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NEW YORK STATE JOINT SENATE TASK FORCE
ON HEROIN AND OPIOID ADDICTION

ROUNDTABLE DISCUSSION
TO EXAMINE THE ISSUES FACING COMMUNITIES
IN THE WAKE OF INCREASED HEROIN AND OPIOID ABUSE

Bourne Mansion Auditorium
500 Montauk Highway
Oakdale, New York 11769

April 7, 2016
12:00 p.m. to 5:00 p.m.

PRESIDING:

- Senator Thomas Croci, Forum Moderator
- Senator Terrence Murphy, Co-Chair
- Senator George A. Amedore, Jr., Co-Chair
- Senator Robert Ortt, Co-Chair
- Senator Phil Boyle
- Senator Kenneth LaValle
- Senator Jack Martins
- Senator Michael Venditto

1 SPEAKERS:

2 John Cochrane
3 Councilman
4 Town of Islip

5 Michael Loguercioi
6 Councilman
7 Town of Brookhaven

8 Mary Kate Mullen
9 Councilwoman
10 Town of Islip

11 Steve Belleone
12 County Executive
13 Suffolk County

14 James Tomarken
15 SCDH Commissioner

16 Tom Sini
17 SCPD Commissioner

18 Michael Caldarelli
19 SCPD Investigator

20 Maura Spery
21 Mayor
22 Village of Mastic Beach

23 Bruce Edwards
24 President
25 Ronkonkoma Civic

26 Karen Hemmindinger
27 Dori Scofield
28 Josephine Ghiringelli
29 Victim Testimony

30 Maria Calamia
31 Licensed Clinical Social Worker

32 Steve Chassman
33 President
34 Long Island Council on Alcoholism and Drug Dependence
35 Rev. Michael Staneck
36 Pastor
37 Trinity Lutheran Church

1
2 Toni DeFelice
Catholic Charities Talbot House

3
4 John Coppola
NY Association of Alcoholism & Substance Abuse
Providers, Inc.

5
6 Father Frank Pizzarelli
Hope House Ministries

7
8 Dr. Jeff Reynolds
President, CEO
9 Family and Children's Association

10 Dr. Simon Zysman
Employee Assistance Resource Services, Inc.

11
12 John Javis
Advanced Health Network

13
14 Nick Van Breda
Washington Heights Corner Project

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1 SENATOR CROCI: Well, good morning. I would
2 like to first welcome you to the 3rd Senate district
3 and to the St. John's University, the former Bourne
4 Estate. I'm very proud to have a lot of my
5 colleagues in government and in the communities here
6 as well as individuals who are in the -- on the
7 front lines of this battle, this epidemic, heroin
8 and opioid abuse in our communities in New York.

9 I'm going to make some introductions. First a
10 little protocol. For those who are testifying
11 today, we're going to ask you to come up to the
12 microphone, and because we do have a lengthy list of
13 individuals from the community who have taken their
14 time to come out and to talk to us about their
15 experiences and to share it with the members of the
16 Task Force, and their voices in government in
17 Albany, just please take the allotted time, and
18 allow for your friends and neighbors to also have
19 the opportunity to talk to the members up here.

20 So I have to make some introductions. And
21 I'm very proud to say that so many of the Senate
22 majority have come out because this is important in
23 all of our communities. The 3rd Senate district is
24 unique as is every Senate district. But the one
25 thing that we have all found in talking with each

1 other is that the problems in our communities that
2 are caused by the heroin and opioid epidemic are all
3 the same. We tell each other stories about what's
4 going on in our communities and some of the people
5 that we've lost in this battle, and the stories
6 sound eerily similar, and that's why we're here
7 because this product that was started by Senator
8 Phil Boyle when this Task Force, the first chairman
9 of the Task Force began, and what Assemblyman Al
10 Graf and the Assembly have done and others has
11 really shaped policy in Albany.

12 So I would like to introduce you the
13 co-chairs of the State Senate's heroin Task Force
14 and that's first Senator George Amedore who could
15 not be with us today. But Senator Rob Ortt from
16 Buffalo, Senator Terrence Murphy.

17 [Applause]

18 Senator and Dr. Terrence Murphy, excuse me.
19 Senator Phil Boyle, I referenced, Senator Tom O'Mara
20 who has come to us from the Binghamton area, Senator
21 Jack Martins and Senator Michael Venditto and
22 Senator Ken LaValle will be here shortly. We're
23 also joined by our colleagues in the Assembly and I
24 do have to compliment the Assemblyman Graf,
25 Assemblyman Garbarino, Assemblyman Saladino who are

1 all here today. Assemblyman Graf, as you all know,
2 is --

3 [Applause]

4 -- former law enforcement, so he has seen
5 this on the front lines as well. I would like to
6 also introduce the members -- and they'll be coming
7 in and out today, individuals will be testifying, my
8 colleagues in government, Councilman John Cochran,
9 Jr., the County Executive Steve Bellone will be
10 joining us today, the Suffolk County Commissioner of
11 Police Timothy Sini, Councilwoman Mary Kate Mullen,
12 Councilman Michael Loguercio who has joined us from
13 Brookhaven Town, Suffolk County Police Investigator
14 Michael Caldarelli, Mayor Maura Sperry from Mastic
15 Beach, the Ronkonkoma Civic Association President
16 Bruce Edwards has joined us today. Thank you,
17 Bruce. Mary Calamia who is a licensed clinical
18 social worker. Steve Chassman, the President of the
19 Long Island Council on Alcoholism and Drug
20 Dependence, Reverend Michael Staneck,
21 Toni De Felice, from Catholic Charities. John
22 Coppola, New York Association of Alcoholism and
23 Substance Abuse Providers. Father Frank Pizzarelli
24 from Hope House. Dr. Jeff Reynolds, President and
25 C.E.O. of Family and Children's Associations, Simon

1 Zysman, Assistance Resource Network. John Javis,
2 Advanced Health Network. Nick van Breda from
3 Washington Heights Corner Project. Superintendent
4 Butera, South Bay Coalition Representatives Dorothy
5 Johnson, Town of Islip Youth Enrichment Services, we
6 have representatives here today -- maxed out. I
7 mentioned, I'm sorry, there's Dotty and the Blue
8 Star Moms. And I have probably missed other
9 community leaders or people who have come today to
10 hear what's going on. I approach it this way:

11 If I were to ask everybody in the audience if
12 there were any cancer survivors, I guarantee there
13 would be a bunch of people who would stand up with
14 their head held high, their chins up, and say yes, I
15 survived cancer. Alcoholism and addiction is a
16 respectable and treatable disease. It is a function
17 of the brain, it is a function of our physiology.
18 People who are in the throws of addiction do things
19 that are bad. But they are good people who do
20 things that are bad, because they are in the throws
21 of addiction. They are not bad people.

22 This is a disease of hope in my opinion.
23 Unlike cancer in so many ways. The power that
24 throws someone into addiction in the human brain,
25 that same human brain has the power to heal. And

1 people can and do recover from this and live very
2 long, healthy, happy lives one day at a time. There
3 are a lot of resources in this room. There are a
4 lot of networks in this room, and part of this
5 hearing today is not just to educate these
6 legislators and this Task Force, who go all over the
7 state by the way and have done this, how many times,
8 Senator Ortt, seven times for you? Senator Murphy?
9 So this is something that is going on.

10 It is not just to educate them about how we
11 should shape policy to help primary prevention
12 education, law enforcement, more enforcement on the
13 street to go after the drug dealers and treatment
14 rehabilitation and recovery. It is not just that,
15 but it is to get the networks and the resources that
16 we already have in the community, all of you,
17 together. So you know that there are resources to
18 help.

19 With that, I would just like to introduce my
20 colleagues, the co-chairs of the Task Force, to give
21 any opening remarks that they have, and then I'll
22 open it up to the other panelists for brief opening
23 remarks.

24 So Senator Murphy, Dr. Murphy.

25 SENATOR MURPHY: Senator Croci, thank you for

1 allowing me to be here today in Suffolk County. I
2 am from Westchester County and just came down this
3 morning and had a lovely ride over the Triborough
4 bridge, and we made it here safely.

5 But it is a true honor and a privilege to be.
6 Here I represent the 40th Senate district, which is
7 Westchester County, Putnam County and Dutchess
8 County, and I am one of the co-chairs along with
9 Senator Ortt and Senator Amedore.

10 And like Senator Croci has said, we have
11 literally traveled New York state. We were up in
12 Senator O'Mara's district not too long ago, and the
13 theme is the same everywhere we go. It is happening
14 to really, really good families. It has no race.
15 It has no religion. It has no ethnicity. It will
16 shake down really, really good families. We have
17 got to take the stigma off of this heroin problem.

18 [Applause]

19 I had the privilege of this past summer of
20 representing New York State in going down to
21 New Orleans for a pain management and heroin opioid
22 problem, and you know, we're not alone. I'll tell
23 you that right now. New York State is not alone.
24 And we have learned some really good stuff. We're
25 doing some really great stuff.

1 Being able to travel New York State and
2 listening to the people and listening to the issues,
3 gives us a sense of what we need to do in order to
4 combat this epidemic. Because it starts, and a lot
5 of it has started and I believe the number one issue
6 is the overprescription of Oxycontin, oxycodone and
7 the Percocet and the prescription drugs.

8 So we're here today to listen, and you know,
9 if there's anything that we can do, we most
10 certainly will be here to help in any way, shape or
11 form. But I would just like to thank Senator Croci
12 for allowing us to be down here and being a staunch
13 advocate of protecting the community and helping us
14 with this. So in all due, sir, I appreciate the
15 privilege of being here today.

16 [Applause]

17 SENATOR CROCI: Thank you, Senator.

18 And the other co-chair who has joined us
19 today and who has come I think the furthest,
20 although there might be a tie with Tom, distance
21 further, from Buffalo, and that's Senator Rob Ortt.

22 SENATOR ORTT: See, in Buffalo, we don't even
23 have microphones, we just go live. Well, I want to
24 thank everyone for being here. I want to thank my
25 colleagues. I want to thank Senator Croci and

1 Senator Boyle and all of my colleagues up here, and
2 of course my co-chair here, Senator Murphy.

3 As he mentioned, we have done, many of my
4 colleagues, Senator Murphy and I, Senator Amedore,
5 but a lot of the colleagues up here, have attended
6 multiple hearings across the state. Everywhere from
7 very rural communities to, you know, here to Long
8 Island, up in my district Niagara, the city of
9 Rochester.

10 And as Senator Murphy pointed out, the one
11 thing that you realize very quickly, even though you
12 are in different communities and you have a lot of
13 different socioeconomic factors at play, there are
14 certain themes that have transcended all of those
15 factors. And I think that's one of the reasons why,
16 when you hear about the heroin epidemic in the
17 presidential race, that's a sign that this is a real
18 issue across the country. Not just in New York
19 State, not just in one pocket, it is across the
20 country.

21 We're losing young people at a very rapid
22 clip. There were 23 deaths in a matter of weeks in
23 Erie County, which is right next to my district up
24 in western New York. 23 deaths. When there was
25 the -- remember the Ebola scare, when that was going

1 on, there was I think maybe a couple across the
2 entire country. Tragic as that is, but it
3 highlights the stigma that Senator Murphy talked
4 about, that there is 23 deaths in one community, and
5 yet, it doesn't seem to quite get the focus, the
6 attention, the media coverage, what have you, that
7 maybe is warranted.

8 I can tell you that the Senate and my
9 colleagues up here are certainly not in line with
10 that thinking. We have done a lot of work to try
11 and bring light and focus to this epidemic and try
12 to bring solutions, because it is not just about
13 having a hearing.

14 The point of the hearings is to listen to
15 what we hear from people on the front lines,
16 providers, parents, law enforcement personnel, and
17 take that back and come up with meaningful
18 legislation, meaningful reforms. It is not just
19 enough to come here and do the hearings. And it
20 isn't just enough to spend money.

21 Certainly resources are important. But it is
22 where those resources are appropriated that's going
23 to make a big difference. In the recent budget, the
24 adopted budget, there was \$166 million for drug
25 rehabilitation, heroin focus rehabilitation service,

1 but most importantly, 25 million new money. So
2 that's \$25 million in new funds specifically for
3 heroin and heroin treatment services.

4 I'm not going to tell you that's enough
5 because I think we'd all agree it is probably not.
6 However, \$25 million in new funding wouldn't have
7 happened were it not for the people up on this
8 stage, and even more importantly, people like
9 yourselves all across the state who have come
10 forward and helped us better understand what we need
11 to do to try to tackle this epidemic and really
12 ultimately to try to save lives.

13 I met a mother in the back when I first got
14 here who lost her son a couple of years ago. And
15 now she's on a mission and she's trying to take
16 something very tragic that I don't think anyone
17 could ever explain, losing a child, and turn it into
18 something positive.

19 And I meet mothers and parents like that
20 every hearing that I go to. There's a parent who
21 stands up, who lost their loved one, who lost a son,
22 who lost a daughter, and it is heartbreaking. And
23 we don't have simple answers for those people.

24 But I guess the bottom line is we're here. I
25 believe that we're going to have some real great

1 legislation coming out later in the session. We
2 have put the resources and some new funding in
3 place, and the bottom line is we are listening to
4 you, and together, community by community, and
5 collectively as a state, we can save lives and we
6 can stem and push back and roll back this terrible
7 epidemic. So thank you for having me here. Looking
8 forward to the testimony, and thank you for coming
9 out.

10 [Applause]

11 SENATOR CROCI: Thank you, Senator Ortt.
12 Senator Boyle.

13 SENATOR BOYLE: Thank you, Senator Croci, and
14 thank you for holding this forum today. I would
15 like to thank my Senate colleagues, particularly the
16 co-chairs, Senator Murphy and Senator Ortt.

17 This heroin epidemic, as you know from our
18 original Task Force, we started almost two years ago
19 now, we held 18 hearings around the state, and we're
20 able to pass 11 pieces of legislation into law in
21 record time, about ten weeks. That's almost unheard
22 of in legislative time.

23 The epidemic is a microcosm of what we're
24 seeing. We have Rob Ortt all the way from Niagara
25 Falls, Senator O'Mara from Southern Tier, Senator

1 Murphy from Mid Hudson Valley, all around the state.
2 This is not a Long Island or a Staten Island or a
3 New York City problem. It is a statewide problem,
4 and we have to have statewide answers.

5 And we are very fortunate here on Long
6 Island, and I see the list of people who are going
7 to testify, to have not just the strongest advocates
8 and people that have committed their lives to ending
9 this epidemic, but also the foremost experts on
10 opioid and heroin addiction in the entire state and
11 maybe the country. And you'll hear from them.

12 What we're looking for, as Senator Ortt said,
13 is information about the legislation we passed. Is
14 it working? Does it need to be modified? How can
15 we make it better? How can we make your efforts
16 more effective and efficient? And also, any new
17 ideas.

18 It seems like every day unfortunately we're
19 reading a story about some other new aspect of this
20 epidemic. I think it was today in "Newsday," a fire
21 chief in North Babylon administered Narcan and the
22 addict woke up and beat him up and gave him a
23 concussion, something that you really don't think
24 about.

25 And as a former EMT, I know the old

1 expression they wake up swinging, they are upset
2 that you did away with their high, and -- but
3 really, we need to figure out a way to protect the
4 first responders, but also not have -- no, I don't
5 want to administer Narcan, I don't want to get beat
6 up by an addict.

7 This is an issue we need to address and make
8 sure that people know they can safely administer
9 Narcan to get the person back on their feet, and get
10 them the treatment they need, but also protecting
11 themselves. And again, thank you for today, your
12 testimony, and thank you, Senator Croci.

13 SENATOR CROCI: Thank you, Senator Boyle.

14 [Applause]

15 Next colleague from Nassau County and a
16 little bit of Suffolk, that's Senator Mike Venditto.

17 SENATOR VENDITTO: Senator, thank you, and
18 everybody for attending today this very important
19 event. To my Senate colleagues, Senator Murphy,
20 we're going try to get you a little quicker here
21 next time, put you on the Throgs Neck Bridge and see
22 how that goes. And of course to my colleagues in
23 the Assembly as well.

24 The local media was also here sharing
25 testimony, and what we're going to hear today, you

1 know, state and local government exists for any
2 reason, folks. It is to ensure that we protect our
3 residents, and bring them health, safety, and
4 welfare to the greatest degree that we possibly can.

5 That's why of all of the issues that we'll
6 discuss here and throughout the length and breadth
7 of the state, nothing is more important than what
8 we'll talk about and what we'll hear today. I heard
9 reference made before to the stigma that I believe
10 had existed for quite some time when we were
11 thinking about and talking about addiction.

12 I have to give a lot of credit to the
13 communities who we represent, to the residents who
14 we represent, because throughout the course of the
15 last couple of decades in particular, people have
16 been lifting their stigma. Families have been
17 sharing their stories. Law enforcement officials
18 have been talking about their experiences.

19 We have had many gatherings like this where
20 we have gone over the dangers and the triumphs
21 affiliated with addiction. You know, I'm a new
22 State Senator, as are a few of my colleagues on the
23 dais. It is my second year on the job with the
24 State. And it is also my second year on the job as
25 a father, first-time parent.

1 And what I'm finding in my travels, is that
2 you can't get them early enough. You know, my son
3 and I don't necessarily communicate in full
4 sentences yet but I've already started to plant the
5 seeds. I really have, to talk to him about the
6 dangers and what to stay away from, and you just
7 can't get to them early enough.

8 We have to ensure that we educate,
9 particularly our young people, about the dangers,
10 what they are doing to their bodies, what they are
11 doing to their minds, I think about the successes
12 that we've had with cigarette smoke. That a
13 generation ago a lot more people were taking up
14 cigarette smoke, but because we've continuously put
15 that message out there about how bad it is, we've
16 had a lot of success.

17 And I think there's reason for hope that we
18 can do so when it comes to addiction. Our role, I
19 think among many other things, is to make sure that
20 you have the resources that you need to get the job
21 done. So to the extent that we can funnel down the
22 finances, the information, whatever it may be, we
23 want to be here to help make that happen.

24 As we know, and it has been characterized
25 this way so many times by so many different people,

1 it's a war, isn't it. A war against addiction. But
2 you continue to gather together like this, one day
3 at a time, keep chipping away, you win battle after
4 battle after battle, and eventually you do win that
5 war.

