2023 Inter-agency Task Force on Overdose Prevention Report

New York State Inter-Agency Task Force on Overdose Prevention Members

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NEW YORK STATE | Office of Addiction Services and Supports | Department of Health

June 7, 2024

Dear Governor Hochul,

On behalf of the members of the New York State Interagency Taskforce on Overdose Prevention, we present to you our report and recommendations for immediate and long-term actions to combat the alarming rates of overdose in New York State.

Each life lost to a drug overdose represents a family member, friend, neighbor, or colleague. This epidemic continues to ravage individuals, families, and communities in every region of the state. The disruptions resulting from the COVID-19 pandemic have exacerbated the overdose crisis, with alarming increases in substance use related injuries and deaths. Today, New York State, like the rest of the nation, is facing unprecedented overdose rates. Making matters worse, the ubiquity of harmful additives like fentanyl and xylazine are now overwhelming the illegal drug supply and leading to even greater overdose death rates. Tragically, more than 6,300 New Yorkers lost their lives from drug overdose in 2022, with tens of thousands of others dying in the years preceding.[1]

Accordingly, this Task Force was charged with identifying actionable steps the State can take to increase intergovernmental coordination, analyze the success of existing state programs, and explore additional solutions to this overdose crisis. The members of this Task Force worked diligently and cooperatively to prepare this plan. We are confident that these recommendations will provide the State of New York with a blueprint to strengthen our efforts to combat the overdose crisis.

On behalf of the Task Force, we thank you for your ongoing leadership on this issue and for the opportunity to participate in this important effort.

Sincerely,

Chinazo Cunningham, M.D.
Commissioner, Office of Addiction Services and Supports

James McDonald, M.D., M.P.H.
Commissioner, Department of Health

[1] CDC WONDER, Accessed October 2023

EXECUTIVE SUMMARY

In New York State and nationwide, drug overdose continues to be a leading cause of accidental mortality. In 2022, over 6,300 New Yorkers died due to a drug overdose, or 17 individuals per day. The number of overdose deaths year over year continues to increase.[2]

The changing landscape of the illicit drug supply, specifically the increased presence of potent synthetic opioids, most commonly fentanyl and its analogues, novel nitazenes, as well as other substances such as xylazine, has contributed to increased mortality. Cocaine and other psychostimulants, used independently or more commonly with other substances, have also contributed to this increase. In New York State, the economic burden of fatal drug overdoses, as represented by loss of productivity has been estimated in more than $4.5 billion, but the real impact on families and communities across New York State is incalculable.[3]

Like other states, New York State is addressing this problem from both "supply" and "demand" perspectives. The illicit supply of drugs continues to increase and reflects a national concern. The "demand" problem lends itself to public health approaches that address the population at risk and minimize their exposure at multiple opportunities.

In her 2023 State of the State Address, Governor Kathy Hochul announced the creation of the Interagency Task Force on Overdose Prevention (the Task Force) and underscored her Administration's commitment to curbing the overdose epidemic and saving lives. The purpose of this Task Force was to convene leaders from across New York State agencies to discuss current activities and initiatives to track, respond to, and ultimately prevent overdoses, as well as to identify remaining gaps, new ideas, and opportunities for collaboration that would improve the effectiveness of the State's overall response. The creation of this Task Force recognizes that no State agency can successfully combat the overdose epidemic alone, and that a coordinated approach is needed to reverse current trends in overdoses and save lives.

The Task Force was convened for a total of five meetings, both virtually and in-person, taking place between August 29 and October 11, 2023. During each meeting, leaders from the represented agencies provided an overview of their agency's roles and responsibilities related to the overdose epidemic, present and planned interventions, and existing cross-agency collaborations. In addition, discussions took place related to how the work of various agencies relates to other agencies, the potential for enhanced collaboration between sister agencies as well as local and national stakeholders, and new ideas which would enhance these collaborations.

The recommendations outlined in this report include new and enhanced interventions to prevent overdoses throughout the continuum of drug use: primary prevention and addressing social determinants of health which are associated with a risk for drug use; treatment and other related services to those already using drugs that make overdoses less likely; and harm reduction resources which are intended to make overdoses less lethal (such as naloxone) and subsequent overdoses less likely. This report also highlights information on key data systems maintained and utilized by multiple State and local actors which are used to track drug overdoses and strategically mobilize resources to prevent future overdoses.

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[2] CDC WONDER, Accessed October 2023

[3] Based on CDC data by jurisdiction from 2017; State-Level Economic Costs of Opioid Use Disorder and Fatal Opioid Overdose — United States, 2017 (cdc.gov)

The Task Force notes the importance of measures which aim to directly address drug use and overdoses, but also broader measures to address social determinants of health. Social determinants of health are life-enhancing resources, such as availability of healthful foods, quality housing, economic opportunity, social relationships, transportation, education, and health care, whose distribution across populations effectively determines the length and quality of life. They can be advantageous or disadvantageous, leading to downstream impacts on health and wellbeing; disadvantageous social determinants of health are linked to a greater likelihood for future drug use, and by extension, overdose.

Taken together, these recommendations provide a blueprint to address a more potent drug supply, remove barriers including access, capacity, and stigma which may prevent services and support from reaching New Yorkers most in need, and implement more effective State and local collaborations to understand and respond to drug overdoses, thus bending the curve of overdoses and overdose deaths.

SUMMARY OF RECOMMENDATIONS

HEALTH/BEHAVIORAL HEALTH

- Increase access to and utilization of drug testing
- Expand and enhance surveillance and data capabilities
- Improve mortality data collection
- Streamline intake processes between clinical providers and referrals to care and treatment, and pursue integrated licensure across related disciplines
- Curtail the diversion of Fentanyl and Xylazine
- Encourage widespread implementation of screening and other tools for individuals at risk for substance use disorder
- Address adverse childhood experiences at Drug User Health Hubs and OASAS and OMH-licensed programs
- Support and provide training for a workforce with lived experience with substance use
- Increase outreach and services to people who use stimulants
- Enhance pain management/pain medication prescribing guidelines

CRIMINAL JUSTICE

- Expand evidence-based criminal justice diversion programs
- Enhance local response to substance use and mental health crises
- Enhance existing real-time information systems in order to issue public alerts related to spikes in overdoses or new substances that may increase the risk of overdose

HUMAN SERVICES

- Enhance efforts in providing services to older adults
- Increase outreach to veterans
- Expand collaborations to more effectively reach unhoused individuals
- Support and provide training for individuals who are incarcerated
- Increase access to medication-assisted treatment, including through telemedicine
- Increase opportunities for cross-agency training on naloxone and other harm reduction services
- Increase focus on culturally grounded, intergenerational approaches to harm reduction
- Continued education, awareness, and increased coordination of Plans of Safe Care (POSC)
- Increase post-overdose follow-up

EDUCATION/HIGHER EDUCATION

- Strengthen evidence-based substance use education in school settings

OTHER CROSS-SYSTEM INITIATIVES

- Expand access to naloxone and naloxone training
- Expand opportunities for safe drug disposal
- Implement continued public awareness campaigns to decrease stigma

I. THE SCOPE OF THE CHALLENGE: A SNAPSHOT OF THE NEW YORK STATE OVERDOSE EPIDEMIC

Since 2010, the rate of opioid overdose deaths in New York State has increased five-fold across successive waves defined by predominant substances of prescription opioid analgesics, heroin, and fentanyl. These substances respectively involve higher likelihoods of overdose and death. Specifically, the statewide opioid overdose death rate has increased from over 5 per 100,000 in 2010 to over 25 per 100,000 in 2022 per provisional data (Figure 1), representing 5,388 opioid overdose deaths (with >6,300 total overdose deaths involving any substance). These trends mirror national trends in overdose deaths during the same time-period.

Since the 2016 Heroin and Opioid Task Force Report, there have been substantial shifts in the epidemiology of the national and state drug epidemics, which call for renewed urgency and a revised approach. These include the increased presence of fentanyl in the drug supply, which has in turn increased the number of fatal and nonfatal overdoses. The percentage of opioid overdose deaths involving synthetic opioids other than methadone, a classification which includes and is dominated by fentanyl, increased from 30.8 percent in 2015 (and >600 deaths) to 92.3 percent (and >4,000 deaths) in 2022 (Figure 2).

Although the increased presence of fentanyl in the drug supply accompanied an acceleration of overdose deaths from 2015-2017, deaths peaked in 2017 and were followed by promising declines through 2019. Unfortunately, overdose deaths have sharply increased since 2020, concurrent to the COVID-19 pandemic. Due to social isolation during the pandemic, individuals may have been less likely to receive help quickly in the event of an overdose. In addition, treatment of substance use disorder, and other medical care was disrupted during the pandemic including limitations in accessing treatment services in New York State. Long-standing racial and ethnic disparities in access and barriers to care and treatment were exacerbated during the pandemic. Thus, those who experienced disparities and used drugs were more vulnerable to overdose.

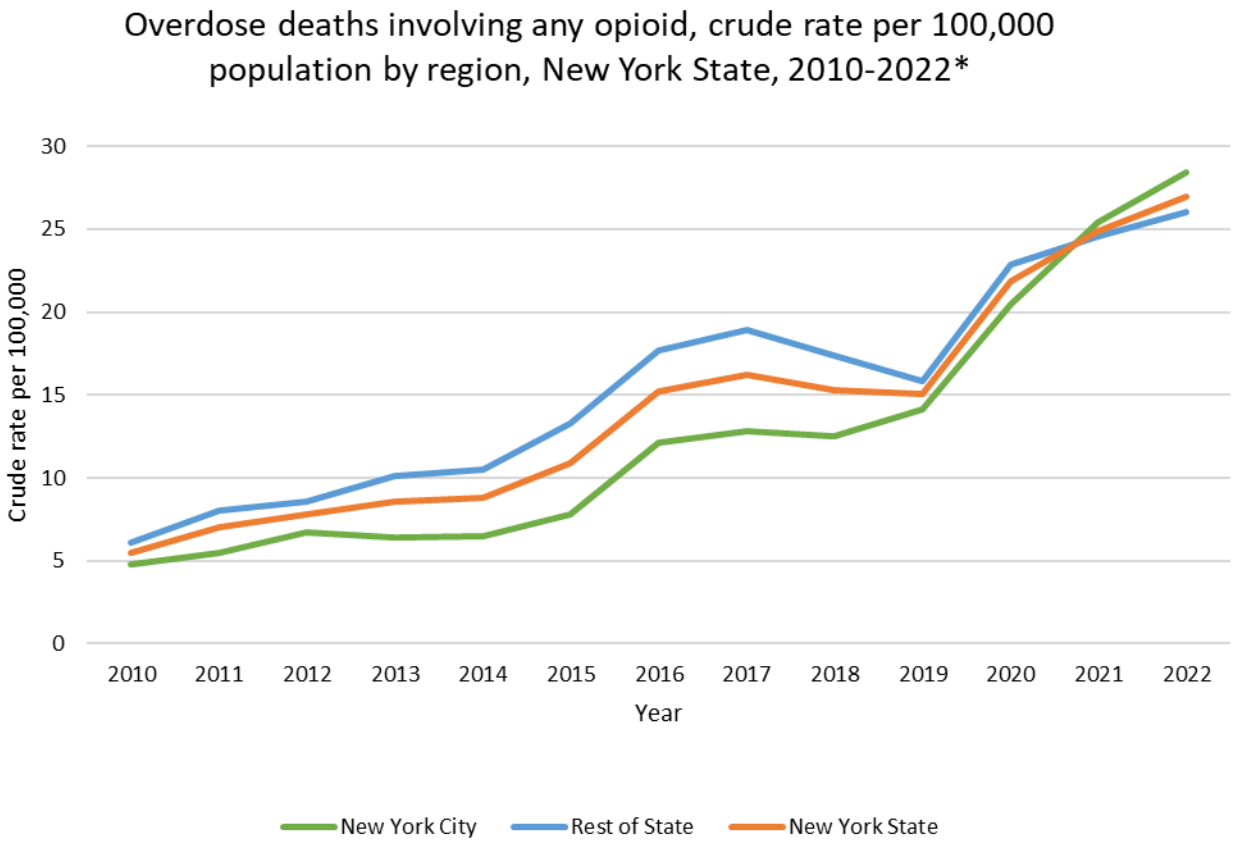
Communities across the entirety of New York State, urban and rural, have experienced these marked increases in overdose deaths over the past 15 years. Prior to 2021, overdose death rates were higher in New York State outside New York City. However, since 2021 rates have increased faster in New York City surpassing the rest of New York State. This continued in 2022 such that the New York City overdose death rate was higher than the rest of New York State (28.4 and 26.0 per 100,000, respectively), reflecting 2,409 deaths in New York City and 2,979 in the rest of New York State.

