

Transcript of "Harm Reduction by Heart with Braunz Courtney"

Tammy Kremer ([00:09](#)):

Coming together for sexual health engages you in shameless conversations about sex positive, identity affirming sexual healthcare. We keep our attention on those most impacted by STIs, HIV and structural barriers. We're powered by nationally recognized experts in sexual health at the University of California San Francisco and the California Prevention Training Center.

[\(00:35\)](#):

All views expressed are those of the person speaking and not at the CAPTC or their employer. My name is Tammy Kremer. Let's come together for sexual health. Welcome to Coming Together for Sexual Health, Braunz Courtney. I'm so excited to get to connect with you today. I just want to send a warm welcome before we jump in here.

Braunz Courtney ([00:58](#)):

Thank you for having me.

Tammy Kremer ([01:00](#)):

And this is our second of a three-part series that we're doing on harm reduction at the top of season four. So, I just want to share that we're moving through the ecological model, moving from the individual, which we focused on last episode with self-proclaimed Narcan queen Kochina Rude, so definitely listen to that if you haven't yet, folks.

[\(01:21\)](#):

And today, we're going to be focusing on the organizational and the social level. Next episode, we'll be focusing on the structural level. Today, we've got Braunz Courtney, who has been working in public health as a harm reductionist for 20 years. He's currently the executive director of HEPPAC, which serves the Contra Costa and Alameda communities.

[\(01:40\)](#):

His field of expertise include working with people who use drugs, unhoused homeless folks, LGBTQ folks, youth and reentry. So, Braunz, I know you've been traveling, so welcome back to the Bay. What have you been up to?

Braunz Courtney ([02:12](#)):

Well, went to the Rx and Illicit Drug Summit in Atlanta, which talked openly around illicit drugs and prevention and care and treatment and services that are going on nationally.

[\(02:27\)](#):

A big topic they were talking about was the safer consumption space, which was the highlight of the conference for me where Sam Rivera, who is the executive director of OnPoint New York, which is the only authorized safer consumption space in our country, spoke about the normalization of safer consumption spaces. And so, we're watching New York very closely because that's going to be the beacon of like, look what New York's doing.

Tammy Kremer ([02:51](#)):

Can you explain what safer consumption spaces are?

Braunz Courtney (02:54):

Safer consumption spaces, they used to be called safer injection sites, overdose prevention sites. It's a place where people can come and use their drugs and have a safe sterile space to do that that's overseen by specific staff and nurses because there's folks who are out here in the street, we do syringe exchange and we're like, "Hey, exchange your used syringes for sterile syringes." But then folks have to go into their encampments where it's unsterile and inject. And then they got to go into the street where people are like, "Oh my god, it's public drug use."

(03:23):

So, we want to welcome people into a space where they can whoosah. They're not trying to rush that fix. They're not trying to rush that hit because the police are coming or whatever the case may be. And then also getting access to literally just basic need like shower, laundry, food, before we even start talking about getting folks into overdose prevention or drug treatment at these sites. And they actually already exist. They've been existing for decades. They're called bars where people go in and have a drink in a dedicated space that has sterile equipment for you to drink your alcohol.

Tammy Kremer (03:58):

Absolutely. You know, it really leads nicely into this next question I wanted to ask you which was how do you define harm reduction and how does it relate to sexual health?

Braunz Courtney (04:08):

Harm reduction basically is a set of practices to reduce the harm without necessarily stopping the behavior. So, if people are having a lot of sex, whether that's through the flesh trade, they have sex addictions or whatever the case may be, what are you doing in that activity to keep yourself safer, to reduce the harm. We're not saying stopping having sex because sex is a wonderful thing. Without sex, you nor I would be here. But what is the harm that's occurring during this sexual behavior and how do you reduce that?

(04:38):

And so, in organizations like HEPPAC, we're really open to the ambivalence, what's great about your drugs. Let's talk openly about what the wonderful things about it do for you. And then we talk about what are the harms within those behaviors and how do you reduce those harms without stopping the entire behavior.

Tammy Kremer (04:55):

I love that definition. What are the harms and how can you keep getting the value that you get out of it for yourself. I'd love to hear a bit about your personal story and what led you to do work around harm reduction.

Braunz Courtney (05:09):

I've been doing harm reduction longer than I even knew what harm reduction was. I grew up with a single mother, father was absent, he was an addict in his chaotic stage of drug use. Mother was in and out of recovery growing up. And I always had this one memory of what I thought harm reduction was as a child. My mom was a severe alcoholic and used uppers, cocaine and all that other stuff, and I would see her drink and drink and drink and drink.

(05:35):

I remember I used to pour her vodka out of her bottle and replace it with water and put it back in her hiding spot. I was like five, six years old, I don't understand addiction and all that around. I just know my mom has continuing to do something to hurt herself and she's all that I've got.

