THE VOICES OF HARM REDUCTION

In the process of compiling the materials for Test It Before You Ingest It: A Friendly Toolkit to Harm Reduction and Safe Drug Use Practices, I conducted multiple interviews with harm reduction experts and practitioners in my local NYC community in Manhattan and Brooklyn. This book is a compilation of those interviews, edited for clarity, as well as a few journalistic stories I wrote based on the information I gathered and learned through my reporting.

Interviews conducted and compiled by Aarya Kini

For all the interviewees in this book who graciously shared their time and immense knowledge with me, and for every person living the principles of harm reduction every day, to keep themselves and others alive and safe.

FOREWORD

Who are we to decide whether someone is to live or die? This is the core tenet of harm reduction that I have learned from the people I interviewed for this project. The intention of this book is for you to be able to hear them articulate this principle in their own words.

In both my design and journalistic practice, I have always attempted to uplift stories and voices that, because of their nuance, are ignored by the mainstream. Test It Before You Ingest It also emerged out of this endeavour. For decades, drug use in the U.S. has been a topic riddled with stigma rooted in a range of systemic and societal -isms that only serve to ostracize the already marginalized, and prevent them from being able to seek the kind of holistic support they deserve.

This makes researching, writing, and designing around the topic a challenge as well, since all of the already limited information about harm reduction work is deprioritized beneath stories centered on the U.S. government's war on drugs, and abstinence-only rehab programs that ignore the individual circumstances and experiences of people that bring them there in the first place.

So for me, my first real entrypoint into understanding the prevalence of drug use in my community and learning about the harm reduction groups that exist to support those who may need it, was through speaking with members of the Brooklyn Harm Reduction Outreach Cooperative. With an openness that I will never forget, they shared knowledge with me that they have gained through years of organizing around and practicing harm reduction. I was even able to witness first-hand the ways in which they engage with the nightlife community and make space for people to learn without judgement, when I shadowed them at an event.

It is this tradition of information exchange that I want to showcase through this book — free of shame or guilt, taking place via vibrant networks facilitated by local communities and grassroots organizations, and keeping harm reduction education accessible to the public.

I am beyond grateful that these experts have introduced me to this incredibly complex yet deeply engaged world of organizing and networks of care. I feel there is no better way for people to fully grasp the importance of harm reduction than to read about it in the language of those that practice and teach about it on the daily. I hope you find their words as meaningful and valuable as I do.

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HEAVEN

ENDER

INTERVIEW ONE

Photo from
@heavenender on IG

AK From my research, Brooklyn is a borough with the second highest rate of overdose deaths, but resources seem to be concentrated in the Bronx and there's a lot fewer options for people living in Brooklyn. I came across this New York Times article that talked about a Brooklyn resident who traveled everyday to one of the OnPoint safe injection sites in the Bronx. So, I was interested, how did the Brooklyn Harm Reduction Outreach Cooperative (BKHROC) start?

HE Originally, my roommate and I were working with North Brooklyn Mutual Aid that came up during 2020 pandemic times. My roommate started North Brooklyn Essentials, which was providing outreach to unhoused people who were obviously also dealing with the pandemic and lack of resources, and the fact that a lot of resources meant for outreach to those types of people were closed and employees for those centers were furloughed during the height of COVID.

So through that work, he realized that a lot of these folks were injection drug users as well. And that wasn't something that was his forte, so he brought me in a little bit more to be like, “Hey, I need help figuring out what I'm supposed to really do for these people and what I can offer them.” And this is also happening at the same time as fentanyl is increasing in the drug supply in New York. So very quickly, we started getting test strips and things like that, and just started trying to do it through that. Then we kind of separated out from NBK and expanded beyond just Greenpoint and Williamsburg to do this outreach wherever in Brooklyn that makes sense.

HE Because other than a handful of addiction treatment centers or places that are providing suboxone[1] [there weren't many institutions providing these kinds of resources for people]. So for a while there was a significant lack. Even the Department of Health was behind on a lot of this too. It took them a while to set up the programs to be offering narcan to bars, restaurants, and venues, and providing fentanyl test strips to nonprofits and organizations that could distribute them. So we were doing the work of filling the gaps.

And our goal was to be like, there's a lot of people who are in need. But a Google search or look on the 311 directory isn't giving them their answer. And that's a problem. So we thought "We have a certain amount of money that was raised by the community to do this work[2], and how can we best address people's needs? It's by meeting them where they are," right? We decided instead of being like this is our center, and these are our hours, what's the opposite of that? Where we just say [to people], "Where do you want us to be? Invite us to your party, invite us to your event, invite us to the open street that you're having a block party on, or even just handing off supplies to people and saying 'We can empower you to have a safer evening. If you're having an event, we can empower you to help the people that you see struggling in your neighborhood by providing you with resources.'"

AK What does harm reduction mean to you?

HE Harm reduction, for me personally, is anything that is reducing the harm of capitalism, or the situation that we are in economically and socially. Being a

HE member of society is hard and inherently, there is some harm that comes from the things that we find in our world.

Whether it's providing someone a shelter, clothing, drug checking tools, there's so many ways in which we can counter that. For example, having a community fridge is part of a harm reduction strategy. If people have their food needs met in some capacity, they'll maybe make different choices about what they spend their money on, or how they prioritize what resources they have, and how they can support themselves or their community better, you know. So, harm is a societal factor in my mind and harm reduction is anything that we can do to reduce that and try to help people live healthier, more successful, more fulfilling lives, in whatever way makes sense with their life path.

We tried to also not judge people for the choices that they make, but just support them in making slightly better decisions about how they make those choices. A lot of people think we're like, trying to help people get clean, and it's like I'd actually buy someone drugs over sending them to a clinic sometimes if it's going to make them survive, or at least another day to make a different decision tomorrow.

There's a lot of models that have existed in other countries where they create a clean supply of a substance and give that to people for free, and it immediately starts decreasing the rate of people who are addicted because they start being like, "I'm not having to buy this anymore and I'm also getting good quality stuff that I know is safe to use." There's technically no safe dose under prohibition, but they

HE start making different decisions about "Do I really want to be doing this? If I'm not caught up in the cycle of trying to survive just to buy another dose, what can I do with my life?"

And we've seen that in a different way. We were doing a cash assistance program for a while, where every two weeks people could get $50 from us and we did not ask them what it was for. And slowly after that, people started saying, "I'm actually interested in trying to get back into a program or I'm trying to get my paperwork together to get housing."

It's that kind of thing that a lot of people don't realize — the cycle and how to break that somehow. Whether that cycle is simply that they are a little bit too silly on the weekends with how they take their drugs, or if it's more like this person is in the throes of a cycle that can't be broken any other way than through love and support.

Also, a lot of these people are ostracized by the community very quickly. We do a lot of outreach in nightlife as well, because a lot of folks in the nightlife scene, they're finding their families, they are there because of whatever's going on in their life outside of that. So, in that space, a lot of people are using different things in different combinations. And we lose a lot of people. Even this year, there's been a handful of people who are, I don't want to say like celebrities, but notable people in my life who have passed away because of something [in their drugs]. And so that's kind of where it comes out for me, like harm reduction is anything that we can do to ensure our survival.

AK Yeah, totally. That makes a lot of sense. And speaking of nightlife, it says on BKHROC's Open Collective page[3] that it's a coalition of nightlife workers and patrons and that's, I think, relatively unconventional in terms of nonprofits working to reduce harm. Like they're generally people who are like, career caseworkers or something, right?

HE For sure, yeah.

AK So I'm trying to understand what the makeup of the group is and how this idea of doing outreach in the nightlife scene came about? And you mentioned, you encourage people to invite you to their parties, so I'm wondering what it looks like when you go to an event.

HE Our organization is basically made up of anybody who has a few minutes to volunteer. So there is no need to go through a rigorous vetting process, you don't need to have a degree in social work, if you are someone that goes out and has friends that are potentially using substances, we want to support you in making sure that those people are safe. It's very fluid, people can join in wherever makes sense for them. So we have people who have helped us do one task, and they're still a volunteer in my mind, just as much as someone who's been helping monitor our Instagram and manage that.

It's about not exhausting people's capacity. This is a type of work that has a high degree of burnout for professionals and even people. We kind of came into the picture a little bit also after DanceSafe[4] had their local chapter in New York separated and diffused, just based on some people burning out

HE and institutional differences, you know, people's different ideas about how the work should be done.

There was a statement recently that a bunch of former DanceSafe members put out, coming out against the national nonprofit layer of it, because all the chapters had to speak up the chain to a larger umbrella organization. And some of their critiques were that this process prevented them from being hyperlocal, and being able to respond to the needs of their specific community, because the New York nightlife community is very different than Providence, different than LA, different than Detroit, or wherever. Anywhere that there was a chapter, the drug makeup is different. If you're in Montana, it's a lot of meth, you're not really worrying so much about opiates to the same degree.

Our organization looked at that happening and we're inspired by the process that they've had. They were primarily going to a lot of festivals and larger events since the 90s, if I'm correct. There's a couple generations of people who have knowledge of DanceSafe if you're in the music festival world. So since they were phasing out and some of the members split off to do their own things, we kind of wanted to step up in that gap. We are very fluid about our relationships too, we've received supplies, donations from people in the harm reduction circle out in California, or, you know, shared information with folks that I know in Vermont and we're trying to connect with anybody who's doing harm reduction and just share knowledge.

It's taken a little bit of time for this type of information to become more socially acceptable to

HE speak about publicly. When I was growing up, the D.A.R.E.[5] program was still the hard rhetoric for any American going to school about what drug education is and how it's abstinence based. They didn't show you things to be able to identify what is a drug or what it is visually and whatnot. And not everybody is going to be inclined to go read the DEA[6] website, which is very thorough and very scientific in language. I think a lot of what we also do is to understand the fact that not everybody can process high-level technical language. So how do we, as a group, break down that barrier for people to get into harm reduction as an easy everyday practice in their life?

AK Absolutely. And then, could you walk me through the process of what it looks like for someone to invite you to a party and for you to go?

HE So usually it starts over Instagram DM or a conversation at another event. And then I ask about scale, you know, how many attendees are you expecting? And do you have any knowledge of what substances your attendees might be using? So for example, my friend was producing this circuit gay party where a lot of like, cisgender gay guys in that scene like using GHB[6]. So she was like, "This is a crowd that I'm expecting, there will be some GHB being used amongst them. So I would love for you to have your general resources, but something specifically for that too."

