Jeremy Devine: Harm reduction programs like safe injection sites don’t beat addiction. They just sustain it

Jeremy Devine, National Post
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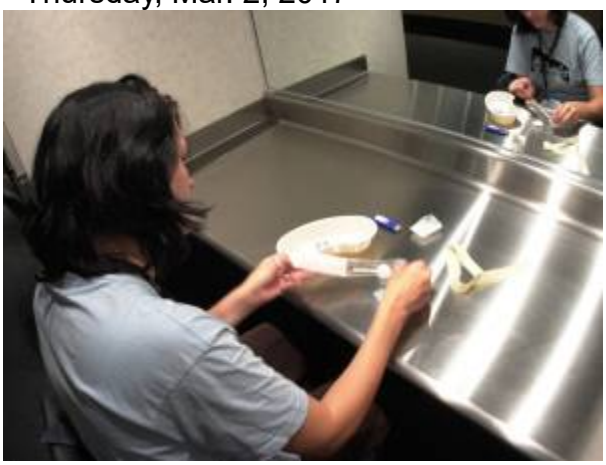

A woman prepares to inject herself with drugs at Insite in Vancouver. Ontario opted not to follow B.C.’s lead on harm reduction, rejecting the idea of creating safe injection sites similar to the one in Vancouver. Postmedia News files

In December, the Liberal government introduced Bill C-37 in response to an epidemic of illicit drug use. The bill facilitates the creation of additional supervised injection sites by reducing previously established restrictions.

The decision to promote supervised injection sites is in line with the latest philosophy guiding addiction management — that of harm reduction. Proponents claim harm-reduction institutions will save lives while averting hundreds of thousands in medical and criminal-legal expenses.

Much in the harm-reduction philosophy is laudable — the desire to destigmatize and protect those with severe illnesses for one — but the field is slipping into dangerous, almost Brave-New-World territory.

In Toronto and Ottawa, supposedly inveterate alcoholics receive calculated amounts of alcohol hourly throughout the day at designated wet shelters and managed alcohol programs. Residents line up on the hour to receive just enough house-made wine to keep withdrawal

symptoms at bay. Some drink almost three bottles of wine daily with little to do in between scheduled drinks.

The Canadian Press/HO-ANKORSAn ANKORS harm reduction tent is seen in this undated handout photo.

Vancouver, which was Canada's first city to establish a safe injection site in 2003, has now progressed to experimenting with "heroin-assisted treatment" as a means of further protecting addicts from the harms of tainted street drugs. Participants receive pharmaceutical-grade heroin injections two to three times daily. Recently, in place of heroin, the more innocuous-sounding but no less potent opiate, hydromorphone, is being administered instead.

Is their drug use no longer a problem because they're off the street? And where exactly do the patients go from here?

Most lay supporters of harm-reduction policy assume a gradual attempt is made to wean the addict off the substance of abuse. Proponents claim

that harm reduction isn't about "giving up" on the addict but is actually a temporary stepping stone towards the ultimate goal of recovery.

But the reality is different.

Dr. Jeffrey Turnbull, who established Ottawa's managed alcohol program, offers a more sober portrayal of the goals of harm reduction. In a Fifth Estate documentary, he compares his program for those with chronic and severe addictions to palliative care. He agrees his facility is a place for alcoholics to "die with dignity" as opposed to dying on the streets. One resident featured in the episode had been using the program's services for four years; he was only 24 when he first entered the managed alcohol program.

No doubt, the medical community is frustrated by the high failure rates associated with abstinence-based treatment programs but the criteria for determining when an addict now warrants a harm-reduction approach is unclear. Addiction does not follow a linear natural history akin to metastatic cancer; rather, there exists a variable trajectory and the possibility for recovery is always there.

However, Turnbull's admission points to an uncomfortable belief underlying the harm-reduction philosophy — the view that some addicts are without hope of ever leading a full, productive life free of drug use.

It may be true that, for some, the best we can do is safe, controlled sedation. But the medical community and society should not be so quick to condemn many others to the compromised mental prison that is the life of the addict.

Proponents argue that harm reduction and abstinence are not mutually exclusive, and some even suggest that harm-reduction institutions actually improve recovery rates. But this is a fiction and is without evidence.

Harm-reduction researchers have conveniently neglected to investigate any potentially negative findings of their policies. Their studies focus exclusively on the obvious benefits such as decreased overdose deaths, cost savings, and so-called "treatment retention." That addicts will remain "in treatment" longer when freely administered their drug of

choice is not surprising, but that this is in their best interests is highly questionable.

Politicians insist supervised injection sites and managed substance programs are effective “evidence-based” interventions, but these assertions are problematic when the evidence only tells half the story.

Canada is quickly moving towards an addiction defeatist infrastructure. Toronto, Montreal, Ottawa and Victoria are all following Vancouver’s lead in constructing further supervised injection sites. Widespread creation of managed substance programs is the next logical step of the harm-reduction approach. Unless vigilance is exercised, we risk relegating addicts to a half-conscious state whereby life is maintained but not really lived.

It is both tragic and ironic that the activist responsible for implementing widespread harm reduction policies in Toronto, Raffi Balian, recently died from an accidental overdose while attending a harm-reduction conference in Vancouver. His death highlights the inadequacy of half measures when dealing with the insidious and powerful disease that is addiction.

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