

To: Joint Senate Task Force on Opioids, Addiction and Overdose Prevention
From: Steven Rabinowitz, Vice-President, Families for Sensible Drug Policy, Inc.
Subject: Testimony to Long Island hearing, October 15, 2019

Greetings and many thanks to the members of the Task Force, their staff and associates in the Legislature for making this hearing happen today.

I have worked for 33 years in the addiction services field, 30 of those with New York State OASAS starting back in 1986 as a homeless outreach worker during the height of the crack/cocaine crisis and the rise of the AIDS pandemic. After two years of that work, I moved into the funding and program oversight area, and for the last 12 years of my service I was Director of Downstate Field Operations there, overseeing \$250 million in funding and programming for NYC and Long Island. Since I retired at the end of 2016 I've worked as a consultant and advocate in the field.

Accordingly, I have a very deep commitment to serving people affected by substance use disorders and to prevention, treatment and recovery. It was that strong belief that brought me to become part of Families for Sensible Drug Policy (FSDP), a global network that advocates for harm reductionist and non-punitive approaches to the issue of substance use problems, and today I serve as Vice-President of that organization. I would like to pay special respect to our Founder and President, Carol Katz Beyer, who lost two of her sons to overdoses. Her determination to stand up for compassion and acceptance in the face of her own loss and grief, like all the other members of our global network who have been so sadly impacted, is an inspiration to me and to many others in our community.

With regard to the issue of opioid overdoses and how best to address the continuing crisis of opioid use disorders, FSDP echoes many of the recommendations that you have heard already in these hearings. Universal access to medication assisted treatment, safe consumption facilities, improved and expanded treatment programs and recovery supports are in our view critical, as well as widespread distribution of and education on naloxone for opioid overdose reversal. But there is much more to be done.

Harm reduction stands at the intersection of public health and human rights, and we can neglect neither perspective. Accordingly, respect for the human rights of those who struggle with substance use problems, and keeping to a true public health viewpoint, means that we must look toward removing this issue from the criminal justice system. The police, prosecutors and judges have an important role to play in dealing with violent crime, but substance use disorders must be left to the affected individuals, their families and the clinicians who are working to help them.

Prohibitionist policies tear families apart, take the respect and dignity away from individuals that they need to pursue recovery and a healthier life, and in the end do not reduce the damage of substance use disorders, nor save lives. We believe it is time for New York State along with the rest of the country to examine and consider the example of Portugal, which in the face of major drug problems completely decriminalized personal possession and use of all drugs in 1999. This did not result in higher crime nor increased drug use but in fact stabilized the problem and helped the government there reallocate resources to assessment and treatment of substance use disorders and in fact lowered risk.

In that regard, we respectfully take issue with one of the recommendations made in the previous hearing, that is to mandate individuals who have gone to a hospital for an opioid overdose to 72 hours of inpatient care, which is in essence a form of civil commitment. We know that recommendation was put forward by someone who herself lost a son, and who truly wants to do good. But we are reminded that civil commitment was tried in NY State from 1967 to 1979 under the Narcotics Abuse Control Commission (the predecessor agency to OASAS) and to put in bluntly, it failed. Further, such mandates will serve to push some persons who have overdose reversals in the community away from going to hospitals for follow-up care, lest they be sent to treatment against their will. Also, existing programs are not set up for such commitments, and to make them so, or to create new facilities to handle such cases, will cost millions of dollars in staffing and security measures that would be far better spent providing care to those who truly want it.

Most importantly, our experience has shown us that you simply cannot force change on an individual, and we must first and foremost work to keep them alive until if and when they are ready for it. As has been observed many times, people who are dead cannot seek recovery. Harm reduction policies and practices keep people alive, and even for those who do not pursue recovery as it is often thought of, act in accordance with the definition of recovery put forward by the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA):

“A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.

What FSDP believes must be the core values of a successful approach to substance use problems are policies and programs that are guided by compassion, acceptance and as already mentioned, respect for the dignity and humanity of those who are struggling to stay alive, and to find their own path forward. The voice of the consumers and their families in shaping programs and services must be heard and given strong weight. To quote Hegel, “We do not need to be shoemakers to know if our shoes fit, and just as little have we any need to be professionals in order to acquire knowledge.”

Lastly, along with all this there is a need to change the narrative, to rid ourselves of language and phrases that stigmatize and degrade those individuals and their families. Such denigration and stigma does not accomplish anything except to marginalize them, promote shame and isolation, and detract from the goals that we all share. Providing them with a sense of hope, community and purpose, in the view of FSDP, the far more worthy aim to achieving the goals of reducing death and illness and promoting meaningful participation in the community for all.

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Bringing our communities together to embrace enlightened drug policy - empowering families, restoring health, and saving lives

Who We Are

Families for Sensible Drug Policy (FSDP) is a global coalition of families, professionals, and organizations representing the voice of the family impacted by substance use and the harms of existing drug policies. We empower families by educating and advocating for a new paradigm of comprehensive care and progressive solutions for family support based on science, compassion, public health and human rights. We are committed to regaining control of our families' health by collaborating with our stakeholders to advance comprehensive public health approaches, best healthcare practices, reality-based education and family-friendly drug policy reform.

One of the major initiatives that FSDP is engaging with is Family Drug Support (FDS), which was formed in 1997 after its founder Tony Trimmingham lost his son to a heroin overdose. Tony felt frustrated by the general apathy and ignorance of his own experience and FDS was formed as a result. FDS is a caring, non-religious and non-judgmental organization and is primarily made up of volunteers who have experienced first-hand the trauma and chaos of having family members with drug dependency. FSDP has been recognized by FDS Australia as its US affiliate and FSDP activists have received extensive training with Mr. Trimmingham and we have begun the process of rolling out FDS in the US using our existing networks.

How You Can Join With Us

FSDP is looking for individuals and families to join with us in our various efforts, including:

- Becoming part of our growing social media network to share information and ideas across the U.S, and around the world
- Developing Family Drug Support groups
- Promoting harm reduction including universal access to addiction medicine, opioid overdose reversal (naloxone) and the implementation of supervised injection (safe consumption) facilities
- Ending punitive laws that hurt persons struggling with substance use issues and their families
- Ending drug prohibition and adapting compassionate and common sense alternative policies

and of course, for all of this, contributing and helping to raise funds to carry on our work at <http://fsdp.org/donate/>

To find out more about us and to get involved, see fsdp.org or e-mail us at carol@fsdp.org, or see our social media outlets on Facebook, Instagram and Twitter.

