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

TO EXAMINE THE ISSUES FACING COMMUNITIES

IN THE WAKE OF INCREASED HEROIN AND OPIOID ABUSE

Knights of Columbus
1305 86th Street
Brooklyn, New York 11228

February 26, 2016
2:00 p.m. to 5:00 p.m.

PRESIDING:

Senator Martin J. Golden, Sponsor

Senator Terrence Murphy, Chair

Senator George Amedore, Jr., Co-Chair

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SENATOR GOLDEN: Welcome to our Heroin Task Force and -- discussion and hearing, and giving the opportunity for our communities and our community leaders to see what we're doing, and how we're doing it, across this state to help families and to help those that are addicted, and to cut down on the amount of deaths that we're seeing across this state.

Just in the city -- just right in this community we've lost about 6 kids in the last 8 to 9 weeks, from the areas of about 17 years of age up to 35 years of age.

As a member of this State Senate Task Force on Heroin and Opiate Addiction, I want to thank my co-chairs for coming down, one from Albany, and both of these guys came from Upstate New York. And I want to thank them for coming.

You know, we just got out of Albany late last night, and they had a whole host of things to do this morning, and they still managed to get down here, and I want to thank them, and that's Terrence Murphy from the 40th District, and George Amedore, Jr., from the 46th District which is up in Albany.

Give them a round of applause, ladies and

gentlemen.

[Applause.]

SENATOR GOLDEN: It was their genius, and the genius of our leader, to get this Task Force started so that we can go across this state, and to recognize the needs of our communities and to deal with those issues.

Being part of this hearing today, but more importantly, for their dedication, for the efforts to make the difference in the war on prescription drugs and heroin.

We did a big thing with prescription drugs two years ago -- or, three years ago, as a matter of fact, that goes into effect this month, is the I-STOP, which is the registering of prescription drugs, by computer, with the Department of Health and with the pharmacies, so that we can put a stop to the oversubscription (sic) of opiates, such as Vicodin and other drugs that are being -- of course, used to kill our kids across this great state.

Kids and families recognize that this law was in effect.

It really hasn't been, to the fullest extent. It actually goes into the full extent this month.

So what it did is, they drove -- many of the

children and many of the kids across the state, and this drug has killed from 11 years of age up to 80 years of age, and past.

So, it went through the medicine cabinets and they got those drugs, and then there was nothing left, and then they went to heroin. And heroin is six, seven, eight dollars a bag, and one hit on a 14-, 15-, 16-, 17-year-old kid that weighs about 100, 110 pounds, two hits, three hits, that kid is addicted.

And, unfortunately, it's a very high-potency heroin, and it's not only killing them, but it's keeping them addicted. I've seen kids going into programs three, four, five times, still come out.

We lost two doctors' kids here, I'm not going to go into the names of the doctors that lost their children here over the last two months, but they were 24 and 27 years of age, and both of them heroin overdoses. And one of those children had been in a program three times.

We have kids here that have taken the Narcalan (sic), and they've taken it three, four, five, six times.

And that's not just here, but that's across the state, and across the nation.

But you're in one of the top counties in this state, Staten Island being probably number one, Westchester possibly number two. You guys got a better break than I do in Nassau County. And then we're probably somewhere around three or four when it comes to the opiates and continuing with the heroin deaths and overdoses.

The heroin, opium, epidemic is destroying lives, families, in our communities and the city and our state. Heroin does not discriminate against race, religion, or economic status.

As I pointed out, we lost two doctors' kids in the past two months.

Anyone can fall victim to this deadly grip.

And each day here in New York we are being flooded with the dangerous drug, and this flood of heroin coming into and going out of New York City has surged in the highest levels of more than two decades.

Working as a New York City Police Department -- working with the New York City Police Department and the Kings County District Attorney's Office, we have made arrests, and undercover investigations continue.

Just not -- this past week, down on

74th Street, between -- 214 74th Street, to be exact, there were arrests at that location, and at that location, they took out 2 people, with 200 milligrams of heroin and $60,000 in cash.

That -- so those two were arrested a week ago Saturday.

They have seized today -- across the communities here, they've seized hundreds across this city and state, pounds of heroin and hundreds of millions of dollars.

But despite the Herculean efforts of DEA, the drug-enforcement agents, our local law enforcement, loads of heroin find its way to our streets, right through these phones.

They pull up, it's like Chinese takeout or getting food delivered to your home, whether it's pizza, whatever it is, it's the same thing with these phones. That's where the heroin is coming, right to the door, being delivered. They go to pull up right in front of a fire hydrant, guy gets in the car, they go around the block, they make the transaction, they let the kid out at the corner.

It's that simple, and it's that pervasive, and, unfortunately, into the hands of desperate users and addicts.

The sad reality for many of that is that they could be their last fix.

It's a -- you know, the kids, they get into programs and have the fortune to be able to get to a program, into a program, and go through a program.

"But by the grace of God go I," is one of the sayings that they have within those programs.

He or she were fortunate enough to get into that program, and to get some spirituality, to get some physical training and some mental training, and to get themselves back into society.

But, unfortunately, some of them fall right back into the trap. And because they go back to the people, places, and neighborhoods that they hang out in, and their friends are still addicted to it, so they wind up going back with their friends, and they wind up getting back into the addiction.

And this is what's killing many of these kids.

We have many good organizations out here that are working with us, to help us get these kids into programs, and we have many good educational programs.

And we have to do more.

And you're going hear about that today, and

we're going to hear from you, and, we're going to do the best we can.

In my district, there's, unfortunately, a high number of people that have lost their lives, and have been hospitalized, and are currently addicted to these prescription drugs; but mostly the heroin. Heroin is the biggest issue today in this community.

The Senate has responded to the heroin and opiate problem by passing pieces of legislation sent to the Assembly, to assist on the war on drugs.

And, hopefully, the Assembly will do the right thing and pass this legislation, send it to the Governor, get the Governor to sign it, and let it become law.

The Rockefeller drug laws were taken out back in 2009, 2010. There was a change in government in the state of New York. It was a Democratic Assembly, a Democratic Senate.

Today we have a Republican Senate, a Democratic Assembly, so there's a balance here in this great state.

But when they did that, they did away with the Rockefeller drug laws. Great idea, we didn't want to put these poor kids in jails for 20 years,

30 years. But we never thought about the weight, the weight of those drugs.

When they changed those weights, or let those weights be what they are, that's what's causing this epidemic that we have here today.

We have to change the laws here in the state of New York if we want to save our children and give our kids back to their families and give them the opportunities that they need.

And we need more money for programs so we can get our kids into these programs so that they can live and that they can survive.

Expanding the crime of operation -- of operating in a major trafficking is one is -- is Bill Number S.4177, which is sponsored by Senator Murphy, which helps strengthen the laws relating to major drugs.

And, establishing crime of homicide by sale of opiate controlled substance, known as "Laurie's Law," S.4163. I think we passed that last week, right, in the Senate?

Facilitating the conviction of drug dealers, S.100, sponsored by Phil Boyle, our colleague in Long Island, allows someone to be charged with the crime of intent to sell if he possess 50 or more

packages of a Scheduled I opium derivative, or possess $300 or more worth of such drugs.

Why would you be allowed to have 150 or 200 bags of this heroin, and not be charged with felonies and put into jail for it?

It's crazy. It's absurd.

Improving safety and judicial diversion programs, S.1901, sponsored by Senator John Bonacic, another one of our colleagues in upstate, and requires a Court to determining a defendant's eligibility for a judicial diversion program for alcohol and substance abuse.

I keep on calling it "upstate." My colleagues are going to laugh at me.

It's the mid-Hudson.

But everything outside of New York City to me is upstate.

Preventing the sale of synthetic drugs, sponsored by Senator Jeffrey Klein, Bronx and Westchester, this would help combat the quickly-moving world of the designer drugs.

Expanding treatment --

SENATOR MURPHY: Just passed that one.

SENATOR GOLDEN: Pardon me?

SENATOR MURPHY: Just passed that one too.

SENATOR GOLDEN: Just got that, that's true.

Expanding treatment options for individuals in judicial diversion programs for opiate abuse or independence (sic), S.4239B, sponsored by my good colleague here Senator Murphy.

Establishing assisted outpatient treatment for substance-use disorders, S.631, sponsored by Senator David Carlucci from Rockland County, enables the Court to order assisted outpatient treatment (AOT) for an individual with a substance-use disorder.

We need that law.

Creating a Prescription Plan (sic) Medication Awareness Program, S.4348, sponsored by Senator Kemp Hannon from Nassau, creates a continuing medical education program for practitioners with prescribing privileges.

We got to reduce the number of prescribed pills that are going into our homes when it comes to opiates. We don't need 30-, 60-, and 90-day prescriptions filled with these types of opiates. 10 days, 15 days, 5 days, whatever we think that we're going to need for that illness or for that operation or for that sickness, that's what we should be giving. And then let them come back and

get another prescription if one is needed.

But we should not doing the large doses of the opiates that we are giving out today across the state, or were doing at one time.

I-STOP will put a stop to that, and it will also put a stop to the doctor-shopping, where you can get opiates at one pharmacy. Go to another doctor, he'll give you a prescription, go to another pharmacy. And then you go to another doctor, get another prescription, go to a third pharmacy.

This will put a stop to all of that, and has put a stop to it. And that's why heroin has become the drug of choice for many of our kids across this state.

Creating drug-free zones upon the grounds of drugs and alcohol treatment centers, S.4023, sponsored by Senator Dean and -- Skelos, and creates a drug-free zone, prohibiting the criminal sale of a controlled substance within 1,000 feet of a drug or alcohol treatment center, methadone clinic, similar to the drug-free zones of our schools.

Making Kendra's Law permanent, S.4722, sponsored by Senator Cathy Young, improves care for people with serious mental illness, and protects the safety of patients and the public by streamlining

and improving the New York AOT program, Kendra's Law.

And, criminalizing the illegal transport of opiate controlled substance, S.608, sponsored by Senator Boyle, further criminalizing the illegal transport of an opiate controlled substance when it's transported any distance greater than 5 miles within the state, or from one county to another county within the state.

Establishes the option for a youth suffering from substance-use disorder to be educated as a person in need of supervision (PINS), which has been around for a long time, S.3237, sponsored by Senator Jack Martins, provides parents with the ability to file a PINS petition in family court for a potential placement of one's child who is suffering from substance-use disorder into a substance-use program -- treatment program.

Kid gets to 18 years of age, we got a problem. All right?

So you want to be able to get -- and make sure that we can deal with these children before they become young adults. And when they become young adults, it becomes a major problem for their parents in trying to get them in. The kid doesn't

have to do that. The kid can do what he or she decides that she wants to do, or he wants to do.

So it's very, very trying for the family in trying to get these children into these programs.

And the kid's got to be ready for these programs. If they're not ready for the program, they're just going to repeat, and go back on the street and do it again.

In addition to the 2015-16 budget, provides extensive funding for programs targeting heroin crisis, including $7.8 million in funding for statewide prevention treatment and recovery service.

That would not have happened if this Task Force was not in place, ladies and gentlemen.

This Task Force is the reason that more money is being directed at this scourge. And this is a scourge. This is killing and tearing families apart.

450,000 to purchase Narcalan (sic) kits, to keep giving out by free individuals who participate in the Narcin (sic) training class -- Narcalan (sic) training classes.

And today we have a number of pharmacies in our community that will give you Narcalan (sic)for free. And you should have it in your home, just in

case.

Your kids are hanging out, you never know.

Kid comes over. The kids could be straight, one kid isn't. One kid comes in, one kid has the overdose. You have that Narcalan (sic) kit in your house to be able to save that life of that individual.

We don't know who's on it.

Your friends, that even -- that your children are bringing into the house.

Your friends -- they don't know if they're friends, in some cases, are using heroin.

That's what's going on in our schools today.

It is amazing how this is happening.

And, I have a particular case that I know of personally, where this happened. And it's just a shame that we're not prepared for it, we don't expect it.

We would never expect it in our own homes.

And, all of a sudden, pop, it can happen to any one of us.

Any one of us, our children can go astray, or bring in a kid, a friend, that is already under the use of this drug.

$140,000 to finance the cost of

Narcalan (sic) kits for staff nurse authorized to administer the Narcalan (sic) in the event of a heroin or opiate overdose in our schools.

And I could go on and on, but my partners and you would kill me if I continue to go on with all of these laws.

So what I'm going to do, is to give it -- an opportunity for my colleagues to open up, and to make their comments.

And then, of course, we have a number of people that will testify before us.

And, hopefully, at the end of this session, you will be at least somewhat more educated, and have more options than you had before you came in this room, and to understand that the State is taking this very, very, very seriously.

This Senator, Senator Golden, here in this community, is shocked, and is out there on a regular basis, on a number of kids that we have today that are addicted to heroin here in Dyker Heights, here in Bay Ridge, here in Graves End and Bensonhurst and Marine Park, and across our community here in Brooklyn and Staten Island, and across this city. The numbers are outstanding. You would never believe it.

Ladies and gentlemen, our good colleague-- who shall I go to? George?

SENATOR AMEDORE: Murphy.

SENATOR GOLDEN: Murph?

-- Senator Murphy, ladies and gentlemen.

And, I want to thank him for driving down here and for being part of this Task Force.

Please give him a round of applause.

And, Senator.

[Applause.]

SENATOR MURPHY: Senator Golden, thank you so much for the opportunity to come down to a part of Brooklyn that I've never been to. And I'm getting to know New York State.

Senator Amedore and myself had the opportunity on Tuesday of, 7:00 in the morning, I took off in my car and headed up from Westchester to Albany. And my good buddy here was able to throw me in his car, and we took off to Oneonta for a 12:00 meeting on Tuesday, and we had about a 2 1/2, 3-hour meeting at SUNY Oneonta, which was tremendous. Great, great presentation that was delivered by Senator Seward and ourselves.

And then we grabbed a little bite of lunch, and headed out to Penn Yan, which is out by Buffalo,

and we did another, about a 4-hour Task Force meeting out there.

And drove back into Albany.

And I would just like to thank my good Senator for the ride, and the safe ride back and forth. But -- and him traveling down from Albany today.

It is absolutely an incredible issue that we're dealing with.

To be able to come down here and say a few words is just an absolute honor and a privilege.

Knowing and hearing from the community around New York State, is -- it's just devastating what is going on.

The kids are -- and I say "kids," and I don't use that term facetiously, because some, literally, are kids, and like Senator Golden said, we have adults, they're, literally, dying.

And my background is, I'm a chiropractor, nutritionist, so I know a little bit about physiology and how this whole -- how the opioid works, and how the Narcan here works.

And what we had done last year was -- an intricate part, was to allow -- if you could imagine, school nurses, it was illegal for school

nurses to administer the lifesaving antidote Narcan on school grounds if they needed to.

That was illegal.

We switched that.

And not only did we switch that and allow them to (a) be certified in it and get them a kit, but we're not big proponents of unfunded mandates. We also funded that, close to a quarter million dollars, to make sure all schools in New York State have the opportunity to allow their school nurses to get certified and carry it.

Why they wouldn't, I don't know, but we're not here to shove things down your throat.

Also, is to allow all first responders to be able to carry the Narcan kit.

And the explosion that has happened, thank God we did.

In my district alone, I'm up in Westchester County and Putnam County and Dutchess County, and, just last week, we had a 20-year-old that was arrested under an initiative that we started up there, called the "Northern Initiative," and it was $30,000 cash, 562 bags of heroin. And, it was a 20-year-old, female.

And then her boyfriend had sold it to a young

kid, who the parents found up in his room, overdosed. Ran him to the hospital. On life support. Turned over the phone, tracked it all down.

And that's what -- you guys are doing a tremendous, tremendous job, our law enforcement.

And we are here to support you a million-and-one percent.

So there's -- this past Thursday -- what, I don't even know, what's today?

Today's Friday. Right?

So, last Thursday, 26-year-old in my hometown overdosed and died.

Yesterday, another 26-year-old male was caught through this task force, dealing, numerous times. Finally arrested.

So these are the kind of things that we are aggressively going after.

Some of the stories that -- a story -- I thought I had heard it all, until I went to Penn Yan and heard this lady's story that gave me -- literally, gave me the chills.

Devastating, losing a nine -- what was it, 9-month-old? or a 9-year-old? And her son in jail.

And it was just absolutely horrifying.

So we are here.

Senator Amedore and myself and Senator Ortt have been traveling New York State.

We will continue to travel New York State, to do whatever we have to do to (a) take the stigma off of this, because you have really, really good kids that just got caught up taking their prescription drug that was prescribed to them from their medical doctor.

I had the opportunity of going down to New Orleans this past summer to represent New York State in the pain management, opioid-overdose prevention, and listened to the other state legislators from around the United States.

And the number-one -- number-one thing that came out of that whole thing was the overprescription of Oxycontin, oxycodone, Percocet, the Vicodin; the prescription drugs that gets people started.

And so we've been trying to make a concerted effort of a Shed the Meds program, a take-back drug program, that we're getting law enforcement involved in, and a number of different initiatives that are going to try and take some of these drugs off the

streets.

So, I am here to listen.

It is an honor and privilege to be here.

If there's anything that we can do, or suggestions, because, obviously, we don't know all of what needs to be known, and we're here to listen to you and to get some more information, and then, eventually, come up with, our Task Force, our book that we will -- suggestions for New York State.

That's the whole idea of what we're doing here.

We will be going into Long Island within the next few weeks, and then back up into Westchester. And I believe we're going to be back up in Binghamton, I think, for Senator Ashkar (sic), or something like that.

So, thank you for the opportunity of being here today.

I look forward to a great discussion, and some suggestions that the panel would have for us.

Thank you.

SENATOR AMEDORE: Well, thank you, Senator Murphy.

I'm Senator Amedore, and I represent the 46th Senate District, which consists of

Montgomery, Schenectady, Albany, Greene, and Ulster counties; so it's a connection of the Hudson Valley and the Mohawk Valley region.

And when you look at that, it's kind of the Capital Region area, that we upstaters are no different than being here in an urban area.

And I want to first thank, Senator Marty Golden, and the Knights of Columbus.

I want to thank everyone who is in the audience today.

This is an issue that is not going away.

This is an issue that's not trending up or down.

This is an absolute crisis we have throughout the state of New York.

And to all of the speakers who will be testifying and sharing, thank you for taking the time out of your busy schedules, and having us learn more about the epidemic of heroin use, the overprescription of opiate and pain pills, to substance abuse, in general.

I am the Chairman of the Standing Committee in the State Senate of Substance Abuse -- Alcoholism and Substance Abuse, so I live, eat, sleep, this issue on a daily basis in Albany.

And, I echo the words of Senator Murphy, as we, literally, have been going around this state to listen.

So, with that, we know that we cannot arrest our way out of this problem to solve the problem.

We understand that it is a multi-prong approach to curtail, or to actually eradicate, this crisis or epidemic that we have.

And that multi-prong approach is, which I'm sure we're going to hear a lot of today, talking about prevention and advocacy, which will -- you know, the more we can educate everyone in the community, not just our students in schools, but everyone in the community, about the addiction problem and abuse of substances, it will help, to going and looking at our treatment options, and the treatment providers, and, Do we have enough beds? Where are they located? And what type of treatment is being provided, and is it working?

Engaging, and getting some sort of measurement of success.

To then going into the recovery phase, and making sure that we have the recovery services and the wrap-around services for an individual, and that peer-to-peer support, so that we know that someone

who we've invested in treatment, and we have try -- we're trying to help them get back on their feet, will stay recovered, and, kind of help them along their course of life.

And another prong is law enforcement.

So I'm so glad to see the captain here from NYPD.

And I'm sure that we have in -- the special narcotics prosecutor here from the city.

