

HARM REDUCTION IS HEALTHCARE: A LEGISLATIVE ADVOCACY TOOLKIT FOR HEALTHCARE WORKERS

Madeline Villalba
Icahn School of Medicine at Mount Sinai, New York, NY

- BACKGROUND
- Punitive drug policy & criminalization create, sustain, & amplify drug-related harms
 - Healthcare workers (HCWs) care for individuals with downstream manifestations of regressive drug policy & the War on Drugs
 - HCWs can counter War on Drugs & advance harm reduction approaches via legislative advocacy, but may lack experience
 - Based on experiences as med students, organizers, & Overdose Prevention Center (OPC) volunteers, we created a toolkit to support HCW advocacy efforts

- CASE
- First sanctioned OPCs in US (NYC): lack protection from criminal prosecution & face challenges from federal government
 - Joined grassroots orgs lobbying for NY State bill that would authorize, regulate, fund OPCs
 - Emphasized health benefits of OPCs (↓ overdose fatalities, ↓ spread of bloodborne illnesses, ↑ access to treatment)
 - Outcomes: legislators’ commitments to co-sponsor; built ongoing relationships w/ key players; later, op-ed publication, petitioning

- DISCUSSION
- Legislators perceived med students/HCWs to be credible as health professionals, but HCWs must center community-led efforts, amplify voices of those with lived experience
 - Grassroots (indirect) lobbying (e.g., op-ed publication) can complement direct lobbying
 - Consider framing: promoting health & protecting lives vs. autonomy, justice, rights



SCAN TO ACCESS TOOLKIT

- PDF with additional linked tools on Google Drive
- Guidance for building a context-responsive platform
- Considerations for tailoring platforms to target legislators
- Customizable email templates, meeting agendas, & literature
- Evidence-based messaging strategies
- Tips for facilitating lobby meetings
- Resources for grassroots lobbying

ACKNOWLEDGEMENTS

We would like to acknowledge the innumerable contributions of organizers, advocates, drug policy experts, healthcare workers, trainees, and people who use drugs, especially: team members and peers of VOCAL-NY, in particular Jasmine Budnella and Steven Gray; the frontline staff of OnPoint, in particular Terrell Jones; Toni Smith of the DPA; the medical student-organizers of NYCASH; Betty Kolod of NYDocs & REACH; and Judy Wessler of CPHS.

DRUG POLICY IS A MAJOR
STRUCTURAL DETERMINANT OF
HEALTH FOR PEOPLE WHO USE DRUGS.
HEALTHCARE WORKERS MUST
ADVOCATE FOR DRUG POLICY REFORM.