



# **CARE OVER COERCION:**

**LEADING WITH PERSON-CENTERED SERVICES**

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# OUTLINE FOR TODAY

- Discuss how unstably housed and homeless people face a set of intertwined, intersectional issues –what we call structural violence
- Discuss the harm reduction movement as a community-based, direct response to historical legacies and structural violence that is now evidence based
- Explore some alternatives frameworks to approaching people impacted by structural violence and specific harm reduction interventions in Washington, D.C.
- Discussion: what are your real concerns/troubleshooting questions about exploring harm reduction in your own communities or work?

# POSITIONALITY

- Mexican-American/Chicana from U.S./Mexico border area
- Former direct service provider → researcher
- Set of ethical research commitments:
- the problematic history of research conducted among vulnerable populations such as PWUD and communities of color
- Acknowledging that documenting stories of trauma and suffering requires particular sensitivity and training
- Acknowledging that the voices of the most impacted by drug use are a critical part of how we understand the overdose crisis
- *Trust is earned, not given. History and experience matter for the evidence base*

# INTERSECTIONALITY: A GUIDING FRAMEWORK

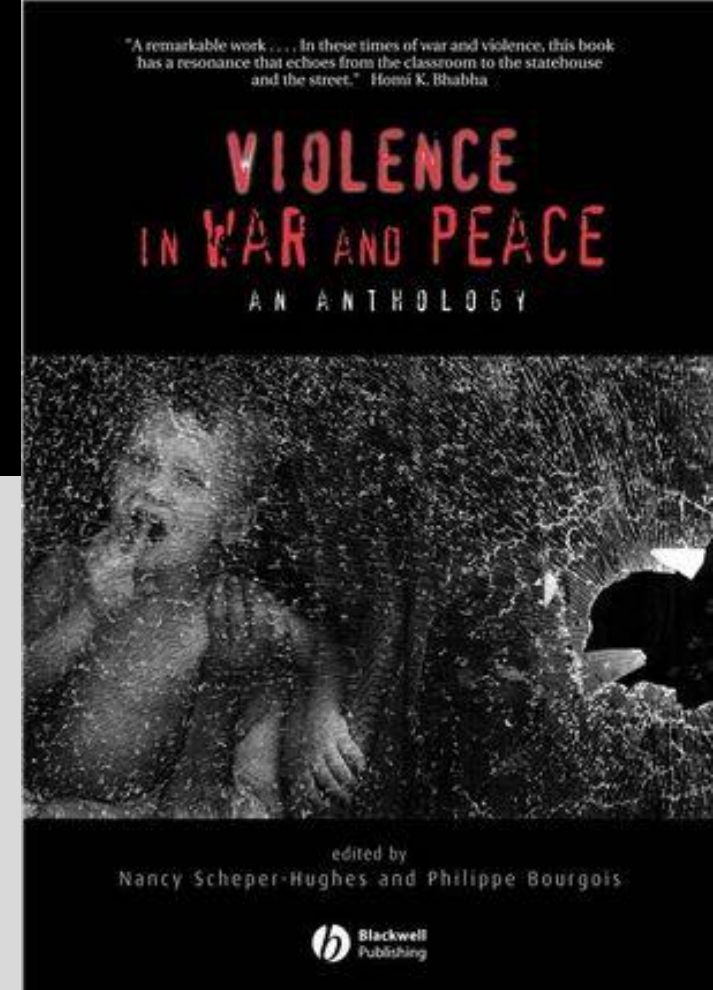
- Kimberle Crenshaw's TED Talk "[The Urgency of Intersectionality](#)"
- From Oxford Languages dictionary: "the [interconnected](#) nature of social [categorizations](#) such as race, class, and gender as they apply to a given individual or group, regarded as creating overlapping and interdependent systems of discrimination or disadvantage"
- **BUT: it's also what makes us amazing! Wise! Expertise! Strength! Community! Power! Divinity!**
- The key is that one category of experience cannot be abstracted from another
- Goal is to pursue intersectional justice