6 Your presence here is going to help us to get
7 there. We thank you for being here today. We look
8 forward to the testimony to come. Thank you,
9 Senator Croci.

10 SENATOR CROCI: Thank you, Senator Venditto.

11 [Applause]

12 Senator O'Mara.

13 SENATOR O'MARA: Thank you, Senator Croci for
14 having me down to the island. It is a pleasure to
15 be here. I had a great night last night with you
16 and Senators Boyle and Ortt. Thank you all for
17 coming out here and being participants in this
18 today.

19 You know, this is going to take everybody at
20 all levels to deal with. We just can't fix it at
21 the State, no matter how much money we might be able
22 to throw at it, and it is never going to be enough
23 money.

24 But let me tell you, I come from the Elmira
25 Corning area of the Southern Tier of New York,

1 Finger Lakes Region along the Pennsylvania border a
2 little over five hours from here. Senator Ortt,
3 another two hours-plus past there to get home. So
4 you know, we spread across the state with the
5 representatives that we have here today.

6 And while I come from a largely rural and
7 somewhat, some small cities but quite small cities,
8 the rural impacts of this heroin epidemic are every
9 bit as severe as they are in our suburban and urban
10 areas. And it makes no difference whether you're
11 rich or poor, the impacts are great.

12 You know, I have three children, three
13 teenagers. And I am scared to death of this
14 epidemic because I've seen at these forums the
15 stories that we hear from the great families that
16 these young addicts come from and get involved, that
17 this epidemic knows no socioeconomic restrictions
18 whatsoever.

19 And it is something that we're dealing with
20 in our agricultural farming communities as we are in
21 our suburban and urban areas as well. You know, I'm
22 a former Assistant District Attorney where I worked
23 in Manhattan for several years when I was out of law
24 school, and I was a District Attorney of Chemung
25 County where Elmira is the county seat.

1 And I can tell you that this is not an issue
2 we're going to deal with by arresting, prosecuting
3 and jailing our way out of this. We're way beyond
4 that in this fight on addiction. It is not a
5 criminal aspect.

6 While I have supported and we've passed some
7 strengthening of laws, particularly for those that
8 are dealing and preying upon the addictions of
9 citizens, we have to do a lot more in regards to the
10 prevention and hopefully keeping people from trying
11 it in the first place.

12 But most importantly, at this point, the lack
13 of resources that we have in treatment capabilities
14 with detoxification centers. You know to get
15 treatment in my area of the state, some of my
16 constituents would have to go two hours for a detox
17 or an inpatient rehab facility. It is totally and
18 woefully inadequate for the problems that we have.

19 And while we are increasing funding in a
20 significant way at the State budget this year to
21 total funding of \$166 million, you know, that's not
22 going to create still enough beds for the treatment
23 that we have and the needs that we have in our
24 state, in all corners of our state. So it is going
25 to take everybody.

1 As I said, the State just can't do it on
2 their own. So those of you that are here from the
3 community groups, from churches, it is going to take
4 everybody working together in a variety of ways,
5 because as we all know too well, when the addict,
6 when that bell goes off with the addict and they
7 want some help, you have to give it to them then and
8 there. You can't say you have to wait 20,30 days to
9 find a bed. You can't say you have to wait 72 hours
10 to find a bed somewhere.

11 And we have heard countless stories at the
12 forums that we've had. We recently had one in Penn
13 Yan in Yates county. In 2014, when Senator Boyle
14 was the chair of this Task Force, we had one in
15 Elmira and one in Auburn in the Finger Lakes Region
16 as well.

17 And I have heard too many stories of my son
18 or daughter was going to go into treatment in a day
19 or two, and overdosed and died and never made it
20 there. We can't afford to have those kinds of
21 delays in this system. Once that opportunity is
22 there to be able to get with that individual as soon
23 as possible, when they are ready to make that
24 change.

25 But we also need to do a lot more work in

1 prevention and work in our schools to keep kids off
2 of this in the first place.

3 But, Senator Croci, and the whole Task Force,
4 thank you all very much for having me here.

5 SENATOR CROCI: Thank you, Senator.

6 [Applause]

7 Thank you, Senator.

8 Senator Martins.

9 SENATOR MARTINS: Thank you. Well, good
10 afternoon everyone, and I want to thank my
11 colleagues for being here and for hosting this
12 event, particularly I want to thank Senator Croci
13 for hosting. I want to thank Senators Murphy and
14 Ortt for their continued efforts as chairs of this
15 Task Force.

16 I come from just up the road in Nassau
17 County. The Long Island expressway, otherwise known
18 as the heroin highway, connects us, Nassau and
19 Suffolk County.

20 And not to reiterate some of the points that
21 have already been made by my colleagues, you know, I
22 want to highlight some of the positive things that
23 have happened as a result of this Task Force over
24 the last couple of years. We have passed laws,
25 Bills that have been signed into law that require

1 education for children at an elementary school
2 level, that allow for us to begin bending this curve
3 back because it has to start with education.

4 Two: We have passed legislation that has
5 allowed and required insurance companies to cover
6 inpatient treatment without having a person fail at
7 outpatient treatment before getting --

8 [Applause]

9 Before getting the needed treatment because
10 it just simply didn't make sense, and we were able
11 to do it through the efforts of hearing from
12 communities through forums like this.

13 We have started the effort of
14 destigmatization of drug abuse, which is so
15 critically important as we go through our
16 communities. And I can share stories, we all have
17 them, of communities of mine and my district that I
18 got calls from parents telling me, well, you
19 certainly don't mean blank -- you fill in the
20 blank -- because we don't have those issues in our
21 community. And the reality is, we have it in every
22 community.

23 We have offered and provided resources for
24 first responders, whether it is Narcan training, or
25 other training that they need so that when they do

1 arrive at the scene, they are able to administer,
2 not only evaluate but administer emergency care
3 immediately. All of that happened through the
4 efforts of my colleagues who are sitting here in
5 this dais and those who have served on this Task
6 Force and heard testimony from communities
7 throughout the state.

8 But there remains a real question we have to
9 ask ourselves as we go forward, you know, if this
10 were a natural disaster, when Sandy hit the south
11 shore of Long Island and hit New York City, we
12 marshaled every resource under the sun, and we made
13 sure that we got help to where it was needed. We
14 spent billions of dollars and money was no object.

15 And what we have here before us is no less
16 severe. What we have here before us is an epidemic
17 that's taking hundreds of lives every year, where
18 thousands are overdosing every year, and we're still
19 talking about steps that we can take.

20 And so, I'm looking forward to the testimony
21 today, but I would much rather see us find a cure
22 for this issue because we know what it is. You
23 know, we'll spend billions of dollars finding a cure
24 for cancer, billions of dollars getting to the root
25 of Alzheimer's and early onset of dementia, autism.

1 There is a cure for this. The cure for this
2 is education. The cure for this is putting
3 resources behind inpatient treatment. The cure for
4 this is making sure that we get people the care that
5 they need. So we know what the cure is. We just
6 have to find the resources to do it.

7 And through forums like this we'll continue
8 to work towards that end. So again, I want to thank
9 my colleagues for this opportunity, and I want to
10 thank everyone who will be testifying here today for
11 the opportunity to share with you our common
12 experiences so we can go out and tackle this once
13 and for all. Thanks again.

14 [Applause]

15 SENATOR CROCI: Thank you, Senator. I know
16 we have a list of people who have come to testify,
17 and we appreciate that. I want to again remind you
18 that we're going to be limited in time. Any
19 testimony that you would like to submit in writing,
20 please do so. If it is beyond what the timing
21 allows when you get up to speak, remember that this
22 is being videotaped.

23 So many of us who have attended 12 step
24 meetings in their lives, open meetings and
25 understand the process, know that there are cameras

1 here. So just remember that for anybody who is
2 getting up to tell any personal anecdotes about
3 their experiences. But do share whatever you feel
4 comfortable sharing.

5 And also, I'm going to take some people out
6 of order for no specific reason other than some
7 people who have come to speak to us today have to
8 leave or they have other commitments, so we want to
9 try to be considerate of that as well.

10 So without further ado, I'm going to ask,
11 again in no specific order, Assemblyman Joe Saladino
12 who has asked to provide some input to this Task
13 Force hearing. Assemblyman Saladino.

14 ASSEMBLYMAN SALADINO: Thank you, Senator. I
15 appreciate this opportunity and appreciate the fact
16 that all of you have come here to Long Island to
17 make sure that we keep this issue on the front
18 burner and embrace the things that need to be done
19 in Albany. Those 11 Bills that were spoken of that
20 came out last year and the year before, big help,
21 right step -- big step in the right direction.

22 Just to give you a little background, those
23 of you who are on the dais know me. I'm Assemblyman
24 Joseph Saladino. I represent the 9th Assembly
25 District in Nassau and Suffolk Counties. I'm a

1 13-year veteran of the New York State Assembly.
2 Came in in the class with then Assemblyman Tom
3 O'Mara.

4 Back in 2011, I went to the funerals for the
5 children of three dear friends in one year. 2011.
6 It was terrible situation. You'll hear from other
7 folks who have lost their children, lost their loved
8 ones, including my nephew who is my joy in this
9 world, his best friend. So it was a big impact.

10 And I was asked, please, do something, what
11 can we do? So back in 2011, I put together a Task
12 Force, there have been many of these Task Forces,
13 and what we did is we made it, instead of members,
14 we put it together with the experts. People like
15 Dr. Golden, and Jeff and the Crole (ph) family and
16 so many who know quite a bit about this.

17 And they have been talking over and over
18 again about important issues like making sure that
19 when patients are in the throws of addiction that
20 they readily get the help they need. So we spoke a
21 lot about legislation that mirrors the PA-106
22 legislation. And over and over we've been told
23 about this, and we have been moving toward doing
24 that, and that's one of the very important issues.

25 We talked to people on the federal level, and

1 they have stated that another piece of this is to
2 force the drug companies to do the research to come
3 up with pain killers that are less addictive as that
4 side effect that's going to affect their bottom
5 line. So that's another hurdle that is so
6 important.

7 Moving forward from that point, we worked on
8 pushing for I-STOP with many of you. So thank you
9 very much. I-STOP one and I-STOP two. Going back
10 about three years ago, I sat with Senator Boyle, who
11 worked so very hard on so many of these issues and
12 you still to do, thank you very much for your
13 efforts. And from that, those meeting, at least the
14 ones that I've attended with, he learned of the
15 outrageous situations like Skittles parties where
16 people pour pills into a bowl and they reach their
17 hand out of there, the Russian roulette of opioid
18 and prescription drug abuse.

19 Moving forward from there, the Assembly
20 minority put together a Task Force starting last
21 year, and many of my colleagues were involved and
22 continue to be involved in that, and the real hero
23 on that is Assemblyman Joe Giglio. His leadership
24 and his motivation on that have been just wonderful.

25 So the Assembly Republicans put out a report

1 on this that continues with great suggestion of
2 legislation, including the one near and dear to my
3 heart, because of the Task Force that I have worked
4 on for -- since 2011 -- thank you, Terry -- of
5 legislation that mirrors PA-106.

6 So I can't stress that enough, to continue to
7 push for making sure that the medical providers and
8 not the insurance companies decide how rehab and
9 detox services are rendered.

10 And as Senator Martins said, and you hit the
11 nail on the head, you shouldn't have to fail as an
12 outpatient twice before they'll even begin, and in a
13 day and age when Washington tells us everyone should
14 have medical coverage, yes, including the people who
15 pay for it, yes. And to deny them and their loved
16 ones that coverage to me is an outrage.

17 So that PA-106-type legislation, please take
18 a look at the report that Assemblyman Giglio and the
19 Albany Assembly Task Force has put out to embrace
20 those bills as well, and keep on doing what we're
21 doing.

22 The education component, the law enforcement
23 component, and the rehab component is more or less
24 what this all boils down to, and then we could do
25 more to get more providers involved with the issue

1 of tracking prescriptions.

2 Because typical to Albany sometimes, we have
3 made it so much more onerous for them to follow that
4 up. People who are working very hard and cramming a
5 lot into a day, so we have to continue those things.

6 Thank you for your efforts. Thank you,
7 everyone who is here and those who will be
8 submitting testimony. And as Senator Boyle said, we
9 have some of the best minds right here on Long
10 Island on this. You mentioned Dr. Reynolds and I
11 mentioned Dr. Dolden and that list goes on and on.
12 They are the people who wrote the recommendations
13 for Suffolk's Task Force and for Nassau's, two other
14 documents that are very important. So lots of the
15 answers are out there.

16 The folks here are excellent and they'll
17 certainly motivate us when we hear of their family
18 stories, and we really appreciate a continuance of
19 working together. Senator Venditto and I have been
20 having many conversations on the issue. Thank you,
21 Senator Venditto, what you're doing as well. And
22 thank you, Tom, for bringing us together today.

23 SENATOR CROCI: Thank you, Assemblyman.
24 Thank you very much.

25 [Applause]

1 SENATOR CROCI: The next speaker will be
2 Councilman Loguercio from Brookhaven Township, the
3 second largest town in the state. A lot of
4 territory, and experiencing similar problems. Thank
5 you, Councilman, for being here with us.

6 COUNCILMAN MICHALE LOGUERCIO: Thank you,
7 senator Croci, and thank you, gentlemen, for
8 allowing me this opportunity to speak on such an
9 important issue and I very much appreciate it. What
10 it is that you and I are doing along with the Senate
11 and the assembly, so thank you.

12 I was asked to speak on a couple of different
13 points, so I made a few notes and I'm happy to share
14 with you this afternoon. You know, as someone who
15 is very, very connected and intimately connected to
16 the community as a Town Councilman, I'm also a
17 member of the Ridge Fire department and EMS
18 Department, 12 years on the school board and also
19 the Brookhaven liaison to the Youth Bureau, and also
20 an insurance professional, I had the opportunity to
21 witness firsthand some of the terrible, terrible
22 effects that heroin and opiate and drug and alcohol
23 abuse cause on our community. And I will give you
24 an example.

25 The Brookhaven Town Fire departments alone

1 respond to at least 12 overdose cases per month.
2 Now, Ridge alone, small community of Ridge, we
3 respond to at least one per week. They respond to
4 12 per week and we respond to about one per week.
5 But I can also tell you that many of the calls that
6 we do respond to come over as sick or maybe I have
7 fallen and I can't get up and end up being caused by
8 a drug overdose that we find out later on that don't
9 get logged in as an overdose case.

10 Narcan, you gentlemen mentioned that before,
11 it has been a blessing and also an obstacle. One of
12 the problems with Narcan, it is a wonderful drug
13 that it is, the drug addicts feel like they are
14 invincible. What happens is they'll say, I ODED,
15 that is fine, my buddy has Narcan and he'll give it
16 to me. When the Police Department respond or the
17 EMS respond, they have Narcan and they'll save me,
18 I'll come back, and I can do it again tomorrow. So
19 it has been a blessing and an obstacle alone.

20 As far as raising awareness, you know,
21 many -- my opinion, absolutely it begins with
22 education. But we need to begin at the lower
23 grades. We need to start with the little kids. The
24 elementary kids. The gangs are doing it. They are
25 infiltrating the young adults. We should as well.

1 And that's how we need to battle it that way.

2 Also parents. Someone mentioned it earlier.
3 The nimbyism, it doesn't happen to my child, it
4 doesn't happen in my backyard. Guess what, it does,
5 okay. We need to teach them how to recognize the
6 signs of drug abuse and how to recognize it not only
7 in their own children but in their friends.

8 A lot of time these don't want to get
9 involved, but we have to give them, empower them
10 with the ability to recognize their friends, their
11 children's friends, issues that they have, and bring
12 it to our attention and not be afraid and not be
13 persecuted for that.

14 The community, we need to involve them more,
15 have more Town Hall-style meetings, bring in
16 professional speakers, involve the police
17 departments, show the police departments -- show
18 there is a direct connection between the police
19 departments and the community, help children to
20 understand that the cops are good. They are here to
21 help. And also, the civics and the PTAs.

22 Regarding treatments, we all talked about
23 that before as well. I have spoken with licensed
24 clinical social workers. They all say the same
25 exact things. We need more detox beds. We need

1 more facilities. They just of aren't enough out
2 there to treat everyone.

3 As an insurance professional, I can tell you,
4 like the assemblyman said before, insurance
5 companies have the upper hand right now. They say
6 well, if you don't meet the requirements, then you
7 can't be an inpatient, and that's not right.

8 We should let the treatment be determined by
9 the professionals in healthcare, not by insurance
10 companies and by insurance professionals.
11 Absolutely I think that legislation needs to be
12 changed for that.

13 And lastly, I want to speak to law
14 enforcement. We need to empower the police
15 department. There are certain instances where the
16 police department cannot make an arrest. I
17 understand it, I get it. I'm there when this
18 happens. But maybe we need to look at legislation
19 and maybe tweak that a little bit.

20 And also, we need to give them the tools to
21 not only battle drug addiction, but the crimes that
22 are being caused because of drug addiction. There
23 are many ancillary crimes that are committed so they
24 can get the money to buy the drugs, et cetera, et
25 cetera, et cetera.

1 So gentlemen, again, thank you so much for
2 this opportunity. And I very much appreciate what
3 it is that you're doing for our communities. So
4 thank you and good day.

5 [Applause]

6 SENATOR MURPHY: Thank you, Councilman
7 Loguercio. Great point. Absolutely great point
8 with regards to, the Task Force is looking at what
9 we're trying to do is 90 day, 45 in, 45 out. 15
10 days is a joke. It is a waste of money. We realize
11 that.

12 COUNCILMAN MICHALE LOGUERCIO: I agree.

13 SENATOR MURPHY: And like Senator Martins and
14 the Assemblyman said, you fail twice before you even
15 have to get in, this is something that we -- it is
16 acutely on our table, and front and center.

17 COUNCILMAN MICHALE LOGUERCIO: Thank you.

18 SENATOR MURPHY: And we have to deal with the
19 insurance companies like you said.

20 COUNCILMAN MICHALE LOGUERCIO: Absolutely.

21 [Applause]

22 SENATOR CROCI: Senator Martins.

23 SENATOR MARTINS: Just to follow up on that
24 point for a second, Councilman, thank you. You
25 know, one of the issues that I hear from my first

1 responders as well is that now going back to the
2 same place.

