

HARM
REDUCTION
IS
NOT
A
METAPHOR

*Living in the 21st Century with
Drugs, Intimacy, and Activism*

A zine by [What Would an HIV Doula Do?](#) and [Visual AIDS](#),
at the invitation of [MoMA PS1](#) for [Homeroom](#) on the occasion of
[Niki de Saint Phalle: Structures for Life](#) and [Gregg Bordowitz: I Wanna Be Well](#).

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Indigenous Harm Reduction

Canadian Aboriginal AIDS Network and the Interagency Coalition on AIDS and Development

“Mainstream harm reduction practices such as needle exchange programs, naloxone distribution and opioid substitution therapies have been established as a main approach in the prevention of HIV, hepatitis C, and overdoses. While these approaches are lifesaving, they are not enough to make a meaningful difference within Indigenous communities. Mainstream harm reduction models focus too narrowly on substance using behaviours, neglecting the broader social and system-wide issues that contribute to and intersect with substance use for Indigenous peoples in the first place. For Indigenous communities, harm reduction = reducing the harms of colonization. It is inclusive of, but much broader than, a focus on using substances or safer sex. Indigenous harm reduction is a way of life, rooted in Indigenous Knowledges and worldviews, combined with the best of what the Western world can offer, and focused on mitigating the living legacy of colonization. Among Indigenous communities however, harm reduction can be contentious and contested. If Indigenous approaches to harm reduction are to be successful, communities and community leaders must find ways to engage in conversations informed by evidence and understanding to facilitate inclusion of all Indigenous people in ceremony, programs and community life.”

From the introduction of the 2019 report, [Indigenous Harm Reduction](#).



Foreword: Harm Reduction Through Art and Activism

Blake Paskal and Kyle Croft
for Visual AIDS

@visual_aids

“The world has been experiencing a whole pattern of auto-destruction, whether in environmental disasters like Chernobyl or health disasters like AIDS... Young people need to become involved. AIDS is a complex situation that’s sure to bring out the best and the worst in people. And it’s just beginning.”

— Niki de Saint Phalle, 1988

These words from a [1988 *People* magazine interview](#) with Niki de Saint Phalle were published at a time when information about HIV transmission and AIDS prevention was clouded with [inaccuracies](#) and stigma, if it was available at all. Saint Phalle’s words have an uncanny resonance with Gregg Bordowitz’s reminder, a decade and a half later in 2002, that [“the AIDS crisis is still beginning”](#)—words that ring true today, as life saving medication and healthcare remain inaccessible to many within the US and social inequities compound the impacts of the epidemic along racial, economic, and geographic lines.

Bordowitz and Saint Phalle made their first AIDS-related work in the 1980s, when government and health officials offered little guidance about transmission routes and prevention practices. Safer sex techniques and other harm reduction practices like bleaching needles were developed and disseminated by activists responding to a lack of information and services from the government. Bordowitz, Saint Phalle, and many others in the arts realized that they could communicate this life-saving information most effectively through [community-specific messaging](#). Saint Phalle’s [playful and colorful drawings](#)

cut through concerns about taboo subjects with simple and direct statements that could be easily understood by children and adults alike. Bordowitz's [safer sex shorts](#), made with Jean Carlomusto for Gay Men's Health Crisis, illustrated that safer sex could still be sexy with pornographic shorts that were distributed to bathhouses and gay bars.

Today, condoms and other safer sex practices are still effective forms of harm reduction, but the landscape of AIDS has changed. Information about safer sex and HIV transmission is now widely available ([though many states still teach abstinence-only sex education](#)), and [antiretroviral treatment](#), U=U ([undetectable = untransmittable](#)), and [PrEP](#) have created new methods of HIV prevention. However, this new paradigm has also reinstated an emphasis on personal responsibility and "good choices," illustrated through public health campaigns that put the onus of the epidemic on people with HIV ("HIV Stops With Me") rather than the structural inequities at the heart of the AIDS and COVID pandemics.

Though it's been over 30 years since Saint Phalle stated that "the world has been experiencing a whole pattern of auto-destruction," her words feel just as relevant today as we consider pandemics like AIDS and COVID-19 in relation to the threat of global warming and the escalation of white supremacist and state violence. The continued relevance of her words urges us to examine our collective commitment to dissolving inequity,

particularly at a time when activism is often reduced to a social aesthetic or metaphors separated from the lives of those most in need. It prompts the question: *What does it mean to be in a continual and constant practice of activism?*

As an arts-based organization that uses art to fight AIDS, Visual AIDS understands how art often coincides with activism, and vice versa, and the role that both play in educating about harm reduction practices. Our Play Smart safer sex kits and broasides like “You Care About HIV Criminalization, You Just Don’t Know It Yet” provide educational information about HIV prevention and treatment while also drawing attention to issues like criminalization, stigma, housing justice, mental health, and the structural inequities that exacerbate the epidemic.

On the occasion of Gregg Bordowitz and Niki de Saint Phalle’s exhibitions at PS1, we at Visual AIDS want to consider the work of these artists in relation to ongoing practices of harm reduction today. We asked our friends at What Would an HIV Doula Do? to share their insights about harm reduction as a strategy for navigating and surviving in the present day. Understanding that everyone navigates a pandemic differently, the zine assembles writing and artwork that grapples with the complexity of living through the simultaneous AIDS, COVID, and opioid epidemics from a range of perspectives and positionalities. We hope these materials provide helpful tools, create connections, and prompt meaningful conversations that extend beyond the museum’s walls.



Introduction: Harm Reduction is Not a Metaphor

Abdul-Aliy A. Muhammad
(They/Them) 37 yrs old

@mxabdulaliy

I was born to two Black Muslim parents on October 26, 1983, in Philadelphia. This was at the beginning of the crack epidemic in the US.

My father Gregory Trice, Sr., who was from Germantown and used his Islamic name Sulahuddin Shakur, was jailed due to the trafficking of narcotics in 1974. He was set to do a considerable amount of time. That changed, however, when he petitioned for an appeal, representing himself, arguing that he had received ineffective counsel. The verdict was overturned on August 11, 1982 and my father was released. But before that, in 1980, he met my mother, a Black woman who grew up in the West Park Apartments housing project. They met at FCI Otisville, located in NY State, where he was incarcerated, and she was visiting her brother Tajiddin, also jailed on drug charges. Picture this: my mother's first flirtation with my dad was from a distance, her looking across a prison visitation room, peeking into the eyes of a man she'd soon come to love.

Their romance was brief. It produced me. My dad ultimately found himself engaged with the criminal "justice" system, up until his death in September 2013. My mother died of lung cancer in 2012, after a five year battle with the disease. My mother's name was Melody Ellen Beverly. I miss her so much.

With this background, I consider my very existence inextricably tied to the infrastructures of an anti-Black system. From a young age, I have had a deep

understanding of how Black people are policed. It is from the place of lived experience that I draw my expertise.

It is also from my everyday life. As someone who uses drugs, and as an HIV+ person, I know how stigma places the burden of systems, lack of access, and poverty on the shoulders of the marginalized and criminalized.

The responsibility of meeting our material needs is tied to the systems we live within.

It is with this in mind that I have also come to understand harm reduction, a term that often gets co-opted by non-profits and the mainstream media, but as you will read throughout this zine, is rooted, not in metaphor, but in grassroots community practice.

For example, in a text entitled, "Collectivities in Kensington," harm reduction therapist David Oscar Harvey writes, "Institutions hurt us far worse than any pain we bring on ourselves." When I think of my parents, and my own life, this is something that resonates profoundly within my bones.

So what is harm reduction, or rather, how do we reduce harm? Well, I always like to start with systems, because our entanglement with them starts at the colonization of stolen indigenous land and the brutal enslavement of kidnapped Africans, some of whom were thrown overboard and murdered at sea during the middle passage. This system of racialized capitalism has engulfed us generationally and continues its oppressive control

today. This boxing in of people, categorizing each race, found its utility in justifying the system of slavery.

This nation under God (yeah right) has morphed into global hegemony. This system puts undue pressure on people, many of us seeking relief from pain and agony. The use of medicines or substances to care for ourselves is often what allows us to press on and live into the future. There should be safer spaces to consume and engage with substances that allow for access to medical treatment and other critical social services. Otherwise we will continue to lose people who are taking care of their pain and discomfort just for the sake of moralism.

In my own city I see this. [Fatal overdoses increased 40% for Black Philadelphians](#) in the first three quarters of 2020. This coupled with the outsized death that Black, Brown and Indigenous communities have dealt with as the COVID-19 pandemic has crushed communities and families.

Harm reduction is what we do with each other, for each other. In her contribution to the zine, public health educator and harm reductionist Tamara Oyola-Santiago, points to the balm that helps communities impacted by devastation thrive: “Mutual aid networks exist in our communities; in fact, they are part of the fabric of BIPOC and communities often marginalized and deemed hard to reach.”

She goes on to discuss Bronx Móvil, a collective she is in made up of people “impacted by the HIV crisis, who have

lost loved ones to HIV and the opioid overdose crisis, who use drugs, who have experienced homelessness, who are Puerto Rican, Bronx residents, Queer, migrants.” Together, they travel throughout the Bronx with naloxone, harm reduction bags, safer smoking kits, syringes, food, water, socks, juice, PPE.”

In reading about Tamara’s work, I am reminded that we are always the experts, and collectively we see each other through AIDS, the War On Drugs, mass incarceration, and now, COVID-19. It is us that hand out and educate each other about internal and external condoms, us that understand that a clean needle is as vital for our lives as food and water. It is us that mask up at protests, and it is us that build solidarity between communities of sex workers, people who inject drugs, and activists.

Through out this zine, you will find essays, case studies, images, and reprints about drugs, sex, and activism, with many of the contributions containing resources for more information. Please take your time, dive in, and share with your community.

Let us hold each other, and put naloxone in our pockets, place clean works and needles in our backpacks, for these tabooed offerings, like food, can mean the difference between nourishment and death. Judge not for the rock you throw, is ultimately that belonging to the system, and that system wants us dead.

SOURCES AND RESOURCES

BOOKS

Drug Use for Grown-Ups: Chasing liberty in the land of fear,
Dr. Karl L. Hart, Penguin Books, 2021

Sex Workers, Psychics, and Numbers Runners: Black Women in New York City's Underground Economy
LaShawn Harris, University of Illinois Press, 2016

Crack: Rock Cocaine, Street Capitalism, and the Decade of Greed
David Farber, Cambridge University Press, 2019

ARTICLES

[Coronavirus, like past pandemics, shows how black bodies are political](#),
by Abdul-Aliy Muhammad

[Drug Overdose Data](#), Centers for Disease Control

[Opiate Overdoses Spike in Black Philadelphians, But Drop in White Residents Since COVID-19](#), Penn Medicine News

[Progress Against the Opioid Epidemic Is Not Reaching Black Americans](#),
Caitlin White

[Drug overdose mortality among stateside Puerto Ricans: Evidence of a health disparity](#), Manuel Cano, Camila Gelpí-Acosta

[Drug User Union](#), Next Distro

[Resources](#), Next Distro

ZINES

[STRIDE ZINE](#) from St. James Infirmary

[Three Harm Reduction Zines](#) from People Who Use Drugs in Denver

[BLOCKED: A sex worker's guide to stalking and harassment](#), from SWARM

[SEX WORKER ZINE PROJECT](#)

[Harm Reduction: How to prevent and respond to an opioid overdose](#),
from Parkdale Women's Leadership Group

["The Young Injectables,"](#) from Van Asher and U.A. Morrison

BIO

Abdul-Aliy is a poz troublemaker, writer and organizer who is rooted in Philadelphia, the unceded land of the Lenni Lenape people, Lenapehoking. A cofounder of the Black and Brown Workers Co-op. In their work, they often problematize medical surveillance, discuss the importance of bodily autonomy, and center Blackness. They identify as queer and nonbinary and grew up in a working class Black family. Find them on Twitter at @mxabdulaliy.



