

RESOURCES AVAILABLE TO PEOPLE WHO USE DRUGS: A CASE STUDY  
OF TUCSON AND COMPARED CITIES

By

ELISAVETA VESSELINOVA

---

A Thesis Submitted to The W.A. Franke Honors College

In Partial Fulfillment of the Bachelors degree  
With Honors in

Political Science

THE UNIVERSITY OF ARIZONA

M A Y 2 0 2 2

Approved by:

---

Dr. Anne Boustead  
Department of School of Government & Public Policy

# Abstract

People who use drugs are inherently marginalized due to the stigmatization they experience for their habits. At the same time, drug use is prevalent across many demographics, affecting any and all types of people. People's vulnerability increases after prolonged drug use, when others view them as "addicts" rather than an individual struggling with substance use disorder. It is important to provide people who use drugs with a variety of resources to help them meet their needs in this challenging context.

In this paper, I define a list of basic needs that people who use drugs might need help meeting. The needs identified are human rights (including housing, food security and employment), harm reduction, destigmatized health care (including mental health care), legal care, and social needs. Then, I conduct two case studies to investigate what public resources are available to meet these basic needs in Tucson, Arizona and Vancouver, Canada. Next, I compare and contrast the resources provided in these two cities, in order to identify the different government operated and privately organized resources available to the residents of the cities. This identification will highlight what resources work well and provide ideas for future resources that Tucson can provide. Finally, I include recommendations of what can be done to improve the resources that Tucson has to offer, as well as what can be done to maintain some policies created during the COVID-19 pandemic that came to provide vital resources to people who use drugs.

## Table of Contents

<b>Abstract.....</b>	<b>0</b>
<b>I. Introduction.....</b>	<b>2</b>
<b>II. Needs of People Who Use Drugs .....</b>	<b>4</b>
<b>A. Harm Reduction.....</b>	<b>5</b>
1. Safe Injection Facilities .....	6
2. Syringe Access .....	8
3. Other Harm Reduction .....	9
<b>B. Destigmatized Healthcare .....</b>	<b>11</b>
1. Psychological effects of stigmatized healthcare.....	11
2. Addressing stigmatized healthcare .....	13
<b>C. Human Rights .....</b>	<b>14</b>
1. Housing.....	14
2. Food Security.....	17
3. Employment .....	19
<b>D. Legal Care .....</b>	<b>22</b>
<b>E. Social Needs.....</b>	<b>26</b>
<b>III. Analysis .....</b>	<b>27</b>
<b>A. Tucson .....</b>	<b>28</b>
1. Human Rights .....	30
2. Harm Reduction.....	33
3. Health Care.....	34
4. Legal Care .....	35
5. Social Needs .....	36
<b>B. Vancouver .....</b>	<b>37</b>
1. Human Rights .....	38
2. Harm Reduction.....	41
3. Health Care.....	42
4. Legal Care .....	43
5. Social Needs .....	44
<b>IV. Discussion.....</b>	<b>45</b>
<b>A. A Catalog of Resources .....</b>	<b>45</b>
<b>B. Transportation Increases Access .....</b>	<b>47</b>
<b>C. Funding Resources .....</b>	<b>48</b>
<b>D. Introducing New Resources .....</b>	<b>50</b>
<b>V. Conclusion .....</b>	<b>51</b>

# I. Introduction

Jacob Guerrero died on May 30, 2020, from an overdose of fentanyl-laced cocaine. His mom, who noticed him growing more isolated with the quarantine orders set as a response to the COVID-19 pandemic, wondered whether his overdose could have been avoided if he had had more regular contact with friends.<sup>1</sup> She now participates in community events meant to bring public attention to the losses from the opioid crisis and carries Narcan - a drug meant to reverse an overdose long enough for an individual to obtain medical attention - in her purse in case “someone might need it.”<sup>2</sup>

Jacob Guerrero was only one of 75,673 Americans who died of opioid overdose in the twelve-month period from April 2020-April 2021 in the United States<sup>3</sup>. Since 1999, the United States has been experiencing increased mortality rates amongst middle-aged non-Hispanic whites without a college degree. This increase of mortality rates is linked to “trends in fatal drug overdose, alcohol-related disease and suicide” which have been referred to as “diseases of despair.”<sup>4</sup> In addition to the typical struggles associated with substance use disorder, the COVID-19 pandemic has led to an increased risk for people who use drugs due to prolonged periods of quarantine and isolation. In addition to the stress and loneliness brought on by the pandemic, isolation increases the risk of drug use. It has also been recorded that “mortality rates for disease

---

<sup>1</sup> Landers, J. (2021, May 4). *Tucson mom 'knew instantly knew he was dead': Drug overdoses surge during pandemic, piling tragedy upon tragedy*. Tucson Local Media. Retrieved December 2, 2021, from [https://www.tucsonlocalmedia.com/health\\_care/article\\_066b7bb4-ac3d-11eb-b2cf-032f59504d7c.html](https://www.tucsonlocalmedia.com/health_care/article_066b7bb4-ac3d-11eb-b2cf-032f59504d7c.html)

<sup>2</sup> Landers, J. (2021, May 4). *Tucson mom 'knew instantly knew he was dead': Drug overdoses surge during pandemic, piling tragedy upon tragedy*. Tucson Local Media. Retrieved December 2, 2021, from [https://www.tucsonlocalmedia.com/health\\_care/article\\_066b7bb4-ac3d-11eb-b2cf-032f59504d7c.html](https://www.tucsonlocalmedia.com/health_care/article_066b7bb4-ac3d-11eb-b2cf-032f59504d7c.html)

<sup>3</sup> Centers for Disease Control and Prevention. (2021, November 17). *Drug overdose deaths in the U.S. top 100,000 annually*. Centers for Disease Control and Prevention. Retrieved March 2022, from [https://www.cdc.gov/nchs/pressroom/nchs\\_press\\_releases/2021/20211117.htm](https://www.cdc.gov/nchs/pressroom/nchs_press_releases/2021/20211117.htm)

<sup>4</sup> Dasgupta, N., Beletsky, L., & Ciccarone, D. (2018). Opioid crisis: No easy fix to its social and economic determinants. *American Journal of Public Health, 108*(2), 182–186. <https://doi.org/10.2105/ajph.2017.304187>

of despair increased as county economic distress worsened.”<sup>5</sup> We can hypothesize that the hardships that the COVID-19 pandemic has brought to individuals, especially concerning economic uncertainties, we will see an increasing trend of mortality relating to diseases of despair.

There are several things that cities can do to address the opioid crisis in their communities. In the past, laws and policies focused on prohibition and criminalization of drugs, following the logic that criminalization will reduce the accessibility of drugs, therefore reducing long-term issues and overdoses. Through practice, that has not worked very well, because people are still able to access narcotics even when they are illegal. Some effects we have seen with prohibition and criminalization of drugs is the increase of drug-related incarcerations and increase of police corruption<sup>6</sup>.

Harm reduction is a group of policy interventions which focus on “reducing harm that is caused by both drug use and drug policies.”<sup>7</sup> Harm reduction seeks to address physical and mental health issues which may arise or be of heightened risk for people who use drugs. Harm reduction also focus on legal and political protections. In 1977, President Jimmy Carter addressed congress by stating “[p]enalties against drug use should not be more damaging to an individual than the use of the drug itself.”<sup>8</sup> This shows how people who use drugs often have

---

<sup>5</sup> Dasgupta, N., Beletsky, L., & Ciccarone, D. (2018). Opioid crisis: No easy fix to its social and economic determinants. *American Journal of Public Health, 108*(2), 182–186. <https://doi.org/10.2105/ajph.2017.304187>

<sup>6</sup> Faupel, C. E., Weaver, G., & Corzine, J. (2014). Chapter 14: Legal Responses to Drug Problems: Prohibition, Legalization, and Decriminalization. In *The Sociology of American Drug Use* (Third, pp. 444–447). essay, Oxford University Press.

<sup>7</sup> Faupel, C. E., Weaver, G., & Corzine, J. (2014). Chapter 14: Legal Responses to Drug Problems: Prohibition, Legalization, and Decriminalization. In *The Sociology of American Drug Use* (Third, p. 459). essay, Oxford University Press.

<sup>8</sup> Faupel, C. E., Weaver, G., & Corzine, J. (2014). Chapter 14: Legal Responses to Drug Problems: Prohibition, Legalization, and Decriminalization. In *The Sociology of American Drug Use* (Third, p. 459). essay, Oxford University Press.

complex needs, which may complicate efforts to help them through standardized social programs, such as pushing for abstinence from drugs, and punishing individuals when they fail to abstain.<sup>9</sup> Cities have attempted to introduce and, in some instances, increase resources for harm reduction for people to use drugs, some of which are governmentally funded programs or private organizations.

In this paper, I discuss the myriad needs of people who use drugs and compare the resources available in Tucson to those available in Vancouver to explore how Tucson can ensure the needs of people who use drugs are met. I begin by addressing and defining the different needs of people who use drugs, and why it is important that resources are available to support each need. In particular, I focus on harm reduction, health care, human rights, legal care, and social needs. Then I introduce two case studies of the currently available resources in the Tucson, Arizona metro area and the Vancouver, Canada metro area. Tucson and Vancouver have a lot of beneficial resources for their residents. Many of Vancouver's resources have been established for longer and have a standing and reputation which create a sense of trust in their community. Some of Vancouver's resources also provide many services at one location, which cuts down travel time which is very beneficial. I conclude the paper with a discussion of the faults in the resources and recommendations on how to address and potentially bridge any gaps.

## **II. Needs of People Who Use Drugs**

People who use drugs have both the same basic human needs as most people, as well as particular needs due to their drug use. Their status as people who use drugs increases their

---

<sup>9</sup> Faupel, C. E., Weaver, G., & Corzine, J. (2014). Chapter 14: Legal Responses to Drug Problems: Prohibition, Legalization, and Decriminalization. In *The Sociology of American Drug Use* (Third, pp. 444–447). essay, Oxford University Press.

vulnerability due to stigmatization and alienation from society. This vulnerability sometimes increases the difficulty for people who use drugs to meet their basic human needs, such as finding shelter. People who use drugs may also be part of different vulnerable communities struggling to meet their needs.

In this section, I review the critical needs of people who use drugs, focusing on the ways in which their status as drug users may complicate what they need or how they are able to get it. Firstly, I discuss the need for harm reduction, as well as different options that might aid people who use drugs. Secondly, I discuss the need for healthcare and how people who use drugs struggle to meet this need due to stigmatization. Thirdly, I focus on different human rights such as housing, food security, and employment, and the difficulties people who use drugs face trying to maintain these necessities. Fourthly, I explore a new term that I have named “legal care” focusing on legal issues and assistance that people who use drugs might require. Finally, I explore the social needs of people who use drugs.

## **A. Harm Reduction**

There are many costs associated with drug use and substance use disorders. The use of different illicit substances can lead to different health concerns, mental harm, and societal harm. Still, eliminating all cases of drug use and substance use dependencies is a very unrealistic goal that will never be fulfilled. Rather than eliminating use, many policies focus on reducing the risks associated with drug use, so that the person using the drugs is safer than they would normally be.

Safe injection facilities and syringe access programs are critical harm reduction strategies that focus mainly on people who use injection drugs and the harms associated with injection drug use. Safe injection facilities provide users with a safe space to use injection drugs, where they are

away from the social and health related risks associated with using injection drugs on the street. Syringe access is a type of need for people who use injection drugs, because access to sterile and unused needles is essential for limiting the spread of bloodborne diseases. While some syringe injection facilities have a syringe access program within them, they are more difficult to introduce to the community because they face more pushback from governments and opponents to drug use. Comparatively, syringe access programs are easier to implement, because a lot of the infrastructure needed to create them is already in place.

## 1. Safe Injection Facilities

Safe injection facilities are a controversial type of harm reduction. Many opponents of safe injection facilities argue that they are providing incentives for people to use drugs rather than helping people stop their use.<sup>10</sup> On the other hand, supporters of safe injection facilities argue that people who use drugs will find a way to use drugs, it is better and safer for them to be provided with a designated space that is clean and monitored where they can use drugs.<sup>11</sup>

Insite, the first Safe Injection Facility in North America was opened in Vancouver in 2003<sup>12</sup> and is still open to this day in 2022. They require the individuals who use the service to bring their own drugs, but they provide sterile equipment and safe rooms to inject drugs. The workers at the safe injection facility do not aid the individuals with the drug-taking process. They help by providing supervision which is beneficial because it allows for an immediate response if

---

<sup>10</sup> Cohen, J. (2018, November 29). *Supervised injection facilities face obstacles, but that shouldn't stop them*. Health Affairs Forefront. Retrieved May 2, 2022, from <https://www.healthaffairs.org/doi/10.1377/forefront.20181127.121405/full/>

<sup>11</sup> Thakrar, K., Nenner, K., & Agmas, W. (2020). Harm reduction services to prevent and treat infectious diseases in people who use drugs. *Infectious Disease Clinics of North America*, 34(3), 605–620. <https://doi.org/10.1016/j.idc.2020.06.013>

<sup>12</sup> Thakrar, K., Nenner, K., & Agmas, W. (2020). Harm reduction services to prevent and treat infectious diseases in people who use drugs. *Infectious Disease Clinics of North America*, 34(3), 605–620. <https://doi.org/10.1016/j.idc.2020.06.013>

someone were to experience an overdose. The response time to a drug overdose can be the difference between life and death.

