Benton Harbor is medieval. Many believe this is an overstatement of the conditions. But let me describe it...on the ground, between the curb and the asphalt.

Summer’s arrived. The world is damp. The black alleys are shaded, hot, unpaved, wet, oppressive. Thought takes effort here. Better to distort the sights, sounds, and the overwhelming indifference to the human condition.

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Cover photograph by Allan Clear

Please write in with your comments, feelings, responses—we want to hear from you. Send them to: The Editor, Harm Reduction Coalition, 22 West 27th Street, 9th Floor, New York, NY 10001

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reality CHECK

To embrace harm reduction is to confront realities that most choose to ignore. Being on the ground is an uncomfortable place to be in the USA today. *Harm Reduction Communication* looks at some of these realities on the ground: drug-injecting youth denied access to harm reduction services; needle exchangers arrested and punished for trying to save lives; doing drugs and trying to manage the harm in our lives in a Prohibition state; users marginalized within a harm reduction movement which, for some, continues to simplify the complexity of negotiating our relationships with drugs in the state we are in. These and other realities will be the focus of the Harm Reduction Coalition’s Second National Harm Reduction Conference, to be held in Cleveland Ohio, October 6–10 (please see pages 16–17 for details of the conference agenda and registration.)

Confronting reality means taking responsibility for the possibility of change. And no reality is more denied than that of youth drug use. Drugs have long expressed adult America’s ambivalence toward youth, at the same time symbolizing youth’s demonized ‘irresponsibility’ and a threat to their presumed ‘innocence.’ Protecting kids from harm has come to mean protecting kids from drugs and from themselves. Drugs now play a central part in the reassertion of the American nuclear family, whose loving control of their kids must be vigilant against harms ranging from inhalants (“because the average home contains over 100 ordinary household products that can be used as inhalants”) to heroin.

In this protective paranoia, drug education focuses on fear (e.g., the DARE program) which, far from recognizing and strengthening the competency of youth to manage the harms in their lives, reinforces their vulnerability. Denying youth the accurate information, support and services that they need to take responsibility for their drug use exposes them to the very real harms that drugs can pose. And at the heart of this denial of responsibility is the silencing of youth and their exclusion from meaningful discussion of their relationships with drugs in the contexts of their lives and their experiences of drug-related harm. Where youth take the initiative to practice harm reduction for themselves, they remain easy targets for law enforcement, lacking the “authority” of “adult” programs and the support not only from the community, but also sometimes from the harm reduction movement itself. In *The Underage Exchange*, Ro Giuliano and Matty Luv of SFNE report on their arrest for conducting needle exchange in San Francisco—just before publication Ro and Matty were arrested once again and, once again, were eventually released without being charged.

**YOUTH—TRUE STORIES**

In this edition of *Harm Reduction Communication*, youth peer educators and workers share their thoughts and feelings about the needs of youth and the state of harm reduction. The fact that this is a rarity, that youth have a platform to speak about themselves and refuse to be spoken for, is shocking in itself. It may also be uncomfortable reading for some. If harm reduction “ensures that drug users...routinely have a real voice in the creation of programs and policies...” (as the Harm Reduction Coalition believes), then what is the harm reduction movement doing to engage with and respond to drug-using youth? This is perhaps most acute in relation to drug-injecting youth and the age barriers that persist in many needle exchange programs. The questions we face are: If we don’t discriminate on the basis of gender, race or sexual orientation, what is the justification for age-based discrimination? HIV has no age limit. And if condom distribution to young people is OK, why are clean needles different? And if it is politically impossible to be giving injection equipment to kids in your program, then how else can you help it to happen (secondary exchange?)?

**OPPRESSIVE STATES**

On July 23, 1998, the New Jersey Appellate Court upheld the conviction of Diana McCague on a single charge of distributing syringes and, in accordance with state mandatory minimum sentencing, compelled Diana to surrender her driving license. Not only has she been punished for running New Jersey’s only overground needle exchange program, the Chai Project, but she has also been deprived of her livelihood as a cab driver. Such outrageous acts of oppression are replicated country-wide, fueled by an increasingly hostile Congress. We hear from Chris Lanier of the National Coalition To Save Lives Now! of the latest legislative moves against needle exchange and how we can resist them.

*Harm Reduction Communication* looks at the oppression users face in the police states in which we live and spotlights the location of the Second National Harm Reduction Conference, the midwest. Delaney Ellison describes the law enforcement army which polices users in Benton Harbor, Michigan and the climate of fear it creates. Fear of police harassment hampers needle exchange efforts in Cleveland, Ohio, where Ken Vail questions what it means to be the New American City, in which “homeless people who use drugs and are living with AIDS...still sleep on the downtown sidewalks.”
we wanna say: WE EXCHANGE needles with kids!!!!!!

From all of us at SFNE to all of the squeamish agencies out there we wanna say: WE EXCHANGE needles with kids!!!!!!
I read a study once, about rats and drugs. They had rats in two different environments. Half the rats were in a relatively natural habitat with other rats. They were given three levers in their cages that they pushed for food, water and cocaine. The other half were kept in isolation and were given the same three levers. The rats in isolation would take cocaine over food and often die. The other group would use it occasionally, but not before food or instead of food.

I think this study has some implications for human behavior. None of us are in a natural habitat. Few people have physical or emotional support. Almost everyone I know does something to excess, to the point where it could cause serious harm; eating, drinking, working, lying, smoking, shooting, fighting, fucking.

I have yet to meet someone who hasn’t engaged in some sort of harmful self-destructive behavior. I’m tired of my friends who have unsafe sex judging my junkie friends. I think that too often we forget that harm reduction isn’t just about drugs or prostitution. Its about anything and everything we do in our lives to hurt ourselves. “Meeting someone where they’re at” means not judging girls on the street for having unsafe sex and not taking the condoms I offer; because I’ve had unsafe sex (who hasn’t.) It means not judging someone for shooting heroin or speed or being out there hooking. Because without privilege or luck that could be me there.

Instead I harm myself in more socially accepted ways, loving people who don’t love me, smoking cigarettes, drinking coffee, dropping out of school, binging on ice cream....I could go on for pages. The important thing for me to remember is that I am no better or worse than anyone I work with on the streets or in the office. To me, harm reduction or reducing harm isn’t about not using drugs. It’s about taking care of ourselves and helping people find reasons and ways to help themselves.

Alisa Fowler is an outreach worker with the Center for Young Women’s Development.

...even the term Harm Reduction is still a little bit funny to me and it should be to the rest of the world also.

What’s even more is that it came from the kind of people, coming from a place that would in any other time refuse to even acknowledge my existence and treat me as though that were the right thing to do.

How possible is it that an idea, like harm reduction, be designed to ‘realistically’ address the lack of opportunities and understanding that have been placed on me at birth; pre-determined by society.

To effectively address my pain... my fear... and my despair?

Is it really enough to give me a number, enter me in your system, and pretend? Pretend that you can touch what you can’t see? Pretend to feel what I go through daily, with nothing but your paper knowledge?

Because I am a young queer woman with mixed blood.

A junkie taking offense that bleaching works is even an option.

A kid who would trade sex like it was the thing to do and not even think twice.

An addict in every sense of the word.

And to (want to) meet me where I’m at, in a world that would just as soon hold me down,

is almost as ironic as the theory itself in the first place.

Izzy

Izzy works for the Center for Young Women’s Development.
High School Harm Reduction

BY AYA DE LEÓN

The bell rings and the students straggle into the classroom. “Hey,” I yell playfully to one guy, “leave that young woman alone, you’re supposed to be in here.” “I’ll holla at you,” he assures her. She looks unimpressed and struts across the yard to her classroom in hi-heel platform shoes and tight bell bottoms. He swaggered over to where I’m standing, takes a long last drag off his cigarette, and tosses it onto the blacktop before coming in the door.

These are not the same youth at the junior high who got my drug prevention presentation last week, the ones whose teachers had them in orderly rows, who giggled at the thought of beer. These high school youth are blunt foggy and stress weary. They may be hungry and, and may even have used within the last few hours.

McGruff the Crime Dog is nowhere in sight at this continuation high school; no one is giving out T-shirts; no kids are cheering wildly; there are no cute jingles or catchy slogans; no dignitaries from the community have come to make speeches; there are no bleachers full of proud parents. These youth are not going to promise me anything today; this is not a photo opportunity; this is a users’ group; this is harm reduction.

Some times it seems like a miracle that a safer drug use group is taking place on a high school campus, during school hours in a district so conservative, we can’t even distribute condoms, let alone safer use paraphernalia. Instead, we’re all talk and handouts. We provide information and facilitate discussion about topics like having sex and painful to hear these young men speak about their reactions and their feelings—feeling as if they were being judged by other people and feared by other people. Some were angry and confused by the experience. And most felt like they were being treated as less than...

A few weeks later, we decided to go out again as a group, but this time the group wore dress shirts, ties, and blazers. We went to an outdoor jazz concert near the New York City’s financial district. We ordered food and watched the show. At the end of the group, I again requested that they not talk to each other about the experience until the next group meeting.

When we met again, their reactions and responses were very different from before. They were more positive, feeling as if the way they had been dressed had made it easier for them to “fit in.” We talked about people’s perceptions and misperceptions about them; the power of prejudice which looks no further than appearance; and the pressure to adjust to other, more powerful people’s fears and expectations of them. We also talked about how they as young men need to think about and be aware of how they perceive and misperceive young women according to the way they dress.

Racism and sexism are just two of the issues which frequently come up during the Streetwork Project’s Young Men’s Group. Other issues which the group discusses include men’s health, relationships, friendships, love, sex, homophobia, classism, death and dying, and current events. The group provides a safe space for young men to be able to talk about their feelings. It teaches young men about taking personal and emotional responsibility for their lives and their behavior. It exposes them to new ideas and to cultures which may be different from their own. It teaches tolerance and how to be supportive of each other in times of crisis. By creating this safe place for these young men, we hope to make a healthier and better world for them and for ourselves.

Doug Manigault is a senior in-house counselor at The Streetwork Project.

BY DOUGLAS MANIGAULT

One summer’s evening, the Streetwork Project Young Men’s Group went to a park to hold its session. As it was getting dark, we were told the park was closing and we moved across the street to a college graduate center where some benches were available where we could finish the group.

For the next two hours, we talked, laughed, shared difficulties, and had the chance to see how people in general saw us as a group of men of color. As group ended for the evening, we cleaned up after ourselves, said goodnight and went our separate ways. I requested the group members not to speak to each other about their experience that night until the group meeting the following week, allowing each group member the time to process his issues on his own.

At the next group meeting, each member had a great deal to say about how he felt the group had been perceived by the people coming and going around us that night. It was interesting and painful to hear these young men speak about their reactions and their feelings—feeling as if they were being judged by other people and feared by other people. Some were angry and confused by the experience. And most felt like they were being treated as less than...

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Doug Manigault is a senior in-house counselor at The Streetwork Project.
disease model, and among youth drug-use as infectious disease.

This is absurd. Young people hear about drug use all the time, and they decide for themselves whether or not to use. Yes, there is such a thing as peer pressure, but people don’t make the decision to get high just because they heard someone else did and enjoyed it. Peer pressure is more complicated than that.

I come from a prevention background, a drug-free-is-best orientation. But I also come from a youth-empowerment model. And when I work with young people, I give them the space to be honest and real.

Many adults fear that honestly discussing drugs in a group with an adult present will influence youth to use. This is not only ridiculous, but it’s arrogant. Adults think that their presence in the discussion will somehow be “condoning” the use, as if most teens really make decisions based on what adults do or don’t condone.

