

BUILDING POWER TO BLACK HEALTH & WELLNESS

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BLACK HARM REDUCTION Network

The Black Harm Reduction Network was created to promote a nationwide dialogue that:

- Centers racial equity across the harm reduction framework
- Includes drug policy, public health, and criminal legal system reforms
- Elevates the history and current role of Black people in the movement
- Identifies and advances recommendations to reduce the harms of these intersecting systems on Black people and other marginalized groups

*NATIONAL HARM REDUCTION CONFERENCE
NEW ORLEANS, LA 2019*



Building Power to Black Health & Wellness

2023 TOOLKIT

This guidance is informed by the work of the Black harm reductionists who are focused on developing a new Black Harm Reduction Network. These strategies are borne out of our recent work with partners of the Network, and decades of experience from longtime leadership and individuals with lived experience in the harm reduction field.

Our work has shown us that **efforts to address overdose and support people who use drugs in Black communities have to be reflective of community values.** We have seen that location and advocacy are critical elements of building Black community awareness and support of harm reduction interventions and the people who need them.



“Despite evidence of these interventions’ effectiveness in reducing drug-related harms, resistance to their implementation in the USA persists. Barriers include legal and political resistance and public opposition. Legal challenges to statutes prohibiting OPS and drug checking from launching or being scaled up are ongoing. As advocacy efforts target the legislative and political process, addressing community stigma towards PWUD [people who use drugs] and the public’s perception of harm reduction remains a key challenge to establishing such overdose prevention programs. While some groups outright oppose harm reduction services, in part due to the perception that they enable drug use, others see the need for these programs but ascribe to “not in my backyard” (NIMBY), often citing concerns that substance use or mental health services will attract undesirable or dangerous people and behaviors into their community [1].”

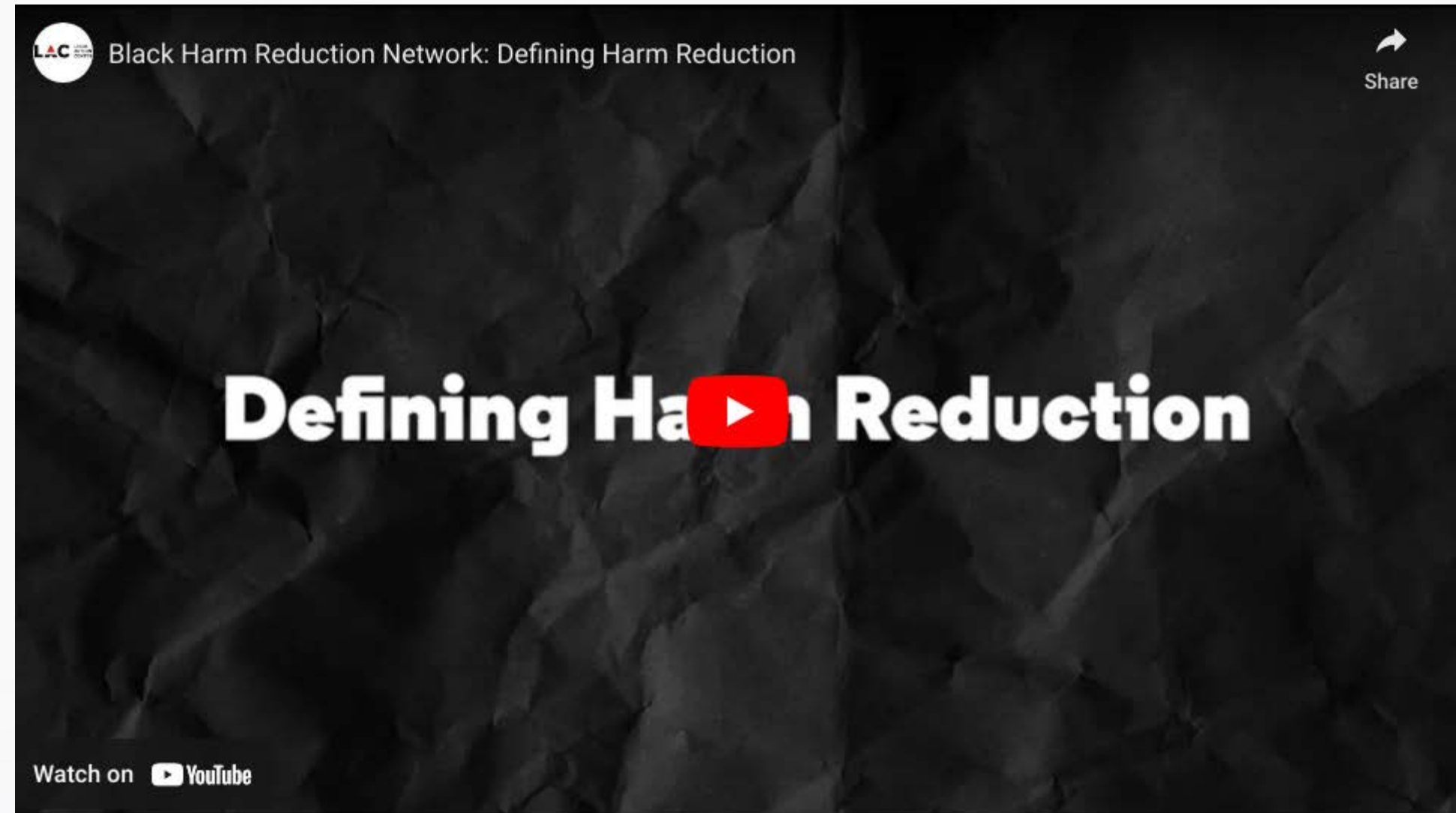
The passage above:

- Helps contextualize the importance of advocacy and location to effective implementation of critical harm reduction interventions
- Explains the importance and benefits of engaging in policy advocacy
- Outlines the benefits of GIS mapping and how it can benefit harm reductionists
- Models a process by which harm reduction and related services can be prioritized
- Provides a checklist to guide organizations that are considering new harm reduction projects in Black communities

Harm Reduction 101

Harm reduction strategies, policies and services protect the lives, health, and dignity of people who use illegal drugs and their communities [2].

