

Testimony of Robert (Shade) Rivera before the Joint Senate Task Force on Opioids, Addiction & Overdose Prevention

Bronx Hearing, August 9, 2019

First and foremost, I praise my ancestors and praise the different parties involved in this Joint Senate Task Force on Opioids, Addiction & Overdose Prevention. Hopefully my words are fit for this council.

I was born Robert Rivera and manifested to the essence known as Shade-Septem and definitely by ways of the life experience at the base of my current occupation as a harm reduction peer navigator.

Born and raised in King's County Brooklyn in the 70's to a Vietnam Vet father, and a beautiful mother who has served her culture as a Priestess of Ifa' for the past 35 years. I am a former Marine, criminal/offender/drug dealer, person who once used drugs and current Peer Navigator for Housing Works Harm Reduction and Positive Health Project.

Like others in similar stories, I graduated from the group homes, reform schools, prison, shelters, and psychiatric units. Over medicated, misdiagnosed, stigmatized, profiled, and incarcerated the levels of degrees depravity faced.

My life experience leading up to my testimony here today qualifies me to speak as honestly professionally as I can, and just as knowledgeably as everyone here presenting testimony. A lifetime of verbal/mental abuse, dyscognitive thinking, capacity for stupidity, and a line of ill-advised choices with the very little information I was working with. Like many in my chosen field, the Life Experience part was ten-fold and the realities of addiction, disease, homelessness rapidly become a harsh one.

At this period of time, with this Senate Task Force, we need to pull from the war on drugs and engage more heavily on the War on Drug related deaths. Let's go with what actually works – what our data says and what experts like me on the ground say, and get rid of what doesn't work and what's creating more problems.

What has failed:

1. Scheduling Fentanyl Analogues as Controlled Substances and Drug induced Homicide Laws will fail—it's easy to see why some might think further criminalization will help, but it will mean that people do not seek help for a person overdosing and will lead to more overdose deaths.
2. Criminalization of public health tools like syringes is a failure – syringe exchange programs like mine have prevented tens of thousands of HIV and hepatitis B and C infections. We must fully legalize these public health tools.
3. Abstinence-only programs do not work on everyone—we must put more resources into harm reduction services that reach people that abstinence-only programs do not. We should not be turning people away when they are seeking help.

What has continued building positive results:

1. Increased funding for Harm Reduction Services and Organizations and Tools. Harm reduction programs provide education, counseling, referrals, and support to people at risk of overdose. These services are critical pathway toward health and recovery for people who use drugs- particularly those outside treatment system. Often, harm reduction services provide services that are highly needed, and severely underfunded.
2. Universal Access to Medication Assisted Treatment (MAT) will save lives, especially providing access to MAT in jails and prisons and better linkages to services upon release.
3. Pilot Overdose Prevention Centers at existing syringe exchange programs like Housing Work Positive Health Project. This evidence-based approach can save thousands of lives, connect more people to health care and harm reduction and drug treatment, and it will reduce public injecting.
4. Build more low-threshold supportive housing—research and my own experience shows that supportive housing for people who use drugs helps people make positive changes in their lives.
5. Put more resources into developing harm reduction peers—what helps destroys you can very well create you. It is in those Experiences that make the Peer an invaluable tool in our current Opioid Crisis, in an era of Overdose Prevention, during the times of Mass incarceration. The very same Experiences proves the effectiveness of Harm Reduction Services and Strategies. The message is being able to meet someone where they are at and build a foundation for a focus of self-care. That begins and is heavily influenced by the Peer Workers & Navigators who are the examples of success of those very same Harm reduction strategies provided, and to state the very least, has a growing success rate.
6. Create more programs that decarcerate and offer assistance, not punishment, for people who use drugs.

The Opioid crisis has affected multiple levels of our culture, our communities, our friends and our family. While we would like to think of how important these testimonies are and the amounts of people tuned into it, the fact really is, for some of us, we will be returning to our chosen field to face a new client, to link a new patient to care, or even something more dramatic like an overdose death—because we don't have tools like overdose prevention centers available to us—that mean another memoriam clients/family/friends who transitioned from this life onto the next.

I thank you for my opportunity to share my testimony and be able to represent proudly Housing Works Positive Health Project. Have a blessed day and all praises to my ancestors.