3 COUNCILMAN MICHAEL LOGUERCIO: Absolutely.

4 SENATOR MARTINS: And reviving the same
5 person several times.

6 COUNCILMAN MICHAEL LOGUERCIO: Yes. That
7 goes --

8 SENATOR MARTINS: So the question becomes
9 once you get to a point where you have ODeD on an
10 opioid, and they come in and they administer and
11 they walk away, what is our responsibility as a
12 State, to require treatment? Not to ask for
13 treatment, not to put them on a path to treatment
14 and not to criminalize the activity.

15 Again, we need to destigmatize this, but
16 perhaps there should be an effort for us to require
17 that that person go into inpatient treatment
18 because --

19 [Applause]

20 For the right point that you brought up.

21 If we are sending our emergency responders
22 in, if we're administering Narcan and if they ODeD,
23 look, they have a problem obviously.

24 So as a condition, we can't just walk away
25 and leave them with that problem. Perhaps something

1 for the Task Force to consider is a requirement,
2 again not a criminal requirement, but a requirement
3 that they get treatment as a condition of that as
4 well.

5 COUNCILMAN MICHAEL LOGUERCIO: Exactly. And
6 I can tell you many times we get a call that comes
7 in, and I'll hear it on the pager and I'll look at
8 the text and say, we'll all say, we were there last
9 week or we were there the month before. We're going
10 back again and again.

11 And it is also, you know, resources that
12 we're expending that really shouldn't be, but we
13 have to go in and we gladly go in to save these
14 people, but we know that we're going to go back
15 there again because hopefully we will save them.

16 SENATOR CROCI: Thank you, thank you very
17 much, Councilman. Before I call the next speaker,
18 the last couple of speakers brought up some good
19 points, and one of them was I heard alcohol, which
20 somehow escapes this debate statewide, and then I'm
21 concerned and I know there are people in the field
22 who -- and the clinical professionals in the room
23 can tell you that, you know, if they treat a
24 thousand cases of people with heroin or opioid
25 addiction, almost none of them never used alcohol or

1 marijuana.

2 And I feel like there's a -- there's an
3 omission in the primary prevention education piece
4 that we've talked about, where we're sending mixed
5 messages to young people at those early ages. You
6 have states neighboring New York who are close to
7 legalizing marijuana, recreationally, like Vermont.
8 And it creates a mixed message that I don't think
9 that some of us who grew up in the just say no days
10 with the Reagans running around the country, and the
11 commercials on TV and getting it from every
12 direction, I don't think that we had mixed messages.

13 So I hope that as we continue to talk today,
14 if there is people who want to address the other
15 gateway drugs, the ones that have some --
16 particularly like alcohol, some of the worst detox
17 symptoms, that would be useful.

18 With that I would like to introduce our next
19 witness who will testify today, and that is Father
20 Frank Pizzarelli from Hope House.

21 FATHER FRANK PIZZARELLI: Gentlemen, thanks
22 for the opportunity. I want to speak from a very,
23 very concrete perspective. Obviously, you know I'm
24 a clergy person, but I'm not here to say that I'm
25 going to pray for you. I am doing that already. I

1 need the prayers, too. Because for 30 years, I have
2 been in the field working with addicts.

3 Hope House has 55 beds. We don't use
4 insurance. I have seen the epidemic grow to be a
5 national health crisis. My concern are the concerns
6 that have been echoed, but I think there are a
7 couple of thing that we also need to speak to. We
8 don't have enough detox beds in both counties.

9 There is a young man, as I am speaking to you
10 right now, that is hitchhiking all along the South
11 Shore trying to get into a detox. He has insurance.
12 But there isn't a bed. And he may die because he's
13 using Xanax and he's out of control. But you can't
14 force someone into a place where there is no place
15 to be forced. So that's one thing.

16 The other thing that is also very, very
17 troubling to me is that the insurance companies, as
18 I have already heard sitting in the audience, are
19 really the people that are making decisions, that
20 are really sentencing people to death.

21 As a clergy person, in the last ten year I've
22 buried 90 young people just as a catholic priest who
23 have overdosed on heroin. Half of those 90 were
24 told to go to outpatient treatment and fail. And
25 they did. They died, and their parents still today

1 grieve over those senseless loss of life.

2 The other problem that we have, as you also
3 heard, is that if we're talking about heroin
4 addiction as someone who provides residential
5 treatment, it has to be long term. 28 days that are
6 cut can down to ten days because of the bureaucrats
7 that run our insurance industry is only setting
8 people up for failure.

9 I keep young men for a year to 18 months, and
10 I'll be the first to tell you, it sometimes takes
11 eight months for these young men to finally reclaim
12 their life, and really want to open themselves to
13 getting better. Learning the skills of recovery,
14 going back to a world that is drug infested. And
15 that's a whole other question probably for another
16 day.

17 I mean, there is not a job or an industry
18 where drugs and alcohol are not infectious and out
19 of control. And I'm not proposing prohibition. But
20 the reality is that those who suffer from an
21 impulsive compulsive disorder, they need to develop
22 skills to cope and to survive in that world that I
23 have just described. And if you think that can be
24 done in 30 days, unfortunately I'll draw on my
25 training, in 30 years of doing this, it is not going

1 to happen. And so we are pissing money away, excuse
2 my French, we're wasting money that could be better
3 used.

4 The other thing that I think you need to be
5 aware of, and this is something of a new phenomenon,
6 very disturbing in Suffolk County is that I live on
7 the gold coast, the North Shore. We can now call in
8 and get a heroin order delivered to one's home.
9 That's problem number one.

10 Problem number two, which is most disturbing
11 because most of us are familiar with the 12 steps,
12 AA and NA, wonderful resource in any community. The
13 problem is becoming that these very disturbed drug
14 dealers are showing up at these meetings, and they
15 are peddling their wares to guys and gals that are
16 very vulnerable.

17 And so I think that we need to really step up
18 enforcement in places that we know are providing
19 that kind of support. Because that's really
20 becoming a problem.

21 [Applause]

22 And finally, the biggest piece is that we
23 know that insurance is part of the problem. We need
24 to make grants and other resources available so
25 people like myself and others that are sitting

1 behind me, that are committed to the work, that
2 there are the resources to provide the kind of
3 treatment that is necessary without money being a
4 block. Thank you very much.

5 [Applause]

6 SENATOR CROCI: Thank you, Father. Thank you
7 very much. Next we'll be hearing from one of our
8 councilmen from Islip Township and that's councilman
9 John Cochran, Jr.

10 Good afternoon, Councilman.

11 COUNCILMAN JOHN COCHRAN, JR.: Senator, how
12 did you let me follow Frank. I have been to Hope
13 House. I'm honored each year to, with a friend of
14 mine, Mr. Rampone, to see the men that come out of
15 Hope House, and that's where our goal should be is
16 if somebody get trapped into this addiction, to have
17 those facilities that Father Frank does to provide
18 for these young men, that's what he does.

19 Because I'm seeing it on Main Street, and
20 Tom, you know as Supervisor when we started our
21 journey five years ago in the town, this was kind of
22 an undercurrent. Well, it is not. It is on Main
23 Street. We're seeing it every day. And it is not
24 just in Brentwood and Bay Shore, we're getting
25 arrests in Great River and in Brightwaters, in West

1 Islip.

2 And we go to the 3rd Precinct once a month
3 for briefings. And when you hear the stories, we
4 find out the houses that are there, our hands are
5 kind of tied, legislative code-wise for the town for
6 our codes. We report to 3rd Precinct and it seems
7 like there is an area there that we can't get these
8 dealing houses out of the public view.

9 I'm an insurance guy. What Father Frank
10 said, yes, you legislatively can hopefully work with
11 our rehab facilities. But on Main Street, we have
12 to find ways that -- we know a house in Bohemia is
13 selling heroin, that we can close down on that and
14 unleash the handcuffs of our local police department
15 and -- well, our town can't do it, but the police
16 departments, because that is our frustration. We
17 know that they are dealing and we can't shut that
18 operation. And they are going in there all times of
19 night.

20 People are getting houses shot up because
21 once it is a drug house, then you have gang
22 activity. And for a town for our codes, we can't
23 really attack that until it is after the fact. It
24 turns into a zombie house, and it goes on and on.

25 So drug addiction on a town level for me is a

1 path that the individual is going down, but as the
2 town, I can't do anything socially for that
3 individual. We have to rely on other courses of
4 action. But codes in attacking of our drug pushers
5 and our houses, that's what we need help from
6 Albany, to unleash the handcuffs and enforcement to
7 stop this. Because it is a weekly, not daily,
8 another story coming through Town Hall.

9 And I wanted to thank you all. Tom, for
10 chairing this, Phil, and the rest of you Senators,
11 we see it. You see it. You're from Bohemia. We
12 get that when you go to the Ronkonkoma Bohemia
13 Civic, you didn't think you would hear those kinds
14 of stories. And that's what we're getting every
15 week, every day, coming from neighborhoods you would
16 never think this problem would have. So I want to
17 thank you.

18 Again, continue this hard work, because the
19 bottom line is we have to get our people addicted to
20 this back to the straight path, and us for the town,
21 we want to do whatever we can to make sure our
22 communities are safe. So thank you again, Senators.

23 [Applause]

24 SENATOR CROCI: Thank you, Councilman. And I
25 would also now like to have up Councilman Cochran's

1 colleague on the town board, Councilwoman Mary Kate
2 Mullen.

3 COUNCILWOMAN MARY KATE MULLEN: Good
4 afternoon, everyone. It is a pleasure to be here.

5 I think I bring a unique perspective in that
6 although I'm newly-elected to the town board. Prior
7 to serving as a member of the town board, I started
8 my career in law 20 years ago. I spent eight years
9 in the Suffolk County District Attorney's office,
10 five years of that time was spent prosecuting
11 narcotics cases where I just handled heroin, crack
12 cocaine, pills, Xanax and just drugs of that nature.

13 After I left the DA's office, I became a
14 criminal defense attorney. So I have seen both
15 sides. When I was in the DA's office, I found that
16 most of the cases we prosecuted were people who were
17 selling to support their habits. We did have a lot
18 of the larger quantity cases where we did long-term
19 investigations. However, for the most part, my
20 volume was people just getting arrested, doing hand
21 to hand sales, being arrested by undercover
22 officers, and they wound up going to jail, becoming
23 a predicate felon and then getting another term in
24 jail, and back then, the minimum time was three to
25 six.

1 The laws have changed. There's been a
2 relaxation of the Rockefeller laws and other
3 programs within the court system. There's a diverse
4 program and now a drug court in Suffolk County.
5 When I got out and started doing my practice in
6 criminal defense work, it was really heartbreaking
7 to see these people who I was putting in jail, now
8 coming to me, and hearing their stories.

9 For instance, I had one client who became
10 addicted to pills after getting -- suffering a break
11 of one of his bones while wrestling. He was a
12 varsity wrestler in Sachem and had a compound
13 fracture and was prescribed pills. And after that,
14 he, of course, got cut off from the pills
15 eventually, and turned to heroin. And from there,
16 he was just in and out of jail. Finally, he called
17 me one day desperate. He was down in Florida,
18 because he couldn't get into a rehab program up
19 here.

20 And as senator -- as Councilman Cochran
21 pointed out, it is becoming a problem that we have
22 to deal with locally. We see it on Main Street.
23 I'm a runner and I go out for my morning run, and I
24 live in Bayport and unfortunately, I'm seeing
25 needles and bags of needles and paraphernalia down

1 by the water, down by Browns River, down along
2 Middle Road, Bayport Commons. It is everywhere.

3 I have a friend who lives down off of South
4 Ocean Avenue, and he, in fact, walked up upon
5 someone doing -- shooting drugs in their car. The
6 girl took off with her stuff, but she left a bag and
7 in that bag was her license. So what did he do? He
8 drove to her house, and handed the license to the
9 parents and said, this is what your daughter is
10 doing. So I think you should be aware. Now, how
11 can you not be aware? I'm sure they were, and
12 unfortunately this girl is an addict.

13 As a mom of three, I feel like it is my job
14 to drill in my kids' head, don't even try it. Tom,
15 as you said, growing up in that era just say no, I
16 believe that we need more education. It starts in
17 the schools. And we have to reach out to those
18 children who maybe don't have the parental guidance
19 to just say no and to teach them to just say no
20 before they wind up in the court system, before they
21 wind up as my clients.

22 And I feel that the rehab programs up here,
23 we need to extend them, like you guys have
24 mentioned. From what I have been told, it takes 18
25 months to reprogram your brain, so that your drug

1 free.

2 And I found my client who was desperate and
3 went to Florida, wound up in and out of jail. You
4 know when he did the best? After he came out of
5 jail. After he did four, six, eight months in jail.
6 He came back looking healthy, rather than, you know,
7 like he was on his death bed. So I appreciate the
8 opportunity for me to speak to you, and appreciate
9 any input that you can give us as local officials
10 that we can help you as well. Thank you.

11 SENATOR CROCI: Thank you, Councilwoman.

12 [Applause]

13 And you know, so much of what we're talking
14 about, you're seeing the other effects of addiction
15 in the communities, and that is how it effects
16 bedroom communities of suburbia, the blighted homes
17 that result when there is drug use in the homes, and
18 I know that's a challenge for our local elected
19 officials.

20 But, to your point about just say no, the
21 bully pulpit is a very powerful thing in our
22 republic. It is nothing to laugh at or to sneeze
23 at. It is a very powerful thing from the presidency
24 to the chief executives of our towns, our villages,
25 and our governor. And I think that if you had a top

1 down approach, as we did then, you're reducing the
2 demand signature for this drug, which is something
3 that we saw for a brief period, but in the '80s
4 and in the '90s. So I think the more the bully
5 pulpit is used to your point, councilwoman, the
6 better.

7 I'm joined by my colleague and the dean of
8 our delegation, Senator Ken Lavallo. Thank you,
9 Senator, for joining us today. And with that, we're
10 going to, speaking of the towns and villages, we
11 have one of our chief executives. The next witness
12 will be Mayor Maura Sperry from the Village of Mastic
13 Beach.

14 MAYOR MAURA SPERY: First I just want to
15 thank Senator Croci for putting this on and I want
16 to thank all of you for taking this unbelievable
17 problem head on.

18 You know, I really want to hear from the
19 parents and the people who are most affected,
20 because I think that their stories really are the
21 ones that touch us the most and really explain the
22 depth of the problem. But I wanted to just make two
23 points.

24 Tonight I'm going to be going to the town
25 because our ambulance company is getting a new

1 building, which is great. But our ambulance company
2 has almost 3,000 calls a year, and many of them are
3 around drugs and drug overdoses.

4 We have a tremendous problem with vacant
5 homes, with squatters, most of these houses have
6 people using heroin and drugs. So they've had an
7 increase from I think over 50 calls last year, the
8 beginning of this year, I think in the first two
9 months they've had 26 overdose calls. So we see
10 exponentially how much more serious the problem has
11 become and how quickly it has become.

12 And I've talked a lot with the chief of the
13 ambulance company in the new building. He wants to
14 do a counseling -- maybe not a center, but set up a
15 place where we can have counseling. One of the
16 things he finds very frustrating, as was spoken
17 about, is he goes back to the same people over and
18 over again, sometimes three, four times they are
19 using Narcan to help people who have ODeD. And what
20 he really feels like is, there is missing the
21 counseling part for these people.

22 And lastly, I want to talk about my own
23 personal experience. I grew up in Westchester
24 County, and when I was in grammar school they put
25 out a comic book, and the comic book was about

1 heroin and heroin addiction. And I can tell you
2 now, as a 56-year-old, that from when I was in
3 grammar school, back in Larchmont, New York, that
4 comic book was extremely effective. I have never in
5 my life -- and believe me, I'm a free spirit --
6 wanted to experiment with heroin or any drugs like
7 that, specifically because of that comic book.

8 And I am going to tell you I think it would
9 be effective, start young. It is not high school.
10 Start in grammar school. You can not start young
11 enough. And like you said from the bully pulpit, in
12 our schools, let these kids know. And it was
13 graphic that comic book.

14 It made it horrible, like who wanted to be a
15 junky. It was awful. So I really would encourage
16 everyone to think about doing something like this
17 comic book, to the grade school, to the kids in the
18 elementary school, let's get them young, as young as
19 can be, and really kind of just really let them know
20 how dangerous it is. Thank you so much.

21 [Applause]

22 SENATOR CROCI: Thank you, Mayor. We're very
23 honored to have our leader of our county government
24 here today, and it seems as though since he and I
25 have entered public office, we jumped from one

1 crisis to another. Fortunately we're able to get to
2 the next crisis because we power through, and that's
3 a testament to his perseverance and vision.

4 And so I'm very happy to be joined by the
5 County Executive Steve Bellone and his team who will
6 share some words with us. Sir, thank you for
7 joining us.

8 COUNTY EXECUTIVE STEVE BELLONE: Senator, how
9 are you? Thank you. I'm sure that those crises
10 have nothing to do with us. We just happen to be
11 here at this time. I want to thank you, Senator
12 Croci, for putting this forum together.

13 Our senators who are working so hard on this
14 issue from around the state, we thank the State for
15 this important leadership and all of my colleagues
16 here, of course, locally. Senator Phil Boyle, who
17 has been great leader on this issue as well, and
18 Senator Venditto, and of course the dean of our
19 delegation here, Senator Lavallo.

20 This is a critical issue for us as you know
21 in the county as it is across the country. I have
22 with us here who will be following me to offer
23 testimony a little more specific, our Commissioner
24 of the Department of Health, Jim -- Dr. Jim
25 Tomarken as well as the Suffolk County Police

1 Commissioner, who will talk about the issue from law
2 enforcement.

3 But this is an issue that, of course as you
4 know, has gripped our nation, and is something that
5 is a scourge in our own county. In order to combat
6 the rising trend of opioid addiction here, we know
7 and I think this is a great sign of it, we all have
8 to come together to work to combat it.

9 My administration and the Suffolk County
10 Police Department have launched a multi-pronged
11 approach to addressing this critical issue
12 consisting of programs that have licensed health
13 professionals, emergency service personnel, as well
14 as the public with training.

15 And this is something that we really took the
16 lead on here in Suffolk County and my colleagues
17 here have really done a great job with, and that's
18 administering the overdose reversal drug Narcan and
19 providing that training. Since we started this
20 program, we have trained over 4,000 people here in
21 Suffolk County. That's a program that we want to
22 expand even further.

