Harm Reduction and Human Rights: Strategies on expanding harm reduction through human rights

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Holly Bradford, Program Coordinator, San Francisco Drug Users Union
Leo Beletsky, Associate Professor of Law & Health Sciences, Northeastern University
Kenyon Farrow, U.S. and Global Health Policy Director, Treatment Action Group

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If there are more questions than can be answered during a session, the Organizer may ask that you type in questions in the Question Log so that they may be addressed later, via email.
Today’s Agenda

• **My Existence is Political:** Harm Reduction & Human Rights in the Prison Capital of the World
  ➢ **Deon Haywood**, Executive Director, *Women with a Vision*

• **San Francisco Drug Users Union:** 100% Drug User Run Programming
  ➢ **Holly Bradford**, Program Coordinator, *San Francisco Drug Users Union*

• **Harm Reduction & Human Rights: What’s Law Got to Do with It?**
  ➢ **Leo Beletsky**, Associate Professor of Law & Health Sciences, *Northeastern University*

• **Harm Reduction, Human Rights and Treatment Access**
  ➢ **Kenyon Farrow**, U.S. and Global Health Policy Director, *Treatment Action Group*

• **Q&A**
My Existence is Political: Harm Reduction & Human Rights in the Prison Capital of the World

Deon Haywood
Executive Director
Women With A Vision
New Orleans
WWAV has a 25-year history of working to improve the health and wellbeing of marginalized communities in the Deep South.

We work with the people everyone else has forgotten.
Our Core Programming

We believe that people:

• Should NOT be criminalized for what they do with their own bodies, and
• Should be empowered to protect their health in any way that is available.

Our major areas of focus include:

• Sex Worker Rights,
• Drug Policy Reform,
• HIV Positive Women's Advocacy,
• LGBTQ Rights, and
• Reproductive Justice.
Why Harm Reduction & Human Rights?

We all have a RIGHT to decide how we want to live our lives, and to be able to do that as healthy and holistically as possible.

That’s how Harm Reduction & Human Rights build POWER!

We stand with our people.

And we advocate to change the policies and systems that harm them.
WWAV’s Three Levels of Advocacy

Case Advocacy
- Generated by Case and Policy Advocacy
- Target Government Officials and Legislators
- Change Legislation and Social Policy
- Improve Participants’ Quality of Life
- Listen to Our Participants!
- Bring Reality to the Situation
- Persist until the Situation is Resolved
- Build Participants’ own Advocacy Skills

Systems Advocacy
- Generated by Case and Policy Advocacy
- Target Organizations and Agencies
- Change Practices and Policies
- Improve Participants’ Quality of Life

Policy Advocacy
- Generated by Case and Systems Advocacy
- Target Government Officials and Legislators
- Change Legislation and Social Policy
- Improve Participants’ Quality of Life

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Standing in Our Power

BLAC
THE BLACK LGBTQ ACTION COALITION

Download slides & materials at: www.preventionjustice.org
Contact

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San Francisco Drug Users Union: 100% Drug User Run Programming

Holly Bradford, Program Coordinator, San Francisco Drug Users Union
San Francisco Drug Users Union
100% Drug User Run Programming
Low Threshold Services
For Drug Users by Drug Users

A Before & After Story
San Francisco has the highest rate of ‘illicit’ substance use of any metropolitan area in the US.

Roughly 13% of San Francisco’s population uses illegal drugs compared to the 8.1% average for other American cities.
San Francisco Drug Users Union is located in the lowest-income area of San Francisco.

There are an estimated 6,000 homeless PWID's in San Francisco, CA.