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# STRUCTURAL VIOLENCE: A GUIDING FRAMEWORK

- ...“Violence can never be understood solely in terms of its physicality—force, assault, or the infliction of pain—alone.
- Violence also includes assaults on the personhood, dignity, sense of worth, or value of the victim....
- “Violence itself, however, defies easy categorization. It can be everything and nothing, made legitimate or illegitimate, visible or invisible, necessary or useless, senseless and gratuitous, or seemingly rational and strategic...”
- Various axes of intersecting oppression: gender, race/ethnicity, class, sexuality, geographic location, different abilities, etc.
- “Approaching violence in a way that facilitates recognizing the roots, links, tentacles, diversity and pervasiveness of violence’s multiple forms and effects.” These things are linked and overlapping.



# STRUCTURAL VIOLENCE: IT'S COMPLICATED!

From The Oxford Handbook of the Social Science of Poverty (2016)

Structural violence is the violence of injustice and inequity—“embedded in ubiquitous social structures [and] normalized by stable institutions and regular experience” (Winter and Leighton 2001:99). By structures we mean social relations and arrangements—economic, political, legal, religious, or cultural—that shape how individuals and groups interact within a social system. These include broad-scale cultural and political-economic structures such as caste, patriarchy, slavery, apartheid, colonialism, and neoliberalism, as well as poverty and discrimination by race, ethnicity, gender, sexual orientation, and migrant/refugee status. These structures are violent because they result in avoidable deaths, illness, and injury; and they reproduce violence by marginalizing people and communities, constraining their capabilities and agency, assaulting their dignity, and sustaining inequalities.

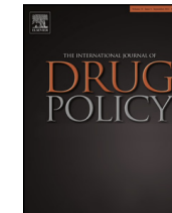


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# International Journal of Drug Policy

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Research paper

## Single room occupancy (SRO) hotels as mental health risk environments among impoverished women: The intersection of policy, drug use, trauma, and urban space



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### ABSTRACT

**Background:** Due to the significantly high levels of comorbid substance use and mental health diagnosis among urban poor populations, examining the intersection of drug policy and place requires a consideration of the role of housing in drug user mental health. In San Francisco, geographic boundedness and progressive health and housing policies have coalesced to make single room occupancy hotels (SROs) a key urban built environment used to house poor populations with co-occurring drug use and mental health issues. Unstably housed women who use illicit drugs have high rates of lifetime and current trauma, which manifests in disproportionately high rates of post-traumatic stress disorder (PTSD), anxiety, and depression when compared to stably housed women.

**Methods:** We report data from a qualitative interview study ( $n=30$ ) and four years of ethnography conducted with housing policy makers and unstably housed women who use drugs and live in SROs.

**Results:** Women in the study lived in a range of SRO built environments, from publicly funded, newly built SROs to privately owned, dilapidated buildings, which presented a rich opportunity for ethnographic comparison. Applying Rhodes et al.'s framework of socio-structural vulnerability, we explore how SROs can operate as "mental health risk environments" in which macro-structural factors (housing policies shaping the built environment) interact with meso-level factors (social relations within SROs) and micro-level, behavioral coping strategies to impact women's mental health. The degree to which SRO built environments were "trauma-sensitive" at the macro level significantly influenced women's mental health at meso- and micro-levels. Women who were living in SROs which exacerbated fear and anxiety attempted, with limited success, to deploy strategies on the meso- and micro-level to manage their mental health symptoms.

