BEFORE THE NEW YORK STATE SENATE MAJORITY COALITION
JOINT TASK FORCE ON HEROIN AND OPIOID ADDICTION

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PUBLIC FORUM: SUFFOLK COUNTY

PANEL DISCUSSION ON LONG ISLAND'S HEROIN EPIDEMIC

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Suffolk County Community College
Brentwood Campus
Van Nostrand Theater
1001 Crooked Hill Road
Brentwood, New York 11717

April 8, 2014
10:00 a.m. to 2:00 p.m.

PRESENT:

Senator Philip M. Boyle, Task Force Chairman
Chairman of the Senate Committee on Alcoholism and Drug Abuse.

Senator Jack Martins, Forum Moderator

Senator John J. Flanagan

Senator Kemp Hannon

Senator Carl L. Marcellino

LIFE-STORY SPEAKERS, POST-PANELIST INTRODUCTION:

Shanna (no last name given)
Previous user of illegal drugs

Arthur & Denise Murr
Parent of child who had fatal overdose
Garden City - Compassionate Friends

Jason (no last name given)
Previous user of illegal drugs

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PARTICIPATING PANELISTS:

Kathy Brown
Director of Chemical Dependence, Catholic Charities

Richard Buckman
President, Long Island Recovery Association

Dr. Paul Casciano
Superintendent of Schools
William Floyd School District

Vincent DeMarco
Sheriff, Suffolk County

Dr. James Dolan
Director of Mental Health, Chemical Dependency
and Developmental Disability Services for Nassau County

Dr. Frank Dowling
Psychiatrist, Stony Brook University

Robert Ewald
Chief, Narcotics Bureau
Suffolk County District Attorney's Office

Rene Feitcher
Assistant District Attorney
Nassau County District Attorney's Office
Chair, NC Heroin Task Force

PARTICIPATING PANELISTS (Continued):

Kym Laube
Executive Director, HUGS
President, Quality Consortium of Suffolk County

Steve Margolies
Vice President and Medical Director
New York Region of Phoenix House

Arthur & Denise Murr
Parent of child who had fatal overdose
Garden City - Compassionate Friends

Judith Raimondi
President & Founder, Lindy Cares

Dr. Jeffrey Reynolds
Executive Director, LICADD

Dr. Michael F. Ring
Superintendent of Schools, Rocky Point School District

Anthony Rizzuto
Provider Relations Representative for
Nassau & Suffolk at Seafield Center

John M. Venza
Vice President, Adolescent Services
Outreach Development Corporation

Christopher R. Wilkins
MHA Founder & President, Emeritus Loyola Recovery
Foundation, and, Consultant to Alkermes

Tom Willdigg
President, Nassau County Detectives Association

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"I pledge allegiance to the flag of the United States of America and to the republic for which it stands, one nation under God, indivisible, with liberty and justice for all.

SHANNA [ph.]: Hi, I'm Shanna [ph.], and this is my story.

I'm 26 years old and come from a great family. My parents are happily married, and I have three sisters. I grew up with tons of love and no trauma.

I always like to say that in my story because this disease does not discriminate.

I struggled in school because of having ADHD. My mom did not want to put me on medication, but I quickly self-medicated. I was drinking, and smoking marijuana, almost every day on the weekends. I didn't see a problem with it. It was just weed and alcohol.

I dropped out of high school in eleventh grade and went to beauty school. I continued to drink and smoke, and I didn't see a problem with it.

People would tell me that I drank too much.

Every time I drank, it was to black out or pass out, but, I still didn't see a problem.

I met a boyfriend at 18. He was using pain killers. I tried them and it was love at first try. I quickly became addicted. My body needed it and I couldn't live without it. I was addicted from that first time.

I ran out of money quickly, and he turned me on to heroin because it was cheaper and easier to get.

My parents came to me and told me I needed to go away and get help.

That was my first experience with the detox.

The detox, they told me that I was able to go to inpatient, but only for two weeks, because that's all my insurance would cover. It just wasn't enough. I got out and I started using right away.

I met another guy, going to the rooms of Narcotics Anonymous, and at that point, I thought that maybe I wanted to change, and maybe I wanted to do the right thing, but, a part of me just still didn't have enough treatment in me, didn't have enough time away from the drug. And, he started using, and, quickly, I just followed down that same path again.

He was an IV user, and I quickly realized how much more high you can get if you injected it

instead of sniffing it; and that's what happened.

My parents, you know, begged me to stop, and begged me to get into treatment.

And a couple of times I said yes, and I would go, but, my insurance would run out, and I'd have to leave. Or, they've told me that I couldn't get in, 'cause I had to go to outpatient and fail first.

And, definitely, outpatient at that point was not an option for me. I needed help. I needed to be away, and I needed to be away for a long time.

I would just continue to go back out and I continued to use, and, eventually, the money ran out. My parents couldn't have me live in the house anymore.

Like I said, I have three sisters that I was destroying. They would watch me walk around like a zombie.

And, I went and stayed in my car, with my boyfriend. And, we didn't have anymore money, so we decided to rob someone.

This is not something that I would ever have done if I wasn't addicted to heroin and so sick, that I just didn't know how else to get what I needed.

I had gotten arrested. That was on

October 4, 2010. And, I was sent to Nassau County Jail.

I was arraigned for $120,000, and now I was sitting in a jail cell, and didn't know how my life had gotten to where it was, and how I was ever gonna come out of where I was.

On October 5, 2010, I got called down in Nassau County Jail, and I was told that my boyfriend had committed suicide.

He had been struggling for 10 years with heroin. He's tried to get clean, and he just couldn't do it. He had tried to get into treatment a couple of times, and he was denied treatment.

And, we ended up in that cell, and he was withdrawing, and I guess he found no better way than to just end it.

So now I was sitting in jail, with $120,000 bail. My boyfriend was now dead, and I just -- I didn't know what to do.

And my dad came, and my grandfather bailed me out of jail.

I still got out of jail and could not get into treatment. The judge saw it as two separate issues: a robbery, and a drug addict.

That, they didn't see the reason that I did

the robbery was because I was addicted to drugs. They completely separated it.

And, I had to pay a lot of money to get into treatment. I went to a 28-day program, and I got out.

And in that 28-day program, something clicked to me, you know, I really needed to change my life because, if I didn't, I was gonna die.

And, I got out, and for a week I was using.

And while I was in treatment, my the little sister, she was 12 years old, she wrote me a letter: I just want my sister back. Like, please.

And, uhm -- she -- when I got out, that kept playing in my head, over and over again.

And at that point I said: I need to go away, and I need to go away for a long time. I really need to change.

And I went to my dad and I told him: I'm ready to go, and I need to go, and I need to be away for a very long time.

And, I went to Daytop for nine months, and that's when my journey started.

I just really -- I was willing to do anything I had to, to live. I didn't want to die.

And I did. I got enrolled in school. I went

to a sober house out east. And, my life has been just completely different since that day.

Now I'm in Suffolk Community College, going to get my CASAC, to be able to help other people, you know, that were struggling once like I was.

And, I have a beautiful 4-month-old little girl, and, it terrifies me that she'll have to go down the same path that I did.

But I know she doesn't have to, as long as I can remain a power of example to her, and, you know, just do what I have to do to make sure that, you know, she doesn't have to try these drugs, and she doesn't have -- but, if there's not a change in being able to get into treatment, then, you know, like, what if she does need help and she can't get it?

That's what my biggest concern is, and I just hope everything changes, and, you know, we can change something.

That's it.

Thank you.

[Applause.]

ARTHUR MURR: Hi, my name's Art Murr. This is my wife, Denise.

We really want to thank Senator Boyle and

everybody for putting this together for us.

We lost our son, Matt, 25 -- he was 25. We lost him on February the 3rd, 2011, after a 7-year battle with addiction.

He was our only child, but, in reality, they were like -- there were two of him: There was Matt, clean and sober. There was Matt, when he wasn't.

He was -- when he was clean and sober, he was confident, he was fun-loving, he was sensitive, he was gregarious. He had this laugh that everybody would just, like, draw themselves towards.

DENISE MURR: We could talk about anything. The three of us had a strong bond that never wavered.

A rehab counselor told us, when Matt read the part of his bio about his family life before drugs, people actually cried because it sounded like such a happy life.

ARTHUR MURR: Matt on drugs, however, was a completely different person. He was depressed, he had low self-esteem, he hated himself. He was disappointed with the world. He was withdrawn. And, just adjectives I don't even want to think about.

He was always very sensitive.

9/11 was a big thing for him. He just never understood what happened there. It was horrifying to him.

But at moments of reflection, he'd start crying hysterically to us. He knew what he was doing was wrong: what he was doing to himself, what he was doing to us, what he was doing to his friends.

He knew it was wrong, but the drugs would negate anything that was, like, rational thought or behavior.

He said he was ashamed, he was embarrassed. He didn't want us to tell anyone.

We didn't.

Basically, shame and stigma won in that situation.

Matt was diagnosed with ADD in the middle school. Medication was suggested. We said no. Drugs weren't just -- well, they weren't part of our lives.

But when he turned 15, we real- -- we had to -- we decided that medication was really necessary.

He was very frustrated in school, but he was very against medication.

He said we in the school taught him that drugs was not the answer.

DENISE MURR: We finally felt that Matt agreed, but had a battle many times with him taking the Adderall. He would put it in his mouth, and spit it out if I turned away.

Many times I found the pill left somewhere in the house.

In Matt's case, Adderall was the first drug that he later abused.

ARTHUR MURR: He lasted one semester in college. He failed, came home -- we brought him home, and told us he was using drugs.

Since that time, we visited Matt in rehabs for seven years, and when he lived in a homeless shelter. He was down in Florida, and he lived in a homeless shelter.

He said every time he went to a new rehab, he would learn about a new drug, and then he would try it. Mushrooms, cocaine, LSD, opiates, pills, heroin, methadone, ectasy; he couldn't stop himself, but he desperately wanted to.

He failed one rehab, he'd check himself into another to get clean.

Addiction's not a choice here.

Addiction's a disease, and he had it.

DENISE MURR: We found out about Matt injecting heroin during one of our family sessions with his psychiatrist. I was horrified, and said in disbelief: Needles? But you pass out when you have a blood test.

He stood up and he said: That's how much I hate myself.

ARTHUR MURR: We do believe that Narcan saved his life during an overdose just after his 25th birthday, but we just don't know for sure.

The rehab wouldn't talk to us. They said it was privacy laws. It didn't matter that he was gone.

Matt died alone in a Brooklyn SRO hotel. The police found him, and called Denise.

She called me at work so we could get to the morgue and identify someone else; not Matt.

Now we visit Matt at the cemetery. We believe he's not really there, but finally at peace, and someday we'll all be together again.

It's just amazing what you can talk yourself into.

We printed a poem Matt wrote about addiction on the church funeral pamphlet, and told the priest

to talk about addiction at his funeral mass.

He did; that started it. We wanted to get it out in the open. We want to stop the shame, we want to stop the stigma.

DENISE MURR: Our story is not unique. We know many friends with similar stories. Some are here today.

We need to end the shame and stigma. We need awareness, compassion for these people that are sick, and change.

ARTHUR MURR: Thank you very much.

DENISE MURR: Thank you.

[Applause.]

JASON: Hi, my name is Jason.

My story is very similar to Matt's, similar to Shanna's, similar to a lot of my friends.

I grew up with -- my father passed away when I was young; I was about 5 years old. And, I grew up with a mom who loved me more than anything, and gave me everything I ever needed. Right?

And, I grew up feeling, the best way to describe it is, like there was like a pebble in my shoe. And I always felt like that pebble was in my shoe, and I could never get it out. Right?

When I was young, I played sports. That was

the only time I really felt good.

I played sports, skated. I -- you know, when I was with my friends, playing, you know, I felt good.

But not until I started drinking and smoking, I didn't feel that release of taking that pebble out of my shoe. That's when I felt that.

So I continued to look for that feeling.

And I made friends, who were good kids, who felt the same way and wanted to get their pebble out of their shoe. Right?

Growing up, I, uhm, started progressing into more drugs, just like everybody else.

And when I was about 17, just turning 18, it was about a week before my birthday, my best friend overdosed and passed away.

And he was IV'ing -- using heroin, shooting heroin. And that was the first time I had tried it.

I was so depressed, and I didn't care, and it was available to me, and I just didn't care about myself, and I put my arm out and I had someone just boot it right into me.

And, I didn't stop doing that because I felt what I was looking for. That's basically what I was looking for. I didn't feel right without it, and

I did with it.

And six months later, I had -- same like Shanna, I had a girlfriend overdose and pass away, too.

And I felt that I was haunted and that I was different than everybody else, and I was meant to die with a needle in my arm.

That's how I lived: like I was going to die with a needle in my arm.

And I did that for 5 years -- 4 1/2 to 5 years, and in that time I was homeless.

I went to numerous psych wards, numerous rehabs; about eight altogether. I can't count the detoxes, jail.

I had been everywhere, and I was in a vicious cycle.

And, uhm, January 27, 2012, I woke up in a psych ward, and I didn't know where I was, what happened, what I did.

Fortunately, I didn't kill anybody, and I didn't do anything that changed my life forever.

I could have, though, and I was -- because I was doing things like I was gonna die in a week. That's how I was living my life.

And I got -- had a chance to get sober.

Right?

I was put in a psych ward and they held me there until a rehab bed opened up, and I had a chance to get sober.

For another time -- it took me a long time; it took me a long time to get sober. I didn't get it my first shot, and I had this chance.

And like Shanna said, I didn't want to die, for once. I wanted to live.

So I went on that.

And I thought I -- I thought I -- I didn't think I would be living the life I had now.

If you would have asked me when I got sober, I would have short-changed myself.

I just didn't want to -- I couldn't live with drugs and I couldn't live without them, and I didn't want to feel the way I felt anymore.

And there were only a couple ways out:

One was suicide; one was to use drugs for the rest of my life. And the other one was to get sober.

And I didn't understand what being sober was, and I didn't like how it felt. I couldn't handle it.

And, I struggled for a long time, I fought,

and I stayed sober, and things got better and life got good.

I got my trust of my mother back.

I couldn't see where my mother lived for the first eight months of her life. I couldn't see my nephew for the first six months of his life.

For the first eight months of her life -- for eight months, she had a new home. I couldn't see where it was, for eight months into sobriety.

And for the first six months of my nephew's life, I couldn't see him.

And, I got those things back, the intangible things, the things that I really wanted. You know, those good feelings, that happiness that I had when I was younger.

And I didn't think I could attain that.

And I got that back.

And I watch -- it said, because I watched people die all the time. I'm on the firing line, I'm on the front line, and I deal with people.

I work in the field, I'm interning in the field right now, and I'm a strong member in 12-step, and I watch people die all the time.

My friend -- one of my friends died last month, Nick. He was a great kid. And, he passed

away just like so many of my friends.

I think I've been nearing 100 wakes right now, I would say, in my lifetime.

So, this is an epidemic.

My brothers are dying.

And, I have to -- it's terrible, because I have to tell somebody: There's no bed in rehab, your insurance doesn't cover you.

And, you know, they're throwing up in my garbage pail. And then I have to go to a wake the next night.

So, I think that's a problem, and I think there needs to be something done.

I don't have that power, but I have as much power -- as much power as I can, I'm giving right now. Try to put a voice to it, try to put a face to it.

You know, I'm a recovering heroin addict.

I've been arrested by the heroin task force before, so it's kind of funny I'm here speaking in front of it. So --

[Applause.]

JASON: But, uhm, I'm here, and I just want to say that, we do get sober, and we live amazing lives, and, we're useful to people.

So, thank you.

Thank you very much.

[Applause.]

SENATOR BOYLE: I'd like to thank Shanna, Mr. and Mrs. Murr, and Jason, for sharing your stories.

You can find your seats.

Thank you very much.

[Applause.]

SENATOR BOYLE: And this is a perfect example of people who are taking their personal stories and tragedies and turning it around to help others in the same situation.

Obviously, Mr. and Mrs. Murr are advocates, and have been for years.

And, I met Shanna and Jason in the Suffolk Community College chemical-dependency counseling class I was speaking to last week.

And, so, their -- no one knows the story better than they are, and how to help people who need treatment.

I want to thank everyone for coming here today.

I'm Senator Phil Boyle. I'm the Chairman of the Senate Heroin and Opiate Addiction Task Force.

This is the first of 12 forums we're holding around the state. And, Long Island is a very important place to start it, because this is really one of the epicenters of the heroin epidemic.

We see it on the news outlets, the Long Island Expressway being the heroin highway. Dealers coming out from the city and giving this -- selling this poison to our children.

We need to stop that, and that's why we're here today: to get input from an extremely distinguished panel.

We have some of the top prevention, treatment, and law-enforcement officials here on Long Island, in both Nassau and Suffolk county.

We're gonna have a forum, a roundtable discussion, and also input from the audience later on in the show -- in the event, with different questions, to get the best kind of answers we need.

We're gonna look at legislation.

Our task is to -- our mission, is to offer a report by June 1st.

Now, our legislative session this year is gonna go to probably the third week in June, so, we're gonna have a few weeks to pass legislation, based on what will be coming out of this report.

We're going to hear about some legislation that's probably already been introduced, and some, hopefully, new legislation, thinking outside the box, on the way to fight this heroin epidemic.

And it's not just Long Island. It's statewide.

I would like to, first, thank Suffolk Community College for hosting this forum. As always, they do a tremendous job and, the place looks great.

I'd like to thank all of the participants.

And, also, thank my staff -- Chris, Krista, Stevie, everyone -- you did a great job, and, thank you very much for setting this up.

Thank you.

[Applause.]

SENATOR BOYLE: I'd also like to thank our elected official today.

We are joined by Suffolk County Sheriff Vincent DeMarco.

Sheriff DeMarco, thank you very much.

[Applause.]

SENATOR BOYLE: And we have Legislator John Kennedy, of the Suffolk County -- the Republican leader of the Suffolk County

Legislature.

Thank you, John.

[Applause.]

SENATOR BOYLE: Importantly, as we, members of the task force, look at the heroin epidemic, we have to focus on three things, in my opinion:

We have to focus on prevention, to stop our kids from ever trying heroin and other opiates;

Treatment for those people who are addicted, and the stories we heard about, multiple times, trying to get treatment and get help, and not being able to get in.

I think one of the things we'll talk about is, perhaps, Senator Hannon's bill on insurance coverage during the course of the day.

And also, of course, criminal penalties: increasing the penalties.

We're not going back to the Rockefeller drug laws, but we need to increase the penalties on heroin and opiate dealers that we're looking at right now.

'Cause I can tell you, there was a recent story in the paper in our area: One dealer was caught with 864 bags of heroin, but it's not a felony.

Don't ask me how that is the case, but we need to change the laws and we need to make it tougher so these drug dealers cannot harm our children and our families.

Even -- I was recently -- I don't know if you saw the press conference last week about a major drug -- heroin bust in Holtsville?

I was with District Attorney Spota on that.

And even Tom Spota, a great prosecutor, and the top law enforcement -- top prosecutor in Suffolk County, obviously, he said: We cannot arrest our way out of this epidemic.

It's true.

We need to focus on prevention and treatment, as well as law enforcement.

I'd like to introduce the other members of our task force.

My colleague Senator John Flanagan.

John, thank you for coming.

[Applause.]

SENATOR BOYLE: Also, Senator Carl Marcellino.

Carl, thank you for coming.

[Applause.]

SENATOR BOYLE: And the Chair of the Senate

Health Committee, Senator Kemp Hannon.

Thank you very much, Kemp.

[Applause.]

SENATOR BOYLE: And our moderator today, a leader in the Senate, and a leader fighting this heroin epidemic in the Long Island community, is my colleague from Nassau County, I turn it over to, Senator Jack Martins.

Thank you, Jack.

[Applause.]

SENATOR MARTINS: Thank you.

Good morning, everyone.

(The audience says, "Good morning.")

SENATOR MARTINS: Thank you for joining us today on this incredibly important topic.

You know, I've relayed this story before.

Just a couple years ago, I had an opportunity to be in one of the communities that I represent, a suburban community on the north shore of Long Island in Nassau County, and we talked about opioid abuse and heroin abuse.

And I was told, point blank, by this parent group, that: That doesn't happen in my community. You know, our kids have a problem with alcohol, maybe a little bit of marijuana. But, you know,

opioids and heroin is not an issue in our suburban community.

And I think, if you heard a topic and a theme in our discussion thus far this morning, this is particularly a suburban epidemic; and it is particularly hitting our communities here in Nassau County and Suffolk County. And it's about time we did something about it.

[Applause.]

SENATOR MARTINS: You know, cheaper than a pack of cigarettes, and deadlier than anything else we've seen out there to date, we all know how addictive these substances are.

Whether it's prescription, opioids, or whether it's heroin, the fact that our kids can get addicted on the very first dose should scare all of us into a sense of reality.

And I want to thank the panelists who are here today to participate in this discussion.

Here are some of the rules for today:

We're going to take the opportunity to introduce all of our panelists, and then we're going to get into some questions.

And, yes, we do have different facets of the discussion here.

We have law enforcement. We have treatment. We also have education.

And education, I think, is going to be our path towards seeing this through, as we get our schools and our school districts and our educators involved in this discussion, and how do we begin to address this holistically and bring it to the surface.

It's about time we dealt with this in a very real way.

So, we will have opportunities for questions from the audience. I ask you to please consider participating.

If you do have a question along the way, raise your hand, someone will come to you. You'll get an index card, fill it out, bring it up. And we'll have an opportunity, then, to call on you at some point during the session, so that we can have that kind of active give-and-take that we're looking for this morning.

So without further ado, I'm going to start by asking, starting here on the top left corner of our dais, Richard Buckman, who's the president of the Long Island Recovery Association, to just briefly introduce himself.

And then we can continue along the dais, and then we'll continue again with Mr. Murr, until the end of the dais, as well, so that we can then begin our discussion.

Mr. Buckman.

RICHARD BUCKMAN: Sure.

Thank you, Senator Martins.

I'd like to thank Senator Boyle and the other distinguished Senators for taking part in this very important forum today.

My name's Richard Buckman, and the most important thing I could say today, is that I'm a person in long-term recovery from addiction since August of 1988.

[Applause.]

RICHARD BUCKMAN: Thank you.

And I'd like to say that, in my estimation, the reason I was able to be successful, and never have a relapse since I started, was because I had the opportunity to go to inpatient rehabilitation for 28 days.

My insurance company paid for that.

We pay premiums for those kinds of things.

And, in my opinion, once again, I would not be up here today, clean and sober nearly 26 years

later, if I didn't have that opportunity.

We have an opportunity now to do something to change the law and impact that aspect. And I think it's a highlight of what we're gonna talk about today, hopefully.

And at the same time, I'm really excited that everybody's here to talk about this, and we can come out of here with a comprehensive way to address this epidemic, not only here, but across the state.

We are charged with mobilizing people in recovery statewide.

And I think you've been able to see that we've been pretty successful with that, and we're hoping to continue to contribute from that end.

Thank you very much.

[Applause.]

SENATOR BOYLE: Thank you.

DR. FRANK DOWLING: Thank you.

I'm Frank Dowling. I'm a psychiatric physician with a practice in Suffolk County, and I'm a counselor in the Medical Society of the State of New York, and very active in the New York State Psychiatric Association, and the New York State Society for Addiction Medicine.

And I -- I, as well, want to thank

Senator Boyle and the Task Force for having these meetings.

And I think it's really important that people understand, although the focus is heroin and other opioid addictions, addiction, across the board, is a societal problem, and has been for over 100 years, and will remain a problem.

And if we really get a handle on heroin and other opioids, some other drug is gonna fill in, unless we do that, because there's always a buyer and there's always a seller.

So, any solutions really have to be multifaceted, and, it needs to start with education. It needs to start with families, community groups, schools.

It does need to happen better in physicians' offices.

I'm gonna keep my comments very brief right now, and, hopefully, more comes out in the discussion, but, primary-care physicians need more support, to be better trained, to be able to screen and intervene for addictions. And that includes pediatricians, family physicians, OB/GYNs, internists, et cetera.

And then there does need to be more access to

services. There really need to be a lot more services there to begin with.

And then, payers -- whether it's Medicare, Medicaid, or private payers -- need to pay for it, and need to pay for it when that person with addiction has the opportunity and the wherewithal to say: I think I need to do something about this.

We need more research to figure out what really does work, because I could argue that every single treatment strategy works or doesn't work, and find a study to support it.

Everybody finds their own way through all that.

And the Medical Society had been asking for years for improvements to the prescription-drug database.

We now have that with I-STOP, and we have to look up every single person before we prescribe a controlled medication.

From Department of Health, I've been told, the director of bureau narcotic enforcement, that we're seeing a 75 percent drop in prescription-drug doc shopping.

Heroin is rising faster because of that.

But it's important that everyone understand,

heroin first rose in the '90s, and never went away. It started before the prescription-drug epidemic, and never left. And now that we're getting a handle on the prescription drugs, and have more to do, heroin may be rising more, but it's part of the same problem.

So, the Medical Society is still happy to continue to work with everyone in this room and the Legislature, to see if we can come up with some solutions to bring forth this year.

One of them that's already passed the Senate is legislation for Naloxone, which is an opioid blocker that can reverse an overdose, and it can be given intravenously, by intramuscular injection, or even intranasally.

And non-medical people have been trained in pilot programs to give it. And that's something that we support very much, is the expansion of that.