23 [Applause]

24 Thank you. Introducing new public awareness,
25 we think that is just vitally important. I think

1 the mayor spoke well about this, intervention and
2 peer-to-peer programs in the Rocky Point and Sagem
3 School District. We need to really be implementing
4 best practice evidence-based prevention programs.
5 Those are critically, critically important to
6 combating this epidemic.

7 Most recently our Suffolk County Health
8 Commissioner reached out to the CEOs of our local
9 hospitals recommending that Narcan be distributed to
10 appropriate patients and families in the emergency
11 department and inpatient setting upon discharge. We
12 were pleased that we have received really a great
13 response to that request and look forward to the
14 implementation of that program.

15 Also implementing the VIVITROL Program. That
16 assists soon to be released inmates in overcoming
17 addiction to reduce recidivism. So we've introduced
18 that program, working with Sheriff Vinny DeMarco and
19 Commissioner Sini in implementing that program. We
20 are very hopeful about the success of that effort
21 that we engaged in and we started last year.

22 Just this past April 1 we implemented a
23 24-hour a day, seven-day a week substance abuse
24 hotline with our community partner and organization
25 that is really a leader here, LICADD, which you're

1 all familiar with and work with that will link
2 callers to appropriate treatment. All of the
3 callers are screened by a certified medical
4 professional and referred to a local provider. This
5 hotline is available to those in crisis,
6 contemplating treatment, and to support friends and
7 family of those suffering from an addiction. LICADD
8 will also provide follow-up to ensure timely access
9 to care. So, this started on April 1, and we're
10 very excited about that.

11 [Applause]

12 Collaborating with Stony Brook Medical
13 Center, the Nassau County Department of Health and
14 local substance abuse and prenatal providers, we
15 collaborated with them to address the rising trend
16 of babies addicted to drugs in Suffolk and Nassau
17 counties.

18 We've increased staffing at the county's four
19 methadone clinics specifically to address call back
20 lists and are increasing the availability of intake
21 appointments. In 2015, we had an increase in
22 enrollment of 26. And in the first three months of
23 2016, we have admitted 50 persons.

24 And finally, passing regulations for pawnshop
25 operators that protect victims while working to

1 reduce crimes stemming from heroin and opioid
2 addiction, and this is an effort that was
3 spearheaded by Commissioner Sini which I know I have
4 referred to.

5 And so, as this is an epidemic that's
6 affecting all of us in this community and in this
7 state and this country, it is something that we are
8 looking forward to, with this hearing and with the
9 state's leadership, of really making progress here
10 by working together, and that's why I'm so happy
11 that your doing this -- you're doing this today and
12 that this issue is on the forefront, I know, in the
13 State Senate.

14 And I have worked with a number of my
15 colleagues here on this issue and have been doing
16 great work. And I would finally say, of all of the
17 approaches that we are taking in this comprehensive
18 approach, which is what we need to do, prevention
19 truly is I think the greatest area that we can
20 exploit to make progress on this issue. I think it
21 is the most cost effective thing that we can do, and
22 it is probably the thing that we're doing least.

23 So I would love the opportunity to work with
24 the State on enhancing some of those prevention
25 programs, specifically evidence-based prevention

1 programs that we know work. So, thank you very
2 much.

3 [Applause]

4 SENATOR CROCI: Thank you. Thank you, County
5 Executive Bellone, thank you for using the bully
6 pulpit so effectively. Next we're going to have
7 some of the county team give us their testimony.
8 I'll start with Police Commissioner Tom Sini.

9 COMMISSIONER TOM SINI: Thank you very much
10 for providing the County the opportunity to speak
11 before this Task Force.

12 The heroin and opioid epidemic in Suffolk
13 County, from a law enforcement perspective as well
14 as a public health perspective, is our number one
15 issue. About half of our crime in Suffolk County is
16 some way related to the opioid epidemic. We have
17 approximately 2,000 arrests in 2014-2015 that
18 directly relate to heroin drug dealing, but when you
19 consider the burglaries, larcenies, robberies, and
20 other violence and property crime in the county, it
21 is very safe to say that over 50% of our crime in
22 Suffolk County is related to the heroin and opioid
23 epidemic.

24 We need to obviously be addressing this issue
25 on all fronts, prevention, treatment and law

1 enforcement. I'm going to talk about prevention
2 from the Police Department's perspective as well as
3 law enforcement obviously. I couldn't agree with
4 County Executive Bellone more, our best investment
5 is in prevention.

6 The Suffolk county Police Department has
7 launched a program called the ugly truth forum, and
8 I know that many of you know about it because I've
9 seen you at these events. It is typically a
10 partnership with a community coalition group and a
11 school district where we raise awareness and educate
12 parents and children about the dangers of opioid
13 addiction and opioid abuse, and typically treatment
14 providers set up tables at these events so as to
15 provides resources to parents and families and
16 children.

17 In addition, we typically do Narcan training
18 at these events. So these are great events that
19 we're going to continue to do with all willing
20 school districts, and we have hit just about all
21 school districts in Suffolk County and will continue
22 to do that.

23 We also have a robust community response
24 bureau which includes school resource officers, and
25 these school resource officers are police officers

1 who are assigned to districts, and they are
2 essentially cops in schools and they develop
3 relationships with students.

4 And it is a great program that I have
5 received tremendous feedback from superintendents
6 and principals and educators on, and this is a
7 program where, in my view, we need to expand. We
8 don't have enough SROs to put in every building, and
9 I'm not say thing that we should because that would
10 be a tremendous cost.

11 But there should be enough SROs at least
12 assigned to each district or at least, one, two,
13 three districts, and we're spread very thin, and
14 that can provide a list of all of our SROs to you
15 and where they are assigned so you could see it for
16 yourselves. So that is one area where I think we
17 can increase prevention.

18 I think the SROs have a laundry list of
19 programs that they do, many of which are
20 evidence-based, and some of which are developed by
21 the police department, whether it is education about
22 proper usage of social media and the dangers of
23 social media or drug abuse and help their decision
24 making, and I think expanding the SRO program would
25 be a terrific way to increase prevention in Suffolk

1 County by the Suffolk County Police Department.

2 And on the enforcement end, we have really
3 revamped our approach since December of 2015. When
4 I came in, we did a top to bottom assessment of the
5 narcotics enforcement and we were very centralized.
6 We have a narcotics section that's out of
7 headquarters and we were funneling most of our
8 narcotics issues into the narcotics section.

9 What we have done since is we have pushed a
10 lot of that back down to the precincts. And this
11 has allowed us to increase enforcement. So I want
12 to walk through the three prongs of our enhanced
13 narcotics strategy since December.

14 We've reengaged our federal law enforcement
15 partners, we -- particularly the Drug Enforcement
16 Administration. So we now have five full-time
17 detectives assigned to DEA Task Force most of whom
18 are essentially working exclusively on the opioid
19 heroin epidemic and one who is working on going
20 after bad pharmacies and doctors for illegal
21 prescription or illegal distribution of opioids. So
22 we have a robust relationship now with the federal
23 law enforcement agencies in the region.

24 And this is key not only for the obvious
25 reason that we're working with the feds to bring

1 down drug dealers and bad doctors and pharmacists,
2 but it allows now the Suffolk County Police
3 Department, allows the patrol and detectives
4 division to focus more on some of the local issues
5 that I'm sure so many of you have heard complaints
6 from your constituents about.

7 So what we have done now is, because we have
8 some more, since we've leveraged the relationships,
9 we've dramatically increased our focus on residences
10 where drug dealing is occurring. We have recently
11 rolled out a hotline, 631-852-NARC where we're
12 accepting calls from the community. You can remain
13 anonymous and we take those calls in, and we funnel
14 them through the criminal intelligence section.

15 The criminal intelligence section assigns it
16 to the appropriate precinct or if it is a big enough
17 issue to the narcotics section. Since we have
18 rolled out this program, not the hot line, that's
19 very new, but since we rolled out the new structure
20 we have increased our search warrants dramatically.
21 We've executed approximately 50 narcotics search
22 warrants year to date, which is an increase from
23 last year and the year prior, and in every single
24 search warrant we have recovered drugs. All in all,
25 kilogram quantities of narcotics.

1 And what is scary about it, in all but two of
2 these search warrants we've recovered some sort of
3 weapon, including firearms. So we're going to be
4 focusing on homes and apartments where drug dealing
5 is occurring and we have this new structure in place
6 and this new hotline to assist us in that.

7 And lastly, we set up a Long Island Heroin
8 Task Force, and this is an unprecedented partnership
9 between Suffolk Bountly and Nassau County.

10 Initially, we designated four detectives and a
11 supervisor and Nassau did the same.

12 And the idea was to go after drug dealers who
13 cause overdoses. And there are statutes on the book
14 under the federal laws where there are enhanced
15 penalties when you cause death by dealing drugs. So
16 20 year mandatory minimum, maximum of life.

17 And we're working with our local district
18 attorney offices as well to bring these cases down.
19 And what happened was the DEA then jumped on board,
20 New York State Police jumped on board. So now it is
21 a real robust partnership among the agencies
22 exclusively going after drug dealer who cause
23 deaths.

24 I also think that this is a great area where
25 law enforcement can interface with public health,

1 because usually our informant in that situation is
2 someone who is saved by Narcan or, unfortunately, a
3 family member of someone who died, and we get the
4 phone from the family member or from the individual
5 saved, and that is how we go after some of these bad
6 guys.

7 And so we're interfacing with people who have
8 just died and been brought back to life, or family
9 members who just lost someone, and this is I think
10 an opportunity where we can get people into
11 treatment, whether through the use of LICADD or
12 Department of Health or whatever agency that we want
13 to use.

14 And so we're trying to have this
15 multi-faceted approach leveraging our resources with
16 the feds so that we can go after the big drug
17 dealers and allowing the police department to do --
18 just an increased number of enforcement cases within
19 the police district, and then also going after what
20 we consider the ultimate harm that these drug
21 dealers cause, which is death, through the Long
22 Island Heroin Task Force.

23 At the end of the day, resources are
24 stretched thin, as I know all of you know. We need
25 to find creative and -- we need to find and create

1 ways to use our existing resources in the most
2 effective way. We have launched several efficiency
3 programs within the department recently, including
4 some efforts to reduce paperwork for patrol officers
5 that they can engage in evidence-based policing and
6 real police work so they can focus in on problem
7 houses and do hot spot policing instead of doing
8 paperwork.

9 But at the end of the day we do need more
10 resources. So, I would just float that any way that
11 the federal government or the state government or
12 together could help the County in terms of whether
13 increasing, expanding our SRO program to get more
14 officers in the schools to do prevention work or
15 allowing us to leverage some federal and state
16 grants to increase the number of detectives and
17 patrol officers to do enforcement action, I think
18 that would be terrific. And with that, I would take
19 any questions.

20 SENATOR CROCI: Senator Boyle.

21 SENATOR BOYLE: Thank you, Commissioner,
22 thank you for your leadership on this. One
23 question, you did mention and I applaud you for your
24 three-pronged approach. The 852 number, the
25 telephone number. We as elected officials and I

1 know from particularly when with my background on
2 this, we get a lot of phone calls from a lot of
3 people saying we know that there are drug dealers at
4 this address, four or five calls about the same
5 house.

6 So we would like to partner with you and set
7 up a communication where we can tell, we're getting
8 a lot of calls on this. I know they might be
9 calling this number, but they are calling our office
10 and we want to contact you.

11 COMMISSIONER TOM SINI: Yes, absolutely. And
12 I think that, to be very frank with you, I think in
13 the past, the way the department was set up and
14 handling some of these complaints, is we were --
15 there were bottlenecking in our narcotics section.

16 So what I'm hoping, and it is already proving
17 to be true, is that by pushing some of this back
18 down to the precinct level, that bottlenecking will
19 stop and we'll be able to address the concerns more
20 appropriately.

21 SENATOR BOYLE: Great, thank you.

22 SENATOR CROCI: Thank you, Commissioner.
23 Senator Murphy.

24 SENATOR MURPHY: Commissioner, I applaud your
25 efforts in a tremendous way. What we have tried to

1 do is start with a northern initiative with the
2 feds, so you can, because we're just north of the
3 Bronx. And having that coalition together between
4 the feds, the state, the county government, and your
5 local municipalities, forget about the turf wars.
6 This is my place. That's over. When we work
7 together as a team, like you said, you're going to
8 make a difference.

9 And we have made a difference to the little
10 northern initiative that we put together, 14kilos,
11 it was in the Bronx, but we're right on the border
12 there and they saw it all coming into Westchester
13 County and right up into Putnam County and right up.
14 They literally go on the train and sell it on the
15 train and come up. So I applaud your efforts, keep
16 up the great work.

17 COMMISSIONER TOM SINI: Thank you. And
18 just -- just to make a point about the 14 kilos,
19 some of that is destined to all of our communities,
20 and that's exactly why we all need to be working
21 together.

22 SENATOR CROCI: In one of the school
23 districts in my senate district, they found a young
24 man, Eagle Scout, good family, in possession of a
25 large quantity of heroin in school, and I want to

1 express to the community and to you some of the
2 challenges we face as a conference.

3 We recently passed in the New York State
4 Senate a bill that would make the possession and
5 sale, intent to sell, heroin to minors around
6 schools, we sought to increase the penalties and it
7 did pass the Senate. But there were members of our
8 body who stood up, and said because of the job
9 market, he couldn't vote for that because those
10 people need jobs too, meaning the drug dealers. And
11 so you -- I just want you to know, and that's -- so
12 from our perspective, everyone in this room, we all
13 assume that we're all there to do the right things
14 and we're all there to give you the tools that you
15 need to do your job at the local level.

16 But it is not uniform and it certainly is a
17 challenge for us sometimes, and listen, everybody
18 has, I believe, the best interests of their
19 constituents at heart who serve, but there are
20 certain common sense things that can get lost in
21 this decision discussion.

22 I want you to know that we will continue to
23 advocate for tougher penalties, but at the same
24 time, that prevention approach, early primary
25 prevention education has always been proven to

1 reduce the demand signature, so that those guys are
2 out of work and that's what we're looking to do. So
3 I appreciate your hard work and that of all of the
4 men and women of the Suffolk County Police
5 Department and all of the law enforcement that you
6 represent. Thank you.

7 COMMISSIONER TOM SINI: Thank you very much.

8 [Applause]

9 SENATOR O'MARA: That was not a member of the
10 Republican conference that made that statement about
11 jobs.

12 [Laughter]

13 SENATOR CROCI: And thank you, Senator
14 O'Mara. That is correct. Commissioner James
15 Tomarken is with us as well. Commissioner, we're
16 happy to you have, sir.

17 COMMISSIONER TOMARKEN: Thank you for the
18 opportunity to speak to you and present some
19 information that I think will be helpful. As a
20 background, just so you know who I am, I was -- in
21 the 1980s I was the director of -- clinical
22 director of the largest substance abuse treatment
23 program in Canada. I was a consultant for the
24 Canadian federal government as well as the U.S.
25 federal government on substance abuse and methadone

1 specifically.

2 I have also worked in managed care for three
3 years, three-plus years, so I have an insight into
4 how managed care works. And what I want to focus on
5 today is access to care for those that are afflicted
6 with substance abuse.

7 I think we all need to appreciate that this
8 is a very unstable population. They have very
9 chaotic lives. You can't deal with them the same
10 way you can with a patient who has a different kind
11 of medical condition, high blood pressure, diabetes.
12 You can't say to them come back in two weeks, three
13 week, whatever. It just doesn't work. They have to
14 be engaged as soon as you can interact with them.

15 And what we need is quick decisions and we
16 need decisions that take into account the chaos in
17 their lives. So people may not need hospitalization
18 from the point of view of their substance abuse
19 problem, but they may not have a safe place to live
20 and therefore go back to an environment that --

21 [Applause]

22 Causes them to continue to use. They still
23 associate with the wrong people, they live in the
24 area and their problem continues to be exacerbated.
25 In terms of managed care organizations, my concern,

1 and this is from my own experience, is that the
2 decisions that are made within managed care
3 organizations are made by employees of that
4 organization or contract employees, and that the
5 appeals are often made by those same people
6 implementing the same policy that they have been
7 told to implement in the first place.

8 Now, if that isn't the fox guarding the hen
9 house, I'm not sure what is. I think you could
10 legislate action that provided for an independent
11 third party objective review of the case
12 immediately, not a week later, not two weeks later,
13 not three weeks later, but immediately, and who are
14 not employees or not associated with the managed
15 care organization.

16 The other issue that I think managed care
17 needs to be held accountable for is continuity of
18 care. So they have a person, they treat them
19 inpatient and outpatient, they discharge them and
20 say here is an appointment for two weeks or a week
21 or whatever. We all know that the odds of that
22 appointment being kept are very small, if at all.
23 They should be held accountable to follow up to make
24 sure that the patient receives whatever follow-up
25 care and treatment they need. They can't just cut

1 people off as soon as they walk out the door.

2 [Applause]

3 The other initiative, and this would be part
4 of a quality improvement initiative, would be to
5 have a database that all overdoses and all deaths
6 that come to the attention of the healthcare system
7 be reported to the State and an investigation be
8 done to see if care was denied to these individuals.

9 [Applause]

10 So those I think are a few very practical and
11 hopefully substantive approaches that you could take
12 to help us get some teeth into our programs and to
13 make sure that these people do not fall through the
14 cracks, which is what's happening, and that the
15 recidivism rate decreases because we have a
16 comprehensive care -- care that does not allow them
17 to fall through the cracks. Thank you.

18 SENATOR CROCI: Thank you, Doctor. Questions
19 for the doctor? Thank you very much. We also have,
20 I believe, Suffolk County Police Department
21 Investigator Michael Caldarelli. Is he here? No,
22 okay. I think the commissioner can handle that one.

23 The next individual, and this is something --
24 again, someone who sees this and represents
25 residents who sees it on a daily basis on the

1 ground, and that's Ronkonkoma Civic Association
2 President Bruce Edwards.

3 BRUCE EDWARDS: Thank you, gentleman. The
4 Ronkonkoma Civic Association is very pleased to be
5 here, and thank you very much, Senators, for putting
6 this together. The Ronkonkoma area is fortunate
7 that we share two senators, both Senator Boyle and
8 Croci.

