



A Port In The Storm

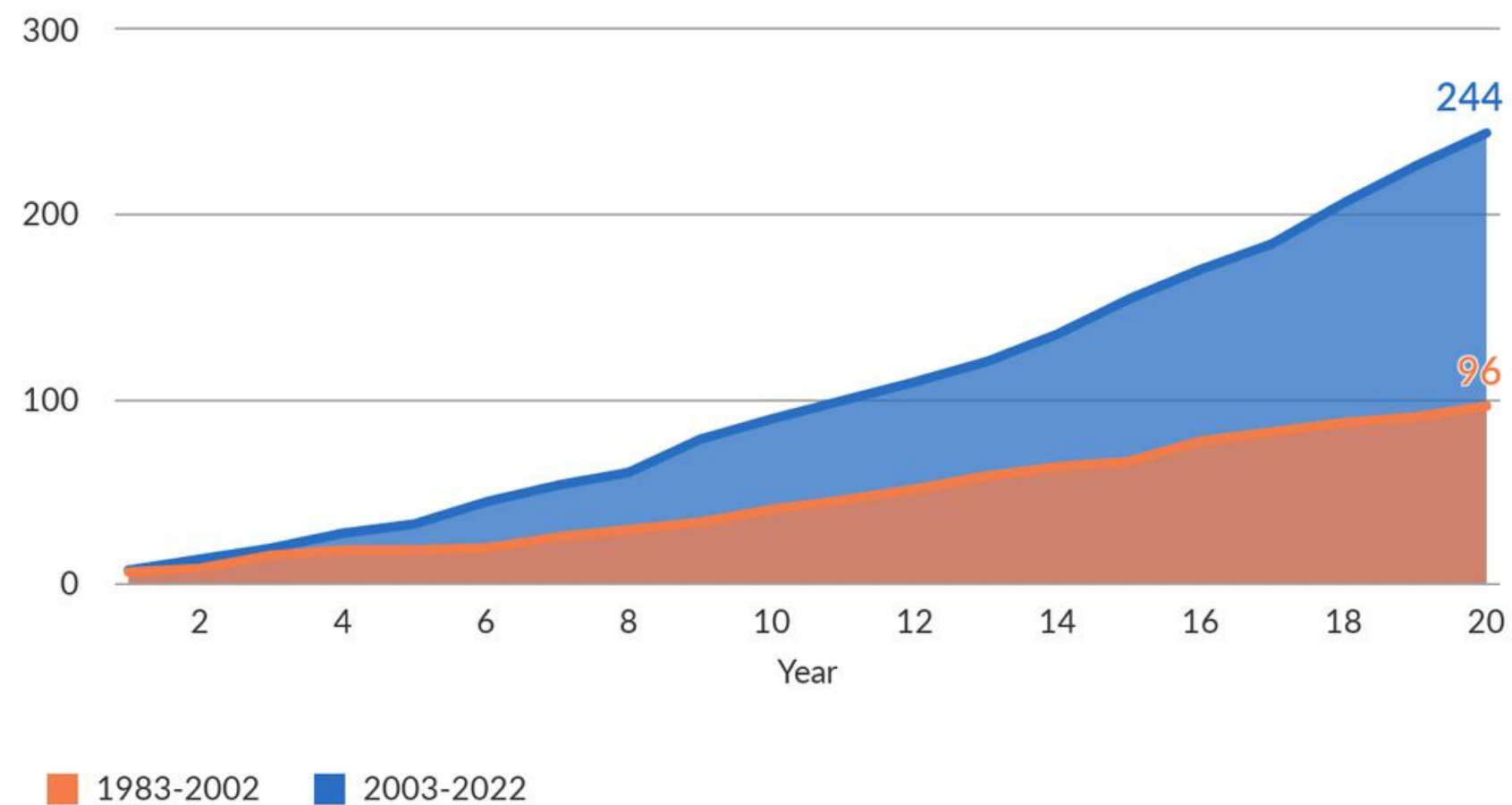
Providing Agile
and Essential Drug User Health Care
During Weather and Natural Disasters



Natural Disasters in the US are Getting More Costly...

