

Testimony of Tracy Pugh, MHS**Senior Manager of Overdose Prevention Program, Public Health Programs****Vital Strategies**

before the

Joint Senate Task Force on Opioids, Addiction & Overdose Prevention**August 9, 2019****New York City**

Good morning Senators Rivera, Harckham, Carlucci and members of the Task Force.

My name is Tracy Pugh, and I am the Senior Manager for the Overdose Prevention Program at Vital Strategies. Thank you for the opportunity to discuss strategies and approaches for addressing drug use and overdose in New York.

Vital Strategies is a public health organization that believes everyone should be protected by a strong public health system. Headquartered in New York City, we partner with city, state and national governments around the world to bring the best public health strategies to bear on the most pressing health challenges.

Here in the United States, that is the overdose epidemic. As you well know, overdose has become the leading killer of adults under age 50 in the U.S., and the largest contributor to the unprecedented drop in expected life-span among people in this country.

We are in crisis, and we need a new approach – a comprehensive, multi-sectoral approach rooted in dignity, health and evidence – if we are to make rapid progress.

Vital Strategies is privileged to play a role in helping governments and government officials chart that new way forward.

Vital Strategies is leading with this approach in two states where fatalities are among the highest in the country, Pennsylvania and Michigan. The story is similar here in New York. Every community has been touched by tragedy because of our failed approaches to drug use, a tattered patchwork of treatment, health care and human services, and a drug policy determined by criminal justice thinking instead of prioritizing health and recovery.

The consequences of our existing approach are severe. In addition to tens of thousands of deaths each year:

- Emergency medical services and first responders are overwhelmed by calls for rescue
- Incarceration related to drug use persists at extraordinarily high levels, which actually makes people more likely to die of overdose.
- A patchwork of treatment services leave too many without a meaningful path to recovery.
- Evidence-driven harm reduction services are insufficiently supported and siloed from institutions of governance
- Stigma around drug use is pervasive and makes people less likely to seek help or to receive the help they need.

Each of these situations is preventable if we embrace drug use a public health issue. We can save lives with a public health framework that is driven by data. We can measure our success through metrics related to health and wellness, including reduction in deaths, drug-related morbidity, drug-related hospitalizations and emergency department visits; depression, trauma and other mental health issues; and improved access to harm reduction and other low-threshold services.

A comprehensive approach must include collaboration across all sectors, from public health to criminal justice, social services, and health care. In our work, I am pleased to share that we have found champions in each these areas. Doctors, police, judges, advocates and people who use drugs have found common ground.

At the heart of this shared vision of a healthier future is dignity, health and evidence. We call this a harm reduction approach, which at its root respects the autonomy and agency of individuals to practice safer drug use, and believes people who use drugs can be empowered to improve their health.

With harm reduction as the guiding principle, here are some of the concrete strategies we recommend to governments, and which New York State might consider:

- **First, expand syringe service programs and naloxone distribution.** Naloxone can save the life of a person during an overdose. We must work to get naloxone into the hands of people best positioned to use it in the event of an overdose – people who use drugs, peers, family members, and other community bystanders. Many of the places who have successfully reduced overdose deaths are attributing this decline to increased naloxone use by bystanders and emergency responders. We need this life-saving medication distributed from emergency departments and primary care offices; in criminal justice settings; and through public and social service settings, including homeless shelters, public assistance centers, libraries, and human service providers.
- **Second, increase use of opioid agonist medications for opioid use disorder – methadone and buprenorphine – to reduce overdose vulnerability.** Making these

medications easier to access will save lives. Easy access means that people who use drugs can find an alternative to illicit opioids, and these programs create an opportunity to engage people into longer-term services and care. We need to ensure that administrative and clinical barriers to access are minimal and availability is widespread.

- **Ensuring these medications are in jails and prisons is critical.** These populations are among the most at-risk for overdose.
- **We must also end prior authorization requirements for all buprenorphine formulations and other MOUDs.** Prior authorization requirements by insurers have been a commonly cited barrier to initiating buprenorphine treatment. New York State can do more to work with both Medicaid and commercial payors to remove prior authorization and bolster timely access to necessary medication.
- **Ensure these medications are in our hospital emergency departments.** Patients that present with drug-related problems in the emergency department are at a critical moment, and engagement here can be strengthened by a direct linkage to community-based services, to address needs in the longer term.

Third, strengthen community-based services and support for people who use drugs.

- **We need care coordination across settings.** Our fragmented system of services is difficult to navigate. Overdose does not occur in a vacuum. It is often attended by other critical needs such as housing, and prompted by times of crisis, such as arrest, violence, and job loss. The highest risk of overdose is during transition, especially reentry from incarceration or discharge from abstinence-based treatment. It is critical that more supports

are in place to assist people in navigating the different services that can address their needs at any point.

- **We need informative media campaigns to challenge stigma and correct misinformation.**

New York State should expand mass media campaigns to meaningfully change public attitudes about the stigma associated with drug use, and build support for a public health approach.

Lastly, eliminate the criminalization and punishment of people who use drugs.

Arresting, punishing and stigmatizing people for drug use pushes the practice into the shadows, making it more dangerous and harmful. We promote:

- Police-assisted diversion to harm reduction and social services instead of arrest for drug-related offenses
- Ending parole and probation penalties and technical violations for drug use
- Eliminating social penalties for people who use drugs, including loss of public housing, child custody, and public assistance

There is no silver bullet for the overdose crisis. However, there is ample evidence and promising practices, generated over several decades of work, that help to illuminate what the road ahead should look like. I mentioned a few of these interventions today – strategies that can alleviate our current situation and– in a shifting landscape of drug use – can also protect us from the next crisis.

Once again, I want to thank you for the opportunity to provide testimony today. Countering the overdose crisis will require partnership across many sectors, but it will especially require courageous leadership to transition us to a new way of approaching drug use and the problem of substance use disorder. We're happy to provide advisory support and technical expertise to the state senate and other colleagues in New York State who are taking up this immense and important challenge. Thank you for your time.

Lastly, ensuring the continuation and expansion of people who use drugs

Addressing, monitoring and supporting people for drug use requires the state to take the following steps, making it not just a goal, but a reality. We promote:

- Police-assisted diversion to harm reduction and social services instead of arrest and incarceration
- Ending parole and probation, barriers and technical violations for drug use
- Expanding social services for people who use drugs, including loss of public housing, child custody, and public assistance

There is no silver bullet for the overdose crisis. However, there is ample evidence that promising practices have been identified. Work that falls to implement these practices is not about what we know, it's about what we do. We encourage a few of these interventions today – encouraged if we can elevate our current situation and in a shifting landscape of drug use – can also protect us from the next crisis.