

DRUG CRISIS IN OUR BACKYARD

Joint Senate Task Force on Opioids, Addiction and Overdose Prevention- October 4, 2019

Thank you for allowing me to speak on behalf of the organization that I represent. I am the founder of Drug Crisis in our Backyard, a nonprofit organization that I started after the death of my son Justin to a heroin overdose May 29, 2012.

This organization has been working with families that have loved ones that are addicted, and we have lost many young adults from the families of our group. I asked the group what were the major obstacles that they were encountering and what they thought would help prevent overdoses.

The most important resource we need for those coming out of treatment and jail is recovery housing. It is a basic human necessity. Housing is at the very bottom of Maslow's Hierarchy of needs in conjunction with food, water, health and rest. The people that come out of treatment and jail are very fragile. They have been using drugs to cope with life and suddenly their drugs have been taken away. In many cases, they have lost their housing because their families do not want them back in their homes. The risk of overdose after discharge from treatment and jail is very high due to reduced tolerance. It is clear that any kind of recovery is difficult without the essential of housing.

Recovery Community Outreach Centers are crucial in every neighborhood. This is a home base for those in early recovery. It is not a place where they sleep. The purpose of the center is to support those exiting treatment by helping them connect with like-minded people trying to maintain their recovery. They share in social activities, usually attend meetings at the Center, work on resumes, practice interviewing skills and feel at home in a place of safety and support. We have several in NYS that have been funded by OASAS but we need more.

CRPA's or peer recovery advocates should be assigned to all those leaving treatment and any inmates being discharged that were there for drug related crimes. A peer can work with a case load of 20 people and is in the mid-range pay category. RFP's for the hiring of CRPA's through non-profits would benefit the population that goes to treatment and those that do not go to treatment but find sobriety through other means.

All doctors should be enabled to prescribe suboxone and vivitrol. Currently there is a scarcity of doctors that can do this and they are charging \$250 in cash for the prescription. These same doctors are free to prescribe any other type of medication they see fit.

Anyone that gets revived from an overdose with Naloxone by a first responder should be brought to a treatment facility and mandated to stay for 72 hours.

In conclusion, in the last 7.5 years, I have seen many positive changes in the approaches to addiction treatment, the reversing of the stigma associated with addiction and the cultural shift toward compassion of those struggling with substance use disorder. However, we have a long way to go in supporting those that are still addicted and those that are in recovery. Thank you again for taking the time to listen and learn what might be the most beneficial methods to combat addiction.

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