And More People Are Being

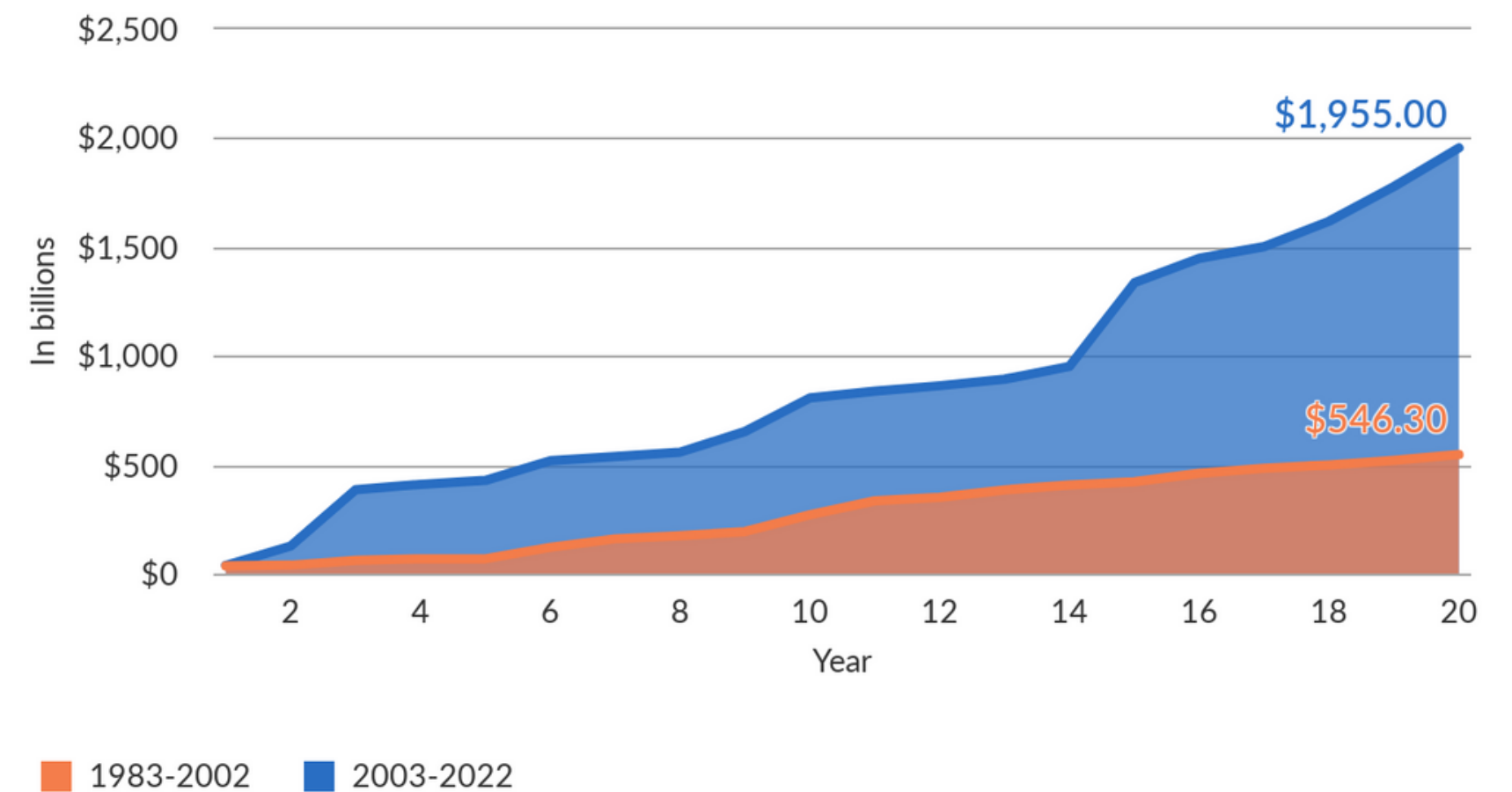
Figure 1
Number of Billion-Dollar Disasters



Source: National Oceanic and Atmospheric Administration (<https://www.ncei.noaa.gov/access/billions/events.pdf>)

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Figure 2
Cumulative Cost of Billion-Dollar Disasters



Source: National Oceanic and Atmospheric Administration (<https://www.ncei.noaa.gov/access/billions/events.pdf>)

