

Harm reduction is a public health philosophy that accepts that people engage in risk activities. It recognizes that some harm is inevitable and works to reduce the negative consequences associated with that particular activity. It works to meet the person where they are at and provides them with the tools and education to help reduce the effects of the risk activity. Harm reduction services are offered to people in a non-judgmental way.

Examples of harm reduction – Generic

- wearing seatbelts in a motor vehicles
- having speed limits
- public smoking bans
- crossing streets at designated crosswalks

Examples of harm reduction – Drug and Sex Trade Related

- Needle & syringe exchange programs
- Replacement therapy such as methadone programs
- Health and drug education
- HIV and sexually transmitted disease screening
- Counseling
- Medical care and treatment referrals
- Safer injecting facilities

Examples of harm reduction – in the context of AIDS Calgary

- We provide safer sex supplies, such as condoms and lube that help reduce the harm associated with sexual activity and to reduce the spread of HIV and other STI's.
- We provide needle exchange equipment and safer inhalation equipment in our partnership with Safeworks.
- By going out on street outreach we are practicing harm reduction because we are meeting people where they are at
- Our counseling is all harm reduction focused because we are offering non-judgmental, harm reduction based services. We are helping people to meet their basic needs and are letting them determine their goals. It's not open stopping or abstaining from something but it's about providing them with tools to make healthier choices

Why is Harm Reduction Important?

Harm Reduction is a component of a holistic approach to Health Promotion.

Harm reduction is internationally recognized as an important piece of any comprehensive health promotion strategy designed to prevent illness. In Alberta sharing contaminated injection equipment is the primary means of HIV transmission in the HIV epidemic among people who use illegal drugs¹. In 2006 injection drug use accounted for 27.8% of new HIV infections in females and 20.6% of new HIV infections in males² (In Alberta).

Harm Reduction saves lives.

An estimated 11,000 Albertans use illegal injection drugs placing them at great risk for both HIV and Hepatitis C³. However, needle exchange programs are working to reduce blood-borne pathogen transmission.

In Alberta, the number of newly diagnosed HIV cases among males directly attributed to injection drug use decreased from 37.9% in 2000 to 20.6% in 2006; the number of newly diagnosed HIV cases among females directly attributed to injection drug use decreased from 56.7% in 2000 to 27.8% in 2006⁴. While these numbers remain high, the widespread supply of clean needles and other harm reduction strategies implemented in Alberta in the late 1990s are helping lower transmission rates in needle drug users.

Harm Reduction saves money.

Lifetime direct and indirect costs are estimated to be \$750,000 per HIV case in Canada⁵. Conservative estimates place the savings-to-cost ratio of needle exchange programs at 4:1⁶. A single needle costs 10 cents⁷. In addition to decreasing preventable deaths and disease, harm reduction programs such as Vancouver's safe injection facility is estimated in the course of two years to save British Columbians \$3.8 to \$ 8.8 million in other preventable health care expenses⁸.

Harm Reduction prevents Crime

Observations of crime rates in the Downtown East Side of Vancouver the year before and the year after the opening its safer injecting facility found no increases in crime with respect to drug trafficking (124 vs. 116) or assaults/robbery (174 vs. 180), and a decline was observed in vehicle break-ins/vehicle theft (302 vs. 227)⁹. The facility was not associated with increased drug trafficking or crimes commonly linked to drug use.

Consequences of not supporting harm reduction programming

Abstinence is not always an option. People have always, and will continue to engage in high-risk activities, regardless of whether harm reduction programming is available. So if you refuse to offer programs that address these issues and that provide people with the education and tools to make safer, healthier decisions that does not mean that the problem will go away.

Harm reduction programming typically bridges the gap to other service providers, such as health care and addiction treatment facilities, that people may not otherwise have access to. Without harm reduction programs, there are increased numbers of HIV and other STI's. And in some cases (such as the Insite safer injection site) the amount of crime decreased in the area. ¹Harm reduction does not encourage or increase drug use. It also does not increase rates of injecting equipment found in streets and in neighborhoods.

¹ Des Jarlais (2007). A Helping Hand: Legal Issues Related to Assisted Injection at Supervised Injection Facilities. *Canadian HIV/AIDS Legal Network*.

² Dr. Ameeta Singh, Disease Control & Prevention and Public Health Surveillance and Environmental Health Branches, AHW.

³ Alberta Drug Strategy, 2005

⁴ Alberta Health and Wellness. (2006). HIV/AIDS Year End Report to December 31, 2006

⁵ Ontario Ministry of Health and Long-term Care (1998). The Economic Burden of Unintentional Injury in Ontario. Electronic document, <http://smarrisk.ca/uploads/cf127134791602109375.pdf>. Accessed July 10, 2007.

⁶ Gold et al., 1997

⁷ September 21 (2007). Personal communication with Calgary Health Region Safeworks Program.

⁸ Drucker, E. (2006). Insite: Canada's Landmark Safe Injecting Program at Risk. *Harm Reduction Journal*. Electronic document. <http://www.harmreductionjournal.com/content/3/1/24>. Accessed July 10, 2007.

⁹ Wood, E. et al. (2006). Impact of a Medically Supervised Safer Injecting Facility on Drug Dealing and Other Drug-related Crime. *Substance Abuse Treatment, Prevention, and Policy*, 1(1-4).

Changes in Public Order After the Opening of a Safer Injection Facility for Injection Drug Users. *Canadian Medical Association Journal*, 171, 731-734.