So, we offer, as well as just sitting at a table and having cards and information out, and having like some test strips and things laid out for people to come and take and ask questions, we will also have

HE someone go and do a lap at each event. Every once in a while just walk around the room, make sure no one's curled up in a corner or throwing up somewhere, just go and check on people. And by doing that, some people will start to recognize, there's this group of people here who can help. So they'll come to us before security and say, "There's someone who's a little wobbly over there, like they're doing okay,now, but I feel like you should check on them." And we'll maybe offer some water, get their name, see if they're with friends or if they're alone, and then if they're doing okay at that moment, we'll circle back later.

And there's been a similar model at clubs nowadays where they have safe space monitors, but a lot of those people are looking for [other rule breaks at the club, like being on your phone]. So I feel like they're a little less attentive to when people are messed up, because they're also looking for so many other behaviors in that instance.

It's helpful to have people who are just there to be like, consent monitors and just keep the vibe, but then having specific people who are there to be the buffer between the patrons and security when people are too inebriated, because that's sometimes where you do need to say, "I need you to pick this person up or throw them over your shoulder and carry them out of the club right now. This person gotta go." And not a lot of people are comfortable making those calls, especially if they're not a qualified medic. Also a lot of times it's a gray area of "Do you know what this person has consumed this evening?" And they say, "Well, I saw them take this, this and that." But not everybody knows what their

HE friends are doing. And so we also try to encourage while we're at those events for people to check in with their friends, make sure you know what everyone is taking. So if something happens, you have an idea, right? A lot of times at events, it's just kind of us hanging out at the table until something comes up, or we need to go and check on somebody.

AK In my research, I found this fact sheet from the [NYC] government from 2021, that showed that the top three substances that are leading to overdose deaths are cocaine, heroin, and fentanyl[7]. So I'm wondering do you see a higher prevalence of opioids compared to other substances?

HE This is something that I think our group is also trying to break down, that a lot of that information is skewed by the fact that the places that are giving [the government] that information, are catered to injection drug users. Because of the opioid crisis and how that's played out in terms of lawsuits and things like that, they were required to at some point put that money towards helping people who are addicted to opiates.

So you know, like VOCAL-NY[8], as great as they are, when they do their narcan trainings, they are very much catered to people who are using opiates or drugs that could be contaminated with opiates. That's why when we partner together, I tend to cover loosely harm reduction for all these other substances that aren't really commonly talked about in those spaces. It's because for a lot of other substances, there aren't quick fixes either. With opiates, we have naloxone[9], and that's like, the quick fix, right? For a lot of other substances,

HE that doesn't really happen. Like if someone's taking too much ketamine[10], there is no nasal spray to get them out of the k-hole[11].

And that is what makes it harder, but also, a lot of these drugs are being intentionally used recreationally and don't always have a high addiction rate. So people are dabbling in them and their experiences are highly varied, because of where they're getting their drugs from. And because they're so differently scheduled on the classification of like, how illegal they are, a lot of times, [people providing safe consumption support] don't want to touch that. There's a lot of people who, because they've been given permission to care about opiates and injection drug users [through existing programs, that they're cool with it]. It's also that [opioid addiction is] a more visible problem to a lot of people, because people who are using opiates, if they don't know where to throw a syringe out, they're gonna leave it on the street, or they're the ones passed out on the street corner most often other than the random drunk, right?

Versus affluent people like white collar workers who go clubbing on the weekends and buy some MDMA[12] to go out to Gardner, or Brooklyn Mirage[13], and then ending up in the creek — that's still a problem, but because they're an affluent class it's not looked down upon in the same way. It's also looked at as accidentally revealing the secret. Like we weren't supposed to really know that you were doing that but in reality so many people use drugs for a wide range of reasons. And all of them are potentially valid, it's not our place to judge. Our bodies can receive these things, there's a certain

HE amount of people who are just going to experiment and use them.

So that's definitely something I've realized over time is that a lot of other organizations focus so heavily on this one problem because it's also associated with a class status usually. Versus if you have enough money, you can just go and buy a reagent kit and you don't need a nonprofit to get back to you. In reality, there's a lot of people that fall in the middle of those two spaces.

If you're not wealthy enough to have your drugs sent through a mass spectrometer[14], and you're also not living on the street, what do you do if you don't know where to go? That's why we tried to spend a little bit of time talking about everything, even things that are considered very normalized like caffeine. Like we're working on this document in which we talk about alcohol alternatives. Things that are not alcoholic but still have effects on the body and how to be safer when taking them. Because how many times have you heard a friend be like, "Oh, I drink a seven shot espresso and I'm vibrating and my heart's gonna explode"? You could end up with cardiac arrest if you drink too much caffeine in a short period of time. And that's something that's very easy to do. If you wanted to go to a deli and buy 10 energy drinks with the intent of consuming them all, he's not going to stop you. So without the benefit of having that information, you could end up in the hospital. And caffeine is so normalized and so regulated and so easy for people to jump on and it's so not taboo to have a caffeine addiction. But if someone was like, "Don't talk to me before my first hit of meth," people would be like, "What's

HE wrong with you?" Right? So that plays into a lot of the information, especially when it's coming from government organizations reporting down.

I do think, yes, opiate deaths and cocaine-related deaths are usually related to contaminated cocaine. But all drugs have the potential to really mess up someone's life. There is risk inherently involved with all of it. So the prevalence is what is reported, but it's not actually representative of the whole community at large.

AK The way that you articulated that, it makes a lot of sense. And I think it's given me more context for a lot of the data that I've encountered. So I'm interested to know more about how you measure the outcomes when you are providing services? What are the indicators for you that the efforts that you guys are making are working?

HE This is something that we've made a very specific decision about, is that we do not take demographic information and that we do not ask them questions other than "What do you need? And how much do you need?" [Many other centers in the city providing these resources ask for some form of identification, which can be a] barrier for people who are undocumented, for people going through gender transition, who don't have IDs that match their look, or whatnot, or people who just feel uncomfortable seeking out those resources because of having to provide some kind of information other than just like, "Hey, I need this, and quietly go away. So for us, our metric is figured out by how often people come to us say, "Hey, I heard from the grapevine that you are the org to talk to you about this."

HE We've only really existed since December of 2020, which was when we first had our full transition of funds, Open Collective active, and started doing work as our group. And since then, we've been represented at a significant number of and levels of events. And I don't judge that metric by followers on Instagram, either.

For me I don't really need to know the number. I don't really care to know the number as long as I know that the individual who I'm looking at face-to-face when I hand them something says “Thank you so much, I needed this” and goes about their day. Sometimes it's okay to not really know someone's whole situation. We all know someone who uses drugs. So I don't need to have some sob story from every single person to help them.

We will be able to raise money again, to buy more things. Don't worry about it. You want a whole 100 box of fentanyl test strips because you say you need them, I trust you. And it's something that my roommate has...he's kind of tried to fight me on it being like “I don't want to waste things,” but I really doubt that these things are truly wasted ever. Even if they end up in a drawer somewhere and sit around, at least it's a reminder that this is a thing that people have.

It’s not our place to judge how people use these tools. I mean, I've even handed off a free reagent kit, which is worth potentially $60 at retail, to someone in a suit who walked out of a BMW, and I was like, I'd rather just give you this now, because you'll maybe send me some donation later as a tax write off, because you remember that we did that for you.

HE Even people who look like they could support themselves, in that moment, if you're expressing a need now, you should just have it now. Because if you don't have this now, and tomorrow you're in the newspaper in a report of something that happened, that's fucked up. So the community provides us all of the metrics we need basically, it's just from word of mouth.

AK So just in terms of the logistics of it, how many people on average are you seeing?

HE We handle multiple requests which are distributed amongst our core volunteers, the people who are in a group chat who answer the messages the most. The people who are a little bit more enthusiastic about taking on administrative tasks.

A lot of our work is decentralizing our supply of resources. So everybody has a little bit of something at any given time. Sometimes producers will ask us and we'll just hand off supplies to the producer who's then doing the distribution. So even if we're not directly physically there ourselves, producers inherently become a volunteer for the night by distributing them on our behalf.

There's that layer to it as well of, I've gone around and just restocked a bunch of the bars around here with Narcan because I got a shipment and I just walked in and [ask if they need or want it and usually they are quite open to it].

So a lot of times we rely on that network of nightlife itself, that if someone goes to a drag show and we have a table in the back and they get some infor-

HE mation and resources there, and then they go out to another party that same night, they have that on them, and they use some of it or share some with others and it kind of ripples out that way. That's integral to how we thought about this because as much as I would love a drop in center like VOCAL has where people can come to us and find all this stuff, doing that is hard.

So that's why piggybacking on nightlife is one of those spaces where we can do the work. A lot of people who go out will also know people in their daily lives outside of nightlife who need these things. So it's not necessarily a captive audience, but a good touch point to start from because people are already in the context for the work. It makes sense to people that they can get stuff from us, throw it in their bag, and then go on.

Our group tries to empower others to do harm reduction themselves without really needing us to always be physically present for them, which for us is through being able to connect them with what they need.

AK Are there any challenges that you guys are facing?

HE I mean, always the education side of it, right? People not really understanding why harm reduction is important. We dealt with this way more when we were connected to North Brooklyn Mutual Aid because of their visibility in the community, and also that we were campaigning differently than them, but now independently, we don't have this problem as much.

HE But we occasionally get people who are like, "Why are you giving out crack pipes?[15] How is that not just enabling these people?" I've been called an enabler, quite often, by people for doing this type of work. Some people also give me that salty look when I tell them "It's for people who use drugs, and to make sure that they can be as safe as possible," because it's acceptable to tell people I'm helping them get off drugs, versus helping people do drugs safely. And people just don't like that idea. They're like, "Oh, well, they're still doing drugs." And well, yeah, but they're not going to just stop doing that.

So educating people on that process [is hard]. We even had some people from the communities in which we work coming back with us with that kind of feedback. And we recognize that sometimes it's people who themselves have been through addiction and have gone through certain indoctrinating practices within the addiction counseling program world, because that's a whole other side of things too, that going through rehab is very different depending on what kind of person you go to, and what their motivation is.

