Black Leadership in Harm Reduction

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October 2011
The U.S. Harm Reduction Movement faces a problematic situation in leadership and organizational culture. Severe harms, including HIV/AIDS, law enforcement practices, punitive drug policies, and mandatory minimum sentences and mass imprisonment continue to plague Black communities. Harm reduction organizations developed in the United States in the 1980s with one overarching goal: to minimize the spread of blood-borne pathogens due to injection drug use.

Great leadership should assist in the establishment of inclusive environments that authentically reflect the cultures of the communities they serve. Yet, with all the credible, significant, multi-service agencies presently serving people who use drugs, harm reduction organizations have not sufficiently espoused leadership and organizational cultures that address social justice adequately. The dominant culture- produced primarily through white privilege or accommodation of it within organizations- sets agendas in which various issues related to the health and well-being of people who use drugs are addressed and prioritized. There is a striking and persistent disparity in how individuals and communities of color affected by drug use participate in leadership within these organizations.

In this literature review, Harm Reduction Coalition’s (HRC) Training and Capacity Building Institute will explore the history and present conditions of African-American leadership within harm reduction institutions and organizations as a case study. This review will examine how leadership influences organizational culture and the direct impact of both on marginalized Black communities. Lastly, we will review the relevance of racial justice in addressing how Black leadership is perceived, accepted, and valued within organizations that do harm reduction. Our objective is to develop a powerful and compelling vision of collective leadership that is grounded in inclusivity and self-
determination, which are appropriately aligned with the culture of Black people devoted to harm reduction work.

Historically, the concept of harm reduction has always caused immeasurable controversy in the United States. Long-time proponents of harm reduction have witnessed the moral, political, psychological, and physiological scrutinizing of substance users, and especially substance users of color. By the late 1980s, the activist pool that transformed the landscape for drug users and HIV in the United States largely constituted of members of the AIDS Brigade, ACT-UP, and drug researchers, primarily from the National Development and Research Institute (NDRI) in New York, and the Urban Health Study in California. Still, there is a noticeable absence of Black leadership within some of the most notable harm reduction institutions. Some have attributed this dearth of Black leadership largely to the suspicion that Black communities initially had in supporting needle-exchange programs. As Imani P. Woods writes in “Bringing Harm Reduction to the Black Community”:

“Many African Americans do not trust hospitals or other community health care service providers. The Southern Christian Leadership Conference surveyed 1,056 African American church members in five cities in an AIDS awareness project; 35% of the respondents believed that AIDS is a form of genocide, and 44% believed that the government is not telling the truth about AIDS.” (Woods, 1991)

There is evidence that Black communities see syringe exchange programs as the White man’s conspiracy to commit genocide in Black communities, a result of the internalized oppression that Black people have experienced due to the institutionalized racism within
the medical system. Poverty, drug use, and despair often go hand in hand, and people of African descent have suffered disproportionately from these harms. (Chideya, 1995) As a result, Black people have experienced a lot of trauma which in turn, can inform their drug use, or vice versa. Adverse effects of drug use in communities of color include and are not limited to: unemployment, substandard housing, homelessness, family dislocation, police brutality, incarceration, and recidivism. To Black people, drug use is not related to anything positive, but is instead a means of surviving systems of oppression. It has produced high crime rates, ‘Black-on-Black’ violence, and disenfranchisement of Black communities. Whether institutional or internal, actual or perceived, institutionalized racism can reproduce itself within the same structures and institutions involved in ending the HIV epidemic.

Throughout the history of harm reduction work, Black leaders have addressed HIV, substance use, and incarceration in Black communities. It is stated in “Racism in Organizations: The Case of a County Public Health Department” that institutional racism is a “systematic set of patterns, procedures, practices, and policies that operate within institutions so as to consistently penalize, disadvantage, and exploit individuals who are members of non-white groups.” (Better, 2002) These systems affect “recruitment and promotion, institutional policies, and organizational climate; and may function at three distinct levels within institutions: attitudes, actions of personnel, policies and practices, and structures and foundations.” (Griffith, Childs, & Jefffries, 2007)

To illustrate what institutional racism is, Harm Reduction Coalition looks inside its own walls for an example. In 2002, African American employees of HRC used the original and revised manuals from “Reducing Drug Related- Harm: An Overview of Policy and Practice” originally conceived by Sara Kershnar and Edith Springer, in creating “An
Overview of Harm Reduction in African American Communities.” This training manual dedication page declares that it is “a work in progress informed by the people and for the people. It is a critical step in bringing harm reduction to our communities so that we may save our own lives.” (Ashton & McLaughlin, 2002) Its purpose was to educate on how to minimize the effects of drug use on people of African descent. This training manual is not currently in use at Harm Reduction Coalition, since the African-American Capacity Building Initiative, who used to conduct this training, ended in 2009.

