



County Health Officials of New York

Leading the way to healthier communities

October 20, 2021

Written Testimony submitted by
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The Board of Directors and Membership of the
New York State Association of County Health Officials (NYSACHO)
to the Joint Senate Task Force on Opioids, Addiction and Overdose Prevention

NYSACHO's MISSION:

To support, advocate for and empower local health departments in their work to prevent disease, disability and injury and promote health and wellness throughout New York State.

NYSACHO is incorporated as a not-for-profit, non-partisan charitable organization with 501(c)(3) tax exempt status.

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INTRODUCTION

On behalf of our members, the 58 local health departments in New York State, thank you to Senators Harckham, Brouk, and Rivera along with members of the Joint Senate Task Force on Opioids, Addiction and Overdose Prevention for their leadership, and for including the New York State Association of County Health Officials (NYSACHO) in this important public hearing. County health officials are deeply invested in untangling the nation's opioid crisis and the significant impact it has had across New York State. The COVID-19 pandemic exacerbated a broad array of public health issues including rates of opioid overdoses and related deaths across the nation and state. Those living with addiction are at high risk from COVID-19 related complications, and thus require specialized protections. New York State local health departments (LHDs) are determined to continue addressing this public health challenge via implementation of evidence-based initiatives at the local level.

The COVID-19 pandemic continues to stretch our nation's public health infrastructure thin. Public health emergencies rely on skilled public health professionals with the experience, training and expertise needed to respond during crises. These skills can only be gained through the daily provision of core public health services, yet public health remains largely underfunded and local health departments in New York State have lost one-third of their workforce in the past decade. This chronic underfunding resulted in an aging workforce and as we entered the pandemic, local health departments were also approaching a demographic wave of workers eligible for retirement, with far fewer younger workers on hand to replace them. New York State has lost hundreds of years of public health expertise and experience as a result. Today, local health departments continue to address surges in COVID-19 cases, due to emerging variants. They are responsible for isolating/quarantining; contact tracing; case investigating; supporting schools, businesses, and health care entities; administering vaccinations; addressing health equity and informing vaccine resistant populations. As the pandemic continues to evolve, local health departments will continue their work on the front lines, while also providing core public health services and responding to other emerging public health threats which impact community members.

During the pandemic, county health officials have seen a drastic increase in numbers of individuals with substance use disorder, overdoses, and deaths. Local spikes in overdoses have led to the need for increased naloxone distribution and training. As a result of the need for quarantine and isolation during the pandemic, in person peer to peer services have been discontinued or held virtually and many of the

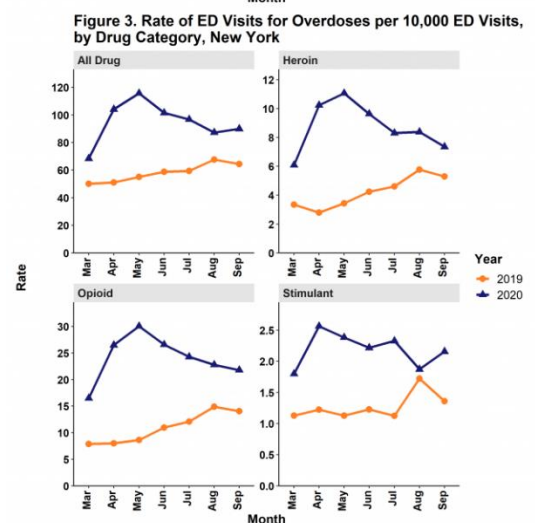
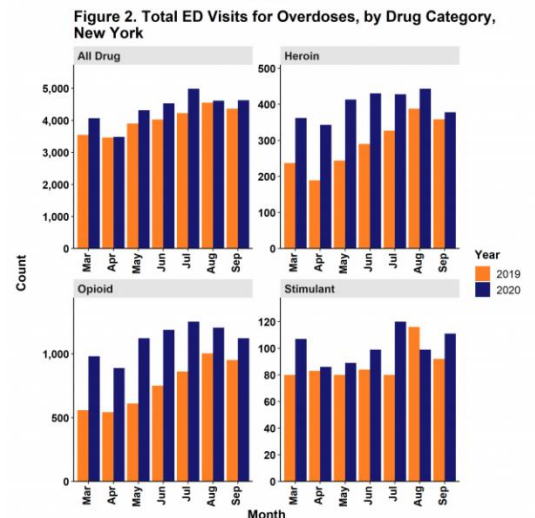
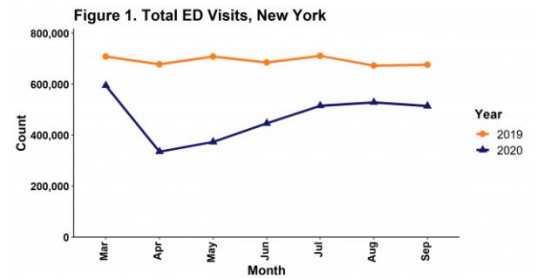
local interventions offered by local health departments have been stalled. Stigma continues to remain a pervasive barrier to treating substance use disorder.

