

Community Service Board (CSB)– Substance Use Subcommittee Meeting
June 4, 2025, 3:30pm – 5pm

Subcommittee Member Attendees:

- Adrienne Abbate, Felecia Pullen, Soteri Polydorou, Sonia Lopez

Attendees:

- Brooke Gasdaska, MD Nass, Nilova Saha, Shivani Mantha, Maggie Stokes, Diang Severino, Noah Heau, Winnie Ho

DOHMH Rapid Assessment and Response Presentation

- Diang Severino and Noah Heau, two NYC Department of Health and Mental Hygiene (DOHMH) staff members from the Bureau of Alcohol and Drug Use Prevention, Care and Treatment (BADUPCT) and the Rapid Assessment and Response (RAR) team within BADUPCT, presented on recent work by the NYC Health Department that includes giving presentations to older adults in NYC about overdose risk, prevention and harm reduction, and current data
 - Presentation content for the CSB Substance Use Subcommittee by Noah and Diang included: general data on fatal overdoses in NYC, fatal overdoses among older adults, information on older adults and overdose risk, and a comprehensive review of the overdose mortality community presentations that were given to older New Yorkers

Discussion

Questions from the CSB Substance Use Subcommittee:

- What is the format of RAR community presentations? Are communities able to request these presentations from DOHM?
 - Format of community presentations: framing of issue, harm reduction as a strategy for overdose prevention and risk reduction, addressing stigma, a high-level data introduction to the problem, concluding asks of audience (reiterating themes such as promoting compassion and anti-stigma among people who use drugs (PWUD), overdose prevention messaging, and tools within community networks), question and answer, and lastly, naloxone and fentanyl test strip training
 - RAR receives presentation requests
 - Presentations are happening a minimum of twice per month
 - RAR has completed 69 presentations across NYC since 2023
- Do the presentations that RAR has completed with older communities also make space for audience members to share stories and input?
 - Yes, oftentimes presentations pause for input for audience members to provide personal stories, thoughts, or to ask questions
- Have any audience members who are experiencing social isolation due to being an older adult offered suggestions for reducing OD risk?
 - Many audience members express that they mitigate social isolation by attending community centers, older adult centers, etc.
 - Some audience members expressed isolation because of losing home health aides due to turnover, insurance, etc. It should be noted that in many cases audience feedback or questions go beyond the scope of RAR's overdose presentation

- Are there future plans for DOHMH to go into Department of Corrections to do these presentations and if so, do you see barriers to this?
 - The need for this is high, but DOHMH cannot speak to how this would happen currently
 - Bureau of Health Promotion for Justice-Impacted Populations within DOHMH:
 - Bureau that oversees collaborations or work with individuals involved in or at risk of involvement with the criminal-legal system, which is an opportunity for how DOHMH could begin to consider expanding this work to this population
- Are there other DOHMH or non-DOHMH programs that already exist that serve older Black men that would benefit from collaboration from this RAR program/initiative? Is there a way to combine this program with other already existing for communities?
 - Some of DOHMH collaborations include Neighborhood Health Actions Centers
 - BADUPCT is consistently working with Bureau of Chronic Disease
 - BADUPCT also works with supportive housing settings, also completed a presentation for contracted providers organized by NYC Department for the Aging
 - BADUPCT is also touching many of the places and communities that would benefit from this work indirectly through other initiatives (i.e., Enhanced Community Engagement work) but is also interesting in additional ways to expand and collaborate
- Do any of DOHMH's data collection methods show the frequency at which older adults are accessing harm reduction programs?
 - DOHMH has an age break down for SSPs – the majority of SSP participants city-wide tend to be Latino and middle-aged
 - For Public Health Vending Machines (PHVMs), programs do not collect demographic data, but in-depth community-based assessments went into design and placement of these machines
 - DOHMH can follow up and share a more recent break-down data
- Can methadone be delivered to older adults in need of delivery services?
 - Case by case basis
 - Individuals can also designate an individual to pick up methadone on their behalf
- Are there media campaigns surrounding older adults in NYC and overdose prevention?
 - DOHMH is actively planning this. DOHMH just completed focus groups among older black New Yorkers related to what they consider to be effective health messaging around this topic. The plan is to supplement this with additional interventions (such as working with CBOs) because media campaigns are short
- Is there similar ongoing work with LGBTQI+ seniors currently?
 - Not at the moment, though this is something DOHMH will look into as we look to expand outreach, education, and engagement
- **Other feedback, suggestions and comments from CSB Subcommittee:**
 - Suggestion that DOHMH consider additional collaboration with the following organizations or programs regarding older New Yorkers:
 - NYC Department for the Aging
 - Meals on Wheels
 - Outreach with cooling centers in the summer
 - Adult Protective Services
 - Ensuring education efforts cover the spectrum of use as well as emerging or newer substances

- Consider how to incorporate Medetomidine and Xylazine for future presentations for older adults
- Many patients are not injecting but are still overdosing from sniffing, smoking, or other consumption methods that are often considered “safer”, which demonstrates the need for continued engagement and education about this topic