



COALITION TO
ABOLISH SLAVERY
& TRAFFICKING

November 15, 2023

E-mail submission to ohchr-srhealth@un.org

Subject: Contribution to HRC report - SR right to health

To Whom It May Concern:

The Coalition to Abolish Slavery and Trafficking (Cast) is a U.S.-based nonprofit organization that is working to put an end to human trafficking through comprehensive, life-transforming services to survivors and a platform to advocate for groundbreaking policies and legislation. Established in 1998, Cast has supported thousands of survivors through every phase of their journey to freedom from counseling to legal resources, housing, educational and leadership training, and mentorship. Through these programs, Cast has helped empower survivors to become leading voices in shaping anti-trafficking policy and public awareness. In 2014, Cast received the Presidential Award for Extraordinary Efforts to Combat Trafficking in Persons from President Obama.

Question 1: Harm Reduction Policy in the U.S.

In 2020, voters in the state of Oregon passed Ballot Measure 110, also known as the Drug Addiction Treatment and Recovery Act. The law, which went into effect in early 2021, decriminalized non-commercial drug possession and increased funding for harm reduction and treatment services. While the majority of funds were not dispersed until late 2022, the Oregon Health Authority reported that providers funded by Ballot Measure 110 served more than 60,000 Oregonians during early implementation of the law. [1] Subsequent analysis found a substantial increase in clients served across all areas between the first (July-September 2022) and second (October-December 2022) of grant reporting. **In addition to increases in clients served with screenings, peer support, and harm reduction (115%, 93%, and 37% respectively), there were tremendous increases in clients supported with housing (144%) and employment services (190%)** [2]. Arrests for drug possession declined substantially. [3] Although the implementation of the Drug Addiction Treatment and Recovery Act is still in its early stages, the law presents an interesting model to explore for other jurisdictions and member states.

Question 3: Drug Criminalization and Human Trafficking

Anti-trafficking organizations in the United States rarely engage in drug-related policy work. Efforts to decriminalize drugs and drug paraphernalia are rarely understood as human trafficking prevention or response. Nonetheless, this issue connects with human trafficking in at least three important ways:

1. **Drugs as a Means of Recruitment and Control**

Several studies have found that traffickers give drugs to survivors as a grooming tactic and to make individuals easier to control. [4-6] A study of police records on sex trafficking of girls and women in Southern Ontario, Canada found that **32% of survivors, including 39% of those with previous child welfare involvement, were given drugs by their traffickers.** [4] This was one of the most common “entrapment strategies” identified in the study. Survivors who had previously used drugs were significantly more likely to experience this kind of grooming, indicating that traffickers identified and exploited drug use as a source of vulnerability among potential victims.

2. **Forced Criminality**

Survivors can be forced or coerced to commit a range of drug-related offenses, including but not limited to drug possession, by their traffickers. [7] Forced criminality can take many forms, such as the trafficker forcing survivors to sell drugs, engage in identity theft, credit card fraud, or other types of theft. Since 2017, California law protects survivors in the state who were forced to commit nonviolent offenses from being criminalized, yet they are still being arrested, charged and convicted. There is still no federal law protecting survivors from being unjustly criminalized for crimes they were forced to commit as a result of their trafficking. In 2022, 29% of Cast clients were forced to commit crimes as part of their trafficking.

3. **Drug Use as an Outcome of Trauma**

In a piece on criminal legal responses to human trafficking and domestic violence, attorney Alaina Richert notes:

Abusers may force or pressure their domestic violence or human trafficking victims into using drugs or alcohol in order to gain more control over them. This can result in addiction, which can have lasting effects even after the abuse ends. In addition, domestic violence and human trafficking survivors often use substances to cope with physical pain, mental health problems, and emotional pain incurred from past abuse. In other words, both domestic violence and human trafficking can lead to substance-related crimes that last after the abuse has ended. [6: 338]

Echoing these arguments, **an interview-based study of incarcerated women who had experienced sex trafficking found that substance use was a common method of coping with trauma.** Participants reported “substance use that started while trafficked, worsened while being trafficked, or started after being trafficked” [8: 1018] Ultimately, **laws that criminalize drug possession effectively criminalize survival for many people with lived experience of human trafficking.**

Question 4: Other Areas to Explore Using Harm Reduction Approach

It is important to recognize that criminalization is a substantial barrier to healthcare, in and of itself. Individuals who have been arrested or incarcerated face substantial barriers to housing, employment, and public benefits. Other areas that can benefit from harm reduction policies, programs and practices include the sex trade, homelessness, and immigration.