Harm Reduction = Life

AIDS ACTION NOW!
aidsactionnow.org

At the 2012 International AIDS Conference in Washington DC, activists from Toronto's AIDS ACTION NOW! protested Canadian Minister of Health, Leona Aglukkaq, for her AIDS related budget cuts and her track record for denying scientific evidence when implementing policies and recommendations.

As part of their protest, members of AIDS ACTION NOW! interrupted her speech and led the crowd in turning their backs on the minister as she spoke, all while 3 activists stood in front of the stage with a huge banner that read HARM REDUCTION = LIFE.



AIDS ACTION NOW, Harm Reduction = Life, 2012

This slogan, a remix of the 1986/87 poster, *Silence = Death*, became a successful emblem for AIDS ACTION NOW! They used it in future actions, and even printed t-shirts that they then sold to fund more life saving activism.

[Click here](#) to watch a video of the protest.



AIDS ACTION NOW protests the Canadian Minister of Health, 2012

CASE STUDY

Needle Exchange +
Junkie Union +
Jon Stuen-Parker

Theodore (ted) Kerr
for What Would an HIV Doula Do?

In the late 1970s, the state and societal response to people who injected drugs in the Netherlands was confused, to say the least. “The notion that the addict was a patient, not a criminal, had become the foundation of national and local policy by the mid 1970s. However, if we look at the actual treatment the addicts received, many of them were left uncared for,” writes researcher Gemma Blok.

Out of this ambivalence between the role of “patient” and “criminal” emerged a third way, led by people who use drugs.

In the years before HIV hit in the Netherlands, and eventually across Europe, unions of drug users formed. In contrast to treatment centers and the self-imposed isolation that many users cultivate for safety and wellness, the unions were sites where people could gather and share stories about the damaging impacts of being seen as sick and needy in a culture that valued specific ideals of health and independence. From there emerged a collective understanding: individual behavior by people who do drugs was not what needed intervention per se, rather it was the state and socially sponsored discrimination they were exposed to that negatively impacted every aspect of their lives. This included where they could live and work, with whom they could make community, and how and where they could consume drugs.

Their third way was treatment. Specifically, treating people who use drugs with respect and support, rather

than focusing on cure and abstinence, which had been at the core of the Netherland's response. In some cases treatment looked like improving existing services, such as the creation of community-run night shelters that provided safe places where people could crash regardless if they were using, or peer-run methadone clinics. In other cases, it took innovation.

In 1984, members of the Junkie Union heard that a pharmacy, popular with members and other users, was halting the sale of inexpensive needles and syringes. The Union feared that an equipment shortage would increase sharing, which could result in an outbreak of hepatitis B.

Formed in the late 1970s, the Junkie Union had quickly amassed what they needed to be of use to their community, including a city center building that offered services and a functioning relationship with the municipal government. With these things in place, by the time the pharmacy incident was about to unfold, the union brokered a deal with the city in which they were able to offer a sterile needle and syringe for every used pair someone traded in. Along with the clean set, people were offered condoms, and the exchange created opportunities for counselling and educational outreach. The city government provided the new needles and syringes, and took care of the disposal of the used equipment. This was a result of Junkie Union's work, and the drug user community's trust, but also the local government's willingness and wisdom to listen to the community. According to one

researcher, in 1985 over 100,000 needles and syringes were traded out by the Junkie Union.

The adoption of needle exchange in the US, of course, is a different story. While some local governments and officials were amenable to needle exchange, federal power and other local opposition got in the way. In 1995, Noel A. Coutinho, a public health official in Amsterdam, summed up the opposing forces around needle exchange in the US almost a decade and a half into the AIDS pandemic:

Some fear that the wider availability of injection equipment will lead to an increase in the number of illicit-drug injectors. Others regard these programs as an endorsement of illicit drug use in general and therefore not compatible with the policy of placing strict criminal penalties on the possession and sale of illicit drugs. Opponents demand definite proof for the effectiveness of syringe exchange before such programs are implemented. Supporters stress that HIV is spreading fast among injection drug users and that intervention should start now.

In the face of opposition, people who use drugs worked to persevere. In 1985, the National AIDS Brigade was formed, a volunteer-based organization that did needle exchange in Philadelphia, Boston, and New York. The founder was Jon Stuen-Parker, a former Yale student and heroin user, who began distributing sterile needles back when he was in college in New Haven, CT.

In the Netherlands, needle exchange practitioners were met with support. In the US, they were met with the law. In less than a decade, Stuen-Parker amassed over 27

harm reduction related arrests in various states, including a 1991 arrest with other members of ACT UP who were brought in for exchanging needles on Manhattan's Lower East Side.

While being ensnared in the criminal justice system was not ideal, for ACT UP and people like Stuen-Parker, it was also something of a tactic. Scholar Katherine McLean writes: "Citing an ethics based in pragmatism and social justice, many of the first needle exchange practitioners actively sought to contest a politics that excluded and abandoned drug users, publicizing their cause through acts of civil disobedience."

Over time, even with governmental opposition, needle exchange started happening beyond the east coast corridor. By the early 1990s, needle exchange was available in Portland, Tacoma, Los Angeles, San Francisco and elsewhere, often at great emotional and economic cost to the people making it happen. These were intimate outfits that McLean describes as often being "little more than a curbside table, a cache of sterile needles, and a bucket for the disposal of used works."

Often when people talk about needle exchange, it is to credit the practice as a vital tactic in the early days of the AIDS epidemic. And for good reason—clean needles did (and do) save lives. What this well-earned praise may obscure, though, is that needle exchange is both a focused service to help people consume drugs, and a

point of human contact that offers a network of support, peers, friends, and community.

What drug user union members in the past and people who do drugs now understand is that while doing drugs may pose a risk, the most intense threat to their safety is the system. Good harm reduction practices address both elements.

SOURCES AND RESOURCES

“The Coming of Age Of Needle Exchange: A History through 1993” by Sandra Lane, Peter Lurie, Benjamin Bowser, Jim Kahn, Donna Chen in HARM REDUCTION: NATIONAL AND INTERNATIONAL PERSPECTIVES (Book Chapter)

[The politics of intoxication. Dutch junkie unions fight against the ideal of a drug-free society](#), 1975-1990, Gemma Blok, 2011,

[What the needles said](#), by John Curtis, Yale Medicine, 2001

[Below the Skin: AIDS Activism and the Art of Clean Needles Now](#), Dont Rhine, X-TRA, 2013

[The Biopolitics of Needle Exchange in the United States](#), Katherine McLean, Crit Public Health, 2011

[Annotation: Needle Exchange Programs- Do They Work?](#), Noel A. Coutinho, American Journal of Public Health, November 1995

[Bold Fury: The overdose crisis and ACT UP’s needle exchange legacy](#), Hannah Gold, N+1, 2021

HELPFUL TERMS

Safe Consumption Sites (often called Overdose Prevention Sites) are spaces that allow for the consumption of preordained drugs under the supervision of professions, volunteers and/or mutual aid workers, who are often trained to link to relevant health and social services, and intervene in case of an overdose. Safe Consumption Sites are currently legal and open across Canada, Europe and Australia. At present, they are illegal across the entirety of the United States.

Syringe service programs (SSPs) distribute sterile syringes, safer drug use supplies, and education to people who inject drugs. There are over 400 SSPs in the U.S, but many areas still don’t have access. (source: HarmReduction.org)



Communities of Drug Use

Tamara Oyola-Santiago

@bronxmovil

“Harm Reduction on the streets? Love is love.” In front of a shelter in upper Manhattan as we distributed food and harm reduction supplies, a participant welcomed and thanked us with that sentiment one night in May 2020. It was a week before George Floyd’s death, New York City was already in crisis in the middle of the first wave of the COVID-19 pandemic, and the fragility of the city’s social services sector was being fully revealed more and more everyday. This was not news to us, and neither were the solutions.

As social bubbles and pods were being named as innovative in mainstream media such arrangements were already thriving in our communities pre-pandemic and grew exponentially as the months passed. Mutual aid networks exist in our communities; in fact, they are part of the fabric of BIPOC and poverty-impacted communities often marginalized and deemed hard to reach. And so we—Bronx Móvil, a collective of people impacted by the HIV crisis, who have lost loved ones to HIV and the opioid overdose crisis, who use drugs, who have experienced housing insecurity, who are Puerto Rican, Bronx residents, Queer, migrants—hit the streets with naloxone, harm reduction bags, safer smoking kits, syringes, food, water, socks, juice, PPE. The donations via churches, sewing collectives, community partners and organizers, and other harm reduction organizations flew in. The networks, *la familia*, grew. And we did our best to share what we were being given.

Previously on March 20th, New York Governor Andrew Cuomo ordered residents to stay home and all non-essential businesses to close; harm reduction nonprofit organizations at the forefront of services for people who are unsheltered and unhoused were grappling with an impacted workforce and many closed as well. Limited services meant that amid a historic pandemic, there was no water for bathing or drinking or laundry, no case management, no HIV or Hep C testing, and limited ongoing medication-assisted treatment. Also, medical appointments were cancelled and some community kitchens became grab and gos with meal bags. Our participants understood that the shelter system they were being “pushed into,” which was already experienced as a violent one, was also now a petri dish of the novel coronavirus.

Resources, funding, and production lines transitioned to personal protective equipment and vaccine development. The impact was felt deeply. We assume syringe production was also diverted, because there were simply not enough syringes available for basic harm reduction: a new syringe for each and every shot.

If that was not enough, in early May the subways shut down overnight; this was a de facto eviction for many New Yorkers. Our participants—almost all Spanish speakers; Black, Indigenous and people of color; Puerto Rican; migrants; people who use drugs and/or are experiencing

housing insecurity—already knew how to survive the streets. But this was a whole new level of vulnerability.

Now, as vaccines are mobilized, and capitalism gaslights people into returning to normal, we reiterate our vision that is radical love: In the city that never sleeps, harm reduction must be 24/7. The war on drugs must end. Housing is a human right. People who use drugs are loved. Solidarity is community.

Dedicado a Cabe

SOURCES AND RESOURCES

Overdose Deaths Continued Climb in 2020

Overdose deaths continued to worsen during the COVID-19 pandemic. In NYC, confirmed deaths during 2020 (including some deaths in the 4th quarter) were higher than all of 2019. Opioid overdose death is a reflection and the result of oppression; communities with higher rates of mortality are also where structural racism and socioeconomic inequity reign. Click [here](#) to read more.

Unmasked: Impacts of Pandemic Policing

A report that gathers and expands on the impacts of policing and criminalization in the context of the coronavirus pandemic. Click [here](#) to read.

BIO

Tamara Oyola-Santiago is a public health educator and harm reductionist navigating the multiplicities of home, justice and healing. She is co-founder of Bronx Móvil where radical love and hope humanize.