9 SENATOR CROCI: We fight over you.

10 [Laughter]

11 BRUCE EDWARDS: Well, it is very heartening
12 to see that our area is very well represented,
13 especially in this area, in the heroin situation.
14 You know, from a community level, you know, we see
15 it as drug houses, needles in the street, you know,
16 quality of life issues that really affect the
17 residents of our area.

18 And so we feel enforcement is a very
19 important aspect of it and we're very happy that
20 Commissioner Sini has gone back to a community
21 level. He's asking us and he's reached out to us,
22 actually, to become involved in this, become
23 involved in the programs, let him know what is
24 happening in our streets. So we hope that that
25 works.

1 And it's important, I think, that we get more
2 funding, and if this proves to be successful that we
3 keep funding those issues so the Police Department
4 can do the proper job for the residents.

5 One of the other areas, of course, is
6 treatment. We see that treatment is very important
7 to people. It seems to be, as you have heard from
8 the various experts here, that treatment is lacking.
9 And I read in the paper that there is wait lists for
10 methadone clinics and that's just unconscionable.
11 So we really feel that treatment should be improved
12 as much as possible.

13 Again, it comes from funding. You guys are
14 going to be the ones who really allow this to
15 happen.

16 And, like the third leg of the tripod is
17 education. And again, another unfunded mandate from
18 the State to educate elementary school children and
19 junior high kids just isn't going to work. We
20 really need the money to come to the top, from the
21 top, to fund these programs. We really need to
22 educate these kids at a very young level, elementary
23 school and above.

24 I know my children are a little older. They
25 went through the D.A.R.E. program. Some people said

1 that it wasn't a successful program. But
2 fortunately for me, my children managed to get
3 through this unscathed and I'm unbelievably thankful
4 for that.

5 So I would hope again that you guys will do
6 the best that you can to fund these three different
7 areas that seem to be the areas that will maybe stem
8 this horrible program -- this horrible epidemic
9 that's across our nation. So, thank you again,
10 gentlemen.

11 SENATOR CROCI: Thank you very much.

12 [Applause]

13 Next I have Ms. Mary Calamia, licensed
14 clinical social worker.

15 MARY CALAMIA: Hi, good afternoon and thank
16 you for having me here. Yes, I'm a licensed
17 clinical social worker and a CSAC for 21 years. I
18 also hold the title of crime victim and the
19 bereaved. So this addiction problem touched me in
20 many, many ways.

21 I started out at the time it was the crack
22 epidemic, and now we have the heroin epidemic, and
23 the dynamics haven't really changed. And maybe the
24 ages have gotten younger, the drugs have changed,
25 but the dynamics remain the same. So we need to

1 think outside the box.

2 And we need to hit on a few things that I'm
3 not hearing spoken about and I'll try to touch on
4 some things that people aren't speaking about here.

5 One is an area that's very near and dear to
6 me. I work with a lot of family members and we have
7 family education, and we have programs where we're
8 bringing some of the families and educating them on
9 addiction, but they need therapy.

10 And if you want to talk to the insurance
11 agents, the insurance companies, and I don't want to
12 give into the weeds here, you can't do family
13 therapy without a diagnosis and a diagnosis of my
14 child is an addict or I'm living with an addict,
15 that's not a diagnosis. That's not an insurance
16 reimbursable problem.

17 So we need to be able to get some money out
18 there for programs for these family members, because
19 every addict, what keeps addiction alive, is a
20 system of enablers, right. And well intentioned
21 loved ones who end up getting the opposite results
22 than what we are trying to get.

23 So we need to be able to get into these
24 families. I'm sorry. Did you --

25 SENATOR CROCI: Not at all. I'm agreeing

1 with you.

2 MARY CALAMIA: Also, I noticed there's a
3 S-4348 on the table. It is, I think, Kemp Hannon
4 sponsored. And it is to get training or addiction
5 information to doctors who are prescribing opiates,
6 and I think that's great. But I noticed there are
7 exemptions in that requirement and we have got to
8 throw those exemptions out.

9 Every physician, every qualified health
10 professional should have training in addictions and
11 the family dynamic of addiction. I go to my
12 chiropractor, first of all under the ACA, all
13 doctors are supposed to be screening for mental
14 health and substance abuse. They are given
15 screening tools, but they don't know what to do
16 after that.

17 I go to my chiropractor and I get a form that
18 asks me, has anybody asked you, said you have a
19 problem with drinking? Have you ever used an
20 illicit substance? Do you want to hurt yourself? I
21 go into his office with the sheet and I say, what
22 are you going to do if somebody answers any of these
23 questions in the affirmative? And he says, I don't
24 know.

25 So we need to get the tools to every

1 qualified health professional. I don't care if it
2 is an eye doctor. They are seeing people who have
3 addiction problems or are living with family
4 addiction problems. So we have got to throw those
5 exemptions out the window.

6 Everybody, unless you have the CSAC, you
7 haven't had the training. I'm willing to volunteer
8 my time to help create curriculums for all of these
9 things.

10 But that brings me to my next issue which is
11 private practitioners like myself, we're left out of
12 the loop. I'm not attached to an agency or an
13 organization. So when there are new programs or new
14 initiatives, I don't get that information. But
15 NYSID and the office of the professions has my
16 e-mail address because we all have to renew online
17 our licenses. It is an e-mail. You know, opt in.
18 Let us -- we need to know what new programs are out
19 there. We need to know where to refer people.

20 And as a clinical social worker who got their
21 license, I don't know, a long time ago, I'm getting
22 old now. And I'm getting tired. It enraged me at
23 the time I went to school. There is no requirement
24 for a social worker to take any training in
25 substance abuse. Yet, we're out there in the

1 trenches with substance abuse, no matter where we're
2 working. So we need something along those lines as
3 well.

4 Again, I'm happy to -- I don't want to get
5 into the weeds and I don't want to take up too much
6 time with details, but I'm happy to talk to any of
7 you on these issues at a later date.

8 And the last thing, not one taxpayer dollar
9 should go into a sober home that isn't licensed,
10 inspected, regulated, audited, the whole nine.
11 Every addict needs a place to stay in their
12 recovery. Recovery, as somebody said, I think Mary
13 Kate Mullen said, 18 months before you start to get
14 your marbles back. Thank you for your time.

15 SENATOR CROCI: Thank you. So I made the
16 mistake of skipping over some of our most important
17 witnesses today. And they'll be speaking next. I
18 have Ms. Karen Hemmindinger, Dori Scofield,
19 Josephine Ghiringelli. And they are all here to
20 provide us with testimony having experienced
21 firsthand the devastation in their families from
22 this epidemic. Ladies.

23 DORI SCOFIELD: Hi, I'm Dori Scofield. I
24 want to thank you, Senators, for having us here as
25 testimonials to what we have been through. My name

1 is Dori Scofield. Most people know me as the Long
2 Island animal rescuer and animal advocate.

3 On June 23, 2011, the devil took my son, and
4 the devil is heroin. I was -- I came home from
5 running to the store, went upstairs to see what
6 Danny was doing. He had just gone to work. My son
7 had a great union job. He was what I thought was
8 doing really well. And I found him on the bathroom
9 floor lifeless. I called 911. I did CPR. We had
10 no Narcan.

11 And the thought that Narcan could have saved
12 my son and he could still be here will haunt me
13 forever. But I'm so grateful that we have it now.
14 No matter how many times we have to revive someone,
15 where there is life there is hope.

16 [Applause]

17 I think heroin is the best form of terrorism
18 in our country. It is killing our kids by the
19 hundreds. When we had an Ebola death, one death,
20 whatever it was, it was pandemonium. 400 kids in
21 one year in New York State die of a heroin overdose,
22 and we're all sitting here trying to figure out what
23 to do about it.

24 After my son passed away, I started a
25 foundation in his memory, Dan's Foundation For

1 Recovery. And I help kids who want help. And let
2 me tell you something: If there is an animal in
3 need anywhere on Long Island, I will have that dog
4 or cat safe, in a medical facility, and taken care
5 of by the end of the day.

6 This past Monday, I spent an entire 8:00
7 clock a.m. to 5:00 p.m. trying to get one kid who
8 wanted help into a facility. And I, by the grace of
9 God, was successful. But it is just so hard. I
10 have kids that call me and they are ready to go. I
11 want help. Okay. Well, are you withdrawing? No.
12 I'm not. I am not withdrawing. All right, well, I
13 have to sit there and make them drink a beer before
14 I can get them into a rehab facility, because if you
15 have alcohol in you, they'll have to take you in.
16 And it is just insane.

17 When I get these calls, I feel so defeated
18 already and frustrated because I can't get them the
19 help then and now. When a kids says they want help,
20 if my son said I want help, I would want somebody to
21 say, Danny, I'm going to help you now, we're going,
22 let's go. And I did try to do that with my son and
23 I drove around all night one night and got nowhere.

24 And here I am today just to -- very
25 frustrated because these kids, when they say, Dori,

1 I want help, I need help, I want them to get it now
2 before they are dead. Because in three hours from
3 now, they're going to go and use, and they're going
4 to die. So, thank you for having us, and listening
5 to our plight.

6 SENATOR CROCI: Thank you, Dori.

7 KAREN ALLAR (ph): Hi. My name is Karen
8 Allar (ph). And I lost my daughter Samantha, 23
9 years old, January 20, 2013. Her killer was -- she
10 died of a heroin overdose. Her boyfriend at the
11 time was a professional, is a professional drug
12 dealer. He has 29 arrests in Suffolk and Nassau
13 county. He has just recently arrested again within
14 a year ago, and already out on the street.

15 New York State has very severe laws for drunk
16 driving. I think the laws should be more punishable
17 to the dealers. He's walking the street and
18 somebody else is at risk of dying.

19 But also awareness. I agree with the
20 elementary school, hands off heroin. And the sober
21 houses and the mental health, it should be dual
22 recoveries with mental health issues as well as
23 heroin. And a lot of them don't have that. That's
24 it. Thank you for the opportunity to hear us.

25 SENATOR CROCI: Thank you.

1 JOSEPHINE GHIRINGELLI: Thank you. I speak
2 as a mom who lost her son. This is the face of
3 someone who has trouble with this addiction.

4 Once this hits their body, they change. They
5 are a mere shell of who they are. You don't know
6 who they are anymore. They don't know who they are
7 anymore. My son passed six-and-a-half years ago.
8 This is an actor. This is a singer. This is a
9 person who was in his community, who loved children,
10 who was a good person. From what I see, this is
11 six-and-a-half years ago, there was not Narcan, I
12 wish there was. There was nothing. I begged
13 everyone.

14 I'm very active in the community and know
15 many, many people, and this is something that
16 affected him and we did not know where to turn. On
17 every aspect, the police department, calling them,
18 and we do need education in every area. This is a
19 good kid. This is a child who comes from parents
20 who love him and adore him and there is not
21 addiction in the family, not that that matters.

22 But, people need to be educated that these
23 are good people, that these are individuals who are
24 loving and caring and contribute. And the education
25 that is out there, only too often people are turning

1 their heads because they say, not me, no, not me.
2 No, not my family. Well, it does happen in so many
3 families that they have no idea of what is going on.

4 I do the James Ghiringelli Memorial
5 Scholarship fund at the high school that he went to
6 every year. I sat down with the music director
7 yesterday and I said, what can I do? How can I, you
8 know, how are these kids doing? This was a big part
9 of James's world. And I felt that this is something
10 that would bring the goodness, a goal for a child to
11 achieve.

12 But she said, well, you know, Josephine, I'm
13 not exactly sure how, but the kids, they don't
14 understand the concept that they could die from
15 this. They are getting people, these dealers who
16 come everywhere to the school, to the house,
17 everywhere. When my son was in a so-called safe
18 house, he called me and said, mom, there are more
19 drugs here than you can imagine. Everything from
20 everywhere. You have to get me out of here.

21 So people need to know what is really
22 happening out there. We need for -- from the top
23 all the way to the parents to understand and care
24 about our children. They are dying every day.
25 Every day, our boys and girls are leaving this

1 world. And we need to do something about it.
2 Somebody needs to listen, somebody needs to hear
3 about these children who are good kids. I thank you
4 very much.

5 SENATOR CROCI: Thank you very much.

6 [Applause]

7 SENATOR CROCI: Senator Murphy.

8 SENATOR MURPHY: Josephine, ladies, ladies,
9 before you leave, first of all, thank you so much
10 for being courageous and telling your stories up
11 here today. But I would just like you to let you
12 know, up until last year, it was illegal for school
13 nurses to administer the lifesaving antidote Narcan
14 on school premises.

15 See my colleagues up here? They fought tooth
16 and nail to get it in our one-house bill. You have
17 these guys to thank. Also, we made sure that all
18 first responders, up until last year, it wasn't
19 mandatory that they have the Narcan kits. But we're
20 not big fans of unfunded mandates. We funded it
21 because we come down over the top, we actually
22 funded it and did the right thing.

23 So, to your point about the Narcan, it is the
24 lifesaving antidote. We get it and we're trying to
25 get it out there. But I just want to say, thank you

1 for being courageous and coming up here today.

2 SENATOR CROCI: We have one other, Senator
3 Phil Boyle.

4 SENATOR BOYLE: Very quickly would like to
5 thank these ladies for coming to testify, and to
6 know that your personal tragedies have been turned
7 into something positive, and you know through your
8 advocacy what you have done over the years and of
9 course, Karen, Samantha, your daughter, Stevie
10 worked in our office, your other daughter, and
11 Samantha's sister, that started the whole thing.

12 Stevie lost her sister, she told me, I went
13 to the leader of the State Senate and we started the
14 first Task Force, and since then there has been 25
15 hearings, countless hours of testimony, and it all
16 started with Samantha.

17 [Applause]

18 JOSEPHINE GHIRINGELLI: I want to say one
19 last thing. When I've been listening and hearing on
20 the news about the Narcan, I'm so appreciative for
21 that. They do grab hold of the Narcan, I'm hearing
22 so much more of the effects once the addict gets the
23 Narcan, rather than the wonderful effects that it
24 does. So we really need to elaborate on that. They
25 do need this, this saves their lives. Thank you.

1 [Applause]

2 SENATOR CROCI: The State Senate has, with
3 the counties and with the state health has been
4 doing Narcan training and so many of your local
5 communities are doing it. It is a Band-Aid. It is
6 because we know that there is hope and this is a
7 treatable disease, that we want to keep that person
8 alive so we can get them into recovery. Get them
9 into treatment and detox.

10 So we know it is not the solution, it is to
11 get us -- it is triage. In medicine you have to
12 triage and keep the individual alive to get them
13 into treatment, and we're doing some Narcan training
14 today down at Sable Community Ambulance directly
15 following this hearing. And we invite anyone who
16 would like to attend to please attend.

17 Next we have Steve Chassman, the President of
18 the Long Island Council on Alcoholism and Drug
19 Dependence, better known as LICADD.

20 STEVE CHASSMAN: Good afternoon, Senator
21 Croci, Senator Boyle, to all the Senators. Thank
22 you for having us today.

23 An opportunity to present, it seems like
24 every time an executive director at the Long Island
25 Council on Alcoholism and Drug Dependence gets the

1 unfortunate opportunity to report, and you'll hear
2 from the prior executive in a few, that in 60 years
3 of service, as LICADD was founded in 1966, every
4 time I step to a podium, I get to say, last month
5 was the busiest month in 60 years.

6 So, when Dr. Reynolds and I started
7 together in 2008, LICADD having offices in both
8 counties, were seeing about 450, 500. Last month,
9 so that's March, in 2016, we saw just about 1,200
10 people come through our offices.

11 Now, the good news is we have developed
12 programs. LICADD was among the first to do Narcan.
13 We have trained over 4,000 people in both counties.
14 We have great partnerships with both county
15 governments, including Executive Bellone and the 24
16 hour line where LICADD has been on call for four
17 years, 24 hours a day. We've just partnered with
18 Suffolk County.

19 Here is the problem: We can field the phone
20 call at 4:00 in the morning, engage that person,
21 have them come in or speak to them again at 8:30.
22 Regrettably, even with our partnership with
23 communities of solution, OASAS licensed facility,
24 there are waiting lists across the board. And if
25 there happens to be a bed available, I'll mirror

1 what everyone else here has said, that the insurance
2 companies with the fiduciary interest in treating
3 opiate addiction or policy substance users, as we
4 say in field, what is that? My drug of choice is
5 whatever you got.

6 Clearly, the focus today, as it needs to be
7 on heroin and other opiates, but allotting six days
8 of inpatient behavioral health for the addiction to
9 the most powerful narcotic on the face of the
10 planet, is like you got a better shot of winning the
11 Indy 500 with a pair of roller skates. It is just
12 not going to happen.

13 So not to make light of the situation, but we
14 have heard it across the country, we have heard it
15 out of the White House. I did hear the national
16 drug policy director, Mr. Botticelli, say our
17 biggest mistake, we're treating a progressive
18 chronic illness on an increment by increment fee for
19 service basis. And, of course, people going back to
20 the same, in some cases, dysfunctional families,
21 dysfunctional communities, dysfunctional peer group
22 where drugs are rampant, and we expect monumental
23 change.

24 So, access to treatment, obviously continuing
25 to look at the insurance companies, and some of our

1 treatment modalities on how -- I like what father
2 Frank said. I mean, 90 days is minimum. Eight
3 months until you can have some semblance of clarity.

4 On the front end of this, education and
5 prevention. This is -- we have not seen such a
6 monumental shift in American society since the turn
7 of last century. We called that time the industrial
8 revolution. The digital and technological
9 revolution is putting anxiety and stress levels, not
10 just for adolescents, but for most of us and we're
11 the professionals, unbelievable amount of stress.

12 Maybe there is no coincidence that we're
13 being inundated with stimulation at a rate that we
14 have never been seen that the nation is addicted to
15 pain killers. They are looking for synthetic or
16 pharmaceutical relief.

17 So teaching coping skills, wellness, health
18 management, how to manage stress. Not 45 minutes in
19 the fall because LICADD speaks to 30,000 student as
20 year, 81 different schools on Long Island. But 45
21 minutes in the fall and 45 minutes in the spring is
22 not going to do it. Because, you know, I don't know
23 about you, but I feel I hand wrote applications in
24 11th grade for college.