In the decade prior to 2020, White non-Hispanic residents of New York experienced the highest rates of overdose death (Figure 3), however since 2021 Black non-Hispanic and Hispanic residents have had the highest rates, due to disproportionately faster increases in rates for those two groups over the preceding years. From 2018 to 2022, the rates increased 265 percent for Black non-Hispanic residents (12.7 per 100,000 to 46.4 per 100,000), and 115 percent for Hispanic residents (from 14.4 per 100,000 to 31.0 per 100,000), compared to 36 percent for White non-Hispanic residents (18.3 to 24.9 per 100,000).

Overdose and overdose deaths are late-stage, tragic outcomes that represent the tip of the iceberg of this public health crisis. Interventions and actions *before* these outcomes occur are essential to the preservation of health and life. Thus, measures that capture the full burden and

spectrum of the drug epidemic are essential to track. The reports and dashboards described in Appendix II provide a more comprehensive picture of the trajectory of the drug epidemic across indicators, including trends in prevalence of use, treatment, and health outcomes and events.

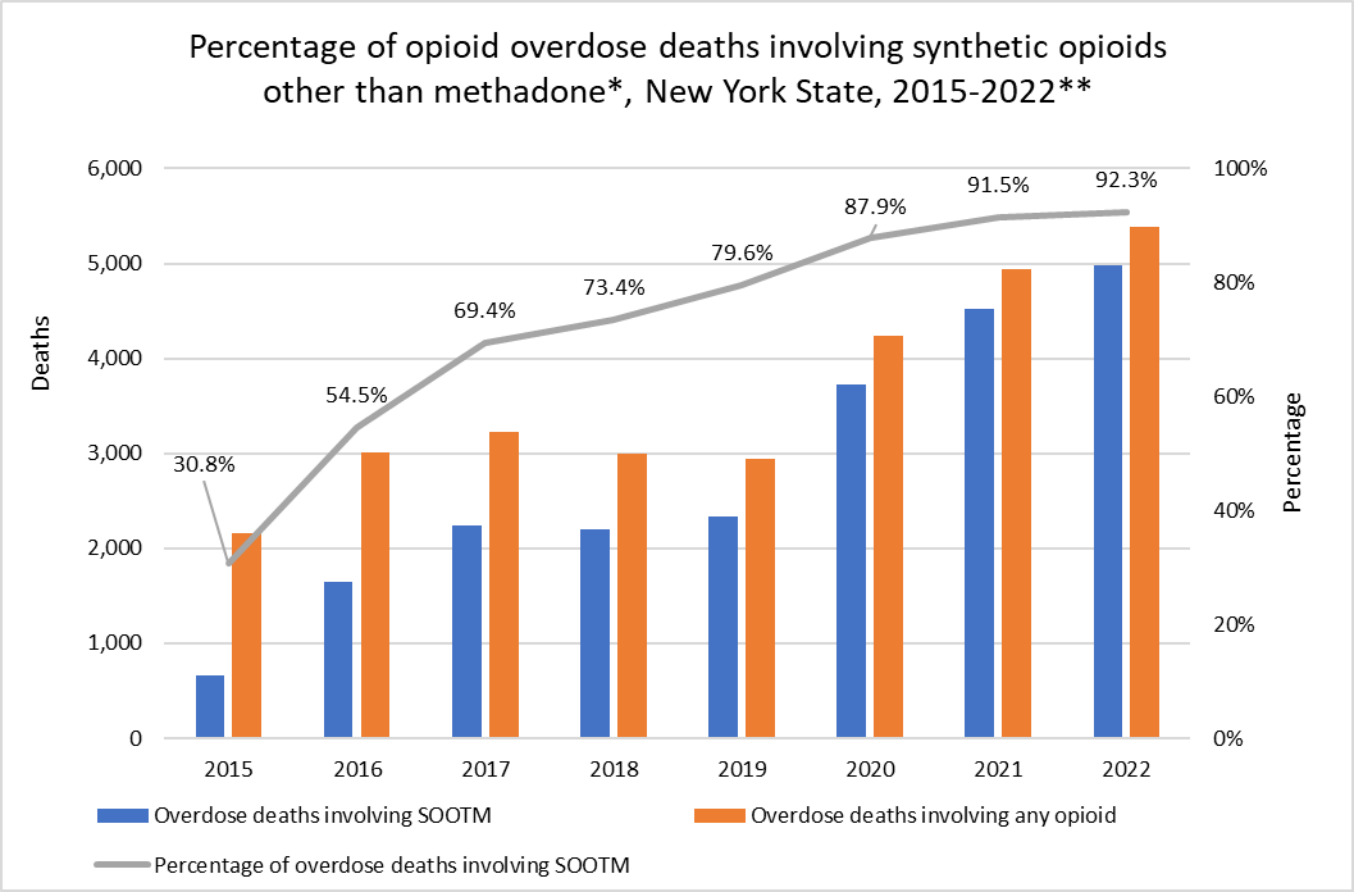
Figure 1



Data source: CDC WONDER; Accessed May 2024

*2022 data are provisional, subject to change.

Figure 2

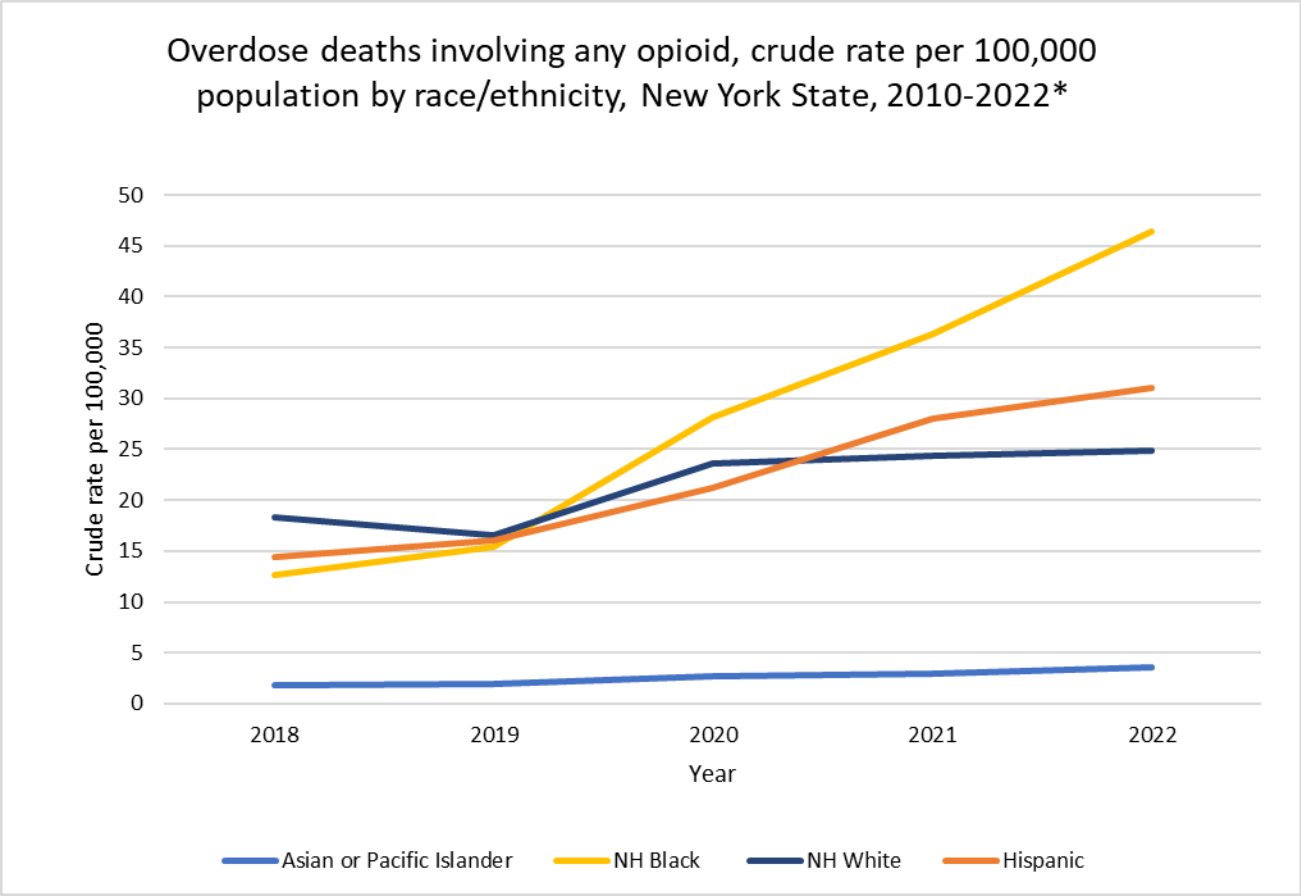


Data source: CDC WONDER; Accessed May 2024

*Synthetic opioids other than methadone (SOOTM) are identified by ICD-10 code T40.4 and serve as a proxy for fentanyl, which is a highly potent opioid now commonly found in the illicit drug market.

**Data sources: Data for New York State excluding New York City in 2021 are provided by New York State Vital Statistics, as of April 2023; all other data are from CDC WONDER, accessed May 2024.