I was already a budding harm reductionist at the time the young women first disclosed about their drug use. So, despite my incredible fear that I was somehow putting the others at risk, I didn’t judge or criticize them. I expressed concern that they should be using somewhere safe. Thank God, I thought. I handled that pretty well. But then they kept doing it. Once they realized it was a safe space, they kept disclosing. I wanted to talk to them about it in more depth, but the group consisted of users, non-users, children of chaotic users, users not ready to talk about it, and people deciding whether or not they wanted to use. I decided this was not the place for this discussion, but set about creating an appropriate forum.

What is Really Going On? is the title I chose for our users’ groups because it reflects the program’s purpose. The groups provide training and discussion for youth who are using and ready to talk openly about it. We have just completed our second year of the project, and are continuing to grow and expand.

Using harm reduction with youth in schools is a challenge because of the contagious disease model. Among populations of drug using youth who live on the street or are injecting drugs, it is obvious that prevention messages have thoroughly failed. Mainstream institutions have written these young people off as incorrigible, impossible, uncooperative, and non-compliant. Former teachers, counselors, and other adults would be surprised to see how some of these youth become motivated, helpful, and optimistic in harm reduction centers, needle exchanges, and drug users groups.

However, for youth in school, who are still functioning within the system, there is the fantasy that one more commercial with the frying eggs, one more just-say-no slogan, one more scare tactic will change their using ways. Traditional abstinence models have failed repeatedly, but they haven’t yet failed utterly, and many adults in positions of power are resistant to a harm reduction approach.

Despite all this resistance, I was able to place the program in two high schools with the support of the administration. During the first year of the program, we ran separate groups for young men and young women. Jabari Adisa of the Safehouse, Casa Segura, was a wonderful co-leader for the young men’s group. He was a committed harm reductionist, very knowledgeable, and comfortable with the young men. During the second year, however, I led both groups.

During the first year, Sara Kershmar of HRC was the backbone of the program, both as a trainer, and providing technical assistance in all aspects, particularly curriculum development. We applied for and got a mini-grant to help us pay guest trainers, but various folks also offered their time for free, including Jacky Blackstone of the Alameda County Drug Court, who provided very eye-opening information to the youth about who goes to jail and for what. The second year, however, I had to pick up where Sara left off, providing nearly all of the drug education. Two critical books were From Chocolate to Morphine, by Weil and Rosen, and Uppers, Downers, All Arounders, by Darryl Inaba.

In my experience, youth in schools generally feel comfortable to disclose about alcohol and marijuana use, sometimes ecstasy, or acid. Other drugs are considered taboo, and youth are less likely to talk about them, even if they are using them. “I’m not no dope fiend; I just smoke weed,” or “I don’t use drugs,” although they drink alcohol. Even the users have internalized the judgment and stigma, and are eager to scapegoat someone else. I focus a lot on alcohol and marijuana, because they are the most widely used, and provide the most fertile ground for discussion and education.

I have outlined a few suggestions for anyone else who would like to create a similar program (see Guide to High School Harm Reduction on page 8).

We are still in the process of analyzing our evaluation data for specific measurable outcomes, but believe the program is a success. We can’t take credit for all the positive changes that we see in the youth who have participated in the program, but given the general lack of opportunities for open and honest discussions about drug use, we are confident that our program has had a powerful impact.

Youth receive insane dual messages from adults: You don’t matter. We’ll exploit or abuse you any way we want. We don’t want you around, but we want your money. Buy nikes, buy camels, buy clothes, buy CDs. Consume, consume, consume; just don’t consume drugs. Hugs not drugs. Just say no. Users are losers and losers are users. As usual, harm reduction steps right into the complexities of peoples’ lives, allowing them to name their realities, and get support for what’s really going on. And young people in the schools are so ready for harm reduction—ready enough to lead the way, leaving a square girl service provider like me running to catch up with them.

However, for youth in school, who are still functioning within the system, there is the fantasy that one more commercial with the frying eggs, one more just-say-no slogan, one more scare tactic will change their using ways.

Aya de León is the coordinator of the Alcohol and Drug Program at Xanthos, Inc. in
**guide to**

**high school harm reduction**

1. Go to the administration with a proposal that clearly outlines a harm reduction approach, but uses language that bridges the gap between traditional prevention and harm reduction. One hysterical parent may be enough to get your program thrown out of a school. I wrote that our agency “believes that abstinence from alcohol and drugs...are safest for teenagers...We support young people who want to be abstinent, but for youth who are using drugs, we are committed to giving them the information that will allow them to stay safe and healthy.”

2. I used two screening processes that identified youth who would be appropriate. At the school where I knew the youth better, I used a confidential survey about drug use. At another, more progressive school, I used classroom presentations that gave a basic outline of harm reduction and sent around a sign-up sheet. Interviewing the youth individually is a waste of time unless they already know you. They talk more openly in groups than when they are alone with an adult. Also, have really thorough and honest permission slips that their parents need to sign.

3. Run groups during school hours if possible. Young users are more likely to choose a group over going to class, than over their free time. If possible, try to rotate the period that you pull them from class. Many students in my groups were already having problems in school, and weekly absences from class didn’t help, and teachers complained.

4. Explain to them during the first meeting the exact limits of confidentiality. I tell them I will not repeat anything they say except if they disclose child abuse, or an intention to harm themselves or others. I am mandated by law to do so as part of my job. Then we make group agreements about confidentiality, respect, listening, etc.

5. Have an open sign-up period and encourage them to bring their friends, then close the group.

6. Run separate groups for young men and young women. Youth get far too distracted with the other gender in the room. If the youth request it, let the groups meet together once a month, on a subject that is not too charged around gender issues.

7. Develop rituals for the group. I have them begin by saying their name, and how they feel that day; they need to say something descriptive, so I tell them they can’t use good, fine, okay, great, cool, or all right.

8. Expect a fair amount of chaos. In addition to whatever behavioral issues some of the youth may have, it is usually the first time they have been able to discuss these issues so openly. Nervous laughter, giggling, side comments, and general raucousness are common.

9. From Chocolate to Morphine, by Weil and Rosen, has good lists of suggestions for safer alcohol and marijuana use; HRC also has great literature for safer use of these and other drugs. Uppers, Downers, All Arounders, by Inaba, has great graphs and charts, that make excellent handouts.

10. Keep copies on hand of “Kids, Drugs, and Drug Education: A Harm Reduction Approach.” This is a policy statement by Marsha Rosenbaum of the Lindesmith Center, that was published by the National Council on Crime and Delinquency, August 1996. This small pamphlet is thoroughly researched, providing official documentation to give to parents, teachers, administrators, law enforcement officials, or other folks who might be suspicious or hostile to harm reduction.

**TOPICS TO INCLUDE IN YOUR CURRICULUM**

- A general introduction to harm reduction.
- Training on different drugs and categories of drugs. How they affect the body and mind, potential harms and how to reduce harm.
- What is a drug? Casting a wide net to include alcohol, tobacco, caffeine, chocolate, and sugar, can break down stigma by showing that drug use is the norm, not an aberration. (I use From Chocolate to Morphine, page 8).
- Withdrawal, tolerance and overdose. What to do in the case of an OD.
- The big picture: the drug economy.
- Legal issues: Who gets arrested, who goes to jail. The criminalization of youth, of people of color. The prison economy.
- Facilitated discussion on what people use, when they started, why they started.
- Continuum of drug use: what defines experimental, recreational, regular, and chaotic drug use? Where would participants categorize themselves? In general? With particular drugs?
- Evaluation of participants’ relationship with drugs: What role do drugs play in your life? What role would you like for them to play in your life? What other support systems do you have to deal with problems and feel good?
- Sex and drugs. How drugs affect decision making, safer sex practices, and how to reduce harm. Boundary setting and negotiating with partners. Ability to consent to sex and issues of date rape.

**Open Opportunities for Discussion in Between and Particularly After Heavy Topics.**
BY RUTH HAYNES

I used to be homeless about 9 years ago. It wasn’t so bad being homeless then as it is now. There were more places to go to hangout. Nowadays, there are more scary drug dealers, scary places to sleep, scary things to do. It’s not easy being a kid all alone, nowhere to go late nights. The piers are too cold in the winter. And too hot in the summer from all the raids going on by the C.O.P.S. during the day and night. The 90s are harder to be homeless in. “So who can help?” is what these kids are asking today.

In the 80s, there were more SROs and transitional living opportunities. Some drop-in places to go. One drop-in did outreach with me. And I found that this was a different place, with different people who really did care about me. It took a little while for me to really give them a chance to help me at all because, you know, you can’t trust everybody on the street that say they are there to help you. Usually that just means that you are there to help them make money.

But it wasn’t like that at all with this group of people. I met them at their drop-in on Forty-second and Broadway just to get something to eat because I had heard that they be giving out Wendy’s food vouchers. So what’s a hungry girl to do—go check it out and see wutz up with it.

There was someone to talk to, who showed a little compassion. You know what, this didn’t seem strange coming from these strangers. What I got from that program was trust, love, understanding, and an apartment in the Bronx that I held on to for eight years. This loving place and trust that I speak about is called The Streetwork Project and it is here that I now show clients the same love and joy and trust that was once shown to me. I now work in the drop-in center as the Activities Director.

junkphood 'zine was started by and for young users of the Santa Cruz Needle Exchange Program (SCNEP). This summer, SCNEP was asked to cease local distribution of junkphood by the police department and the Department of Health. For more information call Heather Edney at junkphood publications, 831.429.9489.
BY DELANEY ELLISON

Most of the problems that users face are the problems caused by the way society treats them. The Justice Department, Drug Enforcement Administration, Border Patrol, ATF (Alcohol, Tobacco and Firearms,) the Federal Bureau of Investigation, Michigan State Police Task Force, Berrien County Sheriff, Benton Harbor Police, Benton Township Police, St. Joseph Police, St. Joseph Township Police all continue to patrol. There is an abundance of zero tolerance and police radio patrol units. State troops; hard, aloof, Gestapo-shiny and fit. County Sheriffs are good-old boys, over-weight, bigoted and eager to get home to beers and wives and kids. City cops are primarily black, young, chiseled tigers prowling the shadows, familiar not friendly.

Tuesday, February 25: Two more black male bodies are found in the Cass St. drug corridor, one found in the doorway of the church at Cass and Nowlen. Sometimes, while driving down the street, peripheral sense picks up movement where there shouldn’t be, can’t be any. An impossible shadow in the midday sun, or a human form moving in the wet night traffic, a muzzle flash without noise, radio static in a crowd when no one looks official. And users just keep on copsing!

Gang bangers roam the liquor store parking lots and vacant houses. It’s easy to identify these kids mingling with the school kids. It’s knowing what to look for. They are black boys in typical urban-street gear, expensive, oversized clothing and sneakers. These kids are too frayed at the edges, too stoned or drunk, too desperate to be just kids. They can be observed staring, sizing up individual adults for the ambush. They hang in doorways of vacant, burned-out visions.

The workers are assembled in an alley for debriefing and re-supplying. Noel is missing. First I think; Overdose, arrest, incarceration. I turn the corners, searching in wider circles. None of the users in the street have seen him. Here they should know, they always know. Back to the re-supply alley. Nobody’s seen him. June spills... “He’s left town. He’s gone to Grand Rapids. He got back pay from unemployment, four months...” Everyone else shifts uncomfortably and Nephew coils closer to the jungle floor. He stares out through shoulder length hair at nothing, seeing everything. June looks away. Byrd, Pasqualli, Larry Dean go silent as if noise discipline will provide shelter. These guys always look tired, eyes at half-mast, eyes that have seen too much, I remember...

I tell them we will need to train two more workers anyway, winter is coming. They look up in unison. Pasqualli, back from a week in detox, suggests we should train three more! We laugh the laugh of people who understand each other. He’s beginning to understand his limits. Byrd flits and talks shotgun shit; background music. Byrd and Pasqualli are the workhorses of the unit. Their unifying goal is: “Every time a user shoves a fit, it’s a sterile one.” It is not clear to me what drives them. Pasqualli is a hustler and true to the game. Byrd is wound a little tight. Between them I think they’ve devised a competition to see who can do more.

