

## **WOMEN ORGANIZING TO PROTECT THEIR HUMAN RIGHTS**

### **PROJECT SAFE IN PHILADELPHIA, UNITED STATES**

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Project Safe is a US grassroots organization formed by women engaged in sex work and drug use to provide harm reduction resources and equipment, and promote the wellbeing of some of the most vulnerable and stigmatized women in Philadelphia, Pennsylvania. Project SAFE also engages in dialogue with the local government, advocacy, and organizing petitions against bills that might further marginalize their constituency.

#### **Context and Description**

Evidence available from across the globe shows that women who use drugs are heavily criminalized and stigmatized. In countries where drug use remains a criminal offence, peer-led organizations have made some progress locally to reduce this level of stigma and provide a platform for affected women to work together and support one another with tools and services in place to protect their health and human rights.<sup>3, 4</sup> Project SAFE<sup>5</sup> is a volunteer-run, grassroots harm reduction organization, formed in 2004 by women engaged in sex work and drug use, that provides resources and equipment to reduce the risks related to HIV and other blood-borne diseases, and to promote wellbeing.

In 2013, 19,564 people in Philadelphia were known to be living with HIV, and 11,560 people were living with AIDS. Of the AIDS cases, 27% were attributed to injecting drug use and 33% to heterosexual contact.<sup>6</sup> In 2013, 37 new HIV cases were attributed to injecting drug use, and 274 new HIV cases attributed to

heterosexual contact. These rates represent a dramatic decline of HIV incidence attributed to drug injecting and heterosexual contact since 2008 (127 and 447 cases, respectively). This decline was mainly due to persistent harm reduction and other public health efforts. Nevertheless, certain areas of Philadelphia continue to have high HIV transmission rates. The Philadelphia Health Department also reports approximately 4,000 new cases of hepatitis C each year, and suspects 40,000 cases in total. Based on informal data, Project SAFE estimated that over 65% of their constituency was hepatitis C positive. Finally, in 2014, there were 629 drug overdose deaths in Philadelphia. Even though the rate of overdose reversals is not formally recorded, hundreds of naloxone kits are distributed to people who inject drugs in Philadelphia, with daily reports of overdose reversals. Project SAFE is one of two harm reduction organizations in Philadelphia that

**SAFE is a grassroots organization that provides harm reduction services for women engaged in sex work and drug use.**

provide trainings in overdose prevention and distribute naloxone.



Project SAFE march organised with the New Jersey Red Umbrella Alliance for Sex Workers Rights Day in March 2016. Source: Project SAFE

Project SAFE was started by sex workers and women who use drugs in Kensington (Philadelphia, Pennsylvania), who felt that their needs were not being met by social service providers or government agencies. Today, roughly 50% of current volunteers and board members have disclosed that they are current or former sex workers and/or injecting drug users. Kensington is well-known for its underground economies of sex and for the drug trade. Their emergence has been tied to the deindustrialization of Philadelphia, when quality jobs were eliminated for the working class and social programming became inadequate because of government austerity. Kensington is also home to a sizable population of people living with HIV/AIDS and other diseases such as viral hepatitis. By concentrating its efforts towards this particularly vulnerable area of the city, Project SAFE can act as a supportive and educational resource for a community where many are in great need.

Using a harm reduction model, Project SAFE strives to ensure the health, safety, and survival of women on the street, and serves both sex workers and drug-using women. Sex work and

substance use are not necessarily co-occurring behaviors, but they are criminalized in very similar ways, leading to stigma, isolation, poverty, disenfranchisement, violence, and sexual assault. Homeless and street-based women in particular experience significant harassment from law enforcement officers. This situation often prevents women from reaching out to services that could help meet their basic needs and from accessing hygiene supplies such as condoms, tampons and clean injecting equipment – increasing their vulnerability to sexually transmitted infections and possible harms from their drug use.

Project SAFE promotes community building as well as health and safety by arming women with relevant information and materials, and connecting them to local resources. Direct services include:

- An outreach team that supplies safer sex and injection equipment to individuals three times a week.
- A delivery team that conducts weekly visits to homes and service galleries<sup>7</sup> to supply large amounts of safer-sex and injection equipment.
- A peer educator-led secondary distribution program.
- A referral service that acts as an informal case management program and provides social, legal, and medical services for women.
- A "Bad Date Alert" distribution program – a write-up of reported assaults experienced by SAFE clients which is then disseminated to other women.

In addition, Project SAFE provides community education related to the human rights of sex workers and people who use drugs and on harm reduction. The organization also offers harm reduction trainings to a number of local service providers, enabling Project SAFE to

safely refer program participants to available services in the area.

In the summer of 2015, Project SAFE leadership collaborated with a long-time participant who became the first paid community-based, peer educator. She developed and carries out an overdose awareness and education program, and provides training to incoming volunteers. Due to her success in this role, Project SAFE has since then enrolled two additional peer educators who conduct secondary distribution, peer training in safer sex and injection practices, and do advocacy work for their communities. This is critical as peers, or women who are also active in the sex and/or drug trade in Kensington, have access to service galleries and other key outreach areas which may not be accessible for other harm reduction volunteers. Project SAFE's peer educators receive monthly stipends for their efforts.

