

BOOTS ON THE GROUND SAVE LIVES.

# FAITH IN HARM REDUCTION



## A COMMUNITY GUIDE

PUBLISHED BY  
**SOAR**

Cover mural by Faith47 from South Africa, Titi Freak from Sao Paulo, Peeta from Italy, and Indigo, a local artist and dancer based in Vancouver's Downtown East Side. The mural, "Paint Your Faith," is located in Vancouver, a globally-recognized harm reduction hub.



# **GUIDE** **INTRODUCTION**

In the midst of an overdose crisis and mental health concerns exacerbated by the pandemic, as well as nationwide calls to repair the harms of racial injustice, it is long past time to address the social harms faced by sex workers and people who use drugs. The stigmatization of sex workers and people who use drugs pathologizes and dehumanizes those in our communities who are most under-resourced and under-served, particularly communities of color, LGBTQ+ individuals, and people living in poverty.

Sex workers and people who use drugs are shut out from housing, employment, and healthcare services and systematically pushed to the margins of society. United States drug and sex work policies are built on disenfranchising Black communities and the economically disadvantaged. Mass incarceration and punitive policies do not work. All sectors of society must be actively involved in addressing the harms caused by our current structures, and reducing harms associated with drug use and sex work without forcing others to end their work practices or stop using drugs entirely.

Faith communities intersect early and often with harm reduction. Faith can be a means of healing for communities, but it has also been used as a tool of rejection and exclusion. Faith leader movements center healing, justice, love, and liberation, all principles centered in harm reduction. Love and justice must be accessible to all. This toolkit will cover the basic principles of harm reduction, its services, its language, frameworks, and perspectives on building faith-based harm reduction groups. Faith and healing are possible, and especially when they come together.

# SOOAR INTRODUCTION

**Overview:** Strategies to Overcome Obstacles and Avoid Recidivism (SOOAR) is a non-profit community prevention organization in Belleville, Michigan that specializes in harm reduction services, suicide prevention, and youth life skills programming.

**Mission:** By implementing leadership strategies we encourage, enlighten, and empower low-income and at-risk individuals by integrating life skills programming, harm reduction, and substance use prevention services stimulating positive personal change that leads to more productive lives.

**Vision:** The overall vision of Strategies to Overcome and Avoid Recidivism is to be the leader in providing high-quality prevention programming by working collaboratively with participants, stakeholders, community partners, educational systems, and corporate partners.



# SOOAR SERVICES

- Human trafficking awareness and prevention trainings for community organizations
- Connecticut Center for Addiction Recovery (CCAR) Peer Recovery Coach training
- Harm reduction services, including mobile services
  - Distribution of harm reduction supplies
  - Education and overdose prevention
  - Intervention
  - Mental health referrals
  - HIV and Hepatitis C testing referrals
- Faith in harm reduction Called 2 Care ministry services
- QPR suicide prevention trainings and 13 Reasons Why Not youth suicide prevention trainings
- Naloxone overdose prevention trainings
- Synar project to reduce illegal retailer distribution and sale of tobacco products to youth under age 21
- Youth life skills programming



# QUESTIONS TO CONSIDER BEFORE DOING A FAITH-BASED HARM REDUCTION GROUP

1. How does the community/how do people who use drugs know that they are welcome and wanted? (Or are they? Are there conditions?)
2. How can you strengthen hospitality for people who use drugs/their loved ones in your faith community, both in this moment and in your wildest dreams? What would inclusion/extravagant welcome look like?
3. What are the barriers to inclusion/extravagant welcome for communities with lived experience of substance use and/or sex work?
4. What are the challenges and opportunities for your congregation?
5. How can your congregation be moved around complex issues such as substance use, overdose, and racial justice?
6. Is it possible that congregational membership would grow with the inclusion of people who use drugs and people who do sex work?
7. What are steps you can take as a community to become more informed on the topics of harm reduction, substance use, overdose, and drug policy?
8. What can you do now, as a community or person of faith, to engage the overdose crisis and racial injustice in our communities?

## **MORE QUESTIONS TO CONSIDER BEFORE DOING A FAITH-BASED HARM REDUCTION GROUP**

**9. What pastoral care resources are available for people who disclose a history of substance use or overdose?**

**10. What education has your leadership received on substance use and resources for people at risk of overdose?**

**11. Does the leadership of your congregation reflect the community you serve?**

**12. What supports and resources are available for faith leaders with lived experience of substance use and overdose in your denomination/community?**

**13. How does your congregation support organizations or coalitions of people who use drugs in your community?**

**14. Have you engaged in workshops to reduce drug-related stigma? Have you hosted an overdose prevention workshop at your place of worship?**

**15. Would you engage in workshops to reduce drug-related stigma? Would you host an overdose prevention workshop at your place of worship? Would you like to have members of your congregation trained as recovery coaches?**

# HISTORY OF THE HARM REDUCTION MOVEMENT







AIDS activists march in front of Oakland City Hall. April 1, 1989.

