



Testimony

of

**Ashwin Vasana, MD, PhD
Commissioner**

New York City Department of Health and Mental Hygiene

before the

New York City Council Committee on Mental Health, Disabilities and Addiction

on

**Tracking the Opioid Settlement Fund and its Related Programs
Intro 404**

June 30, 2022
New York, NY

Good morning, Chair Lee and members of the committee. I am Dr. Ashwin Vasani, Commissioner of the New York City Department of Health and Mental Hygiene (NYC Health Department). I am joined today by Dr. Michael McRae, Acting Executive Deputy Commissioner for Mental Hygiene. Thank you for the opportunity to testify today on the New York State Opioid Settlement Fund and its related programs.

2020 was the deadliest year for overdose deaths in New York City since reporting began in 2000, and every three hours, someone dies of an overdose in NYC. If not for the COVID-19 pandemic, the ongoing overdose crisis would be recognized as the five-alarm public health emergency it is. In 2020 alone, over 2,000 New Yorkers died of a drug overdose; to put that into perspective - that's more deaths than due to homicides, suicides, and motor vehicles crashes combined. And this trend continued to accelerate in 2021, underlying the need for stronger and innovative approaches to preventing overdose. Data released yesterday shows during the first nine months of 2021, there were at least 1,956 overdose deaths in New York City and we expect this number to increase as we determine the cause and manner for outstanding deaths. The increase in overdose deaths has many drivers, including the increased presence of fentanyl in the drug supply and the health, mental health, and economic impacts of COVID-19.

We continue to see deep inequities in the burden of overdose death. Data demonstrate an increase in racial, economic, age, and place-based disparities in overdose deaths. The geographic disparities are most prominent: neighborhoods such as the South Bronx, East Harlem, and Central Harlem, continue to experience the highest rates of overdose. These neighborhoods are also among the neighborhoods hardest hit by the COVID-19 pandemic, a direct result of structural racism and historic disinvestment in those communities. These disparities are unacceptable, and the City continues to center equity in our response to both the pandemic and the overdose crisis.

The City continues to build on the framework of HealingNYC with effective public health strategies, organized around with the primary and unifying goal to reduce overdose deaths in New York City. The HealingNYC strategy aims to reduce overdose deaths by preventing risky drug use and reducing associated health complications; connecting New Yorkers to effective drug treatment; and increasing recovery supports. Before turning to our plans for the future, and despite the challenges we face with our rising tide of drug use, fentanyl, and mental health needs in the midst of COVID, I'd like to take a moment to acknowledge the immense amount of work undertaken by the City, the Health Department, our partners at H+H, trusted community-based organizations, and other partner agencies, to prevent overdose.

First, the City and the Health Department has employed a number of strategies to equip New Yorkers with the education and tools necessary to reduce their risk of overdose. This has included robust public awareness campaigns, as well as community engagement in neighborhoods most impacted by the overdose crisis. Most recently, the Health Department significantly expanded distribution of fentanyl test strips and established community-based drug-checking services at two Syringe Service Programs.

This builds on our robust naloxone distribution system, the central piece of our strategy to curb the overdose epidemic. We offer regular trainings and provide free naloxone kits to people who use drugs and their loved ones, and we aim to make naloxone and other safer use supplies widely available across a variety of community settings to prevent overdose deaths. You can visit the

naloxone page of our website or call 311 to learn more about where to find naloxone or take one of our virtual trainings to receive a free kit in the mail.

Our public health approach to the overdose epidemic is grounded in harm reduction. This means, meeting people where they are, with the services they need, to keep them alive, and with the potential to recover. With the support of HealingNYC we have significantly expanded investments in Syringe Service Programs, or SSPs—community-based programs which provide harm reduction services and connections to social, health, and mental health supports for people who use drugs. SSPs aim to improve the health of people who use drugs by providing overdose education and naloxone distribution, HIV and hepatitis C testing and counseling, and opioid addiction treatment, as well as to support surrounding communities through syringe collection. Our NYC Relay program also connects people in emergency rooms who have experienced a non-fatal overdose with a peer-community health worker for 90 days post-overdose, to provide support and connections to care, understanding that people who experience a non-fatal overdose are 2-3 times more likely to eventually have a fatal overdose, and that the immediate period after a non-fatal overdose is critical in getting people connected to recovery supports and opioid treatment.

Looking downstream, we continue to invest in mechanisms to increase access to methadone and buprenorphine—the first-line treatments for opioid use disorder. For example, the City recently invested in establishing low-barrier buprenorphine treatment options for people experiencing homelessness with opioid use disorder in shelters, SSP drop-in centers, and through street-based outreach. And during the height of the first and second waves of the COVID-19 pandemic, we worked in partnership with the NYS Office of Addiction Services and Supports to rapidly launch a Methadone Delivery System so that patients in isolation or quarantine could continue to access their medication. Through this partnership, the Health Department made more than 5,400 deliveries to nearly 1,200 clients over just 14 months in 2020 and 2021.

But the rising toll of the overdose crisis demands bold action: in November 2021, the City announced the operation of the first publicly recognized Overdose Prevention Centers (OPCs) in the country, in partnership with our SSP partners. OPCs are clinical, hygienic spaces where people can use drugs under the supervision of trained professionals, and avoid complications and potentially fatal overdoses. These programs also improve access to health care and provide pathways to substance use and mental health treatment, social services, and basic needs. OPC services are vital, dignifying, and proven to save lives: as of May 31st, over 300 potentially fatal overdoses have been averted at the two operational OPCs, both of which are run by OnPoint NYC. That's 300 New Yorkers who might not have otherwise been here today, to even have a chance to recovery, engage in treatment, and rebuild their lives. Remember, you cannot help someone recover if they are dead.

I want to take a moment to acknowledge the impressive work of OnPoint NYC, the SSP program that houses the city's two OPCs. The leadership and staff of this organization are experienced, professional, passionate, and skilled community leaders, and we are proud to work with them as they work with us, and with SSP programs across this city, to lead the next wave of the harm reduction movement in this country. We continue to call for State and Federal action on

authorizing OPCs so more of these critical, lifesaving programs can open across New York and throughout the country.

Now, let me talk about what comes next. Where does NYC go from here? Though we have made robust investment and expansions to substance use disorder services, additional, more flexible sources of funding are needed to stem the tide of this crisis. The funding from the Opioid Settlements could not be timelier, and I would like to thank Attorney General James for securing this critical funding for New York City. In April, the Mayor and Attorney General announced that NYC has initially been allocated to receive approximately \$286 million over the next 18 years to combat the opioid crisis, as part of the approximately \$1.5 billion statewide settlements with a set of manufacturers and distributors of opioids. We are hopeful for additional funding from this initial settlement amount, through the other designated pools, and as well we expect future settlements with additional manufacturers and distributors.

There are multiple ways this current settlement funding will be disbursed to NYC. First, some funds will be distributed directly to NYC. Some of this funding has already been received. Additional funding will be disbursed through the NYS Office of Addiction Services and Supports based on recommendations from the State Opioid Settlement Board, on which I'm proud to sit as the City's representative, as well as by the Office of the New York State Attorney General. It is my goal in my role as the City's representative to ensure distribution of this funding in keeping with the burden of statewide overdoses and overdose deaths, and to ensure NYC receives a fair share. As a benchmark, NYC makes up approximately 40% of the State's population, and 40% of its overdose deaths. Additionally, approximately 40% of statewide overdoses are amongst non-white New Yorkers.

Moreover, NYC represents many communities disproportionately burdened by overdose, particularly low-income and communities of color. Rates of drug overdose death are highest among residents of the South Bronx. If the South Bronx were its own state, it would have the second highest rate of fatal overdose in the country, following West Virginia. It is my duty to drive an equitable distribution of opioid settlement funding in New York State to directly support the jurisdictions and the communities most impacted by the overdose epidemic.

All settlement funding – regardless of through which mechanism it's received - will be used to support and scale proven, live saving, prevention, harm reduction, care, and treatment programs for substance use disorder. We have a unified approach, with the Health Department leading in partnership with NYC Health + Hospitals, the Office of the Chief Medical Examiner and other city agency partners, and building off the framework of HealingNYC, to deploy evidence-based strategies to prevent overdose and fatal overdoses, and to connect people who use drugs to supports and treatment. This funding is critical to meet the scale of the opioid crisis facing NYC. Over the next five years, the City will invest \$150M to support three pillars of work:

1. **Strengthening harm reduction and treatment in communities** by sustaining and expanding hours at the city's existing SSPs that operate OPCs to reduce risk of overdose and offer connections to other services and supports, such as treatment. Funding will further support expanded access to Street Health Outreach and Wellness (SHOW) mobile

harm reduction clinics and connections to provide care in communities hardest hit by the overdose epidemic.

