

Testimony of Jaron Benjamin before the Joint Senate Task Force on Opioids, Addiction & Overdose Prevention

Hudson Valley Hearing, October 3, 2019

My name is Jaron Benjamin and I am one of your Hudson Valley neighbors in Sleepy Hollow, New York. Thank you to Senator Harckham and members of the Joint Senate Task Force on Opioids, Addiction and Overdose Prevention for listening to my testimony today.

Today I have two daughters, a wife, a good job, and so many other blessings—but none of that would have been possible if I had not survived a nearly fatal overdose. Today I am speaking as a person who used drugs who is now sober to give you the view into my life and ask you to consider me and people like me when creating State legislation and policy. Never forget that YOU have the power, and have been given the responsibility by voters like me, to save the lives of New Yorkers—and let me be one example of what life after overdose can look like.

New York's war on drugs has failed and left us with an overdose crisis that is killing almost 4,000 New Yorkers per year. The war on drugs has caused more harm to many people who use drugs—the war on drugs has not followed a scientific, evidence-based process that reduces drug use or saves lives.

Yet several policies that this state is still supporting are using that discredited “drug war” framework.

- Scheduling Fentanyl Analogues as Controlled Substances and Drug induced Homicide Laws will fail—it's easy to see why some might think further criminalization will help, but it will mean that people do not seek help for a person overdosing and will lead to more overdose deaths.
- Criminalization of public health tools like syringes is a failure – syringe exchange programs like mine have prevented tens of thousands of HIV and hepatitis B and C infections. We must fully legalize these public health tools.
- Abstinence-only programs do not work on everyone—we must put more resources into harm reduction services that reach people that abstinence-only programs do not. We should not be turning people away when they are seeking help. We do not do this with people with HIV or people with cancer or diabetes, we should not turn away people who use drugs who are asking for help and services.

What has continued building positive results:

- Increased funding for Harm Reduction Services and Organizations and Tools. Harm reduction programs provide education, counseling, referrals, and support to people at risk of overdose. These services are critical pathway toward health and recovery for people who use drugs—particularly those outside treatment system. Often, harm reduction services provide services that are highly needed, and severely underfunded, especially in the Hudson Valley and other areas considered “upstate” by my colleagues in NYC.