

## Spring 2019: Harm Reduction in Social Services

Many people are familiar with the term 'harm reduction,' but fewer are comfortable defining how it is practiced in social services. Because harm reduction strategies are a core part of ATC's work, we wanted to dive deep into the ways our clients use harm reduction and what harm-reduction-based services really look like. We encourage you to read this newsletter with an open mind and take time to reflect on how harm reduction might come up in your life and be practiced in your community.

## ATC's Clients Are Experts on Their Own Harm Reduction



**“Harm reduction is about meeting people where they’re at and not leaving them there.”**

-Amber, ATC client for 2 years

### What is Harm Reduction?

The term ‘harm reduction’ has become commonplace in the social service world, especially in San Francisco. It can be a controversial topic, and sometimes people’s different interpretations of what it is and how it should be practiced obscure its meaning. According to the Harm Reduction Coalition, harm reduction is, “a set of practical strategies and ideas aimed at reducing negative consequences associated with drug use” and, “a movement for social justice built on a belief in, and respect for, the rights of people who use drugs.”

While this definition is useful, harm reduction in social services is about more than substance use. In an effort to better understand what harm reduction really looks like for young people experiencing homelessness, At The Crossroads interviewed four clients about how they define and practice harm reduction in their lives.

Amber, ATC client for two years, is experienced at practicing harm reduction in her own life and also works as a Community Outreach Worker at a San Francisco nonprofit. Amber’s

favorite definition is from Dan Biggs who was a very important figure in the harm reduction world. “I think one of my favorite ways that harm reduction has been phrased or defined for me was Dan Biggs’ definition which is ‘embracing any positive change.’” This resonates for Amber because, at its core, harm reduction is really about “reducing one’s harm,” which, according to Amber, you can do in a lot of ways like, “Eating food, getting a good night’s rest, drinking water, and doing things you love whether that’s art or sports or exercise or hanging out with your friends.”

For Duane, also an ATC client for two years, harm reduction is about making big changes in his life. “When you say harm reduction, changing people, places, and things comes to my mind and it sticks out the most because when I changed from Baltimore City to San Francisco, I knew that, along with a change in place, would come a change in people and things. Ever since I’ve come to San Francisco I’ve met some of the most wonderful people that I knew existed but didn’t know where to go to find them.” Moving places and surrounding himself with a support network has been a big part of Duane’s harm reduction practice.

D’Quan’s definition of harm reduction is about having people in your life that you can talk to and trust—and in his case, one of these people is his counselor at ATC. “My harm reduction is meeting with her [he points to his counselor]. Everybody needs to talk, you know? I just felt

like one day, I needed to talk really bad, and I didn’t want to share with anyone, other than her. And I just felt like, you know, that was really harm reduction.” D’Quan has been working with ATC since 2014, and when he began meeting with his current counselor, Anna, he started to feel more comfortable opening up. D’Quan describes how when he talks with Anna, he can share openly and not be worried about what he says getting back to the people in his life. The process of talking things through helps him clarify what he’s looking for and remember what direction he wants to go in.

Abraham, who has been an ATC client for two years, defines his harm reduction by the actions, both big and small, that he takes in his daily life. Just the other day he practiced harm reduction while in his car, “I was driving down the highway and this motorcycle dude came up and flipped me off right to my face and the only thing blocking me was the window! And he’s like right in my face flipping me off, I’m like, ‘Dude no.’ So, I just took a deep breath and I’m just like ‘Ahhh, it ain’t worth it. Go home, just drive home.’ That could be harm reduction, just taking a deep breath and not doing something stupid, you know?” Sometimes for Abraham, harm reduction is as simple as making a phone call. “When I get bored and I want to go out, harm reduction could be just making a phone call to a friend, or like a mentor, or I call my mom, you know?”

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# Letter from Executive Director

Charles Lerner, MFT

It is with great excitement and optimism that I write to the At The Crossroads community for the first time. I can't wait to meet you over the coming months as we create a shared vision for ATC's future. I am honored to have been provided this opportunity by ATC's board, staff, and supporters. ATC is stepping up for our community's most vulnerable, rather than abdicating its responsibility for them. This is why I am here and feel privileged to be part of this very special organization.

The theme of our latest newsletter is harm reduction. The term itself might not necessarily have a ring to it but the idea sends an important message. It means connecting with an individual at a human level, independent of their behavior. It means offering a person support in accordance with where they are at and not where we expect them to be, based on our own biases.

I am reminded of a recent conversation I had with a prospective volunteer as Executive Director of Boston CASA (Court Appointed Special Advocates). She expressed insecurity about making a difference in the lives of others who had very different lived experiences from her. While I understand this insecurity, I shared with her that I believe we are all survivors of experiences that have had a profound and lasting impact on our lives.