# WHAT IS HARM REDUCTION

- From the National Harm Reduction Coalition ([harmreduction.org](http://harmreduction.org))
- “Harm reduction is a set of practical strategies and ideas aimed at reducing negative consequences associated with drug use. Harm Reduction is also a movement for social justice built on a belief in, and respect for, the rights of people who use drugs.
- Harm reduction incorporates a spectrum of strategies that includes safer use, managed use, abstinence, meeting people who use drugs “where they’re at,” and addressing conditions of use along with the use itself. Because harm reduction demands that interventions and policies designed to serve people who use drugs reflect specific individual and community needs, there is no universal definition of or formula for implementing harm reduction.”
- Dept of Health and Human Services: Evidence-based harm reduction strategies minimize negative consequences of drug use. These activities further expand access to harm reduction interventions and better integrate harm reduction into general medical care.



# WHAT IS HARM REDUCTION

- It is rooted in the longstanding organizing and mutual aid of communities impacted by criminalization and the War on Drugs.
- It acknowledges that behaviors cannot be understood without looking at the structures that produced them
- Because harm reduction interventions are now recognized as evidence-based practices, it has been institutionalized → but it's important to not forget its roots: radical community love and support

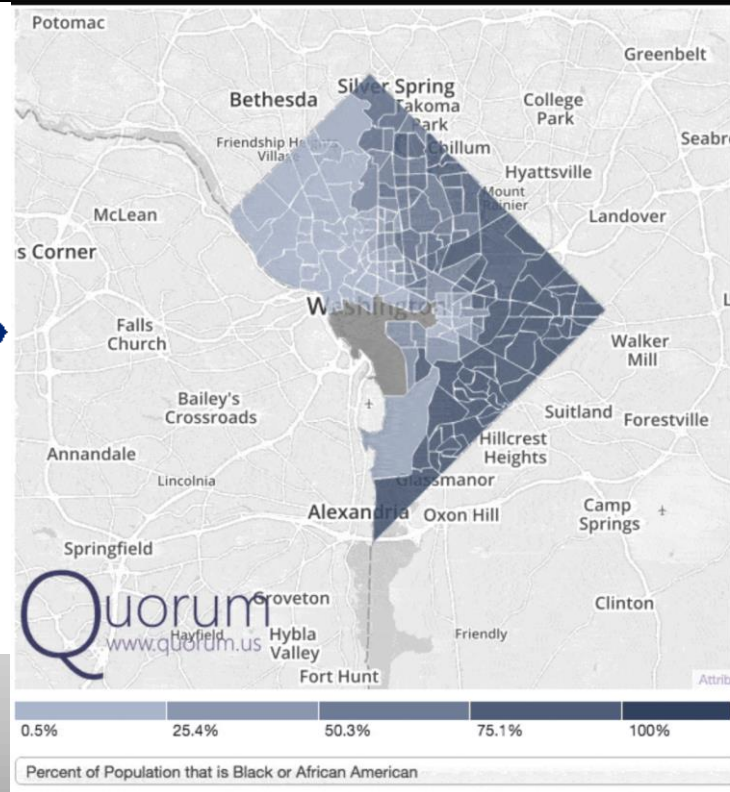
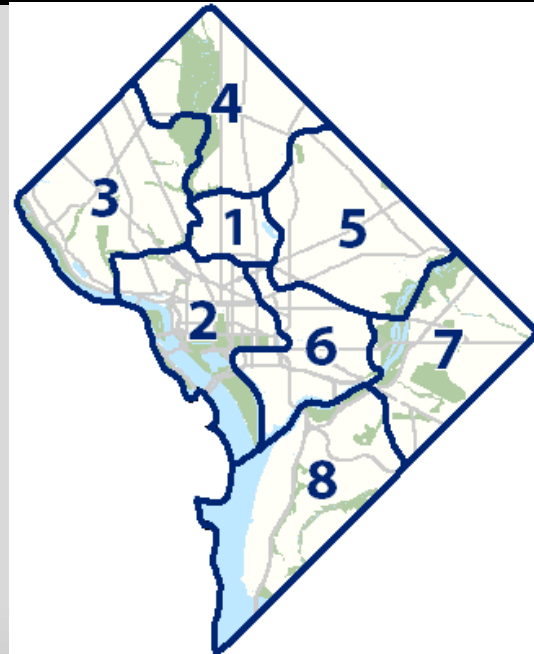
# HARM REDUCTION AT THE FRONT LINES IN DC