That the law-enforcement aspect is very important.

As Senator Golden mentioned, all of the important pieces of legislation that the Senate has introduced or passed, we are working on this.

So, I look forward to hearing from the great people of Brooklyn about this issue, so we can go back to Albany, finish up our report, and put forth some great initiatives that are going to help with this quality-of-life issue that is devastating every community in the state of New York.

So thank you for being here today.

I want to say, thank you (inaudible.)

SENATOR GOLDEN: Our first team here is law enforcement, and great leaders within their own rights and their own agencies and departments, and

are doing an outstanding job in trying to deal with the epidemic of heroin.

And one of the reasons we're here, is to make sure that we give the tools that these good people need to be able to go out there and do the job they need to do.

And we have, Bridget Brennan, the New York City Special Narcotics Prosecutor.

We have the Assistant Chief, Brian McCarthy, commanding officer of the New York City Police Department, Narcotics Division;

And, Captain Theodore Lauterborn, from narcotics, New York Police Department, borough of Brooklyn South.

Ladies and gentlemen, give them a round of applause, and give them a welcome here.

[Applause.]

SENATOR GOLDEN: Before they start, I know Pastor Ellerteem (ph.) is in the audience. I want to point him out.

Thank you very much for being here.

And I know Josephine Beckmann, from our community board, our manager, is here as well.

Give them both a round of applause.

Thank you very, very much.

[Applause.]

SENATOR GOLDEN: Which one of you lovely people would like to start?

Bridget?

Thank you.

BRIDGET G. BRENNAN: Good afternoon.

I'm Bridget Brennan. I'm the New York City Special Narcotics Prosecutor.

And I want to thank the Senators for your attention, for your dedication, to this issue.

There's much to be done.

The problem was long in the making, and we need all hands on in solving it.

So thank you very, very much for your dedication, and for listening to us today.

My office has citywide jurisdiction; meaning, throughout the five counties of New York City, on felony narcotics offenses.

We were born out of the heroin epidemic in the 1970s when heroin was a gritty urban problem, and, really, a problem that was a problem of the impoverished.

Now we're facing a much different situation. It's a problem that cuts across every demographic group.

I have been the head of this agency for 18 years.

I was a Manhattan assistant district attorney. I was brought on in 1983. I was a homicide assistant and sex-crime assistant during the sex -- or, during crack epidemic.

So I've seen this city through some really tough times, and I've seen it through some very good times, and I agree that we face a very daunting challenge.

What I would like to do is lay out for you the problem as I see it, and offer you just a couple of issues, a couple of problems, that we have really zeroed in on. And if you could focus on these two issues, I think you could do a lot to help us.

So, to describe the problem, I'm going to start in the post-2009 drug trends.

As Senator Golden pointed out, in 2009 we had a big overhaul of the drug laws. And since that time, much changed. Some of it had to do with the tools that law enforcement has had to address this issue, which has had, as I'll show you, an impact on the number of cases that are being brought, and an impact, really, on the number of people going to prison, et cetera, et cetera.

There is much good about that, but there are also some unforeseen, very problematic consequences that we're facing.

The other things that have happened since that time is, New York State came to the opioid epidemic, the prescription-drug epidemic, late, actually. We didn't come to it till after 2005, and so that problem fell on us post-2009.

In addition, heroin came on us like just a maelstrom.

The heroin is pouring over the southwest border. It's being produced both in Mexico and in Colombia, but the Mexican cartels now we see are primarily responsible for moving it across, and it makes it much easier to get it into this country.

So we're having a big problem with that.

On top of that, because we have so much heroin out there, we have a new group of users.

The heroin that we're seeing is very, very pure.

To give you a point of comparison, in the 1970s, the glassines, the doses of heroin in the little envelopes, was about 7 to 10 percent pure.

Now we're seeing 40 to 60 percent pure.

What that means in terms of the user, is the

user now is often snorting it as opposed to injecting it. And, that, the fact that you don't have to use a needle to start on heroin means that it attracts other users who may have been really put off by that needle in the past.

And we are seeing that areas that were never afflicted with heroin before, as you've already mentioned, are having a big problem with it.

Now, as I said, oxycodone didn't burst on the scene here until after 2005. And as best we can identify the cause for that, is, until 2005, New York State was among the last states, along with California and Texas, that required triplicate prescriptions. These big, bulky prescriptions for the prescribing of the Schedule II drugs, which is what oxycodone and all the opioids are, and that seemed to dissuade doctors from prescribing it.

But, now, since they use the same pad as they use for prescribing an antibiotic, we saw a big bump up after 2005.

My chart doesn't go all the way back to 2005.

The reason I started looking at it -- we don't usually look at legal drugs as the special narcotics prosecutor -- but, in about 2009, we started to find huge stashes of the opioid

prescription drugs when we were hitting search warrants all over the city.

So we tracked it back to see where it was coming from, and what we discovered -- I thought I'd find that a big catch of it had been stolen off a shipping dock.

What we found was that it was being prescribed in record amounts. We saw prescriptions, just for one of the opioid drugs, oxycodone, which is the favorite on the diversion market, we saw more than one million prescriptions hitting, more than one million in 2010. And that's one million, not pills, but prescriptions, for a city of 8.5 million people, including children.

We have seen that continue to rise, but I'm glad to say that we are seeing it level off.

Why do I say I'm glad to say it?

Because, in terms of the new addict that you're describing, the gateway is the pills. And to the extent we're finally seeing it level off, it suggests to me that we are starting to see the gateway, the drug that introduces the new user, we are starting to see that gateway at least not open wider and wider, but, hopefully, start coming to a close. That's what I'm hoping.

There's been some talk about the shift over to heroin after I-STOP.

It was my experience, in analyzing this, and listening to treatment providers, that even before I-STOP, the addict, the person who was addicted to the opioid drug, was switching over to heroin because it's cheaper, and it's built to get high, unlike the opioid medication which often has some contents which allow it to absorb into the system more slowly.

So I think we saw that switch over.

I think I-STOP, frankly, has only helped our situation. I certainly don't think that it has made things worse.

I think I punched out my microphone, but that's okay, I have a nice loud voice.

I want to show you what our overdose-death rate looks like.

The area circled in yellow are the areas with the highest overdose rate in the city. And you do see it's over in Staten Island, but look at where we are over here. Right?

What we've seen with the opioid-overdose rate is that it creeps.

This is New York City.

Here is Staten Island.

These are two of the neighborhoods in Staten Island for these years, 2010, 2013 -- excuse me, '12 to '13.

Our Health Department -- this comes from our City Health department. They're always lagging behind in terms of getting the information.

But the other thing is, you saw the high death rates up in The Bronx too.

It makes the point that everybody has been making.

This is the South Bronx, some of our more impoverished areas of the city.

This -- these drugs cut across every demographic. It hurts everybody. And it's creeping.

It comes across Staten Island.

We see it creep across here.

And when we get to the slide on heroin-overdose deaths, you'll see that they sort of follow the same pattern.

I urge the Senators to read this editorial. It's in the package that I gave to you.

And it specifies some things the State Health Department can do to educate our physicians, and

encourage them along the lines of what Senator Golden was talking about, to reduce the number of opioid prescriptions.

Now, this is how a criminal diversion ring operates. I'm going to give it to you real quick.

We have done a lot of cases that reflect this.

And I'm telling you, prior to about 2010, I could count the number of cases we did on doctors or medical staff probably on one hand.

And since then we've done dozens.

A doctor or a member of the staff or somebody who steals one of these pieces of paper collects somewhere around $125 cash, if it's a doctor, for this piece of paper, a prescription.

The customer is often recruited by a diversion ring, which is collecting thousands and thousands of pills for redistribution.

They give one of their, what we would call, the "runners" 300 bucks, to go pay cash for the pills.

They use cash, because, that way, insurance companies won't track it.

The pills are sold on the street for somewhere around $20 each.

Usually, it's our rule of thumb that it's about a dollar per milligram.

So here's the math:

For 180 pills, which would be, you know, the highest supply you could get for a month, the net gain will be somewhere around $3,600.

And minus the relatively small amounts that go into it for doing absolutely nothing, these rings can collect over $3,000 for one bottle of pills.

And that's what's really fueling all these drug-diversion rings. That's the model.

So what did we see backing up?

Well, of course, once the Mexican cartels saw how much opioid the Americans were consuming, they quickly followed up with heroin, heroin in amounts that I've never seen before. And I've been head of the agency for 18 years.

So look at the huge, huge spike up, between 2013, these are our big seizures that we do with DEA. And this is just in New York City in my office. And this is in kilograms.

So multiply it by 2.2, to tell you how many pounds of heroin we seized in 2015.

And it's somewhere near 1,000 pounds; compared to what we seized in 2006, which was

somewhere near 100 pounds.

So that's what I mean when I say we are awash in heroin.

Now, let's take a look at the heroin-death rates in the city.

This is 2013-2014. The area circled in yellow are the ones with the highest death rates.

Again, it's Staten Island.

Again, we see the creep across the river there.

And, again, we see the South Bronx, it's consumed.

Very different heroin organizations in Staten Island and The Bronx, by the way. Very different law-enforcement strategies involved in routing out those organizations.

But this is how the heroin trafficking routes appear.

My agency does a lot of these international cases.

And I can tell you, from my perspective, the greatest contribution law enforcement can make to this effort is to reduce the supply of cheap, addictive narcotic drugs on the street. That's our mission.

So here's how they're coming in:

Some is coming in from Colombia to Mexico.

The Mexicans are producing some on their own.

They've increase the number of land -- or, the amount of land which is devoted to opium cultivation, and they've developed methods for processing heroin on their own.

We see it moving sometimes to the Caribbean, to the Dominican Republic, sometimes to Puerto Rico, and then coming to New York.

But the vast majority comes over land from Mexico, across the United States, and into New York where it fuels the rest of the state. We have huge-volume heroin production going on in this city. Much of it is concentrated in The Bronx, and that's because The Bronx has great highway access to Upstate New York, to Long Island, to New Jersey, and to the entire New York metropolitan area.

The "heroin production mills," as we call them, operate like factories. They are producing hundreds of thousands of glassines a day. They work in shifts. They produce millions off of one load of heroin that comes in.

Here is how the dealers make money:

Heroin is a cheaper alternative for the

opioid addict.

And, so, you can't see this, but this is New York City. The price for heroin is a lot lower than it is upstate. One glassine in New York City might be $10. In Clinton County and Plattsburgh, it's 20 to 50 dollars. And in Suffolk County it might be $20.

So it's all about the price point. This is a business.

It's 100 percent business model: one mill, one shift, hundreds of thousands of glassines.

Those bricks you see, are glassines that are wrapped up in magazine papers, ready to be transported in a car, going upstate.

There's several hundred thousand in that mill that we took off.

In New York City, heroin deaths have outpaced murders. I think we had over 400, maybe 460 deaths, attributed to heroin alone. That's not counting the opioid overdoses. Total, there were over 600.

And there were about 350 or so murders in New York City last year.

Same thing's happening throughout the state.

In the suburbs, the heroin supplies are surging and the deaths are soaring.

So post-2009, what are our enforcement challenges?

Well, the penalties are lighter.

And so, oddly, what we have found, even though that was a statutory change that was directed to getting more people into treatment, what we have found in my office, is because the penalties are lighter, fewer people are going into treatment from the criminal justice system, and that means we have to recalibrate.

The criminal justice system alternatives to incarceration is not necessarily going to be feeding people into treatment now, because they're facing probation as an alternative, not incarceration.

So they don't really want -- people don't really want to go into treatment.

And that's one thing that's hard for people to wrap their heads around.

But a person who's addicted doesn't necessarily want treatment. The people who love him want him to get into treatment, and some corner of him wants to get into treatment, but he's sick, and he just wants to get high, oftentimes.

And, so, we have to develop better mechanisms for getting people into treatment.

In New York City we focused a lot on violent gangs, but that's -- you know, everything has its cost and allocation of resources.

So then there are fewer narcotics detectives, undercovers, and we've had less disruption of street supply. And this is going on across the state. New York City is just one example.

There are fewer drug sellers in prison. They're serving shorter sentences, and they're cycling through more quickly.

And, simultaneously, we've had this opioid epidemic unfolding: the overprescribing of legal drugs, record amount of illegal heroin smuggled into the U.S.

And so I told you that we have seen fewer and fewer people going into treatment.

Let me just show you what's happened since 2009. These are my office's sentences, a percentage breakout of our sentences.

Just to give you a sense of it:

2005, about 42 percent of our defendants went to state prison. Last year, about 45 percent went.

In 2005, I think that number is around 18 percent went to the local jail. Last year, that goes up, about 22 percent.

So we're seeing some shift there, some more people are going to city jail. But where we see the big spike up is in probation.

2005, about 8 percent, I think that number is, went to probation. Last year, 2015.

So that's what I mean. People are facing probation, and so they're not really that interested in treatment.

Where do we see the trade-off?

Okay. In treatment, 2005, 14 percent of our defendants went into treatment. Last year, and this has been consistent, 6 percent.

So that's not really the avenue that's going to be a viable avenue so much for us.

We have to look differently at how we're going to approach treatment, at least in my office here in New York City.

Again, it could be different in places throughout the state.

What are our felony arrests?

The top number -- the top line here is felony arrests in New York City. As you can see, it's gone down since 2008.

This number here is felony indictments throughout New York City, again, going down.

And this is commitment to state prisons, going down.

Now, this is what we were hoping to achieve, and what the State was hoping to achieve, with the drug-law reforms in 2009.

Again, consider trade-offs.

State and regional ramifications are significant, because New York City is fueling the drug epidemic all over. It's not only staying in New York State, it's going into New Jersey, where it's coming back into Staten Island.

The prescription-drug pill rings follow the same pattern, and addiction and overdose deaths are reaching records in places where it was unheard of not long ago.

It's hard to see this from the back, but it indicates that in -- this is a DEA report. In every single region in the state, heroin is identified as the number-one drug threat.

And in three of the state's eight regions, pharmaceuticals are the number-two threat.

Now, New York City pattern is reflected in the large counties. That would include Albany, probably, and Westchester, and many of those in the Senator's jurisdiction.

Again, it's a trend towards fewer drug arrests, fewer drug indictments, fewer drug commitments to state prison.

The smaller counties is the only place where you see it coming up. I have a theory on that.

My theory, is that the small counties are feeling it much harder and much faster than we will in the larger counties where our -- where we just have bigger populations.

When I say that, I mean that heroin use and opioid addiction are frequently associated with property crimes; and it's not just property crimes. Violent crimes, terrible robberies, homicides, et cetera, et cetera.

In the small county you're going to see it and feel it more quickly than you will in a big, larger metropolitan area.

All right. There are two things that I said, that I wanted to bring to your attention.

One is the inadequacies of the weights, which Senator Golden alluded to earlier, and this is just one example.

When the drug laws were changed, the B-felony offense, two things happened.

The weights for possession were doubled. The

minimum weights which would allow you to get to an A2 or an A1 possession were doubled, and only an A2 one -- or, A1 and A2 felonies mandated state prison for the first offender.

So just to give you a sense of it, this is from one of our cases, where we had a Bronx dealer who was supplying Suffolk County, and he was arrested with 4300 glassines of heroin, which weighed 3.16 ounces, which is B-felony weight, which is not a mandatory prison sentence.

So it has a cascadive effect. It's not just that that person is not appropriately punished. But if you are trying to use leverage to have that person cooperate, to help you find the source of supply, good luck.

That 4300 glassines in Suffolk County is probably worth about $80,000.

So, from my perspective, just that statute, it's Penal Law 220.16, sub 12, is arbitrary and illogical. It covers heroin in the amounts of half an ounce, all the way up to 4 ounces.

And, you know, it doesn't make any sense.

The first penalty for the first time a person's convicted of that crime is probation.

The predicate offender faces a minimum of

two years, and would be very likely a candidate for shock. And as you -- and that -- shock means you're in for six months, and then out, right back in the community, making your $80,000, minus your cost, again.

Right?

Now, the second thing, I want to point this out to you, this is a doctor who was, literally, selling prescriptions not far from here in Sunset Park. He's selling to one of our undercover officers right in his office. He's writing out prescriptions, taking cash for it, just like, you know, the grocer.

Exchange, exchange. Talking about -- what he's saying there is, you know, The DEA has been paying a lot more attention to this since Whitney Houston died, so be careful.

All right?

So he was convicted.

We insisted that he plead to every one of the counts in the indictment. There were 43 counts of sale of a prescription drug in the indictment, which is a C-felony offense. I think he served 30 days, and, we worked with the Office of Professional Medical Conduct to assure that his license would be

taken away.

So guess what's coming?

The board decided, 5-to-0, to reject the request for revocation.

Not only did we have him on tape selling the prescriptions, we recovered $150,000 worth of gold bars in his Long Island home.

The board modified the penalty, to suspend his license for two years; to stay the suspension in full; to limit his license, to prohibit him from prescribing controlled substances for one year -- thank you very much -- and to place the respondent on probation for five years under terms that will include practice monitoring, and completing, in one year, 12 hours of continuing medical education.

SENATOR GOLDEN: That's a shame.

BRIDGET G. BRENNAN: Not only is it a shame, but the standard of proof from my office is proof beyond a reasonable doubt.

The regulatory board has a much lower standard of proof. It's far easier for them to oversee and punish this appropriately.

I don't really want to be throwing doctors in prison. I, mean that's not the goal of all this. Right? The goal is to curb the supply.

And I'm fine with throwing them in when they're drug dealers, but let's face it, it can be done much more quickly, in a much more streamlined way, if the Office of Professional Medical Conduct has adequate resources to do these cases, if the boards are advised of their obligations to the community to protect the public.

And, if a statute is enacted, same one that lawyers face, if you are convicted of a felony offense you forfeit your license.

There's no statute like that with respect to doctors, and I advocate that.

Overall, the oversight of physicians is sadly lacking.

The vast number of our physicians are good, hard-working. There's just a few bad apples out there.

But what you need to do is throw the fear of God into them, because they're just doing it for money, just like any other drug dealer. Let them know their license is going to be pulled, and you'll see far less of that.

So that's my testimony.

I thank you very much for your attention.

I look forward to working with you in the

future.

And, turn it back over.

Thank you very much.

[Applause.]

SENATOR GOLDEN: Bridget, I think you threw the fear of God into us, not the doctors. They should have the fear of God in them.

But I got tell you, the information that you've given us is -- I mean, it's considerable, and it's shocking.

And I think the people in this room are getting the drift of how bad this drug is, and how lucrative it is to our drug dealers.

We're going to come back.

We're going to let the chief and the captain make their comments, and then we're going to do questions. Okay?

Chief.

ASST. CHIEF BRIAN McCARTHY: Good afternoon, Senators. It's a pleasure to be here.

I'm representing Police Commissioner William Bratton, very proudly.

And about a week ago, I was reassigned. My title has changed since I committed to this testimony today.

I am presently the commanding officer of the criminal-enterprise division, which is actually more responsibility, and still includes narcotics, which --

SENATOR GOLDEN: Congratulations.

ASST. CHIEF BRIAN McCARTHY: Thank you.

SENATOR GOLDEN: With your record, I'm glad to see that you got that.

Thank you.

ASST. CHIEF BRIAN McCARTHY: Thank you, sir.

I'm -- basically, each of the boroughs in New York City is going to be attempting to have more focus under the direct supervision of the chief of detectives, who is my supervisor, Chief Boyce. And I'm assisting him with having more --

(Interruption in proceeding.)

ASST. CHIEF BRIAN McCARTHY: I am assisting him with the development of these programs in each borough, to have the focus that the Police Commissioner and himself wants, and to have more of an effect on all of narcotics and related violence that's transpiring in New York City.

