

DRUG USER BILL OF RIGHTS

SWPA Drug User Health Community Advisory Board

As people who use drugs, we often face stigma in medical settings which can lead to reluctance to access needed health care. An individual medical provider may assume that someone is lying about symptoms and needs, because they believe that people who use drugs always lie. Research shows stigma can also be a product of structural factors in healthcare settings. Abstinence-only treatment philosophies can negatively impact patient care experiences and contribute to stigmas people face. Faced with stigma in outpatient settings, people may defer or delay treatment until it becomes critical, resulting in greater reliance on emergency departments (ED) for healthcare needs. Depending on the route of administration of drugs, we may be more likely to have soft tissue infections, pneumonia, and/or injection-related illnesses such as HIV/AIDS and hepatitis C. Effective treatment of these and other medical conditions may require compassionate management of withdrawal symptoms and pain management. For treatment to be successful, patients must play an active and respected role in planning for their own health care.

When met with a lack of compassion in emergency settings, PWUD may be fearful, and delay seeking needed care in the ED. Research, as well as personal experience, show that delays in seeking care, premature discharges, and departures from inpatient care against medical advice can lead to negative health outcomes which can then increase vulnerability to drug-related harm. Based on our own experience as people who use drugs, and evidence from research studies, it has become imperative to address these issues and implement interventions that promote equitable and effective care for PWUD in healthcare settings. We ask you to consider the following basic demands for treatment on par with anyone else you provide treatment for. Our health depends on it!

I. WE HAVE THE RIGHT TO BE TREATED WITH DIGNITY AND COMPASSION.

- To be seen and treated as people.
- To be believed. To have the chance to explain without assuming that we are lying.
- To have access to stigma-free care.
- To be seen as more than our drug use. Not all our problems are related to drug use.
- Not to be judged on our previous history or appearance.

II. WE HAVE THE RIGHT TO BE HEARD AND TO MAKE OUR OWN HEALTH CARE DECISIONS.

- To be a partner in our treatment; ultimately our care is our choice.
- To request a different provider if we feel we are being treated unfairly.
- To be able to tell you the truth without risking access to treatment.
- To have a fair process to address unfair treatment.

III. WE HAVE THE RIGHT TO RECEIVE APPROPRIATE TREATMENT.

- To have it recognized that we may have a higher tolerance to pain medication and may need a higher dose to adequately address pain.
- To be offered kind and compassionate detox, and recognition that we also have the right to not detox.
- To be taken at our word, don't assume we are "drug seeking."
- To have it acknowledged that we may be feeling vulnerable. We may have avoided care due to stigma, we may feel fearful about how we will be treated based on how we have been treated in the past.

IV. WE HAVE THE RIGHT TO BE AND FEEL SAFE AND HAVE OUR RIGHTS TO PRIVACY RESPECTED.

- To receive the same privacy as other patients; without searching us, our rooms, our bags; without camera observations in our rooms.
- To have protection from those who might not treat us fairly.
- To feel safe from security and law enforcement upon arrival, during our care, and upon release.