We present this testimony to clarify the prevention responsibilities that local health departments (LHDs) have with respect to opioid use prevention programs and services, to point out the barriers that LHDs experience in providing these services, and lastly, to propose the initiation and/or expansion of activities that help prevent opioid related overdose and deaths. While local health departments continue to respond to the COVID-19 pandemic, it is critical the state makes significant investments to state public health infrastructure so we can collectively address the unintended public health consequences stemming from the pandemic, including increased rates of opioid overdoses, death, and suicides.

DATA

According to data from the Center for Disease Control and Prevention (CDC), overdoses spiked in 2020 and fatalities by month increased by 50 percent between February and May to more than 9,000. Prior to 2020, U.S. monthly overdose deaths had never risen above 6,300. Opioid-related deaths drove these increases, specifically attributed to synthetic opioids such as fentanyl. Opioids accounted for around 75 percent of all overdose deaths during the early months of the pandemic; around 80 percent of those included synthetic opioids. The final 2020 total in the United States exceeded 90,000 overdose deaths, compared to 70,630 in 2019. That would not only be the highest annual number on record, but the largest single-year percentage increase in the past 20 years.

New York State data demonstrates over the past year, drug overdose related deaths increased by 30.5%. Overdose fatalities during the month of March 2020 were reported at 2260 statewide compared to 2950 fatalities statewide in March 2021. The rate of Emergency Department visits per



10,000 was 24.12 and the increase in visits due to opioid overdoses from March 2020 to September 2020 was around 7754.

The number of NYS residents admitted to treatment programs in New York State indicates that the opioid burden across the state is high. In 2019, over 112,000 admissions (673.4 per 100,000) were processed by NYS OASAS certified treatment programs for opioids.

Local Trends Identified by LHDs

Local health departments work closely with their communities making them the first to witness new trends and emerging issues that policymakers should be aware of. Since the beginning of the pandemic, a number of counties report seeing the following alarming trends:

- Increased overdoses in 50–70-year-old population.
- Emergence of new additives like xylazine (which does not respond to naloxone) and new combinations of drugs leading to overdoses (benzodiazepines, alcohol, heroin).
- Proliferation of fentanyl, being cut into methamphetamines, heroin, and cocaine.
- Lack of substance user understanding of what is mixed in the products they are purchasing and therefore not being prepared for reaction of that drug combination which can lead to overdose.
- Rise in availability and use of stimulants, synthetics, and other non-opioids (methamphetamine, molly, ecstasy, cocaine).
- Increase in K-2 use, and reports of K-2 related overdoses where Narcan was successfully administered.
- Purchase of drugs from the internet have brought dangerous products directly into homes via mail service.
- Occurrence of overdoses expanding into areas of the county where this had not been seen previously.

