

# MHRI

## Midwest Harm Reduction Institute

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### Myths About Harm Reduction<sup>i</sup>

- 1. Harm reduction encourages drug use.** Harm reduction is neither for nor against drug use. It does not seek to stop drug use, unless individuals make that their goal. Harm reduction focuses on supporting people's efforts to reduce the harms created by drug use or other risky behaviors. These efforts can include goals ranging from safer use to managed use to abstinence.
- 2. Harm reduction is opposed to abstinence and therefore conflicts with traditional substance abuse treatment.** Harm reduction is not at odds with abstinence: instead, it includes it as one possible goal across a continuum of possibilities. Harm reduction is critical, however, of the abstinence-only approach and endeavors to explore other routes to recovery, as well as to expand the range of possible treatment outcomes. In a harm reduction paradigm, success is measured by positive change, as defined by the individual and community outcomes, rather than exclusively determined by achieving abstinence.
- 3. If a person doesn't abstain from all substances, use will lead to renewed problems and possibly addiction.** Substance users are a diverse group of people who use different drugs in different ways for different purposes and outcomes. Drug use exists along a continuum that ranges from no use to moderate use to addiction. Different people have different relationships with different drugs. For some, the use of any substance can trigger intense drug use, while others find it possible to use drugs moderately.
- 4. Harm reduction permits harmful behavior and maintains an "anything goes" attitude.** Harm reduction neither condones nor condemns any behavior. Instead, it evaluates the consequences of behaviors and tries to reduce the harms that those behaviors pose for individuals, families, and communities.
- 5. Harm reduction is a "Don't ask, don't tell" approach that gives tacit consent to harmful behavior.** Harm reduction takes drug use seriously and seeks to open up (rather than avoid) the conversation with users about their drug use.
- 6. Clients often lie about the extent of their drug use. This makes it impossible to discuss safer drug use.** Even when people are not completely honest about their behavior, they can still benefit from information about ways to reduce harm. Many clients may have learned to avoid being truthful because of the shaming responses they encountered when their drug use was made known. Further, if abstinence is the only acceptable outcome for treatment, and failure to achieve or maintain it can lead to discharge or loss of housing or other benefits, then it is not surprising that clients withhold information about use. Cultivating an open, honest, nonjudgmental stance toward a client's behavior often leads to greater honesty about their experiences, preserves the therapeutic alliance, and increases the likelihood of change.
- 7. By making condoms or safer drug use equipment available at program sites, programs will undermine policies that state that clients cannot have sex or use drugs on the premises.** Making these tools available and providing related instruction shows commitment to the health of both clients and the community. It demonstrates that you value clients' health and well-being, and creates opportunities to have an open and honest conversation about their behaviors. There is no evidence that making these tools available leads to an increase in the level of harmful behavior either inside or outside programs.

- 8. Needle exchange programs encourage people to use drugs.** Numerous studies have demonstrated that needle exchange programs neither increase drug use, nor do they increase the number of new users. Some studies indicate that needle exchange programs actually provide channels into drug treatment.
- 9. Harm reduction concepts only apply to injection drug users.** While it is true that needle exchanges are one of the most visible (and still controversial) ways in which harm reduction is practiced, harm reduction strategies and skills can help anyone who uses alcohol or any other kind of drug, or who engages in risky sexual or other behaviors, assess and reduce the harm that may come from those choices. Other visible forms of harm reduction include opiate substitution treatment, nicotine patches and gum for those trying to stop smoking cigarettes, identifying a designated driver for nights out on the town, and providing good information about sex and contraception to teenagers.
- 10. Methadone maintenance is just a form of drug substitution: people on methadone are not in recovery.** Defining “recovery” is arrived at through a collaborative discussion with the drug user. Methadone maintenance is another harm reduction approach that has an extensive evidence base attesting to its effectiveness in reducing harm to individuals and communities (e.g., decreasing the rate of HIV transmission and reducing drug-related crime) and facilitating quality of life improvements (e.g., employment, better health). The vast majority of people who are prescribed methadone lead stable, productive lives.
- 11. Harm reduction might work in a methadone maintenance program, but it’s not for recovery oriented programs.** Many other recovery programs use harm reduction skills like client-directed treatment planning, the stages of change, and motivational interviewing.
- 12. Harm reduction is a Trojan horse for drug legalization.** Reforming current drug policies is an important aspect of harm reduction, but many reforms supported by those who believe in harm reduction stop short of drug legalization. In fact, most harm reduction advocates do not support legalization.
- 13. It is impossible to discuss safer drug use practices with clients in court-mandated treatment.** It is possible to discuss harm reduction strategies with all clients. Court-mandated treatment does not preclude harm assessment and planning.
- 14. My clients are not ready for harm reduction.** Harm reduction embraces respect, trust, and a nonjudgmental stance as the essential ingredients of an effective therapeutic relationship. Through such a relationship, most clients are willing to try new ways to help them make positive changes. Regardless of their history, clients are generally able to identify their needs and set personal goals, timelines, and criteria for success.
- 15. Needle exchanges and other harm reduction approaches divert money from more effective methods of drug treatment.** Over two-thirds of the ONDCP budget is directed at incarceration, border interdiction, and other ineffective law enforcement strategies. Needle exchange, in addition to being a referral source into drug treatment, is an effective component of a continuum of interventions aimed at reducing drug-related harm.
- 16. Harm reduction is “enabling.”** Harm reduction endeavors to create conditions wherein individuals, families, and communities can affect positive changes in their lives. It is important to distinguish “enabling” behavior patterns that are dysfunctional from positively facilitating behaviors that are functional.

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<sup>i</sup> Adapted from “Facts & Myths About Harm Reduction in Drug & Alcohol Treatment” available at [www.hcsm.org/sphere.htm](http://www.hcsm.org/sphere.htm)