Utilizing Harm Reduction and Decreasing Stigma

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Courtney Albert, LMHC
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Objectives
- To inform participants about the harm reduction model and its effectiveness as a framework for engagement
- Apply this framework to substance use, survival sex, and sex trafficking
- Learn concrete ways in which harm reduction can be incorporated into service provision

An Overview of Harm Reduction Principles and Practices
Magalie Lerman, Partner

What is 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 is a set of practical strategies and ideas aimed at reducing negative consequences associated with sex work. Harm Reduction is also a movement for social justice built on a belief in, and respect for, the rights of people who trade sex.

How do you define harm reduction?

The Need for Harm Reduction

What are the harms?
- Infectious disease
- Overdose
- Violence
- Exploitation
- Criminalization

Reach vulnerable populations
Respond to disproportionate disease and fatality rates
Keep individuals who are still using or trading sex engaged
The Need for Harm Reduction

- Overdose is the leading cause of accidental death in the nation. More people died last year than died at the height of the HIV epidemic and in the Vietnam War. Center for Disease Control and Prevention (CDC)
- Hepatitis C kills more people than all other nationally notifiable diseases combined. More than 3 million people in the US are living with HCV and most don’t know it. CDC
- The average life expectancy of a transgender woman of color is 35 years old. National Coalition of Anti-violence
- The leading causes of death for people in the sex trade are violence, overdose, and suicide. Sex Workers Outreach Project
- Relapse.

Barriers to Accessing Services

- Most shelters and transitional housing programs don’t allow sex work
- Requirements to stop trading sex to participate
- Stigma within healthcare settings including shaming, mis-gendering/orienting, outing
- Previous bad experiences
- Age and medical coverage restrictions
- Fear of disclosure to law enforcement & mandatory reporting
- Involvement with law enforcement
- Fear of outing/Lack of confidentiality
- Empowering and safe spaces aren’t tailored for/don’t outreach to sex workers
- Presence of police and security

Principles of Harm Reduction

- Accepts, for better and or worse, that licit and illicit drug use as well as sex work whether through choice, circumstance, or coercion are part of our world and chooses to work to minimize their harmful effects rather than simply ignore or condemn them.
- Views trading sex for money and resources as neither inherently harmful or degrading, or inherently stabilizing or empowering.
- Understands drug use as a complex, multi-faceted phenomenon that encompasses a continuum of behaviors from severe abuse to total abstinence, and acknowledges that some ways of using drugs are clearly safer than others.
- Establishes quality of individual and community life and well-being – not necessarily cessation of all drug use or sex work-related harm.
- Calls for the non-judgmental, non-coercive provision of services and resources to people who use drugs and people in the sex trade and the communities in which they live in order to assist them in reducing harm.

Benefits of Harm Reduction

- Increases trust with clients
- Improves public health
- Challenges stigma

Reducing Stigma and Utilizing the Harm Reduction and Transtheoretical Change Models

Approaches to working with trafficking survivors

Courtney Albert, LMHC
Founder & President, Give Way to Freedom
Harm Reduction Model

• All people have intrinsic value and dignity
• All people have a right to comprehensive, individualized & non-judgmental services
• Reduce the risk of harm while encouraging safer behaviors
• A full spectrum/continuum of options should be presented for client consideration
• Social support, health assistance, education and disease prevention measures should be maximized
• Repressive and punitive measures should be minimized
• Most people are competent to make choices and changes

Transtheoretical Model of Change

People progress through stages when attempting to change

• Behavior change is a long-term process
• Behavior change is a dynamic and individualized process
• People go through a series of ups and downs in the process
• Sometimes people fail & that’s OK
• People don’t always progress through stages in order

Complementary combination of the Harm Reduction and Transtheoretical Change Models

• Organized and practical approaches for helping clients move toward healthier choices and behaviors
• Individualized & client centered – take into account the individual’s experiences and trauma symptoms
• Support findings from motivational research on choice
• A greater commitment is made when people are given 2 choices instead of only 1
• An even greater commitment is made with 3 choices

Victims Experience

Backstory
Vulnerabilities
Credit abuse
Commercial sexual
Poly-victimization
Where and when does it all begin