It is important in this line of work to draw from our own experiences in order to understand, empathize, and connect with others. We are *all* learning how to best heal. We are *all* facing personal challenges and trying to learn how to best address them. Sometimes we fall short of where we want to be. Sometimes we need to give ourselves permission to accept that we are doing the best that we can or the most that we could possibly expect to do.

ATC's program model is not about "tolerating" risky or illegal behaviors or sending the message that those behaviors are encouraged, as critics of harm reduction often suggest. Rather, we believe that individuals cannot accomplish their goals or create positive changes in their lives in isolation or through shaming or punishment. Transformational relationships that offer empathy, compassion, and consistency—with very few, if any, strings attached—are what create change. We all have the power to offer these relationships to others and this is what ATC does best.

I believe that a movement is needed in order to address the social isolation and lack of a basic safety net for too many of our community's most vulnerable. I am excited to be joining At The Crossroads because I believe this organization offers a unique perspective and resource that will see this movement forward. Thank you for being a part of the ATC community. Onward and upward!

With appreciation,

*You may notice that we use they/them/their/themself as singular pronouns. We've chosen to do this because using gender-neutral language aligns with our core value of respecting individuality. We have also done this in certain cases to protect our clients' anonymity.*

*Electronic copies of previous newsletters are available to view at [www.atthecrossroads.org/newsletters](http://www.atthecrossroads.org/newsletters)*

## MISSION

At The Crossroads reaches out to homeless youth and young adults at their point of need, and works with them to build healthy and fulfilling lives.

## CORE VALUES



Prioritizing meeting the needs of our clients first



Making services as accessible as possible



Supporting empowerment



Respecting individuality

## WHAT WE DO

**ATC walks the streets of the Mission and Downtown/Tenderloin to reach disconnected youth on their own turf.** We hand out basic necessities like food, socks, and hygiene supplies, and build counseling relationships with youth.

**We focus on youth who have fallen through the cracks of other services,** and would not get support without us.

**We meet with clients 1-to-1.** We listen to them talk about anything they want, with no agenda and no judgment. We help them identify goals, figure out who they want to be, and how to become that person.

**We keep working with clients after they leave the streets.** We continue to support them for as long as they want, helping them build outstanding lives, not just lives of subsistence.

**We partner with other organizations,** connecting our clients with resources such as jobs, housing, education, health care, and mental health services.

**We work with the government at the city and state levels** to improve the continuum of support for all disconnected young people.

## VOLUNTEER SHOUT OUT: JULIANNA



Three years ago, Julianne was looking for a way to give back and was excited to find At The Crossroads which she sees as a sort of “cushion” for young people who have aged out of programs for youth but aren’t yet adults. She’s been volunteering ever since! Her favorite ATC volunteer activities are packing food boxes for clients (left) and writing donor thank you notes (right)—because she’s a self-described “old school sucker for hand-written notes.” We’re so grateful for her weekly help and her warm, can-do attitude!

## GET INVOLVED WITH ATC

### Make a donation to support ATC’s work

The only way At The Crossroads can accomplish our mission is with the generosity of individuals who believe in our work. If you think every homeless youth deserves the chance to build an outstanding life, please support us!

**Learn more and donate at [www.atthecrossroads.org/donate](http://www.atthecrossroads.org/donate).**

### Become a volunteer

Do you have free time in the morning or afternoon? Want to learn firsthand how we support San Francisco’s most disconnected youth? Become a volunteer and pitch in on a number of tasks that help keep ATC strong. **To learn more, email [getinvolved@atthecrossroads.org](mailto:getinvolved@atthecrossroads.org).**

### Get your company involved

When companies and their employees engage in our work, it can have a huge, positive impact. There are many meaningful ways that you and your coworkers can support ATC. **To figure out how to get your company involved, email [getinvolved@atthecrossroads.org](mailto:getinvolved@atthecrossroads.org).**

### Connect us to new clothing donations

ATC is always looking to build relationships with stores and businesses that are able to donate new clothing and shoes for our clients. If you can connect us with a store or clothing manufacturer who may be able to donate these items, **please email [getinvolved@atthecrossroads.org](mailto:getinvolved@atthecrossroads.org).**

### Learn more about ATC

- **Check this video featuring our clients, in their own words,** produced by local production company, Criminal: [bit.ly/ATCclientvideo](http://bit.ly/ATCclientvideo).
- **Watch a 15-minute documentary** about our clients and our work: [bit.ly/ATCdocumentary](http://bit.ly/ATCdocumentary).
- **Sign up for our email list** to learn about upcoming events, volunteer opportunities, organizational updates, and more ways to get involved: [www.atthecrossroads.org](http://www.atthecrossroads.org).