Figure 3



Data source: CDC WONDER; Accessed May 2024

**2022 data are provisional, subject to change.*

NH = non-Hispanic

RECOMMENDATIONS

II. HEALTH/BEHAVIORAL HEALTH

Recommendation - Increase access to and utilization of drug testing

Drug testing technologies, using test strips and drug testing machines, are effective consumer safety tools to raise awareness of the contents within a drug supply. Civilian drug testing of an unregulated drug supply equips users to make informed choices and serves as means of engagement to other harm reduction services.

Testing strips can identify specific substances such as fentanyl or xylazine which would otherwise not be detected. Likewise, drug testing machines operated by the Division of Criminal Justice Services (DCJS) and other public health and safety entities can identify multiple substances within one sample and allow the detection of additives and the identification of new psychoactive substances. Currently, DOH and OASAS distribute fentanyl and xylazine test strips. OASAS has developed an online portal to allow individuals and organizations to order supplies, for direct shipping, at no cost. The use of drug testing machines by public safety agencies, the DOH, and DOH and OASAS-funded programs contributes to understanding the drug supply and detects new psychoactive substances across the state. Collectively, this information may be utilized to plan and effect interventions.

The Task Force recommends that drug testing resources be expanded with the addition of new strategies to monitor the drug supply. Standard operational procedures should be developed to notify public safety agencies when concerning amounts of adulterated substances are identified.

Recommendation - Expand and enhance surveillance and data capabilities

Surveillance and epidemiology data provide key information to characterize fatal and non-fatal overdose events, responses to overdose events, naloxone administrations, emergency departments visits, and other key sets of information. These data characterize the population being affected and at risk for drug overdose, providing valuable information for program planning and development.

Overdose-related data sets, including encounters with emergency medical services, emergency department visits, toxicology reports, and even death certificates, lack the necessary timeliness to assess events comprehensively and in "real-time." Data lags range from several days for emergency medical service encounters, weeks for enhanced toxicology reports,[4] and even several months to finalize pending death certificates. (This is addressed more specifically in the following recommendation.)

Although information systems are often robust within agencies, data remain in silos either due to technical limitations, administrative barriers, or legal restrictions, such as data use and confidentiality requirements. For instance, New York State maintains a Prescription Monitoring Program (PMP) registry with patient-specific prescription information. This information is directly accessed by individual practitioners when prescribing controlled substances to patients. This has been found to be an effective mechanism for preventing dangerous drug interactions and decreasing diversion. However, these data are not comprehensively integrated into

[4] A 2021 survey from the US Department of Justice indicates the national average time for enhanced toxicology reports to be 33 days: 2021 Toxicology Laboratory Survey Report (usdoj.gov)

electronic health records or into larger multi-agency data sets. Additionally, entities such as the New York State Intelligence Center (NYSIC) disseminate information to law enforcement agencies statewide about local overdose trends and new and emerging substances, however this information may not be immediately available to other non-law enforcement response partners. More cohesive and comprehensive data will allow for a better-informed public health approach to addiction services across agencies that provide services to those with a substance use disorder.

The Task Force recommends changes needed to integrate, modernize, and enable sharing of various data related to drug use and overdose (see Appendix II). This would allow the State to leverage information from multiple systems to fully understand specific affected populations, establish causal relationships that may inform policy and regulation, and identify emergency events as they develop. Finally, 'real-time' information may be enhanced by reducing barriers related to data access and increasing data sharing within and across state agencies.

Additionally, the Task Force recommends that relevant State agencies update policies to enhance tracking of new and emerging substances, including but not limited to those classified as veterinary medications (e.g., xylazine).

Recommendation - Improve mortality data collection

High-quality, closer-to-real-time data on drug overdose deaths should inform the public health response to the drug overdose crisis. Death certificates provide more timely information related to the cause of death and provide initial indication for overdose deaths. Beyond the basic information collected through death certificates, forensic and toxicology reports are critical to understand the context in which these deaths occurred. This information contextualizes an individual's death and allows for a more comprehensive characterization of the population affected by the opioid crisis.

Coroners and Medical Examiners are the first link to identify and characterize drug overdose deaths.[5] The New York State Coroner/Medical Examiner system is highly decentralized, and there is a wide variation in practices across the state. There is no standardized data collection method or reporting mechanism. Medical examiners and coroner's physicians must be physicians, but there are no professional or technical certifications required for coroners, and there is very limited available training. The result is inconsistency in the investigation and categorization of suspected and confirmed overdose deaths.

Toxicology reports for overdose deaths provide valuable and actionable information. However, toxicology testing practices and capacity vary across the state and there is no standard specifying the recommended or required toxicology testing for suspected overdose deaths. Enhanced and standardized toxicology testing is fundamental to characterize overdose mortality. With autopsy and toxicology reports being a fundamental source for public health information regarding opioid overdoses, incomplete, misleading, or inaccurate post-mortem information produces an incomplete and skewed understanding of overdose mortality.

[5] Roughly half of the New York State population is covered by a medical examiner. Outside New York City, 35 counties have coroners, 19 counties have medical examiners (including New York City), and 3 counties have a hybrid system involving collaboration between a district attorney and coroner. Some coroner counties have contracts with medical examiners to conduct autopsies and other forensic work; for example, the Monroe County Medical Examiner works with 11 surrounding counties.

Recommendation - Streamline intake processes between clinical providers and referrals to care and treatment, and pursue integrated licensure across related disciplines

At intake, a provider who offers both mental health and substance use services has to gather redundant information from a patient to satisfy each agency's requirements for intake and referral of a new patient. This increases the amount of time it takes before someone can be admitted. An extended intake and referral process may also be triggering for the patient who may be asked to explain painful details of trauma multiple times before any supports can be delivered. The Task Force recommends that relevant agencies, including OASAS, DOH, OMH, and others as applicable, collaborate to reduce administrative burdens for providers and streamline the intake and referral policies to ensure a more patient-centered process. Moreover, such collaboration should consider how to best facilitate a warm handoff whenever there is a referral from one provider to the next.

Further, there is a need for integrated licensure for settings that provide medical, substance use, and mental health care. The Task Force recommends that the State continue to pursue integrated licensure among these providers.

Recommendation - Curtail the diversion of Fentanyl and Xylazine

The Task Force recognizes the seriousness of fentanyl and xylazine overwhelming the drug supply. As such, the Task Force recommends updating legislation to further limit access to fentanyl analogues and xylazine. Doing so will support the federally-established High Intensity Drug Trafficking Areas program and best empower prosecutors to target the criminal enterprises introducing these deadly drugs into the supply chain.

Recommendation - Encourage widespread implementation of screening and other tools for individuals at risk for substance use disorder

Implementing screening tools such as the Screening, Brief Intervention, and Referral to Treatment (SBIRT), as well as screening for adverse childhood experiences (ACEs), represents an opportunity to take advantage of existing interactions with clients and to identify risk factors and early signs of substance use disorder or other associated conditions before they progress. This is a comprehensive public health approach to identify those at risk of developing substance use disorders and deliver early intervention and treatment services to individuals whose exhibit habits of risky use of alcohol and other substances. The Task Force recommends that DOH, OASAS, OMH, and other relevant State and local agencies provide guidance and best practices to healthcare and other community-based providers to conduct risk-based screenings for substance use disorder, and to provide appropriate referrals. Further, as implementation of screenings such as the SBIRT tool is a reimbursable service, the Task Force recommends that DOH and other relevant agencies provide updated guidance and technical assistance related to requesting reimbursement for screenings and referrals provided.

Recommendation - Address adverse childhood experiences at Drug User Health Hubs and OASAS and OMH-licensed programs

Many persons who use drugs report life experiences of trauma, particularly in childhood, and persons who currently take advantage of harm reduction and treatment services in New York State report a disproportionately high number of adverse childhood experiences. Early access to screening, counseling, and other supports which integrate best practices related to trauma-

informed care is essential to breaking the cycle of trauma and shame, both in childhood before initiation of drug use (e.g., in schools) as well as in adulthood or when drug use has already begun. The Task Force recommends that DOH, OASAS, OMH, and other relevant State agencies examine, update, and disseminate guidance and best practices for providing screening and treatment which addresses trauma and adverse childhood experiences.

Recommendation - Support and provide training for a workforce with lived experience with substance use

A sustainable workforce of people with a lived experience of substance use is essential, as these individuals, sometimes referred to as "peers," have an intrinsic rapport with others at risk and a deep understanding of the issues they confront. They are a gateway—and sometimes a destination—for critical care and support. In that role, they engage with persons who use drugs or are at risk of an overdose in a non-clinical, strengths-based, harm reduction-oriented way. To sustain this essential workforce and reduce turnover of staff and peers, peer service workers must be provided with sufficient support and wages.

Recommendation - Increase outreach and services to people who use stimulants

Stimulants, including cocaine and crystal methamphetamine, are a growing issue in New York State. Their use is associated with a range of harms to physical and mental health, including psychosis and other mental disorders, cardiovascular and renal dysfunction, and infectious disease transmission. More recently its use has been implicated in fatal overdose deaths due to being mixed with fentanyl. Generalizing, methamphetamine disproportionately impacts men who have sex with men and people living in rural areas. There is a paucity of care and services specifically for these populations. The Task Force recommends that relevant State agencies develop interventions, education, resources, and treatment for individuals who use stimulants.

Recommendation - Enhance pain management/pain medication prescribing guidelines

In 2018, the DOH, OASAS, and DFS established a Pain Management Steering Committee for the purposes of making recommendations on pain management issues and working with clinicians and other stakeholders with respect to prescribing practices, any available insurance coverage for non-pharmacological alternatives and treatment, and compliance with relevant State and federal guidelines. Given changes in drug use and overdose trends as well as recent updates to CDC guidelines for prescribing opioids for pain, the Task Force recommends that the agencies reconvene the Pain Management Steering Committee to update guidance and best practices that can be shared with the provider community related to pain management.

III. CRIMINAL JUSTICE

Recommendation - Expand evidence-based criminal justice diversion programs

Expanded access to diversion programs across the state will increase the number of individuals accessing treatment, rather than being incarcerated. Following arrest, individuals who were using drugs prior to their arrest may be likely to immediately return to using drugs. Pre- or post-arrest diversion programs which provide a warm handoff to treatment and other supports including harm reduction programs would assist with breaking the cycle of drug use and incarceration.

Diversion programs can be effective at improving the health of people with substance use or mental health conditions, while improving the safety of communities. Diversion opportunities have proven to cut rearrest rates by half and grow employment rates by 50 percent over 10 years. Despite this, last year judges only affixed 8 out of 300,000 cases for mental health rationale, indicating that they were unfamiliar with their ability to hold a case for mental health concerns.

The Task Force recommends that relevant State agencies identify and expand best practices at criminal justice diversion programs in order to support new and existing programs throughout New York State.