Harm reduction includes training to administer the drug naloxone (that reverses the effect of an opioid overdose), reducing HIV and hepatitis C infections by providing people who inject substances with sterile injection equipment, offering overdose prevention sites where people can use illegal substances under trained supervision and without fear of arrest, providing methadone and buprenorphine (that reduce cravings for heroin and other opiates), and offering permanent housing opportunities for unhoused individuals without a requirement of abstinence from using illegal drugs [3].

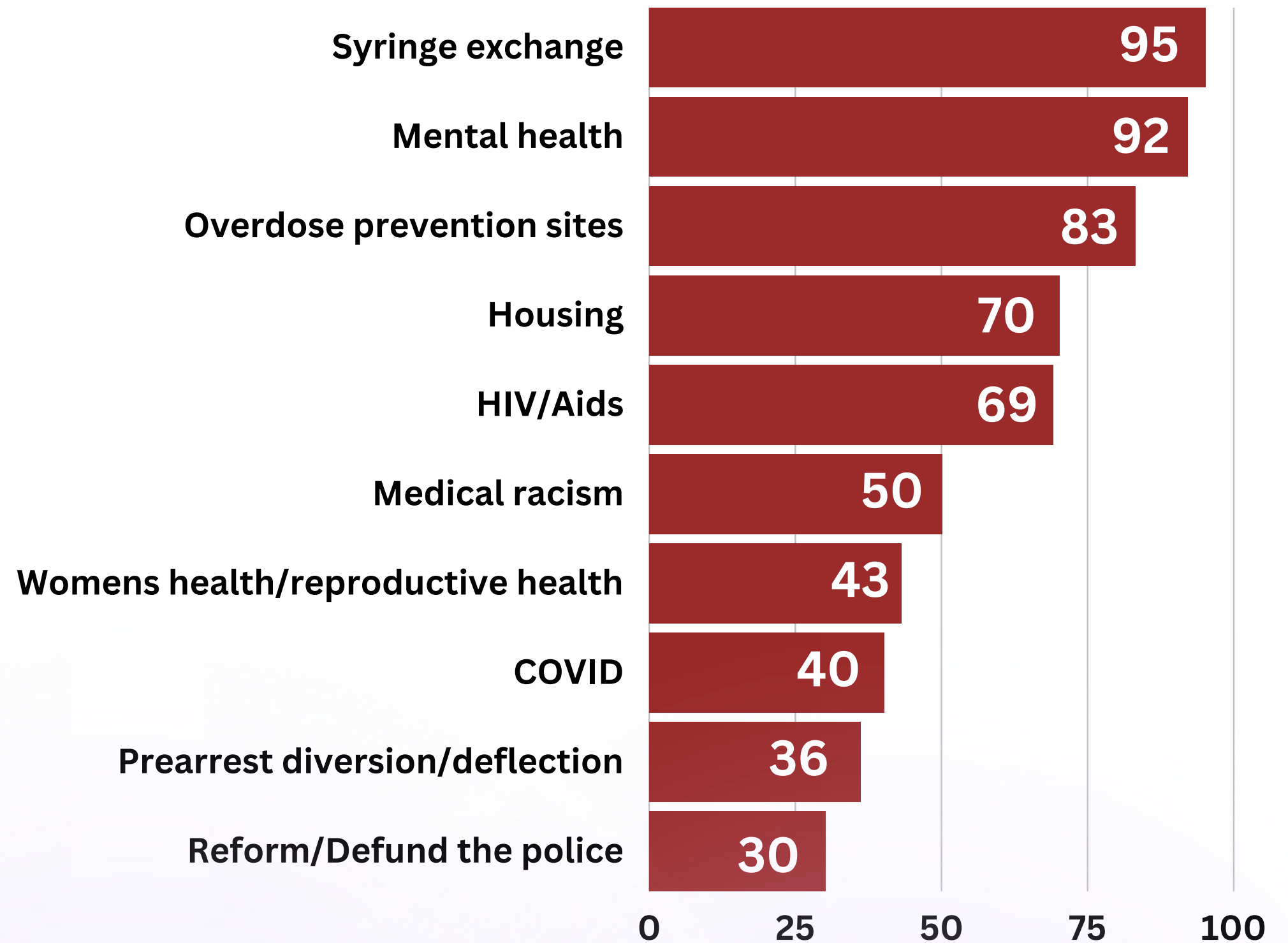


[**CLICK HERE TO WATCH**](#)

Black Harm Reductionists' Major Priorities

In one of the early sessions in the development of the Black Harm Reduction Network, participants were asked to rate priority issues for their work.

This graph depicts the priorities for 160 survey respondents who attended the virtual Black Harm Reduction Network convening in December 2021. The graph highlights that organizations providing harm reduction services in Black communities are also working to address intersecting community needs such as mental health, housing access, and reproductive health.



The Need for Harm Reduction in Black Communities

The need for effective harm reduction services (that aim to reduce the harmful effects of substances) is even more critical for Black, Indigenous, and brown communities in the United States who are currently experiencing high rates of drug overdose, while lacking overall access to harm reduction services or substance use disorder (“SUD”) treatment [4]. Although SUDs are prevalent among all races, Black and indigenous populations disproportionately carry the brunt of the disease burden. [5] National data indicated that “overdose death rates from 2014 to 2017 increased in the Black population, with the sharpest rise from synthetic opioids, increasing by 818% compared to other races” [6].

As demonstrated by an example of Prince George’s County, Maryland

58.6% of the county's residents are Black

The county experienced a **135.1%**

increase in opioid-related fatalities in the first half of 2020, in spite of the existence of harm reduction services [7].

Moreover, in some Black and brown communities, views of harm reduction services can range from skepticism to beliefs that they exacerbate existing SUDs, due to distrust of medical institutions because of systemic exclusions and abuses through traditional health systems [8]. In addition, community participation in harm reduction services can also be hampered by the lack of institutional support and resistance to community engagement [9].

As a result, Black harm reduction advocates should consider using all available mechanisms to support the case for harm reduction services in their communities, particularly when there is a lack of local and political consensus and financial assistance for such services. One such tool, Geographic Information Systems (“GIS”) Mapping is a computer programming method that creates maps from identified data for a specific geographic region [10]. It can be used to help strengthen advocates’ positions that there is a need for harm reduction services in specific communities.