2. **Expanding support for treatment optimization strategies** with additional staff at NYC Health + Hospitals to expand emergency department substance use consult teams, which will operate 24/7 across eleven hospitals. This will also include training of the behavioral health workforce to build expertise in addressing co-occurring psychiatric and substance use disorders.
3. **Strengthening community support for people who use drugs and their families** by connecting families of drug overdose decedents to critical mental health and social service supports during the crucial window immediately following a death and according to their particular needs.

Turning now to the legislation, Introduction 404 would require the City to report monthly on the opioid settlement fund monies and spending. We share Council's commitment to transparency for the opioid settlement funding and programming and look forward to further discussing the City's existing plans for reporting to ensure mandates in Local Law align with existing reporting requirements to the State.

Thank you, Chair Lee and the entire Council for your continued partnership commitment to the health and wellbeing of all New Yorkers. I'll take this moment to say hearings such as this are so important to destigmatize substance use and let New Yorkers know that support is available. You are not alone.

With that, I am happy to take your questions.



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June 30, 2022

Testimony before the New York City Council

Committee on Mental Health, Disabilities and Addictions – Use of Opioid Settlement Funds in NYC

Good morning, Chair Lee and members of the New York City Council Committee on Mental Health, Disabilities and Addictions. My name is Noa Krawczyk and I am an Assistant Professor at the Center for Opioid Epidemiology and Policy in the Department of Population Health of the NYU Grossman School of Medicine. I am an epidemiologist and health services researcher and have dedicated my career to studying evidence-based practices to address addiction and overdose. On behalf of the Center for Opioid Epidemiology and Policy at NYU Langone Health, we are grateful to the Committee for its leadership in holding this hearing and appreciate the opportunity to testify today.

As the nation confronts an ongoing addiction and overdose crisis, in New York City someone loses a loved one to an overdose every four hours.¹ While there is no community in our city that has been spared from this crisis, poor neighborhoods and communities of color carry a disproportionate toll of overdose deaths. As such, **addressing the NYC overdose crisis will require a pragmatic, evidence-based, and equity-focused approach.**

The opioid settlement funds provide a critical opportunity to invest resources to both prevent overdose deaths and to improve access to urgently-needed services. However, for this effort to be successful, it is imperative that funds be used to support the most *high-impact* interventions that are *informed by evidence and the experiences of people who use drugs* and which target the communities with *greatest need*. As a public health expert in the field of addiction and overdose, my testimony today outlines immediate, medium and long-term investment in evidence-based practices and interventions that we at the Center for Opioid Epidemiology and Policy at NYU Langone Health believe should be prioritized in the distribution of opioid settlement funds.

1. Immediate investments: Expand harm reduction services and supplies to prevent overdose. Reducing overdose death will require sustained investment in strategies to prevent serious morbidity and mortality among individuals who use drugs. A public health approach begins with core harm reduction principles, including the understanding that people who die cannot improve their health or recover from substance use disorder. To this end, we recommend settlement funds be used to:

- A. Support harm reduction and other programs that serve people who use drugs.** Harm reduction organizations play a critical role in reaching individuals who are at greatest risk of overdose and other drug-related health problems. However, these organizations are often short staffed and under-resourced.² It is imperative to invest additional resources in these organizations throughout NYC to ensure ready access to critical services for people at highest risk of overdose. This includes support for overdose education and purchasing of fentanyl test strips, which can provide information to prevent overdose among people who use drugs,^{3,4} as well as other supplies such as sterile syringes, which are highly effective in reducing infectious disease transmission.⁵ Allocating funds to support additional wrap-around services, including case management, linkage to housing and other social services can be critical in improving the health of individuals who come in contact with these services.

- B. Make naloxone ubiquitous across NYC.** Administration of naloxone during an opioid overdose can rapidly reverse symptoms and prevent mortality. While there have been efforts to expand naloxone in NYC, there continue to be barriers to access among those who need it. For example, in a recent survey of individuals who use opioids in NYC, nearly half of individuals reported that naloxone was *never* available during their past-month opioid use events, with Black individuals being less likely to report having access to naloxone.⁶ Settlement funds can be used to purchase and distribute naloxone widely, via harm reduction programs, pharmacies, mail-order programs, other health services and street outreach teams. Efforts to effectively expand naloxone should prioritize neighborhoods with the highest rates of overdose deaths and should be informed by input from individuals who use drugs and their networks.
- C. Expand the reach of overdose prevention centers.** Overdose prevention centers provide critical services to people who use drugs and are effective at both reducing overdose and increasing uptake of substance use disorder treatment and other health and social services.⁷ NYC has led the way by opening the first two overdose prevention centers in the U.S. as of November of 2021. These two sites have shown initial success with approximately 300 overdose reversals and lives saved thus far. However, these centers need additional resources to provide services 24-7 in a sustainable manner.⁸ Further, reducing overdose across the city will require a rapid scaling up of these services across multiple NYC boroughs and neighborhoods with high overdose rates. Investing in resources to support expansion and operation of these sites will be critical in preventing further deaths.

2. Medium-term investments: Facilitate engagement in low-barrier treatment with medications for opioid use disorder. Medications for opioid use disorder (MOUD), especially methadone and buprenorphine, are highly effective treatments that reduce opioid use, decrease transmission of HIV and HCV, improve overall health and well-being, and cut overdose risk by over half.^{9,10} However, many of the most vulnerable individuals who could benefit from MOUD do not access them, largely due to high-threshold requirements and a dearth of supportive services to facilitate entry to and long-term retention in care. Moreover, many substance use treatment programs do not even offer or encourage use of MOUD, instead relying on non-evidence based practices such as abstinence-oriented detoxification and residential treatment. We therefore recommend settlement funds be used to:

- A. Expand access to low-barrier MOUD treatment for populations at greatest risk.** Many of the most vulnerable populations, including individuals with criminal justice-involvement, those experiencing homelessness, those with co-occurring disorders, and those who inject drugs, are least likely to access or stay engaged in treatment long-term.¹¹ This is often due to difficult-to-meet conditions for accessing services such as frequent required visits and drug screening, strict appointment scheduling, and a lack of tolerance for ongoing drug use among individuals who are not willing or able to remain fully abstinent. In addition, programs that do not provide ancillary support services to help patients with transportation, housing, and linkage to other harm reduction and social services often fail to meet the most basic needs of these individuals. The city should therefore expand resources for low-barrier MOUD treatment models, including co-located treatment within syringe service programs, bridge clinics that can initiate and facilitate linkage to care, walk-in mobile units, and programs integrated with community and faith-based organizations, which have shown success in engaging highly vulnerable patient populations.^{12,13} In addition, using flexible settlement funds to support ancillary transportation assistance, workforce training, and help

with securing permanent housing can go a long way to support patients' continuous engagement in treatment and stability in other aspects of their lives that are critical for treatment success and well-being.

- B. Expand touchpoints in acute care settings to reach high-risk individuals and link them to community-based treatment and services.** Individuals who use opioids frequently come into contact with acute-care medical settings, including emergency medical services (EMS), emergency departments, and inpatient hospital units. Indeed, NYC's Relay program¹⁴ and the NYC Health+Hospitals CATCH program¹⁵ have shown initial success in engaging at-risk individuals in emergency departments and hospitals. However, resources remain limited to support these programs, and many hospitals across the city struggle to reach or sufficiently support the needs of patients who use opioids. Leveraging opioid settlement funds to support hospital-embedded bridge clinics, and training for providers to initiate MOUD and link individuals to low-barrier community services can broaden the impact of these programs in NYC. Flexible settlement funds can be especially useful for integrating care coordinators and navigators, peer recovery specialists, and community health workers to improve outcomes of these programs. Investing in innovative models such as EMS-initiated buprenorphine and linkage to care¹⁶ and naloxone leave behind programs,¹⁷ which have shown to be effective in other jurisdictions, are other opportunities to expand access to life-saving services.

