

Harm Reduction & Medical Practice

Harm reduction programs are aimed at reducing identified biopsychosocial harms and producing wellness in various domains. The priority in drug and alcohol addiction is not abstinence but rather the minimization of negative consequences of substance use. The practice of medicine is a form of harm reduction based on science, ethics and traditions passed on by generations of physicians.

Dietary promotion, lowered speed limits, and methadone maintenance therapy programs (MMTPs) are all examples of harm reduction. Harm reduction programs and medical practice usually combine to improve quality of life. As harm reduction programs are focused on decreasing societal harms rather than medically treating the individual, physicians using this method

should be aware they may never “cure” the patient and there may be additional side-effects that affect the patient’s health. For instance, while the goal of immunization programs is to decrease the prevalence of infectious diseases, they may harm individual patients who are allergic to the administered antigen.

MMTPs have been reliably and consistently demonstrated to reduce illicit opioid use, morbidity, unemployment rates and crime, HIV sero-prevalence and risk behaviour, and deaths from drug overdoses. Retention in drug treatment is closely linked to satisfactory outcome. These proven results should encourage all physicians to be aware of available MMTPs and to refer their opioid dependent patients to them.

It is important that treatment provided to MMTP patients is equitable and consistent

with community standards, and adheres to certain principles such as the importance of patient autonomy, informed consent, and a positive benefit-to-risk ratio.

The disease of Opioid Addiction often limits the desire of society to provide any treatment whatsoever, yet it is a disease that has been shown to be eminently treatable with Methadone Maintenance Therapy. MMTPs can be a source of advocacy and support for many undertreated and disenfranchised patients.

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