OnPoint is the first organization to launch two Overdose Prevention Centers in New York City. To learn more about OnPoint, [CLICK HERE](#)



*SAM RIVERA,
EXECUTIVE DIRECTOR,
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Black Harm Reduction & Geographic Information Systems (GIS) Mapping

Top 7 Reasons for Using GIS Mapping

An Approach to Facilitate Black Harm Reduction Services:

1 Identifying and documenting areas of unmet community needs: [11]

GIS Mapping can assist Black harm reduction organizations that wish to clearly demonstrate indicators of unmet health needs, as well as identify where the needs are found in specific neighborhoods. For example, GIS Mapping can be engaged to display factors that show the absence of certain services, such as, housing, transportation, grocery stores, and health centers [12]. This can be important in showing community residents, local policymakers, and others where services are lacking and where they should be located to improve the health and well-being of area residents. Understanding a neighborhood's relationship to places of employment, community centers, and other resources can help identify public policy needs and facilitate access to evidence-based approaches to treatment [13].

2 Involving community members in policy research, development, and solutions: [14]

GIS Mapping can be used to show area residents existing SUD occurrences and needs and beneficial assets in their neighborhoods and involve them in community conversations to help plan and address these issues. Moreover, a GIS Mapping spatial monitoring system can be developed to use certain factors to demonstrate to community members where neighborhoods may be at risk of additional overdose rates and to plan interventions [15].

3 Identifying opioid-related incidents [16] and fatal opioid overdoses in certain neighborhoods:

Black harm reduction advocates could consider a public health harm reduction initiative for their respective communities like the one by the Tufts University School of Medicine in Lowell, Massachusetts that involved GIS Mapping. Specifically, the study employed collaborative efforts between local emergency medical services, public health officials, and others to create descriptive maps, heat maps, and cluster analyses to identify areas with the highest concentrations of discarded syringes and fatal overdoses, assess changes over time, and then identify significant hotspot clusters [17].

4 Substantiating advocacy and support for harm reduction services in certain communities to policymakers and potential funders:

For Black harm reduction advocates who seek funding for harm reduction services, as well as buy-in from local policymakers (including community and zoning boards), visual presentations in GIS Mapping of relevant factors provide an understandable and easy way to see complex issues and possible solutions [18].

5 Demonstrating how SUD and overdose rates impact Black people differently in certain geographic locations:

By using specified race, ethnicity, gender, other demographic information with SUD data and geographic locations, Black harm reduction advocates can create maps that visualize where certain populations are being more impacted by overdose rates [19].



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DRUG POLICY ALLIANCE*

6 Helping people living with opioid use disorders connect with local overdose prevention centers:

Black harm reduction advocates can use GIS Mapping to identify trusted harm reduction services (such as available sterile syringe supplies and naloxone in specific jurisdictions) with the locations of those individuals who need these services to reduce incidents of syringe-related illnesses and overdoses [20].

7 Improving the health of justice-involved individuals by highlighting the importance of reentry programs:

If census data is available that identifies where formerly incarcerated individuals reside once they return to their communities, [21] Black harm reduction advocates could apply this information in GIS Mapping to determine which cities and counties in their states are disproportionately impacted by incarceration. The map could then be used to establish the ideal locations for health, employment, education, and other reentry programs that would include harm reduction services.

BHRN GIS Mapping Examples

On the following slides, you will find examples from work with the Baltimore Harm Reduction Coalition depicting two maps; each plots data points in New Jersey. The purpose of these maps is to highlight the need for harm reduction services in the region.