There's some details in the wording of legislation, that we can talk about another time.

And, I want to make it clear: Some people misunderstand and think, if that's available, people will be encouraged to use more.

I understand that question, but there's no data to support that whatsoever.

People who use are at high risk for overdose, especially with heroin, and high risk for accidental overdose, death, and suicide death.

If Naloxone can be given and can reverse that potential death, that person has, with the current broken system and lack of access to care, about a 10 percent chance of getting into treatment in the next 30 days.

I'll take that 10 percent and build from there. That's 100 lives saved, 10 get into treatment.

Let's get it up to 50 or 60, or even 100 out of 100.

And I'll thank you, and I'll stop there.

SENATOR MARTINS: I appreciate that.

Thank you very much, Doctor.

[Applause.]

SENATOR MARTINS: I'll tell you what, why don't we get through our panel. We'll make our introductions, brief introductory statements, because this give-and-take is exactly what we have to come back to, and it's going to be part of our, I guess, global discussions, and perhaps some of our interaction with the audience.

So, please, continue.

JUDITH RAIMONDI: Good morning.

My name is Judy Raimondi, and I am the president and founder of the Lindenhurst Community Cares Coalition.

I want to thank Senator Phil Boyle for including me today, and supporting our coalition.

The LCC's mission is to bring the Lindenhurst community together in a united approach against the alcohol and substance-abuse problem plaguing our neighborhoods.

Our strategy is to raise awareness, knowledge, and education, targeted to prevent underaged drinking and substance abuse.

The strength of the strategy lies in the number of community members willing to take a stand for the health and wellbeing of our young people.

The goal is a well-informed and empowered community committed to a healthy and drug-free Lindenhurst.

The formation of my dedication to the LCC started a year ago, when I became aware that, my 16-year-old daughter Victoria, her friend Sarah [ph.] was using heroin.

This information scared and enraged me, and triggered my protective instincts for my daughter,

for her friends, my family, and my community.

And as a result -- as a resident of Lindenhurst for six years, a dedicated parent, and a successful business person, I knew I had to do something.

You want me to stop there?

SENATOR MARTINS: Thank you. I appreciate that.

Thank you very much.

JUDITH RAIMONDI: Okay, you got it.

TOM WILLDIGG: Hi, I'm Tom Willdigg. I'm now a presently retired Nassau County detective, after 41 years of service: 31 of them as a detective, 8 as the union president for Nassau detectives, and 3 of them as the president of the New York State Association of PBAs.

It's an honor to serve on this dais.

Thank you, Senator Boyle.

Thank you, Senator Skelos, who's not here.

It's also an honor to serve with my boyhood friend Art Murr, who lost his son to heroin addiction.

Addiction is a driving force for almost every underlying -- for every major crime that occurs, up to and including murder.

2007, I remember being at a union meeting, and one of my delegates from narcotics said: You can't throw a rock in [unintelligible], Seaford, or Massapequa without hitting somebody using it or dealing it.

With that, we went to the legislators.

We were very proactive in legislation locally;

We dealt with the Nassau contingency, mostly, Senator Marcellino, Senator Hannon, Senator Martins;

Upstate, as the New York State Association of PBAs.

And we were pretty active in getting more stringent drug laws.

Again, I have to agree with everybody at the dais: It doesn't -- it's not about locking them up. It's about educating them, and educating them all the way down until they -- when they first get into school.

It's all about education.

You don't want to end up on our side.

Thank you.

SENATOR MARTINS: Thank you.

[Applause.]

DR. JAMES DOLAN: Hello, I'm Dr. Jim Dolan.

I'm the director of the Nassau County Office of Mental Health, Chemical Dependency and Developmental Disability Services.

Thank you, Senator Boyle, for inviting me here today.

And thank you to the rest of the Senators and all involved in this important effort.

Humans have been using one substance or another since the beginning of recorded history. Unfortunately, this often leads to substance abuse that has dampened human potential and destroyed lives.

Those most likely to experience the adverse consequences of substance use are individuals with mental illness, or people with typical levels of depression or anxiety that is exacerbated by the substance abuse.

Substance abuse is a biologically-based disease that coincides with mental-health issues.

This is important to know, because it moves us from the inaccurate understanding that substance-use disorders can be separated from mental-health concerns.

The best-practice treatment is to address substance-abuse and mental-health issues

simultaneously.

However, oftentimes, that does not occur, with the result being the delivery of care that is less than one deserves.

Therefore, as the prevalence of addictive disorders remains a pressing problem, we must deliver the type of care that is most likely to promote recovery.

The type of care that I am referencing is known as "integrated care."

To "integrate care" means that one's drug, alcohol, and mental-health concerns are treated together, and one's physical health-care needs are incorporated into the same treatment plan.

This treatment approach is necessary because mental-health issues almost always accompany a substance-abusing condition.

This is the case when the person with mental illness abuses a substance to obtain relief from their psychiatric symptoms, and when the person undiagnosed with mental illness finds that their underlying feelings of depression or anxiety are ultimately worsened by the substance abuse.

Research findings also show that adults experiencing any mental illness were more than

three times as likely to have a substance-use disorder.

Children with depression are three times as likely to have used an illicit drug.

And those with mental-health disorders are more likely to be prescribed opioids for chronic pain, and 2.4 times more likely to become long-time -- long-term opioid users.

It is also noteworthy, that three-quarters of mental illnesses emerge by age 24, but fewer than one in five youths with diagnoseable problems receive treatment; therefore, the likelihood that someone with untreated mental-health concerns will turn to substance abuse for self-medication purposes is very high.

In addition, when we look at the high relapse rates among those who abuse substances, we must recognize that, without the substance, the person may lack the psychological stability or coping skills that are needed to maintain sobriety.

This all means that, while substance-abuse and mental-health treatments have been effective in many cases, the full potential of the treatment intervention is not attained unless the substance-abuse and mental-health care is integrated

and is coupled with the provision of physical health care.

The reference to physical health care is made because we know that, when people are accepting of behavioral health care, it is the behavioral health-care setting that becomes the person's medical home.

And this provides us with the opportunity to combine behavioral-health treatment with physical health care, which may not be utilized unless it is co-located with the behavioral-health service.

So, the implication of my comments are that, we must move away from the inefficient siloed approach to care, where one's substance-abuse, mental-health, and physical health-care services are delivered in three separate venues, in a manner suggesting that we are able to divide the person into three separate components.

Implementing the integrated-care approach means that services are to be delivered at a single location, practitioners are trained to treat the substance-abuse and mental-health conditions simultaneously, and State oversight bodies integrate their regulations and funding streams in ways that promote, rather than frustrate, integrated-care

delivery efforts.

Thank you.

[Applause.]

SENATOR MARTINS: Thank you, Dr. Dolan.

ROBERT EWALD: My name is Robert Ewald. I am the bureau chief of narcotics in the Suffolk County District Attorney's Office, and I am here on behalf of Tom Spota, the District Attorney.

We fully agree, and I've heard it very eloquently said already, that there are three components here that need to be combined: It's the education, the treatment, as well as the enforcement.

It's none of them by themselves, and other people have spoken very well about that.

The one thing I will add at this point, is that, for over 30 years dealing in narcotics, which is where I have been, I've seen drug patterns change, societal groups shift back and forth with who's got a favorite for whatever drug, and so forth.

And the end to the story is here: Whatever collaborative effort comes out among those three components, it is incumbent, for our own preservation as a community, that us as panelists,

that all of you who have taken the time to come here, and the press, must help spread this: That this is a collaborative effort, and all three components have to be supported; or else, in the end, we'll end up with apathy, we'll end up with these components being split up, and we will not accomplish effectively what we want to, which is our preservation and fruitfulness in the community.

[Applause.]

SENATOR MARTINS: Ms. Brown.

KATHY BROWN: Good morning.

I'm Kathy Brown. I'm the director of Chemical Dependence Services for Catholic Charities.

I was the nurse manager at the crisis center in Suffolk County for 25 years, and of the thousands of people that I assessed for admission, not one of them said to me: You know, I woke up one day and decided I wanted the disease of addiction, and I want to be an addict.

As a nurse, I also treated people with cancer over the years, and not one of them also said to me: I want the disease of cancer.

And, yet, we respond to these two diseases so differently.

You don't hear communities saying: Cancer

isn't in our neighborhood.

But we do hear people saying: Drug addiction is not in our neighborhood.

There's a stigma attached to this disease, and we all need to work together, to reduce, to eliminate, that stigma.

It's only then that we all work together.

It's only then that we can support those who are fighting this disease, living with this disease, that they can come out and say, "I need help."

We need to work together.

And I'm glad we're all here together, from all the different disciplines, because, as I said: A person doesn't choose to have this disease, but we need to work together to convince them to treat the disease.

Thank you.

[Applause.]

RENE FEITCHER: I'm Rene Feitcher, I'm an assistant DA. I direct community affairs for the Nassau DA's Office, under Kathleen Rice.

I'm also here as the chairman of the Nassau County Heroin Prevention Task Force, which I'm pleased to see many members are up here on the panel, and in the audience.

I want to thank, Senator Boyle, and your -- other Senators, for putting together this task force.

And I also want to express my celebration of Shanna's and Jason's victory.

And, also, my condolences on the loss of Matt.

Now, that's why we're here.

I've been doing this since 1975, when the first wave of heroin came around.

I lost my younger brother to heroin addiction.

I counted, recently, five people from the family gone at this point.

And it was really a shock, when I came over to the DA's office, to find that heroin was back.

I said: How could that have happened? Didn't they know it was a bad thing? I thought we were done with that. There'd be some new drug to battle, but not heroin.

But, of course, we forgot about the prescription drugs. And, we forgot that it's cheaper and it's easier to get, and it's being pumped, and it isn't -- it isn't a ghetto effort.

It's not that at all.

It's a middle-class, upper middle-class, problem.

And that's actually the good news, because it's in the news, and we're doing something about it.

Now, most people say they're pretty broke.

So over at the DA's office we also agree with the slogan: That you can't arrest your way out of it.

Well, you do have to do some arresting. There's no doubt about it.

There's predators out there, there's "merchants of death" out there, that you have to deal with.

But the addict is often the victim, and the addict needs to get into treatment. And sometimes coercion works to get a person into treatment.

And, it's for that reason that we believe strongly in the diversion programs.

The drug court, TASK, the adolescent diversion programs...all those are good vehicles.

I feel terrible that, you know, Shanna, you didn't get into it through the proper door, but I'm glad that you're doing so well with it now.

So our message is, really: That we want to

see a strong investment in those preventive services.

Youth services really need a lot of help. They need the money.

The drug and alcohol agencies need the money.

Our college students should be hired right away into those programs. Who else but them can talk to their peers better?

So we want that to be done.

We want the insurance laws to be changed, as well.

We salute Senator Hannon's bill, that would prevent -- would actually help get the insurance policies to be more responsive; to have quicker doors into treatment.

And we also salute the new laws that are gonna allow Narcan to be disseminated much more broadly.

I thought it was skeptical.

Who's gonna come across somebody having an OD?

Well, actually, it's the families of the people who have relapsed time and time and time again. They will; they need it.

So our police have done a great job with it.

And, thanks to the Attorney General, it's a good thing.

And I think that, if we can get it out -- the Narcan out to more people, as a coalition, as Eden and Detective Stark and some of the others have been doing.

So, I'll be quiet, because I know it's short, but thank you so much for this opportunity.

And thank you for being here.

[Applause.]

SENATOR MARTINS: Back to this side, Mr. and Mrs. Murr.

ARTHUR MURR: Hi. Again, my name is Art Murr. My wife, Denise.

We represent the parents.

I have to say, it's -- I mean, I'm so grateful that Tom told me about this, and was helping -- helped to get me onto this panel.

The fact that what I'm hearing is one of the first times I'm actually hearing people talk about treating this holistically.

About not looking at this and saying: We have to arrest them.

Not looking at this and saying: Well, you know, you have to just put them in treatment.

Or, it's not in my community, and there's nothing to do with education.

This has got to do with everything.

And seeing this panel, and seeing all you here, means that somebody's listening to this; somebody's trying to understand.

And we have a very good opportunity at this point to make change, and to make things happen.

I used to tell people -- I used to see people, and I -- you know, and like when you tell your story, or, worse, somebody would come up to me and say -- who hadn't seen me in a long time, and say, "Hey, how's Matt?"

And I'd stop, and I'd say it, and they'd look at me.

And I would say: Yeah, that's a conversation-stopper. "How's your family?"

They were relieved, and just went on about their family.

They obviously felt bad about what happened, but they just had no words. They couldn't figure out what to say.

So, I started asking a question.

I used to ask people: So, do you know somebody who has a problem with substance abuse?

And people would say: No.

And I would say: Think again. Do you know somebody who has a problem with substance abuse?

And almost everyone would say: Yes.

I've changed that.

I now say to people: How many people do you know who have problems with substance abuse?

And they'd say: One.

And I'd say: Well, uhm, you know me, so that's two. How many more you gonna find out?

And they'd stop, and they'd think, and they'd once again say: Right, there's a lot.

I said: It's maddening.

It's madness about what's going on. It's got to stop.

This panel, I just -- you have no idea how I feel about the idea that this is what's going on.

You've got to stop the shame. You have to stop the stigma.

You gotta talk about the success stories that are out there, because there are success stories out there. There's lots of people.

Lots of famous people, in all walks of life -- business, entertainment, politicians -- who are successful, and had -- and had a substance-abuse

issue, who are in long-term recovery, and they're very successful.

They need to speak up. You need to have role models.

Without role models, people just look at it and they go: Well, that's just me. It's just me.

No, no, no, that person out there has it.

You need to have that happen.

So, again, just, thank you, everybody, for having the panel.

[Applause.]

DENISE MURR: Denise Murr, Matthew's mom.

I'm a retired special-ed teacher, so education is really important to me.

I just find -- I've been asking the high schools: How long do you speak about drugs?

One week. And sometimes they have a speaker come in to the auditorium.

That's just not enough.

I mean, we all know that. It's not enough.

The other thing that I would like to mention is the rehabs, the facilities.

My son was recommended to stay a certain period of time. We had a very nice duly certified psychiatrist working along with him, and he was

suggested to stay a certain period of time.

One facility released him, because his counselor had hit one of the residents in the head, so they were reorganizing, and they felt Matt was ready to go home.

So, he came home to us.

Another facility, it had gotten very dangerous. Drugs had come into the facility, and the guys were beating up on each other, or whatever, I don't know. But, he wasn't a troublemaker, so they said he should leave.

His psychiatrist had said, and we all agreed, including Matt, that he should be there for 15 months. And they released him after eight, saying it was too dangerous for him to be there.

I just feel there has to be some more supervision of the rehabs. Maybe they should be overseen by someone, but, these things can't happen.

How is there gonna be rehabilitation when they're sending them home, when they're not ready?

Thank you.

[Applause.]

SENATOR MARTINS: Thank you.

ANTHONY RIZZUTO: Hi, everybody.

My name is Anthony Rizzuto. I work for

Seafield, and I'm the founder of FIST (Families in Support of Treatment).

You know, I'm gonna try not to repeat.

There's been a lot of great things that have been said already, and I really look forward to the rest of the day.

And I want to thank Senator Boyle and the rest of the Senators for giving me an opportunity to share a couple of thoughts with you.

I'm gonna just take a look.

None of us need to be convinced that there's an epidemic going on, and that our communities, our families, our sons, our daughters, are -- are dealing with situations that have really never been seen to this extent.

You can't talk to too many 20-year-old -- today, 20-year-olds that haven't -- don't know somebody that has been exposed to this, and have gone to at least five funerals.

So that one we can kind of put aside. I think we're in agreement with that.

The issue that we're having is, that we have a systemic problem, and this systemic problem needs to be approached, as my colleagues said up here, from many different areas.

We cannot just go and have one solution.

I think law enforcement does play a part, in terms of helping to take away some of the supply. We cannot allow that to just continue coming in the way it comes in.

I think that, you know, when you're dealing with an addiction which is a disease, it's a brain disease, that we need to have treatment that's available.

I think, in the long term -- because we have a short-term solution to deal with the situation that we're currently up against right now -- but if we're gonna look down the road, we need to do some prevention.

We need to start with our kids. We need to implement prevention into our schools and start the process, so we're not dealing with this 10, 15 years down the road.

So I think there's many different sides to this.

I'm gonna just to share with you where I am.

I have been a clinician now for the last, about, 13 years.

And I will tell you that, along the lines of, I believe it was Jason had mentioned, and Shanna had

mentioned, the frustrations of being a clinician and having somebody come to you, and you do a 16-page evaluation, and determine, a person reporting, you know, using 15 bags of heroin a day intravenously, and then trying to set up a treatment plan for them.

And hearing stuff like -- well, for instance, in that scenario, the first thing I would want to do is separate that person from the drug. And call up the insurance companies and hear they don't meet medical necessity.

Now just think about that for a second.

Somebody that you love and care about, who you have been trying to get help for, forever, who is not willing to accept it, was fighting with you tooth and nail, and did not -- because inherent in the disease is denial, so the first one that sees the problem is not the person that struggles with the problem. It's the people that love and care about them, and they start trying to intervene, to try and get them help.

And for some people, it takes many consequences before they say "uncle", and they say, Okay, I'm ready. I'll do whatever it takes.

That window of opportunity, as the Murrs explained, is very short. Okay?

Being able to get them the help when that window is open is essential.

On a regular basis, we call up to try and get authorization, and we get denied access.

So, today, you can be a person using heroin intravenously, 15 bags a day, and be told that you don't meet medical necessity.

Digest that for a second.

How is that possible?

That is pathetic.

So, what's the outcome?

So the outcome is, that when a person can't get the help, right, because, when a person decides they want to get help, it's, either, I get help and I deal with my withdrawals in a medical setting, and I'm able to be able to get treatment here, or, I have to continue getting high.

Because if you've ever seen anybody withdraw from using a substantial amount of heroin or pain killers, it's not a pretty sight; hence pharmacy shootings, and hence all these things that people are willing to do.

We have people that are criminals today that had never committed a criminal act in their life prior to getting involved in drugs and alcohol.

The last thing I'll say is, that's how FIST came about; is trying to bring families together to give families a voice.

And this issue, by the way, is not limited to New York State.

Right after FIST was born, we got phone calls from Florida, Connecticut, New Jersey, "Would you come here?"

The idea is, to give those that don't have a voice a voice.

And the whole idea behind FIST is, in unity there is strength.

And there are a lot of families that are yelling and screaming about what's happening, and it seems like nobody's listening.

Well, the goal is to try and bring those voices together and be able to make a change.

And I'm -- I can't help but talk about this stigma and this shame, because I can't tell you how many people are isolated because of the stigma and shame, and don't realize -- I'll share this last thing and I'll move on.

I run a family education series, and I had two parents. I had a woman come in to speak, and I had someone that was in the audience, and she went

over and said to her, you know, "You don't remember me."

And, their kids played on the soccer field together. Both of them were going through the same thing at the same time. They were shoulder to shoulder on the side of the field, and neither knew what the other was going through.

That's because of shame, and that's because of stigma.

So I'm going to do my little part to try and do something towards shame and stigma.

My name is Anthony, and I am a person in long-term recovery, for over 20 years, through the grace of God, through a loving family, through a 12-step fellowship, and through treatment. I have not had to use anything for over 20 years.

That's allowed me --

[Applause.]

ANTHONY RIZZUTO: Thank you.

That's allowed me to be a father to my son. It's allowed me to be a father to my daughter. It's allowed me to be a husband to my wife. It's allowed me to be a son to my parents.

Unless we start doing this, the only thing that people know about addiction is all of the

ugliness of it.

So it is imperative, I reach out to my brothers and sisters that struggle with the same illness, let people know, "we count."

Thank you.

[Applause.]

JOHN VENZA: Good morning, ladies and gentlemen.

My name is John Venza. I'm the vice president, Adolescent Services for Outreach.

I'd like to thank Senator Boyle and the rest of the Senators and Task Force for convening this important panel discussion today, and around the state, particularly for those young people and families in all of our communities.

As vice president of a non-profit organization and outreach that helps address the issues stemming from drug and alcohol abuse, I have a front-line perspective to the destructive consequences opiate use has had on our young people.

Many recent discussions concerning opiate use and young people has appropriately focused on the transitional-age youth, 18 to 25 years of age.

Unfortunately, I am witnessing another trend emerging out of the opiate crisis. I want to assert

that Outreach is treating an alarming number of adolescents, 17 and under, for use of opioids and heroin.

A short while back I shared about the 13-year-old female from Suffolk County in treatment at Outreach House who became heroin-involved.

Understandably, this case continues to unnerve people when I mention it.

Today I want to open by again mentioning the high school-age opioid and heroin users.

At Outreach, we are treating the largest number of opioid-involved teens in the agency's 34-year history.

As of last week, approximately 50 percent of the teenagers at Outreach House were opiate-involved, and many heroin-addicted.

Lives are being ruined, children are dying, as the opioid crisis now has a foothold in the 13-to-17-year-old population.

I look forward to the discussion we're beginning here today on Long Island, and the lively dialogue that will set us on the way to a meaningful action agenda to stem this emerging tide.

Thank you.

[Applause.]

KYM LAUBE: Good morning. My name is Kym Laube. I am the executive director of HUGS, the president of the Quality Consortium of Suffolk County. I also serve on statewide task forces.

It is my pleasure to be here.

My primary role is in prevention, so every time these folks are mentioning education and prevention, my heart is skipping a beat, and I'm getting really excited, because that's where this dialogue -- uhm, that must be part of the dialogue that we're having.

Young people are protected by four different places: The individual and their peer groups, their school groups, their family groups, and their community groups.

And those are the four areas we must focus on; that sound prevention is happening in every one of those areas.

We also need to make sure that we begin the dialogue of substance abuse, and look at it as health policy, the same as we look at washing hands, wearing seat belts, using sun block; that this is part of a disease we're trying to prevent, and it needs to be, just simply, that part of the dialogue

that starts early on, long before even kids hit high school. That this is really family policy that gets established.

In following the suits of my colleagues who I respect and admire, I also love to share that the fact that I got sober before it was even legal for me to drink, when I was 20 years old.

And for those of you who are trying to figure out the math, I just turned 45, so I'll keep it really simple on you.

[Laughter.]

[Applause.]

KYM LAUBE: And I share that. It's not something I generally share in public, in a venue like this, but in the spirit of today, it is important.

So I look forward for the opportunity to talk about this, to talk about prevention, to talk about all the different strategies we can put in place.

We were here not so long ago when we had the first hearing; that Senator Boyle held the first hearing.

It's awesome that the audience numbers have probably quadrupled, in my guesstimate.

And that's awesome, and that means we're

paying attention, folks.

So, now -- we now know the now -- the "So what?"

Now we need to face and look at the "Now what?" What are we going to do now?

Thanks for the opportunity to join in the dialogue.

[Applause.]

STEVE MARGOLIES: Good morning. My name is Steve Margolies. I'm the vice president and medical director of the New York Region of Phoenix House.

First, I'd like to thank Senator Boyle and his esteemed colleagues for inviting us to participate in this event, and I think this is a great start. I think we're really moving in the right direction.

I've been treating addiction in my career for -- in most of my career as a physician.

And, if you look at the extent of the epidemic, as where it is right now, if you add up all the previous drug-abuse and substance-abuse epidemics in the United States, from the '70s heroin epidemic and the crack cocaine epidemic in the '80s, it does not equal to half of what's going on

today. You can look at the sheer numbers. It's actually on par with, and surpassing, HIV/AIDS right now.

The National Institute on Drug Abuse is estimating that there's 23 million Americans who would qualify for a substance-abuse disorder; however, 7 to 10 percent are actually accessing treatment.

And in my -- to me, that's an unacceptable.

If you look at how people access treatment, this is a multifactorial system that needs to be developed. We need to partner with law enforcement, with schools, with primary-care physicians.

There isn't anybody in this country who's not affected by substance abuse in one way or another.

And I think, until we look at meeting people where they are, rather than waiting for them to be referred to us because something happened, we're really not affecting on this problem as well as we should be.

For Phoenix House, we've seen an immense increase in the opiate use, especially in Long Island, and it's all starting in the same place. This is a new demographic for substance-abuse treatment.

In the past, it was sort of concentrated in the inner cities, and now we are seeing suburban, middle-class, and upper middle-class coming in, all starting with the same story: Everyone is starting using prescription drugs, and switching to heroin when they can't afford it.

I think that we've made some good steps with I-STOP, but I think the work really has to be done, and it has to be done together.

And, again, thank you.

[Applause.]

DR. MICHAEL F. RING: Good morning. I'm Michael Ring, and I'm superintendent of the Rocky Point School District.

And I, too, want to thank Senator Boyle and the Task Force for inviting me to be here today.

It's important to get the message out that schools, just like everybody who's on this panel, are on the front lines of this war and the everyday battles that we fight.

And I'm glad to hear that everyone believes that education is a key component of it, but within education there's so much that we need to do, that's what would normally be thought of as outside the bounds of traditional education.

And, this is one of those areas.

And we in Rocky Point, with a very supportive community, have been, I don't know if we're at the forefront, but we're certainly up there, in terms of being unique in how we're approaching the problems in our community.

Senator Martins indicated earlier that this isn't a problem just in certain places, and there aren't certain communities that are immune to it. And that in those communities, the kids smoke cigarettes, which as you pointed out are more expensive than some of these other substances, or they just drink.