The harm reduction movement in the United States is rooted in several other historical movements, particularly those led by communities of color, Black organizers, people who use drugs, and women. These movements include the Black Panther Party's free breakfast programs and health clinics in the late 1960s and early 1970s, the women's health movement in the 1970s focused on reproductive justice, and the 1980s activist response to the AIDS crisis.

The Dutch Junkiebond in 1981 and Vancouver Area Network of Drug Users in 1998 paved the way for drug users unions in the U.S.

In 1984, Amsterdam, Denmark was the first city to recognize addiction as a public health issue. A needle exchange was then opened in the city, led by an organized group of people using drugs. In 1984 in Liverpool, England, the Mersey Harm Reduction Model was developed. And in 1988 in Tacoma, Washington, the first full service needle exchange program was developed. [Learn more about the history of harm reduction here.](#)



**HARM  
REDUCTION  
IS  
LOVE**

A poster from the NJ  
Harm Reduction  
Coalition.

Harm reduction incorporates a range of strategies, including managed use, safer use, abstinence, and more in order to reduce harms associated with substance use. Historically, the harm reduction movement has focused on issues impacting underserved and under-resourced communities impacted by multiple forms of oppression, including sex workers, people who use drugs, LGBTQ+ communities, people of color, and economically impoverished communities.

The only faith-based harm reduction movement in the U.S. was launched in 2017 collaboration between Judson Memorial Church in New York and the National Harm Reduction Coalition. Titled Faith in Harm Reduction, the initiative strives to establish partnerships between faith leaders and harm reduction communities.

# **SUBSTANCE USE HARM REDUCTION PRINCIPLES**

## **ADAPTED FROM THE NATIONAL HARM REDUCTION COALITION**

- **Drug use is part of our world, and minimizing its harmful effects is more beneficial in the long-run than ignoring or condemning them.**
- **Drug use is a spectrum that ranges from severe use to complete abstinence. Some ways of using drugs are more harmful than others.**
- **Successful intervention and policies involve supporting quality of community and individual life rather than total cessation of all drug use.**
- **People who use drugs deserve non-coercive services and resources to reduce harm associated with drug use.**
- **People who use drugs should have a meaningful voice in shaping policies and resources designed to serve them.**
- **People who use drugs should be supported as the experts of their own lives and primary agents of reducing harm associated with drug use.**
- **Various forms of oppression such as racism, poverty, sex-based discrimination, classism, and other social inequities affect someone's vulnerability to drug use and their ability to deal with related harm.**
- **The real dangers and harm associated with drug use should not be ignored.**

# Healing-Centered Substance Use Harm Reduction Principles

Adapted from Reframe Health and Justice



Healing-centered harm reduction encompasses healing justice strategies that honor individual and community survival, cultural legacies, and healing from the painful burdens of oppression, including racism, abuse and violence, poverty, and ableism. Healing-centered harm reduction focuses on the following principles.

- Everyone experiences harm, which is one of the many ways we adapt to the world
- It is necessary to reduce both institutional and interpersonal harm
- Everyone experiences trauma and healing differently
- Survival strategies sometimes result in harm
- Collective liberation, learning, and unlearning are critical
- Centers experiences of transphobia, classism, anti-Blackness, racism, colonization, sexism, ableism, and other forms of oppression
- Supports customized approaches to healing and harm reduction
- Amplifies culturally and intergenerationally-based healing approaches
- Addresses harms and accountability through transformative, rather than punitive, approaches

# Using Respectful Language About Substance Use

It is important to be mindful of the language we use when referring to people who use substances.

Respectful language can reduce stigma and make people feel more comfortable working with us. No one is defined by the substances they use.

- Rather than “junkie,” “alcoholic,” or “addict,” use “person who uses drugs,” “person who uses substances,” or as applicable, “person with a substance use disorder”
- Rather than “substance abuse,” use “substance use”
- Instead of “ex user” or “ex addict,” use “person in recovery”
- Instead of “lapse,” “relapse,” or “slip,” consider “resumed use”
- Instead of “clean” or “dirty” in reference to a urine toxicology report, consider “reactive/non-reactive testing” or “tested negative or positive for X”

**[Learn more by reading this Language Matters Tool.](#)**

# Substance Use Harm Reduction Services



Substance use harm reduction services can cover a range of programming, including the following.