Victims Experience while trafficked
Force
Fraud
Coercion
Duration of experience
Types & level of violence
Relationship to Perpetrator
Types of coercion

Outcome: Consequences
Complexity of recovery
- Trauma symptoms
- Coping mechanisms
- Disclosure
- Stigma

Human trafficking victims often suffer from:

- Post Traumatic Stress Disorder
- Mood Disorders
- Generalized anxiety disorder
- Panic Attacks
- Major Depressive disorder
- Dissociative disorders
- Co-morbid substance related disorders

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Research by Hossain, Zimmerman et al., American Journal of Public Health. 2010

<table>
<thead>
<tr>
<th>Mental Health Symptoms</th>
<th>No</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Depression</td>
<td>112</td>
<td>54.9</td>
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<tr>
<td>Anxiety</td>
<td>98</td>
<td>48.0</td>
</tr>
<tr>
<td>PTSD</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Depression + anxiety + PTSD</td>
<td>157</td>
<td>77.0</td>
</tr>
<tr>
<td></td>
<td>91</td>
<td>56.9</td>
</tr>
</tbody>
</table>

Complexity of Coping Mechanisms & Disclosure

- Most victims do not self identify
- Shame
- Self Blame/guilt
- Bonding to trafficker
- Normalization of exploitation /minimizing experiences
- Social withdrawal
- Substance abuse
- Avoidance of trauma triggers (people, places, topics)
- Dissociation
- Suicidal ideation
- Risk-taking behaviors
- Self Harm
- Agitation, Outbursts
- Deflection / defense mechanisms

CSEC youth reported higher rates of avoidance & hyperarousal as well as higher incidences of:

<table>
<thead>
<tr>
<th></th>
<th>Sexual Abuse/Assault</th>
<th>Commercial Sexual Exploitation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Problems/shopping school</td>
<td>29%</td>
<td>60.5%</td>
</tr>
<tr>
<td>Developmental/inappropriate sexualized behaviors</td>
<td>23%</td>
<td>62.5%</td>
</tr>
<tr>
<td>Alcohol</td>
<td>23%</td>
<td>60%</td>
</tr>
<tr>
<td>Substance Abuse</td>
<td>26.3%</td>
<td>68.3%</td>
</tr>
<tr>
<td>Criminal activity</td>
<td>37.5%</td>
<td>54.8%</td>
</tr>
<tr>
<td>Running away from home</td>
<td>29%</td>
<td>71.4%</td>
</tr>
</tbody>
</table>

Complexity: Stigma, Life Stress & Social Support

Survivors symptoms are compounded by additional life stress, lack of social support, & cultural factors
- Rejection by loved ones
- Social Stigma / Stigma in the community
- Continued connection & communication with trafficker
- Threats from trafficker
- Drug dependency
- Culture
- Lack of employment/ difficulty in school
- Pending immigration claim or rejection of immigration claim

Behaviors which may be associated with increased risk

- Running from residential programs/AWOLs (typically with no plan for housing etc.)
- Fighting – each other and staff (Defiant, aggressive)
- Substance use
- Sexualized Behaviors/ Abuse reactive behaviors
- Self Harm
- Traumatic Bond to/with trafficker
- Re-Entering situations with the potential for exploitation


Applying the models

- Focus on the reduction of harm and not the morality (right vs wrong) of the issue
- Move toward goals of being safer/healthier
- Respect
- Collaboration
- Acceptance (not the same as approval)
- Compassion
- Empowerment
Applying the models – Questions to help develop appropriate interventions

- What does the client want? Key = identifying the client’s current stage of change.
- What are the pros & cons of the client’s current behaviors from the client’s perspective
  - How have current behaviors protected client, helped them to survive
- What is the client’s background, trauma history?
- What are the client’s trauma symptoms? i.e., avoidance, hyperarousal, lack of trust...
- What social stigmas and blame may be attached to this?