Recommendation - Enhance local response to substance use and mental health crises

Partnerships between State and local stakeholders have organized to generate recommendations to further improve the effectiveness and fairness of the state's criminal justice system. Substance use and mental health disorders are an important focus when reviewing prevention, emergency response, diversion, corrections, and re-entry models. Collaboration on ways to modernize policies, programs, and initiatives so they focus on rehabilitation and treatment, rather than incarceration, and better assist individuals released from prison will reduce recidivism and risk of overdose. In the past, federal grant dollars provided funding for a small-scale mapping variation of such an initiative. However, due to the financial limitations of the grant dollars, most counties were not incorporated into that review. To best assist and support these efforts, the Task Force recommends that State agencies seek to replicate and expand upon those initial collaborations with local stakeholders.

Recommendation - Enhance existing real-time information systems in order to issue public alerts related to spikes in overdoses or new substances that may increase the risk of overdose

Responding to situations on the ground, public health and public safety has access to important information and data in real-time. Sharing information regarding a spike in overdose deaths, the presence of a particularly deadly batch of illicit drugs in a specific community, or other factors of relevance to public health and safety, can potentially help to save more lives. The Task Force recommends that relevant public health entities and public safety agencies make relevant information available across State and local stakeholders to support public alerts to areas affected by spikes in overdoses, overdose fatalities, or batches of drugs which are laced with new harmful adulterants, so community members can take additional steps to protect themselves.

IV. HUMAN SERVICES

Recommendation - Enhance efforts in providing services to older adults

The Task Force recommends expanded use of Enhanced Multidisciplinary Teams (E-MDTs) to include older adults with substance use disorder. Currently, these are county-based teams that bring together various disciplines to intervene in cases of older adult abuse, including financial exploitation, physical abuse, psychological abuse, sexual abuse, and neglect by others. E-MDTs review cases of elder abuse and multidisciplinary approaches are used, as appropriate, to address issues identified.

Expand support of Screening, Brief Intervention, and Referral to Treatment (SBIRT) initiatives and Wraparound with Intensive Services (WISe) into existing Case Management programs, including medication reviews. The Wellness Initiative for Senior Education (WISE) program is a program for older adults that focuses on healthy aging and making healthy lifestyle choices. This includes education topics such as substance misuse, medication management, stress management, and depression. The Task Force recommends support and expansion of these initiatives.

Recommendation - Increase outreach to veterans

The Task Force recommends expanded collaboration between Behavioral Health and Human Services agencies to provide increased outreach and education regarding resources available for veterans and their families. The Task Force also recommends joint agency advocacy to create mechanisms for veterans to be covered for services addressing substance use within the OASAS community-based provider system. Tri-Care coverage for veterans remains a barrier to accessing services outside of the VA system. VA services are available only to those veterans able to meet enrollment criteria and Tri-Care will neither certify nor reimburse for services provided by New York State Credentialed Alcohol and Substance Abuse Counselors (CASACs) or licensed social workers, two professions which serve a vital role in OASAS' multi-disciplinary approach to service delivery. As a result, many active-duty personnel, veterans, and their families in New York have very limited choices in accessing needed care for substance use disorder. Tri-Care's criteria concerning healthcare professionals should be expanded to acknowledge the competence of CASACs and State-certified services should be eligible for federal reimbursement.

Additionally, the Task Force recommends the expansion of language used at intake within substance use disorder facilities to better capture all those who served in the military. For instance, veterans who receive an other-than-honorable discharge (also referred to as a "bad paper discharge") are not eligible for substance use disorder benefits and do not know where to turn for help. In 2021, a law was enacted to ask upon intake at homeless shelters and certain healthcare facilities if someone served in the military, rather than just if they were a veteran. This language change is meant to increase communication and help ensure that everybody receives the care that they need.

Recommendation - Expand collaborations to more effectively reach unhoused individuals.

The Office of Temporary and Disability Assistance (OTDA) provides an array of services to low-income New Yorkers, including individuals experiencing homelessness or who are unstably housed. Those seeking refuge in shelters and warming stations often have primary health and behavioral health needs. This is true as well for youth and adolescents served by the Office of Children and Family Services. The Task Force recommends that OTDA and OCFS partner with

other agencies such as DOH, OASAS, and OMH to ensure that their workforce has access to the resources they need to provide critical information and referrals to health and behavioral health programming and services. For instance, enhancing OASAS and DOH models such as drop-in centers should be considered and replicated in areas of high need.

Recommendation - Support and provide training for individuals who are incarcerated

Under Governor Hochul's leadership, to curb the high rates of substance use disorder among incarcerated individuals, the State has mandated medication assisted treatment be offered in all correctional settings across the State. However, because of the disproportionate rates of substance use disorder among the incarcerated population, more action is necessary to assist this portion of the population. Accordingly, this Task Force recommends that jails develop programs to train incarcerated individuals as Certified Recovery Peer Advocates (CRPAs). CRPAs are OASAS-certified and draw from their personal experience with substance use and professional training to provide non-clinical support services.

CRPAs are an important part of the recovery process for many individuals. Developing training programs to become CRPAs will help reduce recidivism by providing incarcerated individuals with employment training pre-release. Moreover, allowing post-release CRPAs to leverage their lived experience will help those who are currently incarcerated by providing a credible messenger living in long-term recovery. Finally, developing peer certification will help alleviate the workforce crisis which exists across the behavioral health services field. As such, the State should develop peer programs in as many carceral settings as possible and eliminate barriers that prevent peers from reentering those same carceral setting after their release.

Recommendation - Increase access to medication-assisted treatment, including through telemedicine

Buprenorphine is an effective treatment for opioid use disorder, preventing drug withdrawal, blocking or diminishing the effect of other opioids, and preventing powerful cravings that accompany the reduction of opioid use, thus preventing fatal overdoses. Expanded points of access to buprenorphine include syringe service programs, drug user health hubs, treatment programs, primary care, emergency departments and urgent care, Federally Qualified Health Centers, community-based organizations, correctional facilities, and re-entry programs. Recently passed legislation (Chapter 432 of the Laws of 2021) will significantly expand buprenorphine and methadone access in correctional settings.

Telemedicine is particularly critical in rural areas and regions of the state where there is a shortage of practitioners prescribing buprenorphine. Timely access to buprenorphine is critical, and settings where there will be the most benefit include those with a focus on acute and emergent healthcare, reproductive health, mental health well-being, criminal-justice, harm reduction, substance use-related services, and housing. The Task Force recommends that relevant agencies increase provider outreach and engagement to encourage utilization of telemedicine when prescribing buprenorphine.

Recommendation - Increase opportunities for cross-agency training on naloxone and other harm reduction services

New York State agencies and the services they provide touch all New Yorkers at various points throughout their lives, providing or overseeing services related to health, education, justice and

public safety, housing and food assistance, or other cross-system services and supports. Throughout the Task Force discussions, members noted that training related to substance use and related mental health/behavioral health topics would be useful for Child Welfare and Youth Services workers, OTDA shelter staff, those working in carceral settings, and other State and local agency staff. These trainings would aim to educate agency staff about harm reduction techniques, enhance culturally competent response to substance misuse across a broad spectrum of services and supports, and increase links to substance use disorder services for key populations. For example, DOH is currently working with OCFS to develop a video on overdose prevention trainings that can be used throughout their facilities and other residential program types that are tailored to various youth populations. Videos will be available in both English and Spanish. In addition, webinars will be conducted live for OCFS facilities, and recorded so more facilities can view them. The Task Force recommends that State agencies continue to work together and with their local counterparts to expand implementation of training opportunities.

Recommendation - Increase focus on culturally grounded intergenerational substance use prevention

Families with histories of substance use disorder that are intergenerational have specific vulnerabilities and risks, including generational trauma.

The Task Force recommends the identification and implementation of evidence-based and promising practices that are grounded in the culture of the community, and which focus on family-oriented prevention programs and treatment. By treating the whole family, including some extended family, it may be possible to interrupt generational substance use disorder. Specific strategies for families experiencing substance use disorder who come into contact with the child welfare system should be identified and disseminated to decrease the likelihood of child removal and support the speedy and safe return of children to the family. Increasing the dissemination of harm reduction practices across child welfare may help to keep families safely together, reduce the stigma surrounding substance use disorder, and support treatment goals.

Recommendation - Continue to promote the use of Plans of Safe Care (POSC)

A plan of safe care (POSC) is a plan designed to ensure the safety and well-being of an infant with prenatal substance exposure following his or her release from the care of a health care provider by addressing the health and substance use treatment needs of the infant and affected family or caregiver. For Local Departments of Social Services in New York State, the development of a plan of safe care is required to promote the safety and well-being of an infant born and identified as affected by substance use or withdrawal symptoms resulting from prenatal drug exposure or fetal alcohol spectrum disorder. The plan of safe care must address the needs of both the infant and the affected family or caregiver. The plan of safe care addresses the actions and services that will meet the infant and family's needs and support the family in achieving long-term recovery. Enhanced communication and coordination between hospitals, birthing centers, substance use providers, and Local Departments of Social Services can better support the intent of plans of safe care and provide the needed services and supports for children and families.

Recommendation - Increase post-overdose follow-up

Survivors of an overdose are at an elevated risk for experiencing subsequent overdoses. Following up with a survivor to see what their needs are mitigates that risk in a validating, compassionate way. In the course of post-overdose follow-up encounters, life-saving tools such as naloxone, fentanyl test strips, and syringes can be provided. Through these encounters, survivors can also be bridged to treatment, medical care, and other services.

Post-overdose follow-up also has a community dimension. Workers can investigate overdose spikes and clusters and mobilize rapid response interventions designed to mitigate opioid overdose risk, support harm reduction practices, leverage peer support and offer linkages to evidence-based treatment modalities. Currently, the DOH conducts post-overdose follow-up only within New York City, and counties outside New York City operate post-overdose follow-up programs of their own. The Task Force recommends that the DOH and other relevant agencies collaborate to expand post-overdose follow-up throughout New York State outside New York City, in concert with local stakeholders.

V. EDUCATION/HIGHER EDUCATION

Recommendation- Strengthen evidence-based substance use education in school settings

New York State Education Law requires health and wellness education be provided to students, which includes education related to alcohol and drug use. Presented at all grade levels in a socially and developmentally appropriate manner, Evidence-Based Programs (EBPs) have been shown to improve student focus and attention, test scores and other academic outcomes, as well as reduce alcohol and other drug use, psychiatric disorders, and suicide.

The Task Force recommends expansion of Evidence-Based Programs (EBP) to provide comprehensive developmentally appropriate prevention education for Pre-K through high school. These programs are implemented by prevention providers or educational professional with a framework of addressing social emotional learning. Specific EBPs include among others:

- Incredible Years: (Pre-K and early elementary grades)
- PAX Good Behavior Game: (Elementary)
- Positive Action (Middle School)
- Teen Intervene (Middle/High School)
- Safety First: Real Drug Education for Teens - (High School)

Furthermore, State learning standards should be examined to determine whether additional time must be devoted to topics related to health and wellbeing. School districts, which determine local curriculum offered within State-established learning standards, should receive updated information and resources from the State Education Department (SED), developed in partnership with OASAS, DOH, and other relevant state agencies, on best practices for curriculum related to drug use, overdose prevention, and other related topics.[1]

Finally, the Task Force strongly recommends school districts to move away from mandated treatment programs as a punitive measure. Instead, the Task Force encourages school districts to use person centered care to intervene early and help the student receive proper treatment.