- **Syringe services programs (SSPs)**, or community-based programs that can provide access to and disposal of injection equipment and sterile syringes, HIV testing, counseling, and treatment, and access to substance use treatment
- **Overdose prevention and reversal** through community education and Naloxone training and distribution. **Naloxone**, also known as Narcan, is a medication that can reverse the effects of an opioid overdose. It is non-addictive and can be administered after minimal training, either injected into the muscle, vein, or under the skin or as an intranasal spray. The medication wears off in 20-90 minutes.
- **Education and information** on safer drug use in a non-judgmental, compassion manner
- **Drug users unions**, which are self-organized groups formed and led by people who use drugs and people with lived experiences of drug use. Drug users unions are places for community organizing, social support, and challenging drug-related stigma.

# Substance Use Harm Reduction Services



- **Drug checking** can help people taking drugs to identify the substances they are going to take. Drug checking can include reagent testing, where liquid drops are applied to a small sample of substance and can identify the presence of some substances like opiates, bath salts, MDMA, and LSD. Fentanyl testing involves dissolving a small amount of drug in water and adding a fentanyl test strip, which can identify the presence of fentanyl.
- **Supervised Consumption Services**, or sites where people can use pre-obtained drugs with trained providers present for safety and support. These providers can assist with overdose reversals, immunizations and wound care, access to sterile syringes and equipment, linkages to housing and mental health support, and HIV and Hepatitis C testing and counseling.
- **Medication-Assisted Treatment**, or the use of medications combined with counseling, to treat substance use disorders. MAT is most often used to treat opioid use disorders and can stabilize brain chemistry and reduce cravings.

# What Is Sex Work?

Sex work involves one person (a “sex worker”) providing sexual services to someone else (a “client” or “observer”) who trades the service for money or other items of economic value. Sex work can involve escorting, exotic dancing, camming, phone sex operators, erotic masseuses, and more.



Non-consensual sex work done against someone’s will is trafficking. Sex work exists on a spectrum from choice to circumstance to coercion.

Just like harm reduction, sex work is often stigmatized and criminalized, and peoples’ circumstances, including various forms of oppression, can impact their involvement in sex work. Sex workers of color, as well as transgender and non-binary sex workers, face disproportionate rates of violence and arrest.

Credit to Asian American Writers Workshop and ReportNOLA.



# Sex Work Harm Reduction Principles

- Criminalization, coercion, and punishment of sex workers and sex work are not the answer
- It is critical to **center the perspectives**, voices, and needs of sex workers in defining any harms they experience or interventions they would find beneficial
- **Evidence-based support** practices for sex workers based in lived experience should always come before stigmatizing policies and practices
- All sex workers and those involved in the sex trade deserve **dignity, respect**, and recognition of their agency as well as promotion of their human rights
- Sex work harm reduction requires a commitment to understanding and **addressing social inequities**, including but not limited to racism, classism, ableism, homophobia and transphobia, and misogyny

**Adapted from Butterfly: Asian and Migrant Sex Workers Support Network and Stella, l'amie de Maimie**

# Using Respectful Language About Sex Work

It is important to be mindful of the language we use when referring to people who engage in sex work or sexual activity. Respectful language can reduce stigma and make people feel more comfortable working with us. No one is defined by the sexual activities they participate in. Not everyone who engages in sex work wants their work to be called such or referred to as a sex worker.

- Instead of “risky sex” or “promiscuous,” use “having multiple partners” or “sex without a condom/dental dam/PrEP/other form of protection”
- Rather than “infected with an STI (sexually transmitted infection),” consider “person living with an STI”
- Instead of “normal” in regards to the results of an STI test, explicitly describe the rest results
- Rather than “end HIV” or “protect against HIV,” use “HIV stigma” or “End/prevent HIV transmission” which avoids making people with HIV seem dangerous

Learn more by reading this [Language Matters Tool](#).



