The BC Centre for Disease Control (BCCDC) believes that harm reduction is essential to preventing and reducing the undue health, social, cultural and economic harms of substance use.

- Harm reduction involves a range of services and strategies to empower and support people to be safer and healthier.
- Harm reduction advances the health and human rights of people who use substances.
- Harm reduction is evidence-informed and has benefits for individuals, families and communities.
- Many of the harms of substance use are associated with the stigma, discrimination and criminalization of people who use substances (e.g. through norms and policy).
- Harm reduction, including decriminalization and regulation of drugs, reduces barriers to accessing health care for people who use substances.
- To address ongoing effects of colonization we need to respect and address Indigenous peoples unique health needs including those related to substance use.

Background

The BCCDC recognizes that harm reduction is an integral component of the health promotion and illness prevention, treatment and care continuum. Harm reduction has strong evidence-informed foundations supported by global efforts to end stigma and harm to people who use substances rather than being based in personal beliefs, ideologies, and/or misconceptions. Substances in this context may include, but are not limited to, illicit drugs, alcohol, cannabis, and prescription medication.

BCCDC Harm Reduction Services actively works towards reducing stigma and discrimination towards people who use substances, and aims to advance health policy through generating evidence. Programs, services and policies should be evidence-based, cost-effective, and be adaptable to meet local needs. People with lived experience are recognized as experts of their needs, and the BCCDC aims to provide options and relevant services that meet people where they are. It is crucial to have ongoing and active engagement of people with lived experience to inform programs, services and policies so they are meaningful and effective.

Harm reduction includes programs and services that focus on preventing harms from activities that have risks. It is also a mindset or a way of being based on the core principle that every person should be treated with dignity, respect and compassion, regardless of their circumstance. Substance use is a health issue and unique to the individual.

Harm reduction is needed as the foundation across the continuum of substance use care and for promoting the wellbeing of people who use substances, families, and communities. Although it is most commonly used to develop programs and policies related to substance use, harm reduction can be applied to many activities. We use strategies every day to reduce harms associated with our activities (e.g. using seatbelts and helmets to reduce injuries).

Examples of harm reduction in British Columbia include:

- Needle distribution and safe disposal programs, overdose prevention, response training and supervised consumption services that reduce harms associated with substance use, promote safe use and reduce opioid overdose deaths.
- Evidence-based education to inform people about risks and benefits of using different substances. For example, cannabis may be used to treat nausea and pain, but some people may experience negative side effects, including anxiety and impaired decision-making.
- Peer-to-peer support programs facilitated and attended by people with lived experience of substance use.
- A range of treatment options that help people reduce substance use-related harms. Treatment options may include stopping or reducing substance use, or switching to substances and medications that are less harmful.
- Strengths-based and culturally-based healing options for Indigenous peoples (e.g. connection to Elders, cultural workers, and knowledge keepers).

BCCDC Harm Reduction Services oversees provincial strategies and supply services in collaboration with regional health authorities. Funding for harm reduction supplies and the naloxone program is provided by the Ministry of Health.