VI. OTHER CROSS-SYSTEM INITIATIVES

Recommendation- Expand access to naloxone and naloxone training

The Task Force recommends that the State continue to build upon its efforts to increase the availability of naloxone in community settings.

This life-saving medication, when administered in a timely fashion, reverses overdoses by blocking the effects of opioids. Naloxone is safe, effective, and appropriate for individuals of all ages. Over the past several years, tremendous progress has been made to provide education and training on overdose prevention, including naloxone to communities across New York State.

The DOH Opioid Overdose Prevention Program, established in 2006, currently has over 1,000 registered programs which provide training, naloxone at no cost, education, and referrals to individuals who reach out to them. These programs include syringe service programs, OASAS licensed programs, OMH-licensed programs, community health centers, hospitals, schools, universities, local health departments, other State agencies, law enforcement, fire fighters and community-based organizations.

Existing collaborations between DOH, SED, and State University of New York (SUNY) allow for pre-positioning of naloxone at K-12 schools and all SUNY campuses in dorms and common spaces. DOH also works with the Division of Criminal Justice Services (DCJS) and Department of Corrections and Community Supervision (DOCCS) to provide naloxone kits and training to law enforcement personnel, as well as all incarcerated persons upon their release from DOCCS facilities, in addition to training for firefighters and emergency medical service personnel. In addition, to expand access further, OASAS has developed an online portal where agencies can request naloxone, as well as fentanyl and xylazine test strips, at no cost, and have it shipped to their home.

The Task Force recommends that the State continues and builds upon its efforts to have naloxone available in more public settings, including all State-operated buildings/facilities/properties, including parks, local government buildings, libraries, schools, airports, all locations that have an automated external defibrillator, and others in response to emerging needs. Further, the Task Force recommends that relevant State agencies ensure universal training and naloxone kit distribution to all first responders.

Recommendation- Expand opportunities for safe drug disposal

Safe drug disposal programs provide the opportunity to give back or dispose of unused or expired medications which may otherwise be diverted or used inappropriately. New York State agencies currently provide opportunities for safe drug disposal, either at home through the distribution of mail-back envelopes or drug deactivation pouches (e.g., Deterra bags), in-person at Drug Take Back programs, or at designated locations participating in events such as National Prescription Drug Take Back Day.

Per the Federal Drug Enforcement Agency, drug disposal drop boxes are limited to certain locations such as law enforcement, long-term care facilities, or other registered locations such as pharmacies. These sites often provide an additional opportunity to disseminate information and materials on harm reduction and substance use services. This Task Force recommends the addition of new sites as locations for the collection of substances as well as to disseminate important material.

Recommendation- Implement continued public awareness campaigns to decrease stigma

Stigma, bias, and discrimination are often reported factors as to why individuals with a substance use disorder may not initially seek treatment. The Task Force recommends that State agencies engage in a broad public-facing effort to address the stigma often surrounding drug use, drug treatment, harm reduction, and other evidence-based interventions. Importantly, this multimedia campaign should engage community partners and stakeholders in the development of the campaign.

The goal of such a campaign would be to enhance the perception of addiction treatment by using more person-centered language. An astounding 78 percent of Americans believe people who are addicted to prescription opioids are, themselves, to blame for the problem. By reducing the negative connotations surrounding substance use disorder and treatment, New York State can change the collective understanding of substance use disorder as a medical condition for which treatment and supports can and should be provided; not a weakness or a moral failing.

APPENDIX I. TASK FORCE MEETING INFORMATION

Meeting 1:
August 29, 2023
Location: Empire State Plaza, Albany, NY

Meeting 2:
September 15, 2023
Location: Virtual Meeting

Meeting 3:
September 22, 2023
Location: Virtual Meeting

Meeting 4:
September 27, 2023
Location: Joan & Alan Bernikow Jewish Community Center of Staten Island Social Hall, Staten Island, NY

Meeting 5:
October 11, 2023
Location: State University of New York, Zimpher Board Room, Albany, NY

APPENDIX II. DATA SYSTEMS

Data Products

New York State provides a variety of opioid-related data products that monitor the drug epidemic across many indicators and outcomes, in fulfillment of the 2016 Heroin and Opioid Task Force's recommendations and Public Health Law 3309(5), located on a central hub at https://www.health.ny.gov/statistics/opioid/. These data, drawn from the sources described in the following section, allow the public and partners to track the epidemic, while supporting and guiding statewide prevention, treatment, and harm reduction efforts.

These data products include:

New York State Opioid Annual Reports: The annual report provides a comprehensive overview of opioid-related data for New York State residents, across numerous outcomes and settings. This includes the most recent, *complete* information on opioid-related overdose deaths and death rates by age, gender, ethnicity, at state, regional and county levels. Data are provided on emergency department and hospital utilization for the treatment of opioid overdoses, abuse, and dependency, as well as data on the volume of naloxone administrations by pre-hospital services. Statewide data are shown for unique clients admitted to Office of Addiction Services and Supports (OASAS)-certified chemical dependence treatment programs for opioid-related reasons. Data on prescription opioids for outpatient treatment are provided for the state total and by age, gender, and region. Population-based survey data on prevalence of illicit drug use, heroin use, and pain reliever misuse are presented.

New York State County Opioid Quarterly Reports: These provide the most recent *provisional* statewide and county-level data for major opioid-related indicators, on a quarterly basis between the annual reports. Indicators include opioid overdose mortality, opioid overdose related hospitalizations and emergency department visits, Naloxone administrations, and admissions to OASAS treatment centers.

New York State Opioid Dashboard: This interactive visual presentation of indicators tracks opioid data at state (98 indicators) and county (77 indicators) levels, including fatal and nonfatal opioid overdoses, opioid prescribing, opioid use disorder treatment, and the overall opioid overdose burden.

NYS Data to Action Reports: These are briefs on important and/or emerging topics that provide specific opioid-related data to mobilize public health action. Reports include key messages, quick facts and figures describing the topics, recommendations, evidence-based approaches, and suggested actions and resources. Topics have included Fentanyl and analogs, Xylazine opioid-related morality and public perceptions, overdose deaths involving cocaine, overdose deaths involving methamphetamine, and suboxone for treatment of opioid use disorder.

Data Sources

Vital Records (Vital Statistics) Vital Event Registration: New York State consists of two registration areas, New York City and New York State exclusive of New York City. The DOH Bureau of Vital Records processes data from live birth, death, fetal death, and marriage certificates recorded in New York State exclusive of New York City. Through a cooperative agreement, the DOH receives data on live births, deaths, and fetal deaths recorded in New York City from the New York City Department of Health and Mental Hygiene (NYCDOHMH), and on live births and deaths recorded outside of New York State of residents of New York State from other states and Canada. Overdose deaths are understood from records through both listed causes of death and findings of toxicological testing.

CDC WONDER Multiple Cause of Death Query: The CDC's WONDER database (Wide-ranging ONline Data for Epidemiologic Research) is a federal database consisting of death records reported by state and local jurisdictions, including the DOH and NYCDOHMH to the Centers for Disease Control and Prevention's (CDC) National Center of Health Statistics. CDC WONDER data is used to supplement some reporting products.

Statewide Planning and Research Cooperative System (SPARCS): SPARCS collects information about hospitalizations and emergency department visits through the patient discharge data system, covering nearly all facilities in New York State. Drug-related hospitalizations are understood from the International Classification of Diseases (ICD)-10 codes at discharge that indicates the primary reason for the occurrence, first-listed causes, external cause of injury, and up to 24 other diagnosis codes recorded to further describe the hospitalization or emergency department visit.

New York State Emergency Medical Services (EMS) Data: New York State maintains an Emergency Medical Services patient care data repository, in which all electronic Patient Care Report data are captured from across the State. Administrations of naloxone by Emergency Medical Service personnel are monitored from this database.

New York State Law Enforcement Naloxone Administration Dataset: The New York State Law Enforcement Naloxone Administration dataset provides information on naloxone administrations by law enforcement officers in the case of a suspected opioid overdose. The information is submitted by public safety officers following a naloxone administration.

New York State Community Opioid Overdose Prevention Program Dataset: The New York State Community Opioid Overdose Prevention program dataset provides information on naloxone administrations by lay persons who have been trained by registered NYS Community Opioid Overdose Prevention programs. Naloxone administration reports are submitted by registered Community Opioid Overdose Prevention programs, not individual lay persons.

New York's State Unintentional Drug Overdose Reporting System (SUDORS): Since 2019, the State Unintentional Drug Overdose Reporting System (SUDORS) has collected information to characterize unintentional and undetermined overdose deaths. The database is maintained by the DOH AIDS Institute's Office of Drug User Health. This is a CDC-supported

program that compiles data from death certificates, coroners and medical examiners reports, and post-mortem toxicology reports. Its objective is to *"better understand the circumstances that surround overdose deaths, improve overdose data timeliness and accuracy, and identify specific substances causing or contributing to the death as well as emerging and polysubstance overdose trends to help inform overdose prevention and response efforts."* Their abstraction team reviews all overdose deaths and extracts information from available data sources to enhance death certificate data.

NYS Office of Addiction Services and Supports Client Data System (CDS): OASAS collects data on people treated in all OASAS-certified chemical dependence treatment programs through their Client Data System. Data are collected at admission and discharge from a level of care within a provider. Levels of care include crisis, residential, inpatient, outpatient, and opioid treatment. The primary, secondary and tertiary substance of abuse is collected for all clients admitted.

New York State Prescription Monitoring Program (PMP): This an online registry that is administered by the New York State Department of Health's Bureau of Narcotic Enforcement (BNE). The registry collects dispensed prescription data for controlled substances in schedules II, III, IV and V that are reported by more than 5,000 separate dispensing pharmacies and practitioners registered with New York State. The data must be submitted to the Bureau of Narcotic Enforcement within 24 hours after the prescription is dispensed. The Bureau of Narcotic Enforcement closely monitors all submitted prescriptions and their associated information. Effective August 27, 2013, New York State prescribers are required to consult the Prescription Monitoring Program prior to writing a prescription for Schedule II, III, and IV controlled substances. The Prescription Monitoring Program provides practitioners with direct, secure access to view dispensed controlled substance prescription histories for their patients. Patient reports include all controlled substances that were dispensed in New York State and reported by the pharmacy/dispenser for the past year. This information empowers practitioners to better evaluate their patients' treatment with controlled substances and determine whether there may be abuse or non-medical use. Prescription Monitoring Program data are analyzed in aggregate to inform trends in opioid prescribing patterns across New York State.

