CITY COUNCIL
CITY OF NEW YORK

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TRANSCRIPT OF THE MINUTES

Of the

COMMITTEE ON MENTAL HEALTH, DISABILITIES AND ADDICTION

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HELD AT: HYBRID HEARING – COMMITTEE ROOM – CITY HALL

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SERGEANT GONZALEZ RODRIGUEZ: This is a mic test. Today's date is June 30, 2022. The location, Committee Room. Recorded by Edgar Gonzalez Rodriguez. This is the Committee on Mental Health, Disability and Addiction.

SERGEANT AT ARMS: Good morning, and welcome to today's New York City hybrid hearing on the Committee on Mental Health, and Disabilities and Addiction. At this time, please silence all electronic devices. Thank you.

If you wish, for those of you who are viewing on Zoom, if you wish to submit any testimony, you may do so at testimony@council.nyc.gov. That's testimony@council.nyc.gov.

Chair, we are ready to begin.

CHAIRPERSON LEE: Great. Thank you so much.

[GAVEL]

CHAIRPERSON LEE: Okay. Good morning, everyone. Uh, I am Council Member Linda Lee, Chair of the Committee on Mental Health, Disabilities and Addiction and I would like to welcome everyone to today's important oversight hearing on tracking the opioid settlement fund and its related programs.

We will also be hearing a bill, Introduction number 404, which I'm proud to sponsor alongside, um, many of my colleagues, um, relating to a report tracking the opioid settlement fund. And I'd also like to acknowledge some of the Members of the Committee that are present. We have Council Member Shaun Abreu, Council Member Tiffany Cabán, and Council Member Vickie Paladino. Um, I don't know if there's anyone online. Okay, nobody online. Um, and we'll continue to announce, um, our other colleagues and recognize them as they come in. Um, so, with that, uh, I just wanted to go into my opening statement.

Um, so every four hours, as everyone knows, um, in, according to the statistics, someone dies of a drug overdoes in New York City. 85% of those deaths involve an opioid including prescribed opioid pills, heroin, or synthetic opioids. In New York City and nationally, opioid overdose is the leading cause of accidental death, surpassing motor vehicle deaths, homicides, and suicides, combined.

So, how did we get here? Opioid use disorder and its related overdose deaths is an epidemic in the United States, declared a national public health

emergency in 2017. In the mid to late 1990s, several pharmaceutical companies released to market opioid pain relievers, substances that work in the nervous system of the body or in receptors of the brain to reduce the intensity of the brain and began a mass educational and promotional campaign to convince doctors, regulators, and patients that these pain medications were non-addictive. This campaign was incredibly successful, and, uh, when Purdue pharma introduced oxycontin, one such pain medication in 1996 sales grew from $48 million to almost $1.1 billion in 200. So, in just four short years, it went from $48 million to almost $1.1 billion.

We now know that this campaign was built on greed and lies and that these lies directly led to the epidemic we are in now. By 2004, oxycontin had become a leading drug of abuse in the United States. To date, since 1999, more than 932,000 people have died of a drug overdose. And in 2020, almost 75% of overdose deaths involved an opioid.

It is important to note that many opioid addictions begin with legally acquired prescription opioids and move to illicit opioids like heroin. Of patients that are prescribed opioids for chronic

pain, between 21% and 29% misuse those prescription, uh, opioids, and between 8% and 12% develop an opioid use disorder. Of those who misuse percent, transition to use of heroin.

According to the Center for Disease Control and Prevention, the total economic burden of prescription opioid misuse alone in the United States is $78.5 billion a year when factoring in the costs of healthcare, lost productivity, addiction treatment, and criminal justice involvement.

In March 2019, Attorney General Tish James did something to address this crisis. She filed the nation's most comprehensive and extensive lawsuit to hold accountable the various manufacturers and distributors responsible for the opioid epidemic.

While many of these lawsuits and settlements are still pending, to date, over $1.5 billion has been secured to combat the opioid crisis. These funds can be used in three broad categories, for opioid treatment, prevention, and in creating and executing broad strategies and while there are strong reporting and oversight mechanisms for the state, the goal of these settlement funds is to allow discretion and

agility for localities like New Yok City to address the opioid epidemic in our communities.

Through today's hearing, oh, sorry, though today's hearing focuses on the imminent crisis that is opioid addiction in New York City, I sit here today, uh, cautiously optimistic. For the first time in decades, New York City has an opportunity to address a massive public health crisis with a tremendous amount of resources with the utmost transparency for, for our communities and to maximize coordination between the City and the state, between various City agencies and between the City and community based providers.

I am hopeful that we can accomplish these things and I am incredibly appreciative to the Commissioner, Dr. Ashwin Vasan for being with us today to demonstrate the Department's commitment to these values of coordination, transparency, and communication. I am confident that the Council and the administration can be true partners in fighting this fight and I look forward to working together on this.

And, um, just to go a little bit off script here, I just wanted to really thank, um, the Commissioner

as well as the Mayor's Office, and I know Deputy, uh, Mayor, um, Anne Williams-Isom is not here today. But I just have to say, um, one thing that we had meetings about beforehand was really, um, the importance of being transparent with these funds and the dollars and where they're going. Um, I think, you know, coming from the community non-profit side, uh, you know, there was, there was, uh, some skepticism, I have to admit, after ThriveNYC.

And so, you know, we came to the table all together and we've had subsequent meetings about how these funds will be used and I'm actually excited because I think, um, the administration, the Health Department, as well as the Council, we've sort of come up with, um, you know, a really comprehensive start to what I think is going to be a great plan.

And, um, for the purposes of this hearing, I just wanted to say I don't think that oversight necessarily means that it has to be adversarial, and I really think this could be, and I'm hopeful that it will be, um, a true example of how good governance looks like. And how we can use City agencies as well as the administration, as well as the City Council, um, to make sure that we are truly, truly, truly

helping those in need in our community. So, I just want to thank all of you for being here today.

And so, um, with that I also wanted to thank, uh, my staff, including Chief of Staff Asher Zlotnik, uh, as well as the, um, and John Wane (SP?) who's our Legislative Budget Director and, uh, our Council Committee Staff Assistant Deputy Director Sara Liss, uh, Legislative Policy Analyst Cristy Dwyer and I look forward to a great hearing today.

And I will now turn it over to Sara Liss, who, by the way not to take away, but I want to give a shout out, it is her birthday today. And I know you want to just, you're dying to spend time with us today so I want to thank you for being here. Um, but the council staff truly, you guys work so hard, so I just want to thank you and with that, I will turn it over to you.

STAFF ASSISTANT DEPUTY DIRECTOR LISS: Thank you. Can you raise your right hand please? Thank you. Do you affirm to tell the truth, the whole truth, and nothing but the truth before this Committee and to respond honestly to Council Member questions?

COMMISSIONER VASAN: Yes.

STAFF ASSISTANT DEPUTY DIRECTOR LISS: Thank you. You can begin your testimony.

COMMISSIONER VASAN: Good morning, um, Chair Lee and Members of the Committee. I'm Doctor Ashwin Vasan, Commissioner of the New York City Department of Health and Mental Hygiene, the New York City Health Department. I am joined today by Doctor Michael McRae, Acting Executive Deputy Commissioner for Mental Hygiene. Thank you for the opportunity to testify today on behalf of the City on the New York State Opioid Settlement Fund and its related programs.

As we've heard, 2020 was the deadliest year for overdose deaths in New York city since reporting began in 2000. And every three hours now, according to most recent data, someone dies of an overdose in New York City. If not for the COVID-19 pandemic, the ongoing overdose crisis would be recognized as the five-alarm public health emergency that it is.

In 2020 alone, over 2,000 New Yorkers died of a drug overdose. To put that in perspective, that's more deaths than due to homicide, suicides, and motor vehicle crashes combined. And this trend continued to accelerate in 2021, underlining the need for stronger and innovative approaches to preventing overdose.

Data released just yesterday shows that during the first nine months of 2021, there were at least 1,956 overdose deaths in New York City, and we expect this number to increase as we determine the cause and manner for outstanding deaths. The increase in overdose deaths has many drivers including the increased presence of fentanyl in our drug supply and the health, mental health, and economic impacts of COVID-19.

We also continue to see deep inequities in the burden of overdose death. Data demonstrate an increase in racial, economic, age, and place-based disparities in overdose deaths. The geographic disparities are most prominent in neighborhoods such as the South Bronx, East Harlem, Central Harlem continue to experience the highest rates of overdose. These neighborhoods are also among the neighborhoods hardest hit by COVID-19, a direct result of structural racism and historic disinvestment in those communities. These disparities are unacceptable and the City continues to center equity in our response both to the pandemic and to overdose.

The City continues to build on the framework of HealingNYC with effective public health strategies

organized around the primary and unifying goal of reducing overdose deaths in New York City. The HealingNYC strategy aims to reduce overdose deaths by preventing risky drug use and reducing associated health complications, connecting New Yorkers to effective drug treatment, and increasing recovery supports.

But before turning to our plans for the future and despite the challenges we face with our rising tide of drug use, fentanyl, and mental health needs in the midst of COVID, I'd like to take a moment to acknowledge the immense amount of work undertaken by the City, the Health Department, and our partners at Health and Hospitals, trusted community-based organizations and other agencies to prevent overdose.

First, the City and the Health Department has employed a number of strategies to equip New Yorkers with the education and tools necessary to reduce the risk of overdose. This has included robust public awareness campaigns as well as community engagement in neighborhoods most impacted by the overdose crisis.

Most recently, the Health Department significantly expanded distribution of fentanyl test

strips and established community-based drug checking services at two Syringe Service Programs in the City. This builds on our robust naloxone distribution system, the central piece of our strategy to curb the overdose epidemic.

We offer regular trainings and provide free naloxone kits to people who use drugs and their loved ones, and we aim to make naloxone and other safer use supplies widely available across a variety of community settings, to prevent overdose deaths. You can visit the naloxone page of our website or call 311 to learn more about where to find a naloxone kit or to take one of our virtual trainings to receive a free kit in the mail.

Our public health approach to the overdose epidemic is grounded in harm reduction. This means meeting people where they are with the services they need to keep them alive and with the potential to recover. With the support of Healing NYC, we have significantly expanded investments in Syringe Service Programs, or SSPs, community-based programs which provide harm reduction services and connections to social health and mental health supports for people who use drugs. SSPs aim to improve the health of

people who use drugs by providing overdoes education on naloxone distribution, HIV and Hepatitis-C testing and counseling, and of course opioid addiction treatment, as well as to support surrounding communities through syringe collection.

Our NYC Relay program also connects people in emergency rooms who have experienced a non-fatal overdose with a peer community health worker for 90 days post-overdose to provide support and connections to care, understanding that people who experience a non-fatal overdose, are two to three times more likely to eventually have a fatal one, and that the immediate period after a non-fatal overdose is critical in getting people connected to recovery supports and to opioid treatment.