A lot of 12-step[16] programs are also very religious and wrap people up in this faith based idea that you're being saved, which can be very detrimental to people's understanding of helping those who were like them. At one point, a lot of people are like, "Well, I came out of this, I got out of it, so everyone else should too." So combating stereotypes is a challenge.

I'm also combating the algorithm. Sometimes we want to talk about drugs very openly, but can get

HE flagged for things. So we have to tailor our language and imagery very specifically to do it.

One example is that we did a sampling where a bunch of folks that we connected with gave us the empty bags from their heroin samples, and let us test them, and then we did a side by side comparison of five to 10 different stamps on the bags. Each of the bags, kind of like with weed strains, have a stamp put on the back so they can differentiate between batches. And people check stamps. So you could check with others if you want and say "Did you get the one with the skull on it? That one was really potent and it knocked my friend out" or whatever. So that's kind of how people share that information in that community.

When we did a post about that it got flagged very quickly because we had images of the bags and stamps and all of it laid out, so we had to reformat it and post again. So the other side of this is that Instagram is an imperfect platform for us to communicate on. We're working to try to create a more comprehensive website to easily load on a mobile phone, that could provide people that information outside of Instagram, where we can speak more openly and provide visual examples without being censored. The only page that I know really gets away with it is the Erowid DrugsData Center. And that's because they've fought with Instagram so much about it that they got some kind of bypass I believe, and they still have to put in their posts that it's for educational purposes only, to not get it taken down.

HE It's hard, you know, we want to be on Instagram, because it communicates to a lot of people quickly and it's also a platform where people are easily able to share content for other people to view it. If there's a bad batch or something, we can post or share an announcement about that on our page and reach a lot of people potentially, but the algorithm downvotes us. So that's why I feel like, while a lot of other harm reduction groups are very Instagram heavy and every day are posting some new posts, for us it's not our priority. Our priority is the work that we're doing in the street with people who need it. Being online all the time isn't really us doing good work. We can hold a presence there to be able to reach people easily and funnel them to what we need them to. But it's not our platform. Our platform is the world.

AK Yeah. And then just the last question before we go off the record is that, you as a person, you are very much a multi-hyphenate. And I'm wondering, how would you describe yourself and the work that you're doing? How does your work tie into the harm reduction sphere?

HE So I always identify as an artist first. I've been an artist my entire life. I was technically trained by my grandfather, when I was fairly young to like watercolor paints. So there's a certain amount of everything I do in my life that is related to that. I sort of live my existence as if it is one big artwork. Part of that is performing in nightlife, DJing and creating things with music, and doing drag numbers and using my body to create art. I'm also a painter, I do work with my friend on sculpture and plant related art. I took a break from painting during COVID

HE and entrenched myself in mutual aid work under the concept that it can be a lifestyle in a certain way. The impact of it is stronger than any visual artwork in resonating a sort of structure of care and support. And building on that and making sure that it's also not a monolith, and not static, it's responsive. I kind of view it as creating an art experience or an art happening that is an expression of care. And there are other artists that have precedents for this really, like serving a meal as an artwork or creating systems or structures for it.

I remember very early on in my time at school, I went to this space called the Immigrant Movement International, I believe, where there's an artist named Tania Bruguera, who started this group as an extension of her art practice that helps immigrants get settled and deal with the things that come up with that, including just connecting with family and helping people get documents and jobs, and find community in an alien country to them. So, that inspired me a lot

I also run a project down the street here called the NBK Little Gallery, which is just a tiny wall next to a nail salon and the Butcher's Daughter that has a box that used to be an ATM. And it was just abandoned. The metal frame was there but the ATM had been removed and the landlord was not taking it down and it was always filled with garbage. And I was like, it looks like a little gallery. And this was around the time that some other folks had started posting about that kind of concept on their front lawn. So I was like, the urban version of that has to be more open, right? And so this was perfect, there's no glass on it, there's no door, you

HE can just reach in and grab something. Providing that space, it's small, but everybody treats it as part of the community. They all leave something, take something, rearrange it, take a picture, look, touch everything. And that's been going as a kind of de facto public installation for over two years now. And so that kind of relates a lot to the harm reduction work as well. It's this idea of creating a situation of exchange as the primary function of an artwork.

AK Wow, thank you. I'm gonna turn off the recording.

REFERENCES

[1] Suboxone is a prescription opioid used to treat opioid use disorder.

[2] The Brooklyn Harm Reduction Outreach Cooperative began with an $18,000 grant from North Brooklyn Mutual Aid.

[3] Open Collective is a fundraising, legal status and money management platform for grassroots organizing groups. BKHROC can be found at opencollective.com/bkhroc

[4] DanceSafe is a drug checking non-profit. Their programs include drug education, political advocacy, and event outreach.

[5] Drug Abuse Resistance Education is a program aimed at preventing drug use,gang membership, and violence amongst school-aged children.

[6] Drug Enforcement Administration

[6] GHB is a central nervous system depressant used as an intoxicant. Refer to the Partygoer's Handbook to Safe Drug Use for further information on effects and safe consumption.

[7] Fentanyl is a synthetic opiod that is 50 times stronger than heroin, commonly used to "cut" or other drugs.

[8] Voices Of Community Activists & Leaders (VOCAL-NY) is a grassroots membership organization intended to support low-income people affected by HIV/AIDS, the drug war, mass incarceration, and homelessness. vocal-ny.org

[9] Naloxone is a medication approved by the Food and Drug Administration (FDA) designed to rapidly reverse opioid overdose. It is commonly known by its brand name "narcan" and is generally administered in the form of a nasal spray.

[10] Ketamine is a dissociative anesthetic that has some hallucinogenic effects. Refer to the Partygoer's Handbook to Safe Drug Use for further information on effects and safe consumption.

[11] Large doses of ketamine can cause a person to become completely detached from reality and slip into a dissociative state commonly known as a k-hole. The potentially terrifying feeling is often compared to an out-of-body or near-death experience.

[12] MDMA acts as both a stimulant and psychedelic, producing an energizing effect, distortions in perception, and enhanced sensation.

[13] The Avant Gardner and Brooklyn Mirage are prominent clubbing spaces in Brooklyn , NY.

[14] Mass spectrometry is the most discriminatory drug testing technique and is used to identify the specific components and their respective ratios contained in a particular drug sample.

[15] Drug pipes are vessels used to aid the smoking of hard drugs. They usually consist of a glass tube with or without a bulb, the latter particularly used when consuming crystallized forms of meth or crack cocaine.

[16] 12-step programs are peer support groups intended to help people recover from substance use disorders, behavioral addictions, and sometimes other co-occurring mental health conditions. The most common example of a 12-step program is Alcoholics Anonymous.

HEAVEN

ENDER

INTERVIEW TWO

Photo from
@heavenender on IG

AK Okay, so, to jump right in, the first question I had was, you talked about how BKHROC came to be, but I was wondering what draws you into the work in the first place? What was the personal motivation behind wanting to be a part of this?

HE Sure. So this is...it's a little bit more personal, which is why I don't always start with this when people ask this question, but when I was a teenager, I was a baby raver. I was going out to clubs and raves with friends when I was underage, and I had met someone who was synthesizing his own research chemicals and offering them to us to try saying it was fine. And at one point he made something that had a reaction with me and my friends, and all of us ended up having basically what is like neurotoxic poisoning where we were affected on a neurological level by whatever we took, and so ever since then, that has always been a chronic health problem that I've had. This sort of neurological disorder that came from not having information about drugs that I was taking, and not being aware of what I was getting myself into

Like I said, underage, you know. I was barely 16 at this point, and this happened. So that was one moment for me personally, where I felt like I have a connection to harm reduction because I have struggled with the results of not being informed about use.

And then besides that, just from being in the nightlife scene for a long time, we've lost a lot of people over the years to substance abuse, or to bad batches, or from relapsing after they had been clean and took too much when they came back to it.

HE So harm reduction was an activity that I didn't have a word for, for a long time. But at any party I would always be the one to check on people, and ask them "Do you need some water? Do you need help? Are you okay?" If I saw someone struggling, I'd always like taking on that role before I even knew the term harm reduction.

Then when I was working security for this hippy festival called Gathering of the Vibes in Connecticut, I got to interact with a lot of people who were sort of elders in the deadhead scene and had been doing drugs for a long time. In conversations with this one woman who was in the tent next to us, about psychedelics and her experience of growing mushrooms and giving them to people for over 30 years, and how she helped people who might be going through a bad trip[1], I started to realize there was a lot more out there in terms of how we could keep people safe, but the knowledge about it tends to be sequestered to either people who have been dealing with it for a long time and working on an interpersonal level, or within institutions like governments and health departments, like the DEA. And that the drug education that is provided in between those spaces is fairly limited.

So after that experience, and hearing more about people doing harm reduction, but still not using the word harm reduction to describe it, the lawsuits against the Sackler family for the opiate crisis[2] solidified the term harm reduction to where people understood and heard about it, and knew what it was. So that's when I formally started using that word in my vocabulary and identifying myself as a harm reduction worker and someone interested in

HE trying to do it. If you actually look at the history of the term harm reduction, it goes back way farther, but it's just not as formalized in the public vernacular, I feel.

When the protests started happening in 2020, between the pandemic as well as the Black Lives Matter movement, that was when I felt the fire under my ass to get back to doing a lot more community work. When I was at The New School, I was involved in some small things through the school itself in terms of community work, but after college is when I shifted my focus to specifically harm reduction. The pandemic being the first large disruption of the drug supply in many years on the scale that it was, is also why I feel like harm reduction for me became my focus because previously if a dealer got caught, it might affect a small region for a while or a small population temporarily. But oftentimes, they would be able to bounce back very quickly or they'd be able to find another substance to sell in this place. But with the borders shutting globally in 2020, that literally shut down the supply chain for drugs to be produced. So it escalated the problem, at least temporarily, in a significant way that it felt important for me to step up into that space more. Where I operate, all of the things that I do for a living are somewhat touching upon people who use drugs.

And then when you say escalated the problem, what exactly is the problem that you're describing?

The problem I'm describing is the prevalence of substances entering the market where people are unaware of their composition, and a lack of support

HE from government or institutions to really help these people. Like I've mentioned to you before, I feel like a lot of the nonprofits and government agencies focus on injection drug users who are specifically using opiates, or meth or crack for the most part, versus the large population of recreational drug users who were used to a somewhat consistent supply, at least in their minds.