Transtheoretical Model of change

<table>
<thead>
<tr>
<th>Stage</th>
<th>Relapse Potential</th>
<th>Process of change</th>
<th>Decisional Balance</th>
<th>Self-efficacy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Precontemplative</td>
<td>None</td>
<td>Increasing awareness</td>
<td>Pros  - Cons</td>
<td>Confidence  - Temptation</td>
</tr>
<tr>
<td>Contemplative</td>
<td>Relapse in common &amp; impulsive major</td>
<td>Self-reflection</td>
<td>10  - 1000</td>
<td>100  - 1000</td>
</tr>
<tr>
<td>Action</td>
<td>Helping relationships</td>
<td>Self-liberation</td>
<td>Relapse in common &amp; impulsive major</td>
<td>100  - 1000</td>
</tr>
<tr>
<td>Maintenance</td>
<td>Social change</td>
<td>Stimulus Control</td>
<td>Relapse in common &amp; impulsive major</td>
<td>100  - 1000</td>
</tr>
</tbody>
</table>

Present a continuum of options. Assess current behaviors in comparison to both riskier and healthier behaviors

- Analyze risks and rewards of the current behavior and provide information as needed
- Teaching the client to ask “Is this safer and/or healthier than what I usually do?”
- Helping clients decide which change steps are most feasible and acceptable given their personal circumstances
- Focus on analyzing risks of not developing healthier behaviors
- Use motivational interviewing

Motivational Interviewing

- How can I help you with ___?
- Help me understand ___?
- How would you like things to be different?
- What are the good things about ___ and what are the less good things about it?
- When would you be most likely to ___?
- What do you think you will lose if you give up ___?
- What have you tried before to make a change?
- What do you want to do next?

Motivational Interviewing: Open Questions, Affirmation, Reflective Listening, and Summary Reflections (OARS)

Homelessness Resource Center (HRC)

Applying the Models

- Promote decision making techniques
- Reinforce that all decisions can be changed without a loss of respect
- Discuss & provide positive incentives/rewards for change
- Allow for grieving for the loss of old behaviors
- Evaluate triggers for relapse
- Remind client that relapse is part of the process and not a good/bad issue.
- Individuals who relapse do not necessarily revert all the way back to their high-risk unhealthy behaviors. They are simply on a new spot on the continuum

Bradley Springer, L.P.C., Ph.D., Tulane University, Ahearn House Center for Translational and Harm Reduction Studies, April 5, 2018

Harm Reduction, Sexual Health, and Survival Sex/Sex Work

Susie Baldwin, MD, MPH
Freedom Network 2018
Denver, CO
April 5, 2018

Harm Reduction, Sexual Health,
and Survival Sex/Sex Work

Health, Education, Advocacy, Linkage

Conceptual Framework:
Sex Work Harm Reduction

Rekart ML, Lancet, 2005

The Social Ecological Model of Health

Rekart ML, Lancet, 2005

Harm Reduction & Sexual Health:
Individual Level ➔ Societal Level

- Education
- Empowerment
- Prevention
- Care
- Occupational Health and Safety
- Decriminalization of Sex Work
- Human Rights Approaches

Human Rights, Education, Advocacy, Linkage

The Social Ecological Model of Health

Prosocial factors/resilience
against violence and abuse

Risk factors for violence and abuse

Rekart ML, Lancet, 2005
Sexually Transmitted Infections & HIV: Methods of Harm Reduction for Individuals

- Inner and outer condoms ("female and male")
  - Control often lies with the client or exploiter
  - FC2 not well marketed
- Minimization of genital trauma
  - Lubrication
  - In cis-females, education about harms of douching and drying agents

Accessing Health Care
- Frequent STD-HIV testing
- Compliance with treatment and re-testing
- Availability of free or low cost, non judgmental providers?

HIV Prophylaxis
- PEP – Post-exposure Prophylaxis
- PrEP – Pre-exposure Prophylaxis
- Access issues

Harm Reduction and Sexual Health

- HPV Vaccination
  - Prevents most cervical, anal, vulvar, head/neck cancers
  - Routine administration at 11-12 years
  - Up to age 26 for females
  - Up to age 21 for males, but through 26 for gay, bisexual males and transgender individuals

HIV Prophylaxis Medications

- PEP = Post Exposure Prophylaxis
- Can prevent HIV infection after exposure when care is sought ≤ 72 hours after a potential exposure
  - Including in cases of sexual assault
- 3 drug regimen taken for 28 days

PrEP = HIV Pre-exposure Prophylaxis

- Contains 2 medications in one pill, known as Truvada
- Can reduce risk of HIV infection up to 99% when taken daily
  - Inconsistent use → Less protection
- Recommended for anyone in ongoing relationship with an HIV+ partner, and...