While safe injection facilities do not provide people who use drugs with the drugs themselves, they provide them with equipment so that they can engage in drug use safely. Many safe injection facilities provide participants with sterile needles, which can significantly reduce the chances of an individual becoming infected with a viral disease. HIV and Hepatitis C infections are very common among people who use drugs because of the prevalence of needle sharing.<sup>13</sup> Using non-sterile needles increases your chances of contracting a bloodborne disease but sharing needles with others further increases those chances.

If caught and treated on time, Hepatitis C can be cured through medication. There is a high chance that Hepatitis C can evolve into a chronic infection which can lead to more severe health issues.<sup>14</sup> Human Immunodeficiency Virus or HIV is a chronic virus with no present cure, but it does have treatment options such as antiretroviral therapy or ART to help manage the symptoms.<sup>15</sup> These two diseases are largely prevalent in populations of people who use drugs as well as men who have sex with men.<sup>16</sup> The reason for the prevalence of these diseases in the population of people who use drugs is directly caused by the sharing of dirty needles.

---

<sup>13</sup> Jürgens, R., Csete, J., Amon, J. J., Baral, S., & Beyrer, C. (2010). People who use drugs, HIV, and human rights. *The Lancet*, 376(9739), 475–485. [https://doi.org/10.1016/s0140-6736\(10\)60830-6](https://doi.org/10.1016/s0140-6736(10)60830-6)

<sup>14</sup> Lauer, G. M., & Walker, B. D. (2001). Hepatitis C Virus Infection. *New England Journal of Medicine*, 345(1), 41–52. <https://doi.org/10.1056/nejm200107053450107>

<sup>15</sup> Dahabieh, M. S., Battivelli, E., & Verdin, E. (2015). Understanding HIV latency: The Road to an HIV Cure. *Annual Review of Medicine*, 66(1), 407–421. <https://doi.org/10.1146/annurev-med-092112-152941>

<sup>16</sup> Taylor, L. E., Swan, T., & Matthews, G. V. (2013). Management of Hepatitis C Virus/HIV Coinfection Among People Who Use Drugs in the Era of Direct-Acting Antiviral–Based Therapy. *Clinical Infectious Diseases*, 57(suppl\_2), S118–S124. <https://doi.org/10.1093/cid/cit326>

## 2. Syringe Access

One of the main concerns with harm reduction is supplying people who use injection drugs with sterile needles. Sharing needles with others increases the risk of infection, especially HIV and Hepatitis C because of the blood contamination. Even if an individual does not share their needles with others, using a needle more than once can cause health risks. Once a needle is used it becomes contaminated and starts to break. If a person continues injecting themselves with it they can introduce bacteria and other dangerous particles to their body causing infections, as previously mentioned.

Syringes are not only used in the context of injecting illicit drugs. For example, people and animals who suffer from diabetes need syringes in order to inject themselves with insulin. For that reason, syringes are sold at pharmacies. Some states have limited the sale of syringes to require a prescription. Arizona is one state that does not require a prescription to purchase syringes.<sup>17</sup> However, being able to purchase syringes without a prescription is not as easy as it seems.

Stigmatized opinions against drug use are very common and can lead to reduced access to programs and systems that were created to help and protect people who use drugs. A study in Arizona<sup>18</sup> found that even though you should be able to purchase syringes without a prescription, the pharmacists will take it upon themselves to restrict a sale to someone whom they suspect will use the syringes to use drugs. Participants in the study noted that if their drug use was apparent to

---

<sup>17</sup> Meyerson, B. E., Lawrence, C. A., Cope, S. D., Levin, S., Thomas, C., Eldridge, L. A., Coles, H. B., Vadieli, N., & Kennedy, A. (2019). I could take the judgment if you could just provide the service: Non-prescription syringe purchase experience at Arizona pharmacies, 2018. *Harm Reduction Journal*, 16(1). <https://doi.org/10.1186/s12954-019-0327-1>

<sup>18</sup> Meyerson, B. E., Lawrence, C. A., Cope, S. D., Levin, S., Thomas, C., Eldridge, L. A., Coles, H. B., Vadieli, N., & Kennedy, A. (2019). I could take the judgment if you could just provide the service: Non-prescription syringe purchase experience at Arizona pharmacies, 2018. *Harm Reduction Journal*, 16(1). <https://doi.org/10.1186/s12954-019-0327-1>

the pharmacist, they would have a harder time obtaining syringes, and the demeanor of the pharmacist changed in a negative and stigmatizing way. They also noted that there is no consistency in purchasing syringes at pharmacies, potentially because of different policies throughout different pharmacy chains. However, participants noted that if they were able to successfully purchase syringes at a pharmacy once, and they later go back to the same location to buy more they have received completely different service and could be denied syringes during additional visits. This adds an unnecessary hurdle for individuals when they are trying to acquire new and sterile needles.

When facing these added difficulties, individuals will often give up trying to purchase sterile needles. This will lead them to reuse and/or share needles with others. This often reverts back to the initial problems that reusing and/or sharing needles bring.

In addition to difficulties when acquiring sterile needles, there are issues with inconsistent law and policies. It is legal to purchase syringes in Arizona without a prescription, but the possession of drug paraphernalia is illegal.<sup>19</sup> Many times, people who use drugs feared that they would be able to purchase the sterile needles from pharmacies, but once they acquire the syringes and leave the store, they will be arrested on charges related to the possession of drug paraphernalia. The potential risk of facing criminal charges for the possession of drug paraphernalia will deter individuals from purchasing sterile syringes.

### **3. Other Harm Reduction**

Naloxone (which is frequently referred to by the brand name Narcan) is discussed as a tool of harm reduction. Naloxone helps in emergencies when an individual is experiencing an

---

<sup>19</sup> Meyerson, B. E., Lawrence, C. A., Cope, S. D., Levin, S., Thomas, C., Eldridge, L. A., Coles, H. B., Vadieli, N., & Kennedy, A. (2019). I could take the judgment if you could just provide the service: Non-prescription syringe purchase experience at Arizona pharmacies, 2018. *Harm Reduction Journal*, 16(1). <https://doi.org/10.1186/s12954-019-0327-1>

overdose by reducing or stopping the overdose for long enough that the individual can be taken and treated at an emergency room.<sup>20</sup> One of the biggest issues with naloxone is when people assume that they have successfully reversed an overdose and do not bring the individual in for medical treatment.<sup>21</sup> Oftentimes the people helping administer the naloxone to the overdosing individual are scared to take them to the emergency room for medical care because they too might have used illicit drugs. They are afraid that by helping their friend get help they will be punished for their own drug use. Therefore, it is important to have good Samaritan laws, which give protections to individuals trying to help their friends even though they might have been partaking in the same illegal activity.<sup>22</sup> These Good Samaritan laws encourage individuals to get help during an emergency rather than try to mend the issue on their own.

Testing kits are another harm reduction strategy. There are high chances that illicit drugs are contaminated with harsher and more dangerous drugs because there is no quality control for illicit substances. There have been increasing instances where fentanyl has been found in heroin supplies.<sup>23</sup> Fentanyl is a lot more potent and a lot more dangerous than heroin, but to the naked eye is impossible to detect. Providing individuals with testing kits will allow them to test if there is contamination. Safe injection facilities sometimes provide individuals with testing kits, but maybe they can be provided outside of Safe injection facilities. They can potentially be given out at syringe exchange programs or be available to purchase at pharmacies.

---

<sup>20</sup> Rees, D. I., Sabia, J. J., Argys, L. M., Dave, D., & Latshaw, J. (2019). With a little help from my friends: The effects of good samaritan and Naloxone access laws on opioid-related deaths. *The Journal of Law and Economics*, 62(1), 1–27. <https://doi.org/10.1086/700703>

<sup>21</sup> Rees, D. I., Sabia, J. J., Argys, L. M., Dave, D., & Latshaw, J. (2019). With a little help from my friends: The effects of good samaritan and Naloxone access laws on opioid-related deaths. *The Journal of Law and Economics*, 62(1), 1–27. <https://doi.org/10.1086/700703>

<sup>22</sup> Rees, D. I., Sabia, J. J., Argys, L. M., Dave, D., & Latshaw, J. (2019). With a little help from my friends: The effects of good samaritan and Naloxone access laws on opioid-related deaths. *The Journal of Law and Economics*, 62(1), 1–27. <https://doi.org/10.1086/700703>

<sup>23</sup> Krishnan, M. (2021, November 3). *Drug users are nostalgic for 'old-school heroin' as fentanyl takes over*. VICE. Retrieved February 1, 2022, from <https://www.vice.com/en/article/5dgzq8/fentanyl-has-overtaken-heroin-market>

## B. Destigmatized Healthcare

Harm reduction is not the only need for people who use drugs. People who use drugs often have complex medical risks, because they might face complications which need immediate attention. Healthcare is a crucial need in emergency situations, as well as a necessity of everyday life for all populations. People who use drugs unfortunately experience increased difficulties accessing healthcare because of stigmatization against drugs and drug use.

People who use drugs might have a very different experience from the general population when they seek health care. Once their status as a person who uses drugs is revealed to the healthcare professionals, they tend to treat them differently, “prioritize[ing] substance use as the primary and sometimes singular medical issue to address, even though none of the participants sought medical care to address their substance use.”<sup>24</sup> The stigma of using drugs is reflected in treatment from healthcare providers, who may start to blame the individuals' issues which caused them to seek healthcare on the fact that they use drugs, and they will refuse to explore other possibilities. This leads to frustration within the patient, and they often leave without a solution.<sup>25</sup>

### 1. Psychological effects of stigmatized healthcare

When people who use drugs seek healthcare and receive constant stigmatization and lack of help, they start to believe the things that are said to them or said about them. Researchers found that due to the treatment they received, people who use drugs internalized treatment they received, “fe[eling] that pharmacy staff beliefs were summaries about them as people, as

---

<sup>24</sup>Meyerson, B. E., Russell, D. M., Kichler, M., Atkin, T., Fox, G., & Coles, H. B. (2021). I don't even want to go to the doctor when I get sick now: Healthcare experiences and discrimination reported by People Who Use Drugs, Arizona 2019. *International Journal of Drug Policy*, 93, 103112. <https://doi.org/10.1016/j.drugpo.2021.103112>

<sup>25</sup> Meyerson, B. E., Russell, D. M., Kichler, M., Atkin, T., Fox, G., & Coles, H. B. (2021). I don't even want to go to the doctor when I get sick now: Healthcare experiences and discrimination reported by People Who Use Drugs, Arizona 2019. *International Journal of Drug Policy*, 93, 103112. <https://doi.org/10.1016/j.drugpo.2021.103112>

opposed to biases against the behavior of injection drug use”.<sup>26</sup> Most of the negative treatment they receive stems from the healthcare professionals not agreeing with their lifestyles. After experiencing so much negativity, they change their behavior to receive better service.

“Participants reported internalized and anticipatory stigma about appearance such as ‘looking like a druggie,’ ‘looking homeless,’ or having track on their arms,” so they consciously try to change their appearance or cover indicators of drug use when they go to receive certain services.<sup>27</sup>

Some healthcare professionals change their treatment when discovering that a patient uses drugs. There are instances where they turn colder, and the patients recognize a shift in the style of questioning. Some more direct healthcare workers tell the patients that treating them is “a waste of time,” and that the patients will resort to using drugs and hurting themselves again.<sup>28</sup> Beth Meyerson notes that, “in order for people who use drugs to receive proper medical treatment without social mistreatment and physical harm, PWUD would need to entirely hide their substance use histories or delay healthcare generally.”<sup>29</sup> This is not much of a solution, for example in emergency situations, people cannot delay treatment, they would have to settle for improper medical care.

---

<sup>26</sup> Meyerson, B. E., Lawrence, C. A., Cope, S. D., Levin, S., Thomas, C., Eldridge, L. A., Coles, H. B., Vadieli, N., & Kennedy, A. (2019). I could take the judgment if you could just provide the service: Non-prescription syringe purchase experience at Arizona pharmacies, 2018. *Harm Reduction Journal*, 16(1). <https://doi.org/10.1186/s12954-019-0327-1>

<sup>27</sup> Meyerson, B. E., Lawrence, C. A., Cope, S. D., Levin, S., Thomas, C., Eldridge, L. A., Coles, H. B., Vadieli, N., & Kennedy, A. (2019). I could take the judgment if you could just provide the service: Non-prescription syringe purchase experience at Arizona pharmacies, 2018. *Harm Reduction Journal*, 16(1). <https://doi.org/10.1186/s12954-019-0327-1>

<sup>28</sup> Meyerson, B. E., Russell, D. M., Kichler, M., Atkin, T., Fox, G., & Coles, H. B. (2021). I don't even want to go to the doctor when I get sick now: Healthcare experiences and discrimination reported by People Who Use Drugs, Arizona 2019. *International Journal of Drug Policy*, 93, 103112. <https://doi.org/10.1016/j.drugpo.2021.103112>

<sup>29</sup> Meyerson, B. E., Russell, D. M., Kichler, M., Atkin, T., Fox, G., & Coles, H. B. (2021). I don't even want to go to the doctor when I get sick now: Healthcare experiences and discrimination reported by People Who Use Drugs, Arizona 2019. *International Journal of Drug Policy*, 93, 103112. <https://doi.org/10.1016/j.drugpo.2021.103112>

The treatment that people who use drugs face in healthcare is hostile. Rather than helping them, the healthcare workers blame the patients, disregard their issues, and refuse to provide helpful service. After being routinely treated this way people who use drugs stop seeking medical treatment because they are severely discouraged.<sup>30</sup> This forces people who use drugs who are vulnerable and need medical care to avoid it which can cause worse health complications over time.