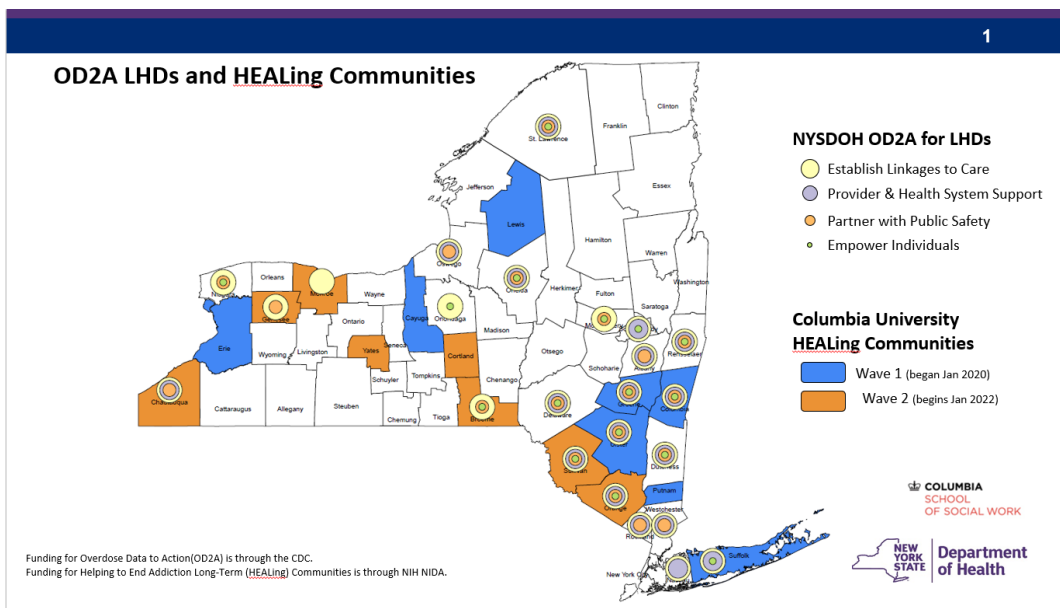
EVIDENCE-BASED INTERVENTIONS PROVIDED BY LHDs

Local health departments lead evidence-based strategies aimed to curb the opioid epidemic in their communities. Modifications to these programs have been made because of the pandemic to keep staff and program recipients safe from COVID transmission. Strategies coordinated and offered by local health departments include but are not limited to:

- Collaborating with the business community, police departments, fire departments, mental health/substance use partners, EMS/EMT to coordinate prevention and treatment systems.
- Developing public services announcements (PSAs) and campaigns for targeted public messaging to encourage harm reduction practices and promote linkages to care.
- Overseeing of data surveillance, spike alert notifications using overdose detection mapping application (ODMAP) and medical examiner/toxicology reports.
- Coordinating with hospitals to implement buprenorphine induction and prescribing naloxone in the emergency department.
- Coordinating linkages and referrals to treatment for individuals.
- Institution of text apps for Narcan programs to link families and those living with addiction to life saving medication.
- Distributing fentanyl test strips and dispose Rx packets (safe medication disposal).
- Trainings for people who use drugs on harm reduction strategies.
- Recruiting efforts focused on people with lived experience to incorporate their feedback into events.
- Sponsoring days of remembrance for impacted communities.
- Targeted naloxone distribution (some LHDs mailed kits out to community during the pandemic).
- Data collection and monitoring surveillance systems.
- Promoting/Expanding Medication assisted treatment.
- Providing/promoting syringe exchange/assistance programs.
- Conducting Academic detailing to clinicians
- Offering community prevention education.
- Providing Naloxone training for first responders and family members as NYS Opioid Overdose Prevention Providers.
- Operating community recovery helpline.

Currently, twenty-four local health departments receive overdose to action (OD2A) grants of approximately \$70,000 per year from the center for disease control and prevention (CDC) to support community response to opioid overdoses. The LHDs that receive O2DA funding work with determination to ensure that programs are comprehensive, inclusive of all community partners and empower communities. Due to the pandemic, the bandwidth of our public health workforce has been stretched

beyond capacity, but LHDs instituted creative measures to ensure services were not halted all together. These 24 local health departments continue to focus on establishing linkages to care, provider health and system supports, partnering with public safety and empowering communities (see slide below from NYS Department of Health). With dedicated infrastructure funding, local health departments would have the ability to hire locally and thus expand response capabilities when new funding is allocated from the federal level. Federal and state grants are typically limited in timeframe, which can make it particularly challenging for counties to hire locally due to inability to cover fringe and employee benefit programs.



Description of Some Services Provided by LHDs

1. Targeted Naloxone Distribution

Naloxone is an opioid antagonist, who has the potential to reverse the effects of opioid overdose both rapidly and safely. Targeted distribution programs aim to train and equip individuals who are most likely to encounter or witness an overdose, especially people who use drugs and first responders with naloxone kits. The most effective ways to implement this includes community distribution programs, co-prescription of naloxone, and equipping first responders.