Looking further downstream, we continue to invest in mechanisms to increase access to methadone and buprenorphine, first line treatments for opioid-use disorder. For example, the City recently invested in establishing low-barrier buprenorphine treatment options for people experiencing homelessness with opioid-use disorder in shelters, in SSP drop-in centers, and through street-based outreach.

And during the height of the first and the second waves of the COVID-19 pandemic, we worked in partnership with the New York State Office of Addiction Services and Supports to rapidly launch a methadone delivery system so that patients in isolation and quarantine could continue to access their medication. Through this partnership, the Health Department made more than 5,400 deliveries to nearly 1,200 clients just over, in just over 14 months in 2020 and 2021.

But the rising toll of the overdose crisis demands bold action. In November 2021, The City announced the operation of the first publicly recognized Overdose Prevention Centers in the country in partnership with our SSP programs. OPCs are clinical, hygienic spaces where people can use drugs under the supervision of trained professionals and avoid complications and potentially fatal overdoses. These programs also improve access to healthcare, mental healthcare, provide pathways to substance sue and mental health treatment, social services, and basic needs.

OPCs serve, OPC services are vital, they are dignifying, and they are proven to save lives. As of

May 31st, of this year, over 300 potentially fatal overdoses have been averted at the two operational OPCs, both of which are run by OnPoint NYC. That's 300 New Yorkers who might not even be here today or to even have a chance to recover, to engage in treatment, and to rebuild their lives. Remember, you cannot help someone recover if they are dead.

I want to take a moment also to acknowledge the impressive work of OnPoint NYC, the SSP program that houses the City's two OPCs. The leadership and staff of this organization are experienced, they're professional, they're passionate, and skilled community leaders, and we are proud to work with them as they work with us and with SSP programs across the City, to lead the next wave of the harm reduction movement in this country. We continue to call for state and federal action in authorizing OPCs so more of these critical, life-saving programs can open across New York and throughout the country.

Now let me talk about what comes next. Where does NYC go from here? Though we have made robust investment in expansions to substance use disorder services, additional, more flexible sources of funding are needed to stem the tide of this crisis.

The funding from the opioid settlements could not be timelier and I share your optimism. I would like to thank Attorney General James for securing this critical funding for New York City.

In April, the Mayor and the Attorney General announced that New York City had initially been allocated to receive approximately $286 million over the next 18 years to combat the opioid crisis. As a part of the approximately $1.5 billion state-wide settlements, with a set of manufacturers and distributors of opioids. We are hopeful for additional funding from this initial settlement amount through the other designated pools and as well, we expect future settlements with additional manufacturers and distributors.

There are multiple ways this current settlement funding will be disbursed to New York City. First, some funds will be distributed directly to New York City. Some of this funding has already been received. Additional funding will be disbursed through the New York State Office of Addiction Services and Supports based on recommendations from the State Opioid Settlement Board, on which I'm proud to sit as the City's representative, as well as by the Office of

the New York State Attorney General. It is my goal in my role as the City's representative to ensure distribution of this funding in keeping with the burden of state-wide overdoses and overdose deaths, and to ensure New York City receives its fair share.

As a benchmark, New York City makes up approximately 40% of the state's population, and 40% of its overdose deaths. Additionally, state-wide, approximately 40% of overdoses are among non-white New Yorkers. Moreover, New York City represents many communities disproportionally burdened by overdose, particularly low-income and communities of color.

Rates of drug overdose death are highest among residents of the South Bronx. If the South Bronx were its own state, it would have the second-highest rate of fatal overdose in the country, following only West Virginia. It's my duty to drive an equitable distribution of opioid settlement funding in New York state to directly support the jurisdictions and the communities most impacted by the overdose epidemic.

All settlement funding, regardless of, through which mechanism it's received, will be used to support and scale, proven, lifesaving, prevention, harm reduction, care and treatment programs for

substance use disorder. We have a unified approach with the Health Department leading in partnership with New York City Health and Hospitals, the Office of the Chief Medical Examiner, and other City agency partners, and building off of the initial framework of HealingNYC to deploy evidence-based strategies to prevent overdose and fatal overdoses and to connect people who use drugs to supports and treatment. This funding is critical to meet the scale of the opioid crisis in New York City.

For over the next five years, the City will invest $150 million to support three pillars of work. Number one, strengthening harm reduction and treatment in communities. By sustaining and expanding hours at the City's existing Syringe Service Providers that operate OPCs to reduce risk of overdose and offer connections to other services and supports including treatment. Funding will further support expanded access to street health outreach and wellness mobile harm reduction and connection, mobile harm reduction clinics, and connections to provide care in communities hardest hit by the overdose epidemic.

Number two, expanding support for treatment optimization strategies with additional staff at New York City Health and Hospitals to expand the emergency department substance use consult teams which will operate 24/7 across 11 hospitals. This will also include training of the behavioral health workforce to build expertise in addressing co-occurring psychiatric and substance use disorders.

And number three, strengthening community support for people who use drugs and their families by connecting families of drug overdose decedents to critical mental health and social service supports during the crucial window immediately following a death according to their particular needs.

Turning now to the legislation, Introduction 404, which would require the City to report monthly on opioid settlement funds, moneys, and spending. We share the Council's commitment to transparency for the opioid settlement funding and programming and I look forward to further discussing the City's existing plans for reporting to ensure mandates and local law align with existing reporting requirements to the state.

Again, thank you Chair Lee and the entire Council for your continued partnership and commitment to the health and wellbeing of New Yorkers. I share your optimism that this is what good governance looks like, could look like. I'll take this moment to say hearings such as this are so important to destigmatize substance use and to let New Yorkers know that support is available. You are not alone. And with that, I'm happy to take your questions.

CHAIRPERSON LEE: Thank you so much, Commissioner. Um, I just want to acknowledge, uh, my colleague, uh, I was going to say doctor for some reason, but Council Member Erik Bottcher who has joined us today. Um, and with that, I'll just dive into some questions that I have. And then, you know, we'll turn it over to colleagues as well.

Um, so I know that you mentioned in your testimony, $286 million so far, um, cause we all know that, you know, as the lawsuit continues, I think that could increase, but, um, so, and you mentioned that some of the money has already come in, so, how, how much has come in and, um, have you guys started to see, you know, um, more of that money flowing in, or do you know in which tranches it'll be coming in?

COMMISSIONER VASAN: Thanks for the question, Chair. Um, and that's right. The announcement made in April is the same as our understanding now. The city has been allocated approximately $286 million initially out of this $1.5 billion initial settlement, initially.

CHAIRPERSON LEE: Right.

COMMISSIONER VASAN: As I said in my testimony, we're hopeful of additional fundings coming from other pools administered by OASAS or the Attorney General herself. Um, the City has, as you know, we operate on five year budgeting cycles, and so, that money is intended to be spread out across 18 years, which $286 million over 18 years, we, we didn't want to spread it so thinly across that 18 year cycle, so we budgeted in a five year cycle to not overspend in year one, but to do it, do it in a methodical way.

And so, working closely with the Office of Management and Budget, um, we've come up with a $150 million initial spend over the next five years, um, which allows us to front load spending to get critical, um, services funding, but not to overspend and not leave us with, um, less in the years out.

CHAIRPERSON LEE: Okay. And just to sort of piggyback off what you were just mentioning, so the first $150 million, um, in the first five years, um, if you could just clarify. SO, I know that there's three different buckets that the funding can be used for, um, and most of this $150 million, my understanding is going to be on the treat, focusing on the treatment. And then the next phase would be preventative services. Is that correct? Or are you, or is it going to be tackling all three buckets at the same time?

COMMISSIONER VASAN: It, it's a great question, Chair. Thanks for it. It's actually all three buckets at the same time.

CHAIRPERSON LEE: Okay.

COMMISSIONER VASAN: Though we're still working out the proportions. And again, I think some, a point of education for all of us.

CHAIRPERSON LEE: Right.

COMMISSIONER VASAN: Treatment is the goal. We want everyone to be treated, but treatment is not linear. The road to treatment is not linear. We see very high rates of relapse in opioid use disorder. We see repeated attempts at treatment before it finally

sticks. And our job, my job, as a doctor, as the City's doctor is to keep people alive on their journey to recovery. Whether it takes you one time, or ten times, or a hundred times, you should have the right to stay alive and that means investing in harm reduction as a critical tool on the road to recovery and to meet each individual, um, in the way they need to be met with services.

CHAIRPERSON LEE: Yeah. Thank you for that cause I think, you know, in, in, just in my previous role in the mental health side, people come in at different points and so, how are you going to make sure that they are receiving services no matter what point they are coming into. So, thank you for that.

COMMISSIONER VASAN: Sure.

CHAIRPERSON VASAN: Um, so going real quick, City and, City versus state, cause I know that not everyone always understands the different jurisdictions that City has versus the state have. So, um, could you go a little bit and explain a little bit more in detail the relationship between the City and state in disseminating the funds and prioritizing the programming?

COMMISSIONER VASAN: So, we, this initial $286, so, thank you for the question. Um, this initial, uh, $286 million, estimated, um, of which we've budgeted for $150, is under our domain as a City. And we can appropriate it to spending as we see fit in keeping with the overall broad uses for the opioid settlement funds, which fall into the buckets I mentioned, prevention, harm reduction, care treatment, support, recovery, services, system strengthening as well.

CHAIRPERSON LEE: Right, okay.

COMMISSIONER VASAN: So, um, that isn't, it's separate and apart from how the Opioid Settlement Board will advise the OASAS administered funds, which is the board that I sit on in Albany, um, which is made up from representatives all across New York state.

CHAIRPERSON LEE: And how closely coordinated is, um, New York City's DOHMH as well as New York state DOH working on the issues and disseminating funds? Like, has that, has those, you know, have those conversations started, or what, what is that going to look like, I guess, if you could?

COMMISSIONER VASAN: Thanks for the question. Absolutely, we're working closely. But it, it, I'll,

I'll just say again it's principally the OASAS, Office of Addiction Supports and Treat, and Services, which is, um, the principal administrator of these funds. Um, the DOH is in consultation, especially around the, the data and reporting and epidemiology side, and the Office of Mental Health, the State Office of Mental Health is also at the table in, in consultation, but it's under the lead of OASAS and we are in very close contact with OASAS around, not only letting them know our intended uses of the funds that we have, but how we'd like to see the funds, in my role on the board, how we'd like to see the funds spent across the state, proportional to the burden of disease and proportional to a shared goal of reducing overdose deaths in New York City and New York state.

CHAIRPERSON LEE: Yeah, I mean the statistics you gave on the South Bronx are alarming, so I think, you know, we got to make sure that we're taking care of certain areas and pockets of the City, for sure. And, um, so, the $286 million, um, just to make it clear for folks, uh, that are listening in, is, uh, mostly it's controlled by the Mayor, correct? Uh, like how much does the City have control in terms of that portion? And then, on the state side, the board that

you're sitting on, um, how, how can we, you know, how, or what are your plans to advocate for the City, like you said, to receive that fair share?