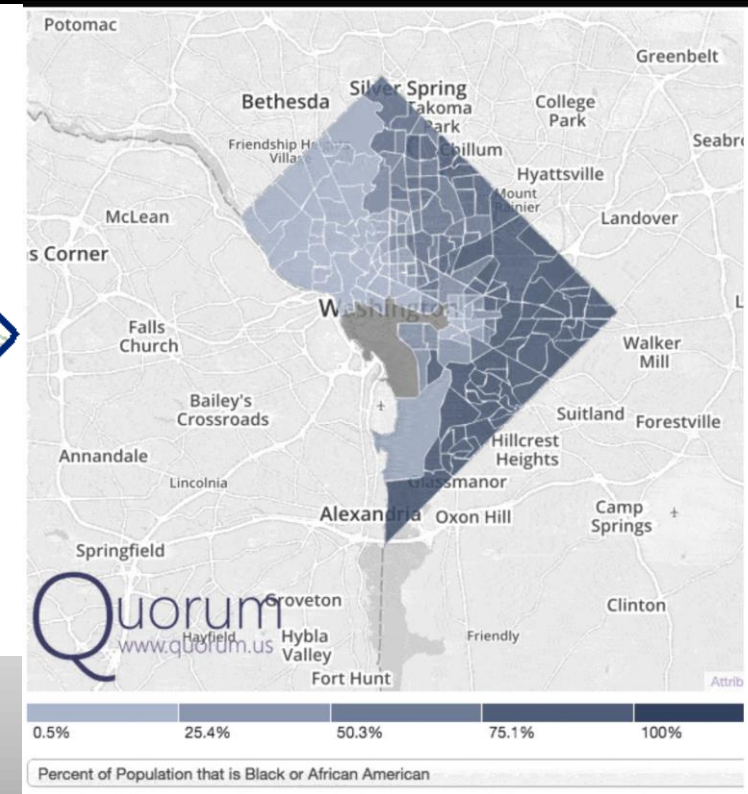
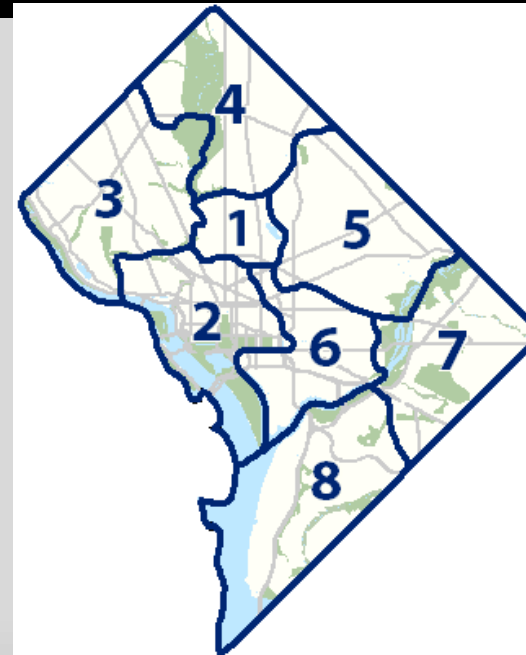
# DC AS A RACIALIZED LANDSCAPE

- The Washington Post: “The Remarkable Racial Segregation in Washington D.C., in 1 map.” June 19, 2015



# A RACIALIZED LANDSCAPE THAT MAPS ONTO THE OVERDOSE CRISIS

- Overdoses from synthetic opioid fentanyl: leading cause of death for ages 18 to 45
- 2016-2020: 50% increase in deaths due to overdose
- In 2023, there were 518 opioid overdose deaths (43 deaths per month)
- 96% of those deaths involved fentanyl
- 84% of those deaths were among Black Washingtonians
- Wards 7 and 8 lost the most residents