# Harm Reduction 101: The Basics

## Working Definition from Harm Reduction International

"Harm reduction refers to policies, programmes and practices that aim to minimise negative health, social and legal impacts associated with drug use, drug policies and drug laws. Harm reduction is grounded in justice and human rights—it focuses on positive change and on working with people without judgement, coercion, discrimination, or requiring that they stop using drugs as a precondition of support."

According to Harm Reduction International, the main goals of harm reduction are the following:

Keep people alive and encourage positive change in their lives.

- Keeping people who use drugs alive and protecting their health are the most urgent priorities.
- Approaches are facilitative rather than coercive and aim to reinforce positive change in a person's life, no matter how small or incremental that change may be.

Reduce the harms of drug laws and policy.

- Seeks to improve drug laws, policies, and law enforcement practices, so that they are not detrimental to the health and wellbeing of people who use drugs and their communities.
- Challenges international and national laws and policies that contribute to drug-related harms.

Offer alternatives to approaches that seek to prevent or end drug use.

- Access to high quality, evidence-based prevention, care, and treatment programs, including approaches that involve cessation of drug use.
- Entry into treatment should be on the terms of the individual and must never be forced.

“As a public health worker, as a person who provides and cares for the public health of society, I had to ask myself the simple question: 'What about the other 90 percent? What about the 90 percent for whom abstinence didn't work?' ... Harm reduction is a form of social justice. That's all it is. It really ain't that complex. It's a form of social justice that talks about the quality of life for each and every individual. Period.”

-Imani Woods, 1997  
Founding member of the Harm Reduction Coalition  
Executive Director, Health Educator, and Advocate

## Reflection Questions about Harm Reduction

- Harm reduction is a complicated subject that looks different for everyone. Because of this, we wanted to encourage our community to take the time to reflect on the themes that emerge in this newsletter and to think about how harm reduction might be used in their lives and community. Below are some guiding questions for reflection.
- After reading this newsletter, is there anything new that you learned about harm reduction? Did anything surprise you?
  - Which parts of harm reduction resonate for you? Which parts of harm reduction feel more challenging to understand?
  - What are some ways that you might imagine the principles of harm reduction being useful in your own life?
  - San Francisco and the Bay Area have a long history of innovation around harm reduction. What does this reveal about our city's values? What are some ways that you think we can continue to uphold these values as the city changes?
  - Is there anything that was in this newsletter that you want to learn more about?

## A Brief History of Harm Reduction in the Bay Area and Beyond

USA

- 1964: Methadone maintenance treatment is developed in New York as a medical response to the post-war heroin epidemic (just the year before, the world's first Methadone program is started in Canada).
- 1971: President Nixon officially declares a “War on Drugs.” In 1994, one of Nixon's assistants admits that the "War on Drugs" was designed to target "the antiwar left and black people" and to disrupt these communities.
- 1981: Generally referred to as the beginning of the HIV/AIDS epidemic after 41 young gay men in California and New York are diagnosed with a mystery illness. The virus is not officially named AIDS until 1982.
- Mid-1980s: Injection drug use accounts for the largest category of estimated new HIV infections in the US.
- 1996: Dan Bigg starts one of the country's first underground Naloxone (a medication designed to rapidly reverse opioid overdose) distributions in Chicago.
- 1997: For the first time in the 16-year history of the AIDS epidemic, the number of Americans newly diagnosed with HIV drops, thanks to prevention efforts.
- 1998: At least 131 syringe exchanges are operating in 77 cities across the United States.
- 2009: Federal Ban on funding needle exchanges gets lifted. Only two programs are funded and the ban is reinstated in 2011.
- 2009: Drug overdose becomes the leading cause of injury-related death in the US. The "opiate epidemic" begins to get media attention because of its growing impact on white communities.
- 2013: Rise in the sale and use of synthetic opioid, fentanyl, results in an exponential increase of fatal overdoses involving fentanyl.

1960-70s

- 1967: Haight Ashbury Free Clinic opens in San Francisco and it is the first free clinic in the United States. Many similar programs open in the decades to come.
- 1969: Community social programs become a core activity of the Black Panthers in Oakland and they institute the Free Breakfast for Children Programs, community health clinics, and after-school programs. They are doing harm reduction before it has an official name.

1980s

- Early-1980s: Activist Hank Wilson starts a housing program at the Ambassador Hotel in San Francisco. It becomes the first HIV housing with on-site services.
- 1988: Activists in San Francisco launch Prevention Point which is the second needle exchange in the country. It is not legal, but they take the risk.
- 1989: Activists in Santa Cruz begin doing an underground needle exchange using a coffee can as a biohazard container and sourcing their clean needles from a person with a diabetic cat.

