

## What is harm reduction?

Harm reduction is a set of practices, policies, and ideas that reduce physical, mental, societal, and legal harm to drug users.

## Examples of harm reduction include:

- Distributing naloxone to drug users and laypeople alike and teaching them how to respond to opioid overdose.
- Providing free, clean syringes to injection drug users to reduce the spread of blood-borne diseases like HIV and Hepatitis C, both of which are particular problems in rural Tennessee (1).
- Tobacco users (both smokers and dippers) adopting vaping to reduce the risks of cancer, emphysema, tooth loss, gum disease, heart problems, etc.
- Allowing general practitioners to prescribe opioid replacements like methadone and Suboxone (buprenorphine). Currently, there are no methadone programs and only one buprenorphine prescriber in Weakley County, making it difficult for opioid users to find safe alternatives to heroin, prescription opioids, and other opioids (2).
- Encouraging courts of law to stop prosecuting drug users and treating substance use disorder as a mental health issue.
- Reading this brochure and simply learning about what harm reduction is.

## Why should you care about harm reduction?

Did you grow up with someone whose life has been harmed or even completely ruined by drug use?

What about a family member? Coworker? Friend? How about your neighbors or other community members?

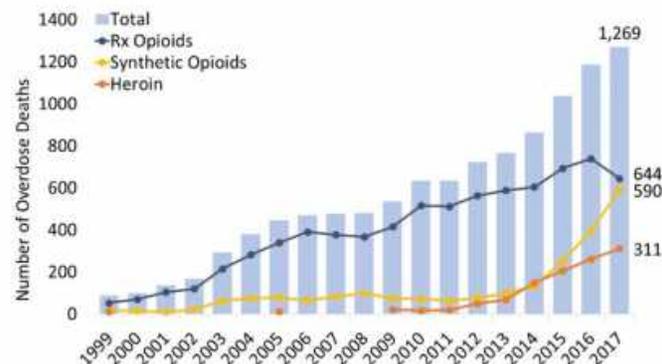
We all know drug users, though most people use drugs responsibly.

In most of our experiences, we know all too well that “just saying no” to drugs doesn’t work!

Harm reduction is an alternative to drug use prevention. It’d be nice if we all avoided drugs, but that simply isn’t how life works.

Also, know that there *are* serious problems with long-term drug use. Harm reduction realizes and accepts these problems.

If nothing else, just look at the chart below. Do we want Tennesseans to keep dying from the opioid epidemic? (3)



## Things you can do now:

- **Read and share this brochure.** Even though just *reading* something might not seem like you’re helping out, education is the first step in helping improve outcomes for people who suffer from substance use disorder. Thank you for reading this brochure.
- **Stop differentiating between tobacco, alcohol, coffee and illegal drugs — they’re all drugs.** Cannabis, including low-THC, high-CBD hemp, coffee, tobacco, alcohol, prescription opioids for chronic pain, prescription stimulants for ADHD, cocaine, heroin, and meth are all drugs. If they change the way you feel, they’re drugs.
- **Encourage employers to stop using drug screens as a condition of employment.** People who use illegal drugs struggle to find work because of this. Testing positive for drugs or their metabolites *does not* mean those employees are incapable of working. When drug users are unable to find work, they’re more likely to steal, seek out welfare or food stamps to exchange them for drugs, or otherwise engage in behavior that hurts all of us. Give drug users a chance to work, too!
- **Talk about harm reduction with others.**
- **Direct active drug users to resources that can help them,** some of which are listed on my website.
- **Contact me to discuss what we can do from here.** My email is [danpgarr@ut.utm.edu](mailto:danpgarr@ut.utm.edu) and my website is [NorthwestTennesseeHarmReduction.home.blog](http://NorthwestTennesseeHarmReduction.home.blog)

## Who made this brochure and why are you receiving it?

My name is Daniel Garrett. I was born and raised in Southern Middle Tennessee, but have lived here in Martin since mid-2014. I graduated from UT Martin in May 2017. I grew up around drugs and have suffered from long-term substance use disorder myself.

I have seen countless people hurt by drugs. My mom died from lifelong substance use. One of my closest friends from high school has spent most of his adult life in prison due to his drug use.

These things aren't specific to me — all of us know people who fit into these categories.

There are no government agencies or non-profit organizations here in Northwest Tennessee that practice harm reduction.

In order to help out both drug users themselves and their friends and family members, I'm doing what I can to educate my fellow Northwest Tennesseans about harm reduction.

This includes things like composing this brochure, paying for it, distributing it, operating a website dedicated to harm reduction and the challenges drug users face here in Northwest Tennessee, attend conferences about drug policy reform and harm reduction, etc.

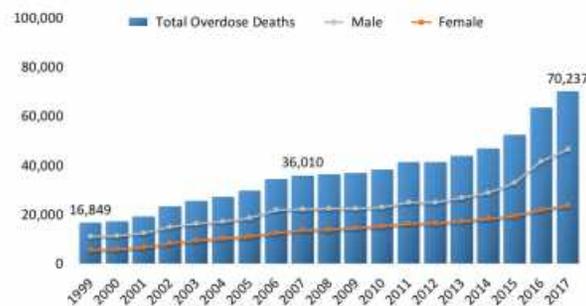
I both paid for and created this brochure. I am affiliated with no government agencies or non-profit organizations.

## Evidence for harm reduction

1. Injection drug users who have access to syringe exchanges or syringe service programs are five (5) times more likely to seek treatment for their drug use and three-and-a-half (3.5) times more likely to stop injection drug use altogether. From the CDC's "Syringe Service Programs (SSPs) Fact Sheet," found at <https://www.cdc.gov/ssp/syringe-services-programs-factsheet.html>.
2. The only two methadone programs in Northwest Tennessee are in Paris and Dyer. Because enrollees have to visit every day, it's difficult for opioid users to attend them.
3. Taken from <https://www.drugabuse.gov/opioid-summaries-by-state/tennessee-opioid-summary>.
4. The chart below shows the increase in drug overdose deaths in the U.S. from 1999 to 2017, taken from <https://www.drugabuse.gov/related-topics/trends-statistics/overdose-death-rates>.

# All About Harm Reduction

Figure 1. National Drug Overdose Deaths Number Among All Ages, by Gender, 1999-2017



Source: Centers for Disease Control and Prevention, National Center for Health Statistics, Multiple Cause of Death 1999-2017 on CDC WONDER Online Database, released December, 2018.