



Health

Testimony

of

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before the

**JOINT SENATE TASK FORCE ON OPIOIDS, ADDICTION & OVERDOSE
PREVENTION**

on

New York's response to drug use and the overdose crisis

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Good morning, Senators Rivera, Markham, Carlucci, and members of the Task Force. My name is Dr. Denise Paone, and I am representing the New York City Department of Health and Mental Hygiene. Thank you for the opportunity to testify, and thank you to St. Barnabas Hospital for hosting and for your partnership. My remarks today will address trends in drug overdose deaths in New York City and describe the City's response to the overdose epidemic. Because the Bronx is particularly affected by drug overdose, I will also share some of the work we are doing in and alongside the Bronx community.

As you know, nationally, the country is in the midst of an opioid overdose epidemic, primarily driven by heroin, as well as a potent, synthetic opioid called fentanyl. Between 2015 and 2016, the rate of overdose deaths increased 51 percent in New York City. From 2016 to 2017, the citywide rate of increase slowed to 2 percent. However, there were still almost 1,500 overdose deaths in 2017—the highest number on record. That is to say, one New Yorker dies every six hours of a drug overdose. The vast majority – 82 percent – of these overdoses involved an opioid. And in 2017, for the first time, fentanyl was the most common substance, involved in 57 percent of all overdose deaths.

As I noted before, the Bronx has been especially affected by the overdose epidemic. In 2017, 363 Bronx residents died of an overdose—the largest number among the five boroughs. More than half of these deaths – 185 – were in the South Bronx. Overdose rates in this area of the borough alone exceed nearly every state in the United States.

When discussing the impact of and response to the opioid epidemic, it is important to acknowledge that the War on Drugs and other zero tolerance policies decreased economic opportunity, exacerbated poverty, and limited the availability of treatment and social services – all of which disproportionately affected low income communities and communities of color. Furthermore, stigma associated with drug use and addiction remains a barrier to people seeking and receiving help. To this end, the City is pursuing a public health and harm reduction approach to prevent overdose deaths.

To address the overdose epidemic, the de Blasio Administration launched *HealingNYC* in March 2017. This plan included more than 60 million dollars in investment to fund initiatives that focus on both the geographic areas and populations most severely affected by the crisis. *HealingNYC* built upon decades of work by the Health Department providing substance use treatment, prevention and care to New Yorkers as well as conducting surveillance, epidemiology, and implementing other public health initiatives. *HealingNYC* expands this work across four strategies:

- **Prevent opioid overdose deaths** by distributing naloxone—a life-saving drug that can reverse opioid overdose—to communities and social networks where the overdose rates are highest;
- **Prevent opioid misuse and addiction** by investing in prevention and education, as well as by providing linkages to care for individuals who use opioids or who recently experienced an overdose;

- **Protect New Yorkers with effective drug treatment** by increasing access to medications for addiction treatment, which is the most effective form of treatment for opioid use disorder; and
- **Protect New Yorkers by reducing the supply of dangerous opioids** through data-driven law enforcement strategies.

New York City has made considerable strides since the launch of *HealingNYC*.

We have distributed over 270,000 naloxone kits and provided overdose response training to people who use drugs and their social networks, community-based organizations, faith groups, first responders, as well as over 14 government agencies, including Departments of Homeless Services, Parks, Probation, and the NYC Housing Authority.

We launched Relay, a nonfatal overdose response system, in 12 hospitals at 13 emergency department sites. Following an overdose, this program sends a peer advocate to provide naloxone, overdose risk reduction support, and connections to other services and care.

We provided support to health care professionals in many settings. For example, we encouraged providers in primary care settings to prescribe naloxone and buprenorphine. We have also provided technical assistance to over 1,800 providers so that they could start prescribing buprenorphine to their patients, and we have released guidance for emergency departments so they could take effective care of patients who experience a non-fatal overdose.

Because of Healing NYC, patients can now access treatment for substance use disorder in a wider variety of settings than before. Regardless of insurance status, participants can receive a prescription for buprenorphine at 8 syringe service programs and 26 primary care sites in NYC.

We strengthened our support of harm reduction organizations in New York City, by more than doubling funding to all 14 syringe service programs and funding expanded hours at 2 drop-in centers that provide a welcoming space for people who use drugs to receive services.

