

WHAT IS HARM REDUCTION ?

*If I always do what I have always done,
Then I'll always get what I already got.*

—anonymous

*The fault, dear Brutus, is not in our stars, but
in ourselves, that we are
underlings.*

—William Shakespeare, *Julius Caesar*,
Act I, Scene ii

Before considering issues of harm reduction as they relate to the topic of tobacco product modification, it might be useful to first get a clearer perspective on what harm reduction is and is not. While it is impossible to define all aspects of harm reduction, G. Alan Marlett in his text, [Harm Reduction: Pragmatic Strategies for Managing High-Risk Behaviors](#) observes that “Advocates of harm reduction see it as a grassroots movement that has emerged as a middle path between the polarized opposites of the moral and medical models – a path that promises to provide humane and practical help for drug users, their families and our communities. Critics of harm reduction reject it as being overly permissive in its rejection of strict “zero-tolerance” policies and its promotion of alternatives to abstinence.”

I see it as a realistic and rational approach for dealing with complex challenges in a complex and changing environment- one that provides complimentary strategies designed to reduce disease and death caused by tobacco use.

David Abrahms and David Lewis in the foreword to Marlett’s book, observed:

The breaking down of old rules and the formation of new movements is always filled with strong emotion, deep fear, and great hope. Policies and other cultural “rules” designed to balance community and individual needs generally exist in tension between extremes. Education can become brainwashing, police protection can become oppressive and public leadership can become monomania. Similarly, harm reduction can be oversimpli-

fied and then demonized as an extremist movement. Alternatively it can be viewed as a new overarching conceptual blueprint for integrating the best of medicine, public health, and prevention policy. Harm reduction can address the emergent needs of societies in a rapidly changing 21st century.

A set of principles on harm reduction were presented at the First Conference on Harm Reduction held in Oakland., California in 1996 and are enlightening and instructive in thinking about tobacco.

Harm reduction is a set of practical strategies with the goal of meeting drug users “where they are at” to help them reduce any harms associated with their drug use. Because harm reduction demands that interventions and policies designed to serve drug users reflect specific individual and community needs, there is no universal definition or formula for implementing harm reduction. However, the Harm Reduction Conference considers the following principles central to harm reduction practice. Harm reduction:

- *Accepts, for better and for worse, that licit and illicit drug use is part of our world and chooses to work to minimize its harmful effects rather than simply ignore or condemn them.*
- *Ensures that drug users and those with a history of drug use routinely have a real voice in the creation of programs and policies designed to serve them, and both affirms and seeks to strengthen the capacity of people who use drugs to reduce various harms associated with their drug use.*
- *Understands drug use as a complex, multi-faceted phenomenon that encompasses a continuum of behaviors from severe abuse to total abstinence, and acknowledges that some ways of using drugs are clearly safer than others.*
- *Establishes quality of individual and community life and well-being — not necessarily cessation of all drug use – as the criteria for successful interventions and policies.*

- *Calls for the non-judgmental, non-coercive provision of services and resources to people who use drugs and the communities in which they live in order to assist them in reducing attendant harms.*
- *Recognizes that the realities of poverty, class, racism, social isolation, past trauma, sex based discrimination and other social inequalities affect both people's vulnerability to and capacity for effectively dealing with drug-related harms.*
- *Does not attempt to minimize or ignore the many real and tragic harms and dangers associated with licit and illicit drug use.*

(see Harm Reduction Coalition website at www.harmreduction.org)

Marlett's own summation of principles and strategies (see pages 49-58) related to harm reduction are also constructive:

1. *Harm reduction is a public health alternative to the moral/criminal and disease models of drug use and addiction.*
2. *Harm reduction recognizes abstinence as an ideal outcome but accepts alternatives that reduce harm.*
3. *Harm reduction has emerged as a 'bottom-up' approach based on addict advocacy, rather than a 'top-down' policy promoted by drug policy makers.*
4. *Harm reduction promotes low-threshold access to services as an alternative to traditional high-threshold approaches.*
5. *Harm reduction is based on the tenets of compassionate pragmatism versus moralistic idealism.*

The International Harm Reduction Association has noted that:

Harm Reduction should be understood to encompass alcohol, tobacco, prescribed and illicit drugs and other volatile substances. The term should be understood to refer to the reduction of harm to individual drug users, their families and their community. Attempts to reduce factors conducive to drug use should also be considered as harm reduction measures in a broad sense.

Some regard harm reduction and abstinence as mutually exclusive options. However, the promotion of abstinence should more realistically be regarded as a special subset of harm reduction. Abstinence has the attraction of generally being the most complete form of harm reduction.... But abstinence has a decided disadvantage in that it is usually the least feasible option to achieve and sustain. As relapse is a very common phenomenon in all forms of drug taking and is often accompanied by increased risk of adverse outcomes, the pursuit of abstinence can also have serious unintended negative consequences.

(See International Harm Reduction Association website at www.ihra.net)

The Institute of Medicine report, **Clearing the Smoke**, defined a tobacco harm reduction as follows:

A product is harm-reducing if it lowers total tobacco-related mortality and morbidity even though use of the product may involve continued exposure to tobacco-related toxicants. (page2)

As we noted in the foreword to this paper, harm reduction in the broadest sense of the word involves and entails multiple strategies and efforts- including increases on taxes, eliminating smoking in public and work places, enforcing sales to minors laws, restricting marketing and promotion, and cessation - all of which must be aggressively pursued, but none of which provides the 'silver bullet'. **For purposes of this paper, harm reduction focuses primarily on tobacco and tobacco product modification and the use of novel tobacco or tobacco-like products as part of those broader strategies to reduce the incidence of disease and death caused by tobacco use.** Harm reduction gives users more options to consider as they decide what products they wish to use to address their personal health needs and objectives.

Taken together the above principles should serve to enlighten and guide us in discussing harm reduction in a more civil manner than is currently being done. They will provide a clearer context in which to better understand the views and beliefs of those who may agree or disagree over the roles that harm reduction strategies can play in reducing disease and death caused by tobacco use.