They don't. They're doing this as well. And it's happening in every community.

Perhaps one of the things that makes Rocky Point community and our board of education unique, is that our head's not in the sand.

We see it, we see it for what it is, and we're trying to address head-on.

We, too, look at the approach as being a three-part approach:

Part one, of course, is education, and that's what we're best at, but we need to get a lot better at education on substance abuse;

The second part is prevention and intervention;

And the third part is support and building bridges.

And being here today is part of that building bridges. And we need more of those bridges.

You've heard the theme over and over again this morning about resources, and it does come down to money, because we need to put soldiers on the ground, we need boots on the ground, in terms of fighting this battle.

In Rocky Point, when we looked at it, we said:

This isn't something that's just Johnny's problem, who's in eleventh grade, who we know is involved with heroin, because Johnny's got a sister who's in the middle school, and he's got a little brother who's in the elementary school. And he's out on the playground right now. He doesn't know what life has in store for him.

Or, there's Sally, who's out there on the playground. And Sally's parents are substance abusers, and no one's dealing with Sally.

So our program is a K-to-12 integrated program, and it takes a lot of resources.

And we've had a supportive community in terms of those resources.

Last night, after a generally unexciting board-of-education meeting, thankfully, I was home, and I was reading a federal grant proposal that we're getting ready to put in at the end of this month, and it's for support for counseling, including psychiatric, other mental-health professionals, substance abuse.

And I think it's great, and we need those funds. And I hope, out of all of the schools in the country that apply, that we're one that is chosen.

But one of the things that went through my mind as I'm reading it, is this is a 36-month grant, and it has to be renewed each year during that 36-month period.

So, what if we get started and we can't keep going?

And it came through my mind -- and I'm sort of pleased to see Senator Flanagan here today, not to put him on the spot, but as the head of --

[Laughter.]

DR. MICHAEL F. RING: -- but as the head of Public Education Committee -- it strikes me that we have categorical aid lines and expense-driven aid

lines in our State aid for a number of different things. We really don't have one for this.

And a lot of schools don't have the resources and they've cut programs like this. They're not mandated, and we could cut them and save hundreds of thousands of dollars a year, just to keep our classrooms with teachers in them.

But, perhaps, a categorical aid or an expense-driven aid that would be based on what schools are doing, in terms of education, intervention prevention, support, and building those bridges, would give every school district, even those that are in denial, the opportunity to do what we're doing in Rocky Point.

And I thank you, and thank you for having me here.

[Applause.]

SENATOR MARTINS: Thank you.

I'm going to -- I'm gonna start on our -- on everyone's right, with Sheriff DeMarco.

SHERIFF VINCENT DEMARCO: My name is Vincent DeMarco, and as the Suffolk County Sheriff, I have a unique perspective on the heroin epidemic on Long Island.

Every day, I encounter drug-addicted

individuals at the Suffolk County Correctional Facility, who are destined to years, and possibly a lifetime, of cycling in and out of the criminal justice system.

In fact, studies show that two-thirds of substance abusers leaving jail or prison will return within three years.

The cycle jeopardizes public safety, and presents a heavy burden on taxpayers, small businesses, families, and communities.

These are the same people robbing banks, convenient stores, and pharmacies, burglarizing homes, and creating the lure for drug cartels to target our area.

I've often stated that we can't incarcerate our way out of this drug epidemic and expect that it will somehow make our communities safer.

The facts are:

That it costs county taxpayers $277 a day to incarcerate someone. That's almost $100,000 per inmate per year.

The cost of recent jail construction in Suffolk will cost more than $255 million by the time it's paid off in 2031, and that doesn't even include another $150 million for upcoming State-mandated

jail-construction projects.

Policymakers from both sides of the political spectrum need to come together to find rehabilitative and preventive solutions that can break the cycle of addiction and inmate recidivism.

"NBC News" is running a story this week called "How To Fix Rehab." And what many experts in the field are saying, is that there needs to be more flexibility built into the existing treatment models.

That might mean addressing educational deficits, health-care and mental-health problems, housing, and other issues, within a long-term recovery environment.

This makes a lot of sense.

And because there's so much overlap between the criminal justice and drug-treatment systems, I think there needs to be a concerted effort among policymakers to develop alternatives to incarceration that will address the underlying causes of addiction and crime.

Thank you for having me here today, Senators, and I look forward to answering any questions throughout the day.

[Applause.]

SENATOR MARTINS: Dr. Jeff Reynolds.

DR. JEFFREY REYNOLDS: Good morning.

My name is Dr. Jeffrey Reynolds. I'm the executive director of the Long Island Council on Alcoholism and Drug Dependence.

I want to thank Senator Boyle and the rest of the delegation for holding this event.

It's ironic that I'm seated next to the sheriff.

Can you guys hear me?

SENATOR MARTINS: Yes.

DR. JEFFREY REYNOLDS: Is that better?

Nobody told me. I sat up here --

[Laughter.]

DR. JEFFREY REYNOLDS: You lost all the good stuff now.

[Laughter.]

DR. JEFFREY REYNOLDS: I notice I'm seated next to the sheriff.

I wonder if that's intentional?

I took an extra water. I'm sorry.

[Laughter.]

DR. JEFFREY REYNOLDS: You know, I've done a couple of these things before. We've been doing them for many, many years, and I think we no longer

kind of question whether or not there's a crisis or -- or an epidemic.

And I think one of the things that the current crisis has done, is to put a spotlight on all the preexisting conditions that led us to this point in time.

Whether we're talking about our failures to adequately prevent substance abuse, which seems to grow exponentially over time.

We look at what's happening in schools, and, perhaps, present company excluded, there's not enough happening in Long Island school districts.

[Applause.]

DR. JEFFREY REYNOLDS: Good prevention isn't throwing a thousand kids in an auditorium and having a guy like me come and scare them.

[Laughter.]

DR. JEFFREY REYNOLDS: It doesn't work.

And as we talk about the Core Curriculum and high-stakes testing, we can't pit these two things together, because we know kids who are drunk, high, or dead of overdoses do lousy on standardized tests.

If we want them to do better --

[Applause.]

DR. JEFFREY REYNOLDS: -- let's treat their

needs. Let's meet them where they're at, and make sure that we're doing what we should be doing on the treatment front.

And a couple folks have talked about this: The stuff insurance companies are doing today would not be acceptable for any other disease.

It shouldn't be acceptable for addiction.

[Applause.]

DR. JEFFREY REYNOLDS: Our folks should not be told they need to fail -- and the language is intentional -- at outpatient treatment before they get inpatient. Insurance companies then pay for seven days worth of inpatient.

The person relapses, and they say: Whoop, it didn't work. We're not paying for it again.

This has to stop. And it's the ultimate cost-shift.

When the insurance companies say yes -- say no, Vinnie DeMarco says yes.

When the insurance companies say no, our medical examiners are saying yes.

And parents like the Murrs are left running around in circles, looking for help.

That can't happen anymore. We need to stop that.

The one thing we haven't talked a lot about here, in terms of continuum or prevention access to treatment and recovery:

You've got folks who go off to, perhaps, the best treatment in the world. We get them early on in the game and they go off to great treatment.

They come back after 28 days, if they're lucky, and we throw them right back into the same environment: the same family, the same friends, the same dealers, the same school, the same communities, that led them down the path in the first place.

And then we point a finger at them and say: Why did you relapse?

We've got to build better support systems for young people in recovery.

We remain the only major metropolitan area without a recovery high school.

And though I believe that every school should be a recovery school, the God's honest truth is, they're not.

We remain one of the only major metropolitan areas without a recovery center for young people.

That's got to change, too. We've got to make sure that we're supporting these kids: lifting up their stories and lifting up their lives.

You know, finally, when we think about the other natural disasters, and that's how I look at this, that have hit Long Island, including "Hurricane Sandy"; in the wake of "Sandy," we all, especially these guys to my right, stepped back and said:

Why weren't we better prepared?

What do we need to do as individuals and communities to make sure this devastation never happens again?

And nobody was that worried about what it would cost, quite frankly. We did what it took to rebuild.

The same needs to go for this natural disaster, so that we don't have more families walking this road.

We need to take this as seriously as a hurricane. It's wiping out families, left and right.

So, thank you again for hosting this.

I appreciate the opportunity.

[Applause.]

SENATOR MARTINS: Thank you, Dr. Reynolds.

Congratulations, and thank you to all of our panelists.

I want to take the opportunity to give each of our Task Force members also an opportunity to say a few words before we get into the topics that we have today.

We have a very ambitious agenda.

We'll go over the ground rules in a few minutes, as far as the Q&A and the give-and-take.

We have a lot of passion here in the room. Certainly, a lot of passion here amongst our panelists. And I'm sure in the audience, as well.

But we do have, and would like to cover, each and every one of these topics, so we're going to start limiting our responses.

But before we get there, Senator Flanagan, as was mentioned, Chair of our Senate Education Committee. Certainly one of our leaders on education issues statewide, and the go-to person in the New York State Senate, if not the state, when it comes to education.

Senator Flanagan, would you like to say a few words?

SENATOR FLANAGAN: Yes, thank you.

It really is humbling to be sitting up here with all these experts and professionals.

UNKNOWN SPEAKER: The microphone's off.

SENATOR FLANAGAN: I'm doing the same thing. Okay.

Hi, I'm Dr. Jeff Reynolds.

I'm sorry --

[Laughter.]

SENATOR FLANAGAN: I apologize.

It is humbling to be up here with all these professionals and experts, and, equally, if not more, humbling to be looking out at all the parents and the family members out here, because, as people are speaking, you know that you're engaged, when you can see in the audience, the reaction, the human reaction, from all the people that are here.

The human-interest stories, Shanna and Jason: awesome.

That four-month-old baby must be absolutely adorable. Congratulations.

And, I just want to speak to a very few brief things.

I want to congratulate Senator Boyle.

This is ambitious, because I know I've traveled around the state on education.

To do this type of work in such a tight time period will be exemplary, in many ways.

Senator Hannon, he won't say this; I'll say

it on his behalf: I-STOP, he has been a champion. And he is one of the few legitimate experts in the Legislature.

So, from a policy level, he's as good as it gets. And he is our --

[Applause.]

SENATOR FLANAGAN: He is.

Then I think of people.

I just saw again today, Mrs. Ventorino [ph.] from Kings Park, here, who I met in Albany; had some meetings.

Her son passed, roughly, two years ago. And, that, in itself is humbling.

Dr. Ring, the -- I'm going to say it flat out. Okay?

I am Chair of the Senate Education Committee, and there are many school districts across Long Island that absolutely have their heads in the sand. They don't want to recognize this problem. They don't want to recognize this epidemic. And, it's because of things, like, property values, and no one wants the scourge of drugs or substance abuse in their communities.

It's here.

And as Jeff said, we have many things that we

need to do, and be prepared.

If it's expense-based aid, so be it.

To me, probably the most effective thing, and I'm by no means an expert, is peer-to-peer.

You get kids who can be leaders and group leaders and semi-counselors in the high school and the junior high school level, there is nothing more effective.

No disrespect to our experts up here, but, peer-to-peer seems, to me, to be one of the single most important and effective things we can do.

So, I'm gratified to be amongst you, and I appreciate the opportunity.

[Applause.]

SENATOR MARTINS: Senator Marcellino.

SENATOR MARCELLINO: (Turns on microphone.)

See, I listened and I learned.

[Laughter.]

SENATOR MARCELLINO: I'm also not exactly one of the younger members of this group.

I've taught school for 20 years in the city of New York: biology.

And when I started teaching in the early '60s, I would stand out, because I was one of the bigger guys in the building, so, they made me Dean

of Boys.

We could say that then.

Now have you to be Dean of Students, politically correct.

But I was Dean of Boys then.

We had deans of girls, as well.

I would stand out in the hallway, and as the kids walked by, "Hey, Mr. M," "Hiya, Mr. M"; "Come here. Go in my office."

Fewer kids more, "Come here. Go in my office."

One of the teachers would come up to me and say: Why are you doing that?

I said: He's stoned. He's stoned. She's stoned. It's as simple as that. And I'm not letting them walk through the halls of this building without getting ahold of their parents.

Some parents wanted to hear from us.

Some parents did not want to hear from us, it was painfully obvious.

But, you did what had to do, and you did what you could. And maybe we saved some lives; maybe we lost some lives.

But we tried to inform and we tried to educate, and we tried to do this.

So this scourge has been going on forever.

Someone asked: Why in the suburbs now?

It was a fellow by the name of Willie Sutton, some years ago. He used to rob banks.

And I asked him: Why do you rob banks?

And he said: That's where the money is.

[Laughter.]

SENATOR MARCELLINO: Well, the suburbs is where the money is.

That's where the money is.

If you're gonna sell something, you want to go where people have the money to buy what you want to sell.

We have the money in the suburbs.

We run a program every once in a while, out of my office, called "Shed the Meds," where we go and we tell people: Bring us your unused medication, all of it, and we'll take it from you.

And we always have a member of the police department here, either Nassau County's finest or Suffolk County's finest, sitting with us, and they take the stuff. We bag it, they take it away, and they dispose of it and destroy it.

We have never taken less than six 60-gallon garbage bags full of pills, just by sitting out in

front of a firehouse, or whatever, and advertising in a community: Just come in here, drop off your unused, expired, unwanted medications.

One building, we picked twelve 60-gallon bags of pills, that were disposed of by the Suffolk County Police Department.

There's an awful lot of stuff that we have in our homes.

Kids have parties with that stuff.

They take fists full of it, they bring them to the party, they throw them in a jug, and then, they grab a fistful and they take them, and see what happens.

They don't know what they're taking. They haven't got a clue. It's just from mom and dad's medicine chest that they're grabbing this stuff.

So, what we can do, to a large extent, is clear the crap out of your houses. Get rid of it. Don't keep it around.

Don't flush it. We don't want it in our water supply.

But dispose of it.

The police department will take it from you, no questions asked. They'll remove it for you, and dispose of it for you.

Every precinct has a place for it.

So I would suggest, that, go through your medicine chests and deal with that right away, and get rid of the stuff that's in your homes.

We have too much, just lying around.

If you need it, that's one thing, but make sure you have it and count it.

When I travel, I take pills with me because I need to take some. And I always keep them, and I count them, so I know what I have.

And, in the morning, I count them again, to make sure whoever came in and fixed the room up didn't remove some of my pills, because I found that they were doing that for a period of time.

So you never know what's going on.

The words here: Education. Information. Interaction.

Talk to your children. Talk to them.

Kids, talk to your parents. Sometimes they need education more than you do about this stuff. Let them know what you know.

Engage in the conversation.

Not always pleasant. Sometimes there is a little resistance on the part of the youngster.

That makes me think that maybe you should get

involved even more. Don't let them push you away. And don't be easily removed from this situation.

I'm glad to hear the superintendent say, and John knows it, as well as I do, that many districts do have their heads in the sand and are in denial.

"We don't have a drug problem in the system."

"We don't have a drug problem in this neighborhood."

Nobody wants to admit to it, but it's in every neighborhood. We all know it. You all see it. They all behind us treat it.

And, frankly, it's been going on too long.

It's time to end this, and time to bring it to closure.

Legislation, we'll do.

We have bills on the table now. There are bills in the Senate and in the Assembly.

There are laws that are passed, but they don't mean much unless we all get involved in this.

This is not something someone else can do for you. You have to do it, for your family, for yourselves.

And we'll help, but, you're on the front lines. Don't let anyone tell you otherwise.

You're on the front lines.

SENATOR MARTINS: Thank you.

[Applause.]

SENATOR MARTINS: Thank you, Senator Marcellino.

And, as a brief introduction to our next panelist:

Senator Kemp Hannon, as has already been mentioned, chairs Health in the New York State Senate.

For those of you who may not know this, Senator Hannon is the go-to person in New York State when it come to health issues.

He's also among a handful of go-to people nationwide, and experts, when it comes to health issues.

And we're truly fortunate to have him, not only as a resource here in New York State, but, certainly, as a resource here on Long Island.

He is the architect behind I-STOP.

He is the architect behind efforts to take that second step, which we all knew would be necessary when we closed off access to prescription drugs; that there would be a push towards an increased use of illegal drugs: heroin.

And Kemp Hannon has been leading that fight,

introducing legislation, and keeping the issue on the forefront of our state-policy initiative.

He is the person we all turn to on any issue having to do with health.

And it truly is remarkable that we have him right here with us, and available as a resource.

Senator Hannon.

[Applause.]

SENATOR HANNON: Thank you, Senator Martins.

And thank you to my colleagues who are here, because, as all of you in this room have gone through a personal circumstance in your families, and your relatives and your friends, you've often wanted to make sure that somebody was listening.

And, in a gradual way, the State has begun to listen more and more as we've gone through this wave of addiction.

Somebody before said: I was there at the first wave in the '70s.

Well, it really predated that.

There was the whole methadone treatment program for heroin addiction in the '60s.

So we've been fighting a long time, and things come in into popularity and go out.

But, Senator Boyle, by your commitment to

this, and to your staff, gathering together so many people who are key to moving forward, I think we've taken a major step.

You'll have eleven more hearings to illustrate how it's just not Long Island; how it's in every community of the state.

And, unfortunately, it tends to be more in the suburbs than in the inner city, or in the rural areas than in the inner city, so we have a different locus of our problem at the moment.

But, thank you, Senator Boyle.

The phrase that I use sometimes as a joke is: I'm from government, I'm here to help you.

[Laughter.]

SENATOR HANNON: And you laugh, because you should, because we're not the repository of information.

And as you go through trying to formulate policy in regard to treatment for health or addiction or mental illness, you don't always have the just-right answers, and that's why we have persistent problems.

So, you're gonna have to be -- bear with me a little bit, because I'll be a little pedantic about the legislative process.

We just finished the budget a week ago. The fourth year we did it on time. And it was a pretty excruciating process for all of us, and pretty time-consuming, not to say, probably the most consuming was for Senator Flanagan, who's very happy not to hear the phrase "Common Core" this morning.

[Laughter.]

SENATOR HANNON: But at the end of a process, there's a lot of things that don't happen. Nothing to do with here today.

But I often say: If we did something legislatively or in the budget, the folks who are interested in getting that enacted say, "What took you so long?"

And if they didn't get it, they'll say, "You're a bunch of bums."

So, we go through legislation as a meeting place of ideas, a meeting place of concepts, trying to figure out what's going to make things work the best.

And sometimes we do, and sometimes we don't.

It's almost a decade ago that we passed the legislation on Naloxone for the emergency medical services, but I had no idea how effective it was, until we heard some of the statistics from Suffolk,

and how many lives were saved.

And the next thing that started to become as a phenomenon was the opioid drugs.

The simple statistic: In 10 years, by 2010, New Yorkers were getting 21 million prescriptions a year for opioid drugs.

21 million, without refills. And we only have 19 1/2 million New Yorkers.

So, obviously -- and this was all a phenomenon in the first decade of this century. It really wasn't there in the 1990s.

And I can say that, because we did some work on treatment of patients, and the attitude of doctors towards treating patients with pain-relief medicines.

So, we had to deal with this in a way, with tracking who was prescribing, tracking who was using, tracking who was dispensing. Trying to do it as rapidly as possible, as accurately as possible. Changing prescribing behavior patterns of physicians. Mandating that, in a physician's office, before a controlled substance was prescribed, there had to be checking the database.

Same thing within the pharmacies.

We had a lot of things of behaviors to

change. And it took a large amount of cooperation all over the place.

We really didn't have any villains to do it, but it was a question of saying: Wait a minute, opioids are not addictive-free.

And I started asking some of the doctors: I bet you were sold by people from the pharmacy companies, that you can prescribe this because there's no downside.

And they started to say: Yeah, that's what they came to us as.

I don't know that for a fact, but it was the only reason to see this sharp escalation.

So, we passed I-STOP. It's about a year and a half ago. We don't know how well it's working.

I'm told it's working fairly well, in terms of tracking the doctor shopping.

Ironically, one of the parts that's not in I-STOP was: How many pills do have you to prescribe if you've had a tooth out?

Because now I start to hear, instead of getting a month's supply of pain relief, you're getting two or three or four days, which is medically indicated as to what's appropriate.

So that's a behavior change that we're

starting to do; and, therefore, the medicine cabinets, that Senator Marcellino spoke of, are starting to decrease in being the source of supply.

And, obviously, we now have a problem with heroin. And it started just before we did I-STOP.

I remember being in Massapequa, with the Yes community group, and hearing this, and it was just phenomenal. And then it started to replicate itself as we had hearings in the rest of the state.

So we will, this week, next week, two weeks from now, broaden the availability of Naloxone.

It's passed in the Senate already.

Yesterday it was reported out of the Health Committee in the Assembly.

We'll be back in session in about two weeks.

And, hopefully, that will be worthwhile, so that, if you're in a family and you have a concern, because you have, one of your children or of your siblings is susceptible, is an addict, or whatever, you'll be able to have it in your house.

And the FDA, just the other day, talked about an EpiPen type of thing that you can have. Fairly safe. I don't know if it's safer, or not, than the inhalant that you can now use, but it allows for a broader use.

We expect to talk to the commissioner, which groups are active in the drug-addiction prevention programs, whether they can have that, 'cause this will be allowed for the non-prescriptive use, non-patient prescriptive use, of this drug.

In another sense: The legislation allows, but the regulations do not yet, perhaps this will be available through the pharmacies.

Obviously, a challenge to the pharmacies, but this is not a drug -- as far as I know, and I'm assured by Dr. Reynolds is the case -- this is not a drug that leads to addiction, leads to a street value, leads to some type of high.

We'll find out.

That's exactly what was said 40 years ago about methadone.

To some extent, methadone, at the beginning, had to be done, take your dose in front of the doctor or nurse.

Now it's prescribed, and it allows many people to lead very productive lives, and we don't even know about it.

What's the next thing?

And by the way, as we were doing I-STOP, it was -- this is what government can do for you -- it

occurred to me: We can have the best I-STOP legislation in the world, but we're not going to stop addiction.

So, we still have to keep -- that's a continuing goal for all of us.

And when you do legislation, it's like dropping a pebble into a still pond. There are ripples, and you don't know what those ripples start to show.

You'll find out.

You'll find out through roundtables like this, because we don't -- we're not testifying at each other. We're trying to compare notes, we're trying find out things that are working.

Mr. Dolan up there, in his biography, says he's involved with a health home.

One of the things we've started to do in this state is to remove silos, and to not just look at substance abuse as one silo, or even drug addiction and alcohol as two silos. We're not looking at mental health as just one silo, physical health another silo.

We're trying to make a care coordination, and it's very difficult to do.

I don't know that it's ever been totally

successful in the United States, but we're doing it through the vehicle of managed care.

So, what, is that going to work?

We put $120 million in the budget for the various social community-based treatment modalities, that will be these health homes, be a medical home. Try to say that the locus of treatment shall be in the community.

Is it all there yet? No, but the State's been moving on that in a large way.

So, we'll focus on having Naloxone more widely available.

What will be a more lasting effect, will be how we continue to treat those of us who we love so much, in the community, a continuous treatment.

Are we going to face, "I don't have any space in this treatment program"? "I don't have any beds"?

I don't know all of that, but we certainly are set in motion the approach to try to do that.

Now, when it comes to the next piece of legislation that I have, is, get the insurance companies to cover treatment.

Okay, we --

[Applause.]

SENATOR HANNON: -- we can all beat up on the insurance companies, but, they are us, because we pay them.

And, ironically, the -- most of managed care tends to use an insurance company.

And how do you get them to behave right?

It's groups like this who will start to say: What's the best treatment modality? What is evidence-based? What can we really push to get to work?

And that, hopefully, will come out of the Task Force report.

Senator Boyle, you have an awesome calendar to do this report by the 1st of June, because that only leaves us 2 1/2 weeks before the end of session.

But that's the type of thing we'd like to get done, try to move forward.

Just getting the insurance coverage doesn't always solve the problem.

This morning I'm reading in my BlackBerry here, all the things we're doing in health, but there was a story in the Rochester paper, where the Attorney General just fined an insurance company who was not giving availability to mental-health

treatment, according to what we've done in federal and state law.

Was not.

They just got fined $350,000.

That's a big deal in the insurance world.

So, just passing the statute, saying, mental health gets equal treatment with physical health, didn't solve the problem.

I remember a couple of years ago, the chiropractors who got mandatory coverage about 10 years ago, 5 years in, they came into my office one day and they were screaming.

Now, I had nothing to do with the original bill.

But they said: The insurance companies have made us write notes on all of our treatments, and make reports on all of our treatments, and show that what we're doing is effective.

I said: Well, that's kind of logical.

But, they were not happy about what the changes had been.

So we need to figure out -- we need to take the people who are providers in this panel, we need to take other providers in the state, we need to look nationally -- to see what's working.

Is it going to be nine months? I don't know.

Sometimes we've had some testimony from folks, who, their only reason they got off, was because they were thrown in jail for two months.

That's a terrible way to go about it, because withdrawal is excruciatingly difficult and doesn't always lead to success.

So we have a continuing obligation.

And, your input, your feedback, will be totally welcomed.

And I hope that we can, from today, and the other hearings, have some very solid, productive proposals, to move forward.

Thank you.

[Applause.]

SENATOR MARTINS: Thank you, Senator Hannon.

I just want to take the opportunity to recognize two other officials, representatives, that are here with us today.

We have Suffolk County Legislator Tom Cilmi, who's here.