We launched Rapid Assessment and Response or RAR, which uses real-time data to identify neighborhoods experiencing adverse health consequences associated with drug use. Teams are deployed to provide overdose prevention education and naloxone to people who use drugs and other community members, including local business owners and civic organizations. They also work closely with other city agencies to address community concerns related to drug use, such as public injection and improperly discarded syringes.

We have also launched Health Engagement and Assessment Teams or HEAT. These teams are comprised of behavioral health professionals and peer workers who provide health, behavioral health, social and other support services/ resources to people referred by the community and first responder agencies.

Additionally, we have developed citywide media campaigns about effective medications for addiction treatment and the dangers of fentanyl. The “I’m Living Proof” campaign included powerful personal testimonies about the effectiveness of methadone and buprenorphine, to raise

awareness and reduce the stigma surrounding addiction treatment. In May, we launched a campaign to alert people to the presence of fentanyl in the drug supply and provide risk reduction strategies. This message is being amplified in a new campaign running this summer focused on reaching bar patrons who use cocaine and alerting them that fentanyl has been found in products sold as cocaine. We see these campaigns as a unique opportunity to reduce widespread stigma, which we know exacerbates the risks associated with drug use.

While these initiatives are underway across the City, we have taken care to focus efforts and tailor responses to neighborhoods experiencing high rates and numbers of overdose deaths. Notably, the South Bronx has an overdose death rate more than double the New York City average. Recognizing this outsized burden, in 2018 the City launched a Bronx Action Plan.

The Bronx Action Plan builds on *HealingNYC* strategies and adds several Bronx-specific components, including additional funding to respond to community concerns about public drug use and syringe litter. With this funding, syringe service providers have expanded outreach to people using drugs in public in targeted locations in the Bronx, engaging them to provide critical services, including naloxone and referrals to housing, treatment, and further harm reduction services. The Department has also used our RAR program to engage community stakeholders in targeted overdose prevention and educational outreach, reaching 286 community-based venues, 46 substance use treatment programs, 75 pharmacies, 6 DHS shelters, and 7 NYCHA facilities. And the Relay program is now operational in three Bronx emergency departments at Montefiore Medical Center, BronxCare and here at St. Barnabas Medical Center.

The Bronx Action Plan has also implemented new strategies to address community concerns about syringe litter and public injecting in the South Bronx. City agencies have enhanced staffing to remove syringe litter from Bronx parks and other public venues. The Parks Department also installed 46 syringe disposal kiosks across 14 parks with the highest increases in syringe litter. These specially-designed kiosks include signs that encourage proper syringe disposal and raise awareness of available addiction related services. The City's cleanup efforts have been tremendous. Since June of 2018, the Parks Department has collected over 140,000 syringes across 70 parks. Through these combined investments in harm reduction and other public services we are working to prevent overdose deaths and improve quality of life for all Bronx residents.

Despite the increased commitments from the City, we need further action from both the state and federal government to reverse this epidemic. In May 2018, following a rigorous feasibility study, the de Blasio Administration announced its support for a pilot program that would open four overdose prevention centers in New York City. These centers would be privately operated and funded. This pilot program is currently waiting on authorization from the New York State Department of Health to move forward as a research study protected under state law. The science is clear: Overdose prevention centers save lives. They have a record of success and should be available in cities that need them. We urge this Task Force to help move the State Health Department to authorize this critical initiative.

Additionally, support from our partners in the state legislature is critical to the continued success of syringe service programs and substance use treatment providers. Siting services and treatment for people who use drugs remains an ongoing challenge, and the support of elected officials is critical to educating their constituents and addressing community concerns. We know that when these programs are unable to find suitable locations or are forced to close their doors, the negative effects of the overdose crisis and quality of life issues are exacerbated.

On the federal level, Congress must act to remove unnecessary barriers to accessing addiction treatment. Since 2000, federal law has mandated that all physicians who wish to prescribe buprenorphine to treat opioid use disorder must undergo extra training and register with the DEA. No other medications carry these requirements, including opioids for the treatment of pain. Congress must pass legislation repealing these barriers so that physicians can provide critical life-saving treatment.

I want to thank the Mayor and First Lady for their unprecedented support for this effort, and the senators here today for your partnership and voices. Together we will change the course of the opioid overdose epidemic.

I am happy to take your questions.