North Jersey

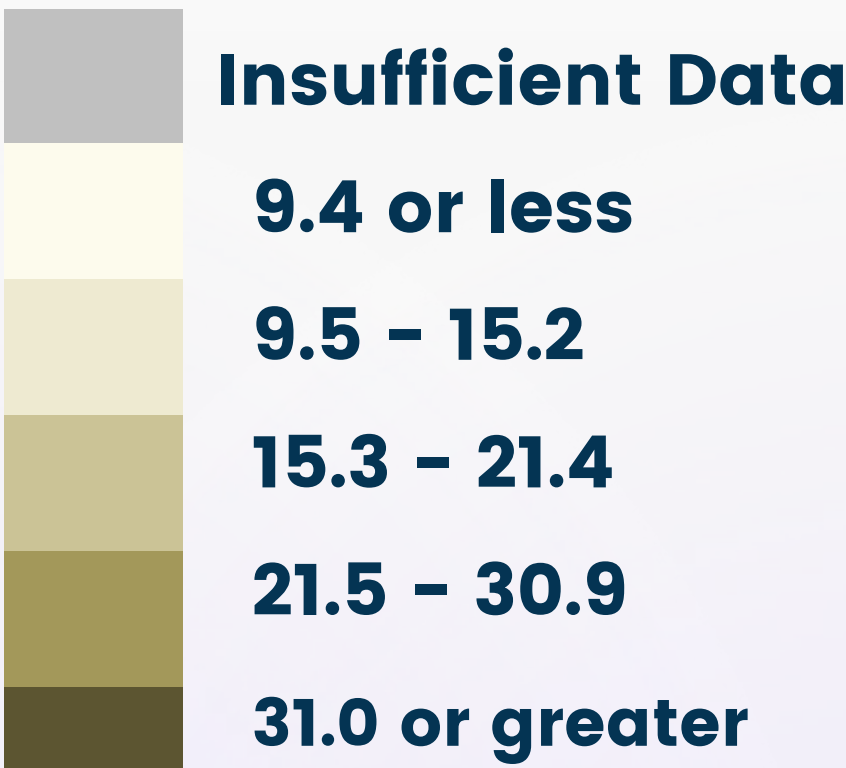
Central Jersey



Example #1

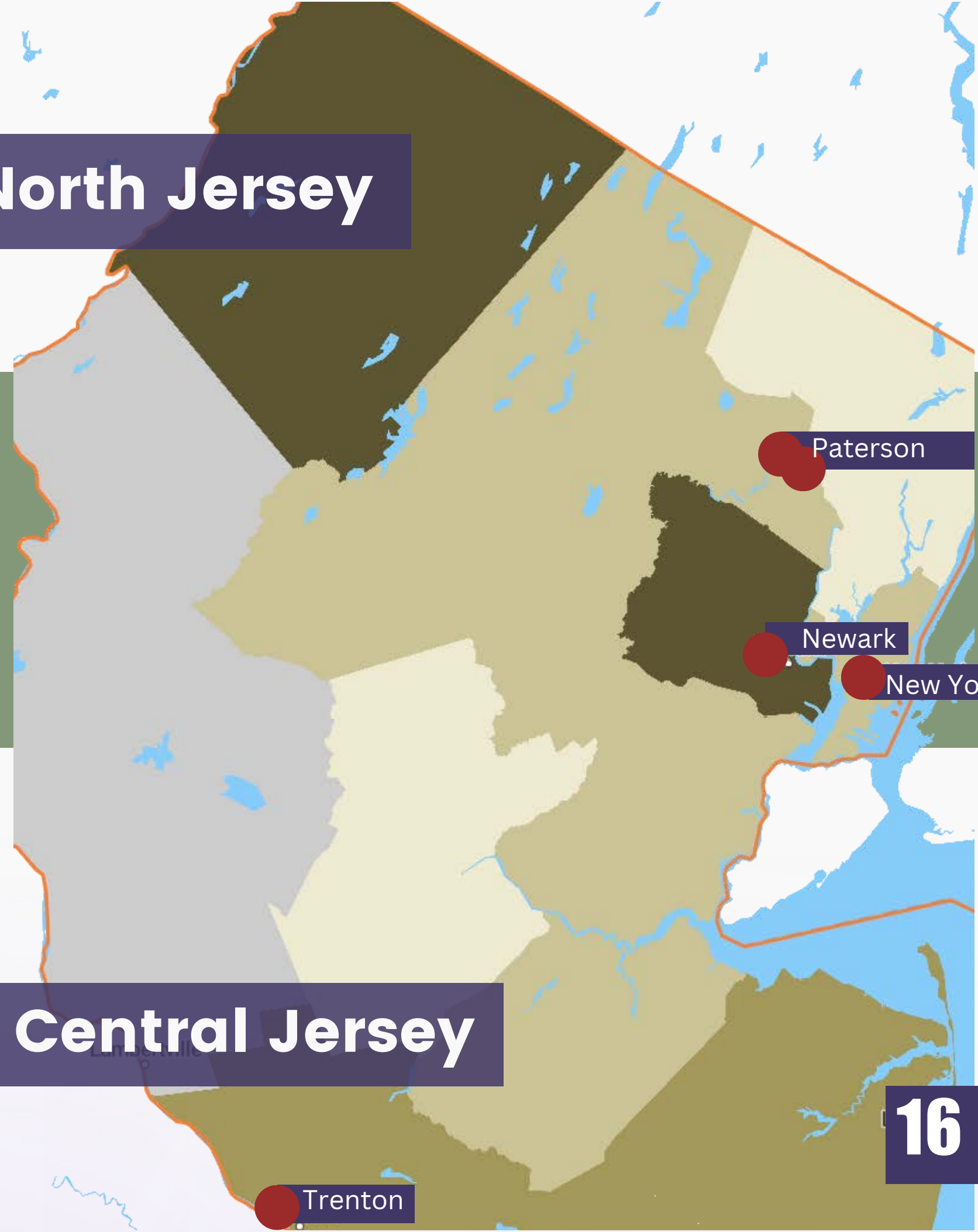
Mapping Overdose

This 2019 map depicts Synthetic Opioids (Excluding Methadone) Overdose Deaths per 100,000 People in North and Central New Jersey. The red dots indicate where harm reduction services are located.



