



## **EVALUATION OF FASD PREVENTION AND FASD SUPPORT PROGRAMS**

**Philosophy/Theoretical Framework:  
Harm Reduction**

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# Harm reduction

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## **Short definition:**

Harm reducing approaches help people with alcohol and other substance use problems to reduce (not necessarily completely stop) their harmful use of substances and to improve other aspects of their health that are connected to their substance use.

## **Harm reduction-oriented** (adapted from (Canadian Harm Reduction Network, 2018))

Harm-reduction approaches in the substance use field have focused on reducing the harms related to drug use rather than eliminating drug use itself. Harm-reduction programming aims to: help people reduce harmful substance use or to use safely; prevent the spread of infections such as HIV; reduce the risk of drug-related fatalities; and lessen the negative effects drug use may have on individuals and communities including poverty and crime.

For people who do not want to quit the use of alcohol and other substances, or cannot quit, or relapse, harm-reduction programming can help them to use as safely as possible, and effectively prevent HIV and other harms associated with substance use. Harm-reduction programs often provide the first or only link to the health and social care system, thereby opening doors to a broader range of needed treatment services. As such, a pragmatic public health perspective, guides the delivery of harm-reduction oriented services.

A key aspect of harm reduction approaches is user involvement and ‘voice’ in the creation of programs and policies designed to serve them. Drug users are seen as the agents of reducing the harms of their drug use and are empowered to share information and support with each other. Consequently, women-centred harm-reduction services have reduced sex- and gender-based barriers related to pregnancy, children and family, and support systems. As well, First Nations have developed Indigenous Harm Reduction principles that incorporate cultural values of wellness (First Nations Health Authority).

Recently, harm-reduction advocates have suggested broadening the focus of harm reduction beyond preventing substance-related harms and diseases such as HIV, to include addressing social determinants of health (SDOH) related to people’s substance use -- such as housing, income, and experience of violence. These SDOH are central to people’s ability to access services, have voice and improve their health [See for example, 2, 3-5].

A harm reduction-oriented approach can be taken by individual practitioners as well as by whole programs. For example when a service provider supports a pregnant woman who is having difficulty stopping drinking, to reduce her alcohol

use and to take maternal vitamins, the provider is practicing harm reduction. Harm-reduction approaches are evident in services for pregnant women using a wrap-around philosophy [6].

## **Harm reduction approaches - Key Principles and Elements**

The Office of the Provincial Medical Officer in British Columbia has identified the following principles of harm reduction (excerpted with some modifications from Harm Reduction: A British Columbia Community Guide (Government of British Columbia, 2005):

- **HUMAN RIGHTS** – Harm reduction respects the basic human dignity and rights of people who use substances. It accepts the substance user’s decision to use substances as fact and no judgment is made either to condemn or support the use of substances. Harm reduction acknowledges the individual substance user’s right to self-determination and supports informed decision-making in the context of active substance use. Emphasis is placed on personal choice, responsibility and self-management.
- **FOCUS ON HARMS** – The priority is to decrease the negative consequences of substance use to the user and others, rather than decrease substance use itself. While harm reduction emphasizes a change to safer practices and patterns of substance use, it does not rule out the longer-term goal of abstinence.
- **PRAGMATISM** – It acknowledges that, while carrying risks, substance use also provides the user and society with benefits that must be taken into account.
- **MAXIMIZE INTERVENTION OPTIONS** – Harm reduction recognizes that people with substance use problems benefit from a variety of different approaches. There is no one prevention or treatment approach that works reliably for everyone. It is choice and prompt access to a broad range of interventions that helps keep people alive and safe.
- **PRIORITY OF IMMEDIATE GOALS** – Harm reduction establishes a hierarchy of achievable steps that taken one at a time can lead to a fuller, healthier life for substance users and a safer, healthier community. It starts with “where the person is” in their substance use, with the immediate focus on the most pressing needs. Harm reduction is based on the importance of incremental gains that can be built on over time.
- **SUBSTANCE USER INVOLVEMENT** – The active participation of substance users is at the heart of harm reduction. Substance users are seen as the best source of information about their own Substance use and are empowered to join with service providers to determine the best interventions to reduce harm from substance use. Harm reduction recognizes the competency of substance users to make choices and change their lives.

## Potential indicators of harm reduction-oriented practice/programming/policy (TIP):

- ❖ Criteria for service does not exclude program participants who are actively using alcohol and other substances
- ❖ Changes in substance use, not only abstinence and participation in treatment are used as indicators of progress
- ❖ Program participants feel safe to discuss the pros and cons of substance use, and any changes they would like to make in their use
- ❖ Program participants have a legitimate say in all aspects of their services and supports. Choice as to the level and type of change in substance use and related health concerns is honoured
- ❖ Support addresses the stigmatization, blame/shame, guilt, grief, loss, trauma and related harms associated with substance use
- ❖ A range of practical supports are offered in highly accessible ways

## References

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## Harm reduction-oriented practice – Related links

### ***Harm reduction and pregnancy: Community-based approaches to prenatal substance use in Western Canada, 2015***

This resource focuses on harm-reduction approaches and pregnancy including examples of programming and practices across Canada.

[http://bccewh.bc.ca/wp-content/uploads/2015/02/HReduction-and-Preg-Booklet.2015\\_web.pdf](http://bccewh.bc.ca/wp-content/uploads/2015/02/HReduction-and-Preg-Booklet.2015_web.pdf)

### ***Small steps matter: Harm reduction and pregnancy information for service providers, 2015***

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<http://bccewh.bc.ca/wp-content/uploads/2015/09/Harm-Reduction-Poster-Aug-18-2015.pdf>

### ***Improving treatment for First Nations and Inuit women at risk of having a child affected by FASD, 2011***

This is a report on the “Moving Forward” project that fostered virtual discussions on improving response to First Nation’s and Inuit women with alcohol and other substance use issues.

[http://coalescing-vc.org/virtualLearning/section5/documents/MovingForwardprojectreport\\_June2011\\_2.pdf](http://coalescing-vc.org/virtualLearning/section5/documents/MovingForwardprojectreport_June2011_2.pdf)

### ***Indigenous harm reduction principles and practices***

Developed by the First Nations Health Authority in British Columbia, this resource identifies harm reduction principles that incorporate Indigenous values.

<http://www.fnha.ca/wellnessContent/Wellness/FNHA-Indigenous-Harm-Reduction-Principles-and-Practices-Fact-Sheet.pdf>

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For more tools and resources related to evaluating community-based FASD prevention programs for women including pregnant women and recent mothers, supportive intervention programs for adults and older youth with FASD, and FASD programs in Aboriginal communities, please visit: **[www.fasd-evaluation.ca](http://www.fasd-evaluation.ca)**