

Reducing Harm

Overdose Prevention in Philadelphia, PA

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On February 19, 2020, just hours after a federal judge had entered his ruling that a nonprofit called Safehouse could legally operate an “overdose prevention site” in Philadelphia, word spread that a facility would soon open in a South Philadelphia commercial area adjacent to a health center. Mayor Jim Kenney, who had been advocating for such a facility for over two years, deemed the location near his childhood home “perfect,” noting its proximity to a hospital and its “discrete entrance and exit.”¹ Nearby residents and business owners, however, took to the streets in protest, blindsided by the news.

Opening an establishment that sought to save lives by ensuring that people in the grips of opioid use disorder could inject illegal street drugs like heroin and fentanyl under the supervision of trained personnel was controversial, but Mayor Kenney had the support of the city’s top public health officials and addiction-services advocates. With over 1,100 overdose deaths occurring within city limits during each of the previous three years, to Kenney, the need to embrace any and all potential life-saving measures was beyond debate. Getting neighbors to embrace the facility in their own proverbial backyard, however, was another matter. “People don’t seem to think logically about what it is,” Kenney said. “It’s just, ‘We don’t want this because then we have to admit that we have a problem in our own neighborhood.’”²

At Safehouse’s press conference to announce the planned site, Philadelphia residents in recovery and family members of overdose victims spoke about how an overdose prevention site could have helped them, but their stories were drowned out by accusations from outraged neighbors and city council members. Several vocal critics believed that the mayor’s ambition to make Philadelphia the first city in the nation to open a supervised injection site was overriding its commitments to residents’ preferences and safety. “They are moving forward without input from the community, which is downright disrespectful and unacceptable,” said South Philadelphia Councilman Kenyetta Johnson.³

The Opioid Crisis in Philadelphia

In April 2017, television’s Dr. Oz offered his audience a glimpse into what a reporter for the *Philadelphia Inquirer* had called “the festering epicenter of the heroin crisis.”⁴ Viewers watched the cardiothoracic surgeon-turned-TV-personality pick his way across a grim landscape carpeted with trash and hypodermic needles, escorted by a DEA agent. Oz, his guide, and camera crew were touring a half-mile stretch of train tracks tracing the northwest corner of Philadelphia’s Kensington neighborhood. They paused at a “shoot house,” constructed from found materials, where a self-styled “doctor” would render services—injecting drugs for those unwilling or unable to do it themselves—for a fee. “I

questioned whether I was still in the United States,” the *Inquirer* reporter had written, describing the area under the trestles that dozens of heroin users called home, known locally as “El Campamento.”⁵

For Kenney, the TV doctor’s attention was not exactly welcome: “Doctor Oz, God love him, that story put us on the map when it came to the inexpensive and high-quality heroin that we have.”⁶ Whether or not Oz was to blame, a crisis that was already killing an average of two or three people in the city each day was only getting worse. “We couldn’t lock everybody up,” Kenney explained. “We had to approach it as a health crisis.”

While Philadelphia’s problem was extreme, it was not unique in the US. Opioid use had been on the rise since the mid-1990s, when Purdue Pharmaceutical began marketing OxyContin, a synthetic opioid. Between 2010 and 2016, the total number of opioid-involved deaths in the US more than doubled, and heroin-related deaths increased more than fivefold.⁷ Worsening the crisis was a dramatic increase in the manufacture, sale, and use of fentanyl, a synthetic opioid thirty to fifty times more potent than heroin, starting around 2013.⁸ (See Appendix 1: The Fentanyl Problem.) By 2016, nearly half of the more than 42,000 opioid overdose deaths in the US involved fentanyl.⁹

The opioid epidemic’s toll across the US extended far beyond the tens of thousands killed each year. Two and a half million Americans struggled with addiction, and families, careers, and communities like Kensington were collateral damage.¹⁰ Responding to the crisis also cost taxpayers dearly. In October 2017, the US Department of Health and Human Services declared the opioid crisis a public health emergency. Federal appropriations for programs to address the epidemic rose from \$3.3 billion in 2017 to more than \$7.4 billion in 2018.¹¹

