reduction include: it encourages drug use, sends a mixed message or weakens “society’s moral stigma against illicit drug use, doesn’t get the user of drugs, and is not cost effective. This study, analyzing public opinion regarding harm reduction interventions, splits up the topic into two categories; prevalence reduction (reducing the number of users) and micro-

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harm reduction (reducing the average harm per dose, including harms to users and harms to non-users). These two strategies contribute to a larger, broader goal; which is total harm reduction (reducing the total harm to society as a whole). However, given this broad objective, and thus, general definition of harm reduction, there is not only external conflict (absolute opposition to harm reduction or prohibition advocacy), but internal disagreement surrounding what specific strategies should be implemented. This study will examine the reasoning behind opposition and advocacy of harm reduction interventions.

**Methodology:**

The contacted respondents were asked about different proposed ways for society to deal with risky behaviours. The different categories of risk behaviours exclusively included heroin, tobacco, teen sex, and skateboarding.

**Results:**

Regarding citizens’ opinions of the acceptability of prevalence reduction and harm reduction, prevalence reduction was preferred among respondents by 85% in the heroin condition, 72% for tobacco, 53% for teen sex, but only 23% for skateboarding. Harm reduction was viewed favourably by 50% for heroin (providing clean needles), 65% for tobacco (less harmful forms of tobacco), 64% for teen sex (providing free condoms), and 86% for skateboarding (parks equipped with safety equipment).

Regarding citizens’ opinions of the effectiveness and moral appropriateness of prevalence reduction and harm reduction, four more question items addressed these variables accordingly. Citizens’ opinions of the moral appropriateness and effectiveness of each policy (harm reduction
or prevalence reduction) were positively correlated with one another as well as with acceptability.

A list of demographic predictors was also analyzed to determine if there were any pre-existing variables giving rise to one’s preference of either prevalence or harm reduction. A rating of self-identified conservatism was associated with a preference for prevalence reduction. There were no consistent effects of race, gender, or religious affiliation; however, the variable of age—specifically older respondents—strongly support prevalence harm reduction over harm reduction.

Discussion:

Among respondents, harm reduction was found to be more tolerable within the domain of skateboarding. Prevalence reduction was also preferred within the category of heroin. Teen sex and tobacco fell somewhere in the middle; displaying a wide spread of public opinion.

Analysis of public opinion regarding the implementation of harm reduction interventions has resurrected the age-old consequential-deontological debate. Opposition to harm reduction stems from the deontological perspective of morality that asserts harm reduction should be abandoned on grounds that it fails to meet the requirement of the Categorical Imperative; which states that one ought to act upon a maxim only if it can be universalized to everyone at all times. This approach also entails that human beings possess intrinsic value as opposed to instrumental value; in other words, a person should never be treated as a means to an end, but as an end in and of him/herself. Harm reduction programs are instrumentally valuable, in that, they are used to achieve good consequences; i.e. reducing overdoses, HIV and general STD transmission, hepatitis C, blood borne infections, bacterial infections, etc. Drug use is not good in and of itself and is therefore, is not justified under deontology; hence opposition to such interventions. On the
contrary, support for harm reduction is rooted in consequential judgements or utilitarianism; which holds that an action is morally praiseworthy only if it results in the greatest happiness for the greatest number of people; which is the objective of harm reduction.

4. Reactions to Drug Use: Police and Media

The following is a look at the police and media's views of harm reduction services. Harm reduction services have been shown to work much more effectively in consort with other organizations, thus the opinions of the various organization towards harm reduction services is important.


Background:

Epidemiological surveys and community-based studies consistently identify a low prevalence of drug use and drug problems in North America and hence support a more health-oriented model of drug use as opposed to one of exclusive prohibition.

The prohibitionist argument is grounded in the belief that illicit drug use is morally corrupt behaviour that violates the collective conscience of the community.