Desenredando la Maraña (Untangling the Weave)

Bronx Móvil + El Punto en la Montaña and
community activists
@bronxmovil @nextdistro

Desenredando la Maraña (Untangling the Weave) is a collective of harm reductionists who in early 2021 met and organized to address the opioid overdose crisis in our communities across New York City (NYC). Most of us are Bronx-based and working in the trenches of disrupting and dismantling the war on drugs.

[Data published in 2019](#) by Cano and Gelpí-Acosta demonstrates that the opioid overdose crisis has had a disproportionate impact on certain Latinx communities, in particular, stateside Puerto Ricans. The data shows that:

- From 2009 to 2018, the age-adjusted drug overdose mortality rate in stateside Puerto Ricans doubled among women and nearly tripled among men.
- In 2018, the age-adjusted drug overdose mortality rate was significantly higher in Puerto Rican-heritage than non-Latinx white individuals.
- The 2018 drug overdose mortality rate was highest among Puerto Rican-heritage men ages 45-54.

The numbers are terrifying and we suspect that in 2020, the year marked by COVID-19, the morbidity and mortality of the opioid overdose crisis will be worse for Puerto Ricans.

So what is the weave the collective aims to untangle? One thread is language and the non-specific terminology of categories used in biomedicine and public health. Although it strives for gender diversity, the heterogeneity of the term Latinx hides real data about specific communities. As harm reductionists on the streets, we need data that will then help shape specific language (vocabulary) and cultural centeredness (going beyond appropriate) health promotion programs. Another thread is harm reduction that empowers and transforms towards equity and social justice. We cannot just provide public health tools—we need to combat gentrification and NIMBY; the war on drugs must end; and we must acknowledge and support sovereignty for indigenenous and colonized peoples.

And so, *Desenredando la Maraña* created *Narcanazo*, a play on Narcan, the brand name for naloxone, a medication that reverses an opioid overdose. And we are centering Puerto Ricans in The Bronx, where we live and one of the epicenters of the crisis. Our pillars are education and action.

Get trained and train others.

Let's talk about drugs,
specifically about opioids.

Learn harm reduction tools,
including the use of naloxone.

Together we heal and we work towards community empowerment where we end the war on drugs and center the human rights of people who use drugs.

We created posters and a social media campaign in Spanish. We are canvassing our neighborhoods and talking with our neighbors, local business leaders and kinfolk members, from lovers, padres, madrinas and primas to churches, *botánicas* and *bodegas*. Our goal is community charlas and community naloxone kits readily available for use.

Two of the social media posts folks can use are:

Una de cada 5 muertes por sobredosis entre boricuas en Estados Unidos sucedió en Nueva York. ¡Vamos a salvar vidas! Aprende a usar la naloxona. (One of 5 overdose deaths among Puerto Ricans in the United States happened in New York. Let's save lives! Learn how to use naloxone.) #reduccióndedaño #lanaloxonasalvavidas #boricuassalvandovidas #narcanao

La comunidad latina está muriendo debido a la sobredosis de opioides. El Narcan es un medicamento que revierte la sobredosis y salva vidas. ¡Obténlo! Visita @bronxmovil y @nextdistro. Te adiestramos y te damos el Narcan. (The Latinx community is dying due to opioid overdoses. Narcan is a medication that reverses overdose and saves lives. Get it! Visit @bronxmovil and @nextdistro. We will train and deliver the Narcan to you.) #reduccióndedaño #lanaloxonasalvavidas #latinxssalvandovidas #narcanao

¿Sabías que...

En el 2018, uno de cada cinco
Boricuas que murieron por
sobredosis en los Estados Unidos
era de Nueva York?



Bronx Móvil + El Punto en la Montaña and community activists,
Desenredando la Maraña (uno de cada cinco), 2021

Ahora que lo sabes, hay una forma de ayudar
a tu comunidad. ¡Entérate en cómo usar
Narcan (Naloxona), una medicina que salva
vidas y revierte la sobredosis!



Contacte a Bronx Móvil para un adiestramiento
(917) 200-0358, o visite a la farmacia más cercana
u organización de intercambio de jeringuillas para
obtener Narcan. Cargue Narcan siempre.
¡Boricuas, vamos a salvar vidas!

Bronx Móvil + El Punto en la Montaña and community activists,
Desenredando la Maraña (Naloxona), 2021

How To Get Narcan

Infographic by Jodi Bosin
@jodi_bosin

Introduction by David Oscar Harvey

Narcan (naloxone) is available free of cost at many social service agencies throughout the state that are committed to harm reduction and overdose prevention. Additionally, thanks to a standing order prescription, residents of New York and a majority of other states can get Narcan for little to no cost simply by stopping in at your local pharmacy. See the infographic for details. Carry Narcan; it's easy!

NYS PUBLIC HEALTH LAW ARTICLE 33, TITLE 1 SECTION 3309(3)(B)(II)

GETTING NARCAN FROM YOUR LOCAL PHARMACY IS EASY!

- 1.** In NYC a pharmacist may dispense an opioid antagonist (Narcan) to an opioid antagonist recipient through a non patient specific (standing order) prescription.
- 2.** Most pharmacies and all major chains have a standing order to dispense Narcan.
- 3.** Medical insurance will cover most or all of the cost of Narcan.
Without insurance, nasal Narcan costs \$150, but with a coupon from www.GoodRx.com approximately \$30
- 4.** Owning and carrying Narcan is 100% legal and can save lives.



Pharmacies with a standing order in New York state:
https://www.health.ny.gov/diseases/aids/general/opioid_overdose_prevention/docs/pharmacy_directory.pdf

SOURCES AND RESOURCES

HELPFUL TERMS

Fentanyl is a synthetic opioid that is about 50 times as potent as heroin. People use fentanyl because it is cheap to manufacture and a small amount goes a long way. Many individuals consume fentanyl without knowledge while others use it intentionally because of its potency. Overdose (OD) happens when a toxic amount of a drug, or combination of drugs overwhelms the body. People can overdose on lots of things, including alcohol, Tylenol, opioids or a mixture of drugs. Opioid overdoses happen when there are so many opioids or a combination of opioids and other drugs in the body that the victim is not responsive to stimulation and/or breathing is inadequate. Overdose deaths are preventable. We have the tools we need to stop people from dying from drugs. 190 people die from an overdose every day. That equals 70,000 avoidable deaths every year. Harm Reduction offers evidence-based strategies that reduce the risk of dying from an overdose. We aim to support people who use drugs, and the people who love people who use drugs, with information to mitigate the risk of an overdose and to stop an overdose while it's happening. (source: HarmReduction.org)

Narcan is a prescription medicine used for the treatment of a known or suspected opioid overdose emergency with signs of breathing problems and severe sleepiness or not being able to respond. (source: Narcan.com)

Standing Order is a mechanism by which a healthcare provider with prescribing privileges, including a state health officer, writes a prescription that covers a large group of people. Right now, many states in the US have a standing order related to naloxone to help stop preventable opioid related deaths. [Find out what is going on in your state.](#)



Collectivities in Kensington

David Oscar Harvey

@DavidOscarHarvy

"They are us; we are them."

—Prevention Point

Philosopher Felix Guattari wrote that people who use drugs experience life between extreme situations of solitude and collectively. Thanks to the merciless logic of the war on drugs, which alienates us from friends and family, conventional social structures, and indeed each other, we often experience solitude without remorse. I myself have felt the vacillating pull between isolation and collectivity both in my history as a drug user and in my work at Prevention Point Philadelphia, Pennsylvania's largest harm reduction social services agency. Prevention Point is in the Kensington section of Philadelphia, which contains the nation's highest concentration of houseless opioid users as well as the most prolific open air drug market on the Eastern seaboard.

It would be obscurantist to deny the agonies of isolation dotting the Kensington landscape, but it is the moments of collectivity that stand out. Here, community manifests unpredictably and everywhere. It is in the ubiquity of overdoses, against the rarity of a fatality. The Narcans in our backpacks are like pledges to allegiance. It is in the easy collegiality of participants waiting for wound care, lounging and smoking on folding chairs outside the mobile clinic. It is in the efforts of organized resistance against ravenous NIMBY forces encroaching upon our dearly held resources. A local community art studio, an oasis of creativity and camaraderie for 4+ years, was

recently closed due to an arcane interpretation of local zoning laws. Collectivity is the picket signs protesting its closure and the upstart art studio now held in a parking lot (“the love lot”) a few blocks away.

The activities listed above are examples of harm reduction. Yet the harms most in need of reduction aren’t the ones commonly cited. Let’s backtrack a bit: what is harm reduction? Classically, it is defined as activities that mitigate harm within “risky” behaviors. However, this definition is insufficient. Harm reduction is nearly always behavior that is policed and moralized; namely “casual” sex, sex work, and drug use. Driving cars and eating sugary foods bear the risk of injury, yet wearing a seatbelt and brushing your teeth aren’t commonly figured as harm reduction. Harm reduction is reserved for behaviors that bear the mark of supreme social disapproval; for activities engorged with and thus disfigured by stigma. This saturation redoubles the potential of harm exponentially.

From my work and my life, I can tell you: Before the harm nested in the behavior itself, the subjects of harm reduction contend with the injury of existing apart, bearing stigma, being marginal; a social liability compounded for LGBTQ+ folks and BIPOC. The injury shows up in manifold ways, but its existence is abstract and far less visible than, say, the abscesses that follow the reuse of injection materials. The community of people who use drugs and those who care for them in Kensington must reduce the

harm of living in a large city that only has one brick and mortar syringe exchange, of the cold, cruel refusal of a safe drug supply, of the foreclosure of life sustaining employment afforded to folks with a criminal history, with the mental health strain of being marginalized, with the lack of housing options for people who use. The examples can fill a book. Most of the hurt hammered down upon the subjects of harm reduction is not pain yielded by their own behavior; it is born of government policies at best indifferent to our well-being and at worst hostile to it; it is the fallout of the War on Drugs.

Institutions hurt us far worse than any pain we bring on ourselves.

Imagine being a subject so stigmatized that hateful activities of shunning and punishment are somehow transmogrified into a perverse type of (“tough”) love?

We face a crisis of representation. The mainstream imaginary would have us consider people who use drugs as joyless, alone, without solace. Indeed, most “street photography” of Kensington replicates this impression. But it is propaganda, nothing but sensationalist, inhuman drivel glibly trafficking in the optical unconscious of the War on Drugs. Alienation is not the whole story, but it is the one most often being told. We must resist this narrative, for it bears the danger of cohering within us, denying us from the comfort of others and indeed the care and love of our own selves. Resist ideology that

encrypts people who use drugs in a plaster of stigma, frozen and incapable of coming together and reaching out. Imagine a community. Imagine care. In Kensington, these are everywhere. Those who do not see it are stigmatized by the stubborn logic of a prohibitionist perspective. Don't look at us with harm in your eyes.

Dedicated to Kevin Murphy (1983–2020)

SOURCES AND RESOURCES

Stanton Peele, "[Beyond Harm Reduction: Encouraging Positive Drug Use](#)," Filter Mag, January 31, 2020

Dr. Carl L. Hart, *Drug Use for Grown-Ups: Chasing Liberty in a Land of Fear* (2021)

Robert P Fairbanks II, *How It Works: Recovery Citizens in Post-Welfare Philadelphia* (2009)

Aubrey Whelan, "[Philly's Needle Exchange Prevented 10,000 Diagnoses of HIV, but Fentanyl Means Cases are Up](#)," Philadelphia Inquirer, October 29, 2019

The Stairs, directed by Hugh Gibson (2016)

BIO

David Oscar Harvey is a harm reduction therapist in Philadelphia, PA.