So there was a problem with people not knowing what's in the drugs they're taking before, but it became even more escalated because of the things that they were getting cut with and new things entering the market. For example, tucibi, where people think it's the same as 2C-B, but it's actually a cocktail of drugs that didn't really enter the US until after the pandemic hit because people were taking this drug formula from Colombia and replicating it here in the US with whatever they can find. It was this method for people to create a drug out of whatever components they had and sell it to people.

A lot of things have also changed about the way that people are buying drugs right now with some substances being legalized. For example, cannabis is legal in the state of New York, as it is in many states. It's not fully legal across the US according to the federal law, but there's now way more people who are using cannabis who maybe haven't used cannabis before, and they're having these strange experiences where they go and take an edible and they're high for three days and they don't understand why that's happening because no one's ever properly taught them how to consume cannabis. They've just told them not to do it. So now this thing is legal, and the people who've been using it for a

HE long time know their way around it. But even some of those people still don't know what to do to help a friend if they've gotten too high. And it's the same thing with psychedelics like mushrooms becoming decriminalized in many places, more available to people in general, and also socially more acceptable. I was seeing mushroom therapy being talked about on TV at one point, and psychedelics being promoted on the subway and in advertisements on Instagram. It's the same with ketamine therapy, right? Now these substances that were once big no-nos are being reevaluated publicly, but people aren't able to parse what the scientific research studies say versus what the media is trying to spin that as, and also balance the moral judgments that they've held and been instructed to keep all their life through programs like D.A.R.E or abstinence-only education.

So I think we're in this period of confusion for a lot of people where they're like, "Well, maybe I'm not so afraid to try this now, but how do I go about this?" And also collectively, we've all gone through a large trauma together, and during periods where people are processing trauma, they want to seek out substances to help them deal with it, process, numb it, whatever it may be. Relapses also jumped up during the pandemic, and a lot of overdose deaths that happened were in relation to people relapsing on a substance because they had been sober and then the pandemic triggered them to go back to use. That's when a lot of this boiled over in the sense that all of these issues were sitting in the pot simmering at a pretty standard rate, and then they really foamed over the top after the pandemic pushed a lot of these things to happen.

AK Yeah, absolutely. You said one of the biggest things that you're working on is the education side of harm reduction, and making sure that people are able to go out and provide that education to people and I was curious if you could speak a little bit more about whether there's any barriers that exist beyond that? I know you've mentioned that you have to obtain specific numbers to be able to act as distributors of harm reduction supplies, and get materials from the government or other organizations. So I was hoping you could just walk me through some examples of that process?

HE The first one is just the cost. If you were to buy those materials at the cost that a normal citizen would be required to, it's expensive. And so you'd have to, one, have the money somewhere, two, have that money liquid so that it can be applied to buying materials. So our Open Collective functions so that funding is stored in a place from where we can submit a reimbursement to someone if they front the expense for us.

The next one beyond that is to buy things wholesale, you have to prove that you are somehow an organization that has a legal status in the eyes of the government. Just a group of people together that are friends trying to apply for this will probably get overlooked in their application process, because what the manufacturer wants out of you is to prove that you are an organization that's not paying taxes so that they can write this off as a tax-deductible donation as well. So we pay taxes in a very specific way. The Open Collective account makes it so that we are fiscally sponsored by a 501(c)(3)[3]. So even though our group itself doesn't have that legal

HE status, there's someone who represents us that does and can vouch for us.

So when somebody who's donated $1,000 to us wants to write that off as a tax-free donation to the IRS, they need to have some way of proving that we are a legitimate organization, and have a way to file things. So Open Collective acts as our bank account as well as sort of the entity that's going to file any paperwork on our behalf to the IRS[4]. That way, our volunteers are not holding this money in a personal bank account and trying to separate those finances from their personal finances and having to account for that to the government.

In theory, if you're taking donations through Venmo that has to be taxed by the IRS at some point. It has to be recorded and documented, so what we do is we take that money and then deposit it into our Open Collective so that at the end of the year, Open Collective can say these were all the donations they took in, this is all the money they spent, who paid for what, and be able to sort that out however they need to.

Another barrier to doing this work is having to respond to the ways that the government wants to control money, and the tax loopholes that they've created for people making fiscal donations to charities or organizations like us. So for a lot of people who are doing grassroots organizing, that's the hard part of doing the work like, how do you handle the money that you get, especially when for us we got an original grant of $18,000. It's not just a couple 100 dollars at play, it's significantly larger. And when you're dealing with money on that scale,

HE you also need to have financial transparency for your own sake, to be able to prove to the community that you are spending the money the way you should.

The educational barrier is that traditionally we rely on social workers, therapists, doctors, and professionals, people with degrees, to do this type of work, because we think they've been trained and taught how to do all of this. So therefore, they are the single authority figure that can really help us. A lot of people ask me if I have a degree in social work, and I do not. I am simply a person who has had the education of the streets behind me, as well as the fact that I went to a college and have the type of education to be able to read and analyze documents and articles to learn and gain the information that is necessary for me to do the work.

Other groups also do things like...VOCAL has a peer education program, so people who go through their program first as someone seeking support for substance use, once they move through that process, they can start joining their peer education program where they become someone who's doing the outreach work. So there are other models for how people can become educated as a harm reduction worker, but a lot of it is self-starting. And that's the hard part for people is that if you have a learning disability, if you have a difficulty with auditory processing, listening to someone give a lecture and retaining that information can be difficult. And so that's why we use Instagram as a platform to communicate because it is a format where if you can simplify things for people enough, they can start putting it all together in their head. That is

HE part of the outreach, just having small touchpoints for educating people and giving them a little bit more each time that you interact.

I'm also always trying to stay on top of it and make sure that I'm always looking out for new info, and being aware of things that are changing legally, or drug market wise, or what club is having a problem. If we aren't continuously educating ourselves, then we run the risk of perpetuating harm in a different way, right? Through ignorance, we could potentially create other situations of harm, whereas if we are continually educating ourselves, we can continue to try to work to reduce it. So staying vigilant and aware is a constant challenge and if you don't really have a lot of time, it can seem like every week you're behind another two weeks.

And then the last barrier is obviously having healthy boundaries for yourself. It is difficult to Narcan someone when you actually have to do it, you realize that you are confronted with a life-death scenario and afterwards, you are sent through a lot of emotions depending on your own situation, whether it's the first time you've done it or the 50th time. It's not easy to deal with that. Which is why we try to educate people and prepare them for that.

Every time it's happened to me, I've broken down and cried a few hours later. It's tragic and having the ability to trust yourself to stay calm in that situation and to be able to provide the help that that person needs gets hard, especially if you've dealt with this kind of problem yourself, it can trigger your own history in your head and your own deep seated feelings and emotions.

HE I've had a friend who Narcan-ed someone and then it caused them to relapse a couple months later because they couldn't get it out of their head. So being able to navigate this with the sort of distance you need to keep yourself safe, that's also hard for people to navigate. Sometimes people aren't really fully there, they want to help, but they aren't fully there themselves.That's why I try to encourage other means of people engaging in this type of work. It doesn't always have to be you on the street helping the person who is the most in distress. It can look like so many other things based on your capacity at any given time. If you can make a flier, you're still helping with the harm reduction effort. It's just you're helping in a different way. So yeah, emotionally it is difficult.

AK Absolutely. That makes sense. Have you noticed though that a lot of people that are drawn to working with BKHROC, or with harm reduction in general, are people who have personal experiences with addiction, or have seen people around them deal with it?

HE It usually is people who lost someone in their life or have struggled with this themselves, or are often in spaces where people that they interact with are using drugs even if they themselves are sober. Or people who work at non-profit organizations where folks like that might be coming through.

For example, I got an email the other day from GMHC[5], which is an organization mostly centered in Manhattan that's focused on LGBTQ populations. They reached out to me about getting deeper education on other substances. And they aren't

HE necessarily a Harm Reduction Center, they're just a health center, but it's something that their clients who are coming in need. And so they're educated on Narcan and fentanyl test strips and xylazine[6] test strips, but they're not so aware of other substances because the DOH[7] is not teaching them that so that's when we come into the picture.

A lot of times it's also folks who work at the library or at other public facing institutions where people can spend time freely. It doesn't cost money to go to the library, so if someone's unhoused and they're using drugs and they need some place to seek refuge for a while, they might go post up in the library and sit for an hour and chill on their high in a quiet, safe environment. That's why the library system has been so interested in working with this because they help a lot of people who come through. They're also seeking education, because while they themselves as the librarians don't know everything, they want to be able to say, "Here's where you can go find more, here are the books on our shelf that can educate you on that." So that's definitely a big part of it.

AK Great. Thank you.

REFERENCES

[1] A bad trip is when someone has an adverse psychological reaction to effects produced by psychedelics like LSD, magic mushrooms, or DMT.

[2] The Sackler family is an American family who owned the pharmaceutical company Purdue Pharma. The company, and some members of the family, have faced lawsuits regarding overprescription of addictive pharmaceutical drugs, including OxyContin, and have been widely criticized for its role in the opioid epidemic.

[3] Refers to the Internal Revenue Service designation for tax-exempt nonprofit organizations.

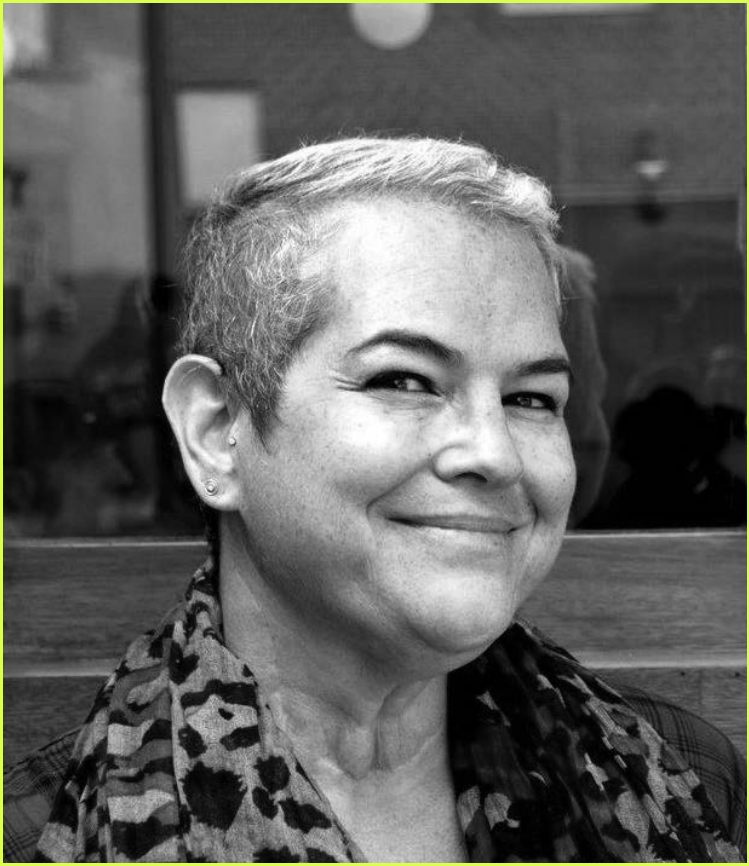
[4] Internal Revenue Service, the federal entity responsible for collecting taxes.

