

# LOVE TRUMPS HATE:

## Building People Power and Reshaping Political Struggles Toward Harm Reduction, Humanity, and Hope

By Bryn Gay

**H**arm reduction is essential life-saving healthcare for people who use drugs, some of the most stigmatized and marginalized people in the world. It is also part of a social justice movement calling for drug decriminalization and has been gaining acceptance as part of efforts to confront the failures and harms of the war on drugs. But harm reduction principles are useful far beyond the context of drug use; these ideas can underpin a broadly applied framework aimed at reducing harms of the current administration's anti-health, death-dealing policies, such as approval of state requirements that people work to receive Medicaid benefits and efforts to repeal the Affordable Care Act.<sup>1</sup> These harmful policies reduce healthcare access; dismantle gains in combating HIV, hepatitis C, and tuberculosis; undermine the response to the opioid epidemic; and violate the human rights and threaten the health of immigrants.<sup>2</sup> Candidates on the campaign trail should embrace harm-reduction principles and put forward a comprehensive public health response to the opioid and overdose crises in their political platforms. This will rebuild trust in our democratic system and signal that health is a nonnegotiable human right for everybody.

Harm reduction principles benefit everyone, regardless of where someone is on the political spectrum. Many of the values and policies of the current administration, such as cutting corporate taxes and regulations, feed on the deindustrialization, disenfranchisement, and debt economy affecting its political base—people who are largely disillusioned with democratic processes and policymakers that do little to represent their needs.<sup>3</sup> These policies move us closer to an era of neoliberal fascism in that they cater to corporate interests and expand the military-surveillance and private prison/detention industries, rather than respond to the economic, education, housing, health, and other social needs of the people most left behind.<sup>4</sup> Building people power and reshaping political struggles toward harm reduction

and compassion for humanity are required to ameliorate the current realities under late-stage capitalism: the organization of our economy characterized by supersized corporate power, automation, and wage stagnation, which contribute to stark inequalities and the shrinking middle class (see [Madoori and Johnson](#), page 13). These malcontent conditions can also incubate white supremacist ideologies,<sup>5</sup> which are used to weaponize the administration's base against immigrants and communities of color.

**T**he opioid and overdose syndemic, however, knows no borders: It cuts across racial, ethnic, economic, education, and employment status demographics.<sup>6</sup> Yet race and class are fundamentally intertwined with the syndemic, and they underpin our current political crises.<sup>7</sup> Public attention to the opioid epidemic increased as it hit white, middle-class, suburban communities, which may have had disproportionate access to the healthcare system and thus to opioid prescriptions.<sup>8</sup> By comparison, other drug epidemics, such as meth use in lower-income, rural communities and crack cocaine use in urban communities of color, have been met with more anti-drug, punitive approaches.<sup>9</sup> This is a critical time to push for a harm-reduction framework in our approach to the syndemic—and doing so will also help center the most affected communities as we combat HIV, viral hepatitis, and tuberculosis.

### Harm Reduction Is Life-Saving Healthcare

We need to break down stereotypes, stigma, and discrimination to build compassion for every loved one who has struggled with substance-use disorders and for every grieving family. Harm-reduction principles can help in this healing process at interpersonal and institutional levels.<sup>10</sup> They comprise values and practices that center the most vulnerable, stigmatized, and marginalized people and work to protect the rights of people who use drugs:

- **Health and dignity:** Drug use is inevitable, and we need to meet people where they are with respect and dignity. Some methods of drug use can be safer than others, and abstinence is not the only way to address substance use.
- **Participant-centered services:** Services should be nonjudgmental, voluntary, and with easy access. Options should be offered so that services can be adapted according to participants' needs.
- **Participant involvement:** People who use drugs should design and drive harm-reduction programs and policies according to their community and contextual needs.
- **Participant autonomy:** People who use drugs are their own experts and have the control in reducing the harms of drug use. Exchanging information and providing support can be sources of empowerment.
- **Addressing structural violence and social determinants of health:** Poverty, institutional racism, criminalization of drug use, and housing and food instability are some of the factors that affect how people can cope with the harms of drug use.
- **Pragmatism:** Drugs are part of our world, and there are real risks to drug use. We need prudence, evidence-based policies to monitor the syndemic and enact effective and responsive changes.

