The Way We Live Now: Jason Farrell

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As HIV spreads among substance users and people of color, politicians and service providers are increasingly comfortable criminalizing people with HIV. Risky behavior related to drug use is now the leading cause of HIV transmission in the United States, and yet these policymakers treat users as bad guys, criminals and deviants.

Given the number of substance users with HIV, it would seem outrageous for an agency that receives government funds to provide HIV prevention and care not to serve this population. Yet AIDS organizations and doctors constantly turn away or discriminate against substance users with HIV. Studies of health care providers in New York have shown that they see drug users as troublesome and frustrating to work with. These unacceptable attitudes have caused users with HIV to give up on accessing desperately needed medical care. And it has perpetuated the spread of HIV infection.

Prejudice against substance users at AIDS agencies usually starts at the top -- with directors and boards. Many organizations allow only former substance users, in recovery, to apply for jobs. Others have staff that overstep boundaries with substance-using clients. Would it be acceptable if a gay man walked into your office and a straight staffer tried to convince him that he should stop being gay because it’s harmful to his health? No! But when it comes to substance users, everybody wants to change them.

AIDS agency staff seem unable to understand that being diagnosed with a life-threating disease is traumatic. Some people choose to cope with their diagnosis by using. I did. Many of my friends and I went off the deep end when we were told we had HIV. Our drug use got worse and some died; others stabilized their drug use or stopped. But if we recovered, we did it in our own time, not based on ultimatums by health care providers.

Though entering drug treatment may greatly reduce someone’s chances of getting infected, it’s no guarantee. A 1997 New York City survey found that a significant number of people in residential drug treatment facilities became infected from unprotected sex. And members of 12-step fellowships reported contracting HIV while in recovery.

For many, drug use is a way of life. And harm-reduction/needle exchange programs provide an opportunity for users to build community for one another, to educate and prevent infections.

Following the model of gay activism early in the epidemic, we, current and former substance users, need to stand up and tell people that drug use should not limit our right to receive decent, humane AIDS services. We've been tossed aside long enough. It's time to shout, "We're not gonna take it anymore!"

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