## 2. Addressing stigmatized healthcare

One of the main ways to lessen stigma against people who use drugs is by training health care professionals. Reducing stigma is important and training to reduce stigma should be introduced in different work fields. This helps professionals, like first responders and medical staff, know how to interact with and treat vulnerable populations.<sup>31</sup> This type of training hopes to alleviate the stigma that professionals have towards certain groups of people, and to become more open-minded, understanding, and, hopefully, compassionate.

It is most effective to destigmatize these professionals while they are still students. A reasonable hypothesis is, the earlier the students receive de-stigmatization training, the more effective and long-lasting it will be throughout the course of their careers. A group of researchers conducted a study in a Pennsylvania college to try to have their PA students unlearn prejudices they have towards drugs and drug use. The study took place during a “10-week introductory psychiatry course at a small private college”, the study itself only took three hours of the allotted course time. The intervention they employed consisted of reading materials, which showed the

---

<sup>30</sup> Meyerson, B. E., Russell, D. M., Kichler, M., Atkin, T., Fox, G., & Coles, H. B. (2021). I don't even want to go to the doctor when I get sick now: Healthcare experiences and discrimination reported by People Who Use Drugs, Arizona 2019. *International Journal of Drug Policy*, 93, 103112. <https://doi.org/10.1016/j.drugpo.2021.103112>

<sup>31</sup> Corrigan, P. W., & Penn, D. L. (1999). Lessons from social psychology on discrediting Psychiatric Stigma. *American Psychologist*, 54(9), 765–776. <https://doi.org/10.1037/0003-066x.54.9.765>

positive effects of destigmatization, lectures, including a firsthand account from “a person in recovery from alcohol addiction”, the showing of the film “Flight” and a self-reflection about their attitudes toward addiction.<sup>32</sup> The study found that even though some students’ prejudices regarding certain substances lessened, this decrease was not statistically significant, and their prejudices did not lessen for all drugs.<sup>33</sup> This study shows us that de-stigmatization through education might be possible. It would be interesting to see if there are more significant effects if the destigmatization class had a semester-long curriculum, rather than three, one-hour class interventions.

If we are able to stop the stigma at the source, we can benefit more people. People who use drugs could receive the proper healthcare that they deserve. They won’t be afraid or avoid seeking medical care when they need it. The individual, as well as their friends, would feel more comfortable seeking care during times of emergency, such as overdoses, rather than trying to remedy the issue themselves and doing more harm than good.

## **C. Human Rights**

### **1. Housing**

Housing is a human need. We are taught in grade school that the three basic human needs are food, water, and shelter, yet homelessness is an issue faced worldwide. Because of the necessity for shelter, there is infrastructure, such as homeless shelters or women's shelters, set up

---

<sup>32</sup> Crapanzano, K., Vath, R. J., & Fisher, D. (2014). Reducing Stigma Towards Substance Users Through an Educational Intervention: Harder Than It Looks. *Academic Psychiatry, 38*(4), 420–425. <https://doi.org/10.1007/s40596-014-0067-1>

<sup>33</sup> Crapanzano, K., Vath, R. J., & Fisher, D. (2014). Reducing Stigma Towards Substance Users Through an Educational Intervention: Harder Than It Looks. *Academic Psychiatry, 38*(4), 420–425. <https://doi.org/10.1007/s40596-014-0067-1>

to provide temporary housing. Not all homelessness is long-term, and homeless shelters do provide short-term solutions, but what about individuals who might need more long-term assistance?

In “A Cross-sectional study of factors associated with unstable housing among marginalized people who use drugs in Ottawa Canada”, a group of researchers did not find an association between housing and injection drug use, particularly opiate use.<sup>34</sup> Rather they found that lack of housing has stronger associations with lower age, lower-income, lack of disability support, and incarceration. Some of these categorizations can have overlap with people who use drugs, so just because this study did not find an association between unstable housing and people who use drugs, that doesn’t mean that people who use drugs never experience unstable housing.

There are several circumstances that may be connected to substance use and can also have the effect of making it difficult to find housing. In some instances, a lack of disability support can cause people to turn to illicit substances to manage their pain.<sup>35</sup> There are many reasons people might turn to illicit substances rather than prescription drugs. People might lack the health insurance needed to obtain prescription drugs. Prescription drugs can also become too expensive causing people to look for cheaper alternatives, and/or individuals believe that prescription pain relief does not work as well as illicit narcotics, and it is a matter of preference.<sup>36</sup> Incarceration can also be associated with substance use. Many incarcerated individuals are serving time for illicit drug-related charges. Once they finish their sentence, they

---

<sup>34</sup> Rowlands Snyder, E. C., Boucher, L. M., Bayoumi, A. M., Martin, A., Marshall, Z., Boyd, R., LeBlanc, S., Tyndall, M., & Kendall, C. E. (2021). A cross-sectional study of factors associated with unstable housing among marginalized people who use drugs in Ottawa, Canada. *PLOS ONE*, 16(7). <https://doi.org/10.1371/journal.pone.0253923>

<sup>35</sup> Andrew Ivsins & Kevin Yake (2018): Looking beyond harm: meaning and purpose of substance use in the lives of marginalized people who use drugs, *Drugs: Education, Prevention and Policy*, DOI: 10.1080/09687637.2018.1497145

<sup>36</sup> Andrew Ivsins & Kevin Yake (2018): Looking beyond harm: meaning and purpose of substance use in the lives of marginalized people who use drugs, *Drugs: Education, Prevention and Policy*, DOI: 10.1080/09687637.2018.1497145

can have difficulties finding jobs due to their felony statuses which leads to unstable housing, a study in Ottawa, Canada found that “[i]ncarceration within the previous year more than doubled the odds of unstable housing”.<sup>37</sup>

Another classification of people who use drugs and struggle with housing instabilities are women who use drugs. While many of the housing instability issues are present across all classifications and personal identities there are specific difficulties that occur with women especially. Women are in general a more vulnerable population, they are often victimized and stigmatized. Women are also more susceptible to different types of violence because they are perceived as weaker.<sup>38</sup>

In the study “Surviving the housing crisis: Social violence and the production of evictions among women who use drugs in Vancouver Canada”, researchers studied women in Vancouver living in a type of low-income housing called Single Room Accommodations (SRAs).<sup>39</sup> In Vancouver there exist government funded SRA’s and private SRAs. Having such accommodations helps to provide housing for lower-income individuals, which can remedy housing issues. There are issues that exist within this type of housing, for example, the women at these SRAs often feel like there are privacy issues. These issues occur at both ends of the spectrum. Over-policing occurs, where their every action is observed causing them to lack privacy because they can lead to room searches and potential evictions for unacceptable behavior

---

<sup>37</sup>Rowlands Snyder, E. C., Boucher, L. M., Bayoumi, A. M., Martin, A., Marshall, Z., Boyd, R., LeBlanc, S., Tyndall, M., & Kendall, C. E. (2021). A cross-sectional study of factors associated with unstable housing among marginalized people who use drugs in Ottawa, Canada. *PLOS ONE*, *16*(7). <https://doi.org/10.1371/journal.pone.0253923>

<sup>38</sup> Collins, A. B., Boyd, J., Damon, W., Czechaczek, S., Krüsi, A., Cooper, H., & McNeil, R. (2018). Surviving the housing crisis: Social violence and the production of evictions among women who use drugs in Vancouver, Canada. *Health & Place*, *51*, 174–181. <https://doi.org/10.1016/j.healthplace.2018.04.001>

<sup>39</sup> Collins, A. B., Boyd, J., Damon, W., Czechaczek, S., Krüsi, A., Cooper, H., & McNeil, R. (2018). Surviving the housing crisis: Social violence and the production of evictions among women who use drugs in Vancouver, Canada. *Health & Place*, *51*, 174–181. <https://doi.org/10.1016/j.healthplace.2018.04.001>

or belongings such as drug paraphernalia. On the other side of the spectrum issues regarding lack of security exist. Sometimes unauthorized people enter the buildings which increase the harm to the women; these unauthorized people can include former partners or former clients. The women in this study mentioned that at times they find themselves sleeping on the street because it can be safer than sleeping at their SRA.

## 2. Food Security

The major basic human need is food. Food is necessary for survival, and if you go without food for a certain period you can face severe health decline and even death. There are different programs that provide individuals with food whether they have shelter to cook on their own or not. Grocery stores and restaurants contribute to massive amounts of food waste. There has been recent legislation making it illegal to throw out edible food and essentially forcing grocery stores to donate edible food to food banks and similar programs.<sup>40</sup> Food banks and other types of food distribution programs allow people to sign up for a service that allows them to receive food if they cannot afford to purchase it on their own. These services usually allow their participants to receive groceries at certain times, usually, they allow weekly collections. Homeless shelters might also provide the people they serve with a certain number of meals daily.

Food assistance programs are other types of government-funded programs which allow low-income individuals to have access to food. In Arizona, the Supplemental Nutrition Assistance Program provides government assistance from families or college students to

---

<sup>40</sup>Blodgett, T. (2022, January 2). *New California law requires food to be donated, not tossed*. cbs8.com. Retrieved March 1, 2022, from <https://www.cbs8.com/article/news/local/new-california-law-looks-curb-food-waste/509-fdfeff2e-a34a-40d9-a198-fa75336f5e53#:~:text=Among%20the%2043%20new%20bills,out%20of%20the%20state's%20landfills.&text=SAN%20DIEGO%20COUNTY%2C%20Calif.>

purchase food if they meet the eligibility requirements.<sup>41</sup> These types of programs allow for individual choice on the foods that are being purchased.

One of the main issues that people who use drugs face when trying to participate in these food stability programs is rejection from the programs due to their drug use. Many individuals have noted that once food assistance programs discover a person's drug use, they reject them from accessing the food programs. A study of food insecurity and injection drug use in San Francisco, California found that "it is possible that not directly using syringe exchange services and concern with arrest for drug paraphernalia indicated an elevated fear of exposure as PWID. This fear of exposure could also impair use of food distribution centers."<sup>42</sup> Due to this fear of rejection and exposure people who use drugs avoid using other programs such as syringe exchanges because they weigh their need to receive food is more important than their need to receive sanitary syringes.

A proposed solution to preventing avoidance of programs is to combine food distribution programs with syringe exchange programs.<sup>43</sup> This combination would benefit people who use drugs. First, it would save them time and money. They would be able to access both programs at once. They will not have to plan their day to travel from one program to another, which can bring in transportation costs. Second, they would not have to choose one program over another. The fear of rejection from food distribution programs that exist now would not be an issue if the programs are combined. Finally, heroin use is associated to be twice as likely to have moderate-

---

<sup>41</sup> *Supplemental Nutrition Assistance Program (SNAP)*. Food and Nutrition Service U.S. Department of Agriculture. (2021, August 16). Retrieved February 1, 2022, from <https://www.fns.usda.gov/snap/supplemental-nutrition-assistance-program>

<sup>42</sup> Schmitz, J., Kral, A. H., Chu, D., Wenger, L. D., & Bluthenthal, R. N. (2016). Food insecurity among people who inject drugs in Los Angeles and San Francisco. *Public Health Nutrition*, 19(12), 2204–2212. <https://doi.org/10.1017/s1368980016000306>

<sup>43</sup> Schmitz, J., Kral, A. H., Chu, D., Wenger, L. D., & Bluthenthal, R. N. (2016). Food insecurity among people who inject drugs in Los Angeles and San Francisco. *Public Health Nutrition*, 19(12), 2204–2212. <https://doi.org/10.1017/s1368980016000306>

to-severe food insecurities when compared to other drugs. Heroin and opioids in general are one of the main types of injection drugs. The combination of syringe exchange food distribution programs has the potential to lessen the amount of food insecurity that heroin users face.

### 3. Employment

Economic security is a need for human sustainability, especially in western countries with predominantly capitalist economies. Money is required to buy anything and everything. In some places even using the restroom is reserved “for paying customers only.” One of the best ways to gain some sort of economic security is through employment, though even with some minimum wage job opportunities, the cost of living isn’t met.<sup>44</sup>

Getting a job is often easier said than done. Many employment practices exist which disproportionately hurt people who use drugs from becoming employed in the first place. Under the “Drug-Free Workplace Act” federal contractors and grantees are required to “certify a drug-free workplace.”<sup>45</sup> While the Drug-Free Workplace Act does not affect private companies an employer’s many “subscribe to its principles,”<sup>46</sup> mainly for the goal of worker/ workplace safety. Sometimes a drug test and a background check are required before the official job offer, called a “pre-employment screening”.<sup>47</sup> If the applicant fails the drug test or has something flagged in the background check they are no longer considered for employment.

