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November 14, 2019

Joint Senate Task Force on Opioids, Addiction & Overdose Prevention
Senators Harckham, Carlucci, and Rivera, Co-Chairs
New York Senate
Albany, New York

RE: New York's response to drug use and the overdose crisis

Dear Co-Chairs Harckham, Carlucci, and Rivera, and Members of the Committee:

The Acupuncture Society of New York (ASNY) is writing to you today in response to your invitation to provide oral and written testimony regarding New York's response to drug use and the overdose crisis, and moreover, to ensure adequate and appropriate health care for the thousands of New Yorkers who suffer from debilitating pain and/or opioid addiction. We deeply appreciate the State of New York for establishing this Task Force, and we hope that our testimony can help to guide the way forward.

ASNY recognizes the challenges involved in addressing three major public health crises, namely, inadequate treatment for pain, prescription drug abuse and addiction, and opioid-related overdose and death. While we fully support efforts to curb the inappropriate and illicit use of medications used to treat pain, we strongly believe that it is just as vital that **New York support efforts that provide access to appropriate non-pharmacological treatments for those living with both pain and addiction—complex health issues that can be treated simultaneously through acupuncture.**

In 2015, nearly nine million opioid prescriptions were dispensed in New York State. In that same year, prescription opioids factored into approximately half of all drug-related deaths and about two-thirds of all opioid-related deaths. What's worse is that New York isn't currently seeing the reduction in opioid prescribing that the rest of the nation has experienced in recent years. While the United States as a whole has seen nearly 50% of counties reduce opioid prescribing, New York State has only seen a reduction in just over one-third of its counties, and has actually experienced an increase in opioid prescribing in just under one-third of its counties—which begs the question, why? And more importantly, what can be done?

In part, the answer may lie with the unique needs of New York's veteran population. New York State has an unusually large veteran population, the fifth largest in the country. The state is home to 838,000 veterans, and slightly half of those veterans are over the age of 65 (an age range that generally experiences higher-than-average pain levels). In Hamilton County, there are 133 veterans for every 1,000 people, and Onondaga County is home to nearly 30,000 veterans. Over 76,000 veterans reside in Suffolk County, an area which saw an average of five emergency room visits involving opioid overdose every day in 2016.

It is important to recognize that the problem does not lie with veterans, but rather with the unique needs of those veterans. According to a 2017 report by the National Institutes of Health (NIH), 65.6% of American Veterans reported having pain in the three months before they were surveyed by NIH, with 9.1% classified as having severe pain. Further, severe pain is 40% greater in Veterans than non-Veterans, especially among those

who served in recent conflicts. To make matters worse, veterans experienced a threefold increase in opioid use disorder between 2003 and 2015, and they are twice as likely as nonveterans to die from accidental opioid overdoses. **If we are to optimally treat our veterans living with pain, while reducing the prescription drug overdose epidemic, we must increase access to non-opioid forms of treatment.**

Support for non-pharmacological integrative pain care, including acupuncture, has been growing in recent years. The Department of Veterans Affairs and Department of Defense support this approach to treatment, their own guidelines stating that there is sufficient evidence on acupuncture to deem it an effective treatment for pain. The Centers for Disease Control and Prevention has stated that nonpharmacologic therapy and nonopioid pharmacologic therapy are preferred for chronic pain and has recommended that when opioids are used, they should be combined with nonpharmacologic therapy and nonopioid pharmacologic therapy, as appropriate. Most recently, the Pain Management Best Practices Inter-Agency Task Force Report recognized acupuncture as a part of the "Pain Management Toolbox." The report further stated that **acupuncture is generally considered safe when performed by a licensed, experienced, well-trained practitioner, that the risks are minimal, and that the therapeutic value of acupuncture in the treatment of various pain conditions, including osteoarthritis; migraine; and low-back, neck, and knee pain has growing evidence in the form of systematic reviews and meta-analyses.** Despite the wider recognition and adoption of integrative medicine, group health plans and health insurers have discriminated against complementary and alternative service providers when it comes to reimbursement, compared to reimbursement of conventional medical providers—ensuring coverage for acupuncture will help to make these non-pharmacologic options truly accessible to people living with pain.

Acupuncture becomes even more appealing when it comes to reducing opioid use disorder and overdose deaths because, **unlike most specialists who are trained to treat either pain or addiction, licensed acupuncturists have the training and ability to treat both conditions simultaneously.** In fact, New York State has already recognized the value of acupuncture in treating substance use disorder through adoption of 14 CRR-NY 830.4, which states that, "Acupuncture may be effective in some patients to reduce cravings and relieve anxiety, thereby assisting patients in achieving and sustaining recovery from substance use disorder." The same regulation, promulgated by the Department of Mental Hygiene's Office of Alcoholism and Substance Abuse Services, allows for the use of acupuncture in facilities certified by the Office of Addiction Services and Supports.

We strongly urge this Task Force to consider ways to encourage the use of acupuncture as a treatment for both pain and addiction, including measures that may be taken to ensure adequate insurance coverage of acupuncture services, which will then make those services accessible to the general public. Doing so will help to treat pain without the use of opioids, thus preventing opioid addictions from beginning, as well as help to treat substance use disorders that already exist. We thank you for the invitation to provide oral and written testimony on these issues of vital importance. If you or your staff have any questions, or if you would like to discuss any of these issues further, please feel free to contact us.

Respectfully submitted,

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