



# The New York Academy of Medicine

*At the heart of urban health since 1847*

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The New York Academy of Medicine**

Committee on Mental Health, Mental Retardation, Alcoholism, Drug Abuse and Disability Services  
jointly with the Subcommittee on Drug Abuse

***New York City Council Oversight Hearing on the State of Drug Abuse & Treatment in NYC***

***April 30, 2010  
New York City***

Thank you for the opportunity to discuss an alternative paradigm for addressing problems of substance use in New York City and State -- a public health and safety approach. An independent organization since 1847, NYAM addresses the health challenges facing the world's urban populations through interdisciplinary approaches to policy leadership, education, community engagement and innovative research. Drawing on the expertise of diverse partners worldwide and more than 2,000 elected Fellows from across the professions, our current priorities are: to create environments in cities that support healthy aging; to strengthen systems that prevent disease and promote the public's health; and to implement interventions that eliminate health disparities.

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 ground-breaking 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 only a criminal justice problem. Increasingly, political leaders, providers, and people directly affected by drug use recognize that we must reorient our drug policies towards a single aim -- improving the health and safety of individuals, families and communities.

We should judge the effectiveness of our policies, not only by how many people we lock up or how many drugs we seize, but by 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. Alcohol and tobacco cause far more disease and death than many illicit drugs, and we have developed effective public health responses to these substances and reduced both their incidence and ill effects. With focused efforts, we could do the same for illicit drugs. We believe that an integrated public health approach to drug policy for New York should include the following strategies:

**1) Alignment of existing policies and programs within New York City:**

A public health approach to drug policy will require strong leadership from government, the public health sector, medical professionals, community-based providers, public safety personnel, and treatment professionals. It must also engage affected communities in comprehensive planning efforts to transform the conditions in neighborhoods that contribute to drug use. One successful strategy for engaging multiple sectors in transforming drug policies and improving public health is the Four Pillars Model (comprised of Prevention, Treatment, Public Safety and Harm Reduction), which ensures coordination among various agencies, communities, levels of government, and stakeholders to achieve healthier, safer communities. First implemented in Switzerland and Germany in the 1990s, the Four Pillars Model is now employed by countries in Europe, North America, Australia and Asia, and in many cities, including Vancouver and Toronto. The Four Pillars approach has resulted in a dramatic reduction in the number of drug users consuming drugs on the street, a significant drop in overdose deaths, reduction in crime, and a reduction in the infection rates for HIV and hepatitis.[39,40] An important first step in New York City would be joint City Council hearings from all of the committees that touch upon drug use and the people affected by it (e.g., Health, Welfare, Public Housing, Community Development, Economic Development, Education, Fire & Criminal Justice Services, Juvenile Justice, Public Safety, Youth Services, and Mental Health, Mental Retardation, Alcoholism Drug Abuse & Disability Services). One possible outcome of such hearings could be a commitment to an interagency, intersectoral lead group to coordinate and integrate efforts to address drug policy in New York City.

**2) Reduce overdose deaths and harm for active users:**

Despite recent data showing a slight decrease in overdose deaths in New York City, we must do more to prevent any such deaths. 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[19] and that they are both feasible to implement[20, 21] and effective in preventing

overdose deaths.[21] Expansion efforts could include giving Narcan to those leaving Rikers who have a substance abuse problem (identified at intake, at transition planning and/or have been convicted of certain drug charges) and working with Health & Hospitals Corporation to increase access to Narcan through their facilities and doctors. We should also work toward the passage of laws and policies, like the Good Samaritan law (A08147/S5191), which would prohibit criminal sanctions against those seeking or receiving medical care in the case of overdose. Such policies are likely to reduce overdose deaths, since fear of police intervention was cited as the number one reason people do not call or delay calling for help when someone overdoses.[22] In addition, syringe access should continue to be supported, both by continued support for syringe exchanges and by increasing access to syringes through pharmacies. Our research shows that community-level interventions to educate community members and pharmacists about syringe access in pharmacies increases their use by injection drug users and decreases syringe reuse[15], without increasing the number of discarded syringes or increasing transmission of HIV.[16]

### **3) Increase access to treatment, medical care and other services:**

Medical care settings have the potential to be important venues for maintaining the health of active users as well as identifying drug problems and for expanding access to treatment. Unfortunately, very few medical schools train physicians in how to identify and treat substance abuse or to compassionately and effectively care for the medical issues of substance users. We recommend more programs to work 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.[31, 32] For example, doctors doing their residencies in New York City could be required to undergo training on substance abuse issues.