2. Medication-Assisted Treatment (MAT)

MAT is a proven pharmacological treatment for OUD. Agonist drugs, such as methadone and buprenorphine, activate opioid receptors in the brain, preventing painful opioid withdrawal symptoms without causing euphoria. It is effective at reducing use and helping people to lead normal lives. MAT works best when it is carried out with services like counseling and social support and when it involves fixed, safe, and predictable doses of medications.

3. Academic Detailing

Academic detailing consists of structured visits to healthcare providers, by trained professionals, who can provide tailored training and technical assistance to promote best clinical practices. In the context of overdose prevention strategies, academic detailing can be used to assist physicians in reducing potentially risky opioid prescribing practices, to prepare pharmacists to effectively distribute naloxone to the public, to co-prescribe naloxone with opioid prescriptions, and many other ground-breaking and community-based initiatives designed to deliver new skills to individuals who can make an impact on the rate of overdose in their communities. The Madison County Health Department partnered with other agencies and conducted academic detailing visits to 30 health care providers and 15 pharmacists. The input received from the providers was shared with the community at large and the opioid awareness task force to inform outreach, education, and provider support strategies to help reduce prescription opioid use.

4. Syringe Service Programs

Syringe service programs are often referred to as “needle exchange” or “syringe exchange” programs and provide access to clean and sterile equipment used for the preparation and consumption of drugs as well as tools for the prevention and reversal of opioid overdose, such as naloxone training and distribution, fentanyl testing strips, and more. Programs that are more comprehensive often provide services such as safe disposal of syringes and needles, education about overdose and safer injection practices, referral, and access to drug treatment programs (such as MAT) and other related services. Rather than encouraging use, these programs are a proven public health intervention, reducing the spread of infectious diseases, such as HIV, and Hepatitis A, B and C, in these high-risk populations for disease exposure through shared needle use. LHDs continuously update pre-existing programs and/or adopt evidence-based strategies suggested by the CDC to address the opioid epidemic in their county, which of course, is dependent on funding from State and associated agencies.

Focus on Rural Communities

Addiction is a multifaceted issue that arises from an interplay of genetic, social, and environmental factors that accumulate over the life of an individual. Resources directed towards care which, although important, address only the downstream needs of individuals and families, and fail to address the underlying upstream factors influencing the rise in opioid use and overdose incidents. Our rural counties have indicated the importance of addressing the social determinants of health (SDOH) as they are often the root cause of public health crises such as the opioid epidemic. Counties have emphasized living wages, accessibility in terms of transportation, affordable and supportive housing, social support networks and literacy levels.

Counties also offered potential solutions to address the opioid overdose incidents in rural communities. Many of the suggested solutions involve community building and increasing community understanding of the complex factors that influence drug use and compassion for drug users. Other strategies include telehealth services, the introduction or expansion of peer programs, partnerships with community organizations and schools and increased harm reduction services. Rural communities in New York need increased initiatives to support trainings, education, and policies to ensure that both younger and older populations are aware of the effects of drug use allowing them to make well-informed decisions with regards to their health.

IMMEDIATE NEEDS AS IDENTIFIED BY LHDs

When asked “*What is most needed by your community immediately to improve occurrences of opioid overdose and addiction?*” responses from LHDs included:

- Incentives for the workforce entering the behavioral health field to stay in the county once they are trained. For example, scholarships, loan forgiveness and other funding resources could be offered for those enrolled in higher education programs needing financial relief from costs of education programs, with required commitments to serve in underserved geographic locations for a specified period of time.
- Expansion of low threshold access to recovery supports and services, including harm reduction activities like syringe exchange and naloxone access but also easy linkage to treatment and navigation supports for people when they are ready to access services such as this.
- Robust expansion of trauma informed care/resilience building services and programming across the lifespan, starting with expansion of the evidence-based program PAX Good Behavior Game

across all school districts within the county. PAX Good Behavior Game (GBG) and PAX Tools Community Workshops promote positive social and emotional skills, mental and behavioral well-being, violence reduction, and academic improvements. PAX GBG and PAX Tools prevent youth social and emotional distress, risk taking behaviors, substance use disorders, and violence and acts as a universal “behavioral vaccine” that delivers lifetime benefits. PAX GBG creates lifetime benefits for students, schools, families, and society—with a rate-of-return on investment of 63-to-1 or more.

