

Joint Senate Task Force Testimony
October 15, 2019

Good morning/afternoon esteemed Committee Members. My name is Archie Jao. I am a long-term resident of Nassau County and I am the Medical Director of the Keith Cylar Community Health Center on the Lower East Side of Manhattan. I am a board-certified Preventive Medicine and Public Health physician and I have specializations in Addiction Medicine and HIV Medicine. I am here to emphasize that the opioid epidemic is a public health emergency and that there is an urgent need to authorize Overdose Prevention Centers as an effective strategy to prevent opioid overdose fatalities; to reduce public drug use and needle sharing; to create a pathway to addiction treatment and recovery; and to combat the HIV and hepatitis C epidemics.

We must pass the Overdose Prevention Center Act. This bill will not grant blanket authorization of Overdose Prevention Centers across the state. It will authorize a 24-month research pilot. The five Overdose Prevention Centers associated with this research pilot will be paired with well-established harm reduction and syringe exchange programs. Four of these programs are in the City and one is in Ithaca.

It is very important that all the committee members and the public understand that New York State currently has one of the most extensive syringe exchange networks in the world. The amazing success of syringe exchange programs as a public health intervention is widely known and accepted. However, under current law, when programs give someone a clean syringe, they must send them out the door to consume their drugs. We are only asking for one additional step – that we be allowed to offer IV drug users a clean and safe place to consume their drugs, where they will be monitored by staff to prevent overdoses, and where they will be offered a pathway to lifesaving services. This is about saving human lives.

Since their inception, OPCs have received millions of client visits. There has not been a single overdose death at any OPC, ever. There have been multiple scientific studies done and the data could not be clearer – OPCs increase access to drug treatment and services; decrease crime and disorder; reduce public injection and hazardous litter; prevent HIV and hepatitis C transmission; and they are cost effective. They save millions of dollars by reductions in medical, criminal justice, incarceration, and public sanitation costs. What you most need to hear, though, is that this is a medical and public health best practice, endorsed by the American Medical Association, and that it saves human lives.

As a primary care provider in a community health clinic, I work with people with substance use disorders daily. We lose patients to opioid overdoses almost every day, so I know the ravages first-hand of this horrible epidemic. With OPCs, we have an extremely effective public health intervention that we can implement almost immediately. Suffolk and Nassau Counties have some of the highest opioid overdose death rates in New York State. We need OPCs not only in the State, but also here on Long Island, and we need them as quickly as we can get them. Thank you.