COMMISSIONER VASAN: Yeah, so the, our understanding and, and this is what seems to be rolling out is that that $286 million is directly to the City, managed by the Office of Management and Budget

CHAIRPERSON LEE: Okay.

COMMISSIONER VASAN: Led, with approaches led by the Health Department in partnership with Health and Hospitals, the Office of the Medical Examiner, and other City agencies.

The money from the settlement board, which is governing the OASAS administered funding, that is representative of the entire state. My goal, and I mentioned the statistics, 40% of the population, 40% of the overdose deaths, 40% of state-wide overdose deaths in non-white people, and the majority of non-white people living here in New York City, in the state.

So, if you look at that as a rubric, that's kind of what I'm thinking about, certainly in my role in advocating for the City, is what looks like good and

responsible, um, distribution of those funds. Um, and that's certainly what I'm advocating strongly for in public, and certainly, and private.

CHAIRPERSON LEE: Thank you. Um, so, there are some restrictions on how the money can be spent. And so, could you, um, discuss a little bit with us how the City's current priorities were selected in terms of how the money is going to be prioritized? Like, how did you guys come up with the different, um, you know, priorities in buckets and programming?

COMMISSIONER VASAN: I made, uh, thank you for the question. I made reference to HealingNYC a number of times, um, in my testimony, which was, uh, the comprehensive opioid strategy released by the prior administration in 2017. And in looking at that strategy, it's actually a very strong framework upon which to build. And we've been spending according to that framework on a number of different strategies that I mentioned like naloxone distribution, public awareness, the NYC Relay program, which was the non-fatal overdose program, and of course expanding access to buprenorphine and supporting our Syringe Service Providers around the City.

So, this funding builds on top of the funding that we're already putting out in the field. But remember, the world has changed since 2017, not only because of the pandemic, but also fentanyl entering our drug supply. So, we, we are continuing to chase this as a country, right. Overdose deaths are rising all over the country. New York state and New York City are no different.

And so, we are building off of that and incorporating both strategies to, um, look at how we address things like fentanyl, our mental health crisis, and innovative approaches to harm reduction like, uh, OPCs.

CHAIRPERSON LEE: And so, can you actually touch upon that point a little bit more? So, you know, cause obviously with the increased presence of fentanyl, um, how are we increasing the access to fentanyl test strips? Is that going to be in just the OPCs, or is it going to be in different community clinics? If you could just mention, um, a little bit on that point.

COMMISSIONER LEE: Yeah, I mean, my team just gave me, uh, a fentanyl test strip kit here, which is among the 20,000 test strip kits we've been

distributing, uh, in the City since October 2021 when we started our fentanyl test strip pilot. One of the, there, the pilot comes in two forms. One is directly with a Syringe Service Provider so that people who, and, and, and with an OPC now, where people can, who come in to use can get their supply tested before using so that they know that it's safe.

And then we, the second version of the pilot is with community organizations and outreach, um, to both raise awareness and education about how to use these but also to distribute them. We're learning a lot from that evaluation, and we'd like to see that expand over the coming, uh, months and years.

CHAIRPERSON LEE: Yeah, cause it would be great to see how we can more widely distribute those for folks. I mean it, you know, and, and do the fentanyl strips actually test for other drugs like cocaine or is it just?

COMMISSIONER VASAN: Right now, it, these are specific to opioids and to fentanyl, uh, specifically. As we know, fentanyl is an opioid that is 100 times stronger than morphine and the danger is that it's entering the supply not only of opioids, so you have people using opioids who are using opioids

laced with fentanyl, but it's infecting other parts of the drug supply.

People using stimulants or anti-anxiety, uh, medications, over the counter medications that are being cut with fentanyl and so it's incredibly dangerous for an opioid naïve person, someone who's never tried opioids, to be exposed to fentanyl, and that's, we're starting to see that also, uh, rise in our numbers.

CHAIRPERSON LEE: Yeah, cause I was just wondering cause I know that there are traces of fentanyl in other drugs as well.

COMMISSIONER VASAN: That's right.

CHAIRPERSON LEE: So, if it could be used in that way, that would be great, too. Um, okay, and then in terms of the, the future priorities, in terms of the funding and how it will be spent, um, uh, what is sort of your, I mean, I know it may be too early, but how will you be use, you know, uh, figuring out what those priorities will be? Do you have any thoughts on, on how to determine that in terms of programming?

COMMISSIONER VASAN: The good news, thank you for the question. The good news about having the kind of comprehensive approach that we have, you know, this

isn't just agencies around a table kind of competing for funds, this is a genuinely coordinated, strategic approach, is that we have a shared goal and that is to reduce overdose deaths.

And so, everything we're doing is programmed against that goal. And, as I mentioned, you know, treatment is the goal at the individual level, but we need to keep people alive now. People are dying before they even get to, the chance to get to treatment. They are dying before they get the chance to try treatment again. And so, harm reduction has to be a major focus of our investments now and into the future to keep people alive and with a fighting chance to even get into treatment.

CHAIRPERSON LEE: Yeah. I'm all about preventative services. I think that's definitely crucial, so I hear you there. Um, but, um, just out of curiosity, why do you think we're, um, why are you not investing more in drug treatment? I mean, is it because we're trying to balance that? Or if you could just go a little bit more into the drug treatment portion of, of the funds that are going to be coming out?

COMMISSIONER VASAN: We, you know, we've already invested quite heavily in drug treatment through the

initial, uh, NYC, HealingNYC plan, so this builds on that and builds provider capacity within H and H. We've worked with, uh, federally qualified health centers around the City to incorporate buprenorphine and, uh, treatment and I mentioned some of the work we've done more recently during the COVID pandemic to get methadone to people.

So, we, as a Health Department, there's no division between us and anyone else around treatment. We believe in treatment, but harm reduction has to be an anchor that keeps people alive while they move in and out of treatment.

Some reports suggest that treatment relapse rates for opioid use disorder can be as high as 60%. And so, that means you've got a six in 10 chance of actually failing and having and going back to using. And so, we understand that and, and we see increasingly that, and particularly with stronger opioids like fentanyl, it can take multiple times to start treatment. Treatment is, is incredibly hard to stay on.

Methadone is incredibly hard to stay on, in particular, which is why we're also advancing buprenorphine as first line treatment with primary

care providers. As a primary care provider myself, I know how important it can be to integrate that into my practice.

And so, um, we believe in treatment, but we also, it's not an either/or, right, it's a yes/and. How do we do both? How do we really keep people alive while we build up our treatment infrastructure? And it's going to require all hands on deck. It's not just H and H that can take the burden of this. It's not just our FQHCs. Our academic hospitals, our non-profit hospitals, they need to take some skin in the game here and they need to take some ownership here of this issue because it's affecting everybody and it's affecting all communities.

CHAIRPERSON LEE: Definitely. And, and then going off of that point, do you, is there a shortage of in-patient and out-patient treatment centers in the New York, in, in New York City currently and should we invest so that there are more in the future?

COMMISSIONER VASAN: There are in-patient and out-patient treatment facilities in New York City and as I mentioned in the, um, testimony, we are investing in our emergency department substance use consult teams as well as, um, to get people into treatment,

either in-patient or out-patient, uh, across the 11, uh, New York City Health and Hospital, uh, sites. So, I think that's, you know, what, what we don't lack is necessarily access to treatment. It's the on-ramps to treatment. It's the connections to treatment.

We have a lot of providers who actually are certified in buprenorphine and MAT. We need better reimbursement from the state and from Medicaid for those services.

CHAIRPERSON LEE: Yeah.

COMMISSIONER VASAN: We need to align that with, um, you know OASAS funded services cause a lot of drug treatment in this, in the City and, um, in the state, is funded directly through grants from OASAS and not through our Medicaid and Medicare system, our reimbursable healthcare system. Um, and so, yes, we're, we're very much committed to expanding, uh, hospital capacity.

CHAIRPERSON LEE: Okay. Um, and really quickly, just going into the, if you could speak more in terms of, uh, the coordination of the various City agencies in terms of disseminating and spending the funds? For example, um, if some of the funds go into programming at FDNY to add resources to emergency overdose

responses, will FDNY work in coordination with DOHMH, um, in designing the programming and reporting on successes and needs? So, in other words, how will that coordination, you know, happen, and what will it look like?

COMMISSIONER VASAN: Yeah. That's a, it's a good question. Thank you for the question. Um, absolutely. This is a singular plan. This is the administration plan. This is Mayor Adams's plan. And it's about coordinating across all of, all City agencies, even if they're not directly funded, even if they have existing funding for opioid work, even if they don't get settlement dollars, they are a part of our opioid response. Our EMS services are a part of our opioid response.

So, absolutely. Whether or not, irrespective of whether they get new dollars from, um, these settlement funds, they are a part of our response and we're coordinating very closely with them

CHAIRPERSON LEE: And does that, is that, um, does that look like a task force, or does that look like a, you know, a team that comes together regularly to sit and meet about what some of the metrics would be

and, you know, um, coordination of those services, or have those conversations?

COMMISSIONER VASAN: You know, I.

CHAIRPERSON LEE: Or do you, have you thought about that in terms of what it would like?

COMMISSIONER VASAN: Absolutely. And I think you mentioned Deputy Mayor Williams-Isom and her team and her leadership. Um, it's very much coordinated out of that office.

CHAIRPERSON LEE: Okay.

COMMISSIONER VASAN: Bringing all of these agencies together, uh, with our leadership, the Health Department, um, to do exactly what you mentioned, select metrics, uh, input accountability frameworks, measure, measure progress, and in, make this a coordinated effort that is, again, singularly focused on saving lives.

CHAIRPERSON LEE: Okay. Um, and in terms of the spending mechanism, I know you've done some of these already, but, um, are there, uh, so, so, in terms of who has control over the different pots of the funding, it's, it's, you know, we know it's, it's just with the City, so is it mostly the Mayor's

Office, as you mentioned, that's going to have oversight of how the money gets spent?

COMMISSIONER VASAN: The Office of Management and Budget, OMB.

CHAIRPERSON LEE: OMB, okay.

COMMISSIONER VASAN: Is, is managing those funds, so yes, by extension it's the, an extension of the Mayor and his office. Um, Deputy Mayor Williams-Isom is, is the, is the home of this kind of coordination at administration. But, but, um, you know, decisions, final decisions are made by the Mayor, the Budget Director, uh, on how these monies get disbursed to whom and in agreement with our, um, in alignment with the plans that we propose to them.

CHAIRPERSON LEE: Okay. And the, the money currently that's come in and already arrived in New York City, is that being stored, how is that being stored? Is it in an escrow account until, you know, we figure out how to spend the dollars? Or how is it being stored currently?

