



## **Nellie's Position on Harm Reduction**

### **Principles**

Nellie's views Harm Reduction as a spectrum of strategies that reduce the negative health, social and economic consequences of drug use for women, families and communities. It does not focus on abstinence as an ideal goal, but rather on safe use for both the user and the broader community. While drug use may have negative health consequences, it is the conditions and equipment used that cause far more damage to a user's and to a community's health and well-being.

We understand women's experience of violence and exploitation as a factor in women's drug use. Historically, drugs and the conditions surrounding drug use have been used as a tool of colonization, in particular against Aboriginal and African communities. Still today, poverty, classism, racism, social isolation, sex and gender based discrimination, past trauma and other forms of oppression affect drug use as well as the degree to which a woman can access treatment or harm reduction programs and services. Women drug users have less access to safe, affordable housing, income, employment and educational training, medical care and safe shelter.

Legal and illegal drug use is a global and local reality. Nellie's recognizes this and supports the decriminalization of drugs, minimizing the harmful effects of drug use rather than condemning it or working towards the elimination of illegal drugs. Furthermore, harm reduction is more feasible than attempting to eliminate drugs completely. An emphasis on the creation of a "drug free society" in fact increases drug related harm by making it challenging, if not impossible, to access safe substances and paraphernalia.

Drug use is complex and can include, often at different periods in a woman's life, periods of severe use to periods of total abstinence. Nellie's believes that the cessation of all drug use is not a criteria for successful drug intervention and policy. Rather, success is determined by an enhanced quality of individual and community life and well-being.

Current drug policies exacerbate the impact that long term drug use may have on a user's family, housing, employment and health. Illegal drug users have traditionally been defined as either medical patients or criminals, rather than community and family members. There is an interrelation between punishment for illegal drug use and gender, race and economic status. The majority of women prosecuted for using illegal substances are low income and of color, despite the fact that rates of illegal drug use is similar across race and class lines.

There is a lack of gender based treatment programs for women who choose them. As well, there is a striking absence of research regarding the unique experience of women drug users and women and harm reduction services. This invisibility reveals the sexism inherent in addictions services and research.

Women who use illegal substances are excluded from society and are subjected to stereotypes and moral judgments. Racialized women who are also drug users face increased discrimination, stigma and exclusion based on drug use as well as on race and gender.

We understand that women drug users live in constant fear that their children will be apprehended by a range of services intended to support them. Often, children of women drug users are apprehended not because of the quality of a woman's parenting, but because of



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stereotypes about drug users, discriminatory attitudes and moral judgements about drug use and parenting without a risk assessment provision of parenting supports and/or alternatives. For children, the trauma of separation has negative impacts. Nellie's agrees with a coordinated approach to support mothers who use drugs to continue to parent their children to avoid trauma.

It is imperative that services and programs are delivered to those who use in a manner that is non-judgmental and non-coercive and in a feminist, anti-racist anti-oppression framework. Women who currently use or who have a history of drug use should have a genuine voice in the creation and delivery of programs and services designed to serve them. We believe that all women are valued members of society and have the right to full participation in society. The punitive nature of drug laws denies the rights of women and communities.

### **Position**

Nellie's analysis and framework is shaped by a feminist, anti-racist, anti-oppression approach, which means we understand society as being fundamentally based on patriarchal social relations as well as by racism and multiple other forms of oppression on the basis of class, age, sexual orientation, disability, gender identification, color, place of origin, ethnic origin, citizenship, religion, political affiliation, record of offences, marital status, family status, life experiences and appearance. Our analysis also highlights the complexity of dominant power relations, including the ways these multiple forms of oppression work together to create differential impacts and diverse needs and issues for different groups of women.

Systemic racism, discrimination, and oppression based on race, class, sexual orientation, gender identification, age, and ability must be addressed as part of an integrated approach to addressing women, drug use and harm reduction.

There has never been a society that has been drug-free. Our society legitimizes some drug use, such as alcohol and tobacco, but demonizes others, such as crack and heroin. At different points in history, some drugs, such as cocaine, have been deemed acceptable, while others, such as alcohol, unacceptable. This validates those who use legal drugs and criminalizes those who use illegal ones differentially. While we do not attempt to minimize or ignore the real and tragic harm associated with any drug use, we believe women have the right to use safely. The harm that drugs may cause should be reduced, but benefits should also be recognized and maximized. Further, some drugs, such as marijuana, are less harmful than others and even have medicinal benefits, whereas a drug such as alcohol is far more dangerous yet is socially and legally sanctioned. Drug programs should be focused on the relative harmfulness of drugs, legal and illegal, to society.

Women who use illegal drugs or those who are considering using have a right to unbiased, non-judgmental, reliable information about the substances they are using or contemplating using. Women who use have a right to access shelters that allow for use and do not demand abstinence.