3. Long term investments: Prevent future addiction and overdose by promoting social services and prevention programs rooted in evidence and public health. The addiction and overdose epidemic does not exist in a vacuum. As highlighted by the COVID-19 pandemic, these problems are ingrained in a history of racial discrimination, social hardship and health inequities in our communities. Addressing the current epidemic and preventing future crises will require long-term investment in promoting healthy communities. This includes addressing and preventing key precursors to unhealthy substance use, such as poverty, marginalization, violent victimization, trauma, homelessness and mental health disorders. For such efforts to be successful, sustained resources must be invested to ensure prevention and social service programs have the high quality leadership, infrastructure, and staffing needed to sustain positive impact on this and future generations. We therefore recommend funds be used to:

- A. Invest in social programs that reduce poverty and homelessness.** Key social determinants of health, including housing, employment and education have a significant impact on initiation of risky substance use, progression towards substance use disorders, and risk of overdose and other health complications associated with drug use.¹⁸ These determinants also influence whether someone is able to succeed in substance use treatment and meet other health and personal goals. As such, the city should invest in the expansion of social and economic programs that raise income and provide buffers against job loss,¹⁹ including expanding workforce development programs among individuals with histories of substance use and criminal justice involvement. In addition, the city should allocate funds towards increasing availability of permanent housing options for individuals with substance use and other mental health needs, as well as NYC residents more broadly.²⁰ Addressing the NYC housing crisis can critically prevent homelessness, improve health and support long-term stability among those who may otherwise be at great risk for developing substance use disorders and overdose.
- B. Divert individuals away from the criminal justice system towards social and health services.** A long history of criminalization of addiction has led our criminal legal system to be a predominant provider of housing and healthcare for individuals with substance use disorders. It was estimated that between 2011-2017, 95% of individuals most frequently incarcerated (>7 times in 7 years) in the NYC jail system had a diagnosed



substance use disorder.²¹ Unfortunately, individuals who are incarcerated remain at greatest risk for experiencing overdose when they re-enter the community, along with other barriers to accessing healthcare, employment and housing.²² Alternative to incarceration programs, especially those that do not include charge or diagnostic exclusions, can provide intensive care management and assistance in helping individuals connect with treatment and harm reduction programs, as well as housing, skills development and employment programs that help reduce harmful substance use and illicit activities long-term. Ideally investing in pre-arrest diversion programs that can help support individuals even before they interact with the criminal legal system can be a cost-effective and humane approach²³ to reduce the burden on the legal system and prevent long-term legal and health consequences.

- C. Support early childhood interventions and education programs that promote mental health and healthy coping skills.** Individuals with substance use disorders who are at greatest risk of overdose often have co-occurring mental health conditions and/or a history of trauma and adverse childhood experiences. Horizontal evidence-based prevention programs that are informed and led by members of the community and which aim to build healthy environments and promote life skills can have cross-cutting impacts on health and save costs long-term.²⁴ Early intervention programs such as nurse visits for first-time mothers during pregnancy and early infancy can promote effective parenting and child development.^{25,26} In addition, adolescent psychosocial interventions to promote interpersonal skills training, emotional regulation, and prevent risk behaviors may prevent unhealthy substance use, promote positive mental health and coping skills and thus offer longer-term benefits.²⁷ Ensuring adoption of primary prevention programs that have a strong evidence base²⁸ and which can be continuously evaluated and adapted to local needs, are key to preventing ineffective resource use and missed prevention opportunities.

In summary, we strongly believe an approach to using the opioid settlement funds that is centered in evidence and equity will help us overcome the NYC overdose epidemic, reduce disparities, and strengthen the health of all our communities. For these efforts to be successful, it is critical that the process of implementing evidence-based interventions and allocating resources incorporate feedback from and ongoing collaboration with people with lived experience and the communities most affected by this crisis. On behalf of the NYU Center for Opioid Epidemiology and Policy, we would be thrilled to offer our research and expertise on this topic to the Committee in your ongoing consideration of this issue. Thank you again for the opportunity to testify today.

Sincerely,

A handwritten signature in black ink that reads "Noa Krawczyk".

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**Center for Court Innovation
New York City Council
Committee on Mental Health, Disabilities, and Addiction
Oversight – Tracking the Opioid Settlement Fund and its Related Programs
June 30, 2022**

Good morning Chair Lee and esteemed members of the Committee on Mental Health, Disabilities, and Addiction. Since its inception, the Center for Court Innovation (the Center) has supported the vision embraced by the Council to reduce unnecessary and harmful involvement in the justice system wherever possible and to build public safety through sustainable solutions. The Center's longstanding partnership with the City, firsthand experience working in communities, and our research capacity allows us to provide a unique perspective to assist the Council as it considers the development and support of initiatives that effectively respond to the needs of New Yorkers suffering from opioid use disorder.

Distribution of opioid settlement funding should support programs that offer meaningful and proportionate responses geared toward rehabilitation, treat all impacted individuals with dignity and respect, and prioritize public safety. The Center stands ready to scale programming of this nature and, as an anti-racist organization, work to ensure the needs of all New Yorkers are addressed.

Technical Assistance, Court-Based Projects, and Research

The Center pilots operating programs providing direct services throughout New York City, performs original research to determine what works (and what doesn't), and provides expert assistance to justice reformers around the world. The Center operates in direct services, research, and expert assistance at the intersection of criminal justice and the overdose crisis. Our technical assistance team provides training and implementation guidance for a range of treatment court models that serve populations at risk of overdose. These include community courts, drug courts, mental health courts, Healing to Wellness Courts, and more. In 2018, the Center also convened a national roundtable in Washington, DC with justice officials, medical experts, and researchers to help develop guidelines for opioid intervention courts, a new model pioneered in Buffalo and adapted around the country. That convening led to the development of the [*10 Essential Elements of Opioid Intervention Courts*](#) and, soon after, the proliferation of opioid courts throughout New York and beyond.

The Center is also routinely called on to deliver in-person and virtual trainings for judges, lawyers, law enforcement, and treatment providers. The Center's ability to provide practical solutions to complex issues like the opioid epidemic is informed by our research and policy expertise as well as the front-line work of our many operating sites. These programs include the Overdose Avoidance and Recovery (OAR) Courts, Bronx HOPE, and the Midtown Community Court's Community First and Rapid Engagement models which operate at different system points of overdose interventions, whether it is in court, through credible-peer engagement to diversion programs from arrest, or directly in locations of gathering with social work and services outreach. For a diverse range of justice-involved individuals at high risk of overdose, these programs offer immediate access to evidence-based and trauma-informed treatment, harm reduction services, and meaningful wraparound supports.

The Center's technical assistance department works with upwards of 25 counties throughout New York on a variety of court implementation projects. This work is collaborative with the Office of Courts Administration's Department of Policy and Planning. Through this partnership, the Center provides technical assistance to jurisdictions (e.g. Dunkirk, Erie, Chemung, Albany, Oneida, Kings, Nassau, etc.) to support opioid court operations through strategic planning, training, and implementation support. Under grants from the National Institute of Health and the Bureau of Justice Assistance, the Center uses its expertise to build relationships with state and local stakeholders to achieve the goal of better serving justice-involved individuals whom are at risk for overdose from opioids. This has included education about overdose prevention and medications for opioid use disorder to local practitioners, the development of linkages to community providers, the creation of program materials, and facilitating collaboration across counties, among other activities. The Center has worked to build trust and sustainable relationships with practitioners, including judges, district attorneys, public defenders, case managers, certified peers, and treatment providers.

Finally, the Center has also published a variety of documents for practitioners responding to overdose and opioid use in justice settings. These include [*Court-Based Responses to the Opioid Epidemic*](#), [*Medications for Opioid Use Disorder during COVID-19*](#), and [*Taking Action: Treatment Courts and COVID-19; Incorporating Medication in Opioid Courts*](#). Most recently, the Center's technical assistance team released [*Bridging the Gap: A Practitioner's Guide to Harm Reduction in Drug Court*](#). This paper is a first-of-its-kind effort in the field and offers drug court practitioners 12 practical strategies for building stronger therapeutic relationships, creating safer and more equitable treatment environments, and reducing overdose.

Direct Services

Several Center operating programs provide direct services to individuals at risk of overdose. Bronx Community Solutions' Bronx Heroin Overdose Prevention and Education (HOPE) program utilizes a peer-led harm reduction model to address substance abuse at the precinct level. The Midtown Community Court launched two initiatives that serve to help offer social services, prevent overdose deaths, and divert people away from the justice system. These

initiatives are Community First, an outreach initiative currently piloting in Times Square, and Midtown's Rapid Engagement Initiative, a precinct-based intervention which ensures continuity from voluntary engagement made during the Community First stage, to consistent ongoing support that may include oversight from the judicial system.

Bronx Community Solutions; Bronx HOPE

In 2016, New York experienced an alarming number of opioid overdose fatalities with Bronx County having the second highest rate of opioid overdose deaths in New York State. To address this crisis, the Bronx Heroin Overdose Prevention and Education (HOPE) program, a program of the Center's Bronx Community Solutions site, was developed to help individuals who struggle with substance use disorder at the precinct level. It is the borough's first and only initiative providing 24/7 support and services at all 12 precincts, providing immediate, and compelling engagement through a credible messenger who can engage a recently arrested individual.

