

Testimony at Public Hearing

Joint Senate Task Force on Opioids, Addiction & Overdose Prevention

Friday, August 9th, 2019
10am St. Barnabas Hospital
4422 Third Ave Main Building
Bronx, NY 10457

Good morning Co-Chairs Senators Rivera, Harckham, and Carlucci and thank you to the entire Joint Senate Task Force on Opioids, Addiction & Overdose for this opportunity to testify. My name is Mike Selick and I am the Hepatitis C Training and Policy Manager for the National Harm Reduction Coalition, a national organization with offices in New York City and Oakland, CA, that promotes the rights, dignity, and health of people who use drugs. As part of my role at Harm Reduction Coalition I coordinate of the Injection Drug Users Health Alliance (IDUHA) which is made up of all health department waived Syringe Exchange Programs in New York City. In my testimony today, I will briefly outline a variety of ways to further reduce drug related harms and overdose deaths in New York State.

As you are all well aware, we are currently dealing with a crisis of overdose deaths in this City and in this State. Although the overdose death rate increased 6% from 2016 to 2017, that increase likely would have been significantly higher had it not been for all the important harm reduction and overdose prevention work across the state. The highest rate of overdose deaths in New York City are right here in this community in the Bronx so clearly, more needs to be done to address this issue. The Bronx has been hit hard by decades of racialized drug policies and biased policing and prosecutions that have contributed to increased harms from drug use to individuals and the community. All responses to opioid use and overdose deaths must keep our history front and center in order to heal the harms caused by a punitive response to drug use.

The gold standard of interventions for Opioid Use Disorder (OUD) is Medication As Treatment (MAT). There has been much work to expand MAT throughout the City and State which is one of the many reasons the rate of death from opioid overdose has not climbed even further. However, we cannot realistically end overdose until MAT is easier to access than buying drugs on the street. In order to make that a reality, we need to lower barriers to treatment by changing policies, regulations, and modes of delivering services to better fit the needs of People Who Use Drugs (PWUD). This includes Senate Bill S5935A that Senator Harckham introduced and passed last session, which would ensure Medicaid covers all forms of MAT. Thank you once again Senator Harckham for your leadership on this issue. Unfortunately, two additional bills introduced by Senator Harckham – S5935 which would have removed prior authorization requirements for MAT, and S4643A that would eliminate copays for opioid treatment programs – did not pass last session.

Harm Reduction Coalition has been working with the New York City Department of Health and Mental Hygiene as well as the IDUHA agencies to implement low-threshold buprenorphine prescribing, which

early research has shown can engage and retain some of the hardest to reach people in treatment. This modality is promising because it connects to people at local Syringe Exchange Programs where they are already receiving services and have built up trust with the providers. It is a way to give people buprenorphine on demand with clear instructions on how to do a home induction, bypassing a lot of the barriers faced in more traditional treatment settings. More of an emphasis on this type of low barrier prescribing is an important avenue to explore.

One of the biggest risk factors for death from an accidental overdose is a reduced tolerance, and people are released from prison or jail have a risk of overdose 40 times greater than the general population in the first two weeks following incarceration. MAT helps to reduce overdose deaths substantially; a Rhode Island study found that provision of MAT prior to release resulted in a 60% reduction in overdose deaths in the six months following incarceration. Although there is a MAT program that has been supporting incarcerated individuals at Rikers Island for many years, this program has not been expanded into all prisons and jails statewide. Some efforts have been made with the state budget last year to fund local jails to add this service and Harm Reduction Coalition supports the full expansion of MAT to all incarcerated people in New York State who are interested in receiving the service without precondition or restrictive/punitive policies.

There are many ways to address the high overdose rates among people who are released from New York State jails and prisons. One important approach is to prevent people who use drugs from being incarcerated in the first place. Albany has adopted the Law Enforcement Assisted Diversion (LEAD) program that was developed in Seattle. LEAD is a pre-arrest diversion program that connects people who use drugs with their local harm reduction program. LEAD helps people to avoid a criminal record and be connected to life saving services. The LEAD program in Albany should be expanded across the state. In addition to LEAD, New York State should guard against failed War on Drugs approaches to this issue. Arrests, mandatory minimums, and drug-induced homicide laws all do more harm than good.

Re-entry from prisons or jails is not the only time people have a reduced tolerance and are at an increased risk of overdose, the same risks are present for people who are leaving a detox or abstinence-only base drug treatment. Abstinence-only Based Treatment may lead to good outcomes for some, but it should not be considered the only acceptable goal or criterion of success. Instead, smaller incremental changes in the direction of reduced harmfulness of drug use should be valued. This harm reduction framework helps people who use drugs reduce the harmful consequences of use even if they cannot or won't stop using completely.

There are currently 12 Drug User Health Hubs across New York State, funded by the Department of Health AIDS Institute. The state funding helped Syringe Exchange Programs integrate higher threshold medical, mental health, and MAT services for PWUD. These services can be provided on-site and/or through facilitated linkage to culturally competent care and treatment services. The 12 funded programs work to foster relationships with law enforcement, emergency departments, emergency medical services and families. Drug User Health Hubs are a more recent and innovative strategy for best addressing the health and service needs of PWUD and to support the success of people who want to stop using drugs. We recommend increasing funding for these programs and expanding the Drug User Health Hub model to all waived Syringe Exchange Programs across New York State.

The final intervention that I would like to highlight today is the need to allow New York State Syringe Exchange Programs to be able to implement Supervised Consumption Services. New York has the opportunity to be a leader in the United States by passing legislation that would allow for already

existing programs to allow people to administer drugs they have previously obtained under the supervision of program staff in a hygienic, safe, and controlled environment.

Sincerely,

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