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Climate Change Is Here

Global Temperatures Are Rising

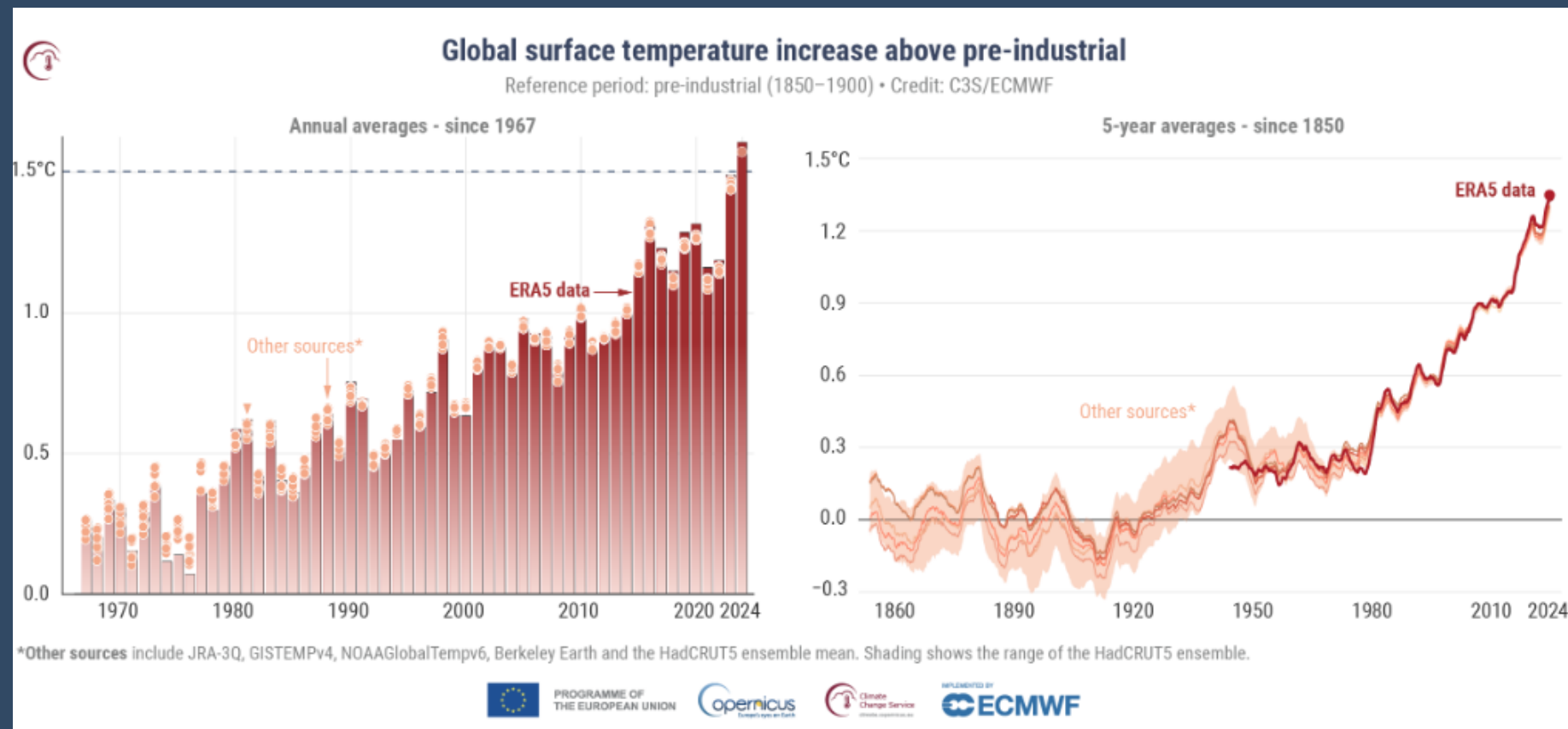
2024 was the first year on record where global temperatures were 1.5°C higher than pre-industrial averages.

Hotter Temperatures Mean Warmer Oceans...Which Means More Intense Storms

It also creates conditions for more heat-related illness and drought

A Warmer Earth is a Wetter Earth

Increased temperatures also means more rain--and more intense rainfall--as hotter weather creates more water vapor.