By the time Dr. Oz and the *Inquirer* were sending reporters and camera crews into the encampments along the tracks in Kensington, the city had already spent over \$7 million on cleaning, lighting, and patrolling the Kensington neighborhood and providing services to individuals in need. Sanitation workers removed thirty to forty tons of trash each month.¹² Despite these efforts, 2016 had closed with over 900 drug overdose deaths in Philadelphia, a 30 percent increase over the previous year; 80 percent of the deaths were attributed to opioids, including thirty-five deaths in one week in early December, twenty-six of which involved fentanyl.¹³ Drug users often did not know whether or not the drugs they were taking had been cut with fentanyl, and a fentanyl overdose could occur within minutes or seconds of ingestion. Nearly 10,000 doses of Narcan (naloxone), an antidote to opioid intoxication, were distributed in the city in 2016, heading off thousands of otherwise fatal overdoses. With an estimated 55,000 heroin users living in Philadelphia, however, the Department of Public Health feared that the death toll would continue to rise steeply.¹⁴

Task Force

In January 2017, Kenney announced the formation of a task force co-chaired by the commissioners of the Philadelphia Department of Public Health and the Department of Behavioral Health and Intellectual disAbility Services. Over the next three months, they would meet every other week with subcommittee meetings in between. The city would take recommendations as they came, immediately implementing promising ideas and programs. “We are embarking on a comprehensive public and private approach,” Kenney told task force members and press, “because, frankly, failure is no longer an option.”¹⁵

Attendees at the first task force meeting examined the problem and potential solutions from all sides: Narcan was too expensive. There was not enough Medication Assisted Treatment (MAT) capacity. Education was needed for prevention. Doctors were still writing hundreds of thousands of prescriptions for pharmaceutical opioids unnecessarily, leading more people each month into opioid addiction. The pharmaceutical companies needed to be held accountable and law enforcement needed to do more to stop the flow of drugs into the city. Devin Reaves, co-founder of a sober-living house in the city, was the first to raise two uncomfortable questions. First, he wanted to know how the city's policies would address questions of racial justice. "Black people are disenfranchised when it comes to drug policy in America," he said. "During the crack epidemic in the 1980s, we were treated like animals. Now that it's white people, it's like, 'oh, he's just a lost kid . . . let's get him some help.'"¹⁶ Second, he wanted the task force to consider a supervised consumption facility, where people with opioid use disorders (OUD) and other substance use disorders could use drugs in the presence of medical personnel to prevent overdose fatalities.

The task force report, released in May 2017, opened with a message from Kenney: "The opioid epidemic affects all of us in Philadelphia. Our country has seen waves of drug use and addiction in the past, and it has made the mistake of managing them primarily as problems of law enforcement, leading to many unnecessary jail terms but little progress. With this new tragic turn in drug use, we have to be smarter and more compassionate."¹⁷ Eighteen separate recommendations were sorted into four areas: prevention and education, treatment, overdose prevention, and criminal justice system involvement. Recommendation thirteen, under overdose prevention, read: "Further explore comprehensive user engagement sites."¹⁸ (See Appendix 2 for the task force's recommendations and guiding principles.)

State of Emergency

On June 15, 2017, the city announced it had made a deal with Conrail to "clean and secure the Conrail property in the Fairhill-Kensington neighborhood of Philadelphia."¹⁹ Outreach workers had been making daily trips to the site, helping to move any willing opioid users into treatment and housing.²⁰ In a press conference, the mayor called the effort to clear the camp "long overdue," adding that residents of the area "deserved faster action from all of us standing up here today."²¹ On July 31, city workers and Conrail employees directed heavy machinery into the gulch and began their sweep through El Campamento.²²

The commissioner of the Department of Behavioral Health and Intellectual disAbility Services announced that the city was prepared to take anyone who was ready to receive recovery services.²³ Before the end of the day, twenty-three people had sought services at one of several tents and trailers set up in the surrounding neighborhood—about twice the number requesting assistance on a typical day.²⁴ It took a month for the city and Conrail to clear the site. By the time the cleanup was complete, a new camp had sprung up on Emerald Street, just southeast of El Campamento, under the elevated train tracks. Since the task force had released its report, roughly 600 people had asked outreach workers about treatment, and 120 had received services.²⁵

