



THE INTERSECTION OF HUMAN TRAFFICKING AND ADDICTION

The following is a product of the Human Trafficking Expert Consultant Network funded by the Office to Monitor and Combat Trafficking in Persons. The purpose of the Network is to engage experts, particularly those with lived experience, to provide expertise and input on Department of State anti-trafficking policies, strategies, and products related to human trafficking, both in the United States and abroad. The author has a range of expertise related to human trafficking, marginalized communities, substance use disorder, and trauma, including as a clinician.

Substance use disorder and addiction are terms used here to describe the stage of the condition where a person's brain and body are chemically dependent on a substance. While the term "substance use disorder" may carry less stigma, the term "addiction" is used, not pejoratively, in legal and criminal justice cases and by medical experts to describe this complex condition.

The complex relationship between addiction and both labor and sex trafficking is recognized by the United States criminal justice system. Successfully prosecuted cases have proven that the role of substance use disorder in human trafficking is powerful and pervasive; addiction can increase a person's vulnerability to being trafficked, can be initiated and manipulated by the trafficker as a means of coercion and control, and can be used by the victim/survivor as a means of coping with the physical and psychological traumas of being trafficked both during captivity and after exiting the trafficking situation.

People with substance use issues are especially vulnerable to trauma and victimization by human traffickers. Some traffickers recruit directly from detox and addiction treatment facilities. Similar to traumatic stress effects on the brain, substance use disorder involves biochemical changes to the brain and adds an additional layer of risk, especially for survivors with post-traumatic stress disorder. Although addiction is scientifically understood as a medical condition and not a moral weakness, the societal stigma surrounding both the condition and the sufferer is pervasive, and the negative stereotype persists of the chemically dependent person as morally deficient and lacking in willpower. Societal stigma can prevent healthcare providers, law enforcement officials, prosecutors, and other professionals from identifying victims of human trafficking when they see only the manifestations of substance use disorder and consequently dismiss red flags. In addition, societal stigma and self-stigma may deter an individual from seeking help.

Within the past several years, the United States has prosecuted multiple sex trafficking cases in which the perpetrator used addiction as a tool of coercion. In these cases, perpetrators entrapped victims with existing substance use issues, or initiated dependency in victims with no prior addiction history. They then used the threat of withdrawal – which causes extreme pain and suffering and can be fatal without medical supervision – to control the victims and coerce them to engage in commercial sex, compounding the victims' trauma. Individuals with substance use issues seeking recovery have been exploited in addiction treatment situations for sex trafficking and forced labor. In one recent case, the owner of a chain of sober living facilities was convicted of sex trafficking individuals in such facilities. In another case still pending before a U.S. civil court, traffickers allegedly targeted people with substance use issues who were court-mandated to recovery facilities in lieu of prison sentences and forced them to work in chicken processing, sheet metal fabrication, and other dangerous work.

RECOMMENDATIONS:

Identification and referral. Whenever trafficking survivors with substance use issues are identified, referral to safe, ethical treatment programs and facilities is essential. Trauma-informed care prevents re-exploitation and re-traumatization and promotes recovery. The danger of re-traumatization as a trigger during early recovery can precipitate a survivor's re-exploitation. Post-traumatic stress disorder and substance use disorder are related; each disorder can mask the symptoms of the other, and both need to be treated to attain long-term recovery outcomes. Healthcare professionals can coordinate efforts to identify victims and survivors who are vulnerable to substance use, or present with substance use issues. Emergency room admissions for overdose also present opportunities to screen for human trafficking.



Specific training of medical and mental health staff aimed at reducing stigma and establishing standards of non-judgmental and trauma-informed care are also highly recommended.

Safe housing. Safe housing is essential for survivors; a lack of safe housing options increases vulnerability to further trauma. As mentioned earlier, some traffickers recruit directly from addiction treatment facilities, targeting people coming out of detox and inpatient programs, knowing they can exploit the vulnerabilities of these individuals. This is similar to how traffickers target children aging out of foster care. Lack of safe shelter is a significant vulnerability for human trafficking, and in such situations, perpetrators take advantage.

Trauma-informed prosecutions and special task forces are key. In the United States, specialized, multi-disciplinary task forces have been key to the successful investigation and prosecution of human trafficking cases involving addiction. To explain the power of drug-based coercion, survivors have testified during criminal trials to the extreme pain of withdrawal and other types of suffering related to addiction. Trauma-informed victim advocates worked closely with prosecutors and law enforcement to support those survivors as they participated in the criminal justice process. Prosecutors also called drug counselors and other expert witnesses to inform the jury of how addiction affects the brain and body and of the dangers of withdrawal.

Listen to survivors. The prosecutorial successes in the above-mentioned cases were achieved because the prosecutors, law enforcement, and judges listened to survivors, respected their needs, and valued their lived-experience in describing the torment of drug-based coercion. The courage and resilience of victims and survivors cannot be overstated. NGOs, hospitals, government entities, and other stakeholders can build partnerships with survivors who have lived experience of substance use disorder and recovery, with survivor experts in diverse fields, and with survivor-led organizations, and can support survivors who are raising awareness about this issue.

Significant progress is already under way in addressing these issues. Certainly, more work remains in the areas of global research, education, and the willingness to create policies that reduce stigma and protect vulnerable populations.

