OSAC PORTAL RECOMMENDATIONS SUBMISSION:
Global Health Justice Partnership

Yale Law School & Yale School of Public Health
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Background

Since 2014, cities and municipalities across the United States have been litigating against major opioid manufacturers, distributors, and retailers, like Johnson & Johnson, CVS, Walgreens, who are accused of engaging in illicit practices, such as overstating the benefits of opioids, minimizing addiction risks, and employing misleading marketing strategies, which are widely understood to have precipitated the opioid crisis. As a result of these legal proceedings, states and cities across the U.S. are beginning to receive funds from these settlements that are earmarked for mitigating the ongoing impacts of the opioid crisis. According to the latest reports by CT Mirror, Connecticut (CT) is expected to receive approximately $600 million over the next 10-18 years, of which 85% of the funds are set to go to the state government and 15% directly to cities and towns.

In 2022 state lawmakers in Connecticut voted to establish the Opioid Settlement Advisory Committee (OSAC), co-chaired by Department of Mental Health and Services (DMHAS) Commissioner Nancy Navarretta, and Mayor of the City of Waterbury, Neil O'Leary, to ensure that the proceeds received by the state as part of the opioid litigation settlement agreements are allocated appropriately.

In September/ November 2023, the CT OSAC opened a public input portal to solicit feedback from the public on initiatives that can be funded by the state using the opioid settlement funds. The portal invited organizations, government agencies, and the civil society to submit recommendations and brief, 250-word recommendation descriptions for OSAC to disburse opioid settlement funds. The deadline for feedback was 17 November 2023. This document contains the submission that the Global Health Justice Partnership (GHJP) made to the portal.

GHJP's submission highlights that there are no race-blind or gender-blind policies and interventions, and any systemic response to issues of justice must have an intersectional approach that recognizes how race, gender and sexual orientation shapes peoples' experiences. Our recommendations emphasize that it is important for gender and racial justice to be systematically at the center of all of OSAC's funding decisions.

Since making our submission, we have reached out to Commissioner Navarretta's office to understand the next steps in the public input process. In particular, we have raised questions to understand how the OSAC team (which actors/sub-committees) will evaluate the submissions made, what metrics and processes will be used to evaluate the submissions, how the OSAC will convey publicly the manner in which these

[1] This submission also pulls from research and materials developed by GHJP student RAs for our "Where is the Gender in Harm Reduction in New Haven?" workshop.

submissions inform the OSAC's funding decisions, if there are any plans to make the information gathered from the public input portal public, and what transparency and accountability mechanisms regarding OSAC funding disbursement the OSAC is putting in place. We have also expressed interest in knowing how the opioid settlement moneys will be used to support the integration of marginalized populations into all efforts that support institutional capacity-building and increased decision-making power at state and local level, so that these organizations providing harm reduction and related services to racially marginalized populations will be able to reach these vulnerable persons, as well as overcome the gendered barriers to care we have identified in our research.

We welcome this public input initiative by the OSAC, and look forward to hearing from them on how the submitted recommendations will inform their funding strategies.

Global Health Justice Partnership's Submission

The Global Health Justice Partnership (GHJP), an initiative of the Schools of Law and Public Health at Yale, works on promoting interdisciplinary, innovative, and effective responses to key problems in health justice, working collaboratively across the university, and with local partners.

Over the past six years, GHJP has been collaborating closely with community organizations in New Haven whose work underscores the importance of gender-responsive strategies in evidence-based harm reduction efforts. Our work has particularly engaged what (lack of) access to services looks like for criminalized populations, including drug users and sex workers, and the necessity of attention and analysis across intersections of gender, race, Indigeneity, place, class, sexuality, age, and disability.

Earlier in 2023, our team hosted 20+ dedicated harm reduction actors including service providers, people with lived experience, academics, and policymakers, for a workshop to deliberate on the barriers to and strategies and possibilities for harm reduction activities that are attentive to the broad range of experiences of people who use drugs across genders, in New Haven and surrounding areas.

