



A life-saving Rx for Skid Row? Methadone, harm reduction & reparations

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911. What's your emergency?

America's healthcare system is broken and people are dying.

Welcome to **Code WACK!**, where we shine a light on America's callous healthcare system, how it hurts us and what we can do about it. I'm your host, **Brenda Gazzar.**

(music)

This time on **Code WACK!** What can be done about the abysmal fentanyl crisis on Los Angeles' Skid Row that disproportionately affects Black residents? What policy solutions are needed and would reparations help? To find out, we spoke to Nyabingi Kuti, director of the LA Harm Reduction Network. Harm reduction, an evidence-based public health approach, focuses on reducing harmful consequences of substance use. It meets people where they're at and acknowledges that many people aren't willing or able to stop using.

Q: Welcome back to Code WACK! Nyabingi. Last time we spoke about the destructive fentanyl epidemic that's plaguing Los Angeles' Skid Row, where Black residents are disproportionately affected. What policy solutions do you think would help?

Kuti: Well, I'm working on a few policies. One is to increase access to methadone. Methadone has been proven to be effective for fentanyl users. Many fentanyl users prefer methadone over the more popular treatment called Suboxone, which is a buprenorphine element and methadone is highly regulated by the federal government, whereas Suboxone and Buprenorphine can be prescribed by primary care physicians, methadone has to be prescribed by a licensed opioid treatment center. There's about five of them here in L.A. County, and there's not one methadone clinic on Skid Row, which is the heart of the opioid/ fentanyl epidemic. So I've been avidly working with advocates to change that, to get a methadone clinic on Skid Row and then also looking at increasing the number of residential treatment beds. That's a real big issue.

Q: Got it. So how are other communities dealing with distributing medicines that treat addiction?

Kuti: I was recently in New York on a conference for methadone, calling for increased methadone access. And New York and even San Francisco, they're so far ahead of us in addiction treatment and access to more innovative care, like safe consumption sites, which people use opioids in a safe environment. Some people that are against them, they call them opium dens or shooting galleries. That's what the Republicans are referring to them as. But Europe and Canada have them legal and they have proven to help people to manage their addiction. They're addiction management facilities, because **relapse is a part of recovery**. So if you better manage the relapsing, the best practices have shown that more people succeed in treatment that have managed their relapses the best.

Q: So would you say there's a link between substance abuse and incarceration, and if so, is anything being done about it?

Kuti: We really, we recently passed Measure J, which has allocated 10% of the county budget to elements that will decrease incarceration.

Voters approved Measure J in the fall of 2020 which amended L.A. County's charter to permanently allocate at least 10% of existing revenues – up to to \$1B dollars – to community investment and alternatives to incarceration.

Primarily incarceration but mental health and substance use disorder are the driving factors behind incarceration.

The majority of the people that are homeless have been in the criminal justice system so there's a revolving door between incarceration and these behavioral health issues. So some of this money could be better utilized to address these behavioral health issues and that's another thing I'm advocating for, I'm really looking for help with.

Q: Okay. Are there any other obstacles to effective care that you're seeing? And do you have any examples that you can share?

Kuti: That's what I've been talking a lot about, the county obstacles. The way that they're spending resources, allocating resources, because money's not the problem. It used to be, 'oh, we don't have the money. We don't have the money.'

Money's not the problem anymore. Now it's more administrative and oversight. The lack of oversight of the county departments that are responsible for these projects and these programs.

And also the city, Mayor Bass, she has her Inside Safe program that has some mixed results, but there's not enough supportive services.

So it sounds like the role of the healthcare system on Skid Row is nuanced - it's not just a simple question of availability.

Kuti: I don't think that the problem is the lack of health care, I think it's the delivery of health care is the biggest problem and the quality, I think the healthcare system is more quantitative than qualitative.

I'm more interested in what's already available that's not getting delivered properly.

Got it, deliverability is definitely an issue, but access to affordable health insurance is still a problem for people. I know people, honestly, even in the middle class that say they can't afford health insurance. They're working, some of them are entrepreneurs, so they don't have an employer and they're working on their own kind of thing, but they're uninsured. I know a lot of people who have decided not to get health insurance because they feel like they can't afford it.

Kuti: Even with my wife, she has employer-paid health insurance and the premiums are so high, the deductibles are so high that she doesn't even like using it.

Exactly.

Kuti: Yeah. We have a Democratic legislature and a super majority. We've had that for a long time now. So I just, I've not been able to figure out why we haven't been able to get single payer here in California.

Q: I think it's a matter of time. I do. I think we're definitely closer today than we've ever been. You know Senate Bill 770 is a first step, and I think it's just a matter of time. So how is the LA Harm Reduction Network tackling this fentanyl emergency?

Kuti: Well, I've been working with local community activists that have the same compassion that I do, the same concern about Skid Row because unfortunately, the

majority of residents on Skid Row are Black. It's over 50%, whereas Blacks only make up 8% of the L.A. population and I talk to a lot of the Black electeds. There's Black electeds at the state level that represent Skid Row. So I've been working with them, trying to get their attention on it and looking to work with other partners like Healthy California Now and other organizations that are dealing with addiction treatment and behavioral health here in L.A.