---

<sup>44</sup> Bloomenthal, A. (2022, March 29). *Can a family survive on the US minimum wage?* Investopedia. Retrieved May 1, 2022, from <https://www.investopedia.com/articles/personal-finance/022615/can-family-survive-us-minimum-wage.asp>

<sup>45</sup> Faupel, C. E., Weaver, G., & Corzine, J. (2014). Chapter 9: Economic Correlates of Drug use. In *The Sociology of American Drug Use* (Third, pp. 290–291). essay, Oxford University Press.

<sup>46</sup> Faupel, C. E., Weaver, G., & Corzine, J. (2014). Chapter 9: Economic Correlates of Drug use. In *The Sociology of American Drug Use* (Third, pp. 290–291). essay, Oxford University Press.

<sup>47</sup> Faupel, C. E., Weaver, G., & Corzine, J. (2014). Chapter 9: Economic Correlates of Drug use. In *The Sociology of American Drug Use* (Third, p. 292). essay, Oxford University Press.

Some jobs also have periodic “post-employment” drug testing, these tests may “be given with cause...or randomly as a deterrence mechanism.”<sup>48</sup> If the employee fails those drug tests, they can face repercussions such as suspension or termination of employment. For drugs such as marijuana, which might not be considered illicit in a certain state, the policies for the company might be stricter. Employees might legally be able to partake in the recreational use of marijuana, but they might not be allowed to use it depending on their work contract. In these cases, even though you’re not breaking the law, you can still face termination.

One option for employment for people who use drugs are low threshold job opportunities.<sup>49</sup> Low- threshold job opportunities are commonly referenced in discussions for disability employment, they are job opportunities which require low-demands from employees which allow for even severely disabled individuals to have access to employment.<sup>50</sup> In the context of People who use drugs, low threshold jobs refer to stipendiary volunteer opportunities, these can be long term opportunities at an organization, or they can be one-time volunteer opportunities.<sup>51</sup> These jobs provide people who use drugs employment opportunities, while allowing them to still use drugs. The caveat for keeping these jobs is making sure that the individual’s drug use does not interfere with the job and tasks that they need to complete. A lot of the low threshold job opportunities that I researched were found at safe injection facilities and

---

<sup>48</sup> Faupel, C. E., Weaver, G., & Corzine, J. (2014). Chapter 9: Economic Correlates of Drug use. In *The Sociology of American Drug Use* (Third, p. 292). essay, Oxford University Press.

<sup>49</sup> Bardwell, G., Anderson, S., Richardson, L., Bird, L., Lampkin, H., Small, W., & McNeil, R. (2018). The perspectives of structurally vulnerable people who use drugs on volunteer stipends and work experiences provided through a drug user organization: Opportunities and limitations. *International Journal of Drug Policy*, 55, 40–46. <https://doi.org/10.1016/j.drugpo.2018.02.004>

<sup>50</sup> Broersen, J. P. J., Mulders, H. P. G., Schellart, A. J. M., & van der Beek, A. J. (2012). The identification of job opportunities for severely disabled sick-listed employees. *BMC Public Health*, 12(1). <https://doi.org/10.1186/1471-2458-12-156>

<sup>51</sup> Bardwell, G., Anderson, S., Richardson, L., Bird, L., Lampkin, H., Small, W., & McNeil, R. (2018). The perspectives of structurally vulnerable people who use drugs on volunteer stipends and work experiences provided through a drug user organization: Opportunities and limitations. *International Journal of Drug Policy*, 55, 40–46. <https://doi.org/10.1016/j.drugpo.2018.02.004>

needle exchanges. Individuals would be paid to help run these facilities, and they are also able to visit the facilities for their own needs related to drug use. Other low threshold job opportunities include assistance with research projects, including participation in interviews, the two previously-cited studies<sup>52</sup> conducted by Beth Meyerson both utilized people who use drugs to help conduct the interviews, they also “learned about survey development and how to interpret findings.”<sup>53</sup> The main researchers in these studies are professional researchers, but the researchers who conduct the actual interviews are sometimes partnered with other people who use drugs to help conduct the interviews. Having someone who uses drugs interview the participants of the study can lead to more candor conversations and more authentic results.<sup>54</sup>

While low-threshold job opportunities are beneficial because they provide job opportunities for individuals who would regularly have difficulties acquiring other types of employment, there are some downsides. The main issue with these job opportunities is that they are not paid well. Oftentimes the wages are below minimum wage. They are more comparable to volunteer opportunities with monetary compensation. Oftentimes they are not long term paid opportunities which will provide you with consistent pay. Some might argue that they are a type of exploitation.<sup>55</sup>

---

<sup>52</sup> Meyerson, B. E., Lawrence, C. A., Cope, S. D., Levin, S., Thomas, C., Eldridge, L. A., Coles, H. B., Vadieli, N., & Kennedy, A. (2019). I could take the judgment if you could just provide the service: Non-prescription syringe purchase experience at Arizona pharmacies, 2018. *Harm Reduction Journal*, 16(1). <https://doi.org/10.1186/s12954-019-0327-1>

<sup>53</sup> Meyerson, B. E., Russell, D. M., Kichler, M., Atkin, T., Fox, G., & Coles, H. B. (2021). I don't even want to go to the doctor when I get sick now: Healthcare experiences and discrimination reported by People Who Use Drugs, Arizona 2019. *International Journal of Drug Policy*, 93, 103112. <https://doi.org/10.1016/j.drugpo.2021.103112>

<sup>54</sup> Bardwell, G., Anderson, S., Richardson, L., Bird, L., Lampkin, H., Small, W., & McNeil, R. (2018). The perspectives of structurally vulnerable people who use drugs on volunteer stipends and work experiences provided through a drug user organization: Opportunities and limitations. *International Journal of Drug Policy*, 55, 40–46. <https://doi.org/10.1016/j.drugpo.2018.02.004>

<sup>55</sup> Bardwell, G., Anderson, S., Richardson, L., Bird, L., Lampkin, H., Small, W., & McNeil, R. (2018). The perspectives of structurally vulnerable people who use drugs on volunteer stipends and work experiences provided through a drug user organization: Opportunities and limitations. *International Journal of Drug Policy*, 55, 40–46. <https://doi.org/10.1016/j.drugpo.2018.02.004>

## D. Legal Care

I introduce the term “legal care” to describe different necessities which arise in people who need assistance interacting with the legal system. Issues that require legal care could include finding lawyers for initial representation and ongoing assistance when it is not required for lawyers to be appointed to the individual, for example, cases dealing with record expungement.

Under *Gideon v. Wainwright*<sup>56</sup>, individuals who are accused of a crime have the right to counsel, and if they cannot afford an attorney, one will be appointed to them by the state. This right to counsel is guaranteed during the initial trial, but if the plaintiff wants to appeal the decision, “the Due Process Clause of the Fourteenth Amendment guarantees a criminal defendant the effective assistance of counsel on his first appeal as of right.”<sup>57</sup> In further court proceedings, they might not always be appointed counsel to represent. There are other aspects of life when one might need legal representation in a non-criminal context. For example, when buying or renting a home or an apartment there is a lot of paperwork involved and contracts to be signed, often filled with legal jargon. For people who can afford an attorney, it is beneficial to do so in order to get the best deal. What about individuals who are facing eviction, those same contracts are in place, but because eviction is a civil matter rather than a criminal one, individuals who cannot afford attorneys are not appointed any, and they must represent themselves. Having to represent yourself with something you might not be familiar with often leads to inequity. Providing legal care to individuals is one way in which equity in these situations can be reached.

One aspect of necessary legal care for people who use drugs is decriminalization. In the current political climate, we are turning away from the harsh criminalization and consequences

---

<sup>56</sup> *U.S. v. Wainwright*, 372 U.S. 335 (1963)

<sup>57</sup> *Evitts v. Lucey*, 469 U.S. 387 (1985)

which were brought to the United States via the War on Drugs. The decriminalization of specific drugs is often a part of the ballot of different states during elections. In Arizona for example, Proposition 205 failed to legalize recreational marijuana in the 2016 election<sup>58</sup>, but Proposition 207 succeeded in the 2020 election.<sup>59</sup>

Decriminalization of drugs allows for funding to be allocated to services and organizations which focus on harm reduction rather than drug prosecution. Legal care is still needed to fight against the incarceration of people who might still be in jail or dealing with the lasting effects of prior drug-related charges. Having drug charges on a person's record not only negatively affects them at the time of their punishment but it can have lasting effects which prevent them from having access to or increasing difficulties to certain necessities, such as housing<sup>60</sup> or employment<sup>61</sup>. When thinking about the different necessities that help reduce harm or the effects of substance use, there needs to be a focus on facilitating integration into society.

The War on Drugs also brought along many social inequities by targeting drugs used in minority communities more frequently and more severely by unequal statutes.<sup>62</sup> Powdered cocaine and crack cocaine have the same drug compositions and effects, but crack cocaine is targeted more severely due to the demographic that is most likely to use it. The discrepancies in

---

<sup>58</sup> The New York Times. (2017, August 1). *Arizona proposition 205 - legalize marijuana - results: Rejected*. The New York Times. Retrieved May 1, 2022, from <https://www.nytimes.com/elections/2016/results/arizona-ballot-measure-205-legalize-marijuana>

<sup>59</sup> The New York Times. (2020, November 30). *Arizona proposition 207 election results: Legalize Recreational marijuana*. The New York Times. Retrieved May 1, 2022, from <https://www.nytimes.com/interactive/2020/11/03/us/elections/results-arizona-proposition-207-legalize-recreational-marijuana.html>

<sup>60</sup> Rowlands Snyder, E. C., Boucher, L. M., Bayoumi, A. M., Martin, A., Marshall, Z., Boyd, R., LeBlanc, S., Tyndall, M., & Kendall, C. E. (2021). A cross-sectional study of factors associated with unstable housing among marginalized people who use drugs in Ottawa, Canada. *PLOS ONE*, *16*(7). <https://doi.org/10.1371/journal.pone.0253923>

<sup>61</sup> Bardwell, G., Anderson, S., Richardson, L., Bird, L., Lampkin, H., Small, W., & McNeil, R. (2018). The perspectives of structurally vulnerable people who use drugs on volunteer stipends and work experiences provided through a drug user organization: Opportunities and limitations. *International Journal of Drug Policy*, *55*, 40–46. <https://doi.org/10.1016/j.drugpo.2018.02.004>

<sup>62</sup> Coyle, M. (2002). *Race and class penalties in crack cocaine sentencing*. Sentencing Project.

prosecuting these two illicit substances create social inequities. It creates a false sense that crack cocaine is more dangerous than powdered cocaine, therefore causing the perception of its users to be more dangerous. The heightened prosecution of users of crack cocaine also leads to a disproportionate level of minority individuals entering the prison system for such offenses.<sup>63</sup>

Recently the decriminalization and legalization of recreational marijuana are on the forefront. Marijuana is interesting because it has different connotations than other drugs due to being used for medicinal purposes. It is easier to change the mindsets of legalizing marijuana for recreational use when there is an alternative medical use already accepted in social and legal aspects. The fight for the decriminalization of other substances might be more difficult due to their social perception and drug classification. If these substances succeed in becoming decriminalized, their record expungement process might be more difficult than the ones in place for the expungement of marijuana-related charges.

Drug decriminalization efforts are not always successful, but when they are, record expungement is a need that arises. The War On Drugs disproportionately targeted minority communities, especially people of color and low-income areas. When we decriminalize drugs there are lingering effects of the drugs being illegal in the past these effects are seen both legally and socially.<sup>64</sup> Decriminalization is only part of the solution, it allows us to stop prosecuting future drug crimes, such as possession. The question of what to do about past crime remains. In her paper “Retroactive Legality: Marijuana convictions and Restorative Justice in an Era of Criminal Justice Reform,” Deborah Ahrens discusses extensively the need for record

---

<sup>63</sup> Coyle, M. (2002). *Race and class penalties in crack cocaine sentencing*. Sentencing Project.

<sup>64</sup> Sutton, M. (2021, November 3). *Drug decriminalization in Oregon, one year later: Thousands of lives not ruined by possession arrests, \$300 million+ in funding for services*. Drug Policy Alliance. Retrieved February 1, 2022, from <https://drugpolicy.org/press-release/2021/11/drug-decriminalization-oregon-one-year-later-thousands-lives-not-ruined>

expungement.<sup>65</sup> She defines “Retroactive Legality” as “a framework in which we seek to restore those convicted of marijuana crimes to the rights and civic status they would have had if their conduct had never been illegal.”<sup>66</sup> There are state-by-state differences on how to handle record expungement. Some jurisdictions require the individuals who have drug offenses on their record to put in the effort themselves to bring the issue to the court, other jurisdictions might have certain criteria which the individuals need to meet to be heard. Professor Ahrens discusses how record expungement should happen “through automatic mechanisms.”<sup>67</sup> She argues this because record expungement by default will allow for more equitable results because there isn’t an additional burden placed upon individuals, the burden is rather put on the State and local governments. Some jurisdictions also place fees on the record expungement process. These fees could lead to further inequality because some people might not be able to afford them, so they would remain on their record even after decriminalization.

