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

R0UNDTABLE DISCUSSION

TO EXAMINE THE ISSUES FACING COMMUNITIES

IN THE WAKE OF INCREASED HEROIN AND OPIOID ABUSE

Bourne Mansion Auditorium
500 Montauk Highway
Oakdale, New York 11769

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

PRESIDING:

Senator Thomas Croci, Forum Moderator

Senator Terrence Murphy, Co-Chair

Senator George A. Amedore, Jr., Co-Chair

Senator Robert Ortt, Co-Chair

Senator Phil Boyle

Senator Kenneth LaValle

Senator Jack Martins

Senator Michael Venditto

SPEAKERS:

John Cochrane
Councilman
Town of Islip

Michael Loguercioi
Councilman
Town of Brookhaven

Mary Kate Mullen
Councilwoman
Town of Islip

Steve Belleone
County Executive
Suffolk County

James Tomarken
SCDH Commissioner

Tom Sini
SCPD Commissioner

Michael Caldarelli
SCPD Investigator

Maura Spery
Mayor
Village of Mastic Beach

Bruce Edwards
President
Ronkonkoma Civic

Karen Hemmindinger
Dori Scofield
Josephine Ghiringelli
Victim Testimony

Maria Calamia
Licensed Clinical Social Worker

Steve Chassman
President
Long Island Council on Alcoholism and Drug Dependence
Rev. Michael Staneck
Pastor
Trinity Lutheran Church

Toni DeFelice
Catholic Charities Talbot House

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

Father Frank Pizzarelli
Hope House Ministries

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

Dr. Simon Zysman
Employee Assistance Resource Services, Inc.

John Javis
Advanced Health Network

Nick Van Breda
Washington Heights Corner Project

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

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

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

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

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

[Applause]

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

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

[Applause]

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

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

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

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

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

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

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

So Senator Murphy, Dr. Murphy.

SENATOR MURPHY: Senator Croci, thank you for

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

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

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

[Applause]

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

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

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

[Applause]

SENATOR CROCI: Thank you, Senator.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

[Applause]

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

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

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

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

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

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

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

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

And as a former EMT, I know the old

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

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

SENATOR CROCI: Thank you, Senator Boyle.

[Applause]

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

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

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

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

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

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

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

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

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

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

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

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

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

SENATOR CROCI: Thank you, Senator Venditto.

[Applause]

Senator O'Mara.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

But we also need to do a lot more work in

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

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

SENATOR CROCI: Thank you, Senator.

[Applause]

Thank you, Senator.

Senator Martins.

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

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

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

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

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

[Applause]

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

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

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

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

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

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

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

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

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

[Applause]

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

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

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

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

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

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

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

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

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

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

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

We talked to people on the federal level, and

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

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

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

So the Assembly Republicans put out a report

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

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

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

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

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

of tracking prescriptions.

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

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

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

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

[Applause]

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

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

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

The Brookhaven Town Fire departments alone

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

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

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

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

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

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

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

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

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

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

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

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

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

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

[Applause]

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

COUNCILMAN MICHALE LOGUERCIO: I agree.

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

COUNCILMAN MICHALE LOGUERCIO: Thank you.

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

COUNCILMAN MICHALE LOGUERCIO: Absolutely.

[Applause]

SENATOR CROCI: Senator Martins.

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

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

COUNCILMAN MICHAEL LOGUERCIO: Absolutely.

SENATOR MARTINS: And reviving the same person several times.

COUNCILMAN MICHAEL LOGUERCIO: Yes. That goes --

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

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

[Applause]

For the right point that you brought up.

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

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

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

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

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

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

marijuana.

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

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

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

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

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

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

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

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

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

grieve over those senseless loss of life.

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

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

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

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

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

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

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

[Applause]

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

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

[Applause]

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

Good afternoon, Councilman.

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

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

Islip.

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

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

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

So drug addiction on a town level for me is a

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

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

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

[Applause]

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

colleague on the town board, Councilwoman Mary Kate Mullen.

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

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

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

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

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

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

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

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

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

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

free.