[5] The GMHC is a New York City–based non-profit, volunteer-supported and community-based AIDS service organization whose mission statement is to "end the AIDS epidemic and uplift the lives of all affected." gmhc.org

[6] Xylazine, also known as “tranq,” is a veterinary tranquilizer that is increasingly being added to illicitly sold opioids such as fentanyl and heroin. Xylazine causes very strong drowsiness that can make it difficult or impossible for people to stay awake. When xylazine is found alongside opioids, the combined sedation can increase the risk of an adverse medical incident or overdose.

[7] The New York State Department of Health (DOH) is the department of the New York state government responsible for public health.

TAMARA



OYOLA-SANTIAGO

Photo from The New School,
event.newschool.edu

AK I just want to get a general understanding of what the Harm Reduction program here at the New School looks like. I personally wasn't aware of the program until I met some students who were tabling at the Lang building and sharing information about the services. This is something that I've recently been very interested in, and as soon as I found out that there was a program like this at The New School, I was extremely excited to hear about it. So I would love to know, first of all, how the program was conceived?

TOS So my name is Tamara Oyola-Santiago, pronouns, she/her/hers. I am a public health educator, and I have been part of the university, The New School since 2009. And so when I joined the University community, I joined having a lot of community experience working in harm reduction, specifically. So I brought the knowledge, skills and abilities to the university.

One of the big issues we want to talk about in higher education, young adults and college students, is how we educate, empower, and also provide what I call holistic health services. Part of that process is the interpersonal, how you're feeling psychologically or physically. But it's also about decision making, and about getting the information necessary in order to make sound decisions that are empowering, and center your needs. Harm reduction is both a movement, and also the public health provision of tools that mitigate harm, specifically related to drugs. And when we talk about drugs, we are talking about the legal stuff, tobacco, or alcohol, as well as the stuff that's illicit.

TOS Harm reduction is everywhere in our lives. You get in a car, what are you supposed to do? Put on a seatbelt. You get on a bike, what are you supposed to do? Put on a helmet. Right? When you buy prescription drugs, or even over the counter, there's usually a tamper evidence seal, right? So those are all examples of how harm reduction is part of our everyday lives. But harm reduction as a movement was really specifically started around drugs and alcohol. It's also around sexual related harm reduction. The fact that we provide condoms, both external and internal, and have conversations around sexual violence prevention, and HIV[1] testing, and have available PrEP[2] and practice Student Health Services, those are examples of harm reduction related to sex, to sexual risk, and transmission of hepatitis-C[3], HIV, sexually transmitted infections and diseases. I'm assuming you want to know about the drug stuff, so I'm going to focus on that. Okay, do you have any questions?

AK So when you say harm reduction at The New School, what exactly does it mean? And if it means the sexual risk prevention as well as drug safety, and I'd love to know about both.

TOS So harm reduction at the New School is basically a pretty wide umbrella that has to do with knowledge, empowerment, and the provision of public health tools that reduce risk. So that would include a variety of things that fall both around sexual risk as well as risks related to using drugs. So we'll include both. But today in preparation for the meeting, I kind of figured we were going to focus on alcohol and other drugs.

TOS The New School is actually pretty important in New York State in the sense that we were the first opioid overdose prevention program in all of the state to get registered with the New York State Department of Health. So we were at the forefront of centering, harm reduction as a medical delivery service, that should be part of any student health center in the state in any college or university.

There are now many other colleges and universities that provide naloxone, but we were the first. And we're going back, I would have to look for the specific date but probably 2011 and not 2012. So it's been a while that we've been doing it. What does that mean? That means that we are able to work with partners across the university to make sure that the community knows about naloxone which is also known as its brand name, Narcan. That is a medication available. It's basically a medication that reverses overdoses related to the use of opioids. And September of this year, the FDA[4] changed how naloxone is available to the US public. Before it was through a prescription, but it is now available over the counter.

And that is due to the public policy advocacy of harm reductionists across the USA, Drug Policy Alliance[5], the National Harm Reduction Coalition[6], medical providers, addiction specialists, they have all been advocating to make naloxone more readily available across the USA, if not the world. It is a medication that's pretty unique in the sense that the only thing it does is reverse overdoses related to opioids. That is the only thing it does. It has no other secondary effects. And so it's fairly safe to use. And there are models across the world for

TOS example, the same way having kids like middle school, high school students talk about the Heimlich maneuver or CPR, we should be talking about naloxone as well.

I would say that naloxone distribution has a big commitment from the New York State Department of Health and the New York City Department of Health and they were at the forefront at a national level of making sure the naloxone was available to New Yorkers. And they pass things like the Naloxone Access Law[7] and the Good Samaritan Law[8]. Both of those laws protect New Yorkers who decide to carry naloxone and actually intervene when someone is overdosing. Naloxone requires an empowered bystander. I do not Narcan myself, it is something that you provide to somebody who you see is unconscious and who may need assistance. It doesn't matter if you know or don't know, whether they use substances. You call 911 and intervene with naloxone, that is literally what they say. So let me show you the kit.

So basically, all of us that are working with harm reduction in New York City, if not New York State, we all have the same blue bag, because we all get it from the Department of Health. And each kit has two doses. So part of the training would be like this is how you utilize it, recognize the signs of an overdose. The change of the skin color, the change in breathing, essentially, when an overdose is happening, the body is overwhelmed by the number of opioids that are blocking or connecting to the receptors in the brain. And you go into respiratory distress. Opioids are painkillers, but a secondary effect is that they also depress the respiratory

TOS system. So when the body gets overwhelmed you go into distress. And without oxygen circulating, you get heart failure, you get brain issues. And so you're basically trying to get somebody to breathe. So the training is also around breathing responses, getting oxygen, the recovery position. But essentially, the training is what I do and what my team of Peer Health Advocates do across the university campus. Last Monday, we were invited by Resident Advisors at Kerrey Hall. And we provided a workshop to residents there. We also worked with the fire marshall Paul Gottlieb, to make sure that all security officers on campus also have naloxone and are trained. New York City has a pretty good response time in terms of EMS[9]. The New School is at the heart of the city so EMS arrives pretty quickly. But we train folks so that they can provide help while they call 911. And when EMS arrives, you can basically say, you narcan-ed a person twice, or three times they woke up or they haven't woken up. But Narcan is part of the EMS toolkit. That's one of the first things they provide as soon as they arrive on scene and somebody's unconscious.

AK Yeah, absolutely. So I see that you also have drug tests. I'm wondering in terms of the range of services that you're providing to students, what does that include? And how can students access the resources?

TOS So essentially, we know that in New York City, there's an overdose that happens every three hours. That's a lot. And what we know has happened is and explosion of the presence of fentanyl in the New York City drug supply since COVID-19. This is a national problem, if not international.

TOS Fentanyl is a synthetic, meaning human-made opioid, that is very, very, very powerful. And it is present, even in stimulants. So somebody thinks they might be using cocaine, and it might also have fentanyl. They buy heroin, it's probably not heroin at this point it's probably fentanyl. We also know that fentanyl is present in pills, counterfeit pills, and a variety of forms of cocaine and crystal meth. So what the departments and us at The New School have felt is necessary to promote is that if you know you're going to be in a circle of friends, or a bar scene, to always have naloxone on hand so that you could save somebody's life. At The New School, we provide naloxone, but we also have something called fentanyl testing strips.

The fentanyl testing strips are also provided by the Department of Health. It's an interesting story how this test came to be, because these are the same strips that you would use to test someone's urine for the presence of drugs. So it was people who use drugs who basically said "Hmm, this could also be used for me to test my substance before I consume it."

All of this is available due to the advocacy of people who use drugs, because the war on drugs has impacted our ability to have a safe drug supply. And also the value of public health is not seen equally across the world. In the US, we're lucky that we're in New York City, which has a public health framework that embraces harm reduction. That may not be the case if you're a person living somewhere else.

So essentially, we give out the testing strips and give out instructions on how you utilize it because

TOS we believe that knowledge is power. If you're gonna consume, know what it is that you're consuming, have that sense of agency in order to take the appropriate steps.

The messages around harm reduction in all of our programs are, have naloxone on hand, have fentanyl testing strips, have a buddy system, and if you're ever going to be using alone, to use the Never Use Alone hotline which is available nationally. Also have somebody that is available to call and check in with you, go slow and avoid polysubstance use because often it is the mixing of drugs that can lead to a potential overdose. For example, an opioid mixing with alcohol mixing with a benzo[10] is a pretty dangerous combination. So those things are part of that harm reduction workshop and framework of what we utilize on campus.

AK So if a student came to SHS and they wanted Narcan and test trips, what is the process for that?

TOS So it's really easy. We want to make it as readily available and low-threshold as possible. They could always reach out to me at wellness@newschool.edu. I need to make sure that they know how to use the naloxone so that initial engagement will always include a Health Promotion engagement, where we go over the science of an overdose, how to store naloxone, how to be an empowered bystander, the different instruments that are inside the kit, because there's also an instruction sheet, gloves, and face shield for rescue breathing. So we want to make sure that people know what's in the kit and know how to utilize it.

TOS We do workshops in the dorms and people can always reach out to me and I will meet with them one-on-one. The other thing is we have two Peer Health Advocates. That's a program of students at the university who are trained in the public health pillars and who then become ambassadors of Student Health Services, mobilizing change, and health and wellness for the student body. Sean Vegezzi and Sam Connor-Self are my two Peer Health Advocates (PHAs) dedicated to harm reduction. So part of it is also getting students to be leaders on campus with the Health Promotion messaging. Our goal is to mobilize and be able to table much more with the PHAs.

