



TESTIMONY OF
THIRD AVENUE BUSINESS IMPROVEMENT DISTRICT
Michael Brady, Executive Director
before the
New York State Senate
Joint Senate Taskforce on Opioids, Addiction, and Overdose Prevention
Friday, August 9, 2019, 10:00am – St. Barnabus Hospital Auditorium

Good morning. Co-Chairs Rivera, Harckham, Carlucci, and members of the Senate Taskforce on Opioids, Addiction, and Overdose Prevention. I am Michael Brady, Executive Director of the Third Avenue Business Improvement District, Southern Boulevard Business Improvement District and I oversee the Bruckner Boulevard Commercial Corridor, all located in the South Bronx. Collectively, these organizations represent roughly 1,000 South Bronx, largely immigrant owned, mom and pop businesses. I also have the pleasure of serving as Co-Chair of the Bronx Opioid Collective Impact Project and serve in various capacities on advisory councils and committees as it pertains to opioids, addiction, and recovery. The individuals and panels that have testified today represent some of the most impressive minds in the areas of public health, addiction, recovery, and drug policy. Some of these individuals, like Joyce Rivera, are the pioneers of demanding drug policy reforms, and walked the walk to develop modalities that are now wildly used throughout the country.

I am grateful that the Senate has launched this hearing series in the Bronx, as this area of New York is the most impacted by opioids and substance misuse. Indeed about forty blocks south of here we have the epicenter of this public health crisis. You see it is in the heart of my commercial district. I am not flippant when I use the word crisis. If my catchment area of the South Bronx were a state we would be number two in the country of deaths resulting from overdose – 2nd to West Virginia. Last year we lost over 300 individuals to overdose. Overdose is something that I see everyday – on our streets, in our schools, in our businesses, in shelters, and in our homes. I do not want to mislead you by putting my testimony solely in the context of the South Bronx – you see overdose and addiction are indiscriminate and are not just contained to communities that have been redlined with urban poverty. It is in our rural and suburban communities. It impacts young and old alike. Wealth does not prevent it, but it certainly shields it and changes the context of the stigma and messaging surrounding overdose.

The South Bronx has long been defined by its shortage of economic infrastructure and resources, comprising some of the lowest-income zip codes in New York City. It is also a remarkably resilient community, with a long history of effective community organizing and activism focused on housing, open space, food, and economic development. Since the early 2000s, an economic and social renewal has effervesced from the rubble of the 1975 fiscal crisis that left poor New Yorkers, especially in the South Bronx bereft of social, health, economic, and housing resources—to name just a few. The matters of housing, health, and food insecurity are only compounded by a criminal justice system that instills and cultivates racial and economic inequity. Systems and structures have been established that have left a shroud over low income communities of color and are barriers to health and wealth development.

The National Opioid Epidemic hit historic proportions and is severely impacting the Bronx. According to the NYC Health Epi Data Brief (June, 2018) in 2017, the Bronx had the highest rate of overdose deaths in NYC. The principle drivers seem to be an explosion in use of prescription opioids, easy access to inexpensive heroin, increased lacing of fentanyl and the designer drug industry, insurance barriers, an uptick in K2 street sales and stigma. While there have been enormous advances in New York State for treatment access, public safety, and in legislation, the crises continues.

An economic revival that fails to address the policy basis for the inequities endured in the Bronx will sow greater displacement, marginalization, and no improvement among all social, health and economic indicators. In states like New York, policies developed through the inclusion of all community stakeholders has a binding effect that is positively transformative. This effect is usually seen under conditions of constructed crisis.

It is my understanding that these hearings will inform an agenda and policies to be debated in the Senate in January. In addition to codifying and appropriately funding syringe exchange programs, fentanyl test stripes, drop in centers, primary care facilities, and tackling the behemoth challenge of insurance and health care, I would propose the following areas to be examined.

1. Structural Change to the Criminal Justice System and Pathways to Economic Opportunity

The intersectionality of suffering that is driven by punitive drug prohibition influence the policy agenda and the selection of policy tools, as well as the rationales that legitimize policy choices. The social construction of the "Other" –the junky, the IDU, the 'fallen' women, the 'dirty' urine, the undeserving poor, the ethnic slurs become embedded in policy as messages that are absorbed by citizens and affect their orientations and participation. The social construction theory that underlies our analysis is important because it moves from individual behaviors to help explain why some groups are advantaged more than others. Language is paramount to addressing stigma and not addressing it adequately reinforces criminal justice barriers.