1990s

- 1993: A local state of emergency is declared in San Francisco, legalizing needle exchanges. HIV Prevention Point exchanges 780,000 needles the first year.
- 1997: Activists found an underground exchange specifically to reach homeless youth: the San Francisco Needle Exchange (SFNE). SFNE's workers are arrested multiple times and the site isn't legal until 2001. In 1999, with Dan Bigg's help, the San Francisco Needle Exchange (SFNE) starts an underground Naloxone distribution program. It does not become legal in SF until 2003 and SFNE's distribution is not legalized until 2005.

2000-10s

- 2000: San Francisco's Health Commission adopts harm reduction as public policy.
- 2001: The DOPE Project starts in San Francisco after the city approaches Rachel McLean to begin a funded overdose prevention and response program. In 2003, it becomes the first city health department-supported program in the US to distribute naloxone to drug users.
- 2018: Urine test strips are distributed widely at syringe access programs in San Francisco and across the country so people can test drugs for the presence of fentanyl.

[Sources Cited] **Working Definition:** Harm Reduction International, <https://www.hri.global/what-is-harm-reduction>; **A Brief History:** "Harm Reduction Timeline 1960's-2018" first created by Mary Howe and Pete Morse in 2006, most recently updated by Mary Howe for 2018 Harm Reduction Conference, *Britannica Online*, <https://www.britannica.com/topic/war-on-drugs>, *Harper's Magazine* - "Legalize It All" by Dan Baum (April 2016), <https://harpers.org/archive/2016/04/legalize-it-all/>

[Sources Cited] **Quotation:** Spring 1997 issue of *Harm Reduction Communication*, <https://harmreduction.org/wp-content/uploads/2011/12/Communication4.pdf>; **A Brief History:** "Harm Reduction Timeline 1960's-2018" first created by Mary Howe and Pete Morse in 2006, most recently updated by Mary Howe for 2018 Harm Reduction Conference, *NPR* - "Fentanyl-Linked Deaths: The U.S. Opioid Epidemic's Third Wave Begins" by Martha Bebinger (March 2019), <https://n.pr/2Ohv9xE>

# ATC's Staff Busts Myths About Harm Reduction



Outreach Counselors share what harm reduction means to them. From left to right: Abby, Keya, Anna, and Briana.

Here at ATC, we hear a lot of misconceptions about harm reduction—both what it is and what it is not and how exactly harm reduction plays a role in the work we do. We sat down with our program staff to talk about four of the most common myths they hear about harm reduction and to have an in-depth discussion about what is actually happening on the street.

## Myth #1: Harm reduction was “invented” recently.

People often think that the concept of harm reduction was created recently, and in a way this is true. The term 'harm reduction,' as it is used today, came about in the early 1990s through the work of activists and healthcare workers who provided clean syringes, HIV testing, and counseling to drug users. However, the practice of reducing harm in one's life and one's community is something that has been around in many different contexts for generations. One early example of a community harm reduction approach came out of Oakland in the 1960s where the Black Panthers launched many community social programs including the Free Breakfast for Children Programs, community health clinics, and after-school programs.

Even though harm reduction has been practiced by diverse communities around the world for a long time, with the creation of an official term there can be a sense of alienation experienced by people who are not included in the discussion. For Outreach Counselor, Bri, reflecting on this dynamic is important, “As a service provider, the relationship that people of color have with harm reduction is always at the forefront of my mind. There are a lot of buzz words and movements that can

unintentionally isolate folks who may not have the time or resources to stay up to date on the latest terms.”

Bri talked about how when counselors are on the streets offering supplies to our clients, it's important to be aware that clients may not be comfortable talking about harm reduction or may not know what we mean when we offer certain supplies. It's ATC's job to make sure that our services are as accessible as possible, and part of removing any possible barriers to our services is not using words that make our clients confused or uncomfortable.

Our program staff is well aware that just because people don't always have the particular jargon used by service providers doesn't mean they are not practicing harm reduction in small and large ways every day. Program Manager, Demaree, describes, “I have learned that many of the communities we work with already practice harm reduction, despite the fact they may not have the particular phrase in their lexicon. Cutting toxic people out of their lives, not drinking as much the night before a job interview, seeking therapy, changing their diet based on current health needs; all of these things are harm reduction.”

## Myth #2: Harm reduction is only about substance use.

While harm reduction is a very important strategic approach to reducing the harm of substance use in our communities, it is not the only way that it comes up in our clients' lives. Each counselor at ATC can point to different examples of harm reduction in their client work.