# HIPS WORK IN DC

## HIPS.ORG

# HIPS

ADVANCING THE HEALTH RIGHTS AND DIGNITY OF PEOPLE AND  
COMMUNITIES IMPACTED BY SEX WORK AND DRUG USE

### Mission

HIPS promotes the health, rights, and dignity of individuals and communities impacted by sexual exchange and/or drug use due to choice, coercion, or circumstance. HIPS provides compassionate harm reduction services, advocacy, and community engagement that is respectful, non-judgmental, and affirms and honors individual power and agency.

### Vision

We believe that those engaged in sex work, sex trade, and drug use should be able to live healthy, self-determined, and self-sufficient lives free from stigma, violence, criminalization or oppression. We will achieve this through engaging sex workers, drug users and our communities in challenging structural barriers to health, safety, and prosperity.

### Services

We always offer syringe exchange, both through our drop in center or via delivery on our outreach van, condom distribution, access to overdose prevention supplies, and linkage to HIPS full menu of support services, as well as mental health support, access to housing, and substance use treatment in a client centered harm reduction environment. Multiple support groups occur daily and include refreshments. Clients can drop in to our center Monday - Friday for showers and laundry, access to our clothing closet, and get connected to HIPS services. For an up to date list of all the services we offer [click here](#).



# HARM REDUCTION VENDING MACHINES

# HIPS

ADVANCING THE HEALTH RIGHTS AND DIGNITY OF PEOPLE AND  
COMMUNITIES IMPACTED BY SEX WORK AND DRUG USE

- To address gaps in access to overdose prevention and harm reduction services, especially in locations impacted by racial disparities
- Collaboration between DC Health and a community-based organization (HIPS)
- Three sites in D.C. where overdose deaths are concentrated and there are other service gaps
- 1700 Marion Barry Ave SE, 1201 Sycamore Dr SE, and 1525 7th St NW
- They are free to use and dispense naloxone (the medicine that reverses opioid overdoses), as well as fentanyl test strips, syringes, hygiene supplies, and other essential items 24-hours a day, 7-days a week