Sex Trade

Criminalization in the sex trades includes laws prohibiting the sale of sexual services, laws prohibiting the purchasing of sexual services, and laws affecting third-parties that facilitate commercial sex transactions. Within the anti-trafficking sector, many organizations have argued for a partial criminalization approach, in which selling sexual services is decriminalized while purchasing sexual services and facilitating commercial sex transactions remain illegal (also known as “End Demand” or the “Equality Model”). This

is often contrasted with a full decriminalization approach, which would cover individuals who trade sex, individuals who purchase sexual services, and third-party facilitators. **Criminalization approaches have been criticized for a failure to address the root causes of human trafficking, including sex trafficking.** [9]

While full decriminalization may address many of the issues facing sex workers, simply changing the law is inadequate. Stigma and discrimination often deters people from seeking care and from disclosing their involvement in the sex trades to providers [10].

Homelessness

Although the status of homelessness is not illegal in and of itself in the United States, homeless persons are criminalized in numerous ways, such as through laws prohibiting camping in public; sitting and lying down in public; loitering, loafing, and vagrancy; begging; living in vehicles; sharing free food in public; storing property in public places; and urinating and defecating in public spaces. Further, individuals experiencing homelessness are vulnerable to labor and sex trafficking. [11-14] **A survey study with more than 500 runaway and homeless youth ages 14-25 in Atlanta, GA found that 40% had experienced trafficking while homeless and 57% had experienced trafficking at some point in their lifetime.** [15] Homelessness can also be an outcome of human trafficking. Harm reduction models that focus on housing security can contribute to greater health outcomes. **An evaluation of Housing for Health, a Permanent Supportive Housing program launched by the Los Angeles County Department of Health Services in 2012, found that “participants made an average of 1.64 fewer ER visits” and “inpatient hospital stays decreased by more than four days”** [16].

Immigration

Traffickers and other harm-doers can exploit punitive immigration laws to control survivors. In an analysis of case records and interviews with police, prosecutors, and victim services providers in 12 U.S. counties, criminologists Amy Farrell and Rebecca Pfeffer found that: “for foreign national victims, the traffickers were often the only connection a victim had to U.S. society” [17: 53-54]. Isolation and fear of deportation prevented survivors from seeking support. They found that, **in approximately one third of the cases they reviewed, “at least one victim was detained by immigration authorities before being recognized as a victim”** [17: 54]. Immigration policy reform that does not allow for the practices of detention of immigrants and family separation can improve access to vital health services and support human trafficking prevention.

Question 5: Impact of Drug Criminalization on BIPOC and LGBTQ+ Communities

Although human trafficking can affect anyone, the problem is not equally distributed. Black, Indigenous, and People of Color (BIPOC) and lesbian, gay, bisexual, transgender, queer, and other sexual & gender minority (LGBTQ+) communities are disproportionately harmed [18-20]. Data from Cast service provision confirm this, as almost 90% of clients are BIPOC and LGBTQ+ communities are overrepresented among clients who disclose their identities. This makes trafficking a race equity issue and an intersectional social problem in and of itself.

In a report on the impact of drug criminalization, Human Rights Watch and the ACLU observe that, “not only do all states criminalize drug possession; they also enforce those laws with high numbers of arrests and in racially discriminatory ways” [21: 4]. **Drug use (and sales) are relatively consistent across racial and ethnic groups** [3, 22-24]. **Yet there are considerable racial disparities in arrest, prosecution, and incarceration for drug use. One in four (24%) of those arrested for drug-related offenses in 2020 were Black, despite the fact that Black people comprise only 13% of the U.S. population.** These racial disparities in criminalization inform racial disparities in health risks

and outcomes related to drug use. **Black and Indigenous communities have the highest rates of overdose deaths in the nation** [24].

Drug policies have racist impacts beyond the criminal legal and healthcare systems. **Racial disparities in arrest and incarceration contribute to racial disparities in access to housing, education, employment, and public benefits. These disparities can have lasting, multi-generational effects** [23, 21]. In an article exploring the health impact of the War on Drugs, **Cohen and colleagues at the Drug Policy Alliance**) note that the “**drug war logic within the [family regulation system] justifies the separation and punishment of families for drug use even absent evidence of abuse or neglect**” [24: 2029]. Due to broader disparities in state systems involvement, including family regulation system involvement, Black parents and pregnant people are more likely than White parents and pregnant people to be tested and reported for illicit substance use [24]. This contributes to disparities in family regulation systems involvement, including foster placement.

Please do not hesitate to contact Cast with any questions or inquiries.

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