The Tenderloin has the heaviest concentration of PWID’s in the city.
A small group of, well intentioned, non drug users decided to rent a nice clean space, hire 2 part time staff and open it for 2 days each week.
They had some art shows and served wine and grapes and occasionally they had a meeting with pizza.
Sometimes the governing, non drug user, program owners would stop by for a visit.
For the most part, a few people sat around doing nothing.
There were no services offered to drug users and they got high and they slept on the street in front of the building.
Drug users were not even allowed to enter the building to use the bathroom.
There was no place for PWUD’s to get warm, to feel community or to obtain sterile injection equipment or naloxone.
BEFORE
DRUG USER
EMPOWERMENT

And no one cared...
AFTER
DRUG USER EMPOWERMENT
The San Francisco Drug Users Union took the lead in creating new and innovative, cutting edge programs, all run by people who use drugs!
AFTER

DRUG USER EMPOWERMENT

A Drug User Focused
Strategic Plan was created
Needle Exchange Services and Naloxone Distribution and Education began to be offered
AFTER DRUG USER EMPOWERMENT

SFDUU is now the largest fixed site NSP in the entire city.
SFDUU has a volunteer crew that cleans the neighborhood streets of discarded injection equipment.
AFTER DRUG USER EMPOWERMENT

SFDUU drug users warn each other of potential dangers and we have one of only a few outdoor used needle drop boxes in the city on our front gate!
AFTER DRUG USER EMPOWERMENT

We formed relationships with other drug using networks, locally, nationally & internationally.
AFTER

DRUG USER EMPOWERMENT

We bonded as we marched in the streets for drug user rights.
AFTER DRUG USER EMPOWERMENT

We began to offer services our members requested:

- HIV/HCV Rapid Testing
- Acupuncture
- Wound care
- Low Threshold Bathroom

We made a small movie about the need for a Supervised Injection Facility in San Francisco.
AFTER
DRUG USER EMPOWERMENT

We came together to support each other & to grieve our members when they died
All of a sudden our little space was full of drug users every day we were open!
The San Francisco Drug Users Union took the lead in advocating for the 1st Supervised Injection Facility in The USA with the help and assistance from our newly formed board and SIF committee.
AFTER DRUG USER EMPOWERMENT

The San Francisco Drug Users Union took the lead in creating USADUUU, the United States Alliance of Drug User Unions
AFTER
DRUG USER EMPOWERMENT

The San Francisco Drug Users Union, no longer sitting around waiting for armchair activists to create positive changes in our lives!
Harm Reduction & Human Rights: What’s Law Got to Do with It?

Leo Beletsky, JD, MPH
Northeastern University School of Law & Bouvé College of Health Sciences
UC San Diego Division of Global Public Health

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Harm Reduction and the Law

Human Rights focus on human dignity and universality

- Right to Health: access to care and medication
- Discrimination based on health status and social marginalization
- Rights-based approaches

Laws shape access to services, resources

- Syringes
- Condoms
- Health services
- Testing
- Treatment
  - PrEP
  - SUD

www.lawatlas.org
Harm Reduction and Law Enforcement

- abuses perpetrated by police against vulnerable groups often go unaddressed (e.g. sexual violence, extortion, forced confessions)
- encounters with police (arrest, syringe or condom confiscation) associated with risk behavior and increased levels of infectious disease
- police interference with public health programs reduces their impact, fuelling epidemics
- police can and do facilitate harm reduction, e.g. by providing security and referring clients to services.

Case Study: Drug Use and HIV in Baltimore

Drug Use
- ~50,000-60,000 Baltimore city residents use illicit drugs
- Estimated $1 billion annual industry

HIV
- 2009: 829 incident HIV cases
- 2010: 819 incident HIV cases
- 10th highest number of incident HIV infections among US metro areas

(MDHMH 2011; CDC 2010)
Baltimore Needle Exchange Program

• Established in August 1994

• Only legal program in Maryland
  – MD State Drug Paraphernalia Law protects NEP card carriers in Baltimore City
  – Policy provides for enforcement discretion zones around NEP sites

• 1:1 exchange (by law)
  – Exchanges ~6700 syringes/week

• 17 mobile sites (2 vans) and 1 fixed site; 6 days/week
  ■ Enrollment: 15,275 clients
    ■ 350 visits/week
Balt NEP Services Provided

Medical/Mental Health
- Wound care
- Reproductive health services
- Social worker

Prevention
- Condoms
- HIV/STD testing
- Vaccine clinic

Harm Reduction
- Drug treatment referrals
- Overdose Prevention
- Syringe exchange
- Harm Reduction Kits

Other Assistance
- BHCA (IDs and health insurance)
- MTA bus pass
- Snacks
- Clothing/Toiletries

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Police Encounters (past 6 months, n=230)