Disadvantaged groups are denied their individual and group voices justified through policies that operationalize various forms of social banishment and punishment for rule-breaking behaviors that are disproportionately pervasive among majority white racial/ethnic groups. Yet punishment for illicit drug use among minority populations of color, who are also poor, are embedded in policy sectors with harsh and narrow opportunities for enacting discretion, e.g., health, education, insufficient and inadequate housing, policing, criminal justice

- disproportionate arrest and bail-setting;
- coercive sentencing; sentences outside the limits of international norms;
- removing infants and children from parents based on a 'dirty' urine);

absence of recreational and cultural opportunities; air and water quality degraded by inadequate, ignored environmental regulations.

In order to adequately address the criminal justice system we must address stigma head on and work toward creating real pathways for formerly incarcerated individuals that builds wealth and positions individuals to take their power and buy back their blocks.

2. Safe Injection Facilities / Overdose Prevention Centers

In May 2018, the Third Avenue Business Improvement District signaled its support of supervised safe injection facilities for illegal drug users. These Overdose Prevention Centers should be innovative and not just replicate successful programs and sites that exist in Canada and Europe, but they should become a global example of a new path forward for public health care. Some areas that must accompany these centers include:

- Locate the facility at the epicenter of the crisis;
- Consider available properties near hospitals or medical centers. Particular attention should be paid to available upper floor vacancies;
- Provide adequate funding to ensure that these research facilities have diversion therapy programs and internal wrap around services like workforce centers, recreational facilities, showers, laundry, breakfast and lunch, and professional program providers that treat participants with human dignity;
- Facility footprints, program providers, and budgets should appropriately reflect the quality of the policy;
- Understand that this is not just a research program. This impacts a community and must be stable and well executed with all of the aforementioned services;
- Actively work with State partners to remove bad actors and providers from the harm reduction and treatment environment;
- Provide training for all first responders with adequate provisions that connect individuals to care;
- Mandate that every community-based organization receiving more than \$100,000 in state-funding have 50% of their staff trained in administering naloxone;
- Direct the New York State Liquor Authority to require that license holders train at least 40% of their employees in administering naloxone by the end of 2022.

3. Oversaturation of Licensees in targeted low wealth communities of color

I would recommend that the Senate investigate the number of providers centered in low wealth communities of color. At the HUB I have 27 providers in a four block radius. This is not to say that all of the providers are bad actors; however, it has been noted in numerous studies that the clustering of similar programs and services adversely effects communities – particularly when program providers offer inconsistent and outdated service models and lack the capacity for appropriate wrap around services like on-site primary care, counseling, GED programs, job readiness, housing, and career path cultivation programs.

Programs and providers funded by the State of New York must be quality. They must understand the implications of their work and the need to deliver for the community to positively impact and bring about person centered development – with an understanding that we meet every person where they are.

4. We must not be afraid to pull licenses and funding from bad actors – no matter how big they are.

This is often a challenge that relates to the systems and structures of bureaucracy. Government can grow very comfortable with select providers and often, long time agency funders have the expressed ability to pick winners and losers. This is not equitable and does not cultivate or promote new ways of thinking about challenges or the implementation of tools that would elevate New York State to the level of our western industrialized counterparts. It also creates an environment of “getting by” where quality programs are not produced or adequately funded. There must be a level of accountability to not only the providers, but also for those funding the providers.

5. Sustainable and Baselined Resources for Care and Research Centers

This is the struggle of non-profit culture. We have non-profits which compete to create and implement innovative programs on shoestring budgets and then can not keep up with demand or deliver quality programs to meet grant requirements. To compound matters many funded programs are pilots and used for research by government or organizations like the AIDS Institute. Now, I am all about research, however the comingling of research with service creates a paradigm of uncertainty for the providers which then creates a paradigm of uncertainty for program participants. This exacerbates the cycles of unknowing and creates additional stressors which continue a cycle of poverty and oppression.

There must be funding streams that support long term service programs. These need to be baselined so they will not vanish with an election or a change in political tide. We must let people do their work. If government identifies a problem and expects providers to fix it – it must be funded and sustained. Unfunded mandates in the area of public health create a schizophrenic environment and is the death knell to individuals and providers alike.

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I believe I have approached my time, but I would encourage this body to leverage the ideas of the trailblazers that you have assembled throughout the state and work to create meaningful and transformative reforms. Looking at addiction as a public health issue instead of a criminal issue was the first step down a very long road to New York State’s own recovery from antiquated policies and structures.

It is my hope that this brief conversation today can continue a dialogue that will positively affect the public health of our communities. This urgent and complex health care and social problem is demanding a heightened collaborative response.

Thank you.