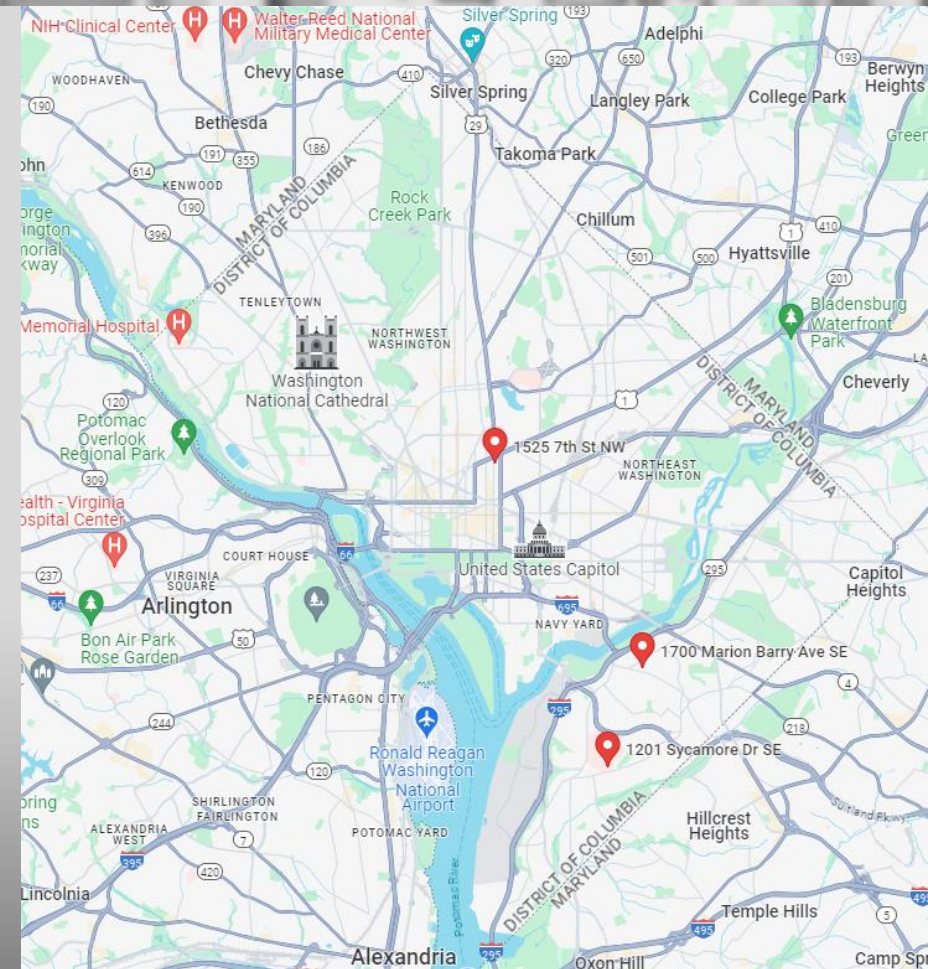


# HARM REDUCTION VENDING MACHINES

# HIPS

ADVANCING THE HEALTH RIGHTS AND DIGNITY OF PEOPLE AND  
COMMUNITIES IMPACTED BY SEX WORK AND DRUG USE

- Direct, community engaged work, including community conversations about machine contents and placement
- Deep, 30-years trust of engaging with community-based organization (hips.org) → trust that people won't be surveilled for using machine + constant, trauma-informed attention to community needs
- As of April 2024:
  - 175 people enrolled to use the machines in three locations
  - 66% of people enrolled identify as cisgender men, 22% as cisgender women, and 6% identify as non-binary
  - 63% of users identify as Black/African American, 31% identify as White, and approximately 2% identify as Latine/Latinx, Indigenous, or Asian/Pacific Islander
  - 54% use drugs intravenously, 54% smoke drugs, 25% snort drugs
  - 10% of people enrolled stay in a shelter, 23% are crashing with a friend, family member, or acquaintance, and 17% are sleeping outside or are street homeless