COMMISSIONER VASAN: Um, I'm happy to find out more details.

CHAIRPERSON LEE: Okay.

COMMISSIONER VASAN: About the, where the money lives right now.

CHAIRPERSON LEE: Um, and so, okay, so, I think you also. So, one, two, two, uh, more buckets of questions and then I'll turn it over to my colleagues. But, um, in terms of the contractors and partners that are going to be delivering the services, um, how is the administration selecting the community-based partners for the vendor contracting, um, on, in terms of the programming?

COMMISSIONER VASAN: Thank you for the question. Um, a lot of our community-based partners are already active, um, service providers of opioid services whether they be harm reduction or treatment, and so, we are actively engaged with them already through HealingNYC whether it's the 14 Syringe Service Providers or other community advocacy groups. So, those folks are at the table, um, with our plans and informing our plans and we're engaging with them. Um, you know, before we say we're going to open this or do this, we're talking with the sites.

One thing for the Council to recognize is that, um, so many of these programs are delivered through community-based organizations, so when we're thinking

about things like reporting or, or, uh, transparency, all of that ends up falling on, as burden on the providers, right. We, we aren't collecting the data ourselves. It's data that comes up through a provider and so, we want to streamline that process and make it a single unified process at the state and the City, if we can. Um, but that, the, this, those providers that are at the table.

CHAIRPERSON LEE: Okay. And, and those are publicly available, right, cause it's through the current contractors already through the City, through HealingNYC?

COMMISSIONER VASAN: Yeah, yeah, yeah, absolutely, we can get you that.

CHAIRPERSON LEE: And then, and then also, oh, yeah. If you can make that, um, list available, that would be awesome, as well for those that don't know who the partners are. And, um, in the future, will there be room for other, um, community partners, CBOs, vendors to be selected and what would that process look like? Would it be through RFPs, or how, how would that look?

COMMISSIONER VASAN: Yeah, we're happy to talk more about a process going forward for new entrants.

Um, again, I think, um, when you have unified goals, anyone seeking to work with the City on this program needs to show how their work will contribute to those goals, right.

CHAIRPERSON LEE: Yeah.

COMMISSIONER VASAN: Um, and so, reducing overdose deaths, you'll need to show how your work is contributing to reducing overdose deaths. So, um, that's a pretty clear litmus test for anyone seeking to work using these funds with us.

CHAIRPERSON LEE: Definitely. And I, I even had conversations with some of the, um, you know, the principals and teachers in schools and they were talking about some of the opioid issues they are seeing even in the schools and were thinking about some prevention programs and education. So, you know, even getting them much earlier on in age, I think, would be great. So, thinking creatively about future programs would be awesome in schools as well.

Um, and then just, uh, in terms of communication with the communities, um, how will the administration determine where Overdose Prevention Centers will be placed and will the administration guarantee community buy-in before centers are selected? And I

have to say, having been on community boards and also being part of different groups in the communities, I think, um, the frustration comes when they're not included in the conversation, and so, I just wanted to make sure that they were included and what the process would look like to engage them.

COMMISSIONER VASAN: Yeah, it's a great question. Thank you. I think it's another important education point for everyone here is that an OPC is not a stand-alone operation. It demands, you have to have a Syringe Service Provider to run an OPC. And so, um, we have 14 Syringe Service Providers around the City located all across the five Boroughs, and those are our immediate focus, how do we support those sites in different ways.

Um, we, how do we support the sties interested in opening OPCs, and how do we support the sites that have expressed, um, uh, that have the capacity to do so. Um, but I just want to also clarify again, we don't, the City does not spend money directly on OPC services. There is no, right, we, we spend money to support Syringe Service Providers who then fund the work of OPCs privately. But we are committed to seeing that model expand all across the City and

we're eager for state and federal authorization to come through, um, that would accelerate that expansion.

CHAIRPERSON LEE: Um, and are there mechanisms for feedback on the programming aspect and how the money will be spent, you know, from the community side?

COMMISSIONER VASAN: That's a great question and yes, there were definitely community feedback mechanisms built into HealingNYC when it was created and so, we'll, we are in active discussions about what that would look like, um, going forward. So, we'll, we'll circle back to you.

CHAIRPERSON LEE: Okay. And are, and in line with that, are you going, are you planning to conduct community forums, neighborhood surveys, town halls, convening town halls related to the programs and services as a way of getting feedback, or?

COMMISSIONER VASAN: Thank you for the question. Uh, I'm actually going to take this opportunity to kick it to Dr. McRae to talk about some of the outreach and, um, community engagement work that's already underway which will be built upon, uh, for this money.

CHAIRPERSON LEE: Okay.

ACTING EXECUTIVE DEPUTY COMMISSIONER MCRAE: Thank you. Um, so yeah, so we are committed to come and engage in community, um, around, um, you know, as OPCs are, uh, social services expand throughout the City. Um, we found that that's a very kind of, that's a critical piece of our work in making sure that the community feels comfortable, that they know what's going on, that they're educated about the, uh, use of OPCs, the benefits of OPCs. Um, and many of the spaces we have continued to kind of, uh, discuss, you know, the research around OPCs, and how it leads, uh, uh, how we see a decrease in syringe litter, uh, we see a decrease in, um, public drug use, uh, as well as, uh, um, public, um drug-related crimes in the area. So, we're continuing to kind of, uh, kind of dispel myths, um, do some myth-busting, but also engaging people, answering questions, um, and that we, we, we, um, plan to continue doing that moving forward.

CHAIRPERSON LEE: Okay.

ACTING EXECUTIVE DEPUTY COMMISSIONER MCRAE: Yes.

CHAIRPERSON LEE: Great. Um, and I was just going to, oh, okay. So, I'm just going to turn over to, uh, my colleagues for questions. And so, Council Member

Bottcher if you could, if feel free to ask your question.

COUNCIL MEMBER BOTTCHER: Hello.

COMMISSIONER VASAN: Hello.

COUNCIL MEMBER BOTTCHER: I want to ask about in-patient versus out-patient treatment for substance use disorder. Everyone knows that people who are of higher net worth, people with really good insurance, often go to rehab, so to speak, right, they go to a residential treatment facility for a length of time. That kind of treatment is less available for people who are uninsured or people who are poor, people who are, uh, unhoused.

Do you feel that New York could be doing more to offer in-patient residential treatment for people suffering from substance use disorder? What's the capacity issues we're facing? And what's standing in the way of that? And if you could have your wish, what would we be doing right now, federal, state, and City, to provide more residential, in-patient treatment for people?

COMMISSIONER VASAN: Thanks Council Member for the question. It's a really thoughtful one and an important one. I, I wish that anyone in New York City

regardless of income, race, ethnicity, neighborhood, could access the kind of bucolic treatment facilities and off-site supportive communities that, um, people of means can access because.

COUNCIL MEMBER BOTTCHER: Dana? Continue, Commissioner.

COMMISSIONER VASAN: Alright, no worries. Um, um, that, you know, just as a human being, as a doctor, I want all of my patients, most of whom are low-income, uh, from northern Manhattan and the South Bronx, Washington Heights, um, I want them to have the same access. The reality is we don't live in that world. Most of those treatment program you're referring to are not Medicare/Medicaid reimbursable.

COUNCIL MEMBER BOTTCHER: That's the IMD rule?

COMMISSIONER VASAN: No, slightly different. Um, the IMD rule is, um, largely around in-patient psychiatric treatment, institutions of mental disease. Again, we've had this long-standing history in this nation of treating addictions somewhat separately to mental health issues, even though anyone doing this work knows that at the core of addiction is pain of some kind, right. Whether you classify it as a formalized mental illness or not,

it's pain. It's, it's self-medication for pain. And so, um, I wish I had a good answer for you about how we solve it, but it starts, one, by recognizing that these are intersected, interesting crises.

And so, as we talk about, um, our second pandemic of mental health needs, as we talk about serious mental illnesses, as we talk about our youth mental health crisis, it's why I, in my agenda coming into this role, have included opioid explicitly in that agenda. Um, and it's why I'm very proud to lead the Health Department which is one of the few Health Departments in the country that actually not only integrates health and mental health, but that integrates substance use, uh, programming within that as well.

And so, I wish I had good answers for you. It, it starts with, um, Medicare and Medicaid and actually paying for some of this because right now it's all grant-funded or private pay which is why, um, you know, we see the disparities and inequities you mentioned.

COUNCIL MEMBER BOTTCHER: Are there people in New York City right now who really need in-patient substance use treatment and can't get it? And if

that's true, what's the plan for those people? If they really need it to get well, what, what's the plan for them?

COMMISSIONER VASAN: You know, I want to be clear that in-patient treatment can work for some folks, for a select group of people. There's also very good evidence about out-patient treatment with buprenorphine, for example, if, and when, connected with the right kinds of health, mental health, and social and economic supports. It's not just like prescribing any other medication. It has to come with this holistic package of supports which is kind of what these in-patient treatment facilities try to provide on a temporary basis in a farm upstate, or in New Jersey, right.

And, and so, you know, I think we can come up with innovative models of support for people that provide that wrap around service that connect people into mental health care and primary care and that provide them with evidence-based addiction treatment, um, in our densely populated city environment. It's why the, the Syringe Service Provider, Onpoint, that runs the two OPCs that are active, has integrated mental health supports right on site. And, and we

want to see that advance as we advance the concept of harm reduction hubs across the City, uh, we have to have those integrated supports on site.

COUNCIL MEMBER BOTTCHER: It breaks my heart that we live in a country where you have treatment available to some and then not available to others. Members of my family have used out-patient treatment that worked well, and members of my family have gone to rehab and would they have made it if they hadn't gone to rehab? Maybe, but we didn't have to find out. That's not true for everyone, and I would love to see a focus on that, um, on ending that inequity.

COMMISSIONER VASAN: I share your, I share you concern. Thank you.

CHAIRPERSON LEE: Okay. And then next, I know, um, Council Member Paladino, you had a question as well.

COUNCL MEMBER PALADINO: I want to thank you. This is a very productive meeting. Uh, I also want to, uh, bring up a couple of things. I'm going to piggyback off of Erik cause he just got done speaking. Uh, I believe that, uh, in-house treatment, you know, a number of years ago, we used to have places set up, uh, throughout the City. Uh, it's affected my family personally, so I know of what I speak.

Uh, when people are facing life or death situations with addiction, uh, lots of times going away for a, to a program, it was called, uh, and they would go away for 30 days. And I find that when they are put in a safe place and they're handled 24 hours a day, they go through what's called a dry out period. And then, uh, they go in, in, in addition, once they dry, once they go through that horrible withdrawal, uh, then they are 24 hours a day under psychiatric help to get to their depression and to try to find the root of what caused this problem.

So, I am a very big believer in not just out-patient which works for some, absolutely, uh, but as the problem progresses, as they grow, if they're not able to kick it, uh, while they are going for the out-patient treatment, they usually end up in their bed, almost dead or on the street almost dead. Uh, and they're not able to make rational decisions.

