



THE NEW YORK ACADEMY OF MEDICINE

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- DRAFT -

New York State Assembly Joint Hearing on Drug Policy Reform

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Thank you for the opportunity to discuss a new paradigm for addressing problems of substance use in New York State. On behalf of The New York Academy of Medicine, we appreciate the Assembly's interest in this issue and are particularly pleased that you have chosen a joint hearing to discuss a coordinated and integrated approach to drug policy, which has been fragmented and disjointed for too long. The Academy is the leading independent organization dedicated to enhancing urban health globally. For over 160 years, we have been at the heart of urban health. Through policy leadership, innovative research, and a comprehensive program of education, training and community engagement, The Academy takes on the urban health challenges that the world is facing with more than 5.1 billion people living in cities by the year 2030. Drawing on the expertise of more than 2,000 full-time professional staff and elected fellows from across the health professions, NYAM will play a critical role in transforming the health of cities.

The Academy has long taken a special interest in substance use and working to improve the health of drug users. In fact, in 1955 The Academy issued a report to the U.S. Senate calling for many of the reforms we will suggest to you today.[1] Since then, we have continued to contribute to a growing body of science all pointing to the same conclusion – substance use is a public health, not a criminal

justice problem. Today, I want to suggest that New York State, under the leadership of this Assembly, leave behind the failed criminal justice approach to drug policy, epitomized by the Rockefeller Drug Laws, and adopt a new public health framework for more effective and integrated response to drug use. While New York has many fine treatment and health programs for drug users, we do not have a shared understanding of drug use as a public health problem, nor do we have a coordinated public health response to prevent drug use and to alleviate the damage it causes to the health and well being of individuals, families and communities.

A public health framework requires new measures of success for our drug policies. Rather than incarceration rates, we should gauge success by improvements in the health of individuals, families, and communities. Reductions in overdose and other drug-related deaths; decreases in incidence of blood-borne diseases, like HIV and hepatitis; drops in drug-related injuries and emergency room visits; increases in the proportion of those needing treatment who receive it; fewer cases of child abuse and neglect – these should become the metrics by which we judge the effectiveness of our policies.

Alcohol and tobacco cause far more harm than many illicit drugs, and (at least since the end of prohibition) we have responded to these substances primarily from a public health framework with the goal of reducing disease and death. In the case of smoking, New York's public health response helped reduce rates of smoking by 11% for adults and 40% for high school students between 2000 and 2006.[2] At the center of all our drug policies – whether addressing legal or illicit substances-- should be the question: what impact will our policies have on the public's health?

Second, current approaches for addressing drug use focus at the level of individuals, ignoring the larger environmental, community, and family contexts that contribute to drug use.[3, 4] Social factors -- like racial segregation, income inequality, poverty, unemployment, community norms, literacy issues, deteriorating housing -- affect alcohol and drug use behavior, the health of drug users, and the differential morbidity among drug users from different racial and ethnic groups.[3, 5-9] We need a coordinated policy that intervenes at multiple levels, including individuals, families and communities as well as institutions with which they interact. Improvements can be made through a coordinated public health response focused on the social antecedents of drug use that strengthens our communities.

The punitive criminal justice approaches that characterize our drug policy now intervene at the level of individuals and exacerbate the damage caused by drug use, particularly among the poor, people of color, the homeless, formerly incarcerated individuals, and other marginalized groups.[3] Interdiction and deterrent strategies have serious consequences that adversely affect the health of communities, including increased violence[10, 11] , higher rates of HIV and other blood borne disease[11], and the exacerbations of existing social and economic inequalities.[12] In fact, although illegal drug use is spread throughout society, the harm from drug use and the “war on drugs” is not evenly distributed; drug-related overdose and homicide, traumatic injury, HIV/AIDS -- are all higher in communities of color and where income inequality is greatest.[3, 10, 13] Moreover, the criminalization of non-violent offenders contributes to the stigmatization of drug use, which in turn, discourages drug users from seeking needed services and negatively impacts their physical and mental health.[14, 15]

Once convicted, those reentering the community from prison or jail do so facing a set of barriers that puts their health in extreme peril -- including leaving prison without Medicaid or other health coverage, the inability to secure housing or employment, and often returning to communities already challenged by poverty, poor health, and a lack of resources. In fact, a recent study in the New England Journal of Medicine found that recently released prisoners were 12.7 times more likely than other residents to die within the first two weeks following their release.[16] NYAM supports reforms to Rockefeller Drug Laws and encourages the Assembly to pursue strategies that de-penalize drug use because we believe the current system contributes to the poor health of some of our most vulnerable communities.

