



# City of Philadelphia

City Council  
Chief Clerk's Office  
402 City Hall  
Philadelphia, PA 19107

## RESOLUTION NO. 240510

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Introduced May 23, 2024

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Councilmember Lozada

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### RESOLUTION

Authorizing The Special Committee on Kensington to convene for the purpose of investigating and addressing the barriers to accessing treatment beds in the Kensington area.

WHEREAS, Individuals in the Kensington area are increasingly using Xylazine, a dangerous drug known to cause severe harm, including eating away at human flesh when snorted or injected, and treatment centers are not adequately equipped to handle the unique challenges presented by individuals using Xylazine, further limiting access to appropriate care; and

WHEREAS, Additionally, Xylazine induces severe withdrawal symptoms and poses a risk of mortality, instilling significant fear in individuals seeking treatment. An NPR article sheds light on the multitude of symptoms linked to Xylazine use. One woman vividly recounts, "It literally just ate the front layer of skin on my leg. It just killed the skin," illustrating the severity of its effects. Long wait times, limited beds, and inadequately equipped facilities exacerbate the deterrents for individuals seeking treatment; and

WHEREAS, Limited bed availability further compounds the obstacles for individuals seeking treatment. This shortage is particularly daunting for couples or families struggling with addiction, as they may hesitate to seek treatment due to the fear of being separated from each other. NPR Philadelphia provides further evidence of this, reporting that outreach workers have encountered individuals who have been forcibly separated from their loved ones due to their struggles with addiction; and

WHEREAS, The Kensington area's high prevalence of substance abuse has generated a heightened demand for treatment services, consequently reducing the availability of treatment beds. Community members, expressing concerns in a Crisis Response Center focus group, emphasized the shortage of beds in treatment facilities, stating, "There's just not enough. There's not enough detox beds. Not enough rehab beds. Especially with the 'opiates' that are out there now"; and

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WHEREAS, Recent reports by The Inquirer revealed that Philadelphia hosts 60 programs tailored for relatively stable drug users outside of hospital settings, alongside more than 1,800 beds in residential rehabs, with an additional 150 inpatient beds available in hospitals and psychiatric facilities for individuals with acute medical needs. However, out of over 1,000 beds, DBHIDS reported only 109 available beds. Meanwhile, it is estimated that there are encounters with at least 675 homeless individuals in the City who are struggling with substance abuse. Considering this, if every homeless individual sought treatment, the current bed capacity would be insufficient to accommodate all, emphasizing the urgent need to expand the number of treatment beds available; and

WHEREAS, Individuals in Kensington and surrounding areas face significant barriers in accessing treatment beds for substance abuse, worsening the effects of addiction on both individuals and the community. A 2019 Pew poll revealed that 1 in 5 Philadelphians described opioids' impact in their neighborhoods as 'major.' Subsequent data showed a concerning 12-percentage point increase since 2019, with 53% of Philadelphians reporting that opioid use negatively affects their neighborhoods' quality of life; and

WHEREAS, A recent report from Thomas Jefferson University highlights various barriers faced by individuals seeking treatment, including long wait times of up to 18 hours or even a full day, during which individuals endure intense pain from withdrawal symptoms. Interviews with individuals accessing opioid use disorder treatment facilities describe active withdrawal as 'agonizing,' prompting many to prematurely leave the assessment process. Furthermore, after enduring withdrawal during the assessment process, individuals are confronted with the heartbreaking news of no available beds, often being instructed to return the next day; and

WHEREAS, Another barrier individuals face is the accessibility of treatment facilities that accept public insurance. Between 2021 and 2022, the City of Philadelphia identified 96 programs in 88 locations offering services for opioid use disorder (OUD) to those with public insurance. Previous research published by Thomas Jefferson University indicated that nearly all Philadelphia residents live within a 30-minute drive of treatment facilities. However, the research presents a gap in the accessibility of treatment facilities that accept public insurance for individuals who rely on public transportation. Therefore, we are unaware of how far individuals who rely on public transportation must travel to access treatment; and

WHEREAS, Given the low rates of car ownership and the high reliance of substance users on public insurance, the Special Committee must address these barriers; and

WHEREAS, A lack of bilingual staff across treatment facilities presents another barrier to access for individuals seeking treatment. A recent WHYY article highlights a focus group of Latino individuals who reported experiencing discrimination in treatment facilities. Furthermore, individuals continue to struggle even after receiving care, as they encounter difficulties in comprehending after-care instructions and doctor's orders due to language barriers; and

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*RESOLUTION NO. 240510 continued*

WHEREAS, The community of Kensington, along with those seeking treatment, require solutions to overcome the barriers obstructing access to treatment beds, to ensure their safety, well-being, and the collective welfare of the community; and

WHEREAS, Failure to address these barriers can lead to increased rates of arrest, thus exacerbating overcrowding in the Philadelphia prison system and further straining resources; now, therefore, be it

RESOLVED, BY THE COUNCIL OF THE CITY OF PHILADELPHIA, That the Special Committee on Kensington hold a hearing with subject matter experts to help to greatly reduce barriers to accessing care.

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