- Streamlined process for volunteer agencies being able to access naloxone. An individual can access naloxone as a community member, but an agency must go through a process and then pay for the naloxone which they don’t have the funding for. Our [county] EMS Coordinator was looking into contacting NYS, but it is a problem where agencies who regularly interact with the at-risk population won’t take on having to apply and pay for naloxone.
- Integrated public health, health care, mental health and behavioral health services that provide trauma-informed care.
- Programs/staff that can provide individualized support to assist people in navigating systems to access the treatment and services they need and centralized points of service.
- Effective strategies that address and reduce stigma in settings in which people are seeking care and treatment.
- Fair reimbursement by Health plans to primary care providers for their time treating patients with SUD, including time coordinating care. SUD treatment should be able to be managed by primary care, but offices cannot take on this work due to reimbursement.
- Continued messaging in all aspects of media to create awareness of what drugs are in the community that are causing death, particularly what is being cut with Fentanyl, where it is happening, how to access Narcan, how to use Narcan, how to get to care.
- More Fentanyl Test Strips to distribute for use, more resources for housing and appropriate services for co-occurring mental health disorders.
- Designated personnel for opioid-related education and data collection as well as naloxone training and distribution.

When asked “*What is most needed by your community immediately to reduce occurrences of opioid overdose and addiction?*” responses from LHDs included:

- Focus on a “safety first” approach vs. remnants of “Just Say No.”

- Sustained funding to hire CASAC's or LMSW that can develop programs and work in the community in this specialty. Nurses and educators are wonderful, but addictions are a specified field that needs specific training to do this work with those struggling with addiction issues. We also need to shift focus from opiate overdoses to ALL form of overdoses.
- Our department needs more staff to improve [our response to] occurrences of opioid overdose and addiction. We currently have one full-time staff member working on this, and while they work diligently and effectively, additional capacity is needed to have greater reach within the community.
- More staff to do direct outreach on the streets to link individuals to care immediately, provide clean syringes, injection supplies, Narcan and Fentanyl test strips to those not yet ready for treatment, additional media/marketing funds.
- Funds to implement mobile methadone accessibility since its approval by the DEA, particularly in the rural communities. This includes the cost of a vehicle, insurance, and maintenance as well lab support and provider time.
- Public health program staffing to support partnership engagement and coordination activities, overdose and drug trend surveillance, outreach, and implementation of data-informed and evidence-based activities.
- Stable and flexible funding that can support programs and initiatives; funding needs to be flexible and adaptable to unique and emerging needs in the County.
- Coordinated guidance at the state level that reduces siloed and fragmented programming, funding and approaches to treatment and care in public health, mental health and substance use treatment.
- Easy access to technical and subject matter experts to advance and promote evidence-based and best practice programs and interventions.
- Additional Peers, Treatment Placements, Recovery Center.

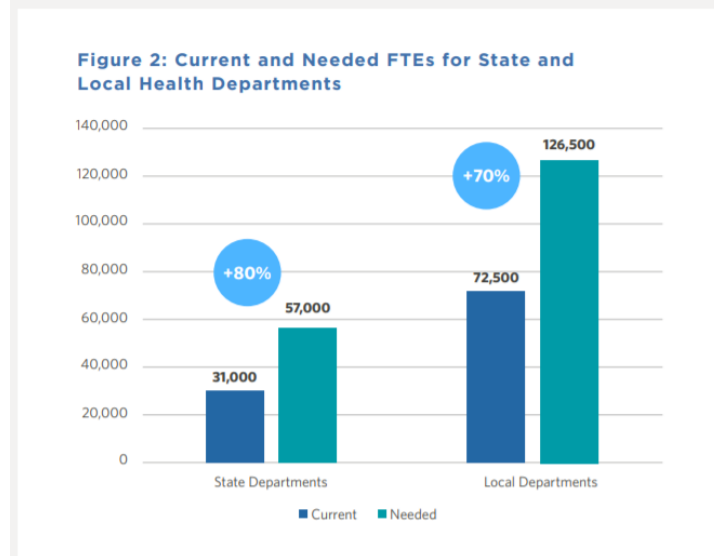
NYSACHO RECOMMENDATIONS

Funding Local Health Departments for Prevention and Harm Reduction

According to research conducted by the de Beaumont Foundation, "*public health departments need approximately 80% more full-time equivalent positions (FTEs) just to meet basic health requirements...*".