North Jersey

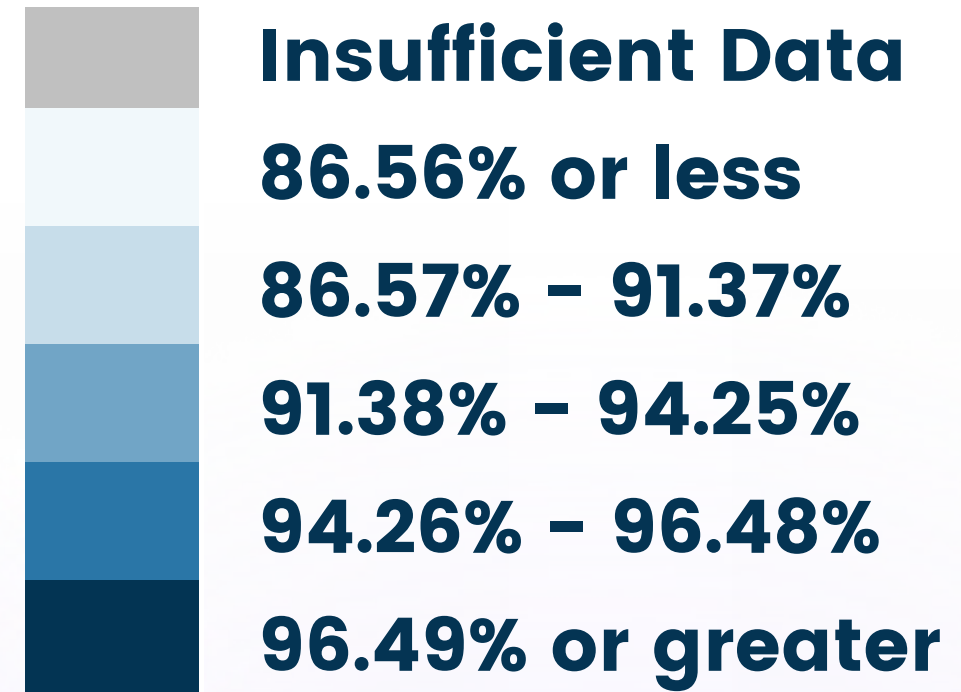
Central Jersey



Example #2

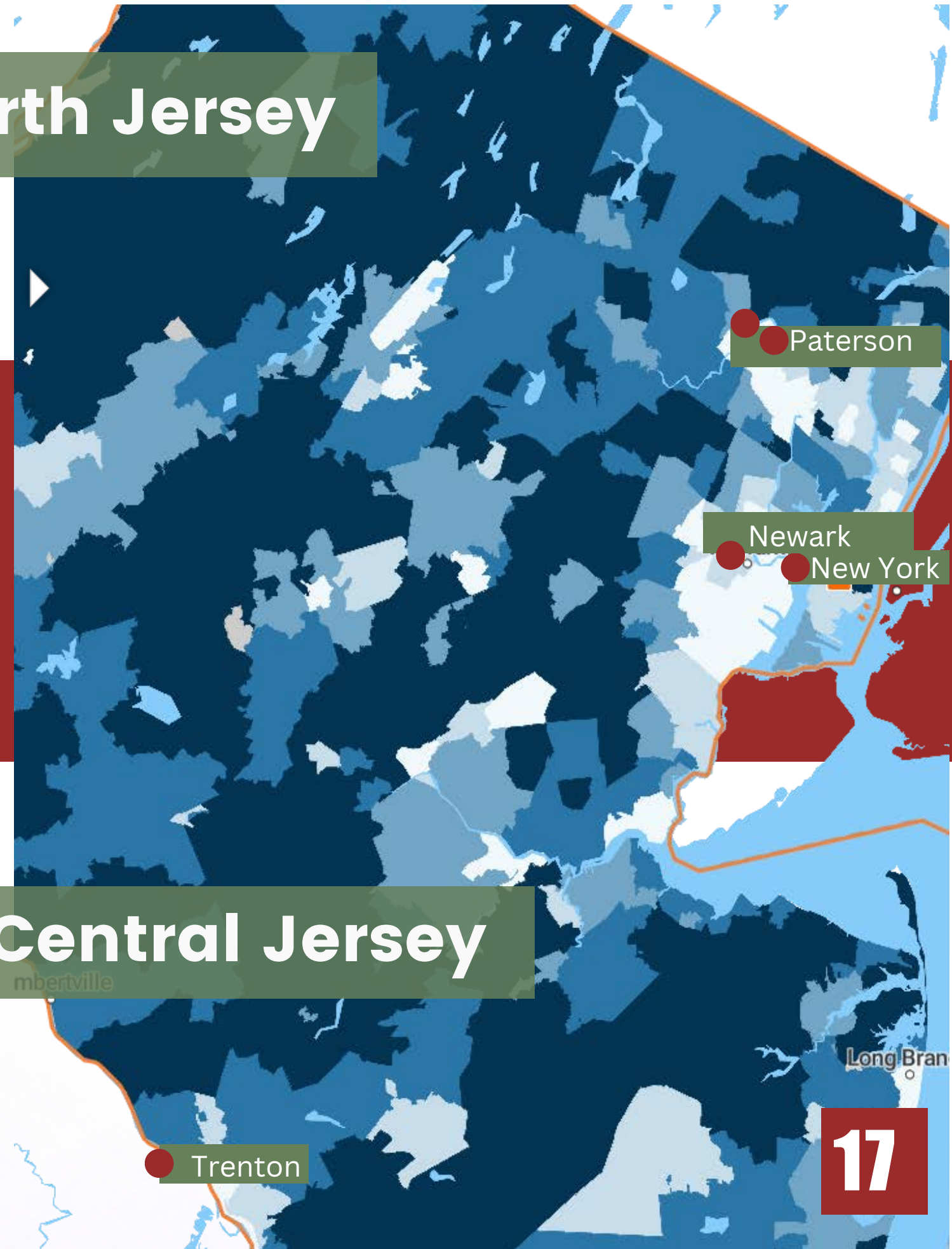
Mapping Health Insurance Coverage

This map represents the estimated percent of the population with health insurance coverage, between 2017- 2021. The red dots indicate where harm reduction services are located.