### 'They Talk, We Die!' Current Funding and Policy Initiatives Don't Measure Up

Unfortunately, candidates from both dominant political parties largely fall short, in national debates and along the campaign trail, because they fail to address the magnitude of the syndemic. This crisis has touched nearly every corner of the U.S. Overdoses are the No. 1 killer for Americans under 50, killing roughly 70,000 people each year and reducing U.S. life expectancy by four months.<sup>11</sup> They are killing more people than HIV/AIDS did at its peak, and overdoses currently kill more people than all infectious diseases in the U.S. combined.<sup>12</sup>

The Trump administration's 2018 initiative committed \$3 billion each year to the epidemic; funds are mostly earmarked for rehabilitation treatment centers, law

enforcement, and the criminal justice system.<sup>13,14</sup> There are some positive features: in 2018, approximately \$500 million was allocated to the National Institutes of Health for opioid use disorder research, and \$415 million went toward expanding access to medication-assisted treatment (MAT) in rural and underserved areas. However, the Government Accountability Office further shows how current initiatives are inadequate: While the administration has lifted regulations to help expedite states' access to MAT, more systemic approaches—such as expanding telehealth services in rural areas for substance-use disorders—are missing.<sup>15</sup>

Current legislative initiatives are steps in the right direction, but we need to go further. One piece of legislation, the SUPPORT for Patients and Communities Act, passed in October 2018, increased access to MAT and the overdose-reversal medication naloxone and focused on curbing the overprescription of opioids and illicit drug supplies.<sup>16</sup> By contrast, the Comprehensive Addiction Resources Emergency (CARE) Act, introduced in May and still pending, resembles the Ryan White Comprehensive AIDS Resources Emergency Act—the largest federal funding for tackling HIV.<sup>17</sup> The CARE Act would dedicate \$100 billion of federal funding over 10 years to address the syndemic.

### Building Power with Affected Communities and People with Lived Experience

It's clear that more comprehensive, sustainably funded, harm-reduction-oriented measures are needed to tackle the crises.<sup>18</sup> And it's crucial to remember that these intersect with responses to the HIV and hepatitis C virus epidemics (see [Lovinger and Gaudino](#)).

These efforts should begin with those affected by the epidemics. For example, worldwide drug user networks have the following demands, laid out in a joint statement in August on International Overdose Awareness Day:<sup>19</sup>

1. *Declare the overdose epidemic a public health emergency and allocate the necessary resources to tackling overdose deaths;*
2. *Introduce/ensure the safe supply of legal, pharmaceutical-grade drugs based on each person's substance of choice;*
3. *Provide support for drug consumption rooms/spaces so that people who use drugs can use*

*safely and securely. These spaces should be located and run in ways that are accessible and community-centered;*

4. *Ensure that naloxone is widely available and easy to access. Community-distributed naloxone programs are most likely to be successful because they are best placed to reach people who use drugs.*
5. *Advocate for the decriminalization of drugs and people who use drugs, as well as intersectional and allied criminalized populations, such as sex worker and LGBTQ communities; and further examine and rectify the ways the war on drugs has been used to disproportionately criminalize marginalized groups such as people of color, poor people, and/or queer and trans people*
6. *Meaningfully include the leadership of people who use drugs in the design, implementation, and monitoring and evaluation of policies, research and programs."*

Centering evidence-based, harm-reduction policies and the demands of people who use drugs would show that a candidate running for office prioritizes the health, rights, and dignity of this community. It is past time for a shift in rhetoric and policy that will help the healing process from the damage done by the current administration and the harmful policies under the war on drugs.

## Notes

*This article draws upon ideas in two works: Hardt M, Negri A. Multitude: War and democracy in the age of empire. New York: Penguin Books; 2004. p. 231–358. And Giroux HA. American nightmare: Facing the challenge of fascism. San Francisco, CA: City Lights; 2018. p. 23–62.*