June loves to talk. His number of contacts doesn’t match Pasqualli’s. June is a good source of information in the street, though. His knowledge of site rotation and vein maintenance is disbursed with every contact. He does not like to keep records: “It makes people paranoid.” He sometimes boasts about the absence of abscesses.

Nephew is lazy. His apartment is in a drug corridor. Nephew speaks in the vernacular of the hip-hop generation. He can make 50-100 contacts in one night with the traffic through his own living space! No time for a condom and conversation with a group of young hoes or crack dealers chipping “boy.” Old users also go there to get sterile equipment.

John Harris listens, gazing at nothing. He worked as a Substance Abuse Therapist at Horizon Center. John graduated from NYC and attended Columbia University. His major was Political Science. John’s transcript is almost as impressive as his grades! He is even-tempered and has proven to be a referral specialist for CARES Syringe Distribution program. He has intervened in more than a few OD’s, makes referrals to HIV testing, primary care and alternative housing. Sometimes he has me running to provide treatment referrals. He loves to talk to me about the “city that never sleeps.”

Noel is gone to Grand Rapids. He has an understanding that is a fabric of his personality. Noel accepts the truth and uses it, recognizing the common sense derived from living in the street. Noel goes to the shooting galleries where users can take time to inject, share information about who has the best drugs and who is selling the garbage. In these dingy rooms where we give and receive information, we have always practiced harm reduction based on users’ day-to-day needs. Noel’s ability is negotiating syringe distribution and assessing needs. Noel’s matter-of-fact, non-judgmental character could be exploited easily in any legitimate middle management position. Noel chooses the drug culture.

I have known Noel all my life. I know he is gone. We all know it. He would never say goodbye. None of us would say goodbye to each other. We never do that. We might never see each other again. Therein would be another truth to be accepted. There are enough hard truths to accept here, on the ground.

We are familiar with them all.

Delaney Ellison is the harm reduction coordinator at CARES, Southwest Michigan. Benton Harbor was the first syringe distribution agency in Michigan.
THE NEW AMERICAN CITY?

BY KEN VAIL

Cleveland, Ohio prides itself on being known as "The New American City." Millions of dollars have been invested in the downtown area. The Tower City complex, with its recently opened Hard Rock Cafe, is a great place to conduct business, shop or just relax. The downtown area is home to many fine sports teams and their facilities, including the new Cleveland Browns football stadium scheduled to open in 1999. The City of Cleveland has also received a great deal of federal funding to help revitalize certain low income neighborhoods, referred to as "Empowerment Zones", where diverse populations live, work and play. There is nothing new, however, about Cleveland’s twin epidemics of HIV and drug use.

Homeless people who use drugs and are living with AIDS, who were born and raised in Cleveland, still sleep on the downtown sidewalks of The New American City.

To bridge this gap, organizations and individuals, including active drug users, who are concerned about reducing the spread of HIV in Cleveland, must work with one another to design and implement strategies that are appropriate for local injection drug-using populations.

One way to ensure that drug users get what they need is to follow the principles of harm reduction. When you mention harm reduction to Clevelanders "in the know," the first thought that generally comes to mind is access to sterile syringes. In November 1995, the Free Clinic of Greater Cleveland began operating the first syringe exchange program in the state of Ohio. The following May, the Xchange Point began operating the second clean needle program. Both programs have sites that are located in the greater Cleveland area, an area where the Centers for Disease Control and Prevention has reported that an estimated 11,500 drug users are at risk for injection-related AIDS.

Harm reduction workers must focus on a wide spectrum of issues facing drug users.

While crucial to preventing the further spread of disease among injection drug users, their partners, and the unborn, access to sterile syringes is but one part of a larger harm reduction framework. Harm reduction, simply put, is about meeting drug users where they are at to help reduce the immediate harms in their lives. Therefore, harm reduction workers must focus on a wide spectrum of issues facing drug users. Providing users with food, clothing, appropriate drug treatment services and safe places to gather to discuss the struggles and triumphs that occur daily in their lives; all of this is harm reduction work.

For example, the AIDS Task Force of Greater Cleveland and the Xchange Point recently began working collaboratively to operate support groups for drug users. These support groups are low threshold and offer drug users the opportunity to come and talk about different concerns they feel are important that effect them on a daily basis, such as unemployment, housing and access to appropriate drug treatment services. In addition, the Xchange Point recently hired three active drug users to design, implement, and help evaluate the Healthy Options Project, an HIV/AIDS prevention strategy aimed at decreasing the spread of injection drug-related AIDS among African Americans. Furthermore, community members in various neighborhoods throughout Cleveland have begun to practice harm reduction. These individuals are taking direct responsibility for reducing the spread of HIV, hepatitis C and STDs by passing out information and supplies on the streets or by making them available through local businesses.

Harm reduction strategies are also spreading throughout Ohio. On July 14 of this year, the Greater Cincinnati AIDS Consortium voted to approve the Xchange Point program.

Regional realities
access to sterile syringes, to refer clients to drug treatment services, and to develop public policy that would support syringe exchange programs. The Consortium and key individuals throughout the state are also currently working to change Ohio drug paraphernalia laws. In addition, State of Ohio legislation has been drafted that would permit needle exchange programs in municipalities throughout Ohio.

Numerous mid-western cities have adopted the holistic approach of harm reduction. David Kellogg runs Harm Reduction Outreach/Rockford Urban Ministries in Rockford, Illinois and Dan Bigg operates the Chicago Recovery Alliance in Chicago where "any positive change" is a reduction in harm. In Indianapolis, Larry Pasco directs the Harm Reduction Institute (People’s Projects), Sue Powers promotes harm reduction in Minneapolis through her organization entitled Women With A Point, and Scott Stokes continues to expand his outreach efforts in Wisconsin at the Milwaukee AIDS Project by opening new sites for syringe access in Madison, Wisconsin. In the state of Michigan, the number of harm reduction projects continues to grow. In Detroit, Harry Simpson operates the Community Health Awareness Group, and Pam Lynch promotes harm reduction strategies through the Latino Health Services. In Kalamazoo, Michigan, Delaney Ellison at CARES continues to invoke the fundamental principles of harm reduction by relentlessly forging ahead, with little funding, to ensure that people most at risk for HIV and other diseases receive the services that they so desperately need. Harm reduction is taking hold not only in Cleveland, but throughout the mid-west. However we can, and must, do more.

For harm reduction to continue to be a viable alternative to conventional health and human services in Cleveland and in other cities throughout Ohio and the mid-west, the general public must be willing to change or at least adjust the way in which they view drug users. As someone who used drugs for many years, I have no doubt that meeting drug users where they are at and letting them tell me what they need, rather than imposing my style of living on them, is the best approach to reducing the spread of disease and increasing the quality of their lives. These are a few of the ways I believe we can ensure that harm reduction continues to move forward:

- A non-judgmental community-based approach is integral to the creation, implementation and evaluation of programs which work to create access to basic health care for drug users. Developing programs aimed at reducing risk, rather than promoting complete abstinence, will result in greater success in reaching this population. The success of community-based strategies will be dependent upon putting into place new and creative approaches for understanding and changing unsafe behaviors.
- Individuals who are concerned about the future of drug users must be willing to work together to bring about needed change. Through a combined effort, individuals can focus more thoroughly on areas of addiction-related disease, health care and drug treatment accessibility, appropriate ways to gather and distribute culturally-specific information, as well as creating messages that correctly portray issues affecting drug using populations.
- Public forums need to be created to educate and inform people about specific problems that drug users encounter. Workshops conducted by active and recovering drug users need to be included in these informational meetings so that the public can learn about these individuals from firsthand experience. Ideally, this open forum strategy would result in the formulation and execution of solutions to broader social problems, mutually benefiting all people.
- Training must also be available for officials who are involved in health care and law enforcement and who make decisions about policy which directly and/or indirectly affects drug users.
- Working to integrate drug users with members of the larger culture can lead to opportunities for employment, affordable housing and resource development within drug using populations.

Given the increasing number of HIV and other infections associated with drug use, it is imperative that innovative and cost-effective efforts, such as easy access to sterile syringes, culturally and gender-specific treatment on demand, peer-driven support groups, and realistic printed media messages that are culturally relevant, be available to drug users before these diseases become completely unmanageable. By establishing drop-in centers where resources are easily attainable, drug users can begin to take personal responsibility for maintaining their health, as well as their communities health, while learning to work within the larger social and health care system.

The task before us is not an easy one. The hopelessness, despair, discrimination and stigmatization that many drug users in cities like Cleveland, Ohio experience on a daily basis is immense. Connecting with drug users, so we can truly understand and change unsafe behaviors, will require the creation of prevention strategies which utilize knowledge of their problems from their own perspective. By acknowledging that drug users are the experts, we show them that we are listening and that their lives do matter.

Ken Vail is director of the Xchange Point, Cleveland, Ohio.
In May of 1995 some other strippers and myself started our own publication, danzine, to discuss what is important to us when working in the sex industry. Danzine is an open forum to share information about health, safety, working conditions, furthering our education, money management, life after the trade and personal experiences. We distribute the 'zine straight to the dressing rooms wherever a sex worker provides labor or entertainment. Based out of Portland, Oregon, danzine is becoming more national (and international!) and we’ve grown into a non-governmental collective, Danzine.

Danzine has been sponsoring two HIV/STD/unwanted pregnancy prevention programs; DanceReach and StreetReach. DanceReach trains in-house sex workers to be harm reduction educators who, in turn, apply outreach to their colleagues in the workplace. In-house sex work includes strip clubs, peep shows, and lingerie modeling studios. StreetReach is a needle exchange program in Southeast Portland, and is run by women in the sex industry.

We started StreetReach in the spring in 1996. Needle exchange is conducted every Friday evening from 7 to 9 p.m. Volunteers work in twos, and never alone. The first half hour they walk the streets, telling people about the site and what it offers; clean needles, a sharps drop off, bleach kits, condoms (female and male), lubrication, cotton balls, alcohol wipes and where to get tested and have an abscess removed. For the remaining hour and a half, volunteers sit at a fold-out table on a street corner and run the site. All services are anonymous and confidential, and data collection includes the person’s gender, race and ethnicity, and the year they were born. First, I will describe our volunteer recruitment process, then I will give a profile of who we are reaching and the obstacles the program has encountered.

Danzine volunteers are comprised mostly of female sex workers. A particularly active colleague has become our voluntary Volunteer Coordinator. We recruit one-on-one, approaching dancers who hit us as movers and shakers. A lot of colleagues support the work we are doing, and are game for donating 2-6 hours a month for the cause. Volunteers go through an HIV 101 orientation (hosted by the County) and are trained to do outreach using the harm reduction ideology. Everybody meets once a month to regroup: Share experiences at the table, pass on questions from people who use the site, and update each other with HIV/STD/Hep C prevention methods. Between DanceReach and StreetReach, Danzine has 10-15 active volunteers.

The people we are trying to reach are women working the streets and injection drug users. Sometimes this is the same person, but more often it seems like the ladies turn down the needles and opt for condoms. To date, the city of Portland has four ‘Prostitution-Free Zones.’ This is the mayor’s idea, and it started a few years ago.