Bronx HOPE is a pre-arraignment diversion program that provides a harm-reduction intervention at the point of arrest to engage individuals charged with Criminal Possession of a Controlled Substance (220.03) and who suffer from substance dependency and misuse. Bronx HOPE provides participants with an option to engage in treatment and other supportive community-based services as an alternative to arraignment and prosecution. The Bronx HOPE program utilizes a peer engagement and harm reduction model to address the root causes of substance use and prevent overdose. Giving participants a voice in their recovery increases the likelihood of long-term change without the scar of a criminal record. Since its inception in 2019, HOPE has successfully diverted 383 cases in the Bronx, offering clients harm reduction services and avoidance of a criminal record.

Bronx HOPE's Peer Specialists are dispatched to the precinct to engage with individuals immediately at the time of their arrest. Grounded in a harm reduction philosophy, eligible participants complete an assessment and engagement with Bronx Community Solutions and have their case 'declined to prosecute' by the District Attorney's office, mitigating the potential harms of having to appear in court and having a criminal record. Bronx HOPE is staffed by Case Managers and Peer Specialists whose lived experience with addiction deem them credible messengers. Peers distribute Narcan and care kits on site and use their personal stories and experience to foster trust and meaningful connections and access the community-based health services that fit an individual's needs. Case Managers provide additional support, creating treatment plans with the participants focused on comprehensive support including substance abuse treatment, benefits enrollment, adjunct mental health counseling, etc. Our Case Managers recognize and understand the need for consistent, ongoing, and holistic support throughout recovery.

Bronx HOPE demonstrates that eligible cases are more likely to engage in programming with peer presence at the precinct. In 2021, Bronx HOPE had a contact rate of 79% for dispatched cases. By giving individuals the option of accessing community services instead of appearing in court, Bronx HOPE gives Bronx residents the opportunity for rehabilitation and

connection to community over punishment and discrimination. Bronx HOPE can help an individual avoid a criminal record, which improves access to employment opportunities, housing, and educational opportunities. Bronx HOPE's success demonstrates the need to continue and expand community-based programming and touch points for all individuals at risk of overdose. More importantly, by providing the support and resources needed at a critical time of crisis, Bronx HOPE ultimately helps save lives.

Midtown Community Court; Community First & Rapid Engagement Initiative

The Times Square Alliance (“the Alliance”) reported that the pandemic caused an increase in the number of people who are housing insecure, homeless, and/or living with severe mental health issues and/or substance use disorders gathering in and immediately around the Times Square area. Starting in January 2021, to respond to these issues, Midtown Community Court, in partnership with the Alliance, Breaking Ground, and Fountain House, piloted **Community First**. This initiative connects individuals who are gathering in Times Square, often homeless, to the critical services they may need. Community First offers social services, prevents overdose deaths, promotes harm reduction practices, and diverts people away from intersecting with the justice system.

The Alliance and Midtown felt it was important not to employ or rely solely upon traditional policing to solve these emerging community concerns. This pilot program is a holistic community response, working to link individuals to harm reduction, social, and wellness services. Specifically, Community First employs a team of Community Navigators, partnered with community-based organizations, to engage people in need to social services, substance use and mental health services.

Community Navigators form trusting relationships with people in need frequenting Times Square while facilitating linkages to services and/or help individuals gain access to spaces that are otherwise denied to them, like bathroom facilities. The Navigators are a staple in the Times Square community. Their consistent presence and engagement also allows them to gain credibility with local businesses, community-based organizations, and other Times Square entities, which result in creating opportunities for supportive services and access to those who need it. Navigators learn the needs of the people the program seeks to serve, and successfully secure meaningful support for those individuals, including providing access to life-saving harm reduction services and clinical services, as needed.

Since Community First's launch in July 2021, the Community first team has meaningfully engaged 466 individuals across 1,045 separate engagements. The Navigators have trained 44 individuals on harm reduction techniques including the use of naloxone and fentanyl test strips.

The Midtown team has also been working in partnership with Fountain House, Midtown North Precinct, Midtown South Precinct, and the NYPD's Behavioral Health Unit to operationalize a precinct-based intervention called Midtown's **Rapid Engagement Initiative** (“the Initiative”). The Initiative seeks to respond to the needs of individuals arrested for low-

level crimes by connecting them with an on-call social worker, peer navigator, and/or case manager, at the precinct to directly pair arrest with same-day social service support.

The Initiative serves as a dedicated resource for the precincts to help rapidly engage individuals who may have complex needs on the same day of an arrest, including those who may be at risk of overdose. The Initiative offers individualized care to people arrested on cases that are Desk Appearance Ticket-eligible who want to connect to services by employing an “on-call” team to the precinct who may engage in needs assessments and facilitate linkages to social services immediately upon a person’s release from the precinct. This timing is critical because often an arrest of someone may be the direct result of that person’s dire need for harm reduction services, mental health services, and other services. The Initiative intervention team includes coordination between a social worker, a peer navigator, case managers, Midtown’s long-standing community-based partners, and city agencies such as DHS, DOHMH and HRA.

Beyond the immediate engagement at the precinct, the assigned intervention team may continue to be a point of contact for individuals who participate in the Initiative and are tasked with meaningfully engaging with them beyond the point of their arrest. They provide case management services, individual counseling, and make additional referrals as needed. The team helps to ensure that clients avoid the more serious consequences that come with having a warrant issued against them by reminding them of their obligation to attend their DAT arraignment date and by helping facilitate their attendance.

While this initiative is still in its pilot phase, much as been done to expand harm reduction initiatives as part of this rapid engagement model. From January 2021 to October 15, 2021, 36 harm reduction groups, serving a total of 209 clients, were held. Midtown Community Court is also registered as a New York State Opioid Overdose Prevention Program, allowing the staff to train community members on the use of naloxone to reverse an overdose and distribute this life saving medication. From December 2020 to October 15, 2021, 121 naloxone kit trainings were conducted. On July 21, 2021, Housing Works trained the entire Midtown Community Court staff on the use and distribution of fentanyl test strips. The Social Worker coordinated the launch of this new fentanyl test strip distribution initiative across all of Midtown’s programs. From July 2021 to October 15, 2021, 102 fentanyl test strip trainings were conducted. Additionally, from January 2021 to October 15, 2021, the Midtown team held five community outreach events, reaching over 300 community members, in the Midtown North precinct catchment area.

Looking Ahead

The Center issued a set of recommendations for bringing peer work to scale to combat the overdose crisis in New York City (Appendix A). Peer specialists provide solutions that match local needs and resources, foster trust and buy-in among program participants, and ensure the directly-impacted have a voice in decision-making. The scaling of peer-driven health interventions at various intercept points, pre- and post-criminal justice system involvement, can prevent overdose, promote harm reduction practices, and divert people away from arrest and further involvement in the system.

Ultimately, there is no one solution to reducing overdose in New York City. On this point, advocates, healthcare experts, and justice system actors agree. Myriad strategies are needed rather than a one-size-fits-all approach. To that end, twenty-five years of problem-solving taught the Center that success begins with knowing your community. This involves providing solutions that match local needs and resources, fostering buy-in among relevant stakeholders, and ensuring the directly-impacted have a voice in decision-making. This work involves evaluating and improving the practices of drug courts and ensuring they not contributing to overdose risk. In other communities, solutions might involve diversion strategies with an expanded role for community health providers and law enforcement referrals in lieu of arrest. In other cases, a pre-arrest deflection model that focuses on providing immediate access to evidence-based treatments and harm reduction supplies. Often, a combination of these approaches will be needed.

It is critically important that the justice system's responses to the overdose crisis mitigate overdose risk, and not increase it. The field of problem-solving justice, from drug courts to community-based models, have a responsibility to the individuals and communities they serve to follow the evidence and always promote safety first. But to make a difference, our ideas also need to extend beyond the courtroom and traditional models into community-based initiatives that take an immediate and nuanced approach to the crisis at hand. Stemming the tide of overdose in New York City is past the point of urgency. The moment calls for proven solutions and creative new ideas. The Center is equipped to help implement, scale, and evaluate the effectiveness of the initiatives outlined here in communities across the state.

Conclusion

The Center's technical assistance expertise and ability to pilot and scale operating programs across the City demonstrates there are proven alternatives to traditional responses to opioid use disorder, and a clear path forward for reducing the harmful impacts of the overdose epidemic in New York City. The Center for Court Innovation thanks the Council for its long-standing partnership and we are happy to answer any questions you may have today.

Appendix A.



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Courtney Bryan. Director

Combating the Overdose Crisis: Recommendations for Bringing Peer Work to Scale

Peer specialists provide solutions that match local needs and resources, foster trust and buy-in among program participants, and ensure the directly-impacted have a voice in decision-making. The scaling of peer-driven health and housing interventions at various intercept points, pre- and post-criminal justice system involvement, can prevent overdose, promote harm reduction practices, and divert people away from arrest and further involvement in the system.