New York State is not immune to this national finding. Over the past decade, New York State's local

health department workforce has been reduced by one-third due to budget cuts and inability to hire locally due to the permanent property tax cap, the inability to be reimbursed for fringe benefit expenses under Article 6 and other funding restrictions. Counties have indicated the need for flexible infrastructure to expand their dedicated, specialized workforce and develop and implement holistic approaches to address the opioid epidemic.



While opioid prevention focused grant funding has been allocated, this funding is not sustainable as it has a hard start and end date and does not allow localities to build upon their emergency response capacity through hiring employees long-term. LHDs need truly flexible and sustainable funding to address crises like the opioid epidemic.

With increased flexible funding to localities, local health departments, in coordination with community partners could introduce or expand the following programs:

1. Hire additional staff that are dedicated to coordinate activities with stakeholders and provide education to communities, monitor data surveillance (CASAC specialists, LMSWs, epidemiologists) to provide same day services for those looking to connect to treatment.
2. Work with jail health and corrections to implement and develop a full MAT program for inmates.
3. Build programs and partnerships to combat stigma, a barrier to prevention.
4. Purchase and launch a mobile outreach van.
5. Set up secondary syringe exchange activities and distribute additional harm reduction supplies.
6. Establish home care program for those who just experienced overdose providing trainings.
7. Expand of peer outreach and peer engagement specialists.

8. Implement/expand prevention initiatives targeted at youth and individuals at high risk for substance use disorder (i.e., adverse childhood experiences).
9. Invest in enhancements for timely, real-time data collection analysis and sharing.
10. Implement/expand communication strategies engaging the media with a focus on promoting local and regional efforts for combatting opioid epidemic and, providing information to the public on how people can link to training, prevention and crisis response.
11. Increase educational efforts/outreach by conducting public forums and facilitating meetings and discussions, implementing educational programs aimed at raising community awareness and destigmatizing opioid addiction among public and law enforcement, providing Naloxone training for families/communities and first responders to mitigate adverse effects of drug overdose, and supporting school health literacy with respect to substance abuse.
12. Decrease accessibility of unused controlled substances by leading drug takeback events and promoting drug takeback programs that will become available as a result of the 2018 drug takeback statute.
13. Assemble regional coalitions and broaden the county-level opioid task forces to combat the opioid epidemic.
14. Formalize a regional workforce development/training curriculum for law enforcement agencies dealing with substance abuse related emergency response, that include adverse childhood experiences (ACEs), Trauma Informed Care, Mental Health First Aid, and cultural competency.
15. Purchase and distribute Naloxone beyond what is provided to counties, to ensure accessibility.
16. Establish a system for real-time drug checking services including fentanyl test strips and mass spectrometers to assess the makeup of illicit supply.

Utilize Opioid Settlement Funding to Enhance Public Health Infrastructure

With opioid settlement funding making its way to New York following the resolution of litigation against manufacturers, distributors and dispensers, New York State's established opioid settlement fund advisory board will need to work cautiously to assure that this funding is utilized for prevention, treatment, recovery, and harm reduction services within communities. While substance use and mental

health providers are critical to providing care to those living with addiction, local health departments are powerful in their ability to deliver prevention and harm reduction strategies coupled with public education. NYSACHO requests the advisory board include the voice of prevention experts from local health departments to help guide the decision-making process in controlling funds by appointing a representative to the board. Most importantly, a substantive portion of this revenue should be reinvested back into the work being led by local health departments to boost prevention and harm reduction strategies.

Continued investment in Public Health Surveillance and Reporting

Over the past few years, New York State Department of Health successfully improve opioid use related reporting and surveillance. Surveillance is critical to responding to any epidemic and accuracy, accessibility and timeliness are necessary to identify areas of need and interventions.

Locally, many counties are using ODMAP to improve access to real-time overdose data. ODMAP's real-time overdose surveillance data supports the efforts of the Overdose Response Team (ORT) to monitor and alert the community for spikes in overdose events, mobilize action to address spikes and to deploy Certified Peer Recovery Advocates (CRPAs) to connect with overdose victims to assist in linking them to treatment and recovery services. ODMAP can also be used to identify and alert the community and partners to drug trends and better evaluate the impact of the opioid epidemic on various demographic and geographic groups.

