

*Research for a Safer New York, Inc.  
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**Addressing the Opioid Crisis Using a Public Health Approach: Overdose Prevention Centers**

New York State has been a leader for over 25 years in using a public health approach to injection drug use, including injected heroin and other opioids, in order to protect individual and community health. In the early 1990's, New York pioneered the creation of government-approved community based organizations to distribute clean syringes and collect them after use. The State now supports the largest syringe exchange network in the world. As a result, HIV transmission through shared drug-injecting equipment has been reduced from a peak of 7,500 annual new diagnoses in NYS in the mid-1990's to only 110 cases in 2017. This network of syringe exchange providers has also become the largest single source of voluntary drug treatment referrals in NYS.

Based on our successful track record, Governor Cuomo committed to eliminating HIV transmission related to drug use by the year 2020. While the number of new cases is already small, getting to zero requires bold action. In addition, notwithstanding our success in stopping HIV, we have a burgeoning Hepatitis C epidemic that is spreading rapidly among people who inject drugs. We also face an exploding new opioid epidemic that has introduced widespread injection drug use to parts of the State where it was previously uncommon. This spread of injection drug use not only threatens to reverse our progress on HIV and fuels the Hep C epidemic, but has resulted in a rising number of fatal drug overdoses that now exceeds deaths caused by both HIV and Hep C.

The New York Health Commissioner has regulatory power under Section 3381 of the Public Health Law to take important steps to address these inter-related public health threats. First, the Commissioner can expand the types of entities that can legally provide syringes to include a range of providers that serve people who inject drugs, including all licensed medical and behavioral health providers, community-based organizations such as social service providers, LGBT Centers, and homeless providers, churches and other faith-based organizations, and local public health and social service agencies. The Commissioner also has the authority to decriminalize non-prescription possession of drug-injecting equipment. (Both lack of access to syringes and fear of possession charges discourage people from using fresh needles for every injection.)

These two steps would ensure that drug users in every corner of the State have access to clean syringes to avoid infection with HIV, Hepatitis C, and other blood-borne infections. These actions would also ensure that people who inject drugs are in regular contact with people who are aware of their drug use and positioned to offer counseling, support, and referrals to a full range of substance use treatment. These venues can also expand referrals for HIV testing, access to Pre-Exposure Prophylaxis, and Hep C testing and treatment.

The Commissioner has the authority under the same section of the Public Health Law to authorize selected Syringe Exchange Programs to participate in research to determine the efficacy of supervised consumption services to prevent fatal overdoses. Such research could also examine the use of such services to eliminate the need for people to inject drugs on the streets and in other public areas that are both unsafe and unsanitary. Specifically, the Health Commissioner could authorize a proposed two-year research pilot to look at the efficacy of Overdose Prevention Centers. This research would be overseen by The Foundation for AIDS Research (amfAR), an eminent research organization. The pilot would be implemented by five existing community-based Syringe Exchange Programs (four in New York City and one in Ithaca), would operate under procedures established by the New York State Department of

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Health AIDS Institute, and would be monitored by the AIDS Institute on a quarterly basis in addition to the research and evaluation.

This two-year research pilot would examine the following outcomes: reduced injection of drugs in public settings; reduced overdose-related deaths; increased HIV and Hep C testing; increased prescription of PrEP; increased treatment adherence for people who are HIV-positive; increased treatment to cure people with Hep C; increased use of substitution therapy and other forms of treatment for addiction.

The pilot sites would be authorized to register with the NYS Department of Health for authority to use trace elements to test the chemical composition of drugs used at the Overdose Prevention Centers, in order to: inform consumers of the content of their pre-obtained substances before they inject in order to avert overdose; inform the State DOH of the chemical content of drugs being sold on the street in various parts of the State; and provide law enforcement with aggregate information on the chemical composition of substances so that they can better interdict illicit drug traffic.

Mayor Bill de Blasio of New York City and Mayor Svante Myrick of Ithaca both support the pilot Overdose Prevention Centers, as do three New York City District Attorneys, law-enforcement officials, and many other local elected officials. The proposed New York Overdose Prevention Center pilot includes strict guidelines developed by the New York AIDS Institute, close monitoring, a statewide public education campaign that is already underway, and the expertise of a world-class principle investigator committed to designing the research protocols.

Unfortunately, Governor Cuomo has not yet authorized State Commissioner of Health Howard Zucker to issue a letter authorizing the pilots, and has not included the required \$3 million in funding in his Executive Budget. We therefore call on the Legislature to authorize and fund the planned pilot program. New Yorkers are dying — we cannot afford to wait. Despite increased public spending on drug treatment, deaths from drug overdoses increased 71% in New York State between 2010 and 2015. That annual death toll continues to rise, with 3,894 preventable deaths from opioid overdose in New York State in 2016, a 29% increase over the prior year.

There are currently no Overdose Prevention Centers in the United States. Seattle has approved one, but it is not yet operational. Other jurisdictions are strongly considering approval. Outside the U.S. over 100 cities have supervised consumption services that are operating very successfully. One site in Vancouver, British Columbia has supervised three million injections without a fatal overdose. If the proposed Overdose Prevention Center research pilot confirms the benefits experienced in other jurisdictions, the NYS Department of Health could choose to expand the number of such facilities as a major new strategy to address the opioid crisis and the associated epidemics of overdose, HIV, and Hepatitis C. In doing so, NYS would once again lead the way by creating a public health model that can be replicated by other jurisdictions around the nation.