AK Yeah, amazing. And then in terms of acquiring harm reduction materials, do you get them directly from the city?

TOS All of this is provided from the City or State Department of Health. Usually it's a combination of both. The naloxone comes from the New York City Department of Health, and then the fentanyl testing strips we get through MATTERS (Medication for Addiction Treatment and Electronic Referrals).

And then I will say this really quickly — we used to have to buy these. So I think that there's been a recognition in the Departments of Health of how important fentanyl testing strips have become because of the presence of fentanyl in the US drug supply. So, agencies, committees, we used to have to buy the fentanyl testing strips, we don't have to anymore. That's how important it is as a priority within the Department of Health.

AK So I've seen this flyer before, and in the flyer, it says that you also offer Recovery Management Services. I'm wondering what the structure of that looks like?

TOS Absolutely. So on Monday nights, I have something called Harm Reduction Mondays, where in the Student Health Services lobby, I welcome New School students who want to talk about drugs. One of the pillars of harm reduction is about meeting people where they're at. Harm reduction includes abstinence, it also includes moderation of use and managed use. And so the conversation is always like, what is your goal? Let's talk about it. What are your questions? Do you have a personal goal in terms of use? So on Mondays I do that. That's one of the aspects of provision and is open to all students, to all students, anyone who wants to walk in on Monday, somewhere between six and seven. And SHS is a drop-in service with a health promotion focus, it is not a clinical group. It is a support group for folks who want to talk about drugs and harm reduction strategies.

The other thing that's available is counseling services. There we have individual level counseling sessions for students that will need to sign up for that, and there they can explore with a psychotherapist their own goals around recovery, use, and whatever else they want to name in terms of their drug use, that they then want to explore with with a psychotherapist.

AK So what is the frequency at which you see people coming in for harm reduction support?

TOS It's interesting, I get many more people who want to talk about it individually versus being part of a support group. I will say that New School students are very empowered and very knowledgeable. Many folks say "I already have a kit, I got it when I was back home, or I used it this past weekend at this one party, I now need a replenishing kit."

It's a very healthy dialogue to have where we're able to have open conversations about what is happening in our lives. As I always say, it's not just about you using drugs, it's about you being an empowered bystander to support someone who is using. So let me see, I have a one-on-one with somebody later this month, who wants a naloxone kit, and is brand new and has heard about it and wants to know more. And then I have other regulars who come in regularly to replenish their kits. So I can't give you a number per se, but it's frequent enough that I would say that harm reduction has become one of the pillars of what wellness and health promotion is providing on campus since January when I restarted in this role.

AK Are there any challenges that you've seen during this work? I know that Student Health workers are bargaining for a new union contract right now, and one of the consistent issues has been understaffing where there's not enough staff to support all the students who need the help. So I'm wondering if there's generally been any challenges in doing harm reduction work on a college campus?

TOS It's so complicated the way you ask this, so I want to take it in pieces. In terms of harm reduction provision of services, there have been no challenges.

TOS Health Services embraces harm reduction as a pillar of public health. Both in the medical side, and on the counseling side, those individual sessions typically also include harm reduction messaging, it includes on the medical side dialogues around consent, and PAP[11] and PrEP and HIV testing. And that's also harm reduction, right? And then the counseling side, we talk about risk management.

I am a one person team, but I have a team of Peer Health Advocates that I work with. And so building out a robust public health program is something that I see as ongoing. So it's not a challenge, it's an ongoing process is what I would say. Part of it, I think, is with COVID-19, all of us sheltered at home, and engaged in the university community from our homes. So what does it mean to be back in person? I think all of us as a community are kind of grappling with that. For university students, for all of us, since we've come back to New York City when there's a lot more fentanyl in the drug supply chain, harm reduction has to be part of the conversation about what it means to be part of this amazing city.

AK Okay. And then why do you think this is important on a college campus specifically?

TOS So a couple of reasons. When we think about who comes to college, it is usually folks, at least as we look at the undergrad community, in their late teens and early 20s. As human beings, developmentally, it is a time of experimentation. It is a time of seeking one's own identity, and finding support with different folks. Right? So we're finding ourselves, and that is a lifelong process. Like all of us should be learning about ourselves throughout

TOS our lives. But it is a hallmark of the college experience, that that is also where we're starting to get to know who we are, what we like, what we want to be in life, etc. and experimentation with substances typically comes hand in hand with that. So we need to be able to talk about "Who am I? And what are the different ways I can explore who I am?" And I think harm reduction can be a healthy part of that dialogue of exploration and self discovery.

AK Yeah, absolutely. Thank you so much.

REFERENCES

[1] HIV (human immunodeficiency virus) is a virus that attacks the body's immune system. If HIV is not treated, it can lead to AIDS (acquired immunodeficiency syndrome). There is currently no effective cure.

[2] PrEP is a medication used to prevent HIV infection. It's a daily pill that contains two medicines, tenofovir and emtricitabine, which are also used to treat HIV.

[3] Hepatitis-C is a viral hepatitis and liver infection caused by the hepatitis C virus. It's spread through contact with infected blood, such as sharing needles or other drug preparation equipment.

[4] The Food and Drug Administration is the federal institution responsible for protecting the public health by ensuring the safety, efficacy, and security of human and veterinary drugs, biological products, and medical devices.

[5] The Drug Policy Alliance advocates that the regulation of drugs be grounded in evidence, health, equity, and human rights. drugpolicy.org

[6] National Harm Reduction Coalition works to increase access to evidence-based harm reduction strategies like overdose prevention and syringe access programs. harmreduction.org

[7] All pharmacies in New York State may dispense naloxone through a standing order (non-patient specific prescription).

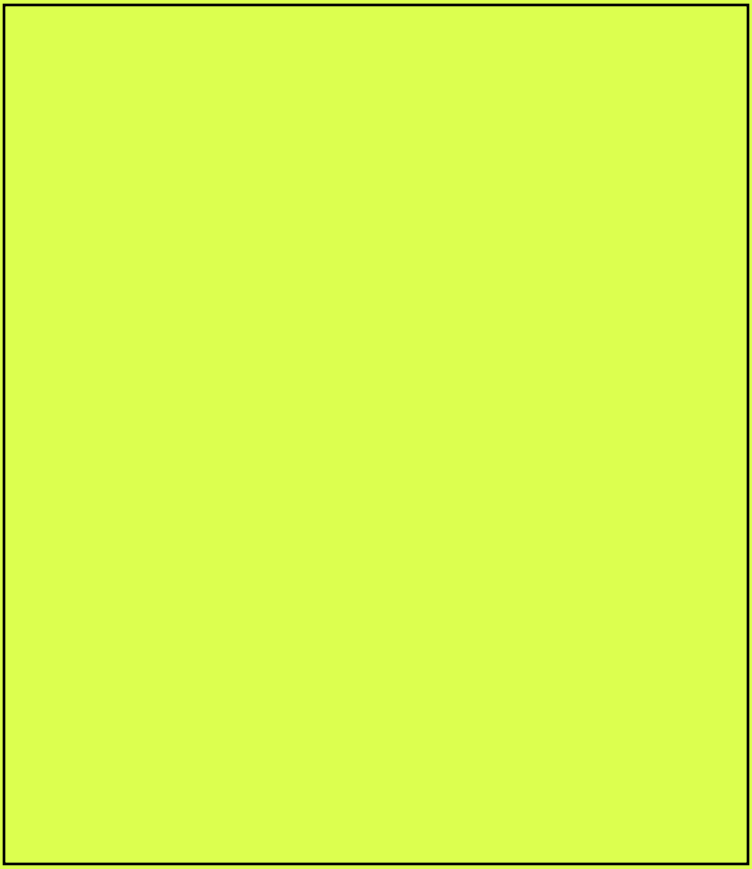
[8] The New York State 911 Good Samaritan Law allows people to call 911 without fear of arrest if they are having a drug or alcohol overdose that requires emergency medical care or if they witness someone overdosing.

[9] Emergency Medical Services

[10] Benzodiazepines are depressants that produce sedation and hypnosis, relieve anxiety and muscle spasms, and reduce seizures. The most common benzodiazepines are the prescription drugs Valium, Xanax, Halcion, Ativan, and Klonopin.

[11] A PAP test is a method of cervical screening used to detect potentially precancerous and cancerous processes in the cervix or, more rarely, anus.

LINDSAY



ROBERTS

Lindsay preferred to keep
their appearance private.

AK Could you tell me a little bit about what you do?

LR So basically, I am a Sex Worker Organizer and Liaison for the National Survivors Union, and I am alsoa storytelling mentor. I did a storytelling mentorship through Whose Corner Is It Anyway with Caty (Simon) and I'm doing one through the National Survivors Union, and I am about to start doing one for the North Carolina Survivors unit.

AK Could you tell me what a storytelling mentorship is?

LR Yes, it is such a big thing, bigger than you would think. So a lot of folks are being constantly asked to tell their stories. Like you asked Caty (Simon) to tell her story and you're asking me and to be honest, usually we don't just agree to interviews.

If we did, we usually agree to an interview if it was in some way going to help us because the thing is everybody in the whole world wants to hear sex workers' stories. And because of the ethics of research and other things, it's free, right? So unfortunately, if it's not a paid opportunity for us, then it's questionable whether or not the person's research will actually benefit the sex worker that's being interviewed directly or their community. At the same time, it is such a dangerous and vulnerable thing because you could say something that could be used against you. And a lot of the people I mentor are not necessarily savvy. So if somebody has been used to telling their story using a genre of storytelling from 12 Step[1], they may come across sounding like they're accidentally selling a message about sex work or their drug use that is not even one that they want to tell.

LR So a huge part of what I do is help people make sure that they're telling their story in a safe space to a safe person in a way that will in some way benefit them. Help people make sure they're telling the narrative they actually want to tell, because not everybody has access to the same amount of education. Some people say things that sound problematic or disturbing to others. It's actually very complex, because historically, our community has been very, very damaged by telling our stories and not very benefited.

