

Thank you, Ed, and I'd like to express my gratitude to the Committee for allowing me time to share a very recent experience that I feel demonstrates the critical need for overdose prevention centers.

Recently, I spearheaded the City's efforts to prepare for and operate an extreme cold weather shelter during the first weekend in February in response to the dangerously cold temperatures and wind-chills our region experienced. Over three nights, we served more than 60 unique individuals, providing over 100 bed-nights to people who did not have access to shelter.

Within 30 minutes of operation on the first night, the inflow of guests under the influence required a rapid pivot from low-barrier to no-barrier. People presented deeply under the influence and those who were not upon arrival, quickly were. We did not anticipate the level of substance use and this, in conjunction with the -40 wind-chill, required us to shift our expectations for the rest of the weekend. All of a sudden the greatest threat to life was outside so we needed to do whatever we could to keep people inside and alive.

Around 4:30am, on Saturday morning Edward was found non-responsive in the bathroom by another guest. Staff ran to the bathroom and administered four doses of Narcan while performing CPR. By the time the paramedics arrived, Edward had revived and refused to leave with the ambulance. He said he wanted to stay and rest on his cot for a while. Around 6:30am, Joe, another guest, was found non-responsive, naked on the floor of the shower. We ran for Narcan again but just before administration, we were able to rouse Joe. It took 15 minutes to coax him off the shower floor, another 20 to help him dry off and pull on his clothes. I personally spent the next hour sitting on the floor next to his cot while he vomited and cried, begging for money, drugs, methadone, or death.

I am a veteran social worker with two decades of experience working directly with people who are experiencing homelessness and housing insecurity, managing programs and developing policy to better meet their needs. And I can say that this experience at the extreme cold weather shelter has rocked me to my core. I was worried Edward or Joe or any of the other 58 people we sheltered would die that day where no one could help them.

I was really worried about both of them... Edward did return to the shelter and agreed that if he was to use that evening, he would let me know so we could keep him safe. I waited up until 3am for Joe to come back. I asked other guests if they were in touch with him to let him know we would drive to pick him up and bring him to the shelter. Joe did not return to the shelter.

In the weeks following this shelter operation, I have thought so much about the guests who stayed with us. Where they were sleeping, if they were using alone in a tent or parking garage or public restroom. If they were alive. My advocacy has always been rooted in housing and certainly there's an intersectionality between stable housing and substance use but I did not think that running a shelter would result in being asked to advocate for overdose prevention centers.

We set out to operate a shelter to keep people safe from cold weather but what we actually ended up doing, inadvertently, was running an overdose prevention center for three nights. We saved 60+ people from death by cold and two from death by overdose. It worked. And no one died.

Thank you.