Opioid crisis is still not just a 'white' problem

Abdul-Aliy A. Muhammad for
The Philadelphia Inquirer
@mxabdulaliy
@PhillyInquirer

"Black people are using opioids too," writes Abdul-Aliy A. Muhammad in this op-ed for The Philadelphia Inquirer, a reminder that part of "doula-ing the system" is ensuring that no one gets left behind.

When I was 17, I witnessed, for the first time, another black Philadelphian using pain medication recreationally. A friend asked if I wanted to join her for pancakes and syrup at 11 p.m. Greedy for breakfast food, I promised to drive her to North Philly to pick it up. I waited in the car on Diamond Street as she went to get the pancakes—so I thought. She came back instead with a wrinkled piece of aluminum foil containing two round pills and a small container of cough syrup. While I didn't partake, I did learn that day "pancakes and syrup" could mean barbiturates with codeine cough syrup. I would go on to encounter other black people around my age who had experience with it.

Over the last few weeks, debate has raged over Safe-house, the nonprofit trying to open a supervised injection site in Philadelphia to prevent overdose deaths from opioids. In late February, the group announced it would open a site in South Philly within a week, but canceled plans when community members pushed back.

I remember growing up amid a very different conflict around drugs in Philly. Long before opioids hit crisis point, and before Safehouse entered our city's social and political consciousness, I lived in a Philadelphia haunted by the crack epidemic. I got an education in survival, pained addiction, and the poverty of families stifled by drugs. My family and neighbors saw close up a devastation hellbent on killing the black body, as annual homicides in the city peaked at 605 during the epidemic's height, in 1990. Philadelphia officials admitted decades later that crack use and addiction were treated as criminal problems rather than a public health problem, the way the opioid epidemic is viewed today.

It's in fact well-documented that the crack epidemic was not met with the same concern and humanity as the opioid crisis. Black people were criminalized for selling and using crack cocaine, often given harsher sentences than dealers who sold powdered cocaine. Many of us know the rest: Federal lawmakers intensified penalties for crime and drug use during the era, and hyper-incarceration ensued. That is a stark contrast to the many editorials, funded campaigns, and political support we see today tackling the overdoses and devastation caused by opioids, which have disproportionately affected white Americans. Can you imagine Mayor Ed Rendell backing a safe consumption site for crack in 1994? Absolutely not.

The truth is that in a racialized society, humanity is granted primarily to white people. A crisis among white people will more likely get a response from the systems that be, while black and brown people's suffering will be

seen as tertiary or dismissed wholesale. This disparity is rightfully embedded in the rage communities feel toward safe consumption sites.

But that rage ignores what I learned at age 17: Black people are using opioids too. They're also dying from them. As *The Inquirer* reported in 2019, as of that year, opioid overdoses were killing more black Philadelphians than homicides.

Within the communities I grew up in, I know people who will disavow anything other than completely eradicating drug use. But the reality of saving lives, for any race, is more complicated.

Our city should respond to all black death, not just wring its hands over politically expedient topics like violence without actually reducing homicides. Just as decrying gun violence in the black community without truly protecting communities isn't working, exclaiming "no" to Safehouse does nothing to stem the thousands of overdose deaths. Safe consumption sites are a pathway to save lives. More must be done, including exploring safe consumption for other drugs, such as stimulants—like crystal meth—whose use has recently spiked in Philly and is a particular risk for LGBTQ users.

We must work to bring communities, users and nonusers alike, together to build a path forward.



Decriminalization vs. Legalization: What You Need to Know

Voices Of Community Activists & Leaders (VOCAL-NY)
vocal-ny.org

VOCAL-NY (*Voices Of Community Activists & Leaders*) is a statewide grassroots membership organization that builds power among low-income people affected by HIV/AIDS, hepatitis C, the drug war, homelessness, and mass incarceration in order to create healthy and just communities.

VOCAL-NY believes that people who use drugs should be treated with dignity and respect. And that if a person is experiencing problematic drug use, then they should have access to care and support, not stigmatization and criminalization. VOCAL-NY's drug policy work is carried out by their Users Union, which unites low-income people directly affected by the war on drugs. Below, VOCAL outlines important information about decriminalization. [Learn more about VOCAL and their accomplishments.](#)

Decriminalization does not equate to legalization.

- The goal of shifting away from criminalization to a health-based approach for drug possession is to reduce the harms of criminalization, and offer care and safety to communities.
- Drug decriminalization would remove the threat of arrest for drug use and possession of small quantities, and increase services and access to care for people struggling with drug use.

- Most forms of decriminalization change criminal penalties for possession of small quantities of drugs to a non-criminal violation (a ticket), making drug users pay a fine and/or connect with treatment and social services -- not force them into jail.

Decriminalization will not trigger drug use to skyrocket, rather, it can reduce overdose deaths and increase the amount of people accessing treatment.

- Decriminalization has several public health and racial justice benefits. In places where drugs have been decriminalized, there's been an associated decrease in the number of people arrested and incarcerated.
- Portugal, which decriminalized all drugs in 2001, has seen drug use "declined overall among the 15- to 24-year-old population" and the rate of HIV/AIDS infection also plummeted. The Health Ministry estimated only about 25,000 Portuguese use heroin—down from 100,000 when the policy began, according to a New York Times analysis.
- Meanwhile, incarceration increases the risk of overdose death, and it is the leading cause of death for people with a substance use disorder who are released from jail or prison.
- The CDC just released preliminary data for 2020 showing that overdose deaths are at record levels, and last year's spike in deaths are higher than any year for the last two decades.

Decriminalization would address the disproportionate penalization of Black and Brown people and their interaction with the criminal-legal system.

- According to the Drug Policy Alliance, Black people make up 29% of those arrested for drug law violations and roughly 35% of those incarcerated in state prison for drug possession only, despite making up just 13% of the U.S. population.
- In 2019, more than 45% of people arrested or cited for drug offenses in NYC were Black, despite Black New Yorkers making up under 25% of the city's total population.
- In 2018, there were more than 1.6 million drug arrests in the United States. More than 86% of these arrests are for possession only, and many more are for minor selling and distribution violations.

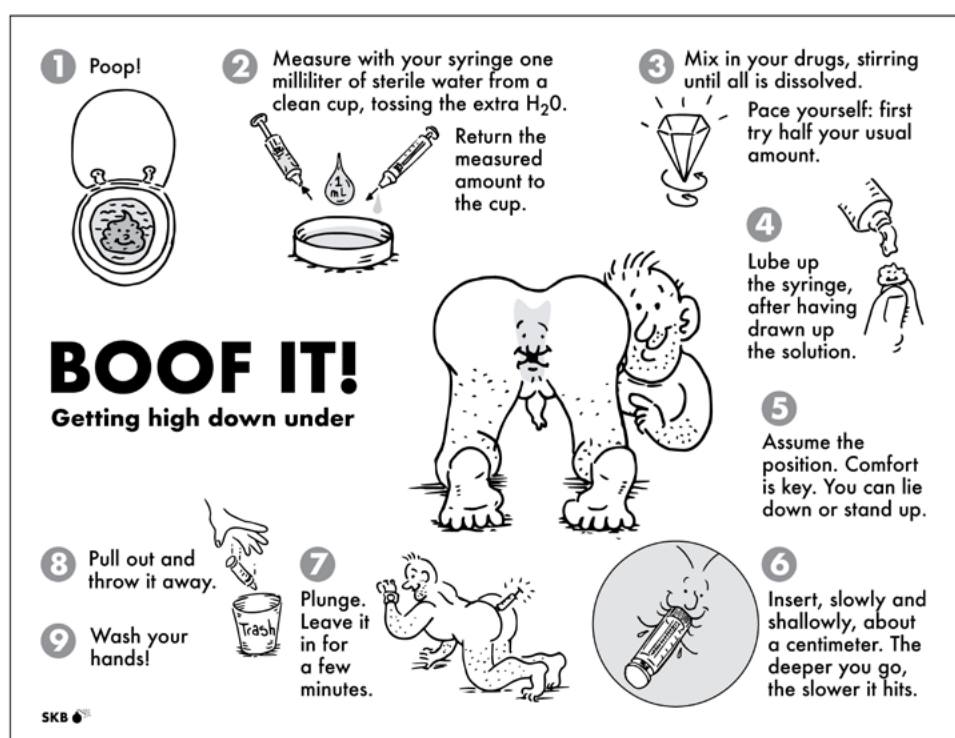


BOOF IT!

Infographic by Sessi Kuwabara Blanchard
Introduction by David Oscar Harvey
@SessiBlanchard

Boofing, or booty bumping, is a method of consuming drugs through the anus. People boof, rather than inject, as injection can lead to painful skin and vein damage. Through boofing, the drug user is far less at risk to skin conditions like abscesses, which can lead to debilitating and even lethal infections. Boofing also circumvents the nasal irritation from snorting and the potential lung damage of smoking.

Compared to other administration routes, boofing has a high bioavailability. That means a higher concentration of the drug finds its way into the system, leading to a more concentrated experience of its effects. Boofing still retains risks, like anal tearing and susceptibility to infections. For safest boofing practices, please consult the marvelous infographic below!



As a Woman With HIV, I Make My Sex Partners Sign a Disclosure Contract: Here's Why

Tiffany Marrero for TheBody
@theblackteebrand
@TheBodyDotCom

Often the source of harm comes from the state. Read an excerpt from activist Tiffany Marrero's article about a contract she asks people to sign before they become physically intimate to protect her from HIV criminalization. This article was originally published on TheBody, which delivers vital information, news, support, and personal perspectives on HIV and related issues. We have republished it with their permission.

It all seems so sexy in movies: A submissive signs her name on an erotic dotted line consenting to sexual acts—from anal to water sports, soft and hard boundaries, safe words and lace—all so fun and all so easy. Right?

Nope. Not for my life.

My contracts, though they pave the way to sex and fun, were created not out of my own preferences but birthed from ignorant prejudice, old-school rhetoric, and criminal laws that I've needed to navigate while living with HIV.

Body autonomy? What is that?

Anyways, back to the contract: It's a blunt and tactful way to keep my vagina safe. Though each person **needs to be sure a contract would be legally valid** where they live, and we all know that there's sometimes no guarantee of equal justice under the law, I hope that mine shows other women that we still have some sort of control of our pussies. Although the laws are starting to change, we know that change is slow --and in the meantime, this is at least something.

And it is something that says: We are worthy of nice hot nights of bliss, despite laws that put women at harm. This contract is, in essence, an act of rebellion against the law, the ignorant, the hate-parade folks who think it's acceptable to police my body under the notion of keeping the public safe.

This contract, from top to bottom, contains formal code words for the following:

- My partner consents to eating my box and fiddling my violin with the understanding that I am, and have been for the past 25 years, living with HIV.
- My partner signs their name acknowledging they were not heavily medicated or coerced in any manner by me or anyone else to swap spit and maybe blood with me. (Did I mention I love kink?)
- My partner signs on the dotted line with understanding that I, let's repeat it one more time for the nonbelievers, have a positive punnany.
- For another rebellious act, I note that I am **undetectable**.

This “contract”—written at 2 a.m. after reading up on another HIV criminalization case—should not lead you to believe that I am indeed afraid of my sexuality or that my other positive sisters need fear their orgasms. Nah.

