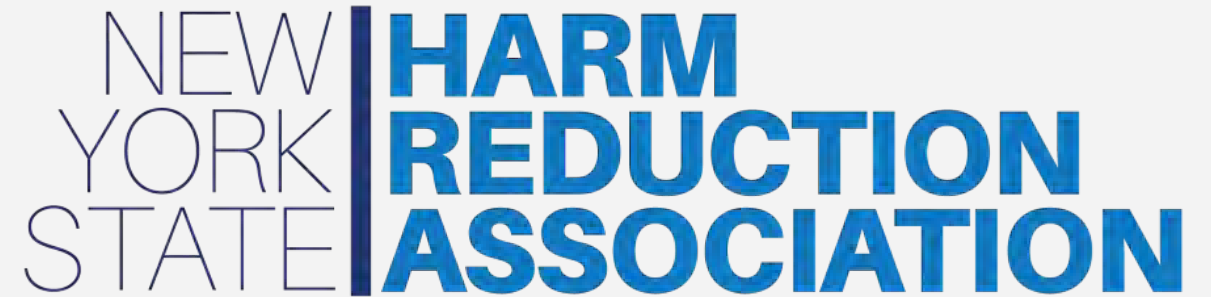


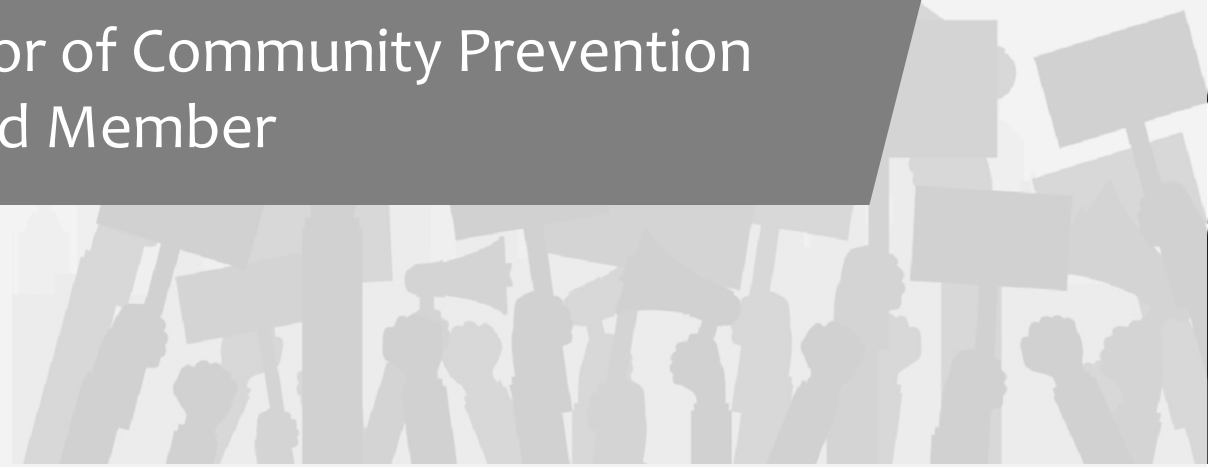
# Harm Reduction Policies for Protective Factors

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- ❖ **Toni Smith**, NYS Policy Director, Drug Policy Alliance & NYSHRA Board Member
  - ❖ **Alexis Pleus**, Executive Director, Truth Pharm & NYSHRA Co-Chair
  - ❖ **Julie Ritzler-Shelling, M.Ed.**, Senior Director of Community Prevention and Harm Reduction Services, Trillium Health & NYSHRA Board Member
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# New York Harm Reduction Policy: Past, Present, Practice, Protection



Alexis Pleus, Truth Pharm Executive Director and NYSHRA Co-Chair  
Toni Smith, Drug Policy Alliance NYS Director and NYSHRA Board Member  
Julie Ritzler-Shelling, Trillium Health Senior Director of Community Prevention  
& Harm Reduction Services and NYSHRA Board Member



# Who We Are

## Our Mission

- Introduce and promote harm reduction in New York State as a scientifically based treatment appropriate for substance use disorder, as well as a lifestyle approach to people who use substances

## Our Vision

- Harm reduction will be established as the preeminent scientifically based treatment modality for substance use disorder and the appropriate response to people who use drugs

## Our Activities

- Provide members with access to cutting-edge clinical and peer trainings rooted in harm reduction
- Advocate for policies that make harm reduction the preeminent treatment modality across New York
- Collaborate with partners working at the intersection of race, gender, and class to end the opioid epidemic

# Who We Serve

Organizations and individuals working in the field of substance use and related sectors who shape, implement, deliver, receive, and/or advocate for harm reduction programs and services or are eager to incorporate harm reduction into their practice.

# Agenda

- Harm reduction policy in NY - past and present
- The role of harm reduction in filling service gaps
- Protecting harm reduction funding and services
- Taking action to protect harm reduction

# Harm Reduction Policy - Past

1983: Early NY response to HIV/AIDS epidemic

“The first is dealing with public health issues as they really are, not as they are perceived to be or as they are perceived by other governmental agencies. The other is that we are to respect the civil rights of everyone involved.”

-DOH Commissioner Dr. David Axelrod

# Harm Reduction Policy - Past

## 1983: Creation of the AIDS Institute

“The federal government must shoulder the largest burden of costs in the research and eventual elimination of this dread condition. However the state of New York within resources that realistically can be made available can make an important contribution.... It is imperative that steps be taken towards establishing a comprehensive program to combat acquired immunodeficiency syndrome (AIDS) to be implemented through the combined correlated efforts of state and local governments, medicine, universities, nonprofit organizations and individuals.”