When considering record expungement, the need for legal care is visible. In jurisdictions where record expungement doesn’t occur automatically, people are burdened with the process of expunging their own records. Oftentimes these tasks can be confusing to complete if you are not trained in understanding the statutes and laws. People often will try to hire an attorney to help them with the process, but attorneys can be expensive, leading us back to the issue of disproportionately expunging the records of people who can afford it and negatively affecting those who cannot. There are often organizations and attorneys who volunteer their time and

---

<sup>65</sup> Ahrens, D. (2020). *Retroactive legality: Marijuana convictions and restorative justice in ...* Journal of Criminal Law and Criminology. Retrieved January 2, 2022, from <https://scholarlycommons.law.northwestern.edu/cgi/viewcontent.cgi?article=7671&context=jclc>

<sup>66</sup> Ahrens, D. (2020). *Retroactive legality: Marijuana convictions and restorative justice in ...* Journal of Criminal Law and Criminology. Retrieved January 2, 2022, from <https://scholarlycommons.law.northwestern.edu/cgi/viewcontent.cgi?article=7671&context=jclc>

<sup>67</sup> Ahrens, D. (2020). *Retroactive legality: Marijuana convictions and restorative justice in ...* Journal of Criminal Law and Criminology. Retrieved January 2, 2022, from <https://scholarlycommons.law.northwestern.edu/cgi/viewcontent.cgi?article=7671&context=jclc>

cover the expenses to help, including create free clinics<sup>68</sup> where they look over people's files to see if they qualify to have their records expunged and provide them with free legal advice on how to proceed. This is a step forward, but what if the individual requires more attorney assistance when proceeding? The cost might not always be covered. Therefore, default expungement is the more equitable option.

## E. Social Needs

Oftentimes, substance use is discussed primarily in negative terms. In this section, I will provide some information on the positive aspects of drug use, and why individuals might initially start using drugs. While substance use dependencies can cause a lot of hardships for individuals, there are also valid reasons why individuals do not want to terminate their drug use.

One of the reasons why people experiment with drugs is for social aspects and seeking pleasurable experiences. When viewing drug use from a stigmatized perspective, we might not view social experiences as a valid reason to use drugs and this might lead to increased victim-blaming. Let's hypothetically think of alcohol use. One of the main reasons and occasions that individuals consume alcohol is in social settings to "feel good", and "let loose."<sup>69</sup> Alcohol consumption is expected in social atmospheres and restraint from alcohol is often questioned in these situations. Similarly, some individuals prefer these illicit drugs to help them in social situations or might use these drugs in combination with alcohol. This type of use may lead to more risks<sup>70</sup>, but it is important to be informed about the risks that might be involved.

---

<sup>68</sup> Robinette, M. (2021, September 21). Free Expungement Clinic This Saturday with Our Voice Our Vote! [web log]. Retrieved 2022, from <https://soaznorml.org/legal-issues/free-expungement-clinic-this-saturday-with-our-voice-our-vote/>.

<sup>69</sup> Andrew Ivsins & Kevin Yake (2018): Looking beyond harm: meaning and purpose of substance use in the lives of marginalized people who use drugs, *Drugs: Education, Prevention and Policy*, DOI: 10.1080/09687637.2018.149714

<sup>70</sup> Nutt, D. (2020). Chapter 4: Why do people take drugs? In *Drugs without the hot air* (Second, p. 68). essay, UIT Cambridge LTD.

Another reason why people might use drugs is to help alleviate physical issues. Many times, when individuals go to the hospital and are experiencing serious pain, they are given opioids such as hydrocodone, and morphine to help alleviate their pain. Due to these drugs highly addictive nature, these patients might continue their use outside of the hospital setting.<sup>71</sup> These prescription opioids can be expensive though, and people soon turn to street equivalents such as heroin and fentanyl to subdue their pain.

### **III. Analysis**

In order to analyze which needs of people who use drugs are addressed and which needs may need additional support and resources, it can be useful to explore which resources are available in particular places. In this section, I present two case studies, looking at the resources available for people who use drugs in Tucson, Arizona and Vancouver, Canada. For each case study, I analyze how the needs of people who use drugs are met and through what programs. I focused on the needs described in the previous section, namely human rights, housing, food security, employment, harm reduction, healthcare, legal care, and social needs. To obtain the information used in these case studies, I searched online for information about different resources available. While conducting this research, I focused both on the information that was available and the accessibility of the information.

---

<sup>71</sup> Nutt, D. (2020). Chapter 4: Why do people take drugs? In *Drugs without the hot air* (Second, pp. 66–67). essay, UIT Cambridge LTD.

**Table 1: Overview of Resources Available to People Who Use Drugs**

<b>Needs</b>	<b>Tucson</b>	<b>Vancouver</b>
<b>Human Rights</b>	Sober Living Facilities Food Banks	Single Room Accommodations Sober Living Facilities <sup>72</sup> Unemployment Programs Food Banks
<b>Harm Reduction</b>	Needle Exchange Naloxone Access	Safe Injection Facilities Needle Exchange <sup>73</sup> Naloxone Access <sup>74</sup>
<b>Health Care</b>	Testing for Bloodborne Disease Mental Health Treatment	Inpatient/ Outpatient Treatment Facilities Testing for Bloodborne Disease <sup>75</sup> Mental Health Treatment
<b>Legal Care</b>	Record Expungement	Activism Legal Clinics
<b>Social Needs</b>	Network/ Support System Building	Peer Interaction Sites outside of 12-step programs

## A. Tucson

Tucson, Arizona is in the Southwestern part of the United States, and has a population of about 550,000. Tucson consists of 44.2% Hispanic, 43.3% White, and 4.6% Black residents.

About 20.8% of Tucson's population lives in poverty.<sup>76</sup>

<sup>72</sup> *Sober living facilities in British Columbia*. List of Sober Living Facilities in British Columbia, BC. (2010). Retrieved May 2, 2022, from <https://www.drugrehab.ca/sober-living-facilities-in-british-columbia.html>

<sup>73</sup> City of Vancouver. (2020). *Safe injection site and Needle Exchange*. City of Vancouver. Retrieved May 2, 2022, from <https://vancouver.ca/people-programs/safe-injection-site-and-needle-exchange.aspx>

<sup>74</sup> Province of British Columbia. (2019, June 20). *Where can I get a naloxone kit?* Government Communications and Public Engagement. Retrieved May 2, 2022, from <https://www2.gov.bc.ca/gov/content/overdose/where-can-i-get-a-naloxone-kit#:~:text=If%20you%20are%20eligible%20for,find%20a%20site%20near%20you.>

<sup>75</sup> *Anonymous HIV testing*. BC Centre for Disease Control. (2022). Retrieved May 2, 2022, from <http://www.bccdc.ca/our-services/programs/anonymous-hiv-testing>

<sup>76</sup> *U.S. Census Bureau Quick Facts: Tucson City, Arizona*. United States Census Bureau. (2021). Retrieved May 2, 2022, from <https://www.census.gov/quickfacts/tucsoncityarizona>

Over the years the rate of drug related overdose deaths has been increasing in Pima county. It has even started to affect younger demographics.<sup>77</sup> One of the main concerns especially in more recent years, is an increase of fentanyl presence, which might contribute to the increase of overdose related deaths.<sup>78</sup> Table 2 below highlights the resources available to people who use drugs in Tucson.

**Table 2: Resources Available to People Who Use Drugs in Tucson**

<b>Needs</b>	<b>Government Resources</b>	<b>Private Organization Resources</b>
<b>Human Rights</b>	Housing Stipends Government Job Searches	Sober Living Facilities Employment opportunities at organizations Food banks
<b>Harm Reduction</b>		Needle exchange Naloxone Access
<b>Health Care</b>	Pima County HIV Testing	Southern Arizona Aids Foundation HIV testing
<b>Legal Care</b>		Arizona NORML
<b>Social Needs</b>		12-step programs

<sup>77</sup> Person, M. (2021, July 16). *Pima County Monthly Surveillance Report 2021 Fatal Overdoses*. Pima County Mental Health. Retrieved March 2, 2022, from [https://webcms.pima.gov/UserFiles/Servers/Server\\_6/File/Health/Food%20Safety/Permitting%20and%20Inspections/CHFS%20Rating%20System.pdf](https://webcms.pima.gov/UserFiles/Servers/Server_6/File/Health/Food%20Safety/Permitting%20and%20Inspections/CHFS%20Rating%20System.pdf)

<sup>78</sup> Person, M. (2021, July 16). *Pima County Monthly Surveillance Report 2021 Fatal Overdoses*. Pima County Mental Health. Retrieved March 2, 2022, from [https://webcms.pima.gov/UserFiles/Servers/Server\\_6/File/Health/Food%20Safety/Permitting%20and%20Inspections/CHFS%20Rating%20System.pdf](https://webcms.pima.gov/UserFiles/Servers/Server_6/File/Health/Food%20Safety/Permitting%20and%20Inspections/CHFS%20Rating%20System.pdf)

## 1. Human Rights

There are several housing resources available for people who use drugs in Tucson. Hedrick House<sup>79</sup> and Joshua House<sup>80</sup> are both men's only sober living facilities. These houses/programs provide housing to men ages 18 and older, while supporting them on their journey of sober living. They both provide temporary solutions for newly sober individuals to help them find their footing and stay sober, while providing them low-cost shelter.

Hedrick House helps to provide treatment to individuals to help them remain sober. They provide housing on a first come first serve basis for \$600 a month, and this amount covers the cost of "housing, food, and additional services such as therapy."<sup>81</sup> The Hedrick House is not very large, so they cannot offer housing to many tenants, but they are engaged in outpatient programs to serve more individuals trying to maintain their sobriety.

Joshua House is very similar to Hedrick House. On their website they advertise themselves as a "Christian based transitional living facility." They provide education on how to maintain sober living through a "Bio-Psycho-Social concept of learning." This type of learning is to show individuals how "the biology (Bio) that is effected by their behaviors, The psychology (Psycho) or the mental dysfunction or trauma that effects the negative behaviors and then the social (Social) that encompasses their involvement in society, be it people, places and things."<sup>82</sup> It helps them realize not only how they are affecting themselves by using drugs, but it helps them

---

<sup>79</sup> Hedrick House Sober Living Program for men in Tucson, Arizona, review. Local Rehab Reviews. (2022). Retrieved March 1, 2022, from <https://localrehabreviews.org/arizona/tucson/hendrick-house-tucson-az/>

<sup>80</sup> Joshua House. (2014). Retrieved March 1, 2022, from <https://joshuahouse2415.com/index.php/tucson-transitional-living-facility/about>

<sup>81</sup> Hedrick House Sober Living Program for men in Tucson, Arizona, review. Local Rehab Reviews. (2022). Retrieved March 1, 2022, from <https://localrehabreviews.org/arizona/tucson/hendrick-house-tucson-az/>

<sup>82</sup> Joshua House. (2014). Retrieved March 1, 2022, from <https://joshuahouse2415.com/index.php/tucson-transitional-living-facility/about>

to explore why they might be turning to drug use in the first place. Joshua house is slightly larger than Hedrick house, and it costs \$550/month or \$165/week.

There are also resources available to people who are searching for other sources of housing. Pima County sponsors This website allows for members of Pima County to search for different types of housing that is available. This website is a great

resource for individuals to find housing for rent or for sale. When searching for housing to rent, there is an option to state whether you have a Section 8 housing voucher or if you are a Veteran or Veterans Affairs Supportive Housing (VASH) recipient to use for your rent.<sup>83</sup> This feature on the website is essentially like Zillow or other housing market websites, but it makes sure to show you residencies which will take Section 8 or VASH housing vouchers. They also have a references section which helps to provide information for many different needs people may have regarding housing and other things such as employment and education. The homes and jobs that are listed on these websites are also listed elsewhere and are available to the entire population of

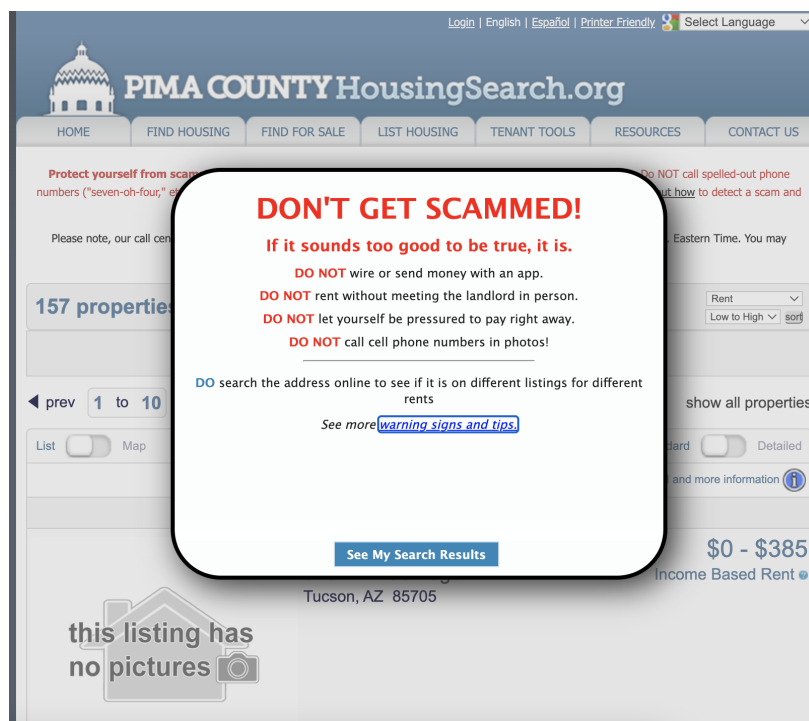


Figure 1: Pima County Housing Search

<sup>83</sup> *Veterans Affairs Supportive Housing (VASH) - PIH*. HUD.gov / U.S. Department of Housing and Urban Development (HUD). (n.d.). Retrieved March 1, 2022, from [https://www.hud.gov/program\\_offices/public\\_indian\\_housing/programs/hcv/vash](https://www.hud.gov/program_offices/public_indian_housing/programs/hcv/vash)

Tucson, this can increase competitiveness to apply, and people are assisted in a first come-first serve basis.