[\(05:50\)](#):

And then another time, I basically just dropped a dime on my mom. I snatched her out to my grandparents. Thank god for nanas. Anybody who has a nana or a grandparent, that was the responsible person at that time who helped raise me because my mom was in and out of jail and in her addiction, where it almost seemed like she was a sibling versus a parent at that point. She always loved me, did the best that she could, but it was always making sure that nana knew what was going on so she could check my mama.

[\(06:19\)](#):

And then what got me into the field of harm reduction was I was working in Home Depot and somebody poached me out of Home Depot and was like, "Oh, you've got great people person skills. Have you ever thought about doing outreach?" And I was like, "Well, what the hell is outreach?" And they were like, "Oh, you talk about sex and drugs and you get people to come take HIV tests." I was like, "What? They paid people to talk about sex and drugs? I'm making \$15 an hour at that moment. Can you match that?" They were like, "We'll pay you \$16."

[\(06:46\)](#):

So, started working for this agency called AMASSII, which stood for African American AIDS Support Survival Institute Incorporated, which was the first gay black organization in Oakland, California as the epidemic was rising in the black community, specifically men who had sex with men, injection drug user and just the black community in general.

[\(07:06\)](#):

And so, they hired me as an outreach worker, which I didn't even know what that meant until I got there and they were like, "So, you're going to go into this club and look cute and take your shirt off and dance on this thing out a box and twerk and work it out and jack on the box." They used call it jack it on the box. "And just dance and just live it up and you're going to get people to come talk to you and then you're going to forward them to this table over here with the condoms and the information about HIV.

[\(07:31\)](#):

And then the other part of your job is to go into the streets." And they had me in the public sex environment at Lake Merritt Park at 2:00 in the morning. And so, this was a whole new world for me and as a young bisexual kid coming from the city and going into Oakland, which they called the town, it was a wild time.

Tammy Kremer [\(07:49\)](#):

I can imagine. I'd love to hear what you later learned in retrospect about the connection with your mom growing up and ways that people can support those that they love who are using.

Braunz Courtney [\(08:02\)](#):

It's so funny. I remember my mom used to say, "I have a disease. I have a disease." I was like, "F this disease. Am I not worth you stopping using drugs? Just stop." I didn't understand that people use drugs for a variety of different reasons, whether it's to feel good, to mask emotional physical pain.

[\(08:22\)](#):

And so, whatever the story is which got my mother using drugs and abusing drugs, I started to have more empathy for what she was going through and that it is a disease, and that we have to really practice harm reduction as my mother was probably my biggest participant client. And still is because she's in recovery and recovery looks different for people. My mother may never stop drugs completely, and that's cool with me.

[\(08:44\)](#):

We can openly have dialogue around drug use. We can talk about the old stories of the bar fights and her in and out of jail. And she's like, "Oh, look at me now. This is my little weekend thing. I have my little couple shots and sit there and we binge-watch HGTV." And I'm glad that now, she's living a healthier life.

Tammy Kremer [\(09:03\)](#):

Yeah. I'm really hearing how different those standpoints are of trying to control or shame or prevent use versus being curious, asking questions, providing support coming from a place of love. And on that, why don't we transition into HEPPAC? Can you tell us what does HEPPAC stand for? What does HEPPAC do? And you've been there for 15 years, right? So, what's been keeping you at HEPPAC too?

Braunz Courtney [\(09:28\)](#):

HEPPAC stands for the HIV Education Prevention Project of Alameda County. I felt like I was really good in this field, related to our population. I was already moving up within the ranks and making a name for myself within the field.

[\(09:40\)](#):

And so, I walked in and I had just been in a domestic violence situation with my boyfriend at the time. I'm like, "Oh, great, I'm going to go into HEPPAC and they're going to be like, 'Sorry bro, we're not looking for that.'" But come to find out HEPPAC don't give a shit about none of that. They're like, "We're from the streets. We work with active injection drug users. We see and hear about domestic violence a lot."

[\(10:00\)](#):

So, they liked me and hired me as an outreach worker and just started getting into it and realizing like, whoa, okay. There's a lot going on in these streets other than just the risk factors around sex. It was around drug use. And so, I came from a family who they did a lot coke, crack, alcohol, pills, things like that, but I wasn't really familiar with the injection drug using community, which they now call people who inject drugs.

[\(10:26\)](#):

So, even PC terms have changed. Because injection drug user is saying that's all that you are. But before all of that, you're a person. And that's what HEPPAC's bread and butter was. They were an agency that pioneered syringe access overdose prevention in East Oakland when the HIV epidemic was killing black folks, specifically black folks who inject drugs in the East Bay.

[\(10:51\)](#):

And so, I really quickly started to see like, "Whoa, is this shit even legal, what we're doing?" Because before, it was legal, they were called ACE, Alameda County Exchange. This is when HEPPAC was underground and not an actual 501(c)(3) nonprofit agency who were just renegade black and brown folk out here using their own money and resources to make sure that black and brown folk had access to sterile syringes and drug using equipment when it was illegal.