The Youth Risk Behavior Surveillance (YRBS) System: This is a national survey of youth and young adults in the United states, conducted every two years since 1991, and surveys high school students on substance use, physical activity, dietary behaviors, sexual behaviors, and behaviors related to injuries and violence. The national survey is conducted by CDC and the state, territorial, tribal government, and local surveys are administered by departments of health and education. Questions from the survey inform trends in the prevalence of youth engagement in substance use and related behaviors.

Behavioral Risk Factor Surveillance System (BRFSS): The Behavioral Risk Factor Surveillance System is an annual statewide telephone surveillance system designed and funded by the CDC and conducted by the DOH Division of Chronic Disease and Prevention, Bureau of Chronic Disease Evaluation and Research. It collects data on preventive health practices and risk behaviors that affect chronic diseases, injuries, and preventable infectious diseases. The New York State Behavioral Risk Factor Surveillance System sample is designed to be representative of the adult population living in private residences or college housing who have either a landline or cellular telephone, in New York State excluding New York City. Since 2018,

questions on opioid use in the past 12 months have been included in the survey conducted in New York State, which inform estimates of self-reported opioid use prevalence in New York State.

Public Opinion Survey. The Siena College Research Institute administers an annual survey of adult residents of the state of New York on behalf of the DOH Division of Chronic Disease Prevention to examine the general public's beliefs about public health issues and to assess public support for priority policies in chronic disease prevention and control. This survey informs estimates of public perceptions of the drug epidemic in New York State.

APPENDIX III. PUBLIC COMMENT

Members of the public were invited to provide comments. Written comments are included below. Oral testimony can be viewed at : Inter-Agency Task Force on Overdose Prevention | Office of Addiction Services and Supports (ny.gov)

Testimony of Casey Dalporto Senior Policy Attorney
New York County Defender Services on behalf of the Treatment Not Jail Coalition
before the Inter-Agency Task Force on Overdose Prevention
September 27, 2023

My name is Casey Dalporto. I am the Senior Policy Attorney at New York County Defender Services. NYCDS is a public defender office that represents people in thousands of cases in Manhattan criminal courts every year. I also help lead the statewide campaign to pass the Treatment Not Jail Act (S.1976B-Ramos/A.1263B-Forrest). This legislation aims to provide more off-ramps from the criminal legal system for those who suffer from underlying substance use and mental health issues by expanding access to and modernizing drug treatment courts in New York State. Our coalition includes people directly impacted by the criminal legal system, public defenders, health advocacy organizations, academics, peers, mental health and medical professionals, unions, faith leaders, and others who have come together to advocate for systemic change in our treatment courts. I am grateful for the opportunity to speak at today's meeting and testify to the critical need for more quality diversion opportunities for the thousands of individuals in the criminal legal system suffering from substance use disorder and facing an acute risk of overdose.

I. The Enduring, Increasingly Fatal Legacy of the Criminalization of Substance Use Disorder.

Any statewide effort to address New York's overdose crisis must acknowledge the indelible impact of the "The War on Drugs" and the related criminalization policies of the last fifty years, which endures to this day. While arrests and prosecutions for low-level drug possession offenses have declined overall in the last decade, policing efforts remain aggressive. In the last 20 months, for example, the New York City Police Department has increased its citywide drug arrests by 84%.[6] In 2016, at least 20% of people with Opioid Use Disorder had been involved in the criminal legal system in the preceding year.[7] Thus, even though policymakers now widely recognize the harm and futility of the criminalization of addiction and drug use, the population of individuals incarcerated in our jails and prisons who are suffering from underlying substance

[6] 1 Bahar Ostadan and Charles Lane, NYPD Of icers Are Making 84% More Drug Arrests Per Month Since Mayor Adams Took Of ice, Gothamist/WNYC (Sept. 19, 2023), available at https://gothamist.com/news/nypd-officers-are-making-84-more-drug-arrests-per-month-since-mayor-adams-took-off ice.

[7] Howell BA, Puglisi L, Clark K, Albizu-Garcia C, Ashkin E, Booth T, Brinkley-Rubinstein L, Fiellin DA, Fox AD, Maurer KF, Lin HJ, McCollister K, Murphy S, Morse DS, Shavit S, Wang K, Winkelman T, Wang EA. The Transitions Clinic Network: Post Incarceration Addiction Treatment, Healthcare, and Social Support (TCN-PATHS): A hybrid type-1 effectiveness trial of enhanced primary care to improve opioid use disorder treatment outcomes following release from jail, available at https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8319218/#:~:text=In%202016%2C%20at%20least%2020,morbidity%20after%20release%20from%20incarceration

use disorder remains substantial.[8] Roughly 80% of New York state's incarcerated population suffers from underlying substance use disorders.[9] Another 20% did not meet the criteria for a substance use disorder diagnosis, but were under the influence of alcohol or controlled substances at the time of the underlying offense.[10]

II. The Acute Risk of Overdose for Incarcerated Individuals.

Jail and prison are highly traumatizing and destabilizing for anyone who enters these facilities, but for those struggling with substance use issues, incarceration can be deadly. Overdose is the leading cause of death among people recently released from jail and prison.[11] With respect to heroin overdoses in particular, the likelihood of overdose death in the two weeks following a release from incarceration is a staggering 74 times that of the average population.[12] Even a year after release, the likelihood of overdose is 10-18 times higher among formerly incarcerated individuals than for people who have not been incarcerated.[13]

Those who remain incarcerated face even more dire risks of overdose. Across the country, drug and alcohol deaths in state prisons rose 600% between 2001 and 2018, and in county jails, overdose deaths increased by 200%.[14] This pattern is even more pronounced in New York State. According to the New York State Attorney General, the rate of incarcerated individuals dying from drug overdoses in New York's jails and prisons is more than double that of the nation.[15] Individuals with underlying substance use issues also face an acute risk of suicide in New York's jail and prison, especially if the substance they use is abruptly discontinued upon admission.[16]

III. To Prevent Overdose Deaths, New York State Must Expand Access to and Modernize Its Diversion Opportunities

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[8] New York State County Re–Entry Task Force Program, Activity Report July 2013 - June 2014, https://www.reentry.net/ny/library/item.261910-County_Reentry_Task_Force_Program_Activity_Report_July_2013 _June_2014 (79% of those incarcerated in the 19 counties surveyed reported needing substance use treatment); State of New York Dept. of Correctional Services, Identified Substance Abusers, December 2007, available at https://doccs.ny.gov/system/files/documents/2019/09/Identified_Substance_Abusers_2007.pdf (83% of the DOCCS population have substances use treatment needs).

[9] Id.

[10] Id.

[11] Joudrey, P.J., Khan, M.R., Wang, E.A. et al. A conceptual model for understanding post-release opioid-related overdose risk. Addict Sci Clin Pract 14, 17 (2019), available at https://doi.org/10.1186/s13722-019-0145-5

[12] Shabbar Ranapurwala PhD MPH, Meghan Shanahan PhD, et al, "Opioid Overdose Mortality Among Former North Carolina Inmates," American Journal of Public Health; (April 27, 2018) https://ajph.aphapublications.org/doi/10.2105/AJPH.2018.304514.

[13] Id.

[14] Beth Schwartzapfel and Jimmy Jenkins, Overdose Deaths In State Prisons Have Jumped Dramatically Since 2001, NPR (July 15, 2021) , available at https://www.npr.org/2021/07/15/1015447281/overdose-deaths-state-prisons-increase (citing data from the Bureau of Justice Statistics, https://bjs.ojp.gov/content/pub/pdf/msfp0118st.pdf)

[15] Raga Justin, Prison overdoses in New York outpace rest of nation, Times Union (Dec. 13, 2022), https://www.timesunion.com/state/article/Prison-overdoses-in-New-York-are-twice-as-likely-17651341.php

[16] Melissa Manno, Suicides persist in New York's prisons and jails, Times Union (Feb. 12, 2023), https://www.timesunion.com/state/article/tracking-inmate-suicides-new-york-s-prisons-jails-17747439.php.

To mitigate the harm and acute risk of overdose caused by the criminalization of substance use, New York must expand access to and modernize its diversion opportunities. Diversion, also known as treatment courts, problem-solving courts, or drug courts, are specialized court parts that seek to address and treat the root causes that drive individuals' involvement in the criminal legal system, like substance use disorder and/or mental health issues. Rather than processing a case through the traditional criminal court system, which might entail a conviction and a jail or prison sentence, diversion allows individuals to resolve their cases by successfully completing a course of treatment that places them on a path towards long-term recovery. Generally speaking, diversion programs are incredibly effective at making individuals suffering with substance use and mental health challenges healthier and making communities safer. Diversion opportunities have proven to cut rearrest rates by half and grow employment rates by 50% over 10 years.[17] They also significantly reduce drug relapse rates and promote better psychosocial outcomes in the long term.[18] This is true in New York's diversion courts as well. According to a comprehensive study of New York City drug diversion courts published in 2015, "when controlling for a range of background factors, enrollment in treatment leads to statistically significant reductions in time to re-arrest," and the "average number of felony violent rearrest was 50 percent lower for the diverted sample compared to the sentenced sample."[19]

IV. New York Has a Robust Network of Drug Diversion Courts, But They Are In Desperate Need of Overhaul.

A. The Background and History of New York's Robust Treatment Court Apparatus

Treatment courts have been in existence in New York for decades. Indeed, one of the first drug courts in the country was pioneered in Rochester in 1995, and Buffalo created the first-in-the-nation Opioid Intervention Court in 2017. Drug courts existed as an ad hoc model in some counties across the state until passage of the Drug Law Reforms (DLR) in 2009. With that legislation, the state rolled back much of the notorious "Rockefeller Drug Laws," while simultaneously creating statutory drug treatment courts in every county under the new Criminal Procedure Law Article 216. According to a 2023 report by the National Association of Mental Illness, the Drug Law Reforms successfully off-ramped more than 42,800 individuals from felony convictions and jail or prison sentences.[20]

Despite their effectiveness, access to these courts remains limited, and the punitive practices the courts traditionally adopt have deterred many otherwise eligible candidates and led to a steep

[17] 2 Michael Mueller-Smith & Kevin T. Schnepel, Diversion in the Criminal Justice System, 8 THE REV. OF ECON. STUD. 2, 883–936 (2021), https://doi.org/10.1093/restud/rdaa030

[18] 3 Paul S. Appelbaum, M.D., Ordering Abstinence: How Far Can Courts Go in Requiring Offenders to Remain Substance Free?, J. of Law & Psychiatry (Oct. 2018) https://ps.psychiatryonline.org/doi/10.1176/appi.ps.201800357.

[19] Jim Parsons, Qing Wei, Joshua Rinaldi, Christian Henrichson, Talia Sandwick, Travis Wendel, Ernest Drucker, Michael Ostermann, Samuel DeWitt, Todd Clear, A Natural Experiment in Reform: Analyzing Drug Policy Change In New York City, Final Report, National Institute of Justice, https://www.ojp.gov/pdffiles1/nij/grants/248524.pdf.