# SEX WORK HARM REDUCTION SERVICES

**Sex work harm reduction services can cover a range of programming, including but not limited to the following.**

- Condom distribution and demonstrations
- Condom negotiation training
- Linkages to STI testing and counseling and Hepatitis C and HIV testing and counseling
- Dental dam distribution and demonstrations
- Sterile drug injection equipment
- Bad Date Lines, or anonymous tiplines where sex workers can report violence and crimes experienced during sex work
- Distribution of “know your rights” materials to sex workers
- Provision of comfortable clothing and shoes in case of danger

**[View an example of a Bad Date Line.](#)**

# DRUG USE AND SEX WORK STIGMA



- Stigma is **social disapproval and discrimination** based on “difference” from the norm.
- Stigma prevents people from accessing needed services.
- **Stigma can negatively impact individuals’ health.**
- People who use drugs or who have substance use disorders may be viewed as “dirty,” “lazy,” “irresponsible,” “dangerous,” or “worthless”
- People who engage in sex work may be viewed as “dirty,” “lazy,” “promiscuous,” or “immoral” or are called slurs, often gendered ones
- **Stigma reduces each person’s identity** to their behaviors and choices
- **Liberation** involves perceiving stigmatized groups and individuals as capable, responsible, trustworthy, and more than their behaviors or circumstances. We need to **meaningfully involve communities** in harm reduction efforts and support their autonomy.

# CENTERING MARGINALIZED COMMUNITIES

## Racial Justice in Harm Reduction

Because of racialized policies and biased police surveillance, drug wars in the United States have resulted in **disproportionate arrests of people of color**, particularly Black and Latino men, who use or were found in possession of drugs compared to white communities. People of color are more likely to receive longer prison sentences and to be killed by law enforcement. Most people sentenced for fentanyl trafficking are also from communities of color.

Additionally, **immigrants are frequently deported** from the US for drug violations and are often unjustly targeted by police and immigrations officials.

According to the ACLU, “15 years remain before the United States incarcerates as many African-American men as were forced into chattel bondage at slavery's peak, in 1860.” Women of color, particularly **Black women, disproportionately lose custody** of their children when they are targeted for drug tests.

[Read more about the New Jim Crow in the form of drug wars here.](#)

# INTERSECTIONALITY IN HARM REDUCTION

- Intersectionality, a term coined by Dr. Kimberlé Crenshaw in 1989, is a social justice framework that analyzes how power and oppression act together on individuals' identities. People with multiple oppressed identities can be multiply marginalized. For example, a woman with a disability may experience both misogyny and ableism. All forms of oppression work together.
- People who use drugs can be oppressed not only because of their drug use, but also because of their other intersecting identities, such as ability status, national origin, gender identity, sexual orientation, race, spirituality or religion, and class.
- Intersectionality in harm reduction means respecting and honoring not only one aspect of a person's identity, but all aspects, and recognizing how discrimination and oppression shape their experiences and worldviews.
- Harm reduction intricately intersects with racial equity, LGBTQ+ rights, decarceration, housing rights, sex work, reproductive justice, and more. [Learn more here.](#)

# How Faith and Harm Reduction Intersect

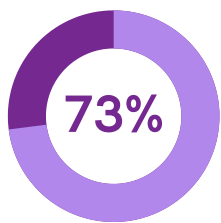
People who use drugs deserve unconditional positive regard, dignity and empowerment, and respect. Many faith movements are built on these very principles and are emboldened to uplift communities facing despair, poverty, and social injustices. Faith and harm reduction movements both center healing and justice for oppressed communities.

Faith movements are already adept at community organizing and bringing together collective groups to respond to various social issues.

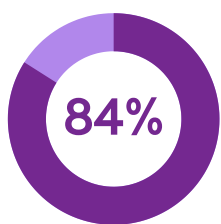
Sex workers are too often villainized in faith circles, and religion is often associated with perspectives that view sexual topics and sex work as taboo or immoral.

Faith movements must actively strive to uplift the full humanity of every human being and to carry burdens together no matter how a person's path has looked or differed from another's.

Faith in harm reduction means striving towards liberation and love for all and the achievement of quality of life and social justice for all, including people who use drugs and sex workers.



The majority of addiction treatment programs in the U.S. (73%) incorporate elements of spirituality. Some people who use drugs have positive experiences with these elements; others have negative.



More than 84% of studies demonstrate that one's faith is a positive factor in preventing addiction or supporting recovery, and represents a risk factor in only 2% of studies.



# Principles of Faith in Harm Reduction

Adapted from Faith in Harm Reduction



- **Spiritually-based:** faith is an integral part of social justice advocacy for sex workers and people who use drugs
- **Challenges the stigma** against people who use drugs and sex workers
- **Evidence-based:** understands substance use as a spectrum and supports culturally rooted, evidence-based services and resources to reduce harm
- **Led by people with lived experience:** centers the voices and perspectives of people who use drugs and sex workers in conversations about, and efforts to achieve, social justice
- **Intersectional and healing-centered:** acknowledges and centers the ways in which individuals' social identities and experiences are impacted by oppression, and continually strives toward healing
- **Focused on quality of life,** rather than cessation of sex work or all drug use