[\(11:18\)](#):

And so, our forefathers, who is some of our ex-board were getting arrested because it was considered a civil disobedience and illegal to do syringe exchange in the city of Oakland. And they had to go to the board of supervisors every two weeks and declare this state of emergency.

[\(11:31\)](#):

It was like, how many times do we need to come up here for years before you get the clue that black and brown people are dying and getting HIV and hep C to where they were like, "We're so tired of seeing you all ACE people," like it's standing order. Syringe exchange is legal. They literally help pioneer that in East Oakland with help from agencies like CALPEP and folks in San Francisco, making sure that our black and brown people had equitable access to things that keep them healthy, alive and able to thrive.

[\(11:58\)](#):

And so, through all that, we legitimized our self to a 501(c)(3) through a track of HIV funds, hence the name HIV Education Prevention Project of Alameda County. We continuously are seeking more funds to expand services because we are in the city of dope and they call it the city of dope for a reason.

[\(12:17\)](#):

We're one of the third largest ports in the United States of America. There's a lot of dope that comes in and out of our ports, crack cocaine, heroin killed our black community and is just starting to resurrect and start to show face of it healing, but it killed our community. And HEPPAC was in here trying to make sure that our folks were not dying.

Tammy Kremer [\(12:39\)](#):

Wow. That was so much critical context for the work that HEPPAC is doing in terms of the impact on black and brown communities in the Bay Area. And like you said, based on that really felt need of the community to serve each other. I'm wondering if you can give us an overview of some of the highlights of what HEPPAC is doing now. How would you describe the services that HEPPAC is offering today?

Braunz Courtney [\(13:07\)](#):

I could describe the services that HEPPAC offers today as an integrated service medical model. We love to say that we're like a one-stop shop. So, for example, we were county funded to do overdose prevention education, naloxone distribution, which is called the OPEND Program, which is a loosely modeled from the DOPE Project in San Francisco. So, big ups to the DOPE Project in Frisco.

[\(13:30\)](#):

We are training folks in the tents who are actually using to identify what an opioid overdose looks like, give them the training, give them the actual product which is Narcan to bring people up out of it. And then we also train service providers who also work with that community. And then we train larger institution.

[\(13:49\)](#):

So, down from we open the tents to corporate institutions who are guess what? Fentanyl's on the scene and people are at risk. It's not just these folks in the tent shooting dope who are homeless who are at risk for overdose. Now, it's anybody and everybody. It sucks because when black folks was over here dying for overdose, wasn't nobody giving a shit. But when other folks started dying and folks who weren't the typical face of what overdose looked like, then all the money started rolling out.

[\(14:20\)](#):

But at that point, we had already made relationships with the board of supervisors say, "Hey, we're HEPPAC. You don't give us not a dime to do this work. But we are very resourceful. We're hoarding and getting supplies from other agencies in Chicago Recovery Alliance back in the day," Dan Bigg, rest in peace, "used to help us smuggle Narcan from Chicago to Oakland so that we can have Narcan for our programs."

[\(14:42\)](#):

And so, when there was this national push for overdose prevention, board of supervisors, Alameda County was like, "Oh, snap. We're seeing this happening nationally. We're seeing it happening in the black community, in other communities and we need to do something about it. Oh, where's that HEPPAC place? They does this, right? Let's call them to the table." And that's what happened. The money showed up to do a pilot project to address overdose specifically for the black and brown community. Let's give you some resources.

[\(15:08\)](#):

So, we created this program called OPEND, which allowed us to expand, and this pilot project, which was only supposed to happen for a couple years is now in its sixth year normalizing the conversation around overdose prevention education, naloxone distribution in all kinds of different settings and creating access to Narcan.

[\(15:30\)](#):

And now that they have nasal Narcan, it's a lot more user-friendly and digestible. So, even though the whole overdose crisis got gentrified, it allowed us to expand the conversation to be like, guess what? It's not just these typical folks you had thought were just at risk for opioid overdose, but it is all of us at risk for opioid overdose.

[\(15:52\)](#):

If you're popping pills or you're on lean or you've broken arm and now you're popping Vicodin left and right, your doctor cut your prescription, and now you're in the streets getting some other, you are at risk as well. Little old white ladies are at risk. We need to educate as many people as possible and normalize the conversation to carry Narcan on you and be trained in opioid overdose response.

Tammy Kremer [\(16:16\)](#):

Last episode with Kochina Rude, who's a drag queen, who's one of the MCs for a show that happens at Oasis, a drag show every Saturday. She was talking about sharing about Narcan. She does a quick entertaining five-minute demo and passes out Narcan. So, it's another one of these areas where we see so clearly that issues that impact anyone impact everyone.

