

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

3 TO EXAMINE THE ISSUES FACING COMMUNITIES
4 IN THE WAKE OF INCREASED HEROIN AND OPIOID ABUSE

7 Knights of Columbus
8 1305 86th Street
9 Brooklyn, New York 11228

10 February 26, 2016
11 2:00 p.m. to 5:00 p.m.

12 PRESIDING:

13 Senator Martin J. Golden, Sponsor

14 Senator Terrence Murphy, Chair

15 Senator George Amedore, Jr., Co-Chair

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19
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21
22
23
24
25

| 1 | SPEAKERS: | PAGE | QUESTIONS |
|----|------------------------------------|------|-----------|
| 2 | PANEL I | 27 | 66 |
| 3 | Bridget G. Brennan | | |
| 4 | Special Narcotics Prosecutor | | |
| 5 | New York City | | |
| 6 | Brian McCarthy | | |
| 7 | Commanding Officer | | |
| 8 | NYPD Narcotics Division | | |
| 9 | Theodore Lauterborn | | |
| 10 | Captain, Narcotics, NYPD | | |
| 11 | Borough of Brooklyn South | | |
| 12 | Questions from the audience | | 88 |
| 13 | PANEL II | 96 | 106 |
| 14 | Dr. Hillary Kunins | | |
| 15 | Assistant Commissioner, Bureau of | | |
| 16 | Alcohol & Drug Use, Prevention, | | |
| 17 | Treatment, and Care | | |
| 18 | New York City Department of Health | | |
| 19 | and Mental Hygiene | | |
| 20 | Questions from the audience | | 118 |
| 21 | Stephanie Campbell | 123 | 129 |
| 22 | Director of Policy | | |
| 23 | Friends of Recovery New York | | |
| 24 | PANEL III | 132 | 155 |
| 25 | Donna Mae DePaolo | | |
| | President & CEO | | |
| | Ann Marie Pirada | | |
| | Director of Operations for | | |
| | new detox center | | |
| | Resource Training & Counseling | | |
| | Center | | |
| | William Fusco | | |
| | Executive Director | | |
| | Dynamic Youth Community, Inc. | | |

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18
19
20
21
22
23
24
25

SPEAKERS (Continued):

PAGE QUESTIONS

PANEL III (continued)

Karen Remy
Chief Program Officer
Turning Point Community
Services Brooklyn

161

183

Josephine Beckmann
District Manager
Community Board 10

PANEL IV

173

183

David Bochner
Vice President
Cornerstone Treatment Facilities
Network

Kristin Miller
Director
Corporation for Supportive Housing

Question from the audience

192

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

9 Just in the city -- just right in this
10 community we've lost about 6 kids in the last
11 8 to 9 weeks, from the areas of about 17 years of
12 age up to 35 years of age.

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

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

25 Give them a round of applause, ladies and

1 gentlemen.

2 [Applause.]

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

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

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

21 Kids and families recognize that this law was
22 in effect.

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

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

1 children and many of the kids across the state, and
2 this drug has killed from 11 years of age up to
3 80 years of age, and past.

4 So, it went through the medicine cabinets and
5 they got those drugs, and then there was nothing
6 left, and then they went to heroin. And heroin is
7 six, seven, eight dollars a bag, and one hit on a
8 14-, 15-, 16-, 17-year-old kid that weighs about
9 100, 110 pounds, two hits, three hits, that kid is
10 addicted.

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

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

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

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

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

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

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

14 Anyone can fall victim to this deadly grip.

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

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

25 Just not -- this past week, down on

1 74th Street, between -- 214 74th Street, to be
2 exact, there were arrests at that location, and at
3 that location, they took out 2 people, with
4 200 milligrams of heroin and \$60,000 in cash.

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

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

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

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

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

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

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

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

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

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

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

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

24 And we have to do more.

25 And you're going hear about that today, and

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

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

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

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

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

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

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

1 30 years. But we never thought about the weight,
2 the weight of those drugs.

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

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

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

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

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

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

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

3 Why would you be allowed to have 150 or
4 200 bags of this heroin, and not be charged with
5 felonies and put into jail for it?

6 It's crazy. It's absurd.

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

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

15 It's the mid-Hudson.

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

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

22 Expanding treatment --

23 SENATOR MURPHY: Just passed that one.

24 SENATOR GOLDEN: Pardon me?

25 SENATOR MURPHY: Just passed that one too.

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

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

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

12 We need that law.

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

18 We got to reduce the number of prescribed
19 pills that are going into our homes when it comes to
20 opiates. We don't need 30-, 60-, and 90-day
21 prescriptions filled with these types of opiates.
22 10 days, 15 days, 5 days, whatever we think that
23 we're going to need for that illness or for that
24 operation or for that sickness, that's what we
25 should be giving. And then let them come back and

1 get another prescription if one is needed.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

19 450,000 to purchase Narcalan (sic) kits, to
20 keep giving out by free individuals who participate
21 in the Narcin (sic) training class -- Narcalan (sic)
22 training classes.

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

1 case.