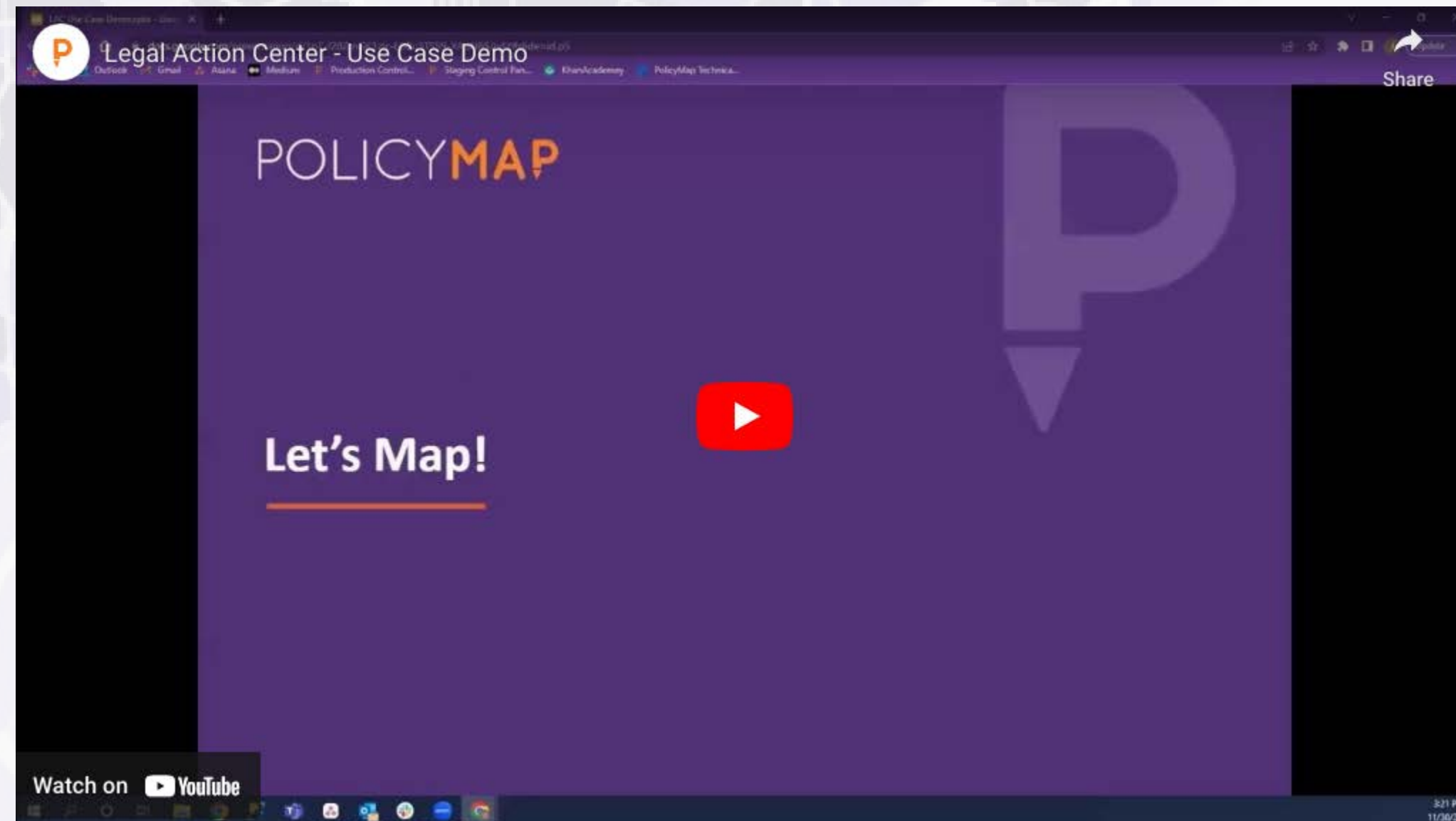
North Jersey

Central Jersey



Maps in Action

An example of how maps can be used to study the intersections of race, recovery systems and overdose



[**CLICK HERE TO WATCH**](#)



BLACK HARM REDUCTION & ADVOCACY

4 Reasons Why Policy Advocacy is an Essential Strategy When Working on Harm Reduction in Black Communities:

1 Why is policy advocacy an essential element of harm reduction in Black communities?

The reality is, to truly serve a community, advocates must also understand the public policies that impact that particular community. Whether it is education, policy or data analysis, legislative advocacy, organizing, mobilizing, or advocating for harm reduction approaches and strategies, these all go hand in hand with being a harm reductionist in Black communities.

This is especially true given the impact of the overdose epidemic in Black communities. Black overdose mortality does not solely impact the people who use drugs; this harm affects society and the systems and structures that make up the community. Policies to address the health of people who use drugs will also impact people involved in the criminal legal system, families involved in the child welfare system, education, health systems, and so on. These policies are proposed and promulgated by elected and appointed policymakers. The only way these “public servants” will know what the needs are is if advocates effectively convey the issues and needs of the community.

2 What is needed to be an advocate for harm reduction in Black communities?

Advocating for harm reduction services on behalf of Black communities can be challenging. Members of Black communities left out of the policy development and implementation processes, no matter the issue. Advancing conversations about drug use, drug users and substance use disorder is deeply uncomfortable for people to discuss publicly and especially so for Black communities in the United States. There are a plethora of research and analysis that demonstrates how the War on Drugs and other harsh criminal punishments have significantly historical and current impacts on Black communities.

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Because the overdose crisis has deeply impacted community life, organizations or individuals should utilize a myriad of advocacy strategies to advance harm reduction for Black communities such as legislative advocacy, administrative advocacy, and budget advocacy. Participating in an advocacy training can help advocates identify and optimize the strategy they will be using. It is also helpful to participate in a power mapping session, which is a key tool in the advocacy process (more information on this below).

3 What is legislative power mapping and how can it be used to improve advocacy with communities and legislators?

Power mapping is a practice used to help identify stakeholders in a locality. It allows advocates to take inventory and assess who the key decision-makers are, what impact they want them to have, and how to best engage them around the issue and position the advocates wish them to support. This is a crucial step because the targeted stakeholders will vary depending on the change advocates are pushing for. Power mapping helps determine the most apposite decision-maker to work with.

However, power mapping offers more than simply identifying advocacy targets, it also educates advocates about their targets. Some useful items to cover during power mapping sessions include:

- Learning whether targeted policymakers are elected or appointed
- Understanding the issue, you are trying to uplift. (i.e. regulatory issue or a budgetary)

Additionally, the practice of power mapping fosters alignment between campaigns around a shared strategy. It's also an opportunity for advocates and their partners to gather information and plan collaboratively. The outcome of power mapping should be information that is shared and deployed for people to go out and do their part towards advancing their joint cause. Black Harm Reduction members have found the Advocacy Institute's Legislative Campaign and Tracking Tool to be a good resource to help facilitate the power mapping process.

4 What kinds of information relating to harm reduction should be discussed in advocacy trainings and legislative power mapping sessions?

When participating in power mapping around harm reduction-related issues, it is important to think about the people in your community who use drugs and the specific services that they need. Additionally, it's of critical importance to talk about the harms that systems (i.e. criminal legal system, health care system, housing agencies, etc.) cause people based on their drug use, their race, and other characteristics (i.e. their having a conviction history, their housing status, or their economic status). Additionally, power mapping sessions should help advocacy groups understand the systems that people who use drugs engage and how they perpetuate and create barriers for those individuals.

Harm reduction is not just meeting people where they are and embracing them in a way that's low threshold, it should also entail establishing “no wrong door approaches,” which means that when a person is ready and willing to access services and/or go into treatment, the connection and provision of services can happen rapidly.

***** If you believe that your advocacy efforts could be enhanced through advocacy training and/or power mapping, our partners at the Advocacy Institute are a helpful resource. You can sign up for one of their trainings here: <https://hi.advocacy-institute.org/trainings/> .**

Considerations When Embarking on Harm Reduction in Black Communities

We have found these following decision trees instructive to help think through important considerations when beginning this work:

Before you begin a new project or campaign that will impact a Black community, are there local groups (and/or national organizations) led by directly impacted people that you can go to for insights?

YES

Do you have resources to reflect and appreciation for their time and expertise?

Are you uplifting them and giving them credit for their insights?

Have you recommended that your funding source speak with them directly?

NO

How did you confirm that there were no such groups?

How will you incorporate the insight and voices of directly impacted people into your work?