At the end of 2017, there had been 1,217 overdose deaths in Philadelphia; the state of Pennsylvania had seen 5,546.²⁶ In January 2018, Governor Tom Wolf declared a public health disaster. By then, there were four new camps under the elevated railroad tracks, where those with nowhere else to go

huddled together for warmth. Children from the neighborhood walked to school past people injecting drugs or took more circuitous routes to avoid them. They were forbidden to play in the snow in their front yards for fear of unseen needles.²⁷ Residents pleaded with the city to clear the camps, but officials were determined to act with more deliberation than haste. “We had to go through a procedure to remove them legally,” Mayor Kenney explained. “People in the neighborhood were upset that we weren’t moving faster, but we just can’t drag people off the street and lock them up for being addicted and poor.”

Shortly after the governor’s disaster declaration, the city issued a “Report on Exploratory Site Visits for Comprehensive User Engagement Site (CUES),” and Health Commissioner Thomas Farley shared the report’s conclusions in a press conference:

Supervised Injection Sites (SIS) have a long record of success in reducing the health and social harms of drug use among persons injecting heroin and other drugs. SIS have been in operation since 1988, beginning in Europe and extending to Australia and Canada. The continuing rise in opioid overdoses, now driven in part by highly dangerous fentanyl products, has brought new salience to supervised consumption as a potentially valuable intervention in the U.S.²⁸

The authors estimated that a single CUES in Philadelphia with 2,000 unique visitors per month would prevent up to seventy-six deaths, eighteen new HIV infections, and 213 hepatitis C infections in a year. “The City should actively encourage potential private funders and service providers to establish one or more CUES in Philadelphia,” the report concluded, calling such a facility “an additional important tool to the City’s efforts to address the largest public health crisis the City has seen in a century.”²⁹

Unprecedented Times?

Mayor Kenney and Philadelphia District Attorney Larry Krasner published an op-ed in the *Inquirer* on February 15, 2018. “Entire neighborhoods are under siege by those suffering from opioid addiction and by those who prey on the addicted,” they wrote. They criticized both the pharmaceutical companies and the federal government for their inadequate responses to the current crisis, asserting that the US Department of Justice’s (DOJ) “law enforcement-centric” response was backwards and divisive.³⁰ Comparing the crisis to the crack cocaine epidemic in the city thirty years prior, they acknowledged that, “As a society, we failed many people during the crack epidemic by treating it solely as a law enforcement problem.”ⁱ

“These are unprecedented times and we are taking unprecedented steps,” they wrote. “That is why the city is actively encouraging the philanthropic and nonprofit community to establish and support Comprehensive User Engagement Sites (CUES).” Eager to counter the argument that such facilities condoned drug use, they added, “We cannot emphasize enough, however, that a CUES is more than a place where people in addiction will use drugs under supervision—the sites will also provide a direct

ⁱ At the peak of the crack epidemic, Philadelphia had led the nation in prisoners per capita, most of whom were Black. Krasner had run for district attorney on a platform that included ending mass incarceration. (Source: <https://www.newyorker.com/magazine/2018/10/29/larry-krasners-campaign-to-end-mass-incarceration>)

link to treatment, resources for housing and meals, and, most important, save lives.” They presented a potential CUES as “just one part of a multicomponent strategy to deal with the opioid crisis.”

Police and first responders seemed open to the idea. At a January press conference, Fire Commissioner Adam Thiel pronounced himself “a believer” after having joined Kenney and other task force members on a trip to observe supervised injection sites in Vancouver. Police Commissioner Richard Ross told a *Philly Voice* reporter, “I went from being adamantly against it to having an open mind.” He needed clarity, however, on law enforcement’s role: “What am I asking police officers to do?”³¹

Critics also made their opinions known. “Drug abuse is in the midst of a makeover,” wrote Solomon Jones, a local author, columnist, and radio host. “Helping an addict use drugs is no longer called enabling. It’s now lumped in under the helpful phrase, ‘harm reduction.’” As a Black man who had survived crack addiction and homelessness, he saw the city’s compassionate response to the heroin crisis in stark racial terms: “Now that addiction has been gentrified, the city wants to support opening new drug houses . . . Addiction won’t change just because the people who are addicted are white.”³²