Let it be known that many, many people, be they men, women, cis, trans, non-binary, black, Latinx and/or others, have in fact tasted the juices squirted out of my body, well-aware of my sexy positive status. YES!

This contract is a permanent staple of my distaste for laws that reject and destroy my right to disclose or to sexual fulfillment. This contract also goes to show you the injustice I may have to face. Will my contracts have my blood-stained fingerprints on them? Will they carry the salt-laced aftermath of my tears? What if all poz folks created their own contracts and we made a contract quilt?

I, my friends, will NOT stop enjoying condomless sex or sex with condoms, whichever I want, simply based on “laws” that were created without thinking of Tiffany... a baby named Tiffany, who happened to be born with HIV, who is now 26 and has the potential to face a felony charge in her state if there is even a whisper that she had sex.

Read the rest of Tiffany's essay at [TheBody](#).



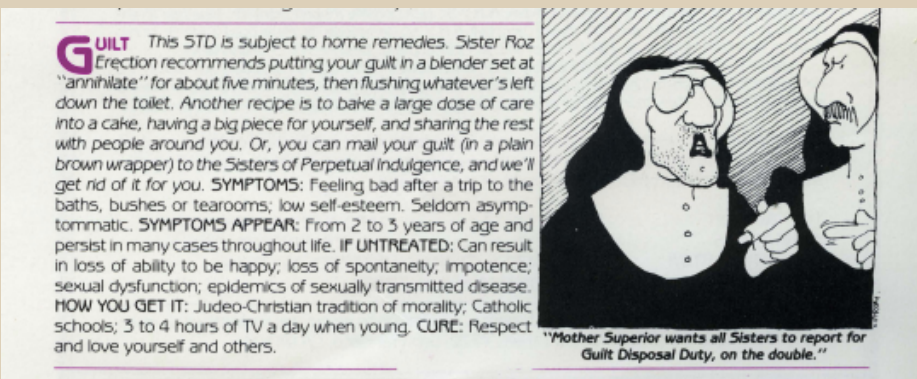
CASE STUDY

Safer Sex +
Play Fair +
How To Have...

Theodore (ted) Kerr for
What Would an HIV Doula Do?

In the early 1980s, as word of a “gay cancer” was increasing, two pamphlets started to circulate among coastal communities of gay men, queer nuns, and their respective communities about the role that mutual affection and specific precautions could play to ensure a healthy sex life. While both publications are often remembered as advocating for gay men to use condoms to reduce their chances of getting STIs, these historic documents are arguably more noteworthy in their assertion that mental health and community care are harm reduction methods.

In 1982, in San Francisco, the Sisters of Perpetual Indulgence released *PLAY FAIR*, a fold out pamphlet that used culturally specific language, such as “rimming” and “poppers,” to provide tips on how to avoid STDs and infections. Included in their prevention run down are acts of care such as exchanging names and contact info with sex partners. *PLAY FAIR* also contains STD definitions for everything from Hepatitis and Herpes, to guilt.



The Sisters of Perpetual Indulgence, excerpt from *PLAY FAIR*, 1982

While the term HIV/AIDS is never used, the Sisters do acknowledge that “mysterious forms of cancer and pneumonia are now lurking among us” and defined Kaposi’s

sarcoma and pneumocystis pneumonia, which we now understand as AIDS related opportunistic infections.

Less than a year later, in 1983, across the country in New York, Richard Berkowitz and Michael Callen, under the direction of Joseph Sonnabend, release their pamphlet *How to Have Sex in an Epidemic: One Approach*. Over the course of 40 pages, they run through the risks of various sex acts under headings such as Sucking, Getting Sucked, Fucking, Getting Fucked, as well as No Risk Sex that includes the sub headings: Creative Masturbation and Creative Penetration.

Creative Masturbation offers alternatives to jerking off alone at home. These include: mutual masturbation, group J/O, body contact, fantasy, dirty talk (verbal), voyeurism, exhibitionism, touching, fingers (not fists), titplay, toys, etc. (See section on Jerk Off Clubs on page 31.)

Creative Penetration includes the use of condoms, fingers (not hands) and "toys." (For a discussion of safe dildo practices, see page 24.)

REMEMBER: Merely touching your partner's body poses no risk for CMV, but touching may still involve risk for those infections such as herpes simplex or syphilis which can be transmitted by mere body contact.

Richard Berkowitz and Michael Callen,
under the direction of Joseph Sonnabend, excerpt from
How to Have Sex in an Epidemic: One Approach, 1983

Unlike *PLAY FAIR*, *How to Have Sex in an Epidemic* does use the term AIDS, although it troubles the accepted definition, outlining theories that understand AIDS: 1) as a result of a virus, (what the authors call "the new agent theory"), or 2) as a result of numerous STI exposures over

time resulting in a build up of cytomegalovirus (CMV) in a person's body (they call this "the multifactorial theory.") This was a moment in history when HIV had only recently been identified, and much remained unknown or unclear, like how to test for the virus.

How to Have Sex in an Epidemic has none of the camp tone of *PLAY FAIR*. Instead it is earnest, grappling with the meaning of gay liberation as the authors attempt to prevent a health crisis. In a section called "Love," Berkowitz and Callen write, "Maybe affection is our best protection. Hard questions for hard times. But whatever happened to our great gay imaginations?"

These documents capture not only a turning point in gay liberation, forever moving forward to be connected to HIV, they also illustrate in no uncertain terms the role that community plays in sexual health. As Jennifer Brier makes clear in chapter one of her book, "Infection Ideas," works like *PLAY FAIR* and *How to Have Sex in an Epidemic* are the precursors to what would come to be called "safer sex," and are vital documents in the ongoing story of sex and harm reduction.

SOURCES AND RESOURCES

Richard Berkowitz and Michael Callen, under the direction of Joseph Sonnabend, *How to Have Sex in an Epidemic: One Approach*, 1983

The Sisters of Perpetual Indulgence, *Play Fair*, 1982

Jennifer Brier, "Affection Is Our Best Protection: Early AIDS Activism and the Legacy of Gay Liberation," from *Infectious Ideas: U.S. Political Responses to the AIDS Crisis* (2009)



Don't Yuck My COVID Yum!

Molly M. Pearson

@mollympearson

I am lucky to be in community with all sorts of people who genuinely want the world to be a better place. Within these leftist, activist, and liberationist circles, the phrase “harm reduction” has become ubiquitous, to the point where the meaning of it can get lost. It’s often presented via meme, and sometimes with a vague, cool distance that is divorced from practice. Sometimes the phrase is used as a shorthand signifier for salacious assumptions of sex work and drug use, almost with an air of saviorism, as if to say *THOSE people over THERE, doing those WILD THINGS, need our compassion! Maybe THEY can’t help themselves, but WE can!* Sometimes it is co-opted by well-meaning liberals, who use “harm reduction” as a figure of speech to describe the act of voting when presented with less than ideal candidates. Flattened interpretations of harm reduction like these make it that much more urgent that we name harm reduction as a practice. It is active. It is real. In an era of multiple pandemics—HIV/AIDS, COVID-19, systemic racism, settler colonialism, and climate change—we are all faced with the task of assessing risk and mitigating harm in pursuit of pleasure, and we all benefit from the radical compassion that is inherent to a harm reductionist way of being in relationship with others.

Some of us have long understood harm reduction as a tangible practice. We may have come to this understanding through things we have chosen to do and from things that have happened to us. I can only speak for myself. I am a former sex worker, and I kept a hammer next to

my bed and kept my roommate updated on my client schedule. I am someone who for a time loved cocaine to the point where I wanted to use it less, so I asked for accountability check-ins from my friends, which they gladly gave. I am someone whose biological parents both died of AIDS by the time I was seven, and I was raised in the love and kinship that emerges from HIV and illness.

Today, I am someone who is a caretaker. I care for Paul, the man who raised me after my parents died. He is 72 years old, and he came out as gay nearly fifty years ago. While he manages multiple chronic illnesses, he is HIV negative. He is living proof that we did not “lose an entire generation” to AIDS, and he is living proof that harm reduction saves lives and makes life bearable.

Sometimes, when I travel to my hometown to care and be with him, we shed our masks and share meals from across the room together—and yes, we did this before either of us were vaccinated. I relish it every time. I would hope that others would be glad for Paul and me and the COVID routine we have mutually agreed upon. His death is imminent with or without COVID in the picture, and these maskless meals are worth it to us.

The radical compassion that I need, and that we all so badly need, has been hard to come by, or it’s at least been unpopular. A rigid, hardline stance on COVID exposure has proliferated for more than a year by now, sometimes from people within our circles we would least expect. It’s a baffling thing to witness someone whom

you thought you knew and understood share information about their local mutual aid network and then in a flash engage in public shaming for “bad behavior.” Folks who have long relied on harm reduction to make life worth living have been gaslit on a massive scale throughout the COVID-19 pandemic. The online shouting has been deafening, perhaps louder than usual because the internet has become our de facto crowded bar, nightclub, coffeeshop, and gossip session. I’m referring to well-intentioned, but aggressive posts like these:

Zoom Thanksgiving > ICU Christmas. STAY HOME!

Stay home. Make better choices.

Please stop posting the reasoning behind your murderously irresponsible holiday travel.

I am very sadly, and bitterly, going to view many of my fellow citizens as murderers...

And so on. Similar posts and memes have been blasted across multiple platforms, liked and retweeted and reshared to a point beyond mere virtue signalling, and into a space of pernicious vitriol thinly veiled as citizen-led public service announcements.

Of course, no cultural response to a major event is monolithic, especially on the internet. Several writers have highlighted the benefits of using principles and skills commonly found in pleasure-based sexuality education to help guide COVID conversations with our social pods, lovers, and families. It’s true that we have much to

learn from sex educators about negotiation, boundaries, consent, and what feels good to each of us as individuals. While this approach is ideal for interpersonal exchanges, it falls short when we try to apply it to a community level. We may figure out our *own* boundaries through personal negotiation, but it's still too easy to hold blanket disdain for *other* people's choices; it's still too easy to yuck others' COVID-era yum. Enter harm reduction, which expands liberationist possibilities in our thinking. It allows us to honor and trust that folks in our communities are assessing risk, mitigating harm, and pursuing pleasure in ways that we need, want, and deserve.

We all benefit from the radical compassion that is inherent in a harm reductionist practice. It should not only apply to people who are so marginalized that they were already negotiating, prior to our COVID reality, how to survive and make life worth living at the same time. Nor should it only apply to people who have transactional sex and use drugs. To be *alive* is to negotiate risk, and COVID has made that plain. Harm reduction is relevant to anyone living in a body, even when living in a body is sometimes mundane and has nothing to do with sex and drugs. No one is above the need for harm reduction. No one is undeserving of care and compassion.

I want sex workers to be honored as the healers they are. I want people who use drugs to be celebrated as pleasure activists.

And I want every person on a ventilator everywhere to be loved and cared for regardless of how they got there.

A virus is a virus is a virus, and its containment is only as strong as the socio-political actions taken to protect those most vulnerable to contracting it. Individuals among us don't deserve to bear the brunt of misplaced collective rage. The practice of harm reduction has the power to help us focus our rage where it must go: the systemic failings that make pleasure elusive and death too easy.

