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New York can curb the opioid epidemic, **IF** our response (prevention, treatment, recovery supports, and harm reduction) is of a magnitude equal to or greater than the magnitude of this epidemic of opioid overdose deaths and addiction. Our current response is far from adequate on all fronts:

Our prevention workforce, in school and community settings, is only two thirds the level it was during the state's last, much smaller, heroin epidemic. The federal government all but walked away from school-based prevention when it eliminated the Safe and Drug Free Schools Program more than a decade ago, stripping schools of needed prevention resources. Very little has been added to New York's prevention budget since that time. New York's' prevention programs are not able to keep up with demand anywhere in the State.

Treatment is not available on demand for people who have an opioid addiction and seek help in New York State. In spite of work done by the NYS Office of Alcoholism and Substance Abuse Services (OASAS) to expand access to treatment, demand for treatment is overwhelming our ability to provide it. Outside of NYC, 43% of people seeking medication assisted treatment for their opioid addiction are on waiting lists for at least 60 days and as much as a year or more in some parts of the state. Residential treatment programs also have waiting lists in many parts of the state resulting in waits of 60 days or more for a third of those needing this level of care.

Recovery support services are nowhere to be found in most New York communities. It is only in the last five years or so that recovery community centers and club houses have begun to establish themselves to support people and families in recovery, again thanks to work recently done by OASAS. There are less than 15 of these facilities currently operating in NYS.

Harm reduction efforts like I-STOP, which monitors physician prescribing behaviors, and the use of naloxone, which reverses the symptoms of overdose, have been stepped up, but have not been adequately funded and are not as widely employed as they should be.

If our response to this epidemic of overdose and addiction is to match the magnitude of the problem, bold leadership and a significant commitment of resources is necessary. In spite of what has been done to address this critical public health problem, overdose and addiction related to opioids continue to rise significantly. **WE ARE NOT DOING ENOUGH.**

The proposed State budget for 2017-18 is flat, again. Recognizing that the opioid crisis cannot be addressed adequately with flat funding, the legislature is likely to make some additions to the budget, possibly in the range of the \$25 million they added last year. Mayor De Blasio's commitment of \$38 million to help address the escalating epidemic in NYC will also be helpful.

Poor funding coupled with increasing demand for prevention, treatment, recovery, and harm reduction is a perfect storm for families and communities needing help that isn't there. Overdoses

increased 50% in 2016 as compared to 2017. There is nothing to suggest the rate of increase in overdose deaths and addiction will slow in 2017. Entering a new budget year with resources that do not adequately support service providers, suggests that there will continue to be unmet need for prevention services in school and community settings, waiting lists for treatment, a lack of recovery supports, and inadequate harm reduction efforts.

Historically, addiction services have been the first to be cut and the last to share in increases when funding is available to health and mental health service providers. Bold leadership and bold action are needed if we are to curb this epidemic.

The opioid crisis is New York State's number one public health challenge. WE ARE NOT DOING ENOUGH.

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