

# Dawn Farm's Position on Harm Reduction

## What is Harm Reduction?

The International Harm Reduction Development program defines harm reduction as "a pragmatic and humanistic approach to diminishing the individual and social harms associated with drug use, especially the risk of HIV infection." Harm reduction emphasizes reducing harm from drug use rather than focusing on reducing drug use or on abstinence. Harm reduction initiatives cover a broad range of interventions including educational programs on the risks associated with specific substances and/or behaviors, needle exchange programs, drug purity testing, designating spaces for drug use free of criminal justice interference, drug maintenance programs, decriminalization and legalization of drugs.

There is a long continuum of harm reduction interventions and a broad range of harm reduction advocates who have varying motivations and who may endorse utilization of the entire continuum of interventions or only one form of harm reduction. This array of interventions, motivations and opinions makes responding to the use of harm reduction a complicated matter. After numerous discussions on the subject we have reached the conclusion that the important question is not whether harm reduction is good or bad, but "Where is the line between harm reduction and harm facilitation?"

Values do matter. We routinely see exciting new programs with innovative and unconventional ways to help addicts. We also routinely see new programs that are troubling to us. What separates these programs are the values with which they approach the addict.

*We believe that the only way we can make the judgment necessary to support a program is by applying values.*

## Dawn Farm's Position

Dawn Farm does not oppose harm reduction in principle. The harm reduction movement has worked its way into public discourse and challenged treatment providers to remove or reduce barriers that prevented them from connecting with addicts and alcoholics in need of help. Dawn Farm has benefited from this discourse and has sought ways to lower thresholds to assistance.

Dawn Farm engages in some forms of harm reduction.

- Our detox center knows that a portion of its clients have no intention of abstaining from drugs and alcohol after they leave. Many of these people are using us as a safe place to "catch a breather." We continue to serve these clients through relationships and services that can expand their opportunities and choices.
- Our street outreach worker regularly responds to calls for panhandlers who have no intention to attempt recovery. Our response in these cases provides an alternative to the police being called and the person potentially being arrested. Our goal is to use these growing service relationships to decrease the wounds inflicted on the community by addiction and to help each individual build the personal and social capital required to eventually acquire and sustain long-term recovery.
- Treatment itself is a form of harm reduction. Outcomes studies consistently find that people who continue to use after treatment are likely to use less and therefore have reduced risk for drug related harms. We believe recovery is the ultimate harm reduction strategy.
- We bring in educational services on HIV, Hepatitis and STDs for our clients in residential treatment.

This paper attempts to articulate Dawn Farm's values that will guide our support or opposition of individual harm reduction programs and interventions.

### *1. Drug use by addicts is inherently bad and oppressive.*

The program in question must recognize that addiction is a primary medical problem and not the result of societal stigma placed on drug use. It must recognize that addiction is inherently bad and oppressive in nature. Addiction is not a lifestyle choice. In fact, the defining characteristic of addiction is a loss of choice where drugs and alcohol are concerned.

Most addicts will freely acknowledge that addiction is a form of bondage, and many medical ethicists believe that addicts are unable to provide informed consent because of the power of addiction. Addiction works its way into every area of the addict's life and makes room for itself by forcing out loved ones, values, goals, self-respect, work, hygiene, etc. Most addicts in the midst of their addiction don't have the luxury of concerning themselves about their health. Many of our clients have knowingly exposed themselves to deadly infectious diseases and were too consumed with drug hunger to consider what they already knew to be the consequences. Others feel so hopeless that their health is of no concern to them.

2. *Every addict must be treated with the belief that recovery is possible for him or her, and interventions must place supreme value on recovery from addiction.*

We hear professionals making statements about the hopelessness of particular individuals and populations. These beliefs are then used to support programs that don't promote recovery. We know that everyone will not recover, but we also know from decades of experience that we are unable to determine with certainty who will and who won't recover. We have seen hundreds of clients recover when families, the community and at times our own staff had little hope for them.

However, treatment providers have been guilty of an all-or nothing approach. Criticism of such an approach is valid and movement toward an incremental approach can make sense with some populations or individuals. While we believe every addict should be treated as though he can recover, we recognize that at any given time some addicts can't or won't recover. Any program working with these populations should take responsibility for "recovery priming" that creates and takes advantage of "windows of opportunity" to move people into recovery. In these cases it is important that the goal is to incrementally move addicts toward recovery and to not collude with the addict's addiction by making their ongoing use easier. We recognize that interventions that focus on engagement and damage control may be the most appropriate and effective strategies in the pre-action stages of change. The important question with these interventions is whether the intervention helps to move the client toward recovery, risk reduction (or—ideally—risk elimination) and improved overall health, or does the intervention facilitate remaining in a cycle of chronic self-destructive behavior?