Exacerbating Inequalities

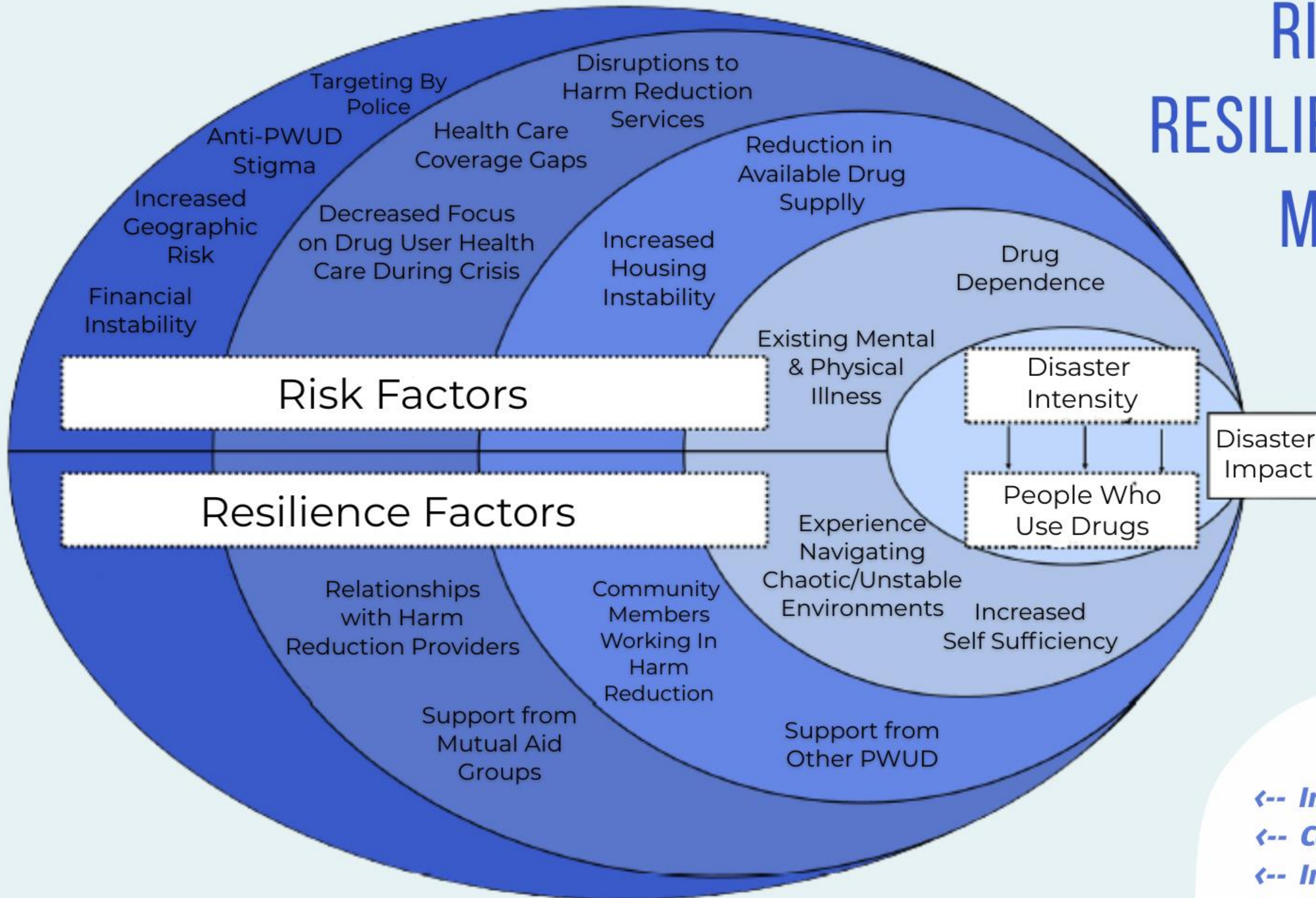
Natural Disasters Often Disproportionately Impact Already Underresourced Groups Like People Who Use Drugs

People Who Use Drugs Often Face Numerous Barriers to Effective Disaster Preparedness & Relief Access:

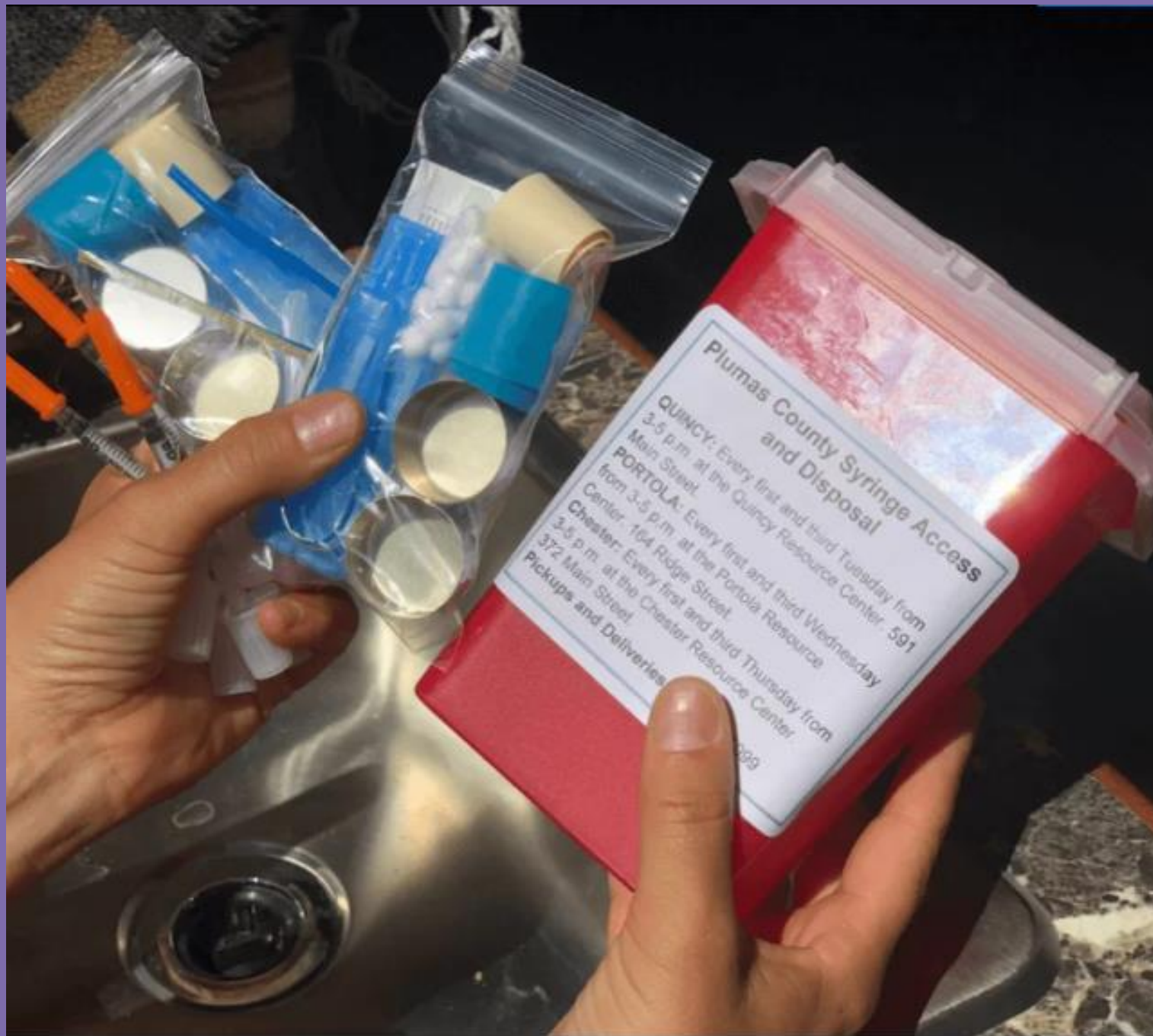
- Housing & Financial Instability
- Healthcare/Food Deserts
- Drug Supply Procurement Needs
- Lack of formal support structures



RISK & PWUD & RESILIENCE CLIMATE MODEL DISASTER



- ← Individual/Family Context
- ← Community Context
- ← Institutional/Organizational Context
- ← Societal/Structural Context



Drug User Specific Disaster Response Needs

Climate Change → Change In Drug Supply

Natural Disasters Often Lead to Significant Disruption to the Local Drug Supply

- Demand for drugs often rises, while access to drugs falls
- Established modes of drug distribution are disrupted
- Natural Disasters can affect:
 - Drug Availability
 - Drug Accessibility
 - Drug Pricing
 - Drug Potency
- This can lead to increases in drug-related violence, change in drug consumption habits, and shifts in the type/quality of drugs available on the market.

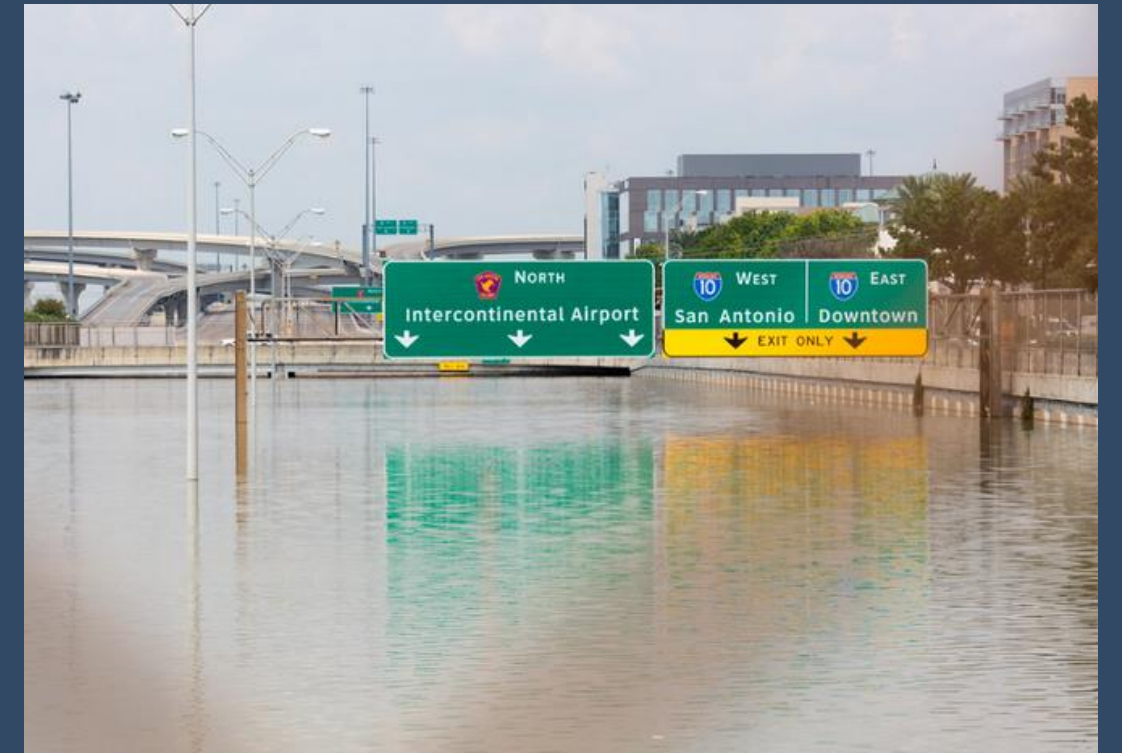
Case Study: Drug Markets in Houston After Natural Disasters

