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Revisiting Harm Reduction Strategy: Is Harm Reduction Harmful?

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The concept of meeting people where they are in the context of Christianity refers to the idea that Christians should approach others and their situation with empathy, understanding, respect, and care, recognizing that everyone has unique experiences, perspectives, and struggles. Jesus interacted with people, meeting them where they were with compassion and love regardless of their circumstances or background. This approach has been a guiding principle for Christianity, known as incarnational ministry.

The incarnation of Christ, a central tenet of Christian theology, in its proper context, refers to the fact that Jesus Christ, the Son of God, came to earth as a human being to live among us, teach us, and ultimately sacrifice himself to deliver us from our sins. Together, the concepts of meeting people where they are and the incarnation of Christ remind Christians to approach others with humility, kindness, and a desire to understand and connect with them, just as Jesus did during his time on earth. Christians can positively influence the world around them by using this strategy to spread the good news of God's love and salvation to others.

The question is, How would a Christian provider employ the principle of incarnation regarding the harm reduction approach in dealing with people with substance use disorder (SUD)? I seek to offer a concise explanation of how the harm reduction approach helps SUD patients, whether the harm reduction strategy is comparable with the incarnational ministry of the church, and then provide a workable solution to provide the most beneficial care to the patient.

Meeting People Where They Are…

Harm reduction engages people with substance use disorder (SUD) to prevent overdose. The goal is to provide low-barrier access to treatments, reduce the spread of infectious diseases, and enhance the physical, mental, and social wellbeing of the population being served. The harm reduction strategy integrates an array of approaches for tending to a population with SUD through prevention, treatment, and recovery, where it begins with meeting people where they are by individuals with SUD setting their own goals.[1]

According to Eric Single, harm reduction tries to lessen the negative effects of drug usage among people who still use drugs. It was born out of a zero-tolerance approach's excesses. Practical rather than idealistic objectives are prioritized in harm reduction.[2] When treating substance use and other high-risk behaviors, harm reduction focuses on minimizing the negative effects of these behaviors rather than attempting to eradicate them completely. It is a concept of public health designed to lessen the harm brought on by drug use and other risky behaviors. The goal of harm reduction is to meet people where they are in order to reduce the harm that results from their actions while also acknowledging that people may continue to engage in dangerous behaviors despite the possible negative repercussions. Providing overdose prevention drugs like naloxone, providing needle exchange programs for intravenous drug users, and giving testing and teaching for safer sex practices are some examples of widespread harm reduction tactics. Harm reduction aims to lessen the harm and unfavorable effects of substance use and other risky behaviors while respecting the autonomy and dignity of those who engage in those behaviors. It has been demonstrated that this strategy works well in preventing infectious disease transmission, lowering overdose fatalities, and enhancing people's and communities' general health and wellbeing.

The harm reduction strategy assumes and overlooks two aspects of the abstinence approach with the notion that it fosters a revolving-door mentality and deters clients from seeking therapy.[3] First, proponents of harm reduction purposefully leave out supply-reduction and abstinence-focused treatment approaches that could be usefully incorporated under a harm reduction umbrella (e.g., abstinence-orientated detoxification programs, cautions for first offenders, custody diversion, and court diversion schemes). Second, these approaches might not be as appropriate for nicotine because, while there are specific techniques to lessen the harm caused by tobacco use (such as using nicotine-impregnated gum to cut down on cigarette use), most tobacco strategies focus on quitting rather than on reducing use.[4]

It is crucial to stress that these approaches are more of a bandage than a durable solution to the problem of drug usage or addiction. Furthermore, these programs are debatable and could not be accessible everywhere, leaving people not included in them at the mercy of their compulsive behaviors. Whether it is called disparity, disadvantage, or discrimination, the fact is that there is limited access to the provisional measure.

…But Not Leaving Them There

The harm reduction approach meets people where they are by including those living with SUD in shared decision-making regarding goal setting and treatment options. Ming-sum