Peer specialists **are a bridge to long-term care.**

Peer specialists engage in consistent, ongoing, and holistic support from initial point of contact to continued engagement with individuals throughout their recovery journeys. They continue to be a point of contact for individuals discharged from jail/prison and re-entering the community as a form of downstream prevention.

- **Expand access to a network of providers who are able to engage individuals in medication-assisted treatment immediately.** Peer specialists should have Memoranda of Understanding (MOU) with providers to ensure warm hand-offs to providers with no significant gap in care, rather than having a lengthy and often harmful referral process.
- **Lift up medication-assisted treatments for sustaining recovery and preventing overdose.** Ensure all treatment providers accept medications for opioid use disorder (MOUD) and other psychoactive medications.

Peer specialists **prevent.**

Peer specialists are crucial to the success of pre-criminal justice system deflection models that focus on providing immediate access to evidence-based treatments and harm reduction supplies in communities and in place of law enforcement contact.

- **Funding for more peer specialists.** To address staffing shortages, burnout, and compensation gaps, and ensure peers are available 24/7 to conduct more meaningful and effective street outreach.
- **Expanding availability and accessibility of treatment 24/7.** Funding for round-the-clock treatment services (detoxification, rehabilitation, outpatient, and inpatient

residential) and transportation via stipends or fully equipped mobile units to transport individuals voluntarily engaging with services.

Peer specialists **educate**.

Peer specialists distribute life-saving naloxone, test-strips, and care kits, using their lived experience and training to foster trust and meaningful connections to access the community-based health services that fit an individual's needs. They work to administer trainings, distribute materials, and reduce the stigma of substance use disorder.

- **Increase overdose education and free community-based trainings and distributions.** Expand community reach via online platforms, on-site in-person trainings, and community events. Expanded hours should include evening trainings.
- **Fund peer specialists to host and attend regular local provider forums.** These forums allow for discussion and collaboration around resources and long-term solutions.

Peer specialists **connect**.

Peer specialists provide on-site harm-reduction interventions and supports for individuals intersecting with the criminal system at the point of arrest.

- **Funding for more pre-arraignment diversion programs staffed by peer specialists.**¹ Pre-arraignment diversion programs reduce the long-term negative consequences often associated with system involvement. Having peer specialists connect with individuals at the precinct offer treatment and other supportive community-based services increases the likelihood a person will say yes to services, and potentially avoid prosecution that interrupts treatment.

Peer specialists **reduce harm**.

Peer specialists understand the importance of practical strategies and ideas aimed at reducing the negative consequences associated with drug use.

- **Fund a fully equipped mobile unit.** The mobile unit would allow peer specialists to test for HIV and Hepatitis, offer needle exchange/kits for safe injection use, provide a medical specialist to dispense Vivitrol/Suboxone, transport people to detox and/or medical appointments, offer water, tea, and coffee.

¹A sample review of the New York State police reform plans submitted by localities in 2021 in response to Executive Order 203 identified 20 of 91 sampled plans indicated support of rapid engagement teams during or following arrest.

For more information on these recommendations, please contact Shane Correia, Deputy Director of Government Partnerships at scoreia@nycourts.gov.

Bronx HOPE

Bronx Heroin Overdose Prevention and Education (HOPE), a new initiative of Bronx Community Solutions, addresses substance use issues with a harm-reduction model at the precinct level. By giving clients the option of accessing community services instead of appearing in court, Bronx HOPE gives Bronx residents the opportunity for rehabilitation and connection to community rather than jail or options that don't address the underlying issues.

Principles of Bronx HOPE



HOPE for the Future

Bronx HOPE can help an individual avoid a criminal record. This improves access to:

- Employment opportunities
- Housing
- Educational opportunities

HOPE for Safety

Bronx HOPE strives to reduce crime and improve public safety. The program addresses a public health crisis and deaths related to drugs.

HOPE for Support

Bronx HOPE provides consistent, ongoing support throughout recovery.

HOPE for Success

Bronx HOPE uses certified peer mentors and staff to help access community-based health services that fit an individual's needs.

HOPE for Partnership

Bronx HOPE brings together law enforcement and community health workers to save lives.

The Process

The process begins when an individual is issued a Desk Appearance Ticket from the New York Police Department. The NYPD will forward this ticket to the Bronx District Attorney's Office, which will review the individual for eligibility. Individuals who receive a ticket for drug possession will have the option to participate in the HOPE program.



If an individual is eligible, they will be met at the precinct after their arrest by a peer mentor. The peer mentor will:

- Explain Bronx HOPE;
- Provide a naloxone kit, overdose prevention education, and training on its proper use;
- Connect the individual to Bronx HOPE case managers.



If an individual chooses to participate, they must meet with a Bronx HOPE case manager within 7 days of their arrest. Case managers will:

- Conduct an assessment and work with the individual to develop an individualized plan of care;
- Help identify services that address an individual's needs;
- Provide support in the completion of services.

Bronx HOPE demonstrates that eligible cases are more likely to engage in programming with peer presence at the precinct. In 2021, Bronx HOPE had a contact rate of 79% for dispatched cases.

For More Information

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Community First

Starting in January 2021, Midtown Community Court, in partnership with the Times Square Alliance, Breaking Ground, and Fountain House, piloted Community First. Community First includes a team of Community Navigators who engage community members in need who frequent the Times Square area. Those community members may be experiencing homelessness or are staying in a local shelter—or may need mental health services, harm reduction services, benefits connections, medical treatment, or other services. This program serves to humanely address the varied needs of people in our community.

Our Approach

The COVID-19 pandemic caused a significant increase in the number of people who are housing insecure and living with severe mental health issues and/or substance use addictions gathering in and immediately around the Times Square area. Whether it is a warm meal or a pair of shoes, our team of community navigators help people address their immediate needs and then work towards linking them to longer term housing, services, and support. With programs like Community First, law enforcement no longer has to be the only response to mental health crises and homelessness. Starting in January 2021, Midtown Community Court, in partnership with the Times Square Alliance, Breaking Ground, and Fountain House, piloted Community First. This initiative connects individuals who are gathering in Times Square, often homeless, to the critical services they may need.

Although police interventions can be the appropriate response for some public safety matters, Times Square Alliance, Midtown Community Court, Breaking Ground, and Fountain House believe it is important not to rely solely upon traditional policing to solve these emerging community concerns. Community First is a holistic community response that



addresses the underlying needs people have, diverting them away from arrest and into the services they may need.

Community First includes a team of community navigators who engage community members in need who frequent the Times Square area. Community navigators are people with shared experiences, who may have been system-impacted, experienced homelessness, substance use addiction, incarceration, and/or live with mental health issues. The community members they outreach to may be experiencing homelessness or are staying in a local shelter—or may need mental health services, harm reduction services, benefits connections, medical treatment, or other services. This program serves



as a way to humanely address the varied needs of people in our community.

The Community First model differs from existing street outreach initiatives; it focuses on building trusting relationships and meeting community members “where they’re at” before making linkages to meaningful and significant services provided by community-based organizations in the Midtown Community Court’s network. The time spent building trusting relationships with community members in need results in those individuals confidently engaging in critical services with greater chances for long-term success.

Community navigators work closely with staff from the Times Square Alliance, Breaking Ground, and Fountain House to facilitate connections to services as they arise. The community navigator team goes into the community with clothing, socks, PPE, blankets, food, and a number of other materials to begin engaging individuals in conversations around their particularized needs. The aim is to provide people with what they need immediately and then work towards linking them to longer-term housing and help. The community members have the option to define what help means to them and then work with the navigators to co-create the menu of services they most need. Community navigators then work to provide community members with those identified needs and help them to access services that may be difficult if not impossible for them to do alone, like bathroom facilities, general wellness support, haircuts, showers, laundry services, and workforce development and job opportunities.

Manhattan Expansion

The Center for Court Innovation, in collaboration with local elected officials, community stakeholders, community-based organizations, social service providers, and criminal justice stakeholders, has identified several Manhattan neighborhoods that may benefit from Community First. The following neighborhoods have each been identified as areas where a significant number of community members gather who are in need of linkages to critical services and tailored case management support.