Basically, it means anyone who has been arrested for prostitution is not allowed within the zone for a certain amount of time. This includes said person walking in the zone, or even taking a bus through the jurisdiction. Predictably, all this has done is move a population at risk to another street corner. Given the nomadic culture of the industry, travel up and down the I-5 Corridor from Seattle, WA, to San Diego, CA, is not uncommon. StreetReach fell into a pro-free zone in the middle of our program, and looking at our stats, fewer women have been using the site. What we are hearing is that street workers are apprehensive about even accepting free condoms, for fear of undue harassment from the cops. Although it is not illegal to carry clean needles and condoms in the state of Oregon, sex workers who are ‘known prostitutes’ find their bags and

**Regional Realities**

**Sex Workers Do Needle Exchange in Portland, Oregon**

By Teresa Dulce
relatedness of life is to practice the making of relatives. We make a relative of harm reduction, with all its underpinnings of respect, humanity, and inclusion, by integrating it into our treatment philosophy. Just as many Native American tribes' philosophy includes allowing everyone to "walk their own path," so harm reduction seeks, through its philosophy, to "recognize the intrinsic value and dignity of all human beings." Basing our alcohol and drug abuse treatment on this recognition is to value, include and practice harm reduction.

All Native American teaching includes the circle or hoop as basic to understanding our world. The hoop represented below contains within the four quadrants the holistic makeup of a human being.

From this holistic perspective, we as human beings are made up of a spiritual, mental, and physical self. The emotional self completes the circle. As human beings, our path in life includes keeping the spiritual, mental, and physical in balance. The emotions become the "report card" for the other three conditions. If one is out of balance, one may or may not be aware of this. This is a critical element in alcohol and drug abuse treatment; a client, seeking services, is often out of balance.

Harm reduction suggests meeting a client "where they are at." I couldn’t agree more. During the assessment process this can mean addressing issues of balance with the client. Our philosophy states: "If you take something away you have to replace it with something else" and one of the replacements is often spirituality. If a client is seeking abstinence, we assist in this endeavor. If a client is "just shopping" (pre-treatment phase) we oblige. There may be another time, another treatment episode perhaps at our treatment center, perhaps at another treatment center.

In counseling sessions, we often suggest to clients that they "make a friend" of their addiction. The core issues are the things we either lack or need to give up. It may not be realistic for the client "to give up" their addiction, behaviors, or change their lifestyle/environment at this time in their life. However, we begin to think about and work on moving towards the "contemplation" phase of change. This involves thinking about alcohol and/or drugs not as the "enemy but rather as a relative. This approach respects the dignity of the client and their right and competency to choose purses searched and the tools for harm reduction can be used as evidence against them for intent to solicit. Top brass on the police force acknowledge needle exchange as a form of disease prevention, but there are still a few stray dogs who abuse their position of power and give people who look like junkies and street workers a hard time.

The average person who uses the site is a White/Caucasian male in his early thirties to mid-forties. Having two female volunteers at the site and offering women’s clothing for free, Danzine is shaping a receptive atmosphere in the hopes more women will feel comfortable to ask questions about where to get tested, receive affordable health care, and and is comprised of frontline outreach workers. Between all of us, there is exchange five days a week (M-F) and our goal is to open sites on the weekend. We keep each other afloat with anecdotal research, data collection, gripes about politics and meager funding, and constant reassurance about how great we are. And while we’re at it, anyone putting in their time to save lives is pretty great.

Keep rock’n out, and y’all take care.

Teresa Dulce is a sex working executive director of Danzine, a non-governmental collective created by and for people in the sex industry. She can be reached at (503) 234-9615, or DAZINE, 625 SW 10th Avenue #233B, Portland, OR 97205.
A client seeking services is often out of balance.

their path. It is neither “bad” nor “good”. Making a “friend” of addiction is not to be construed as the relationship we know that friends enjoy. Rather, by not setting up the internal battle within ourselves between sobriety and inebriation, between good and evil, we can recognize that addiction truly is “cunning, baffling, and powerful”, and we can create a space between the polarized judgements within which we can reduce the harm in our lives. Like it or not—we maintain a relationship with our addiction whether we are in recovery or continuing to drink and/or use. This relationship is internal and unique to each one of us and will always be a part of our life long journey.

If a treatment center is anchored in just one philosophy, the danger is that this approach does not take into consideration the complexities, and particularly the differences, in the human experience. If we truly individualize alcohol and drug abuse treatment, then we deal with each client as a unique individual.

Harm reduction offers alcohol and drug abuse treatment practitioners and treatment programs an opportunity to be open to challenging our own thinking on the “abstinence-only” model. Empirical research on alcohol and drug abuse treatment and our track record clearly points to the stark conclusion that not all clients achieve or maintain abstinence as a result of their one and only treatment episode. This success/failure, all-or-nothing aspect of our thinking removes the value of time in their one and only treatment episode. This success/failure, all-or-nothing aspect of their one and only treatment episode.

If we truly individualize alcohol and drug abuse treatment, then we deal with each client as a unique individual.

The Second National Conference will be a time to remember how far the national harm reduction movement has traveled in the two years since it first met in Oakland in September 1996. And to remember the loved ones we have lost in that time. And to remind ourselves of the realities we still need to change.

Gayl Edmunds is the director of the Indian Alcoholism Treatment Services in Wichita, Kansas. Gayl is Lakota Sioux and from the Rosebud Reservation, South Dakota.

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USER ORGANIZING

Sheila O’Shea, a North American Users Union (NAUU) activist in Oakland, California understands this hard time. She writes in her article The Power of One: “I firmly believe that the single most harmful element to users (and to society as well) are the dogmatic lies, myths, and stereotypes about users and drug use.” She offers advice on how to resist the lies, and organize around user issues, even as a single member NAUU chapter. Drawing lessons from their anti-racist and feminist campaigning, Raffi Balian and Cheryl White from Canada emphasize the importance of Defining the Drug User in relation to determining the membership of User Unions in a way that empowers the most disenfranchised users. Paul Cherashore of NAUU and Matthew Southwell of Respect Users Union (NAUU) activist in Oakland, California share their views on inclusive User Unions whose common strength in diversity enables a more effective resistance to the oppression of users. The history of this resistance in North America, and drug users’ efforts to organize their own voices and energies, is documented by Jon Paul Hammond.

FROM OAKLAND TO CLEVELAND

The Power of One: Alan Greig

—from A client seeking services is often out of balance.

A client seeking services is often out of balance.
**Second National Harm Reduction Conference**

sponsored by the harm reduction coalition  
October 7-10 1998  
Cleveland, Ohio

[preliminary agenda]

**TUESDAY, OCTOBER 6: Pre-conference Events**

While pre-conference events are open to all conference participants free of charge (except where noted), these are not intended as an introduction to the subjects, but as discussion and strategizing sessions for those already working in or receiving services in the specific fields below.

- **10am to 4pm:** Speaking a Common Language: Drug Treatment and Harm Reduction
- **10am to 7pm:** REIKI certification training ($50 fee, register on-site, first come first serve basis)
- **1 to 5pm:** Harm Reduction and Clinical Practice in Health Care Settings
- **3:30 to 8pm:** NAUU (for more information contact Paul Cherashore at 212.213.6376 ext. 16)
- **7 to 10pm:** Mental Health Professionals in Harm Reduction Speak Out

The Methadone Consumer’s Meeting and Harm Reduction Workers in 12-Step Recovery has been moved to Thursday, October 8 during the main body of the conference.

All Day: NAUU lounge opens
All Day: Exhibition Set-up
12 to 8pm: Registration opens

**6 to 9pm:** Welcome Reception: Please join us for the GRAND OPENING of Junk and Java Cafe. Plan on arriving in time to meet your fellow conference goers; Say hello to old friends over Food, Drink, Music, Art

**WEDNESDAY, OCTOBER 7: Opening Day**

- **8 to 9am:** Morning Registration
- **9 to 9:45am:** OPENING CEREMONY
  - Cheryl Simmons: Honoring Our Ancestors • Racquel Algarin: Creating a Safe and Respectful Space • Gayl Edmunds: Communicating Your Unique Wisdom and Vision to the Conference Community • Reverend Edwin Sanders: Creating a Spiritual Context for Conference
- **9:45 to 10:30am:** WELCOME ADDRESS
  - Allan Clear, Executive Director of the Harm Reduction Coalition • Representative from the North American User's Union • Public Official: TBA
- **11am to 1pm:** STATE OF HARM REDUCTION IN THE US
- **3 to 5:30pm:** BROADENING PERSPECTIVES ON DRUG TREATMENT
  - Ruben Medina, PROMESA-Facilitator • Imani Woods: Building Bridges: From Harm Reduction to Traditional Drug Treatment • Emizie Abbott: Drug Treatment in Cleveland • Gayle Thomas: Designing Drug Treatment for Women • Howard Josepher: From Therapeutic Communities to Harm Reduction and Back Again • Ernie Drucker: Alternatives to Current Methadone Maintenance: Medical Prescribing
- **7 to 9pm:** COMMUNITY OF COLOR CAUCUS
- **8 to 10pm:** YOUTH CAUCUS

**THURSDAY, OCTOBER 8: Day II**

- **8:30 to 9am:** Registration Table Opens
- **9 to 10:30am:** BREAKOUT SESSION I
  - Do No Harm: Developing a Research Agenda and Protocol for and with Drug Users • Harm Reduction Approaches to Psychotherapy: Attitudes, Theory and Practice (Part I) • Revisiting the Traditions of the 12 Steps: Building Support for HR Workers in 12-Steps • If You Don’t Know, Ask: Culturally Specific Harm Reduction • Where Doctors Fear to Tread • What Harm Reduction Offers when Traditional Approaches Fail • Applying Harm Reduction to Crack Use (Part I) • Harm Reduction Strategies for Working with HIV+ Drug Users • NSE Under Attack: Creating Alternatives Under Pressure
- **11am to 12:30pm:** BREAKOUT SESSION II
  - 2nd National Methadone Consumers Meeting • Developing Harm Reduction Policy and Practice to Address the Needs of Sex Workers • Bringing Harm Reduction Services to Women: Home Delivery and NSE • Harm Reduction Approaches to Psychotherapy: Attitudes, Theory and Practice (Part II) • Culturally Specific Outreach in a Variety of Settings • Using the Media for Marketing and Community Organizing • Utilizing Drug User Experience: Community-Based Research • Applying Harm Reduction to Crack Use (Part II) • Creating Accessible and Compassionate Medical Care for Drug Users • Involving Youth in Programming • Substance Use Management: Drug, Set, and Setting
- **2:30 to 5pm:** CRIMINALIZATION & NEGLECT: POLICIES & POLITICS AFFECTING WOMEN
  - Denise Paone: Overview on the Criminalization & Neglect of Women • Dr. Vicky Cargill: Providing Services to Women of Color with HIV • Lynn Paltrow: Prosecution & Incarceration of Women Who Use Drugs • Lateefah Simon: Young Women Who Use
8 to 9:30pm: PRISON AND PAROLE REFORM EVENING FORUM
Corrine Carey, Buffalo Needle Exchange — Facilitator • Liz Gaynes, The Osborne Association • Tony Ortiz, The Osborne Association • Charles See, Community Re-Entry, Cleveland • Cheryl Simmons, Corporation for Supportive Housing

FRIDAY, OCTOBER 9: Day III

8:30 to 9am: Registration Table Opens

9 to 10:30am: BREAKOUT SESSION III
Advocating for More Effective Methadone Maintenance • Increasing Syringe Access: Distribution and Pharmacy Sales • Comprehensively and Culturally Appropriate Support for Transgendered Individuals • Developing Viable Harm Reduction Policies and Procedures for Housing Programs • Developing Principles for Improving Services for HIV+ Women Drug Users • Drug Education in Middle and High Schools • Family and Community Focused Harm Reduction Efforts • Drug Interactions: HIV Therapies and Recreational Drugs • Integrating Harm Reduction into Abstinence-Based Programs • Interventions for Dually Diagnosed Homeless Adults • Tricks of the Trade: Safer Sex Work • Measuring the Success and Outcomes of Harm Reduction Programs

