

Joint Legislative Budget Hearing on Mental Health
Overdose Prevention Centers
February 3, 2020

Good afternoon esteemed Assembly Members and Senators. My name is Ken Robinson and I am the Executive Director of Research for a Safer New York. Research for a Safer New York is a consortium of harm reduction providers that has been established to oversee a pilot research study in the form of the operation of five Overdose Prevention Centers in New York State – four in New York City and one in Ithaca. The 24-month pilot study will evaluate the efficacy of OPCs as a crucial strategy to prevent opioid overdose fatalities; reduce public drug use and needle sharing; create a pathway to substance use treatment and recovery; and combat the HIV and hepatitis C epidemics.

We must pass the Overdose Prevention Center Act. This bill – Assembly bill 7813 and of Senate bill 5289A – will not authorize Overdose Prevention Centers across the state. It will only authorize the previously mentioned five-site 24-month research pilot. The five Overdose Prevention Centers will be paired with well-established harm reduction and syringe exchange programs. Dr. Holly Hagan, a world-renowned epidemiologist at NYU, has already been brought on-board to conduct the research.

It is very important that everyone involved understands that there is nothing radical or nefarious about what the Overdose Prevention Center Act intends to authorize. New York State currently has an extensive syringe exchange network. The amazing success of syringe exchange programs as a public health intervention is widely known and accepted. However, what we are currently doing is incomplete. Under current law, when we give someone a clean syringe, we must send them out the door to consume their drugs. Many of these folks will go to public spaces: restrooms, parks, playgrounds, alleyways, etc. We are only asking for one additional step – that we be allowed to offer IV drug users a clean and safe place to consume their drugs, where they will be monitored by staff to prevent overdose, and where they will be offered a pathway to lifesaving services. Ultimately, this is about saving human lives.

Overdose Prevention Centers are a tried-and-true, evidence-based public health intervention. OPCs started in Europe in the '70s and they then spread to Australia and Canada. There have been multiple empirical studies done and the data has been consistent and clear – *OPCs increase access to drug treatment and services; decrease crime and disorder; reduce public injection and hazardous litter; prevent HIV and hepatitis C transmission; and they are cost effective – studies indicate that they save the jurisdictions that they operate in millions of dollars by reductions in medical, criminal justice, incarceration, and public sanitation costs.*

The Insite Overdose Prevention Centre in Vancouver, Canada was the first OPC in North America and is one of the most well-known OPCs in the world. On their website, they say that in 2017 they engaged in 1,983 overdose interventions and in 2018 they engaged in 1,466. Last July, I spoke with Insite's director, Elizabeth Holliday. I asked Elizabeth if she would say that each one of those interventions was a life saved. She emphatically replied that she knew with a high level of certainty that each of those 3,449 interventions was a human life saved. Think about that. That's 3,449 families that did not have to bury a son, daughter, brother, or sister. 3,449 mothers that did not have to suffer the crushing grief of losing a child. Again, we must pass the Overdose Prevention Center Act this session. The lives saved may very well include one of your friends or family members.

Written Testimony by
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