

HARM REDUCTION IS..

1. **Nothing about us, without us!**

People who use drugs must be meaningfully involved in programme design, planning, implementation, monitoring and evaluation. This includes employment of people who use drugs at all levels of harm reduction service provision at the same pay and under the same conditions as non-users. Harm reduction encourages the establishment of peer led services, network development, documentation of human rights violations, advocacy for rights and the drug law reform.

2. **A people-centred approach**

Building trustful relationships is central to the people-centred harm reduction approach. The essence of the harm reduction philosophy is a non-judgemental and non-prescriptive attitude and honest and open contact. The result is that people who use drugs feel humanised, acknowledged and empowered to make their own choices.

3. **More than making services available**

Services must be accessible, acceptable, affordable and of sufficient quality to ensure that people who use drugs can access their health rights. This means flexible programming, low-threshold policies, peer led services and a holistic approach.

4. **Improving quality of life**

Harm reduction aims to improve the quality of life of people who use drugs. Since a person is more than the substance he uses, attention for other basic needs, such as food, shelter, safety or work should be included in programming.

5. **Not in opposition with prevention and rehabilitation**

Harm reduction can be applied in the entire spectrum of a person's drug use career. There is no one-size-fits all model for this heterogenic population: outcomes of harm reduction programmes are different per individual and range from healthier or more responsible drug use patterns, more self-control, initiation to OST or abstinence. Harm reduction messages are integrated in primary prevention and in detox and rehabilitation services.

6. **Understanding drug use in its social context**

Harm reduction understands that drug use is inherently a social phenomenon and that most of the harms related to drug use are either caused, or made considerably worse, by the social risk environment in which it occurs. Harm reduction programmes involve and benefit family, the community, authorities, the medical community, politicians and local and national policy makers through advocacy. Different local and cultural realities mean that harm reduction programmes need to be adjusted to social realities and are most effective when tailor-made to the local context.

7. **Recognising that drug use is not a crime!**

Harm reduction stands for decriminalisation of drug use. It opposes both the use of criminal sanctions for drug use as well as compulsory or mandatory drug 'treatment'. Harm reduction programmes fill the gap in knowledge of individuals and communities concerning drug usage.

8. **A human rights approach**

Regardless of how you explain drug dependence or drug use; the individual user is entitled to have all human rights fulfilled and to access legal aid. This inherently means a life free of stigma and discrimination. Criminalisation, stigma, discrimination, and marginalisation do more harm to people who use drugs than drug use itself does! Both critical enablers and disenablers need to be addressed in advocacy efforts around harm reduction.

9. **Open to all people who use drugs**

Harm reduction includes health risks associated with smoking, snorting, and swallowing different types of drugs. Aside from safer drug use, harm reduction addresses high-risk sexual behaviour associated with drug use and sexual and reproductive health rights. Harm reduction seeks to address the additional barriers to realising health and to accessing health services that young people and women who use drugs face.

10. **An evidence-based and holistic approach**

A large body of evidence shows that harm reduction is effective in reducing the transmission of infectious diseases and that it benefits societies as a whole.

Effective harm reduction programming includes legal aid, access to justice programmes, psychosocial support, family and partner involvement, fulfilment of basic needs, shelter and safe-zones (e.g. drug consumption rooms), creating livelihood opportunities and full inclusion into the society.