PrEP: Who else is it recommended for?

- Anyone not in a mutually monogamous relationship with an HIV-negative partner and
  - Is gay/bisexual man who has had anal sex without a condom or been diagnosed with an STD in past 6 months, or is a
  - Heterosexual man or woman who doesn’t regularly use condoms with partners of unknown HIV status who are at substantial risk of HIV, or has
  - Injected illicit drugs in past 6 months & shared equipment or been in drug treatment for injection drug use in past 6 months
Harm Reduction and Sexual Health: Avoiding Unintended Pregnancy

- Ongoing contraception
  - Contraception → intrauterine; dermal implant
- Emergency contraception
  - Can prevent pregnancy when taken within 72-120 hours after sex

Harm Reduction and Sexual Health: Policy Frameworks for Sex Work and Survival Sex

- 3 Distinct Ways Sex Work Sector is Governed:
  - Repressive
  - Restrictive
  - Integrative

Repressive Framework

- Based on moral premise that sale & purchase of sexual services harms society & individuals
- Goal = eradicate sex work sector altogether
- Criminal law used to ban the sale and/or purchase of sexual services
- Sex work is not just condemned as morally bad, but may lead to criminal prosecution.
- Sex workers do not have access to labor rights

Restrictive Framework

- Aim = restrict sex work sector in order to protect society and/or those selling sex from harm
- Commercial sex understood as a negative social phenomenon that should be limited with policy instruments, such as criminal legislation, special regulations
- Exhibits a certain tolerance of sex work
- Sex work sector can operate legally, or quasi-legally, but only under conditions more restrictive than those of other service sectors
- Sex workers have only some access to labor rights and benefits

Integrative Framework

- Based on multifaceted understanding of commercial sex.
- Goal = to integrate the sex work sector into societal, legal and institutional framework in order to protect those selling sex from harm
- Recognition that sex workers are subjected to vulnerability and exploitation, but that there are those who can control their job situations and have a degree of job satisfaction in terms of work content, hours, clients, income

Integrative Framework

- Selling sex is viewed as a service occupation, provided it takes place between consenting adults
- Non-consensual sex acts in commercial sexual contexts (or sex with a minor) are prosecuted under ordinary criminal law
  Increased respect and safety of sex workers and those engaging in survival sex is compatible with anti-trafficking efforts
Overlapping Public Health Approaches

Successes of drug policy & harm reduction movements have utility with sex work-related policy and healthcare

- Harm reduction programs and interventions
- Immunity protections including Good Samaritan policies and participant exemption programs
- Pre-arrest and pre-booking diversion programs
- Challenging criminal justice approaches to drug use and sex trafficking

Best Practices

01 Safety tips
02 Tips for substance users who trade sex
03 Health tips
04 Methamphetamine harm reduction tips

Bad Date Sheets

A community-based tool that helps sex workers keep each other safe

- Don’t profile folks who you think might be doing drugs or trading sex. Offer other potential resources to everyone.
- Use non-judgmental language, use drug user and sex worker positive language and porter to your drug use.
- Focus on what people are presenting to you rather than pigeonhole the conversation towards drug use or sex work. Don’t focus on abstinence or exit.
- Don’t Guess

THE BASICS

Don’t profile folks who you think might be doing drugs or trading sex. Offer other potential resources to everyone.

Build Trust

- Don’t profile folks who you think might be doing drugs or trading sex. Offer other potential resources to everyone.
- Build Trust

Connect to Community

- Focus on what people are presenting to you rather than pigeonhole the conversation towards drug use or sex work. Don’t focus on abstinence or exit.

Resources

- Harm Reduction Coalition
- Drug Policy Alliance
- HIPS
- St. James Infirmary Occupational Health and Safety Guide
- Sex Worker Outreach Project USA
- Global Network of Sex Worker Projects
- Reframe Health and Justice

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