So, basically, in addition to assisting him with the narcotics enforcement, I'm in charge of the federal task forces that are linked up with the

New York City Police Department.

And a lot of the discussion I have, you'll see, has an overlap with the Special Narcotics Prosecutor, and I think that's because she does such a good job, and has been such a mentor and assistant to me personally for a real long time in my position.

I've been in narcotics enforcement at every rank that I've held in the New York City Police Department, and worked with Mrs. Brennan for, you know, quite some time.

So that will -- the overlap, I think, though, may not be as I initially feared when I saw that Mrs. Brennan was here with me today, because I really concentrated on heroin.

And heroin, basically, in New York City, the concern is there, but I really feel that, under the, you know, tutelage of the Police Commissioner, we really have made an impact, and we're going to continue to make an impact.

When you look at the seizures, going back all the way to 2012, past what's on that board, there were 450 pounds of heroin seized in 2012, about 130 more pounds in 2013, which doubled in 2014, and which was up, you know, significantly, all the way

to 1548 pounds in 2015.

So I think we're on to people that was outlined, particularly the people in the areas of -- you know, of concern.

And, you know, how are we doing that?

Search warrants is one of the -- a primary way. It's a short-term investigative tool, where we establish probable cause for where heroin is being stored.

The search warrants in New York City by the narcotics division was up significantly last year. Basically, 2,468 search warrants were executed, compared to 2,065 the previous year.

However, the heroin search warrants that were executed were up 37 percent, which is -- you know, to show that not only was the increase on short-term investigations felt in all areas of drug enforcement, but it emphasized heroin.

And the heroin arrests, looking at them citywide, they were up 30 percent, from 2015, to 2014.

That "4,203" number of heroin arrests is compared to 3243 the previous year.

We're in the borough of Brooklyn. Senator Golden has had nothing but great support and

great -- been a great friend to the police department.

So to just point out, in Brooklyn, in both southern Brooklyn and northern Brooklyn, because we divide -- we divide the borough in half, as the Senator knows, the concentration in heroin enforcement in Brooklyn has seen that -- has seen that increase.

But, overall, I think one of the things that was discussed, was to make sure that we have the quality of those arrests.

And looking at our arrests, from 2015, to 2014, A1 felonies is the highest charge in New York State. It's the same charge as murder. And that's either where you possess 8 or more ounces, or if you sell 2 or more ounces, of a controlled substance, heroin or cocaine.

Those arrests by narcotics personnel were more than doubled in 2015, compared to the previous year: 408 versus 196.

So, I think the men and women, you know, really took this problem seriously and are doing their best to confront it.

Similar to what was outlined, I have a very similar perspective, as I put up there, historical

perspective, to explain the problem.

I'm a product of Brooklyn Catholic school, so I think those of us in the room who were of the same product know that, you know, you get taught things many different ways to make sure it gets into your head.

So, I think this chart may help expand upon what was just expanded upon in a previous presentation, the origins.

In the 1980s, heroin predominantly came from either Asia or the link between Asia and Europe, and from there, you know, to the United States.

The routes were, as outlined, Asia, Europe, to New York.

The wholesale price, compared to today, when you look at the right, tremendous increase.

That "225,000," I was -- I have been in narcotics enforcement since February of 1985.

At times, that 225,000 was as high as 250,000, which means $250 a gram, as opposed to the discussions we -- you know, we've been having for the past hour, with significantly less money.

The wholesale purity, when you bought a kilo, it was a score if you got, you know, as high as

70 percent. It was rarely, rarely that high. The quality wasn't there. It was just getting your hands on it.

And after you got your hands on it, when you go to the next line in that chart, the retail purity of 5 to 10 percent was because, whatever you got your hands on was significantly diluted in these mills that was outlined by the Special Narcotics Prosecutor.

And when it was significantly diluted, it was, overwhelmingly, injected. And when it was, overwhelmingly, injected, you know, one of the things, to just expand upon what we're talking about, you know, that's something that's ugly. It's something that people don't want to really talk about, participate in, look at. And it was, pretty much, confined to people who either made the error of getting involved in this usage, or were in a socioeconomic class that was very low.

When you look at today, the origins in New York City are, predominantly, South America, as the Prosecutor Narcotics Prosecutor outlined, and they come up either through Mexico, and they make it to New York, through Mexico, or through the Caribbean, which are different cartels. And that

price of $70,000 per kilo, which is almost a quarter less than it was 30 years ago, is going down. That's a fact, it is, and it will continue to go down.

The purity, when you pay $70,000, is almost guaranteed to be 75 percent or higher. And it's rarely getting diluted significantly.

As you go down to the next portion of that presentation, the "40 percent," I think I'm going to update the next time that I do such a presentation, to high 40s. Put like a little addendum in front of "40 percent," because we're just seeing that it's going -- it's continuing to go upward, which means that, when it's bought, if it's diluted at all, is the key thing.

And I left it hanging there and not completed the sentence for a reason, because I think that that is, you know, a trend that's out there, and it's disturbing.

The application, you know, the injection portion, as we said, is ugly. But snorting, smoking, mixing with something else, is not. And that's why it's so -- unfortunately, the last word in that presentation, that's why it is so mainstream, because it doesn't have the same

ugliness.

And I think that's something, from a community perspective, we really have to work on.

I think additional -- you know what?

Before I get into operations, that chart, for one second, please.

Additional historical perspectives are every -- to really emphasize what the Special Narcotics Prosecutor said, you know, there are so many fewer defendants in prison for these defendants -- for these offenses: opiates, heroin, cocaine.

I'm just throwing cocaine in there because it is part of our major big problem.

And the opiate epidemic that she outlined, I'm in total concurrence with, that it is the gateway to -- you know, to heroin.

And I have these other notes.

The prices, the heroin-death rates, and the concentration that we've seen in Bronx and Staten Island that the Special Narcotics Prosecutor outlined, we're in consultation with this, and we do see the same trend.

Operationally, in New York City, we have -- you know, we have these different units. We try to

confront this problem on a multitude of levels.

You have federal task forces, which consist of our organized-crime investigation division; our strike force, which is Homeland Security task force; the drug-enforcement task force, obviously, with the Drug Enforcement Administration; asset forfeiture, which works with the IRS.

I oversee those units directly now, and what we're trying to do is, we're trying to really have an impact upon the kingpin component of this presentation.

The narcotics boroughs, these are the people who are, you know, on the front lines in New York City. There are -- there's significant personnel allotted to it.

And, as this transfer and reorganization has occurred within the department, the chief of detectives is analyzing the -- you know, the appropriate assignment in each borough, as well as who else may be needed somewhere else.

Basically, the daily operations of the narcotics boroughs, they handle -- they handle the multitude of arrests that are our most concern, as the Senator outlined.

The daily operations, they go out in a team

concept. Their safety, integrity, and operational efficiency is the cornerstone of what they do.

In 2015, they made almost 26,000 arrests, and about 59 percent of them were felonies.

Major cases is, basically, the type of investigation where we reached a level where we need the special assistance of the Special Narcotics Prosecutor, where we may need additional covert, electronic, or other means to try to prove who the people are that are actually at the top of these organizations.

Last year, January 6, 2015, there were two police officers shot in The Bronx in the 46th Precinct. These two brave officers had actually finished their tour, and were walking upstairs to change, when they heard a "robbery/man with a gun" call come over, which they responded to. And they were both shot multiple times, and survived.

From that incident, we were able to trace back over the next 24 hours, that seizure, on the left-hand side there, in the 49th Precinct in The Bronx, of 25 kilos.

And as you can see from the strainers, and those are uncut kilograms of heroin.

But in the next room, the strainers and kilograms of heroin were put into use, which go all the way down to the level of glassines, which are, kind of, the subject of today.

On May 17th, a case that the Special Narcotics Prosecutor is processing, the Drug Enforcement Administration Task Force, along with the NYPD, seized 70 kilograms of heroin, also in The Bronx. This was the Riverdale section of The Bronx, pretty much, an affluent area, with a nexus to northern Manhattan, Washington Heights.

These were Dominican nationals that were apprehended, all related by -- you know, by blood.

And that 70-kilogram heroin seizure was one of the largest seizures in the United States by the Drug Enforcement Administration.

You know, one of the keys is, you know, our -- my statistics, you know, aside, is that we need to collaborate, not just on the law-enforcement end, which I feel the Special Narcotics Prosecutor and I do very well, but all of us.

In New York City, each of the five boroughs has a district attorney. There are two separate federal prosecutors, as well as the Special Narcotics Prosecutor. We all collaborate, to try to

see what the best approach is for the investigation concerned, so that, you know, we make sure that that person or that organization is prosecuted to the fullest extent of the law.

Community.

The youth programs, the emphasis that occurs within community, I know this community is a very strong one, that we're all sitting here in front of, but it's something that we always have to be conscious of, I think as the Senator said in his opening.

Uniform involvement.

You know, in New York City, and at the end of 2013, there was a proposal that emanated from Chief Ward in Staten Island, that we utilize Narconan (sic) kind of department-wide. It was really intelligent and insightful, and it was put through the chain of command and approved by Commissioner Bratton. And it's been slow -- it's been implemented, and through training, you know, throughout the department.

There are well over 16,000 officers trained at this time. That number's ever increasing.

And the naxalon (sic) has been administered, first, 4 times this year, 42 times last year, and

27 times in 2014.

So I think that's a really good approach, as the Senator said, and the success is there for people who have access to it.

We have our school safety division which tries to appeal to people at the -- you know, at the school level. And I don't think that's really been hit on that much today, but it's something we can never lose, you know, sight on.

And the collaboration, both myself and the Special Narcotics Prosecutor, we spoke before the City Council in June. We tried to present a lot of these issues and some of the things that could help, as was outlined today.

SENATOR GOLDEN: I'm glad you used the word "tried."

Go ahead.

ASST. CHIEF BRIAN McCARTHY: And, you know, I think that the collaboration, in relation to the problem that the Special Narcotics Prosecutor described very vividly in The Bronx, was also addressed by the Manhattan District Attorney's Office and the HIDTA program; specifically, John C. Parker. Well, he had all of the attorney generals in the northeast at a conference in

October, to outline how there are different points from which, you know, distribution emanates from.

And, he put a bunch of us into contact, and I've had conversation with people in other jurisdictions since then.

So I think he was on a really good, you know, track from that -- from that meeting.

And, I brought with myself today, Captain Lauterborn, who commands Brooklyn South narcotics, and does a good job. I know him, and have worked with him for a while.

So if there are any specific questions for the neighborhood that I couldn't specifically outline, he'll -- you know, he'll help us as well.

SENATOR GOLDEN: Thank you, Brian.

Thank you very much for your comments.

We're going to come right back to you.

ASST. CHIEF BRIAN McCARTHY: Thank you.

SENATOR GOLDEN: Captain, the -- (a) I want to say, thank you, for the arrest that you guys made on 74th Street a week ago Saturday.

I know you've made further arrests in the 62, 68, precincts.

71, obviously, is not my command, but I understand there's heavy arrests over there as

well.

But I understand the 61, 63, 62, 68, there have been a number of arrests, and your unit has been on top of it.

And I want to say, thank you.

Do you have any comments you want to make?

CAPT. THEODORE LAUTERBORN: I'm Ted Lauterborn. I've been in narcotics since 2009, at the height of the uprise of the pill epidemic, and seen a lot of weird things go on with young people; how they, you know, went to the extremes of having to crush these pills, smoke them as they would a cigarette.

And I could say, the patterns are holding all true to -- within this borough, to the effect that there are less pills out there.

Our operatives and our undercovers have a hard time finding them now and having access to them, and the uprise in heroin is starting to take place.

You know, the pattern of Staten Island, are a lot of our investigations that take place here in Bay Ridge, as well as Marine Park, I've seen it for myself. The source has been Staten Island, and the back-and-forth over the bridge has been

investigated.

The cell phone usage, texting, social media, it's much more intensive for the investigators to weed this out and to find the individuals who are dealing.

It is no longer the traditional guy on the corner.

As you said Senator, the driving up to the -- to the hydrant, pulling over, meeting whoever, is done in moments, because the plan is already in place, so there is no waiting around.

The traditional "watching the person waiting on the corner" is no longer.

You know, with the new move, as the Chief was saying, to the detective bureau, I think we might have good opportunity to be better investigators, and, you know, weed this out in a much more intense way than just the low-level user. We could now go after the bigger target, if you will, who's the cause, you know, into making their money on the backs and on the lives of young people.

SENATOR GOLDEN: I want to thank our panel here.

Please give them a round of applause for their testimony here today.

[Applause.]

SENATOR GOLDEN: The -- it's compelling, for our parents, our schools, our community, as they listen to this, what's going on. And you can actually see what our police departments and our enforcement agencies are doing out there to try to combat this terrible, terrible scourge.

What we're here as a Task Force is to assist these leaders and policing, to give them the tools that they need to be able to go forward and make the arrests that are necessary and to get this scourge out of our communities.

I got to tell you, Bridget, Brian, Ted, the testimony here is just -- I mean, it brings chills down your back.

Thinking that we have, 2016, we're still talking about kingpins.

I thought that kingpins went out in the 1960s and '70s and '80s.

Kingpins are still alive and -- alive, stronger and better than ever, with the price of those kilos coming into our city, and the strength of the heroin coming into our city.

I just have a few questions, and I want to turn over to my colleagues.

But the -- I have pain-management locations.

Now, what do we -- I got two that are in my community, this one doctor has, and he's got two in Queens.

If I look at the Sprint, and I go into the calls, I look at 911, and 911 goes there every single day to the one in Queens.

Luckily, we don't see as many here at the location -- one location that they're at. But they just opened up a new location.

How do -- what is the process to go and check out these pain-management locations, to find out if, in fact, and how do we get undercovers in there? Or is this, somewhere, do I get the Attorney General? Is it a combination?

Where do I go for that?

BRIDGET G. BRENNAN: We have a unit that we set up to investigate prescription drugs, and we would be happy to take the information.

The way we usually work up a case, is we work with the Bureau of Narcotics Enforcement under the Department of Health. We get information about prescribing practices.

Usually -- sometimes you can send an undercover right in, but usually not. Usually, you

have to develop some information about the location, and just make sure that -- that what they're doing or involved in as a practice that just appears, from -- we've developed patterns that we expect to see if -- if there's illegal activity going on.

And so we analyze the prescribing activity in suspect locations, so we can determine whether or not we -- it's a good idea to proceed further.

So I'd be happy to take the information.

We work with the NYPD, we work with the DEA, my investigators work up these cases.

SENATOR GOLDEN: We also have a hotel here that's, right now the sheriffs are sitting on a hotel, because they owe the $400,000 to the City.

So...

[Applause.]

SENATOR GOLDEN: Yes, yes, I want to thank the community board and my colleagues in government, and, of course, my office that worked so hard on this. And they never get the credit that they're due, and they're running in and out of my office.

So I want to thank all of my staff, and, of course, all of your staff that are here today.

Give their staff a round of applause for the work we're doing here, and my staff, and I want to

thank them.

[Applause.]

SENATOR GOLDEN: But, eventually, the sheriff will get his 400 -- the building's worth several million dollars, right, so he's going to get his $400,000.

But, it's been a source for, I don't know how many years, of prostitution and narcotics.

And there's an actual woman on the block that tells me, the car comes, picks up at 7:00 in the morning, the lady comes out, gets in the car, drives around in the car, comes back, drops the lady off, and continues on his way.

I guess he's picking up the receipts.

But just to give you an idea how lucrative this little hotel is in our community: The sheriff sitting on the location -- now, you've got pass the these two sheriffs. You've got to pass the sheriff's car, and the sheriff sitting inside.

You've got to pass these sheriffs to get to the window, to get the hotel room.

They took in $7,000 in one week, last week.

$7,000, with the sheriff sitting in the hallway and the car's parked outside.

So how lucrative was that?

How many people did not go in?

How many people wouldn't have the audacity to go bad, or -- or -- or, you know, attempt to go into this hotel and possibly get arrested?

So that's another issue that I'm going to have to -- I understand we have a multiagency group coming together, and, hopefully, you're part of that multiagency group. And we'll be talking further with Captain Ray Festino (ph.) here in 68 Precinct, and the community board, and others, to make sure that this multiagency group does come together and close down that hotel, because I can't -- they got an overdose there and death a week ago, 35 years of age.

The two doctors' kids that died here, 24 years of age and 27 years of age.

It's just from one extreme to the other.

You spoke of 8 ounces as possession, and 4 ounce -- I'm sorry, and 4 ounces for sale, as the -- as a felony -- felony -- A felony?

ASST. CHIEF BRIAN McCARTHY: A1.

SENATOR GOLDEN: A1.

Okay. The -- what -- we need to know what tools you need, right here to this group here.

I can almost guarantee you, once you get it

to our desk and we get that information, we will have a piece of legislation drawn, written, and voted on, and passed in the New York State Senate within the next two to three months, tops, probably within the next six weeks, and sent over to the Assembly.

So the sooner you can come up with the legislation that you need to be able to -- the tools that you need to be get done -- to get your job done, please, give it to this Task Force.

On top of that, we will go to the Assembly, and, obviously, the people in this room will attempt to get that passed as well in the Assembly, and get it signed by our good Governor, because our Governor is out in front on this issue as well, because of the money that he's putting towards the programs, putting towards beds, putting towards -- and that's because of this Task Force here today, that's the type of money we see going into it.

You know, going into -- going forward, three strikes you're out, obviously, nobody wants to hear this and -- in this day and age.

But, if you sell drugs, and you go down a third time for the sale of drugs, and you go down for a count of, you know, anything from a C, above,

and you're still on the streets and still coming out and still selling, we should have something along those lines where this guy goes away for life.

I mean, is there -- no. Right?

BRIDGET G. BRENNAN: I just don't see that there's going to be much support for that.

I think, you know, the view-point shift, and part of the argument against it would be, the person who's easiest to arrest for sale will be the lowest level, the low-hanging fruit, as you referred to it.

What you really want to do is go after, you know, that top level.

And the problem is, that the tools have been so undercut that you can't leverage the lower-level arrests to bring you, you know, up the chain as well as you used to be able to do.

SENATOR GOLDEN: So we need to increase the lower-level arrests so you have more opportunities?

BRIDGET G. BRENNAN: We need to at least make it appropriate.

I mean the A2 possessory weight is just -- that one's off the charts.

And the other thing that's -- can be inappropriate is shock.

I've had shock -- put some of my

international drug dealers in shock.

That's crazy.

SENATOR GOLDEN: That is crazy.

BRIDGET G. BRENNAN: Because all they're going to do, once they get out after six months, is, you know, fly back to Colombia and enjoy their wealth.

It makes no sense.

Shock was intended for the low-level, you know, young person who needs kind of the boot -- structured boot-camp approach in order to rehabilitate themselves.

And I'm fully for that.

It just has become, fill the beds.

And so that kind of mindset we need to get away from.

SENATOR MURPHY: So then how do you go after the kingpins, so to speak?

BRIDGET G. BRENNAN: Well, the way we go after the kingpins is by building on the lower-level cases.

The lower-level cases we need to tinker with. I don't think we need something like -- and I just don't think it would ever get anywhere, you know, the mandatory life for three offenses, or anything

like that.

I don't really think we need that. I don't think we need that kind of drastic changes in the law.

I could give you some heroin proposals.

Heroin -- the laws apply the (inaudible, technical difficulty) as a definition of a narcotic drug, which includes cocaine and heroin.

Heroin is just a lighter drug than cocaine, and, so, to appropriately penalize cocaine, you don't use the same weights as you do for heroin.

An ounce of cocaine will give you, I don't know, maybe, you know, a few hundred doses, let's say. But an ounce of heroin will probably give you 1,000 doses.

So it's -- there's a big differential there.