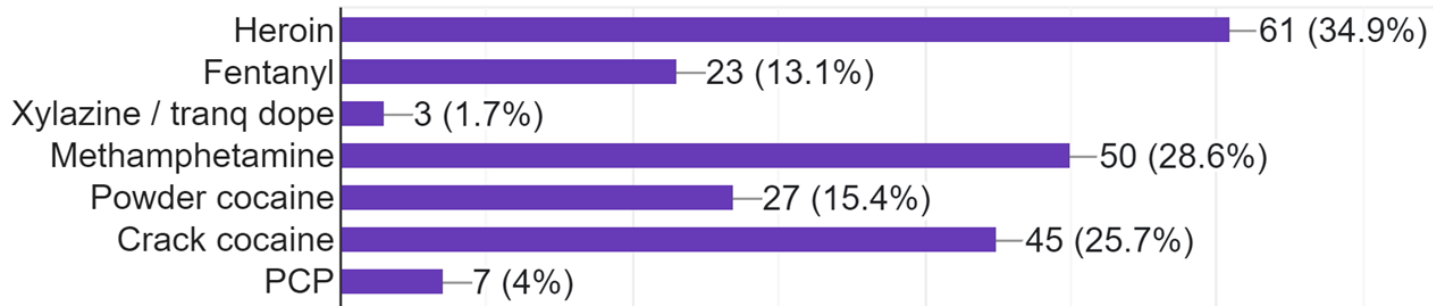


# HARM REDUCTION VENDING MACHINES

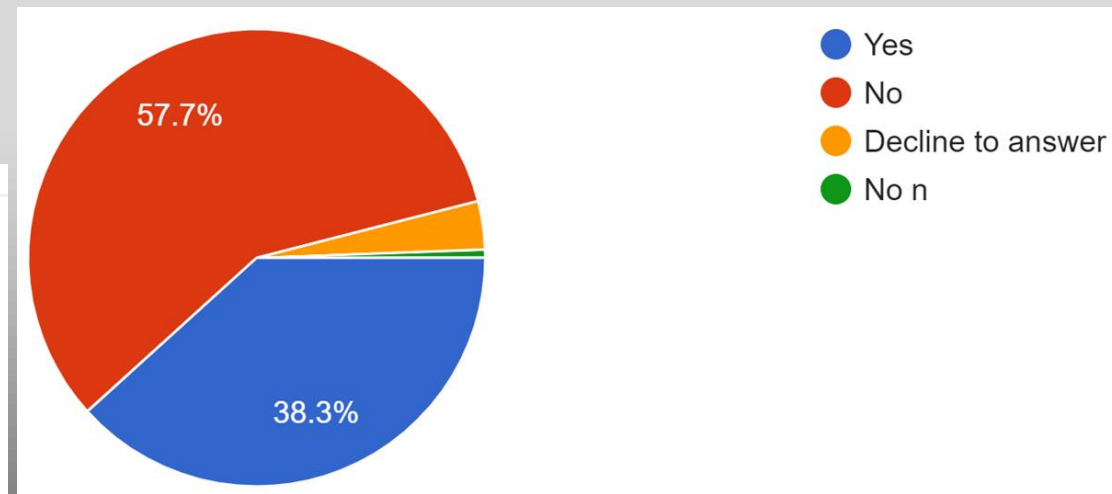
In 2024 (January – March)

- 170 naloxone doses distributed
- 318 fentanyl test strips distributed
- 269 safer injection kits distributed
- 120 alcohol wipes distributed
- 5,995 syringes distributed
- **\*\*7,600 syringes returned to HRVM disposal boxes located next to machine**
- 627 snacks or bottled waters distributed