The DOJ, for its part, had made its position clear: such facilities were “counterproductive and dangerous as a matter of policy.” Moreover, “the proposed SIFs [supervised injection facilities] would violate several federal criminal laws, including those prohibiting use of narcotics and maintaining a premises for the purpose of narcotics use.” Those running and working at these facilities could face criminal charges, the US attorney warned, and “properties that host SIFs would also be subject to federal forfeiture.”³³

Safehouse

As spring arrived, city workers and outreach coordinators again made plans to clear out encampments in Kensington, but there was only money in the budget to clear two out of the four camps, and there were not enough beds to go around.³⁴ Protesters stood with signs reading “Eviction = Death” demanding that the city provide housing and supervised injection sites.³⁵ Prevention Point Philadelphia ran two forty-bed shelters offering refuge to displaced folks living with OUD. In the year since its first shelter opened in Kensington, staff had helped move nearly 40 percent of the 160 opioid users that had come through its doors into treatment.³⁶

Prevention Point had started in 1991 as an underground needle exchange run by local activists with ACT-UP (AIDS Coalition to Unleash Power).ⁱⁱ The following year, then-Mayor Ed Rendell signed an executive order authorizing the activists to continue the initiative. Prevention Point offered a wide range of services for people with substance abuse disorders, including a soup kitchen, an HIV clinic, a hepatitis clinic, a drop-in clinic, and medically assisted treatment clinics (both mobile and on-site) to deliver Suboxone to those using the medication to treat opioid use disorder. When opioid overdoses reached crisis levels in Philadelphia, it was Prevention Point that initially convened a citywide committee to coordinate response. In the summer of 2018, accordingly, it was Prevention Point Executive Director Jose Benitez, along with Ronda B. Goldfein, executive director of the AIDS Law Project of Pennsylvania, who approached Ed Rendell to pitch a new nonprofit called “Safehouse.” The

ⁱⁱ State law prohibited the possession of hypodermic needles and syringes.

organization hoped to open the country's first supervised injection facility, which they billed as an "overdose prevention site."

The advocates found an eager partner in Rendell, who had served as governor from 2003-2011. As Philadelphia's district attorney at the height of the crack epidemic, Rendell had used his position to argue for mandatory minimum sentences for violent crimes involving guns and drug dealing.³⁷ Asked why he did not seem to see arrests as the solution to the opioid epidemic, Rendell replied "There was no remedy offered to me for users to prevent their dying from crack. If there was a remedy, I would've considered it."³⁸ Rendell filed the articles of incorporation for Safehouse in August 2018. From the start, the organization emphasized its goal of helping to connect those visiting Safehouse's planned overdose prevention sites to services and treatment for OUD:

Participants will be presented with rehabilitation options at multiple points during a visit to Safehouse, beginning with when they arrive and go through a registration process. A physical and behavioral health assessment will be conducted, and a range of overdose prevention services offered.

From the consumption area, participants will be directed to the medically supervised observation room and offered on-site initiation of Medication Assisted Treatment (MAT), wound care, and referrals to primary care, social services, and housing opportunities. Upon arrival, participants may choose to go directly to the observation room to access MAT and other services.

Certified peer specialists, recovery specialists, social workers, and case managers will encourage treatment readiness and facilitate access to medical and social services. As participants leave, additional data will be collected, rehabilitation, medical and social services will be offered again, and naloxone will be distributed.³⁹

For Benitez, a supervised injection site was a natural continuation of the work Prevention Point had been doing to reduce harm and connect those seeking help for opioid abuse for nearly thirty years.⁴⁰ Maria Quiñones-Sánchez, however, the city council member who represented Kensington, was not sold on the idea. Not only was she frustrated to see the city change its stance from "law and order" to "harm reduction" when a drug epidemic began claiming the lives of white Philadelphians, but she also questioned whether the city truly had a comprehensive plan to combat a problem that was making life miserable for her constituents.⁴¹ "We have to reform the entire treatment services component before we can talk about a safe injection site as a tool within that reformed system," she said.⁴² Was the city prepared to offer housing, health care, social services, and medically assisted treatment at the scale the crisis demanded? Mayor Kenney understood the criticism—especially from representatives of communities torn apart during the crack epidemic and the "war on drugs"—but, he said, "there's nothing I can do to go backwards." If there was an opportunity to save lives now, Kenney reasoned, the city should move forward.