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

SENATOR CROCI: Thank you, Councilwoman.

[Applause]

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

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

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

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

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

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

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

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

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

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

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

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

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

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

[Applause]

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

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

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

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

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

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

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

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

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

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

[Applause]

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

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

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

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

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

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

[Applause]

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

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

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

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

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

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

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

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

[Applause]

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

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

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

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

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

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

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

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

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

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

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

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

County by the Suffolk County Police Department.

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

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

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

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

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

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

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

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

And lastly, we set up a Long Island Heroin Task Force, and this is an unprecedented partnership between Suffolk Bounty and Nassau County. Initially, we designated four detectives and a supervisor and Nassau did the same.

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

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

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

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

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

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

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

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

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

SENATOR CROCI: Senator Boyle.

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

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

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

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

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

SENATOR BOYLE: Great, thank you.

SENATOR CROCI: Thank you, Commissioner. Senator Murphy.

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

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

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

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

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

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

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

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

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

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

COMMISSIONER TOM SINI: Thank you very much.

[Applause]

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

[Laughter]

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

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

specifically.

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

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

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

[Applause]

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

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

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

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

people off as soon as they walk out the door.

[Applause]

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

[Applause]

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

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

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

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

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

SENATOR CROCI: We fight over you.

[Laughter]

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

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

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

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

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

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

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

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

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

SENATOR CROCI: Thank you very much.

[Applause]

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

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

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

think outside the box.

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

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

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

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

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

SENATOR CROCI: Not at all. I'm agreeing

with you.

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

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

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

So we need to get the tools to every

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

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

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

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

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

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

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

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

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

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

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

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

[Applause]

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

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

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

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

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

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

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

SENATOR CROCI: Thank you, Dori.

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

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

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

SENATOR CROCI: Thank you.

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

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

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

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

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

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

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

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

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

SENATOR CROCI: Thank you very much.

[Applause]

SENATOR CROCI: Senator Murphy.

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

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

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

for being courageous and coming up here today.

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

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

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

[Applause]

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

[Applause]

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Ladies and gentlemen, thank you for your time.

SENATOR CROCI: Thank you very much.

[Applause]

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

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

some of the consequences of the disease. Thank you.

[Applause]

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

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

SENATOR CROCI: Battle of attrition right now.

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

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

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

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

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

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

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

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

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

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

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

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

And life means from the womb to the tomb and

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

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

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

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

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

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

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

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

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

[Applause]

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

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

SENATOR CROCI: Go right ahead.

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

SENATOR CROCI: Could you step up to the mic.

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

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

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

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

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

So I just want to ask you to consider

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

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

Thank you for being with us.

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

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

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

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

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

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

And I would like to suggest to you for a

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

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

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

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

And I have all the confidence in the world

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

[Applause]

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

Dr. Reynolds.

[Applause]

Dr. JEFF REYNOLDS: Thank you for having me

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

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

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

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

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

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

[Applause]

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

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

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

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

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

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

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

[Applause]

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

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

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

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

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

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

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

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

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

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

[Applause]

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

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

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

[Applause]

SENATOR CROCI: Thank you, Dr. Reynolds.

[Applause]

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

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

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

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

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

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

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

cost.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

SENATOR CROCI: Thank you very much, Doctor.

[Applause]

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

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

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

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

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

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

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

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

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

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

The second involves substance use housing, and again several speakers today have mentioned that. OASAS in New York State need to invest in a system of tiered housing similar to what's offered by the New York State Office of Mental Health. While these, you know, formats of housing can be rather expensive, when you look at the overall cost in terms of services, hospital use, emergency personnel and incarceration and law enforcement, providing decent housing would actually lower those costs.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Rizzuto from FIST. No? Yes? Okay.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

And I have worked for the County. I work for

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

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

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

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

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

unfortunately caught up in the disease of addiction.

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

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

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

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

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

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

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

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

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

So how do we make that more of a priority?

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

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

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

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

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

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

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

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

[Applause]

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

problem?

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

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

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

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

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

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

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

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

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

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

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

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

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

[Applause]

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