[20] 5 Caitlin Garbo, Kimberly Blair, Mental Health and Drug Courts in New York State: The Case for Expansion, National Alliance for Mental Illness (June 2023), https://naminycmetro.org/wp-content/uploads/2023/06/NAMI-NYC-Treatment-Not-Jail-Report-June-2023.pdf

drop in enrollment in recent years.[21] Moreover, a lack of accurate record keeping and opaque reporting has led many to question the effectiveness of drug courts operating today. [22] In the nearly fifteen years since the enactment of CPL Art. 216, there have been very few amendments to reflect the evolution of treatment modalities or updates in diversion court best practices, and it has become evident that the current law requires modernization.

B. Access to Diversion is Far Too Limited.

First, the statute governing drug diversion courts, CPL Art. 216, only applies to people with substance use or alcoholism disorders. These drug courts often reject applicants who have serious mental health illness, intellectual or developmental disabilities when "substance use" is not the primary diagnosis as required under CPL Art. 216. Thus, despite a significant incidence of co-occurring mental health disorders among substance users, many with these underlying mental health issues are excluded from any treatment court opportunities, and instead, end up serving jail and prison sentences and perpetuating the very revolving-door recidivism the statute was created to end.

Moreover, the 2009 law limits eligibility to a very narrow list of offenses – all of which are low-level, non-violent, drug and theft-related charges[23] , even though studies consistently show that individuals charged with violent felonies perform at least as well as those facing non-violent charges.[24] Further, many people who would otherwise fit the charging criteria are excluded due to their criminal histories,[25] even though studies show that those with violent criminal histories in fact perform better than those without violent convictions on their records.[26]

As a result of CPL Art. 216's narrow charge- and history-based eligibility criteria, a much smaller subset of those in the criminal legal system in need of drug treatment are granted access to drug treatment courts.[27] The results of these exclusionary policies can be deadly. In Philadelphia, for example, a 2016 study revealed that of over half of the 907 individuals who died from overdoses

[21] Joshua Solomon, Drug court enrollment has plummeted after changes to criminal justice laws, Times Union (March 23, 2023) https://www.timesunion.com/state/article/drug-court-use-drops-changes-bail-discovery-laws-17839749.php?IPID=Ti mes-Union-HP-spotlight#photo-23599569; see also Joshua Solomon, Lawmakers seek solutions on how to fix drug court decline, Times Union (March 29, 2023). https://www.timesunion.com/state/article/lawmakers-seek-solutions-fix-decline-drug-court-17864652.php#:~:text=S tate%20Sen.,other%20treatment%20courts%20is%20vital.

[22] 17 Spencer Norris, New York Drug Courts Are a Black Box, NY Focus (August 2023), https://nysfocus.com/2023/08/04/new-york-drugs-courts-are-a-black-box.

[23] CPL 216.00(1).

[24] Naples, Michelle and Steadman, Henry, "Can Persons with Co-occurring Disorders and Violent Charges Be Successfully Diverted?" Intl J. on Forensic Mental Health, 2(2):137-143 (October 2003), https://www.researchgate.net/publication/232426982_Can_Persons_with_Co-occurring_Disorders_and_Violent_Ch arges_Be_Successfully_Diverted.

[25] CPL 216.00(1)(a).

[26] Shelli B. Rossman, Michael Rempel, John K. Roman, Janine M. Zweig, Christine H. Lindquist, Mia Green, P. Mitchell Downey, Jennifer Yahner, Avinash S. Bhati, Donald J. Farole, Jr., The Multi-Site Adult Drug Court Evaluation: The Impact of Drug Courts, Volume 4 (Dec. 2011) https://www.ojp.gov/sites/g/files/xyckuh241/files/media/document/237112.pdf

[27] Id. ("For the intervention to have a truly systemic effect on drug-related crime, expanding drug courts, or comparable programs, to far greater numbers of offenders is perhaps the most pressing policy imperative to emerge from the latest drug court research.")

in Philadelphia in 2016 had prior contact with the criminal legal system in the last two years, and only nine were deemed eligible to participate in drug court.[28]

Finally, CPL Art. 216 requires participants to plead guilty up front, typically to the highest-level charge, in order to gain access to treatment and services. This model has deterred many otherwise excellent diversion candidates from applying, because they are either too leery of the level of coercive leverage this requirement entails[29] or cannot afford to plead guilty due to exposure to deportation[30] or other employment or housing collateral consequences that would stem from an up-front guilty plea.[31]

C. New York's Drug Courts Are In Need of Modernization To Reflect Current Best Practices and Regain The Trust of Potential Participants.

In the nearly fifteen years since CPL Article 216 was enacted, society's understanding around addiction and mental health has evolved significantly, and the research regarding treatment practices has revealed new insights on best intervention and treatment strategies. Unfortunately, the governing statute does not reflect these current best practices and drug courts across the state have failed to adapt on their own.

For example, most drug courts in New York faithfully subscribe to the bedrock theory of coerced treatment, a treatment court model in vogue in the years preceding the enactment of CPL Art. 216. As a consequence of this treatment paradigm, courts across the state maintain a heavy reliance on jail sanctions and gross overuse of restrictive treatment settings, even where residential treatment is not medically appropriate.[32] However, many recent studies have disputed the basic premise of this treatment philosophy, [33] and in fact, have revealed a grave risk

[28] Ruth T Shefner, Jason S Sloan, Kayla R Sandler, Evan D Anderson, Missed opportunities: Arrest and court touchpoints for individuals who fatally overdosed in Philadelphia in 2016 Int J Drug Policy, 2020 Apr;78:102724 https://pubmed.ncbi.nlm.nih.gov/32279054/.

[29] Joshua Solomon, Drug court enrollment has plummeted after changes to criminal justice laws, Times Union (March 23, 2023) https://www.timesunion.com/state/article/drug-court-use-drops-changes-bail-discovery-laws-17839749.php?IPID=T imes-Union-HP-spotlight#photo-23599569; see also Joshua Solomon, Lawmakers seek solutions on how to fix drug court decline, Times Union (March 29, 2023).

[30] Risks to Immigrants From Drug Court Participation. State Justice Institute, Center for Public Policy Studies, Immigration and the State Courts Initiative, https://www.sji.gov/wp/wp-content/uploads/Immigrants-in-Drug-Court-4-1-13.pdf

[31] Leah Wang, Racial disparities in diversion: A research roundup, Prison Policy Institute, March 7, 2023, https://www.prisonpolicy.org/blog/2023/03/07/diversion_racial_disparities

[32] Diego García-Sayán, Dainius Pūras, Information Note: Drug courts pose dangers of punitive approaches encroaching on medical and health care matters, UN Experts say, UNCHR Special Procedures (March 2019) https://www.unodc.org/documents/commissions/CND/2019/Contributions/UN_Entities/InfoNote20March2019.pdf; Riggs, R., Parsons, J., Wei, Q. et al. From punishment to treatment: a providers' perspective on the implementation of 2009 Rockefeller Drug Law reforms in New York. Health Justice 2, 10 (2014). https://doi.org/10.1186/2194-7899-2-10 ("[M]any providers interviewed expressed concern that the assessments conducted by the various screening and referring agencies in the courts are often not clinically oriented and that decisions about treatment modalities and length often seemed to be determined by criminal justice rather than clinical concerns.").

[33] See, e.g., D. Werb, A. Kamarulzaman, M.C. Meacham, C. Rafful, B. Fischer, S.A. Strathdee, E. Wood, The ef ectiveness of compulsory drug treatment: A systematic review, Intl. J. of Drug Policy (Feb. 2016) https://www.sciencedirect.com/science/article/abs/pii/S0955395921003066.

of overdose for individuals receiving such coercive treatment.[34] The overuse of jail sanctions is particularly alarming for individuals suffering from substance use disorder, because, as detailed above, any periods of incarceration raise the specter of overdose. Moreover, the abuse of jail sanctions is shown to lead to worse outcomes overall, including more criminal involvement and more drug use by the participant.[35]

Moreover, because CPL Article 216 is unclear as to how medical decisions should be made, judges often assume the role of final arbiter, often overruling the judgment of medical professionals in making treatment planning or prescription drug decisions.[36] For many reasons, this convention has drawn widespread unease from partnering treatment providers and healthcare professionals,[37] raised human rights concerns,[38] and ultimately, has not benefited participants.[39]

Finally, CPL Article 216 contains little statutory authority ensuring uniform (or even any) due process in the event of alleged noncompliance, leaving far too much opportunity for abusive practices to flourish.35 As reported by practitioners and current and former participants, the sanctions and judicial responses to alleged noncompliance can be unpredictable, and on too many occasions, overly punitive.

V. The Treatment Not Jail Act (S.1976B/A.1263B) is the Legislation New York Needs To Modernize and Expand Access to Diversion

The Treatment Not Jail Act (S.1976B-Ramos/A.1263B-Forrest) addresses the untapped potential of New York's treatment courts by dramatically expanding access to and improving upon the treatment model outlined in CPL Article 216.

First, the Treatment Not Jail Act would allow admission for people with mental health diagnoses, intellectual disabilities and other mental health challenges which have interfered

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[34] Anh T. Vo, Christopher Magana, Matthew Hickman, Annick Borquez, Leo Beletsky, Natasha K. Martin, Javier A. Cepeda, Assessing HIV and overdose risks for people who use drugs exposed to compulsory drug abstinence programs (CDAP): A systematic review and meta-analysis, Intl. J. of Drug Policy (Oct. 2021).

[35] Shelli B. Rossman, Michael Rempel, John K. Roman, Janine M. Zweig, Christine H. Lindquist, Mia Green, P. Mitchell Downey, Jennifer Yahner, Avinash S. Bhati, Donald J. Farole, Jr., The Multi-Site Adult Drug Court Evaluation: The Impact of Drug Courts, Volume 4 (Dec. 2011) https://www.ojp.gov/sites/g/files/xyckuh241/files/media/document/237112.pdf

[36] Riggs, R., Parsons, J., Wei, Q. et al. From punishment to treatment: a providers' perspective on the implementation of 2009 Rockefeller Drug Law reforms in New York. Health Justice 2, 10 (2014). https://doi.org/10.1186/2194-7899-2-10; Neither Justice Nor Treatment: Drug Courts in the United States, Physicians for Human Rights (June 2017), https://phr.org/wp content/uploads/2017/06/phr_drugcourts_report_singlepages.pdf.

[37] Id. ("[M]any providers interviewed expressed concern that the assessments conducted by the various screening and referring agencies in the courts are often not clinically oriented and that decisions about treatment modalities and length often seemed to be determined by criminal justice rather than clinical concerns.").

[38] 3 Neither Justice Nor Treatment Drug Courts in the United States, Physicians for Human Rights (June 2017), https://phr.org/wp-content/uploads/2017/06/phr_drugcourts_report_singlepages.pdf.