It is important to remember that what frequently motivates addicts to seek recovery is *crisis*. Interfering or preventing this motivating crisis can prolong addiction and therefore harm the client. Do some interventions make continuing to use easier? Do some interventions make recovery more difficult?

3. *Any intervention must attempt to assess the "aggregate harm" done to the addict, other interested persons and the community.*

Focusing too narrowly on one type of harm can lead us to lose sight of what's good for the whole person and the whole community. Which harms take priority? Harms include:

The risk of HIV	Trauma associated with addiction	Overdose
Suicide	Homelessness	STD's
Divorce	General health problems	Domestic violence
Community crime	Discarded paraphernalia	Community fear
Child abuse	Unemployment	Estranged families
Accidents	Community economic impact	Mental health problems

For example: We know that there were twice as many drug induced deaths and 3.5 times as many drug related deaths as new HIV infections during each of the last several years in the Detroit metro area. Helping addicts by focusing narrowly on specific harms like HIV infection may take our eye off of other important harms that may be more deadly and imminent.

The other important question with any intervention is: "Whose harm is being reduced?" Historically governments and communities have used interventions with addicts and alcoholics that reduced harms/costs to the community but demonstrated little concern for the well-being of the addicts and alcoholics. The addicted population is vulnerable, historically oppressed and easily overlooked. These factors must be weighed carefully when considering interventions targeting addicts, and the addict's global health and well-being must benefit from the intervention.

- How does one calculate the value of all of these harms?
- What makes one more important than another?
- If reducing one harm increases another harm how do we respond?

4. *Any intervention targeting addicts must communicate hope to both the individual and to the community.*

We believe strongly that programs focused solely on reducing harm from a disease without attempting to address the disease itself are part of the problem rather than the solution. They view addicts as terminal service recipients rather than people with a treatable illness. The unfortunate irony of this approach is that it reinforces the false beliefs of many addicts that they are hopeless cases. Too many programs inadvertently damn addicts with the lowest possible expectations. Our clients have told us they viewed some harm reduction approaches as "giving up on (them)" or "writing (them) off."

We must not confuse pragmatism and pessimism. Meeting them at their level does not mean losing hope that they can change their "level." Programs targeting addicts should appeal to addicts' strengths, abilities and possibilities.

The development of hope for better life circumstances is an often neglected but essential factor in initiating and sustaining recovery.

5. *Does the program reinforce the culture of addiction or the culture of recovery?*

We believe another important but often overlooked dimension of addiction and recovery is their respective cultures. The culture of addiction is powerful—often impairing an individual’s capacity to break free from their active addiction. Unfortunately, some harm reduction approaches risk nurturing and providing refuge to this culture of addiction. Safe injection rooms, needle exchanges and drug maintenance programs all could inadvertently have the effect of supporting the culture of addiction.

However, once a client is detoxed we find that the most powerful determinants of his long-term recovery are his new cultural ties to the community of recovering addicts and alcoholics - and his own identity as a recovering person. Interventions designed for people in active addiction should, in addition to reducing the immediate risks posed to them and others, provide a fulcrum to move the individual toward recovery, global health and involvement in the culture of recovery.

- Could some interventions provide refuge and empower the culture of addiction?
- Might others undermine the culture of recovery in a community?

6. *The stewardship of community resources must be integral to this dialogue.*

It is important to examine whether a particular intervention is the best use of community resources and whether there are important unmet needs in the community (as is the case in most communities). What may make perfect sense in one community may be problematic in another.

Starting a needle exchange in a community with treatment available on demand is different from starting one in a community with waiting lists for treatment. It doesn’t make sense to provide funds for needle exchanges when developing more treatment services would better address community needs. However, where the doors to treatment services are open and accessible every day, needle exchanges may not only protect the individual, family and community but also might provide a point of recovery initiation when developmental windows of opportunity occur.

A Challenge for the Future

When these questions are answered within the framework of our values, Dawn Farm supports many types of harm reduction. We strive for a community that is safe for everyone—one where actively using addicts are treated with understanding, compassion and hope, and one where addicts and alcoholics can begin recovery and rise out of the culture of addiction. We support efforts that reduce crime and disease—as long as they don’t disenfranchise this already vulnerable group even further.

We hope to eventually see partnerships formed between treatment providers like Dawn Farm and responsible harm reduction providers. What might such partnerships look like?