



## *Harm Reduction Sisters – USA*

*Can you tell us about your background and role in the organisation?*

Sue Purchase is the founder and executive director of Harm Reduction Sisters with origins dating back to 2011, but the organization was not operational until 2019 when she returned to her roots in Duluth, Minnesota. Sue has a history of drug use and has worked in a professional role since 1996 when she co-founded Women with a Point in Minneapolis - the first harm reduction program in the state of Minnesota. Sue has been instrumental in the U.S. harm reduction movement ever since with an emphasis on women, and gender diverse people.

*“Harm Reduction Sisters” is quite self-explanatory- but can you tell us a bit about what your organisation does to ensure its services are gender-responsive to women and gender-diverse people who use drugs?*

It starts with the mission statement: Harm Reduction Sisters provides a feminist response, utilizing innovative harm reduction principles and practices to address the gaps that exist for people who use drugs and experience trauma. The unique challenges and barriers that women who use drugs face—and how this intersects with being a person of color, a mother, a queer woman, etc, are recognised. Staff are composed of women and nonbinary folks, many of whom are people of colour, mothers, and/or queer themselves. Maintaining a workforce that not only supports and represents the people served, is incredibly important to the service and its mission. It is crucial to have the direct insight and understanding of women and gender-diverse folks within the team in order to truly be responsive. Even for the most well-intentioned, earnest person, there is only so much that can be understood from an outsider perspective. Harm Reduction Sisters hope that when women or nonbinary folks walk into their office and are immediately greeted by people who look like them, they feel a sense of welcome and belonging, with a stake as being on the same team (because they are!). The service hopes they feel like they can be honest about what they are going through and what they need and not be faced with judgement. The Harm Reduction Sisters work to dismantle the hierarchy of “service provider” and “person receiving services,” a hierarchy that is often marked by gender and race. We’re all in this together!



*Harm Reduction Sisters apply a non-judgemental, low threshold approach*

A support group for women who are current or past drug users, provides a safe space for women to talk, complain, celebrate, mourn, whatever it is they need to get off their chest. There are so few spaces that are not just tolerant but embracing of women who use drugs, especially that are not designed to get them into sobriety or that are religiously influenced. This group is currently on hiatus due to staff changes, but with plans to continue to foster this community of positivity and radical love for women who use drugs.

### ***How can people access your services, for instance, what are the criteria, is it free?***

The service has, and always will have, extremely low barriers. Supports and supplies are provided at absolutely no cost to anyone who comes through the doors. There is a very short intake form for new participants that are used to collect demographic data for grant reporting, but all questions are optional and confidential. This is especially important in ensuring the program is accessible to women and gender-diverse people. So many of these folks have negative experiences with healthcare and social service providers, often because they are not listened to, face discrimination, or their autonomy is not respected.

A pregnant woman, for example, might not be comfortable sharing her legal name and answering a long list of questions in order to receive services. There is so much valid anxiety about the potential legal repercussions of using drugs while pregnant, and anonymity with a “no questions asked” approach gives these women the sense of security they deserve. Similarly, a gender-diverse person who has been forced to answer invasive, uncomfortable questions about their gender/sex in other healthcare or social service programs does not have to worry about that in our offices.

Too many programs designed to help women and gender-diverse people end up having too many hoops to jump through so that they often do not reach the very people they aim to serve. As harm reductionists, the Harm Reduction Sisters know that these folks need the support provided now—not in a few weeks after their application is approved, or after they can return their used syringes.

## *How do you run your mobile outreach program?*

The mobile outreach program is vital to the mission to serve women across Northern Minnesota. It is no secret that women are disproportionately burdened by the responsibilities of childcare, and are more likely to experience domestic abuse and substance use coercion. This leaves many women who need harm reduction services stranded and unable to travel to service locations— how is a single mother of 4



with no vehicle going to get to a service 15 miles away? How is a victim of domestic violence who is not allowed to leave the house unattended going to access services if their partner won't take them? These are real scenarios that only scratch the surface of the struggles the women who use drugs face. That's where a mobile clinic is so important: it allows services and supplies to be delivered directly to these women who might have no other options.

And of course, this does not just benefit women and gender-diverse people. There are folks of all backgrounds across Northern Minnesota who struggle to access harm reduction for an endless list of reasons, whether it be lack of transportation, lack of time, etc. Mobile outreach is a great example of how adaptive programming does not just benefit one group of people—it benefits everyone.

*HRS Mobile units ensure community receives services  
and supplies where they need them, when they need them*

## *How do you decide where to go and when?*

This is largely based on direct requests from participants, as well as from other local organisations. In addition to the mobile outreach, HRS has expanded from the original Duluth location to several satellite sites, including Hibbing, Grand Rapids, Cloquet, and Virginia. These sites were decided upon based on frequent requests from these areas and an obvious need for these services in a more regular, consistent way. HRS often received very large requests from people in these areas who would travel to Duluth to pick up supplies for their family and friends, as they would not be able to make the drive themselves and knew the supplies would have to last them for a while. It became clear that HRS needed to bring these services to the more rural parts of Minnesota where they were so desperately needed.

## *What advice do you have for others wishing to initiate similar services elsewhere?*



*Self-care is critical for sustaining a resilient movement*

Don't go into it looking for praise. This is hard, controversial work that is constantly under the threat of legal repercussions. Employ women and gender-diverse people with lived experience, people who are not afraid to be a part of a grassroots movement that is all about the on-the-ground work. Recognize that, even as a woman or gender-diverse person, your experiences are not everyone's. There is always more to learn and more internalized biases, misogyny, racism, etc. to unlearn.

Create safe spaces where the women and gender-diverse people you serve can tell you what you need—they know this better than anyone else.

Read about the history of harm reduction, the history of the feminist movement (and all black, indigenous, people of color feminist movements), whatever you can get your hands on! Learn from those who came before you. Be persistent and work diligently, but don't forget to take care of yourself. Love these folks radically, even when it's hard.