Tom, thanks for joining us.

[Applause.]

SENATOR MARTINS: As well as a representative from Senator David Carlucci's Office, Evan Sullivan,

the Senator's Deputy Chief of Staff.

[Applause.]

SENATOR MARTINS: So let's get at it.

I've appreciated the comments, I appreciate the insight, but let's get into a Q&A.

I'm going to ask that we keep our responses, now, to 30 seconds, and there's a reason for that.

I know that we have questions. I have questions that have been handed up already.

Bear with me. I want to get as many of these in as we can.

And we're quickly approaching an hour where we're supposed to take a break.

I'm going to take executive privilege and extend it, so that we do get into these topics more wholly, but I do want to have an opportunity, certainly, to have more questions come up from the audience, and be able to get to as many of our panelists as we can.

And to start our discussion, which we'll break down:

The first group having to do with civic groups, I have a question for Judith Raimondi.

Let's begin with an important aspect of combating this heroin epidemic; and that is, the

local community groups which are working diligently to rid our towns of these harmful drugs.

As the president of Lindy Cares, can you give us idea of the problem your town is facing, and some of the steps you are taking to fix it.

JUDITH RAIMONDI: Sure, thank you.

Lindy Cares has been totally about a community partnering up with all areas.

What we found so far, through different activities, we have a heroin epidemic.

We have a -- parents allowing children to drink under age.

We have not enough police in our area.

We have a school district that needs support, and they're willing. That we have a lot of willing people within our district, willing to start to look at this problem.

So, Lindy Cares came together, invited Phil Boyle; our mayor, Kevin McCaffrey.

We've worked with the superintendent and business owners, to try to come together and talk about prevention and education.

So, we hold forums, from parent-prevention forums.

Kym Laube was there, and she was able to --

she was really informative.

But, looking at signs and symptoms, we just had our first Narcan training. Totally, you know, important stuff for a community to have access to.

You know, the possibilities are endless, but it really is important that partnering up, and the community members coming forward and saying, "I'm willing to help."

Currently, we have, like, five strong board members that are just so dedicated to this community.

And, we have a lot of -- we're working on neighborhood watches. That was another really important thing: our community wants more safety within the community.

So, we're developing neighborhood watches on different blocks.

SENATOR MARTINS: Well, I appreciate that.

You know, one of the themes that we heard, not only from Shanna and from Jason, but from others as we went through the panelists today, was, there are introductions to drug abuse. There are entrees to that in our communities.

And sometimes it starts with our own attitudes at home as to what is permissible; whether

it's alcohol, whether it's marijuana, that there are entrees into this, that sometimes we take for granted. And that by being lax at the front end, sometimes we're opening a doorway for things to happen down the road.

Dr. Reynolds, I was wondering if you could share some of your thoughts about, you know, the concept of, you know, a lot of things that we're hearing these days, specifically with regard to marijuana around the country. You know, loosening regulations and laws having to do with marijuana use, and what that may have to do with longer-term situations and drug abuse and addiction like this.

DR. JEFFREY REYNOLDS: Thanks for the question.

You know, when we use words like "epidemic" and "crisis," and we talk about opiates, and we talk about heroin, I think it makes it easier for parents, school districts, maybe even some of us, to say, heroin and opiates are the serious stuff, and alcohol and marijuana are somehow less serious in this context.

And I think, for parents, any of us who work with parents on a regular basis, hear time and time again: I know he's drinking. I know he smokes pot

a lot. Thank God it's not heroin.

And I think part of what we need to do out of this crisis, is begin to connect some of the dots; to talk about underage drinking, marijuana use, and what that means to -- to kind of the future.

I think the discussions around marijuana have left young people with a sense that marijuana use is not risky.

In fact, our own President suggests that it's safer to smoke a joint than it is to drink a beer.

Those are the kind of conversations we're having, and it works against everything we're trying to do to educate our young people.

So, there's a direct connection.

I hope we can broaden the conversation and talk about alcohol and marijuana use, and certainly understand the impact that some of these policy debates are having on young people and families.

SENATOR MARTINS: No, I appreciate that. And I know we will get into that. There's a topic further along in the day, where we'll be talking about treatment recovery and prevention, and we can get into this more specifically.

But, there is a common theme, not only in, you know, the discussion we just had, but, the

insight that we got earlier, is that very few people start by starting heroin, for the first time. There are usually entrées into illegal drug use and addiction that takes a different path.

And the attitudes we take as a society earlier on, certainly have ramifications down the road.

I have a question here -- or a point here, that was handed up from a King's Park organization, In The Know. "Kings Park In The Know."

And there's a representative here, Maureen Rossi [ph.]?

MAUREEN ROSSI [ph.]: Yes. [Inaudible.]

SENATOR MARTINS: Well, do me a favor, come on up.

MAUREEN ROSSI [ph.]: Okay.

SENATOR MARTINS: There's a microphone right here.

And, another civic group that is working locally in the community to address the issue.

And, I apologize. I would have brought the mic to you.

MAUREEN ROSSI [ph.]: That's all right.

I just had my knee replaced. I'm sorry.

SENATOR MARTINS: No, no. Thank you.

MAUREEN ROSSI [ph.]: This is a challenge.

Hey, guys, thank you all for being here today.

We've been on the front line for about 9 years now. We're just a small non-profit, and, we work to shine a light on, and eradicate, the region's opiate and heroin epidemic.

There are a lot of great points brought out today, and, there is a threefold approach to this problem, and you guys have reiterated it:

Law enforcement, arrest the dealers;

Treatment. You know, let's get rid of obstacles to treatment. Let's get the sick kids help;

And, prevention.

But, like everyone's saying, we cannot arrest our way out of this epidemic, and we cannot legislate our way out of this epidemic.

Prevention, prevention, prevention.

There is no coincidence that we have this epidemic on Long Island. It's been 12 years since we've have had prevention programs in our school districts.

DARE was deemed ineffective about -- I think it was about 12 years ago.

And there's no coincidence that our kids have gone without prevention programs and we find ourselves in this crisis.

I'm also a member of the press, so I've interviewed some of you guys.

As a journalist, I knew we were in tough shape, because I would read -- every day I would read the crime and the obits.

And every day there would be, you know, Brittany, 19, Sayville. You know, Brandon, Massapequa.

Kids dying, quietly, on our tree-lined streets in our well-performing school districts.

It was Long Island's dirty little the secret for a long time, but the secret's out.

You know, we all obviously know, like you guys said, we're in the midst of a crisis.

In the last decade, since we've kind of begun this, depending on what numbers you have, you know, opiate, opiate combined with heroin, we've lost between two and three hundred young people under the age of 25 every year. So in the last decade, we've lost over 2,000 young people.

If someone came to Long Island and murdered 2,000 of our young people, it would be hunting

season. There would be vigilante groups in every community.

Well, someone did come in and murder our children.

And, you know, this is great, we love that you guys are here.

And John Flanagan left, and it's too bad.

John and I produced a documentary about the heroin epidemic a couple years ago.

And what I want to see happen here on Long Island, and New York State, we need to "Common Core" this bad boy.

[Applause.]

MAUREEN ROSSI [ph.]: You know?

I know it's kind of a dirty word for John Flanagan, but, the fervor, I mean, when Common Core came out, I mean, the Facebook pages, the tweets, the social media, parents rising up in every community.

We need to "Common Core" this bad boy.

Thank you.

[Applause.]

SENATOR MARTINS: Kym, what do you think?

KYM LAUBE: So, I love the opportunity to talk about prevention, love the opportunity to talk

about how we need to get this in schools, and how we really need to move this into families.

And, your coalitions -- King's Park In The Know, Lindy Cares, West Hampton Coalition, Sag Harbor -- the coalitions really become a major player in getting us to do this.

You know, some of our states to the east -- uh, to the west of us have a prevention provider in every school.

I can't tell you how paramount that is.

Our prevention staff as a state is down. Our youth-development staff and our youth bureaus are getting smaller and smaller and it's getting more difficult.

As much as we want to say we want to get into schools, because we know that needs to happen, it's hard to get through those doors now, and hard to connect this type of education into the current educational system, and where it is.

So that's where we really need to make our voices louder, and we need to do exactly what Maureen talked about. We need to fight this fight harder and louder and stronger, and not back off of it.

Common Core brought tremendous parents out.

There's a lot of different issues that have brought parents out fighting and arguing; and this is one we need to get behind.

And my hope is, the continued dialogue, good, clear, accurate information. The strengthening of the forces is really gonna be what is gonna help us turn this corner.

Drug and alcohol prevention, sound prevention, is capacity building and workforce development. Right?

This is not only good health practice, but this is about our future.

And when we talk about keeping medication out of our natural resource of our drinking water, let's keep it out of our natural resource of our young people, right, because that's where the answer and that's where this lies.

[Applause.]

KYM LAUBE: Young people need -- they need good strong adults. They need -- and my whole job is about building young people who make a choice to be drug- and alcohol-free before it's an issue for them. Right?

That's what the basis of my work is.

So they need adults who help carry that

message right along there with them.

But, they need the peer-to-peer; so that when you're sending young people from treatment programs back into high school, there's already a group and a network of young people who have made it cool, who have made it trendy, who've made successful lives out of being drug- and alcohol-free.

And we need more workers to help us get there.

[Applause.]

SENATOR MARTINS: Thank you.

What do you think?

RICHARD BUCKMAN: Am I working?

Okay.

I actually am at work.

I just want to add something to what Kym said, because some of you are familiar with recovery high schools --

[Applause.]

RICHARD BUCKMAN: -- that's sort of sprouting up across the country a little bit.

In the movie "The Anonymous People," which, if you haven't seen yet --

[Applause.]

RICHARD BUCKMAN: -- who's seen it? Anybody?

Okay.

[Applause.]

RICHARD BUCKMAN: -- I would encourage our distinguished panelists to make sure they catch a screening of "The Anonymous People." We'd certainly be more than glad to arrange one for them, as well.

Recovery high schools, there's a few in Boston, and the impact that they're having breaks out statistically, this way:

If a young person in high school goes to treatment, and returns to the same high school they came from, 90 percent of those kids will relapse, and 80 percent of them will relapse within less than 30 days.

If they go to a recovery high school, the attendance is over 90 percent, and more than 70 percent of them graduate, clean and sober.

I think that says a lot about recovery high schools.

[Applause.]

SENATOR MARTINS: I appreciate that.

That -- that's a perfect segue, as we address this issue. I think it's important that we go to those who are most affected and can speak to it personally.

I'm going to ask Mr. and Mrs. Murr: Can you tell us more about the parent group you're in. And, any tips for parents who are currently struggling with a child who is addicted to opioids?

DENISE MURR: Well, okay, when we lost Matthew, we found a parental bereavement group, The Compassionate Friends. It's national.

We went to the one on Long Island. And, through going there, of course, you know, children lost their lives to various reasons, but we formed -- a group of us formed a group from children that had -- of children that had passed from overdoses.

We've been trying to make change.

We've gone to the "Fed Up" rally last October, which was for federal recognition of the epidemic of the opioid epidemic.

We've gone to Harm Reduction Coalition; we spoke there.

I'm trying to think.

We've visited sober homes. We're about to visit another sober home this coming month. Have spoken to young men and women in recovery.

I'm trying to think of what else.

ARTHUR MURR: What you need to do is talk to

your kids. You need to -- they may not talk to you. Or, they're talking to you and you're just not hearing it.

Matt was famous for asking us a question, and we'd sit there and we'd listen, and we'd give him an answer, and then he'd walk away, and we'd go, What was he just saying?

Because he was asking -- there was the question he was asking, there was the question he wanted the answer to, which was not necessarily the same thing.

I'm not saying we were good at it. I'm just saying that we were acutely aware that we had to do that. That you had to do what you had to.

Listen to your kids, because lots of times they're testing you.

We were tested all the time.

He was asking a question to see, Was this good? Was this not good?

He used to have a conversation with me about pot, and say: Dad, it's not bad. It's okay.

I said: If it was so good -- and I can't believe I'm about to say this.

I said: Well, if it was so good, it would be legal, and they'd be making millions of dollars off

it on tax revenue.

DENISE MURR: Yeah.

[Laughter.]

ARTHUR MURR: It's the truth.

I mean, you know, he -- and he kind of stopped, and he looked, and he was like: Oh, okay, okay.

I ask you all to look at Colorado, okay, and see what's going on in Colorado.

You know, with the comments of: You know, marijuana, it's not as bad as alcohol.

Okay, I'm not an advocate of -- you know, of drinking. Whatever you decide to do, I mean, I understand.

When you have a glass of wine, when you have a beer, when you have a drink, and you're not having something to excess, are you doing that to get high, or are you doing that because you, either, like it, it goes with your meal?

What's the point of smoking a joint?

There is only one point: it's to get high.

It's not because, Hey, you know, I really like this menthol flavor of this.

That's not what's happening here.

You gotta think about it.

You know, listen to your kids.

I'm not saying it's always gonna to work.

I'm just saying to you, you have to listen, and you have to keep on them, all the time.

SENATOR MARTINS: Thank you.

We have a few questions.

The first one is from Liz Barardi [ph.] from SafeSoberLiving.org.

Liz?

Would you like to pose the question, or would you like me to read it for you?

LIZ BARARDI [ph.]: [Unintelligible.]

SENATOR MARTINS: Come on up.

LIZ BARARDI [ph.]: My name is Liz Barardi, and my youngest son, Carter, died of a heroin overdose January 12th.

And what I have not heard anybody discuss today -- I did hear you just mention sober homes.

He was in treatment.

He was denied treatment twice by his insurance company, MVP, but I put him in treatment. He went willingly.

But, in his honor, we formed Safe Sober Living to help other people.

And what I haven't heard anybody talk about,

the long term. This is a lifelong disease.

According to Cozet [ph.] Colombia, 50 to 75 percent of it is genetics, and it is multifaceted.

And I'm just wondering, in this very piece of the puzzle that we're dealing with, what about regulations for sober homes? Because there are none.

[Applause.]

SENATOR MARTINS: Anthony, what do you say?

ANTHONY RIZZUTO: Well, I definitely agree with what you're saying in terms of, this is not something, that a person goes to a 28-day program, or this -- you know, most of the people that we see that come into addiction have been addicted for a while, and it's not a quick fix.

Sober homes, I'll tell you, when I first came into this field, I was actually opposed to them, because I saw them, the stigma, you know, going back to stigma, when I close my eyes and I thought about sober homes, prior to getting into this field, was roach-infested, filthy, people shooting up in the bathroom.

That was my understanding, having no knowledge about them; just the stigma that was

associated with it.

I came in and started working in the field, and I was running men's day treatment. And a lot of the people that were in men's day treatment were in sober homes. And I started realizing the benefit that sober homes was having on some of the folks in there.

And then I went out and saw them. And, you know, Seafield happens to have a pretty good array of sober homes, but there aren't a lot of -- if you look on Long Island, we've actually -- Legislator Browning has put together a "sober home" oversight board, because there was no oversight. And when there's no oversight, unfortunately, some people look at it as a means to be able to make money.

So what I can tell you today, 12 years later, I can tell you that I am a big believer in the benefits of recovery homes -- I like to call them "recovery homes" -- if they're done right.

So if there is a certain set of guidelines and criteria, it can be a very, very useful tool in the continuum of the help that we try to give people, especially like some of the folks I've talked about.

If you take them and put them back in the same environment where the problem started, where the dealer is down the block, you know, and having the access. So you have cravings, and you, literally, got to go across the street.

Here's what I've seen in terms of the recovery homes:

First of all, some of them are really bad. Okay, so that's one concern.

And, I'm sure that my friend Kelly over here can speak to that.

Some of the homes are really bad because there has been no oversight.

The other issue that we find, is that we find that when people come into sober homes, if the house is being run right, there is support, there is structure, there's curfews. They have to go to a certain amount of meetings. They have to be involved in treatment. There's testing being done.

Not everybody is willing to do that.

And then there is the person who takes advantage of the person in recovery, knowing that they have burned their bridges and need a place to live, and they put six people in a room, you know, and they're a slum lord.

So, unfortunately, we have to be able to distinguish them, but I absolutely, no doubt, am a big supporter, and believe that recovery homes, if they are done right, are an essential part of the continuum, especially with the fact that people are getting limited amount of time in treatment.

So, the 28-day model is kind of like going out the window. It's rare when you hear somebody, from an insurance company, be able to get 28 days.

So we're talking, average days, 10 to 14 days.

I have people that are getting three or four days.

So a perfect fit for that, sometimes, if there is no way to extend them, would be an intensive outpatient program, five days a week, three hours a day, in addition to living in a structured environment where there is a house manager, there is testing that is able to be done if there's any suspicion, and they're working towards sustaining long-term recovery.

[Applause.]

SENATOR MARTINS: Our next question, and forgive me, I believe it's Angie Rurie [ph.].

Would you like --

Thank you, Angie.

ANGIE RURIE [ph.]: Hi, I'm Ange Rurie, and I'm the proud mother of Peter, who passed away three -- well, it will 40 months ago, from a heroin overdose.

While he was alive, I would tell him privately how proud I was of him, and how hard he was fighting to obtain sobriety and maintain sobriety.

Unfortunately, although he had said, "Ma, you can tell anyone, I don't care," I chose not to.

So what message was I giving him, really? Was I proud?

So my big question is, how we can get rid of the shame, blame, and stigma.

It saddens me to see, while we're in the midst of an epidemic, all these empty seats.

Any other disease, there'd be standing room only.

I don't believe our government can help us completely get out of this epidemic.

I believe we need to get rid of that shame so that there would be more people. I think we'd have a lot more resources. There would be a lot more people advocating. I think there would be a lot

more private funds being raised.

It doesn't just hit poor people. There are a lot of hospitals with wings named proudly after people.

That's not happening for the rehabs.

And I just would like to -- I know prevention is a big part of it.

I heard Friday that Long Island is proud to have a program in the schools called "Too Good For Drugs."

It made me feel -- I've learned to really listen to my feelings, and it made me feel really bad.

My son Peter was not bad.

It made me think about a 7-year-old possibly hearing those words, and having a father that served our country and came back with PTSD, that's now self-medicating.

Is that little boy gonna think his dad is bad?

Is he going to think he's bad?

Is he going to resent his dad?

What about the high-schooler who thinks he may have a problem, and they're being taught you're too good for drugs?

Is he going to ask for help?

What are his friends going to think?

I understand the other side of it, but I want you to hear how, as a parent, whose son fought very hard for recovery, how it made me feel to hear those.

So I just wish you would consider that.

I also, just in closing, would like to read, one of my friends has a 20-year-old son in recovery, and he posted this on Facebook the other day.

"Prayers go out to an old classmate of mine tonight. If the prayers can give you even a moment of relief, it would bring me joy.

"In such a dark, lonely spot, love and compassion from others can make all the difference.

"I've also seen how judgment towards others can be such an ignorant act.

"How can one judge another man if one's never walked in their shoes?

"How, even more so, does it make you feel better about yourself?

"Does hate and negativity improve your life and attitude in any way?

"I myself am grateful I have gotten myself out of a similar hole, and learned some principles

along the way.

"Hate should have no place in the heart."

Thank you.

[Applause.]

SENATOR MARTINS: Angie, thank you. Thank you very much.

And, I don't think anybody up here could have said it anymore eloquently.

Thank you very much for sharing.

Steve, what do you think?

You know, the stigma, the shame, that comes with it, I mean, we've talked about different aspects of that already today.

We talked about education. We talk about civic groups. We talk about pulling back the veil that oftentimes hides, you know, the fact that this is much more prevalent than I think many of us wish to accept.

What more should we be doing about this?

STEVE MARGOLIES: Well, I think part of this also has to do with where we -- I mean, let me take that back.

One of the things we need to do is look at this, really, as a disease with a treatment, and remove all the obstacles that we can in any way we

can.

We talk -- we heard earlier about talking about educating medical providers, to start screening for substance abuse and start treating earlier.

We've talked about schools.

So I think the more you look at it as a disease that needs to be treated, just like diabetes, just like high blood pressure, the more stigma can be removed from this.

It's a very difficult thing. People have very fixed ideas, and it takes a lot of education and a lot of time. But I think the more prevalent treatment becomes in everyday lives, the less stigma there would be.

If I had my choice, I would bring treatment into primary-care clinics, I would bring treatment into hospitals, I would bring it into schools, where people that come in for every other aspect of their health, also have this -- have addiction as part of something they're screened for, and possibly treated for, so it becomes routinized; it becomes a routine thing.

SENATOR MARTINS: I appreciate that; and that leads us into a natural segue to a further topic,

having to do with education, and the place education has.

And I'll pose this question to Dr. Ring.

Doctor, you know, there's been a lot going on in the education system lately, but one thing that may be underaddressed is having drug-awareness programs in schools.

Can you speak to what is being done, and what can be done, to bring awareness into the classroom?

DR. MICHAEL F. RING: Sure.

As I said earlier, at Rocky Point we start with kindergarten.

We start with kindergarten in terms of education, but we also start at that level with intervention.

And we know -- we're very confident that none of our kindergarteners are involved with heroin. We just know people around them are, and that it's impacting them in different ways, and may cause them to be the next person to be involved.

So, we handle it directly, with the support and intervention with those students.

We handle it, really, what is an indirect approach, with the general education. And that's a tough one.

And as an educator, I often say, that can be, at times, our least effective method, particularly if you go down that old road, as was said earlier, of putting a thousand people in an auditorium and talking at them.

The difference, it was mentioned before -- and now that the words "Common Core" have been used, I can use them freely here without fear -- but, it was mentioned about the Common Core, and we need to "Common Core" this.

It was mentioned about the number of people in this auditorium, and it's true: If this were the heroin and opioid and Common Core forum, we'd have to have it in Yankee Stadium.

And the only difference, we have a lot of people here who are directly involved in the battle, and we have a lot of parents here who have been directly impacted.

The only difference between those parents and every other parent, is it hasn't happened to those other parents, yet.

It hasn't happened to my child, yet. It hasn't happened to their children, yet.

They see Common Core and the testing as a very real threat to their children.

I don't know of anyone who's died from that yet. I don't know of any child whose future has been ruined over that yet.

I know plenty of kids in my own district, and families, that have been.

We need to get that level of education out.

We recently partnered with the county executive on what is a small measure, but it's a start --

And as I said, building bridges is key for me. I'll take any opportunity.

-- and that's creating a small PSA (public service announcement); a video.

And when we got together last December to discuss the theme of it, some people wanted to talk at the kids.

And I said: If we're to going do just this one, we need to talk directly to the parents.

Parents have the greatest influence in the lives of their children. They are the true front line.

We need to talk to the parents. The parents need to believe that this can happen, and it will happen.

And we have people in this room who have

testified to that, and who will.

So, our education needs to go beyond our walls.

And when we deal with it within our walls and directly with our kids, it has to be real to them as well.

It can't be: Well, I'm gonna go to the auditorium and sleep for the next 42 minutes, and, the administrator gets to check off a box that I did this thing; and, therefore, I did the right thing by my community.

[Applause.]

SENATOR MARTINS: Thank you.

I have a question by E. Skoyan [ph.].

ELIZABETH SKOYAN [ph.]: That would be me.

SENATOR MARTINS: Ma'am.

ELIZABETH SKOYAN [ph.]: I'm not used to this. I taught high school for 28 years, and never used a microphone. You know, I have a cane.

[Laughter.]

ELIZABETH SKOYAN [ph.]: My name is Elizabeth Skoyan. Not many people know that. I go by "E." It's a nom de plume.

I recently retired from teaching high school on Long Island for 28 years.

I also was an administrator for at-risk intervention services, a mandate that's not funded, as many mandates are from this State.

No disrespect to Senator Flanagan.

My experience is professional and personal.

The first thing I want to say is, in school we have a thing called "Sum It Up." And that way, the kid has to write what they learned that day in class, and they sum it up.

And if I summed up what we've discussed so far, I would say we're preaching to the choir here; that I don't think there's one person here that doesn't disagree with anything anybody has said.

And we all know that the problem, I believe, is that the voice is not being heard at the level it needs to be heard.

And, I grew up in the '60s. And they say, "If you remember the '60s, you weren't there."

And that was true for me.

[Laughter.]

ELIZABETH SKOYAN [ph.]: I became a diabetic at the age of 11, back in the day of the Dark Ages.

At the age of 12, I picked up narcotics, opiates. And at 15, I detoxed from heroin in a jail cell.

This was back in the '60s. And, I don't know if it was the times, but my parents had me a ward of the State, and I was put away for two years in what would now be considered a residential rehab.

My father was a judge. Imagine the embarrassment. But, my parents loved me enough.

And, I got out of that program at 18 and I said: Wow, that didn't work too well for me.

And, I never graduated high school.

I was a journalist.

I don't know how it happened, but I ended up a high school teacher.

And there's one thing I know, and that's, I know the Sweat Hogs.

I know the Sweat Hogs. I was one, and I became a teacher of them.

And, I taught in a maximum-security prison for convicted felons, 14 to 18, in Oakland, Alameda County. That was my first teaching job.

And, education in California is mandated to 18, so it really doesn't matter.

But would I say, even back then in the '70s, those kids that came off the streets, those were the ones we thought of as the addicts.

They were the victims as well. And they

celebrate these dealers.

This one guy was shot on the corner. They had a caisson, and, through the streets of Oakland, and he was revered. And he was one of the biggest dealers there was.

And we see that here on Long Island.