Have you identified the historical and institutional effects of anti-Black racism on the issue you are trying to tackle?

YES

How are you going to confirm or support your findings?
How will your work seek to address the impact of race/racism?

NO

What resources can you seek to identify how race impacts your issue?
Will you consider reaching out to a historian, seek resources from your local library or an online resource?

*JOY RUCKER
FOUNDER/PRINCIPAL,
JR CONSULTING*



*DEBORAH PETERSON SMALL, J.D/M.P.P.
ORGANIZER/STRATEGIST*

Have you informed (other) community-based groups of
the work you are hoping to do?

YES

NO

If so, are they supportive?
Has the impacted community given you
permission to do this work?

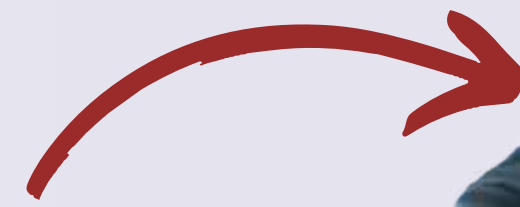
YES

How will you pivot if there is pushback from
the impacted community or other impacted
community members on your project?

Will you consider the implications of not
informing them?

Will failing to inform other groups have a negative
effect on your relationship with the community or
on your work as a whole?

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FAQ Guide to Policies and Practices Most Relevant to Black Harm Reduction

We compiled a Q&A section focused on national and state policy issues including leveraging Medicaid, housing first strategies, and other initiatives that is relevant to harm reduction work in Black communities.



How can Medicaid be leveraged to promote harm reduction and divert individuals who use drugs and/or have mental illness from the criminal legal system?

There has been an unprecedented level of resources focused on harm reduction, overdose and drug user health from the Biden Harris administration state and local governments, private philanthropy, and opioid lawsuit settlement funds. Additionally, there are opportunities for funding through Medicaid 1115 waivers and amendments to state Medicaid plans. Medicaid's 1115 waiver program permits states to provide or pay for experimental or novel approaches (with federal financial support) in health care services to better serve certain populations in their states.

How can housing policy be leveraged to promote harm reduction?

Unhoused individuals and those who are living on the street are exposed to numerous harms. There are many laws that systematically have made and continue to make it difficult for people who use drugs, have substance use disorder, and/or arrest and conviction records to access housing. Such laws help perpetuate a cycle in the US where people find themselves living on the streets, being criminalized for doing so, and then ending up in jail. Once released from jail, they often end up at a shelter, which then may refer them to a hospital or a detox facility. After detox, if they aren't connected to housing, they will likely end up on the streets once more where they are targeted by police and anti-homeless polices, which allows the cycle to continue. For those who are trapped in this cycle, the intervention of harm reduction services can help.



Institutional Circuit

Hopper et al, 1997

To break this cycle, investments are needed in the infrastructure to expand recovery services and access to housing services. Congress should invest in a significant expansion of the full continuum of affordable housing models, including supportive housing, recovery housing, and models that prioritize housing first and do not force people to be abstinent from substance use. Additionally, the Department of Health and Human Services should work with the Department of Housing and Urban Development (“HUD”) to improve affordable, integrated, accessible housing options for people with histories of mental health conditions and/or substance use. The agencies should jointly provide technical assistance to states about leveraging Medicaid for housing-related supports.



How can organizations support health first strategies for people who use drugs and communities that are identifying and pursuing them?

It is important for organizations to familiarize themselves about ways to address people who use drugs and drug use beyond a law enforcement-led or carceral approach. There are several health first strategies that are easy to implement. Hospitals, for example, could utilize such an approach by engaging people who use opioids and come to the emergency room for care by providing access to buprenorphine without involving any law enforcement. Housing advocates and providers can utilize a health first approach by working to get people housed without requiring drug testing and/or abstinence.

Additionally, there are a host of services that organizations can provide directly, including Narcan distribution, wound care, peer level interventions, and facilitated connections to ongoing care, and distributing safe injection kits (these include a new needle and syringe, alcohol swab, filter, tourniquet, cooker, and a sterile water ampoule).



What policies and laws can be leveraged to improve access to addiction care?

There are numerous policies both at the federal and local levels that can be used to improve access to addiction treatment and services now. We've listed a number of these policies below; however, it is important to note that any policy that is considered should be paired with a harm reduction lens that is tailored to reduce and eliminate the harms Black communities face. Additionally, the issue of racial disparity and its intersection with social determinants of health should be assessed across systems. This is crucial to building health equity and ending structural racism in drug policy.

The Mental Health Parity and Addiction Equity Act (MHPAEA). MHPAEA'S full implementation and enforcement would greatly improve access to SUD treatment. Among the most important steps the federal government can take toward this goal is requiring public and private insurance plans to annually submit Parity Act compliance reports and quantitative data for review and ensuring that parity violations are resolved prior to sale of or enrollment in any health plan. Federal agencies should also issue guidance on the requirement that all insurers' medical necessity determinations for MH/SUD care be based on generally accepted standards of care and clinical appropriateness, and that all private and public health plans are required to comply with the Parity Act's disclosure requirements of medical necessity criteria.

What policies and laws can be leveraged to improve access to addiction care? (continued from previous slide)

Encourage all hospital emergency departments to conduct screening for SUDs, administer medications, where appropriate and available, for SUD withdrawal and treatment initiation, and provide facilitated referrals to treatment services at discharge, and establish reimbursement codes in Medicaid (consistent with new Medicare code for these services). Additionally, hospitals need to enforce anti-discrimination laws need to be enforced—including the Affordable Care Act, Rehabilitation Act, Emergency Medical Treatment and Active Labor Act and Title VI of the Civil Rights Act.

Enforcement of the SUPPORT Act requirements that all state Medicaid programs cover all FDA-approved addiction medications and directing state Medicaid programs to reduce prior authorization and other utilization management barriers to medication for opioid use disorder (“MOUD”), as CMS has done in Medicare, would greatly reduce barriers to this lifesaving care. Make permanent emergency COVID-19 telehealth authorizations, including allowing induction onto medications to treat opioid use disorder by telehealth, for both private and public insurance systems.

