AGENDA January 3, 2022

Attendance: Laquita Henry, Jenny Garcia, Monica Dula, Miriam Aristy-Farer, Heather Jason, Salomon Prophete, and Edwin Torres

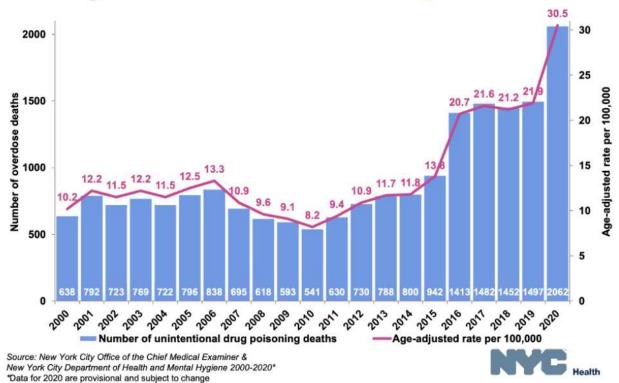
Visitors: please check the list for the visitor on zoom: Salomon Prophete

- I. Call to Order:1830Hrs Motion by Miriam second by Jenny
- II. Adopt Agenda 1834hrs Monica Move to adopt the minute 2nd by Miriam
- III. Adopt Minutes

IV. Presentations/Announcements

- 1. DOH Pauline Ferrante & Dr.Michael McRae (Chelsea Cipriano assistance) Discussion City OD prevention centers
 - a. Dr. Michael McRae Providing an overview on the Overdose Prevention Center in NYC. States the providers at these centers are already from these communities trying to address over-saturation issues.

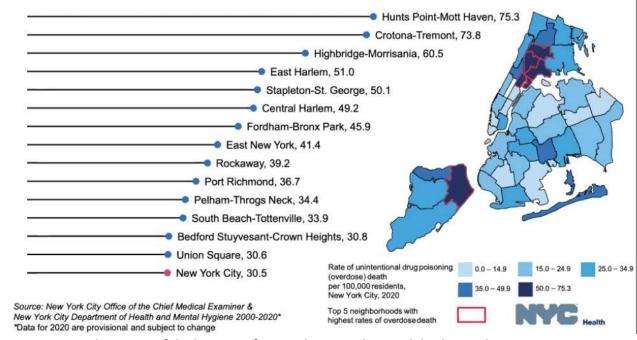
In New York City, 2020 was the deadliest year of the overdose epidemic



c. The graph above shows the trend of overdosage in the community

Rates of overdose highest in the Bronx and Harlem

Neighborhoods with rates of overdose death exceeding the New York City average, 2020



We can see a heat map of the hot spots for overdosages. The racial divides can be shown here also





These are centers that are saving lives; the rhetoric is essential for the center.

f. These are sites made from evidence base medicine below you can see in Canada

Overdose Prevention Centers:

Evidencebased strategy to reduce overdose deaths

Overdose Prevention Centers (OPCs)

- Are hygienic and professionally supervised facilities where people can use drugs
- Provide education, equipment, and oversight of drug consumption practices
- Provide or connect people with health and social services, including drug treatment



Vancouver, Canada

Image: https://www.phs.ca/program/insite/

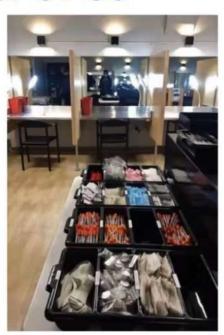


g. Below you can see the structure of the setting. This has shown in the literature it reduces many transmissible diseases. This is from 30yrs of research. (states people do

Science supports the benefits of OPCs

OPCs

- Reduce overdose deaths in the neighborhood
- Reduce public drug injections and syringe litter
- Reduce drug-related crime and does not increase serious crime
- Serve participants who are not in contact with other essential health services
- Increase use of primary health care and drug treatment





OPCs work worldwide with growing support in the US

- Over 60 jurisdictions worldwide have successfully implemented over 100 Overdose Prevention Centers (OPCs)
- Thirty years of evidence show that there have been zero overdose deaths at OPCs worldwide
- Support & interest across the US, notably:
 - Philadelphia
 - Seattle
 - San Francisco
 - Rhode Island
 - New York State



i. OPCs will save lives; see the statement below from a client

OPCs will save lives and improve health in New York City

"Having a place to go where there's others around me, it could be uplifting and not only save my life if I were to overdose but save my life in other ways."

Person who uses drugs

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



j. Questions:

- i. Monica:
 - 1. What is the overdosage rate in CB9 vs. NYC? As per Chelsea Cipriano, the City does not have the number by CB9, but Zipcode collects it. Check the following site:
 - https://www1.nyc.gov/assets/doh/downloads/pdf/epi/databrief129.pdf
 - 2. The facility in East Harlem do they do outreach to prevent overdosage? **Dr. McRae:** DHS, HHS, NYPD also refer to these centers. There are bathrooms, snacks, and essential humans needs are there.
- ii. Laquita read a question from the chat:
 - 1. They are working with people who are using any time or drugs with supervision
 - 2. Those who are traveling to Manhattan. These are people who are already receiving services from these areas/
- iii. Victor Questions:
 - 1. People coming from outside the neighborhood: Specifically, they are traveling outside the community from Staten Island.
 - 2. What will happen with drug dealers praying on clients? These centers are not providing drugs. They still must get drugs from somewhere.

What type of surveillance will take place to make sure a new market is supplied by drug dealers?