1. Fadulu L. "Why states want certain Americans to work for Medicaid." The Atlantic [Internet]. 2019 April 12. <https://www.theatlantic.com/health/archive/2019/04/medicaid-work-requirements-seema-verma-cms/587026/>
2. Fitzsimons T. "Transgender ICE detainee died of AIDS complications, autopsy shows." NBC News [Internet]. 2019 April 17. <https://www.nbcnews.com/feature/nbc-out/transgender-ice-detainee-died-aids-complications-autopsy-shows-n994836>
3. Giroux HA. American nightmare: Facing the challenge of fascism. San Francisco, CA: City Lights; 2018. pp.23-62.
4. Ibid.
5. Coates T-N. "The first white president." The Atlantic [Internet]. 2017 October. <https://www.theatlantic.com/magazine/archive/2017/10/the-first-white-president-ta-nehisi-coates/537909/>
6. Database of Opioid Misuse Community Assessment Tool [Internet]. NORC at University of Chicago and the U.S. Department of Agriculture's USDA Rural Development; 2019 [cited 2019 October 1]. <https://opioidmisusetool.norc.org/>
7. Lopez G. "When a drug epidemic's victims are white." Vox [Internet]. 2017 April 4. <https://www.vox.com/identities/2017/4/4/15098746/opioid-heroin-epidemic-race>
8. Hall WJ, Chapman MV, Lee KM, et al. Implicit racial/ethnic bias among health care professionals and its influence on health care outcomes: a systematic review. Am J Public Health. 2015;105(12):e60–e76. doi:10.2105/AJPH.2015.302903
9. Drug Policy Alliance. The war on drugs: from prohibition to gold rush. 2016 September 15 (cited 2019 October 1). <https://www.youtube.com/watch?v=HSozqaVcOU8&feature=youtu.be>
10. Harm Reduction Coalition. Harm reduction principles [Internet]. n.d. (cited 2019 October 1). <https://harmreduction.org/about-us/principles-of-harm-reduction/>
11. Katz J and M Sanger-Katz. "'The numbers are so staggering.' Overdose deaths set a record last year. New York Times [Internet]. 2018 November 29. <https://www.nytimes.com/interactive/2018/11/29/upshot/fentanyl-drug-overdose-deaths.html?smid=nytcore-ios-share%20https://www.nytimes.com/interactive/2018/11/29/upshot/fentanyl-drug-overdose-deaths.html?smid=nytcore-ios-share&mtrref=undefined&gwh=B38E95DDF1279699034B00AAB90B5B99&gwt=pay&assetType=REGIWALL>
12. Ibid.
13. White House. President Donald J. Trump's initiative to stop opioid abuse and reduce drug supply and demand. Washington: White House. 2018 March 19. <https://www.whitehouse.gov/briefings-statements/president-donald-j-trumps-initiative-stop-opioid-abuse-reduce-drug-supply-demand/>
14. Lopez G. "The opioid epidemic is a crisis, but Trump isn't treating it like one." Vox [Internet]. 2019 February 5. <https://www.vox.com/policy-and-politics/2019/2/5/18207386/trump-opioid-epidemic-state-of-the-union-2019>
15. Government Accountability Office (U.S.). Opioid crisis: status of public health emergency authorities. Washington: GAO; 2018 September 26. <https://www.gao.gov/assets/700/694745.pdf>
16. Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act, or the SUPPORT for Patients and Communities Act. Pub. L: 115-271 (Oct. 24, 2018). <https://www.congress.gov/bill/115th-congress/house-bill/6>
17. Comprehensive Addiction Resources Emergency Act of 2019. H.R.2569/S.1365 116th Cong. (2019). [https://www.warren.senate.gov/imo/media/doc/CARE\\_Act.pdf](https://www.warren.senate.gov/imo/media/doc/CARE_Act.pdf)
18. hepCoalition. We need a comprehensive hepatitis C package of services for people who use and inject drugs! Fact sheet. New York: hepCoalition; 2019 July 26. <https://www.hepcoalition.org/advocate/campaigns/hepatitis-c-where-s-my-package/article/we-need-a-comprehensive-hepatitis-c-package-of-services-for-people-who-use-and>
19. Vincent L. "Joint statement from worldwide drug user networks on overdose awareness day." Medium blog. 2019 August 30. (cited 2019 October 1). [https://medium.com/@louise\\_92630/joint-statement-from-worldwide-drug-user-networks-on-overdose-awareness-day-2a26478a081b](https://medium.com/@louise_92630/joint-statement-from-worldwide-drug-user-networks-on-overdose-awareness-day-2a26478a081b)