



Harm reduction is policies, practices, and programs that exist to reduce the harms associated with a behavior. You probably already practice harm reduction without realizing it. Sunscreen, seatbelts, condoms are all essential harm reduction tools that we use to reduce everyday risks. For substance users, harm reduction might look like sanitary needles, naloxone, or single-use straws for snorting.

We know that simply prohibiting behaviors doesn't work. If we tell a substance user not to do drugs because they're "bad" or "dangerous," they won't stop doing drugs (otherwise, programs like DARE would have already ended all drug use). Instead, if we stigmatize their behaviour, we lose their trust and they stop talking to us about what they're doing and become disconnected from services, which inadvertently increases risks of overdose and illness.

Harm reduction recognizes that we all make personal decisions about our bodies and we cannot impose our own morals and judgements onto someone else and expect them to obey. We don't always know why someone chooses to use drugs, but we can listen, support them without judgement, and encourage them make everyday decisions that protect their health.

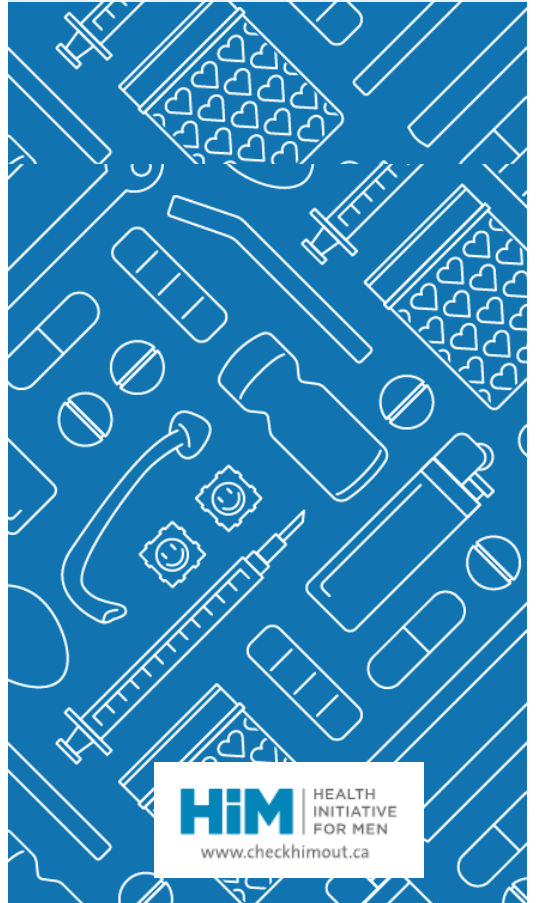


Health Initiative for Men (HIM) respectfully acknowledges that we are working on the stolen lands of the Skwxwú7mesh (Squamish), Stó:lō and Selilwitulh (Tsleil-Waututh) and x^wməθk^wəyəm (Musqueam) Nations.



“Aren't You Just Enabling Them?”

and other misconceptions about harm reduction



Key Principles of Harm Reduction

1. Sobriety isn't the goal

Although harm reduction may include abstinence, at its core harm reduction is about providing people with the information and basic necessities (ex. sterile needles, naloxone, drug checking) needed to stay alive and make informed decisions that protect their health as best as possible within the moment while respecting their autonomy.

2. Substance use is more than the drugs people use

For some people, drug use may be linked to poverty, discrimination, harmful stigma, or mental health. Harm reduction also addresses systemic issues that negatively affect drug users' lives.

3. Support, not stigma

Making people feel badly about drug use does nothing. We advocate for the rights and dignity of people who use drugs and use an evidence-based approaches to addressing harms in substance use.

4. Meeting people "where they are"

We do not expect people to change (get and stay sober) in order to access support services, and we focus on immediate priorities identified by the client.

"You're enabling addicts" / "You're encouraging dangerous behavior"

Harm reduction encourages people to analyze and identify potential risks, assess our tolerance for those risks, and then develop strategies in the moment that suit our needs. Harm reduction enables autonomy and reduces the changes of harmful outcomes (overdose, infections, etc.).

Harm reduction can support people until they are able to stabilize themselves or get sober – if that's they choose.

"If addicts aren't afraid of dying, they'll never quit"

There are many motivations that people may have to quit using drugs. To be more present within our lives, to improve our health, and to focus on other pursuits are only a few examples.

But sobriety isn't the main goal of harm reduction. There are treatment programs that help people who want to get sober find the support they need. Harm reduction supports people who don't want to get sober or cannot get sober right now. Substance users are our friends, family, neighbours, and people who contribute to our communities. All substance users deserve dignity and right to life, just like anyone else.

"If it's easier and safer to get drug supplies, more people will do drugs"

We only have to look to Portugal's harm reduction advocacy (where personal possession of all drugs is legal) to know this isn't true.

Language

Stigma is often communicated through the language we use. Here are some common terms and non-judgemental replacements.

"Substance abuse"

"Problematic substance use" is substance use identified by the user as disruptive or undesirable to them and their life. "Substance misuse" acknowledges that we may have very different relationships to substances than other people in our lives. Not everyone who uses drugs has an addiction and we cannot define other people's experiences for them.

"Addict" / "Junkie" / "Crackhead"

Substance users who experience addiction or have complicated/negative relationships with their substances may choose to reclaim stigmatizing language as an act of empowerment; however, substance users who have positive relationships with their substances and non-users are encouraged to use "people who use substances / drugs."

"Clean"

The use of "clean" to describe sterile harm reduction supplies ("clean needles") or a person who is sober ("he's clean and sober") implies that people who use substances are "unclean" or "dirty." "Sterile," "single-use," "sober," and "negative (test result)" are preferred terms.