However, reforming the Rockefeller Drug Laws, while a critical step, will not address the problem of drug use in New York. To do that, we need a multi-level public health approach. An integrated drug policy will require strong leadership from government, the public health sector, medical professionals, community-based providers, and treatment professionals. It must also engage affected communities in comprehensive planning efforts to transform the conditions in neighborhoods that contribute to drug use. We believe that a coordinate drug policy must include the following strategies:

- 1) **Invest in education and prevention:** We must increase efforts to stop misuse of drugs and alcohol before they start. In addition to programs targeting adolescents (which has been proven an effective strategy [17]), we should also consider adapting social marketing and media campaigns that have been successful in reducing the use of other harmful substances. Research also indicates that medical professionals can also have a profound impact on the health behaviors of their patients using brief screening or brief counseling interventions.[18-20] Efforts to educate and train medical professionals to play a more active role in preventing and reducing substance use must be expanded.[21]
- 2) **Address social antecedents of drug use and strengthen vulnerable communities:** Poverty, racial segregation and discrimination, illiteracy, lack of health insurance, access to health care, housing access and other community-level factors affect both drug use and the health of drug users. We need policies and programs to support economic development and employment in affected communities as well as improvement in housing, educational opportunities, and access to health to care. We need to remove the barriers that prevent ex-offenders from accessing health care, housing, and jobs.
- 3) **Reduce harm for active users:** Increasingly, experts understand addiction as chronic, relapsing condition and acknowledge the need to provide care and services to active users to improve their health and health of the communities where they live. One effective strategy is to augment existing syringe exchange programs by increasing access to syringes through pharmacies. Our research shows that community-level interventions to educate community members and pharmacists about syringe access leads to increased pharmacy use by injection drug users and decreased syringe reuse[22] without increasing the number of discarded syringes.[23] We must also do more to prevent overdose deaths. Between 1990 and 2000, almost 9,000 people died from drug overdoses in New York City alone, and odds of dying from an overdose are higher among Black and Hispanic males.[6, 24] We should expand the Narcan program, which distributes life-saving medication to drug users to use in cases of accidental overdose. Research suggests that a substantial number of medical providers support these programs[25] and that they are both feasible to implement[26, 27]

4) **Increase access to treatment, medical care and other services:** Drug treatments, including new pharmacotherapies for opiate dependence, are effective in reducing drug use and can be implemented in a range of settings.[29-31] Buprenorphine, which is the only medication for opiate addiction that doctors can prescribe in office-based setting, is highly effective in treating addiction to heroin and prescribed opiates.[32-35] Programs to encourage doctors to prescribe buprenorphine and to educate drug users about its benefits should be expanded. In addition, we should work to reduce the expensive and burdensome regulations governing methadone and to expand to this highly effective treatment. Medically-based drug treatment has the added benefit of reducing stigma by treating addiction like any number of other chronic medical conditions. In addition to expanding treatment in medical facilities, we should work to expand the availability of treatment in other settings, particularly through alternative to incarceration programs, in jails and prisons, and through pre-release and prison reentry programs. Drug treatment in all its forms should be made affordable and accessible and should be fully supported through public and private health insurance programs. One step in this direction would be to pass Assembly bill 9354 (S5929), which requires parity for mental health and substance abuse services in Child Health Plus and Family Health Plus. Often, drug users do not receive appropriate preventative care and have limited access to medical care.[3] Treatment programs have the added benefit of increasing access to medical care [36], but we also need low threshold services for drug users that make it easy for them to access medical care and social services even before they enter treatment. This will require working with medical professionals and social service providers to train them about the unique medical concerns of drug users and how to create welcoming and supportive environments.[37, 38] Currently, programs for harm reduction and recovery readiness are most developed in the HIV context and funded through City and State Ryan White funds. These service modalities and philosophies should be expanded beyond the HIV

context. In addition, some services, like hepatitis B vaccinations, should be available in non-traditional venues where drug users can easily access them.[39]

5) Increase investment in identifying evidence-based policies and programs:

Research about effective public health approaches to drug use is growing, and, in the highly charged political atmosphere surrounding drug use, evidence must guide our policy decisions. We need increased investment in research and evaluation to better understand which approaches work, for whom, and why.

The New York Academy of Medicine urges these joint committees of the New York State legislature to join forces with the community leaders you will hear from in the hearings to create New York State's new public health approach to substance use.

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