Harm reduction is about providing safety for patients

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After what could be called a masterclass in how to provide medical care to marginalized people with respect — and without judgment — a room full of doctors rose to their feet in applause. This was likely a welcome sound to Dr. Christy Sutherland, who has had a rough couple of years.

doses. This year, there may be as many as 1500, perhaps more.

“This is the most dangerous time to use drugs in history in BC,” said Sutherland. “The thing to remember is that all of these deaths are preventable.”

To help people suffering with addictions, health care workers must make them

drugs and that is unlikely to change. It is better for medicine to focus on the harms of drug use, rather than the drugs themselves, she said. And a vital part of reducing those harms is getting drug users involved in their own care, added Sutherland.

“Every program that we make, every committee that I’m on, every policy that I write, I have drug users involved in every step along the way.”

Most types of harm reduction, after all, were invented by people who use drugs. They are the ones who have always strived to keep each other safe, said Sutherland. They already supervise each other while injecting. Medicine merely stole the idea and added nurses and clean needles, said Sutherland. But injecting health care into these types of situations, if done improperly, can have negative consequences, she warned.

“Sometimes, when you surround an idea with medicine, you create a barrier and can lose the vulnerable people who created that intervention in the first place.”

Many myths about harm reduction remain, lamented Sutherland. Some people still suggest that it encourages drug use, that it drains resources from prevention services, that it is merely a Trojan horse for decriminalizing drugs. There is still debate about whether people who use drugs even deserve to feel safe, she said. To help dispel the myths and improve care for these vulnerable individuals, the medical profession must be active, rather than passive, suggested Sutherland.

“As physicians, we need to connect ourselves to harm reduction services. We need to go to places where we know drug users are, and find community groups and say, ‘What do you need from medicine to help you?’”

Roger Collier, *CMAJ*

The medical profession must make marginalized people feel welcome and safe, urged Dr. Christy Sutherland.

“I think I will remember 2016 for the rest of my life, because it was quite terrible as a clinician,” Sutherland said during her presentation on harm reduction at the annual general council of the Canadian Medical Association (CMA) in Quebec City.

Unfortunately, it appears that 2017 will be far worse.

Sutherland is the medical director of the Portland Hotel Society in British Columbia, which runs Insite, the supervised injection site in Vancouver’s Downtown Eastside. She is a family doctor and addiction medicine specialist. Last year in BC, there were 967 deaths from drug over-

feel welcome, said Sutherland. Harm reduction is about providing a sense of safety to people who need it the most. Everyone deserves to feel safe, she said. It doesn’t matter if you have poor hygiene, or are homeless, or use drugs, or work in the sex trade.

“We have pushed them away from medicine, often by treating them so poorly,” said Sutherland. “Making people uncomfortable does not decrease drug use. If it did, we would not have a Downtown Eastside.”

Nor is it productive simply to tell a person with an addiction to stop using drugs, said Sutherland. Humans have always used