# Examples of Faith in Harm Reduction

- Organizing as a faith community for social and racial justice efforts
- Participating as a faith community in community protests that seek to achieve better conditions for sex workers and people who use drugs
- Widely available, supportive and welcoming substance use support resources via pastoral care



- Congregation-wide training on harm reduction
- Implementation of congregation-wide harm reduction policies that uplift and support sex workers and people who use drugs rather than punish or exclude them
- Inclusive community outreach efforts to sex workers and people who use drugs

# Topic Ideas For Harm Reduction Groups

- **Triggers** - how do people identify, acknowledge, and cope with triggers that bring up current or past trauma, frustration, or despair?
- **Dealing with rejection** - how can people support one another and themselves in uprooting deep-seated feelings of inadequacy, guilt, shame, and loneliness? How can we empathetically facilitate recognition of the connections between social forces and these feelings?
- **Journaling** - prompts that focus on personal reflection, spirituality, gratitude, health, and dreams and aspirations
- **Affirmations** - supportive, validating statements and mantras individuals can return to in times of need





# Activities for Faith-Based Harm Reduction Groups

- Discuss coping strategies for responding to triggers
- Make a list of the best moments in your life
- Discuss self-forgiveness
- Create a story word by word, where every group member says one word, and it must have a “happy” ending
- Share a song that holds personal meaning for you with the group
- Discuss who you want to be when you grow up - no matter how old you are now
- Write down a list of self-affirmations and share them with the group
- Discuss a growth mindset versus a fixed mindset and which one you think you possess
- Share a positive childhood memory
- Share a memory about a friend you had when you were younger and why they were important to you

# Suggestions for Structuring Harm Reduction Groups

A harm reduction group facilitator or contact should:

- Accept the realities of drug use and challenge any personal biases about drug use
- Encourage group members to share with one another openly when they are ready
- Accept that the goal of harm reduction is to enhance quality of life and social justice, not eliminate sex work or the use of drugs
- Not demand or expect change from the group members
- Recognize group members as the experts of their own experiences
- Respect individuals' right to self-determination



# Centering the Meaningful Involvement of Sex Workers and People Who Use Drugs in Harm Reduction Groups



- **Use respectful community outreach to invite communities to meetings**
- **Share the purpose of the group and the roles of any non-community members who may be involved**
- **Guarantee confidentiality and ask about preferred contact methods**
- **Ensure that childcare and transportation can be arranged and meals are available**
- **Offer flexible meeting times, agendas, and locations**
- **Prepare new attendees with a warm and welcoming orientation**
- **Acknowledge any gaps in your own experiences or knowledge**

# General Harm Reduction Resources

- [National Harm Reduction Coalition Principles](#)
- [Reframe Health and Justice Principles of Healing-Centered Harm Reduction](#)
- [Language Matters](#)
- [CDC Overview of Syringe Services Programs](#)
- [Understanding Naloxone](#)
- [NEXT Distro Overview of Drug Users Unions](#)
- [Drug Policy Alliance Overview of Drug Checking](#)
- [Overview of Supervised Consumption Services](#)
- [SAMHSA Overview of Medication-Assisted Treatment](#)
- [Chezstella Sex Work and Harm Reduction Overview](#)
- [ACLU Drug War Overview](#)
- [Kimberlé Crenshaw on Intersectionality](#)
- [Harm Reduction Intersects](#)
- [Belief, Behavior, and Belonging Article on Faith and Substance Use](#)
- [Keep the Faith Not the Guilt: Demonization of Sex Workers Article](#)
- [Faith in Harm Reduction](#)
- [AIDS United Meaningful Involvement of People Who Use Drugs](#)
- [Massachusetts Health Department Harm Reduction Overview](#)

# Michigan Harm Reduction Resources

Click on the agency title to view its website.

- [SOOAR: Belleville-based harm reduction agency](#)
- [Harm Reduction Michigan: Health equity organization focused on harm reduction and drug use](#)
- [Unified: Michigan HIV and AIDs and drug use harm reduction organization, including syringe services offerings](#)
- [NEXT Distro Naloxone Mail Ordering: Order Naloxone via the mail in Michigan](#)
- [MI Gov Pharmacy Access Map: Find pharmacies approved to dispense Naloxone](#)
- [Grand Rapids Red Project Overdose Resources: Overdose prevention training videos](#)
- [Michigan Syringe Service Programs: Contact list by county](#)
- [NEXT Distro Mail Ordering: Order various harm-reduction supplies via the mail](#)
- [Michigan Good Samaritan Law: Info on the law pertaining to drug overdoses](#)
- [Answer Detroit: Detroit-based sex worker justice collective](#)