So, I'd like to see some of the money spent or some, uh, programs funded where we could go back to the way things were, uh, back in the '80s or '90s. I don't want to give away my age, but there you go. Uh, I will say that experience with this and helping, uh, them get in-house treatment, 30 days is a program. It

was called the 30 day program, and we had operations such as J-CAP, and there were some other facilities, uh, look into them please, that did indeed work.

Uh, the other thing I want to approach, is if any of this money is going to be spent on our young people. Uh, Linda mentioned preventive, you know, getting it to, getting at the beginning, 4th grade, 5th grade, start to educate, cause they're all a groupthink mentally. And, uh, groupthink mentality usually doesn't end up well depending on the group you're hanging out with.

So, I think if we start to, uh, initiate in schools, education about what these, uh, what these drugs do, opioids. It started with these young kids, they go into their mother's medicine cabinet, father's medicine cabinet. They take a handful of pills. They go to school. They divvy them out and this is what happens.

Now, worse yet, uh, these opioids are treated with fentanyl. And everybody knows with fentanyl, all you need is less than a pinhead of fentanyl and it will kill you. So, recently in the last two weeks, I know two people who lost relatives to fentanyl because they did not know what was in the vial. It

was by happenstance that they put the pill out, they, they pick it here, and they took the one, that one, and they were dead. And the funeral was just last week.

So, I think if we can hit it at a young age, perhaps that will help. You know, years ago, we had Don't Smoke. That really worked. I know a bunch of people who, young people today in their 40s that it was brought up back then, that they don't smoke today. They won't even touch it. Yet generations that came after them, because the program stopped, I'm talking about the education end of things, uh, they began to smoke. My generation is, uh, smokers.

But if we can do that same hard-hitting campaign with some of this money that, um, this will kill you. This will absolutely kill you. And I think that's what one of the, uh, one of the ways we should go about finding out. You have a great program set up, uh, but if we could just, you know, put some ribbons and bows on it, and, uh, figure out creative ways to go about doing this.

But I'm very, very, uh, hard hitting as far as in-house, going away for 30 days. And I know people who are, who were, back in the day, economically

unsound because they'd been drug addicts for most of their lives. So, there were places like J-CAP that was able to help those that were at the poverty level or below.

So, that's what I wanted to talk to you about. So, I thank you so very much for your time. And, uh, I love this. Mental health is extremely, extremely important to me for many different reasons. So, thank you very much.

COMMISSIONER VASAN: Thank you, Council Member. I appreciate your comments. And I'm sorry for your losses. I, I didn't mention it in my testimony, but this is personal for me, too. I lost my uncle to addiction when I was 10, and, uh, he was like a hero to me. And so, and in my community, an immigrant community, very much stigmatized even further than it already is, drug use, um, and addiction overall. So, um, I share your, your desire to see something change.

On the, um, just to respond to your, um, note about young people first. Um, absolutely. I mean, we already spend on education and awareness campaigns. And within this work, everything we're talking about programming, is going to require awareness. And, um,

you know, I think the sad truth is that in our overdose data, we are seeing younger people appear, um, at, uh, rates that are higher than pre-pandemic and rates that are higher than years past. And so, um, it's a, it's a sound public health approach to start looking, uh, at earlier stages.

Um, the other thing I'll point out in that regard is the work that our colleagues at H and H are doing in terms of the maternal opioid, um, treatment programs that, that we want, that we're planning to invest in as a part of, uh, these programs. It's about getting, you know, often we're seeing both fetuses as well as mothers addicted, uh, to these powerful med, powerful drugs, and they have to live with the, not only the physical and mental health effects of that, but, um, there's an opportunity for those folks to be engaged in raising awareness in their communities and understanding the, the opportunities to tell a cautionary tale in some ways. And so, um, we're, we're interested in, in, in all of those approaches.

I'll just say with the in-patient, um, treatment focus, we have a lot of work to do to get our payers to actually pay for this stuff. You know, we have

seen this progressive decline, um, in the willingness for commercial insurance, Medicare and Medicaid, um, to actually fund treatment programs. We've talked at length about the closure of state psychiatric beds. It's all related.

Um, on one hand, you're absolutely right, you both said it. A lot of people can do very well in the community on treatment. And then there's a subset of people who could potentially benefit from, uh, in-patient care and we need our payers, our, our, our state, and, uh, our commercial providers to actually say this is an important health intervention and we're interested in supporting it cause it, it helps our recipients. It helps our members, the people who have our insurance.

But we've seen a progressive exiting from this space for, um, those commercial insurers and that's why the efforts to, to advance mental health parity, that is, mental and addiction services paid, reimbursed at the same level as physical health services at a national level, but also here in New York state are just absolutely essential. The City cannot benefit and get the resources it needs to

build the kinds of services you're talking about at scale unless we have parity.

CHAIRPERSON LEE: You hit on my favorite topic, parity and insurances. Um, I, I mean, so, I, I guess I just wanted to have a few follow up questions and, and then I'll start, I'll start with the one on the insurance companies first cause it's, it is frustrating for those that are not, you know, have, have not provided these services before. You know, the mental health services, a lot of the services related to addiction, substance use, um, get some of the lowest reimbursements which is mind-blowing to me and mind-boggling.

And so, I'm just wondering if you could sort of, you know, share your thoughts on how, like what is it that we can do, how can we put pressure on insurance companies, um, because they reported record highs because of the fact, you know, during DOVID and during the epidemic. And so, how can we put pressure points on them? You know, what can the City do? Cause I know that the City obviously is, you know, not in charge of a lot of these insurance companies, but I feel like, what is the leverage point that we can use as a City?

COMMISSIONER VASAN: Yeah, thank you for the question. The good news is we actually have a parity law.

CHAIRPERSON LEE: Yeah.

COMMISSIONER VASAN: We have a federal parity law which was, uh, passed more than a decade ago to enforce payers, insurance companies to equate their payment of behavioral health and addiction services, mental health and addiction services with physical health services. Enforcement of that law has been extremely poor across the country. Relatively speaking, New York state is actually better, but that doesn't make it good.

And so, this is legislative advocacy. This is executive advocacy. This is federal advocacy, because we won't solve our mental health crisis and our addiction crisis int eh state or the City or in this country unless we have parity. It is draining billions of dollars from our system that could be plowed back into hiring more providers, establishing more treatment centers, investing in harm reduction. All of the things we've just talked about today are all contingent upon having more resources.

And I want the Council to also understand, the resources here are significant. They're not a silver bullet. They're not a magic bullet. We need more. We need more resources to really combat this crisis and those will only come through better reimbursements, sustained reimbursement from healthcare which is currently a $4 trillion system in this country. We spend $4 trillion on healthcare in the United States. We spend three cents on every dollar on public health. We need to redirect some of that balance. Some of that money needs to go into preventive programmings and preventative programs. It starts with parity.

Um, and so, I share your frustration. The solutions are deeply systemic. But I'll leave on a, I'll end on an optimistic note because we're talking about these very things with the state and with the federal government. You have a President committed to mental health and addiction. They released a, um, opioid overdose epidemic plan at the, in May, very much similar to the priorities we've laid out, the White House and the Office of National Directive for Drug Control Policy.

Um, you know, the state is, we have a dialogue at the state for the first time in maybe a decade. And so, I, I, I'm optimistic that everyone's focused on mental health. We know, well, you know, it's, it's incumbent upon on us to use really important resources like this in a way to combat that crisis. But we need more.

CHAIRPERSON LEE: Definitely. Um, and just to my last two questions. Uh, one is on workforce and, you know, I know that, you know, pay parity also, especially in the human service sector is, is a very important issue for me personally. Um, and so, I just wanted to, to know cause we're seeing this across the board in the healthcare sector around workforce shortage issues. And so, just out of curiosity, I just wanted to know, um, if some of this funding or how this funding can also be spent, um, to invest, uh, in the staffing? Like, how are we going to staff up these programs? What does that look like?

Um, you know, and, cause I think it's so important, I mean, it's, it's kind of, it's, it's great that we programming, but then we got to make sure that we have the, the folks to carry out the programming. And so, just wondering, um, you know,

cause it seems like there are challenges across the board on the workforce front, so, just wanted to know, um, if you had thoughts on that as well?

COMMISSIONER VASAN: Thank you for highlighting this. A couple of points, um, we talk and talk about expanded access to treatment, expanded access to care, more, we need more access and more services. But you need people to deliver those services and we are facing a health worker crisis as well as a behavioral health worker crisis. And again, parity is one of the root cause because we could pay people more if we reimbursed at higher rates for the care they provide.

I'm encouraged by the steps taken by the, the Governor and here in the City to advance the cost of living adjustment and to, uh, improve salaries for human service workers. I ran a community-based organization that employed human service workers that, um, you know, we needed to increase their salaries. And they're, they're experiencing that increase.

It's a first step, but we need more. We need a sustained, um, we need to value these jobs, social workers, psychologists, peers at, in ways that really

professionalize them and dignify them. And allow them to live in the City which is becoming increasingly, which is increasingly expensive for some, for some people, right. And so, um, I think that that's, that's really our commitment.

CHAIRPERSON LEE: Um, and then just finally if you could speak a little bit about street outreach. Um, and what parts are you guys focusing, or, or is street outreach happening about these programs, how that, what does that look like? Are you focusing on certain zip codes, areas? If you could speak a little bit about that, too.

COMMISSIONER VASAN: Yeah, thank you for the question. I mentioned in the testimony that we, uh, as a part of our outreach, as a part of our harm reduction and treatment in communities, we are going to be investing in these street health outreach and wellness, uh, buses, vans, which actually started during the pandemic to get homeless New Yorkers vaccinated, tested and vaccinated. And now, treated.

Um, and so, we, uh, you know, we, we're definitely investing in that as a part of our overall treatment approach because we know we need to bring care to where people are, especially the people who

are at the margins of society, living on the street or otherwise, but also, the communities that have been hardest hit. And so, you know, again, when we have a singular set of goals, or a goal to reduce deaths, you have to go to where the deaths are, you have to go to the communities where, that are facing the greatest need and invest in those places. And so, that's our guiding north star for, for all of this work.

CHAIRPERSON LEE: Okay. Okay. Great. Um, so I think that's it from my end and then I guess we'll just head into testimony, uh, public testimonies, I'm sorry. So, thank you so much, um, Commissioner as well as Dr. McRae for being here.

COMMISSIONER VASAN: Thank you so much.

CHAIRPERSON LEE: Um, and just providing testimony and answering our questions. Thank you so much.

COMMISSIONER VASAN: Appreciate you. Thank you.

