Notes on Municipal Drug Strategy Council Meeting 3/16

Introductions

- In attendance: Shivani Mantha, Angela Jeffers, Josie Lee, Robert Mikos, Tanya Williams, Louis Cholden-Brown, Rebecca Linn-Walton, Victoria Merlino, Rick Tibbets, Amanda Eisenberg, Alex H, Anderson Yoon, Bill Jordan, Christina Lee, Debbie Pantin, Denise Paone, Emily Winklestein, Fabienne Laraque, Felicia Pullen, Gail Goldstein, Hiawatha Collins, Julia DeWalt, Louis Cholden-Brown, Luis Rodriguez, Madeleine O'Neill, Mercy Adeniranye, Marc Manseau, Michelle Nolan, Mike Selick, Mindy Nass, Noah Isaacs, Patrick Masseo, Ross Macdonald, Sean Walker, Shernet Gray, Sonia, Soteri Polydorou, Tanya Williams, Tina Saha, Victoria Merlino, Yarelix Estrada, Noah Heau, Theo Spohngellert

Community Advisory Board (CAB) Updates

- CAB logistics:
    - Purpose: Space for members to update DOHMH on specific issues, provide input on materials campaigns, and other messaging to PWUD
    - Recruited through BADUPCT community partners (folks with lived experience, strong ties to PWUD communities, understanding of harm reduction
        - 2 hour meeting held quarterly
        - Budget for 8 members per cycle with pay rate of $100/hour
- First CAB meeting (2/25)
    - Discussion about pressing issues including: issues with wounds and abscesses associated with syringe shortages; stigma faced by people who use drugs in hospitals; barriers to accessing treatment and harm reduction; barriers to accessing COVID-testing and vaccines, including need for mobile vaccination; and need for stronger focus on trans, Puerto Rican, Asian American Pacific Islander, and Latinx communities.
    - Messaging to raise awareness of increased risk of fatal overdose due to the presence of fentanyl:
        - It's not "if" but "when" you will encounter fentanyl in the drug supply
        - Need to tailor overdose risk reduction strategies for people who seek fentanyl and acknowledge pleasurable aspects
        - "Go low, go slow" as messaging strategy for people who are not interested in test strips
    - Fentanyl test strips: should be a part of all harm reduction toolkits, which should also include safer smoking supplies. Saturation should be prioritized over targeted distribution logistics ("PWUD will know who to give it to").
    - Naloxone should be offered in all encounters without NRF reporting requirement. Outreach for naloxone distribution should expand to bodegas, headshops, posters on taxis, and culturally appropriate messaging should be developed.
    - General feedback: appreciated data presentation, would like longer and more frequent meetings and other avenues of communication, would like to discuss increased funding for outreach workers.

2019 Provisional Drug Overdose Mortality Data

- The rate of overdose death remained the same in 2019 as 2018 (21.2 per 100,000 residents).
- In 2019, opioids were involved in 83% of overdose deaths.

- For the third year in a row, fentanyl was the most common substance involved in drug overdose deaths, present in 68% of overdose deaths in 2019.
- Mixing substances remains an issue of critical concern. Half (51%) of all overdose deaths involved multiple central nervous system depressants, such as alcohol, benzodiazepines, and opioids. The Health Department advises New Yorkers who use drugs to avoid mixing substances.
- For the second consecutive year, Latino/a New Yorkers had the highest rate of drug overdose death.
- From 2018 to 2019, rates of overdose death increased among Latino/a New Yorkers (25.5 to 26.1 per 100,000 residents) and Black New Yorkers (22.5 to 23.0 per 100,000 residents). Among White New Yorkers, the rate of overdose death decreased for the third consecutive year, to 23.2 overdose deaths per 100,000 residents.
- The neighborhoods with the top five highest rates in 2019 (Hunts Point-Mott Haven, Highbridge-Morrisania, Crotona-Tremont, Fordham-Bronx Park, East Harlem) are consistently among the neighborhoods with the highest overdose rates in New York City.