11 to 1pm: REDEFINING HEALTH FOR A PUBLIC WITH DIVERSE NEEDS
Stuart Fisk-facilitator • Dr. Allan Rosenfield:The History of Public Health as Social Justice—Lessons for the Harm Reduction Movement • Patt Denning: Negotiating the Role of Service Providers: Addressing the Discomforts, Maintaining Boundaries, and Creating Partnership with Clients • Val Robb: Meeting the Health Care Needs of Drug Users Where They Are At • Kristin Ochoa: A Harm Reduction Approach to Addressing the Hepatitis C Epidemic • Stacey Rubin: Providing Low Threshold Holistic Health Care Services for Drug Users

1 to 3pm: WOMEN’S CAUCUS (box lunch included)

3 to 4:30pm: BREAKOUT SESSION IV
Successes and Failures in Drug User Organizing • Giving Harm Reduction to Our Community: Peer-based Youth Outreach (Part I) • Hands-On Healing: Holistic Health for Drug Users (Part I) • Going Beneath the Surface: Sexual Abuse, Drug Use, and HIV (Part I) • Harm Reduction Supervision for Harm Reduction Workers: Current, Former, and Non-Users (Part I) • Hepatitis C Part I: Prevention and Testing • International Lessons and Applications • Housing as Harm Reduction: AIDS Housing for Active Drug Users • Safer Injecting Alone and Together • Mental Health Professionals in Harm Reduction Meeting

5 to 6:30pm: BREAKOUT SESSION V
Expanding the Provision of Methadone: Providing it in Non-Traditional Settings Giving Harm Reduction to Our Community: Peer-based Youth Outreach (Part II) • Hands-On Healing: Holistic Health for Drug Users (Part II) • Going Beneath the Surface: Sexual Abuse, Drug Use, and HIV (Part II) • Harm Reduction Supervision for Harm Reduction Workers: Current, Former, and Non-Users (Part II) • Hepatitis C Part II: Traditional and Alternative Treatment Therapies • How to Utilize the Internet to Increase Visibility and Communication • Mandatory Testing of New Borns: More Harm Than Good? • Global Voices: Leaders of International HR Networks • Medical Providers in Harm Reduction Meeting • Obtaining Disability Benefits for Drug Users

8pm to Midnight: FILM NOIR Bring your most fashionable PJ’s for Movie Night. Popcorn, Drink and Cash Bar. Two movies will be shown.

SATURDAY, OCTOBER 10: Day IV

9:30 to 10am: Registration Table Opens

10 to 11:30am: BREAKOUT SESSION VI
Developing a Research Agenda for Drug User’s Needs • Integrating a Response to Hepatitis C Into Existing Outreach Efforts • Men’s Specific Support and Services (Part I) • War on Drugs: Local, National and International Impact (Part I) • The War Against Marginalized Women (Part I) • Overdose Prevention and Response (Part I) • Negotiating Provider Discomfort (Part I) • Peer Education as Harm Reduction: Vocational Training for Drug Users • Prison, Parolees, and their Families (Part I) • Program Evaluation 101: Understanding, Designing and Utilizing Evaluations (Part I) • Self Defense for Women in the Street Economy • Stable and Supportive Housing: Comprehensive Services to Meet the Needs of Tenants and Landlords (Part I)

12 to 1:30pm: BREAKOUT SESSION VII
NAU Meeting • Men’s Specific Support and Services (Part II) • War on Drugs: Local, National and International Impact (Part II) • The War Against Marginalized Women (Part II) • Overdose Prevention and Response (Part II) • Meet Me at the Center of My Universe: Harm Reduction Care Management • Negotiating Provider Discomfort (Part II) • Prison, Parolees, and their Families (Part II) • Program Evaluation 101: Understanding, Designing and Utilizing Evaluations (Part II) • Speaking and Writing Out: Developing the Skills Needed to Build Support for a Movement • Stable and Supportive Housing: Comprehensive Services to Meet the Needs of Tenants and Landlords (Part II)

2:30 to 4pm: BREAKOUT SESSION VIII
How to Create Population Specific Educational Materials • Policing in the South Bronx: Creating Strategies to Reduce Police Related Harm • Raise Your Own Horse • Recruiting and Keeping Peer Educators • Reducing Injustice: Basics of Activism & Community Organizing • Mothers, Daughters, and Drugs • Strategies for Addressing Dual and Triple Diagnosis • Up From the Streets: Integrating Harm Reduction into Public Health Curricula • Users and Non-Users in Collaboration: Reform from Within

4:15 to 5pm: CLOSING CEREMONY

10pm on: SAFER DANCE PARTY

For registration booklets or additional information contact JPD Communications at 510-843-8048, fax 510-843-8050. Remember to book accommodations early. This agenda is subject to change. A final copy will be available in the Conference Program Booklet given at registration.
Defining The Drug User

BY RAFFI BALIAN AND CHERYL WHITE

Who are drug user unions for? What role should non-drug users play in Users’ Unions? Answering these questions will help to eliminate confusion, in-fighting and conflicts of interest among drug users and non-drug users, and confirm a place for non-drug users who have unconditionally invested invaluable energy helping drug users for many decades. At the same time, defining the “drug user” will weed out those who wish to join Users’ Unions to exploit the meagre resources and “privileges” afforded to drug users during the recent past.

Until recently, there seemed to be little confusion concerning the identity of drug users. At harm reduction and HIV-related conferences, illicit drug users congregated, often in hotel lobbies or in a user’s room, and vented about the conference organizers’ failure to ensure drug user representation and the location and exorbitant costs of conferences which often discouraged drug users’ attendance. Drug users also resented the fact that they were only offered speaking opportunities in small workshops in contrast to the plenary sessions. These “key note speaker” positions were (and continue to be) offered to three-piece suited academics, non-users or, on rare occasions, ex-users. These kinds of insensitivities were doubly offensive considering the fact that knowledge around illicit drugs and drug users, “born again” ex-users as well as AIDS professionals, drug and treatment agency personnel, and other activists who have joined the movement(s) for various reasons.

This polemic is not academic. At long last, user-driven programs are being recognized as more effective than most traditional approaches. Governments, agencies serving drug users, and even many AIDS Service Organizations (ASOs), are no longer shying away from the possibility of hiring users or encouraging user-driven agendas. The privileging of certain kinds of knowledge over others is also not the driving issue at this time: there is a realization that academic (in other words, privileged) knowledge is incomplete without first hand experience. The disagreement has moved to a more insidious level, which is sometimes difficult to identify clearly. What currently fuels the debate regarding who is a user within harm reduction movements is the attempt by some to want to make the claim to being a user (with all of its limited “privileges”) without actually having to suffer any of the actual oppression that goes along with it.

At long last, user-driven programs are being recognized as more effective than most traditional approaches.

The “exclusive inside knowledge” of the user, developed through lived experiences, and often at huge emotional, personal, familial, and financial cost, is of paramount importance.

Defining The Drug User because, if we are true to the directives of harm reduction organizing, these folks are going to be designing the programs specific to their own needs and setting the goals and agenda of the larger movement(s). Uma Narayan, in an article entitled “The Privileged of the Oppressed,” claims that oppression has its privileges. First and foremost is the privilege of “exclusive inside knowledge.” For example, no matter how much a person abhors racism, unless that person experiences racism’s complex nuances, she or he will never be aware of the entire range of racial discrimination.

A similar pattern exists for the drug user. The “exclusive inside knowledge” of the user, developed through lived experiences, and often at huge emotional, personal, familial, and financial cost, is of paramount importance. Many people often forget or deliberately neglect the exorbitant price users have paid to attain Narayan’s “inside knowledge” and exploit users’ fragile “privilege”, for example by soliciting users for their inputs but not crediting or paying (or underpaying) them for their services. At best, users have been the recipients of insignificant fees for responding to marginally relevant questionnaires; at worst, they have been unwitting subjects of unsolicited observations with the results of such studies being used against them. Why are these exploitations not exposed, one asks? Like all oppressed groups, users have to pick their fights sparingly; they are too vulnerable and too busy surviving to challenge such issues as plagia-
ris and failure to receive credit or recognition for their contributions.

**So, who is a drug user?**

In the political context of this discussion, a drug user is someone whose life is circumscribed by her/his drug use. This means that their every decision must factor in the variable of drug use and how everything will impact upon it. Drug users do not necessarily have the luxury of stopping at will. Although some users can sometimes stop using for a particular occasion or period, this should not be confused with any liberal notion of “choice” in the conventional sense, due to the current criminalized and anti-drug user environment in which all illicit drug users live out their daily lives. Their drug use or non-use is contingent on a myriad of social, emotional, psychological, financial, medical, physical, and legal conditions. A drug user is someone whose drug use is like the skin of a person of Colour - they wear it and cannot closet it wherever it is convenient to do so (of course we recognize that, unlike people of Colour, drug users may eventually stop using, whereas one cannot stop being Black, for example). Due to the illegal status of drugs and stigmatization, drug users find it very difficult

**Due to the illegal status of drugs and stigmatization, drug users find it very difficult and sometimes impossible to negotiate between safe and unsafe drug use, and as such, their lives become chaotic.**

and sometimes impossible to negotiate between safe and unsafe drug use, and as such, their lives become chaotic. “Choice” is thus an oxymoron for drug users (contrary to the claims of Imani Woods—although we are not proponents of the “Disease Model” either).

Drug users face discrimination in every facet of their lives. Many are constantly harassed by family and acquaintances, accused of being selfish and weak-willed individuals. At work, if they manage to get work, (even at organizations that consider themselves to be “user friendly”, or who claim to be in the avant-garde of harm reduction), they are vulnerable to some of the worst kinds of work-related oppression. For example, their drug use is held against them as a trump card for dismissal; others are refused group insurance for admitting drug use or simply for being on methadone; many face the extra burden of having to educate everyone and their dog about drug use and the related issues, in essence, paving the road for future users who come onto the scene, be it in a workplace, among friends, in an organization or wherever (many people of Colour who read this will identify with this last point). And, for those users who are political and able to voice the key issues, they become a lot of people’s token “druggie”—the one user invited to committee meetings, asked to review pamphlets, give evidence/make presentations, etc. This is neither fair nor will it provide any kind of holistic account of illicit drug use because experiences among illicit drug users are as diverse as the people who make up the group. And that is why it is NOT okay to have one or two users present amidst a sea of non-users and to then claim that the initiative is “user-driven.” There must be representation of diverse users to ensure that diverse issues are being addressed. To have a few privileged users present again and again does little to create a holistic movement of users that can seriously challenge the status quo.

**Should We Differentiate Between Licit and Illicit Drug Use?**

Certainly, It is a rare person indeed who doesn’t drink alcohol, smoke cigarettes, drink coffee, or, at the very least, partake of that most decadent drug of all, chocolate. While ours is a drug using culture (a pill for every ill, so to speak), those who do not differentiate between licit and illicit drugs must accept that a Drug Users’ Union is therefore not needed, as there is no need to differentiate between drug types and different experiences of, and relationships with, drugs.

But the experiences of licit drug users, whether they use them recreationally or not, are completely different from those of illicit drug users. To be sure, some of the services offered to alcohol users can also be shared by heroin injectors; however, the services and supports needed by illicit narcotic users go far beyond the needs of alcohol consumers, prescription drug users and cigarette smokers. Otherwise, decriminalization (as a precursor to legalization), would not be the most pressing prerequisite of harm reduction strategies.

Moreover, due to the illegal nature of some drugs, the consumers of those drugs face many additional barriers, including barriers to health (especially related to lack of drug purity, accessibility and the hazards of procurement), the justice system, and travel restrictions, to name only the first few that pop into our minds. Finally, in a culture where certain types of drugs are illegal, every illicit drug user is, by default, a criminal, and thus, they are condemned to the probability of communicable and fatal diseases if and when they eventually end up in jail. In prison, they are refused new needles or clean crack paraphernalia, do not have access to methadone, and are continually monitored by invasive methods that violate their human rights, including random urine analysis. In Canada, when drugs are found in drug users’ urine, they are denied conjugal visits, certain privileged job opportunities, visits, day passes, and parole, to name only a few of the deprivations faced by incarcerated users.

