Asking people to wrap rubber around the end of a crack pipe to prevent the spread of the hepatitis C virus (HCV) through burnt lips doesn’t always go over well—especially when audience members include substance abuse counselors.

Working in public health, I regularly teach about hep C and harm reduction at treatment centers and incarceration facilities. I frequently hear off-base comments such as, “She said it’s OK to smoke crack, as long as I use a spark plug cover.” I sigh.

Whether or how people smoke crack is their business and I don’t interfere, but I do teach about how harm reduction strategies in disease prevention can bring hope to people who have essentially been told that their health is not worth protecting unless they stop using drugs completely.

Harm reduction is a set of practical, evidence-based strategies to reduce the consequences of risky behavior, such as drug use or unprotected sex. To many people, it means an atmosphere of non-judgment, a tenet that says, “Hey, if you’re ready to stop drugs, I’ll help you. If you’re not, I’ll still help you make small steps to improve your health.”

Abstinence is a form of harm reduction, but not everyone is able to abstain for many reasons, which include lack of insurance, no money or simply a person is not ready to stop. Harm reduction also is reduced drug use, managed drug use, or any act that makes someone a little bit safer while they are still using. Harm reduction is using a seat belt if you drive, wearing a condom if you have sex, and even using...
clean needles and works if you shoot up.

For people living with hep C or at risk for acquiring it, harm reduction techniques offer ways to lower the rates of viral transmission. For example, most people know that HCV can spread through sharing syringes with someone who has it, but there are several ways to use harm reduction to reduce risk.

We can stop using drugs (or getting non-professional tattoos or piercings). Or we can stop sharing needles. We can rinse out a needle with bleach and water before sharing. It’s also important to be aware that HCV can spread not only through syringes, but also through sharing spoons (for mixing drugs), cotton, water, tie-offs, vinegar, bottle caps, or any other equipment used for injecting drugs.

Hep C also can spread through burnt or blistered lips from a hot crack pipe, if that pipe is shared with someone who has the virus. To reduce risk, we can stop smoking crack. Or we can keep our pipe to ourselves. Or we can cover the end with a rubber spark plug cover or electrical tape to keep our lips from burning. The choice is up to the individual and his or her unique situation and readiness.

People living with hep C can use harm reduction to improve their health outcomes, too. For example, we know it’s not a good idea to drink alcohol if we have HCV because of it affects the liver. But if we continue to drink, we should try to drink one glass of water in between every alcoholic beverage to dilute the alcohol. Exercise, healthy diet, and positive thinking are also effective forms of harm reduction for people living with hep C.

Harm reduction is not without controversy. Opponents of the practice argue that by taking a non-judgmental approach to drug use or other behaviors, harm reduction encourages these risks. While this argument has many followers, research refutes it.

Harm reduction strategies, particularly syringe exchange programs, have been studied exhaustively around the world, and studies conclude that encouraging someone to use a clean needle to prevent HCV or HIV does not encourage drug use. However, taking syringes away from people or making them harder to get increases the incidence of needle sharing and, consequently, infections and viral transmission.

Harm reduction will likely continue to face some controversy in the years to come, and I’ll probably hear people at disease prevention trainings twist my message for time immortal. But that’s no reason to give up the fight or stop spreading the message that harm reduction works.

Syringe exchange programs are proven to reduce hep C among injection drug users and other techniques have also improved health outcomes for people whether they use drugs or not. And I know that for every one person who misinterprets harm reduction during my presentations, there are many more who are grateful for a message that combines hope with practical, scientific strategies in disease prevention. I know because they thank me for it.

Go to nchrc.org for more information on harm reduction and hep C.

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