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Testimony for the Mental Hygiene Budget Hearing - Wednesday, February 4, 9:30 a.m.

In 2011, the U.S. Centers for Disease Control and Prevention declared drug overdoses to be at epidemic proportions. Despite substantial increases in funding to the New York State Office of Addiction Services and Supports and the Office of Mental Health since that time, overdose fatality rates are now approximately three times higher than they were in 2011.

New York's Attorney General has taken important action to hold bad actors in the pharmaceutical industry accountable, securing resources intended to address the growing burden of the overdose crisis. These opioid settlement funds were meant to mitigate harm and support effective, sustained responses, not to maintain the same approaches that have failed to reverse mortality trends.

Nationally, opioid settlements total approximately \$57.7 billion, with more than \$2.8 billion allocated to New York State. These funds represent a finite and time-limited opportunity not only to reduce overdose deaths, but to correct longstanding structural failures in how substance use is approached and resourced.

Community based organizations, often led by directly impacted individuals, have long filled critical gaps left by traditional systems. They have developed innovative, effective programs and demonstrated an ability to engage the populations most affected by the overdose crisis. Yet despite this success, they have received only a small fraction of New York's opioid settlement funds. Without meaningful investment in the expansion and sustainability of these community-developed approaches, it is unlikely these funds will significantly reduce overdose mortality or transform the State's response.

Two independent analyses of the spending of NYS Opioid Settlement Funds to date, one by the Drug Policy Alliance released in November 2025, and one by Truth Pharm released on February 2, 2025, identified consistent concerns: a lack of transparency, a disproportionate share of funding flowing to large nonprofit institutions, and insufficient investment in programs serving families, children, rural communities, and other directly impacted populations.

While New York State points to a robust addiction and mental health system, it is still community-based organizations and directly impacted individuals who are filling the gaps of these large systems. Families in crisis turn to local experts with lived experience, grief is held in community spaces, the grandparents and siblings carrying for the children left behind are supported by family led organizations who suffered the same loss, and people seeking treatment rely on community based organizations over the state hotline to find treatment and to get them there.



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New York once led the nation during the AIDS crisis by building systems of care rooted in community-created models. We now have a similar opportunity. By investing in the family-led community based organizations born of this tragedy through direct funding, capacity building, and replication of proven models, New York can close critical gaps, reduce overdose deaths, and once again lead the nation in responsible use of opioid settlement funds.

We cannot squander this opportunity.