We have only scratched the surface of the issues pertaining to the consumption of illicit drugs and the repercussions for those users. However, even this minor presentation of some of the key issues, we believe, renders it abundantly clear that there is a DRAMATIC difference between consumption of licit and illicit drugs and that the lives of those persons who are consuming drugs from the latter group need special consideration and protection in a way that clearly

**In the political context of this discussion, a drug user is someone whose life is circumscribed by her/his drug use.**
DIVISION TO DIVERSITY

BY MATTHEW SOUTHWELL

This is a part of my process of personal liberation. For the first time in my working career, I can stand up publicly and celebrate my membership of a using community which has given me sanctuary, love and mind-altering substances!

The description of drug users as a community has historically been more an aspiration than a statement of reality. As with many oppressed communities, the tendency has been to focus on our differences rather than our commonality. The huge burden legally, financially, socially and psychologically of prohibition has unsurprisingly forced fracture lines to appear throughout the population of users. Whether this be around drug of choice, route of administration, using venue or around wider societal divisions, difference is potentially debilitating.

However, contrary to the experience of many disenfranchised communities, user action originally grew within the most oppressed sections of our communities - among injectors. As a response to the health crisis which took the lives of many that we love, injectors mobilized in many national contexts, even in the heartland of our oppressors, the USA. As other groups of drug users have sought to join the struggle for human rights, there have been fears about theoretical leadership. The huge burden legally, financially, socially and psychologically of prohibition has unsurprisingly forced fracture lines to appear throughout the population of users. Whether this be around drug of choice, route of administration, using venue or around wider societal divisions, difference is potentially debilitating.

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the power of 1

I firmly believe that the single most harmful element to users (and society as well) are the dogmatic lies, myths, and stereotypes about users and drug use.

Focus on the media. Discipline yourself to be conscious of the media’s images and messages regarding drug users. The media is the single strongest influence on our collective consciousness, voicing, shaping, and defining stereotypes, beliefs, trends and modes of behavior. Be aware of what your local media is saying about users - demand dignified portrayal of drug users by calling the TV station and writing to the editor, at least once in a while. Op-Eds are a great way to challenge offensive myths and stereotypes and express the truths about users’ lives. We know we have to be cautious dealing with the media around drugs issues, so try and learn from others who have dealt with the media on ‘controversial’ issues.

Share/create/invite dialogue with others; other users, your neighbors, your family, co-workers (as is safely possible), the guy at the bus stop, the girl at the check-out! The goal is to increase awareness, change negative views, open minds, and broaden beyond the cliches toward a more enlightened Harm Redux oriented vision. And certainly when you hear your user brothers and sisters spout that filthy drug war propaganda, call them on it as you would object to “gook, spick, nigger.” Assist in raising their consciousness and self-esteem (your own, too).

Encourage an informed and open public debate by letter-writing, phoning, petitioning, etc. Also, don’t forget to send cards and greetings to your supporters and friends in gratitude and on holidays regularly.

Act as a liaison between users and “the community,” keeping people informed and countering misinformation that may exist on both sides. Help to build a supportive local environment for users by addressing community concerns (where possible), for example by organizing needle clean-ups in vacant lots. Make your presence known at local community boards by attending their meetings regularly.

Promote voter registration drives for users! Fill in the tags at the bottom of form (signature of power)
D\textsubscript{uring a series of email exchanges and conference calls that took place in June and July amongst an ad-hoc group organizing the User Town Meeting at HRC's up-coming Second National Conference, the subject of user union membership was vigorously debated. The following statement was drawn up to serve as a tentative position for the North American Users Union until the subject can be brought before the larger group at the User Town Hall meeting preceding HRC's October conference:

The North American Users Union (NAUU) is a network of local and regional drug user self-organizations and individuals living in the United States and Canada. NAUU meets regularly and advocates for the needs and rights of individuals whose primary drug use involves the “harder” illicit drugs such as heroin (and other opiates), cocaine (both powder and rock), and methamphetamine.

Our decision making is done by consensus whenever possible. When necessary, a simple majority vote is used.

We recognize, understand and appreciate the role of ex-users, recreational users, and non-users who support us and participate in our meetings. However, the privilege of participation in the decision-making process is left to those whose drug use renders (or has rendered) them vulnerable to disease, discrimination, oppression, and especially criminalization.

Due to the serious repercussions that can arise from going public about one’s personal drug use, we accept that our representations to the public or professionals may need to be delegated to ex-users or non-users.

This statement is likely to generate additional vigorous debate at the town meeting. It subtly discourages participation by users of pharmaceutical, party, and psychedelic drugs by emphasizing the “outlaw” drugs. Yet its third paragraph is ambiguous about the position of recreational and ex-users with regards to the right to participate in the organization’s decision-making process.

Before the statement persists a question: Are user unions by their nature sufficiently self-selecting, or do we need to create organizations that are explicitly exclusive in their membership and participation criteria? Do certain users need to be given special consideration within the using community, based on the fact that their suffering is greater than the rest? By what criteria do we judge potential members to be worthy or not? Do the costs of being exclusive exceed the benefits; is it worth the risk of alienating numbers of our fellow users (or supporters) to weed out a few so-called parasites? (Do these “parasites” really exist or are they creations of our imaginations?)

One of the fascinating things about the harm reduction movement is that an incredibly diverse group of individuals and organizations have come together to fight against policies, ranging from meanspirited to murderous, that our government and many of our institutions choose to inflict upon drug users. I find myself allied with people (academics, policy wonks, etc.) with whom in my former life I never would have considered speaking. (I’m sure this works both ways, too.)

At the same time, it is obvious to most users that the harm reduction movement, to a large extent, is built on the back of our suffering. Rarely intentional; it’s just a result of the way things are. As long as we are disempowered, unskilled, disorganized, and unsure of ourselves we will depend on others to take up our cause, while we continue to pay the price (jail time, unemployment, disease, homelessness) for our governments’ current policies (and they get paid dollars for their work on our behalf). That is something that can be hard to take, at times. To be sure, we do appreciate what many of these researchers, academics, and social workers have done for us. We prefer, however, that we were given the opportunity to do this work ourselves.

Some of us have come to see user self-organizations as a solution to this problem. I repeat, some of us. It is a small minority of drug users who have been involved in the harm reduction movement. To be sure many of us are recipients of services, but it takes a lot for a user to cross the divide between provider and consumer. Many of those that have joined the providers’ ranks, either by volunteering, peer programs, or employment, are content with just giving back to their community in the course of their work. Even those who do take a step further, to ac-

Paul Cherashore works at HRC and is an NAUU activist.
User Friendly TV (UFTV), a magazine-style television program, is a show by and for drug users designed to educate and entertain. A team of Emmy Award-winning television veterans, users, and ex-users are producing this informative, entertaining, meaningful, and funny semi-monthly, late-night program. The program is a collaboration between For You Productions (IV U) and Harm Reduction Services (a local, community-based organization). Anchored by an ex-user, UFTV educates its audience about infectious diseases (i.e., HIV, HCV, HBV, etc.), harm reduction, updates on bad drugs on the street, the failed war on drugs, fun places to go, and emerging political issues of concern to local drug users. UFTV debuted in Sacramento, CA on October 10, 1997, Sacramento Public Access Channel 74. Currently the half-hour program is broadcast every Friday night at 11 p.m.

UFTV was originally conceived as a part of a multi-component community intervention project aimed at changing the cultural norms regarding safer sex and safer injection practices among heroin injectors in Sacramento County. During the formative phase of the program, the producer Joyce Mitchell, a recovering drug user, conducted a needs assessment with a group of active users. The group was asked what they wanted to see and what kinds of issues should be covered in the TV show. This initial assessment, as well as additional input from other local drug users and professionals working with drug users, has guided Joyce’s production of a series of educational programs about HIV, hepatitis C, needle exchange, vein care, safer drug use techniques, and flesh-eating bacteria. In addition, two harm reduction public service announcements have been produced for the show. Harm reduction messages are developed with assistance from the University of California/Davis HIV Prevention Studies group and the University of San Francisco Center for AIDS Prevention Studies.

Each episode includes a special guest host, a round table discussion among active users, a special harm reduction message, and a 5-6 minute videotaped report on topics of interest to drug users. Guest hosts so far have included Los Angeles adult film star Sharon Mitchell (a former heroin user), Governor Appointee to the California State Department of Alcohol and Drugs Askia Muhammad (a former crack smoker), Heather Edney from Santa Cruz Needle Exchange, Dana representing the North American Users Union, Jon Paul also of NAAU, former Sacramento mayor Anne Rudin, Sacramento AIDS doctor Neil Flynn, California State Senator Diane Watson (author of California’s vetoed needle exchange bills), and Aaron Peak from the Asian Harm Reduction Network. During the round table discussions, users can choose to appear anonymously or not. Each episode of UFTV provides toll-free telephone numbers for further information on needle exchange, Harm Reduction Services, and drug treatment.

Each episode of UFTV also displays a toll-free telephone number that viewers can call with comments, complaints, suggestions, or requests to get involved with the show (1-888-919-UFTV). Many viewers have called in to request information about the local needle exchange program, drug treatment, and infectious disease prevention, testing, and treatment. Several viewers have called in wanting to appear on the show, or assist with production, or to volunteer for Harm Reduction Services. UFTV’s very own Dr. Schmack gives viewers sound advice on the most effective way to put on a condom, the importance of condom use, needle and syringe disinfection techniques, and other harm reduction strategies. Dr. Schmack is outrageous, hilarious, and very popular!

IV U Productions was formed to produce UFTV and brought together a team of award-winning television professionals to create a television program by and for drug users. Drug users have been employed in all phases of the project including planning, developing appropriate harm reduction messages, and in producing and hosting the shows. Since October, ten volunteers have completed a four-week television production training program provided by the Sacramento Cable Access Station. The training program consists of camera training, editing, writing, production, and public relations. The training has been designed to prepare drug users for careers in television and media production.
n September of 1996, the North American Users Union (NAUU) was conceived at the first US National Harm Reduction Conference. While this was not the first attempt to form a drug users' organization that was North American in scope, it remains the most recent and its ongoing development is the focus of this article.

One of the main goals of NAUU is to serve as a collective voice of drug users themselves in the growing harm reduction movement. The essential need for drug users to articulate and define harm reduction as a “strategy grounded in respect for our human rights” is one of the inspirations for those engaged in North American drug user organizing. This conceptualization of NAUU has been very much a product of the need to “break the systematic social isolation many users feel.” To this end, it is ultimately our goal to create a supportive network which more fully establishes drug users’ participation in, and guidance of, a harm reduction movement which currently pushes them to the margins, despite their being the movement’s core constituency.

Those of us who attempt to openly engage in drug user organizing activities do so against the backdrop of the “Drug Wars.” We drug users are the targets of this war and hence must constantly overcome the stigmatization that the “Drug Wars” perpetuate. This stigmatization pervades all aspects of the environment in which drug users live and work. Given this context, drug user organizing will be one of the most challenging attempts at community organizing well into the 21st century.

In the New York City area, one of the earliest North American examples of drug user organization was the International Coalition for Addicts’ Resources & Enlightenment (ICARE), which grew out of one of the needle exchange/harm reduction centers in New York City. It was a very vital organization in the early to mid-1990s. ICARE was actively committed to the same goals as NAUU and in many ways was, at a regional level, its precursor. Although ICARE is not currently the viable organization it was, many drug users who are now involved in drug user organizing efforts in North America were inspired and educated through their experiences with ICARE.