One of our Outreach Counselors is working with a client who has the long-term dream of owning their own company. But the path to this dream is not a straight line. The counselor describes why: “Their housing and financial situation mean most of their time is spent trying to make money and/or finding a place to stay for the night.” Because

this client can't spend a lot of their daily life focused on their long-term goals, their counseling meetings are a space where they like to come up with steps they can take towards making this dream a reality. “We spend a lot of our meetings discussing this business, what it would look like, who works there, and why it would be different and successful.” ATC is there to help address immediate material needs for day-to-day survival and to make space for this client to dream beyond their current reality.

Another common way that harm reduction comes up in our work is

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through conversations about safer sex. A different counselor describes working with a client who has done sex work for over a decade. It wasn't until this client had been meeting with their counselor for about a year that they opened up about their work. The counselor describes the conversation, "We talked about the ways their work benefits them and the ways they wished it could be better. They identified safety as being their number one priority so we brainstormed ways they could improve their safety while working." Together, they came up with a

few initial steps the client could take like getting a phone, having a friend on standby while they worked, and different ways of practicing safer sex methods.

In all of these conversations, ATC's counselors center the client and listen to what the client identifies as their most important wants and needs. Each of our clients has knowledge of what they need to increase their safety and reduce harm in their lives.

### Myth #3: Harm reduction "enables" people.

Try thinking about it this way: if you were diagnosed with a condition that required a certain diet and prescription medicine and you showed up to a doctor's appointment and had not followed your dietary guidelines, nor taken your medicine properly, would you be refused care? While this depends on the kind of healthcare you have access to, your location, your race, gender, body type, and any number of compounding factors, the answer is, probably not. You would most likely continue to receive the care you needed and your doctor would encourage you to make choices that were healthier for your condition.

Substance use is one of the only medical conditions where if you exhibit symptoms (i.e. use the substance) your healthcare is taken away. It is common for healthcare providers to offer care to patients who use under the condition that they stop using altogether. A lot of the funding that goes towards providing services to the most disconnected populations, to people on the streets, to substance users, to people who have both of those identities, is poured into treatment facilities and approaches that tend to work for a small percentage of that population and is not reaching the majority. This is one reason that many people are not accessing care at all. According to the 2017 National Survey on Drug Use and Health, 87.8 percent of people who self-identified as needing substance use treatment at a specialty facility did not receive treatment of any kind.

Demaree sees harm reduction not as "enabling" but as a more effective way to reach people who are not accessing services and empower them to make decisions about their lives. "Harm reduction is acknowledging that a person has autonomy over their own self. It's an anti-colonial way of thinking. So much of imperialism is going to other cultures and telling people what to do. Harm reduction is a different way of doing things." Our clients are the experts on what they need to stay safe in their daily lives, so Demaree's approach is to encourage clients to actively participate in creating their own harm reduction practices. When people have the opportunity to make choices for themselves, any positive change is more sustainable.

Sometimes our clients pursue sobriety. Sometimes, the way that a client practices harm reduction is by using. For example, it might be having a drink after work to de-stress, or using a drug that helps them stay awake all night so that they can be alert and minimize the likelihood of getting harmed or robbed on the streets. Day-to-day survival looks different for each young person who is homeless or unstably housed and this means that the decisions that individuals make in order to stay safe vary widely. No matter what choices our clients make, ATC will provide them with the same care and support.

1. Table 5.50A - 2017 National Survey on Drug Use and Health: Detailed Tables

### Myth #4: Harm reduction is something that we teach to our clients.

It might be easy to assume that our counselors are "teaching" our clients how to practice harm reduction, but that's not the whole truth. As Bri describes it, her clients are the ones that take the lead on their harm reduction practice in partnership with their counselor, "Our organization is harm reduction focused because we provide low threshold access to services. ATC approaches client work with the understanding that the people we serve are experts in their own lives and any goals that we have as service providers should always come second."

Conversations about harm reduction can take many different shapes: it's about working with a client to identify what their goals are and coming up with a harm reduction strategy that works for that individual. For Outreach Counselor, Anna, it's like being a sounding board for her clients, "Clients share their ideas with me and I reflect these ideas back to them. Often, I might ask them why they have a specific goal, how motivated they are to achieve that goal, and what are the potential risks or pitfalls." Then if a client's goals change over time, Anna checks back in with them, "I might remind them of the goal that they told me they wanted to achieve and ask them if their goal has changed. If it has changed, I would help support them in their

new goal. If it hasn't changed, I would ask how I can support them."

