



**Testimony for the Joint Senate Task Force on Opioids, Addiction & Overdose
Prevention Public Hearing
August 9, 2019**

My name is Julia DeWalt, and I am the Director of Communications, Advocacy, and Community Engagement at BOOM!Health, and I thank Co-Chairs Rivera, Harckham, and Carlucci, and the rest of the committee for convening this hearing and inviting us to speak on behalf of the community we serve.

BOOM!Health is a community-based nonprofit organization in the Bronx and is deeply committed to a vision of health, wellness and safety for all, particularly the needs of marginalized and stigmatized communities at highest risk of homelessness, overdose, HIV, Hepatitis C, and other chronic health conditions. Guided by an ethos of harm reduction, we aim to remove barriers to accessing primary care, as well as HIV and Hepatitis C prevention services, while supporting participants on their journey towards wellness and self-sufficiency.

As you well know, we are facing a crisis on a national, statewide, and local level; however, this is not new for the Bronx and communities of color, who have been experiencing this crisis for decades, and have been calling for our political leaders to address the problem for just as long. The Bronx once again has the highest rate of overdose death according to the most recent data from the NYC Department of Health and Mental Hygiene (2017). The “asks” are not new; broadly, to expand access to successful interventions already in place, and to take bold steps to implement strategies new to New York, but proven elsewhere. But this is a dynamic problem that requires a bold and dynamic solution and we need to acknowledge that there is no one-size-fits-all approach for NYS.

Currently, there are efforts to build on our existing strategies to address this crisis; Universal access to Medication Assisted Treatment (MAT) is a crucial tool that will expand what we have provided in New York for years. We must get Senate bill 5935A (Assembly bill 7246A) signed and implemented to remove prior authorization for all formularies of MAT for people enrolled in Medicaid. We should not be allowing any barriers to receive lifesaving treatment, long proven to be successful. We should be ensuring that MAT is available in all prisons and jails (S2161), which can drastically reduce the risk of overdose both while incarcerated and upon release. We also need to fully decriminalize syringe possession by repealing section 220.45 of the Criminal Law (S875). Despite our leadership in providing syringe exchange and other harm reduction services in New York State, people are still harassed, arrested, and targeted for participating in these lifesaving services. The bifurcation of the criminal law and public health code have hindered our efforts to provide syringe exchange services which not only help reduce the risk of infection, but provide a crucial point of contact at which to engage in other harm reduction and linkage services. We need increased funding for harm reduction services in general, including expanding

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mobile service capability to truly reach everyone where they are.

We MUST establish Safer Consumption Spaces (SCS's) (S8534). They have existed for over 30 years, and have proven successful at around 100 locations in 66 cities around the world. We are experiencing increasing rates of public substance use, syringe litter, and overdose deaths. SCS's keep the community safe, and above all, save lives. We cannot call ourselves leaders in the effort if we are ignoring this critical intervention.

In addition to passing legislation already introduced, and expanding the services we provided for years, I'd like to address the long overdue pivot from addressing addiction and substance use from a criminal justice perspective to one rooted in public health. If we are serious about repairing the harm caused by the War On Drugs, we have to back up our words. We cannot solve the overdose crisis with treatment and harm reduction strategies alone. We need to provide truly integrated services and engagements to those struggling with substance use and at risk for overdose. This means addressing social determinants of health and providing social support. It also means addressing some of the structural barriers disproportionately impacting people who use drugs, and especially communities of color. Meeting people where they are and leaving no one behind means acknowledging and accepting that making changes to one's substance use is not always their top priority.

People need safe, affordable housing that is not conditional on sobriety. We are seeing increased public injection and congregation, especially in Bronx parks. We have seen encampments that provide safety and community destroyed, without providing an alternative. People who access our harm reduction services do not want to put the broader community at risk, but they are given no option if they are not yet ready to stop using drugs, or not given the opportunity to do so on their terms.

People who use drugs need access to food and nutrition services. Many of the negative health effects associated with the use of drugs is closely related to the lack of proper nutrition and general healthcare. In many circles the idea of giving food to people who use drugs is often met with scorn and in many cases it is contingent upon abstinence, but sometimes addressing this crucial, basic need can help someone not only stay alive and healthy, but explore other ways to improve their health, including changes to their substance use behaviors.

We must provide opportunities for people who use drugs and who are ready and able to work, to find meaningful employment and/or training and education that suits their skills and capacity.

Above all, we have to own our words that this is a public health issue, and provide support for all the factors that impact a person's health and prioritizes the dignity, autonomy, and goals of people who are experiencing and impacted by the overdose crisis. We must learn from decades of failed practices and demand not only dialogue, but action. People's lives literally depend on it. Thank you for your time and continued support and leadership in this effort.