Braunz Courtney [\(16:38\)](#):

Exactly. It's important for us to be very visual. We're getting ready to go up to Sacramento and march on the front lawns because they want to cut some funding that support not just HEPPAC, but a lot of other agencies throughout California who do the kind of work that HEPPAC does.

[\(16:56\)](#):

And so, it's like, "Okay, you all are going to cut money, but guess what? It's actually going to cost you more in the end." Like, "Yo, why would you cut funding that's going to impact black and brown folk and just folks in general who use drugs?" But sometimes the politicians and the taxpayers don't understand that if I prevent you from having an overdose, then you don't go into the emergency room. It's just like,

okay, we're talking about couple dollars here for the prevention work versus thousands and thousands and thousands dollars here.

Tammy Kremer ([17:34](#)):

I want to take us to another program that you've shared with me about the Black Drug Users Health HUB. Can you talk a bit about that?

Braunz Courtney ([17:41](#)):

Oh, that's my baby. We used to get funded to do groups, and I remember how impactful these groups were. They were educational groups around HIV and hep C specifically. In that, we were able to bring people into our building and we had this two-hour time slot and we would do HIV and hep C education. And so, about prevention, linkage, care, testing. People would be able to do the basic needs, take a shower, do their laundry.

([18:06](#)):

Couple other staff would actually prepare meals that we would cook with our own two hands to provide people because breaking bread is so conducive to the learning. And then we would let people leave after with supplies, services, hygiene kits, and then a \$10 food voucher.

([18:21](#)):

So, you came in, you had some education, you got fed an awesome meal. People remember that. Ten years, 15 years later, people are like, "I remember you taught me about the healthy liver is the size of a football and the four things that you need to do to prevent from HIV and the bodily fluids and just all these things that were so impactful."

([18:40](#)):

So, that funding dried up years and years and years ago. A lot of the funding now was more for treatment as care. There's not a lot of prevention funds that want to do groups and things of that. So, when they put out this RFP, I was always thinking, I always want to do something group wise, and I want it to be geared around black folk.

([18:57](#)):

And so, I was like, I want to create something that is Afrocentric centered around black drug users so we can talk openly about our drug use, the ambivalence of it, and then also learn about the war on drugs and how it has historically impacted black communities and it's still impacting black communities in a negative way. How do I do this? COVID was showing its face, so I can't allow 20 people into my building like I used to. I needed to find a way to be able to provide this service in a group setting in an untraditional way.

([19:28](#)):

So, HEPPAC has been doing unstructured groups at our syringe service programs for years. These are impromptu groups. When I have a group of people, "Hey you all, five minutes of your time, let's talk openly about a specific topic. And at the end, I'll give you extra snacks, condoms, incentives, whatever that case may be, and let's share experience." Because our participants are the ones with all the experience. They're the ones who have to feed us the knowledge of what's up with the dope? What's going on in the streets? Because there's street politics going on.

([19:54](#)):

And then also, just gauging what people's knowledge around the war on drugs is. Some folks are directly impacted by the war on drugs and never knew it was the thing called the war on drugs. So, I got this YouTube video of Jay-Z who narrated this whole thing around the war on drugs.

Jay-Z ([20:13](#)):

In 1986 when I was coming of age, Ronald Reagan doubled down on the war on drugs that had been started by Richard Nixon in 1971. Drugs were bad, fried your brain, and drug dealers were monsters, the sole reason neighborhoods and major cities were failing. No one wanted to talk about Reaganomics and the ending of social safety nets, the defunding of schools, and the loss of jobs in cities across America. Young men like me who hustle became the sole villain and drug addicts lacked moral fortitude. In the 1990s, incarceration rates in the US blew up.

Braunz Courtney ([21:08](#)):

I like it because it's three minutes. Our participants are moving fast. Then we have an open conversation about what you've learned about that, how that relates to your life and your history. And then let's talk about the protective factors because we know the war on drugs is still going on and racism and systemic racism and institutional racism is still going on.

Tammy Kremer ([21:28](#)):

Right. I'm just really appreciating the connections that you're working with folks to make between these systems and how they impact their life on the war on drugs, how you've worked with folks to also zoom out to these much bigger pictures so that they can understand their own experience within that broader context.

Braunz Courtney ([21:49](#)):

The war on drugs was put in place to keep down black communities, keep their foot on our necks so that we stay in these systems so that we can't advance. And a lot of this shit that we're going through now in our community isn't even our fault. It's systemic institutional racism.

Tammy Kremer ([22:08](#)):

Yeah. And I remember when we were talking before, you were sharing how people had these aha moments of recognizing that they've been so impacted by this thing they didn't have necessarily words to describe. What's that been like for you in speaking with clients?

Braunz Courtney ([22:23](#)):

It's been eye-opening for folks to give themselves a break. Folks have a lot of stigma and shame around their use and what did I do wrong or where did I go wrong and all that. It's like some of this shit was put in place to purposely make you fail. It was like you have no other options but this negative thing. And once you take this negative thing, then you're going to be effed up throughout our whole system.