A context for Black leadership in harm reduction, and an understanding of the current organizational culture that surrounds it, needs to be explored. We function under the assumption that harm reductionists work within institutions and organizations in the United States that reflect racist ideologies. These ideologies not only affect people of African descent, they affect everyone who operates within these institutions. As highlighted by the Western State Center in “Assessing Organizational Racism”:

“Racism is reflected in every institution and organization in the U.S.: social change groups are not exempt. The structures and cultures of community-based, grassroots groups reproduce the white privilege and racial oppression of the wider society. Whatever your social change mission, it’s bound to fall short as long as racism continues to flourish and maintain the status quo.” (Center, 2001)

Racism is present in congregations, offices, courtrooms, clinics, prisons, harm reduction programs, and so on. It is a portion of everyone’s daily life. In this multicultural world, experiences help to shape organizational cultures. The role of individual leaders is crucial in fostering individual and collective leadership. It can steer organizations away from
harmful practices or towards them. Leadership gives birth to a particular type of organizational culture.

In a 2007 interview, American writer, political prisoner, and activist Dhoruba Bin Wihad described the need to have leadership from the Black community around drug policy. He stated that “The Drug Policy Alliance is beginning to realize that this struggle has to have a strong leadership and vocal component coming from the African American community. Communities that are impacted by the War on Drugs are absent of this. That is why the Black Coalition on Drugs is a very important ingredient.” (Bin-Wihad, 2007)

There is danger in not fostering a space within institutions to discuss poverty, race, gender, drug use, and incarceration honestly. It is far easier to steer away from these controversial conversations. Professor Michelle Alexander highlights the dangers of embracing “conscientious colorblindness” in her book *The New Jim Crow*. She writes:

“The fact that so many black and brown men are rounded up for drug crimes that go largely ignored when committed by whites is unseen. Our collective colorblindness prevents us from seeing this fact. Our blindness also prevents us from seeing the racial and structural divisions that persist in society: the segregated, unequal schools, the segregated, jobless ghettos, and the segregated, public discourse- a public conversation excludes the current pariah caste. Our commitment to colorblindness extends beyond individuals to institutions and social arrangements. We have become blind, not so much to race, but to the existence of a racial caste in America.” (Alexander, 2010)
Black communities impacted by the War on Drugs do not require reminders of the current oppressive state in America; they live it every day. In a 1994 study commissioned by the Clinton Administration, the RAND Drug Policy Research Center concludes, as reported in USA Today, that to make drug policy more effective, money should be shifted from law enforcement to treatment. “The Clinton Administration tried to get the researchers to change their conclusion, that [t]reatment is seven times more cost-effective than law enforcement in reducing cocaine use and 15 times more cost-effective in reducing the social costs of crime and lost productivity. Failing to change the study’s conclusion, the Clinton Administration rejected them.” (Sklar, 1995)

Acknowledging the dilapidating cycle of institutional racism is only half of the struggle. Internalized racism is unknowingly harnessed by many people of African descent. In a 1978 article entitled “Internalized Oppression”, Suzanne Lipsky shares how the grave after-effects of mistreatment and invalidation inflicted by the dominant culture have caused distressed patterns that we find perpetuating within Black communities. The current state of being is by no means the Black community’s fault, but it is “systematically initiated, encouraged, and powerfully enforced by the distress patterns of individual members of the majority of white culture in the U.S.” (Lipsky, 1978) These oppressive patterns create distressful and unworkable relationships for Black harm reductionist seeking to heal marginalized Black communities. Lipsky further writes:

“I can be sure that anytime I feel intolerant of, irritated by, impatient with, embarrassed of, ’not as Black as,’ ’Blacker than,’ better than, not as good as, fearful of, not safe with, isolated from, mistrustful of, not cared about by, unable to support, or not supported by another Black person, some pattern of internalized racism is at
Anytime I take action or do not take action on the basis of any of these feelings, I am giving in to a pattern of internalized oppression” (Lipsky, 1978).