25 Now, there is eight-year-olds poised in a

1 highly competitive world and we're seeing anxiety
2 disorders, we're seeing depression, suicidality.
3 And of course, a whole host of unhealthy behaviors
4 coming about in adolescence or pre-adolescence at a
5 rate that we have never before seen.

6 So education and prevention, treatment
7 dollars, so important as they watch their older
8 brothers and sisters go through this. You'll just
9 afford me some latitude. Don't call it a wish list.
10 But things that for a 60-year-old not for profit on
11 the front line of the crisis, these are not so much
12 wishes as they are imperative.

13 If we're going to turn the corner on this
14 epidemic, continued education for medical
15 prescribers, not just for opioid prescribers, but
16 Benzodiazepine, like Valium, Xanax, Clonopin being
17 widely abused. I don't know if irony is the right
18 word, but heroin withdrawal, you'll wish you were
19 dead, but it won't kill you. Xanax withdrawal will.

20 And young people are taking them at a rate we
21 have never before seen, and they do bring with it a
22 life threatening withdrawal. So for all
23 prescription medications.

24 Integrated public health and community
25 education and prevention models for schools.

1 Healthcare professionals. You know, more and more
2 as we see in healthcare the cuts that come down from
3 the federal and the state and the county, I mean,
4 you have one school district with one school social
5 worker, and at the height of a crisis.

6 You know, I'm not a public educator. I'm a
7 healthcare professional. But more and more we hear
8 from school districts that there is one social
9 worker or two social workers for three schools.
10 They are inundated with need. Sober high schools.
11 Sober dormitories. We're behind the -- we're behind
12 nationally with this.

13 We are seeing young people catapulted into
14 the muddy end of the playing field of substance
15 abuse disorders, which is American an APA diagnosis.
16 Yes, we're engaging them. Yes, we're getting them
17 to treat innocent, but we're not supporting them in
18 the long-term recovery.

19 Sober high schools and sober dormitories in
20 Long Island or New York State colleges and
21 universities are so very important.

22 Narcan. We continue to do with Suffolk
23 County we've partnered. We do a soft follow-up. If
24 you're interested in exploring the 24, 48 or 72-hour
25 hold, if you experience a near fatal overdose, and

1 you're revived via Suffolk or Nassau County or
2 New York State First Responder to have an allotted
3 time to gather your senses.

4 Most people don't know this about Narcan, but
5 when you inject them, you put them into automatic
6 withdrawal. If you do not transport them to a
7 hospital and give them bio-psychosocial treatment,
8 they have no choice, because of the physical
9 sickness, to go home and inject the same drug that
10 nearly killed them to avoid flu-like symptoms for
11 five days. So, we need to do more aggressive
12 follow-up.

13 Also the systematic reinvention of the
14 current fee for service pay structure. I can't
15 stress that enough.

16 And the last piece I want to talk about, and
17 unfortunately we're seeing it raise its head in both
18 of our offices, young people today, this new
19 generation of injection drug users who were in
20 diapers or zygotes or not even conceived in the
21 '80s and '90s when we said don't share needles.
22 So hepatitis C, HIV, other infectious diseases.

23 We are missing the boat on education and we
24 will see, as we are seeing, the resurgence of
25 infectious disease. We need to do more, whether it

1 is state run syringe exchange programs or community
2 education and prevention around infectious disease
3 and transmission education.

4 Ladies and gentlemen, thank you for your
5 time.

6 SENATOR CROCI: Thank you very much.

7 [Applause]

8 Steve, very well said. And 1956, I know very
9 well about your founding and your long history.
10 That was the year that my uncle "Brink" Smithers
11 achieved sobriety and founded the Long Island
12 Council on Alcoholism and Drug Dependence, and some
13 of that early work, some of that foundation that's
14 been laid is what we're now dealing with the heroin
15 crisis and opioid crisis on what we learned about
16 primary prevention education, which was so much of
17 the thrust of the Long Island Council in the early
18 days when it was just the Long Island Council on
19 Alcoholism.

20 So I want to thank you for continuing that
21 long tradition of that organization. I think he
22 would be very proud. And I think it's quite a
23 testament that all of your hard work has kept an
24 organization alive with your predecessor, so that
25 now we have the tools and the resources to deal with

1 some of the consequences of the disease. Thank you.

2 [Applause]

3 With that I would like to introduce Reverend
4 Michael Staneck, the Pastor of Trinity Lutheran
5 Church.

6 REV. MICHAEL STANECK: Thank you. Good
7 afternoon and thank you for inviting me and letting
8 me speak, Senator Boyle, Senator Croci and other
9 Senators here as well. Although I'm looking at the
10 panel, it looks like the week after Easter. It
11 starts -- the less and less people up there as the
12 afternoon goes on that come and --

13 SENATOR CROCI: Battle of attrition right
14 now.

15 REV. MICHAEL STANECK: I'm somewhat humbled
16 to be here this afternoon as well. I'm kind of new
17 into this formal atmosphere of the heroin epidemic
18 and drug addiction. Although from a family and
19 personal standpoint, addiction goes way back for me,
20 and so it has been something that's been very
21 personal to me and to my family.

22 About a year, a little over a year ago, we
23 started to get involved with a planning to go out
24 and meet our neighbors. Simple, go knock on the
25 door and say hi. We've only been here for 87 years,

1 but we want to get to know you. And as we're doing
2 that, and asking them what were the concerns in the
3 neighborhood, they came up with a number of issues.

4 But the biggest issue for us, at least for me
5 personally, was the drug addiction epidemic and the
6 heroin epidemic specifically. And so we brought
7 together members of our congregation, but also
8 reached out to government officials, elected
9 officials, school officials, community leaders, and
10 said what can we do and how can we put something
11 together for our community at the most basic level
12 to reach and to start to help.

13 And so we invited a speaker to come in,
14 someone who was a former NBA basketball player and
15 college basketball player. I know that touches your
16 heart there, Senator Boyle. And I even have my
17 basketball sneakers on for you this afternoon.

18 But, he came in and spoke. And as we
19 gathered together and the involvement and energy
20 that we got from the community showed how the
21 faith-based institutions can work with the
22 government, can work with the schools, can work with
23 our communities to bring everybody together. And as
24 we started doing this, there was a comment that if
25 you get somewhere up to 300 people to attend this

1 event, it is a free event, this will be one of the
2 largest events that have ever been held in this
3 area. We had over 600 people come that night on a
4 cold night in January. They came out to hear a
5 speaker, and it was just raw emotion. People who
6 were there were family members, as I have here this
7 afternoon, who have lost people to drugs and other
8 addictions. As well as people who have been in
9 recovery for 30 years. As well as someone who is in
10 the midst of their recovery and was with their
11 sponsor that night just to hear and just to try to
12 share and understand what they are going through and
13 how can this be help for them.

14 And so through that, what I have challenged
15 my congregation to do is to continue to be involved
16 with our community, continue to be involved with our
17 schools. I serve on the Islip Drug and Education
18 Awareness Task Force. And I want them and my
19 congregation, my laity, to be involved in the
20 community and see where we can help to serve there,
21 to also be involved in other organizations, Hope
22 House, Talbot House, Jake Conan with Cathy, who have
23 I have gotten to know as well to be involved there
24 where we can help in those who are recovering.

25 And also to look beyond. We have a -- we're

1 part of the Lutheran Center for world Relief. And
2 how can we help villages in Mexico that are
3 producing these farms for opiates and growing this.
4 How can we do something to make their villages
5 better and give them better opportunity economically
6 that they would go away from growing a drug that
7 they want to transport to the United States and do
8 something else.

9 So that's the challenge that I have for them.
10 My hope here, as I speak, is that we can find a way,
11 and you can find a way for us to interact on a
12 regular basis. Faith-based organizations are very
13 important. We are touching people. We're touching
14 them on a weekly basis. We are there as they are
15 crying, in pain, in the hospital. And as we're in
16 the funeral homes with them. We are interacting
17 with families, and so we know what they are going
18 through.

19 And we really don't want to be there in that
20 situation. We want to be able to, you know, share
21 joy with them, and hope with them, which is really
22 why I have gotten so involved in this is. I have
23 told my congregation and I tell everyone, I believe
24 in life.

25 And life means from the womb to the tomb and

1 it means everything and it means keeping people live
2 at every stage.

3 So Narcan keeping people alive is such a
4 wonderful addition to the fight to keeping life and
5 keeping people alive and -- but I want to just touch
6 on what I just heard as well.

7 One of the struggles here is that someone
8 attempts to commit suicide and they are held for a
9 period of time because you don't want to send them
10 back into the streets. Yet we're sending somebody
11 who has just been given Narcan in the emergency room
12 and we're sending them right back out into the
13 street to again feed themselves at the most
14 vulnerable time.

15 So hopefully this state can continue to look
16 into that, whatever it is. 72 hours to me should be
17 a minimum. And I'm hoping that the State continues
18 to look at that as well.

19 So I appreciate your asking me to be here and
20 I can share some thoughts with you, and thank you
21 for your attention.

22 SENATOR CROCI: Well, thank you for all the
23 work that you do in the community on a daily basis.

24 You're right, government can't do it all and
25 the organization asks the professionals that you

1 have heard in this room and the not for profits that
2 have been able to sew together the seams and we
3 appreciate it. Thank you.

4 REV. MICHAEL STANECK: You're welcome, thank
5 you.

6 [Applause]

7 SENATOR CROCI: Next is Toni Marie DeFelice,
8 Catholic Charities, the Talbot House.

9 TONI MARIE DeFELICE: Good afternoon. I have
10 my five minutes.

11 SENATOR CROCI: Go right ahead.

12 TONI MARIE DeFELICE: I was going to share
13 this, but I was on my way here and I was late for my
14 five-minute testimony time because I got a call from
15 Judith Raimondi. She's from Lindy Cares and she was
16 working with a family.

17 SENATOR CROCI: Could you step up to the mic.

18 TONI MARIE DeFELICE: Oh, boy. The nephew
19 had been taken out of an overdose by a Narcan by a
20 police officer. And as Steve said, when they come
21 out of it, they go in instant withdrawal. So I
22 guess he flailed around and he punched the cop. So
23 he's in jail now. And they were asking for my
24 assistance in getting him in treatment, and they are
25 calling me because they know that Talbot House is

1 all roomy and inclusive, and one of the things she
2 said is, can't you text the commissioner. And it
3 went through my mind for about a minute, but I
4 didn't. I'll get him after.

5 But him as the example that I want to use of
6 how I'm looking for your assistance in collaborating
7 better with the treatment centers and the
8 politicians and the police to better assist them, so
9 this Chris F. isn't behind bars, instead he'll be at
10 a place like Talbott House.

11 And I also want to talk about medically
12 monitored withdrawal and stabilization. That's what
13 Talbot House is, and you have I think 14 left in the
14 state of New York. And it is totally deficit
15 funded.

16 That lady that was speaking before about
17 having the son she drove around in a car all night
18 trying to find treatment, a place like Talbot House
19 is 24 hour admissions. Deficit funding means that a
20 person like her son wouldn't be told no because he
21 was too high. He wouldn't be told no because he
22 wasn't in withdrawal too bad. He wouldn't be told
23 no because his insurance wouldn't pay. He wouldn't
24 be told no because he didn't meet the ten criteria.

25 So I just want to ask you to consider

1 continuing funding those deficit funded programs
2 that provide the type of treatment that the opiate
3 addict needs when they, that small window, how small
4 is that window? It is about the size of a pin when
5 they say help, we're ready and we can achieve the
6 goal of getting them into treatment. That was
7 short. Thanks for letting me share.

8 SENATOR CROCI: Thank you very much. Next we
9 have, and we're running about nine minutes behind.
10 I apologize. But I think that the testimony we have
11 heard was worth the extra time. John Coppola from
12 the New York Association of Alcoholism and Substance
13 Abuse Providers.

14 Thank you for being with us.

15 JOHN COPPOLA: You're very welcome. Thank
16 you, Senators. I want to say first thank you for
17 the work that you did to significantly increase the
18 resources that are in the budget that was just
19 passed. And I want to really kind of talk a little
20 bit with the five of you and your peers about next
21 steps.

22 At numerous hearings that the Task Force
23 conducted over the course of the last several
24 months, one of you would say that "x" amount of
25 dollars was not enough to address the issue. So I

1 heard the number \$100 million, I heard the number
2 \$50 million. And those are numbers that have never
3 been uttered before, at any of these kinds of
4 meetings.

5 And I would like to suggest for a moment that
6 one of the things that you can do is to continue to
7 say things which would have seemed to be irrational
8 a year or two or three ago.

9 You know, talk about as an advocate, people
10 would say to me, John, you have to make sure that
11 anything that you say, you know, passes the laugh
12 test, right. The laugh test. And, you know, just
13 how disconnected from reality must you be in order
14 to suggest what you just suggested, right. And I
15 would like to suggest that on some level the Task
16 Force has very successfully pushed the envelope.
17 You have moved the conversation to a different
18 place.

19 The governor is indicating that this will be
20 one of his top four priorities for the remainder of
21 the session. There would be nothing better than
22 seeing the governor, the speaker of the assembly and
23 the majority leader in the Senate trying to outdo
24 each other to adequately address this issue.

25 And I would like to suggest to you for a

1 moment, what we're not going to do in the next
2 several weeks, is add a whole lot more resources to
3 the budget. Every word that you say, from this
4 point forward, is setting the stage for the budget
5 the governor will propose next October.

6 So we have the ability right now to comb
7 through the notes of this session and every other
8 session that you have conducted and to ask
9 yourselves the question, what are the missing
10 pieces? What are the missing pieces in rural
11 communities, suburban communities and urban
12 communities? And they are all different.

13 And how do we string together a continuum of
14 services that make sense and at the same time you
15 can insist that we're producing really good
16 outcomes.

17 It is completely and totally unacceptable to
18 hear that if you have a cat with a broken leg or an
19 abandoned dog that we can find a shelter for that
20 dog within 24 hours, and some mother has to go, you
21 know, stand on her head in the middle of traffic to
22 try to get attention and try to get their son or
23 daughter approved. That is so completely
24 unacceptable.

25 And I have all the confidence in the world

1 that every one of you understands that and can do
2 something about it. Senator Boyle talked about his
3 personal experience with one of his staff people,
4 moved him to a degree that he talked to the speaker.

5 And I want to thank Senator Murphy, Senator
6 Ortt, and Senator Amedore for setting up a meeting
7 during session before budget with Senator Flanagan.
8 And Senator Flanagan, at that meeting, made a
9 commitment to deal with this issue at the leadership
10 level.

11 So what we're not going to do at this issue
12 is push it down to a committee where people fight
13 over \$15 million. We'll keep the discussion up at
14 the leadership level, which is, where it belongs.
15 This is a conversation that warrants the governor's
16 attention, and he's indicated that he will be paying
17 attention to it, and it warrants the attention of
18 the speaker and the leadership.

19 And it was this Task Force that I think
20 pushed to keep that at the leadership level. And
21 Senator Flanagan was receptive. He was very
22 genuine. He spoke from experience from his
23 constituents, and he did an excellent job and he
24 made a promise that we will keep that at the
25 leadership level.

1 So I would just like to suggest to you that,
2 moving forward, that you really think a little bit
3 about, and again, I said at one of the hearings up
4 in Albany last year, none of you were around when
5 the system that we have right now was created, so
6 you don't need to defend it. The governor was not
7 governor when the system that we have right now was
8 created. He doesn't need to defend it. And the
9 same can be said of most of the folks in the
10 Assembly.

11 So it is absolutely the case that we should
12 be closely scrutinizing exactly what we have
13 available for prevention, for treatment, and for
14 recovery supports. And, I think that all of you
15 could draw up a blueprint for what we should have in
16 our schools and what we should have in our
17 communities.

18 All of you could draw up a blueprint, which I
19 am absolutely certain would include treatment on
20 demand, it would include people being able to stay
21 in treatment for as long as they needed it. It
22 would include support for families, et cetera.

23 I have no doubt that you know all of the key
24 ingredients and you've heard it from the people that
25 have spoken here. And, I would like to also

1 suggest, frankly, that if you have the courage to
2 make these proposals that are out of the box, and if
3 you have the courage to not worry about the laugh
4 test, right, all of the people standing behind me
5 will absolutely be behind you.

6 There is nothing, I mean, the mothers and the
7 fathers and the family members that are organizing
8 themselves on Long Island and all across this state,
9 have a powerful, powerful voice. AVI (ph) is real
10 in Buffalo. We're learning who these people are
11 we're learning about their families. We can see
12 their children in our minds when we are talking
13 about these issues. So, they will have your backs.
14 The treatment community will have your backs. The
15 prevention people will.

16 So, we really implore you to take a
17 courageous step and really to be able to sort of
18 talk to the governor about what his ideas are, talk
19 to the Assembly. This is clearly a non-partisan
20 issue.

21 So, again, I want to just, I think I'll end
22 there. I wanted to just maybe pick up on one point,
23 because I think it was a good example a woman who
24 spoke here from Talbot House a little while ago.
25 She mentioned 14 crisis centers. There are crisis

1 centers in the state that were at one point probably
2 called sobering up homes, right. And these are the
3 places where people went instead of going to jail.
4 They have the opportunity to instantly create
5 additional capacity for detox in communities.

6 There are treatment programs across the state
7 which have space, where if we were flexible about
8 regulations, they could easily add some new beds,
9 without adding a lot of cost, right. So, you can
10 ask those of us to do prevention treatment or
11 recovery supports what are some creative ways that
12 you can instantly give us additional capacity and
13 additional services, so that folks will have an
14 easier time getting to services. We have that
15 responsibility to work with you, and look forward to
16 doing it.

17 SENATOR CROCI: Thank you very much, John.
18 Appreciate your testimony.

19 [Applause]

20 Next is Dr. Jeff Reynolds, he's the
21 director of the Family and Children's Association,
22 and somebody well-known to the chair.
23 Dr. Reynolds.

24 [Applause]

25 Dr. JEFF REYNOLDS: Thank you for having me

1 today. It would be real easy for me to spend my
2 entire 10 to 15 minutes talking about what good you
3 guys have done and a lot of really good stuff has
4 happened in the past couple of years, and we're
5 very, very thankful.

6 But there's a lot more that has to happen.
7 And I know that more has to happen because the
8 overdose fatalities continue to increase here in
9 this region, in an unrelenting kind of way. The
10 numbers of folks coming through our doors continues
11 to increase day after day.