That's a huge part of the Narcofeminism project that I do a lot of work with. That's one aspect of my storytelling mentorship. Narcofeminism is a major project that we're working on in the Sex Worker Organizing Group, and it's focused on telling our stories. We are writing short stories, narratives about our lives, we help each other by brainstorming, and then I edit stories. I provide different levels of support depending on people's cognitive and writing abilities, and then we come up with these amazing, beautiful, short stories that are really engaging in their narratives. And we don't have to worry about checking off all these boxes, if that makes sense.

AK That's really amazing, that's totally a new concept to me. That's really beautiful. I was wondering if you could tell me in your words, what the National Survivors Union does?

LR The National Survivors Union is a group of unions. We're actually a whole bunch of little, not just unions, but also programs and other things. North Carolina Survivors Union is one such union that's

LR in the National Survivors Union. And we don't vouch for the beliefs and practices of every single group in our union that we don't have a union rep officially overseeing, you know what I mean, but we all at the same time have so much autonomy. People are basically doing the work that they see is needed in their community, and then we provide them with support.

At the same time, we have some national things going on. Nationally, we help get everybody to conferences who want to go. A lot of work in harm reduction is not accessible to the people who are directly impacted because it happens at these professional conferences. Without the National Survivors Union, these conferences would be much less accessible. We help make sure that there is methadone dosing at these conferences., make sure that all our people can get there, things like credit cards, we have a lot of people with disabilities, people with special needs.

We were asked once by a grant person, "What accommodations do you make for people with disabilities?" And I was like, the entire point of everything we do is accommodations. We don't have a little team dedicated to it because that's all we do. Just accommodations.

And so, making sure we have handicap accessible housing and food that works for everyone, helping people who have never flown before get on planes, helping people navigate etc. There are plenty of people in our organization that have been on planes before, and are masters at this sort of thing, but there's also people that aren't, so we are there for

LR them across the spectrum trying to help them get into these spaces so that they can uplift their own individual work that they're doing.

AK Okay, that makes sense. And then where is your unit located?

LR Right now? Well I'm mainly doing National Union stuff which is entirely virtual.

AK So coming to the sex worker activism at the Union, I'm wondering if you could articulate for me what the specific intersection is between sex work and drug use? And what does the advocacy work look like on a day to day basis?

LR The concept of us being workers was put forward by Carol Leigh. She invented the word "sex work" and it's kind of genius because it upfront says the word sex, and it upfront says that we're workers. And so it's a shift towards viewing what we do as actual labor that we can be proud of and deserve to be compensated and deserve occupational protections, and health and safety.

And while that term does not resonate with everybody, it really strongly resonates with me. I'm a sex worker. A lot of people have never heard of and don't understand anything about unions or labor organizing, and they are extremely stigmatized and oppressed for their substance use. In their mind, they are primarily substance users like, they are a person who uses opioids, or a person who uses meth, and their identity is meth-centric, because that's the aspect that is causing them to be hated by society.

LR They don't even know that they do sex work, but most women and queer people who use highly stigmatized substances have exchanged sex in some way for substances. So really the bulk of the people that are in most need of harm reduction, have in some way engaged in sex work, the transgender community, gay men, men who have sex with men, women, and even some straight men have engaged in sex in exchange for drugs, housing or other sort of transactional sex.

And we don't demand that those people identify as sex workers, but I would say the intersection is extreme and the more you can understand that you're a worker, the easier it is to organize.

It's very similar to labor organizing, right? If you just are a Starbucks employee, you're just a barista. You're just working. If you don't really see yourself as a part of the working class, it is very hard to organize you. So one thing you have to do to get a Starbucks organized is bring some class consciousness into the situation.

Very similarly, we don't twist anybody's arm into understanding, we don't try to force anyone to identify as a sex worker, but we are always pushing to help people understand that they don't need to have a stigma against themselves.

In the 12 Step meetings, that's the big bottom that everybody hits in their own narrative. They start off with “Oh, I'm just gonna smoke a little crack.” and then next thing you know, they're having sex for crack in the gutter and that is their example of their biggest shame. So it is a really challenging

LR endeavor, when people have already been trained in this genre of storytelling, to help them understand that having class consciousness about it, can only keep them safe and can only help them.

AK Okay, so it seems like it's a really huge overlap.

LR It's nuanced. It's extremely overlapping, but it's very nuanced.

AK Okay, great. Well, those were the list of questions that I had prepared. And I want to ask if there's anything you wanted to share that maybe I hadn't asked about?

LR No, this was a really great interview. I really appreciated how you didn't...a lot of times interviewers for these things, they try to delve into people's past trauma, and things like that. So, great job.

AK Thank you. I appreciate that. I've been doing a lot of these interviews recently, and I've kind of learned that the work is important regardless of the traumatizing things that people might have gone through to come to it. I think that's information that you have to wait until people feel like they trust you enough to tell you, and they actually want to share it because they feel like it's important for me to know. I've been really fighting my editors about not asking people those questions, so I appreciate that.

LR It actually makes a difference. A lot of people actually think, unfortunately, that they have to tell that part of their story. A part of what we're doing with storytelling workshops is encouraging people to stop and think about which parts of their stories

LR they actually want to share. Like which parts of their story actually benefits them, which parts of their story are meaningful to them to share. And sometimes it is the trauma and then it's so much more powerful when those people are sharing their trauma, because they really thought about it and now they're telling it with a very clear point. Rather than if you're coming from the 12 Step genre of storytelling where it's like time to list all my traumas for you. And we're like, we're okay with hearing your trauma, but you don't have to do that.

AK Well, thank you so much for talking with me. I will definitely reach out if there's any more questions that I have, which I'm sure they'll come up. I hope you have a great rest of your day. Thank you so much.

REFERENCES

[1] 12 Step programs are international mutual aid programs supporting recovery from substance addictions, behavioral addictions and compulsions. The most common is Alcoholics Anonymous, also known as AA.

WRITING

NIGHTLIFE PERFORMERS AND PATRONS COME TOGETHER TO REDUCE HARM IN BROOKLYN

It's around 9pm on Friday, Sept 29th at Rubulad, a secret location lodged between warehouses in the depths of Williamsburg. Patrons stream into a venue decked out in a mishmash of decor — glittering plastic disco balls, mardi gras headpieces hung over a sequin tapestry, multi-coloured lights, and an endless array of artwork amongst a range of other trinkets. The people arriving are no less interesting either. There is a palpable excitement as drag queens, burlesque performers, musicians, artists and a vibrant audience all converse amongst themselves, waiting for Sissy Fest to begin.

In the far corner of the space is a table set up with a small desk lamp shining directly onto pouches of narcan (a nasal spray used to treat opioid overdoses), fentanyl test strips, and info cards on a range of recreational drugs. Ruby Quinn, a burlesque dancer adorned in a silver dress covered in little mirrors, walks up to the table and browses through the items. After chatting with Spencer Steiner, a core volunteer for the Brooklyn Harm Reduction Outreach Cooperative, the organization to whom the table belongs, she makes a promise to come back and pick up some narcan after her performance later in the night. As she leaves, she casually says "You know, I've been in the nightlife scene for a while and I've never once been told about it or how to use it, but I know a lot of people have it."

Quinn's comment reflects the reality of a number of party-goers in Brooklyn. They are recreational drug users who consume more unconventional substances like tucibi, ketamine, or GHB and don't know what to do when a night about town goes awry. The Brooklyn Harm Reduction Outreach

Cooperative wants to be there for them — those who aren't quite plain jane potheads but aren't dealing with the kinds of opioid addictions that conventional drug rehabilitation programs are catered to either.

While the Cooperative engages in outreach to bars, restaurants and community centers, they are well known for providing resources at nightlife events across neighborhoods in Brooklyn. Heaven Ender, a core volunteer for the group, attributes the prevalence of recreational drug culture in the nightlife scene to the fact that "our bodies can receive these things, there's a certain amount of people who are just going to experiment and use them." Consequently, guided by a harm reduction philosophy that is centered on meeting people where they are in their substance use journey, the Cooperative aims to "not judge people for the choices that they make, but just support them in making slightly better decisions about how they make those choices."

Brooklyn has long been a hotbed for drug-related issues and overdose deaths, with very few resources from the city government to help alleviate the harm. According to an infographic shared by the New York City Department of Health, in 2021 alone, 586 Brooklyn residents died of a drug overdose (the second highest rate amongst the 5 NYC boroughs), with most deaths being attributed to cocaine, heroin, and fentanyl — a synthetic opioid that is up to 50 times stronger than heroin, and often used to "cut" other recreational drugs and make their effects more powerful.

Yet, Ender cautions that this data is likely underestimating the real extent of recreational drug use in the borough. Regarding government data on drug use, Ender says, "A lot of that information is skewed by the fact that the places giving them that information cater to injection drug users."

"People who are using opiates, if they don't know where to throw a syringe out, they're gonna leave it on the street, or they're the ones passed out on the street corner," said Ender, explaining that injection drug use is a much more visible problem compared to recreational use. This makes it a lot easier for the government to focus resources on opioid addiction and uphold the precedent set by abstinence-only models like the Drug Abuse Resistance Education (D.A.R.E) program.

But this has a real impact on people who often face stigma around their drug consumption when attempting to get information on safe use. With the legalization of recreational cannabis in NYC in 2021, and the growing popularity of ketamine and psilocybin therapy, Ender notes that there is a shift in the way that people are buying drugs in the city.

"These substances that were once a big no-no are now being reevaluated publicly, but people aren't able to parse what the scientific research says, what the news media is trying to spin that as, and then the balance of the moral judgments that they've held and been instructed to keep all their life through programs like D.A.R.E or abstinence-only education. So I think we're in this period of confusion for a lot of people where they're like, 'Well, maybe I'm not so afraid to try this now, but like, how do I go about it?"

In response, the Cooperative differentiates themselves from the work of conventional drug rehab programs because they insist that they are "not trying to clean up an issue." The goal of the Cooperative is to provide a stigma-free environment for recreational drug users to share their experiences, and get accurate information in order to live healthier, functional lives and thrive in whatever way that they decide.

At Sissy Fest, this was the same motivation that drove producer Mac Craighead to invite the Cooperative to table at the event. Throughout the night, Nancy No Good and Nostalgia — drag performers and hosts for the evening — periodically reminded the audience of the presence of the Cooperative at a table nestled in the corner of Rubulad, drawing new eyes to the myriad of harm reduction supplies available free-of-cost.

