



Testimony of: Tina Wolf, Executive Director, Community Action for Social Justice (CASJ)
NYS Senate Joint Task Force on Opioids, Addiction, and Overdose Prevention

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We would like to thank Senators Rivera, Harckham, and Carlucci for their leadership and commitment to prioritizing the overdose crisis in New York.

Community Action for Social Justice (CASJ) is the only syringe exchange program (SEP) on Long Island, and we have been in operation just over 5 years. Last year, we provided syringes to more than 1,200 participants; and trained and distributed naloxone to more than 6,000 people. Of the 184 overdose reversals reported to us by people we trained in the last year, 172 are participants or peers in our syringe exchange program – people who use drugs saving each other. We believe that people who use drugs MUST be included in any meaningful decision-making processes about addiction and overdose. Unfortunately, intense stigmatization and criminalization frequently preclude the involvement of people who use drugs, even when their perspectives are sought.

The rise in fentanyl-related overdose fatalities on Long Island has been referred to as an “unanticipated consequence” of policies designed to restrict the supply of prescription opioids. While we cannot anticipate all consequences beforehand, we should anticipate that supply-side-only policies that omit the perspectives of people who use drugs will actually create harm.

As a harm reduction professional, I don’t believe I know what is best for everyone; I believe it is our job to help people stay alive long enough to make those decisions themselves and provide the support they need to live healthy and happy lives. We support policies that humanize – not those that stigmatize and/or criminalize. Humanizing policies are those that increase the diversity and accessibility of (treatment) options, improve education with regard to those options, and empower people to make informed decisions for their own lives. Any policy that takes freedom and agency away from people causes harm.

Community Action for Social Justice (CASJ) is a non-profit organization that fosters improved health and quality of life for Long Islanders impacted by drug use, incarceration, homelessness, and chronic disease.
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We must:

- **Increase funding and resources for harm reduction programs that provide sterile syringes and naloxone.**
- **Decriminalize syringes.**

Suffolk County has the greatest number of charges in the State for violations of PL 220.45, Possession of a hypodermic instrument – and more than double the next highest county in NY. Where people are afraid of being caught and charged with possession of a hypodermic instrument, they will (very rationally) be less likely to access the quantity of syringes needed to prevent sharing or re-using, and they will be more likely to engage in behavior that creates additional, unnecessary harm (i.e., unsafe disposal, potential needlestick when searched by law enforcement, etc)
- **Provide take-home naloxone in emergency departments post-non-fatal overdoses and in correctional facilities at release.**
- **Ensure universal access to Medication Assisted Treatment (buprenorphine and methadone).**

“Universal” access includes community-based programs, as well as emergency departments, jails, and prisons state-wide. We urge Governor Cuomo to sign legislation that removes prior authorizations to all formularies of MAT and increase reimbursement rates for providers to encourage this work without the additional cash fees that are so common on Long Island. I have heard concerns among staff at EDs and in jails about linking folks to community providers after induction, but those concerns should begin to decrease as MAT becomes more accessible in the community.
- **Involve all parties, and emphasize the importance of intention in the operationalization of new policies** (including review and revision to potentially conflicting policies).

NYS’s 911-Good Samaritan Law has saved countless lives by protecting those who call for help during an overdose. These legal protections are not nearly as powerful, however, when they are undermined by the insistence that the location be treated as a crime scene where loved ones present are treated and interrogated as potential suspects. Of the 184 reversals reported to CASJ last year, 160 also reported not calling 911. It is sad, that people are still afraid to call for help, but understandable when those phone calls have (on Long Island) resulted in subsequent sweeps, mass arrests, and involuntary out-patient treatment.

Regulations and legislation should be flexible enough to enable programs to adapt to best serve their local communities: Long Island is an interesting mixture of suburban and rural issues that includes political pressure on law enforcement for quick fixes. We maintain that overdose is a public health crisis that cannot be “solved” by any amount of reduction in freedom and human rights, criminalization, enforcement, or mandating. I personally know people who have been arrested, gone to jail, and that experience changed something for them that helped them stop using drugs and continue to abstain post-release. It’s awesome when that happens; but I have known many more people who were arrested on drug-related charges, their tolerance decreased while they were incarcerated, and when they were released, they relapsed and overdosed. Let us take every opportunity we have to enact evidence-based public health policy that hears and humanizes people who use drugs.

Tina Wolf
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