But to get to my comment, or my point, regarding education:

I did go to an alternative program. I eventually got a GED. And when I began teaching, my empathy for those kids that didn't fit.

I didn't teach special ed. I taught at-risk education.

And Dr. Dowling mentioned co-occurring symptoms, where there might be some kind of a mental illness, and then you find a drug, which is what happened to me, and life was beautiful.

And, I saw a lot of that in my years in BOCES and several other districts in Nassau.

But, I think Dr. Ring spoke to it as well, that peer-to-peer, and Dr. Reynolds spoke to it, peer-to-peer, in my personal experience and professional experience, is pandamont [ph.] to getting kids to open up.

It's not gonna cure -- there is no cure.

I've been in recovery since January 26, 1988.

I go to AA. I speak, I share my story, because I don't -- my parents weren't ashamed to help me. I'm not ashamed to help other people.

I've taken kids to AA.

[Applause.]

ELIZABETH SKOYAN [ph.]: It's humility. It's nothing to be...

But the thing is, I started a SADD club every high school I was in. And SADD is now "Students Against Destructive Decisions."

I didn't do it by the text book. We did stuff, like, we went down and went like crazy people to the middle school, and took high-schoolers down there, and did silly things.

And I didn't care if I was embarrassed. And I think the kids felt like they weren't embarrassed.

Because those middle-schoolers would come up, in ninth grade, and they have would have, something: Gee, I remember those crazy SADD people came down.

It's not the total answer, but more programs like that.

Like you said, somebody coming in and talking about probation, and what's going to happen to you, and, kind of --

SENATOR MARTINS: Yeah, we're not gonna frighten our kids --

ELIZABETH SKOYAN [ph.]: No.

SENATOR MARTINS: -- by having a 42-minute lecture on the cons of getting involved in this discussion.

ELIZABETH SKOYAN [ph.]: I've seen those many times, and the kids will be crying, and the speaker's left.

SENATOR MARTINS: I agree with you.

So, and I'll give you one --

ELIZABETH SKOYAN [ph.]: But the peer review is -- or peer -- peer, uh --

SENATOR MARTINS: Peer counseling is key.

The idea of integrating programs into a school environment that is seamless. It's not once every month, once every two months. It's part of the everyday curriculum.

And it really is gonna take an overall effort, like the effort that we had taken societally to combat smoking, alcohol use.

I can tell you that, societally, my parents' generation had one view when it came to these things.

Our generation was far less tolerant.

And my kids are far tolerant because of the environment that they get and the learning that they get from school.

ELIZABETH SKOYAN [ph.]: Correct.

SENATOR MARTINS: And from society, generally.

That's what it's going to take.

So your point is very well made.

Thank you very much.

ELIZABETH SKOYAN [ph.]: Start a rehab school, I'll come out of retirement.

[Applause.]

SENATOR MARTINS: I have a question from Miss Ramos [ph.]; Joanna Ramos.

Joanna, are you here?

Thank you.

JOANNA RAMOS [ph.]: I actually want to thank all of you for doing this.

I'm a parent, at Smithtown schools.

And my issue is, that I am trying so hard to get one of the evidence-based programs into our school, and I'm getting resistance, not from the parents, but from our school district.

I believe -- I have a high-schooler, I have a college student, and a little one going into school.

I really strongly believe that early -- early, evidence-based programs are how to go, especially with these children.

It's evidence.

It's evidence that our children need early education on this epidemic.

I have a problem: I just need to get the school board on board.

How can I do this?

Too Good For Drugs, HUGS...something, anything, I'm desperate.

I'm a parent. I'm dealing with my children, trying to educate them in the best way that I can.

I need help, and I'm asking for help.

Thank you.

[Applause.]

SENATOR MARTINS: Miss Ramos, thank you.

Dr. Reynolds, what do you say to that?

DR. JEFFREY REYNOLDS: So, here's a story:

I'm also a Smithtown parent.

And three years ago, I went to Smithtown School District and trotted out my fancy credentials, and talked about LICADD and Too Good For Drugs, and everything like that.

And the superintendent at the time, who

I grew to like very, very much, kind of looked and said: Well, you know, maybe some parents might be upset, that kind of thing, but it looked like we might be going forward.

Parenthetically, I said: By the way, I didn't mention, but I have a daughter in one of your middle schools.

The red carpet appeared. Right?

[Laughter.]

DR. JEFFREY REYNOLDS: Suddenly, I was no longer the professional banging on the door, looking for something, whatever else. I suddenly became the parent with an interest in the district.

I will tell you that we lost a lot of momentum after that superintendent left, but some of the seeds we planted continue today.

But the main fear on the part of the school -- and we did it in two out of three middle schools -- the main concern, was that the parents from those two middle schools would be upset that we were doing those kind of programs, and suggesting that, God forbid, Smithtown had a substance-use problem.

Instead, the parents from the third school that got left out, came to our announcements and

said: How come our kids aren't getting this?

So here's what I'd say to you:

The lesson here is, when parents ask for things, and correct me if I'm wrong, they're more likely to get them than someone who's perceived as being an outside organization and coming and asking for it.

The perception is, that parents don't want these kind of programs in the schools.

If you go and ask for it, you make our job a lot easier. And I think there are a number of organizations that are ready, willing, and able to help you carry this down the field.

Speak up as parents; ask for it.

[Applause.]

SENATOR MARTINS: And as another point on that:

You know, members of your board of education are elected. They campaign like everyone else. And, when they are running for reelection, or running for election, it is not out of the question to ask them, "What is your position on"...fill in the blank.

And if that topic is clearly important to those of us who are here and many who will be

watching, that should be an important topic: How do we address this issue? It is an issue. We know it's there. We shouldn't hide from it.

And have those people who are in our communities running as members of the board of education, ask them where they stand on the issue and make that part of the campaign, as well.

UNKNOWN SPEAKER: [Inaudible.]

SENATOR MARTINS: Give me just one second, because no one is going to be able to hear you. It is being recorded.

And, frankly, before I go to you, I did promise that I would recognize someone else, but I will come back to you, but we'll take you right here at the mic.

I want to take an opportunity to recognize Detective Pam Starr [ph.], who's here --

Detective?

[Applause.]

SENATOR MARTINS: -- who has been an incredible advocate on this issue for years.

I remember, Pam, we discussing this issue --

DETECTIVE PAM STARR [ph.]: Minneola.

SENATOR MARTINS: -- Minneola, four, five, six years ago, before anyone recognized openly that

we had an epidemic.

You were there, you were talking about it, and you were leading the way.

Thanks for being here.

DETECTIVE PAM STARR [ph.]: Oh, thank you.

With regard to the Too Good For Drugs, Nassau County, I just wanted to offer some information to everybody in the audience.

Nassau County Police Department actually worked with Dr. Reynolds --

And, I think you're one of the reasons why I'm here today, Dr. Reynolds.

-- giving me a spot to be, pretty much, a liaison between our department and the community.

And one of those avenues was education, where they use asset-forfeiture money from drug seizures.

And, I was the one who was sent to be certified as a Too Good For Drug trainer. And to date, I did six 2-day trainings.

The first day is K through 8. The second day is high school.

And once I certify a school district --

And we have 56 in Nassau County.

-- after I certify them, we then pay for the curriculum to every school district in

Nassau County, at no charge, through the asset-forfeiture funds.

That also goes to parochial schools, private schools, as well.

So, we've been doing it.

And I heard you mention about the Too Good For Drugs, and that it offended you.

You know what I would like to do?

I'd like to offer you to come to my next training, so this way, you can get to know, because I don't think that the title really represents the goal.

ANGIE RURIE [ph.]: [Inaudible.]

DETECTIVE PAM STARR [ph.]: Well --

ANGIE RURIE [ph.]: [Inaudible.]

DETECTIVE PAM STARR [ph.]: Well, I promise you, that's not how I feel, and it would be my pleasure to --

ANGIE RURIE [ph.]: [Inaudible.]

DETECTIVE PAM STARR [ph.]: Well, let me just explain something --

SENATOR MARTINS: I will add this, and I think this is critically important: That we have this dialogue and we understand that sometimes there are unintended consequences to certain phrases,

certain turns of phrases, and we have to be much more open to that.

And thanks for bringing that out, because I don't -- personally, I don't believe that there was any intent other than to promote a certain policy, but no one thought about it from that other standpoint.

And now that we have, I think we have an opportunity to go back and reevaluate.

So thank you for that.

DETECTIVE PAM STARR [ph.]: Well, the Too Good For Drugs program, just so that you know, is from the Mendez Foundation. It's been in the schools since 1978, and it's in 50 states, over 3,000 schools.

I do believe that Nassau County Police Department is the only school that backed it. And it's, pretty much, 95 percent role play. It's drug prevention, not --

ANGIE RURIE [ph.]: [Inaudible.]

SENATOR MARTINS: Folks, listen, please. We're not going to be able to get this. This can't be a back-and-forth.

Let's --

DETECTIVE PAM STARR [ph.]: It would be my

pleasure for you to be in my audience the next time.

Thank you.

SENATOR MARTINS: I appreciate it.

Detective, thank you very much.

[Applause.]

SENATOR MARTINS: And, I can't tell you -- you know, this is helpful. It is very helpful. The exchange is helpful. The opportunity to have different experiences and shared experiences, and different points of view on the same topic, it's healthy, and it's how we're able to grow.

Sir, you had a question before. I'm going to recognize you now.

Would you?

Thank you.

ROB GOLDMAN: My name is Rob Goldman.

As I mentioned, I am a professor here at Suffolk Community College, and I also run two programs called the "I Matter Project" and the "Just Like Me Program," that are now being distributed through -- thankfully, through the Suffolk County library system.

There's something I want to share that just hasn't come up, and it was really brought to the surface by this woman from Smithtown, and from Jeff

who I know is also from Smithtown.

That, Lisa Hamilton, who is the head of --

You here, Lisa?

No?

-- she works here, and she runs the student -- campus activities department.

And for 5 1/2 years that I've been here, my ideas that I come up with for my class to do are far from mainstream. They're very touchy, they're very challenging, for the students, and for the campus, and oftentimes for the community.

So in the beginning I would go to Lisa and I would say: Hey, I have this great idea.

And she would say: Uh, no. No. It's a good idea, but, no.

And after maybe the third or fourth year, I got tired of being shot down.

And one day, sitting in class, I said: You know, I went to Lisa Hamilton, and I had this idea, and we are all so for it. You guys came up with an amazing idea, but she said no again. So what are we gonna do?

And one of my students raised their hands and said: Why don't we ask her?

From that day forward, no project has been

turned down.

And Lisa said to me: You just had to figure it for yourself. We can't say no to our kids or we're going against what we stand for, we're not doing our jobs.

So when I look back at my history, I started off as an educator, quote/unquote, as a cub scout leader, and my kids were 7 and 8 years old.

We brought programs into our community, and into our school, believe it or not, into our school, where the favorite answer of all answers in public schools is just that beautiful little deadly phrase, "No."

And I had my kids, when they were 7 and 8 years old, walk into the assistant superintendent of finance and say: We have an idea for a project.

The woman who sat in the chair in that office said that no child in her 20-something years had ever walked into the superintendent's office.

8:00 the next morning, I had a "go." My project was funded.

So, as a professional, my school district said, Thanks, but no thanks.

As a parent, my school district said, Thanks, but no thanks.

But I want to thank -- who is that person from Smithtown? Because we're coming there next.

Who are you? Your name?

SENATOR MARTINS: We'll connect you afterwards.

ROB GOLDMAN: Joanna?

I just want to say that there is a new way, and it's empowering our kids; not only for them to think intelligently, but to allow them to learn what it means to take a stand for themselves in the community, in their home, with their peers, with their teachers.

It's good to have a voice. It's really healthy.

So don't just listen to your kids, don't just talk to your kids. Empower them.

They're just young, but they're smart, and they know what they need more than any of us do.

They really do know.

Thank you.

[Applause.]

SENATOR MARTINS: Thank you very much.

I have a question here from Kate Mire [ph.].

Kate?

KATE MIRE [ph.]: You can read it.

SENATOR MARTINS: I will read it then.

Thank you.

It's for Richard Buckman.

Richard, there are many people in recovery out there that want to share their experience, to help many of the initiatives you speak about today.

What is the best way for them to advocate for recovery, and reduce the negative stigma associated with addiction?

RICHARD BUCKMAN: Thanks, Kate. It's nice to see you again.

I think, uhm -- what we need to continue to do is to put a public face and voice on people in recovery.

I wanted to speak to this a little earlier, when the young lady was speaking about the stigma, and that whole thing around, "How do you change stigma?"

It's a monumental battle, but the way that you change the stigma is you continue to put a public face on it.

Produce family members.

Produce people in long-term recovery, that are famous, that are well known; that are everyday people, that are electricians, that are state

senators, that are Assembly people.

Let those folks continue to come forward and put their face out there, and say:

I'm a person in recovery, and what's happening here is unacceptable.

And you know what? There's 23 million more people just like me.

And guess what? We're coming.

That's what we do.

[Applause.]

SENATOR MARTINS: Thank you, Richard.

[Laughter.]

SENATOR MARTINS: You know, it is a fine line; it is a fine line that we walk here, and it probably is a razor's edge.

If you think about it, you know, on one end, we do not want to glorify the use, and we have to take, I think, a proactive approach when it comes to how it is portrayed in media, in films, on TV; and on the other hand, we don't want to demonize it, nor can we.

And, so, we have to strike the proper balance, I would think, between the need to provide help, and to understand that it exists, and that we have to work together to overcome it, but, we cannot

portray it, or allow it to be portrayed societally, as something that is acceptable.

And so there is the fine line.

Dr. Dowling, what do you think?

DR. FRANK DOWLING: I think you're spot-on.

And I think it's a challenge that, the fact is, substance use, alcohol and other drug use -- elicit drug use, is normal. It's unhealthy and it's risky very often, but it's normal.

Most kids drink before they finish high school, at least once, even with the drinking age being 21 for a long time.

About half of kids smoke pot at least once before they finish high school.

But before they finish college, it is a majority who have tried it at least once.

And then other drugs, lower percentages, but it's normal.

"Normal" does not mean it's okay. There's healthy choices and unhealthy choices.

And I agree with everything that's been said about stigma and educating, and I wanted to grab on to the "peer."

I do a lot of work with cops, firefighters, EMTs, and docs, cultures that don't get help, and

the peer is always the key in getting help.

We see that with our militaries, we try and reduce suicide.

We need to have peers who aren't just honor students. We need honor students, we need athletes, we need average students, we need people in drama club, people on the football team, people wherever, who are points of contact that can say from get-go: You know, I know you went drinking at the party. I don't think that was a good idea. Do you have a problem? Do you need to talk to someone?

And then get them to the proper people at school.

That's just one very simple example, but, it's carried out in a million ways.

So it's normal, and it's unhealthy, and we need to tackle.

We also have to recognize that not every person who uses an elicit substance has a clinical problem, even if it's all unwise, and that's where the challenge is.

A good parent who's trying to tease this out could be in denial and saying: Well, it's okay 'cause it's just this or that.

Or, that kid might have just experimented and

might not really have a problem.

But either way, the kid probably needs to look at it more, and look at it more with a professional, to try and figure it out.

So, you know, those are some thoughts that I think we need to throw into this mix.

SENATOR MARTINS: Thank you, Doctor.

Arthur?

ARTHUR MURR: It wasn't just Matt, but most of the kids that we know about, they all used to use the same phrase: I just want to be normal.

"Normal" to them was not necessarily normal that you would think as "normal."

"Normal" meant that, to your point, they'll go out, they'll have a beer, they may smoke a joint, and the next day they'll function. They'll be okay, they'll be able to do something. They'll be fine. There's no problem. They can take the test, they can pass.

I mean, you can't -- you know, I hear, you know, okay, the drinking age is 21. They're gonna drink at 18.

Well, we're not gonna have prohibition. We've already proven that one didn't work. Okay?

But the kids that couldn't stop, that's where

the problem, that's where it is.

You know, I mean, yes, you should not be drinking. Yes, you should not be doing this.

But, you know, when they wake up the next morning and they can't stop, or they're completely destroyed, and the person next to them, like in a college dorm, is up, taking their test, doing all this sort of, they look at this and go: I just want to be like him. I want to be normal.

It's not -- keep it in mind: it's not the normal that you might think that it is, but to them, it's very real. And it is real.

SENATOR MARTINS: Thank you.

I'm going to try and keep us within an hour of our time, because we are going beyond, but, the discussion has been very important, I believe, this morning.

I have a number of questions, and some people who would like to make statements.

So, I will go through the balance that are here before we get to the three topics that we have for our afternoon.

After going through these, we'll take a brief break, perhaps 15, 20 minutes or so, come back, and then we'll begin addressing the afternoon topics

which are: Legislation; medical/pharmaceutical; treatment, recovery, and prevention; and law enforcement.

But before we get there, we have a question from Claudia Hutchinson-Stewart [ph.], and if you'll permit, I'll ask the question.

The question is: How safe are residential facilities, and what steps are being taken to keep drugs out of the facilities?

And, what steps are being taken to reengage residents back to a safe environment?

Who would like to try and take that one?

I believe we're talking about recovery homes, residential facilities.

Please.

JOHN VENZA: When it comes to safety and residential facilities, I think the first thing is, we have to talk about different types of residential facilities. To make one garden-variety statement that residential treatment facilities are all the same would be very dangerous.

I think that when it comes to programs, whether they're long-term, short-term residential, programs have to have written policy and procedure in place that speak to what they do around safety,

surveillance, the environment, the community, the children-parent involvement.

One of the things that programs that have parents involved heavily do, is they keep parents very informed about what happens in programs on a regular basis.

Sitting here telling you about residential facilities, obviously, you're taking, for example, 55 children like we have, who all came with the most severe progressed mental health and substance addictions, putting them under one roof.

And, adolescents, for example, are still drug-seeking.

You know, and as far as safety, constant facility runs, constant communication with the kids, constant communication with the parents.

Some of the challenges that people heard, and I heard somebody earlier mention about drugs getting into the facilities, recently, a lot of residential programs have been very challenged.

And that being the fact, that there are new oversight committees, the New York State Justice Center, and whatnot, and it's changed the way that residential facilities can screen people coming in and out of those programs.

And, unfortunately, that's created a huge barrier for treatment facilities to have to deal with and manage and negotiate.

And I think most programs, with good leadership, are strategizing around that, of how you do that.

Programs, when they are running well, the community itself, the people that live there, are speaking with the staff, and the staff are listening.

As much as you will do runs, observations, checking common areas, to make sure they're safe, I think nothing substitutes for the fact that -- and when you're doing client surveys.

And by regulations, programs are required to do client-satisfaction surveys for the residents, and, if they're minors, for the adults or the parents.

Programs that are listening to the people who are there, the people who are living there, are the programs that are gonna be more likely to be keeping the facility safe.

The programs that have a disconnect with the family members, I don't want to say that they're gonna be unsafe, but I think that that's, for us,

has been a huge strength, and I think for a lot of programs that are doing that.

So...

CLAUDIA HUTCHINSON-STEWART [ph.]: I know you said adolescents, but I'm asking for, you know, adults.

You know, I've worked in a facility where it was residential, and that was just my question, I was just asking, so that the forum would know.

And, actually, as an insider, and as a counselor, I just wanted, you know, the question to be answered, so that everyone would be aware, and, that was my question.

It wasn't just for an adolescent forum. It was just for a group forum, so that everyone would be aware.

And me as a counselor, working in the facilities, you know, you have your opinions, and I also have mine.

So, okay, so that was my question.

Okay.

And the second part of my question, the answer?

How -- what do you do to integrate the families back into a safe -- well, the client back

into a safe environment?

Or, anyone can answer that question.

JOHN VENZA: Again, I can give you one perspective. I'm sure there are multiple perspectives.

We created a -- what's called a "school-out transition program." Our kids live there between 6 and 12 months. And, generally, between the last 4 and 10 weeks of their program residential stay, they'll go back to their district schools.

Sometimes there is busing involved from some districts, sometimes it's parents taking them back and forth, so they can begin to go back and deal with the kids who want to bring them down, the kids that want to get them high, to put them through tremendous feelings, and then come back to the safety of the treatment facility at night, as they're doing that reintegration back into the district school.

We also begin to extend their time home, on structured passes, with their family during the final phases of treatment, so they begin, not just going home on a weekend, but a workday, when mom and dad go out to work and they have to go and do what they need to do to make it more like real life.

That transition process, the whole reentry process, and I know adult programs do very similar things, is critical.

We also touch base with very specific student assistant counselors in each of the districts, so there is a liaison when they go back to their district schools and communities.

CLAUDIA HUTCHINSON-STEWART [ph.]: Just a question, and then I'm going to sit down and shut up.

[Laughter.]

CLAUDIA HUTCHINSON-STEWART [ph.]: But, if -- let's say you have a particular situation, where you know that the client is going back, not -- I'm still not talking about adolescent. Understand, I don't work with the adolescents. -- but as an adult, and they're going back to a home where you know it's not safe, do we continue to place them back into a crack house where everyone's getting high? Or do we find a different alternative with different resources to say: Okay, you know what? I feel that, or step in now, and say, This is where I -- you know, we're gonna gear you toward maybe moving you out of your environment, or finding a safe place for you to live? Or do we throw them back out on streets?

SENATOR MARTINS: Let me just intercede here for just one moment.

There are obviously best practices out there, and I think what we're going to get is, each organization highlighting how that organization has chosen to address this issue.

And, perhaps, a more global answer would be, perhaps we have to do a better job at determining those best practices, highlighting them, those that are more successful, in different environments. And, perhaps, create an opportunity for different groups to work together in developing, perhaps, a more holistic approach.

Otherwise, I do believe that we're gonna get here is, each group and each organization giving their opinion as to what has worked in their particular instance.

And that really isn't, I think, the purpose for this particular forum.

It could be a purpose for a future forum.

STEVE MARGOLIES: Well, actually, all I was gonna say, is that it really takes a holistic approach; that treatment doesn't end when the treatment episode ends. You have to look at the living situation, employment, school, where they're

gonna provide follow-up, and, really address each life area before someone's ready to leave.

SENATOR MARTINS: And what kind of a support structure --

STEVE MARGOLIES: Exactly.

SENATOR MARTINS: -- does the person have around them, personally, to help them --

STEVE MARGOLIES: It's all part of it.

SENATOR MARTINS: It's all part of it.

STEVE MARGOLIES: Yeah.

SENATOR MARTINS: And it is a very individual question, and there are so many different factors.

Yes.

DR. JAMES DOLAN: Is this on? Okay.

So, just specific to the housing question for adults: Obviously, we have the different levels of housing when someone is in treatment crisis, short-term rehab, and long-term rehab.

And, the New York State Office OASAS -- New York State OASAS Office has been criticized over the years for not doing more to assure that there's a safe, stable, supportive housing available to adults to support the recovery process.

Fortunately, I think, through the advocacy efforts, such as those that are taking place today,

OASAS is moving further in the direction of funding what is called "supported house." It's called "permanent supported housing."

Those type of opportunities, housing opportunities, are getting off the ground in Nassau County and in Suffolk.

And, in fact, my office does have an RFI kicking around right now with our provider community, also offering the opportunity to provide additional housing slots, to support people who are in the recovery process.

So, it is certainly recognized as essential to the recovery process: safe, stable, supportive housing.

And, I think we're starting to do more in that area.

SENATOR MARTINS: Thank you.

Thank you very much.

Question here, no attribution, it says: What do we need to do to provide support to parents of people under and over 18 years old of age -- yes, so HIPAA doesn't prevent access to care and support?

No, I appreciate that.

UNKNOWN SPEAKER: I'm specifically looking at, what legislation could be made available to

support those parents that are doing everything, like yours did, to get their kids into treatment?

Kids are not necessarily under the age of 18, or they are under the age of 18, and HIPAA laws prevent (inaudible) to get information, to get them care?

SENATOR MARTINS: And let me repeat that, because unless you're at a mic, they're not gonna get that.

No, no, it's fine, and I'll do that.

And it's a great question.

You know, we have children, that are children, that are over the age of 18, and because of our laws and protections that are rightfully there, they will interfere with a parent's need to be involved, and sometimes excluded from decisions that are made, and care that may be available to a child, "child," although over the age of 18.

Arthur?

ARTHUR MURR: Right, and, first of all, when they're over 21 -- [technical difficulties].

So when they're over 21, they can walk out. And they do. Okay?

Whenever we -- whenever Matt agreed -- and I gotta say it this way -- whenever Matt agreed to

go to a facility, we worked very hard to make sure that he would sign the paper that allowed us to speak to him, and speak to the counselors. Okay?

That's an option. That's not a requirement.

And we were told, and when he was -- when he was -- you know, just started, when he was -- you know, when he was under 21.

When it became over 21, it got to be: Well, he's here, but if he decides to leave, we can't stop him, and we can't tell you anything about it when he -- when he does leave.

Fortunately for us, by the time he got over 21, he was getting more and more motivated to do something about himself, you know, and to try to help himself.

But it is a problem. It really is.

He has protections, he should have protections, but it's not -- but it can't be absolute. No right that we have is absolute. There's always something that goes on with it.

And there's something here that needs to change with it also.

SENATOR MARTINS: Thank you.

Yes.

DR. JAMES DOLAN: I'll turn this on.

It's not working. I'll just talk loud.

Oh, there we go.