SOURCES AND RESOURCES

M. J. Murphy, "[Confessions of a COVID-19 Super-spreader: My Memorial Day at a Gay Campground](#)," May 28, 2020

Marty Fink, *Forget Burial: HIV Kinship, Disability, and Queer/Trans Narratives of Care*, 2020

Mia Mingus, "[Access Intimacy: The Missing Link](#)," *Leaving Evidence*, May 5, 2011

Melissa Meinzer, "[Saint of the Streets: Dr. Punch Saves St. Louis](#)," *Out in STL*, September 18, 2020

BIO:

Molly M. Pearson loves to write, talk, share, and learn about sex, identity, illness, and community. She can be found in St. Louis, probably listening to disco while doing the dishes.



Sustainable Safety:
I Don't Need You.
I Want You.
A Year of Feeling
the Difference

Nick Melloan-Ruiz

@25centstoplay

I got a dog because I did not want to lay in bed looking at the wall alone.

I miss the pandemic moment when old hookups whose numbers you had deleted would text you just to check in, even if the last time they saw you your face was smashed against a pillow at dusk and you never knew their name to begin with.

I prefer that over your #1 hookup dom daddy unceremoniously ending a years long standing-appointment-sexual-relationship by simply saying, "I have no interest in seeing you again." When it happens like that the level of importance gets muddled and you spend far too much time lamenting it.

When I invited you into my bubble in September I felt safe. I felt like a real person, part of something, going through all the steps amid vast global shifts. I now wonder what's next as I confront that my salad days are over. I wasn't expecting to meet the person who would let me be my most self while still giving me chances to grow. My survivor's guilt rages on as I bask in your love, calmly reading. I worry if it is sustainable, if you will grow tired, if I will come back from a shower and you won't be here, if my answer to a question will be unsatisfying and, viola, out the door you go. I am always uncertain: what more can happen? Your arrival gave me a reason, structure, and the space to ask: why can I allow myself to feel settled and relaxed once I have achieved my goal of safety?

My normal is to always be suspicious and defensive. I have the tools but don't know how to use them.

I'm sorry you are the person I'm putting years of trauma on, shifting through memories while you sit calmly reading. Right when I'm sinking I look over and I know that I'm firmly in the present even if it's tragic, exhausting, rage inducing, and reducing us to the verge of tears at a moment's notice. At least we are together. At least we can access deeply ingrained moments of trauma, followed by a hearty ass eating session, share a full day of headphones up, followed by me blowing you as the bok choy simmers on the stove. This home engineer hopes you'll stay.

One year ago I was at a sleepover. I kept wanting to leave. I was tired of trying to insert myself into their narrative, sitting in an unfamiliar living room, texting friends near and far telling them to take me home, asking myself if this candle or pair of pajamas or Sheena Easton album will make me feel safe. The answer almost certainly being no, but I will try again and again.

I'm so glad you suggested we watch Cruel Intentions in June and then all the other 90s women-in-peril movies starring Ashley Judd that I forgot about, or had no interest in to begin with.

SOURCES AND RESOURCES

Hit Parade podcast, [Turn Around Bright Eyes part 1](#)

Donna Summer, "[Romeo](#)"

Carly Simon, "[Take Me as I Am](#)"

Cruel Intentions [final scene](#)

Nadiya Hussain's [Chicken, Brie, Cranberry and Pink Pepper Pithivier](#)

BIO

Nick Melloan-Ruiz is a Chicano writer living in Bloomington Indiana focusing on HIV, Pop Culture and their dog.



IS HOLDING SPACE A HARM REDUCTION PRACTICE?

What Would an HIV Doula Do?
@wwhivdd

Harm reduction is not a metaphor. It is a series of practices developed and shared over time informed by and for people who use drugs, sex workers, people living with HIV and other communities impacted by neglect, bias, and state violence, in order to survive and thrive. Harm reduction is central to the ongoing HIV response, and as members of WWHIVDD, we see it as vital to collective care and liberation.

As we often state, we think a doula is someone who holds space in times of transition, with an understanding that HIV is a series of transitions that begin long before diagnosis, continue through treatment, and may last long after death. We have come to learn that doulas often employ harm reduction strategies, and harm reduction can be a form of transition.

With that in mind, we have a question: is holding space a harm reduction practice?

The term “holding space” came to us at the event that led to the creation of WWHIVDD. Lodz Joseph used the term to talk about her work as a midwife and doula. In a transcript excerpt from that first conversation shared below, she expands on the term after being prompted to say more

by curator Alex Fialho. Later in the conversation Chaplain Michael Crumpler builds upon Lodz's comments, with examples from his work in hospitals.

Reading Lodz and Michael together, one sees how "holding space" is a doula task that requires addressing a patient's needs, while navigating the people and spaces of an institution. Holding space in these situations can be seen as cultivating a place between harm and an individual, and seeing how the harm can be eradicated, or defused.

Additionally, we see how Michael further understands a doula as someone who helps people remember themselves in the face of trauma, something akin to producing a mirror for someone after a storm has passed but the winds and the work ahead remain. The harm reduction here is an act of witnessing, and against forgetting.

Read below, and tell us, is holding space a form of harm reduction?

ALEX FIALHO: When you say "Hold space," how does that happen?

LODZ JOSEPH: I remember when I first heard my mentor say it. I was like, "this hippy." I grew up in NYC and I was crazy Type A and now I am not. For me the phrase is really just about observing what is going on and sometimes I make a decision to touch a certain way because I know what you may need but you may

not necessarily know how to articulate it. Sometimes it is hugging, massage, leaving the room so you and your partner can have time alone. Sometimes it is asking your partner to leave the room. I will say to the partner, "I need you to go on a walk right now, can you go get me water?" or "Can you just leave cause you are messing up the energy?"

And sometimes it is about me just getting out of the mom's way. There are times when I am not in sync with the client, when I am the problem and I am in the way. And that is tough. It is crushing to the ego but also tough when you get your ass handed to you. Talk about being humble - when you are not in sync for the client, and you were holding space the wrong way. Not every client has referred me or ran a referral for me. That also happens. I think holding space is also taking care of myself. When I take care of myself I don't look at the emails, and the referrals come. When you are taking care of yourself it is just easier, boom, everything is easy. When you are not, you feel tired and that you can't be there. But I can't call sick or go home. That does not exist in our world.

MICHAEL CRUMPLER: We can build off what Lodz was saying about what a doula is and how it relates to chaplaincy. Chaplains function in health care facilities as that third space, I knew exactly what she was talking about when she said holding space. But we hold space in a much more traditional, orthodox way. Usually chaplains are encouraged by a particularity.

There are Jewish chaplains, Catholic chaplains, Protestant chaplains, Muslim chaplains and even beyond those faith identities. They come to advocate for the patient, at times. Yes, they are part of the organizational structure of the hospital. So that would be a little different, correct me if I am wrong Lodz, but it sounds like you are hired by the patient to be there. Whereas the chaplain is part of the healthcare system, accountable to that system, but also accountable to keeping that power structure accountable, you know?

A chaplain goes into a system and holds space for the humanity of the patient. So whether it is a mass casualty event like a car accident, a shooting or if life sustaining support is going to be removed, the chaplain holds emotion and spiritual experience.

You are going to be out of the way of the nurses, but at the same time you are going to function as a certain ethical and moral authority. Example: if I am praying with a patient and a nurse or doctor, who think their role is more urgent than prayer, it is my job to say, "Can that wait? Can you get that blood pressure in 10 minutes when I am done with this conversation?" Or sometimes it is, "She is cold, and she has asked you three times for a blanket". Or it could be standing in for the doctor when the patient is critical of the system. Sometimes I have to be like, "Really, do you really think the nurses don't like you and they like everyone else?"

Later...

MICHAEL: What I think about a lot is unconscious competence, I think we all have knowledge we don't realize we have. I think what happens with trauma is it causes you to forget what you know...By the time I became HIV+ I had gone to college, I had a degree, I had already done pastoral care, I had already served four years in active duty in the military, I had already traveled internationally, but trauma made me forget what I knew, I lost my internal compass. What would have been nice is for someone to have reminded me that I wasn't insane, that becoming positive does not make you stupid. You know what to do. It's like if there is a fire all of a sudden you forget how to call 911. I think what a lot of people do is forget what they know. I think a doula reminds you of what you know.

Click [here](#) to read the full conversation.



CASE STUDY

Housing and Support + STAR House

Theodore (ted) Kerr for
What Would an HIV Doula Do?

The history of the US is thick with examples of communities pushed to the margins, doing what they can to survive and thrive, including the work of the Street Transvestite Action Revolutionaries (STAR), founded by Sylvia Rivera and Marsha Johnson in 1970. As Leslie Feinberg wrote in 2006:

Rivera and Johnson saw the need to organize homeless trans street youth. Both Rivera and Johnson were themselves homeless and had to hustle on the streets for sustenance and shelter. "Marsha and I just decided it was time to help each other and help our other kids," Rivera stated.

Among STAR's first actions was the creation of STAR HOUSE, a building in NYC's Lower East Side where they fixed up the electricity, plumbing and the boiler. As Rivera shared with Feinberg:

"We fed people and clothed people. We kept the building going. We went out and hustled the streets. We paid the rent. We didn't want the kids out in the streets hustling. They would go out and rip off food. There was always food in the house and everyone had fun. Later we had a chapter in New York, one in Chicago, one in California and England. It lasted for two or three years."

Rivera and Johnson's efforts stand alongside The Black Panthers's Free Breakfast program and The Young Lords community health clinic. In the face of homelessness, malnutrition, and lack of healthcare, community leaders stepped in, intervening against biased and neglectful systems and states, with the aim being the ongoing survival of people within communities marked for premature death.

Last year, activist and long time Harm Reduction practitioner Zoë Dodd defined harm reduction as “[an ideology rooted in Liberation](#).” It is safe to say that when Rivera and Johnson opened STAR HOUSE, they were fighting for the survival and liberation of their people, working to literally reduce the harm being inflicted upon them as survivors within a biased, and too often cruel system.

Soon after starting STAR, Riviera and Johnson joined The Young Lords in their work, and in 1971, Riviera remembers Black Panther Party leader Huey Newton including STAR as part of the revolution. Today, long after their deaths, Riviera and Johnson are remembered as leaders who were there at Stonewall and led unapologetic lives against the tyranny of gender norms and binaries. Increasingly, because of artists and activists who continue to share Riviera and Johnson’s legacies, and the ongoing work of STAR, more people are learning about STAR HOUSE, and the numerous ways Riviera and Johnson were early Harm Reductionists!

