



Narratives used in fundraising for harm reduction services at AIDS service, healthcare, and community organizations

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Background

- Integrating harm reduction services (e.g., supervised consumption services) delivery across organizations serving people living with HIV/AIDS and people who use drugs can improve the HIV prevention and treatment cascade.
- Harm reduction services prevent overdose deaths, reduce drug-related harms, facilitate retention in HIV care and increase medication adherence.
- However, government support of harm reduction services is inconsistent, requiring alternate sources of funding.
- Literature on fundraising for HIV and harm reduction services is limited.
- Our study examines narratives used in fundraising for harm reduction services at AIDS service, healthcare, and community organizations across Canada.

When we speak of harm reduction we refer to policies, programs, and practices that aim to reduce the harms associated with the use of drugs. A harm reduction approach works with people without discrimination, judgement, coercion, or requiring that they stop using drugs as a precondition of support. <https://www.hri.global/what-is-harm-reduction>

Methods

- We conducted (n=17) qualitative interviews with fundraisers from organizations that provide supervised consumption services or support these services in the community.
- Interviews focused on the challenges and opportunities of fundraising for programming that addresses a stigmatized and criminalized behavior (drug use), strategies for fundraising, and opportunities for new donors.
- Interviews were conducted by phone or zoom between Nov 2020 and Sep 2021.

Participants

- Eleven participants identified as women and six identified as men.
- Participants worked at a variety of organizations across Canada:

Province	Organization
British Columbia	<ul style="list-style-type: none">• Dr. Peter Centre• St. Paul's Hospital
Alberta	<ul style="list-style-type: none">• Royal Alexandra Hospital
Saskatchewan	<ul style="list-style-type: none">• Prairie Harm Reduction
Ontario	<ul style="list-style-type: none">• Casey House• Prisoners HIV/AIDS Action Support Network (PASAN)• St. Stephen's Community House• Street Health• Sudbury Temporary Overdose Prevention Services• Toronto Overdose Prevention Society• Toronto People with AIDS Foundation (PWA)
Nova Scotia	<ul style="list-style-type: none">• HaliFIX Overdose Prevention Society

- Although **not all participants formally identified as 'fundraisers'** (e.g., some were executive directors, communications experts, medical professionals, and/or people with lived experience), **all engaged in raising funds and/or interacting with donors** at their organizations.

Findings

When communicating to donors, some fundraisers positioned harm reduction services as a primary client need (using OVERT narratives).

“We just made a point of being **very vocal and upfront about what we do, unapologetic**. A lot of times, you’d hear politicians or even community partners, ‘The timing’s not right for this. The timing’s not right for that.’ But when is the timing right? You know? And so we’re just very blunt and upfront about what we’re doing. And the community’s clearly embraced us. I think they like our no nonsense approach, and I think they like our harm reduction. **I think people are craving for some positive outlets and some real concrete actions on the addictions crisis.**” [FS12]

“I’m like **not afraid to ask** for money. And I think that’s the thing. I know people have money and I know that **there’s people out there who have been affected by the overdose crisis** or who support harm reduction, or want to see the drug war end. So, there are people out there. I think that’s the target donors - **the people who also just want to see justice** and think of the government not funding an overdose response and safe injection sites as an injustice. And those were the donors we were looking for as well.” [FS16]

Whereas others used narratives that blended harm reduction services with other services/client needs (using INTEGRATED narratives).

“It’s like, **we talk about homelessness, and we talk about chaotic life, and we talk about not having food**. You know? And we talk about, yeah, mental illness and drug addiction. **They’re all bundled together**. People get the bundle. But I’m not going to people and saying ‘Hey, will you give me fifty bucks so I can buy a hundred syringes to give to a drug addict. You know what I mean?’” [FS01]

“So, all the funds to run these services will have to come from the foundation. **We may not trumpet that loudly**. Still to be determined. We are offering the [...] supervised consumption services through our nursing clinic. [...] So, I’m going to probably begin by just **blurring the lines** between those two when talking to donors, and talk about the supervised consumption services as being **one of many services** offered by the new [name] clinic.” [FS05]

“We don’t try to cover up what we’re doing, but, **we always focus more on the healthcare angle**. I mean, people love the other things that we do, like helping people get identification. **It’s so easy to pitch that to a donor**, as opposed to saying ‘We want to support this person in their struggle to get off drugs. And that may not mean abstinence from street drugs. That may not work for everyone.’ Like that’s a much more difficult conversation.” [FS11]

Findings continued

Fundraising for harm reduction services required balancing the ethical tensions in sharing client stories.

“And **everybody wants the story about somebody sobering up** and oh, they’re doing so good now... And we try to stay away from that angle because **I think it’s dangerous**, because it builds up the narrative that if people aren’t doing that, they’re a failure. And so, we want multiple stories out there, but we only do it if a client says they want to speak to the media.” [FS12]

“It’s **hard for us to share impacts**, because people who struggle with addictions frequently are, **have a lot of ups and a lot of downs**, right? It’s not a one way path for people.” [FS11]

“If you’re thinking of the middle class donor, you’re thinking ‘Oh, **they’re going to want to hear the story** where at the end, **the person gets off drugs....** but I think that there are ways to talk about it, without emphasizing necessarily, that the person is continuing to use drugs today, but just that with our help, and with our intervention, and these programs, we’re able to help them to take better care of their health.” [FS07]

Fundraising for harm reduction services required connecting awareness, education, and advocacy with fundraising.

“It’s an **opportunity for us to really demonstrate our leadership** here, by being, by providing that education component as well. And I think the healthcare equity campaign that we’re starting to really focus on and develop the case work for will be that opportunity to educate. **Any time you launch a campaign, there’s an education component.**” [FS10]

“I think before you can do some sort of fundraising effort in the broader community, you need to, that education needs to have been initiated, of some sort. **You know we’ve been in the papers; we’ve gone to community meetings; we’ve spoken at city council. You know, we’ve done a lot of things. We’ve met with the chief of police.** You know, we’ve done a lot of that, tried to educate as best as we can. So that we’re not kind of coming out of nowhere.” [FS15]

“We were using our actions as education and I think we, like, **helped change the ways in which people see SCS** and also **how they understood the overdose crisis** and the government’s lack of support to address it. And I think that made, that was all part and parcel, like, the education, the fundraising, it went hand in hand.” [FS16]

Lessons learned

- Our study demonstrates that although harm reductions services create some fundraising challenges, stemming from the stigma surrounding substance use, for AIDS service, healthcare, and community organizations, they also create opportunities for engaging new donors and raising awareness and education about the overdose crisis.
- Fundraisers had to balance ethical tensions of sharing client stories in ways that were authentic, resonated with donors, and did not over simplify the realities of substance use for clients.
- Although there were fears of losing donors among a few fundraisers, this was not realized at the organizations that implemented supervised consumption services.
- Both integrated and overt fundraising narratives about the need for harm reduction services, can benefit organizations needing supplemental funding.

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