- Chelsea
- Washington Square Park
- Tompkins Square Park
- Grand Central
- Union Square
- Penn Station/Garment District
- 125th Street and surrounding neighborhood
- Times Square, including Port Authority Bus Terminal
- South Ferry/Whitehall Terminal

Community First is a model designed to be uniquely responsive to the neighborhoods and populations it serves. In maintaining this approach, it is imperative to be intentional and informed about the network of community-based partners brought in to sustain this work. Whether housing, substance use, mental health, benefits, or physical wellness supports, the Center for Court Innovation will identify local providers trusted and embedded in each of these neighborhoods to establish a meaningful network of providers. It is also important to maintain this same adaptability when working with the





community members themselves. Maintaining client agency for sustainable linkages and success requires thoughtful consideration of the particular needs and norms of each community. Community First would adjust its client centered approach of “meeting individuals where they are at” to “meeting communities where they are at” during planning and outreach.

Midtown Prevention and Diversion Continuum

The Center for Court Innovation acknowledges that even the most thoughtful community-based efforts cannot always prevent an arrest, especially when working with the vulnerable populations. Midtown Community Court is seeking to establish a continuum of access to off-ramps from the justice system. Should a community member fail to find those off-ramps during engagement with Community First or other preventative measures, programs such as the Midtown Rapid Engagement Initiative will serve as another route to services and support. The City has expressed its willingness to invest in both clinician-led street homeless outreach efforts as well as peer-led outreach models. The Midtown Rapid Engagement Initiative brings this provenly effective model into police precincts to fuel connections to services at perhaps the most critical point in the lives of these community members.

For More Information

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Midtown Rapid Engagement Initiative

The Center for Court Innovation acknowledges that even the most thoughtful community-based efforts cannot always prevent an arrest, especially when working with the vulnerable populations. Midtown Community Court is seeking to establish a continuum of access to off-ramps from the justice system. Should a community member fail to find those off-ramps during engagement with Community First or other preventative measures, programs such as the Midtown Rapid Engagement Initiative will serve as another route to services and support. The City has expressed its willingness to invest in both clinician-led street homeless outreach efforts as well as peer-led outreach models. The Midtown Rapid Engagement Initiative brings this provenly effective model into police precincts to fuel connections to services at perhaps the most critical point in the lives of these community members.

Overview

As a result of New York State's 2020 bail reform legislation, thousands of people are now being arrested and released at police precincts with Desk Appearance Tickets (DATs). Individuals who may have previously been connected to social services through the courts at arraignment can no longer make those connections until their scheduled return date, 21 days later. Studies have shown that those who come into most frequent contact with the criminal justice system often present with a complex combination of substance use, mental health concerns, and housing needs. Without access to critical services immediately following the arrest, and perhaps during a moment of crisis, many individuals will return to the same circumstances that may have led to their arrest, and likely miss their DAT arraignment date. The Midtown Rapid Engagement Initiative, a program that immediately links individuals to support and services, will fill this critical gap through a model with proven success. When looking at Bronx HOPE cases closed between 2019 and 2021, community

members were more likely to be reachable for initial engagement when referred at the precinct than when referred by the District Attorney's office (91% compared to 24% respectively). Additionally, community members referred at the precinct were more likely to complete voluntary pre-arraignment diversion programming (43% compared to 20% respectively).

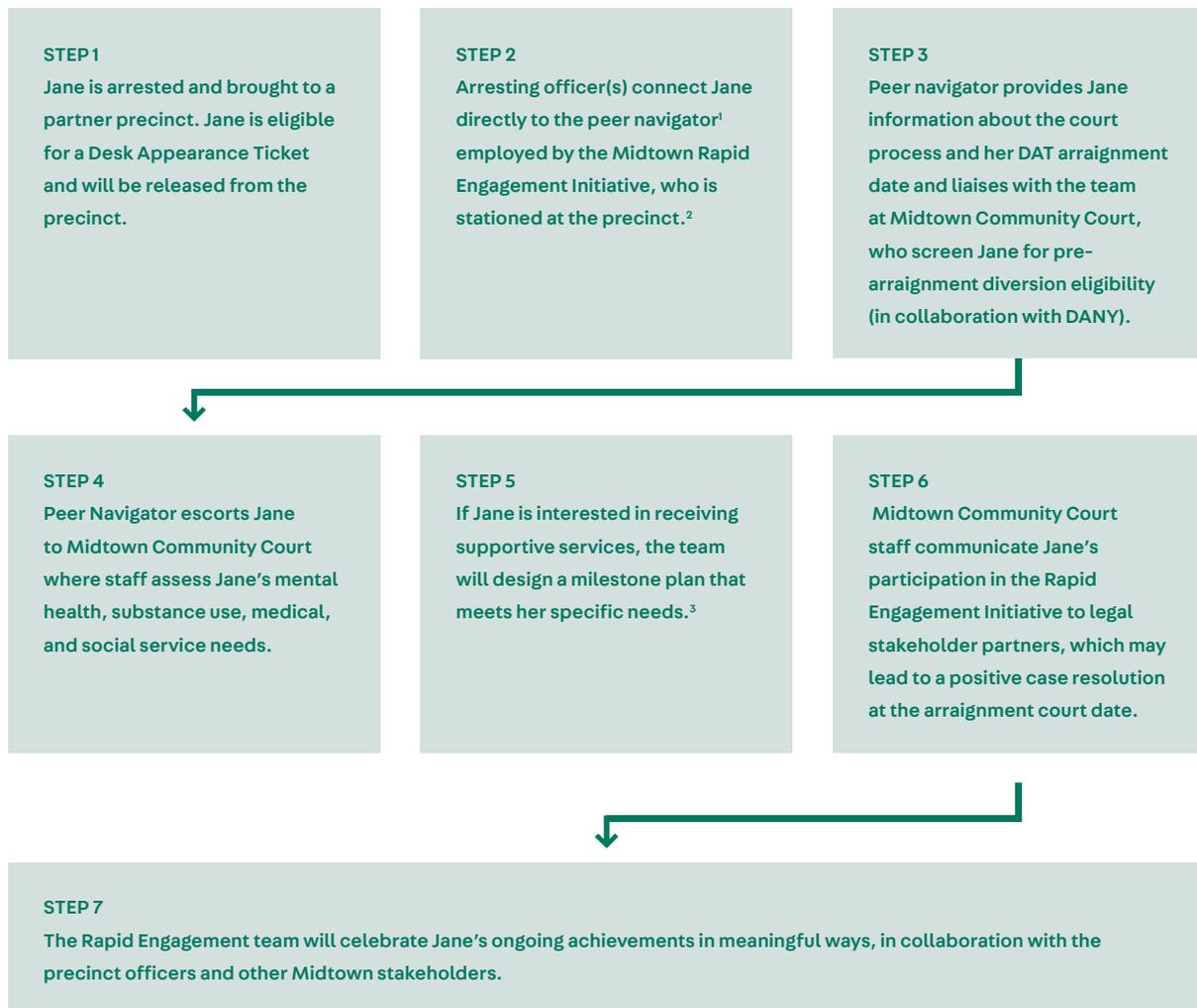
Our Approach

Working in partnership with select pilot NYPD precincts, namely Midtown South Precinct, the 10th Precinct, and the 20th Precinct, the Rapid Engagement team will offer individualized support to those individuals who want to connect to services by stationing a Peer Navigator at the three precincts. This Peer Navigator will engage people as they are being released from the precinct after an arrest and support them through their case process, alongside a highly-skilled case manager and social worker.

The Rapid Engagement team will immediately engage individuals in need, assess their eligibility for pre-arraignment diversion programs

(Project Reset), and provide information about the court process. The team will use clinically-informed best practices to help address any mental health, substance use, and other social service needs and connect individuals with local community-based organizations that will be direct partners in this initiative, including Fountain House, the Ryan Chelsea-Clinton Health Clinic, CUCS Connects, and Mount Sinai West. Further, the Rapid Engagement team will help ensure that clients avoid the more serious consequences of missing their DAT arraignment date and help facilitate their attendance. Participants who engage in meaningful services through this initiative may receive more favorable dispositions from the Manhattan District Attorney’s Office at their arraignment court date.

Process Flow for “Jane Doe”



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Dana Beal's remarks to the Hearing on addictions & mental illness regarding the Sackler monies

ACT UP is sponsoring a bill—A 7928—the therapeutic psychedelic research act, to establish a research institute in the state DOH, as the physical location in NYC for the study of actual treatments of addiction with ibogaine and other compounds. Ibogaine is a broad spectrum addiction interrupter—based on the novel mechanism of GDNF regeneration of dopamine neurons. Ibogaine treatment would immediately become available on NYC. At the moment all it needs a Senate co-sponsor.