The federal statutes differentiate between cocaine and heroin.

Now, that may be too sophisticated to get through, to get a statute through on something like that. I don't know.

We could reduce the weights and have the A2 level be a lower threshold.

All they did, when they changed the law, was just kind of, arbitrarily, double the weight. They

weren't looking at what it actually meant.

So we could give a context to it, give a meaning to it, and suggest something that would be more appropriate.

So I think if we look at making changes that are within our reach, and mindful of the really -- you know, the mindset which has changed so much.

We don't want to just throw everybody in jail forever, because that doesn't solve all the problems.

We want to target our resources. We want to target those who are destroying our communities for their own greed and their own profit.

Now, there are going to be some addicts who are involved in the sale of drugs, there's no question about it. So we can't have hard-and-fast rules that, depending on -- it all has to depend on the individual and what kind of danger they present to our community.

SENATOR GOLDEN: I'd like to backup that question: the suicides and accidental deaths.

If there's an overdose, it comes in as an overdose, either way?

BRIDGET G. BRENNAN: No.

They call them "accidental poisonings."

The maps that I showed, it's a category that the City Health Department has designed, that is called "accidental poisonings."

And they have suicides in a different category.

SENATOR GOLDEN: So that wouldn't be in your count here then?

BRIDGET G. BRENNAN: I'm sorry, no, that won't be in the count.

SENATOR GOLDEN: Now, how would I get a true count?

BRIDGET G. BRENNAN: Including suicides?

SENATOR GOLDEN: Yes.

BRIDGET G. BRENNAN: I don't know.

The Health Department probably keeps those kids of statistics, to the extent that they're able to.

I believe in any sudden, unexplained death, the medical examiner has to make a determination, and, so, you probably can get those -- that information from the Health Department -- the City Health Department.

SENATOR GOLDEN: The reason I ask that, if we had the true number of the actual deaths by overdose here in the state of New York, and we actually have

the true number of overdoses, and we put this on the floor of the State Senate, and I'm going to tell you right now, everybody will understand the need to change the law when it comes to the weight of heroin.

The way to sell this is by the body count across this state, from Brooklyn to Buffalo. And that's what we plan to do.

So you give us the information, you give us what you need, we'll get it done. That, I can promise you.

[Applause.]

SENATOR AMEDORE: One of the things that we're working on in the Senate is, gather that data.

The more data we can collect, to Senator Golden's point, the stronger argument we have to pass stiffer penalties, reduce the weight, and increase the penalties.

With the over-the-counter sale of naloxone now, we are fearful, this Task Force is fearful, that alls we're going to see is the death rate go down, but the problem never get solved, because that's not the solution is naloxone. That's just a tool to keep someone alive.

So we're working on it right now, and we even

hope to possibly work it out within the budget.

But, a database, and data gathering, is very vital to what Senator Golden is talking about here.

BRIDGET G. BRENNAN: No, I hear you.

The City of New York has an excellent, you know, data collection through the Health Department.

I don't know what goes on outside the city, whether other counties do that kind of collection of data.

And if the State Health Department has the data, it's really based on what's given to them by the counties.

So -- but I will gather up -- it's -- New York City tends to be about a year behind in their data collection.

And so I'll give you -- and they have some excellent reports on online, and I can share all that with you.

Outside of New York City I'm a little hamstrung.

SENATOR GOLDEN: Dr. Hillary Kunis (sic) from New York City Department of Health is going to be following you guys up.

Go ahead.

SENATOR AMEDORE: Even the presentation that

you put in the stats, both the Chief and yourself made reference to, it's eye-opening, it's astonishing.

And there's not too many people in the communities at large who really see this on a day-to-day basis.

The press is not picking it up, they're not running with it. Every now and then, if there is a big bust, yeah, it will make the news, the headlines. But, you know, maybe they're reading about an overdose in the obituary, and that's about it.

But, whether it's gun violence in the streets of New York City, or any part of the state of New York, it's probably associated with the narcotics side.

And that one image that you had with -- Chief, that you showed, with the police officers being shot, and then finding out just days later, or a day after that, that, look at this giant find of one of the largest -- seizing the largest amount of heroin ready to go to the streets.

People need to -- we need to see more of that.

And I know that's not your issue to solve and

put in the public, but the press needs to engage more in the conversation, to show that this crisis that we have, people are dying. And the amount of heroin being distributed, and the supply, is not going to go away, and it's very cheap.

So we have to do everything we can to educate and to make them all aware, they don't need to go -- they don't want to go and touch this stuff, they shouldn't go and touch this stuff, and we're going to come after you, and we're going to come after you hard.

SENATOR GOLDEN: The -- if I can, the -- I got two more questions.

And I'd like to, if the audience has a question for the -- for this panel, there is a microphone that's walking around.

So, please not to be -- try not to be repetitive, if you can, if it's already been asked and answered, please, because of the time, and other people that are going to testify before us, to give them the opportunity.

But you pointed out to us the number of -- of how they start with cocaine being the next -- the drug before the heroin.

I had Dynamite here -- Dynamite Youth. I did

a -- one of these over at 250 Broadway.

I see Bill Fusco and Karen here, and I see some of the kids from the program.

But there was, maybe, 16 to 18 kids, and I asked them, "Well, how did you get started?"

And I think two of them started off with beer, and, you know, the natural progression, marijuana, and that led them to cocaine.

But there were two of them, the kids that were in that audience, that started off with actual painkillers from injuries from sports from high school, that got them addicted to it.

And, luckily, we do have the -- this one location.

We have many other providers here today that may talk in a little while.

But, I don't think they're listening to you.

Are there enough beds, enough programs, enough detoxes, to be able to -- I understand you can't get a person into detox, that they're all full.

Are you having the same -- do you hear the same stuff out there in the street? Or you wouldn't hear that?

BRIDGET G. BRENNAN: I -- we work with

treatment providers quite a bit. They have -- they're great partners and great collaborators.

And we hear about a shortage of certain kinds of beds. Detox is often an issue. And then there are -- there's a real shortage of beds for young people, especially under the age of 18.

I mean, the treatment providers, of course, excuse me, would be the best ones to ask about that.

SENATOR GOLDEN: That could be insurance issues, or whatever?

Is that --

BRIDGET G. BRENNAN: Yeah, that's what I hear, but, again, they'll be the experts.

SENATOR GOLDEN: You know, when I was growing up, the big thing back then was heroin, back in the '70s. And I am that old.

But you would see the needle in the street and you would never think about going near a needle.

Today, the kids have a different mindset.

The natural progression from sniffing and snorting it, smoking it, is now to the next high, is to the final high, is to shooting it.

And the kids seem to have no problem in picking up that needle and shooting it.

I -- I -- I am -- for the life of me, and I'm

talking about middle-class America. I'm not -- I'm talking, right across the board here, I'm amazed at how many people are out there doing needles.

Are you seeing a lot of needles as well in your arrests?

CAPT. THEODORE LAUTERBORN: We don't see the increase in needles.

Like I said earlier, it's the crushing of pills. Any way to get it into the bloodstream without a needle, they'll go to the extreme of even cutting themselves and rubbing it into the wound, and it will make its way through the bloodstream that way.

The access to needles, you know, may not be a good avenue to go, so they go that way. Or they're much more sniffing it, a cleaner way for, also, to prevent detection from parents and guardians.

SENATOR MURPHY: To your point, that's why we're seeing the rise in hep C.

SENATOR GOLDEN: Hep C.

SENATOR MURPHY: Yeah.

So -- Bridget, just so you have an idea of what we're working on, this Task Force is expanding the crime of operating as a major trafficker. It's Bill S.4177, sponsored by myself and, of course,

Senator Amedore, and the Task Force team.

And, basically, instead of you guys -- instead of the traffickers -- quote/unquote, major traffickers having to act as -- with four people, we're reducing it to three, and if instead of it having to be over $75,000 within a 12-month period, we're going to take it down to $25,000, so you can have some teeth when you actually get into these guys.

SENATOR GOLDEN: And Senator Golden.

The --

SENATOR MURPHY: Of course. I said you're part of the Task Force team. Right?

SENATOR GOLDEN: The last two things:

You have a breakdown of the body -- of the body count here in the city.

If you could give me that body count, and broken down by borough, if you can, I'd like that.

BRIDGET G. BRENNAN: And I think Hillary, when she testifies, will have that information.

It's in some of their EPI reports which are online.

SENATOR GOLDEN: And then I'm going to ask my colleagues, if they have any other comments, and then we're going to go to the audience.

But the last thing I'm going to throw in here is, uniform.

We have a number of uniform.

We've seen the largest hire in years, in the past year and a half, two years, which I commend our Police Commissioner, and I commend the job that NYPD is doing.

And, obviously, what our Special Narcotics Prosecutor, the work that you're doing is outstanding.

But I will tell you, there's still not enough uniform.

If I were to look at the uniform count in the 68 Precinct, for one, I will tell you, the count that was there 10 years ago, 15 years ago, the count that was there 5 years ago, was higher than it is today.

You can't manage a precinct if they don't have the bodies in the precinct to be able to manage the streets. And we need more uniform cops in our precincts.

So I got to tell you right now, if you were to take a look at the count on the 68 Precinct alone, what the number of police officers, 90 police officers in a precinct of this size, it's absurd.

We need more bodies.

So if you could bring that message back, if somebody could take a look at the numbers in Brooklyn South as to the uniform presence in our commands, we'd appreciate it.

68 has really undermanned when it comes to the number of uniformed officers, and we need more uniformed officers here in the 68 Precinct, and across the board in Brooklyn South.

Ladies and gentlemen, my colleagues, do you have anything else?

SENATOR AMEDORE: I just want to thank you for all your hard work, and what you're doing, and keep it up.

And you know you have a partner in the Legislature to try to help.

SENATOR MURPHY: One last quick question.

I'm not sure if you have a statistic on this.

Someone had told me that all heroin comes through New York City, roughly, around, close to 40 percent of it in the United States is coming through here.

I'm not sure if that's true or not.

BRIDGET G. BRENNAN: I could get that number.

The DEA has put out statistics on that.

I don't have them on the top of my head, but I could get that for you.

SENATOR MURPHY: No sweat, no sweat.

I heard that, and it was staggering that, basically, it's flooding right through here. It's, like, incredible.

SENATOR GOLDEN: Anybody else in the audience have a question?

Right over here.

Please state your name, please, and what you represent, and, go ahead.

DR. LANCE AUSTINE: Dr. Lance Austine. I'm a resident of Staten Island. I'm a treatment provider in Sheeps Head Bay, Brooklyn.

You talked about the level of cut in the heroin, but you didn't mention anything about the most lethal form of heroin, the one that's cut with fentanyl.

So can you comment on the fentanyl cut --

SENATOR GOLDEN: Michael Jackson.

DR. LANCE AUSTINE: -- and the lethal heroin?

ASST. CHIEF BRIAN McCARTHY: The police-laboratory test for fentanyl and all heroin, when we discover that that is in a package, we -- you know, we do follow-up on the person that was

arrested, as well as any additional follow-up we can do as to where, you know, he or she gets it from.

In the symposiums that I discussed that were arranged, targeting and discussing the problem in the northeast of the United States, that problem was really of greater concern and of greater infiltration in the public and within the drugs in other jurisdictions.

In New York City, you know, we've seen it, and there are cases that I have in mind at this very moment that involve it.

But the problem was, you know, that was predominantly in other jurisdictions, where it was either part of lacing with heroin or where it was, in and of itself, just distributed.

And if the Special Narcotics Prosecutor has anything different, please feel free.

BRIDGET G. BRENNAN: I just want to amplify that. We have seized kilos of fentanyl in mills, but we are not recovering it mixed in with the heroin very often in New York City.

It's often recovered in Pennsylvania, in the Buffalo area, in different areas, but we haven't seen it so much here in the city, although, as I say, we are the producer that is supplying much of

the region, and so we have seized raw -- raw fentanyl.

SENATOR MURPHY: I believe in Erie County, they had 23 deaths in 11 days, and it was cut with fentanyl.

OFF-CAMERA SPEAKER: What's "fentanyl"?

SENATOR MURPHY: It's used for anesthesia.

ASST. CHIEF BRIAN McCARTHY: It's an opiate, basically. And when you look at it, the best way to describe it is --

SENATOR MURPHY: It suppresses your --

SENATOR AMEDORE: -- the best way to describe it is, it's another -- another similarity, you know, to heroin, in that same family.

And like any -- almost any drink, any drug, you know, the different -- the different mixture may affect different people differently.

So I think, a lot of times, the surprise of having that injected into your system, however it is injected into your system, whether it's snort, needle injection, smoking, it's -- you know, it is a shock to the previous type of narcotic that was being used, which is -- which contributes to, you know, the effect from the conferrals that I've made.

SENATOR MURPHY: Sir, what it is -- I have a

little bit of knowledge in this -- basically, your central nervous system has a sympathetic nervous system which is for "fight or flight," and a parasympathetic nervous system which is to "wine and dine."

The fentanyl overstimulates the parasympathetic nervous system, so when the phrenic nerve that innervates the diaphram, it goes to sleep.

The same with the opioid.

And so, basically, what you're seeing is that these people are really stopping breathing. And that's why this naloxone, when you hit them, within 30 seconds, they, literally, come back to life, because it's over -- because it neutralizes every opioid in your body, and what happens is, you go, boo, and they didn't even know they were sleeping, nonetheless dead.

And they come back and are actually very violent.

So what it does is, the fentanyl overstimulates your parasympathetic nervous system, which puts you to sleep.

SENATOR GOLDEN: And how so easy is that to use? And why should that be in everybody's

households?

SENATOR MURPHY: This is -- this is -- this is completely benign.

If you don't know that someone is having either a seizure and they're out, or they're having an opioid overdose, if you hit them. And this kit could be put together within 30 seconds. It's a nasal spray, intramucal, so you spray it into the nose, spray it into the nose. There's two things in here, there's a few milligrams.

And if they're not having an opioid overdose, the worst thing that's going to happen is, they're going to get a little drip come out of their nose.

SENATOR GOLDEN: Very lifesaving.

Any other questions from the audience? We've got to move on.

Go ahead, right here, James.

AUDIENCE MEMBER: I just had two points I wanted to bring up.

One was the accessibility to needles.

I know for a fact, kids can go to any local pharmacy and get a certain amount of needles without a prescription. And I wonder why that is, that it's not demanded a prescription. There's no need for a teenager, a 20-year-old to, walk into any pharmacy

and pick up a bag of needles.

SENATOR GOLDEN: Okay. Bridget will handle that question first. Stay there, we'll answer your next question, second.

Go ahead Bridget, use the mic.

BRIDGET G. BRENNAN: The law was changed probably about 15 years ago, which allowed the dispensing of a certain number of hypodermic needles without a prescription. It was to reduce the spread of AIDS, really.

AUDIENCE MEMBER: [Not using a microphone.] In light of the epidemic we have now, I think it should be considered changing that law, honestly.

SENATOR GOLDEN: It's not a bad idea.

AUDIENCE MEMBER: Yeah. And the second point --

SENATOR GOLDEN: It's a good thing to look at.

AUDIENCE MEMBER: -- the second point I want to bring up is the discussion about your, quote/unquote, kingpin dealers.

My son --

SENATOR GOLDEN: The mic closer to your mouth, please. The mic closer to your mouth.

AUDIENCE MEMBER: I'm sorry.

-- the kingpin dealers that you're zeroing in, I understand where you're coming from with that.

But my son, your daughter, they're not dealing with the kingpin. They're dealing with the boy down the block that's been dealing for five years. I know the same kids over and over that are dealing, they're not getting in trouble. My kid's life is on the line.

I have to tell you, I'm beyond frustrated, disgusted, that the same kids, for years, are still dealing. Whether they're low level or not, that's who my kid is dealing with, not, you know, the kingpin.

So I want to know why we can't, you know, knuckle down on these neighborhood kids that are dealing for years, years.

Because I personally can walk you to homes, to bagel shops in my neighborhood, where I know they've been dealing for years, and nothing has been done. And I have spoken to detectives about that.

SENATOR GOLDEN: Chief.

ASST. CHIEF BRIAN McCARTHY: I sympathize with what you're saying. I'm a parent and lifelong city resident.

What I was doing, I was outlining some of our

approaches, and some of the units I'm responsible for. But the overwhelming dedication of manpower is to the type of problem you're describing.

And, you know, there are -- there are better detectives than others. I tend to think that all of the people that work for me are good. But I think we all know there's people who are better at their job than others.

If you reported it and it previously was unsuccessful, I ask that you give me the opportunity to try again, and I'll speak to you on the side afterward and take your information, and do my best for you.

SENATOR GOLDEN: Thank you very much, Chief.

You had a backup question? Is that your second question?

Yes?

Okay.

Any other questions?

No other questions for the audience.

Listen, ladies and gentlemen, give this panel a round of applause.

[Applause.].

SENATOR GOLDEN: Thank you very much.

More uniforms.

You're going to deal with the issue on the pain-management locations, and we'll talk about that.

Ladies and gentlemen, if could you take your seats, we're ready to proceed with the next panel.

Ladies and gentlemen, we have present with us today, the testimony here of Hillary Kunis (sic), a doctor. She is the Assistant Commissioner at the Bureau of Alcohol and Drug Use Prevention, Treatment Center (sic), and Care. She works for the New York City Department of Health and Mental Hygiene.

She is here before the Task Force; as well as Stephanie Campbell, Friends of Recovery, will also be sitting at the same panel.

So we're going to start with the testimony of Dr. Kunis (sic).

DR. HILLARY KUNINS: Good afternoon.

Can you hear me?

SENATOR GOLDEN: Yes.

DR. HILLARY KUNINS: Good afternoon, Chairpersons Murphy, Amedore, Ortt, members of the Task Force.

And thank you very much, Senator Golden, for inviting us here today.

As you heard, I'm Dr. Hillary Kunins. I'm an assistant commissioner at the New York City Department of Health and Mental Hygiene, where I head up the Bureau of Alcohol and Drug Use, Prevention, Care, and Treatment.

On behalf of Commissioner Mary Bassett, I thank you for your continued commitment and leadership on this very important issue.

As I think we've heard this afternoon, New York City, along with many other jurisdictions, is in the midst of a drug-overdose epidemic.

And also as you heard, rates of opioid overdose outpace murders in our city and outpace fatal car crashes.

These overdose deaths are largely driven by heroin and opioid analgesics or prescription painkillers, resulting in more than two deaths each day in New York City.

In the last decade, opioid overdoses have claimed the lives of more than 7,000 individuals in New York City. And as we know, also, these deaths represent just the most severe aspect of the epidemic. And many, many more individuals experience non-fatal overdose, and struggle with substance-abuse disorders and related health

problems that impair their function and well-being.

In 2014, opioids were involved in 79 percent of all overdose deaths in New York City. And the rates of overdose deaths involving opioid analgesics increased by 256 percent from 2000 to 2014. And this took place, as you've been hearing, particularly among residents of low-poverty neighborhoods or wealthier neighborhoods.

Since 2010, we have seen rates of heroin-involved overdose deaths dramatically increase in the city, both among residents of high-poverty and low-poverty areas.

And you saw the map from the City Health Department that the Special Narcotics Prosecutor showed.

And I'll just add to my testimony, that we saw heroin deaths increase in New York City prior to I-STOP implementation, so that predates the I-STOP.

At the City Health Department, we've taken a multi-prong approach to addressing the problem of overdose deaths.

We've included prescriber education and public-awareness campaigns. And we know that these deaths are preventible also with treatment and a variety of prevention efforts.

Today I wanted to just focus on two areas that I thought it would be helpful for the Task Force to know about.

These are critical gaps in services that can reduce mortality and promote the health of people with addiction.

