No. 7 in a series of guides to help people understand what drugs are and why people take them

SECOND EDITION
What?
The term harm reduction was adopted in the 1980s to describe the activities of services that were developed to limit the spread of HIV amongst injecting drug users. Harm reduction goals have since been expanded to include hepatitis B and C prevention, reducing overdose deaths and improving the general health of drug users.
Harm reduction approaches prioritise reducing the negative effects of drug use over eliminating drug use or helping people stop their drug use.

**Drug services in the UK have been able to avert an HIV epidemic amongst injectors** by providing them with information and sterile injecting equipment. There is also evidence that this response may have started to reduce the prevalence of hepatitis C amongst injectors.

Harm reduction can be seen as a public health strategy. These strategies are aimed at whole populations at risk, and work by reaching large enough proportions to decrease health problems. Regularly providing clean injecting equipment to just 30% of injectors can be enough to prevent an epidemic of HIV.

Harm reduction significantly differs from strategies only aimed at complete abstinence, which undoubtedly have a place – but only for those people who are already strongly motivated to give up drugs.

Virtually all drug strategies could claim to have a general goal of reducing drug-related harm. However, **any strategy that does not include appropriate services for people who continue to use drugs cannot correctly be described as a harm reduction approach**. Indeed, evidence shows that strategies without such measures, despite their intentions, are likely to increase the health risks and other problems associated with illicit drug use.
The main characteristics of a harm reduction strategy are:

**Realism** – acceptance that use of mind-altering chemicals by some people is inevitable. An understanding that drug use offers benefits as well as costs to drug users and that limiting the damaging effects of drug use to individuals and communities is more effective than only trying to stop drug use.

**Respect** – the recognition that it is unhelpful to allow moral judgements about drug use to interfere with work with drug users. Despite the frequent demonisation of drug users in the media, harm reduction strategies recognise that drug users have the right to be treated with as much respect and accorded the same human rights as everyone else.

**A focus on reducing harm rather than drug use** – although harm reduction approaches retain the ultimate goal of helping people become drug free (because no drug use usually means no drug-related harm), responses are based on the idea that where this is not practicable, the priority is to reduce the risks to the individual and society.

**A hierarchy of goals** – priorities have to be established for effective targeting of resources. Because of the risks of an HIV epidemic to individuals and society, the hierarchy of goals for the UK has, since 1988, been to: 1. reduce the sharing of injecting equipment, 2. reduce the incidence of injecting, 3. reduce the use of street drugs, 4. reduce the use of prescribed drugs and, finally, 5. increase abstinence.
Why?

In countries, such as the UK, where a harm reduction strategy has been in place for over 10 years, the overall HIV prevalence rate amongst drug injectors is around 1%. In many countries without harm reduction strategies the HIV rate amongst injectors has rocketed to over 50%!
There are enormous health and social costs when large numbers of people become HIV positive and become ill with HIV-related illnesses. It has been estimated that in 1991 alone the needle and syringe exchange programme in Australia saved 3000 lives and about £10,000,000 in HIV treatment costs.

The shift in emphasis from just trying to get people off drugs towards a comprehensive harm reduction approach was a big change for services to make. Up until the mid 1980s, those people who didn’t want to stop all drug use were sent away until they were ready to change.

Providing injecting equipment is seen by some as ‘encouraging injecting.’ However, research clearly shows that providing needles and syringes does not increase either the number of people beginning injecting, or the frequency of injecting among existing injectors. These studies also showed that needle and syringe provision reduces sharing and re-use of injecting equipment.

Methadone prescribing has been shown by many scientific studies to be an effective way of reducing heroin use, high-risk injecting behaviour and criminal activity.
Some countries, particularly the USA, still insist that harm reduction sends out ‘the wrong messages.’ They remain committed to a prohibition policy (a ‘war on drugs’) and all the harm that accompanies it, including greater levels of use of some drugs and higher rates of death, HIV infection, injury, crime and imprisonment.
01 Sterile syringes inside their packaging
Photo: Clear Photo

02 1ml syringe with integral needle
Photo: Clear Photo

03 Pharmacy needle exchange sign – used to denote community pharmacies offering needle exchange
Photo: Clear Photo

04 The Maryland Street Needle Exchange, Liverpool – opened in 1986, this was one of the first needle exchanges in the UK
Photo: Clear Photo (this picture has been posed by staff)

05 Units of measurement on a syringe
Photo: Clear Photo

06 Methadone in a measuring glass
Photo: David Hoffman Photo Library

07 Harm reduction publications
Photo: Clear Photo
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The What & Why? series covers cannabis, amphetamine, ecstasy, cocaine, heroin, methadone and harm reduction. All titles in the series are available direct from: Exchange Supplies, tel: 01305 262244.
Additional information on LSD, mushrooms, addiction and motivation are available on our website: www.exchangesupplies.org

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What & Why? is a series of booklets for anyone who wants to understand illicit drug use.

Illustrated with stunning photography, What & Why? explains what drugs are (how they are made, sold and used), their effects and why people choose to take them.

Essential reading for anyone confronted with illicit drug use at home or at work.

What & Why? is written mainly for professionals, parents and the relatives and friends of drug users. The booklets may also provide a useful contribution to secondary school discussion about drugs.