Drug treatments, including new therapies for opiate dependence, are effective in reducing drug use and can be implemented in a range of settings.[23-25] Buprenorphine, which is the only medication for opiate addiction that doctors can prescribe in office-based settings, is highly effective in treating addiction to heroin and prescribed opiates.[26-29] Programs to encourage doctors to prescribe buprenorphine and to educate drug users about its benefits should be expanded. Drug treatment in traditional medical care settings has the added benefit of reducing stigma by treating addiction like other chronic medical conditions. This approach also facilitates much needed access to preventive and medical services to a population that often goes without.[6, 30]

In addition to expanding treatment in medical settings, 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. Currently, programs for harm reduction and recovery readiness are most developed in the HIV context and funded through City and State HIV/AIDS funds from the Federal Ryan White CARE Act . These service modalities and philosophies should be expanded beyond the HIV context. In addition, some services, like hepatitis B vaccinations, should be offered in non-traditional venues where drug users can easily access them.[33]

#### **4) Work more closely with the public safety sector:**

Drug use not only adversely affects the health of communities and individuals; the enforcement of drug laws puts a tremendous burden on our nation's criminal justice system. For example, the New York City Police Department makes almost 40,000 misdemeanor marijuana possession arrests each year.[35] A public health approach to drug policy suggests a broader and more holistic perspective on public safety, with the police and criminal justice system in partnership with communities working to reduce crime, injury and death and to promote healthful and secure neighborhoods so that individuals can go to school, work and participate fully in community life. Recognizing that addiction is a disease, several police departments have refocused their efforts on targeting those who produce and traffic in illicit substances, while de-emphasizing the enforcement of possession laws except in cases where the user is engaged in harmful or illegal behaviors(eg., selling). By focusing limited resources on these priorities, rather than simple possession, police enhance public safety, while drug-related violence, neglect and abuse, and public health problems (e.g., overdose, blood borne disease, emergency room visits) are reduced.

#### **5) 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 [10]), 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 have a profound impact on the health behaviors of their patients using brief screening or brief counseling interventions. [11-13] Efforts to educate and train medical professionals to play a more active role in preventing and reducing substance use must be expanded.[14] Additionally, innovative approaches to engaging communities and demonstrating their stake in resolving the problems of drug markets and arrests (e.g. the drug-market intervention work being done in Nassau County with the Council of Thought and Action) should be considered. Finally, we should begin to define prevention more

broadly to include place-based efforts to enhance neighborhood infrastructure, create educational and job opportunities, and strengthen the cohesion of families and communities.

**6) Increase investment in research and in identifying evidence-based policies and programs, particularly those addressing the social determinants of drug use:**

Research about effective public health approaches to drug use is growing, and, in the highly charged political atmosphere surrounding drug use, evidence-based strategies must guide our policy decisions. However, investment in research and evaluation about how to solve the complex problem of drug use is meager. We must start with a clear understanding of the scope of the problem. Data collected through the DAWN systems could be strengthened by more standardization and more clarity about what emergency room visits are truly caused by which specific drugs. If we are going to implement effective public health programs to address drug use, we also need to better understand which approaches work, for whom, and why. In particular, we know that 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.[6, 18, 35-38] Building on our current knowledge base, we must further investigate the mechanisms by which social factors affect drug use, and we urgently need to develop effective strategies for intervening with communities, families, and individuals.

New York City should follow the lead of other great cities by considering a policy approach, like the Four Pillars Model, that aligns prevention, public safety, harm reduction, and treatment. We need leadership to bring together all the government agencies that touch the lives of drug users and the communities most affected by drug use to develop a coordinated strategy with the focused goal of improving the health and safety of all City residents. The New York Academy of Medicine is pleased that the City Council has convened this hearing, and we look forward to working with you on this important issue.

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