ENDNOTES

1. NIMBYism and Harm Reduction Programs: Results from Baltimore City", J Urban Health. 2022 Aug; 99(4): 717–722.

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2. Open Society, What is Harm Reduction? (June 2021), available at <https://www.opensocietyfoundations.org/explainers/what-harm-reduction>. “Harm reduction recognizes that many people are not willing or able to abstain, and that withholding assistance and otherwise punishing people and communities for using illegal drugs only worsens health, racial and economic inequities, and other harms.” Id.

3. *Id.*

4. Centers for Disease Control and Prevention, Vital Signs - Drug Overdose Deaths Rise, Disparities Widen (July 19, 2022), available at <https://www.cdc.gov/vitalsigns/overdose-death-disparities/index.html>; Andrea M. Lopez, PhD, et al., Understanding Racial Inequities in the Implementation of Harm Reduction Initiatives, Am. J. of Public Health (2022), available at <https://ajph.aphapublications.org/doi/epdf/10.2105/AJPH.2022.306767>.

5. Pantea Farahmand, MD, MA, et al, Systematic Racism and Substance Use Disorders, Psychiatric Annals (2020), available at <https://www.marylandmacs.org/media/SOM/Microsites/MACS/Documents/Systemic-Racism-and-SUDs.pdf>. “Indigenous youth have more than a 500% higher mortality rate due to opioid-related overdose compared to the general population, as well as the largest percent change increase in number of deaths between 1991 and 2015. Black people are also disproportionately burdened by substance-related problems, with higher rates of morbidity, mortality, and adverse social and legal consequences.” Id.

6. *Id.*

7. Andrea M. Lopez, PhD, et al., *Understanding Racial Inequities in the Implementation of Harm Reduction Initiatives*, Am. J. of Public Health (2022), available at <https://ajph.aphapublications.org/doi/epdf/10.2105/AJPH.2022.306767>.

ENDNOTES

8. See Marcus Hughes, M.D., et al., *The Crucial Role of Black, Latinx, and Indigenous Leadership in Harm Reduction and Addiction Treatment*, Am J. of Pub. Health (Apr. 2022), available at <https://ajph.aphapublications.org/doi/10.2105/AJPH.2022.306807>.

9. *Id.*

10. Center for Community Health and Development at the Univ. of Kansas, *Community Tool Box: Section 16 – Geographic Information Systems: Tools*, available at <https://ctb.ku.edu/en/table-of-contents/assessment/assessing-community-needs-and-resources/geographic-information-systems/main>.

11. Esri, *Place Matters in the Helping Professions: GIS for Human and Social Services Organizations* (2011), available at <https://www.esri.com/library/whitepapers/pdfs/gis-for-human-svc-and-ssos.Pdf> at 4.

12. Sarah Treuhaft, *Community Mapping for Health Equity Advocacy*, PolicyLink (June 2009), available at https://www.policylink.org/sites/default/files/Community_Mapping_for_Health_Equity_Treuhaft.pdf.

13. Pantea Farahmand, MD, M.A. et al, Systematic Racism and Substance Use Disorders, *Psychiatric Annals* (2020), available at <https://www.marylandmacs.org/media/SOM/Microsites/MACS/Documents/Systemic-Racism-and-SUDs.pdf>.

14. Sarah Treuhaft, *Community Mapping for Health Equity Advocacy*, PolicyLink (June 2009), available at https://www.policylink.org/sites/default/files/Community_Mapping_for_Health_Equity_Treuhaft.pdf.

15. See *id.* at 5. “The Center for Community Innovation at the University of California, Berkeley is in the process of developing an early warning system to indicate risk of gentrification for Bay Area neighborhoods.”

ENDNOTES

16. An opioid-related incident (“ORI”) is a circumstance in which emergency medical services responded to a 911 call where opioid use was observed, reported or suspected. For the Lowell, MA effort, data for ORIs were not mapped in order to protect the privacy of people who survived the incidents. Syringe discard reports for 2011-2018 and opioid-related illness reports for 2008-2018 were documented in calls to 911 and provided by the local emergency services agency. All of the data from these efforts were then used to monitor and respond to ORIs to help prevent opioid overdose deaths and injection-related outcomes of new cases of hepatitis C and HIV infections in the city of Lowell.

17. Lisa LaPoint, Mapping the Shifting Opioid Epidemic to Aid Public Health Efforts, Tufts Now (Apr. 12, 2021), available at <https://now.tufts.edu/2021/10/12/mapping-shifting-opioid-epidemic-aid-public-health-efforts>.

18. Center for Community Health and Development at the Univ. of Kansas, Community Tool Box: Section 16 – Geographic Information Systems: Tools, available at <https://ctb.ku.edu/en/table-of-contents/assessment/assessing-community-needs-and-resources/geographic-information-systems/main>.

19. *Id.*

20. Jeremiah Lindemann, *Locating America's Opioid Crisis—Without the Stigma of Addiction*, Esri Blog (Oct. 29, 2019), available at <https://www.esri.com/about/newsroom/blog/locating-americas-opioid-crisis/>. See also *id.* Needle EXchange Technology (“NEXT”) Distro provides drug users with sterile injection equipment, naloxone, sharps containers, and a variety of health and educational resources. NEXT Distro uses location technology to locate and reach both local and rural communities. Their staff uses a geographic information system that includes visualization and access to Esri’s vast data collection. They also use GIS maps to identify areas of greater need. See generally *NEXT Distro, What is NEXT Distro?*, available at <https://nextdistro.org/>.

21. See Emily Widra & Nick Encalada-Malinowski, *Where People in Prison Come From: The Geography of Mass Incarceration in New York*, Prison Policy Initiative (June 2022), available at <https://www.prisonpolicy.org/origin/ny/2020/report.html>. New York is one of few states that enacted laws to prohibit the practice of prison gerrymandering (designing legislative districts by counting an incarcerated person’s legal residence as the place of incarceration instead of their homes), which ultimately changes the content of census data for counties and local cities. See generally Andrea Fenster, *How Many States have Ended Prison Gerrymandering? About a Dozen*!*, Prison Policy Initiative (Oct. 26, 2021), available at https://www.prisonersofthecensus.org/news/2021/10/26/state_count