SOURCES AND RESOURCES

Leslie Feinberg, “[Street Transvestite Action Revolutionaries](#),” *Workers World*, September 24, 2006

Frederick Douglass Opie, “[Feeding the Revolution in the 1970s: The Young Lords in the Bronx](#)”, 2014

The Young Lords: A Radical History, by Johanna Fernández, 2019

Black Food Matters: Racial Justice in the Wake of Food Justice, edited by Hanna Garth and Ashanté M. Reese, 2020

“[Housing First and harm reduction: a rapid review and document analysis of the US and Canadian open-access literature](#),” by Dennis P. Watson, Valery Shuman, James Kowalsky, Elizabeth Golembiewski & Molly Brown in the *Harm Reduction*, 2017



Abolition as Harm Reduction

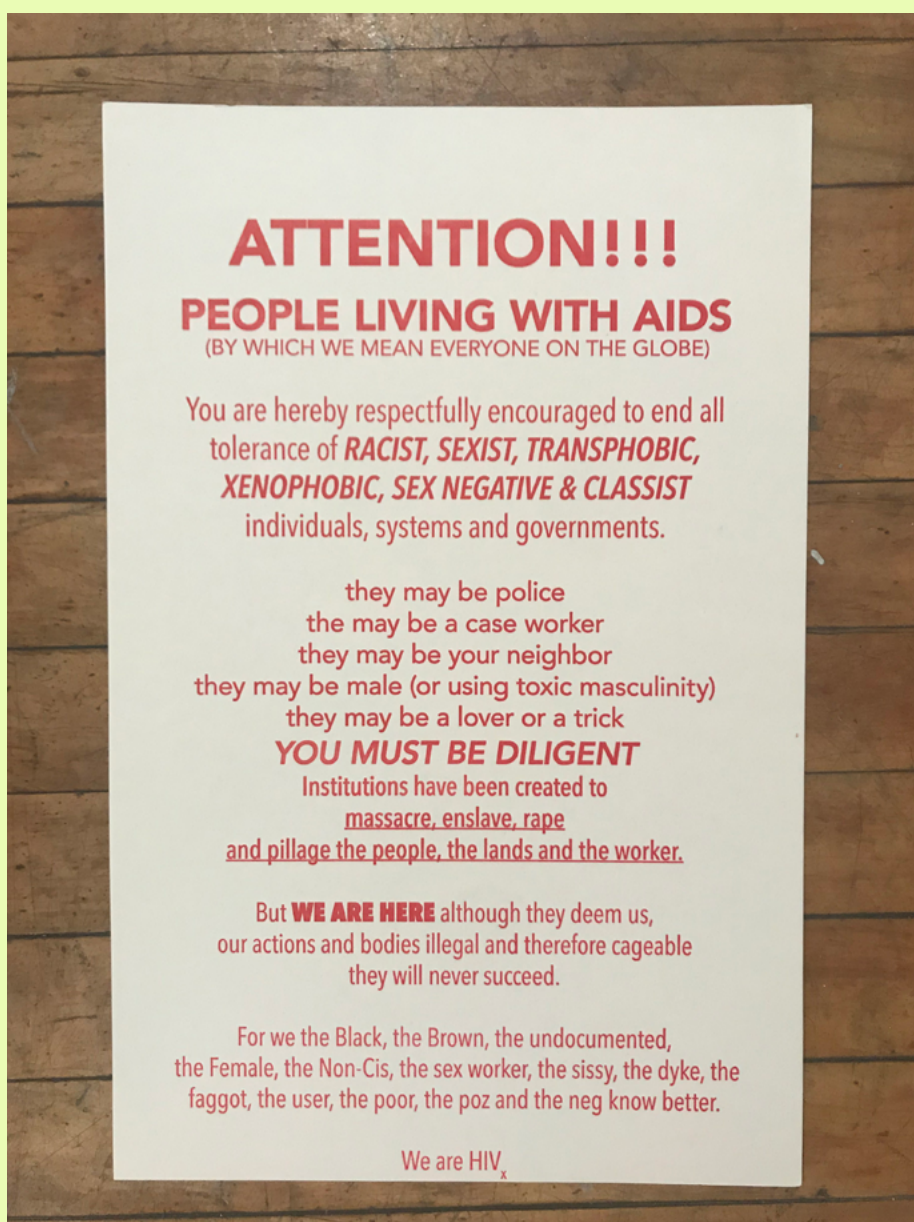
charles ryan long
@discojihad

Hindsight being 2020 I now realize that many of my works since 2014 (and previously for that matter) have strived to make space for my own personal, unseen (to some) realities and survival mechanisms. Making these explorations public now, in 2021, shows me how there is a world-making possibility in our efforts to reduce harm to ourselves and our communities. For me, all and any of the ways we mediate harm to our communities is harm reduction, expanding from safe injection sites/traditions and on to less complex acts like publicly signifying danger and complicating harmful public meta-narratives. Like the road towards the ablation of prisons and police, our efforts to vanquish harm from our lives must be bold and unapologetic, and we must use all the tools we have at hand and all the tools yet to be invited into our what's possible? to get the job done. One of my contributions is to make artworks that harness the combined elements of love and rage into machines of transformation and becoming. We must publicly and declaratively call for the dismantling of whyte patriarchal systems and (him)haviors and also address the ways in which (he) lives within us. This moment in time has shown us what many of us already knew too well: they aren't coming to save us and if they do show up, it is more than likely to exploit us and further traumatize our livelihoods. Let us walk away from this moment

firmer in our convictions that we got us and that through our efforts of mutual aid and the continued building of alternatives to the systems that cause us the greatest harm, we make what we want, need, and deserve possible again. It is my hope to return to my artworks over time and begin to look back and view the messages and proclamations they make as no longer necessary...won't you join me?



Dirty & Proud, 2014
iron on patch (designed for Visual AIDS' Play Smart)

charles ryan long, *CLEAN*, 2014charles ryan long and Christopher Paul Jordan, *I am HIVx*, 2018



charles ryan long, for Visual AIDS, 2019



charles ryan long, *WDWD*, 2020

Need Help With...

Project SAFE
@safephila

**Need help with...
Medical Advocacy?***
**COVID-19 Info &
Resources?**
**Other health questions
or concerns?**
.....
Call 866-509-7233 ext 8

Project SAFE
projectsafephilly.org

**Someone to help you navigate the medical system!*

Project SAFE, graphic, 2020

Project SAFE is a grassroots direct-service and peer-based organization of: women, non-binary, gender non-conforming, and trans people, providing women and femme-centered harm reduction services to people involved in the street economies in Kensington. Read more about their work in the age of COVID-19:

“[Project SAFE] Board member Jeanette Bowles worries that overdose rates will rise because of fluctuations in the drug market, economic contraction, and self-isolation. “Your ability to maintain economic stability

affects overdose risk,” she said. “And we’ve been telling people for years that they should never use alone—that’s one of the biggest risk factors for overdose—but now we’re telling them to stay home.”

The national “Never Use Alone” hotline offers an operator who will stay on the line while you use, calling 911 if you become unresponsive. But people are wary about disclosing their drug use and address to a stranger, and many of Project SAFE’s participants don’t have stable access to a phone. It’s hard to hang onto one when you’re homeless.

What’s more, many of Project SAFE’s participants are sex workers—and sex work is another economic area affected by the recent contraction. “Business is really slow,” said Lulu Duffy-Tumasz, delivery services coordinator for Project SAFE. “People are hustling even harder, but not making enough money for drugs. We’ve gotten more requests for pepper spray, and we’ve been preparing for people who are having to work in situations they normally wouldn’t, because of scarcity.”

Full article: “The Challenge of Treating 2 Epidemics at Once: As overdose deaths climb advocates and activists fear the opioid crisis will run headlong into the Covid-19 crisis”, by Sophie Pinkhan, for *The Nation*.



Harm Reduction Stickers

Jade Forrest Marks and riplely soprano
@69herbs @suck_dick_carry_narcan

69herbs is a New York-based apothecary and design project by jade forrest marks, that aestheticizes a dream of collective healing by blending fantasy, faggotry, and folk herbalism, by blending focus on trans and queer health, accessibility, and harm reduction. As part of their offerings, they work with fellow harm reductionist and artist riplely soprano on various projects, like the stickers below. Each work is a powerful statement on its own, when seen together harm reduction as punk, as queer, as loving, as community, as healing, and as a way of life emerges. See more at 69herbs.com.



SISSIES for
SAFE INJECTION SITES

Jade Forrest Marks, sticker, 2020



DON'T JUST DO SOMETHING
...SIT THERE!

Jade Forrest Marks, sticker, 2020



SOMEONE
YOU LOVE
USES DRUGS

Jade Forrest Marks, sticker, 2020



FAGS FOR A
COPLESS
FUTURE

Jade Forrest Marks, sticker, 2020

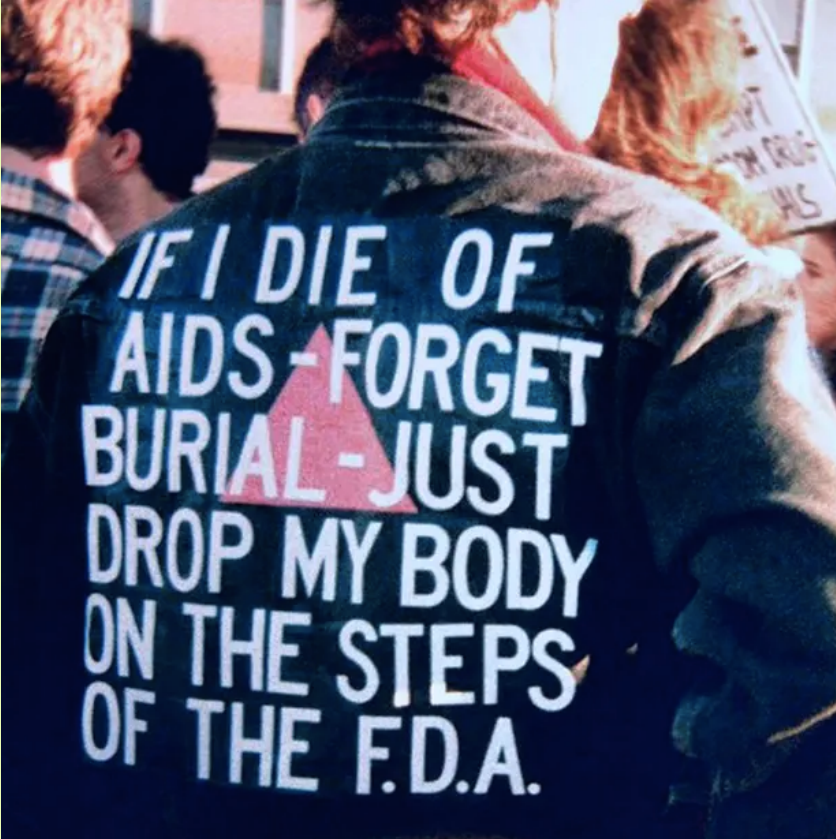


SUCK
DICK
CARRY
NARCAN

Jade Forrest Marks and ripley soprano, sticker, 2019

**EVERY TIME YOU SAY
VOTING IS HARM REDUCTION
another faggot moves
to hell's kitchen...***

ripley soprano + Jade Forrest Marks



David Wojnarowicz's jacket at ACT UP's FDA Action, October 11, 1988. Photo by Bill Dobbs

HARM REDUCTION IS a framework rooted in the legacy of grassroots community organizing + street based care.

Harm redux is historically led by hookers, faggots, drug users, HIV+ people, sick, crazy, and disabled people, people who live on the streets, and others who have been historically excluded from institutional resources and medical systems.

Harm redux is clean needles and pipes, fentanyl test strips, Narcan, safer injection sites, PrEP, abortion and birth control access, suboxone and methadone, free condoms.

Harm redux is the people's medicine, it is an antidote to shame and stigma. It's main principle is as radical as it is simple: no one deserves to die from lack of access to resources.

The demands of harm reduction are not reformist. The demands of harm reduction are free housing and healthcare for all, people's run health services, nothing less than a new world order. The term "harm reduction" is rooted in a specific history and vision.

VOTING IS NOT HARM REDUCTION

(As we know...) the United States is a colonial empire built on genocide and slavery; an inherently anti-Black, whorephobic, homophobic, transphobic state that has always killed and neglected those who harm redux is for and by.

Voting is (just stating facts) a participation in the electoral politics of the State; in the two party system that we have collectively inherited and did not choose into.

We know from our history that there are countless reasons why marginalized people can't vote, or would choose to opt out of voting.