I have a proposal that I'm working on getting support for to provide reparations to Black residents of Skid Row because I feel that if we could put a dent in the people that are addicted that are Black on Skid Row, that will be a really good way of dealing with the whole crisis 'cause that's the majority that has the problem. And you know, some people say, 'well, you know, reparations, that's race-based.' Yes and these problems that we're seeing have their basis in racism and economic and racial disparities.

Q: So can you explain a little bit more about that? How, how has racism played a role in the disproportionate way that Black residents are on Skid Row?

Kuti: Well, the most obvious way is the incarceration issue, how that's affected the behavioral health of the Black community you know with the crack epidemic. A lot of what we're seeing as a result of that, you know, people being locked up for drugs, ruining their lives, and then they come back into the community and, you know, they're at a disadvantage. And we also have elected officials that are not doing what they should be doing. They have access to resources and a lot of our funding is wasteful, wasteful military wars, trillions of dollars in wars that could be used for our own community.

Q: So I'm fascinated by this reparations idea. What could that look like?

Kuti: Yeah, it's complex. I have a funding structure. I have the elected officials from the local county, state or federal levels that represent Skid Row. I would like to see a coalition of them, a collaboration amongst them to look at ways to solve the

problems. Like I say increasing access to methadone, increasing residential treatment beds. You know, (LA Mayor) Karen Bass, when she came into office, she said that she wants a FEMA-like response to homelessness. And, you know, FEMA they can build cities. The Army Corps of Engineers can build a city in two or three days in Iraq, in Afghanistan, that's fully functional and modern. But they can't do that on Skid Row? Our society could fix that if the will was there.

Q: I'm curious, let's say that there was a way to build a city within a week or even a complex to house the majority of people on Skid Row. How many people do you think would want to live in that community?

Kuti: Well, the issue is more than just housing, you have to develop relationships with people. Because a lot of the people on Skid Row, and a lot of the homelessness, a lot of the homeless, they're service resistant. They're fine with living on the streets. You can put them in an apartment and they'll go back to living in a tent. So that's a behavioral, that's a mental health issue. So there needs to be a comprehensive, integrated approach to it and that can be achieved. I envision just going one person at a time and seeing what they need. Yeah. It's what, probably 3,000 people that live on Skid Row? No matter how long it takes, just go to each person and yeah. Start one person at a time. And there are street teams that are doing that kind of outreach, but they say that they don't have access to enough resources.

They don't have enough places to put people. There's not enough treatment beds.

Q: Got it. Let's circle back to reparations for Black residents on Skid Row for a moment. . . If there are such reparations, what would you imagine that they could use it for?

Kuti: Well, in my proposal, I show how there's been different reparations plans. There's one in Evanston, Illinois that's really working well. It's based on what's called contingency management, giving people money and seeing how that affects their

livelihood. We kind of have that here in LA. I'm trying to think of the name of it, where they are giving people a thousand dollars a month.

Guaranteed income.

Kuti: Guaranteed income. So it's kind of like guaranteed income because a person that's homeless and using government services is costing a lot more money than what it would cost to give them a thousand dollars a month and get them off the streets. And then also with the correct approach, they will permanently be off the streets and self-sufficient.

Q: So would there be any restrictions on how they could spend the money or they could spend the money however they want?

Kuti: Well, right now it's in the development stage. Those are the kind of things that we'll be addressing as we develop it. But yeah, with guaranteed income, basic income and the reparations plan in Evanston, they spend it however they want to spend it. Mm-Hmm. and it showed that it has improved their livelihoods. Well, I mean, that shouldn't be any surprise. Give me a thousand dollars a month, I'm gonna do better with it.

Q: Yeah. Really interesting. And, so the population that they're serving in Evanston, Illinois, all people who are unhoused?

Kuti: No. It's a lottery. It's Black, it's race based. The way they're doing it is that Evanston had those racial covenants for housing that restricted housing to Blacks. So they feel like the whole city of Blacks were affected by that. So they have a lottery where a certain amount of Blacks are awarded the money every year, and then they track the progress and pretty much all of them have shown improvements in their lives, bought property or, you know, it's not enough to buy the property, but it's enough to enable them to be able to get in the place to do that. It helps.

The kind of reparations program that I envision would be approaching the Blacks on Skid Row and just saying, here's a thousand dollars, whatever we could come up with. But also finding out what their problem is, what it will take to get you off the street. If we give you this \$500, will you stay in this hotel because, you know, we don't have enough housing that's affordable housing. That's not going to be fixed overnight. And supportive housing and temporary housing, we have to utilize that. And I've talked to many homeless people that don't want to go to shelter or don't want to go to supportive housing so I think that giving them some type of guaranteed funding will incentivize that behavior.

Thank You, Nyabingi! To learn more about this issue and the LA Harm Reduction Network, contact Nyabingi directly at nyabingikuti@gmail.com.

Do you have a personal story you'd like to share about our 'wack' healthcare system? Contact us through our website at heal-ca.org.

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