Other drug user organizing efforts which pre-date NAUU and which broaden the potential of its scope exist in Toronto and Vancouver. A number of Canadian drug user–driven organizations, and activists associated with them, have been instrumental in all of the North American drug user organizing efforts which have taken place in the 1990s. Some of the publications these drug user groups have produced remain seminal examples of what drug users are capable of creatively. The potential for linking US and Canadian drug user organizing has yet to be fully realized.

In Baltimore, MD, the ongoing efforts of a drug user-driven organization has produced a publication, Street Voice, which is one of the most enduring examples of a publication which truly voices the concerns of drug users themselves. It may not be coincidental that Baltimore is one of the most progressive cities in North America, where harm reduction is citywide policy. Santa Cruz, CA, and its needle exchange program, which exists to this day because of the ongoing support and efforts of the drug users who run it, provides another example of drug users organizing to meet their own needs. The publications which users in Santa Cruz have periodically produced are some of the best examples of user-defined harm reduction and straightforward drug user-oriented literature in the world.

Much of the effort to develop NAUU into a viable entity has come from California, where at the North American Syringe Exchange Convention VII we marked the first anniversary of the conception of NAUU. At this convention, a group of drug users, many of whom helped to initiate NAUU, met and identified a clear need to develop a strategic plan which could actualize NAUU. The next opportunity to begin the development of a strategic plan arose at the Drug Policy Conference in New Orleans in October, 1997. Here, user organizers and their concerned supporters began in earnest the process of making NAUU a viable entity.

At the same time, autonomous efforts to organize drug users at various local levels continue. In the San Francisco Bay Area, one of the drug users’ groups...
(both formal and informal drug users’ groups exist in the Bay Area) to have been formed is NAUU East Bay. In its efforts to effectively addresses drug user issues in the County in which it operates, many attempts have been made to ‘grow’ the group and involve an increasing number of drug users. Unfortunately these attempts have not met with much success. The lesson from the Bay area is a lesson which prior drug user organizing attempts have taught us all too often: A great deal of this work is based on the personalities who drive it. In the all too often hostile and consistently marginalizing environment(s) which drug users are forced to confront everyday, it is only the truly exceptional person, who identifies as a drug user, who is willing and able to take the political action necessary to do this kind of community organizing. Very often, instead of building lasting organizations which can withstand the transition of people coming and going, those of us involved in drug user organizing find ourselves working with a very limited number of beleaguered individuals like ourselves. Overcoming this reliance on key individuals requires strategic planning and better focused community organizing efforts.

As a further step towards more effective organizing within drug using communities, a needs assessment plan has been disseminated to drug user organizers throughout North America. While this process has only been underway in the Bay Area for the past few months, this assessment is already enabling drug users to articulate their own community organizing goals. While those of us working in the Bay Area have taken the aforementioned approach, other drug user organizations have formed in other regions. All of these groups seem to be coming together around local harm reduction issues which have compelled drug users themselves to respond. Whether these groups have been inspired by NAUU or not, it is a very positive development. Other regions where drug user organizations have formed or may be forming include: the Pacific Northwest in Seattle, Washington; Colorado where a drug users group calling itself Regional Users Group (RUG) has formed; Sacramento, California, where the Coalition for User Rights And Dignity (CURAD), has come into existence and Cleveland, Ohio, where organized drug user activities are beginning.

Drug user organizing efforts hold out great promise for the eventual establishment of an effective NAUU, but a number of significant barriers remain. The overwhelmingly hostile environment that the “Drug Wars” create is one of the greatest. It has also been difficult to solicit consistent technical and financial support for the continental establishment of NAUU, which requires a significant investment of time and energy. The national organizations which have provided NAUU with the resources it has required to date will continue to be needed, given that drug user organizing will, for the foreseeable future, have very limited mainstream support. And, although it would be desirable for drug users to “self organize,” this is not a realistic expectation at this time.

NAUU is a reality—a reality that continues to be created and strengthened. While many of us who have worked at trying to bring NAUU into existence may be somewhat battle weary, we are attempting to both learn and grow from our experiences doing this work. And, it can not be over-emphasized that drug users remain inadequately represented in the harm reduction movement at local, regional, national and international levels. It is up to all of us to address this fact seriously. Ultimately each of you must ask what your role is in this harm reduction movement and, by challenging yourself, allow drug users to take the lead wherever possible, whether that drug user is you yourself or those you work with. Supporting the efforts of organizations like NAUU is a part of the challenge and growth we must all engender within the harm reduction movement.

Jon Paul Hammond is an activist and member of the NAUU.

1 The drug users referred to are predominantly “harder” drug users. While drug user organizing includes both “hard” and “soft” drug users, our focus is “harder” drug users and their somewhat more urgent issues especially when they are injection drug users.
This edition of Witches’ Brew offers suggestions for common health issues that I’ve been asked about by some of the youth and young adults I’ve worked with. These health issues are not specific to youth or young adults, maybe more common for anyone living on the streets, in a park, or in certain squats, but affect lots of folks. And of course, these are not health issues for all youth or young adults.

Unlike past issues, this time I haven’t gone into detail about how to make any of this stuff. Instead, I offer general suggestions on prevention and on inexpensive items that can be bought to address the issues below. As always, if you are interested in trying to brew up some of these items yourself—send an email, fax or call. If you have other suggestions to share or any comments, PLEASE share those with us and we can pass them along.

NASTY BUGS, BITES AND RASHES
General suggestions for things itchy and painful on the skin (lice excluded as explained below)...

**ECHO Salve with BoeVinTe:** A salve is a thick, topical (meant for use on the outside of your skin) remedy that comes as very thick lotion or a solid mass more like lip balm. This particular product is produced in New York and available at herb and health food stores. It relieves most all skin irritation. It works. Seriously. It’s not cheap ($10 to $12 a bottle), but it lasts a long time and is good for everything listed below in all sections, plus cold sores, boils, pimples, warts, bug bites and stings, heat rash, burns and cuts.

**Other Salves:** Any salve from a health food store with calendula, comfrey, chamomile, hypericum is good for skin irritation and you can get this for $5 to $7 at most herb stores.

**Aloe Vera:** Gel from the raw plant is the best but if this isn’t available, then buying as close to 99% aloe vera gel (inexpensive) will work to relieve irritation. This is particularly good for heat rash.

**Lavender:** Lavender baths, water spray (cheap and easy to make—ask me how) will soothe and cool skin as well as cleanse the area.

These will not cure the items below, but will help provide relief, for more specific treatments...

**Scabies**
Nasty little suckers that burrow under your skin and spread. They usually begin their colony under your armpits and between fingers and toes. They cause small bumps under the skin and they itch really, really badly. You can get them by sharing clothes, a bed, or a sleeping bag. They are difficult to get rid of, and often you need to use medicine from a clinic. Getting rid of scabies requires a supply of clean clothes and clean bedding every day, which is difficult if you are living on the street.

Some programs can help you with washing and/or clean clothes and sheets. Here are some suggestions:

- All of your clothes and bedding need to be washed in very hot water. This needs to be done while you are treating your body. They need to be washed everyday, or you need enough clean sets of clothes and/or bedding until the scabies is gone.

- If you can’t wash them, place your infested clothes and sheets in a garbage bag, get rid of all the air, tie it tightly, and let it sit for 7–10 days. In the meantime, you’ll need clean sets of clothes and bedding to wear each day while you are treating your body.

So your clothes are being washed and you have clean clothes and bedding...now your body needs to be treated outside and inside.

**Outside:** For most people, traditional cream medication from a clinic or hospital is the easiest. If you are interested in treating scabies with herbs, TANSY is very effective if applied in a very strong dose as an herbal bath or sponged all over the body as a tea. This needs to be done as often as possible, at least twice a day, until the scabies is gone.

**Inside:** Whether you use traditional creams or herbs on the outside of your body, taking herbs internally will support you in getting rid of scabies. The herbs to use are “bitters” and “nervines.” Bitters help your liver get rid of toxins and...
push foreigners out of the body, clearing up skin—GEN-TIAN is a good bitter to use for scabies. “Nervines” help relax and heal your nerves which scabies affects causing itching and discomfort—SKULLCAP (also good for all nervous tension and anxiety) is the recommended nervine. Take both until the scabies have gone.

**Lice**

Like scabies, lice is difficult to get rid of and requires washing all clothes and bedding while treating the hair. It also requires a good diet and hygiene to treat herbally, and is therefore often easiest for most to treat with “Kwell” from a clinic. Kwel is a shampoo that has to be applied where a shower is available, as it is very strong and toxic and needs to be washed out or can cause serious damage to your eyes and skin. For those who have the patience to treat lice herbally...

**Outside:** Mix one part SASSAFRAS OIL with two parts EXTRA VIRGIN OLIVE OIL. This means if you use 1/2 cup of sassafras oil, then mix it with 1 cup of olive oil, using twice as much olive oil. As with Kwel, the herbal formula below needs to be rubbed into the hair and then combed through with a fine tooth comb to remove the dead lice and eggs (they will loosen when they are dead making this easier.) This needs to be repeated daily until the hair is completely cleared of lice and eggs.

**Inside:** You can make a tea of YELLOW DOCK and BURDOCK ROOT to help heal the scalp. This combination is good for all skin irritations.

**Poison oak/poison ivy**

These are plants that have a poisonous oil on the surface of their leaves that cause a rash on the skin when you come into contact with it. You can even get it inside or in your eyes (which really sucks) by inhaling smoke from the burning plants (careful what you put into your fires) or by eating the leaves. Poison Oak grows in the West and Poison Ivy in the East. The effect is the same. You can prevent poison oak and ivy rashes by knowing the plants and avoiding contact and by avoiding rolling around in unidentifiable bush. Since this may not be possible or desirable, here’s some tips on reducing the irritation and for treating reactions:

+ Immediately wash the area with soap and water. This will prevent further spreading of the rash, as it is caused by the oil that can be spread by scratching.

+ GRINDELIA is the best herb to actually stop the spread of poison oak and ivy. You can get lotion or a tincture with GRINDELIA in it. HerbPharm makes a good combination.

+ To soothe the irritation you can use any of the products listed in the beginning of this article. COMFREY is particularly good for rash like skin irritations.

**BOOT ROT**

Feet are a problem area for many people. Those who don’t have clean socks available and whose feet don’t get a chance to breathe (i.e. be in the air without socks or shoes on,) can get sores and rashes on their feet caused by fungus and bacteria. This is commonly called Boot Rot and can be very painful and uncomfortable. There are several things you can do to prevent Boot Rot and other things you can do to treat it:

**Prevention:**

+ Most important is to change socks frequently. Some programs provide clean socks. If not, you can ask programs whether they may be willing to provide clean socks. Otherwise, it’s a good investment for you to buy some.

+ Let your feet out of those shoes and socks when you are sitting or sleeping somewhere (this is easier in summer, when you won’t get really cold.)

+ Dry your feet really, really well when they get wet. This is important to do before putting socks and shoes on.

+ Keep your shoes and socks dry. Let your shoes air out.

+ Put powder in your shoes—baby powder or even the anti-fungal powder from stores.

**Treatment:** There are over-the-counter creams you can get to treat Boot Rot (look for things for Athlete’s Foot), or a doctor can give you antibiotic cream. Here’s the herbal route...

+ Apply anti-fungal herbs as a lotion or tincture (you can buy these in herb stores and some health food stores) directly to the affected area. The best is MARIGOLD, particularly in combination with MYRHH as a tincture.

**HEPATITIS A WARNING:** If you live in a squat or on the street and don’t have access to clean water or if you are sharing tight quarters where folks go to the bathroom not far from where people hang out, be aware that you could get Hepatitis A. It’s spread much easier than the other kinds of Hepatitis and you can get it just from drinking or eating something that is infected with it.

