



HARM REDUCTION 101: FIVE HARM REDUCTION MYTHS

September 2021

WHAT IS HARM REDUCTION?

Harm reduction is a set of policies and programs that allow individuals to mitigate the risks associated with particular behaviors, whether those involve drugs, alcohol, tobacco or sex. At its foundation, harm reduction recognizes that strategies that emphasize abstinence or behavior avoidance may work for some individuals, but they are ineffective at the population level. Alternatively, harm reduction respects both human rights and personal autonomy, providing non-judgmental care and education alongside access to tools—such as condoms or alternative products—that help people stay safer.

Harm Reduction Myth #1: Harm reduction is only for people who use drugs.

FACT: Harm reduction applies to many more behaviors than just drug use. From seat belts to condoms to designated drivers, most people engage in some form of harm reduction at some point.

Harm Reduction Myth #2: Harm reduction normalizes, encourages or “enables” risky behavior.

FACT: Harm reduction accepts that some people engage in risky behaviors. There is no judgement for such behaviors, but this does not mean that risky decisions are encouraged. Harm reduction acknowledges the very real harms associated with risky behaviors and does not try to minimize the impact of them.

Harm Reduction Myth #3: Harm reduction prevents or opposes recovery or complete cessation, simply replacing one addiction with another.

FACT: Harm reduction neither prevents nor opposes abstinence. Harm reduction’s main goal is to keep people alive and as healthy as possible, and direct services often connect people with recovery resources that support sobriety or abstinence. However, harm reduction does not exclusively address addiction; rather, it gives people the tools to choose less harmful ways of engaging in a range of risky behaviors. Some individuals with substance use disorders do benefit from product substitution, and these safer options result in improved health outcomes and, often, increase the likelihood of long-term recovery.

Harm Reduction Myth #4: Harm reduction services make neighborhoods less safe.

FACT: Harm reduction services do not increase crime in surrounding areas. In fact, they often improve community safety and cleanliness. For example, syringe access programs decrease improper needle disposal, which helps prevent accidental needle sticks. Similarly, supervised consumption facilities decrease open-air drug use.

Harm Reduction Myth #5: Harm reduction is unnecessary if we remove drugs and dealers from the equation.

FACT: Supply-side attempts to stop illegal drug use have not been successful, and prohibitionist policies have their own harmful effects on communities and individuals. People engage in many behaviors that are risky, and they will continue to do so. Harm reduction offers real-world solutions that help keep individuals and society safer by providing options that minimize health harms.

QUESTIONS? CONTACT R STREET'S INTEGRATED HARM REDUCTION TEAM



Mazen Saleh is policy director for the Integrated Harm Reduction program at the R Street Institute. Prior to joining R Street, Mazen served at the National League for Nursing as senior business director and the Association of American Medical Colleges as director of business strategy and development. He got his start in healthcare at Health Systems Research, Inc. where he coordinated projects addressing homelessness and various HIV/AIDS initiatives. Email: msaleh@rstreet.org



Stacey McKenna is a senior fellow in R Street's Integrated Harm Reduction program, where she researches and writes about the policy, social and economic factors that shape risks associated with sexual and substance use behaviors. Before joining R Street, she worked for five years as a freelance science journalist and research consultant. Previously, as a University of Colorado Denver (CU Denver) assistant professor and co-investigator on a National Institutes of Health (NIH) grant, Stacey conducted an ethnography on the relationship between drug acquisition and survival strategies among a network of individuals who used methamphetamine. During this time, she also taught public health and anthropology courses for CU Denver and the Metropolitan University of Denver. Email: smckenna@rstreet.org



Dr. Pritika C. Kumar is a senior fellow in R Street's Integrated Harm Reduction program. She has experience in areas spanning from sexual and reproductive health to mental health, and from infectious diseases to substance use. She has worked in multilateral organizations such as the United Nations and The World Bank; engaged in for-profit and not-for-profit sectors; been involved in integrated health systems; and conducted academic research. Within the broader context of harm reduction, Pritika's research interests include social determinants of health, social norms, social capital, social networks, health disparities and equitable access. Her doctoral and post-doctoral work focused on the role of social capital in harm reduction from a social network perspective. Email: pkumar@rstreet.org



Chelsea Boyd is a fellow in R Street's Integrated Harm Reduction program. Her research focuses on decreasing harmful health outcomes for people who engage in high-risk behavior, such as smoking and recreational drug use. She also applies harm reduction principles to topics including sexual health, mental health and infectious disease. Prior to joining R Street, Chelsea worked for the peer review department at The Patient-Centered Outcomes Research Institute (PCORI). Chelsea's public health experience also includes serving as a research assistant at the District of Columbia Center for AIDS Research and a laboratory coordinator at Colorado State University's Arthropod-borne Infectious Diseases Laboratory. Email: cboyd@rstreet.org