Median (IQR)

Stopped by police near NEP site during exchange hours
3 (0-7.5)

Police took, confiscated, or destroyed injection equipment without arrest/citation near NEP site
4 (0-2)

Arrested or detained
1 (0-2)

Referred to NEP by police (3 non-zero) 0

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Monroe & Ramsay (n=102)
Freemont & Riggs/Laurens (n=128)
Study Results: “At Risk” Clients

- higher number of police stops:
  - Being younger
  - male and
  - using the NEP site more frequently.
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References


Harm Reduction, Human Rights and Treatment Access

Kenyon Farrow, US & Global Health Policy Director, Treatment Action Group
Human rights are rights inherent to all human beings, whatever our nationality, place of residence, sex, national or ethnic origin, colour, religion, language, or any other status. We are all equally entitled to our human rights without discrimination. These rights are all interrelated, interdependent and indivisible.

Harm Reduction

Harm Reduction is a set of practical strategies and ideas aimed at reducing negative consequences associated with drug use. Harm reduction is also a movement for social justice built on a belief in, and respect for, the rights of people who use drugs. -Harm Reduction Coalition
Common Rhetoric That Impacts Treatment Access

• “Big Pharma” Increasing Profits
• People Who Use Drugs, Homeless People, Poor People, etc, Can’t “Manage” Adherence
• Will Cause Increase In “Risky Behavior”
• Tuskegee Syphilis Study and “over-experimentation” on Black and other marginalized groups
The New York Times

Syphilis Victims in U.S. Study Went Untreated for 40 Years

By JEAN HELLER
The Associated Press

WASHINGTON, July 25—For 40 years the United States Public Health Service has conducted a study in which human beings with syphilis, who were induced to serve as guinea pigs, have gone without medical treatment for the disease and a few have died of its late effects, even though an effective therapy was eventually discovered.

The study was conducted to determine from autopsies what the disease does to the human body.

Officials of the health service who initiated the experiment have long since retired. Current officials, who say they have serious doubts about the morality of the study, also say that it is too late to treat the syphilis in any surviving participants.

Doctors in the service say they are now rendering whatever other medical services they can give to the survivors while the study of the disease's effects continues.

Dr. Merlin K. DuVal, Assistant Secretary of Health, Education and Welfare for Health and Scientific Affairs, expressed shock on learning of the study. He said that he was making an immediate investigation.

The experiment, called the Tuskegee Study, began in 1932 with about 600 black men,
Human Rights, Treatment Access and Ethical Issues

• Was the research conducted rigorous & trial design ethical? Have Phase III trials been conducted for safety data into larger populations? Are marginalized groups included/excluded from clinical trials for ethical reasons?

• Do countries/states where research was conducted have access to the drug once developed? Is it affordable?

• Was research publicly funded? Is it priced so it is affordable to patients?
Treatment Access for HCV

- 2014: Watershed Year for HCV Treatment
  - New regimens have higher cure rates
  - Not Interferon based
  - Shorter treatment times
- Gilead drug sofosbuvir ($84K) hits market, then sofosbuvir/ledipasvir ($94K) as a single-tablet regimen
- AbbVie 4 drug regimen ($83K)
- COST IS EXPECTED TO DROP THIS YEAR, BUT IS STILL A MAJOR BARRIER
Barriers for Medicaid and Private Coverage

• Monoinfected patients must have advanced liver damage to qualify for treatment
• HIV/HCV co-infected must be HIV virally surpressed
• “High-risk” patients, with histories of drug use treated on a “case by case” basis
• Fears treatment will bankrupt state Medicaid programs
• Prior-authorization
• Insurance company formularies and tiered pricing
Solutions to Access

• Treatment access for people who drugs has to be both a harm reduction and human rights issue—and treatment including, but not exclusively HIV treatment

• More advocacy has to be directed at private insurance, Medicaid and state ADAPs to remove barriers to access

• Learn from, connect to, reproductive justice movement, treatment and global health activists that follow clinical trials, R&D, drug development/regulation (21st Century Cures), intellectual property (Trans-Pacific Partnership)
Thank You!

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Questions?

- You may also email your questions to joaks@aidschicago.org
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Thank you!

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