Joint Budget Health Hearing: February 11, 2025
Testimony from Charles W. Morgan, MD, DFASAM, FAAFP, DABAM

My name is Dr. Charles Morgan. I am a former Medical Director of the New York State Office of Addiction Services and Supports (OASAS), a Distinguished Fellow of the American Society of Addiction Medicine, and a Fellow of the American Academy of Family Physicians. Board-certified by the American Board of Addiction Medicine, I have dedicated the past 44 years to caring for individuals with addiction and advocating for their families. I have served as an expert for various U.S. governmental agencies and several states, including New York, New Jersey, Pennsylvania, Georgia, and Vermont. During my tenure as OASAS Medical Director, I oversaw the statewide rollout of naloxone to law enforcement, first responders, and the general public. I also led the implementation of ISTOP and the mandated opioid prescribing education for the medical community. These efforts, made possible through collaboration with the New York State Legislature, helped save countless lives and set a national precedent for addiction treatment and harm reduction.

Since May 12, 1981, I have been in continuous long-term recovery from addiction, including Opioid Use Disorder—nearly 44 years. My recovery has been the greatest blessing of my life. Through my own experience and the recovery of countless patients and peers, I know that people with addiction can lead full, productive lives, raise families, and contribute meaningfully to society. But first, they must stay alive.

The Urgent Need for Expanded Access to Opioid Reversal Agents

The opioid crisis remains devastating. Despite recent declines in overdose deaths, the numbers remain unacceptably high, with synthetic opioids like fentanyl fueling the crisis. Fentanyl is 100 times more potent than morphine, with just 2 mg capable of causing death. It is frequently disguised in counterfeit pills, often without the user's knowledge. Alarmingly, the DEA reports that 42% of tested counterfeit pills contain a lethal dose.

Even more potent substances, such as carfentanil—10,000 times more powerful than morphine—have entered the drug supply. Carfentanil has no approved human use and is lethal in microgram quantities. Deaths from this substance surged by over 700% from early 2023 to mid-2024. Similarly, nitazenes—opioids up to 43 times stronger than fentanyl—pose a growing threat, as they induce prolonged respiratory depression and do not register on fentanyl test strips. Given this evolving landscape, New York must expand access to all FDA-approved opioid reversal agents without delay. I urge the legislature to include this expansion in the 2025-2026 budget rather than waiting for the enactment of Bill A265/S4150. This will ensure that all available tools are accessible to those who need them.

The Need for Higher-Dose and Longer-Lasting Reversal Agents

Naloxone has saved thousands of lives, but its standard 4 mg dose is sometimes insufficient for reversing overdoses involving high-potency opioids. Many first responders report needing multiple doses, delaying effective resuscitation. The FDA has since approved higher-dose naloxone (8 mg) and a new opioid antagonist, nalmefene, which is 10 times more potent than naloxone and lasts 8-10 times longer.

In a national survey of over 1,100 patients treated for opioid use disorder, nearly 60% of those who had survived an overdose required multiple naloxone doses, and 35.9% expressed a preference for a higher dose. First responders have also indicated that higher-dose or longer-lasting reversal agents could reduce the need for intubation and intensive care during transport.

Ensuring Access and Choice for New Yorkers

The ongoing presence of fentanyl, carfentanil, and nitazenes in the illicit drug supply underscores the need for flexible, regionally tailored harm reduction strategies. While overdose deaths have declined in many parts of New York, some counties continue to experience rising fatalities. Providing access to a range of reversal agents allows public health agencies, first responders, and affected individuals to choose the most appropriate option for their circumstances.

If endorsing more agents could save lives, it makes sense to include them all. The FDA has done its due diligence in approving the different agents. The people of the US have a choice of which agent to use and New Yorkers should, too.