



Quit or Die? There's a Better Way

Public health has traditionally focused on abstinence as the main strategy to reduce harm from substance use. While this approach may be well-intentioned, it often falls short of addressing the real-life challenges people face. Shifting the focus to risk reduction offers a more realistic, compassionate, and effective path forward.

Abstinence-only strategies assume that people can and will stop harmful behaviors entirely. However, for many, this goal is simply not achievable and unrealistic. When individuals struggle to meet strict abstinence standards, they are often excluded, stigmatized, or penalized rather than offered practical solutions and support. These models can unintentionally cause more harm by ignoring valuable tools that reduce risk and improve health outcomes. In addition, abstinence-only thinking tends to reject innovation. This limits the tools available to public health professionals and keeps people trapped in cycles of harm.

Risk reduction accepts that while eliminating risk is ideal, reducing harm is a practical and meaningful goal. This model is based on evidence and has already delivered results in many areas, including HIV prevention, opioid treatment, and tobacco control. For example, smoking rates in the United Kingdom have fallen to historic lows thanks to the widespread availability of safer nicotine alternatives.

Unlike abstinence-only strategies, risk reduction respects the individual. It gives people the information and support they need to make choices that suit their lives and unique circumstances. Public health, in this model, becomes a guide and partner rather than a strict authority. This approach builds trust and encourages long-term, positive change.

To remain effective, public health must evolve. Moving beyond the outdated choice of total abstinence opens the door to better outcomes. Public messaging should reflect this shift. Instead of saying "quit or die," it should offer hope and options, such as "switch and survive." Harm reduction tools should be made part of standard public health practice. At the same time, continued investment in prevention and treatment is essential.

Good policy requires inclusive decision-making. This means involving scientists, healthcare providers, community organizations, and especially the people most affected by these policies. Their experience and insight are crucial to building strategies that work in the real world.

Reframing public health through a risk reduction lens is not giving up on responsibility. It is committing to a smarter, more humane way of helping people. Grounded in empathy and evidence, this approach uses science, supports autonomy, and meets people where they are to drive real progress. By doing so, it creates stronger public health systems and leads to better outcomes for individuals and communities alike.



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