



HOMELESS SERVICES UNITED

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**Homeless Services United
Testimony before the Committees on General Welfare and Mental Health, Disabilities and Addiction
Opioid Overdoses Among NYC's Homeless Population
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My name is Catherine Trapani, and I am the Executive Director of Homeless Services United (HSU). HSU is a coalition of approximately 50 non-profit agencies serving homeless and at-risk adults and families in New York City. HSU provides advocacy, information, and training to member agencies to expand their capacity to deliver high-quality services. HSU advocates for expansion of affordable housing and prevention services and for immediate access to safe, decent, emergency and transitional housing, outreach and drop-in services for homeless New Yorkers.

Thank you Chairs Levin and Ayala for calling this hearing today. The opioid crisis has hit our community hard – there has been a 69% increase in deaths of homeless people from overdoses between FY16 and FY17. We are certainly not alone; the United States lost 64,000 Americans to overdoses in 2016 alone. The crisis is deadlier than the Vietnam War.

In order to stem the loss of life, we need to start treating this like what it is, an epidemic. Tools are available to curtail the loss of life and we need to employ every single one of them to ensure that no more lives are needlessly lost to fatal overdoses.

Treating overdoses:

The Department of Homeless Services has done an excellent job making sure that shelter staff have access to life saving overdose treatments like Naloxone. All shelter staff have access to the treatment and shelter residents are also receiving training to administer the drug to persons believed to be suffering the impact of an overdose. We applaud this initiative and encourage sustaining it with ongoing training for staff and residents alike to ensure that everyone is equipped to respond in an emergency.

Treating addiction and preventing overdoses:

The time immediately following a nonfatal overdose is an optimal time to engage substance users about treatment options or at least about safe usage. We need to make sure that those options are well suited to the needs of our clients, widely available, and well understood by staff and residents alike to maximize engagement and reduce the likelihood of another overdose.

Availability of appropriate treatment:

Medications like buprenorphine and Suboxone have been proven to reduce the risk of relapse as well as the risk of fatal overdoses more effectively than psychological support and detoxification (total abstinence from use). In fact, persons relapsing following detoxification are at a higher risk for overdose

than those using medications like buprenorphine and Suboxone. Such treatments should be widely available yet, because medical professionals must get special training to prescribe the drugs, not all doctors and nurse practitioners are able to administer this kind of treatment or even understand how to do so. This is simply unacceptable – **all doctors and nurse practitioners working in NYC Health + Hospitals facilities as well as those working in shelter based or mobile clinics for homeless and formerly homeless New Yorkers should be required to receive the training and file for the necessary DEA waivers to administer buprenorphine treatment.** All shelters, safe havens and drop-in centers should be resourced to provide their clients with access to primary care (including doctors and nurse practitioners who can prescribe buprenorphine). Access to treatment must also extend to permanent supportive housing programs where homeless clients are often referred to continue their recovery; these programs, especially those using a “housing first” model, must be appropriately resourced to provide onsite medical care for those in need. Integrating effective treatment into existing care and service networks lowers barriers to engagement and makes treatment more accessible to those most in need.

In addition to integrating care into mainstream medical and homeless services, we need to ensure that care and treatment is available to persons who may not want to receive treatment in the place they are seeking shelter or primary medical care. Some shelter residents may fear being judged if they express a need for substance use treatment services to their shelter caseworker. Still, they may be receptive to treatment if they could access it in a more neutral setting. For this reason, programs such as the one operated by HSU member Neighborhood Coalition for Shelter must be supported so that they too can help homeless New Yorkers access care free from real or perceived judgment and stigma. Substance use programs like this one typically rely on Medicaid funding to support treatment services however, many other services that help people stay the course and continue on their recovery journey cannot be billed to Medicaid. **A funding source should be developed to support case management services in community programs that improve opportunities for recovery including housing and benefits access, food pantries and other nutrition supports, transportation.**

Awareness of treatment options:

If we want persons using opioids to take advantage of expanded treatment options, talking about substance use treatment needs to be a normal and non-stigmatized as talking about treating diabetes, heart disease or any other public health concerns. The more we can educate clients, social service staff and health care providers about effective medical interventions, the more people we will be able to enroll in treatment.