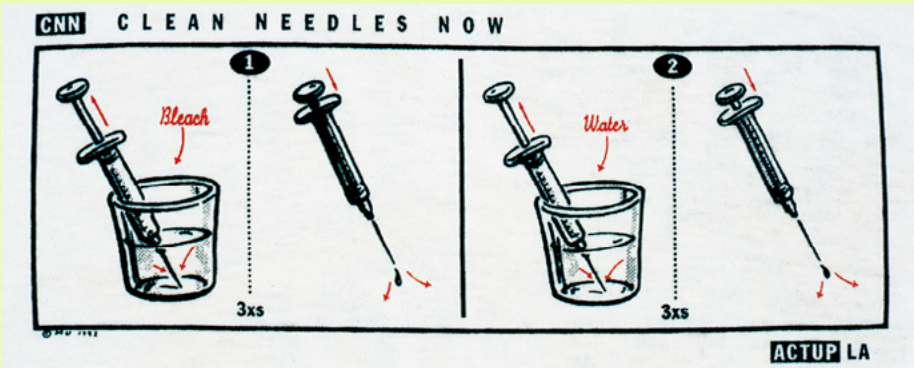
The brilliance and beauty of harm reduction is that it upholds a commitment to ending shame and stigma. An actual harm reduction approach to voting is to truly refuse to stigmatize and shame people for not voting.

Whether or not one believes that voting for a Democratic ticket is, in fact, “reducing harm,” using the language of harm reduction is a misappropriation. The language we use matters. Attempts to bring voting into the frame of harm reduction with this language are assimilating, white washing, and liberalizing the radical legacy of this framework.

Pls pls pls step back with the non-voter shaming ~ especially of Black & latinx & indigenous & criminal non-voters. Pls remember that voting currently + LEGALLY excludes incarcerated people, people with felony records, undocumented people, and residents of US colonized territories (ie all of Puerto Rico). The system was built this way. If you're into voting and increasing voter access, cool- but let's call it for what it is. + let's chill with calling it harm reduction 💜



Clean Needles Now, Vehicle in MacArthur Park area, 1995



Keith Mayerson & ACT UP, Instructions for sterilizing used syringes with bleach, 1992



Voting is Not Harm Reduction

Indigenous Action
@media_action

Indigenous Action (originally Indigenous Action Media) is a radical volunteer crew of anti-colonial and anti-capitalist Indigenous media makers, designers, artists, writers, and agitators that work together on a project-by-project basis for liberation for Mother Earth and all her beings. Indigenous Action was founded on August 25th, 2001 to provide strategic communications and direct action support for Indigenous community's sacred lands defense. Over the years they have organized hundreds of actions, marches, banner drops, workshops, conferences, benefits, and much more. Vital to their practice is the creation of media, including the making and distribution of zines. In February 2020, in anticipation of the upcoming US general election, Indigenous Action released Voting is Not Harm Reduction—An Indigenous Perspective. Here is the cover and opening paragraph.

Click [here](#) to see the full zine.

When proclamations are made that “voting is harm reduction,” it’s never clear how less harm is actually calculated. Do we compare how many millions of undocumented Indigenous Peoples have been deported? Do we add up what political party conducted more drone strikes? Or who had the highest military budget? Do we factor in pipelines, mines, dams, sacred site desecrations? Do we balance incarceration rates? Do we compare sexual violence statistics? Is it in the massive budgets of politicians who spend hundreds of millions of dollars competing for votes?

VOTING IS NOT HARM REDUCTION.



**AN INDIGENOUS
PERSPECTIVE**

Indigenous Action, 2020



Where Will HIV Be in 10 years?

Alexander McClelland

@alexmccllelland

I was asked to share my utopian vision for 2031 at a recent HIV research conference in Canada. What I describe is an imaginary vision for 10 years from now. I'm tired of being in a reactive position – reacting to bad policy, oppressive laws, and harmful research practices. My thoughts are an effort to open imaginations and see beyond where we are now.

By 2031, settlers will have conceded all control of the land to Indigenous communities. Turtle Island will be governed through traditional ways of knowing. Interdependence will be privileged over marketability. Connection to the land, to each other, and to resources, as well as preservation of the land and resources, will be understood as vital to community health and well-being. Individual forms of leadership and competition will be dismantled. Collectivity and collaboration will be the way we live.

All biomedical knowledge, past, current, and cutting-edge medical technologies, and expertise, will be common goods, owned by the people. Development of new knowledge on health and well-being will be part of the commons, and will be rewarded, not through individual capital gains, but through the betterment of society. The patent system will be undone, and sole proprietorship over medicines, chemicals, and compounds, will be abolished.

Top-down systems of surveillance—such as public health and epidemiological research—will be inverted.

Data about our lives will not be extracted, held only by a few, and then used to study us as objects.

Data about our lives will be held in community data trusts, which will be owned and governed by local communities. Data will be mobilized in the service of community needs to support health and well-being. A data trust is a data stewardship platform, where data is managed and overseen—not by governments or private industry—but by a governance collective of community leaders and experts. Many different types of data trusts will exist, based on geography (so data about people in your neighbourhood can be used to help improve how you all live), as well as populations (so various different populations could benefit from the collective data of others).

Data from communities will be collected through opt-in systems, with dynamic, transparent, and ongoing consent, and where autonomy and data protection are key. If you are living with HIV, you could opt-in to have data about your life be part of a data trust run by and for people living with HIV. One will exist for people who use drugs, Black people, Indigenous people, and so on.

Those who are most impacted will be at the center of it all. Different communities will set their own research directions for how the data trusts can be mobilized, with researchers primarily being from those communities. If someone outside a community wants to apply to have access to the data from a trust to conduct research, they will need to demonstrate their ethical responsibilities to

that community, and must outline how outcomes of their research, are aligned with community research priorities and will benefit the community.

It will no longer be possible for data to be weaponized, and to be used externally to pathologize, classify, label, or diagnose, and to then intervene in people's lives from outside. It will no longer be possible to build forms of capital off collecting people's biomaterial, and information on people's lives, patterns, and behaviours. Algorithms will be regulated and used only for collective benefit, as determined by communities themselves.

The inner dialogue you have telling you that what I'm saying is unrealistic, not possible, far-fetched, that innovation won't happen this way, that communities can't be trusted to know and define what they need, and that you—or other sorts of experts—know better, that inner dialogue, will also be gone from your mind in 2031... we will live with a new trust of others, a trust to know what is best for their own lives.

People will not be viewed as objects of study, but rather as active subjects with autonomy and control over information about our lives. There will be no such thing as "hard-to-reach" people or "at-risk" communities, as an interventionist and surveillance logic of public health, social workers, and external researchers will be undone. Instead, communities will be provided with an abundance of resources to support themselves.

As a result of settlers conceding control of the land to Indigenous communities, we will no longer be in a constant reactive position of fighting against forms of structural oppression, harmful laws, and the resulting social stigma and discrimination. The settler colonial legal system will be abolished, meaning the oppressive criminal justice system, laws, prisons, and policing infrastructure will be dismantled. We will live governed by a collective understanding of “do no harm” with a deep respect for the other. In the rare instance where anyone enacts harm to another person, local communities will employ restorative justice models of community accountability.

We will see beyond drug decriminalization and legalization. We will have realized total and complete drug liberation. Drug use will be understood not as a medical issue, or a risk, or a problem. Neoliberal individualism, which views any form of dependence as a failing or problem, will be no more. The small number of people who depend on drugs regularly for survival, will not be seen as having a disorder, or an individual failing, as human dependence on substances, things, and on each other, will be understood as part of the natural interdependence all of us have to each other, to land, and to resources.

Outside of pain relief, drug use will now only be viewed through the lens of pleasure. We won't need harm reduction, it will be reconceptualized as pleasure maximization. Drug supplies will be regulated, and drugs will be available to whomever needs them. We will support



each other to feel the best they can, to have cognitive autonomy, and to feel as much pleasure as possible. People who had been incarcerated for drug penalties, sex work, HIV criminalization, and other so-called crimes, will be released, and there will be no such thing as criminal records preventing people from realizing economic security and well-being.

HIV will be understood as a common human experience, not an individual moral failing, that is sensationalized, pathologized, and stigmatized. There will be no need to talk of eradicating or ending HIV, and the logic of risk will be no more.

Poverty will be eradicated, billionaires will be abolished, we will all have a realistic guaranteed income. Resources will be equitably redistributed to enable communities to support their own needs. All communities will have access to housing, to clean drinking water, to sustainable food sources. Scarcity and austerity will be a thing of the past, we will all live in abundance. We will flourish.

SOURCES AND RESOURCES

Alexander McClelland & Zoë Dodd, "[Thoughts on an Anarchist Response to Hepatitis C & HIV](#)," (2015)

[Data 4 Back Lives](#)

Edwin J. Bernard, Alexander McClelland, Barb Cardell, Cecilia Chung, Marco Castro-Bojorquez, Martin French, Devin Hursey, Naina Khanna, Mx Brian Minalga, Andrew Spieldenner & Sean Strub, "[We Are People, Not Clusters!](#)," *The American Journal of Bioethics*, 20:10 (2020)

BIO

Alexander McClelland has been living with HIV for over 20 years. He is an Assistant Professor at Carleton University's Institute of Criminology and Criminal Justice, in Ottawa, Canada.

Harm Reduction and The Archive

Salonee Bhaman for the
Asian American Feminist Collective
@saloneee
@aafcollective

A harm reduction approach to history understands that the archive is your aunt's closet, the last stall in your local dive bar, your phone—wherever stories can be shared. When we give up the idea that only institutions hold the past, we remember that “we make histories,” as historian Salonee Bhaman states in her text “The Archive” for the Asian American Feminist Collective zine, Solidarity, Politicizing, Talking Back.

There's something powerful about the promise of an archival repository: they hold within them stories, secrets, and clues about the past that all seem to be waiting to be put together and made recognizable. Inside each dusty box or slide of microfilm is a snippet that someone, somewhere, felt that the future must know about. Someone made a choice to preserve these objects, and to tell these stories. Rifling through these carefully preserved artifacts of the past can create a sense of urgency for a historian: what are we supposed to learn from these documents? Why did someone save them? This can be the trap of the archive as well: who decides what documents are saved? Which characters get to play the starring role in history? Who counts? Too often, archives are resigned to the hallowed

repositories of universities and municipalities. Those who can access them must read between the lines, interpreting within gaps and silences and implications, in order to find the working people who make a city run, the women and caregivers who nurtured movements and people, and the stories of diaspora, migration, and displacement that lack tangible form. Luckily, these stories can be found. Often, these stories are in our homes, tucked away in a photo album, or in the minds of someone we love or respect or know, waiting to be coaxed out and committed to paper and tapestories waiting to be treated with the reverence of History. Oral histories, familial objects, and community learning are at the core of feminist historical practice.

We make histories.

Read the full zine [here](#).



CREDITS

Harm Reduction is Not a Metaphor was created by What Would an HIV Doula Do? and Visual AIDS at the invitation of PS1.

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Poster Design

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What Would an HIV Doula Do? is a community of people joined in response to the ongoing AIDS Crisis.

hivdoula.work | @wwhivdd

Visual AIDS utilizes art to fight AIDS by provoking dialogue, supporting HIV positive artists, and preserving a legacy, because AIDS is not over.

visualaids.org | @visual_aids

This document was collected and edited by people living on Lenape land, with contributions from people across Turtle Island.



HARM
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IS
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