Some who shared this point of view wondered, in that case, why Kenney was not doing more. "It's do-or-die here—literally," wrote *Inquirer* columnist Mike Newall in October 2018, as Safehouse looked for

funding and a viable location for its first overdose prevention site. “Kenney has signaled his support for a site by letting it happen, not by leading the charge. Now we need something more from him.”⁴³

A Generous Offer

US Attorney William McSwain filed a civil suit against Safehouse in early February, alleging that the site was in violation of the Controlled Substances Act of 1970, which “makes it a felony to maintain any place for the purpose of facilitating illicit drug use.” According to McSwain, “If Safehouse wants to operate an injection site, it should work through the democratic process to try to change the law. But normalizing the use of deadly drugs like heroin and fentanyl and ignoring the law is not the answer to solving the opioid epidemic.”⁴⁴

Safehouse leadership pressed on. “We’d like to start with one location,” said Goldfein, “show the community that it is a life-saving event, facilitate people to get into treatment, and then build on that success to have alternative locations for this important public health initiative.”⁴⁵ In March, Rendell announced that a real estate developer who had lost his son to an overdose had offered Safehouse a lease on a property near Kensington for one dollar.⁴⁶ While the location was ideal in its proximity to the area with the highest need for services, it was in a residential area, and within a few blocks of two elementary schools.

A Drexel University survey of 360 Kensington residents and seventy-nine business owners and workers—all recruited and interviewed along the most notorious stretch of Kensington Avenue—found that 90 percent of residents and 67 percent of those who worked in the area favored a supervised injection site nearby.⁴⁷ But other Kensington residents, long overpoliced and underserved, had reasons to resist. Gilberto Gonzales, an artist living in Kensington and a vocal opponent of Safehouse’s plan, pointed out that conditions in the neighborhood were, in part, the unintended consequences of harm reduction strategies. Needle exchanges had made needles disposable and ubiquitous on neighborhood streets. Narcan, he claimed, had increased drug dealers’ sales, contributing to turf wars and gun violence. As for the Drexel study, Gonzales said, “I offered to take [the study’s author] to the homes of Kensington residents so that she could better understand the perspective of the residents. The people who do not have substance abuse disorders, the seniors trapped in their homes by crime, the kids walking through needle-filled streets, and the families who have lived in Kensington for generations. I am still waiting for her call.”⁴⁸

With tensions rising, City Council member Mark Squilla moved to rezone the block on which the proposed site stood as residential rather than mixed use. Neither Squilla nor Councilmember Quiñones-Sánchez expressed absolute opposition to a site opening in their respective districts, but neither wanted to go first or host the only site in the city. Squilla suggested that Safehouse should aim to open multiple sites simultaneously.⁴⁹

In mid-April, Kenney met with members of the Kensington community and Safehouse leadership to address safety concerns and help restore trust. Despite his belief that Kensington needed a supervised injection site in order to save lives and get opioid use off the streets, he acknowledged both the concerns of parents and guardians and the lack of clarity around law enforcement’s role. The city needed to establish and communicate clear policies and protocols before Safehouse could open. He

released a statement to the press urging Safehouse to “look at other prospective sites” and pledged to “work closely with community members so they understand why establishing an OPS is important.”⁵⁰

United States v. Safehouse

“It does not matter that Safehouse claims good intentions,” read the federal government’s complaint asking for a declaratory judgment against Safehouse. “What matters is that Congress has already determined that Safehouse’s conduct is prohibited by federal law, without any relevant exception.” The particular statute within the Controlled Substances Act that the government cited, known colloquially as the “crack house” statute, made it unlawful for any “owner, lessee, agent, employee, occupant, or mortgagee” to “knowingly and intentionally rent, lease, profit from, or make available for use, with or without compensation, the place for the purpose of unlawfully manufacturing, storing, distributing, or using a controlled substance.”⁵¹

Lawyers for Safehouse, who had been preparing their legal defense from the organization’s inception, argued, “Providing lifesaving medical services to individuals who are suffering from substance use disorder does not and constitutionally cannot violate Section 856. The DOJ’s interpretation of Section 856 ignores Safehouse’s planned comprehensive medical model.”⁵² Moreover, they argued in a counterclaim, “any prohibition on [Safehouse’s] operation of a medically supervised consumption room as part of its overdose prevention services model would violate the Religious Freedom and Restoration Act, . . . substantially burdening the exercise of its religious beliefs that call its Board Members and Directors to provide lifesaving medical treatment to a vulnerable population.”

