



Testimony

of

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before the

**New York City Council Committee on Mental Health, Developmental Disability,
Alcoholism, Substance Use, and Disability Services**

Jointly with the

Council Committee on Public Safety

on

Oversight – Examining New York City’s Response to Heroin Use and Overdoses

and

Int 0748 - 2015: An Office of Drug Strategy

June 23, 2015

**Council Chambers – City Hall
New York City**

Good morning Chairpersons Cohen, Gibson and members of the Committees. My name is Dr. Gary Belkin, and I am the Executive Deputy Commissioner for the Division of Mental Hygiene at the New York City Department of Health and Mental Hygiene. I am joined by my colleague, Dr. Hillary Kunins, Assistant Commissioner for the Bureau of Alcohol and Drug Use Prevention, Care and Treatment. On behalf of Commissioner Bassett, thank you for the opportunity to testify today on this important topic.

Overdose deaths involving opioids, which include both heroin and opioid analgesics, also known as prescription painkillers, are a serious public health problem in New York City. Opioid overdoses have claimed the lives of more than 7,000 New Yorkers over the last decade. Because heroin and opioid analgesics are chemically similar, some of the prevention and treatment strategies are also similar. I will speak about the health consequences and public health response for both.

Prescription painkiller misuse and overdose is both a national and a local health crisis. In New York City, emergency department visits related to prescription painkillers nearly tripled from 2004-2011, and rates of overdose death increased over 250 percent between 2000 and 2013. That translates to one New Yorker dying every other day from a prescription painkiller overdose. New York City has also seen heroin-involved overdose deaths double between 2010 and 2013. Both heroin and prescription painkillers can be risky drugs, and can lead to serious health and social consequences, including addiction and death from overdose transmission of infectious disease, particularly HIV and Hepatitis B & C. Stigma surrounding drug use and addiction can worsen these consequences.

Overdose deaths and other consequences of opioid misuse are preventable. The Department conducts public health surveillance on the health consequences of opioids and other drugs, such as opioid-related mortality and hospitalizations and opioid prescribing patterns, to identify geographic and population trends in order to target our responses. For example, in Staten Island, the borough with the highest rate of overdoses related to opioid-analgesics, the Department developed a multi-pronged approach, working with community stakeholders, conducting media campaigns, and disseminating clinical guidelines on judicious opioid analgesic prescribing for general practice and emergency departments. To disseminate guidelines further, the Department conducted one-on-one educational visits to approximately 1,000 prescribers in Staten Island, reinforcing safer prescribing practices. This campaign helped contribute to a 29 percent decrease in overdoses, a decrease infrequently seen in public health work – and received national attention. We are now completing a campaign in the Bronx, the borough with the second highest rates of opioid deaths.

The Department has also expanded addiction treatment services. Like many other health conditions, substance use disorders (or addiction) are treatable illnesses. In particular, medication-assisted treatment with methadone and buprenorphine (also known as Suboxone) is most effective. Ensuring widespread availability of medication-assisted treatment is a Department priority. We

sponsor the methadone treatment program at Rikers Island, the oldest jail-based program of its kind in the country.

A central Department strategy is to reduce the risk of HIV and Hepatitis B & C among people who use drugs includes providing a range of harm reduction services, including syringe access, which the Council has been instrumental in supporting. Harm reduction services, including those provided by New York City's syringe exchange programs, importantly engage and link people who use drugs in a range of health-promoting care and services.

Since 2009, the Department has increased access to naloxone, a medication that can reverse an overdose from opioid analgesics and heroin. Naloxone is safe and easy to use, has no significant adverse side effects, and no potential for abuse. Under the New York State Opioid Overdose Prevention Act, the Department supports state-registered programs to train laypeople as overdose responders and dispense naloxone kits to them. We have more than doubled our distribution of these kits in just the last three years, and dispensed over 32,000 kits since this program's inception.

Because of the Department's efforts, New York City is at the forefront of innovative overdose-reversal strategies. With our partners from harm reduction agencies, we are conducting a pilot program at the Rikers Island Visitors Center to train family members and friends of detained individuals in overdose prevention. Approximately 100 to 200 individuals are trained monthly, and 11 reversals have been reported to date. The Department is also continuing to work with the Department of Homeless Services to support their training of Peace Officers to recognize overdose and administer naloxone.

We also collaborate with the NYPD to provide technical support and equip police officers with naloxone kits. With funding from the State Attorney General, over 12,000 kits have been issued to patrol officers. We look forward to our continued partnership with the NYPD on this issue.

Based on results from a one-year evaluation of a naloxone training program administered at syringe exchange and methadone treatment programs, we estimate that over 1,300 overdose reversals annually result from the distribution of naloxone by our Department. With thanks to Council support, the Department's syringe exchange and harm reduction initiatives have been successful.

Office of Drug Strategy – Int 0748-2015

Also under consideration today is Intro 748, a bill that would create a city-wide Office of Drug Strategy to coordinate a comprehensive public health and public safety approach related to the impact of opioid use and its consequences. I would like to highlight our work in this area.

The Department's Bureau of Alcohol and Drug Use Prevention, Care and Treatment is responsible for planning and providing substance use services across New York City. This responsibility is carried out through the development, implementation, evaluation and promotion of

evidence-based programs and policies that address drug use and prevent drug-related deaths and illness. The Bureau also funds and oversees a portfolio of drug treatment and harm reduction service contracts, including methadone programs and harm reduction programs specifically serving New Yorkers with opioid use disorders. We are required by New York State Mental Hygiene law to develop a local services plan each year in which we prioritize strategies to reduce the impact of drug misuse on New Yorkers.

The Bureau collaborates regularly with advocates, peer groups, contracted providers, City and state agency partners, advisory groups, elected officials and community groups to ensure we are continuously working to meet the needs of the people we serve. We actively participate on a number of City and State workgroups, such as the Criminal Justice Taskforce and the redesign of Medicaid's behavioral health system that will provide intensive care coordination and enhanced services for individuals with significant behavioral health needs. We strongly advocate for legislation that addresses opioid use and overdose, and results in improved health and overdose prevention for people who use drugs.

The New York City Task Force on Prescription Painkiller Abuse, convened in 2011, was charged with developing and implementing coordinated strategies for responding to the growth of opioid analgesic misuse and diversion in New York City. As part of this Task Force, a data workgroup developed to compile and share the public health and safety data reflecting the consequences of opioid analgesic misuse in the City. The workgroup, led by the Health Department, included participants from City, State and federal government agencies, and became known as RxStat.

RxStat established a platform of data-sharing for public health and public safety collaboration and has evolved to influence policy and interventions in New York City. Under Mayor de Blasio's leadership, RxStat has expanded its initial focus on prescription opioid misuse to include all drug use. Supported in part by federal funds, including the Office of National Drug Control and Policy, its program, the NY-NJ High Intensity Drug Trafficking Area, and grants from the US Department of Justice-Bureau of Justice Assistance, monitoring and surveillance of drug-related data has expanded to include new data sources and more timely availability of existing data. Rx Stat has also resulted in an increased ability to monitor sudden increases in drug-related events that require urgent investigation, and a platform to share information and to strategize in response.

The Department looks forward to continuing to coordinate a public-health-driven strategy to promote evidence-based treatment, and reduce opioid-associated deaths in New York City. Thank you for the opportunity to testify. I would be happy to answer any questions.