Ibogaine was originally tagged for study in 1991 by the NIDA Medication Development Division (MDD) for crack and other psycho-stimulants, although at the 150 clinics in 20 countries where it's currently in use, it is better known as an opiate detox. Because ibogaine abruptly abolishes both withdrawal and PAWS. Perversely, this is viewed as an affront to (or a not-so-veiled assault on) completion of the roll-out of suboxone, which is what this hearing about. Meanwhile meth-amphetamine is the principal drug problem in the LGBTQ community, and suboxone is completely useless for meth—as well as the growing population out in the USA dually addicted to both opiates AND meth..

THE EMPIRE OF PAIN introduced the reading public to Dr. Curtis Wright, who ran the FDA office tasked with working with NIDA MDD head Frank Vocci. Before Curtis hied off to a half-\$Million-a-year job with Purdue, he sat down with Vocci and Clinton's new head of NIDA, Alan Leshner, and did three things: released oxycodone, released suboxone, cancelled ibogaine. Ibogaine, which was being developed for crack, did not fit the paradigm of the single-receptor medication (like Wellbutrin) because among additional ketamine-like and other useful effects, it was a neurotrophigen, It uses nerve growth factors. In 1996 when they discontinued the NIDA ibogaine program, they didn't yet have the science to measure neurotrophins. Dorit Ron didn't publish it until 2005. And there's still no other medication that works for meth, even though Howard Lotsof first patented it as a meth treatment in the '80's.

It would be better to secure a legal supply of various psychedelics via A7928, but the opening afforded by the current exemption from federal prosecution for overdose prevention does suggest a work-around for the current crisis. Nothing offers protection against ongoing exposure to fentanyl comparable to users walking away from opiates for the rest of their lives (41% according to the Yale/ Johns Hopkins CROSSROADS study). Overdose prevention is slated for a expansion in NYC anyway. That is the other thing this hearing is about. We need not be limited to two tiny Housing Works sites with stalls to inject or smoke drugs and then leave. Configuring some of that capacity with experienced

paraclinicians to accommodate people who obtain ibogaine online will get the process started while we wait for the legislative year to roll around.

And the gay community will have a cure for meth. The existing ReCharge meth program run by Housing Works for DOHMH needs only to be able to offer a daily micro-dose. Detox from meth does not require the flood dose of a gram or more which is sufficient to quell opiate withdrawal—but where one must monitor for hERG (potassium) prolongation of cardiac QT. But ReCharge is already in the Zone of Tolerance, so we just need something in writing effectuating that. City Council already has all the power it needs over land use and buildings to earmark the expansion of Overdose Prevention for an Iboga Room.

It would be additional reparations for Curtis Wright and Purdue Pharma.

Committee on Mental Health, Disabilities and Addiction

My name is Karen Remy, and I am the Clinical and Community Relations Director at Greenwich House. Thank you to Chair Lee, Chair Abreu and fellow City Council members for this opportunity to testify.

Since Greenwich House was founded in 1902, we have been committed to addressing the needs of children, families, older adults, and individuals working to overcome life's challenges through arts and education programs, senior services, and health services.

In 1969, when we first opened our Methadone Maintenance Treatment Program, or MMTP, it was one of the first programs of its kind available in New York City. Today, we effectively treat nearly 1,000 opioid-dependent individuals each year.

Greenwich House MMTP provides harm reduction and recovery services, which are designed to meet the needs of the individual by customizing care to their specific circumstance. MMTP provides the highest quality of care to opioid-dependent individuals and extends our treatment services to families who are impacted by their substance use.

Greenwich House applauds this bill to track and report on the Opioid Settlement Fund, and urges the Council to adopt it. Transparency will help ensure the money is being invested in the most strategic and impactful manner possible.

In addition to tracking where the money is being spent and the number of New Yorkers benefiting from the fund, we recommend the City Council consider tracking outcomes of the programs in which the funds are invested.

Overdoses have risen dramatically over the course of the pandemic. New York State Department of Health reports show there were 91,000 drug-involved overdose deaths in 2020—the highest in history, representing a 37% increase from 2019. Fentanyl contamination of every drug supply, coupled with increased anxiety and isolation from the pandemic, are driving this surge. Amid this level of crisis, tracking outcomes from these investments would ensure money is being spent as strategically as possible.

In terms of where the funds themselves are invested, the direction the Adams Administration announced yesterday appears to be a good first step. After doing this work in the community for over 50 years, we know that harm reduction and strengthening community support for people who use drugs, and their families, saves lives.

We also advocate for increased investment in Medication Assisted Treatment, or MAT, another proven approach to enhancing quality of life and diminishing the symptoms of opioid dependence and withdrawal.

We also recommend investing some of these settlement funds in community based groups with years of on-the-ground experience, and creating connective tissue that coordinates their efforts and creates efficiencies to address the crisis. For example, last year my organization coordinated with the Manhattan Borough President and a coalition including over a dozen nonprofits to deploy social workers and peer specialists into Washington Square Park to perform outreach and focus on harm reduction. This work helped hundreds of New Yorkers receive the support that they needed.

Finally, as we saw with tobacco settlement money, a large pot of cash is not always used effectively, and many states used that money to plug holes in their budget rather than to tackle the public health issues stemming from tobacco use. This bill would help us avoid a similar scenario and ensure the opioid settlement funds are being spent in a way that will maximize support for New Yorkers who use drugs and address their growing needs.

The opioid settlement funds alone are not sufficient to address the scale of this crisis—in addition to tracking where those funds go, the City should also continue investing in programs proven to be effective.

Thank you for this opportunity to testify.



Testimony from:

Kailin See

Senior Director of Programs

OnPointNYC - Operator of the first two OPC's in the United States

Testimony Outline - New York City Council Committee on Mental Health, Disabilities and Addiction

- Opening:
 - I'll introduce myself, the agency I represent, and say two lines about my professional experience in the area of Harm Reduction and Safer Consumption, for context
 - Thank you and commendation of City Hall and DOHMH for their bravery and commitment to supporting OnPointNYC to open the first OPCs in the United States – making history.
- *Very brief* explanation of how the OPCs function as a part of OnPointNYC wrap-around service delivery continuum – benefit of co-location within OnPointNYC larger program, overview of outward facing public safety programs, future goals of the program (expansion to 24 operations)
- *Brief* overview of first 6-months of operation at the Overdose Prevention Center (OPCs) – service level data, community impact data
- Call to seize this historic opportunity to use Opioid Settlement Funds (OSF) to support ongoing operations of OnPointNYC OPCs, fund the expansion of OPC's to other areas of high need in New York City, and across the country, as a means of redressing the fallout and needless loss of life caused by the Opioid/Overdose Epidemic
- Closing:
 - We have an historic opportunity to demonstrate clear, decisive, and bold leadership, providing a model for the rest of the nation, to fully back Overdose Prevention Centers, through vocal political support and with committed, sustain funding through the OSF, as a legitimate, effective intervention to save the lives of those most detrimentally impacted by the Opioid and Overdose Epidemic in the US
 - The momentum and political will to change policy, pass legislation, enact innovative solutions (like OPCs), at a local, state, and federal level is largely very positive. As is the willingness to acknowledge that status quo approaches to addressing this crisis are inadequate. We can do better, and the OSF can be instrumental in supporting this new path.
 - Thank you for hearing my testimony today etc.

*****FOR IMMEDIATE RELEASE*****

June 8, 2022

Contact: Dana Beal ldb1947@gmail.com/347-34-1791

What: A.G. Garland Do Your Job: Indict the Coup Leaders

Where: D.O.J main entrance, Pennsylvania Avenue and 9th Street

When: June 8, 2021, 11:45 am -1:00 pm

Who: ACT UP, Rise and Resist and the Yippie! Re-Enactors

**Pro–Democracy Activists Gather Before Jan 6th Hearings
to Demand Swift Indictment of High-Level Plotters**

The insurrection continues while leaders are not held accountable

Pro-democracy activists will crowd the steps of the Department of Justice today to demand that the D.O.J. immediately hold all high-level seditionists accountable for their crimes. It's been 18 months, and not one leader has been indicted! The lack of consequences has emboldened the plotters and their followers.

As the Select Committee begins hearings, the assault on democracy continues. We are seeing hundreds of voter suppression laws, death threats against poll workers, the removal of leaders who stood up against efforts to steal the vote and now violent extremists like the Proud Boys taking up positions in local Republican Party chapters.

While there are indications that the Department of Justice is slowly working their way up the chain towards the high level planners and plotters, the country has been shown no sense of urgency, no signs that Attorney General Garland understands that time is of the essence. The D.O.J. acts as if it is working on a complex arson case when in fact the house of American Democracy is still on fire! They need to get some water on it before those who threaten our system burn it to the ground.