On October 2, US District Judge Gerald A. McHugh ruled that “the ultimate goal of Safehouse’s proposed operation is to reduce drug use, not facilitate it, and accordingly, §856(a) does not prohibit Safehouse’s proposed conduct.”⁵³ Council member Quiñones-Sánchez issued a statement in support of the ruling, but questioned the city’s readiness to make the organization’s OPS a success, saying, “Injection sites have been successfully opened in locations where government has taken responsibility to fund, run, and own the programming. We are not there yet. . . . We cannot consider an injection site in Kensington until we rebuild community trust by providing safety, stability, and restorative investment.”⁵⁴

Try, Try Again

At the close of 2019, annual overdose deaths in Philadelphia stood at 1,150, with opioids responsible for 80 percent of the deaths. While advocates waited for the judge’s official ruling in favor of Safehouse to be entered, City Hall worked with police and health officials to clarify public safety and law enforcement guidelines near overdose prevention sites, releasing a plan that promised the city would ensure that crime would not increase in the vicinity, that Safehouse clients would not face harassment, and that clients would respect the neighbors and neighborhood.⁵⁵ Safehouse stepped up its fundraising efforts and began training escorts to accompany clients to its facilities. As federal prosecutors prepared their appeal, mayors in other cities losing residents to OUD watched Philadelphia closely. The outcry that followed Safehouse’s February 2020 press conference announcing the South Philadelphia site, however, did not inspire confidence.

Kenney, who did not attend the press conference, deflected, telling reporters, “It’s not our decision to put it in South Philly, it’s a Safehouse decision. And the judge agreed that it was not against the federal law.”⁵⁶ This response drew sharp criticism, with a columnist from *Philadelphia* magazine writing:

How did Safehouse think it could drop a safe injection site in the middle of one of the city’s most densely populated—and densely opinionated—neighborhoods without a whiff of prior notice and *not* spark an uproar? Although Safehouse doesn’t depend on taxpayer dollars to support its operations, the nonprofit that’s received the Mayor’s blessing deserved more of his actual backing.

That Kenney wasn’t at Safehouse’s ill-fated press conference in South Philly last week was the epitome of cowardice. It’s hard to imagine that he didn’t already know what was going to go down. Angry residents berating recovering opioid addicts, experts and advocates—including former Governor Ed Rendell—at a heated press conference made for a disheartening spectacle to watch.⁵⁷

By March, the owner of the building had withdrawn the offer to Safehouse and the Democratic whip in the Pennsylvania state senate had introduced a bill requiring cities to meet certain requirements before authorizing safe injection facilities and making it a felony to operate a facility without meeting those standards. “We need to give neighborhoods the right to decide if a facility is the right fit for their community,” he said.⁵⁸ Meanwhile, Philadelphians continued to die of overdoses every day, as the mayor noted in a widely circulated post on Facebook concerning an unfortunate but predictable incident at the end of February:

On Wednesday, inside a home on South 15th Street, steps away from the proposed location of a future overdose prevention site, a 31-year-old man suffered a fatal drug overdose. I don’t know this man’s name, his story, or whether he might have visited an overdose prevention site if one were available to him. But I do know this—that man was someone’s son, and a mother and father are likely experiencing something today that no parent should bear. A family has been broken forever, and the potential that this young man possessed has been snuffed out to the disease of addiction. If nothing else, we must recognize this, and also recognize that every single life lost prematurely, is a tragedy.

I support opening overdose prevention sites because no family deserves the pain and suffering of losing a loved one to substance use disorder, which is a disease. As a society I believe we must do everything we can to help people to meet their God-given potential, and yes, that means keeping them alive so they always have that opportunity.

No one believes that overdose prevention sites are a cure-all to solving this public health crisis. But as a father, I must be able to look another parent in the face and say I did everything in my power to give their child the opportunity to survive their disease long enough to get better.