These patterns of behavior are reinforced in Black culture, mistaken for and associated with patterns of behavior among Black people, when in fact they are behaviors resulting from White supremacy culture, which in turn informs how people operate within organizations and institutions.

In the article, “The Drug War Has Done More Damage than Slavery,” Clifford Wallace Thorton, Jr. (n.d.) talks about how unfortunate it is that many people of color support the War on Drugs because of stigma and fear. He says, “Fear blinds them to the fact that problems associated with drugs are made worse by the drug war. Inner city people tend to cling to it as their best hope while in all actuality it is this century’s instrument of their destruction.” It is this internalized racism that is used by harm reductionists who uphold and/or accommodate White privilege to question the legitimacy of Black people in positions of leadership. How effective can leadership be when Black communities are encouraged to self-destruct? The kind of hierarchal structures found in many organizational cultures that reinforce internalized oppression leave no room for new modes of thinking in order to foster a more open discourse and cohesion and to create healthy organizational cultures.

In “Learning How to Choose Chitlins”, Barbara J. Love (1997) discusses her personal experience of eating chitlins over cod fish. Chitlins, the intestines of pigs, were left for slaves during hog-killing time. While eating chitlins holds traditional and treasured value in keeping Black people alive during slavery, it also has harmful effects, linked to
heart disease, colon cancer, and obesity. Love notes that many Black people find difficulty in letting go of life-threatening patterns rooted in the past. She writes:

“Many of these attitudes and behavior patterns have become embedded in Black culture. Many of them are so deeply embedded that they are invisible to us. It never occurs to us to let them go. Some of these attitudes and behavior patterns are visible to us, but we hold on to them because they help to make the culture distinctive. To let them go, sometimes feel like we are abandoning Black culture” (Love, 1997).

Intergenerational behaviors become a problem when African-Americans, as a collective unit, are unable to recognize when these behaviors hurt us. As Love highlights, it must occur to us to see them and to begin the process of removing them from our actions, vocabulary, and personal make-up. “Honoring the attitudes and behavior patterns in a vault of honor, to be remembered but used no more, is the second necessary step. Black people are in charge of creating a future of our choosing.” (Love, 1997) Distressed patterns and behaviors within our institutions should be abandoned as well, in order for sufficient engagement with collective leadership in our communities to occur. The current individualistic view of leadership needs reconsideration.

The Black experience is unique; it requires an approach that will articulate the history and needs of Black culture. A racial justice framework that incorporates harm reduction principles will help to develop more effective, empowering, and participatory HIV prevention strategies for Black people. The Leadership for a New Era Collaborative Initiative (LNE) pointed out that leadership can “play a crucial role in either contributing to
racial justice or reinforcing prevailing patterns of racial inequality and exclusion.” (www.leadershipforanewera.org) Black leaders who choose not to challenge institutional and internalized racism unintentionally maintain them. This inability to confront and challenge is an obstacle to the effectiveness of harm reduction work. LNE also examines what structural racism looks like and how it plays out. Structural racism is defined as “a system of social structures that produces cumulative, durable, race-based inequalities. It is a method of analysis that is used to examine how historical legacies, individuals, structures, and institutions work interactively to distribute material and symbolic advantages and disadvantages along racial lines.” (www.leadershiplearning.org)

Leadership development programs must continually rethink and retool practices in order to appropriately adapt new approaches. We must continuously ask ourselves as leaders: Does the current mode of leadership help maintain structural racism for ourselves and the clients we serve, who at many times look just like us? These current ideas shared by Leadership for a New Era include:

- “Individualism: A belief that people control their fate regardless of social position.
- Meritocracy: The belief that resources and opportunities are distributed according to talent and effort and that access does not play a role in opportunities and lastly,
- Equal Opportunities: The belief that employment, education, and wealth accumulation arenas are even level playing fields. Under these beliefs, race is no longer seen as a barrier for opportunities.” (www.leadershiplearning.org)
To achieve racial and social justice, we need to move beyond the emphasis on the power of individuals to a philosophy of collective self-determination.