And I want to address, specifically, medication-assisted treatment and harm-reduction services.

We know that medication-assisted treatment for opioid addiction, particularly using methadone and buprenorphine, has been proven in multiple scientific studies to reduce mortality, reduce drug use, reduce crime, and save lives.

We estimate that between fifteen and thirty thousand people currently not in treatment could benefit from treatment services.

The department funds and oversees drug-treatment services in collaboration with the New York State Office of Alcoholism and Drug Abuse Services, and as part of those services, medication-assisted treatment is one very effective strategy for reducing opioid mortality, and methadone clinics are a vital city service.

I want to now share with you some new work,

that we are just beginning a buprenorphine-prescribing initiative.

Buprenorphine is another effective medication for the treatment of opioid addiction.

And through this initiative, we will train 330 primary-care physicians annually for the next year.

And 2we're also offering new financial support through a nurse-care manager model for additional primary-care sites.

Addressing opioid addiction in primary-care settings has an important benefit in which stigma, that sometimes is accompanied by attending a drug-treatment program, does not affect the person who is getting care more privately through a primary-care practice.

Know, however, that access to buprenorphine is highly regulated by federal prescribing requirements.

We are supporting, and encourage you to support, the recovery enhancement for addiction treatment, or "Treat Act," that is currently pending before Congress.

This act would relax patient limits and allow nurse practitioners and physician assistants who

receive specialized training to prescribe buprenorphine under the supervision of a qualified physician.

I'll just add that, at present in New York State, both nurse practitioners and physician assistants can prescribe opioid painkillers without any special regulation.

Medication-assisted treatment, however, may not be the appropriate approach for all New Yorkers with an opioid addiction, and you'll be hearing from colleagues in the field about other treatment approaches in New York City.

I also do want to mention something that doesn't often get talked about in this setting, which is harm-reduction services.

And as we heard from a woman who asked the question, sometimes it's bewildering to ask people who may not be ready to stop using drugs, or to offer them other kinds of lifesaving services.

So we wanted to highlight the important work of New York City's syringe-exchange programs, of which there are fourteen.

These syringe-exchange programs as -- are known for providing sterile syringes to people, but they, importantly, engage and link people, who are

actively using drugs and may not be ready to stop using, in a range of health-promoting care and services, including testing and care for HIV, hepatitis B and C.

Peer-delivered syringe exchange, which has become a key component of harm reduction, has been particularly affecting people who are out of care and most in need.

Our syringe-exchange programs in New York City have been early leaders in training community members in overdose prevention and naloxone administration, which is now, as you've been hearing, a widely-touted approach to reducing overdose deaths.

The City Health Department has been distributing naloxone since 2009.

As you've heard, naloxone is a safe medication that reverses an opioid overdose, restores a person's breathing.

We distribute these naloxone through 40 community-based programs, including to the syringe-exchange programs, as well as many other agencies.

For the first time this year, the City has allocated a dedicated budget for naloxone

distribution, and the upcoming fiscal year, this will include $750,000 to expand distribution.

We have partnered, at the Health Department, with multiple other city agencies, to distribute naloxone. And you heard already from my colleague at the New York Police Department.

We've also partnered with the Department of Homeless Services, Correctional Health Services, and the Administration of Children's Services, to ensure naloxone is as widely available as possible.

We are seeking new partners and new ways to distribute naloxone, and we, in particular, encourage physicians, other primary-care providers, other community organizations, to register with the New York State Department of Health to become opioid-overdose prevention programs, and then can be permitted to train community members to recognize overdose and distribute naloxone.

Finally, I want to mention our new pharmacy initiative with -- in collaboration with our partners at the State Health Department.

Through a standing order from the New York City Health Commissioner, and through other standing orders in chain pharmacies, naloxone is available in more than 660

New York City pharmacies, including most Rite-Aid stores, all CVS, and all Duane Reade and Walgreen stores.

And we encourage people who use drugs, their loved ones, family members, to visit participating pharmacies, to keep this lifesaving medication on hand in case of overdose.

In addition to treatment and harm-reduction services, which are part of the department's comprehensive public-health approach to the epidemic, we have also actively promoted our, what we call, "judicious opioid analgesic prescribing guidelines," working to educate prescribers to prescribe more carefully in order to reduce exposure to opioids by people who could possibly become addicted.

We also conduct surveillance.

And you saw from the Special Narcotics Prosecutors several of our maps.

And I'll make additional EPI data briefs that we have online, that detail the specific counts, that I think would be helpful to the Task Force.

The last thing I just want to mention is, as has been mentioned, and I'll say it again:

It's important to note that there is still

such tremendous stigma associated with drug use, and particularly around the illegality of drugs. And this stigma is profound.

It affects individuals' willingness to disclose their drug use and to seek help, and it creates barriers to being able to convey public-health-based harm-reduction messages to populations most at risk, in order to keep them safe and alive in order to get better.

Finally, drug treatment itself, of all kinds, and, in particular, methadone treatment, is highly stigmatized.

We ask that you continue to pursue legislation that expands access to both medication-assisted treatment and harm reduction, as well as the full array of drug-treatment services.

If we are to continue to develop innovative, collaborative, effective interventions, it's imperative we all engage in open conversations about the long-term needs of people who use drugs in our communities.

Thank you for your time, and I'm happy to answer any questions.

SENATOR GOLDEN: Did you want to -- I -- the -- I got to tell you, excellent.

And, there's going to be a lot of questions, obviously, that people want to ask, especially when it comes to the syringe issue, and some other issues.

But, we not only have families and people that want to keep it quiet, we have communities that don't want people to know.

We have religious communities, families, they don't want the next door neighbor or the synagogue or the mosque or the church family to know what's going on.

And when you have large communities that keep it a secret, that's where we seem to have the most problems.

And, hopefully, I use my office as one of them, if you feel you cannot get that help, or you feel that you would be -- people in the community would know that you have a problem, or the family has a problem, I ask them to come to my office, and we will get them the help that they need, and nobody on the block and nobody in the community will know that you have a drug issue.

But when you have large communities that are insular, and keep their kids and their families away from coming to -- for help, whether it be through

doctors or through the police departments or through appropriate treatment programs, that only enhances the drug in that community, and enhances the life-and-death scenarios that we see in our communities across our city.

I just wanted to point that out, and I did that for a reason, because I want people to understand, it's not just the family, it's not just the individual, but communities of faith that are not coming forward and letting us know, because they're afraid their faith communities will find out about it.

We need those people to get the help that they need to stay alive, and to reunite those families.

So, please, if you need help, come, my office, any place, please, get the help you need.

Gentlemen.

SENATOR MURPHY: To Senator Golden's point, I had met with the local mayor in my area, and they refused to believe it because it was going to lower property-tax values.

Could you imagine that?

People are dying, and they were worried about that.

So, the stigma has got to go.

The stigma has just got to go.

We have really, really good people that have just gotten hooked, you know, went down the wrong road, and you know, and everybody makes mistakes in life. People do deserve second chances.

And that's the whole idea of us gathering information, and being able to reach out to our community and say, Listen, this is a problem. We're addressing it. How do we address it? Give us your information and let's see what we can roll out.

As far as is the naloxone kits, you know, at CVS, you know, I think they're now over-the-counter. 497 new CVSes, that they're going to give over-the-counter.

I'm cautiously optimistic about that, because what I'm hearing out there is that these kids are having pharm parties. P-H-A-R-M. And they're going in, and they get a bowl, and they throw their pills in the bowl, and they're going to go and say, Okay, Hillary, you're in charge of the Narcan tonight. One of us go down, you got to hit us with this.

So we're giving them a fail-safe, so to speak, really, Russian roulette, what they're playing with.

And, yes, yes, does this save lives?

No ands, ifs, and buts about it, it saves lives.

I don't want to see that these kids think or these people think that, listen, because I have a Narcan, it's okay for me to, you know, shoot up with the heroin, or take these pills.

So, you know, I'm cautiously optimistic about having that, you know, over-the-counter.

There's a standing script, you know, with Dr. Zucker, who's our DOH Commissioner. You know, he had -- which I was surprised that he didn't really ask the Task Force, ask any one of us, about, you know, What are you hearing out there, what are you seeing out there, with regards to the naloxone?

We know it's a lifesaver.

That's why we put it in our one-House bill last year, to make sure that we allowed the schools to have this, we allowed our first responders that. And it just exploded, absolutely exploded, to the point where, I'm not sure if you know who makes this stuff. It's a company called "Amphastar," the pharmaceutical company that, overnight, their kit, I believe, went from $19.95 to, I think it was $89.95.

And we had wrote -- we had written a letter to the Attorney General, Schneiderman, and asked him to sit down with Mr. Cho, who's the CEO of that, and work up with some sort of agreement.

And New York State gets a $6 rebate for using one of these things.

We are putting together a registry, to make sure to find out, like Senator Amedore said. It is so important for to us have that, and figure out where these are being used, so we can dial into that area, specifically here in New York City, or specifically in Westchester, specifically in Albany, or Erie County.

So, yeah, it is a lifesaver, no ands, ifs, or buts about it.

The stigma's got to come off, that's for sure.

SENATOR AMEDORE: Dr. Kunins, do you believe -- do you feel that there's enough treatment within the city limits, the five boroughs, beds, types of beds, and services?

DR. HILLARY KUNINS: So, I think a couple of things.

One is, we do have access to treatment that I know is much more robust than other parts of the

state. Just to acknowledge, really, a shortage of many services in other parts of the state.

I think that there's a misconception around what works as addiction treatment, and that the only thing that works, I think some families believe and some people believe, is to go far away to inpatient treatment for long periods of time.

And the risk there, is that people come back to their communities and are exposed to some of the same stressors and problems that they were caught up in before they left.

And so I think our main agenda is to really expand availability of services, and the idea that people can get treatment near their homes and in their own communities using a range of modalities.

One thing that we've been, as you heard from my testimony, really quite preoccupied, is making sure access to good pharmacotherapy or medication treatment, which, in our field, is often yes or no; not, what do you need right now at this time?

And so I think our view is that we want to give people every advantage to get the most effective treatment for them at that time.

Let me just -- I want to make one quick comment about the naloxone, because I think,

Senator Murphy, you raised a really important issue that I get a lot questions about, is: Gee, if we start making naloxone available, are we going to unintentionally cause more drug use or more severe drug use?

And I think that's a really important question, because we certainly don't want to do that. That's not -- we have the opposite agenda.

I think that we know from scientific studies, actually, that when you make naloxone widely available in a community, that, in fact, at least in some of the studies, drug use actually goes down.

Why?

People actually think, gee, this is risky, and whoever is giving it to them is educating them about the risks of drug use.

And there's some evidence that some people use drugs in a safer way, less often, less amount and so forth.

So we haven't seen that increase.

That I think that, you know, many people raise this issue, and we're going to continue to look at that, certainly in the city. And there's lots of good signs happening around the country.

So, we've not seen it so far.

SENATOR GOLDEN: The -- I know you talked about the long-term-care facilities, whether people go away, and the short-term facilities.

But part of that is that teaching, and that coming across and getting those people back into community, back into family, is people, places, and things.

So they are taught those issues, and when they return to their communities and what may happen.

Can I have one of those Narcalan (sic) sets before you leave, sir?

Thank you. You're a great man.

Thank you.

The -- so the -- so, to me, they do work and they work well.

But there was something -- your testimony here, which I -- the opioid addiction, particularly using methadone and buprenorphine decreased mortality, do we have enough locations around our city?

Did you -- did your testimony seem to give us an impression that there may not be enough of these locations?

DR. HILLARY KUNINS: So we -- there is

capacity in methadone maintenance programs in New York City.

What there is not enough capacity is physicians prescribing buprenorphine as part of routine practice in outpatient settings.

SENATOR GOLDEN: Because they don't know it, or --

DR. HILLARY KUNINS: So I would bring us back to, partly, it's not integrated enough into medical-school education and residency education, and bring us back also to stigma.

So doctors are no different than anyone else, including me, and that stigma affects their own perception of what they do and don't want to take in.

And I think we need to work on training, and training physicians, to think of addiction like other illnesses, a medical illness to be treated.

SENATOR GOLDEN: The -- on the back end of that, you mentioned nurses that can prescribe prescriptions and are not under the I-STOP.

Are they --

DR. HILLARY KUNINS: They are under I-STOP as well.

SENATOR GOLDEN: Okay. And that would be

which two units that you just mentioned?

DR. HILLARY KUNINS: So nurse practitioners --

SENATOR GOLDEN: Nurse practitioners.

DR. HILLARY KUNINS: -- and physician assistants.

And so these are medical professionals who are terrific, who are able to prescribe prescription painkillers; yet, according to federal prescribing regulation around buprenorphine, not able to treat addiction.

SENATOR GOLDEN: Okay.

And then I want to go back to the -- what about the bad player, the bad actor; the pain-management locations that are set up to give the impression that they are there to take care of methadone or other opiate addictions, or whatever issue they may have, whether it be a back pain, chest pains, leg pains, whatever it may be?

The bad player, the bad actor that's out there, that has the lines outside his door coming in, or her door, and getting pain management or more prescriptions, do we have a policy in the Department of Health on how we deal with that, with the doctors and with those facilities?

DR. HILLARY KUNINS: So regulation, as the -- as Bridget Brennan described, is actually through the State Department of Health, through the Bureau of Narcotic Enforcement, which is a State Health Department function and not a City Health Department function.

SENATOR GOLDEN: Okay.

DR. HILLARY KUNINS: So that would be where to go with that issue.

SENATOR GOLDEN: Okay.

DR. HILLARY KUNINS: And let me say, when we, the City Health Department, has taken on educating prescribers, which is I think a different -- a slightly different model, it's not -- it's to educate all prescribers to reduce short-term prescribing used as the minimal amount of opioids as needed in order to prevent the development of addiction.

So we've taken, very much, a preventive-oriented approach to reduce exposure and reduce development of addiction.

SENATOR GOLDEN: Is there any state legislation that you need, your agency, in being able to administer your functions and do that appropriately?

Is there any legislation that you need at the state level?

DR. HILLARY KUNINS: Let me get back to you.

SENATOR GOLDEN: If you can, please.

The Task Force is more than willing.

Like I said, we'll have it done within six weeks; the latest, two months to three months. We'll have it not only written, drafted, we'll have it passed in the State Senate, and sent over to the Assembly for their approval and their passage.

SENATOR AMEDORE: Doctor, I haven't -- you didn't mention anything about housing.

We've talked a little bit about treatment, but part of the -- I believe the process of treatment, whether it's medically assisted or not, what about housing?

I'm hearing a lot that there's not that transitional, that sober, that safe haven, that someone who has -- is going through, or just right after, can't go home, in many cases, because of the effects of maybe the influence of friends or family.

What's the City doing about that?

DR. HILLARY KUNINS: So I think part of the housing problem is also an affordable housing problem, and I know our administration is very

actively working on that.

One model that is very promising, in terms of connecting housing and stability for people with addiction, is the community-residence idea. That is a model OASAS, this is a State function, has recently funded a new community residence in Staten Island.

And I think that's a great model and example of how to move to more therapeutically-oriented housing for people who need it who have addictions.

SENATOR AMEDORE: Thank you.

SENATOR GOLDEN: We're going to go to the audience, with the Department of Health, and then come back and we're going to deal with the testimony for Stephanie Campbell from Friends of Recovery.

Any question for the Department of Health and the City of New York from the audience.

COLIN HICKS: Hi. My name is Colin Hicks, and I'm a recovering heroin addict. I'm in recovery now for two years; I'm two-years clean, just about.

SENATOR GOLDEN: Congratulations.

COLIN HICKS: Thank you.

[Applause.]

COLIN HICKS: My question is, mainly, is it -- I want to ask: Would it be safe to assume

that in the most recent years, the level -- or, the amount, I should say, of Suboxone, methadone, any of those, you know, medically-assisted preventive measures, have increased in the last few years?

DR. HILLARY KUNINS: Do you mean the availability?

COLIN HICKS: No, not -- the amounts that they're being used by medical professionals; that they're prescribed, that they're used as a form of treatment.

SENATOR GOLDEN: Use the microphone, please, Doctor. Thank you.

DR. HILLARY KUNINS: Methadone, no.

There have been some increases in the use of buprenorphine, yes.

COLIN HICKS: Okay. My major focus is that, going off of the previous presentation that we saw, the level of heroin abuse and overall opiate abuse has done nothing but increase in the recent years to a staggering amount.

And my question, more so, is maybe outside of your area of responsibility, but, I personally believe that too much emphasis might be put on this as a go-to treatment for something like this.

To me it seems more like, you know, an acute

treatment for a chronic disease. You know, it doesn't really do much.

We talked about eliminating the stigma that surrounds this. And I feel like this -- you know, these treatments do nothing but enforce that stigma, because, instead of going out to seek the help that can really change some of these people's lives, they say, Oh, well, we can go to the doctor and just take a pill, or, you can take this Suboxone, and it will go away, and, you know, our families and friends won't have to know about it, and you can go on with your life and pretend that this isn't an issue anymore; when, in fact, it is an issue.

I myself have tried these measures in the past and they did nothing but prolong my abuse, and make it to a point where I thought it was almost acceptable, that I could almost live with it.

And it wasn't until I got to the point where I had to embrace the idea that complete abstinence was the only way possible to get over this. And, obviously, I had to eliminate stigma issues in my life in order to do that.

But I think that, you know, we can all agree that that stigma is one of the biggest things that stands in the way of us really attacking this issue

head on.

And, in my opinion, I really think that these things are some of the things that stand in the way of eliminating that stigma.

[Applause.]

SENATOR GOLDEN: Thank you very much.

SENATOR AMEDORE: Yes, thank you for you're -- thank you for your dedication and sticking with it. And you have a community supporting you all around.

SENATOR GOLDEN: Isn't it much better having a clean life, not having to worry about it every morning?

Don't you feel great?

Doesn't -- don't you enjoy life better today?

You can smell that air, you smell the roses, you feel great about yourself?

And your friends and family love you, and they always did.

You just, at some point, let yourself down and let your family down, but you found your way home.

God bless you.

God bless you.

Doctor, you had one more thing, I want to ask

you, is the -- you said that you've seen a rise in heroin before the I-STOP.

How much of a rise did you see in that?

And when did --

DR. HILLARY KUNINS: I can't speak year -- I don't have the year-by-year statistics.

I think that we believe that -- and you've heard this story today, is people get exposed to prescription painkillers, develop an addiction, find their way to heroin, which is sometimes available --

SENATOR GOLDEN: It's the same, yeah.

DR. HILLARY KUNINS: -- and cheaper.

And so that progression, regardless of I-STOP, was beginning to happen in New York City and other places.

But we know this from the rise in mortality from heroin even before I-STOP actually went into effect.

SENATOR GOLDEN: Well, people wouldn't recognize it, that it just went into effect.

The -- but I'm glad it's working, at least on the prescription portion of this, the opiates, and the Vicodin and other pill forms.

But heroin is definitely ripping our communities apart, and our families, and we have to

do something about it.

And, again, I want to thank you, Doctor, for all the good work.

SENATOR AMEDORE: Thank you, Doctor.

SENATOR GOLDEN: Stephanie Campbell from the Friends In Recovery.

Please.

STEPHANIE CAMPBELL: First of all, good afternoon.

Thank you, Senator Golden, for the opportunity to be here and to present testimony.

Thank you to Senator Amedore for the extraordinary work he and his colleague Senator Murphy are doing in the Senate, and in really hearing us, and working on this issue.

I am Stephanie Campbell, and as the director of policy for Friends of Recovery New York, I am honored to be here at today's hearing to discuss how we can address the public-health crisis of addiction in New York State.