- a. Dr. McRae: The City is working with NYPD there is special attention that the City will do. People are monitored while they are in the community.
- b. Laquita, what is the relationship with the NYP: Dr. McRae: states the NYPD local precinct are playing a role in the
- c. Dr. McRae: will you get back to us on where the user care coming from?
- 3. Heather: ask if they are forced to sign up for all services: Dr. McRae: We can not force them to build trust first.
- 4. Miriam: Addition question about enabling people to use people and the schedule 1 drug community usage. How are this helping humanity, children, and the community? Concern about Vancouver Canada and compared to NYC?
 - a. Dr. McRae: Response the question is well received; this is harm reduction. We know help people get treatment. I appreciated the wholesome of looking at the individuals. There are different levels of people's care, but this is part of the care they need.
 - b. Follow up Miriam: our community sees people using the drug in the community:
- 5. Barry: Concern about racist real-state practices and the burden it is creating in upper Manhattan. The political capital of other communities has pushed these centers out of their communities. Are there metrics that these communities will follow? What steps the DOH?
 - Dr. McRae: We need to recognize medical redlining the NYCDOH is not responsible for the placement of these sites.
 Buprenorphine has also been redlining; more affluent communities have access to it.
 - b. Dr. McRae: We do not want to saturate communities. Currently, there are NO plans to open more sites in upper Manhattan. The data will be evaluated as to the effectiveness of these clinics. Barry states that if these clinics are proven to help, a more equitable approach should be used to place these sites and not over-saturate the communities in upper Manhattan.
- Monica: What are the plan for opening new sites: Dr. McRae: states the
 data needs to be analyzed. Monica, who is running the sites? Dr.
 McRae: onpoint is running these sites.
- 7. Isabel Ibrea- Speaking of the work, Ibrea foundation helps with mind and body mental health and medication. Ms. Ibrea is open to attending the centers to help with her services. Dr. McRae: will chat offline for collaborations.
- 8. Heather: What happens when someone arrives in the center?

- a. Dr. McRae: They will get a unique identifier it anonymous.
 People are bringing their drugs and providing a clean kit for injection. Other information will be gathered from the private vendors.
- David Vassar: Who can we reach to about increasing resources to the care. Dr. McRae: already calling 311 will get people the help they need. Chelsea: Share board of health an independent group see below: https://www1.nyc.gov/assets/doh/downloads/pdf/notice/2021/boh-statement-on-action-preven-overdose.pdf
- v. Announcement about the overdoses averted:
 https://www1.nyc.gov/site/doh/about/press/pr2021/overdose-prevention-centers-prevent-59-deaths.page
- vi. Data brief: https://www1.nyc.gov/assets/doh/downloads/pdf/epi/databrief129.pdf
- vii. Additional data:
 https://www1.nyc.gov/assets/doh/downloads/pdf/basas/provisional-overdose-report-first-quarter-2021.pdf
- Sheryl Silver, Senior Vice President Community, and Outpatient Programs at The Bridge: requesting a presentation at your January 2022 Health and Environment Committee meeting.
 - a. No-Showed

V. Old Business

- Complaint Mt Sinai Ambulance 12/2021- Serenity Group
 - Susan from the Sinai Ambulance: follow up thought someone from Sinai would be here.
 Complaints about the noise "strike." States some of the drivers from the Sinai Ambulances "are not able to address this issue."
 - Victor: Sinai should come to our next meeting.
 - Carole Chervin: The siren is a city-wide issue.
 - David Vassar: Recalling the meeting CB9 had with Serenity and Mount Sinai. Mount Sinai does
 not set a decibel level; the state legislates it. This is an inflexible policy. The loudness can not be
 adjusted. The sirens are supposed to be run when the light is on. You can have the light on at
 night and the siren minimized to decrease disturbance when possible. Articles below shared by
 David:
 - o **Ist:** https://www.ems1.com/ems-products/ambulance-lights/articles/investigation-less-ambulance-siren-use-wont-impact-patient-outcomes-200d0SS7JiMrLFPa/
 - https://www.theatlantic.com/magazine/archive/2016/04/the-future-will-bequiet/471489/
 - I need to check Arline's speech (I missed the professor's comments): www.growNYC.org/noise
 Go to the publications section.

- Mt Sinai West St Lukes' Nurse staffing
- Letter of Support for WE ACT 2022 legislation
- Committee Forums 2022:
 - Community 2-forums
 - Noise pollution
 - o Community Treatment center- the Overdose Prevention Center in NYC
- Cannabis Taskforce 2022:
 - Moving to the Strategy committee where health, economic, and education would join as a task force. Ask Miriam i

VI. New Business

- Kiffa Brathwaite (Phone: 914.559.2417 email: Kiffa@thelohm.org)presenting on behalf of Ladies of hopes ministry on the Angel Food Delivery Project:
 - The organization: Topeka K. Sam founded The Ladies of Hope Ministries (LOHM) in 2017 to support women and girls who are impacted by the criminal legal system. While incarcerated, she realized that prison and jail are not conducive to healing and rehabilitation. Upon her release, Topeka made it her mission to create pathways to success for women and girls and advocate for alternatives to incarceration.
 - Located on Harlem We-Work office CB9
 - Work on alleviating food insecurity
 - Who benefits from the program: eliminates needs from standing in lines at food pantries. They deliver the food. The priority is women and families. They are trying to close the gap on disparities with food. They also would deliver into the whole building.
 - o Site: Home 2 The Ladies of Hope Ministries (The LOHM)
 - Questions:
 - Victor: Housing for formerly incarcerated women. Do you provide housing?
 - Carma: Yes, we do provide housing for women coming out of incarceration.

VII. Adjourn at 8:50 pm Edwin motioned to adjourn Salomon second