CHAIRPERSON LEE: Okay. So, I know we have a few folks that are here with un in person, um, so, I'm going to call up the three of you together, if that's okay. Uh, so first we'll have Kailin See from Onpoint NYC and then Magaly Melendez from the Center for Court Innovation, as well as Dana Beal from AIDS

Coalition to Unleash Power. So, if the three of you could actually come up, that would be great. Yeah, Dana, if you could come. Yes, right there. That's good.

COMMITTEE STAFF ASSISTANT LISS: And Kaylin, you can start when you're ready. Just make sure the red light is on on the microphone.

CHAIRPERSON LEE: And we have two minutes.

COMMITTEE STAFF ASSISTANT LISS: Yeah.

SENIOR PROGRAM DIRECTOR SEE: Okay. Can you hear me okay?

CHAIRPERSON LEE: Um.

SENIOR PROGRAM DIRECTOR SEE: Not really?

CHAIRPERSON LEE: Oh no. A little louder.

SENIOR PROGRAM DIRECTOR SEE: I think I may have hit the button. I did, sorry. Okay.

CHAIRPERSON LEE: Okay.

SENIOR PROGRAM DIRECTOR SEE: Alright. Hello, Chair Lee and Committee Members and thank you so much for the opportunity to testify before you today. My name is Kailin See and I'm Senior Director of Programs for Onpoint NYC, the operator of the two Overdose Prevention Centers in the City.

In 2017, the City Health Department issued a report suggesting that four Overdoes Prevention pilot sites could possibly intervene in 130 overdoses in one year and save $7 million annually in downstream health costs related to emergency services, um, the healthcare system, and law enforcement. Today, our two sites open only seven months, have enrolled 1,400 people who use drugs, have been used over 25,000 times, 25,000 individual instances where a vulnerable New Yorker could have lost their life. Our highly skilled team has intervened in 350 overdoses, with not one single death.

But that’s not news to you because of course you know that in 35 years no one has ever lost their life from an overdose in an Overdose Prevention Center anywhere in the world. We know this. We know there is a mountain of evidence to support these centers. Further, of those 350 overdose interventions, only five resulted in 911 calls. And I want to make clear that those are reasons, for reasons not related to the overdose itself. Our team has resolved that overdose. They were related to underlying health conditions. I’ll let you do the math. The cost

savings are abundant and the value of saving a human life can't be put into words.

In Onpoint NYC's Overdose Prevention Centers we have a tangible example of what bold and brave action and political will can do, and what it can do quickly in the face of a crisis. I want to really condemn, or I, I, we are indebted to our partners at City Hall including you and the City and state Health Department for their ardent support, their bravery, and their commitment to doing what had to be done. So, thank you and I don't think they're here anymore, but if they are, thank you.

CHAIRPERSON LEE: They're there.

SENIOR PROGRAM DIRECTOR SEE: On behalf of every soul who did not survive to use our sites, this is very emotional for me. Sorry. There is another opportunity to lead before us now and I commend the Mayor for his pledge to robustly support the existing Syringe Service Providers in New York City and expanding their hours and services. This is desperately needed and very smart investment that will yield results.

But it's not enough. I'm asking you today to permit the opiate settlement funds expressly for the

operation of the Overdose Prevention Centers and for their expansion across New York City to the other areas of high need. There are over 108,000 reasons to do this from just last year alone.

Our two sites are sadly historic, long overdue, but finally open. And for this, I am eternally grateful. The two Overdose Prevention sites in the United States are the only two. Let's make history again for the right reasons and use these funds to expand this initiative immediately. We have continued to lose people and I need you to understand that it's during hours when we are not open to save them. These are people that we take good care of during the day, who have lost their lives in the overnight hours when we haven't been open.

Lastly, we are asking for a real seat at the table and your experienced and committed partner to contribute and to advise on the development of a plan to resolve this crisis. I have been working in this field for almost 20 years. I want to help. Harm reduction for too long has been relegated tot eh sidelines. We very much look forward to what we can do together.

I'll close by inviting you all to visit our sites if you haven't already. I know some of you have. But you need to see and feel how this intervention in, in person. You need to meet the citizens who rely on them. You need to meet our staff. You will leave changed, I promise you that. Not one more death. We have the resources finally in front of us to make that a reality. Thank you very much and I'll answer your questions.

CHAIRPERSON LEE: Thank you so much, um, for all the work that you. It is, I know, tremendous, um, and it's very personal, I can tell. And so, I just want to thank you so much for all of your work in, in helping out those that need help and hopefully what we're doing with the funds in expanding the programs will really make a difference like you're saying. So, thank you so much.

SENIOR PROGRAM DIRECTOR SEE: Thank you.

CHAIRPERSON LEE: Do you have any questions? Okay. And just want to acknowledge, um, Council Member Shahana Hanif, uh, who is joining us as well.

COMMITTEE STAFF ASSISTANT LISS: Magaly, you can begin when you're ready. You can pass the microphone.

PROGRAM MANAGER MELENDEZ: Okay. Thanks. Um, can you hear me?

COMMITTEE STAFF ASSISTANT LISS: Yes.

PROGRAM MANAGER MELENDEZ: Um, good morning, Chair Lee and esteemed Members of the Committee. Uh, my name is Magaly Melendez and I am a Program Manager for the Bronx HOPE Program which is part of, uh, Bronx Community Solutions. This is a project site in the Bronx and we are part of a larger organization called Center for Court Innovation. Um, the Center has long-lasting partnership with the City, uh, first-hand experience working in communities and our research capacity allow us to provide unique perspectives to assist the Council. I'm sorry.

Yeah, it's really hard. Um, the Council has to consider development support of initiatives that effectively responds to the needs of New Yorkers suffering from the opioid use disorder. Distribution of the opioid settlement funding should support programs that offer meaningful and proportional responses geared toward rehabilitation that all impacted individuals with dignity and respect and prioritizing in public safety.

To address the crisis, Bronx HOPE, which is, it's an acronym for Bronx Heroin Overdose Prevention and Education, it's a program that the center has developed to help individuals who struggle with substance use disorder at a precinct level in the Bronx, which is, as we know, has the highest numbers of overdose. It is a world's first and only initiative providing 24 hours, 7 days a week support and services to all 12 precincts in the Bronx.

Uh, by providing the immediate and compelling engagement through a credible messenger who can engage our recently arrest indivudals. The Bronx HOPE Programs utilizes a peer engagement and harm reduction model to address the root of the causes of substance use and prevent overdoses. Bronx HOPE peer psecialists are dispatched to the precinct to engage with individual immediately at the time of arrest and they are provided with a crisis bag which has a small snack, um, have fentanyl strips. We have Narcan kits. WE train them how to use it. Um, we give metro cards and COVD tests and we just provide spport.

WE are grounded in the harm reduction model. Um, these eligible participants can complete an assessment and engeagement with a Bronx Community

Peer Specialist and have their case declined to prosecute by the DA's Office. Bronx HOPE staff is staffed by case managers and peer specialists who have lived experience with addictions and deemed as credible messengers. They distribute Narcan kits and their personal stories and experience to foster trust and meaningful connections, to access to community-based health services and fit, that fit the induvial needs.

Case managers provide additional support creating treatment plans with particpants focused on comprehensive support including substance use treatment, benefits of enrollment, mental health counseling, and many more. Bronx HOPE demonstrates that eligible cases are more likely to engage in progmraming when a peer is, when a peer is present at the precinct.

In 2021, Bronx HOPE had a contact rate of 79% for dispatch cases. By giving individuals the option of accessing community services instead of appearing in court, Bronx HOPE gives Bronx residents the opportunity for rehabilitation and connection to community over punishment and discrimination for their drug use. Bronx HOPE can help an individual

avoid a criminal record which improves the access to employment opportunities, housing, and educational opportunities.

Our success demonstrates the need to continue to expand community-based programming and of all touch points of the individual at risk of overdose. But more importantly, by providing the support and research that, in collaboration with NYPD, at the, at the critical time of crisis, Bronx HOPE ultimately saves the lives of these individuals. Peer specialists provide solutions that match local needs and resources. They foster trust and buy in among our program participants and ensure that directly impacted have a voice in the decision-making of what they want with their lives.

The scaling, peer work driven health and the housing intervention at various intercepts fo the points, pre-impulse criminal justice involvement, can prevent overdose, promote harm reduction practices and divert people away from arrest and further involvement in the system. Bronx HOPE's success and impact has been a positive one, so much so that it became a model to other programs such as the Rapid Engagement at, uh, midtown.

Lastly, the center issued a set of recommendations for bringing peer work to a scale to combat the overdose crisis in New York City. And we understand that peer specialists provide solutions that match local needs and resources. I'm sorry. The scaling peer, peer driven health interventions at a variety of intersession points will divert people not only from court but just to live.

What do we need to continue this work? We want to expand our work. We want to bring these peers more in communities. Peer specialists are the bridge to long-term care. They are the bridge between law enforcement and the community. We want to expand the access to network to providers who are able to engage individuals and medical assisted treatment. We want to lift up medication and treatment for sustaining recovering preventing overdose. We want to continue to be funded for more peer specialists, to expand the availability and access availability to treatment to 24 hours a day, not just nine to five.

Peer specialists, they, they, they educate people about the increase of overdose education and free community-based training and distribution. Peer specialists connect, connect people to treatment and

to community-based programming, pre-arraignment, before court. We don't want them in court. They are the connection. They are, I call it the secret sauce, right. I, I only oversee the program. They are the ones that really do this work. They are the ones, the front liens, the ones that walk every day. We work 24 hours a day to resemble the, the staffing at NYPD. You know, and a lot of our cases comes 4:00 to 12:00, 4:00 p.m. to 12:00 midnight when they really need the services.

And it's really hard, I mean, we have resources, right, but it's so much limited and it's really hard as a, as the Program Manager to tell a peer specialist, "Well, there's no where that you can take them at 1:00 in the morning," even though the participant is urging, and screaming, and pleading to our peer specialist that they need treatment. They need somewhere to go and there's nowhere else we can take them. And it's heartbreaking.

We are asking to please fund us to continue this work. We do community outreach to hotspots. We're in the Bronx. We do Morrisania, the 40th precinct is where we get the most of our dispatch calls, and we're there. We do, um, foot work. We walk around and

say, "Hey, if you ever get arrested, please tell them to call us. Tell the police officers that you want to call a Bronx HOPE specialist. We are there to help you."

We, we, we also, when we do our street outreach, we want to educate the community, right, not only someone who uses, the people that don't use that, I live in Hunts Point. I live, I work and live in the place that I'm serving, right, and I can see it. So, I always work with my, walk with my Narcan kit cause I never know what can happen.

And I want to make sure that our program educates and it really takes away from that stigma of what harm reduction does, right. Like, what is that? And we use it every day. We use helmets to ride a bike. We use a seatbelt to drive a car. Those are harm reduction that we use on a daily basis and we want to change that stigma, that narrative, that negative narrative that harm reduction has.