As shown in Figure 1, this resource also helps users avoid potential predatory behavior. I believe it is important for individuals who might not have much experience with the housing market to protect them from scammers who might be preying on them. Especially given the potential increase in cybercrime associated with the COVID-19 Pandemic, it is important to educate individuals on proper internet protocols to avoid being victims of scamming.

In addition to housing, access to food is another necessity for daily life. There are many different foodbanks located in Tucson which provide food to low-income individuals. Some of these food banks, Trinity Food Pantry and Midwest Food Bank, operate out of churches to collect and distribute the food. Trinity Food Pantry has set hours of distribution, three days a week.<sup>84</sup> Other foodbanks have a calendar uploaded to their website which provides information about the times of food distribution and the location. They sometimes move locations to reach and help more people in the Tucson area. The three main food banks in Tucson are: Community foodbank of Southern Arizona, Trinity Food Pantry, Midwest Food Bank.

There are also resources available to support individuals who seek employment. As previously mentioned, PimaCountyhousingsearch.org, has a tab which includes many resources for different topics that people who are looking for housing might also need assistance with. One of these resource sections have a few different resources which aid with employment, including education and technical training. Other resources such as the Sullivan Jackson Employment Center provides resources for individuals who are homeless or unemployed gain skills needed

---

<sup>84</sup> *Trinity Food Pantry*. Trinity Presbyterian Church. (2022). Retrieved March 1, 2022, from <https://trinitytucson.org/trinity-food-pantry/>

for employment, find employment, and maintain contact with them for at least a year after the individual has been employed to make sure their needs are met.<sup>85</sup>

People who use drugs may also be able to find employment resources that are targeted towards them. For example, Sonoran Prevention Works, an organization in Northern, Central and Southern Arizona, provides many resources for people who use drugs – including job opportunities. In their mission statement, they disclose that they do not discriminate against individuals who have drug related criminal charges. Their employment statement reads: “We welcome you to apply, especially if you have a history of incarceration, substance use, or sex work.”<sup>86</sup> They also have volunteer opportunities available for individuals who want to assist in the assembly of harm reduction kits, street outreach and more<sup>87</sup>. It is my understanding that the volunteer opportunities are unpaid.

## 2. Harm Reduction

Syringe exchanges are a very important for harm reduction. There are a few different options for Tucson residents to visit. LifePoint<sup>88</sup>, one of the available needle exchange facilities, has been in operation in Tucson since 1996. They operate at three different locations around Tucson three days a week. In addition to being a needle exchange facility, they also provide rapid HIV and Hep C testing, referrals for HIV care, and methadone and suboxone information.<sup>89</sup>

Sonoran Prevention Works, an organization which was previously mentioned, provides the

---

<sup>85</sup> Pima County. (2022). *Sullivan Jackson employment center*. Sullivan Jackson Employment Center - Pima County. Retrieved March 1, 2022, from <https://webcms.pima.gov/cms/one.aspx?portalId=169&pageId=4674>

<sup>86</sup> *Make meaningful change in our community*. Sonoran Prevention Works. (2021). Retrieved March 1, 2022, from <https://spwaz.org/careers/>

<sup>87</sup> *Join our crew of volunteers*. Sonoran Prevention Works. (2021). Retrieved March 1, 2022, from <https://spwaz.org/become-a-volunteer/>

<sup>88</sup> Pima County. (2022). *LifePoint*. LifePoint - Pima County. Retrieved March 1, 2022, from <https://webcms.pima.gov/cms/One.aspx?pageId=317532>

<sup>89</sup> Pima County. (2022). *LifePoint*. LifePoint - Pima County. Retrieved March 1, 2022, from <https://webcms.pima.gov/cms/One.aspx?pageId=317532>

community with “overdose prevention kits.” The contents of these kits include a sterile needle, fentanyl testing strips and naloxone. They will still provide people who use drugs with a new needle. There is also a form individuals can fill out on their website to order naloxone by mail.

In 2018, Arizona Governor Doug Ducey signed the Arizona Opioid Epidemic Act.<sup>90</sup> This act allowed for law enforcement officers to be trained to administer naloxone in instances of overdose. Prior to this act, only health professionals were allowed to administer naloxone. This act makes naloxone more accessible, especially in instances of emergency. Individuals can also order naloxone to have on hand through various organizations, including Sonoran Prevention Works and the Arizona Department of Health Service. Narcan can also be ordered at pharmacies.<sup>91</sup>

### 3. Health Care

The Pima County Health Department provides free information to individuals residing within Pima County. In addition to this information, they provide resources and different programs to assist in maintaining public health in the community. They also provide rapid HIV testing, which produces results in about twenty minutes. While this testing isn’t free, the Pima County Health Department does offer sliding scales which are based on the individual’s income and they state that “nobody will be turned away for inability to pay.”<sup>92</sup> In addition to the Pima County Health Department, the Southern Arizona Aids Foundation also provides rapid HIV testing.<sup>93</sup>

---

<sup>90</sup> Ducey, D. (n.d.). *Arizona Opioid Epidemic Act*. azgovernor.gov. Retrieved March 2, 2022, from [https://azgovernor.gov/sites/default/files/eo\\_2020-40\\_sw.pdf](https://azgovernor.gov/sites/default/files/eo_2020-40_sw.pdf)

<sup>91</sup> Emergent BioSolutions. (2022). *Narcan Nasal Spray*. Narcan.com. Retrieved March 1, 2022, from <https://www.narcan.com/>

<sup>92</sup> Pima County. (2022). *HIV and sexually transmitted diseases*. HIV and Sexually Transmitted Diseases - Pima County. Retrieved March 1, 2022, from [https://webcms.pima.gov/health/sexual\\_health/hiv\\_and\\_std/](https://webcms.pima.gov/health/sexual_health/hiv_and_std/)

<sup>93</sup> Southern Arizona AIDS Foundation. (n.d.). *Get tested*. Southern Arizona AIDS Foundation. Retrieved March 1, 2022, from <https://www.saaf.org/hiv-prevention-and-testing/get-tested/>

CODAC is a nonprofit organization that provides behavioral therapy to assist individuals who may be struggling with mental health issues. Among their services they also aid with drug withdrawal, mainly heroin and opioids. Their withdrawal program includes a psychiatric evaluation as well as medication assisted treatment.<sup>94</sup> Their withdrawal assistance program includes information about how to pay for the program: “The costs of your care may be covered by a variety of funding sources. We will help find a way to cover the cost of your Medication Assisted Treatment.”<sup>95</sup>

The Mark Youth and Family Care Campus is a facility which provides individuals with treatment for substance use disorder as well as other mental health services. Their programs range to help a variety of age demographics. Most of their programs are outpatient. Individuals can be referred to the inpatient program for individuals who are determined to need a higher level of care.<sup>96</sup>

#### 4. Legal Care

Arizona NORML<sup>97</sup> and Southern Arizona NORML<sup>98</sup> These organization advocate the decriminalization of drugs, educate the public about drug policies, and provide services such as record expungement for the community. In addition, these organizations have programs which aim to expunge the records of individuals who have marijuana charges and convictions after the

---

<sup>94</sup> CODAC. (2021, February 18). *Heroin & opioid use: CODAC Health, Recovery & Wellness*. CODAC. Retrieved March 1, 2022, from <https://www.codac.org/mat/>

<sup>95</sup> CODAC. (2021, February 18). *Heroin & opioid use: CODAC Health, Recovery & Wellness*. CODAC. Retrieved March 1, 2022, from <https://www.codac.org/mat/>

<sup>96</sup> Psychology Today. (2020, June 27). *The Mark Treatment Center*. Psychology Today. Retrieved March 2, 2022, from <https://www.psychologytoday.com/us/treatment-rehab/the-mark-tucson-az/287915>

<sup>97</sup> *Arizona NORML State Chapter*. Arizona NORML. (2022, January 28). Retrieved March 1, 2022, from <https://arizonanorml.org/>

<sup>98</sup> Robinette, M. (2021, September 21). Free Expungement Clinic This Saturday with Our Voice Our Vote! [web log]. Retrieved 2022, from <https://soaznorml.org/legal-issues/free-expungement-clinic-this-saturday-with-our-voice-our-vote/>.

passage of Proposition 207. They hold different expungement clinics, which are advertised on their website and social media pages such as Instagram. These clinics frequently change in location allows more people to access. They allow individuals to talk directly with an attorney and receive information about how to produce with their case and getting their record expunged.<sup>99</sup>

Finding housing to rent or buy is not something the average citizen is fluent in. The process includes the negotiating and signing of contracts which often include legal jargon. Providing assistance such as a real estate agent or and attorney can help provide renters/buyers clarification and some leverage against sellers. The Family Housing Resources website offers assistant for people who are looking to rent or purchase a home and might need help with the process. It also has a section for eviction relief during COVID times.<sup>100</sup> It isn't a resource like the PimaCountyhousingsearch.org, which helps individuals directly find housing. It provides educational services for individuals who are looking to buy or rent a home, so they are best prepared for the homebuying and renting process.

## 5. Social Needs

Treatments for people who use drugs focus on distancing the patient from their friend group who also partake in drug use and introducing a new social network which emphasizes ties with sober individuals. Services that maintain sobriety include twelve step programs such as: alcohols anonymous, narcotics anonymous, cocaine anonymous and more. Many of these twelve step programs include building a sense of community with other individuals who are recovering

---

<sup>99</sup> Robinette, M. (2021, September 21). Free Expungement Clinic This Saturday with Our Voice Our Vote! [web log]. Retrieved 2022, from <https://soaznorml.org/legal-issues/free-expungement-clinic-this-saturday-with-our-voice-our-vote/>.

<sup>100</sup> *Family housing and resources*. Family Housing and Resources. (2022, February 17). Retrieved March 1, 2022, from <https://www.fhrtucson.org/>

from substance use dependencies, forming new friendships and a sense of holding one another accountable for your sobriety.

There are various twelve step programs which meet throughout the Tucson area. Southeastern Arizona Area of Narcotics Anonymous (NA)<sup>101</sup> has various meetings per day and they meet at a couple different locations around the Tucson area. Arizona Region of NA<sup>102</sup> also provides different NA meetings and locations throughout Arizona. Cocaine Anonymous (CA) Arizona<sup>103</sup> is another twelve-step program, centering on people who were dependent specifically on cocaine, not narcotics in general. Many of the twelve step programs in Tucson provided virtual meetings for their members during COVID. This is a good option for people when gatherings were limited, so that their community remained close knit and allowed for people to progress in their sobriety journey, even if they could not meet in person.