The City recently launched a campaign on featuring ads in subways to spread awareness of Naloxone. A critical next step is to **extend public education campaigns to include raising awareness of effective treatments like buprenorphine so that drug users know that medications can help in recovery without triggering the painful symptoms of withdrawal.**

Reducing harm for those still using:

Those least connected to care and services are the most likely to overdose. As discussed above, abstinence based, detoxification care models are not as effective as treatments that include medication and other tools geared towards reducing harm. If the goal is to save lives – and it should be – we need to have a plurality of options to accommodate the needs of people in different stages on the road to recovery. Harm reduction recovery programs should be widely available where clients can get information about all available treatment options as well as support in safer usage to reduce the likelihood of fatal overdose and the spread of disease.

Recovery is not incompatible with harm reduction. In fact, engaging persons who are using substances in a nonjudgmental, collaborative way may incentivize utilization of recovery services.

To increase access to effective harm reduction services the City should:

- 1) Ensure that harm reduction supplies are widely available to persons still using opioids.
 - a. Needles, cases, tourniquets, alcohol pads, bleach and the like should be available to persons who continue to use to reduce the spread of disease
 - b. Test strips/kits should be widely available so users can discover if their supply contains a high concentration of fentanyl so they can better avoid fatal overdoses**
 - c. Safe syringe disposal should be widely available to reduce litter and the spread of disease

- 2) Integrate safe injection sites into programs serving addicts including drop-in centers and harm reduction programs so that those most at risk of overdosing can be monitored and saved should an overdose occur. **Not a single fatal overdose has been recorded at any safe injection site around the world.**
 - a. Allowing rapid response to overdoses also increases the likelihood of getting someone engaged into treatment programs (there is a window of opportunity post overdoses where someone is more likely to be receptive to entering treatment). If services are all co-located, the person can go to an already trusted, nonjudgmental source to receive the care they need.

Harm reduction, especially safe injection sites are controversial even though we know that it saves lives. Despite all evidence to the contrary, some still argue that they somehow promote drug use or will encourage more people to use. In thinking about how to respond to naysayers in preparation for today's testimony, I am reminded of the early days of the AIDS epidemic. People were dying in large numbers but, because those who were most impacted were gay and had little political capital, the people in power to support interventions did nothing to help. Inaction was justified by focusing on "life choices" of those impacted, people were stigmatized, shamed and blamed. Activists fought hard to change the narrative and encourage the development of treatment options as they watched their friends and loved ones perish. By the time their campaigns began to succeed thousands of lives had already been lost. The situation today with opioid deaths is much the same, with one critical difference – unlike back in the early 80s when treatment options for people living with AIDS hadn't yet been developed, **we know exactly what works to treat addiction yet we are still denying treatment to those who need it most because of the stigma attached to drug use.** The "war on drugs" has cost more lives than the Vietnam War yet we still insist on clinging to failed policies; something has to change. **A sustained coordinated effort to get the services and treatment to the people that need it most is necessary to reduce the loss of life.** A holistic approach that includes raising awareness and providing multiple entry points into service and treatment programs that are nonjudgmental, normalized and easy to access is essential. If we are serious about reducing the number of deaths due to opioid overdoses

Whether you seek treatment via regular medical care providers or community, shelter and housing resource programs, you should have access to high quality care, including medication regimes that reduce cravings, prevent withdrawal symptoms and prevent overdoses. I am encouraged by DHS's early steps to ensure access to overdose treatment such as Naloxone and am hopeful that we can learn the lessons from past epidemics and quickly move to implement comprehensive solutions discussed today.

Thank you for the opportunity to testify.