We are asking, not only that, yes, we already work 24 hours a day, but we want to have a mobile unit, right, because it's really hard to engage individuals at a precinct level. I mean, we know why, right? If you're arrested and you're at the precinct,

you want to leave. You really want to go. It could be because you're sick and you're thinking about your next high and we want to avoid an overdose. And it's really hard to talk to someone there so we want a mobile unit, a van, or, or something customized that they can come in and get the resources. And they can talk to us and really have a meaningful and conversation, rather at a bench inside a, uh, precinct.

Um, and we've been very creative in that, but it's not enough. It's just not enough. Um, we want to continue doing our street outreach on the hotspots, right, um, like 3rd Ave, 139 and 3rd Avenue is our hotspot. Um, Aqueduct by Kingsbridge is our other hotspot. And we go out there and, you know, we talk. We want to really have meaningful conversations and learn from them what is it that they need. Um, you know, we can be here all day in talking about what, what the community needs, but no one know what they need but the community. And they tell us what they need and we bring out what they need.

Um, you know, the fentanyl strips, we buy that with our programming money, which it's not allocated for but we know that's the need and they asked us for

it and we bought it. Um, you know, I, I, I could sit here all day and just tell you about the stories and how amazing our peer, uh, staff is doing. Um, they are very well-rounded. They have the lived experience. But they are also educating the professionals and we want to continue to do that because there's nothing that I can do better than what they can do. They just, just give something different. And, and, and I want to foster that because that's what's needed in our community.

And I'm screaming, even though I'm like literally screaming, but I'm screaming for your help because we need the funding to continue this work. Thank you.

CHAIRPERSON LEE: Thank you so much, Ms. Melendez. And, um, I actually just had a couple of follow up questions. So, have you guys been, um, coordinating with some of the street outreach teams that are currently available? And if so, has that been working well? What do you think needs to be done better? Just out of curiosity, cause I know there's like multiple street outreach teams and so I just wanted to hear your thoughts on that.

PROGRAM MANAGER MELENDEZ: Absolutely. Um, me, listen, there, there, there's no, a cookie cutter for

this, right, we know, and it, it's sad to, to know that each of us, the agencies really, really compete for funding, right, and we know that. And it's, it's just a sad way of like doing the work, however, what we do know, and what has been very successful for us is collaborating, right. We have collaborated with NYHRE, with BOOM!Health, done events together, um, even, you know, special days or not special days. We, we know that we have to do this work together. Why? Because we offer different things. Our goal is the same but we offer different things. Like, even though me and her can do the outreach together, what I can offer in our programming is diverting you from court and saving your life, right, because that's my goal. Her goal is the same, is to save a life.

So, yes, we've done that before, um, that we should continue doing that and, absolutely. I think that's like, that's like part of the solution is collaborating in a round table and being part of the conversation. Um, yes, so, absolutely.

CHAIRPERSON LEE: Okay. And then, um, just out of curiosity, do you guys receive most of your funding from City contracts or is it City, state, federal?

PROGRAM MANAGER MELENDEZ: Um, I, I don't want to answer that incorrectly.

CHAIRPERSON LEE: Okay. Yeah, no, let's have an offline conversation. I'm just curious, yeah.

PROGRAM MANAGER MELENDEZ: Okay. But we do get funding from MACJ, so.

CHAIRPERSON LEE: Okay.

PROGRAM MANAGER MELENDEZ: Yes.

CHAIRPERSON LEE: And then definitely look at the initiative funding and all that stuff that's out there. Okay. Um, and then do you guys have any questions? Okay, um, go ahead.

COUNCIL MEMBER PALADINO: There is something called the 12 Step program. Do you have this 12 Step program? Is the 12 Step program still available?

PROGRAM MANAGER MELENDEZ: Um, you want to do it.

SENIOR PROGRAM DIRECTOR SEE: I think the question is for you.

PROGRAM MANAGER MELENDEZ: For me, alright. Um, I, I know what the 12 Step program is. Um, as a, so we're not a treatment facility program, right.

COUNCIL MEMBER PALADINO: Right.

PROGRAM MANAGER MELENDEZ: So, our model is a harm reduction model, right.

COUNCIL MEMBER PALADINO: Yes.

PROGRAM MANAGER MELENDEZ: Um, we educate every individual we encounter (INAUDIBLE) all the treatment modalities that are available. Which one do you want?

COUNCIL MEMBER PALADINO: Right.

PROGRAM MANAGER MELENDEZ: We want to give that person a voice. Um, and the control of their own life. However, in that conversation, we do talk about what each modality is, what fits, um, what has worked and what hasn't, right, because a lot of the individuals that we encounter have had a long journey with treatment. Um, but we do talk about the 12 Step program.

COUNCIL MEMBER PALADINO: Cause the 12 Step program, um, we've had that around a very long time, and what it is, is a group of people come together like AA.

PROGRAM MANAGER MELENDEZ: Right.

COUNCIL MEMBER PALADINO: And they have proctors, so there's always someone like you talk about your, uh, peer reinforcement, you know, your peer enforcement, uh, that's something that the 12 Step program did offer. And it, they would, they were ready at that person's side whether it was 2:00 in

the morning, 5:00 in the morning, uh, 3:00 in the afternoon. Uh, they always had a go-to person.

PROGRAM MANAGER MELENDEZ: Right.

COUNCIL MEMBER PALADINO: Um, and I find that the 12 Step program was a huge support system. And, uh, to know that you're not alone, you meet a couple of days a week.

Actually, the 12 Step program that was setup that ran any time of day and night. Uh, they would throw together a 12 Step program in a church, in a VFW hall or whatever, uh, a common space where six, eight, 12 would get together, whatever the amount is, and they would at least lean on each other and then take them or the person that's having the hardest time, uh, to a treatment facility to get them through what they need to get through for that particular night, but most of all to try to keep them focused, try to keep them straight. Um, and that's something that, I think would work. Your mobile, that mobile idea is awesome.

PROGRAM MANAGER MELENDEZ: Thank you.

COUNCIL MEMBER PALADINO: That is an, that is a great idea because rather than have one or two destinations, you allow the destinations to go out into the street, which is great.

Also, I totally understand about waiting on a bench on a, in a, uh, precinct and not wondering what your fate is going to be. So, uh, there again in lies the enforcement that they need from a stable individual that maybe went down that same path, uh, and now is in a brighter light, uh, but they are able to help. I find that those that, uh, were and suffered from, are the best teachers and to help those that are going through it right now.

PROGRAM MANAGER MELENDEZ: Absolutely.

COUNCIL MEMBER PALADINO: So, um, I'm right there with you.

PROGRAM MANAGER MELENDEZ: Thank you.

COUNCIL MEMBER PALADINO: Thank you.

PROGRAM MANAGER MELENDEZ: Um, yeah, and I think also, like, again, like, I, I, I said before that when we first started in 2019, we had this idea, right, but learning from the community we know like, these, what we needed to change and what we needed to expand. And being able, to be able 24 hours a day if a client wants to call us, participant say, "Hey, I'm struggling," the peers are there to pick up that call.

COUNCIL MEMBER PALADINO: That's the best.

PROGRAM MANAGER MELENDEZ: Even if it's just support, right, just someone to talk to and that's okay. We also have, um, warm handoffs, right, so, if a client say today like, "I want to, you know, I'll go tomorrow." We'll check in tomorrow morning, say, "Hey, we're here, checking in. Just wanted to, you're still here. Are we going to go?" You'll pick them an Uber, we take them, like, we'll, it's not just one box fits all for everybody.

COUNCIL MEMBER PALADINO: That's right.

PROGRAM MANAGER MELENDEZ: We know that each, each journey is different, um, and we want to honor that.

COUNCIL MEMBER PALADINO: Thank you very much. Thank you.

CHAIRPERSON LEE: Uh, just wanted to acknowledge, uh, my colleague, Councilwoman Nantasha Williams, who has also joined us. Thanks, Nantasha. Um, and, uh, I know that Council Member Bottcher also had a question as well.

COUNCIL MEMBER BOTTCHER: Uh, you had mentioned mobile vans. Those can be purchased with City Council and Borough President capital funds and you may not know whether or not they applied this last year, but you should apply to the Council for those funds

because they're, they are really great to purchase with capital money because they're only around $100,000 and unlike most capital projects, they can come very quickly. So, I imagine if you asked Bronx Borough President Vanessa Gibson for a van, if you would ask your, the Council Members that you serve for a van, that should be able to get done. So, I would suggest applying for that. The applications come out in January, are due in February and then get approved with the budget in June.

PROGRAM MANAGER MELENDEZ: Oh, thank you. I appreciate that, absolutely.

CHAIRPERSON LEE: Just plan for a couple years for that to come. I had to go through that as well. Um, okay, and, uh, sorry. So, I don't know if anyone else had questions, but if not, then, uh, we will move on to Dana. Am I saying that right, Dana Beal?

MISTER BEAL: Is this registering? Good. First, I'd like to thank Erik. I originally approached Erik about some kind of modification or expansion of overdose prevention and he sent me to you. So, I finally got to you at this hearing.

But actually, this is addressing, you know, something you're talking about which is the total

deficit in treatment, right. There is nothing really that really works. Uh, you can put people on suboxone. But we have, imagine, instead of having to put somebody in a residential treatment for six months or a year, you could use that bed for a week and make a really huge chance in that person's life. And then, put them in like, you know, in the community in a, in effect, a 12 Step program.

ACT UP is sponsoring a bill, uh, in the New York state legislature, A7928, the Therapeutic Psychedelic Research Act to establish a research institute in the state Department of Health as the physical location in New York City, in New York City for the study of actual treatments of addiction and serious mental illness with ibogaine and other compounds.

Ibogaine is the first addiction interrupter for a broad spectrum of drugs that is opiates, alcohol, cigarettes, psycho-stimulants, cocaine, and methamphetamine, for which there is nothing, is based on the novel mechanism of glial-derived neurotrophic factor regeneration of dopamine neurons. Ibogaine treatment would immediately, under this act, would immediately become available in New York City. This is the treatment that like Hunter Biden paid $6,000

for and he said it was moderately successful. I don't know what happened to him after that. But wouldn't it be nice if other people could get it? Um, at the moment, all we need is a senate co-sponsor to get that passed. We have people in the, the assembly.

Now, ibogaine was originally tagged for study in 1991 by the NIDA Medications Development Division, MDD, for crack and other psycho-stimulants. Although, at the 150 clinics in 20 countries where it's currently in use, it is better known as an opiate detox because ibogaine abruptly abolishes both withdrawal and post-acute withdrawal syndrome. Perversely, this is viewed as an affront or a not so veiled assault upon completion of the rollout of suboxone, which is one of the things this hearing is about, is further roll out of suboxone. And suboxone has its place.

Meanwhile, methamphetamine is the principal drug problem in the, uh, LB, uh, you know, the queer community, which I am here representing. And suboxone is completely useless for meth as well as the growing population out in the USA who is dually addicted to opiates and meth. We have dual addiction now. So,

even if you give them suboxone, they'll still be strung out on meth.