It’s fair to be concerned about what kind of unintended consequences may come from such a site, and the City will do everything we can to prevent them. If a site is established, the City is committed to ensuring that there is no increase in the sales of illegal drugs, violent crime,

property crime, disorderly related offenses, or loitering in the vicinity of an overdose prevention site. Additionally, we will make sure that all people using the site respect residents' and businesses' property. We have committed to increase police protection for the neighborhood.

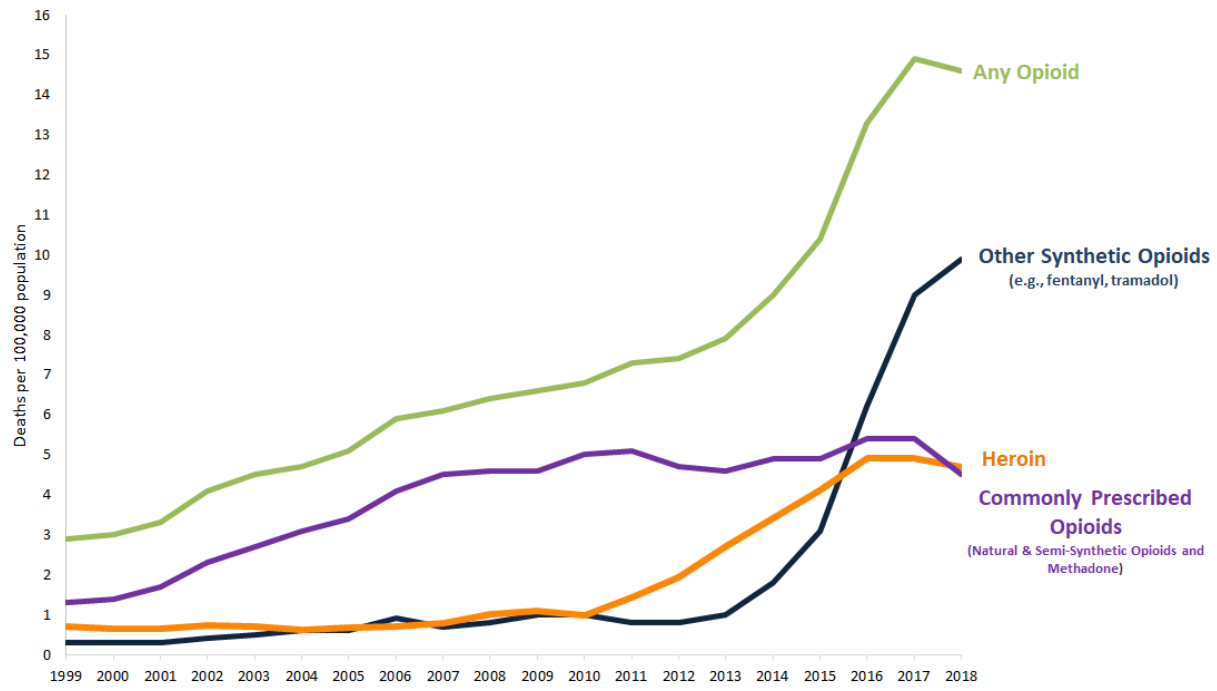
But these concerns are frankly solvable, and not enough to change course. Not when evidence tells us that these facilities have saved lives in other countries and improved the quality of life nearby. When we have the opportunity to bring people out of the shadows, and possibly to recovery, we must take it.

Sadly, police alerts like the one I received about this person's overdose death are issued virtually every day. So I urge you: open your hearts. Think about the 31-year-old who died Wednesday because of an overdose. Think about his family. And think about the 3,500 other Philadelphians who have died of overdoses over the past three years, and their families.⁵⁹

Appendix

Appendix 1 The Fentanyl Problem

Overdose Death Rates Involving Opioids, by Type, United States, 1999-2018



SOURCE: CDC/NCHS, National Vital Statistics System, Mortality. CDC WONDER, Atlanta, GA: US Department of Health and Human Services, CDC; 2020. <https://wonder.cdc.gov/>.

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Source: New Hampshire State Police Forensic Laboratory, used with permission.