## **B. Vancouver**

Vancouver is a city in the Southwestern part of Canada, near other large metropolitan areas such Victoria, Canada and Seattle, Washington. The population of Vancouver is just over 630,000. The major ethnicity is European Canadian with 46.2% second most is Chinese with 27.7%. The average income is \$50,000 but the mode income of 18.19% of the population is between \$10,000-\$20,000.<sup>104</sup>

---

<sup>101</sup> *Southern Arizona Area of Narcotic Anonymous*. Southeastern Arizona Area of NA. (n.d.). Retrieved March 1, 2022, from <https://www.natucson.org/meetinglist.php>

<sup>102</sup> *Arizona region of Na*. Arizona Region of NA. (2022, February 3). Retrieved March 1, 2022, from <https://arizona-na.org/>

<sup>103</sup> Cocaine Anonymous Arizona. (n.d.). *"We're here and we're free"*. CA Arizona. Retrieved March 1, 2022, from <https://caarizona.org/>

<sup>104</sup> *Vancouver population 2016*. Vancouver Population 2016 (Demographics, Maps, Graphs). (2016). Retrieved May 2, 2022, from <https://worldpopulationreview.com/canadian-cities/vancouver-population>

Canada has been experiencing an increase of opioid related deaths throughout the country. One of the highly effected regions is British Columbia, Vancouver is one of the major cities in British Columbia. This increase of opioid related deaths is due to both illegal and prescription opioids. “In 2016, there were 2861 apparent opioid related deaths in Canada, which is equivalent to eight people dying each day.”<sup>105</sup>

**Table 3: Resources Available to People Who Use Drugs in Vancouver**

<b>Needs</b>	<b>Government Resources</b>	<b>Private Organization Resources</b>
<b>Human Rights</b>	Single Room Accommodations Unemployment Programs	Single Room Accommodations Food Banks
<b>Harm Reduction</b>	Naloxone Access	Safe Injection Facilities Needle Exchange Naloxone Access
<b>Health Care</b>		Inpatient/ Outpatient Treatment Facilities Testing for Bloodborne Diseases
<b>Legal Care</b>		VANDU Activism Legal Clinics
<b>Social Needs</b>		Getaway Hangout Hub

## 1. Human Rights

Single Room Accommodations, SRAs, are facilities which provide low-income housing accommodation for individuals. SRAs provide housing for one individual in a single room. Like most low-income housing they are not luxurious, but they “aren’t good housing, but they are

<sup>105</sup> Belzak, L., & Halverson, J. (2018). Evidence synthesis - the opioid crisis in Canada: A national perspective. *Health Promotion and Chronic Disease Prevention in Canada*, 38(6), 224–233. <https://doi.org/10.24095/hpcdp.38.6.02>

better than tents and umbrellas’, Councilor Jean Swanson said.”<sup>106</sup> Some of the SRAs are converted hotels. These facilities are governmentally protected and cannot be demolished or have their rents raised in order to produce a profit. There are even programs which private organizations can apply for to assist them in renovating and creating more SRAs for the public to utilize.

Lookout<sup>107</sup> is a nonprofit which provides the community with housing and health service, They were established in 1971, serving fourteen municipalities in British Columbia, Canada. This resource provides aid and assistance to individuals in multiple aspects of their lives. I will talk about the different programs they offer in more in depth throughout this section. They provide housing resource to accommodate a variety of timespans and individuals. The shortest timeframe they have for housing are emergency and extreme weather shelters, this allows homeless individuals to have a shelter and stay safe in times of emergency and extreme weather. This is especially important in Canada, where temperatures can drop to below freezing. They provide transitional housing for individuals who will eventually work towards finding more permanent accommodations. They provide permanent supportive housing for individuals who are ready to find permanent housing solutions but need extra help maintaining their housing.

IMOUTO Housing for Young Women, is part of the ATIRA Women’s Resource Facility.<sup>108</sup> This organization provides housing for women between the ages of 13-26. The

---

<sup>106</sup> Kerr, T. (2021, November 18). *Vancouver approves vacancy control on single-room accommodation - BC*. Global News. Retrieved March 1, 2022, from <https://globalnews.ca/news/8382716/vancouver-approves-vacancy-control-on-single-room-accommodation/>

<sup>107</sup> *Solutions to homelessness*. Lookout Housing + Health Society. (n.d.). Retrieved March 1, 2022, from <https://lookoutsociety.ca/>

<sup>108</sup> *Imouto housing for Young Women*. Atira Women's Society. (2019, March 26). Retrieved March 1, 2022, from <https://atira.bc.ca/what-we-do/housing/imouto-housing-for-young-women/>

women might be vulnerable for a variety of reasons, such as domestic violence, homelessness, or substance use.

The Vancouver Area Network of Drug Users (VANDU)<sup>109</sup> is an organization which works to increase the safety for people who use drugs. They also advocate and protest for policy changes surrounding drugs. In addition, it provides low threshold employment opportunities for people who use drugs to be able to earn money and support themselves.<sup>110</sup> They allow people who use drugs to work at their facilities so long as their drug use does not interfere with their tasks. Insite also provides a “post-injection chill room”<sup>111</sup> where users can hand out with staff and volunteers. Some of the staff and volunteers include individuals who used to use drugs. Having this dynamic allows the staff to connect with the individuals on a more personal basis. These personal connections are desired, and they present job opportunities for individuals who use or used to use drugs to have employment.

The Canadian Government also has many different options to assist individuals who struggle to find employment. Like unemployment programs available in the United States, Canadian citizens can apply to earn an income whilst searching for employment.<sup>112</sup> If an individual is struggling to find employment on their own, they attend an eligibility assessment with a government worker to help them qualify for monetary assistance. Additionally, the government employee and the individual will develop an employment plan which helps the

---

<sup>109</sup> Vandu. (2014, May 9). *Vancouver Area Network of Drug Users*. VANDU. Retrieved March 1, 2022, from <http://www.vandu.org/>

<sup>110</sup> Bardwell, G., Anderson, S., Richardson, L., Bird, L., Lampkin, H., Small, W., & McNeil, R. (2018). The perspectives of structurally vulnerable people who use drugs on volunteer stipends and work experiences provided through a drug user organization: Opportunities and limitations. *International Journal of Drug Policy*, 55, 40–46. <https://doi.org/10.1016/j.drugpo.2018.02.004>

<sup>111</sup> *Insite: PHS Community Services Society*. PHS Community Services Society. (2022, January 21). Retrieved March 1, 2022, from <https://www.phs.ca/program/insite/>

<sup>112</sup> Ministry of Social Development and Poverty Reduction. (2021, October 21). *Apply for Assistance*. Province of British Columbia. Retrieved March 1, 2022, from <https://www2.gov.bc.ca/gov/content/family-social-supports/income-assistance/apply-for-assistance#eligibility>

applicant create steps towards finding which can include assistance with creating a resume, receiving job training or referrals.<sup>113</sup> In addition to regular income assistance they have programs which provide assistance to individuals who have “persistent multiple barriers to employment.”<sup>114</sup> This allows qualifying individuals to receive additional monetary assistance as well as extra benefits such as not being required to constantly search for work.

Helpseeker is a program which allows individuals to find different food banks and different food resources that are available to individuals who need help in the Vancouver area. The Helpseeker website states that there are “over 298 food banks and food resources and services in Vancouver.”<sup>115</sup> This might be in part due to the population of Vancouver, which is about one hundred thousand people more than Tucson. Receiving food from these services might be a lot easier and faster than compared to Tucson, because there are a lot more locations to choose from.

## 2. Harm Reduction

INSITE<sup>116</sup> is a safe injection facility which has existed in Vancouver since 2003. It has tremendously helped to reduce deaths due to overdose in the area.<sup>117</sup> It provides a safe space for people who use drugs, who might not want to commit to use cessation. Some of the resources it provides includes clean equipment for people to use drugs and supervision in order to provide

---

<sup>113</sup>Ministry of Social Development and Poverty Reduction. (2020, November 30). *Employment planning*. Province of British Columbia. Retrieved March 1, 2022, from <https://www2.gov.bc.ca/gov/content/family-social-supports/income-assistance/on-assistance/employment-planning>

<sup>114</sup>Ministry of Social Development and Poverty Reduction. (2020, November 30). *Employment planning*. Province of British Columbia. Retrieved March 1, 2022, from <https://www2.gov.bc.ca/gov/content/family-social-supports/income-assistance/on-assistance/employment-planning>

<sup>115</sup> *Food Resources and Food Banks in Vancouver*. HelpSeeker. (2021). Retrieved March 1, 2022, from <https://helpseeker.org/bc/vancouver/basic-needs/food/>

<sup>116</sup> *Insite: PHS Community Services Society*. PHS Community Services Society. (2022, January 21). Retrieved March 1, 2022, from <https://www.phs.ca/program/insite/>

<sup>117</sup> *Insite: An anniversary of hope*. PHS Community Services Society. (2021, September 17). Retrieved May 1, 2022, from <https://www.phs.ca/insite-an-anniversary-of-hope/>

immediate medical attention in the event of an overdose. The organization also includes “Onsite” which will be discussed in more detail later, where individuals can visit to begin their path towards sobriety.

Lookout Housing and Health Society<sup>118</sup> provides a variety of harm reduction programs and events to the residents of Vancouver, and the other municipalities they service. They have different types of outreach programs which provide individuals with additional support. Their mobile harm reduction program provides community members with harm reduction supplies, in a mobile manner, where the supplies can be delivered rather, reducing the time and costs of travel. The STOP Outreach program provides additional support to individuals who have chronic illnesses like HIV and Hep-C which are prevalent among people who use drugs.

### 3. Health Care

Mental Health is a critical part of overall healthcare. There are a lot of treatment facilities in Vancouver that focus on providing people who use drugs with the medical assistance to detox and combat withdrawal symptoms.<sup>119</sup> These treatment facilities also provide therapists and mental health professionals who help people who use drugs address the root of their substance use issues. Some treatment facilities provide inpatient services with around the clock care<sup>120</sup>, assisting with withdrawals as well as needed therapy. Some programs have court referred mental health treatment, which helps people focus on seeking help rather than facing legal repercussions.<sup>121</sup> Some of these programs also provide transitional housing resources, which

---

<sup>118</sup> *Health Services*. Lookout Housing + Health Society. (2021). Retrieved March 1, 2022, from <https://lookoutsociety.ca/what-we-do/health-services/>

<sup>119</sup> *Onsite: PHS Community Services Society*. PHS Community Services Society. (2022, January 21). Retrieved March 1, 2022, from <https://www.phs.ca/program/onsite/>

<sup>120</sup> *Admission-Rehabilitation Assistance Programs*. Pacifica Treatment Centre. (2022, April 21). Retrieved April 28, 2022, from <https://www.pacificatreatment.ca/admissions/#funding>

<sup>121</sup> *Caring for people with complex mental and substance use challenges*. BC Mental Health and Substance Use Services. (2022). Retrieved March 1, 2022, from <http://www.bcmhsus.ca/>

provide participants with housing stability while they receive care.<sup>122</sup> For individuals who are researching different treatment facilities, Life Ring Canada<sup>123</sup> is a great source which compiles a list of many different rehabilitation facilities along with a synopsis of their programs and contact information.

Lookout Housing and Health Society provide many resources provide people who use drugs with healthcare. They have services which assist them in receiving health care pertaining to harm reduction, chronic illness care, and medication management. In addition, they have a dental clinic<sup>124</sup> to provide dental services to individuals who might have difficulty accessing a dentist. I this is important because dental care is often overlooked healthcare.

#### 4. Legal Care

As with the United States, a lot of the drug policies and drug laws which exist in Canada revolve around the concept of prohibition, making drugs illegal and punishing individuals who have, sell, or use them.<sup>125</sup> Sometimes legal care might not involve individual assistance but also the existence of programs that advocate for a broader social change. Legal advocacy is needed to make legal changes regarding drug policies. Once legal changes are made, legal clinics are utilized to mend people's drug-related records.

As previously mentioned, ATIRA Women's Resource Society focuses on aiding women who are experiencing violence, and not necessarily women who use drugs. One of the programs

---

<sup>122</sup> *Caring for people with complex mental and substance use challenges*. BC Mental Health and Substance Use Services. (2022). Retrieved March 1, 2022, from <http://www.bcmhsus.ca/>

<sup>123</sup> *Treatment resources*. Lifering. (2020). Retrieved March 1, 2022, from <https://liferingcanada.org/treatment-resources>

<sup>124</sup> *Dental Clinic*. Lookout Housing + Health Society. (2017, June 19). Retrieved March 1, 2022, from <https://lookoutsociety.ca/project/dental-clinic/>

<sup>125</sup> Vandu. (2014, May 9). *Vancouver Area Network of Drug Users*. VANDU. Retrieved March 1, 2022, from <http://www.vandu.org/>

they provide for women is legal advocacy<sup>126</sup>, a lot of this advocacy includes free legal clinics where women can meet with attorneys one-on-one to discuss their specific cases. Many of these topics allow for a wide variety of topics to be discussed, a lot revolve around family planning, custody, and domestic violence. I believe that drug charges could be discussed as well.

## 5. Social Needs

Lookout Housing and Health Society provides different services which rely on peer interaction. This way individuals can gain a sense of community whilst on the path to sobriety. One of the programs they provide/ associate with is Powel Street Getaway<sup>127</sup>, which is a resource center that provides a place for people to go and “hang-out” while learning different skills to help development. It is also a place where people can be social, interact with one another, and build friendships surrounded by a self-betterment mindset.

There are numerous NA programs in Vancouver. Narcotics Anonymous-Vancouver area has a website which lists all the different NA meetings each day, their locations, and their modality. Due to COVID a lot of NA meetings take place online when meeting in person is not safe or not allowed by local ordinances. Their website provides addresses, physical or online, and passwords for password-protected NA meetings. <sup>128</sup>

---

<sup>126</sup> *Legal advocacy*. Atira Women's Society. (2022, March 10). Retrieved March 18, 2022, from <https://atira.bc.ca/what-we-do/program/legal-advocacy/>

<sup>127</sup> *Resource Centres*. Lookout Housing + Health Society. (2021). Retrieved March 1, 2022, from <https://lookoutsociety.ca/what-we-do/resource-centres/>

<sup>128</sup> *Welcome to narcotics anonymous - Vancouver area*. Vancouver Area NA. (2022, January 4). Retrieved March 1, 2022, from <https://www.vascna.ca/>

## **IV. Discussion**

Many of the issues and risks associated with drug use and substance use dependencies are not isolated, but rather they influence each other to increase the severity of the issues in combination. Assisting everyone individually is ideal but it is costly and impractical. Individuals have unique issues but in all everyone has the same basic human needs. Programs and resources are created to help as many people as possible.