This might be more pertinent to the later discussion about legislative issues, but, on the mental-health side of the business, we have what is known as "AOT Law," or also referred to as "Kendra's Law," which means that it's court-ordered outpatient treatment. It's -- it's made available to individuals who are a danger to themselves or others, and that fact has been established over a period of a recent history, and that dangerousness is due to, uh -- oftentimes, non-compliance due to -- non-compliance with treatment.

So the question is always oftentimes posed to me: Why don't we have it, an AOT Law/Kendra's Law, similar to -- or on the chemical-dependency side of the business.

And then I think that would be appropriate.

When children or adults are a danger to themselves or others, but they're in between overdoses, the law -- New York State law doesn't allow for us to do, so to speak, a pickup, or mandate that person into outpatient treatment.

So we -- again, with the people who have a primary psychiatric diagnosis, if we know that that

person is a danger to themselves or others, without treatment, that we have AOT Law that enables us to have a court-ordered outpatient treatment in those instances.

We don't have that same tool available to us when the person is in between overdoses. We are not able to mandate treatment for those individuals.

So, if a parent was to report -- if a child is under this AOT Law extension that includes people who are in between overdoses, if the parent was to report that the child is using again, that would, theoretically, give us the ability to, so to speak, bring that person to the emergency room and restart the treatment process.

SENATOR MARTINS: Doctor.

DR. FRANK DOWLING: The question about HIPAA privacy and under 18/over 18 is really a great question, and it's important that people understand.

And I answer this question as a parent of four children who are 19 through 26, and as a psychiatric physician who does address addictions, as well as the gamut of mental illness.

Your child may be 15, 14, 13, 17 and 11 months, and you may have to consent to their treatment. But under the law, I can't discuss

anything about that with you without their permission.

And what's being referred to here under Kendra's Law, Kendra's Law itself, you have to have another psychiatric problem, not just a primary-addiction problem, where the law doesn't even apply to you, but only at the level of imminent danger.

And we don't have to mince words.

Think of: I'm really afraid as a doctor, death could happen in the next day, and then I can violate that privacy without permission, and only then.

Now, on the other hand, in this doctor-patient or therapist/counselor-patient relationship, privacy, confidentiality, and trust is foremost.

If I have an addiction problem, I have to know that I can trust that counselor, what they may or may not share, or I'm not willing to get help or willing to talk about the real reasons that are going on with my addiction.

It's a troublesome balancing act, but I will say that, legislatively, we need some room for clinical discretion, to say, even if it's not

serious and imminent danger, today, tomorrow, is the day, particularly for people under 21 or under 18, there's a high risk of harm over the next few months or something -- we'd have to really figure it out -- where now I can have permission that I can use my judgment and talk to my patient and say: I'd like you to give me permission, but without it, I need to let your parents know.

So, it's a very complicated issue, and I'm really glad that question was asked.

SENATOR MARTINS: Thank you.

[Applause.]

SENATOR MARTINS: Richard.

RICHARD BUCKMAN: If I could just add something, to extend that a little bit:

I think one of things, I was going to suggest this later on as part my own personal recommendations, but -- but I think we do need an involuntary-treatment law here in New York State.

And --

[Applause.]

RICHARD BUCKMAN: And the reason why we need that, is we're talking about people right here who are already in treatment. But, families have loved ones who are dying because they won't go to

treatment, even though everybody knows that they need to be in treatment.

And, we have precedent.

There are at least 12 states across America who have involuntary-treatment laws.

Comes to mind for me are: The Marchman Act in Florida. Casey' Law in Kentucky.

Casey's Law in Kentucky, just a quick tidbit, that law materialized out of the passion of a mother who lost her 25-year-old son to an overdose, because he refused to go into treatment.

So, I think this is another one of the suggestions that we have to put on the landscape.

And, it kind of makes sense.

You know, the first responders reversed over 500 overdoses last year, according to the statistics that we're seeing.

What happens to those people now? Do they get forced into treatment?

I think that they should. "We saved your life, now let's go get you some help."

I think it's important.

[Applause.]

RICHARD BUCKMAN: Otherwise -- otherwise, they're gonna OD again next year, especially because

they can't get access to treatment.

SENATOR MARTINS: It almost seems like a shame to break right now, doesn't it?

We're getting -- we're getting to, I think, some rather critical issues.

But, I'm going to pose two more questions that have been asked, and then we are going to take a break, and, we will be back.

There are a series of other topics, but we will be able to come back to some of these, I think, this afternoon.

The first one I'll pose, on behalf of Janene, is to Dr. Ring.

Doctor, the question is: How have you bridged the gap of communication with the community?

Is there a protocol, or, perhaps, a best practice that you've used, in terms of outreach to the Rocky Point community when it comes to issues having to do with addiction?

DR. MICHAEL F. RING: Well, thank you for the question.

Janene, is Janene Gentile, who is executive director of the North Shore Youth Counsel.

And we have Peggy Ward with us, who's our lead substance-abuse counselor, districtwide, and

also handles cases for us in the high school.

And the answer really is: Through people like Janene, you know, Janene's organization educated me. And I -- you know, I am an educator, but I don't know everything, even though I may act like it from time to time.

And, Janene's organization is the organization that educated me.

I do know people who have died from overdoses, but I still wasn't well educated.

So, it starred with getting an education from those who are the true professionals out there in the community, building the bridges with them, and then getting very comfortable -- and this is something that's come up over and over again today -- getting very comfortable with talking about this publicly, as a public problem, without worrying that we would be stigmatized as a community; that someone would think less of us as a school district, or as individuals, just because we're talking about it.

And the more you talk about it, the more comfortable you become talking about it, and that allows us to bridge the gap that may exist with parents, as I said earlier, who haven't yet been

impacted, but their day may sadly be coming.

SENATOR MARTINS: Thank you, Janene, for the question.

Thank you, Dr. Ring for clarification.

[Applause.]

SENATOR MARTINS: And, so, I am going to finish this segment, almost full circle, with one of the first questions we asked early on, and it had to do with Lindy Cares.

And one of the questions, as a follow-up, was:

Are there, again, best practices, practical things, specific things, that groups that are out there, if they're individuals here, or that may be watching, who want to start a similar advocacy group locally, what advice would you give, specifically, as to how they can go about doing it, and what your experience has been?

Because, frankly, this can be an opportunity to inspire so many others to follow your lead.

JUDITH RAIMONDI: Absolutely.

Thanks.

Currently, the Suffolk County Prevention Resource Center is very available to help communities that do not currently have a coalition

in place.

They have led us, and held our hand, from the very beginning, so I'm really grateful for them.

The peer-to-peer is an amazing and beautiful idea, and it works, but parent-to-parent is what the problem -- where the problem does lie.

So, you know, simple things that we talk about, meeting monthly to try, again, the partnering with community members, with parents, has been critical.

But, going to your medicine cabinet and cleaning out the bottles, locking them up, simple things that we can do as parents, is a really great place to start.

Another thing: Lock your car doors at night.

I mean, we -- just basic things.

What we're finding in our community is, heroin addicts will just roll up on your car.

If you have your door unlocked, they open it and they steal everything out of the car.

I mean, we don't have to necessarily fuel their addiction either.

So, some basic practical ideas are, those, as well as continuing conversation.

I loved what the -- you know, the gentleman

that lost his son, said.

My children are, like, Here she goes again.

And that's what they're gonna have to hear.

This disease runs in my family.

I am a recovering person. I live it, I breathe it, I walk it. And coming from that perspective, I know the importance of talking about it.

And the piece that I think we don't talk about enough is, if it runs in a family, how, just, you know, the chances are so much higher.

So, go to your -- call the Suffolk County Prevention Resource Center, or go to LIPRC.org.

The women at that organization will so help you start a coalition, and help you build.

It's a lot of work of reaching out to senators, mayors, county legislators, town supervisors, business owners.

We went to the Beautification Society, the Kiwanis Club, the Rotary Club. We went to every organization and person that we possibly could.

And our first meeting were 40 people, main players in the community.

Senator Phil Boyle has -- he has sent Ann Parmalee [ph.] to every one of our meetings.

She's attended, she's been a support. She was a judge on our pizza-box-campaign art work.

Like, we're just getting some great stuff out there to just raise awareness.

The issues are hard enough.

The campaigns to raise the awareness can be fluffy. They can be soft.

You know, so, I just support you.

And, if you don't have a coalition in your community, start one.

If you have any questions, come and -- you know, you can go to our website, www.LindyCares.org. My phone number is on the website. You can call me personally and I will bring you to their office.

SENATOR MARTINS: Thank you, Jennifer Leibowitz [ph.], for the question.

Thank you very much.

[Applause.]

SENATOR MARTINS: And, Rene, to wrap up on this point.

RENE FEITCHER: Yeah, thank you.

When we first started the county's coalition, the very first activity we did was coalition building, and we brought coalitions from all over the island. We were incredibly impressed with the

network.

But what I wanted to leave you with, is that many of these really good groups --

Like, for me, I know Nassau really well, Nassau. But my wife is active on the North Port -- East North Port Coalition.

-- they were started by SAMSHA, which provides incredible grants.

Now, the last round of grants was missed about two weeks ago, but there's a new round called the "Mentoring SAMSHA Grant."

For those who would like to form their coalition, and haven't done such a hot job on getting an application in, there are grants that are not -- they're due by April 23rd. Provides you $78,000 to help a burgeoning group pull together and get it done.

And Robin McKinnon and the recovery group have been absolutely fabulous.

But, I think that's one of the real key things that's sustainable, that keeps the momentum of this battle that we're fighting, and save a couple of lives.

SENATOR MARTINS: Thank you very much.

DR. JAMES DOLAN: I just want to make a very

quick point, if the microphone ever turns on.

Yeah.

Okay, so, in Nassau County, we have contracts with 29 of the 56 school districts, where we fund social-worker salaries in those school districts.

The social workers, as a requirement of that contract, are required to deliver evidence-based programming during the course of the school day. They're required to do coalition building in their community.

So, again, as an advocacy team here, I think we should look to further that ability on our part, to put social workers, funded, to do prevention services in each of our schools, and do that kind of community coalition building in Nassau and in Suffolk.

SENATOR MARTINS: So to wrap up:

One, let's work through our schools. Let's make sure our schools have the resources available to them, so that they can provide, as part of the curricula, not only an opportunity to bring our kids along, integrate them in education, but, also, after-school clubs, and other activities that are school-related.

Two, let's bring our parents together and

civic groups together to work on this. Parents have to be involved. It can't just be our children, but parents have to be involved, as well.

And, certainly, if we're able to work together with our kids, with our parents, and with all of the support structures and groups that we have, as represented here on this panel, we've taken a huge step forward.

We're gonna take a break.

It was originally supposed to be a half-hour break.

I'm going to ask, again, as part of an effort to continue this dialogue, let's try to get together in about 15 minutes, 20 minutes, and see if we can't continue this.

I will also point out that I have some requests for statements; that people want to make statements.

There will be an opportunity to make statements further on in the program.

Thank you very much.

(A recess was taken.)

(The forum resumed, as follows:)

SENATOR MARTINS: We'd like to keep this to a Q&A format, so, if there's a statement you'd like to

make, and, certainly, you're free to do so, we'd ask that you prepare the statement and send it to Senator Boyle's office, where it will be included in the record.

Aside from that, just to keep this format going and give everybody an opportunity to have their question asked, we're gonna stick to the Q&A format, as we go forward.

If there is time at the end, certainly, we will afford the opportunity, but I think the give-and-take has been very interesting thus far. And I think it's been important that we continue with that format.

Three topics that we're going to address now in this session -- excuse me, four, we're going to start with legislation, then we're gonna go to medical/pharmaceutical, then treatment, recovery, and prevention, and then, lastly, law enforcement, before we close out.

This session is being filmed, as was the one this morning. It is available, and will be available, on the New York Senate website. So if anyone is interested in accessing this, you'll certainly be able to do so by going to the New York State Senate website. It should be

available by tomorrow on the website, as will all of the 12 sessions that will be held across New York State.

And I was remiss earlier in not recognizing a colleague in government, Eden Laikin is here.

Eden is the chair of the Nassau County --

[Applause.]

SENATOR MARTINS: Yes, she deserves that, and much more.

Eden is the Chair of the Nassau County Prescription Drug Abuse Task Force. And she certainly has been no stranger to the issue of opioid abuse and heroin abuse, right out there on front edge of this issue, here on behalf of County Executive Mangano.

Eden, thanks for being here.

So let's start with our discussion on legislation, and I'll pose this question, well, to Senator Boyle:

This year we have been -- had more discussion than ever focusing on the heroin epidemic throughout the state of New York. We have introduced proposed legislation, and held hearings and forums, such as this one.

As Chair of this Task Force, and Chairman of

the Senate Committee on Alcoholism and Drug Abuse, perhaps you can give us an overview of recently passed and currently proposed legislation pertaining to this epidemic, and your thoughts on where we should go -- direction we should take, as a Legislature, as we approach the end of this legislative session.

SENATOR BOYLE: Thank you, Jack.

And I would start out by saying that, as many of you know, we recently passed, the New York State Senate, on time, for the fourth year in a row.

Good for us.

It's sad when you have to brag about something like that.

But, as part of the legislation, though, as part of state budget, we did increase funding for the -- for heroin and opioid prevention and treatment programs.

Now, the way the system works, we have one-House bills.

The Senate passes our version, the Assembly passes their version, and then they meet to come upon the perfect, or as best as they can get, final state budget.

In our State Senate version of the budget, we

actually put in place $7.45 million towards prevention and treatment of heroin.

The Assembly, unfortunately, they only put a million dollars in, which is a good amount of money, but, you know, not as much as we'd like to see.

In the final analysis, we passed $2.8 million, additional.

Now, there's, obviously, tens of millions of dollars being spent on prevention and treatment in New York State already, but we increased that funding by 2.8 million.

Good step in the right direction. Not as far as we'd like to go.

And that's actually why we're having this panel today, and we'll have the other forums throughout the state, to find out, as we talk in this afternoon's discussion, about the most effective programs, treatments, that we -- we have to think of the things that are working now, and things that we think will work in future, to where to put those additional funds, and, to best combat this heroin problem statewide.

Another piece of legislation which was passed recently, was Senator Hannon's bill regarding Naloxone. I always call it "Narcan," but there's

other different -- I know that's a brand name, the legislation.

We started out a couple of years ago with the pilot projects in Nassau and Suffolk county, where first responders had more access to Naloxone.

It worked out so well, and there was another county upstate that it worked out so well in, that we now put it statewide, to get more access to first responders.

We want to make it as wide as possible for family, friends, community members, to have access to Narcan, and training.

And I would add, parenthetically, for those of you who did not see the flyer up there, we're doing a Naloxone and Narcan training program on Tuesday, April 22nd, from 6 to 7 p.m., at the Deer Park Fire Department.

I know that many of you have already had the training, but for those of you who have not, it's well worth it.

As a former EMT myself, I've seen Narcan work as a true miracle drug, where it saves lives.

We have to talk about getting treatment to people, these patients need in the long term, but it does save lives in the immediate situation.

And that legislation was passed in the State Senate and the State Assembly with broad bipartisan support. Everyone agrees we need to make Naloxone more readily available to people throughout the state.

One of the pieces of legislation that we are talking about, and we've discussed a little bit today, was Senator Hannon's bill on mandating insurance coverage for treatment services.

That is not passed yet. We're looking to do this.

And I can tell you, Jack, that, just in this morning's discussion -- I can't thank everyone here enough, the audience, the panelists -- I've been taking copious notes, and probably come up with four or five ideas for pieces of legislation that will probably be part of the final -- final report that we're gonna issue on June 1st, as part of the Heroin Task Force.

And if the other 11 forums are half as good as this one, then we're gonna have a great report, and come out with some very effective and serious legislation in the coming part of the Legislature's legislative season.

Thank you.

SENATOR MARTINS: Thank you.

Thank you very much.

[Applause.]

SENATOR MARTINS: You know, he's absolutely right, this is -- there is no silver bullet when we deal with this particular issue. There are multiple facets.

And I think, if there's anything we've heard here so far today, it's that there are going to have to be various ways that this is approached.

It's not just going to be about providing additional funding for those groups that address the issue head-on, but it's also going be a challenge to our State Education Department to incorporate curricula in a -- incorporate drug abuse and opioid abuse and heroin abuse, in a holistic way, into our curricula statewide, so that our schools will begin taking on this challenge.

There are many fronts, and we've heard about them. And, certainly, this is very helpful.

The measures that are out there, we'll continue to support, we'll continue to move them forward.

There are law-enforcement measures: stricter rules. Penalties for selling drugs, people over the

age of 18, to people under the age of 14, because that's the reality today. It's no longer, you know, teenagers. It's 12 -- 11-, 12-, 13-, 14-year-olds that are getting access to these drugs, and we have to be prepared to deal with those consequences, as well.

You know, one of the questions that came to us as we were on break, had to do with just the realities of a parent of a child who is addicted, and, getting treatment, access to treatment, and being able to mandatorily provide for treatment for a child.

And many people here in the room may be well aware of the fact that a child can, at 14, 15, 16 years of age, walk out of a treatment facility and decide they don't want to be treated, and there's very little, if anything, that a parent can do.

I don't think people out there understand that that is a reality; that when we're dealing with minors, not only kids over the age of 18, but when we're dealing with children, that it is extraordinarily difficult if they refuse to participate in a program.

So there was a question that came in,

specifically from a parent from Lindenhurst.

And I'm gonna ask -- I'm gonna ask John Venza if he'll give us his thoughts on this, and, perhaps, avenues that, you know, the State can take, legislatively, to try and allow for that family structure, parents, with regard to, you know, obviously, loved ones who they want to see get treatment, not be thwarted simply because a child has chosen not to participate.

How do we deal with that?

JOHN VENZA: Thank you for the question.

It's a very real situation. I think a lot of folks in the audience have experienced it.

I see it every day in our facilities that kids want to self-discharge. They want to leave against clinical advice.

You know, we intervene. We have their peers. We have a room full of staff. Sometimes we're lucky enough get a probation officer to come up to the facility and assist.

And, yet, at the end of the day, if the kid maintains, the child leaves treatment and ends treatment, ultimately, by regulation right now, the primary patient is the adolescent, the young person.

And regulations say: Treatment is voluntary,

and I may choose to end my treatment at any time.

It's -- we have that in all of our outpatient and inpatient facilities that are OASAS-licensed.

So this is a very real reality.

I think an incremental change, Senator, that may be something that we could revisit, if I may, respectfully, is, some years back, the legislation around PINS was modified.

And I think the ability for a school or a parent to expeditiously get a child into family court for some assistance, because they need the help, was changed, where they had to show a diversion process first, mandatorily.

And I think folks were back and forth with it, you know, and nobody wants to necessarily see their child in court.

But I think what we've seen over the years is, a lot more kids progress further out of control.

Parents saying: I can't do anything. The process of diversion is taking way too long. I've tried many of the things they're asking us to do. The child is progressing in their mental-health symptomology, their substance-abuse symptomology. They're finding themselves very out of control.

And, unfortunately, an unintended consequence

of that legislation, is they end up in court anyway, the criminal court, and then they get mandated into treatment.

And I think if, you know, we could maybe revisit that, there may be an incremental change that could really help assist parents in getting their young folks into program.

SENATOR MARTINS: I appreciate that, because, again, as a parent of a couple of teenagers, and a few on the way to being teenagers, you know, the thought that, somehow, I want what's best for my child, and I want her to have access to the best treatment, because I want her to get help.

And the fact that, as an adolescent, as a person who doesn't have an understanding of the need for treatment and the need to go through the process, that they can remove themself from the process, would leave me as a parent with absolutely no option, other than to throw my hands in the air and say: It's beyond me.

There has to be a better answer, and the answer can't be that, the State, the laws, won't allow a parent of a minor child the ability to prepare, protect, that child, even if it means protecting that child from herself.

Dr. Reynolds, what do you think?

DR. JEFFREY REYNOLDS: So I think, back at a time when the progression of things perhaps took a little bit longer, some of these measures that we've looked at made sense. And we looked at the courts and said, Look, there's a pretty predictable progression when it comes to young people and their use and their addiction.

Point A to Point B now happens, like that [snaps fingers], and families run out of options very, very quickly.

And to John's last point, you know, the issue of the criminal justice system: You know, one of the surest ways, in fact, the only sure way, to get treatment paid for, is to have your child arrested.

And so it's built into many managed-care contracts, that if there's an arrest, then the insurer must pay; whereas, outside of that, insurers consistently refuse to pay.

So we're in a position, where, (a) we're waiting for that are kid to, quote/unquote, hit bottom, whatever that might mean. And for a lot of kids, "bottom" means an overdose;

And also saying that our only solution to this, when you've run through other options, and

you've sat down and had the conversation, and brought in folks from the panel and everybody else to have a conversation with that family, is: Okay, have them arrested.

And then we wind up coaching people about, when to do it, what to get them charged with, and, you know, let's do it at a time when they don't have significant quantity on them, so they're not in Vinny's place for a long time.

That's craziness; and that's one of the reasons why we're spending $255 million to build a new jail.

There's an easier solution to this.

So I think John is exactly right, we've got take a look at --

[Applause.]

DR. JEFFREY REYNOLDS: -- we've got to take a look at what we're doing, and how we're addressing this.

And to Angie's point, this really gets to: Do we view addiction as a health problem or as a criminal justice issue?

And while addiction has criminal justice components, and sometimes the resultant behavior interfaces with the criminal justice system, this is

a health problem.

Trying to force a criminal justice solution onto a health problem, historically, hasn't worked for us.

[Applause.]

SENATOR MARTINS: Thank you.

You know, I think we can all draw the line somewhere, but I think, and I would agree with you, addiction is a health problem. The drug sale is a criminal justice issue.

And if we're beginning to come to that conclusion ourselves, I think we're in a much better place.

But these forums are incredibly important, because I would tell you, that 95 percent of the public out there doesn't understand what we just discussed.

95 percent of the public, who, thankfully, has never had to go through that, and the frustration of having to, literally, wrestle with their own government, so that they can have the opportunity to protect their child. They don't understand that.

And I think the more we bring that to light, the more likely there's going to be that we can

actually effectuate some meaningful change and get something done about it.

You know, one of questions that came up, also, and I'll throw it out there and ask if anyone wants to take it:

I have a child, a 17-year-old, a 14-year-old, who are teenagers; the others are younger.

If I wanted, as part of my child's, my 14-year-old's, physical exam, if I wanted my child to be tested for drug use, you know, as part of their analysis when they take blood and they check for cholesterol and they check for other things, if I wanted my child to be tested for drugs, as a parent, can I do that?

Doctor.

DR. FRANK DOWLING: You may be able to, but in my experience, there's a few obstacles.

One is, as we've talked about with other issues, the patient has to know, and they have to agree.

The other is, as much as I wish this were not the case, the fact is, drug screening is not a perfect science. And there are false positives with the office-based easier and less-expensive testing.

The more detailed, sophisticated testing that

gets sent out to a lab, to really know for sure, to confirm, is more expensive. And, again, plans don't want to cover it.

And it becomes a very complicated issue, just to get a drug screen.

In my opinion, and I said this to someone earlier, if I were the commissioner of mental health or the commissioner of health, I would probably mandate that anybody who is in any psychiatric treatment anywhere, could go for a drug screen on admission to that, and -- and then, randomly, or more, depending on if they have substance-use issues.

However, you'd also have to mandate that no one can be refused treatment or kicked out of a program because there's a positive, because that's the fear, and that's why people don't agree.

But it would be very difficult just to get that done. The doctor may not know how to order it.

If they do order it, who's gonna pay for it?

And, then, what do I do with this positive; is it accurate, or not?

It's actually more complicated than I wish it were.

SENATOR MARTINS: Well, and, again, and I'm

throwing it out there for anyone who wishes to participate, but the question I'm getting at is:

When I spoke about my 17-year-old and my 14-year-old, how about my 8-year-old? At what point do you need a patient's consent?

And I'm not -- look, I'm not advocating that we drug-test 8-year-olds, but I'm getting -- I'm trying to make a point here, that at some point, "at some point," we have to understand what we're up against.

And if there is an epidemic, and we're all convinced -- we're all convinced that we have an epidemic of truly, truly significant proportions, then we have to be prepared to do things about it.

And if that means getting out of our comfort zone, why shouldn't we be advocating for having uniform drug testing as part of a physical, as radical as that may sound, so that a parent has the opportunity to understand, when their child is -- has been, you know, under the influence of drugs, or taking drugs, so that they can intercede and help that child receive the help at an earlier age, as opposed to dealing with the consequences down the road?

And I'm being provocative intentionally here:

Why shouldn't we do that?

[Applause.]

SENATOR MARTINS: Yes, Ms. Brown.

KATHY BROWN: I think there's another piece to that.

I know we have a few doctors here on the panel who are very interested in addiction; and, so, have all the knowledge about addiction.

I'm gonna toss out: You might go to a doctor and they might do a drug test on you, and identify that you have a problem with addiction.

Do they have a list of referrals there, as if they would have a list of referrals if you had a GI problem or an eye problem?

I think, and I'm part of the medical profession, we're not well educated about addiction.

And we are all agreeing here that this is a health issue; and, yet, the medical profession isn't fully on board. You know, they don't have the knowledge.

In Suffolk County, I know we have Esprit [ph.], and a lot of the addictions' people are involved in educating the medical profession about this.

But I think we need to do more, even.