GHJP submission below, is informed by comments received by GHJP from harm reduction actors during a public information sharing session organized by GHJP on 3rd November 2023, GHJP's "Where is the Gender in Harm Reduction?" workshop held in July 2023, and from our work in New Haven over the past six years.

Submission 1

- Recommendation: CT should ensure funding towards increasing financial assistance and resources for transportation for individuals who use drugs, with a particular focus on women and parents.
- Recommendation Description: Transportation is frequently cited as a barrier to accessing substance use services and is a factor contributing to reduced uptake by women and gender-diverse people who use drugs (Perri et al., 2022). Adequate transportation is necessary in order to access substance use services such as syringe exchange programs, MOUD (medications for opioid use disorder) treatment, and other healthcare services. In a peer-based needs assessment survey for people engaged in street-based sex work in New Haven, for which there is an overlap of PWID in New Haven, 66% of respondents (all women) were unable to afford the transportation they needed. Most respondents relied on public transportation, walking, or rides from others to reach their destinations (GHJP & SWAN, 2020).

Submission 2

- Recommendation: The state should allocate resources to the provision of childcare specifically for use by women and gender diverse people with children who use drugs.
- Recommendation Description: The state should ensure that gender-specific services acknowledge gender norms, roles, and relations and include accommodations that mitigate significant barriers for women and parenting people to engage in substance use treatment (link to GHJP's

Reproductive Justice primer and Gender Justice primer). Lack of appropriate and adequate childcare is a demonstrated barrier for women and gender diver individuals to engage in substance use treatment, especially for single parents. Gender-specific services could mitigate this through the provision of childcare at women's substance use services (Perri et al., 2022). Additionally, pregnant and parenting people have differential drug use experiences, and face specific barriers and sanctions for drug use (GHJP's Reproductive Justice Primer). Pregnant women are more likely to stay in outpatient treatment if these programs provide childcare, parenting classes, and vocational training (Chen et al., 2004). In order for women's services to be maximally effective, they should be inclusive of gender diverse PWUD as well.

Submission 3

- Recommendation: CT should fund additional low-barrier and stable housing for people who use drugs (PWUD).
- Recommendation Description: This recommendation for accessible and affordable low-barrier housing includes programs that cover the real cost of rent, and pay attention to specific housing needs, such as supporting housing for pregnant, birthing and parenting people, or vulnerabilities due to stigma and discrimination for specific populations. These populations include people with criminal records, LGBTQ+ people, particularly LGBTQ+ youth aged 18-24. Low-barrier housing means, in part, no requirements for sobriety or zero-tolerance policies regarding alcohol and substance use. A national study found that comprehensive services, such as housing, transportation, education, and income support, reduces post-treatment substance use among both men and women, with gender differences in outcomes (Marsh et al., 2004). Furthermore, a study of a transitional living center serving homeless and at-risk African American mothers and their children found that a comprehensive, community-based housing program had a positive impact on women's recovery journeys and had lasting impacts on lifetime trajectories for women who had experienced homelessness (Krueger et al., 2022). A study of women and men in substance-free recovery housing showed poor outcomes, with increased poor outcomes across metrics for women (Sawyer–Morris et al., 2021) This demonstrates how accessible housing is an important baseline need for uptake of harm reduction and treatment services.

Submission 4

- Recommendation: CT should collect and report disaggregated & intersectional data (i.e., race, gender, age, (dis)ability, place (including urban/rural), income of of those surveyed) for all measures related to overdose, drug use experience, access and utilization of harm reduction services, health outcomes, and other allied fields (eg: access to housing, childcare, etc).
- Recommendation description: There is a substantial gap in publicly available data on substance use and treatment in Connecticut with a focus on gender, particularly with regard to prevalence, trends, outcomes and treatment barriers for women, trans, non-binary, and LGBTQ+ people who use substances. While this data is increasingly being made available nationally, Connecticut specific data sources tend to have analyses by age, race, gender or location (if at all) but does not account for other characteristics, nor to how people are impacts by differential experiences simultaneously across gender, sexuality, race, age (including attention to seniors), (dis)ability,

immigration status, etc. Given that there is strong evidence to show that substance use uniquely harms people of color and LGBTQ+ communities, it is imperative to collect and report disaggregated and intersectional data. Based on our review of the evidence, there is urgent need for intersectional data in the following areas:

- Substance use trends and overdose deaths among LGBTQ+ and gender diverse people, to account for specific drug use practices and overdose trends in these communities
- Qualitative data on overdose and drug use experiences and barriers to access to care
- Treatment admission and program use, and the efficacy of current initiatives
- Data that explores intersections and additive modes of marginalization, including as related to stigma, discrimination and violence

Additionally, CT's data collection plans must ensure privacy protections and remain attentive to the high risk consequences of data disclosure for people of color and LGBTQ+ communities, including stigma, discrimination, addiction surveillance in health care settings, child welfare involvement, and criminalization. Evidence in support of this recommendation can be found in GHJP's Data Challenges for Gender & Harm Reduction primer. Our team would be happy to provide all the evidence we have collected to support this recommendation which we were not able to include for lack of space, and would be happy to work with and support your team in any way we can.

Submission 5

- Recommendation: Provide leadership; decision-making power; and prioritized funds, training, institutional capacity-building, and workforce, mental health and wellbeing support to community-based individuals, collectives and organizations led by and providing harm reduction and related services to racially and gender-marginalized populations, in order to continue critical adapted services and develop further programming based on priorities identified by them and the specific populations they work with.
- Recommendation description: BIPOC groups, sex workers, and queer and trans folks have historically been leaders, providers and beneficiaries of harm reduction, including more community-based and structural efforts (Roane, 2019; Jackson, 2019; GHJP harm reduction primer). Despite this, these groups are often overlooked in the development and delivery of substance use services (Iverson et al., 2015; Boyd et al., 2020). Interventions must recognize and integrate the current and historical leadership of women and gender diverse people in harm reduction services, particularly the pathbreaking harm reduction work of Black women, which has also engaged political analysis and built legacies of Black health activism (Roane, 2019), queer communities responding to HIV/AIDS, and harm reduction as practiced by sex workers, making the concept broader and more holistic to value sex workers and their sense of self, wellness, and individual needs (Jackson, 2019). Providing funding via more holistic harm reduction work is essential to building trust and effectively providing harm reduction services to underserved populations. Additionally, funding should be allocated to engage persons who use drugs (PWUD) in service feedback and decision-making, and for patient advocates with lived experience that matches the communities served, to support PWUD with navigating services. A study of the Sex

Workers and Allies Network (SWAN) in New Haven underscored the importance of building a supportive community and policy advocacy efforts while employing harm reduction strategies (Cammisa et al., forthcoming).

Submission 6

- Recommendation: We strongly recommend that the CORE Report and the State of Connecticut support piloting Overdose Prevention Sites (OPS) with moneys from the Opioid Settlement Funds, with attention to accessibility across populations. In this context, the state can rely on the evidence of OPS success, and not concede a position as to their legality or inadvertently minimize the room for legal advocacy for their implementation.
- Recommendation Description: Overdose Prevention Sites (OPS) are among the strongest evidence-based harm reduction strategies that have been successfully implemented and scaled-up around the world. Overdose prevention sites "allow people to consume pre-obtained drugs under the supervision of trained staff and are designed to reduce the health and public order problems often associated with public drug consumption." (Drug Policy Alliance, n.d.). OPS have been shown to be particularly efficacious in preventing overdose deaths, with zero fatal overdoses reported within OPS (Kerr et al., 2006; Ng et al., 2017). OPS have also been shown to reduce overdose fatality in the area around the site, not just within it (Marshall et al., 2011). In addition to reduction in overdose fatality, OPS have been shown to reduce new HIV, hepatitis C, and soft tissue infections, and increase the likelihood of injection cessation (Kerr et al., 2006; Larson et al., 2017; Walley et al., 2013; Watters et al., 1994). With regard to the impact an OPS can have on the community around the site, evidence has shown that OPS lead to a decrease in public injection or drug use, a decrease in public discarding of drug use materials, and a decrease in drug related crime and violence in the neighborhoods around the site (Wood et al., 2004; 2006). Ethnographic research points at the effectiveness of trans-inclusive women-only supervised consumption sites in addressing gender inequities that are otherwise not tackled by gender-neutral or mixed-gender services. These spaces can also provide food and other fundamental needs, and allow for information-sharing regarding drug toxicity, access to shelter and detoxification services. A key consideration for women-only spaces is to adopt inclusive gender definitions that are not essentialist and thus limited to cisgender women, but rather, expand to include transgender women and other gender-diverse people who might similarly feel unsafe in male-dominated spaces (Boyd et al., 2020).