Quarter 1, 2020 Overdose Mortality Data

- During the first quarter of 2020, there were 440 overdose deaths confirmed by the Office of the Chief Medical Examiner.
    - This makes the first quarter of 2020 the highest quarter on record with 41 more deaths than the next highest quarter (October through December 2019)

Discussion - DOHMH Response

- DOHMH Responses: continuing access to MOUD, naloxone, and nonfatal overdose response
    - Launched methadone delivery system (MDS) along with NYS OASAS
    - Developed alternative naloxone distribution systems
        - Free naloxone at 18 chain pharmacy sites
        - Directly mailed naloxone
        - Included naloxone with methadone deliveries
        - Provided naloxone to isolation and quarantine hotels
        - Shifted to holding virtual naloxone trainings
    - Re-launched Relay, DOHMH's nonfatal overdose response system, at 13 hospitals
    - Secured PPE and cleaning supplies for SSPs and treatment programs
    - Supported provision of telehealth services among MOUD and treatment centers
    - Worked with congregate care settings to access hoteling options and vaccines for staff and participants
    - Issued several public and provider facing guidance documents addressing overdose, fentanyl, changes in tolerance, more
    - Relaunch of "I Saved A Life" campaign, radio campaign in English and Spanish, targeted messaging for New Yorkers at risk of overdose for options for accessing MOUD, held Town Hall event with providers, agency partners, and community stakeholders about fentanyl and how it's driving the overdose epidemic
- City pledged additional $2 million in outreach and overdose prevention resources
    - Expand buprenorphine treatment
    - Increase outreach
    - Create harm reduction supply vending machines
- Key messages

- Fentanyl is driving record overdose in NYC and New Yorkers who use drugs are more likely to encounter fentanyl now more than ever before
- People who use heroin should assume fentanyl is present and take appropriate steps to avoid risk
- People who use crack/cocaine, methamphetamine, and pills purchased from non-medical sources should know that fentanyl is in the drug supply and take appropriate steps to avoid risk

Discussion: Lessons Learned from COVID-19

- Issues with Telemedicine: Providers continue to face significant challenges related to the provision of substance use treatment over telemedicine. Specifically, clients with the highest need face greater barriers with and get the least out of service provision over telemedicine.
- Lack of sufficient funding and provision of safety supplies to front-line harm reduction workers during the pandemic: Many harm reduction and peer workers did not have access to personal protective equipment during the pandemic, which led to reductions in the provision of outreach services. Furthermore, many harm reduction programs had their funding by New York State, which Underfunding and overworking of front-line workers
- Telemedicine options for buprenorphine: Virtual buprenorphine clinic was established at Bellevue during the COVID-19 pandemic; this has been a successful initiative that expands the reach of buprenorphine treatment by reaching a patient population that is not encountered by other H+H treatment and healthcare systems.
- Continuation of COVID-19 regulations allowing buprenorphine treatment induciton and provision via telemedicine: DEA issued final rules that these regulations would end after COVID-19 is no longer a declared public health emergency. This ruling was issued under the Trump administration and could possibly be revisited and reversed by the Biden administration. Biden administration has indicated that the declared public health emergency will last through the end of 2021, and will provide 60 days notice to states prior to the end of the declared emergency.
- Funding for harm reduction programs: Harm reduction programs and outreach workers experienced a severe budgetary shortfall during the pandemic, particularly as state funding was cut. The Biden administration allocated $30 million for harm reduction programming in the stimulus package.
- Need for direct investment and funding for communities that are most impacted by overdose.
- Department of Homeless Services: In-person naloxone training was not available during COVID-10; quickly adapted to virtual naloxone trainings. Although naloxone distribution from DHS decreased at the beginning of the pandemic, distribution increased and DHS exceeded its goal for 2020.