Appendix 2 Task Force Recommendations and Guiding Principles**Executive Summary**

This report describes a public health crisis in Philadelphia caused by prescription and illicit opioids, and characterized by high and increasing rates of opioid use disorder and overdose death, as well as their devastating personal, family, and societal consequences. The Mayor’s Task Force to Combat the Opioid Epidemic considered the causes of this crisis and its potential solutions and makes the following recommendations:

Prevention and Education

1. Conduct a consumer-directed media campaign about opioid risks.
2. Conduct a public education campaign about naloxone.
3. Destigmatize opioid use disorder and its treatment.
4. Improve health care professional education.
5. Establish insurance policies that support safer opioid prescribing and appropriate treatment.

Treatment

6. Increase the provision of medication-assisted treatment.
7. Expand treatment access and capacity.
8. Embed withdrawal management into all levels of care, with an emphasis on recovery initiation.
9. Implement “warm handoffs” to treatment after overdose.
10. Provide safe housing, recovery, and vocational supports.
11. Incentivize providers to enhance the quality of substance use disorder screening, treatment, and workforce.

Overdose Prevention

12. Expand naloxone availability.
13. Further explore comprehensive user engagement sites.
14. Establish a coordinated rapid response to “outbreaks.”
15. Address homelessness among opioid users.

Involvement of the Criminal Justice System

16. Expand the court’s capacity for diversion to treatment.
17. Expand enforcement capacity in key areas.
18. Provide substance use disorder assessment and treatment in the Philadelphia Department of Prisons.

Task Force Guiding Principles

The recommendations in this report were guided by the following eight principles:

1. Prioritize intervening at the earliest possible time.
2. Recognize the diversity of the city and the varied populations affected by the epidemic, including race, ethnicity, gender, age, sexual orientation, pregnancy, and parenting status.
3. Ensure that the voice of lived experience is included.
4. Support recommendations with data.
5. Find a balance between actionable recommendations and aspirational recommendations.
6. Speak to all organizations and entities that could contribute to solutions, rather than just the mayor or City government.
7. Consider return on investment and maximize the impact of resources expanded.
8. Be subject to continuous, ongoing, and frequent evaluation and monitoring with quantitative metrics.

Source: City of Philadelphia, used with permission.⁶⁰

Accessed at <https://www.phila.gov/media/20180606131257/Mayors-task-force-to-combat-the-opioid-epidemic-in-Philadelphia-final-report.pdf>.

Endnotes

¹ Jim Kenney, interview by Jorrit de Jong, November 30, 2020.

² Jim Kenney, interview.

³ Alecia Reid, “‘You Blindsided Us’: Residents Outraged Over Safe Injection Site Being Put in South Philadelphia,” CBSN Philly, February 26, 2020, <https://philadelphia.cbslocal.com/2020/02/26/you-blindsided-us-residents-outraged-over-safe-injection-site-being-put-in-south-philadelphia/>.

⁴ Stephanie Farr and Sam Wood, “A Hidden Hellscape,” *Philadelphia Inquirer*, February 19, 2017, <https://www.inquirer.com/health/opioid-addiction/inq/hidden-hellscape-20170219.html>.

⁵ Farr and Wood, “A Hidden Hellscape.”

⁶ Jim Kenney, interview by authors, April 16, 2019. All further quotes by Kenney from this interview unless otherwise specified.

⁷ Christopher M. Jones, Emily B. Einstein, and Wilson M. Compton, “Changes in Synthetic Opioid Involvement in Drug Overdose Deaths in the United States, 2010–2016,” *JAMA*, 319, no.17 (2018), 1819–1821, <https://jamanetwork.com/journals/jama/fullarticle/2679931>.

⁸ Nadia Kounang, “Fentanyl Is the Deadliest Drug in America, CDC Confirms,” CNN.com, December 27, 2018, <https://www.cnn.com/2018/12/12/health/drugs-overdose-fentanyl-study/>. The first spike in fentanyl deaths was observed in 2006, according to the CDC’s *Morbidity and Mortality Weekly Report* (MMWR). See CDC, “Nonpharmaceutical Fentanyl Deaths—Multiple States—April 2005–March 2007,” MMWR, July 25, 2008 / 57(29):793–796, <https://www.cdc.gov/mmwr/preview/mmwrhtml/mm5729a1.htm>.

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