Building a Movement to End the Intersecting Issues of Overdose, Homelessness and Incarceration Shameka Parrish-Wright Director, VOCAL-KY August 11, 2022 KENTUCKY HAR M REDUCTION SUMMIT

Faculty Disclosure I have no financial disclosures to declare.

Educational Need/Practice Gap

Educational Need:

- The direct input and advocacy of Kentuckians who use drugs is necessary to tackle the overdose crisis and related health issues.
- The overdose crisis and related health issues in Kentucky is exacerbated homelessness and extreme poverty, incarceration and the lack of critical services and care

Practice Gap:

- The engagement of active and former drug users in bottom-up policy setting and advocacy to end the overdose crisis
- A policy roadmap for Kentucky that includes critical housing, services and care

Objectives

- Upon completion of this educational activity, you will be able to:
 - Objective: Describe meaningful ways to engage active and former drug users in bottom-up policy setting and advocacy.
 - Objective: Describe housing, services and care needs to address the intersecting issues of overdose, homelessness and incarceration.

Expected Outcome

- Attendees will have a better understanding of how to engaged active and former drug users in policy creation
- Attendees will have a better understanding of policy changes needed to tackle the intersecting issues of overdose, homelessness and incarceration.



What Is the Drug War Really About

'You want to know what this was really all about? The Nixon campaign in 1968, and the Nixon White House after that, had two enemies: the antiwar left and black people. You understand what I'm saying? We knew we couldn't make it illegal to be either against the war or black, but by getting the public to associate the hippies with marijuana and blacks with heroin, and then criminalizing both heavily, we could disrupt those communities. We could arrest their leaders, raid their homes, break up their meetings, and vilify them night after night on the evening news. Did we know we were lying about the drugs? Of course we did."

— Dan Baum, Legalize It All: How to win the war on drugs, Harper's Magazine (April 2016)

From Marginalization to Compassion and Care

- Commit to transformational change. Refuse to accept the status quo.
- Divest from/end policies that fuel criminalization and incarceration.
- Invest in housing, social services and care including proven public health interventions.
- Commit the political will and the political capital.

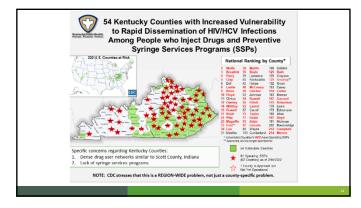
Examples of Short- to Long-Term Intersectional and Transformational Policy Setting

Harm Reduction Housing:

- · Short-term: Emergency housing in hotels with longer-term stays to connect people to critical services
- · Long-term: Medically appropriate housing where people can safely use (and obtain) drugs.

From Incarceration to Care:

- · Short-term: Diversion programs that divert people from incarceration into services.
- Long-term: Drug decriminalization. Dramatic increase in spending for increased services and care.



Local Harm Reduction

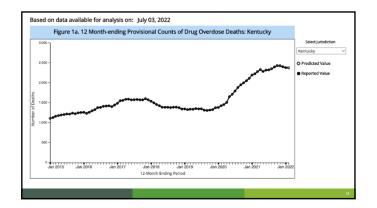
Louisville has a total of 11 Syringe Services sites, including 2 fixed sites and 9 mobile sites.

> **Syringe Service Participants:** Syringes Distributed:

12405044 **Syringes Returned:** 8902039

Narcan Distributed: 26340

Fentanyl Test Strips, Distributed: 13378 **HIV Tests:**



Urban and Rural Homlessness

Urban:

- Homelessness is more "visible"
- More people living in shelters and transitional housing
- More transient-move in and out of locations
- More resources and funding available



Urban and Rural Homelessness

Rural:

- Homelessness is often a "hidden"
- Homelessness is often a "hidden" issue
 Less availability for shelters
 Living in abandoned
 homes/buildings without running
 water, electricity, tents, barns,
 wooded areas
 Do not move as frequently
 Less likely to accept or seek out
 services
- · Fewer resources available



Barriers Faced by Those Experiencing Homelessness In Rural and Urban Areas

Very limited to no access for basic Lack of affordable housing needs to be met

opportunities

Transportation

Stigma/Discrimination

Don't meet available

shelter/program requirements

Criminalization of homelessness

Limited Access to Important health and social services

HUD's PIT Count doesn't capture all experiencing homelessness/not an accurate picture of needs

Engaging People Who Use Drugs

Common ways of engagement:

- Data collection via medical and/or incarceration systems
- Surveys and studies

Common Delivery of information:

- Published report
- Briefings

Deeper forms of engagement:

- Focus groups/Meetings
- Ongoing community outreach and engagement
- Direct input of community needs:
- · Bottom-up policy setting
- Community action versus