([22:44](#)):

If someone who's doing cocaine gets basically a slap on the wrist and then the laws that were made for anybody who's dealing crack cocaine or got crack is five years of rock or something. Come on now. Crack cocaine is derivative of cocaine.

([22:56](#)):

How come they get a slap on the wrist in the white community or any other community that's doing cocaine, which we know who those communities are because cocaine is a very expensive drug to keep eye versus in this community, where we know economically crack is the drug of choice and you're going to put all these years on that? Come on now. That was done on purpose. We know why that was done.

[\(23:16\)](#):

It's like, wow. Some folks, including myself, were born into this shit where your parents were addicted to drugs, where there was all this systemic racism going on in their communities that impacted why their father was out of the household and in jail and how their parent was in and out of recovery or didn't have us because society felt like they were not a good parent because they were on drugs. It was just this moment for folks to give themselves a break. This is deeper than my decisions that I've made for myself. I am a result of a system that is really trying to keep us down.

[\(23:50\)](#):

So, we have to talk about the protective factors on how we survive and also thrive because lord, just surviving ain't enough to be a human. How do I wake up with joy if it's just that one day, I can wake up and feel joy when I never did before, then we're moving in the right direction.

[\(24:08\)](#):

And then the protective factors of how you stay up out of jail, down to when the police pull you over or hem you up, where do you stash your drugs? How are you making sure that you're safe while you're using alone? But using alone is very risky, especially now that fentanyl's in it, do you do test shots? Do you have your Narcan open and ready? Have you ever felt an overdose coming on where you had a moment to scream out for help? "I'm falling out you all," or does it just come on and you don't remember nothing?

[\(24:40\)](#):

A lot of folks are not used to having a black center space to talk openly about their drug use and it not be punitive. It's like, "Well shit, let's talk about the dope. How is the dope out there?" Some people are like, "Oh, the fucking dope is trash." They're like, "What's your relationship like with your dealer? Do you trust your dealer? Are you able to have open dialogue and evaluate his shit or their shit?" Like, "Hey, yo, last week you gave me some stuff and it didn't have me feeling right. Did you get a new batch? What are you doing? Are you testing?"

[\(25:06\)](#):

Even down to testing with fentanyl test strips, a majority of the time when people find out once we give them the fentanyl test strips that there's fentanyl in their supply, they're still going to use it. The dealer, their pharmacist is gone and they're sitting here and they're like, "I need my medicine."

[\(25:24\)](#):

And yes, it does have fentanyl in it, but we don't know how much fentanyl is in it. Maybe that tells me, you know what? I'm not going to use alone. So, I'm going to holler at my homie and we'll work that out. Or I'm going to call the hotline, Never Use Alone. So, it's like, "Hey, if I don't respond then, and here's where I am in this tent over here or in this space, come get me." Or "I've got my Narcan ready because I've OD'ed before and I know when it's coming on and I can maybe put it up my nostril before it actually kicks in."

[\(25:53\)](#):

So, part of the BDUB is having those conversations in group level or individual level, non-clinical settings. That could be out on the street in the tents. You can come to the drop-in center. We have it right there.

It literally takes anywhere from five to 10 minutes for a whole BDUB session to happen. Welcome you to the network, and then we give you a \$50 voucher.

[\(26:13\)](#):

I don't care what you do with your money, it's your money. You might need to pay the dope man. You might need to pay a bill, cellphone, whatever. I don't care. It's just the economic right thing to do because time is money and the time that people are spending with HEPPAC is less time that they're out there hustling for whatever they need to get to survive.

[\(26:32\)](#):

Hey, this is a job. We're literally picking their brain. We're learning from each other. You have expertise on your lifestyle and drug use, and we need to hear this expertise because it helps form our programming, making sure that we're on point with what HEPPAC is doing.

Tammy Kremer [\(26:49\)](#):

I'm curious if sexual health conversations come up in these conversations with BDUB?

Braunz Courtney [\(26:54\)](#):

All the time, all the time. We're having conversations around sex use, sex abuse, trauma around sex. If you're a person who's in the flesh trade, what are you doing to keep yourself healthy? Because any job, there's what they call occupational hazards and we talk openly about what your occupational hazards are if you're a sex worker. What's your out plan too? What happens when you're sick? You don't get paid sick time. What happens when you want to take a vacation?

[\(27:22\)](#):

So, you have to build up to that. And even talking openly about making it into a business and then talking about, okay, a client offers you more money to do raw for that extra \$50 to a \$100 when that raw sex can get you sick and you're out of commission for two weeks and you missed out on two weeks of money, condom negotiation and just confidence. Ask for more money. These are the conversations that we have.