### **A. A Catalog of Resources**

A lot of the difficulties with addressing the sensitive issues that people who use drugs face, is how individual and unique everyone's experience is. Some individuals might need a lot more help and assistance from government and private programs and might partake in a variety of programs, others might not. To be most effective these programs need to provide as broad of assistance as possible. By providing a broad scope of assistance, individuals can find programs and tailor them to fit their needs.

The programs available in the Tucson and Vancouver metro areas are similar in many ways. The main difference between the two cities is that most of the resources available to the Vancouver residents have been established for a longer period of time, this can be seen by the scope of individual programs and the services they offer, and the trust and connections they have made with the community. When researching the Vancouver programs, a single organization can serve a variety of needs, rather than having multiple programs to address the various needs. Tucson having a patchwork network of organizations isn't inherently an issue, though visiting all the organizations can be a lot more time consuming.

When one organization provides a plethora of services it can be beneficial. Primarily, the obvious benefit is that it saves people time. It takes time to research a lot of different programs

that are available. If an individual researched what programs available to them and discovers an organization where all their needs are met, they will be able to receive help much more quickly. It will also reduce frustrations, and encourage continued participation, continued inquiry of additional information leading to continued involvement.

If the burden of researching and formulating a list of resources is placed on the individual, they are more likely to get frustrated, and prematurely terminate the search before discovering beneficial resources. It can lead to feelings of helplessness and cause an internalization of stigma. It can also cause them to minimize their issues and delay getting help.

As previously mentioned, having a patchwork of organizations is not inherently a bad thing. There might be legal reasons why some organizations cannot combine their services. Though, it is important that organizations work together to an extent just to ensure that information is shared to the public. Information often spreads through word of mouth and directly asking an employee or volunteer will lead to additional information. It is difficult for some people to reach out and talk to others when expressing vulnerability.

The spread of information can occur in physical spaces: having flyers or different handouts for organizations and different private organizations which provide aid to people who use can be beneficial. Having the same information at all government organizations, such as public libraries, the courthouse, places where people go to apply for government assistance such as food stamps are all high traffic areas where information should be available. Informational handouts are beneficial because people can hold on to them and refer to them in the future, they also limit the amount of time that one has to interact with others in order to receive the information.

The spread of information can also occur in online spaces: as we continue to grow digital spaces, more people use the internet to access information. Having a website can increase awareness of a program and increase access to participants.

## **B. Transportation Increases Access**

When possible, I believe that the combination of services can be beneficial. If complete combination isn't possible, maybe some integration can still occur. For example, combining a food bank and a needle exchange might not be plausible due to regulations, but if you know that many individuals who use intravenous drugs also frequent the foodbank you can showcase some other programs that will be beneficial to them at the foodbank. Handing out pamphlets with information is a great way to spread information. Another great way to entice people is by providing a sample of their services. If representatives of the needle exchange could provide samples of naloxone, or maybe drug testing strips at the foodbank, they could spread information about their own program while showing some of the things available in their own program. Think of this like free samples being given out.

Centralizing programs can save individuals time in other ways as well, particularly through travel. If all or most of the programs that an organization has to offer are located in the same place, that reduces a lot of time that an individual has to take to travel to go from one program to the next. It can also cut down on the cost that it would take to travel as well.

The COVID-19 pandemic in Tucson led to a lot of public transportation being free. This was mainly due to trying to reduce the number of high touch areas and prevent the spread of disease. Free transportation increased accessibility to a lot of people, because they were able to utilize funds they would have used to pay for transportation, among other things. People also probably traveled more within the city. Even after paying for public transportation resumes,

maybe the city of Tucson can create a system where people who need transportation to harm reduction programs can receive a free or reduced transportation fare. By implementing this change, we might expect continued attendance to programs like Narcotics Anonymous, where consistent participation is most beneficial for sustaining the desired outcome of sobriety.

## C. Funding Resources

The organizations that were researched were a combination of government funded organizations, and privately funded organizations. There are benefits to the different types of funding and the different organizational structure. There are also some downsides. It's important to balance the pros and cons in order to provide the best service possible.

When a government source is created, it can create a public perception of legitimacy. It can connect to other government sources which already exist to create a greater social network of resources. If a government resource has been established for a long period of time, the better the services they provide will be.

On the other hand, government sources are notoriously underfunded, and budgets for mental health services have been decreasing across multiple states.<sup>129</sup> This issue might be due to a limited sum of funds having to be allocated across a variety of programs, leading some programs to have less money to work with than others. There are also many people who want to take advantage of government programs, there are times when these programs must create waitlists because they don't have enough funds to provide the resource to all who want to use it. Another issue that government funded resources might face are fluctuations in funding. Many aspects of the government are affected by politics, the funds allocated to certain resources might

---

<sup>129</sup> Larrison, C. R., Hack-Ritzo, S., Koerner, B. D., Schoppelrey, S. L., Ackerson, B. J., & Korr, W. S. (2011). Economic grand rounds: State budget cuts, health care reform, and a crisis in rural community mental health agencies. *Psychiatric Services*, 62(11), 1255–1257. [https://doi.org/10.1176/ps.62.11.pss6211\\_1255](https://doi.org/10.1176/ps.62.11.pss6211_1255)

fluctuate depending on the political climate and politicians' focus on elections. Sometimes certain programs might be promised more funds, for a politician to seem more favorable.

When governments pass legislation which allow for new programs to be created, they are often very vague. Indiana passed a law in 2015 to “establish syringe exchange programs” as a “response to a rural outbreak of HIV associated with sharing contaminated syringes used for opioid injection.”<sup>130</sup> While this is a step towards addressing the opioid epidemic by making it legal to provide harm reduction resources it is not as simple as it seems. The law that was passes was written in a way that a county had to declare “epidemic” status of HIV before they would be allowed to create Syringe Exchange Programs within the county, but there was no guideline of when “epidemic” status of HIV could be declared, so no county has been able to declare such status and create a Syringe Exchange Program.<sup>131</sup> There is also the issue of once Syringe Exchange Programs are created and are successful in reducing the spread of HIV will the county still have an “epidemic” status, and will they have to shut down their operations, if they no longer meet the status. This type of vagueness in written laws creates unnecessary difficulties for both government and privately funded organizations which focus on harm reduction.

Privately funded organizations do have to follow policies and regulations set forth by the government, but they have more leniency when it comes to funding. They can sell products to fund their organizations or accept donations. This might lead to more fluctuation in funding than compared to governmentally funded sources, because some months/years might be better funded than others. Funding issues are why we see some resources, primarily ones which provide

---

<sup>130</sup> Meyerson, B. E., Lawrence, C. A., Miller, L., Gillespie, A., Raymond, D., Kelley, K., & Shannon, D. J. (2017). Against the odds: Syringe Exchange Policy Implementation in Indiana. *AIDS and Behavior*, 21(4), 973–981. <https://doi.org/10.1007/s10461-017-1688-7>

<sup>131</sup> Meyerson, B. E., Lawrence, C. A., Miller, L., Gillespie, A., Raymond, D., Kelley, K., & Shannon, D. J. (2017). Against the odds: Syringe Exchange Policy Implementation in Indiana. *AIDS and Behavior*, 21(4), 973–981. <https://doi.org/10.1007/s10461-017-1688-7>

temporary housing, only being able to accommodate a handful of people at a time, because they do not have the space or the funds to accommodate a large amount of people at once.

## D. Introducing New Resources

One resource that Vancouver has which Tucson did not were Safe Injection facilities. Incorporating SEP/SIFs into the public health safety net can be difficult because people to have a certain perspective about people who use drugs. There is a default negative stigma associated towards people who use drugs in general, in healthcare settings,<sup>132</sup> and when individuals attempt to utilize harm reduction resource.<sup>133</sup> This stigma existence of this stigma it causes the most harm to people who use drugs. This is a difficult to approach harm reduction as an overall public health issue people so many people tend to ostracize people who use drugs. They judge them for using in the first place and then make it difficult for them to get help later, even if the person who is using drugs is the one initiating wanting help. Researchers Kathleen Crapanzano, Richard J. Vath, and Dixie Fisher attempted to address this issue and destigmatize graduate healthcare professionals in an education setting, but their findings showed that no participants' stigmatized attitudes regarding drug use changed in a meaningful way.<sup>134</sup> If it is so difficult to create such change in a limited population through education methods, it seems that a widespread global change will be a major challenge to incorporate, if not impossible.

---

<sup>132</sup> Meyerson, B. E., Russell, D. M., Kichler, M., Atkin, T., Fox, G., & Coles, H. B. (2021). I don't even want to go to the doctor when I get sick now: Healthcare experiences and discrimination reported by People Who Use Drugs, Arizona 2019. *International Journal of Drug Policy*, 93, 103112. <https://doi.org/10.1016/j.drugpo.2021.103112>

<sup>133</sup> Meyerson, B. E., Lawrence, C. A., Cope, S. D., Levin, S., Thomas, C., Eldridge, L. A., Coles, H. B., Vadieli, N., & Kennedy, A. (2019). I could take the judgment if you could just provide the service: Non-prescription syringe purchase experience at Arizona pharmacies, 2018. *Harm Reduction Journal*, 16(1). <https://doi.org/10.1186/s12954-019-0327-1>

<sup>134</sup> Crapanzano, K., Vath, R. J., & Fisher, D. (2014). Reducing Stigma Towards Substance Users Through an Educational Intervention: Harder Than It Looks. *Academic Psychiatry*, 38(4), 420–425. <https://doi.org/10.1007/s40596-014-0067-1>

Tucson having a needle exchange resource is important because it helps reduce harm and the spread of bloodborne illnesses. It would be very beneficial for Tucson to implement a Safe Injection Facility. I hypothesize that the introduction of a Safe Injection Facility would reduce injection drug related overdoses and improve peoples “health and social situation.”<sup>135</sup> The main difficulty Tucson would face when attempting to introduce a Safe Injection Facility is persuading the public of its need, because a lot of the narrative surrounding drugs focuses on abstinence and morality.<sup>136</sup>

## V. Conclusion

Numerous people in the United States use drugs, during April 2020 to April 2021 100,306 people died from overdose in the United States, 75,673 of those deaths being linked to opioid overdose.<sup>137</sup> Death from overdose is an issue which continues to rise and will continue to worsen if ignored. Harm reduction is a policy intervention which aids to support people who use drugs, to prevent people from overdoses and unjust punishments. There are many organizations in Tucson both publicly and privately funded which provide harm reduction resources to people who use drugs. Not all of the organizations specifically focus on providing harm reduction for people who use drugs, but they are programs which people who use drugs can utilize in order to receive support for their needs. The Vancouver area also has many resources for their residents.

---

<sup>135</sup> Belackova, V., Silins, E., Salmon, A. M., Jauncey, M., & Day, C. A. (2019). “Beyond Safer Injecting”—Health and Social Needs and Acceptance of Support Among Clients of a Supervised Injecting Facility. *International Journal of Environmental Research and Public Health*, 16(11), 2032. <https://doi.org/10.3390/ijerph16112032>

<sup>136</sup> Faupel, C. E., Weaver, G., & Corzine, J. (2014). Chapter 12: Preventative Responses to Drug Problems: Drug Education and Drug testing. In *The Sociology of American Drug Use* (Third, pp. 367-378). essay, Oxford University Press.

<sup>137</sup> Centers for Disease Control and Prevention. (2021, November 17). *Drug overdose deaths in the U.S. top 100,000 annually*. Centers for Disease Control and Prevention. Retrieved April 1, 2022, from [https://www.cdc.gov/nchs/pressroom/nchs\\_press\\_releases/2021/20211117.htm](https://www.cdc.gov/nchs/pressroom/nchs_press_releases/2021/20211117.htm)

These resources are like the ones found in Tucson. Both cities have non-profit organizations, but Vancouver has more government-funded organizations than Tucson.

Substance use dependencies are different for everyone. Creating a personalized harm reduction plan for every person who uses drugs is not a feasible option. Creating a robust network of resources which are accessible to people who use drugs to utilize in order to receive the help and support they need is essential. It is important to connect people with a variety of organizations and resources, so they can meet their basic needs. It might be difficult for some to network and verbally ask for help, as there might be communication barriers. That is why written information is essential for organizations to provide. This information should be presented to individuals in English and in Spanish, due to the high population of Spanish speaking people who live in Tucson.

Future research should focus on family involvement of harm reduction. One of the needs that was addressed with people who use drugs are social needs. There are instances where people who use drugs are isolated from their families. Research what the effect of having a strong familial and social network compared to a weak one has on harm reduction would be interesting. In order to experience the true effect and benefit of some programs you have to have the initiative to find and utilize the resources that are provided. I hypothesize that having a strong support network might help alleviate some of that stress.