As part of the Western State Center’s Dismantling Racism project, a self-evaluation curriculum called “Organizational Assessment” offered questions “designed to help people examine and change the ways in which organization replicates larger racist patterns” (Center, 2001). The questions were as follows:

- “Who makes decisions in your organization?
- *Does your organization have a goal to dismantle racism?*
- *Is this goal reflected in your decision making process?*
- *Are people of color supported in seeking information around issues of internalized racist oppression and self-empowerment either within the organization or from outside the organization?*” (Center, 2001).

These types of questions allow organizations to unveil whether or not they have been promoting a true anti-racist framework. It inspires accountability and allows for a deeper process to take place in order to make sure a social justice agenda is first achieved within the domains of progressive institutions. “[A]n anti-racist organization will provide training and encourage discussion about racism, white privilege, power and accountability with board, staff, and members. People of color within an organization will have specific opportunities to understand and dismantle internalized racist oppression, while white people are charged with understanding and dismantling white privilege” (Center, 2001). This is an opportunity for all harm reduction institutions and organizations to begin the process of dismantling racist ideologies that limit the scope of their healing.
Another investigation of institutional racism took place in a county public health department. Griffith, Childs, Eng, and Jeffries (2007) conducted surveys, and observed that public and private institutions were rooted in the same systematic inequalities as the rest of the societal institutions in the United States. Researchers defined institutional racism as “a systematic set of patterns, procedures, practices, and policies that operate within institutions to consistently penalize, disadvantage, and exploit individuals who are members of a non-White group” (Better, 2002). This affects the organizational climate of an institution. Hiring, evaluations, recruitments, and promotions directly impact access to power and opportunities for people of color. The inequalities of the public health department were addressed by beginning the Dismantling Racism process facilitated by Changeworks.

Organizations can be encouraged to adopt an explicit commitment to racial justice. “If we are going to make ourselves accountable for transforming structural racism through our leadership work, then (...) we need to track all of the following changes in organizational and community levels for different racial groups over the long term; the extent to which race becomes a less powerful predictor of how people fare; and progress toward a community’s understanding of how privilege and oppression share opportunities. Leadership within organizations and communities needs to understand the racial impact of programs and policies.” (www.leadershiplearning.org)

The following key questions need to be asked:

(1) “What aspects of our organizations actively work to create inequalities?

(2) What are the power dynamics at play?
Whose voices are at the table? Whose are not?

Is there a single cultural lens through which policies, practices and experiences are interpreted and determined?

Who benefits from the way things are done?

This allows for analysis of structural racism and supports the development of skills and strategies for advancing racial equity and institutional change.

A current objective for this Community Consultation Series is to develop a transition from individualistic to collective leadership grounded in a racial justice framework. A question arises: How will our racial justice approach differ from cultural competency trainings? Our racial justice approach will not focus on organizations being more “tolerant” towards diversity issues. We will connect organizational mission, vision, and culture through the harm reduction model with strategies for engaging the external community. Our hope is that it will allow for us and other organizations to take an introspective, collective look at ourselves to assess whether we are truly reflective of the changes we would like to see in the communities with which we are working. This approach moves harm reduction from a public health issue, to a social justice issue.

To begin this process, we must first have a space in which we can practice talking openly and honestly to learn about racism from historical, political, and cultural dimensions. Discussing organizational challenges in a group builds stronger organizational infrastructures. It would be counterproductive to pursue Black leadership without building effective intergenerational relationships within the harm reduction movement. We know that the self-appointment and selection of people of color who are given recognition
undermines the collective process and diminishes the work of many who share responsibility for achievements. In Leadership for a New Era, James MacGregor Burns introduces the concept of collective leadership as a means of developing leadership models that are more inclusive and that promote racial justice within organizations.

We know that the ongoing disparities among Black people affected by drug use and HIV will not change without strongly considering collective self-determination, intentionality, and impact. Embracing and consistently practicing a racial justice framework that encourages systems-thinking and collective action among Black leadership is attainable. Institutional and internalized racism within us, our communities, and our organizations needs to be challenged, generating space for a shift to emerge. Evidence shows that harm reduction strategies have worked to reduce drug stigma and improve individual and community health. What is needed now is Black leadership in organizations prepared to discuss, analyze, and engage our communities in order to authentically represent the people we want to serve.

Works Cited