Friends of Recovery New York represents the voice of individuals and families living in recovery from addiction; families who have lost a family member or people who have been otherwise impacted by addiction.

The stigma, as we've heard, and shame that surrounds addiction, has prevented millions of individuals and family members from seeking help.

For New York is dedicated to breaking down the barriers created by stigma that result in discrimination and policies that block or interfere with recovery, which includes access to treatment -- addiction treatment, health care, housing, education, and employment.

But I'm also Stephanie Campbell who's a person in long-term recovery; and what that means, is that I've not used alcohol or drugs in over 15 years.

[Applause.]

STEPHANIE CAMPBELL: Recovery has given me the opportunity to be a wife, a mother, an employee, a New York State taxpayer, instead of a tax strain, who gives back to her community.

I've gotten three master's degrees as the result of my not using drugs.

SENATOR GOLDEN: I'll take one of them.

STEPHANIE CAMPBELL: We'll talk.

[Laughter.]

STEPHANIE CAMPBELL: And I'm just extraordinarily grateful for this gift.

I went from being a homeless street kid on St. Mark's Place, that didn't have a home, and didn't have a life, to being who I am today.

And so I'm extraordinarily grateful for that.

So as you know, heroin use, we've been talking about that, and prescription and opiate abuse, are having devastating effects on public health and safety in New York State.

The Centers for Disease Control and Prevention recently announced that drug overdoses now surpass automobile accidents as the leading cause of injury-related deaths for Americans between the ages of 25 to 64.

Every day, more than 129 Americans die as a result of drug overdoses, and over half of those deaths are related to prescription drugs.

And last month, as we heard, in Buffalo, 23 people perished from drug overdoses.

At one of our recent For New York recovery talks, Bridget Brennan, who you heard from earlier today, noted that, while heroin-overdose deaths affect white neighborhoods as never before, in New York City, the worst damage is found in communities that have suffered the longest.

The highest rate of heroin-overdose deaths is

in Hunts Point, Monthaven in The Bronx, where the problem is not new; and yet, in contrast, a Staten Island community once untouched by heroin is second highest.

So we know that addiction does not discriminate. It knows no bounds of race, ethnicity, creed, sexual orientation, gender identity, religion, or lack of religion. It impacts those from Park Avenue to park bench.

And, so, as this epidemic is multifaceted, so must be our response.

As a member of the recovery community, I know that my voice and my experience is invaluable because I've found an effective solution to my struggle with addiction.

Unfortunately, thousands of people have not been able to access recovery because there simply are not enough dollars and resources for recovery services for individuals and families.

And while countless hearings have been going on across the state, recommendations calling for the same resounding need of additional dollars to the New York State budget appear to have been ignored. Little is being done to address the overwhelming evidence that shows that community-based recovery

services and peer supports are needed to help individuals with addiction build and sustain their recovery.

Given this urgency, I call on our leaders in the Legislature and the Governor's Office to take immediate actions to address the current addiction crisis in New York State.

We must see an immediate increase in funding to the OASAS budget by a minimum of $50 million that would be an investment in recovery.

And I know it sounds like, "$50 million," but it's a drop in the bucket.

And we've heard folks talk about addiction being treated as a crisis.

And so once folks get out of -- if they're lucky enough to get into treatment, and they get out of treatment, they go back into their communities and there's is no support available, so we're setting them up to fail.

Sorry, I just wanted to reiterate that.

So the money that we're asking for would fund recovery organizations and centers. It would fund the implementation of recovery coaches and family-support navigators in every county across the state. It would help individuals and families

across New York State who are not accessing critical lifesaving treatment, get the help that they need.

Right now, we have an army of people with lived experience -- individuals in recovery, family members in recovery, and families who have lost someone to addiction -- ready, willing, and able to provide the recovery infrastructure desperately needed in their communities across the state; infrastructure, similar to what is being provided in places like the Brooklyn Community Recovery Center, which is a community-responsive, peer-driven support center that provides recovery services. They facilitate referrals, they mobilize resources, they link individuals to community social supports, that assist people in their recovery from addiction, as well as other recovery issues.

But they, and thousands of individuals and family members impacted by addiction, need your investment to do so.

We see that solution to the addiction crisis lies in increased funding, legislation, and policies that sustain recovery, support health and civic engagement, for individuals and families affected by addiction.

I've sat in the same rooms as you in numerous

hearings across the state, and in each of these hearings, we've heard the same thing: That, simply, there isn't enough dollars and resources being invested in the solution of recovery.

The end result is that people who get out of treatment are not getting the community services and supports they need to keep them from relapsing back into active use, and, too often, they die.

We need to act now before another 23 families in Brooklyn, in Buffalo, or any other community across New York State, lose another loved one to the chronic, treatable disease of addiction.

Thank you for your time.

[Applause.]

SENATOR AMEDORE: Thank you, Stephanie.

Just for on the record, full disclosure in the audience, Stephanie Campbell has been such an instrumental advocate for not just for New York and everyone in recovery.

You heard her story.

This is someone who lives, who has had a horrible past, but such an astonishing and successful present, and a great future, because of her experience.

And she has, literally, gone to just about

every single Task Force hearing that we have had throughout the state. It seems like, sometimes, we're bumper-to-bumper going to these things.

And her story just keeps going, and she has made such a huge impact in so many people.

I've spoken to individuals who are hard-core users, who sometimes they'll come to a Task Force hearing and they will testify, and they will share.

And, what can we do?

How can we in the State Legislature help someone who is actively using?

And she listens, and she doesn't speak every single time, publicly testify like she did today. But I've watched her after individuals speak, and the amount of care and the hugs and the service that I know that she is helping with those individuals is making a huge difference.

And so I want to thank you for that, Stephanie.

And to your point, and your request, you know, I sometimes think that your $50 million asked for the increase to OASAS is way too small, because it takes so much more, and this is a large state. And just think about, just Brooklyn alone, $50 million.

And there's many providers here, and even the doctor representing the Health Department in the city, would say, Man, that's just a drop in the bucket.

We in the Senate are working on, and asking for, I believe even much more than that.

Let's see where it goes, and what we can do.

But, again, it's a multi-prong approach.

And I have -- and I'm sure that there are family members in the room in the audience today, this afternoon, who wish that they could have a family-support navigator alongside of them, and they don't know where to go. What is a family-support navigator?

And that service alone, that coach, or that mentor, is so crucial, I believe, for an entire family to just make each step, day by day, and how they can cope, but how they can overcome the stronghold in their family's life.

And it can, as we heard that young gentleman right there, overcome.

And, so, I love to hear the victories, and the testimony. And, you know, it gives me a great deal of motivation to continue on this fight, because it's a hard uphill battle, but all of us

together can make a big difference in this.

So thank you for being here today.

SENATOR GOLDEN: Thank you very much, Stephanie.

Thank you very much for your testimony.

[Applause]

SENATOR GOLDEN: If you could leave your testimony behind, we'd like to have that as part of the testimony for the -- and I hope we got the other testimony from the previous.

I'm going to call now the next group.

Ladies and gentlemen, we're going to start with a parent that is here with us today, and then followed by Donna Mae DePaolo, the president & CEO of Resource Training and Counseling.

And then we'll go to Bill Fusco, the executive director of Dynamic Youth.

Donna Mae, can we introduce the parent? Can you introduce, if you wish?

DONNA MAE DePAOLO: Sure -- yes, I'm sorry. Every time Ann Marie speaks, I get emotional.

But, this is Ann Marie Pirada (ph.), and she's our new director of operations for the new detox that we will probably be opening July 1st. So...

ANN MARIE PIRADA (ph.): Hi.

On April 10, 2011, I lost my son Christopher to a prescription-drug overdose at the age of 22. My son not only had a drug addiction, but a mental-health disease.

As you may know, drug addiction stem from not only mental-health disease, but also by peer pressure and lack of education, knowledge, and awareness of what these drugs do to you physically, mentally, and how it destroys your loved ones.

There should be education for all medical fields, law enforcement, board of education, parents, children, and the community on prevention, along with understanding that this is a disease and it should be treated as if.

For instance, if your child or relative had cancer, you support him, get the correct medical attention, and support their disease. As cancer, if you are in the recovery process, you will continue your treatment because of the unknown.

My experience with this disease is that, not only were we treated as if we were criminals, but also looked at by the community as bad people, due to the lack of knowledge and education.

There is too much judgment and not enough

knowledge.

Also, as a parent, I was uneducated on this disease, and I took the advice of others because I didn't know where to turn and I was misinformed how to handle my problems with my son, like, tough-love.

Kicking him out on the street and not standing by his bedside, fighting this disease, I did not follow my heart, and I live and suffer with the regret every day because, bad advice, I feel like I killed my son.

My journey in life is to help others get the help that I could not get for my son.

I went through courts. I wrote letters to judges. I went to treatment center after treatment center, and was denied the detox.

It took me 12 1/2 hours one day to get my son help when he finally came to terms and said, "I need it."

I went to rehab. They said I couldn't put him in because he was on benzos, which were clonazepams and opioids. Okay?

I went to detox, and they said because he was on benzos they can't take him.

I went to the emergency room and the doctor

said, "We can't help this," until they saw him popping -- taking the pills out of his underwear, because they stripped him down. He had a stash in his underwear, and popping three and four pills at a time.

They tied him down, and released him 24 hours.

When he got out, he wanted to come home, and I said, Sign yourself into a detox now. You're allowed to.

He didn't.

A couple days later he came home and said, Ma, I went to the hospital because I -- my heart hurt.

My son's lips were purple and swollen, so that's a sign of heart failure.

I brought him to the hospital and I begged the emergency room to get the psych ward involved because my son was killing himself.

Where else could I turn, because the courts, the police, rehab, detox, nobody was helping me.

So I went to the emergency room for the psych ward. I told them I'm not leaving here until my son is signed in. That's it.

I stayed until 2:00 in the morning, waiting

for the psychiatrist.

They signed him in, and my son's last words to me were -- me and my son's last words were:

"Christopher, I need you to grow old with me."

And he said, "Mommy, I'm not going anywhere" because he had no clue on what was going to happen.

He left me and his sister heartbroken.

There's no help.

And when you get the help, they treat you like garbage, because of this disease. Nobody is educated on either/or.

If you have a mental-health disease and a drug addiction, nobody wants to get their hands dirty, because it takes too long of a process to heal.

And that's what my experience is with a lot of people: my son's friends, my son, family members.

And I have parents coming to me because they saw my commercial. I speak -- I spoke for the Health Department. We came out with the I-STOP program. I was there, I did the commercial for them.

I speak with the DA, first, Dan Donovan, and now Mike.

I now work for Donna, because there is no judgment in the place that she has. We will not deny anyone. And if they are willing to get help, which, I still don't understand that part, because you're high, you're not in your right mind, and you have that right to go to jail or a drug program.

Let's see, my son got arrested with 234 pills. They said 30 days in jail, or, go to a drug program.

What would you choose?

He was not in his right mind, and he shouldn't have had that right, no matter what age he was.

The doctor -- what I think is, a court should give at least three months' evaluation if they think they're a drug user, a mental evaluation and a drug evaluation, and then they should be placed.

This needs to be funded, because just throwing them in jail or giving them the option, there should be no option. They're not in their right mind.

Law enforcement has no education about this. They get annoyed when you call them to try to come and help you.

Denial.

Treatment centers, I spoke about.

When you're in treatment centers, they like to kick you out quick for the little things that you do.

Now, withdrawal comes with behavioral problems, and everybody should understand this.

We not only have to educate, but we have to stop denying that there's an opioid and heroin problem.

And everybody, as you said before, is in denial.

How my son started with these pills, is he got into a minor car accident, and a doctor prescribed him "perc 30s," that they call it, right, for a minor back injury.

My son got a list of doctors that you could get drugs from -- these drugs from.

When I went to bring him into a program, they gave me another list, because they wouldn't accept him in that program unless he was on Suboxones.

300 to 500 dollars a prescription, and $300 for the visit, okay, to try to get you off the Suboxone-- the opioids.

The doctors are still writing prescriptions, but now for a higher price, because of the risk.

That's right, they should get their license taken away. They went to school to save our children or save our lives, and they're killing us.

That's how the heroin epidemic came about, is the doctors writing these prescriptions.

So, we are opening a detox in Brooklyn because of the need and demand in our community. Our detox center will be a no-judgment zone.

And if we cannot take them into our facility due to medical issues, we will take them to a facility that will fulfill their needs, and not just throw them into the street.

And that's another problem we have.

But, we won't stop there, because I didn't have anybody to turn to.

We will not only treat the addict, but we are treating the family as well. We feel it is necessary to help families that lost their children, and families that are struggling to keep their children alive.

Thank you.

[Applause.]

SENATOR GOLDEN: No, thank you.

And there are a number of children in this audience today -- or, I shouldn't say children --

young men and women that have been given a gift by God, by having the ability to get into a program and save their lives, and to be able to bring their families together.

Unfortunately, that did not happen with you.

And you're not the only mother out there that is without a son or a daughter.

And, unfortunately, someone today in this community, or close to this community, will have the same; they will lose a son or a daughter to this terrible, terrible scourge of heroin.

All I can say is, that my prayers go out to you.

But I would ask you strongly, do not live the burden that you think you killed your child.

You did not.

You did everything that you could possibly do.

So, please, for your own sake, don't live with that. You're a young woman, you have many years ahead of you.

We all feel your pain here today, but don't live with that burden. Please.

And thank you for your testimony.

ANN MARIE PIRADA (ph.): Thank you.

[Applause.]

DONNA MAE DePAOLO: Hi.

My name is Donna Mae DePaolo. I'm the president & CEO, Resource Counseling & Training Center.

We have two outpatients, thanks to Senator Marty Golden and the Community Board 10.

We recently opened in Bay Ridge because of the opiate problem.

I think Billy Fusco and all the other people at the table probably can -- for me to go through the same thing again and answer these questions, I think will be redundant, so I'm going pass it on to Billy, actually.

SENATOR GOLDEN: Bill, before you start, is there -- I seen somebody else from Staten Island from another detox group.

Who was here just a little while ago?

Did he leave?

No?

I thought I seen someone either from TASK or from a day tox.

Okay.

I'm sorry.

Go ahead.

WILLIAM FUSCO: I usually don't read, so bear with me.

I will start --

SENATOR GOLDEN: You can read, Bill.

WILLIAM FUSCO: -- (unintelligible), but then what I'm going to do, is I'm going to go to my old self and talk off the cuff, which is more my style.

SENATOR GOLDEN: I like your Brooklyn-ese.

WILLIAM FUSCO: And, you know, this is my neighborhood.

Me and Donna Mae grew up in the same neighborhood, a couple blocks from each other, although we hung out in different crowds, but, same idea, Sunset Park.

And let me just say for myself, I was a very lucky young man, because I was in a lot of trouble at 23 years old, and I found my way into a drug program through very little effort of my own, you know. There was a guiding force that I didn't understand at the time, but it gave me a chance to -- it gave me a second chance, instead of going to prison.

And in that process, I really believe that I've lived my life, understanding that I owe back, and it's been the most important thing in my life,

to be able to owe back and see what we -- where we are today.

Like some of us at this table, I'll just say that we're in the eye of a hurricane.

So what I see is, many times, some of the victories, Senator Golden and Senator Amedore, and we're seeing really wonderful, wonderful victories. People going to -- back to college. Some becoming physicians' assistants, nurses --

SENATOR GOLDEN: Bill, if I can stop you short?

Are there some of the victories here in the community, if they could stand up?

WILLIAM FUSCO: Absolutely.

SENATOR GOLDEN: Some of the victories in this community want to stand up, please.

Stand up, kids.

Give these kids a round of applause, ladies and gentlemen.

[Applause.]

WILLIAM FUSCO: And on the other hand, let me just say about this epidemic, that we don't go past a week without hearing of somebody passing away.

So let me just start with my testimony, and then I'm going to read a little letter that was from

a while back, from a Marie DeGregorio (ph.) from this neighborhood here.

Good afternoon.

My name is William Fusco, and I'm The executive director of Dynamic Youth Community.

DYC's main offices are located in Brooklyn. We have a residential program located in Fallsburg, New York.

For over 43 years, we have been providing long-term residential treatment and outpatient services to adolescents and young adults between the ages of 13 and 25.

I am testifying on behalf of all the young people and their families we serve, as well as the hundreds and thousands of people who are struggling with opiate addiction.

Thank you, Senator Golden, Senator Amedore, and Senator Murphy, and Senator Ortt, for inviting me to testify today.

I am pleased to provide my recommendations on how we could work together to fight this epidemic that has destroyed so many lives over the last decade.

Beginning in 2008, DYC saw a shift in drug use from street drugs, crack cocaine, and other

drugs, to prescription drugs; specifically, opiates.

It quickly became apparent to us that young people were able to access these drugs much easier than street drugs.

As we began to understand how highly addictive and potent these drugs are, early in 2008, we began to alert OASAS officials, community leaders, and legislators, educators, and the media, about this new trend and the danger we feared.

We were met with much resistance from most of the people we talked to; people just couldn't understand that this was possible. They certainly didn't want to believe it would bring us to where we are today.

It is important for me to note that, very early on, Senator Golden and his staff were highly concerned about what we were reporting, and continually made efforts for us to express our concerns to the appropriate officials.

Unfortunately, it took a number of years, too many, in my opinion, for a call of action to occur.

By 2015, 23 percent of our admissions reported prescription drugs, and 72 percent are heroin, primary drug. This total is 99 percent of our members in Dynamite, which number over 175.

99 percent are addicted to one degree of opiate or another.

And if I can just say, when we first started to see this, it was 20 and 30 percent. There's always been some heroin in Brooklyn, always. Brighton Beach was a hotbed of heroin for years and years in the '80s and '90s.

But the spike that happened, from 20 percent heroin, to 72 percent, you know, is something that has never happened for us in Dynamic.

And what we're trying to do is adjust; adjust as fast and as quickly as we possibly can to the demands that this takes on.

Where we are today?

We have I-STOP; a statewide public-awareness campaign; widespread availability of naloxone; limited expansion of treatment options, such as additional residential beds and medication-assisted treatment; and, in comparison to the enormity of the problem, a small amount of additional funds to address this issue.

Still, we need to do more.

According to the National Institute of Drug Abuse, 2014, there were 11,000 deaths in the United States from heroin, 18,000 from opioid pain

relievers.

This is tragic.

In New York State, overdose deaths continue to rise.

We need to do more.

Providing the appropriate level of treatment for someone with an addiction is often a challenge. There is no magic bullet; yet, there are options.

This can't be a one-size-fits-all approach.

For example, researchers from Harvard Medical School and Dartmouth College determined that young people between the age of 18 and 25 were substantially less likely to stay involved in buprenorphine programs than older adults.

In other studies conducted by CSAT, researchers concluded that for adolescents and young adults, family involvement greatly improved treatment success.

OASAS has licensed providers need-- OASAS must provide more resources for these approaches.

Whether the approach is being -- is long-term residential, outpatient, or medical -- medicated-assisted treatment -- I like to say "treatment assisted by medication" -- with counseling, more resources, and expedited

application processes should be implemented immediately.

In addition, programs and activities that raise awareness need to be implemented statewide.

DYC has always considered it a responsibility to talk to the community, especially the kids, on the dangers of drugs. We have been doing this for 43 years.

About a year and a half ago, DYC and Kings Bay Y were awarded a grant to raise awareness in the Brooklyn Russian-speaking community about opiate addiction. This initiative has been extremely beneficial.

In DYC alone, we have had over 40 admissions as a direct result of our work.

Hundreds of phone calls came in as a result of weekly radio shows we participated in, and we were able to direct people to the appropriate level of care they needed.

We should be doing more projects like this statewide that focus on the specific needs of a community.

