



STATEMENT OF POLICY

Harm Reduction & Substance Use

Mission: NYSACHO supports, advocates for, and empowers local health departments in their work to promote health and wellness and prevent disease, disability, and injury throughout New York State.

Vision: NYSACHO is recognized as the collective voice leading policy, education, and advocacy to create healthy, safe communities in New York State.

Policy

Across the United States, the impact of substance use and misuse remains one of the largest public health challenges facing communities. Nearly 107,000 lives were lost nationally to drug overdose in 2021, with more than 5,800 deaths occurring in New York.¹ In addition to these preventable deaths, people who use drugs (PWUD) face a higher prevalence of health harms, including infectious diseases, chronic conditions, and mental illnesses. To comprehensively address substance use and misuse, a spectrum of tactics should be utilized concurrently, beginning with prevention through harm reduction. As local health departments (LHDs) are charged with keeping communities safe from injury, disease, death, and promoting the well-being of populations, harm reduction strategies are tools that LHDs can utilize to respond to and mitigate the health impacts of drug use and reduce overdose deaths.

Harm reduction is an approach that centers the needs of PWUD and aims to reduce the negative consequences associated with drug use, including preventing overdose and infectious disease transmission, and improving the physical, mental, and social wellbeing of PWUD to help them reach their full potential.^{2,3} Recognizing that harm reduction is not a “one size fits all” approach to the overdose crisis, there are a multitude of strategies that can be employed to meet the specific needs of localities. Local health officials and other local leaders should work in conjunction with PWUD to determine what approach(es) would be most successful and feasible in their respective communities. Harm reduction strategies include, but are not limited to, syringe services programs (SSPs), increasing availability and access to naloxone, access to fentanyl test strips, overdose prevention centers (OPCs), and reducing barriers to treatment.⁴

As the voice of New York’s LHDs, the New York State Association of County Health Officials (NYSACHO) supports policies and programs that are based on the principles of harm reduction,² aim to save lives, and take a non-punitive, human-centered approach to addressing the overdose crisis. In accordance with our mission to promote health and prevent injury throughout New York State, NYSACHO supports the following strategies:

- Increase access and reduce barriers to basic services meet the comprehensive needs of PWUD, including:
 - Housing
 - Transportation
 - Health and mental health care
 - Employment
- Revoke or amend policies to undo the inequitable impacts of the War on Drugs
- Increase availability and access to naloxone and other necessary equipment to safely respond to an overdose
- Improve access to medications for opioid use disorder (MOUD) and medication assisted treatment (MAT)
- Ensure syringes, fentanyl test strips, and other life-saving equipment can be purchased over the counter
- Support legislation to establish a standard for Recovery Ready Workplaces in New York, recognizing employment as a critical determinant of overall health, access to treatment, and sustained recovery
- Improve access to comprehensive, local data that can inform public health programming and interventions
- Promote prevention programs that avoid stigmatizing PWUD and substance use disorder. Efforts should be comprehensive and work across the prevention continuum
- Conduct educational campaigns to increase public awareness of harm reduction strategies, and address stigma and misconceptions about substance use and PWUD
- Expand efforts to increase public awareness of the New York State 911 Good Samaritan Law
- Further research efforts around overdose prevention centers (OPCs), including the development of a medical and legal infrastructure to enable OPCs to be more widely adapted
- Provide a 50% state share of funding to counties for medical examiners and medical examiner services to coroner counties to meet the growing demand of suspected drug overdose death autopsies and investigations
- Create additional incentives for forensic pathologists to work in New York (i.e., loan forgiveness, income tax breaks)

Justification

In the context of responding to the overdose crisis, harm reduction strategies have been proven to save lives, prevent/reduce the spread of infectious diseases, and take an approach centered in health equity and social justice. Harm reduction emerged from social movements across the United States beginning in the 1960s, and its importance became more widely known as activists responded to the AIDS crisis in the 1980s.^{5,6} In an effort to prevent HIV, the first syringe services program (SSP) in the United States was established in 1988. SSPs are safe, effective, and cost-saving strategies that reduce the incidence of HIV, hepatitis B and C viruses by offering sterile injection equipment.⁷ In HIV treatment costs alone, each dollar spent on syringe services saves \$6.38 to \$7.58, with the public sector accounting for a significant portion of these savings.⁸

SSPs can also facilitate the connection of PWUD to other healthcare and harm reduction services, including naloxone distribution and drug checking services. Naloxone is a life-saving medication that

blocks the effects of opioids to quickly reverse an overdose, and can be administered by people without medical training, including PWUD, who are best positioned to reverse an overdose. There are several barriers preventing PWUD from carrying naloxone, even when it is available at no-cost, including stigma related to substance use, fear of negative consequences of carrying naloxone, and fear of misrecognizing the need for naloxone.⁹ These sentiments highlight the need for increased education and training around naloxone, anti-stigma initiatives, and increased public awareness of the Good Samaritan Law. These efforts will help to ensure that more individuals are prepared to identify, respond to, and reverse overdoses, and ultimately save lives.