NYSACHO recommends that New York State invest in and encourage the expansion of ODMAP or similar tools, as well as local health department infrastructure funding.

Public Health Infrastructure and Funding to Localities for Medical Examiners and Coroners

Public health data, including data related to overdoses and opioid related death, relies on multiple sources, including death reporting from medical examiners and coroners. Up until 2011, medical examiner services related to public health work were reimbursable under Article Six state aid. At that time, the state decided to remove that funding from the general public health work appropriation and move it to the Division of Criminal Justice Services. Local health departments, Medical Examiners and Coroners objected to this, due to a need to maintain independence from law enforcement when their work intersected with criminal investigations, and recognition that medical examiner services provided valuable public health data separate from the criminal investigation activities. Rather than identifying a

more appropriate oversight agency for Medical Examiner services, the end result was that state support for Medical Examiner services simply disappeared from the state budget.

These services have been a 100% county cost since that time, even though the state has relied increasingly on the Medical Examiner/Coroner system for public health surveillance. Their work is particularly vital to surveillance of emerging public health concerns related to the opioid epidemic and suicide prevention. NYSACHO urges the legislature to recognize the valuable public health role of Medical Examiners and Coroners in the data collection, research and surveillance needed to identify trends and develop interventions, and work with NYSACHO and other county organizations to address the lack of state funding support for this critical public service.

Our recommendation is for the State of New York to provide for a 50-50 state and local match for counties investigating unattended deaths. Funding will support efforts by coroners and medical examiners to perform autopsy, pathology, and toxicology services including the identification of real-time trends such as prescription medication and drug abuse, lethal activities, and to alert the appropriate county and State agencies, and the public of these dangers.

Pass Legislation to permit opioid antagonist co-prescribing for high-risk individuals (A336-A/S2966-A Braunstein/Harckham)

The New York State Association of County Health Officials (NYSACHO) supports legislation aimed to amend the public health law to permit practitioners to prescribe opioid antagonists with an initial opioid prescription in high-risk populations. This is intended with the goal to reverse or prevent opioid overdose and death. Opioid antagonists are receptors with the function to block opioid receptors in the central or peripheral nervous system and their intended effects on the body's nervous system. The Centers for Disease Control and Prevention established a recommendation for medical providers to prescribe naloxone drugs to patients who have been pre-prescribed opioids. Regardless of this recommendation, naloxone co-prescription continues to remain at low rates.

According to the U.S. Department of Health and Human Services “By co-prescribing, or prescribing naloxone to at risk individuals, patients and their loved ones could be better equipped for a possible complication of overdose, including slowed or stopped breathing. Clinicians should also educate patients

and those who are likely to respond to an overdose, including family members and friends, on when and how to use naloxone in its variety of forms”.

A landmark observational study in safety settings found those who were co-prescribed an opioid antagonist had 63% fewer emergency department visits after one year. Co-prescribing an opioid antagonist may save resources by reducing emergency room visits and thereby potentially lowering some of the burdensome healthcare costs of the opioid epidemic.

The introduction of overdose reversal medication can help to reduce the number of preventable deaths to opioid overdose. NYSACHO recommends passage of bill A336-A/S2966A, coupled with the provision of education on administering prescriptions to patients and caretakers. Regarding prevention overdose programs, opioid antagonists should be provided for all public accommodation including school districts, hotels, theaters, parlors, sporting and event centers, restaurants, bars, and retail stores in the event of a suspected overdose. Directions should be printed clearly on the product and comprehensible for users to foment simple use.

Integrating an opioid-antagonist with at-risk opioid prescriptions is an evidence-based intervention widely supported by reputable provider organizations including: the Substance Abuse and Mental Health Services Administration (SAMHSA); Centers for Medicare and Medicaid Services (CMS); Centers for Disease Control and Prevention (CDC); American Medical Association (AMA); World Health Organization (WHO); American Heart Association (AHA); American Pharmacists Association (APhA) and others.