[39] Driessen, M., Schulz, P., Jander, S. et al. Effectiveness of inpatient versus outpatient complex treatment programs in depressive disorders: a quasi-experimental study under naturalistic conditions. BMC Psychiatry 19, 380 (2019). https://doi.org/10.1186/s12888-019-2371-5

with their functioning in society and led to their involvement in the criminal legal system. Under the model envisioned by Treatment Not Jail, judges would be empowered to order diversion regardless of the underlying charge or the person's criminal history, as long as the court determines that the person's underlying mental health or substance use issue has contributed to their criminal legal system involvement, that such underlying issue can be effectively treated, and that it is in the best interest of the public to offer the individual community-based treatment. Such a decision would be based upon the scientific assessment of mental health clinicians and evidence and arguments submitted by the prosecution and the applicant. This admissions criteria will vastly expand the pool of eligible and deserving diversion candidates.

Moreover, under the Treatment Not Jail model, diversion participants will not be required to plead guilty in order to access treatment. This is an approach already used in Opioid Intervention Courts, Manhattan Misdemeanor Mental Health Court, and in all mental health treatment courts currently operating in California. In these courts, the pre-plea model has been proven to be incredibly effective. Not only has it expanded the pool of participants and shown better outcomes, it has also fast-tracked and streamlined what has historically been an inordinately cumbersome admissions process. Passage of this important law would thus ensure the widespread application of what already is proven to work throughout New York state and in other parts of the country.

In addition to expanding access to these courts, the Treatment Not Jail Act improves upon the treatment court model by requiring judges to implement evidence-based best practices. The legislation incorporates the tenets of harm reduction and clarifies that relapse or positive toxicology results should not be used punitively, in accordance with OASAS guidelines.

Moreover, the bill requires diversion judges and personnel to undergo annual training in specialized areas such as the latest research on substance use disorder treatment, the effectiveness of certified peers; harm reduction principles, and the tenets of procedural justice in treatment court settings. Continuous training will reduce gaps in skills and resources, while keeping court staff apprised of new treatment, evidence-based practices, and rapidly evolving areas such as brain science and its impact on behavior and cognitive functions. This language is modeled on language in the Raise the Age statute, which instituted similar training for youth part judges and court staff statewide.

The Treatment Not Jail Act also removes a judge's ability to override health professionals and mandate specific forms of treatment (residential, detox, etc) and clarifies that healthcare professionals will develop a treatment plan in accordance with peer-reviewed best practices and the regulations and guidance promulgated by the OMH, OASAS, and OPWDD. The language in the statute is largely borrowed from Insurance Law § 3216. TNJ also establishes standards for modifications of the agreed-upon treatment plan, clarifying that those decisions, too, should be made by a mental healthcare professional or treatment provider.

Finally, the Treatment Not Jail Act will afford treatment court participants with rightful due process protections, including the prohibition of summary jail sanctions and other punishments without process. The bill primarily achieves this by mandating a hearing and response-setting protocol in the event of alleged noncompliance, the process and particulars of which are carefully detailed. This will protect the rights of those enrolled in these programs, provide clarity

and transparency for participants and all other court actors, and engender trust in the relationship between the court and participant.

VI. Conclusion

In order to effectively address the overdose crisis in New York, our state must recognize the significant harms caused by the criminalization of addiction and make every effort to provide off-ramps for individuals caught in the criminal legal system who suffer from substance use issues. New York has already developed a robust infrastructure of drug courts and other ad hoc treatment courts over the past fifteen years. Now it is time to modernize and expand access to these important vehicles for diversion. The Treatment Not Jail Coalition therefore urges this Task Force to recognize the urgency of passing statewide legislation like the Treatment Not Jail Act to allow these courts to reach their full potential and save as many lives as we can.

To Whom it may Concern,

I strongly support and request finding for county jails, specific to combatting the Opioid addictions we currently experience in the incarcerated individual population. We provide many services, from providing medication to programming and re-entry. All of these require funding sources and we are constantly trying to find sources for this funding. Any help from the state or federal government would greatly assist us.

Thank you.

Major James McGowan #2356
Jail Bureau

Monroe County Sheriff's Office

Re: Comments on Inter-Agency Taskforce

To Whom It May Concern,

The Drug Policy Alliance (DPA) is the leading organization in the U.S. working to end the drug war, repair its harms, and build a non-punitive, equitable, and regulated drug market. We envision a world that embraces the full humanity of people, regardless of their relationship to drugs. We advocate that the regulation of drugs be grounded in evidence, health, equity, and human rights. In collaboration with other movements and at every policy level, we change laws, advance justice, and save lives.

DPA respectfully submits these comments to the Inter-Agency Taskforce to highlight the critical and urgent need to include overdose prevention centers (OPCs) as part of the strategy to address and combat the overdose crisis in New York State.

Overdose Prevention Programs are Lifesaving, Evidence-based Health Interventions

OPCs are facilities that provide a space for people to consume pre-obtained drugs in a controlled setting, with access to clean and sterile equipment, under the supervision of personnel trained to identify and respond to the earliest signs of overdose. While at these facilities, participants have basic needs met, such as food, showers and laundry, and receive primary health care services, counseling, and connections to health and social service programs including substance use disorder treatment.

Outside of the United States, OPCs are not a novel concept. In fact, there are nearly 200 OPCs currently operating in fourteen different countries around the world – the first of which opened in Switzerland 35 years ago.[1] These OPCs successfully manage overdoses and reduce drug-related emergencies and deaths as well as helping to reduce risky behaviors that contribute to accidental overdoses. Research reflects that OPCs help reduce fentanyl-related overdose fatalities[2] and because OPCs are present at the earliest signs of overdose, the use of oxygenation can stabilize overdoses related to xylazine and other non-opioid depressants. The positive benefits of OPCs does not stop at the door either, as research reflects that the reduction in overdose deaths appears to extend into the community surrounding OPCs.[3]

Currently, two OPCs are operating in New York City both run by OnPoint – and since opening in November 2021, OnPoint has provided a safe alternate setting to over 95,000 instances of polymodality (e.g. injection, smoking, snorting) drug use that would otherwise likely occurred in public and staff have successfully intervened in 100 percent of the more than 1,000 overdoses[4] that occurred on-site. In addition to preventing overdose deaths, OnPoint staff have, diverted over two million units of hazardous waste away from public spaces and connected thousands of mostly high-poverty, housing insecure and/or homeless New Yorkers to essential services.[5]

[1] *What Is An Overdose Prevention Center*, TRANSFORM DRUG POL'Y FOUND, https://transformdrugs.org/drug-policy/uk-drug-policy/overdose-prevention-centres (last visited May 1, 2023).
[2] Tyler Marshall et al., *The Impact of Supervised Consumption Services on Fentanyl-related Deaths: Lessons Learned from Alberta's Provincial Data*, CAN. J. PSYCH. 1, 2 (2021).
[3] Brandon D. L. Marshall et al., *Reduction in Overdose Mortality After the Opening of North America's First Medically Supervised Safer Injecting Facility: A Retrospective Population-based Study*, 377 LANCET 1429, 1434 (2011).
[4] https://www.cityandstateny.com/policy/2023/08/new-york-ready-legalize-supervised-injection-sites/389130/
[5] https://onpointnyc.org/intervened-in-over-1000-overdoses/

New York City's OPCs are a successful model of local interagency partnership between NYPD,[6] sanitation, transit, education,[7] and health departments.[8] As access to affordable housing remains at crisis levels and homelessness rises,[9] people experiencing poverty and struggling with substance have to navigate difficult circumstances in public, dehumanizing and unsafe conditions. OPCs offer a different model of care, in which people are welcomed into a safe and loving environment and receive low-threshold services, meaning services are designed to remove barriers to care often faced by people actively using drugs and lacking health and stabilization services. For agencies that encounter people using drugs in public settings and related litter, OPCs are an effective and appropriate alternative to arrest, temporary displacement from streets and public transit, playgrounds, and parks, and reduce improperly discarded drug use supplies.

Current Interventions, Including Criminalization Are Not Working

In 2022, 3,026 New Yorkers died of a drug overdose.[10] This marks a 12% increase from 2021 (2,696 deaths), and the highest number of overdose deaths since overdose death reporting began in 2000.[11] Black New Yorkers had the highest rate of overdose death and the largest increase from 2021 to 2022, with Latino New Yorkers having the second highest overdose death increase.[12] Black New Yorkers ages 55 to 84 years had the highest rate of overdose compared with Black New Yorkers in other age groups and compared with Latino/a and White New Yorkers of any age.[13] This underscores the need for our strategies to be anti-racist and responsive to New Yorkers who are chronically underserved and increasingly at-risk of adverse life and health outcomes as they age. The overdose crisis is a crisis among our seniors and the leading cause of accidental death overall. Safe and supportive spaces to prevent overdose death need to be available and promoted as diligently as cooling centers on hot days.

As we expand evidence-based harm reduction strategies, we must continue to move away from War on Drugs fueled responses, which destabilize communities[14] and undermine harm reduction approaches. The increased criminalization of the illicit drug market continues to create more harm as drug users and drug sellers are inherently tied together. Often, because of barriers put up by decades of Drug War rhetoric, individuals who use drugs may also sell drugs as well, both to have money for their drug use and for income. The presence of fentanyl – a potent adulterant – has consistently increased in recent years and was present in 81% of overdose deaths in 2022. We've seen the devastating impact and ineffectiveness of criminalization to reduce the harms of the illicit supply.[15] A response rooted in criminalization is not the answer.[16] A recent study has found that law enforcement activity and drug seizures – which disrupt a local drug market – are associated with an increase in fatal overdoses in the geographic region where such seizures took place.[17] Instead, allowing individuals to come to OPCs offers a way to prevent overdose and address the underlying reason some individuals sell drugs. Participants would be able test their drug supply to know what levels of adulterants may be present, and then

[6] https://twitter.com/SyringeAccess/status/1646503207256965120
[7] https://citylimits.org/2023/06/01/opinion-overdose-prevention-centers-help-make-communities-safer/ [8] https://www.nyc.gov/assets/doh/downloads/pdf/mh/care-community-action-mental-health-plan.pdf
[9] https://nysba.org/homelessness-in-new-york-keeping-a-crisis-from-becoming-a-catastrophe/
[10] NYC Department of Health, *Epi Data Brief: Unintentional Drug Poisoning (Overdose) Deaths in New York City in 2022*, Sept. 2023, https://www.nyc.gov/assets/doh/downloads/pdf/epi/databrief137.pdf.
[11] *Id.*
[12] *Id.*
[13] *Id.*
[14] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9302017/
[15] Werb et al. (2011), "Effect of drug law enforcement on drug market violence: A systematic review" [16] *Id.*

use with supervision and also receive information and connections to social services programs that will ease their ability to reenter the formal economy.

We can and must do more to prevent overdose deaths and reduce the exclusion of people who use drugs. Adding OPCs to New York State's toolbox is essential. DPA urges the Inter-Agency Taskforce to reject the further criminalization of drugs and drug users and invest in harm reduction strategies including OPCs. We thank you for your time and attention to this issue and stand ready to be a resource.

Sincerely,

Toni Smith-Thompson
New York State Director
Drug Policy Alliance