"No producer wants someone to die at their party," said Craighead. But more than that, his decision to invite the Cooperative at his party because he has had several friends die from overdoses. "I'm going to continue to have them at everything because as someone who's already into harm reduction, even I was learning some things."

But despite the impact that the Cooperative has had on the community, they still face challenges in their work, the most significant being the cost of acquiring harm reduction supplies. Since they are primarily reliant on donations as a means of funding, a persistent concern is having enough financial resources to acquire the materials needed to table at events and distribute within their community network. Additionally, to obtain narcan and test strips from the NYC government, which offers them free of charge to distributors, the Cooperative has had to register themselves on Open-Collective, which is a 501(c)(3) digital funding platform that prepares tax documents on their behalf. Finally, both Ender and Steiner noted the trial and error involved in setting healthy personal boundaries while undertaking this work.

At 16 years old, when Ender was a self-described "baby raver," they met an individual who was synthesizing their own research chemicals and offering them to Ender and their friends, encouraging them to experiment and insisting that the chemicals were safe to consume. But, "at one

point he made something that had a reaction with me and my friends, and all of us ended up having neurotoxic poisoning where we were affected on a neurological level by whatever we took," said Ender, the consequences of which they continue to deal with today in the form of a neurological disorder.

Steiner as well has a long personal history with opioid addiction that makes activities like going to syringe exchange programs alone, to collect clean syringes for the Cooperative, an especially arduous task.

It is these personal histories with drug use, and the lack of resources that were available to them when they were younger, that drives Ender and Steiner to do this work. "I could not have ever imagined finding someone and being comfortable enough to go to them," said Steiner, emphasizing the need for non-judgemental drug safety resources like the Cooperative.

As the music died down at Sissy Fest, the go-go dancers stepped off the stage, and the DJ began packing up his booth, the Cooperative's table was cleared of most of their supplies bar a few remaining test strips. As Ender and Steiner packed up their equipment, and attendees thanked them for their presence, there was a lingering sense of joyful anticipation — a hope for a newer future in which the stigma surrounding safe use is dismantled, and harm reduction may finally be perceived as reducing harm instead of encouraging use.

BUILDING CLASS CONSCIOUSNESS AMONGST SEX WORKERS, ONE PROJECT AT A TIME

Often, the very mention of drug use elicits the image of narco-zombies wandering the streets in search of their next fix. Throw sex work into the mix and you have a cocktail of two of the most stigmatized topics in public discourse. But this narrow conception of the subjects hinders those who partake in them from being able to seek help without being shunned for it. That's where the National Survivors Union's Sex Worker Organizing Group comes in, to help drug-using sex workers tell their stories in a way that actually benefits them instead of profiting from their trauma.

The National Survivors Union (NSU) is a coalition of drug user unions located across the United States. It was born out of a need for individuals to have greater autonomy over their own bodies, and agency to make their own decisions regarding drug use, safety, and treatment. Founded in 2017, it is led and run by former and active drug-users from populations that have been acutely affected by the war on drugs, and includes over 30 chapters and affiliate groups across the country, one of which is the Sex Worker Organizing Group which operates entirely virtually.

While the word "union" in the name may imply an organizational structure where individuals pay regular dues to become members, NSU is free of cost to those who wish to join. Moreover, every unit within NSU operates independently with its own structure of compensating workers, organizing events, and providing harm reduction supplies to its community.

Lindsay Roberts, 37, is a sex worker liaison for NSU and has been a member of the Sex Worker Organizing Group

since 2018. She is a sex worker herself and has a Masters in Social Work, and describes the activities of the Group as "helping the people that are the most impacted by...draconian laws against sex work and bodily autonomy, to be paid to do the important activism."

According to Roberts, the intersection between sex work and drug use is "extreme," particularly because "most women and queer people who use highly stigmatized substances have exchanged sex in some way for substances. So really the bulk of the people that are in most need of harm reduction, have in some way engaged in sex work."

The challenge, however, with providing support to this group is in breaking down the external and internalized shame that surrounds conversations about drug use and sex work. One of the most important factors that is ignored in public discussions, is the fact that both sex work and drug use are often a means of survival for those who partake in them. People who use substances like opioids or methamphetamines are generally experience higher addiction rates, and in Roberts's experience, sex work can become a method of financing an inescapable drug habit.

"In their mind, they are primarily substance users," Roberts said, referring to the people she works with, "Because that's the identity that's really causing them to be hated by society, and they don't even know that they do sex work."

Consequently, organizing drug-using sex workers involves the hefty task of developing a sense of class consciousness amongst people who don't perceive themselves as workers to begin with. Roberts notes that changing perceptions this way is important because "it's a shift towards viewing what we do as actual labor that we can be proud of and deserve to be compensated for," not just financially, but also in terms

of having the kinds of occupational protections that come with any other white market job.

To tackle this, the Group develops regular projects to facilitate engagement with sex workers. Their current endeavor is titled the Narcofeminism Project and involves empowering sex workers to tell their stories in a way that actually benefits them, by deconstructing the internalized narratives around the drug war.

"If somebody has been used to telling their story using a genre of storytelling from 12 Step, they may come across sounding like [they're] selling a message about sex work or their drug use that's not even one that they want to tell." said Roberts, who is also a storytelling mentor. What the mentors in the Narcofeminism Project do is allow sex workers to write their stories in a safe space, and then edit them to ensure that they don't replicate negative tropes about sex work or drug use that they have internalized.

"That's the big bottom that everybody hits in their narrative. They start off with 'Oh, I'm just gonna smoke a little crack' and then next thing you know, they're [talking about] having sex for crack in the gutter and...that is their example of their biggest shame," Roberts said, referring to how traditional rehab programs like 12 Step are particularly unhelpful because they encourage people to share their most traumatic experiences through a lens of regret. "So it is a really challenging endeavor, when people have already been trained in this genre of storytelling, to help them understand that having class consciousness about it, can only keep them safe and help them."

Apart from the Narcofeminisim Project, the Group also conducts a range of activities including advocating for data privacy and methadone accessibility, teaching people

how to communicate with their government representatives, providing support for individuals to escape domestic violence, and financing members who want to attend harm reduction conferences, amongst others.

The Group, which is largely funded by grants, regularly compensates everyone involved in their projects because "we cannot participate unless we're paid, and by allowing people to have career development, that is not sex work, and not tied to the black market...that in and of itself is life-changing," said Roberts.

While the Group continues to support drug-using sex workers however they can, their biggest challenge is in overcoming the stigma that prevents them from being entirely open about their struggles, and garnering the support needed to ensure that their rights are protected. As mainstream activism continues to overshadow their efforts, Roberts hopes that empowering the Group's members to own their narratives will make a difference in how society perceives them. "I'm not saying that we're all happy hookers," she said, "But our stories are very complex and criminalization doesn't help any of us."

HARM REDUCTION AT THE NEW SCHOOL: KEEPING YOU SAFE IF YOU USE DRUGS

Indulging in perpetual experimentation is a hallmark of being a college student. Sometimes, that can include having one's first experience with drugs. For New Schoolers curious about using those substances, Student Health Services (SHS) offers a harm reduction program to educate and support them on safe usage.

Tamara Oyola-Santiago is the Director of Wellness and Health Promotion at SHS and heads the harm reduction program, which was revitalized in January of this year. She is a public health educator and brought with her almost two decades of experience working in harm reduction in the Bronx, which informed the development of the program at TNS.

Her goal is to provide "holistic health services," which include supporting students psychologically and physically, empowering them in their decision-making by focusing on their needs, and providing them with the information necessary to make sound choices regarding their health. At SHS, this involves a range of services including drug use and recovery management, along with the provision of fentanyl test strips and naloxone kits.

Test strips are commonly used to check a drug supply for the presence of fentanyl — a synthetic opioid that is 50 times stronger than heroin and commonly used to 'cut' street drugs. According to the New York City Department of Health, fentanyl was involved in 81% of the 3026 overdose deaths in the city in 2022.

Naloxone (commonly referred to by its brand name, Narcan) is an opioid overdose reversal treatment administered as a nasal spray. A study published by the National Institutes of Health noted that when administered, narcan is 75 – 100% effective at reversing opioid overdoses. Consequently, both are important parts of the harm reduction tool belt and are distributed to students by request, free of charge through SHS.

Oyola-Santiago doesn't undertake all this work herself. She is supported by two Peer Health Advocates (PHA), Sean Vegezzi and Sam Conner Self, whose role focuses on determining what students need from SHS by engaging with them directly and relaying that information to staff who can implement them into SHS's offerings.

Both Vegezzi and Self were drawn to the job as a result of their previous experience with harm reduction services, witnessing first-hand the impact it can have on communities.

Vegezzi, an urban studies and psychology student in the Bachelor's Program for Adults and Transfer Students said, "having family and friends incarcerated in New York City who had substance use issues before going into carceral facilities and seeing how much the issues were exacerbated while incarcerated," drove him to want to engage with harm reduction in "a more formal and direct way."

Self, who is a junior in the psychology program at Lang, grew up learning about the challenges faced by drug users from his parents, one of whom served as the coordinator of the Alcohol and Drug Awareness program at the University of Maine, while the other was a psychiatric nurse in a methadone clinic.

"When I got to The New School, it became very clear to me that I knew more about substance use than a lot of my peers did," Self said. This disparity motivated him to put his knowledge to use for the betterment of the student community.

Despite both having begun their roles this semester, Vegezzi and Self are enthusiastic about the future of the program. They have already been involved in organizing naloxone training sessions in the residence halls. Self is also working on putting together programming for a "week of wellness" toward the end of the semester. Vegezzi was recently certified in auricular therapy — an ear acupuncture technique used to relieve pain and relax the body — and is hoping to create a program for students and staff to do the same.

While the decentralized nature of TNS's campus can pose a challenge in terms of conducting outreach to all parts of the university, Oyola-Santiago said that the program has been successful so far, with meeting requests being "frequent enough that I would say that harm reduction has become one of the pillars of what wellness and health promotion is providing on campus."

According to her, TNS has always been a pioneer in New York state, as it was the first university to register with the New York State Department of Health to become an Opioid Overdose Prevention Program in July 2015. As SHS continues developing its harm reduction offerings, Oyola-Santiago hopes that "harm reduction can be a healthy part of exploration and self-discovery" on campus.

Colophon

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