Interviews with Houston PWUD after Natural Disasters Identified 2 Big Behavior Shifts Among Drug Sellers when Confronted with Decreasing Inventory:

- Leverage increased demand for drugs by raising prices.
- Stretch their existing supply by increasing the amount of filler in their product.

Beyond Drug Availability, Natural Disasters Placed Many Physical Barriers to Accessing Drugs:

- Evacuation of some drug sellers
- Damage to roads and infrastructure making travel difficult.
- Increased police presence.



Climate Change → Change In Drug Use Behavior

Increased Risk of Blood-Borne Viral Infection

- Multiple studies have shown significant increases in riskier injection behavior following natural disasters:
 - After Hurricane Sandy in New York, PWID reported higher rates of sharing needles & drug preparation equipment & were more likely to inject with people they normally wouldn't.
 - Following Hurricane Maria in Puerto Rico, the percentage of PWID reporting using new needles for most or all injections dropped sharply (76.9% pre-Maria vs. 55.4% post-Maria).



Pouget, E. R., Sandoval, M., Nikolopoulos, G. K., & Friedman, S. R. (2015). Immediate Impact of Hurricane Sandy on People Who Inject Drugs in New York City. Substance Use & Misuse

Abadie, R., Cano, M., Habecker, P., & Gelpí-Acosta, C. (2022). Substance use, injection risk behaviors, and fentanyl-related overdose risk among a sample of PWID postHurricane Maria. Harm Reduction Journal,

Climate Change → Change In Drug Use Behavior

Increases in Unplanned Drug Cessation, Treatment Interruptions, Withdrawal, & Overdose

- In the week following Hurricane Sandy, nearly 3 in 5 PWID surveyed an inability to obtain street drugs.
- Among PWUD in NYC who were in methadone or buprenorphine assisted treatment, only 30% reported having enough take home doses during Hurricane Sandy to avoid withdrawal without seeking illicit drugs.
- 42.6% of PWUD living with HIV & on anti-retroviral treatment surveyed missed HIV medication doses in the week following Hurricane Sandy.





Political Climate Change & Regressive Backlash Against PWUD

Trump 2.0 & The Death of New Deal America

The 2024 Elections have resulted in a drastic shift in the way American government does (or does not) function

- From Day One, The Trump Administration, Elon Musk, & DOGE have committed themselves to the wholesale destruction of the New Deal/Great Society American state and are attempting to rewrite the post-Civil Rights era social contract.
- Entire government departments are being disbanded, severely cut,.
- The independent civil service is being neutered through firings, executive orders, regulatory change, and intimidation



A Department of Health & Human Services in Turmoil

The Trump Administration has slashed the workforce at HHS by 25%, including many staff working on drug user health & infectious disease.

- Since Jan 20, the Trump Administration has eliminated:
 - Half of the branches within the CDC's Division of HIV Prevention,
 - The CDC Division of TB Elimination's Communication, Education, & Behavioral Studies Branch
 - The CDC Division of Viral Hepatitis's Lab branch,
 - The CDC Division of STD Prevention's Lab & Disease Intervention & Response Branches
 - The HHS and CMS Offices of Minority Health
 - United States Agency for International Development
- The Administration is also dissolving 5 existing federal agencies, including HRSA & SAMHSA, and merging their functions into a new agency called the Administration for a Healthy America (AHA).