I think we need to get out there and try to convince the medical profession that this is a health issue; that they need to get on board, they need to have the knowledge, they need to have the wherewithal to do the referrals and to have people treated.

SENATOR MARTINS: Thank you.

[Applause.]

DR. JAMES DOLAN: On that point, and consistent with what we were talking about earlier about the importance of destigmatizing this work that we do, and destigmatizing the fact that one might have a substance-abuse condition, this issue -- or, this service should be incorporated, or as I said earlier, integrated, into the general physical health care that is delivered to our clientele.

That would be one of the easiest ways to destigmatize the delivery of this care; that one doesn't have to go to a discreetly located chemical-dependency program. That they can receive that service at a primary-care center, where the chemical-dependency service, and even the mental-health services, is integrated into the general physical health care.

The question, or the issue, about how to attain emotional, and maintain emotional, wellness should be a part of any wellness-promotion effort that we are a part of as a treating community.

SENATOR MARTINS: Yes, Arthur.

ARTHUR MURR: It is all about the stigma, though. When you bring it down to it, that's what it is.

If it were, if your child could potentially have diabetes, nobody would have a problem with having them tested. If they thought they were going to have a child with -- nobody would have a problem with it.

It's, this; it's this situation. It's this -- that, keep it under the covers, don't say anything about it. Don't do -- not don't do anything about it, but, keep it under the covers. Don't make it widely available.

If you remove the stigma, suddenly, it becomes part of your general health. It becomes part of what you normally are going to do. You're going to find out how your child is.

You give blood today. If you go to a blood bank and you give blood today, they test you for AIDS. You signed a consent on that. You get tested

for AIDS. You get tested for all about sorts of things. They will tell you if you have anything.

You go to a doctor, your kid has a physical, and nobody's gonna test them for whatever else?

They may tell you you have diabetes, but they won't tell you that he's on -- that he's sniffing glue, or doing something else?

It's just -- it's crazy.

We were -- we used to find doctors, when we would go, if we had something, and they would check him. They wouldn't even ask for his consent. They knew -- you know, it's amazing, when you talk to somebody and you get personal with them, you get a different reaction, than if you walk in and just -- you know, as like patient -- doctor-patient, you know, you get close, you try to understand, they try to understand you, they hear what your story is, they hear what's going on.

Suddenly, the world kind of opens up and they're willing to do things.

I mean, if Matt ever went into a hospital for something, we'd go up to them and say: He's got a substance-abuse problem. Be careful what you're giving him, be careful what's going on.

You know, and they said: No problem, we'll

be careful about that we. We -- and thanks for telling us. We're gonna do that.

You have to get personal with them.

You shouldn't have to do that. It should be part of the general course of events, but, that's what we wound up having to do: you'd have to get personal with the doctor or somebody else who would do something to help you.

Were they risking something on their own? Yes, they were.

But they also were compassionate, and they felt that it was important to do.

SENATOR MARTINS: So the issue is: If we look at --

ARTHUR MURR: As a --

SENATOR MARTINS: -- this as a mainstream --

ARTHUR MURR: Correct.

SENATOR MARTINS: -- health issue, like, high blood pressure, cholesterol.

ARTHUR MURR: Right.

SENATOR MARTINS: -- diabetes, any of the other health issues that we would want our health-care provider to, not only identify, but then to provide access to different modalities.

ARTHUR MURR: Suddenly, the barrier goes

away.

SENATOR MARTINS: And then there is no -- there is no reason why we would differentiate between one and the other --

ARTHUR MURR: Right.

SENATOR MARTINS: -- because if it is health issue, then it should be treated like any other health issue.

ARTHUR MURR: Right, the barriers go away. Suddenly, it's becoming -- it's part of your general society. It's part of what you -- what generally happens.

I mean, think about -- think about AIDS.

Nobody was going to -- nobody wanted to know if this was going on. This was that whole thing, "under the cover."

Okay, that's part of general society right now. Okay?

People -- you can get tested for it, you can have this, it's not a question.

This, there's still a question.

This, there's still a stigma.

This, people go, "Ah, no, no."

That's wrong.

SENATOR MARTINS: And there's plenty of

opportunity to intervene and to get help --

ARTHUR MURR: [Unintelligible.]

SENATOR MARTINS: -- and provide help to a person who is on the wrong path when it comes to substance abuse.

There's an opportunity to intercede much earlier point along that path, where the opportunities for recovery are so much surer.

ARTHUR MURR: And it's not just -- and it's not just the early ones.

I mean, we all about talk about it. You know, are we -- the kids, the -- and, you know, believe me, you have to go education -- you have to educate the kids. You have to do all that.

But, you know, my son was 18.

I mean, I've heard parents, you know, their kids -- their children, quote/unquote, are 23, 25. They need it just as much. They don't have the education. They need it just as much.

And that help is there.

You know, it could be from a loved one from them, it could be from a parent, it could be from anybody.

It just should be part of the general health of what goes on in your society.

SENATOR MARTINS: Thank you.

You know, we have a question here regarding sober homes, recovery homes, and the need for the State to do more in terms of providing, not only oversight, but regulations, having to do with -- with recovery homes.

How should we do that?

What are things that the State can do, that perhaps it isn't doing right now, that would take us in a direction that would provide some real -- some real relief, and some opportunities, you know, to make a difference?

Anthony Rizzuto, what do you think?

ANTHONY RIZZUTO: I think that, you know, historically, they -- OASAS really hasn't wanted to have too much to do with it, with the relief being, that we are a -- we don't license sober homes. That's not treatment. We oversee treatment and prevention.

But I think that it would be beneficial in many areas, because if you have some kind of oversight, the chances of people complying with certain criterias and certain guidelines would be much more readily.

So, I think that -- I don't know exactly why;

I know we've had this conversation a couple of times, and money came up as an issue. "We don't have the staff to be able to do that."

But if you take a look at what's going on right now with sober homes, and not just in Long Island, go into the five borough, it is scary with what's happening.

So, as we spoke about it earlier, it being a crucial part of the continuum, and being able to put people in an environment where they didn't have to worry about opening up a refrigerator and there being a beer in there, or they didn't have to worry about the person that's living in the house with them smoking crack, or doing whatever it is that they're doing.

So I think that, I've heard about that push. And I know Senator Zeldin -- not Senator Zeldin -- yes, Senator Zeldin, I believe, had put forward some legislation with that.

I don't know exactly where it is. I know that there has been some discussion on it.

I know it hasn't been received too well, in terms of -- from OASAS, at least what I've heard.

So I would say that it would be something that would be beneficial, because it would put

people -- there would be oversight to it, and there would be certain criteria in place.

SENATOR MARTINS: Steve Margolies, what do you think?

STEVE MARGOLIES: I think -- I actually agree.

I think one of the issues with sober homes is that, you know, from -- and we refer a lot of clients through -- from -- to sober homes from our programs. But one of the main issues is, there is no centralized oversight, there's no regulations.

And while some are very well-intended, and some are excellent, some really do good work, it opens it up for all about sorts of things to happen.

It can be misuse of funds. There can be people that are doing it to try to just, you know, make a quick buck.

And on the other end of it, there is no core curriculum, there is no set regulation, of what happens in a sober home, and how it's overseen.

So I think, you know, putting that in place would actually, at least standardize, so we know what the expectation is when somebody is gonna be referred to a sober home: You're gonna get a, b, c, and d.

Maybe it's tied into an outpatient program, or something, but I think that the lack of standardization and the lack of regulation has actually -- has made it this sort of nebulous area that no one can quantify and say, This is what it is.

SENATOR MARTINS: Thank you.

Senator Boyle.

SENATOR BOYLE: I think Anthony and Steve were very diplomatic in saying that OASAS doesn't want anything to do with regulating these sober home or recovery homes.

[Applause.]

SENATOR BOYLE: I'm a co-sponsor of Senator Zeldin's bill, and I have been involved with numerous meeting on this topic. And I can tell you, as someone who -- I'm fairly new to the Senate, but served in the State Assembly for a number of years, and saw in the district that I represented, sober homes, in certain communities, where, basically, these people came in, bought a house, packed 30 people, or more, into the home, took their social services money, their Medicaid, and paid off the mortgage in less than three years. They were much more interested in making the money than

helping these people who needed treatment.

And I do think that we need to pass legislation. It is a tough -- a tough situation because we need to negotiate how it's going to work, but, these homes do need to be regulated, and good organizations, like Seafield and others, do the right things in terms of treatment, and providing a safe, a protective environment, for people with addiction needs.

The way it's going to happen, the legislation's not there yet, but I can promise you that, as part of this Task Force, we're gonna take a serious look at that.

Thank you.

[Applause.]

SENATOR MARTINS: Thank you.

Yes, Doctor.

DR. FRANK DOWLING: If I could, I wanted to make a brief comment about this.

The sober homes, everything that's been said so far, I agree, but, another area that I don't think people may be as aware of, there's a whole system of supported housing for people with chronic psychiatric illnesses.

And, one of the common obstacles is, these

homes will have, as entry criteria, you cannot have a substance-use disorder, or, you must be drug- and alcohol-free for six months.

Well, half or more, and it's likely more than just half, of anyone with a chronic psychiatric illness, and this is not just schizophrenia, it's a psychotic illness -- bipolar depression, et cetera, posttraumatic stress -- have a substance-use disorder.

A person can't get sober unless the whole package is together.

So one of the things that needs to happen, it's not just what we're talking about with sober houses, in my opinion, and I respect that some would disagree strongly with me, there should be no Office of Mental Health-funded housing that does not accept people with a substance-use disorder, and there should be no automatic "you must be sober for six months."

It should only be: Are you sober today, or some reasonable period of time, and are you addressing it in your plan of care?

[Applause.]

DR. FRANK DOWLING: But, when we were talking about drug screening before, I'm the medical

director of a clinic for people with chronic psychiatric illnesses, and, we'll get drug screening, and we tell people outright, We're never gonna fire you as a patient because there's a positive. We just want to know, because we know if you're using, it's hard to be totally honest with us.

But we're afraid that someone from the residence is gonna press them to get the results, and if there's a positive, will throw them out.

So, that type of thing needs to change in the housing, wherever it is, in this whole spectrum of addiction and psychiatric illnesses.

SENATOR MARTINS: And isn't that -- isn't that part of what we just discussed: the transition from addiction as a law-enforcement issue, to a health issue?

And as we transition from law enforcement to health, perhaps people will be more forthright and welcoming of the help that they'll be able to get in the health-care context, and less concerned about the -- the -- you know, the legalities and the illegalities associated, and the penalties associated, with the drug use.

STEVE MARGOLIES: I was just going to add,

the other thing I think we need to see change in, there is talk about changing regulations for certain treatment programs, to allow services to be provided outside the treatment program.

And every other, basically, you know, OMH, OPWDD, there's provisions to allow case management or services in the home or in the field.

And our field, substance-abuse treatment specifically, does not have that right now.

And I think that, if you're talking about putting people in stable environments and housing, it's essential that we also have the ability to provide services at those sites, to meet people where they are, rather than just wait for them to come in to see us.

I know there's some talk about doing this very soon, but I'd like to see it move ahead sooner than later.

SENATOR MARTINS: Thank you.

Thank you very much.

You know, I have a -- there's a comment here, from Claudia Friesel [ph.]

Claudia?

UNKNOWN SPEAKER: She's left.

SENATOR MARTINS: She did.

Then let me -- I will paraphrase, because it's valid. You know, we've all about been down this road before, and Claudia asks, you know:

Once the hype around heroin abuse goes away, how do we know that this Task Force is actually going to stick around, and, is committed to getting this done?

It's the natural question at an event like this: How do we know that there's gonna be follow-through?

Let me just say that, Senator Boyle's Committee and the Task Force has set June 1st as the deadline for recommendations.

Not a year from now, not 2 years from now; literally, less than two months from now, which gives us all about an opportunity, in less than 2 months, after 12 hearings during the next, less than 60 days, to evaluate that plan, hopefully, support the recommendations of the Task Force in our individual capacities and in our community capacities back home, to ensure that the recommendations there will be able to be acted upon, and have the necessary consensus around them, so that as we approach the end of session, there is real opportunity for us to do something special,

based on the recommendations and the suggestions that we've heard, not only from the panel, but certainly from the audience as well.

So I think if there's anything that I can say to that point, is, there's a very short timeline here, and that the recommendations that are gonna be made are going to be far longer lasting and far more important, you know, than the 2-year or 2-month or 20-year timeline that we have.

It's a two-month time line, we have plenty of time to do it. We're gonna need everyone's help to make sure that we pass, and have the necessary consensus, and political consensus, to get this done.

ELIZABETH SKOYAN [ph.]: I have an FYI, [inaudible --]

SENATOR MARTINS: Why don't we do this, just in fairness, because -- and I -- Elizabeth, I do appreciate it.

When we -- if we have room at the end, I will -- I promise you I'll circle back to you.

ELIZABETH SKOYAN [ph.]: No, it's the petition --

SENATOR MARTINS: No, I understand, but we'll come back, because part of this process is a

give-and-take.

It's not only educational, but it's the give-and-take, and the opportunity to go through these questions, and allow for these panelists to be able to offer their opinion, so that we can, hopefully, craft some legislation.

Dr. Reynolds, do you feel that there's an area where we are lacking in the treatment programs?

Once we have an addict in our care, how can we more adequately serve them, that they may achieve a full recovery?

Broad question.

DR. JEFFREY REYNOLDS: Awesome.

SENATOR MARTINS: Run with it.

DR. JEFFREY REYNOLDS: So, look, before I -- there's a couple things that I would say, and one of them relates to the time frame that you just outlined.

So, if there's a report that's gonna come out on June 1st, which, of course, is ambitious, I worry, because you guys are all about going home come June 19th, God willing.

And I will tell you, that when it comes to this insurance bill, we all can't wait another year.

And so I would say, to the extent that you

can speed up this process, I think you have consensus in this room --

[Applause.]

DR. JEFFREY REYNOLDS: -- and perhaps among your colleague, we gotta get it done.

I can't imagine us going through another year without that in place.

But here's what we know:

You know, Senator Hannon made some comments earlier about, you know, figuring out what works, and kind of this being a new landscape.

In reality, we know a lot about treatment, and we know a lot about how treatment works. There are very clear criteria when we place patients. There's a heavy-duty science base when it comes to treatment.

We know that the timeliness of the intervention makes a big difference. We know that matching somebody's treatment with where they're at, in terms of their disease process, is absolutely critical.

And more than anything, we know that an adequate duration of time, and adequate dose, if you will, are absolutely critical to somebody's success.

At the same time, we know that we can treat

patients until the end of the day.

Unless we're addressing the needs of families, we're only doing half the job.

[Applause.]

DR. JEFFREY REYNOLDS: And almost all of the funding streams and reimbursement mechanisms are patient-focused.

And so we go out to families, and we make a very nice-looking referral list, and we throw them at them and say: Here are the referrals, here are the referrals.

And there's a dozen treatment centers on there.

And if their kid says, "I'm not going," they're back to square one.

So -- and a lot of those services have not expanded over time; they've eroded over time.

So I'd say, look, involve the family. Make sure we're getting folks the care they need. Make sure there's the follow-up.

And the issue about sober housing is absolutely critical. It's part of the treatment continuum.

So, there's a couple of things there. Let's make sure that we're doing it the right way.

I will tell you, it's my belief, that treatment is less accessible today than it was four years ago. It's less accessible today than it was one year ago.

And the one thing we tell families, is that nothing changes if nothing changes.

We haven't made a significant change in the way we do treatment with folks in a very long time.

We gotta do that.

SENATOR MARTINS: Thank you.

Yes, Doctor.

DR. JAMES DOLAN: I think it's also important to pick up on the comments I made at the introductory stage of this Task Force meeting, is that it's almost -- like, we have to almost use -- move away from the idea of chemical-dependency disorders and mental-health disorders being viewed as separately.

We should be referring to them as "behavioral-health disorders."

I had a judge reach out to me the other day, and was asking me: What do I do in the instance, when I have a 24-year-old attorney, just out of law school, who's telling me that the person is in chemical-dependency treatment and they're doing

fine, and, you should give this person a conditional discharge from -- from the centers?

Or, we have -- so the point I'm trying to make, is that, we have drug courts in Nassau County: We have misdemeanor drug court. We have felony drug court. We have a mental-health court.

So the mental-health court isn't doing toxicology exams on a regular basis.

The drug-treatment court isn't doing comprehensive mental-health examinations, reviews, assessments, consistently.

The judges want one place to go, where the entire -- where the full person's needs are going to be addressed in one shot in a behavioral-health court.

So, that's an initiative we would like to see get off the ground in Nassau County, when it was mentioned earlier.

And I think, throughout the state, that kind of initiative should be supported.

The idea that people with serious mental illness, or even non-serious forms of mental illness, have co-occurring disorders, and are going to be applying for housing, that's a given.

The high percentage of individuals with

psychiatric symptoms are going to have co-occurring disorders.

So what happened in terms of the sober homes, is that OASAS didn't pick up the ball in that regard, in terms of the importance of providing for safe, stable supportive housing that promotes the recovery process, so a void was created, which led to the proliferation of the sober homes.

The mental-health system did not choose to go that route. They're very much -- they licensed, they fund, housing options of various types, depending upon where the person is in their recovery process.

So, there's a model there for the OASAS chemical-dependency community to follow.

And it shouldn't be, as was mentioned earlier, if you have a co-occurring condition, that there's going to be more -- it's gonna be more difficult to get into that program or into that housing situation.

If a person has a behavioral-health disorder, that should be the criteria for admission.

Thank you.

SENATOR MARTINS: Thank you.

I have a question here from Nora, who has --

NORA: [Inaudible.]

SENATOR MARTINS: Pardon?

NORA: [Inaudible.]

SENATOR MARTINS: Please.

NORA: Hi, my name's Nora.

Uhm, I just want to thank everybody that's on the panel, and everybody that's come out today.

My son is a recovering heroin addict. We've been fighting this disease -- I say "we," because it's a family disease and a family recovery -- since he's 15 years old.

And I'm listening to about multifaceted, and I'm saying, "It's amazing," because every person on this panel, in some way, shape, or form, has either directly affected his recovery process, or indirectly by the people that you represent, the schools.

He's been in every -- every program out there -- Outreach, Phoenix House -- every single one, right down to the Sheriff's corrections office, he's been there, too.

[Laughter.]

NORA: And I'm happy to say that, today, he's, uhm -- he's 63 days clean, and he's alive, and in a program.

[Applause.]

NORA: And I have so much gratitude for that.

And even right down to Mr. and Mrs. Murr, parents like you showed me that this was a disease, not good or bad -- we gotta get away from those words -- and helped me to understand the urgency in getting him care.

And so I fight. I'm a fighter.

And I really just want to address a question to Senator Boyle.

13 months ago, my son was hospitalized. He tried to stop using on his own, and he suffers symptoms due to that, he was hospitalized for that.

And as Dr. Reynolds had elaborated earlier, this is like a parent's dream, when your kid finally hits a bottom and says, "I want to go to treatment."

Before that, every treatment he had been to -- Phoenix House, Outreach -- they were all mandated. I went through PINS, I went through all those things.

And, yes, when your kid is 15, you can't make them just go. You have to go through certain stages to get them.

And I did those stages, and I would get him there, and he didn't want to stay. And he would

complete, and he would leave, and he would use.

And it's a progressive, fatal disease, and it progressed.

And he was in this hospital bed, he had suffered a seizure, he had had withdrawals, and I thought, Yes, we're there.

And to date, no insurance company had paid for any of his treatment. I paid for everything.

Long-term coverage is not paid for by your insurance company, I don't care.

There are parents here that I know, they would pay with two houses, bankruptcy, like I have, just to have a day back with their kid.

And I'm very aware of that, and I don't care it's gone.

But here he is in this hospital bed, and he's calling. He called 14 inpatient programs, and the first thing they said was: What's your insurance carrier?

And he said, "Fidelis Managed Care," because, by now, he's a Medicaid patient. He's over the age of 18, my funds are gone.

And so I think, Ah, he's gonna get care.

They wouldn't even do the intake.

"No, you won't get approved."

"Oh, you won't get approved."

So the long story short is, we finally found one that would at least do the process.

He went through the process, they accepted him, but when we posed it to the insurance company, they denied. They said he didn't meet medical necessity.

And I'm getting to my question.

So I said, This is ridiculous.

I went to the doctor, and I had the doctor call and appeal; the bedside doctor who's treating my son: Please call this, this insurance company, and speak to their medical officer, who, by the way, has no training in addiction whatsoever, but he's the one making the life-and-death, "life-and-death," decision over my son's life.

And they denied him again, and they streeted him.

Subsequently, in next year, in the next eleven months, my son overdosed twice.

Thank God for Narcan.

Thank you Suffolk County Sheriff's Department that's carrying this lifesaving drug. They resuscitated my son twice.

He was incarcerated. Suffered an inhumane

and painful detox while incarcerated, and I couldn't get him out.

Not that I would, even if I could, because he had to go through it.

And in the end, he was granted a long-term program, which he's in now, and to date, Fidelis Care has never paid.

I took them to court.

I said: I want to know these guidelines, this "medical necessity."

[Applause.]

NORA: And they, finally -- through a court, and they still tried to refuse. They tried to refuse giving me these guidelines, until I had the judge send them a letter, fax them a letter, and stated they had to. Because they denied him, they had to disclose to me the criteria that they used for their medical necessity.

And I found out a lot in that process.

The biggest thing I found out is, out of all of the insurance companies, each insurance company can make up their own "medical necessity," and they don't have to tell you what it is.

So, in the end, when I got this list of "medical necessity," at first, they said they denied

him because he had received treatment in that year prior, and they felt that another level of treatment would not yield a different result.

Which is really kind of in direct conflict with the Parity Act: Well, you've had this much treatment so we're not gonna give you any more.

That wasn't acceptable.

And so when I took them to court, and I got this "medical necessity," there was 11 criterias, and he met 9 out of the 11. And the two that he didn't meet was, he wasn't pregnant --

[Laughter.]

NORA: -- and he wasn't homicidal or suicidal.

So, if he was homicidal or suicidal, all these great providers up there, not one of them would let him in.

So they created a death warrant for my son.

So my question is, I'm here:

What can we do about this "medical necessity" guidelines? And why can't we take it away from the insurance company?

And I applaud the bill.

Let's take the power away from the insurance company and give it to that bedside doctor.

But, also, why can't we take away this various "medical necessity" guidelines, and give one, across the board, This is the "medical necessity." If you meet it, you get treatment, end of story. You qualify, you're in, and you have a chance to live.

So, thank you.

SENATOR MARTINS: Amen.

[Applause.]

SENATOR BOYLE: Thank you, Nora.

And, you really got to the heart of the whole situation right there. I mean, we've dealt with this "medical necessity" issue and the insurance companies for a number of years now.

And I can tell you that, legislation we'd like to come out of this Task Force.

I'm not sure about mandating what "medical necessity" can be for the different -- but what I can tell you is, that as a parent, you should have had access to that before you got the insurance.

So, you want to make a decision about what insurance company you're looking at, well, I think this "medical necessity" is doable, "I'll choose this company over this one," and that really creates

the free market.

Having -- not finding out until it's too late, is absolutely unacceptable.

And, I thank you. And I will certainly bring that up to my colleagues on the Task Force, yeah.

NORA: [Inaudible.]

SENATOR BOYLE: Absolutely.

SENATOR MARTINS: Let me just give you an example, just where this has happened in other areas of the law.

We all have -- well, most of us have auto insurance. Right?

We have no-fault as part of our auto insurance.

In the No-Fault law, there's actually a law that defines what a "serious injury" is, that applies to every automobile insurance policy in New York State.

In order to qualify, we have, as a state, defined the term "serious injury" for purposes of access to insurance.

And, certainly, to the extent that we have the opportunity to look at a holistic approach towards defining "medical necessity," we'll have the opportunity to do that.

There's a very similar question, and so I sort of put the two of you together, by Ira Costel [ph.], as to a specific bill that is sponsored by Senator Hannon, that would have insurance companies specifically required to cover treatment as long as the doctor prescribed it.

And it goes, I believe, very much to your point about determining what that -- what "medical necessity" is once you have a doctor make that determination.

The need for uniformity and for some level of comfort for all of us, I think is important.

And, Mr. Costel, not the to steal your thunder, but, thank you for bringing it up.

IRA COSTEL [ph.]: No, no problem. Not at all.

I want to thank you very much, you know, Nora, for articulating, in the most profound and moving way, what so many people in this audience have experienced themselves.

And it's just -- it's gut-wrenching. And, you know, too many families have experienced that.

And, so, I really can't say it any much better.

And I know, as a co-sponsor of the Senate

bill, that you're in support of it.

I do have a practical question that I want to ask you in a moment, but there's some things, as I'm listening here all today, that I'm not sure -- I came in about 20 minutes late, but I've been here the bulk of the day and I'm not sure I've heard it really discussed; and that is, most of the providers up here, well, none of the providers that you'll talk to will take somebody who needs to go through detox first.

And that, of course, is, you know, at the crux of the bill.

And one of the things, just to amplify on what Dr. Reynolds said, you know, there's fewer and fewer resources around.

And I don't know, you know, how many people in this room, but I know that I stayed on the phone, from about 2:00 in the afternoon until 3:00 in the morning, helping my brother go from Quanticut [ph.] in Hampton Bays, to Long Beach, to Nassau Medical Center, trying to find a bed for my nephew David, and being turned away, because there just were no beds.