We are still amazed at how little people know about this issue, but, at the same time, we see a shift in the stigma, especially among our young

people. They are reaching out and asking more and more questions.

Everybody knows somebody who is addicted to drugs.

Once again, I would like to thank Senator Golden and members of the Joint Senate Task Force on Heroin and Opiate Addiction for the opportunity to testify today.

In 2012, and I'm not going to read the whole thing, but, Marie DeGregorio, who lives on 73rd Street, which is a walking distance from here, you could be there in five minutes, she writes:

"Today, on January 12, 2012, I've come home from another funeral. Sad and heartbreaking, Giuseppe had just turned 18, and died of a drug overdose.

"I feel myself" -- "I find myself feeling helpless and angry, and so angry. I can't help but think that this could have been my child, my little girl. Giuseppe's tragedy could have been my family's nightmare.

"I feel such anger and rage. Number eight, the eighth death of prescription overdose drugs in my neighborhood, Dyker Heights, Brooklyn, a good

neighborhood, with good kids, and private schools, coming from good families.

"I can't help but feel rage. I want to stand up on street corners and scream: When? When? When is someone going to realize what is happening? When is somebody going to do something about these drugs?

"These are legal drugs. These are legal drugs. It is out of control. It has become an epidemic.

"I'm angry, so angry.

"Doesn't anyone see what's happening? Doesn't anyone care? Hello? These kids are real. They are dying. Why isn't anything being done?

"I hear State wants to cut funds for drug treatment. They want to minimize long-term treatment. Are they crazy? Are they trying to kill our kids?

"There are many parents that share my anger and we are tired of being neglected and overlooked."

She goes on to explain that her daughter came into Dynamite, and is in her eleventh month at the time, in 2012. And that she found out that her daughter was on drugs, because she had a skiing accident; and in having the skiing accident, they needed to give her some narcotics to ease the pain.

Well, they gave her the most massive -- they gave her as much narcotics as they possibly could give her, and she was still in tremendous pain.

So, there, the light bulb finally went off, and they realized they had a daughter that was addicted.

Thank God, Alyssa (ph.), at this point, is now working to become a dental hygienist. She is 3 1/2-years clean, and doing very, very well for herself.

I did want to read the last paragraph because it's very, I think, appropriate for where we are today, sitting here in Dyker Heights, because in the last paragraph, she says:

"Please hear me, please, I beg of you for our children, grandchildren, and nephews, brothers, sisters, and friends. Please hear me as I rage inside for the lost lives of young kids and adults in my life and in my neighborhood.

"Within four years of time, there have been eight deaths of overdoses. Stephen, 16. Aisel (ph.), 17. Gaitano, 23. Mike, 20. Ahmid (ph.), 19. Mario, 55. Danny, 26. Giuseppe had just turned 18. And my dear sweet loving brother Frank, who struggled with addiction

for years.

"They didn't want to die. This is something that is happening."

This was addressed to Governor Cuomo in 2012.

And I think, finally, there might be an answer to what's going on in the drug epidemic.

And I can't applaud you guys more, you know, stepping forward.

I've known Senator Golden for, you know, a number of years now, and he's a staunch supporter, and talks straight and direct.

But, what we're starting to see now is all the parts of New York State coming together.

As much as I say all of what I can say, I try to do my best with it.

We got some guys from the program here. I could fill up this hall very easily if I had a little more time.

But, we pulled some guys together that wanted to come and stand up, as you did with them, because our guys really do feel like that they want to let people know who they are, and what they're doing for themselves, so maybe it makes it a little easier for the next guy down the road who needs to come into a program.

I also want to say that, you know, what we're going to concentrate on right now is our workforce.

Our workforce has been depleted tremendously.

One of the things that really helps a program stay consistent is when you have a stabilized workforce.

When you can only pay people $28,000, and $30,000, and $32,000, after 5 years worth of experience, they can't stick around.

And that experience is so necessary for what we do.

So, it may sound a little self-serving, but, we need to stabilize this workforce as best as possible, and we're going to be talking with you guys about that.

The other thing I just want to do is extend an invitation to Senator Murphy, and you, Senator Amedore, to come visit programs. Come out to Brooklyn, come see Dynamite, come see Donna Mae's program. Come talk to the guys in there.

That, to me, is the most -- that, to me, is the biggest, we call it -- I'll call it "a learning experience." We have another term for that.

But, a learning experience that you can have, because, you know, right there, I think, when I need

my batteries charged, I talk to these guys, you know.

And I know sometimes in the work that you're doing, maybe once in a while, coming to a program would help you, and help you get your batteries charged a little bit.

So, with that, I thank you again.

[Applause.]

SENATOR GOLDEN: We're not out here to give any advertisements.

Of course, you all do a very hard job, and you continue to do that each and every day.

But, you know you're live. Right?

So, as you're live, we're getting a number of e-mails, responding.

I got one here, and I don't know if I should go live -- I won't go live with the name.

"Dynamite Youth Center is an amazing staff, saved my life. The heroin epidemic is out of control and we're losing our kids. If you have a teen, young adult, struggling with addiction, go to Dynamite. They're located," and give your address. "You will not regret it."

And that is people responding to what's going on here today across our community.

So, your son went home. Many sons and daughters have gone home.

Many of our kids, young men and young women, unfortunately, go out a second time, or third time.

There may be no second chance.

There may be no third chance.

And I think your letter comes to the point, and your testimony here today goes to the point, we need to get more services and more money into programs.

We need to get more people out of addiction and into these programs, and we need to be able to support the families during, before, and after the crisis.

So I want to thank you, Bill, for your comments here today.

And yours, Donna Mae, as well.

[Applause.]

SENATOR AMEDORE: Mr. Fusco, if I may ask you a question.

You mentioned in your testimony, either -- what do you think the State or OASAS could do more of or better?

WILLIAM FUSCO: Well, there's a list.

SENATOR AMEDORE: Could you please write that

list out and send it over to us?

WILLIAM FUSCO: On the top of that list is, really, access to treatment when people are -- when people are -- you know, when people are ready, you know.

As I think, Senator, you would understand, you know, a lot of times, there's a window of opportunity that you have. Sometimes it's 48 hours.

SENATOR AMEDORE: About this big.

WILLIAM FUSCO: Exactly.

SENATOR AMEDORE: It's almost immediate when they need it.

WILLIAM FUSCO: And you've got to be able to act and get somebody in, and get somebody clean and started.

We try to bring people in on -- if they -- if they -- if we interview them and they are for us, and they want to be there, we start them right then, right that -- at that moment, that's when they start. And then we figure out everything later, sometimes at the expense of --

SENATOR GOLDEN: Finding the beds, everything else, we're going to come to those questions very shortly.

SENATOR AMEDORE: That's the insurance and

the whole nine yards. And it's a matter of --

UNIDENTIFIED SPEAKER: If I could just answer on the -- on the ask --

SENATOR AMEDORE: Sure.

UNIDENTIFIED SPEAKER: -- you know, that's what we were referring to in the testimony, and that's a couple of things.

One is that, to put up a new bed, and what it takes, the process, and how long it is, is part of the problem.

So one of the things we're asking for is expedited application process so we can get these things moving quicker.

Some agencies, like Dynamite, and other agencies, have property, we have a building, we have -- so we can move it along quicker in that case.

The other thing we're asking for is, when you talk about medication-assisted treatment, and I really wish Hillary was still here, because one of the things that we're seeing in Brooklyn, I have a list of 11 doctors who prescribe Suboxone. All of them accept cash only. All of them have a minimum of $150 to walk in the door. All of them have a system where, the patient comes in, they get their

buprenorphine every couple of weeks, and there's really no counseling attached to that. Some of them won't even work with us. Some of them have gone as far as saying to the patient that they don't need residential treatment as long as they take this prescription, and they maybe combine it with something else.

So, there's opportunists out there; there's people out there that are taking advantage of this epidemic in a way that's hurting people in the long run, because it's allowing them to stay addicted. They're really just maintaining.

And that's what Colin was talking about before.

So we ask that OASAS, and if we can, get the resources, the funding, to OASAS; give us the resources so that we can do this within our programs, and that you have under one roof, to be able to provide treatment to people in terms of what they need.

Colin talked about in his experience getting to where he can be completely abstinent.

You know, you can't do that in a doctor's office, you know. And that may work for some.

But what we're talking about here are the

resources to be able to do that.

And, also, to maybe look and see what the doctors are doing, and to be aware of what the opportunists are bringing to this, because it's very disturbing to us, on the day-to-day, what we hear, and keep talking to the young people and the other people that are in treatment.

WILLIAM FUSCO: We certainly support medication when necessary, but we also think that there has to be some kind of treatment protocol attached to it for it to be anything that's substantial.

And so, you know, whether it's outpatient or inpatient, you know, we also really feel, if we could dispense medication within our program, then we could detox somebody within the program, keep them under our guidance, and -- and, you know, keep them as part -- and get the peer support that's necessary for that. And then, you know, obviously, try to give them the best protocol that we can.

SENATOR AMEDORE: I will tell you that most of all of the education and the knowledge that I have on this topic now, since chairing the Committee and co-chairing this Task Force, has not been just because of these task force.

I have been in many, many providers -- treatment providers, inpatient, outpatient, services, you know, all throughout the Capitol Region area, and, it's my district, and there are so many. And my district is five counties. It's a 140-mile stretch of New York State.

So that gives me the best feel, sense, is when I sit and talk to the individuals who are sitting in the audience today. And they need to get involved.

And they being here today is awesome. They are involved.

But we need to get them more involved, for their own sake, as well as to show everyone that, yeah, I was a user. Look it.

And you would never think that they ever were.

But they overcame, and they're chains were loosened, and they overcame the stronghold in their life, and they are living victorious. And now they need to continue to pass it forward, to help someone else.

So, thank you, Bill, for your heart.

WILLIAM FUSCO: Oh, well, thank you.

SENATOR GOLDEN: Karen from the -- Karen Remy, chief program officer, Turning Point Community Services, followed by Josephine Beckmann, district manager, Community Board 10.

KAREN REMY: Thank you.

Good afternoon to the Task Force Chairs, Senators Murphy, Amedore, and Ortt, to Senator Golden, staff, guests, and neighborhood residents.

Thank you for the opportunity to testify before you today about the public-health issues related to heroin and opiate use in our neighborhood, and the roles we play in the prevention of increased use and overdoses.

My name is Karen Remy. I am the chief program officer for Turning Point Brooklyn.

We have been serving the Sunset Park and neighboring areas for 40 years.

We provide an array of services, including transitional and permanent housing, high school equivalency, English for speakers of other languages, and college job-readiness and placement.

We also have HIV, hepatitis C, prevention-testing case management, and we have a needle exchange.

We have an outpatient drug treatment that is medically supervised and certified to administer Suboxone.

I was born in Sunset Park, and raised in Bay Ridge and Dyker Heights.

I am grateful to be speaking to you here today, not only as an expert in the treatment of addictions, but also as someone who cares for the neighborhood and its people.

I also love someone with an opiate addiction.

Today, I would like to impart information to you, as well as those seeking more knowledge on opiate and heroin addiction, those who are using drugs, and those who are concerned about someone who is using drugs.

Just a little bit about our treatment program, which is located at 5220 4th Avenue in Sunset Park.

56 percent of our clients in treatment are opiate-addicted: 47 percent to heroin, and 9 percent have a primary substance abuse of Oxycontin or other opiates.

19 percent are in treatment for alcohol, 6 percent for cocaine, and 2 for crack.

Some of our clients have secondary drugs that

they use: Alcohol, 25 percent of our clients; cocaine, 21 percent; and marijuana, 11 percent.

So why are we here today?

We are here because the rate of heroin-involved overdose deaths increased each year from 2000 to 2014, for a cumulative 88 percent increase.

We are here because heroin was involved in 57 percent of all overdose deaths in New York City, making it the most common substance involved in overdose deaths.

We are here because 55 percent of heroin-involved overdose deaths among New York City residents were among residents of Brooklyn: 29 percent, which is 116 deaths, and, The Bronx, 26 percent, which was 103 deaths, in 2014.

We are here because, from 2013 to 2014, rates of heroin-involved overdose deaths more than double in Bensonhurst and Bay Ridge.

We are here because, from 2013 to 2014, New Yorkers, age 35 to 54, have the highest rate of overdose deaths involving heroin.

We are here because among New Yorkers, aged 15 to 34, the rate of heroin-involved overdose deaths more than doubled in -- from -- in

2010 to 2014.

We too are concerned about the trajectory from prescription opioid use to heroin use.

Prescription opiate misuse remains one of America's biggest drug problems.

In recent years, the number of people using -- misusing prescription pain relievers had leveled off; however, the number of people dying from overdoses continues to rise, and a new epidemic of heroin use has emerged, as many people misusing prescription opioids transitioned to the cheaper, often easier to obtain street-relative.

So I have a couple more statistics that I'd like to share, and this is -- most of the next statistics are pertaining to young people.

In 2011, 7 percent of New York City students in grades 9 through 12 reported past-year non-medical use of a pain reliever.

That is information from the New York City Department of Health.

There was a small study done by the NIDA, which is the "National Institute On Drug Abuse." And in this study, they worked with 33 young people, ages 18 to 32, and they reported non-medical pill use at least once in the past month. All of them

said that their use was initiated, early, mid-teens while in high school, cost-free access via family-member prescriptions, and our friends with the same.

Once this access is gone or dependence increased, they will return to street purchasing. Pills are expensive. Heroin is cheap and longer lasting.

92 percent of people who use pills proceed to heroin use. 24 percent start with injecting, 75 percent with sniffing. Within nine months, all had injected heroin.

And there was -- and this cohort that they studied, there was a huge overdose risk because, you know, these were kind of un -- they were young people, and the purity of the drug was inconsistent, and just their lack of experience.

The strongest predictors of initiating heroin use were non-oral use of prescription opioids.

Early age of onset of illicit prescription opioids use was also a predictor of heroin initiation.

So like I said, I just want to, you know, talk to all the people in the audience, who may be here for different reasons, and, you know, I want to

tell, you know, if you are somebody that is concerned about somebody, educate yourself. You need to have a clear, knowledgeable understanding of what you and your loved one are going through.

There are several -- there's two Facebook pages that I've been -- that I've been on, that have been very helpful.

There's one called "The Addict's Mom." And there's another one called "The Fix," which is for information.

If you or someone you know is using and does not want to stop, learn how to use safely. Use needle exchanges. And find out about safe-use practices.

Via the thrive new -- a program called "Thrive New York City," we are trying to increase the number of doctors who can prescribe Suboxone, a med that treats addiction by stopping cravings and withdrawal symptoms.

The Mayor has a task force called "The Heroin and Prescription Opioid Public-Awareness Task Force." It's chaired by Health Commissioner Bassett and Staten Island Borough President Oddo. And I'm looking to them, as well as the other task forces that are happening in the city, to, you know, give

us -- these task forces have to have teeth. They have to have results.

We need to continue measures to reduce inappropriate opiate prescribing.

Prevention education to those who take these prescriptions, about keeping them out of the hands of others; education and access to harm-reduction and recovery services for those who are addicted.

Prevention programs in schools that specifically address the range of opiates.

And, most importantly, if you have questions or concerns, please reach out to service providers, such as Turning Point, such as the Resource Center, such as Dynamite, and any other colleagues that I have that are here.

Thank you.

[Applause.]

SENATOR GOLDEN: Karen, we're probably going to come back to you shortly. I'm going to talk about education. I'm probably going to ask the questions:

Is the -- what age should we start?

What grade should we start?

And are we starting early enough?

And the curriculum in the state of New York,

does it need to be updated?

But we're going to come back to you on that.

Go ahead, Josephine.

JOSEPHINE BECKMANN: Thank you, Senator.

My name is Josephine Beckmann, and I'm the district manager of Community Board 10 in Brooklyn, representing the communities of Bay Ridge, Dyker Heights, and Fort Hamilton.

And for those of you not familiar with what a "community board" is, we're a local municipal agency, and we have an interesting composition, in that, we have 50 volunteer members that live throughout the community, that listen to various issues, including service-delivery needs.

And I'm here today to speak because, as we have heard from those who have testified before me, we have a problem with addiction in Bay Ridge and Dyker Heights, and some of the data is staggering.

As district manager, a big part of my job is reviewing complaint data via community-board complaint logs, the 311 open data, as well as the New York City Department of Health.

And, Senator, to your point earlier, it really is important that we kind of hone in on the Department of Health, in making sure those

statistics are accurate, and include suicide, and include secondary causes of death, which we have heard, anecdotally. And those statistics become important as we advocate for city service-delivery needs within the district.

So, in 2014, the drug epidemic came to our doorstep at Community Board 10 when residents -- everyday residents came and brought to our attention rampant street-level drug use, that included many residents seeing young teens smashing opiate pills and snorting them very much out in the open, and families began to come in with stories of loved ones who were addicted.

And the list goes on.

So, in 2014, Community Board 10 formally organized a response to the sharp uptick in complaints about the street-level opiate use.

We transitioned from a reactive and referral approach to community concerns brought to the board, and joined with agency officials and our elected officials to form our own Community Board 10 Drug-Abuse Task Force.

CB 10's drug-abuse task force was comprised of members of CB 10, elected officials, community organizations and leaders. There were three ad hoc

committees of our health committee, which included education, treatment, and enforcement.

It was at those meetings where board members met with leaders of treatment services who are here today, district and citywide educational leaders, and our District Attorney's Office, local precinct commanding officer and narcotics enforcement.

And we too felt, very important, that we erase that stigma that was attached, because we saw a real health concern in the district.

So, on education, CB 10 reached out to every elementary, middle, and high school in Community District 10. We held red-ribbon drug-awareness events, and encouraged local schools to add special assemblies and programs, and to advocate for funding, to heighten awareness.

On treatment, we advocated for counseling services, and, subsequently, met great people, who's now a board member, Donna Mae DePaolo, who testified earlier.

And we now have a resource counseling center that opened up a satellite office on Fourth Avenue.

On enforcement, we participated in meetings with residents and police on recurring drug locations, and educated residents on reporting

information.

CB 10 realizes education and treatment efforts are costly, but are critical to prevention and critical to treatment.

CB 10's task force offered findings which included the following:

The first, continued support of the NYPD and community training on Narcan (naloxone).

Two, the availability of treatment resource information at local precinct station houses, government offices, libraries...wherever possible.

Three, prescription-drug boxes at local precincts.

Four, preventive-education funding for elementary through high schools.

Five, to encourage opioid, heroin, use reporting collaboration via the NYPD's best practices, similar to that offered to nightlife establishments, without fear of violations.

Six, funding for Department of Health substance testing and business inspections, especially in some problematic locations within Board 10 that sell hookah, because of the number of adolescents and complaints of illicit drug use that tries to get young people hooked.

Seven, a citywide drug hotline for families and persons facing addiction, to get confidential help, referral assistance, both reporting and treatment resources.

Eight, continued funding to the District Attorney's Office for reporting confidential drug-sale information by county.

We are very concerned about the consistent pace of heroin, opiate, and other substance-abuse problems, including ketamine and synthetic drugs, facing residents within our community.

The members of Community Board 10 strongly feel that sustained counseling and treatment funding is needed to help those facing addiction.

In the longer term, we will continue to support education and prevention efforts statewide.

Thank you for the opportunity to testify, and your work on this issue.

And I think we really are, in the last few years, making that curve into erasing the stigma, and really working together to get help to those in need.

Thank you.

[Applause.]

SENATOR GOLDEN: Josephine, you and your

office have done an outstanding job, and continue to do an outstanding job, whether it's dealing with the narcotics issue here, or the ongoing issues at the Prince Hotel, which we talked about earlier, or the pain-management locations that are opening up.

So, to your members I say, thank you very much. Please keep up the great work.