Discussion:

1. Police and other law-enforcement agencies are keen to alert the public to the possible presence of a serious drug problem in the community by publicizing drug-related arrest figures, drug seizures and incarceration records.
2. Media reports tend to copy such behaviour by supplying anecdotal stories about victims who have fallen prey to drug abuse. Conservative or republican oriented politicians have a tendency to exaggerate drug statistics provided by the police and showcased by different media outlets. These statistics tend to disclose arrest and seizure rates and over represent the frequency of drug use in a community. The result is the manufacturing of a moral panic among the public; and such a panic serves the interests of all the above-mentioned parties who created it. It is easy to understand, therefore, why in Canada and the United States since the 1960s each following decade came with multiple different drug scares. There is wisdom in the claim of sociologists that social problems, including the drug problem, are socially constructed.

5. Future of Harm Reduction: Positivism vs. Pragmatism

The following looks at the future of harm reduction services, and what is needed in order to ensure their effectiveness.


Background:

Social work in the field of addictions and addiction treatment is closely related to the epistemology of logical positivism, in that, clinical decisions in social work practice heavily rely on a disease model that is used for categorizing drug users and prescribing abstinence-based treatments. The problem with this reliance on a disease model [& close tie to logical positivism] is that it pays very little attention to peoples’ current needs and social contexts. However, significant research in this field suggest that contextual and functional factors are extremely
important in understanding and treating drug users. This study proposes the implementation of a different and more flexible epistemological approach; which is pragmatism.

The first main problem with broad generalizations; such as disease models, are the looping effects. These effects include damage to a person’s self-image and personal growth as a result of internalizing negative labels such as “mentally ill,” or “drug addict.”89 The other main issue associated with medicalization—broadly applying medical diagnoses to individual psychosocial problems—is that these 'diagnosed problems' are often rooted in social inequality or power struggle, as opposed to actual psychopathological issues.

Harm reduction asserts that “in dealing with such complex and harmful human behaviours as substance abuse, the primary goal is to avoid or minimize further dangers such as contracting HIV and hepatitis, or death due to drug overdose. According to harm reduction theory, there are ways to significantly reduce drug-related damage while the person is still a drug user, a notion supported by many studies.”90 Harm reduction offers a pragmatic way of understanding people: by carefully assessing risks and protective factors, and with a view of immediate practical needs of each individual client.

Discussion:

Harm reduction is an apt example of pragmatism at work in the area of drug misuse intervention. The harm reduction idea works on several levels: as a clinical practice theory, as an intervention model, as a policy framework, and as a social movement. It emerged as a theoretical perspective only after gaining momentum as a grass-roots [self-funded] movement. The very

90 Ibid, 97-98.
The first harm reduction movements began in the 1980s as a public response to the growing AIDS/HIV epidemic. Starting off as small, simple, local needle distributions, the harm reduction movement has grown into a theoretical perspective that offers a multitude of services including safe-injection facilities and substitute medication for problematic opioid use. In a truly pragmatist way, the first harm reduction programs worked without a theoretical basis, which developed later. Lack of funding for harm reduction programs and services may be the result of the [initially] anti-positivistic nature of pragmatism.

Contextual and functional factors are of imperative importance in understanding and treating drug use. A pragmatic approach—as used in the context of harm reduction—would address the “current needs and social contexts” of the particular drug user; which—in most cases—might not currently include achieving sobriety or total abstinence. However, just because abstinence is not a condition of harm reduction interventions, doesn’t mean it’s not consistent with harm reduction. An increasing number of studies in the fields of addiction have demonstrated the effectiveness of harm reduction interventions not only in minimizing hazards of drug abuse, but also in reducing the actual consumption of drugs, in improving clients’ social functioning, and even in achieving abstinence. There is also ample evidence of much higher retention rates in harm reduction programs than in abstinence-based ones. It is because the harm reduction model is a movement grounded in pragmatism, it does not depend on diagnostic categorization of people, and does not prescribe the same treatment to people with the same diagnosis. The use of a pragmatic epistemology and harm reduction interventions would help us all to develop and successfully use contextualized, client-centered approaches to addiction treatment instead of relying on an obsolete positivist worldview and the outdated disease model.

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91 Ibid, 96.
References