People didn't realize you need a reservation to get into detox.

[Laughter.]

IRA COSTEL [ph.]: And there are now fewer beds than there were six or seven years ago when my brother was experiencing that nightmare, when you finally have a child who's come to their knees and said, "I need help, I'm willing."

You know, a parent, who's never been educated, has no idea, but they call somebody, and they check with somebody that they think knows, and they'll run around and they'll do the circuit, only to be turned away.

And my brother's child went back out for another year and a half run after that, you know.

And, thank God, he did find a few months of sobriety, you know.

But as I've said in many public forums before, we all need to be mindful, as parents, and legislators, and concerned citizens, you know, that relapse definitely is a major component of this disease, but as we all know, relapse can be the end of your story, not just part of your story as a recovering addict.

And, unfortunately, like too many other people, you know, my family experienced that. And my nephew, just two months shy of his

23rd birthday, was found dead in his own basement, you know, by my sister-in-law.

But the point being, really, you know, the parents are suffering out there, families are suffering, so I appreciate your support for this bill.

I have -- so -- but we need to talk about more beds. How do we get more funding?

I haven't heard that discussed yet today in, really, any consequential way: What funding stream is available, to make sure?

I mean, we lost Long Beach due to "Hurricane Sandy." There were beds that were lost there, you know.

And then, just a few short months ago, I became very close with my nephew's sponsor, and we stayed friends. And after six or so years of recovery, he relapsed over the summer.

And every day my heart was in my throat, knowing he was shooting 10 bags of dope a day, you know, thinking, that he knew what he needed to do, but he just couldn't bring himself to do it.

And, thankfully, you know, I -- you never know what when the next day can be the last day, in this business, you know.

And you are, very directly, in the business of saving lives. Very directly, every day.

And this bill can help.

But, the point that I experienced that was a nightmare, was, he finally, 3 1/2 months ago, said: Okay, I'm ready.

You know, he went in on to Nassau Medical Center. They were prescribing him lower doses of, you know, methadone than he physically felt capable of handling.

Because they say you can't die from being dope-sick, you only wish you could.

Okay?

So, he came out after 24 hours.

But, anyway, a couple of months later, he was ready to go again. We went to South Oaks. And I sat for 4 1/2 hours, while the insurance company was saying this was not medically necessary, as we've all about heard.

They said: You can go to outpatient and take Suboxone.

He said: I'm ready to get off of drugs. I don't want to go on another drug. So I'm gonna go home and shoot up.

And it was only by his own smarts, that made

him lie, and say, "Oh, I've been taking Xanax, too," that they were able to take him and gave him four days.

And, thankfully, he's got 97 days today.

[Applause.]

IRA COSTEL [ph.]: So this was -- this is just insanity.

This is insanity.

I mean, you know, the kid is shooting poison into his veins, and they say this is not medically necessary.

I mean, the world's upside down.

So just two things:

One: Can we start talking about, How do we get more beds for people in detox?

Because you can't get into rehab until you've detoxed.

Number one.

[Applause.]

IRA COSTEL [ph.]: And, number two:

I know you're on board.

And as Dr. Reynolds says, we can't -- you know, next session. We'll get it to next session.

Well, next session, in the four hours that we've been here, there have been 20 more people

across the United States who have died of prescription overdose, just in these four hours.

Every day, there are people dying.

So what can we do, as concerned citizens, and what can you do as a legislator, to ensure passage this session of this bill?

Thank you.

[Applause.]

SENATOR BOYLE: I very, very much appreciate that.

And I would say that, what you can do as advocates, obviously, being here today, and participating, and the panelists.

When we have this report, and come out with some proposed pieces of legislation, to advocate, call your Assembly person, call your Senator. And, if you have a cousin upstate in Syracuse, and an old college buddy in Buffalo, have them call their Senate and their Assembly to support passage of this piece of legislation.

And I will say this, that Jeff is right, that it's an ambitious agenda to get this passed, from the time, we'll have, like, three weeks, maybe, to get these bills passed.

I believe we can do the most of them in the

Senate.

But if we don't; if, in the rush at the end of session, we do not get this passed, what I would like you to do is, join me in a call for Governor Cuomo to call a special session of the Legislature, to deal specifically with the heroin epidemic in New York State.

[Applause.]

SENATOR BOYLE: We will make sure that we focus on it completely.

SENATOR MARTINS: And that, ladies and gentlemen, is the answer.

Legislative sessions are finite periods.

It doesn't mean that we can't legislate outside of that session, as long as there's a will to do so.

You see that will here.

And I know that there's a tremendous amount of frustration in the room, on both sides, with the pace. But we're here, and there's a real effort to getting something done in the short term.

Let's understand that there's a real opportunity here, because, as people tell me all about the time, you strike while the iron is hot.

And, it's hot.

There's an opportunity right now for us to do something meaningful, long-lasting, structural, that, hopefully, will address many of the issues we have here today.

Do I have any illusions at all that we are going to have a perfect resolution where every issue is resolved? No, I don't.

Do I have every confidence in the world that we will end up in a much better place than we are right now, because we're going through this process? And the answer is yes.

So, I want to thank Senator Boyle for his leadership on this.

Stay tuned.

We're gonna be here for longer than June, longer than July or August, and certainly for longer than 2014, dealing with this issue.

On that point, I have questions, and I have comments, here.

Many of these are not questions. They're comments, they're statements.

And I understand that everybody in this room would love and like an opportunity to make a statement.

I'm asking, if you have questions, ask it,

because we have wonderful panelists here, where we can flesh out any of these issues.

We can probably make room at the end of the session for statements, as people relay their stories and their -- and I think that is important. I'm not downplaying it.

But I do want to stick to the Q&A portion of this, because it's through that Q&A that we're going to have the opportunity to try and hopefully influence some items on this legislative card.

And one of the questions that came up from Kate Meyer [ph.] has to do with: Yes, let's say that we get that Hannon bill passed, and that we're able to get insurance companies to provide treatment -- there's a question that was just alluded to -- Where are the beds? Where are the facilities?

And, sure, if the insurance companies are willing to pick up the freight, even if they're not willing to pick up the freight in the event that there's legislation that requires them to, what do we do, and how do we, marshal resources to make beds available, facilities available, that provide for the kind of intake and treatment that we're looking for?

There are, by all accounts, tens, if not hundreds of thousands, of people who are going through addiction right now, in the midst of it, trying to cope with it.

If we had the ability to have it paid for and funded, where are they to go?

How should we be allocating those resources?

What kind of facilities should we be looking to build?

Is it reasonable to expect that we're going to build thousands, or tens of thousands, or more, recovery homes across Long Island to deal with the need?

Is that the model that we should be pursuing, or is there another model that we should be looking at?

Not too provocative.

Dr. Reynolds, what do you think?

DR. JEFFREY REYNOLDS: Look, the insurance companies have made it financially unviable for any provider to expand their beds.

Even the not-for-profit providers look and say: This is what the reimbursement rates look like. It's not feasible to expand.

If you fix the insurance issues, I think it

opens up the marketplace a little bit, and, perhaps, brings some new players to the table, and allows the existing providers, who do a really good job, the ability to expand.

Secondly, we've got to take a look at some new models.

The detox issue has come up again and again and again, and it's spot-on.

The insurers believe, and, in fact, some hospitals believe, that opioid detox is not medically dangerous, and they're correct; and, therefore, can be done in outpatient setting.

All right, tell that to the parents of a 19-year-old who's writhing in pain on the bathroom floor, who's trying to keep that kid wrapped up until they're through the detox. And then, as soon as that detox is done, that kid feel likes he's on top of the world, and in 48 hours, is back to square one.

We should have models of care that are not hospitals, but that provide that young person with some supervision and guidance as they go through that process.

All right, we have crisis residence called "Talbot House."

We should be talking about expanding that model of care. We need something in between.

We also need, we gotta deal with the sober-home issue.

Look, the reality is then, not everybody requires inpatient care. And although the insurers would like you to believe that's where we believe everybody should be, it's not.

The outpatient facilities need to be more accessible in communities across Long Island. They need to have longer hours.

We need to deal with the waiting lists in a lot of those places.

In some places, if you call today, you're gonna get a date three weeks down the line.

When it comes to the recovery-housing piece, the fact that it's not regulated is absolutely criminal. It's part of the continuum of care.

And along with dealing with regulating it, we've gotta make sure that we're properly financing it.

Part of the issue is, that the reimbursement rates given out by local DSS are not enough for folks to do this absolutely correct.

And, so, we can take the knowledge from other

regions and figure out how to do this. The models are there.

It's a matter of changing up the game a little bit in New York State.

And here's -- this is perhaps going to be, if OASAS is in the room, perhaps the least popular thing I'm going say all about day:

It should not take a year to expand an existing facility. It should not take three to five years to go through a licensure process to open up a new facility on Long Island or across New York State.

We are at the height of a crisis. It should be easier to open a facility than it is now.

And in some states, we've gone to the nth degree and you can open them up in a strip mall in 30 minutes.

We don't want that. We're not even close to that. But the hurdles that folks have to jump through to add beds or add slots in this region and elsewhere across New York State is crazy at the height of what we're dealing with.

Make it easier.

SENATOR MARTINS: Point well made.

But let me ask you:

You know, in the context of treatment, and we've heard already previously today, issues about a child being in a certain environment, and the concerns about outpatient care, keeping that child or that young adult in that same environment, and the need to remove them from that environment.

So if we don't do it through recovery homes, so we don't do it through removing that person from their environment and putting them in a care facility, that provides them with that necessary shield, you know, how else can we do it?

Is it realistic to expect that we're gonna be able to do it in the community, with the same factors and the same experiences surrounding that person that we're trying to remove them from?

Or, do we then start talking about schools, and the types of schools, and the kinds of environments, that we need to?

And, then, do we have a progressive discussion on where we need to be, not only with regard to removing them and putting them in recovery homes, but, building schools that are appropriate to that group?

Isn't that part of this discussion, and how we're going to invest in making sure that they do

not fall back into that same cycle?

DR. JEFFREY REYNOLDS: Yeah, so I'm gonna say stay a couple of thing, and then punt to Kim, because I know she's dying to weigh in on this.

SENATOR MARTINS: I noticed that.

DR. JEFFREY REYNOLDS: So, here, let me say this:

I think you're exactly right.

We talk about the fact that we can't pull every kid, right, out of the community and say: We're gonna put you in a bubble and protect you.

We've gotta change the communities and change the schools, and in some cases, educate parents.

I have parents, every day, who ask me very basic questions.

"When my kid comes out of rehab, is it still okay to drink a glass of wine with dinner?"

That kind of thing.

So we've gotta make this a community that's safe for kids in recovery, so they can be who they are and be proud of their recovery.

On the financial piece, and you mentioned that, I think, tangentally, what I would say is, while I recognize that resources are limited, we're spending the money anyway.

We're giving the money to landlords who are wrecking people's recovery and blowing our investment of treatment.

And we're spending on jails, we're spending it on POs, we're spending it on petty crime.

We are spending the dollars anyway, and at the same time, losing a lot of kids.

So, the dollar-side a piece, reframing our communities and making safer -- making them safer so that kids can stay, I think is the heart and soul of what Kim does.

KYM LAUBE: Absolutely. You know, and I'll add on that --

SENATOR MARTINS: Kym Laube.

KYM LAUBE: -- you know, for every dollar we spend in prevention, we do save 10 to 22 on the treatment side of the world. And we absolutely need treatment, and we need better access to care, and we need to do it smarter.

When it comes to prevention, and the partnership that needs to come into this conversation, is -- is simple policy -- What's the policy in communities? What are the policies in schools? What are the policies in families? What are policies in individuals? -- and begin to

strengthen them.

See, part of the problem or the challenge that I have is, you know, we -- and Anthony knows I'll always we say this, we continue to blame the fish for getting sick after swimming in a polluted pond.

And it's really up to us now, at this point, to figure out why the pond's so darned polluted in the first place, you know, and begin to take a look at, What are those changes we can make?

I got a call -- I got an e-mail last night from an outraged parent who took her kids to go see the new "Muppets Movie."

And as she sat there watching the previews, there's a whole "Monsters, Inc." video that goes on -- and "Monsters, Inc.," incredibly love it -- but it's all about "Monsters, Inc.," and how they're at a keg party now on a college campus.

So she's sitting here with her seven and her eighth -- you know, her 7-year-old and her 9-year-old and her 11-year-old, going to enjoy a family moment; and, yet, she's being saturated and bombarded by messaging of using substances to have fun.

So my challenge, when we begin this --

continue this dialogue, is, you know, we need to give -- we need to give parents the tools to create those healthier environments to begin.

We tell kids all about the time, have fun without using substances, but we fail to show them how to do that sometimes, you know.

We need to be those role models and those folks who are taking a stand.

And I encourage adults, any adults -- whether you're a mom, a dad, a parent, you know, an uncle, an aunt, a Godmother, a teacher -- throw one party a year where the alcohol's not on at the table, and have a blast, have a grand old time.

You know, when we take a look a family policy, this needs to be very much part of the discussion.

Just as going to church may be a policy in your family; or, we're just kind to each other; or, in this family, you have to wear your seatbelt; in this family, you have to put on sunblock.

Those are health policies; and, again, going back to this being part of the discussion.

So, yep, there's many challenges we have with treatment. Many.

And -- and we need to do things smarter, and

get folks the care that they need.

And -- and, part of that dialogue, as discussed today, must also be part of this changing: changing those school policies, changing family policies, changing individual policies, and straightening -- strengthening those.

So, that, it's about that population-level change, that community-level change, and it is no longer normalized and just simply accepted because we've done it for so many years.

Because, quite frankly, the adults in the room, many of us, you know, I hear parents say: Well, we did it and we were fine.

And the truth of us, many of us didn't come out okay, you know, and many of us didn't make it, and some of us still suffer to this day as a result.

And the game has changed. It's a different game today.

And, so, our education must change to go along with that, our response must change to go along with that, and, the promptness and quickness and the effectiveness needs to change right along, because it is a different game today.

[Applause.]

SENATOR MARTINS: Thank you.

Senator Boyle, you have a Narcan training program on April 22nd.

Why don't you just give us a brief overview of what it is, and why it's important.

SENATOR BOYLE: Yeah, we are gonna host it at the Deer Park Fire Department, April 22nd, from 6 to 7 pm. It's at 94 Lake Avenue in Deer Park.

All about you need to do is, please call our district office at 665-2311, and talk to Stevey [ph.]

I don't know if Stevey's here.

Many of you know Stevey. She's been our front person on my committee for Heroin Task Force.

And, she suffered the tragic loss of her sister with an overdose last year, and is personally committed, and her entire family is, to helping us on this issue.

You can RSVP to Stevey.

We have quite a number of people that have already signed up.

It's very short. I've taken the class myself. It's about 45 minutes, and then you'll also leave with a Narcan kit, and, we can help save lives, and spread the word that everyone should have Narcan in their home, and use it.

Hopefully, never have to use it, but when it is there, it will save lives.

Thank you, Jack.

SENATOR MARTINS: Thank you.

[Applause.]

DENISE MURR: Carry it around in your pocketbook, your car.

UNKNOWN SPEAKER: Bring it to school.

SENATOR BOYLE: We're trying to make it as far and wide as possible.

Certainly, the police -- and one of things you're seeing in certain areas of the state, the firefighters, the police officers, arguing about who who's gonna use it.

Everyone should have it available: volunteer firefighters, police officers, teachers, parents, kids...whomever.

As many as we can get out there, we will.

SENATOR MARTINS: Alongside our defibrillators, there should be a Narcan pack, as well.

SENATOR BOYLE: Absolutely.

SENATOR MARTINS: And I want to thank again, Eden Laikin, for having facilitated my having taken that class as well.

[Applause.]

SENATOR MARTINS: I have a question for Tom Willdigg, who's been patiently sitting here.

As a Nassau County -- retired Nassau County detective, president of the detectives association, I know how hard you worked with youth, and what a priority you made in working with youth.

What can law enforcement do to more adequately teach young people about, you know, the -- the -- well, the concerns we have, and the trap that is drug addiction?

How do you get to them?

How do you get them -- as a law-enforcement official, not just from the arrest, not just from the penal standpoint, but from being, you know, the local police officer interacting with youth in our communities, in our schools, how do you get them?

How do we help?

TOM WILLDIGG: Well, I think the first thing you do is similar to what Detective Stark does: Go out to the schools.

She's a one-man show -- one-woman show, and she has a lot to do.

So we need more personnel to do that, to start with.

You know, drugs, it's -- when they had the other epidemics, when you had the crack epidemic of the '80s, you went out and you threw a whole bunch of money on it, you threw a whole bunch of personnel on it, you put a lid on it.

Is it gone? No, it's not gone.

When you had the gang epidemic of 2000 -- the early 2000s to 2005, we went to the legislators, and all of a sudden, we had, you know, a Long Island task force on gangs, working out of Hempstead with the combined force of Nassau, Suffolk, corrections, underneath the FBI.

And is it gone? No.

But did we put a lid on it? Yes.

Heroin came along and everybody's turned -- they didn't turn a blind eye, but they put up a heroin task force; they took down a heroin task force.

Manpower, money; money's tight, manpower's tight, so that part of it is over.

I think, as interacting with the cops, cops interacting with the schools, I think the program that Nassau has right now is great.

I would love to see them bring along some young adults that are recovered addicts, that the

other children, or children -- they could be children, adolescents, that they can relate to in the audience. They're not gonna relate to Detective Willdigg or Detective Stark as much as they're gonna relate to somebody, like: Oh, my God, that person up there, he's stopped. He's clean and sober. I want to be like that person.

Okay, you're not gonna get every kid in the audience or every young adult in the audience, but you're gonna get one, maybe two, out of that whole assembly.

So I think that's important for the police to do that.

And every day, when they -- when they have interaction with the public, when you have a call to somebody's house, I think that the training, when they get training in the academy now, they have to be trained more so as more community-relations-minded as far as drug addiction. Even all about the way down to marijuana, it's a gateway drug.

You know, marijuana's a gateway drug.

And, that's about all I can say as far as community relations go.

But, I think Nassau, Detective Stark

especially, is on the right track with that education part.

The enforcement end is another thing.

SENATOR MARTINS: I appreciate it.

You know, I know our children get many of their signals from us as parents.

You know, if we look at certain things and we say they're okay, our children are more than likely to say they're okay, or it's no big deal.

And, so, we actually have to do more ourselves, as parents, to strike the right balance when it comes to setting a tone for what is acceptable and what is not acceptable in our own households, and in our own communities.

I have a question here with regard to the Nassau County Police Department, and whether or not they carry Narcan.

So, Eden, lay up for you?

Come on up, why you don't tell us about Narcan.

EDEN LAIKIN: Well, I will tell you that --

SENATOR MARTINS: Come on up.

Thank you.

EDEN LAIKIN: -- it is one of my favorite subjects to talk about.

Thank you for showing that, Denise.

We do, since we became State-certified through the State Health Department, as an opioid-overdose program, the first county outside of New York City in the state to do that, we've trained 1300 regular citizens, approximately --

[Applause.]

EDEN LAIKIN: -- at about -- yeah -- 50 trainings.

I've seen almost everybody in this room at the trainings at least once, you know.

SENATOR MARTINS: And every -- every car -- every police car in Nassau County?

EDEN LAIKIN: No. I mean, we have -- it is starting, the training of the police, but we didn't do that right away; and mostly because the difference between Nassau and Suffolk, I think, and one big thing is, we have a huge -- you know, we have a -- you know, our ambulances, most likely, are gonna get to an aided before our, you know, police officers usually. And they have Narcan, and they save.

I talked to our police medics now. They just -- the other night, they responded to six heroin overdoses in their -- in one shift at

night. "Six."

They all lived, but -- yeah, so they all about lived.

And, so, they usually get there first.

But our officers are gonna be trained. We're told that by July, all of the them will be trained. It will be in the patrol cars.

I know that this new class that was going through the academy was trained. That's what I was told by the Police Commissioner.

So -- but I could just talk about how, you know, our thing is, yeah, a lot of these kids credits dying at home, you know. And I want to get one of these kits into every parent's.

Even if you're -- and one thing you should know -- and I don't want to take up anymore time -- but, you know, the easiest time to die of a fatal overdose is when you have some period of abstinence away, and then you relapse, and you think you have the same, uhm --

UNKNOWN SPEAKER: Tolerance.

EDEN LAIKIN: -- tolerance, thank you, and you go back to doing the same amount.

So, even if you're -- if your child is, you know, blessed enough and in recovery and clean, have

the Narcan anyway. Don't -- you know?

It's better to have than not to have.

SENATOR MARTINS: And to the extent that we can, again, put priority on all of the our emergency responders, having them being trained, having the kits in their cars, having them accessible.

And, certainly, whether it's our emergency responders, schools, or other areas, certainly, it's easy enough to do, and the training isn't that difficult.

So thank you very much for all your efforts, Eden.

EDEN LAIKIN: You're welcome.

SENATOR MARTINS: I have two questions here with regard to the Good Samaritan Law.

Anyone familiar with the Good Samaritan Law?

[Applause.]

SENATOR MARTINS: Important.

Important, where do we -- where we draw those -- that threshold? Where do we as a society want to be when issues like this come up?

Richie, you want to give us an overview?

RICHARD BUCKMAN: Uhm, I'm probably not the best qualified person.

SENATOR MARTINS: No?

Jeffrey?

DR. JEFFREY REYNOLDS: The Legislature, in its infinite wisdom -- unanimous in the Senate, by the way. One vote against it in the Assembly, and I'll leave that person out of the conversation -- the Legislature --

SENATOR MARTINS: But you can always look it up if you want to.

DR. JEFFREY REYNOLDS: Right.

[Laughter.]

DR. JEFFREY REYNOLDS: And he's from Long Island.

But, look, it went up through the Senate unanimously, it went through the Assembly unanimously. It's one of the only times, I think, probably in the past 30 years, that the Legislature has agreed on something so quickly, and something that, potentially, dials back our law-enforcement response to addiction.

And, essentially, it's a law that creates limited immunity for those who call for the help in the midst of an overdose; whether you're calling for somebody else or for yourself.

It doesn't apply if you have a pound of heroin and a handgun on the table when the police

respond, but for low-level offenses it certainly applies.

And I think that the MO here really was to send a message to young people.

And if you see, there's a poster on the wall, to get them to call for help.

Overdose is not a spontaneous event, kind of like what you see in the movies. It usually takes a couple of hours.

And more often than not, when someone begins to suffer an overdose, there's a whole bunch of people in the room. And, particularly, if they're young, people get scared, people get afraid, and people leave, and that person winds up dying.

And so this was a very clear step, supported by law enforcement, to say: Look, in some cases, public health comes before punishment. Call for help.

And there's been a number of very high-profile saves, where folks have called for help and lives have been saved.

So kudos to the Legislature, and particularly the Long Island delegation, for getting this done.

SENATOR MARTINS: Well, I appreciate that.

And I am going to give a shout out to

Traci Pew [ph.]. Traci, from the Drug Policy Alliance.

If anyone is interested in any of those posters, please reach out, and she'll be happy to share.

You know, and to that point, let's understand, there is a distinction, and I think we've heard it here over and over and over again today: This is a health issue.

Let's focus on it as a health issue.

Forgive me, when it comes to someone who's dealing drugs to our kids, put them away. Bad enough can't happen to them.

Let them get treatment for their own addictions when they're away, but get them away.

That's my opinion.

And, so, if we can increase the penalties on drug sales, and people who are pushing drugs on our kids, I'm all in.

But we need to find a more equitable way, appropriate way, of dealing with this health-care crisis that is facing us.

I want to thank the panel for being here today. I want to thank you all for your participation.

Senator Boyle, as always, this was very interesting.

I have certainly learned a lot. I think we all about have.

And I hope that everyone here will continue to participate and to dialogue as we move forward.

I will invite everyone again to, please, I know there were many people we couldn't get to, there are statements out there that you would like to share, and those statements are important.

Some of the most poignant parts of today's discussion came from those personal observations.

And I'm certainly not trying to discourage anyone. I just want to point out that, from a time standpoint, we just don't have the time right now.

But I would encourage you to, please, take the opportunity, prepare those statements, send them along, allow them to be part of the record; allow other people to participate and share in your thoughts, because they will make it into a final result.

They will be read, and they will be incorporated.

And with that, Senator Boyle, please, to wrap up.

SENATOR BOYLE: Thank you very much.

I just would like to, again, thank all the panelists.

And, Mr. Ewald, from the District Attorney's Office, he was very instrumental in the legislation we've already introduced regarding increased criminal penalties.

Thank you, everyone, for today.

I can tell you that I have a number of ideas in terms of legislation. It will be all part of the report.

I'm just gonna, quick, for those of you who can't make the April 22nd Narcan training:

The Long Island Minority AIDS Coalition is having -- hosting one on May 9th.

It's gonna be for: Harm Reduction Solutions For Public Health And Safety.

After -- that's at 8 a.m. to 12 p.m., at the Four Points Sheraton Inn in Plainview.

And after that, at 12 to 1, there's gonna be a Narcan training session there, as well.

Thank you all about again for coming.

And, I also would most like to thank our moderator, Senator Jack Martins.

Jack, did you a great job.

Thank you very much for coming.

[Applause.]

(Whereupon, at approximately 2:25 p.m., the forum held before the New York State Joint Task Force on Heroin and Opioid Addiction concluded, and adjourned.)

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