[\(27:44\)](#):

And then also your drug use. Because a lot of folks who are selling sex and having sex, whether they're selling it or just having it recreationally, they need to be on one. Some folks talking openly who wants to have sober sex? I want to have a shot. I want to have a hit. I want to be in an alternative state when I'm engaging in sex because sex is a wonderful, beautiful, pleasurable thing. And hey, if I can enhance that with some drugs, more power to you. But how's the risk factor there? How you take care of yourself with that?

[\(28:11\)](#):

So, we have open conversations around drugs and sex. I love my job. Harm reductionists, we're all drinking the Kool-Aid. So, when you get a room full of harm reductionists, oh, man, we talking about drugs and sex at the bar all day. And then there's some people who it is not normal to talk about drugs and sex as openly as we do.

[\(28:28\)](#):

And just normalizing that conversation when they come to HEPPAC is important. They deal with a lot of people who aren't used to having those conversations. So, it's like they also come from cultures where it's not appropriate to talk openly about drugs and sex. And we're like, "There's too many people out here dying and having harm to themselves." The conversations need to be had.

Tammy Kremer ([28:48](#)):

That really also helps illustrate how those conversations are all just so intertwined and the way that the approach of harm reduction really can support someone in thinking about their life holistically.

Braunz Courtney ([29:02](#)):

When we're talking about how to introduce harm reduction to people who are not drinking the harm reduction Kool-Aid is it is on a spectrum. Harm reduction was this renegade thing off to the side back in the day that was like, "Oh, I don't know about that, kind of seems like you're enabling people." But no, on one side of the spectrum, you have someone in their chaotic stage of use, whether that's drugs or sex that could be harmful.

([29:24](#)):

And then on the complete opposite side of the spectrum is abstinence, which we all know people are very familiar with because we live in this abstinence-based world. So, for the people who ain't drinking the harm reduction Kool-Aid, they're like it clicks. It's going from this pre-contemplation of not knowing there was anything other than just stop doing that risky thing and just stop and just abstain and just abstain. Bullshit. When you're talking to somebody who's got a sugar addiction or coffee, how easy was it for you to put that damn cup of coffee down or that cigarette down?

([29:51](#)):

So, putting it in a way that's very relatable for people, and I've seen that's been very effective and our participants come back and said, "I use that spectrum shit she was talking about and they kind of got it right." And I was like, "Okay, good." So, it's just finding that common ground.

Tammy Kremer ([30:06](#)):

I love that you also have this opportunity to see how these concepts have resonated with folks that you've talked to over 10, 15 years and getting that feedback. We're going to take a quick break to pay tribute to a harm reduction hero who has passed on, which we're doing in each episode of this mini-series on harm reduction. For this episode, Jen Jackson will be talking about Dan Bigg, who comes up in each of these three episodes. Here's Jen Jackson, Harm Reductionist and Capacity Builder here at the California PTC.

Jen Jackson ([30:40](#)):

Dan Bigg is definitely a champion of harm reduction that I would like to remember. He was a larger than life contributor and one of the founding fathers of modern-day harm reduction. He was a rock star of harm reduction. He was a co-founder and former director of the Chicago Recovery Alliance and one of the founders of the Harm Reduction Coalition.

([31:03](#)):

And he began his work in the 1990s by distributing clean needles in order to curb the spread of HIV. He was tireless and tenacious in his work, getting naloxone into the hands of the general public through increasing access. And he took risks getting naloxone to communities that really needed it through distribution. He really cared about active drug users and those who face stigma or were marginalized due to their substance use.

Tammy Kremer ([31:33](#)):

And if you haven't checked out Jen Jackson's episode from season three, episode two on Sex, Drugs and Rock & Roll, be sure to give it a listen. I am wondering if we can shift to talking about the medication assisted treatment program that you've been able to set up. I think it's at Highland Hospital.

Braunz Courtney ([32:01](#)):

So, I always wanted to create these hubs to one normalize harm reduction as a standard practice in places where I feel like it needs to be, but then also expand the reach of HEPPAC. Because over us doing this work for over 30 years, this heart logo is synonymous with black excellence in public health, at least in the Bay Area.

([32:21](#)):

So, us already having these relationships with Highland Hospital for years before funding was doing anything, Andrew Herring, who was one of the co-founders of the California Bridge Medication Assistance Treatment Center, which they're adopting throughout the state of California, is familiar with HEPPAC, work with the previous executive director. HEPPAC would supply them with harm reduction supplies before they had funding for it.

([32:44](#)):

They're like the renegade doctors up at Highland Hospital. They get it. They understand it. He was like, "Oh, my god, I want you all to HEPPAC-ify Highland Hospital and we want you to feel like we're an extension of you all." I felt so honored that he used the word HEPPAC-ify as if it's a thing. I was like, "Okay, I want to create a harm reduction hub in the Highland Hospital for the Bridge Clinic." We would hire substance use navigators who are manned at the syringe service programs, which are nonclinical settings, but also work in the hospital where the Bridge clinic is actually located.