Finally, Project SAFE is strongly engaged in advocacy at the local, state, and national level. This is done through tabling at various events, and speaking at conferences, universities, and colleges in the area about the resource and policy needs of women engaged in sex work and drug use. Project SAFE also engages in dialogue with the city government, lobbying and organizing petitions against bills that might further marginalize their constituency. Project SAFE works closely with local sex worker rights groups, including the Sex Workers Outreach Project and New Jersey Red Umbrella Alliance.

## Results and Impact

One of the most unique aspects of Project SAFE is that recipients can access services with both confidentiality and anonymity. This is a crucial aspect of the program, which has helped build trust with members of this community,

many of whom may be unwilling to provide personal identifying information due to criminal laws. Nevertheless, some numbers are available regarding the profile of the participants. Data from 2015 shows that approximately 64% of the participants who engaged with street outreach work were white, 18% were African American, 13% were Latina, and 5% were from other ethnic backgrounds (multiracial, Asian Pacific Islander, or unknown). Around 26% of participants were above the age of 35, 41% between the ages of 25 and 35, and 28% were under 25. It is estimated that approximately 97% of community members who received harm reduction supplies through SAFE's street outreach program were women, 2% were men, and 1% were transgender. Since Project SAFE only accepts delivery requests from women, 100% of delivery program participants are women; however, many of these women serve as secondary exchangers for people in their social networks, who may be of any gender.<sup>8</sup>

Project SAFE has a well-acknowledged limitation as serving overwhelmingly white cisgender women as an organization that operates in an area historically inhabited by white people/people of European descent, and draws much of its volunteer base from the same demographics. Project SAFE is working closely with other community-based organizations to develop syringe access programs and sex-worker specific programs to better reach specific social identities in culturally competent ways. Key aspects of collaboration aim to ensure that those who utilize the services have a leading voice in the program development and, if possible, are compensated for the wisdom and insight they can bring to social service providers as to how to best help their communities.

Currently, program participants are actively involved in Project SAFE as they receive services or resources from SAFE, provide

secondary exchange and distribution services, distribute "Bad Date Alerts" to their friends and acquaintances, and encourage people they know to call the toll-free phone number. Project SAFE volunteers routinely solicit feedback from participants about programs and services, both informally and through an annual focus group. Participants are invited to all Project SAFE meetings and are paid a consultancy fee (US\$18/hour) for their attendance and contribution.

Project SAFE does not fit into the missions of many traditional donors in the United States serving sex workers and people who use drugs, as many focus on offering diversion programs for these groups. Government-based funding is not available for any organization that advocates for the decriminalization of sex work

**SAFE's key principle is that every woman should be able to decide what is best for herself and her community.**

and/or drug use. Furthermore, federal and state funding has been precarious for syringe exchange program for many years, and is often unavailable. Nevertheless, SAFE lead-

ership has been unwilling to compromise the key values of the program – that every woman can decide what is best for herself and her community. As a result, Project SAFE is largely funded through HIV-focused foundations, especially AIDS United. SAFE also raises significant funds through local fundraising events, speaking engagements, and individual donors. The leadership of Project SAFE has taken the decision not to pursue 501(c) non-profit sta-

tus given the cost and labor – the North American Syringe Exchange Network is the fiscal sponsor for Project SAFE. The presence of foundations willing to support harm reduction programming for sex workers and women who use drugs have therefore been vital to Project SAFE and the community it serves.

## Key Resources

For more information, visit: [www.projectsafephilly.org](http://www.projectsafephilly.org).

## Endnotes

1. Community organizer.
2. Master of Social Work, PhD Candidate.
3. Global Commission on Drug Policy, *The Negative Impact Of The War On Drugs On Public Health: The Hidden Hepatitis C Epidemic*, 2013, [http://www.globalcommissionondrugs.org/hepatitis/gcdp\\_hepatitis\\_english.pdf](http://www.globalcommissionondrugs.org/hepatitis/gcdp_hepatitis_english.pdf)
4. Strathdee, S. A., Crago, A. L., Butler, J., Bekker, L. G., & Beyrer, C., "Dispelling myths about sex workers and HIV," *The Lancet*, Vol. 385, issue 9962, pp. 4-7, 2015.
5. [www.projectsafephilly.org](http://www.projectsafephilly.org)
6. Data from the Philadelphia Public Health Department.
7. Service galleries are illegal areas of drug consumption where one can find injection services from an experienced practitioner.
8. Demographic indicators are based on the reports of volunteers, as Project SAFE does not assign unique identifiers to participants. As a result, the profile presented of program participants may not be completely accurate, but is likely to be a close reflection of the actual figures.

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Disclaimer: The opinions set out in this briefing are those of the author(s) and do not necessarily reflect the official position of the CIM/OAS.

*This series aims to share examples of innovative approaches that incorporate a gender perspective and the principles of public health and human rights into drug policy. Such innovations will have the best possible outcomes only when they are accompanied by more fundamental drug law and policy reform. However, in the absence of broader reforms, or carried out in conjunction with such reforms, these innovations can help break the vicious cycles of poverty, social exclusion, drug use, involvement in the drug trade, and incarceration that plague so many poor communities across the Americas today. Global Innovative Approaches is a tool that accompanies the publication [Women, Drug Policies and Incarceration: A Guide for Policy Reform in Latin America and the Caribbean](#).*