## Current or Common Drug Used



## Percent of people enrolled who identify as homeless





# HARM REDUCTION VENDING MACHINES

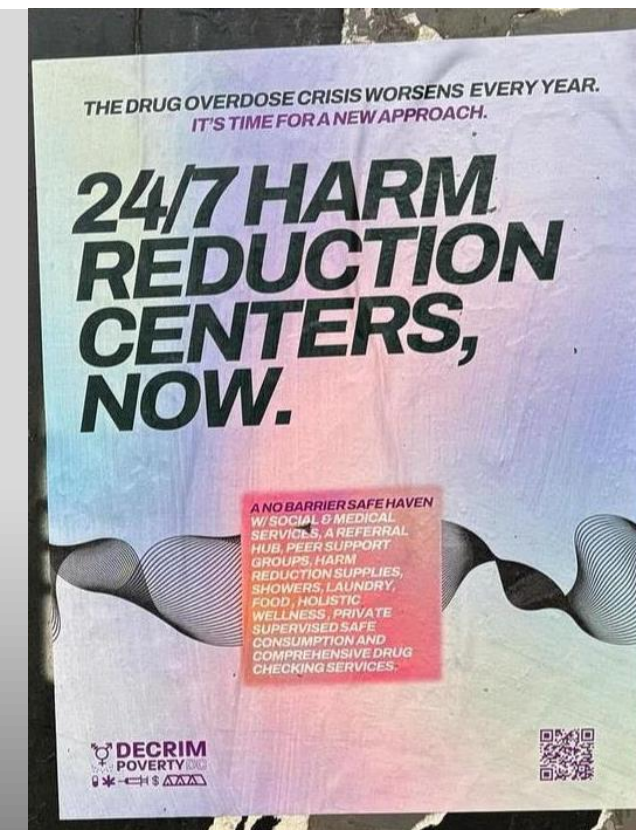
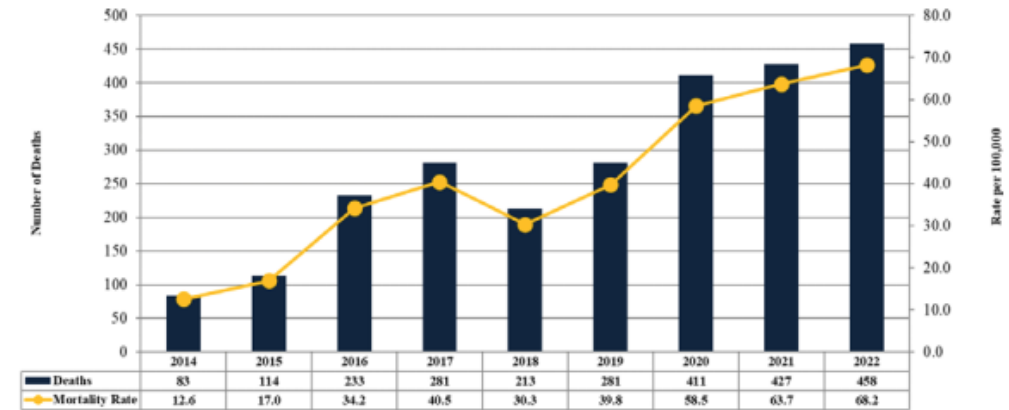
- Qualitative data collection through August 2024
- Mixed methods analysis to contextualize qualitative primary data within quantitative measures, as well as within secondary datasets about overdose death and drug-related harms
- Community engagement & dissemination events throughout Washington D.C., and to community partners



# HARM REDUCTION THE BIGGER PICTURE

- Continued mass death event
- Constant mourning loss of life, burnout of frontline providers, familial tragedy concentrated in certain communities
- The widespread devaluation and criminalization of these lives and communities
- A necropolitical landscape of rampant injustice
- Keeping our eyes on the bigger picture:

Fig. 1(a): Number and Mortality Rate of Opioid-Related Fatal Overdoses in DC by Year: 2014-2022



# WHAT DO WE DO IN THE MEANTIME?

- We know that being grounded in community-based radical harm reduction philosophies does not always match health department agendas 😊
- But we find these little liberatory whole heart spaces and focus on small steps in the meantime
- **BACK TO THE PRINCIPLES OF HARM REDUCTION AND OUR LIBERATION IN THE MEANTIME:**
- Collective steps to address harm in the multiple communities we work in
- Collective steps to enact spaces of radical love
- Real conversations: what do we all need in the meantime?
- **(this can be chaotic and that is OK!)**
- Liberation must be constantly redefined and reassessed to be sure our dreams and imaginings for the future are not co-opted and destroyed. This is part of the rigorous research too 😊. Our collective meantimes matter.

# LET'S DISCUSS

- What questions do you have about harm reduction, harm reduction vending machines?
- Any gut reactions/thoughts to the discussion of intersectionality and structural violence?
- Why do we value care over coercion?
- What are your real concerns/troubleshooting questions about exploring harm reduction in your own communities or work?



# THANK YOU!

- **HIPS HRVM TEAM: Starr O’Leary (Community Outreach Specialist), Alexander/a Bradley (Outreach and Community Education Manager), Shane Sullivan (Harm Reduction Coordinator)**
- **We also thank collaborators at Whitman Walker Health’s Max Robinson Center and the SE and NW locations of Bread for the City, where vending machines are located. We extend special gratitude to the people who use the machines who agree to take part in this study and whose lives have been impacted by the overdose crisis.**
- **Contact information: Andrea M. Lopez, [lopez@umd.edu](mailto:lopez@umd.edu)**