The book The Empire of Pain introduced the reading public to Dr. Curtis Wright, who ran the FDA Office tasked with working with NIDA MDD Head Frank Vocci. Before Curtis hied off to a half a million a year job with Purdue, he sat down with Vocci and Clinton's new head of the, of NIDA, Anna Leshner, and did three things, released oxycodone, released suboxone, cancelled ibogaine. Ibogaine which was being developed for carack, did not fit the paradigm of the single-receptor medication like old Wellbutrin, because on other additional, ketamine, because among additional ketamine-like and other useful effects, it was a neurotrophogen, it uses nerve growth factors.

In 1996, when they discontinued the NIDA ibogaine program, they didn't yet have the science to measure neurotrophins. They kind of knew they existed, but they just hadn't figured it out. Dureet Ron didn't publish it until 2005. I'd say they canceled that program a little prematurely. And terhe's still no other medications that works for meth, even though Howard Lotsof who is from New York, his widow still

lives in Staten Island, African-American lady, 86 year old, proud, from the Civil Rights Movement, Howard Lotsof patented it for meth in 1986 or ’87.

Now, it would be better to secure a legal supply of various psychedelics via A7928, but the opening afforded by the current exemption from federal prosecution for overdose prevention does suggest a work around in the current crisis. Nothing offers protection against ongoing exposure to fentanyl comparable to users walking away from opiates for the rest of their lives.

And it’s 41% according to the Johns Hopkins, Yale study at Crossroads, almost one in two, from one treatment or a short course of treatment. Overdose prevention is slated for expansion. It’s pretty clear from this hearing. There, that is the other thing this hearing is about. [PHONE RINGING]. Sorry, I got to figure out how to this phone off.

Uh, we need not be limited to two tiny housing work sites with stalls to inject or smoke drugs and then leave, which is what they’re talking about. I checked, two tiny sites. Configuring some of the, of that capacity that is coming with experienced para clinicians to accommodate people who obtain ibogaine

themselves on the internet, will get the process started while we wait for the legislative year to roll around. And the gay community will have a cure for meth.

There is an existing recharge program. It's a meth program run by Housing Works through DOHMH and it needs only to be able to offer a daily microdose. Detox from meth does not require the flood dose or gram or more which is required to quell opioid withdrawal, and, but where one must monitor for herg potassium prolongation of cardiac QT. And recharge is already in the zone of tolerance, so we just need something in writing effectuating that.

City Council already has the, all the power it needs over land use and buildings to earmark the expansion of overdose prevention for a new iboga room. And, you know, basically they're talking about something where they need about 36 hours, quiet, darkened, with, you know, a nurse or something that gets trained to monitor somebody to make certain they don't have any complications. But then, they can move along, go into after care, and get, get the benefit of, uh, complete, comparatively it's like you encounter your entire subconscious. This is not a

hallucinogen. This is a sticky Prozac. This enables you to see in your mind's eye all this crap from your life that you're talking about, right, all the trauma and you do it in kind of a neutral state where it doesn't panic you.

CHAIRPERSON LEE: Okay.

MISTER BEAL: So, we just want to be able to like bring this to the gay community, but to do that, we have to do it for everybody else.

CHAIRPERSON LEE: Okay.

MISTER BEAL: So, that's where I'm at.

CHAIRPERSON LEE: Thank you. Thank you so much, uh, Mr. Beal. And I know that, um, Mr. Bottcher actually had a question for you as well.

COUNCIL MEMBER BOTTCHER: Hi, so to my colleagues, I invite you to look up Dana Beal's Wikipedia. He is a, uh, it's a very long Wikipedia and he has a very long and, uh, storied career in activism and was a powerful advocate for the legalization of marijuana going back decades and decades, way ahead of your time.

SENIOR PROGRAM DIRECTOR SEE: He's a bit of a legend.

COUNCIL MEMBER BOTTCHER: A legend, yes, that's the word I was looking for. Um, so, you're essentially advocating for overdose prevention centers to offer additional types of treatment including these, uh, cutting-edge psychedelics?

MISTER BEAL: Is there any real reason it should be limited to coke, dope, and speed?

COUNCIL MEMBER BOTTCHER: Right. So that.

MISTER BEAL: They're all illegal drugs.

COUNCIL MEMBER BOTTCHER: Right.

MISTER BEAL: Right.

COUNCIL MEMBER BOTTCHER: SO, I just want to make sure we're all clear on what the, the proposal is. Um, we have here the non-profit, um, the folks who, um, administer those Overdose Prevention Centers so I'd love to ask, you know, you, what you think of this idea now that we're all here together?

SENIOR PROGRAM DIRECTOR SEE: I, I agree wholeheartedly. And I have good new for you, um, that, uh, Onpoint NYC is investigating implementing exactly what you're talking about through our harm reduction mental health unit. So, we already have, uh, clinicians on our team who are experienced in the administration of iboga, ayahuasca, and ketamine, um,

and we are partnering closely with them to integrate those services. Um, because they are evidence-based, they're still, uh, uh, in the US anyway, still considered to be a little bit on the margin. But they've been widely studied, uh, they're very effective. And, um, and certainly interrupting addiction in the way that Mr. Beal was saying. So, I, full support.

MISTER BEAL: Before the, uh, New York Post article trashing NYHRE, you, you remember that article? I had dinner with those guys. There's a guy who worked there. I don't think he works there now. His name is um, uh, Dimitri Mugianis. He's famous. He had a movie made about him, uh, Dangerous with Love by Michel Negroponte and he has done more than 500 ibogaine treatments.

SENIOR PROGRAM DIRECTOR SEE: That's who we're working with.

MISTER BEAL: Before he was victimized by a sting by the DEA in Seattle. And when he appeared before the federal judge, the federal judge said, "If I could give you no time, if it was in my power, I would let you go. But I have to do something, so I'm going to put you on home confinement on a bracelet

for 45 days." So, that's the reaction in the system is people know we need something more.

CHAIRPERSON LEE: So, it seems like there's a natural synergy, um, in conversation happening right now. So, I definitely think it'd be good for us to have a follow up meeting after this. And I have my staff also in the back. So, let's, I would love to actually get your contacts before you leave. But I just wanted to be mindful cause we have folks who've been patiently waiting on Zoom as well to testify, so I just want to be mindful that, um, they're waiting as well. So, I just wanted to thank you all for being here and your testimony.

MISTER BEAL: Who, who do I give these other 20 copies, to?

COMMITTEE STAFF ASSISTANT: Oh, right here.

MISTER BEAL: There you go.

COMMITTEE STAFF ASSISTANT: Thank you.

MISTER BEAL: Thank you.

CHAIRPERSON LEE: Thank you so much.

COMMITTEE STAFF ASSISTANT: Thank you. Uh, and we'll next turn to our Zoom panelist, who is Dr. Noa Krawczyk, and apologies if I am pronouncing that incorrectly. Uh, and we also have a registration from

Karen Remy of Greenwich House and I just want to see if they might be in the room. Okay.

So, we'll turn to Dr. Noah, who I'll unmute now. And you can begin when you're ready.

ASSISTANT PROFESSOR KRAWCZYK: Thanks so much.

SERGEANT AT ARMS: Time starts now.

ASSISTANT PROFESSOR KRAWCZYK: That was, uh, that was a good pronunciation of my name, so I appreciate that. Uh, good morning, Chair Lee and Members of the New York City Council Committee on Mental Health, Disabilities, and Addictions. My name is Noa Krawczyk and I'm an Assistant Professor at the Center for Opioid Epidemiology and Policy of the NYU Grossman School of Medicine, and I've dedicated my career to studying evidence-based practices to address addiction and overdose.

On behalf of my Center at NYU, we are very grateful to the Committee for its leadership in holding this hearing and really appreciate the opportunity to testify today.

As you all know, in New York City, no community has been spared from the overdose crisis, but poor neighborhoods and communities of color carry a disproportionate share of overdose deaths. The opioid

settlement funds provide a critical opportunity to invest resources to prevent overdose but doing so will require a pragmatic, evidence-based, and equity-focused approach. I will, therefore, summarize very quickly, some immediate, medium, and long-term investments that could be prioritized in the distribution of funds.

First, immediate investments should focus on expanding harm reduction services and supplies. Harm reduction organizations, as you've heard today, require additional resources to effectively reach individuals at high overdose risk and provide supplies such as fentanyl test strips. Efforts should also be made to make naloxone even more ubiquitous across New York City and really prioritize neighborhoods at higher risk.

And as we've heard today, the two Overdose Prevention Centers in New York City have already amazingly saved over 300 lives, but additional resources are crucial to scale up services to operate both 24/7 and across multiple Boroughs and neighborhoods.

In the medium term, investments should also focus on increasing access to low barrier treatment.

Medications for opioid use disorder including buprenorphine and methadone are highly effective treatments that cut overdose by half. But unfortunately, they remain largely out of reach from the most vulnerable groups. The City should therefore invest in low barrier treatment models such as walk-in mobile units.

SERGEANT AT ARMS: Time expired.

ASSISTANT PROFESSOR KRAWCZYK: And those are co-located with Syringe Service Programs.

I'd also like to address an issue that was raised during the hearing so far about in-patient treatment and say that when it comes to opioid use disorder, the evidence actually shows that residential, in-patient treatment is actually not as effective as out-patient community programs that offer medications. So, I really want, um, to just be clear about this plan. I'm very happy to respond to more questions about this.

The City should also expand resources to help link high risk individuals from acute care settings including both emergency departments as well as in-patient settings to community-based treatment and other services.

Finally, in the long-term, investments should really focus on preventing future epidemics by promoting social services and prevention programs that are rooted in evidence and public health. This includes an, investing in programs that reduce poverty and homelessness and that divert individuals away from the criminal justice system as we've heard from the HOPE program today.

In summary, an approach to using the settlement funds that is centered in evidence and equity can help us overcome the New York City overdose epidemic, reduce disparities, and strengthen the health of our communities. And on behalf of our research center at NYU, we really would be thrilled to offer our research expertise on this topic to the Committee in your ongoing considerations of this issue. Uh, so thank you so much. I'm happy to take any questions if there are some.

CHAIRPERSON LEE: Thank you so much for testifying today and for being with us, especially, uh, over Zoom and for waiting patiently.

ASSISTANT PROFESSOR KRAWCZYK: Of course, thank you.

CHAIRPERSON LEE: Okay, so I think with that, we're actually done. So, I'm just going to gavel us out and thank you all so much for joining us today.

[GAVEL]

C E R T I F I C A T E

World Wide Dictation certifies that the foregoing transcript is a true and accurate record of the proceedings. We further certify that there is no relation to any of the parties to this action by blood or marriage, and that there is interest in the outcome of this matter.

Date August 9, 2022