



Testimony

of

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Commissioner**

**New York City Department of Health and Mental Hygiene**

before the

**New York City Council Committee on Mental Health, Disabilities and Addiction**

on

**Tracking the Opioid Settlement Fund and its Related Programs  
Intro 404**

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Good morning, Chair Lee and members of the committee. I am Dr. Ashwin Vasani, Commissioner of the New York City Department of Health and Mental Hygiene (NYC Health Department). I am joined today by Dr. Michael McRae, Acting Executive Deputy Commissioner for Mental Hygiene. Thank you for the opportunity to testify today on the New York State Opioid Settlement Fund and its related programs.

2020 was the deadliest year for overdose deaths in New York City since reporting began in 2000, and every three hours, someone dies of an overdose in NYC. If not for the COVID-19 pandemic, the ongoing overdose crisis would be recognized as the five-alarm public health emergency it is. In 2020 alone, over 2,000 New Yorkers died of a drug overdose; to put that into perspective - that's more deaths than due to homicides, suicides, and motor vehicles crashes combined. And this trend continued to accelerate in 2021, underlying the need for stronger and innovative approaches to preventing overdose. Data released yesterday shows during the first nine months of 2021, there were at least 1,956 overdose deaths in New York City and we expect this number to increase as we determine the cause and manner for outstanding deaths. The increase in overdose deaths has many drivers, including the increased presence of fentanyl in the drug supply and the health, mental health, and economic impacts of COVID-19.

We continue to see deep inequities in the burden of overdose death. Data demonstrate an increase in racial, economic, age, and place-based disparities in overdose deaths. The geographic disparities are most prominent: neighborhoods such as the South Bronx, East Harlem, and Central Harlem, continue to experience the highest rates of overdose. These neighborhoods are also among the neighborhoods hardest hit by the COVID-19 pandemic, a direct result of structural racism and historic disinvestment in those communities. These disparities are unacceptable, and the City continues to center equity in our response to both the pandemic and the overdose crisis.

The City continues to build on the framework of HealingNYC with effective public health strategies, organized around with the primary and unifying goal to reduce overdose deaths in New York City. The HealingNYC strategy aims to reduce overdose deaths by preventing risky drug use and reducing associated health complications; connecting New Yorkers to effective drug treatment; and increasing recovery supports. Before turning to our plans for the future, and despite the challenges we face with our rising tide of drug use, fentanyl, and mental health needs in the midst of COVID, I'd like to take a moment to acknowledge the immense amount of work undertaken by the City, the Health Department, our partners at H+H, trusted community-based organizations, and other partner agencies, to prevent overdose.

First, the City and the Health Department has employed a number of strategies to equip New Yorkers with the education and tools necessary to reduce their risk of overdose. This has included robust public awareness campaigns, as well as community engagement in neighborhoods most impacted by the overdose crisis. Most recently, the Health Department significantly expanded distribution of fentanyl test strips and established community-based drug-checking services at two Syringe Service Programs.

This builds on our robust naloxone distribution system, the central piece of our strategy to curb the overdose epidemic. We offer regular trainings and provide free naloxone kits to people who use drugs and their loved ones, and we aim to make naloxone and other safer use supplies widely available across a variety of community settings to prevent overdose deaths. You can visit the

naloxone page of our website or call 311 to learn more about where to find naloxone or take one of our virtual trainings to receive a free kit in the mail.

Our public health approach to the overdose epidemic is grounded in harm reduction. This means, meeting people where they are, with the services they need, to keep them alive, and with the potential to recover. With the support of HealingNYC we have significantly expanded investments in Syringe Service Programs, or SSPs—community-based programs which provide harm reduction services and connections to social, health, and mental health supports for people who use drugs. SSPs aim to improve the health of people who use drugs by providing overdose education and naloxone distribution, HIV and hepatitis C testing and counseling, and opioid addiction treatment, as well as to support surrounding communities through syringe collection. Our NYC Relay program also connects people in emergency rooms who have experienced a non-fatal overdose with a peer-community health worker for 90 days post-overdose, to provide support and connections to care, understanding that people who experience a non-fatal overdose are 2-3 times more likely to eventually have a fatal overdose, and that the immediate period after a non-fatal overdose is critical in getting people connected to recovery supports and opioid treatment.

Looking downstream, we continue to invest in mechanisms to increase access to methadone and buprenorphine—the first-line treatments for opioid use disorder. For example, the City recently invested in establishing low-barrier buprenorphine treatment options for people experiencing homelessness with opioid use disorder in shelters, SSP drop-in centers, and through street-based outreach. And during the height of the first and second waves of the COVID-19 pandemic, we worked in partnership with the NYS Office of Addiction Services and Supports to rapidly launch a Methadone Delivery System so that patients in isolation or quarantine could continue to access their medication. Through this partnership, the Health Department made more than 5,400 deliveries to nearly 1,200 clients over just 14 months in 2020 and 2021.

