

## STATEMENT OF THE NYC BOARD OF HEALTH TO TAKE ACTION TO PREVENT DRUG OVERDOSE DEATHS

**WHEREAS**, the core values of the New York City Department of Health and Mental Health are science, equity, and compassion and the Health Department seeks to protect and promote the health of all New Yorkers and regardless of who they are, where they are from and where they live; and

**WHEREAS**, Black, Indigenous, and People of Color (BIPOC) have suffered disproportionately from the criminalization and racialization of drug use and drug-law enforcement by state and local law enforcement resulting in mass incarceration<sup>1</sup>, poor health outcomes, and drug overdose as documented by historians, most recently Michelle Alexander; and

**WHEREAS**, nationally, the number of drug overdose deaths more than quadrupled from 2000 to 2019;<sup>2</sup> and

**WHEREAS**, in recognition of the continued rise in drug overdose deaths and opioid-involved deaths, the federal government determined and declared on October 26, 2017 that a public health emergency existed nationwide;<sup>3</sup> and

**WHEREAS**, over 2,000 individuals died of a drug overdose in New York City in 2020, representing the largest number of overdose deaths since reporting began;<sup>4</sup> and Black New Yorkers had the highest rate of overdose death (38.2 per 100,000 residents), and the largest absolute increase in rate from 2019 to 2020 (+14.2 per 100,000); and

**WHEREAS**, provisional data from the first quarter 2021 shows 596 deaths occurred in New York City between January and March, representing the greatest number of overdose deaths in a single quarter since reporting began in 2000;<sup>5</sup> and

**WHEREAS**, someone in New York City died of a drug overdose every four hours during the first quarter of 2021, and that more New Yorkers die of drug overdoses than homicides, suicides, and motor vehicle crashes combined;<sup>6</sup> and

**WHEREAS**, in order to reverse the course of this crisis and address the inequitable impact it has on New York City communities, the Health Department must take actions aligned with the New York City Board of Health October 18, 2020 resolution declaring racism as a

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<sup>1</sup> <https://drugpolicy.org/issues/brief-history-drug-war>

<sup>2</sup> <https://www1.nyc.gov/assets/doh/downloads/pdf/epi/databrief129.pdf>

<sup>3</sup> <https://www.cms.gov/About-CMS/Agency-Information/Emergency/EPRO/Current-Emergencies/Ongoing-emergencies>; [https://www.cms.gov/About-CMS/Agency-Information/Emergency/Downloads/October\\_26\\_2017\\_Public\\_Health\\_Declaration\\_for\\_Opioids\\_Crisis.pdf](https://www.cms.gov/About-CMS/Agency-Information/Emergency/Downloads/October_26_2017_Public_Health_Declaration_for_Opioids_Crisis.pdf)

<sup>4</sup> <https://www1.nyc.gov/assets/doh/downloads/pdf/epi/databrief129.pdf>

<sup>5</sup> <https://www1.nyc.gov/assets/doh/downloads/pdf/basas/provisional-overdose-report-first-quarter-2021.pdf>

<sup>6</sup> <https://www1.nyc.gov/assets/doh/downloads/pdf/basas/provisional-overdose-report-first-quarter-2021.pdf>

public health crisis and therefore grounded in anti-racism public health practices, and implement evidence-based, harm reduction initiatives that are known to be effective; and

**WHEREAS**, NYC has historically invested in initiatives in response to the opioid epidemic such as HealingNYC and through the Health Department’s support of harm reduction programs that reduce substance use-related morbidity and mortality; and

**WHEREAS**, the work of community based organizations in close partnership with public health and healthcare institutions to undo structural racism in our response to drug use is led by an equity and trauma informed care approach to increase treatment and support services through policies, plans and budgets related to all determinants of health (transportation, education, housing, land-use and siting, economic opportunities, civic participation and healthcare delivery contexts) and their impact on drug use in communities of color; and

**WHEREAS**, methadone and buprenorphine are the first line treatments for opioid use disorder but remain underutilized, in part due to federal restrictions on the provision of these medications; and

**WHEREAS**, the increase in the provision of take-home methadone doses and buprenorphine initiation and ongoing care via telehealth during the COVID-19 pandemic have reduced barriers to treatment with no demonstrable health consequences for participants; and

**WHEREAS**, current evidence-based, harm reduction efforts include but are not limited to overdose prevention centers, which offer supervised, hygienic spaces for individuals who use drugs to do so safely, as well as connect them to harm reduction, health, mental health, substance use disorder, and social services;<sup>7</sup> and

**WHEREAS**, in a 2018 study, researchers projected the potential impact that supervised injection facilities/overdose prevention centers would have on opioid overdose deaths in New York City, and found that such programs could prevent up to 130 overdose deaths each year, as well as reduce associated annual costs to the City health care system by up to \$7 million;<sup>8</sup> and

**WHEREAS**, as of November 2021, the first publicly recognized overdose prevention centers in the nation are operating in New York City.

**NOW THEREFORE**, the New York City Board of Health:

1. Endorses the Health Department’s actions to prevent lives lost from drug overdose including by:
  - a. Continuing to support the operation of overdose prevention centers across neighborhoods in NYC,
  - b. Expanding harm reduction strategies to respond to the overdose epidemic and promote the health of people who use drugs in New York City including, but not limited to: distribution of naloxone and fentanyl test strips; implementation of

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<sup>7</sup> <https://www1.nyc.gov/assets/doh/downloads/pdf/epi/databrief129.pdf>

<sup>8</sup> <https://www1.nyc.gov/assets/doh/downloads/pdf/public/supervised-injection-report.pdf>

drug-checking services; expansion of syringe service programming; and provision of low-threshold buprenorphine treatment, and

- c. Ensuring widespread access to medication for opioid use disorder treatment.
2. Requests that the Health Department report to the Board of Health annually on the Health Department's harm reduction efforts and initiatives, including the establishment of overdose prevention centers.
3. Requests that Health Department and harm reduction providers continue to work together to educate the public and local leaders about the benefits that Overdose Prevention Centers offer the community and lives saved.
4. Urges that the federal government and New York State provide authorization of such overdose prevention centers and continue to expand funding and support for harm reduction services and medications for opioid use disorder treatment.
5. Urges that the federal government and New York State further lower barriers to medication for opioid use disorder treatment by expanding access to methadone outside of opioid treatment programs, eliminating the DEA "X" waiver requirement for all buprenorphine prescribers, and making COVID-era provisions allowing the use of extended take-home doses permanent.

December 20, 2021