If you have Hepatitis C you have to be especially careful because Hepatitis A can make Hep C worse.

For info on how to prevent and treat Hepatitis, see our last issue. You can call HRC for a copy.

Please write and let us know your experiences with any of the information above. If you have further questions or want to suggest topics for future editions, please feel free to contact Witches’ Brew.

tel: (212) 213-6376 ext.14.
fax: (212) 213-6582,
Email kershnar@harmreduction.org

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The current House of Representatives seems determined to drive drug users away from healthcare services.

BY CHRIS LANIER

This has never been demonstrated more clearly than by the current US Congress. Rep. Solomon (R-NY) and Senator Coverdell (R-GA) have both introduced bills in their respective houses which would permanently ban needle exchange, and damage federal programs which distribute needles with non-federal monies. The Solomon bill (HR 1737) has already passed. Worse, it is clear that versions of these bills will be attached as amendments to federal appropriations legislation, as well as other bills which may come to a vote in the fall. The House also passed a Washington DC appropriations bill which bans federal and city funding for needle exchange, and limits federal money for programs which also conduct exchange (the bill is a direct attack on the Whitman-Walker clinic, which operates DC only legal needle exchange). Representatives Ackerman and Coburn have also introduced legislation which will amend the Public Health Service Act to require that states implement HIV partner notification and names reporting if they want to receive funding under this Act (HR 4431).

The current House of Representatives seems determined to drive drug users away from healthcare services. Researchers continue doggedly to reassert the proof that NEPs are saving lives everyday. New data compiled by Dr. Don des Jarlais, head of Beth Israel's Chemical Dependency Institute, show that the number of new HIV infections among injecting drug users in New York City has dropped sharply, according to reports in the Boston Globe, and New York’s Village Voice. While the data is as yet unpublished, they prove “that it is possible to control the epidemic” said Des Jarlais, presenting them at the recent world AIDS conference in Geneva. Des Jarlais attributes the decline to a number of factors, principally to the fact that many drug users who were infected in the 80s have died, lessening opportunities for new users to become infected. But needle exchange programs are a key factor, reaching the most “hard core” users and helping to teach IDUs about the dangers of needle sharing behavior, which, according to Dr. Des Jarlais, has declined sharply. The data “makes even more unconscionable the Clinton administration’s refusal to fund needle exchange programs” said Peter Lurie of the Washington-based Health Research Group.

We know that we cannot depend on members of the Administration to resist attempts to wipe out needle exchange. Abandoned their defense of needle exchange, worsening the vote, and assuring Republicans of easy victories on the issue. Sandra Thurman, outspoken in the past in support of needle exchange, apparently believes that by silently cooperating with McCaffrey and other needle exchange opponents in the White House, that there is a better chance of federal funding in the future. But such capitulation only demonstrates how politically easy it is to abandon marginalized people. Ms. Thurman can’t have it both ways. Either she is a genuine advocate for AIDS prevention—which means publicly demanding a reversal of the heinous April 20 decision and the even more restrictive Congressional bill—or she is an apologist for one of the greatest moral outrages of our time: the decision to willfully allow thousands of men, women and children to get sick and die for purely political reasons.

Nothing has been heard from Ms. Thurman since the July 20 occupation of...
Chris Lanier of the National Coalition to Save Lives Now! and ACT UP/New York, as well as needle exchange leaders from three cities. Their demands remain unanswered. The National Coalition is urging all concerned about stopping the spread of HIV to pressure their Senators and Congress-people, as well as the White House, to stop this legislation.

We recommend several important steps:

- Find out how your representative voted on needle exchange. There have been three House votes on this issue this year. You can call the Congressional switchboard at 202-224-3121, and ask for the office of any Senator or Representative. Make sure you tell the staff person your position on needle exchange, and make sure to ask what their position is.
- Visit your federal representative. All Senators and Representatives have an office in their home state. It is extremely important to visit them, begin a relationship, explain how important needle access is to stopping AIDS in your community, and make your presence in their district known. If you would like to visit your representative, please call NCSLN. We can provide you with advice, support, materials. Anyone can do this, even if you have no experience, or don’t like politics.
- Get involved in the electoral process. There are many ways to do this, and all members of the House of Representatives and some Senators are up for re-election this year. Find out about races in your district and investigate how the candidates compare on needle exchange and harm reduction issues. If you work in a program with clients or participants, start a voter registration campaign. Make sure to keep a list of the people who you’ve registered to vote. Develop a xerox or piece of literature describing your local candidates position on issues important to you. Contact the campaign of the candidate you prefer, and if possible, organize volunteers for that campaign. Make sure that people in the campaign are aware of the reasons you support harm reduction and the Harm Reduction Coalition by becoming a member today.

_Become a member of the Harm Reduction Coalition is one of the most significant ways you can support our organization’s work and mission. As a coalition of harm reduction practitioners, providers, and consumers, HRC draws its strength, diversity, and expertise from the nationwide network—people and organizations like you—that is HRC. As a member, you will receive regular reports about HRC activities and events; a one-year subscription to_Harm Reduction Communication_; and discounts on HRC conferences, trainings, publications, and merchandise. So demonstrate your support of harm reduction and the Harm Reduction Coalition by becoming a member today._

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phone: (212) 213-6376; fax: (212) 213-6582; e-mail: hrc@harmreduction.org
Dear Editor:
Amy Hill’s article “Applying Harm Reduction to Services for Substance Using Women in Violent Relationships” which appeared in the Spring 1998 issue was problematic for me as an example of harm reduction.

While I agree that the harm reduction model can be very effective in working with both drug use problems and domestic violence problems, the Stages of Change chart in the article did not present a harm reduction approach, but rather presented a “Recovery Readiness” approach to both domestic violence and drug use, in which there is only one solution to each problem. But this is prescriptive and judgmental; not harm reduction. No one has to “admit” anything to anyone. Treatment is not the only option, indeed it is often the least preferred option. Some people in violent relationships explore interventions for both parties to preserve the relationship. Other intermediate interventions, such as involving extended family members, bringing supports into the home, temporary separations can also be discussed. The stages of change, from a harm reduction perspective, are a process of exploring, selecting and trying out appropriate options for changing/reducing harm, whether these involve using or not using drugs and staying or not staying in the relationship.

Certainly, there are things that it would be helpful to advocate for in the field of domestic violence. Most domestic violence safe-houses and shelters will not accept women who are maintained on methadone. This is criminal. These women, on a legally prescribed medication, are completely discriminated against and kept at risk. In addition, methadone maintained women who are suffering from domestic violence should not have to attend methadone clinics daily to get medication, since the batterer frequently knows where the clinic is and can lie in wait for the woman. Most domestic violence shelters also discriminate against actively drug using women by refusing them admission. Some advocacy work needs to be done by us all to challenge this discrimination and get agencies to support women in staying safe and avoiding violence.

Edith Springer
Senior Trainer,
Harm Reduction Training Institute
June 26, 1998

HRC’s THE STRAIGHT DOPE education series meets your need for accurate, practical and non-judgmental information in straightforward language on drugs and drug use.

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renders them distinct from consumers of the former group, whether they be habitual or recreational users.

Role of Non-Users and Recreational Drug Users in Drug Users’ Unions

Recreational, illicit drug users are also at risk of oppression by virtue of being criminalized for their drug use. It is for this reason that we believe that these people must be part of a broader harm reduction movement(s) which seeks as its prioritization the legalization/derecriminalization of all drugs. But they also have the privilege of choosing when to identify their drug use. And, if they had to stop using, their lives wouldn’t become completely chaotic.

There is a clear role of support and solidarity that recreational users can play. They just can’t say that they know based on lived experience. And, they can’t steal the experiences of users and pass them off as their own. Nor can they partake in any initiative that excludes users, makes a living off of their suffering or which claims to speak for them without adequate representation of them. If they engage in these tactics, they are no friend of users and must be ‘outed’ as such.

Non-users and recreational users who have demonstrated a commitment to the issues of User Unions and who are truly dedicated to bettering the world for users of all kinds, but particularly for those who are most marginalized, should be honorary members, welcome to participate in meetings, happily greeted and walked with at rallies, but not given voting privileges and not given opportunities that need and must go to users (e.g. invitations to present at conferences on using and harm reduction; job openings which clearly call for someone with first hand knowledge of, among other things, using illicit drugs, etc.). If this is insufficient and unsatisfactory, we are open to discuss other mechanisms for such exceptions, provided that these mechanisms are designed and accepted by users. But even if users refused to have non-users in their Unions (as honorary members or otherwise), any agent for change or any political activist with an ounce of dignity would understand that users need their own space and that Users’ Unions are for

users just as the American Indian Movement is for First Nations People, and the Black Panthers is for African Americans and the National Action Committee on the Status of Women is for women. As committed anti-racist and feminist activists, we would neither be offended, nor would our commitment to these organizations/issues be lessened should they not invite us to be members of their respective organizations (honorary or otherwise); on the contrary, we would never place them in situations where they’d have to make such awkward decisions. If, for any reason, these organizations ever surmised that our membership would be a good thing, we are sure that they would approach and invite us to join.

Role of Ex-Users in Drug Users’ Unions

Ex-users pose one of the more complex problems in terms of their inclusion in any group that is about active drug use and which includes active drug users. There are at least three important issues:

1. Ex-drug users possess similar “inside knowledge” around many key issues as active users do, and as such, the contribution that they can make to the movement(s) is important;

2. Due to the agenda and outright brainwashing of traditional “Addiction and Treatment” programs, many ex-drug users become “born again” abstentionists and have the potential to sabotage any “safer using” strategies; and

3. Having said that, there are also many ex-addicts who believe in harm reduction, but the presence of users will often trigger insurmountable cravings for drugs and may compromise their ability to abstain.

Therefore, the onus is on the ex-user to decide whether:

a. s/he is strong enough to be around active users;

b. s/he is willing to cope with the reality of relapse; and

c. s/he firmly believes in harm reduction, user-centred philosophies.

There should be no pressure on users to be “sensitive” around ex-users because this movement(s) is about users, and is supposed to be about dealing with the harms associated with drug use. No drug use = no issue!

Empowering Ourselves

It is true that in this climate of the war on drug users, there are real barriers to effective organization and work. However, we have to decide whether these barriers paralyze us. We believe that empowered people will invest the time and the energy necessary to deal with the problems that afflict them—but only when they get to set the agenda, determine the location and time and are provided with assistance (and these are the kinds of things that non-using supporters can help us with) in the form of child care, transportation and a safe place to fix so they’re not ‘jonesing’ throughout the meeting, etc., etc.

We are about to establish a Drug Users’ Union in Toronto which will be for, and driven by, drug users. Certainly, we shall negotiate the term “user” when we start this Union as well as the role of non-users with other users who want to co-conspire in the struggle. Both of us are steadfast, however, that we will never be part of any Drug Users’ Union where the roles of non-users are not decided by users. To all our co-conspirators in the struggle(s), we would greatly appreciate any feedback on our opinions and ideas. Please feel free to E-mail us at: raffib@lefca.com

Solidarity,
Raffi Balian, Cheryl White

Cheryl White works as the coordinator of an HIV/AIDS and Harm Reduction Project located in downtown Toronto, Ontario, Canada and is a political singer/songwriter, currently gearing up for her first CD.

Raffi Balian has worked as a harm reduction consultant and is the father of two wonderful men, a writer of fiction and non-fiction, and a political activist. Both Raffi and Cheryl have been denied entry into the United States because of their status as methadone patients/drug users (and, in Raffi’s case, because of his criminal record.)

1 “Chaotic user” may not be the best term with which to define users, but we use the term for a lack of a better one—especially “addict” as we feel that this term is a tool of the oppressor. We are open to any suggestion regarding this terminology.