12 The number of arrests, by every available
13 measure, we know the problem is getting worse and
14 worse by the day. And I think one of reasons that's
15 happened is we haven't yet connected all of the
16 dots.

17 Early on in this hearing you mentioned
18 alcohol and the potential legalization of marijuana.
19 And even if we don't legalize it, the shifting
20 attitudes about marijuana, that in the context of a
21 heroin crisis, that somehow booze and pot are okay.
22 We have to connect the dots for young people to help
23 them to understand the connection between alcohol,
24 marijuana and other drugs. We should be doing that
25 in an age appropriate way starting in kindergarten.

1 And when we look at what's happened with the
2 advent of common core, many, many districts believe
3 they no longer have the time or energy to do
4 anything that isn't teaching to a test. Precisely
5 at a time when we're putting more stress on kids
6 than ever before.

7 And although we have tried to communicate the
8 importance of so-called discretionary activities,
9 like substance abuse education, they don't get it.
10 And so there ought to be a statewide standard for
11 evidence-based prevention education, K-12. And the
12 State Department of Education ought to be enforcing
13 that in a very concrete and focused way.

14 [Applause]

15 When we talk about substance use, we often
16 separate out the conversation around mental health,
17 and part of the reason we got to this point today is
18 because in this state, we have dismantled, because
19 of payment systems, mental health services for young
20 people. We took away a whole bunch of stuff and we
21 replaced it with nothing.

22 And we know that when young people have
23 anxiety, depression or other mental health symptoms,
24 and they don't access care, they find a way to make
25 those feelings go away, which is why my

1 organization, we're seeing 12 and 13-year-olds using
2 heroin. And that is not their first drug. It is
3 because they started smoking pot and drinking, in
4 some cases with the approval of their parents,
5 either tacit or explicit, at the age of nine and
6 ten.

7 And so we have got to take a look at mental
8 health services and begin to connect the dots
9 between mental health and substance abuse disorders,
10 especially among young people. We pushed and got
11 the I-STOP Bill passed.

12 One of the deals in getting I-STOP passed was
13 the physician education piece came out of the bill.
14 We all looked at it and said, we've got to shut off
15 the free supply of opiates into our communities. So
16 we'll deal with prescriber education later. And
17 that has not served us really well, because I still,
18 each and every day, hear about folks leaving doctors
19 and dentists offices with handfuls of scripts or
20 handfuls of pills. We've locked up the bad guy.

21 99.9% of the prescribers throughout would
22 never do anything illegal but they still do dumb
23 things because they don't understand how this thing
24 works. And so if you do nothing else for the rest
25 of session, go back and clean up the issues around

1 prescriber education. We need it now more than ever
2 before.

3 [Applause]

4 Virtually every -- everyone up here talked
5 about the reality that we need treatment on demand
6 and it has to be high quality treatment.

7 And when we talk about Narcan, I see a
8 growing backlash against Narcan. And while I have
9 my own feelings, sit in front of a family or sit in
10 front of an addicted person who has been given a
11 second chance because of Narcan and you'll learn to
12 appreciate really what the drug means to lots of
13 individuals and lots of families.

14 But I know of at least half a dozen cases in
15 the past six months where somebody was revived with
16 Narcan, brought to a local hospital, and in two
17 cases hospitals very local to where we stand right
18 now, and in one hour were skipping back out to the
19 parking lot with the family in tow saying how could
20 this be an hour later? And they are dead of
21 overdoses before the clock strikes midnight.

22 So we saved them. We got them to an OASAS, a
23 safe place. The families were like, finally this is
24 my chance for change. And the kid winds up dead
25 before the next morning. That's got to stop. And

1 if that means that we look at a 72 hour hold
2 provision in the law, then absolutely, it is
3 absolutely time for us to do that.

4 I'm tired of explaining to parents who say to
5 me, isn't there a law where if my kid is a danger to
6 himself or others that I can have him 2-PCed and in
7 an institution. And I'm on phone trying to explain
8 to them the ridiculous difference between mental
9 health law and substance abuse law.

10 And it sounds ridiculous, and it sounds
11 ridiculous because it is. These kids are a danger
12 to themselves and others and we have got to address
13 this head on. I will tell you, five years ago I
14 didn't think that way. Five years ago I talked
15 about practically how will we do this and what about
16 the civil liberties implications. That all goes out
17 the window when kids are dying, and they are left
18 and right.

19 I wanted to mention the issue of the budget.
20 And I have been going to Albany for a really long
21 time. Each and every year we went to Albany we were
22 told, not this year, there is not a lot of money
23 around. But this year, there's a lot of money added
24 to the budget. Almost \$30 million in new money.
25 Thank you, thank you, thank you.

1 But please, make sure that the state agency
2 responsible for getting the money out the door
3 actually gets the money out the door, and make sure
4 that each of your districts gets its fair share.
5 The money in the budget doesn't save lives until it
6 is on the ground and working on behalf of our
7 programs and working on behalf of communities. So
8 please, stay on top of it. Talk about how you
9 fought for it. And make sure that it gets out the
10 door and into our communities.

11 And finally, we talked about prevention. We
12 talked about treatment. And let's not forget about
13 recovery support. We're the only major metropolitan
14 area in the United States without a recovery center.
15 How come? We have no recovery high schools, as you
16 heard before. I happen to chair the oversight,
17 Sober Home Oversight Board in Suffolk County, and
18 everything that's been said about sober homes that
19 are anything but is on point. These are ruthless
20 operators who are collecting DSS checks left and
21 right.

22 [Applause]

23 Families believe that this is an appropriate
24 next step right after treatment, and you have got
25 kids, day and night, dying in these so-called sober

1 homes. New York State OASAS said they don't view
2 these sober homes as being part of the treatment
3 continuum and they can't regulate them. Make them
4 regulate them.

5 Recovery is a part of this entire process.
6 And so you have done a lot of good stuff. But
7 there's more that has to be done. Find a way to
8 link prevention, access to good quality treatment,
9 and recovery support as part of a seamless
10 continuum. That's what will get us out of this
11 mess, and quite frankly, that's what is going to
12 position us for the next drug that comes along.
13 Because as soon as we proclaim the heroin crisis
14 over, there will be something else, and God, I hope
15 we're better prepared to deal with it. Thank you.

16 [Applause]

17 SENATOR CROCI: Thank you, Dr. Reynolds.

18 [Applause]

19 SENATOR CROCI: Next is Dr. Simon Zysman,
20 Employee Assistance Resource Services, Inc. Doctor,
21 thank you for joining us.

22 Dr. SIMON ZYSMAN: Good afternoon, Senators.
23 I'm Dr. Simon Zysman. I'm President of Employee
24 Assistance Resource Services, Inc., acronym is EARS,
25 located in Smithtown, New York. EARS is an OASAS

1 licensed medically supervised program, with
2 ancillary withdrawal services, licensed since May of
3 '86.

4 I will be presenting about the benefits of
5 outpatient ambulatory detoxification treatment for
6 patients suffering with the disease of opiate
7 addiction, and the role that it can play in dealing
8 with the current heroin epidemic.

9 When an opiate addicted patient is discharged
10 from inpatient detox after three to five days, they
11 are still in moderate to mild withdrawal and at high
12 risk of relapse because opiate detox without
13 medication takes four to six weeks.

14 In order to prevent relapse, the patient
15 needs to be immediately referred and admitted to an
16 ambulatory detox program such as EARS. Ambulatory
17 detoxification programs have the ability to expand
18 and contract in order to meet the growing demands of
19 the current heroin epidemic.

20 Approximately 60% of patients in moderate
21 withdrawal currently are admitted for inpatient
22 detox treatment. However, these patients in
23 moderate withdrawal can be successfully treated in
24 an ambulatory detox program without ever having to
25 go inpatient. This result is dramatic reduction and

1 cost.

2 Ambulatory detox allows the patient to live
3 at home and to continue working with minimal
4 disruption to their activities of daily living.

5 Medication assisted treatment is a big part
6 of the service that we provide. Buprenorphine is
7 frequently used to treat opiate addiction in the
8 EARS program for the following reasons:

9 To treat mild and moderate withdrawal
10 symptoms, stabilize mood for patients suffering from
11 dopamine deficiency syndrome, reduces cravings for
12 opiates, prevents relapse, increases energy, reduces
13 mild to moderate pain from withdrawals, fills the
14 void produced by dopamine deficiency syndrome,
15 reduces suicidal thoughts and suicide attempts due
16 to dopamine deficiency syndrome.

17 It also allows the patient to resume
18 relatively normal functioning at home and at work.
19 The following is a testimonial from a patient
20 describing his ambulatory detox treatment experience
21 at ears over a period of three weeks.

22 "Over the last month, I have been going
23 through a major transition both physically and
24 mentally. Last month, I was a slave to Vicodin.
25 Everything that I had planned, thought of, and my

1 daily activities revolved around whether or not I
2 had Vicodin pills. Even my dreams had pills in
3 them. Now I feel free of this. Vicodin is no
4 longer part of my life. I'm not scared of running
5 out of Vicodin pills. My life has changed
6 drastically. I feel great. I'm not tired. I look
7 forward to the rest of my day. I have already
8 completed many projects that I indefinitely put on
9 hold. I look forward to tomorrow. I feel like I
10 have been reborn."

11 These are the comments. While under the
12 influence of opiate pills, this patient found
13 himself get more addicted and out of control. His
14 entire existence revolved around drug seeking
15 behavior from the time he woke up in the morning,
16 until the time that's went to bed.

17 With the help of treatment, he has regained
18 self-control. He no longer feels like a slave to
19 his drug. Now when he gets up in the morning, his
20 primary pre-occupation is what am I going to have
21 for breakfast. Drugs no longer control and dominate
22 his life.

23 The change in him is easily noticeable to
24 anyone who knows him, cares about him. That
25 includes people who knew about his opiate addiction,

1 his wife, and parents, as well as people who were
2 not aware of his addiction. He's no longer
3 experiencing the following symptoms: Elevated
4 pulse, chills and flushing, excessive sweating,
5 restlessness, pain in bones and joints, nose
6 running, eyes tearing, vomiting, diarrhea, nausea,
7 tremor, stomach cramps, yawning, irritability, and
8 goose flesh.

9 He's now able to function like a relatively
10 normal human being, and is being more productive in
11 the workplace, and at home.

12 Government regulations currently limit the
13 number of patients that an MD can treat. For
14 example, 30 patients per month for the first year.
15 And 100 patients per month subsequently with
16 Buprenorphine also known as Suboxone.

17 But government regulations do not restrict
18 the number of patients that an MD can treat with
19 opiates. This policy limits the number of patients
20 that can be treated in outpatient treatment for
21 opiates.

22 This also limits our ability to deal with the
23 current heroin epidemic. This government policy or
24 limiting the number of patients that an MD can treat
25 with Buprenorphine needs to be corrected as soon as

1 possible as this heroin epidemic continues to
2 escalate, out of control. I want to thank you for
3 allowing me to present to this very important Task
4 Force. Thank you.

5 SENATOR CROCI: Thank you very much, Doctor.

6 [Applause]

7 The next is John Javis from the Advanced
8 Health Network. We have two speakers left.

9 JOHN JAVIS: So the Advanced Health network
10 represents 20 providers on Long Island and in
11 New York City. In addition to my professional role
12 here today, I can also share with you personally,
13 that due to opioid and other behavioral health issues
14 that, my wife and I have found ourselves in a rather
15 unexpected position of raising my wife's
16 five-year-old granddaughter, my step granddaughter,
17 in our home for most of her life.

18 As we have borne the financial and emotional
19 costs of providing a loving home to this child in
20 spite of the danger and dysfunction, chaos and
21 trauma caused by opioids and behavioral health
22 issues.

23 All of you know that New York has embarked on
24 a very aggressive campaign to reduce Medicaid
25 spending by reducing emergency room use and by

1 reducing hospitalizations, and I am not exaggerating
2 when I say the opioid crisis, which obviously tends
3 to increase ER use and hospital use, has potential
4 to cause these efforts to fail.

5 And the governor and DOH and insurance
6 companies need to hear that very clearly. So we
7 make four recommendations. The first involves, and
8 several people today have spoken about the need for
9 insurers to insure an adequate held length of stay.
10 We're actually doing some of this work.

11 This care project helps people engage in
12 treatment following hospital discharge. These are
13 folks that tend to have substance use, behavioral
14 health issues, and most often brought to the
15 hospital for an intentional suicide attempt using
16 opioids or heroin.

17 We're seeing people discharged prematurely.
18 They are still craving substances and still
19 experiencing mental health symptoms and very often
20 discharged homeless. These folks go right back to
21 using. They wind up back in the hospital and are
22 readmitted.

23 You should also be aware in New York City,
24 when someone is admitted to a facility for a
25 substance use issue and they are discharged, in 40%

1 of the cases they are right back in the hospital
2 within a month, 40% readmission rate in New York
3 City.

4 The second involves substance use housing,
5 and again several speakers today have mentioned
6 that. OASAS in New York State need to invest in a
7 system of tiered housing similar to what's offered
8 by the New York State Office of Mental Health.

9 While these, you know, formats of housing can be
10 rather expensive, when you look at the overall cost
11 in terms of services, hospital use, emergency
12 personnel and incarceration and law enforcement,
13 providing decent housing would actually lower those
14 costs.

15 The third involves peer support. As New York
16 State increases funding for opioid treatment we
17 strongly feel that peer support should be a strong
18 component of that, and I think that County Executive
19 Bellone mentioned peer support as well. I was
20 personally involved in starting in New York State
21 and Long Island the PFC Dwyer Project to provide vet
22 to vet peer support.

23 We know that peer support works with various
24 populations and reduces health costs, and we think
25 that should be a priority.

1 And the third involves abuse deterrent
2 opioids. We strongly support efforts by the CDC to
3 limit the amount of opiates prescribed in the first
4 place, and to educate prescribers and to actually
5 see addiction as a side effect that is less
6 desirable, right, than the pain itself. And as Jeff
7 Reynolds mentioned, if someone goes to the dentist,
8 maybe they get a two-day supply of opioids, not 30
9 with two refills.

10 And if those opioids are prescribed, we do
11 support the passage of New York State abuse
12 deterrent opioid bills sponsored by Senator Hannon.
13 So if we're able to reduce the amount of opioids
14 prescribed and make those prescribed tamper proof,
15 we think that's another tool to help this effort.
16 Thank you.

17 SENATOR CROCI: Thank you very much,
18 Mr. Javis. Mr. Nick van Breda from Washington
19 Heights Corner Project.

20 NICK van BREDA: Thanks for having me, guys.
21 To be perfectly honest, I wasn't expecting to speak
22 today. I was told that there was no room for me,
23 but -- so you will have to forgive me lack of
24 preparedness.

25 What I will say though is, we've talked about

1 treatment and access to treatment. I have worked
2 with people who use heroin and other opiates for
3 about 13 years, and this ranged from working with
4 school kids to people -- to elderly people. And one
5 thing that I can say, the road to treatment is a
6 very long one, and sometimes it takes, you know,
7 many times, many, many, many times going into rehab
8 and out of rehab. I don't see a failed rehab
9 attempt as a failure at all. It is actually one
10 step closer to someone, you know, becoming fully
11 recovered.

12 And it is what we do in the time between
13 someone, you know, someone's addiction and that the
14 real work needs to be done. And I work at a needle
15 exchange in northern Manhattan, in Washington
16 Heights. And every day I see people who use heroin,
17 and many times we try and get people into treatment
18 and they can't get there. Someone mentioned it
19 before.

20 With injecting drug use, which is what people
21 who start taking opiate pills often eventually end
22 up doing is injecting those drugs, and if people
23 don't have access to clean needles, there's a very
24 good chance that they are going to have HIV or HEP-C
25 at some point. The work that I do has seen me do, I

1 do what I call online outreach. There are internet
2 forums where people and opiate users share stories,
3 and I go in there and educate people and I try to
4 get people in contact with places where they can
5 access clean supplies. And one of the things that I
6 see every day is a lack of access to clean needles.

7 And when people can't access them, or when
8 there is laws that prevent them from carrying them,
9 what tends to happen is that they use the same
10 needle over and over again, or they'll share a
11 needle. And I feel that at the moment, we have this
12 generation of young injecting drug users who weren't
13 there at the dawn of the HIV epidemic, and those
14 people don't necessarily know the risks of injecting
15 drug use, particularly the HEP-C and HIV risk.

16 And if we don't fund those grass roots
17 organizations, those services that are on the
18 frontline, then we may very well be looking at
19 another HIV epidemic and something that I very much
20 don't want to see. And I thank you for your time,
21 guys and I'll be in contact later.

22 SENATOR CROCI: Thank you. And again, if
23 anyone would like to provide written testimony, we
24 would be very happy to take that. I'm told that we
25 have another speaker, and that is Mr. Anthony

1 Rizzuto from FIST. No? Yes? Okay.

2 ANTHONY RIZZUTO: Thank you, Senators, thank
3 you for doing this. Thank you for the opportunity.
4 You know, when you're up here, Number 27, there has
5 been so many really good things said, a lot of the
6 stuff that we would have said. So I will try to
7 maybe touch on some things that weren't said, just
8 emphasize something that was.

9 So this is not a simple solution. This is
10 not a single problem. It is a multi-pronged problem
11 and it requires a multi-pronged answer. I'll start
12 off by saying that people that struggle with the
13 disease of addiction are not bad people, they are
14 sick people that need help. Let me just put that
15 out there.

16 When we're dealing with addiction, I think
17 the first thing I got to take a look at is
18 accessibility to the drug. I had somebody say the
19 other day, why is it so easy for me to get dope and
20 so hard to get recovery? Why is it that I can't get
21 into treatment?

22 So to me, the accessibility piece to the
23 drug, and I know it and I heard Commissioner Sini,
24 and I'm really glad to hear the different things
25 they're going to do. But I think one of the areas

1 that I didn't hear spoken aren't -- and I would
2 encourage you to take a look at is online. I mean,
3 I can't tell you how many people I have heard go
4 online, where can I get drugs? Where can I get
5 heroin? We somewhere to take a look at that and do
6 better. Craigslist people going on. That's one
7 area, the accessibility to drugs.