But the rising toll of the overdose crisis demands bold action: in November 2021, the City announced the operation of the first publicly recognized Overdose Prevention Centers (OPCs) in the country, in partnership with our SSP partners. OPCs are clinical, hygienic spaces where people can use drugs under the supervision of trained professionals, and avoid complications and potentially fatal overdoses. These programs also improve access to health care and provide pathways to substance use and mental health treatment, social services, and basic needs. OPC services are vital, dignifying, and proven to save lives: as of May 31<sup>st</sup>, over 300 potentially fatal overdoses have been averted at the two operational OPCs, both of which are run by OnPoint NYC. That's 300 New Yorkers who might not have otherwise been here today, to even have a chance to recovery, engage in treatment, and rebuild their lives. Remember, you cannot help someone recover if they are dead.

I want to take a moment to acknowledge the impressive work of OnPoint NYC, the SSP program that houses the city's two OPCs. The leadership and staff of this organization are experienced, professional, passionate, and skilled community leaders, and we are proud to work with them as they work with us, and with SSP programs across this city, to lead the next wave of the harm reduction movement in this country. We continue to call for State and Federal action on

authorizing OPCs so more of these critical, lifesaving programs can open across New York and throughout the country.

Now, let me talk about what comes next. Where does NYC go from here? Though we have made robust investment and expansions to substance use disorder services, additional, more flexible sources of funding are needed to stem the tide of this crisis. The funding from the Opioid Settlements could not be timelier, and I would like to thank Attorney General James for securing this critical funding for New York City. In April, the Mayor and Attorney General announced that NYC has initially been allocated to receive approximately \$286 million over the next 18 years to combat the opioid crisis, as part of the approximately \$1.5 billion statewide settlements with a set of manufacturers and distributors of opioids. We are hopeful for additional funding from this initial settlement amount, through the other designated pools, and as well we expect future settlements with additional manufacturers and distributors.

There are multiple ways this current settlement funding will be disbursed to NYC. First, some funds will be distributed directly to NYC. Some of this funding has already been received. Additional funding will be disbursed through the NYS Office of Addiction Services and Supports based on recommendations from the State Opioid Settlement Board, on which I'm proud to sit as the City's representative, as well as by the Office of the New York State Attorney General. It is my goal in my role as the City's representative to ensure distribution of this funding in keeping with the burden of statewide overdoses and overdose deaths, and to ensure NYC receives a fair share. As a benchmark, NYC makes up approximately 40% of the State's population, and 40% of its overdose deaths. Additionally, approximately 40% of statewide overdoses are amongst non-white New Yorkers.

Moreover, NYC represents many communities disproportionately burdened by overdose, particularly low-income and communities of color. Rates of drug overdose death are highest among residents of the South Bronx. If the South Bronx were its own state, it would have the second highest rate of fatal overdose in the country, following West Virginia. It is my duty to drive an equitable distribution of opioid settlement funding in New York State to directly support the jurisdictions and the communities most impacted by the overdose epidemic.

All settlement funding – regardless of through which mechanism it's received - will be used to support and scale proven, live saving, prevention, harm reduction, care, and treatment programs for substance use disorder. We have a unified approach, with the Health Department leading in partnership with NYC Health + Hospitals, the Office of the Chief Medical Examiner and other city agency partners, and building off the framework of HealingNYC, to deploy evidence-based strategies to prevent overdose and fatal overdoses, and to connect people who use drugs to supports and treatment. This funding is critical to meet the scale of the opioid crisis facing NYC. Over the next five years, the City will invest \$150M to support three pillars of work:

1. **Strengthening harm reduction and treatment in communities** by sustaining and expanding hours at the city's existing SSPs that operate OPCs to reduce risk of overdose and offer connections to other services and supports, such as treatment. Funding will further support expanded access to Street Health Outreach and Wellness (SHOW) mobile

harm reduction clinics and connections to provide care in communities hardest hit by the overdose epidemic.

2. **Expanding support for treatment optimization strategies** with additional staff at NYC Health + Hospitals to expand emergency department substance use consult teams, which will operate 24/7 across eleven hospitals. This will also include training of the behavioral health workforce to build expertise in addressing co-occurring psychiatric and substance use disorders.
3. **Strengthening community support for people who use drugs and their families** by connecting families of drug overdose decedents to critical mental health and social service supports during the crucial window immediately following a death and according to their particular needs.

Turning now to the legislation, Introduction 404 would require the City to report monthly on the opioid settlement fund monies and spending. We share Council's commitment to transparency for the opioid settlement funding and programming and look forward to further discussing the City's existing plans for reporting to ensure mandates in Local Law align with existing reporting requirements to the State.

Thank you, Chair Lee and the entire Council for your continued partnership commitment to the health and wellbeing of all New Yorkers. I'll take this moment to say hearings such as this are so important to destigmatize substance use and let New Yorkers know that support is available. You are not alone.

With that, I am happy to take your questions.