Submission 7

- Recommendation: CT should recognize that there are no gender-blind or race-blind harm reduction policies, and an intersectional gender and racial justice lens in distributing funds, and evaluating their impacts, is necessary to respond to the critical and urgent vulnerabilities and disparities among people who use drugs (PWUD)
- Recommendation description: The traditionally masculine/male-oriented nature of harm reduction services threatens the effectiveness and accessibility of services among women and sexual and gender minorities (Boyd et al., 2018). Often ignored or overlooked in the development and

delivery of substance use services, gender-informed services for these populations remain under-prioritized, underfunded, and underutilized (Iverson et al., 2015a; Boyd et al., 2020). People of color, cis-women and LGBTQ+ communities including trans people face a wide- range of barriers - including heightened violence, policing, stigma, and discrimination - that impact their access to harm reduction services and that often result in poor substance use-related outcomes. These communities have specific needs – related to food and housing insecurity, economic disenfranchisement, and increased need of sexual, mental health, and reproductive services - that must be differentially addressed, also with regard across race, place and age among other key aspects. For instance, cis-women and LGBTQ+ identifying individuals across genders are disproportionately impacted by policies that criminalize substance use and sex work, and often balance "competing priorities" of personal needs and safe substance use with avoidance of criminal persecution (Goodyear et al., 2020; COC Nederland, 2018). Every policy adopted by CT should remain attentive to the differential needs of racial, sexual, and gender minorities. It is not enough to adopt a few gender-responsive policies or identify racial equity as an overarching principle. Gender and racial justice must be systematically central to each OSAC recommendation (GHJP's Gender & Harm Reduction primer, GHJP's Reproductive Justice & Harm Reduction primer). Recommendations drawn from existing research suggest service integration and coordination in the form of integrating reproductive health approaches and resources, medication-assisted therapy, and social support services into substance use services (Baca-Atlas et al., 2023; Taylor et al., 2021) in order to not exclude racial, sexual, and gender minorities.

Submission 8

- Recommendation Name: Ensuring effective, transparent and accountable gender and race equity in CT's distribution of Opioid Settlement Funds (OSF) throughout the distribution period and create metrics of reporting out on this distribution and its impact for 1, 2, 5 and 10 year periods
- Recommendation Description: The potential for evidence-based and effective use of the OSF is high– as is the potential for missed opportunities and preventable morbidity and death. Attention to the diversity of persons who use drugs across race, gender, sexuality and parenting status in CT is key to success, GHJP's Gender & Harm Reduction primer. Moreover, for every metric of diversity flagged in distribution, the state must also create metrics and publically accessible processes of accountability: how were the funds used, to what effect over the time period of the distribution (ten years minimum).

NOTE: Timeline and cost for all recommendation

The following details on timeline and cost are applicable for all recommendations:

- Timeline: Across each project's entirety, with appropriate time for reporting and feedback.
- Cost: Appropriate % of budget line that covers training, feedback, material support, staffing, and community input and decision-making.