8 The second part I would say is the
9 prevention. In the area of prevention, you know,
10 putting a crash car out in front of a school is not
11 prevention in and of itself. Not a bad idea. But
12 in and of itself, it is not going to get where we
13 need to get. Jeff Reynolds talked about some good
14 stuff. What I would say is something to think
15 about, a couple of things:

16 I recently did a piece for a German
17 station, and they told me that in Germany they only
18 prescribed opiates and opioids for end of life and
19 for cancer. And when you look at how easy it is
20 over here, and they also talked about not allowing
21 this to put commercials on t.v. for opioids.
22 Something to consider.

23 What our kids are exposed to, when we talk
24 about prevention, besides curriculums coming into
25 the school, what our kids are exposed to, what they

1 get to see on t.v. I think is very influential to
2 them. So I would consider something along those
3 lines.

4 Also, I would say that, in regards to
5 treatment, I'm a person that works in the treatment
6 field. I'm a credentialed alcohol and substance
7 abuse counselor and a licensed social worker. And
8 what I'll tell you is that it is sad that, when a
9 person finally comes to the point and they don't get
10 there easy, all right, I'll go, I'm ready to get
11 help, to hear that you can't get them in.

12 And I'm one in the know, I'm someone who is
13 connected and I'm someone who can make phone calls
14 and know the director of all of the programs.

15 So what happens to the average mom of the
16 19-year-old that finds a syringe in the drawer? How
17 do they navigate the system? So I would say that
18 there is a couple of things that need to happen.

19 First, bed availability needs to increase.
20 The amount of beds that we have, that has to
21 increase. Tony DeFelice talked about the crisis
22 centers and maybe that could be something that we
23 can take a look at. That could be kind of like
24 Mercy New Hope in Nassau County where they get acid
25 forfeiture funds to be able to do 24/7 admission,

1 which is what they are already doing at Talbot
2 House, but maybe being able to expand it.

3 A lot of us are doing this work. I'm the
4 Executive Director of FIST. We're all volunteers
5 and we do everything that we do with zero money from
6 county, state, or government. And that's okay. For
7 a while, it is okay, as long as I don't burn
8 everybody out. I have an advisory committee and
9 I'll tell you what, I have about 10 or 15 moms and
10 dads that lost their kids that roll up their sleeves
11 and say, what can I do? They want to be the part of
12 a family navigator. I know somebody, and we get
13 people connected with peer support.

14 In terms of the treatment, I'll tell you one
15 of the biggest issues that I see, who is going to
16 pay for it? The insurance companies? They are
17 denying people left and right to be able to get
18 either detox or either get rehab. If it is pain
19 killers or heroin, most of the times you're being
20 denied. And when you do get approved, they are
21 giving you limited time.

22 You have heard mention from a few other
23 people. In the past, when a person was addicted to
24 heroin, we were giving them somewhere between eight
25 to 18 months worth of treatment. Now, when we get a

1 person into rehab, at five days they are starting to
2 talk about putting them in outpatient and put them
3 on Suboxone. That's pathetic.

4 We're dealing with one of the most powerful
5 drugs in the world that people are addicted to
6 today, and we have such limited time to be able to
7 work with them. So, I would say that in the area of
8 treatment, we had gone for PA Act 106 last time
9 around. We did, with the help of Senator Boyle and
10 the Senate, we did get 11 Bills passed and it has
11 made a difference, but nowhere near where we need to
12 be.

13 The fact that so many people are waking up,
14 you know, with one child missing in their home,
15 we're failing. And this is unacceptable. We can't
16 continue to do this.

17 And I know I'm kind of preaching to the
18 choir, because you guys have done some really good
19 stuff. But the fact of the matter is that change
20 has to happen, and when we can't get people in the
21 treatment, and when we can't keep them in to
22 treatment, I think that we have a problem. The
23 results speak for themselves.

24 And I'll fly through some last things in the
25 area of recovery. You heard Steve Chassman talk

1 about the high schools and the colleges. I have two
2 kids. My son was doing great. Goes to college,
3 he's exposed to all of this stuff. Why do I got to
4 deal with that? Why is it that, while they are
5 under my roof those first 18 years and we got a hold
6 on him, and we send them away to school and they are
7 infested, infested the schools. So I think that
8 there should at least be some options for people
9 that did want to take, make a choice to go to a high
10 school that was a sober high school, or a college.

11 Lastly, I'll talk about to me what is true
12 and dear to my heart is the families. You know,
13 we've never really looked at, we take a family
14 system where addiction is active, and we identify
15 the patient, and we send them away to be fixed.
16 Meanwhile, the family had been living with active
17 addiction for the last ten, 15 years. That whole
18 family needs to recover.

19 But what do we do? We take the person and
20 send them out to get fixed, and then we bring them
21 back into that same system. And I encourage the
22 fact that we take a look at providing services for
23 families, because the reality of it is that, the
24 family work that I have been doing, I can tell you
25 that there is no guarantee that when a family goes

1 through their own recovery, that the identified
2 patient is going to recover. However, their life
3 gets better, and their odds improve.

4 That's what I'll tell you. Thank you for
5 your time.

6 SENATOR CROCI: Thank you. And we have our
7 last two speakers to wind up are going to speak
8 together, and that's Linda Ventura and Kim Revere.

9 KIM REVERE (ph): I just wanted to -- my
10 name is Kim Revere, Kings Park (inaudible). I
11 have just a suggestion because I do belong to
12 communities of solution too. We have that resource
13 list, the OASAS approved list. I made a suggestion
14 to the Police Commissioner's Office. I thought that
15 it would be a really great idea to have that list
16 available on every police precinct so that anybody
17 who needs it can just walk into a police precinct.

18 But I also believe that it needs to be
19 available in emergency rooms of every hospital.
20 Because I know as a parent, myself, my son used for
21 ten years, and he's got -- Thanksgiving was one year
22 clean and he's doing wonderfully. However, I
23 remember being that parent, like not knowing where
24 to go.

25 And I have worked for the County. I work for

1 DSS, but if there was something, and that way they
2 could just walk into an emergency room, they could
3 get the list, and more important, they could have
4 that number to LICADD, they can make that telephone
5 call, and boom, that would be so easy.

6 SENATOR CROCI: Okay, thank you. Good idea.
7 Sir.

8 IRA CASTEL (ph): Yes, good afternoon. I'm
9 Ira Castel from Port Jeff Station. I'm also on the
10 Family Advisory Committee of FIST, Families In
11 Support of Treatment that Anthony spoke about.

12 First of all, I would like to welcome you
13 here, Senator Murphy, Senator Ortt, you know, and
14 you as well, Senator O'Mara, coming all this
15 distance, we appreciate it. This way it saves us
16 one less trip to Albany to come and knock on your
17 doors. But we'll be back anyway, because, sadly,
18 this problem is not going away.

19 As Dr. Reynolds so articulately put it, it
20 is getting worse. It really is. Just yesterday,
21 you know, somebody I know in recovery, you know,
22 reported two friends just yesterday, on the heels of
23 being at a wake of a young man who was found behind
24 a shopping center, maybe not directly an overdose,
25 but an overdose death in my book because he was

1 unfortunately caught up in the disease of addiction.

2 And that's what we're talking about here, as
3 significant and profound as this disease is, the
4 heroin and opioid epidemic is severe and we're
5 talking about the disease of addiction.

6 And we are talking about something that is
7 going to require a multiplicity of approaches, and I
8 know a lot of the gentlemen on the stage here have
9 been making that effort. And as Anthony said, I
10 don't want to preach to the choir nor do I want to
11 talk too much about the problem, because we know
12 about it. We know about it all too well on Long
13 Island.

14 Literally every single day an additional
15 family wakes up and belongs to the club that FIST
16 started, Families In Support of Treatment, people
17 who are seeking help but also have lost loved ones.

18 Every single day we have 350 overdose deaths
19 between Nassau and Suffolk County, so we know this
20 problem all too well. But what do we do about it?
21 We know some of the things that you have done. We
22 have supplied the Good Samaritan 911 Bill, we passed
23 I-STOP, and we've done a lot of good things.

24 But there is much more to be done, and I
25 don't want to take too much time. I'm mindful of

1 how long we've been here today, but I want to come
2 up with a couple of ideas, echo a few that have
3 already been mentioned, but throw out a couple of
4 new ideas that I've been thinking about and see if
5 they kind of run them up the flag pole and just kind
6 of food for thought.

7 First of all, just in general, as an
8 overview, the OASAS budget is literally just two
9 thirds of one percent of the entire operating budget
10 of the State of New York. I'm a taxpayer in this
11 state. Everybody you see here is a taxpayer. We
12 know this problem.

13 If the governor and the State Senate leader
14 and the Assembly speaker have identified this as a
15 crucial aspect that they want to address, I dare say
16 two-thirds of one percent of the state operating
17 budget does not identify this as a priority in this
18 state.

19 And I demand on behalf of all of the people
20 who have lost loved ones, including myself, the
21 memory of my nephew, David Aaron Castel who passed
22 away from this disease nine years ago, we need to do
23 more. We're obliged to do more. And the fact of
24 the matter is, we can do more.

25 So how do we make that more of a priority?

1 First of all, I appreciate the \$25 million that you
2 appropriated this year as additional funding, but we
3 can and we should and we need to do absolutely much
4 more, totally on the 72 hour hold.

5 I mean, I contacted, five or six years ago,
6 contacted Senator Lavalley's office and talked
7 about the Marchman Act in Ohio, Florida and Hawaii
8 where they have five days, not even three. But we
9 have to make hospitals accountable when we bring
10 somebody in.

11 As you aptly put it, Narcan can is simply
12 triage. We are dropping the ball and we are
13 committing, perpetrating an absolute horrible future
14 for people setting them back on the streets without
15 anything.

16 I have some heart condition issues. If I
17 went in today with chest pains, there is not a
18 hospital on Long Island that would refuse me
19 treatment or say, gee, you need to be sicker, I
20 don't see you turning blue yet. Okay, they are
21 going to take me in, they are going to hook me up on
22 machines and they'll say what they can do for me.

23 I have had people literally in the throws
24 of -- because they are not in withdrawal, they go
25 out and use, but they still want help. So a guy

1 says to me, he's high, you can take me to a place.
2 Can I go to a detox center? I'm saying no.

3 And somebody mentioned here, and I don't know
4 if it is Chassman who mentioned, that you get
5 flu-like symptom. You're not going to die from it.
6 You only wish that you could.

7 I ask any one any of the gentlemen on the
8 stage to go and experience somebody who is dope
9 sick. It is horrible. It is not flu-like symptoms.
10 You would rather jump off of a building or drive
11 nails through your forehead. So this is something
12 that we have to show compassion to people. If they
13 want to help, we need treatment on demand in this
14 state. Period, end of story.

15 [Applause]

16 A couple of things, Terry couldn't be here.
17 She was here earlier. She had an idea that we
18 discussed in Senator Murphy's office along with
19 Senator Ortt about the idea of having the Department
20 of Health distribute and issue health proxies to
21 hospital rooms and to other places where, if you
22 come in for a Narcan revival or, in some of these
23 Narcan trainings if you have a child who is clear
24 headed enough and they are willing to sign over a
25 proxy, because when they are active and they are

1 using, they are not going to give that you
2 opportunity. But if you get them while they are,
3 you know, somebody is intervening, that is something
4 that could be done.

5 And I know we discussed it and Terry wanted
6 to talk about it today, but she had to go back to
7 work. Sober high schools, absolutely.
8 Massachusetts is one-third the population of the
9 state of New York and they have five sober high
10 schools in Massachusetts. We have one that's just
11 done on a private rehab center. It is not even a
12 public education facility. So we have zero for 19
13 million people. That is just insane that we can't
14 make that a project through BOCES and fund that.

15 The other idea I had is, you know, I hate to
16 talk technical but, you know, OASAS is working with
17 trying to employ SBIRT, which is Screening, Brief
18 Intervention and Referral to Treatment evaluations
19 through the hospital systems of New York State. We
20 need to demand that all hospitals employ that
21 process.

22 And I think we should train, require that
23 school nurses are trained in SBIRT. And I'm a
24 little old, I'll date myself, but I know from
25 physical education we used to have to see a doctor

1 on a yearly basis to go through PE and they would do
2 an exam, so a -- not even the most pleasant of exams
3 if you remember.

4 But, nonetheless, school nurses should be
5 trained in SBIRT and we should have an evaluation
6 process on a yearly basis, every year, every child
7 should be screened so that we can have that early
8 intervention.

9 I think we ought to have drug courts in every
10 county in this state. Every county ought to find a
11 way to fund a drug court, because it is sometimes
12 the first line of intervention for people to get
13 into recovery. You know, this is not a criminal
14 justice problem. We're not going to arrest our way
15 out of it.

16 But it does have a role to play along with
17 what the sheriff does in Massachusetts. I know in
18 Albany they have started a program where the sheriff
19 there tries to connect people to treatment
20 immediately, doesn't arrest them, and give them the
21 option to right into treatment. And we need to
22 expand those things.

23 One or two last things, I will take this off
24 line later, but I'm concerned about the passage of
25 Senate Bill S-6778, and 6779 which passed 59-2. And

1 this was a law that would allow nursing homes to be
2 exempt from the e-prescribing system. And it was
3 also a bill that would allow doctors who prescribe
4 25 prescriptions or less of opioids to be opted out
5 of the e-prescribing.

6 I think there were a lot of implication which
7 I have written up that people did not recognize.
8 What I'm most concerned about is that there was not
9 a proper dialogue between us. I'm asking you to
10 take the message to Senator Amedore that we need to
11 have, you know, you guys have been on our side big
12 time for years now.

13 But the same Senate that passed prescriber
14 education 61-0 came back and passed a bill that kind
15 of doesn't help the situation. So I am not
16 concerned about the bill itself, which I believe the
17 governor is going to veto. I'm concerned that we do
18 not have the communication or recognition that the
19 alcohol and substance abuse people should have been
20 in on this, and our groups, all the stakeholders,
21 have been included in this process and we need to
22 team up together as we have been doing. So I'm
23 concerned that we missed the mark on that one.

24 And finally the last concept that I spoke
25 with Bob Lindsay about today, yes, we do need to

1 make the budget an important part of your
2 priorities, and what we can intent in the state, but
3 I'm also mindful of the fact that we collect
4 millions of dollars in this state through the bottle
5 law that gives us a nickel on every soda can and
6 bottle that we have, and that creates a funding
7 stream that's important to protect the environment,
8 you know, the environmental fund that we finance.

9 We need to find a funding stream that will
10 finance more beds, that will give more intervention,
11 and have community centers. And I have just a
12 passing thought which might have some problems, but
13 why are we not saving a half of a penny on every
14 vial that we distribute across this state. There's
15 millions and millions of these vials that need --
16 that we can kind of bring some money in and also
17 have a reclaim process that would allow the pharmacy
18 companies to also contribute to bringing back the
19 medications and not putting it on the police
20 departments or me to come in and do that.

21 But to somehow connect the pharmaceutical
22 companies, which are making billions of dollars.
23 The reality is the United States of America has five
24 percent of the world's population but we consume
25 over 80 percent of the opioids. How is that not a

1 problem?

2 And that just winds up the final point. We
3 need to pass prescriber education despite whatever
4 the opposition is of MSNY and some of the other
5 organizations, but thank you for listening.

6 SENATOR CROCI: Thank you very much. So we
7 have been here for three hours, three-plus hours,
8 and I think we can go on for another three-plus
9 hours because, listen, this is something that we
10 deal with in our daily lives.

11 And for somebody like me, first, I am proud
12 to sit on the dais today with my colleagues in the
13 Senate who, but for their intervention, particularly
14 the Chairs of the Task Force, there would not have
15 been this level of funding in this state budget this
16 year. I think the proposal by the governor was an
17 additional \$6 million, and we were able to get far
18 and above that, and we will continue to press next
19 year and the year after that and the year after
20 that.

21 We have sharp elbows, and we're not afraid of
22 a fight, and this is a fight of our lives. So,
23 Senator Murphy, Senator Ortt, thank you for coming
24 down and bringing the Task Force to us. Senator
25 Boyle, Senator O'Mara, I can't tell you how much it

1 means to have you both here. I'll end on this:

2 Most kids, when they were little in their
3 teens, got to go to Disney world. When I was a kid,
4 I went to detox centers, lock boards, treatment
5 facilities all over the East Coast and the West
6 Coast because of my family's involvement in this.
7 One of the things that I remember most profoundly
8 was two conversations, one conversation with Dr.
9 Ernest Noble who in the late '89s and '90s
10 discovered the pleasure gene, the A1 allele of the
11 gene which we call the gene for addiction, and
12 developed a DNA test kit for it.

13 And what I learned there is, some people who
14 look at a piece of art, or listen to a piece of
15 music and they are moved by it, they have a movement
16 in their body. They are truly impacted by that.
17 And there are other people who don't. And the
18 people who don't, who have a deficit of that
19 pleasure gene, tend to be the ones who have trouble
20 with addiction. And these are inherited traits and
21 these are inherited genes.

22 Our goal today in bringing the Task Force
23 here is to recognize that this is a respectable and
24 treatable disease. As I said when we started, if I
25 were to ask who were the diabetics in the room or

1 the cancer survivors, I think there would be people
2 who would get up and be very proud that they are.

3 If you have -- if you are in recovery, you
4 should not only be proud that you're in recovery,
5 and cherish every day of your recovery, but you
6 should also know that you have strong arms around
7 you, both at the elected level and in other levels
8 and I'll end with this:

9 Bill W, Bill Wilson, who many in recovery
10 know that name, did a recording -- this is the other
11 thing I got to do when I was in my teens is listen
12 to recordings of Bill Wilson. And he said that the
13 hope for the alcoholic, and he was talking about the
14 alcoholic and the addict, I would extend it, there
15 is great hope, because again, the same mind that has
16 this propensity for addiction also has the
17 treatment. It requires honesty and requires, went
18 on to 12 steps.

19 But he also said there is a very slim, slim
20 population that will not get well, and that is
21 because they will never achieve that honesty. And
22 that honesty is so important in recovery, but the
23 honesty is also important in the community to
24 recognize that we have a problem and that we need to
25 confront it.

1 And I appreciate you being here to be part of
2 what I hope is a solution in the years to come.
3 Thank you very much.

4 [Applause]

5
6 (Whereupon, at approximately 2:13 p.m., the
7 public hearing held before the New York State Joint
8 Senate Task Force on Heroin and Opioid Addiction
9 concluded.)

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