

Testimony to the NY State Senate Opioid Overdose Task Force

My name is Chinazo Cunningham, and I am a physician and researcher at Montefiore Health System and Albert Einstein College of Medicine in the Bronx. As a physician who is board certified in internal medicine and addiction medicine, I have personally been caring for patients in the Bronx with substance use disorders for over 20 years, and I have developed programs at Montefiore that serve as models for integrating opioid use disorder treatment into primary care. I have also been conducting research funded by the National Institute of Health and other federal agencies for nearly two decades. My research focuses on how to improve access to care and improve the health of people who use drugs. Much of my work has focused specifically on opioid use disorder.

I appreciate this meeting occurring here in the Bronx, where I care for patients in a federally qualified community health center. While attention to the opioid epidemic is fairly new, in the Bronx community where I work, opioid use disorder is not new. It has been a problem in the Bronx for decades. In fact, in 2017, the Bronx had the most overdose deaths and the highest overdose death rate of all 5 boroughs in New York City. In addition, among all counties in NY, the Bronx had the 4th largest number of opioid overdose deaths. While the statistics are startling, the devastation that has been experienced by individuals, families, and the community is unprecedented.

Attention to the opioid epidemic increased as the epidemic changed. When the opioid epidemic occurred mostly in poor communities and among people of color, the response was incarceration. When the epidemic changed to include affluent communities and white people, the response was softened and we focused on medical treatment. While it is critical to address opioid use disorder as a medical condition that requires treatment, the path to realizing this has been bittersweet.

In addition, most of our response to the opioid epidemic has focused on reducing opioid prescribing. And, overdose deaths from prescription opioids have plateaued. However, there have been unintended consequences. Now, overdose deaths from heroin and synthetic opioids, like fentanyl, have increased dramatically. Therefore, it is clear that the opioid epidemic has changed. Previously, it was driven by prescription opioids for pain management, and now it is driven by heroin and fentanyl from opioid use disorder.

Given these changes in the epidemic, we must focus on addressing opioid use disorder. Our health care system is broken, especially when it comes to substance use disorders. Good evidence-based treatment for opioid use disorder exists, but only 10-20% of people who need treatment receive treatment. In addition, although the focus today is on opioids, the epidemic is not just opioids. We need a broader conversation about how we treat substance use disorders in NY and the US.

Addressing today's epidemic is a complex and multi-faceted problem, and therefore, requires a complex and multi-faceted solution. No single policy or intervention will solve this crisis. I will outline 7 key steps that are based on data and science that must occur to address this epidemic.

1. **First, we must truly commit to treating opioid use disorder.** The sad reality is that 80-90% of people with opioid use disorder do not receive any treatment. This **MUST** change. We need to ensure that people have access to evidence-based treatments including the 3 FDA-approved medications for opioid use disorder – methadone, buprenorphine, or naltrexone.

2. We must address the fact that **far too many people in our jails and prisons are living with a substance use disorder**. If we truly believe that substance use disorder is a health issue, we need to take a public health approach and divert people from incarceration altogether. For those who are involved with the criminal justice system, access to evidence-based medication treatment is essential. People with opioid use disorder are extraordinarily high risk for overdose immediately following release from jails or prisons. Starting and maintaining medication treatment while incarcerated, and then transitioning care upon release will save lives.

3. The field of substance use treatment has a problem—**too many treatment programs do not actually provide evidence-based treatments**. If we are to reform the system, we must commit to pay for what actually works. When it comes to opioid use disorder specifically, we cannot afford to continue to pay for treatments that do not include medication. We also must remove all the prior authorization barriers to prescribing these medications. Even though Governor Cuomo signed a law into place a few years ago, there have been no real changes on the ground and barriers to accessing medication remain. We must do more.

4. Despite the ample evidence supporting medication treatment for opioid use disorder, **health care systems must do more to increase access to treatment**. We need to incentivize health care systems and clinicians to provide opioid use disorder treatment through enhanced billing fees or other mechanisms. We could also develop a system to fund evidence-based supportive services like nurse care managers.

5. Our **current healthcare workforce is woefully ill-equipped to treat opioid use disorder**. They need training. We need to incentivize or mandate substance use disorder education and training in medical schools, residency programs, and other programs that train health care providers. We should also require buprenorphine waiver training in medical schools, residency programs, and PA/NP programs. New York could be a leader in this field if we require buprenorphine waivers for NY licensing certification (similar to what occurred for the 2-hour opioid/pain management trainings that were required). We could also repay student loans or provide scholarships to clinicians who train in NY public schools and provide substance use disorder treatment in high-need areas.

6. Although naloxone access has increased dramatically in the state, **we need to expand naloxone even further**. Many barriers still remain, preventing access to naloxone among people who need it most.

7. Lastly, **we must consider all options and be creative**. We should learn about and implement other evidence-based approaches that exist outside of the US. These include:

- Expanding medications to treat opioid use disorder such as morphine, hydromorphone, or diacetylmorphine.
- We have yet to open overdose prevention sites that Governor Cuomo had agreed to open years ago. Decades of evidence show that these sites save lives.
- Given how limited access to methadone is in rural parts of the state, we should use mobile methadone vans to bring treatment to people living in remote areas.
- We should expand innovative models of buprenorphine treatment in the field, for example with Emergency Medical Services.
- We need to support cannabis research to understand the role that medical cannabis can play in the opioid epidemic. This is an area in which I conduct research and I see great promise.

Thank you for the opportunity to share my thoughts with you today.