“Giving Control Back to the States”

Much of the Trump Administration’s response has been driven by a desire to simultaneously shrink and centralize the federal government

- Policy driven by aim to increase power in Executive Branch, removing Congress’s power over federal spending and chipping away at the autonomy of the Judiciary.
- Majority of Trump Admin spending cuts have been directed at safety net programs domestically and abroad.
- Leaked FY26 budget document shows Trump Admin intent to cut HHS budget by 33%.
 - FY26 Budget draft would formally eliminate CDC’s Division of HIV Prevention, all Ending the HIV Epidemic Funding, the Minority AIDS Initiative, funding for Part F of the Ryan White HIV/AIDS Program, the CDC Global Health Center, most of SAMHSA’s Substance Abuse Treatment Programs of National and Regional Significance
- Trump Admin has already said that he wants to eliminate FEMA, and is discussing ways to make it harder for communities to qualify for federal disaster assistance.

Case Study: CDC's Disaster Epidemiology & Response Unit

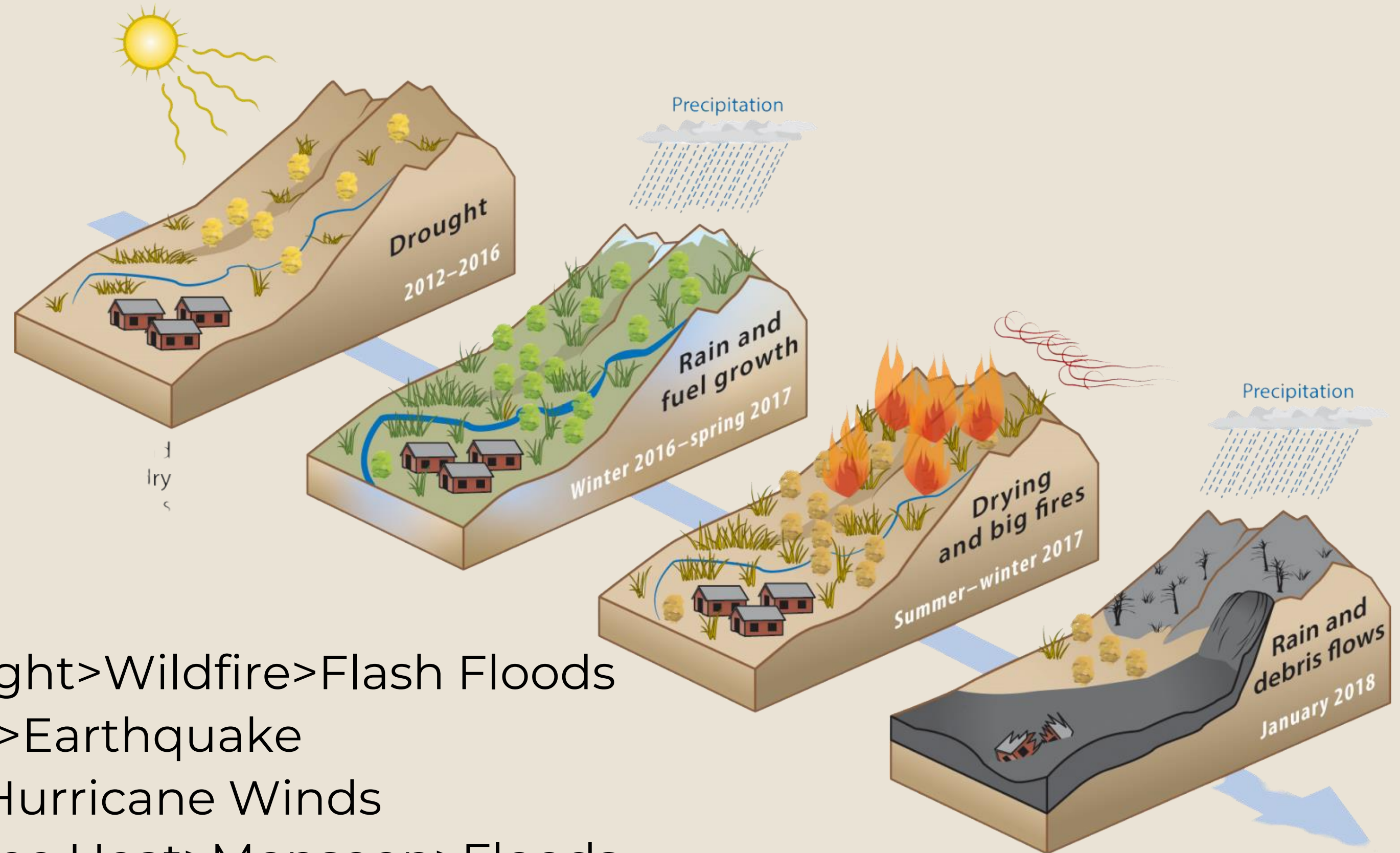
On April 1st, the CDC's Disaster Epidemiology & Response Unit was one of many teams within CDC that was disbanded, with all of their staff being laid off