Drug testing services such as fentanyl test strips are another tool that can help to save lives and promote harm reduction. Fentanyl is an extremely potent synthetic opioid that is often added to other drugs to make them cheaper, more powerful, and more addictive, and has driven the spike in overdose deaths in New York State in recent years, as most people are unaware that their drugs contain fentanyl.^{10,11} Fentanyl test strips allow people to determine whether their drugs contain fentanyl, helping them to make informed decisions and prevent overdoses. In a study done by the Maryland Department of Health where fentanyl test strips were distributed to authorized Overdose Response Programs, 91% of individuals whose drugs tested positive for fentanyl reported making a behavior change to lower their risk of overdose.¹¹ LHDs play an important role in ensuring that fentanyl test strips, naloxone, and other lifesaving tools are distributed to community members and educated on how to utilize them.

Overdose prevention centers (OPCs) are another harm reduction strategy, which are venues where people can bring and use their drugs in the presences of trained staff, volunteers, or peers, and typically provide sterile equipment and offer education and counseling on safer consumption practices and may also offer other healthcare services or referrals. While OPCs have been operating in different countries since 1986,¹² the first two publicly recognized OPCs in the United States were established in New York City in 2021. Since starting operation, the OPC sites have been utilized over 52,000 times, and have reversed nearly 700 overdoses that would have otherwise been fatal and have also been associated with decreased prevalence of public drug use and syringe litter.^{13,14}

Death investigations are a critical public health activity. Under New York state statute, coroners or medical examiners have jurisdiction and authority to investigate every death within their county, or body found within the county, which is or appears to be violent, suicide-related, criminal in nature, suspicious in nature, unattended by a physician, or a death of a person confined in an institution. In addition to deaths related to criminal activity, commonly encountered reportable unnatural deaths include opioid related, motor vehicle accidents, infectious deaths following an injury, hip fractures, subdural hematomas, death by asphyxiation, head injuries, traumatic deaths, or cases where there is uncertainty or inadequate clinical information at the time of admission or death.¹⁵

Many medical examiners offices also provide pathology and toxicology services to counties served by coroners. In 2019, the counties operating medical examiner programs accounted for roughly \$108 million of the \$122 million, or roughly 88.5% of the total 2018 budget for coroner and medical examiner services across all the counties in NYS.¹⁶ Prior to 2011, county coroners and medical examiners were recognized as a core public health service, with medical examiner services reimbursed up to 36 percent with state aid from Article 6 funding to local health departments. In 2011, the State Budget recommended shifting the reimbursement for medical examiners from the New York State Department of Health (NYSDOH) to the New York State Department of Criminal Justice Services (DCJS). County

objections over the need for objectivity and distance from criminal justice agencies were recognized as a valid concern, however, rather than returning funding to Article Six reimbursement, the funding simply was no longer available as the state continued to deem this activity to be a public safety and not a public health function.

Since the loss of state support for medical examiner services, the public health need for these services has grown. Death investigations and data are a critical piece in addressing the ongoing opioid epidemic, particularly as many opioid-related deaths are unattended. Similarly, toxicology results help identify new trends in street drugs, such as the rise in drugs mixed with fentanyl. Funding must be restored to counties to help offset the increasing costs for state-mandated autopsy services in recognition of the critical public health data provided by death investigations.

As the first responders to public health emergencies affecting communities, it is critical that policies, programs, and funding mechanisms support local health departments' capacity to deliver harm reduction services within their respective communities to reduce the burden of the overdose crisis. Harm reduction strategies have proven to be successful methods to reach people who use drugs where they are, connecting them with the necessary services and tools to prevent negative consequences of drug use. Without harm reduction, stigma will continue to prevent people from seeking support, and the number of overdose deaths will continue to climb.

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