# Harm Reduction Policy - Past

1988: Five-year interagency plan to respond to the AIDS epidemic.

“The “Five-Year Interagency Plan,” was widely anticipated as the blueprint for addressing the health care delivery system crisis as it pertained to HIV/AIDS. Similarly, it was hoped that the plan would lead to an increase in the state’s programs and services through the efforts of NYS government agencies, working in partnership with others. The planning process also provided an opportunity for assessing and addressing policy issues. Even as the plan was being developed, many urged Governor Cuomo to issue an Executive Order to overrule local opposition to housing for persons with AIDS and to new sites for drug treatment programs.



# Harm Reduction Policy - Past

1989: AIDS Institute Policy Unit established

1989: Development of the Substance Abuse Initiative to provide counseling, testing, referral and partner notification services in drug treatment facilities. The AIDS Institute and OASAS collaborated in the development of a comprehensive continuum of HIV prevention and primary care services in substance abuse treatment settings to address the intersecting epidemics of HIV and addiction.

# Harm Reduction Policy - Past

1992: Department of Health files emergency regulations authorizing the State Health Commissioner to exempt personnel and participants of approved syringe exchange programs from the State's needle possession law as an HIV prevention measure. The regulation required syringe exchange services be provided as part of a comprehensive harm reduction model.

# Harm Reduction Policy - Past

2000: Legislation enacting the Expanded Syringe Access Demonstration Project (ESAP). For the first time in NYS, up to 10 syringes could be sold or furnished to a person 18 years of age or older without a prescription by pharmacies, health care facilities, and health care practitioners who registered with the NYSDOH.

ESAP was made permanent through legislation in 2009.

# Harm Reduction Policy - Past

2006: Establishment of Opioid Overdose Prevention Programs. The Department turned to the AIDS Institute to implement this new initiative, in recognition of the Institute's experience and expertise serving injection drug users, through such programs as: harm reduction/syringe exchange; expanded syringe access; and co-located services for substance users.

At this time, opioid overdose prevention programs were operational in a few areas of the US outside of NYS.

# Harm Reduction Policy - Past

2008: “NYS was the first state to organize comprehensive systems of care for people with HIV/AIDS and is still the model. People do not appreciate the complexity of the epidemic in NYS....even though NYC was directly funded, the AIDS Institute adopted a statewide approach and took as its mission the entire state.” (J. Scofield, personal communication, September 24, 2008).

# Harm Reduction Policy - Past

2021: Legislation passed to decriminalize the possession and sale of hypodermic needles and syringes in New York State.

# Harm Reduction Policy-Present (NY)

- Drug User Health Hubs / Syringe Service Programs
- Naloxone and drug testing strip access mandates
- Community drug checking program and surveillance
- Expanded access to medications for addiction treatment
- Harm reduction education

# Harm Reduction Policy-Present (Federal)

- White House Executive Order
- SAMHSA letter
- Congressional budget appropriations



# The Role of Harm Reduction in Filling Service Gaps

## Case study examples

- Low barrier entry points to engage in services
- Provision of essential needs, such as food, hygiene, shelter
- Safety from harsh conditions
- Love and acceptance

# Protecting Harm Reduction Funding

## 2021: Opioid Settlement funds established

- Abatement funds
- Not intended to address past harms
- Not intended to supplant prior funding
- Intended to supplement
- Can only be spent on “Schedule C” approved uses

# NYS Opioid Settlement Fund Advisory Board

Makes non-binding spending recommendations to the legislature. The legislature ultimately appropriates Fund monies for use or distribution by State Agencies. **If the state chooses not to follow an OSFAB recommendation, the state must provide a public, written explanation for its decision and provide the OSFAB an opportunity to respond. Funding decisions must prioritize programs that are culturally, linguistically, and gender competent; trauma-informed; evidence-based; and employ people with lived experience “where appropriate.”**

# The NYS Opioid Settlement Fund Advisory Board

- 21 Appointed Members with 3 year terms
- State officials included as non-voting members
- Required to meet quarterly, though their meetings have been much more frequent

# Where do opioid settlement funds go?

## ALLOCATION OF SETTLEMENT FUNDS



# The NYS Opioid Settlement Funds

Spent to date:

<https://oasas.ny.gov/fy-2023-opioid-settlement-fund-initiatives>

# County Level Opportunities

- Connections to grassroots and community based organizations
- Opportunity for innovative approaches
- A better understanding of community needs
- Opportunities to have big impacts
- Ability to fill gaps for evidence based Harm Reduction strategies.

# What NYSHRA Desires

- Innovative, proactive and aggressive Harm Reduction Strategies
- Funding accessibility for grassroots and smaller organizations
- Transparency in spending and allocations
- More funds directly to the NYSDOH AIDS Institute & Office of Drug User Health



# What NYSHRA Desires

- A Drug User Health Hub in every county at a minimum
- Less focus on mass distribution and more focus on direct care and direct services offered in the spirit of Harm Reduction
- More focus on other health impacts from drug use: Hep C, HIV, sepsis, endocarditis, wound care, etc.

# NYSHRA's Goals

- Focus on Drug User Health including social determinants of health
- Reduce overdose and overdose fatality rates
- Work towards ending the HIV Epidemic

# Become a NYSHRA Member!

As a member of NYSHRA, you can help further expand Harm Reduction as the preeminent practice to uplift our communities. Membership benefits include:

- Strengthening the collective voice and leverage of the Harm Reduction movement
- Gain access to high-quality trainings for staff at all levels from clinical practitioners to peers
- Receive special discounted rates for educational opportunities

Email [nysharmreduction@gmail.com](mailto:nysharmreduction@gmail.com) or visit [nyshra.org/membership](https://nyshra.org/membership) to learn more



Questions?