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December 12, 2017

To the Assembly Standing Committee On Alcoholism And Drug Abuse:

Thank you to Assemblyperson Linda B. Rosenthal and Committee Analyst Katherine Jesaitis for offering us opportunity to give testimony on the adequacy of funding for prevention, treatment, and recovery services to your committee on behalf of Families for Sensible Drug Policy (FSDP).

I am the co-founder, along with Carol Katz Beyer, of Families for Sensible Drug Policy (FSDP), a 501(c)(3) nonprofit organization. We are a global coalition of families, professionals, and organizations representing the voice of the family impacted by substance use. We empower families by advancing and implementing a new paradigm of comprehensive care and progressive solutions for family support based on science, compassion, public health and human rights.

FSDP has many stakeholders in New York State who potentially can benefit from the progressive approach that NY has taken in responding to the opioid crisis but there are fundamental issues that are not being addressed. These issues contribute to the ongoing devastation and trauma our families experience as collateral damage of a failed system of care. Too many of our loved ones continue to be lost to overdose and those still at risk deserve nothing less than the best care we have to offer. We are demanding that best practices and life-saving interventions are included as a baseline found in every other medical condition.

The staggering number of people who are relapsing and dying is unacceptable despite having proven strategies to reduce mortality and improve care. New York State has made it a priority to emphasize the need to address substance use disorder as a public health issue but we now must take the next steps to shift funding streams to enable universal access to proven life-saving public health tools such as medication-assisted treatment, naloxone, and harm reduction services.

Buprenorphine and methadone are the gold standard for opioid use disorder treatment. New York must promote much greater access to buprenorphine and reduce regulatory barriers to improve broader access to methadone. Mortality will reduce when access moves out of primary care settings to be available to populations with at heightened risk of overdose--jails and prisons, emergency departments, and harm reduction programs. New York State has yet to fully embrace in-prison opioid agonist treatment: only two New York jails offer methadone and buprenorphine, and only five facilities provide naloxone training and distribute kits to people returning to their communities.

New York has greatly expanded access to naloxone, but we have not yet reached universal access among people with a history of drug use. Our families are in a unique position to directly influence the course of substance use problems and we deserve to have these options readily available to us in our communities and homes.

Harm reduction programs, including syringe access programs, are best able to provide essential outreach and engagement to people at risk for overdose who are not connected to services. The education, counseling, referrals, and support of harm reduction programs for people at risk of overdose are an essential element in the public health continuum of care. We will not end overdose in New York until we prioritize connecting all New Yorkers in need to these vital tools. Getting life-saving harm reduction strategies and tools into the hands of families *before* problems develop can prevent many overdoses. We do this with every other medical condition and we deserve the same for substance use issues.

We know that the majority of overdose deaths occur after periods of abstinence. Abstinence may lead to good outcomes for some, but it should not be considered the only acceptable goal or criterion of success. The harm reduction framework that reflects the reality of how people change--embracing smaller incremental changes in the direction of reduced harmfulness of drug use--should be the focus. This will help people who use drugs who cannot or will not stop completely reduce the harmful consequences of use.

We also know that lapses and relapses are an expected part of substance use disorder. Traditional abstinence-only one-size-fits-all treatment programs disregard that even one lapse may result in overdose death. They oversimplify the potential dangers by not offering follow-up counseling or linkage to support services. Alternatives to abstinence-based support groups (such as SmartRecovery) are essential to increase engagement.

Safer consumption spaces are a compelling option to increase the likelihood that overdose events are witnessed and promptly responded to by trained observers. New York should be a national leader on safer consumption spaces since substantial research has demonstrated the broad public health and public safety benefits of these services.

Treatment programs using coercion and involuntary treatment are very unlikely to result in sustained abstinence. As alluded to above, forced abstinence will rapidly reduce opioid-dependent people's tolerance, which consequently increases the risk of subsequent fatal overdoses. New models to ensure that overdose survivors receive harm reduction counseling and recovery support are emerging around the country, and must be replicated and scaled up to protect the New Yorkers most vulnerable to fatal overdose.

We need a coordinated effort: services integrated into a comprehensive public health continuum, early medical interventions, expanding access beyond primary care to low threshold settings, emergency departments and reality-based education programs in the schools and communities for educators and families.

Our families are appreciative for the work of our partners VOCAL-NY and policy director Angie Woody, and End Overdose NY for their ongoing dedication and contribution to our advocacy efforts, which is reflected in part in this testimony.

Thank you again for this opportunity to represent our families and for allowing us to contribute our input to the vital work that this committee is performing.

Sincerely,

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