David, we'll hear from you, and then Kristine (sic), and then we'll go to questions from myself and my colleague, and then to the audience.

DAVID BOCHNER: Thank you, Senator.

Thank you for inviting me.

My name is David Bochner. I am the executive vice president of Cornerstone Treatment Facilities Network. We have two locations in New York.

One is in Queens, we have a 161-bed short-term inpatient facility. And we have a 96-bed facility in Rhinebeck.

And once again, thank you.

One of the reasons I'm here -- and I'm going to go quickly, because it's late Friday afternoon -- is that we're turning people away every night for detox. Every single night, I'm turning 15 to 20 people away because I don't have any beds.

There are no beds in New York City for heroin

and opioid treatment, short-term beds.

In order for patients to get to Turning Point and to Dynamite, they need to be detoxed first. They need a few days; five days, four days, eight days, whatever it takes to get the drugs out of their system.

When I started in the field as a social worker 25 years ago, the drug in East Harlem, the drug of choice, was crack and crack cocaine.

All of us sitting here know the difference between crack cocaine and heroin and opioids, but a lot of laypeople don't.

Crack cocaine is not physically addictive; heroin and opioids are.

Let me say that again: Crack cocaine is not physically addictive; heroin and opioids are.

What do I mean by that?

When you are a heroin or opioid addict and stop taking drugs, you go into severe withdrawal: nausea, diarrhea, vomiting...worst case of the flu you could ever imagine. You need to take drugs, heroin or pills, not necessarily to get high, but to feel normal.

Imagine waking up every day, needing to use a pill or shoot a bag of dope to feel normal.

That's what we're facing now. That's the epidemic.

Going to an emergency room or a general hospital for a couple of days isn't detox and it's not short-term rehab. That's called getting the drug out of your system and walking right back into the nightmare that you live outside.

It doesn't work.

We need to stop sending people to emergency rooms. We need to get law enforcement to stop bringing people to emergency rooms, and bringing them to treatment centers instead.

Everyone wants treatment available for everyone.

I think it was Senator Murphy that was talking about, and everybody up there, the stigma of addiction, which I do think is going away. I do believe there is a de-stigmatization of addiction going on.

SENATOR GOLDEN: Not in this community.

But go ahead, David. I apologize.

I'm trying to wake up some of my community. That's why --

DAVID BOCHNER: That's a shame.

And it's an individual stigma. It's a family

stigma.

I think, Senator Golden, you mentioned a clergy stigma.

But it's an entire neighborhood stigma.

We are trying to open new programs and new detoxes throughout the boroughs. Okay?

And we're the bad guys, we're private. We're not asking for any money from anybody.

And the reason we can't open them is that nobody wants it in their backyard.

Everybody talks a good game, but when it's time to treat addicts, I think Dr. Kunins said, people are leaving the state and leaving the city, and going on vacation in Florida and California, and then they're coming home to the same people, places, and things, and they're not getting the treatment they need.

Let's work within the city and in the state.

There is the stigma attached. No one wants it in their backyard, and that's what we need to change.

If there are addicts in this neighborhood, and in my neighborhood in Queens, and in neighborhoods throughout The Bronx and Manhattan and Staten Island, let's get treatment centers open.

I can't send referrals to the great people that do the work they do here without the short-term intervention on an inpatient basis that they need.

So that's why I'm here.

I appreciate you allowing me to be here, and happy to answer any questions.

Thank you.

SENATOR GOLDEN: David, thank you very much.

[Applause.]

SENATOR GOLDEN: Kristine (sic), if you could finish up, and then we're going to go to questions and answers of the panel.

KRISTIN MILLER: Great; I get to bring up the rear.

There we go.

Hi.

My name I'm Kristin Miller, and I am director of the New York program at the Corporation for Supportive Housing.

Thank you for this opportunity to testify before this very important Task Force.

CSH has a 25-year track record of innovation and investment in New York.

Since 1991, CSH has made over $138 million in loans to supportive-housing developers for the

creation of over 15,000 permanent, supportive, and affordable housing units in the state.

CSH applauds the efforts of the Senate Task Force on Heroin and Opioid Addiction, and the leadership of the Senators before us today: Murphy, Amedore, Robert Ortt, and Martin Golden.

Thank you, thank you, for elevating this issue and keeping it in the spotlight where it belongs.

As we've heard again and again this afternoon, heroin and opioids are destroying people's lives, damaging families and neighborhoods.

I am here today to talk about supportive housing, a proven solution and valuable tool in our fight to stem this epidemic.

We know that housing is a platform for health and recovery.

CSH recently released a report called "Supportive Housing's Vital Role in Addressing the Opioid Epidemic in New York State," and it provides a background of the opioid epidemic in New York communities, as we've heard today, but it also cites research, showing supportive housing as a solution for individuals facing substance-use disorders.

For those who don't know, supportive housing

combines affordable housing with services, with voluntary services, that help people facing complex challenges live with stability, autonomy, and dignity.

It has been demonstrated that through that stability found in the supportive housing, people using heroin successfully avail themselves to the services that address their substance-use disorder.

And this goes to what the doctor from Department of Health was talking about in harm reduction, housing-first tactics.

In 2014, the National Center on Addiction and Substance Abuse found that supportive housing was successful in reducing the use of and costs associated with substance-abuse and crisis-care services, including everything that we have been talking about today: shelters, detox centers, jails, and medical care, which includes hospitalizations and emergency room visits.

These findings suggest that individuals, actively, actively using substances can be housed successfully and stabilized without forcing treatment requirements upon them.

We at CSH, in early fall, released a statewide supportive housing-need assessment using

state data that -- using 2013 data, and found that across the state, New York needs 32,000 units of supportive housing.

And based on local community input, we believe that 50 to 95 percent of those people are suffering from substance-use disorders.

So we know here in New York that supportive housing is an answer.

And I especially want to thank Senator Golden, who led 26 of his Senate colleagues, 11 of whom also serve on this Task Force, in sending a letter to Governor Cuomo, calling on him to fund new supportive-housing units across the state.

During Governor Cuomo's State of the State Address, he did indeed commit to creating 20,000 new units of supportive housing statewide over the next 15 years. These units are in addition to the 15,000 units Mayor de Blasio announced for New York City last November.

And, really, thank you so much for leading that effort. It was very, very crucial.

We congratulate the Mayor and the Governor in taking this important step to housing our most vulnerable New Yorkers.

And what we want to do is urge this

Task Force to help us ensure that these new units are realized, and that people in communities struggling with the opioid epidemic have access to them and the important services they will need to achieve their recovery.

Housing is an essential anchor of stability. Home forms a firm platform from which individuals can pursue the services they need.

It is our responsibility to make sure they have access to the services, as well as housing.

And I echo the comments just made by my colleague here, about siting.

We need this housing in every community. It is permanent housing. It is not a group home, it is not a shelter. It is permanent housing, and this neighborhood, and neighborhoods across the state, need it. Communities need to welcome it.

And if you can help your colleagues to understand what it is, and how much it's needed, and how helpful it is, we would greatly appreciate it.

Without this housing, individuals struggling with the opioid or heroin addiction will continue to cycle endlessly between homelessness, expensive public-service delivery systems, including the inpatient hospital beds, psych centers, detox

services, jails and prison, at enormous public and human cost.

So, specifically, we believe that -- we understand that the Governor has put 6,000 units of supportive housing in the current budget before us, and as part of his five-year housing plan not yet released, but this is what we understand.

We also believe there's $2.6 billion in the budget. $2.4 billion in capital financing to build the bricks-and-mortar for this housing, and an additional $200 million in services and operating dollars.

We believe that HCR has been allocated $1.9 billion for new homelessness -- through its new homelessness and housing plan.

So we ask that you and your colleagues on the Task Force ensure that this recent commitment to the new supportive housing in New York is realized through this year's budget allocation, and that these resources are accessible to heroin, opioid, addicts who are struggling with their disorder, trying to recover, and giving them that stability that they need.

Thank you very much.

[Applause.]

SENATOR GOLDEN: Kristine (sic), thank you very much.

You know, we got caught in that war between the Mayor and the Governor over the supportive housing.

I don't care how it gets done, but it's got to get done. And I believe that the powers that be are coming together on these issues.

That, and 421-A, we believe is a very important component to housing.

We have 8 1/2 million, probably closer to 9 million, people living here in the city of New York. We don't have nearly enough housing.

And the mere fact that we have 60,000 homeless on the street is, you know, very telling.

So we need to do more in that particular area, especially here in this great city.

Karen and David, I wanted to pop off the education to you, again, that question about, Did we start early enough in educational system in teaching our children? And does the curriculum have to be addressed?

And David, going back to you, after that question, is, is the -- you're asking for a rewrite

on an SOP (standard operating procedure) here in the city of New York, from going through -- directly to emergency room, to directly to a treatment center.

Can that be done?

And is -- you know, what -- you know, what does (a) the person have to be willing to do? And (b) it still has to go through an emergency room, I'm pretty sure, before they can get you to where you want to be.

But is there some tweaks that we can do and some changes that we can do in the standard operating procedure to make it much easier to get that person into detox, and into long-term care if needed?

Let's start with those two, and then my colleague will have some question -- some backup questions, I'm sure, and questions of his own.

Go ahead, Karen.

KAREN REMY: I don't know the specifics of the curriculum, exactly.

What I do know is that many schools are struggling with not having supplemental services alongside, you know, the academics, you know, such as counseling and mental-health services. And those are all considered prevention services.

I visited a school about a month ago, not far from my office, and we -- you know, we had heard that they were looking for people to come in and provide, you know, education around HIV, around hepatitis C, around drug use.

And when they -- when they realized that we would come in and do it for free, they -- they almost -- they almost cried.

Apparently, the board of education is not giving a lot of schools what they need.

There is a new initiative I know that's out there around mental health, but in order for a school to get them, they have to already be struggling. They have to be one of the schools that, you know, gets on the so-called "list," you know, for closing, and then they put the mental-health services in.

So, you know, again, I can't speak to the curriculum, but, you know, part of prevention is those supportive services. And I believe that those are inadequate.

DAVID BOCHNER: In order for the State to reach their goal of $6.2 billion in health care delivery-service reform, they're going to need to start reducing avoidable hospital admissions by

25 percent.

I know -- I don't know what the law is called, that when someone comes into the emergency room they need to be seen, so I'm not familiar with what it's called, but I know they need to be.

We have been to several hospital systems and offered a triage service within the emergency room, to have that person screened very, very quickly, and then get screened for a substance-abuse or mental-health diagnosis; particularly, a substance-abuse diagnosis, because that's what they're seeing.

We have been rebuffed.

No one wants to do that yet, because they're making -- the hospital systems are making a lot of money admitting people through their emergency room and getting emergency room visits.

Whether there can be a rewrite of that, or a tweaking of that, I have no idea. You guys know way more about that than I do.

But, in order for the State -- in order for patient care to get better, we need to stop getting patients seen in the emergency room for diagnosis and issues that need to be seen in the community-based provider, such as mine, and all the

other folks on this panel right now.

SENATOR GOLDEN: Thank you.

George.

SENATOR AMEDORE: Thank you.

Not so much questions, but just comment.

And, Karen, on the education, you are 100 percent correct.

What I have been finding throughout the state is most of the education, going into the schools, it's done maybe at a fifth-grade level, and that's about it.

And I really believe that the State Ed Department should be including some curriculum that is going to carry on with the student throughout, not just fifth grade, but beyond, all the way to graduation.

If we can go to a science class or sex-education class to learn about various diseases or contraception, or whatever it may be, there should be some type of curriculum that is really meaningful to the student when they graduate, about substance abuse.

There's no question that they're going to be trying alcohol at the school part -- you know, after-school parties, or after the prom, or

whatever. They're going to be trying the gateway drugs.

And if we can continue to be in front of them with that type of education, hopefully, it could prevent a severe abuse of that, and an addiction.

So -- and to David, I just loved your direct comment of, you know, it's a mindset that, as Senator Golden says, it's a protocol.

How do we change something like that?

It's fascinating, and I'm glad that you brought it up, because it's a great suggestion.

Sometimes our ERs are absolutely full of other patients of -- you know, having a cardiac arrest, and then there's someone waiting to get detoxed.

Maybe there's a different measure or treatment or somewhere in the hospital that one of you, as a provider, could even partner with, possibly, so that in that window of opportunity, as Mr. Fusco was talking about, we're not waiting 48, 72 hours, or, a decision of 6 days later, whether they're going to be able to get the treatment, because that individual probably is already on another binge after that.

So, we need to get to them almost instantly.

But other than that, I think, Senator Golden, what I've heard in Brooklyn is very similar to what I've heard in other parts of this state, whether it's in a very rural county, like, Yates County, very small county, with 20,000 people; but, yet, the drug court is filled with -- filled with individuals, over 200 cases, harrowing cases, in a county of only 20,000.

Figure that out.

And their overdose rates are just through the roof, skyrocketing, because they have a small population.

But they don't have the services that I hear that we have here in Brooklyn. They wished they had the services.

But, yet, you have so many great suggestions here.

And I just look forward to continuing to work with my colleagues on this Task Force, and finalizing our Task Force report, so that we can get the much-needed legislation, or, budgetary items with appropriations in, so that more services and more recovery efforts can be for treatment and prevention, and also with the law enforcement component.

So, thank you so much for all of your time, and educating me.

SENATOR GOLDEN: I just need -- I got two more, and then I am -- you know, you pointed out that there's -- nobody wants it in their backyard.

You know, I've been to your place, the Dynamite. I've been to across Brooklyn to -- and as my colleague George has. And you know what? I don't see people hanging outside, smoking cigarettes. I don't see big, huge signs. I don't see disruption of cars coming and going.

It's a -- it seems to be like -- you know, like part of the tree line in the community.

Maybe you could explain some of the -- what the misconceptions are of these types of locations.

DAVID BOCHNER: I think it's an old conception, a misconception, of what maybe it used to be.

I think the program -- we're an inpatient program. These folks do supportive housing and outpatient programs.

I'd venture to say, the folks in my program and the folks at their programs are probably using less drugs than the people that are complaining across the street.

We're -- we -- we relocated from New York City eight years ago, out to Queens, and we were supposed to -- actually, the building we went to was an old hospital that was going to be a dorm at St. John's University. And they said they didn't want us there because college kids don't use drugs or alcohol.

So it's a mindset. It's a stigma.

I think there's a de-stigmatization of addiction in this state.

I think OASAS has done a terrific job of legislation that you gentlemen have passed, about access to care. I think it's working. People are getting treatment.

We've been a great neighbor for eight years in Queens. And I think if other -- I think most of us legitimate providers are good neighbors. We're not perfect, but we work closely with our elected representatives. We bring business and industry to our areas, where our 300 employees go out to eat and use the neighborhood services.

And what we're -- let us -- we're smart enough, and we know how to take care of our patients, and keep them from, for the most part, bothering people and being a nuisance in the

neighborhood.

Again, we're not perfect, but nobody is.

SENATOR GOLDEN: Thank you.

I'd like to now go to the audience.

Does anybody in the audience have any questions for panel?

Yes, sir.

Right here, James.

JIM SNYDER: Hi.

Thank you.

Jim Snyder, Dynamic Youth Community.

I work with Bill, Karen, and all these young guys here.

Senator Amedore, earlier you mentioned, when my boss was talking about access to treatment, and you said, What can OASAS do better?

I just want to bring up the tremendous paperwork burden.

We get somebody in the program and, bam, we're hit with deadlines.

This has to be done in 24 hours.

This has to be done in 72 hours.

This has to be done in 30 days, we're a long-term program.

Everything we do has to be documented very

quickly, and it's turning our case records into the size of phone books. It's turning our policy procedure manual, also to the size of two phone books.

And it's just something that, if you could look at, I would appreciate it: 819 regulations, 822 regulations, 800 regulations.

Just a comment.

SENATOR AMEDORE: I'm glad you brought up the term "regulations" because, you know, we don't have enough time for me to get on the soapbox and talk about New York State and, the overregulations, they could choke a horse.

And it's one of the difficulties that we all have, attracting business, economic development, and the services that we have that cannot be as inexpensive as they should be, because you have to hire more people, more staff, to fulfill the obligations that a bureaucracy or an agency or the state government puts on your lap.

And it's unfortunate, because you're in business to give care and to help someone in need, and not to fill out a telephone book of paperwork. And if you don't fill it out correctly, or your "i" dotted and "t" crossed, reimbursements are

withheld, or you could, potentially, go out of business because they'll put a cease-and-desist order on you.

So, it's unfortunate, and it's a whole nother topic we've been working on, in frustration.

So, I totally get it, and I understand that.

I just didn't want to bring it up in those comments, because it opens up a whole spectrum of conversation.

But, thank you so much for the question. I appreciate it.

JIM SNYDER: Thank you.

SENATOR GOLDEN: Any other questions from the audience?

Yes, sir.

GENADI COGEN (ph.): Good evening, everybody.

My name is Genadi Cogen (ph.). I'm here as a social-work student. I also work in mental-health field, and I intern at a substance-abuse program.

While we were -- I was listening, I was able do some research.

So there is a bill, A.6763, which is to mandate a licensed social worker to be in a school.

Other than that, working in mental-health field, I'm seeing peer-advocacy services being great

support. And within the mental-health field, there are respite centers that are set up across the city that provide services. You know, a mental-health recipient can go and receive services for two weeks, no questions asked.

One question is: Is this something that could work for individuals with addictions?

Also, I believe Bill was speaking in regards to having adequate staff.

Being an intern in a substance-abuse program, I am seeing how difficult it is to get qualified staff.

So I guess one of the things to ask is, more funding for tuition reimbursement, and ease of access to tuition reimbursement, for those that are interested in working with this in-need population.

Thank you.

SENATOR AMEDORE: Thank you.

SENATOR GOLDEN: Thank you very much.

Any other questions from the audience?

I want to thank each and every one of you here today for being part of this.

I want to thank the panel for the outstanding testimony that we got today.

If you could leave that here, we appreciate

your testimony.

If you have any ideas, if you put them to memo or letter form and get them to this Task Force, we will address it.

I want to thank the Majority Leader for setting up these cameras, and for having -- allowing to us have this Task Force meeting here in Dyker Heights.

I want to thank, not only the Community Board and others, the 68 Precinct, and, of course, all of our other -- of those who testified today from NYPD, from Special Prosecutor's Office, and from Department of Health.

I also want to thank my staff here today: John Quaglione, James McColon (ph.), Jerry Kasar (ph.), Anthony Testoverdi (ph.), Marco Kempi (ph.).

I'm sure I left out somebody.

But I also want to thank Doug Breakell, who's the chief of staff for George Amedore, for being here as well.

They have to go back to Albany now, which is about a 2 -- well, for me, 2 1/2 hours, for them 3.

But, I want to thank George for being here.

And, of course, I want to thank the Chairman,

Chairman Murphy, for him coming down as well.

And, of course, the other members of this Task Force.

We will get this addressed.

Will we get it solved? No.

This is going to be an ongoing effort by all of us.

But I will tell you, you have the ears of the New York State Senate, the Governor, and the Assembly.

We will get legislation passed.

We will get money directed to this direct issue here in our communities, for housing, for detox, for residential units. Possibly, changing the operating procedures that are now in place; to opening up more access; and to dealing with the families, from the beginning of the process, right through the unfortunate tragedies that we see day to day.

So, you guys in the audience that are in recovery, all I can say to you is, God bless you all.

Thank you.

This is a gift from God. Please appreciate it each and every moment.

Thank you.

God bless you.

And have a safe trip home.

[Applause.]

(Whereupon, at approximately 5:48 p.m., the public hearing held before the New York State Joint Senate Task Force on Heroin and Opioid Addiction concluded.)

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