Only by indicting the Coup Caucus in the House and Senate, the Fake Electors, complicit local officials who discredited the real vote results, those who met in the Willard Hotel "War Room" and all key coup plotters including Roger Stone, Michael Flynn, Alex Jones, Rudy Giuliani, John Eastman, Peter Navarro, Steve Bannon, Ginni Thomas, Ali Alexander and the entire Trump family can we lance the boil and begin draining the poison from the body politic.

Trumpism needs fear and chaos to paralyze and confuse. It relies on the Big Lie and the Fox News-Induced, Trump-driven mass delusional syndrome that afflicts a large part of the country. The spell must be broken.

Congressional hearings are great, but at some point D.O.J. needs to start prosecuting—not for breaking windows or Contempt of Congress, but for Seditious Conspiracy to Overturn a Presidential Election. Everyone with a TV or internet access can see the multi-faceted plan to overturn the will of the voters. The crimes were committed in plain sight and in broad daylight. The Department of Justice needs to decisively assert the rule of law and bring the coup plotters to justice. All these threats to our democracy will continue until Donald Trump and his high level co-conspirators are brought to justice.

IBOGAINE[®]

The Addiction
Interrupter

Ibogaine HydroChloride

The only substance-abuse treatment
that regenerates neurons damaged by drugs.

What is IBOGAINE?

IBOGAINE is a medicinal extract from the inner rootbark of the Tabernanthe Iboga plant, which grows in West Africa and has long been used by the people there as a healant and ritual entheogen.

What does IBOGAINE do?

IBOGAINE is a powerful tool for introspection, leading patients to an understanding of their addiction and showing them a path out of it.

Is IBOGAINE available in the U.S.?

While still banned in the U.S., treatments are legally available in the Netherlands, Vancouver, Canada, Puerto Vallarta and Tijuana, Mexico, and at the Neal Cassidy Wellness Center in Agua Prieta, Mexico, a few blocks from Douglas, Arizona.

How are treatments administered?

After a comprehensive medical intake procedure, the patient is given an oral dose of IBOGAINE in a concentration of up to 20 mg per kg of body weight. The effects last for twenty-four to forty-eight hours, during which the patient lays down and experiences a dream state while wide awake. Vital signs are examined regularly and recorded, as are the patient's actions and reactions.

How does IBOGAINE break the chain of addiction?

During the treatment, symptoms of narcotic withdrawal virtually disappear, while patients afterward report almost none of the insatiable cravings associated with crystal meth, cocaine, nicotine, alcohol and opiates. Recently IBOGAINE has also been

Methamphetamine Suppresses Midbrain Dopamine Receptors

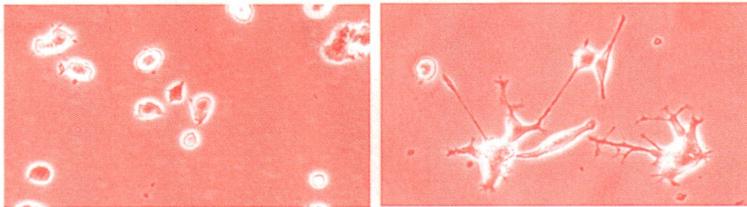


Normal mouse midbrain neurons



Meth causes dendrite degeneration.

Ibogaine increases GDNF secretion 12-fold within 6 hrs.



GDNF causes rapid dendritic resprouting of dopamine cells in 24-48 hrs.

found to switch on a growth factor, GDNF, that not only regenerates dopamine neurons suppressed by substance abuse, but also back-signals to cell nuclei to express more and more GDNF—so addicts can stay clean without additional IBOGAINE.

Is IBOGAINE effective for treating tobacco and alcohol addiction?

Some patients, after undergoing the treatment, have found that their addiction to cigarettes was also interrupted, and they were able to quit smoking. Studies in Britain have found the same for binge drinking.

Are there side effects associated with IBOGAINE?

IBOGAINE is powerful medicine. Undesirable side effects include ataxia, nausea, and—rarely—bradycardia (dangerous slowing of breathing and heart rate). In high doses it can be dangerous. In a controlled setting, however, it has been shown to be safe for treatment of addiction, with some patients undergoing profound transformation.

Is there a potential for abuse?

None has been noted. Aspects of an IBOGAINE treatment session can be arduous, as well as deeply emotional.

How can we make IBOGAINE treatment legal in the U.S?

CURESnotWARS is working to get IBOGAINE approved by the FDA and other government bodies, and puts on forums and rallies calling for IBOGAINE approval. You can join our efforts; visit IBOGAINE websites, sponsor an IBOGAINE forum in your community, contact elected officials and drug treatment providers and ask them to lobby the federal government, call our office and get involved with our efforts.



CURESnot WARS
9 Bleecker Street
New York, NY 10012
212-677-7180

ACT UP is sponsoring a bill—A 7928—the therapeutic psychedelic research act, that aims to establish a research institute in the state DOH, as the physical location in NYC for the study of actual treatments with ibogaine and other compounds. Ibogaine the original broad spectrum addiction interrupter based on the novel mechanism of GDNF regeneration of dopamine neurons. Ibogaine treatment would immediately be available on NYC. At the moment all it needs a Senate co-sponsor.

Ibogaine was originally tagged for study in 1991 by the NIDA Medication Development Division for crack and other psycho-stimulants, although at the 150 clinics in 20 countries where it is in current use, it is better known as an opiate detox. Ibogaine abruptly abolishes both withdrawal and PAWS. The perverse effect is that this is viewed as an affront to (or a not-so-veiled assault on) completion of the roll-out of suboxone, which is what this hearing about. Meanwhile meth is the principal drug problem in the LGBTQ community, and suboxone is completely useless for the growing population out in the USA dually addicted to meth and opiates.

THE EMPIRE OF PAIN introduced the reading public to Dr. Curtis Wright, who ran the FDA office tasked with working with NIDA MDD head Frank Vocci. Before he hied off to a half-\$Million-a-year job with Purdue, he sat down with Vocci and Clinton's new head of NIDA, Alan Leshner, and did three things: released oxycodone, released suboxone, cancelled ibogaine. Ibogaine, which was being developed for crack, did not fit the paradigm of the single-receptor medication (like Wellbutrin) because among additional ketamine-like and other useful effects, it was a neurotrophigen, In 1996 when they discontinued the NIDA ibogaine program, they didn't yet have the science to measure that. Dorit Ron didn't publish it until 2005. And there's still no other medication that works for meth, even though Howard Lotsof first patented it as a meth treatment in the '80's.

It would be better to secure a legal supply of various psychedelics via A7928, but the opening afforded by the overdose prevention exemption from federal prosecution does suggest a work-around for the current crisis. Nothing offers protection against ongoing exposure to fentanyl like users walking away from opiates for the rest of their lives (41% according to the Yale/Johns Hopkins CROSSROADS study). Overdose prevention is slated for a expansion in NYC anyway. That is the other thing this hearing is about. We need not be limited to two tiny Housing Works sites with stalls to inject or smoke drugs and then leave. Configuring some of that capacity with experienced paraclinicians to accommodate people who obtain ibogaine online will get the process started while we wait for the legislative year to roll around.

And the gay community will have a cure for meth. The existing ReCharge meth program run by Housing Works for DOHMH needs only to be able to offer a daily micro-dose— since meth detox does not require an amount sufficient to quell opiate withdrawal where one must monitor for hERG (potassium) prolongation of QT. But ReCharge is already in the Zone of Tolerance, so we just need something in writing effectuating that. City Council already has all the power it needs over land use and buildings to earmark the expansion of Overdose Prevention for an Iboga Room.

Dana Beal/ACT UP meth group

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

[]

I intend to appear and speak on Int. No. _____ Res. No. _____
 in favor in opposition

Date: _____

(PLEASE PRINT)

Name: Dr. Michael McRae

Address: _____

I represent: NYC DOHMH

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

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I intend to appear and speak on Int. No. _____ Res. No. _____
 in favor in opposition

Date: _____

(PLEASE PRINT)

Name: Dr. Ashwin Vasan

Address: _____

I represent: NYC DOHMH

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

[]

I intend to appear and speak on Int. No. _____ Res. No. _____
 in favor in opposition

Date: 6/30/22

(PLEASE PRINT)

Name: Karlin See

Address: Colonel Robert Magaw Pl.

I represent: OnPointNYC

Address: 106 E 126th Street, NY, NY 10035

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

in favor in opposition

Date: _____

(PLEASE PRINT)

Name: Magaly Melendez

Address: _____

I represent: Center for Court Innovation

Address: 502 East 8th Avenue

Please complete this card and return to the Sergeant-at-Arms

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

in favor in opposition

Date: _____

(PLEASE PRINT)

Name: Dana Beal

Address: 1025 6th Ave # 3, NYC 10018

I represent: ACT UP

Address: same

Please complete this card and return to the Sergeant-at-Arms