Expanded collaboration between state agencies

Collaboration between key State agencies such as the Department of Health, Office for Alcohol and Substance Abuse Services, Office of Mental Health, Division of Criminal Justice Services, and the New York State Department of Education are crucial to addressing the opioid epidemic. State-level collaboration is necessary to ensure stakeholders view and analyze opioid use from various angles and will allow for development of a coordinated plan to tackle the issue in an efficient and cohesive manner. It may also lead to more effective use of resources for overdose initiatives as collaboration ensures that agencies are not doing duplicative work and therefore, some agencies may have additional funding to support new or expanded initiatives needed to address unmet needs. Currently, public health departments are not eligible for funding opportunities through OMH or OASAS which leads to missed

opportunities for those doing work locally. Such collaborations will help address the opioid epidemic through the following avenues:

1. Reduce Supply

This component encompasses the important work that law enforcement agencies and the criminal justice community do to aggressively pursue drug traffickers and keep systems in check when it comes to identifying abuses in the healthcare delivery setting, such as over-prescription by a particular doctor or “doctor shopping” by a particular patient.

2. Reduce Demand

Reducing the supply is important but must be coupled with preventative strategies. In a profit based, supply and demand driven system, if the supply is reduced and supply agents are removed (drug dealers arrested) and the demand still exists, new suppliers will quickly fill the void. For this reason, reducing demand is a complex process that includes awareness and education throughout the community. This can be achieved by implementing evidence-based practices in schools, educating physicians, building and supporting strong local community coalitions and creating and implementing ubiquitous counter-advertising (like tobacco control/smoking prevention advertising). This can be further achieved by carrying out community awareness forums, and by holding pharmaceutical companies accountable for the marketing tactics that have led to the increased use of these highly addictive products.

3. Treatment and Recovery

Despite the best efforts of law enforcement and public health education and awareness, far too many individuals become addicted. It is essential that people living with addiction receive the appropriate and specific help that they need. Finding the right help as well as adequate health insurance coverage to pay for treatment is critical.

Collaboration between state agencies helps to ensure that individuals are receiving the required treatment and services. We must continually explore new and innovative practices that can help improve the availability and effectiveness of these services.

Conclusion

Despite the continuation of pandemic response, county health officials are acutely aware of other public health crises that require emergency response. We hope to address this issue, never forgetting that

behind all the statistics are individuals, families, and communities who are being torn apart each day. NYSACHO and its members are committed to mitigating the opioid overdose epidemic and supporting our members and communities as they continue to collect data, respond to overdoses, and provide supports to those in their communities.

In summary, we respectfully request the legislature to consider the following actions which will better protect communities in New York from death and illness stemming from the opioid crisis:

1. While money has been made available via grant programs, LHDs require a substantial investment in Article 6 funding, coupled with allowance of fringe as a reimbursable expense which will allow LHDs to hire local experts. Staffing is at a critical low within LHDs and sustainable funding is needed to hire specialists to reach those who need prevention services.
2. Leverage county health officials' expertise in identifying and implementing population health solutions when discussing opioid settlement funding and ensure reinvestments are made to LHDs to sustain prevention and harm reduction programs.
3. Expand funding opportunities to include LHDs as eligible grant recipients as they provide critical prevention and harm reduction focused work.
4. Support policy recommendations that strengthen and facilitate partnerships across state agencies and between those state and local government entities that share primary responsibility for tackling the opioid crisis in a holistic manner.
5. Consider the impact this crisis has in rural areas of the State and dedicated resources to jurisdictions in need, particularly in the wake of the COVID-19 pandemic.
6. Provide for a 50-50 state and local match for counties investigating unattended deaths via medical examiner and coroner services.
7. Recognize the negative impact the last several years of funding constraints has had on both the local and state public health workforce and work together to identify ways to maintain and enhance the capacity of our public health infrastructure.
8. NYSACHO recommends passage of bill A336-A/S2966A, which amends the public health law to permit practitioners to prescribe opioid antagonists with an initial opioid prescription in high-risk populations – in addition to provision of education on administering prescriptions to patients and caretakers.
9. Continued support for expansion of ODMAP or similar real-time data tools to improve on the ground surveillance and rapid interventions when spikes in overdoses are identified.

10. Immediately address the need for low threshold access to recovery supports and services, including harm reduction activities like syringe exchange and naloxone access, easy linkage to treatment and navigation supports for people that are ready to enter treatment.

The County Health Officials of New York and their association, NYSACHO, look forward to working with you to develop the policies and identify the resources and services necessary to address this public health challenge.

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