([33:25](#)):

So, we wanted it to be an extension of the streets because we know that a lot of people do not go to their medical homes, they don't like the institution, they don't like all those white walls. It's just like it's too much. And so, we wanted people to realize, "Oh, those folks who were in the street with me while I was actively using and made sure I had access to sterile syringes and cookers and cottons and was asking me how my drug use was going is actually the same people who are in the clinic in Highland Hospital."

([33:53](#)):

So, what that consisted of was we need this lobby to be warm and inviting and comfortable. And sometimes it's really just creating the relationship weeks and weeks and weeks before they're even really ready, if they're ready at all. What other services can HEPPAC help you with? And then that rapport gets built. And then usually, it's on that fifth time when something has happened in one of our participants' lives where they're like, "I am tired of injecting. I'm tired of the dope. It's all just stepped on. I think I'm ready to try this MAT you're talking about."

([34:23](#)):

And so, MAT is a whole umbrella of services, medication, assistance, treatment, and now just normalizing that acronym. Well, now folks are getting like, "Oh, okay, MAT is this, this, this or this?" And then, "Hey, I'm ready now. What does that look like for me? Hey, let's talk about it. Let's talk about any barrier that's going to actually get you to MAT."

([34:44](#)):

Bupe and Suboxone isn't for everybody. Some people like liquid methadone. Some folks are living in conditions that they cannot be sober right now. They need to be high. They need to have their medicine to survive. Some people was like, "Shit, if I don't smoke crack and I don't stay up all night or have a

upper, I could mess around and get raped and rob. Then I need this other drug to give my courage juice because I need to be ready to fight for my life because I'm out here in these streets."

[\(35:10\)](#):

People use drugs for different reasons because we've done worked in this business long enough where people like, "Oh, I'm ready for drug treatment. I'm ready for drug treatment." We set you an appointment, you don't show up. It's like, okay, listen, I ain't mad at you.

[\(35:21\)](#):

Let's talk overly about what it looks like. And let's say you go through treatment and some traumatic event happens or something ain't good, and then we see you back out, stick your head up, have confidence. Let's just talk openly if you want to talk about how that didn't work for you. It's okay that you back out here. Let's make sure you get the syringes that you need and the safer drug using equipment so that you're going to stay safe. Because we do disease prevention and how you prevent from overdose.

[\(35:46\)](#):

And when you're ready for MAT again, let's talk about what those barriers were the last time and let's try to see how we get through those barriers. If it's something as simple as transportation, we got a red carpet service. We'll literally pick you up from your tent wherever you at. You need to go cash some checks before you need to go get some groceries. Before the end result is we get you actually into MAT, that's great.

[\(36:08\)](#):

So, it's really just about being present and having different access points. It's more than just people's addiction to drugs that's going on in their life. They need access to mental health services. They need access to some kind of subsidy housing. They need access to food. They need access to hygiene equity.

[\(36:27\)](#):

We're going to teach you how to maneuver through these systems because a lot of times folks are told to go somewhere and do something and they get anxious or someone stigmatizing them so they turn around. It's like, no, no, no. F that. As a matter of fact, I'll go with you and I'll show you and I'll advocate for you.

[\(36:41\)](#):

There's been so many people we sent someplace, they never even showed up because people had a nasty look or talk to them crazy when they got there. I'm going to roll with you. And then we go up and through there and then we start checking folk and like, "Who said what to who? Okay. Well, when they say that to you, you tell them you're here to take care of yourself and stay out your personal business." So, everybody else don't matter.

Tammy Kremer ([37:09](#)):

So, I wanted to just bring this back to the conversation we were having about the future and about building more opportunities for black folks in leadership.

Braunz Courtney ([37:19](#)):

Traditionally, I came from a place where a lot of institutions were run by white folk and serving black communities. And our white allies, we love our white allies. I'm part white. And so, I'm a mixed person and I understand the privilege that I have looking how I look in the black community. Our community

needs to see that there are black folks running programs for the black community because before, they had never seen that.

[\(37:44\)](#):

And so, just HEPPAC's existence and showing up and seeing that executive director down to all the leaders are black people who look like us can run programs for us is important, because when you never see something, you're like, "Oh, well that doesn't happen." It's happened on how I'm even the executive director of being black folk before me who were developing my leadership skills before I even knew I was going to be the leader of this agency. The folks who had a plan for me, I could just cry right now. Let me stop. Let me stop.

[\(38:17\)](#):

And so, who I'm believing in now? And for the future of HEPPAC, something I definitely am very interested in is drug checking. We just got informal notice that we will most likely be getting some funds from the county to start a drug checking program.

Braunz Courtney [\(38:34\)](#):

So, it's a program where people can come and give samples of their illicit drug and we can test it for what's in the actual drug. So, right now, what we give out is fentanyl test strips. That fentanyl test strip will just let you know it's present. It doesn't let you know how much. It doesn't let you know anything else other than if there's fentanyl present in this specific sample.