One counselor brought up a meeting in which a client wanted to talk about an experience they'd had recently when they drank too much at an event. "I have a client who was unhappy with their drinking but did not want to abstain completely. They don't drink every day or even every week. But when they do, usually for celebratory occasions, they will drink an amount that they feel is too much and regret the decisions they make." This had happened recently in the client's life and they were experiencing a lot of shame. In talking together, the client identified this pattern and was able to describe to their counselor what they felt a healthy relationship to alcohol would look like.

Together, this client and their counselor came up with a concrete set of strategies to shift this pattern while still allowing for them to be a part of celebratory occasions with friends. According to their counselor, "It's been six months and they haven't had one of these nights! And they know if they do, ATC will not judge and is here to talk about it." When we can provide a non-judgemental space for our clients to identify their priorities and create strategies to implement them, clients are empowered to try new things, make different choices, and know that they will continue to receive support no matter what transpires. ♦



**When I get bored and I want to go out, harm reduction could be just making a phone call to a friend.**

-Abraham, ATC client for 2 years

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## Substance Use

What often comes to mind when people hear the words 'harm reduction' are programs that seek to reduce the potential harms of substance use, like needle exchanges and overdose prevention education. These are important components of many harm-reduction-based services. However, one common misconception is that offering harm-reduction-based services means promoting the use of substances and being in opposition to sobriety. This is not true. In harm reduction, the way that people choose to use substances is seen on a spectrum and abstinence is a part of that spectrum. At ATC, if a client's priority is sobriety, then we will do everything we can to support them in working towards that goal.

Goals around substance use often intersect with other life goals. For instance, Abraham describes making the choice to stop using substances in order to be what he considers a good role model for his son, "I have a son now, he's going to watch everything I do. I don't wanna be smoking weed around him. I don't wanna drink in front of him. Cause he's going to wanna do what I do." And when Abraham made up his mind to eradicate substances from his life, he was able to quit using immediately. "I just went cold turkey on it. And I did it—it sucked, but it's like you know, when I put my mind to something, I'm going to do it."

For many people, this approach to sobriety is not possible, nor is it the best option for them. Duane grew up in Baltimore City and says that for about half of his young life, drugs played a major role. A few years ago, he wanted to explore other options but did not have access to them where he was living. "I got tired of waking up in Baltimore City and realizing that my life had plateaued. My life was not going anywhere else." Duane decided to make some changes; the first step was leaving Maryland.



After a brief stop in LA, Duane arrived in San Francisco, where he finally felt free to remake his life, "I think one of the most freeing moments of my life was when I stepped off of the final Greyhound bus in San Francisco. Just deciding, 'Okay, this is where I'm going to make it. This is where I'm going to establish myself. This is where I'm gonna grow up. Live. Be. Make whatever I want my story to be.'" Shortly after, he met someone who offered him a spot in a rehabilitation house in Oakland and Duane started on a path towards sobriety.

The last few years have had their ups and downs. Duane talks about a period last year when he was separated from his partner and experiencing depression and anxiety. "All the things that I had done and learned in programs, because I've been to so many since I was out in California, all went out the window. Depression completely took over."



This created an environment in which he started using again. Today, Duane is living in a different residential rehabilitation program. He is reunited with his partner, actively building his "recovery support network," and working towards his dream of becoming a professional boxer. Being in a place where

he can be open about who he is and his life experiences is tied to Duane's harm reduction practice. "I can say I'm a recovering addict and not feel like, 'Oh wait I shouldn't have said that.'" And then, because I don't have to feel these ways anymore I don't have to use drugs to escape those feelings, to escape that reality."

In some cases, abstinence is what works best for people. For others, a moderation approach is more effective. From her life and her work, Amber has developed a nuanced relationship with sobriety and its role in harm reduction. "The path to recovery is never linear. And it's okay to backtrack and sometimes it's an uphill battle and sometimes it's a downward spiral and sometimes it flows and it's wonderful and it feels linear but you can never expect that progression to continue on and be easy."

Currently, Amber is choosing to be sober but usually, she prefers to practice "moderation management." "I was in school a few years ago and I was practicing harm reduction with moderation management for my drinking. I would set a goal for myself at the beginning of the day or the beginning of the week: I'm gonna have no drinks on this day and I'm gonna have no more than two drinks or four drinks. Then I would allow myself to have planned intoxication days." The important thing for Amber was to be understanding with herself when things went differently than planned. Most of all, she sought balance, "I think that there's a balance in everything. Moderation management, when I was in the thick of it and practicing religiously, felt really good because I would set goals for myself."