- The primary role of this unit was to provide training & technical assistance to states & localities to better respond to natural disasters in all phases of the disaster cycle (preparedness, response, recovery, and mitigation)
- When the unit was dissolved, they were preparing to carry out a Community Assessment for Public Health Emergency Response (CASPR) in Buncombe Co, NC after Hurricane Helene.
- Without federal help, local public health officials are currently unable to collect this data and act on it, preventing assistance from getting to those in need & hampering planning for the next disaster.



Compounded Disasters

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Examples:

- California: Drought>Wildfire>Flash Floods
- Haiti: Hurricane>Earthquake
- Maui: Wildfire>Hurricane Winds
- Pakistan: Extreme Heat>Monsoon>Floods



Northern Valley Harm Reduction Coalition

Founded July 2018

Camp Fire November 2018

90% of Paradise destroyed in 6 hours
and many other smaller communities

85 Dead*

~19,000 Homes Destroyed

~50,000 People Displaced

Things to Remember



Staff and
Volunteers are
experincing
the same
disatster



Entire
Community is
experincing
the same
disater



Can't Plan for
everything



Must take care
of yourself

We Can Not Do It All

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We want to do everything we can to help but it's not possible to do it all.

We CAN build mutual aid networks. We CAN understand the power of “NO”



Where to Start

Join local disaster response network

If it doesn't exist, start one with your community partners

Where are you at?

How is your organization already prepared and what needs to be done

What can you offer

and what do you need partners to offer

Not All Help is Helpful



Donations of items:

- Not everything is useful
- Decline if you can't use it immediately
- Suggest an organization who can

Access to Supplies

- Store your supplies in more than 1 location
- If safe, designated people to grab supplies
 - Create a simple list. Post it on the wall where you store supplies
- Have partners to get supplies
 - Create plans ahead of time
 - Keep an easy list of who and what
- Have a back up shipping location



Disaster Supplies

In addition to your normal supplies

General Supplies

- Portable gas-powered generator
- Wi-fi hot spot
- Potable water - so much water
- Non perishable, easy to prepare food
- Flashlights and batteries
- Battery powered radio
- Phone Charging
- N95 Masks

Role Based Supplies

- Cooking Equipemnt
- Food options for diabetics
- Gas Cards
- Gift Cards-Walmart or similar

Documents

**Have a cloud based backup
Physical Copies in 2 locations**

Organization Documents

Determination letter, insurance, leases, contracts, grants, financial records, inventory lists SSP supplies and organization equipment, policies

Employee Info

Updated contact info included emergency contacts, phone tree, employee roles during disaster and backup roles

External Contacts

Contact for your vendors and partners, contact info for emergency responses including roles

Emergency Shelters

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Not all shelters are harm reduction friendly

May kick people out for drug use

Won't allow basics like naloxone



Emergency Shelters

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Pop-up or unofficial shelters

Self Organized

Lack organization support

Receptive to harm reduction support



Housing

Many areas are already experience housing shortages. Disasters exacerbate the issue

Resources

Resources for homeless, people in poverty, and PWUD already limited. Disasters increase the need for the same limited resources

Recovery

The most vulnerable take longer to recover or may never recover from the losses.

Gatekeeping

Some may try to gatekeep support for “worthy” people



Displacement of Already Vulnerable

Disaster Homeless vs Already Homeless

US Federal Support

Broken and becoming non existent

FEMA Resources

- Hard to access
- One person per address
 - Roommates and trailer parks experienced challenges
- Long Wait lists
- Slow Response



Many agencies and their resources, shelter and housing, stopped services. Leaving the most vulnerable with no more shelter.

MUTUAL AID: Short Term and Long Term Recovery



Six Years Later

- Still Many Unhoused
- Displaced
- 1400 homes rebuilt
- Recovery zoning restricted small homes
- Minimal Low Income Housing



The Resilient Organization A Guide to Nonprofit Disaster Preparedness

TechSoup

Ready4change.me

AIDS United, Comer Family
Foundation, Balanced Imperfection

Disaster Resilience Resources for Nonprofits

Human Services Council

Resources