There are benefits to drug use, however there may also be negative consequences as a result of using illicit drugs. Some of these consequences may be attributable to the effects of the drug itself on the body and mind. More often, however, drug related harm is the result of the social, economic, legal, cultural and political factors that shape the way illegal drugs are made available, and the conditions under which they are used. Punitive laws, social policies and the



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intense social stigmatization of and discrimination against illicit drug users help create unsafe conditions. The health and social consequences resulting from women being forced to use in unsafe environments, use dirty water, share needles, use makeshift pipes, or an inability to be confident in the purity of their substance are far more damaging than drug use itself. HIV, Hepatitis, overdose, etc. are a result of unsafe use and conditions rather than from drug use itself. The exclusion of women drug users nurtures alienation, isolation, low self-confidence and self-esteem, dependence, fear and anger.

Drug treatment and prevention policy is rooted in criminal law and incarceration, however this approach helps few women drug users. Women drug users and their communities are criminalized as a result of current drug control measures. Women and communities, particularly those of color and the First Nations community, are greatly impacted by arrest and incarceration resulting from these measures, but also by the related issues of infectious disease, poor housing, unemployment, violence and poverty. The decriminalization of drugs would help ensure access to safe paraphernalia and substances that have been tested for purity or harmful additives.

Where there is an interrelation between drug use and sex work, women have the right to harm reduction services that recognize sex trade as a form of work. Without harm reduction services for sex workers, women have less control over their working environment and are more vulnerable. Sex trade workers are often forced by the threat of violence to accept unprotected sex and unsafe working conditions, which is especially significant where sex and drugs are "traded". Harm reduction services that are geared specifically for sex trade workers increase the power of sex trade workers who use drugs and enable them to be less susceptible to violence.

There is a clear interrelation between drug policy and reproductive rights. The dislike, distrust and moral judgement of illegal drug users increases when the illegal drug user is a pregnant woman, however punitive approaches ultimately undermine the health and well-being of a woman and her fetus. The threat of criminal prosecution deter women from seeking prenatal care, and discourage women from communicating their drug use to health care professionals who need the information in order to provide appropriate medical care. The primary reason pregnant women drug users do not seek prenatal care is fear of being turned in to authorities and ultimately losing their children. While we agree that pregnant women should engage in activities that promote the birth of healthy children, we view a woman's substance use as a reflection of complex factors, such as poverty, violence and homelessness, which are best addressed in a public health context rather than in a criminal one that is rooted in moral judgement.

Current drug policies and laws are based on oppressive moral assumptions about women which has resulted in the incarceration of women users and the naming of pregnant women under Mental Health legislation as a "danger to self or others". Children of women who use drugs can be apprehended because of even a single positive drug test, however substance use is not evidence that a woman will mistreat her child after birth or is unable to parent. Poor and racialized women are particularly vulnerable to losing their children, even though white women of all socio-economic groups use illegal drugs at the same rates of women of color. While children should be protected from a mother who is unable to parent, a positive drug test should not be used as an evaluation of parenting ability. Drug use does not provide a basis to presume parental neglect. It is true that some children exposed prenatally to some illegal drugs do experience some adverse short or long term health consequences; these consequences are



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similar to infants whose mothers lacked access to quality prenatal care and adequate nutrition or smoked or drank while pregnant. Harm reduction services recognize the vital need for prenatal care and counseling for past trauma for all pregnant women and provide it in a non-judgmental context.

Harm reduction services such as safe injection rooms reduce the mortality rates and costs associated with drug overdoses, reduce diseases such as HIV, Hepatitis B and Hepatitis C, enhance access for women who inject drugs to drug treatment, health and social welfare services, reduce the public problems associated with drug use such as using in parks, streets and other public places, and discarded needle syringes and other injecting paraphernalia. Safe injection rooms should be legally sanctioned and classified as medical establishments to provide legal protection to clients and staff. Facilities should provide sterile equipment, information about drugs and health care, treatment referrals, access to medical staff and counseling.

### **Strategies for Change**

Board, staff and clients in service will be active in the strategies for change. The work will be based on our organization's mission and informed by the work we do with women and children in our programs and services.

We will work with other women's groups in coalition and partnership at the Municipal, Provincial and Federal level to address the issues of women and harm reduction.

We will maintain membership in women's organizations and other organizations that support harm reduction services.

We will maintain membership in children's justice organizations that support equality and harm reduction programs and services for women.

We will work across sectors in the areas of community education and advocacy to change the social and economic conditions that contribute to drug related harm.

We will ensure that in all the harm reduction work in which we are involved, we bring to the discussion a feminist, anti-racist, anti-oppression framework for action. In addition, we will remain actively involved in anti-racist, anti-oppression work.

We will actively lobby the Municipal, Provincial and Federal governments to provide proper funding for harm reduction programs and services.

The methods we will use to effect social change may include participation in coalitions, public education and media campaigns, and direct political action such as participation in protests and rallies, deputations, complaints and refusal to participate in oppressive government programs.



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We will respond with programs and services that meet the needs of the diverse group of women and children who have experienced poverty, violence and oppression. Programs and services that address the needs of women and strengthen their economic, social and health position will enable them to protect and support themselves and their children.

We will continue to identify the changing realities and oppression in all systems and laws through inclusive consultation with the women and children we serve, to identify the areas where they are failing women and children, and to advocate for changes that will serve the goal of ending drug related harm in the lives of women and children.

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