**I prefer to meet as many people as I can from many different walks of life. Everybody's got different views on things. Everybody's got different things that worked for them.**

-Duane, ATC client for 2 years

## Taking Steps Towards a Goal

Setting a goal and taking steps of any size towards it is an important part of harm reduction. Identifying goals for herself is a big part of Amber's self-care and harm reduction practice. "Currently I'm setting the goal of hitting 10,000 steps a day. When I go to

shows and dance and that number is much higher, that feels really good. But some days I have my day off and that step counter doesn't go high at all." Even if Amber doesn't reach 10,000 steps every day, she sees any self-care as helpful, "It's still positive change. It's still moving in the right direction."

D'Quan's approach to harm reduction includes figuring out what his goals are and finding the motivation to move forward in his life. "First you have to understand yourself and what you want. You know? So once you know you have a reason, or you want that in your life, there's a motivation all the way. You know, it's like motivation to keep doing better."

Over the last year, D'Quan learned just how strong his motivation is. This past fall, D'Quan fell 30 feet, severely breaking his leg. He had two surgeries, was using a wheelchair to get around, and was prescribed painkillers which he accidentally overdosed on. D'Quan describes this period as "one of the hardest times of my life." His doctor told him that it might be a couple of years before D'Quan would be walking and that he may never walk again. So D'Quan decided to put everything into his recovery.

D'Quan researched ways that he could fast track his healing and found recommendations to eat a lot of green vegetables. For the next few months, he ate everything green in sight, foregoing the foods that he prefers. "I was like, give me salad, salad, salad! I'd be like, 'You cooking greens? I want some greens!'" In addition to changing his diet, D'Quan put a lot of effort into trying to use his leg, doing what he calls, "self therapy." Today, D'Quan is walking without even his boot. He was proud to report that the day before, he had played basketball for 45 minutes, "Just by myself. Just shooting around. And I still got the shot!"

Over the course of his recovery, D'Quan got clear on what his motivations are and who he can trust in his life. "I think those were times when my instincts were the only thing I could depend on. It's what makes my instincts much better to this day." Strengthening and trusting his instincts has helped D'Quan figure out what his priorities are for his relationships going forward.

## The Importance of Relationships

From his challenging healing experience, D'Quan now feels that building a "support team" is the most important part of practicing harm reduction. D'Quan is prioritizing relationships where there is open communication about expectations, "I learned that with relationships, I want someone to

treat me how I treat them." D'Quan's current support team includes his mom, brother, and counselor at ATC. Conversations with the people on his support team help D'Quan structure his approach to his goals and work through challenges that come up.

Some clients find the loving support they need from the animals in their lives. Amber describes how having pets is a huge part of her harm reduction practice. "Animals are really empathetic and they can feel emotions and sometimes it's also nice when I don't have the mental health capacity to get out of



When it comes to harm reduction and relationships, it's not just about the people you keep in your life, but the people that you let go of. For Abraham, having strong boundaries is a very important part of working towards living the life he wants for himself. As someone who identifies as having "a big heart," Abraham says that he has to be careful who he spends time with because he can easily get "sucked into their world."

Instead of spending time with people doing things that aren't in line with his current goals, Abraham is focused on filling his time working on his mental health, going to therapy and

**First you have to understand yourself and what you want ... So once you know you have a reason ... it's like motivation to keep doing better.**

-D'Quan, ATC client for 4 years

bed. If I can't take care of myself, at least I have to take care of my pets." Amber's most beloved animal is her dog, Daydream, who is a certified service animal and super friendly. Amber credits Daydream with saving her life multiple times, "I couldn't count the amount of times she has saved my life. She saved me from killing myself. She stopped me from getting into fights in the past. And she's great when I need a snuggle. She loves to cuddle."

For Duane, relationships are a very important part of living happily and working towards his goals. "I'm a very loving person and certain people really really catch super solid parts in my heart." And it's clear that Duane has many people that he cares deeply about in his life. Throughout our interview, Duane regularly gave shout-outs to the people he loves all over the world. Currently, he's in a relationship that brings him a lot of joy. He is also focused on building a community that supports his sobriety. "I prefer to meet as many people as I can from many different walks of life. Everybody's got different views on things. Everybody's got different things that worked for them." One of Duane's current priorities is cultivating a long list of people he can call on for help when he needs it.

AA meetings to meet "healthy people that are trying to do good," and practicing his welding in order to get his welding certifications. He has a lot of big goals for his life: to have a relationship with his son, to get a union job, to buy a house. And by surrounding himself with people that support his goals, Abraham takes steps every day towards his dreams.

## Meeting People Where They Are

For each of our clients, reducing harm, finding safety, and building healthy relationships looks different. ATC's work is about supporting each individual client as they identify what harm reduction looks like for them, helping them work towards their goals, and being there for them through life's ups and downs.