[\(38:52\)](#):

Drug checking is going to be like, we could be in these streets. People are like, "Hey, I've got these drugs. What's in it?" We could be like, "Oh shit, there's this, there's that, there's that." And hopefully that informs you how best to use it.

[\(39:04\)](#):

Or you actually like, "Shit, I didn't sign up for that. I came for this and you gave me this. So, now I need to go back to my dealer and be like, 'Check this out homie. I want to just straight up heroin. Now there's like a certain amount of fentanyl and there's some xylazine in there and there's some shit other that I didn't sign up for. I don't want none of that. I just want some heroin. Can we bring back the heroin?'"

[\(39:27\)](#):

So, we're going to be working with some other East Bay exchanges because this is going to be a group thing. We got to go through a lot of training and soft launches, brainstorming of how we're going to roll this out. Because right now, San Francisco's already doing it. Plumas County's already doing it. So, we're learning from the best and taking in what works and successes and challenges. So, we're just really excited about that.

Tammy Kremer [\(39:51\)](#):

Amazing. And that really feeds into the last question I like to ask our guests, which relates to bringing in the imagination and dreaming what we hope we can create. So, I want to ask, what's one thing you hope we can create by coming together for sexual health?

Braunz Courtney [\(40:08\)](#):

There's so many ideas I got. One is just housing for sex workers, housing just for more people just in general. Really making public health a sexy digestible thing that everybody feels a part of. Because a lot

of folks don't feel like they're part of this bigger public health thing. We're all in this shit together. COVID proved that for everybody.

[\(40:27\)](#):

There used to be a saying around HIV, like the community viral load. So, if we know that a lot of HIV positive folk are healthy and on meds and have low viral load, if folks are out here having sex in the street, it's less likely that other folks in the street are going to get HIV. Down to even the crime. If people are struggling and don't have basic needs to put food on their table, they're going to rob your car. They're going to stick up your house because folks need to eat.

[\(40:52\)](#):

So, let's look at making sure folks have basic needs, access to food, access to the thing so that we lessen the crime. I really want to see a harm reduction app, sex positive images, negotiation, places they can access condoms and testing and all of that. It should be the Uber for all that, bloop, I need condoms and it's going to show me bloop, bloop, bloop, everybody within a certain radius where I can get condoms.

[\(41:15\)](#):

Or I need birth control or I need syringes, or I need to talk to a counselor. Like, "Oh, we've got somebody online to talk to you right now. What's going on?" "Oh, my boyfriend wants me to have sex without a condom and I don't even know how to negotiate it." "Okay. Well, here's some key phrases you might want to use."

[\(41:30\)](#):

Or if you're in a domestic violence situation or you want to get out of that, "I need help." "Okay. Let's formulate a plan." And I'm all about housing. I would love to see HEPPAC have some harm reduction housing for people who want to get back into self-sufficiency. Talking with people openly about what does a healthy living environment look like for you. And then just how sex is health? The endorphins that sex releases makes you feel good. Orgasms are great. How are we having more orgasms, healthier orgasms? That would be what I would love to see.

Tammy Kremer ([42:06](#)):

Beautiful. Well, thank you so much for sharing about what you've done and your visions for the future. I'm just really coming off feeling energized and excited and want to make sure our listeners know where to find you and find information about HEPPAC if you can share?

Braunz Courtney ([42:21](#)):

All right, people. Well, get out your iPhones or your phones, your Androids. Get on your Instagram right now and go to H-E-P-P-A-C underscore Oakland. That is RIG. That gives you a day by day, blow by blow of some things that's going on in the streets and also some enlightening fun stuff that we see and thought-provoking things. So, definitely hit our Instagram, heppac_oakland.

[\(42:43\)](#):

And then you can hit us online to see our website and our integrated service model and get access to all the numbers that you can call. If you want to know if we in your hood or where the SSPs are, it's got all those locations and that is heppac.org. So, H-E-P-P-A-C dot O-R-G.

[\(43:02\)](#):

Hit us up. We'd love to hear from you. If you are interested in volunteering, want to give back to your community, please. We are working in Oakland, the larger Alameda County and a few cities in Contra

Costa County. So, if you're in the East Bay, Bay Area, come check us out. We would love to work with you. It's peace and blessing to all you out here who are true harm reductionists by heart.

Tammy Kremer ([43:27](#)):

Thanks for listening, and please follow and rate us wherever you get your podcasts. This will help more people find us. Check out the show notes for the resources mentioned in this episode. You'll also find a link to the transcript of the show. Connect with us on Instagram @comingtogetherpod on Twitter @CaliforniaPTC, and at comingtogetherpod.com. This podcast is produced by me, Tammy Kremer, and is edited by Isaiah Ashburn. Thank you for coming together for sexual health.