Amber describes this process beautifully, "Harm reduction is about meeting people where they're at and not leaving them there." It isn't about changing people's minds, or telling people what to do, because, in Amber's eyes, this doesn't work, "You can't change the mind of someone who is stuck." But if someone is open to making changes in their life, then harm reduction strategies can provide the kind of support they need to build a healthier, happier life, on their terms. ♦



AT THE CROSSROADS

# Summer Sun Day

JUNE 23, 2019

**Sign up today at [bit.ly/SummerSunDay2019!](http://bit.ly/SummerSunDay2019!)**

Four nights a week, At The Crossroads' counselors walk the streets of San Francisco providing counseling support and critical supplies to young people experiencing homelessness. This June 23<sup>rd</sup>, ATC's community will be walking to the peak of Mount Tam in support of our youth and our work. Please join us! Together we can build a city where no young person on the streets is alone.



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# Welcome to At The Crossroads, Charles!

We are very excited to welcome Charles Lerner aboard as At The Crossroads' new Executive Director.

Charles brings over 20 years of nonprofit experience to ATC. Most recently, Charles served as the Executive Director of Boston CASA (Court Appointed Special Advocates) from 2012-2019. During his seven-year tenure, Boston CASA quadrupled its volunteer base, expanded services by 280%, and increased revenue by 600%. His previous work has included leading the first LGBTQ foster-to-permanency program in California as well as teaching at multiple universities including California State University, East Bay and Harvard University. Charles holds a master's degree in marriage and family therapy.

ATC sat down with Charles to ask him about his life and experiences: below are his thoughtful responses. In the coming months, look out for opportunities to get to know Charles in person—we can't wait for you to meet him!



## What are some fun facts about yourself?

I love to travel and am an avid tennis player. I will often break out into impromptu song. Many times it is opera...even if my voice is not quite appropriate for it, I sing it anyway! I also have a rather dry sense of humor and sometimes people are not sure if I'm joking (but I am). My 10-year-old son is a fun-loving jokester and has helped bring out the carefree, funny side of me that used to be more subdued.

## What is your connection to the Bay Area?

I am originally from South Florida and attended school in multiple states. I have family across the country but I have always had an affinity for the West Coast and the Bay. My best friend moved there and I visited and ended up staying for six years. It's where I met my husband—he is from here. Shortly after, I moved to Boston for several years and now my family is ready to return. We have a lot of amazing family in the Bay Area, both birth and chosen family.

## How did you get into this line of work?

My personal experience is a big part of what drove me to this work. Growing up, I spent several years in the foster care system and experienced a brief period of homelessness. I felt like I was lost in the shuffle and trying to figure out how to access the support system in order to survive was very isolating at times. I was fortunate to have someone I could turn to when I had nowhere else to go. This person helped me meet my basic needs until I was able to secure employment and housing stability. I will never take for granted that I had someone who offered me help and said yes when I asked for it.

The mission of At The Crossroads resonates deeply for me because I believe that the trajectory of someone's life is often determined by whether or not they have a safe and consistent adult to provide guidance and support. Not everyone has this and I believe that everyone should. Our society tends to focus solely on tangible "services" for youth experiencing homelessness or disconnection and

this is a very important piece. But it isn't the only thing that matters. I consider kindness, compassion, acceptance, and unconditional regard to be just as important as having a place to stay.

I didn't always have the goal of becoming an Executive Director of a nonprofit, but I had great mentors and after 20 years working at different organizations, I learned that you can't sit back and wait for leaders you believe in to emerge. You have to grow into being that leader yourself. I believe that good leadership—leadership that creates change and impact—isn't just about having a certain skill set or expertise, it's about the ability to mobilize people and bring them together around a common cause.

## What is your personal mission/vision/philosophy?

I think that the day-to-day responsibilities of life are daunting for most people (even if you feel like you're alone in this, you're not)—it can be tough. The expectation is that you put a smile on your face and that you're grateful for what you have. I find that seeking out moments of joy as much as possible and building a support system of kind people in your life can help get you through challenging times.

Considering how difficult life can be, especially for people in certain circumstances, I believe that we have a responsibility to one another. In our society, way too often we abdicate this responsibility. We become desensitized to the suffering and struggles of the people around us. I think we need to regularly challenge ourselves to do better, to be more aware of what others around us are experiencing, and to be accountable to other people.

## What makes you most excited about being At The Crossroads' Executive Director?

I am really excited to be working with such a dedicated and passionate staff and board and to build relationships with ATC's amazing supporters. I am also looking forward to taking a step back and learning from everyone engaged with ATC in order to co-create a shared vision for the future of At The Crossroads. ♦