2 Your kids are hanging out, you never know.

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

8 We don't know who's on it.

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

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

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

14 It is amazing how this is happening.

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

19 We would never expect it in our own homes.

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

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

25 \$140,000 to finance the cost of

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

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

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

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

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

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

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

3 SENATOR AMEDORE: Murphy.

4 SENATOR GOLDEN: Murph?

5 -- Senator Murphy, ladies and gentlemen.

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

8 Please give him a round of applause.

9 And, Senator.

10 [Applause.]

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

15 Senator Amedore and myself had the
16 opportunity on Tuesday of, 7:00 in the morning,
17 I took off in my car and headed up from Westchester
18 to Albany. And my good buddy here was able to throw
19 me in his car, and we took off to Oneonta for a
20 12:00 meeting on Tuesday, and we had about a
21 2 1/2, 3-hour meeting at SUNY Oneonta, which was
22 tremendous. Great, great presentation that was
23 delivered by Senator Seward and ourselves.

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

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

3 And drove back into Albany.

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

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

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

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

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

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

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

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

3 That was illegal.

4 We switched that.

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

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

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

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

18 In my district alone, I'm up in
19 Westchester County and Putnam County and
20 Dutchess County, and, just last week, we had a
21 20-year-old that was arrested under an initiative
22 that we started up there, called the "Northern
23 Initiative," and it was \$30,000 cash, 562 bags of
24 heroin. And, it was a 20-year-old, female.

25 And then her boyfriend had sold it to a young

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

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

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

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

11 Today's Friday. Right?

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

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

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

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

23 Devastating, losing a nine -- what was it,
24 9-month-old? or a 9-year-old? And her son in jail.

25 And it was just absolutely horrifying.

1 So we are here.

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

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

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

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

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

1 streets.

2 So, I am here to listen.

3 It is an honor and privilege to be here.

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

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

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

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

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

21 Thank you.

22 SENATOR AMEDORE: Well, thank you,
23 Senator Murphy.

24 I'm Senator Amedore, and I represent the
25 46th Senate District, which consists of

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

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

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

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

11 This is an issue that is not going away.

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

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

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

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

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

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

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

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

20 Engaging, and getting some sort of
21 measurement of success.

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

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

5 And another prong is law enforcement.

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

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

10 That the law-enforcement aspect is very
11 important.

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

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

21 So thank you for being here today.

22 I want to say, thank you (inaudible.)

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

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

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

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

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

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

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

17 [Applause.]

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

21 Thank you very much for being here.

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

24 Give them both a round of applause.

25 Thank you very, very much.

1 [Applause.]

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

4 Bridget?

5 Thank you.

6 BRIDGET G. BRENNAN: Good afternoon.

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

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

11 There's much to be done.

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

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

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

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

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

1 I have been the head of this agency for
2 18 years.

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

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

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

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

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

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

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

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

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

16 So we're having a big problem with that.

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

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

21 To give you a point of comparison, in the
22 1970s, the glassines, the doses of heroin in the
23 little envelopes, was about 7 to 10 percent pure.

24 Now we're seeing 40 to 60 percent pure.

25 What that means in terms of the user, is the

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

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

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

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

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

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

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

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

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

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

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

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

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

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

11 So I think we saw that switch over.

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

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

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

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

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

25 This is New York City.

1 Here is Staten Island.

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

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

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

10 It makes the point that everybody has been
11 making.

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

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

17 It comes across Staten Island.

18 We see it creep across here.

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

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

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

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

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

6 We have done a lot of cases that reflect
7 this.

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

11 And since then we've done dozens.

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

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

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

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

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

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

3 So here's the math:

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

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

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

12 So what did we see backing up?

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

18 So look at the huge, huge spike up, between
19 2013, these are our big seizures that we do with
20 DEA. And this is just in New York City in my
21 office. And this is in kilograms.

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

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

1 somewhere near 100 pounds.

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

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

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

8 Again, it's Staten Island.

9 Again, we see the creep across the river
10 there.

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

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

17 But this is how the heroin trafficking routes
18 appear.

19 My agency does a lot of these international
20 cases.

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

1 So here's how they're coming in:

2 Some is coming in from Colombia to Mexico.

3 The Mexicans are producing some on their own.

4 They've increase the number of land -- or,

5 the amount of land which is devoted to opium

6 cultivation, and they've developed methods for

7 processing heroin on their own.

8 We see it moving sometimes to the Caribbean,

9 to the Dominican Republic, sometimes to Puerto Rico,

10 and then coming to New York.

11 But the vast majority comes over land from

12 Mexico, across the United States, and into New York

13 where it fuels the rest of the state. We have

14 huge-volume heroin production going on in this city.

15 Much of it is concentrated in The Bronx, and that's

16 because The Bronx has great highway access to

17 Upstate New York, to Long Island, to New Jersey, and

18 to the entire New York metropolitan area.

19 The "heroin production mills," as we call

20 them, operate like factories. They are producing

21 hundreds of thousands of glassines a day. They work

22 in shifts. They produce millions off of one load of

23 heroin that comes in.

24 Here is how the dealers make money:

25 Heroin is a cheaper alternative for the

1 opioid addict.

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

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

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

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

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

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

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

23 Same thing's happening throughout the state.

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

1 So post-2009, what are our enforcement
2 challenges?

3 Well, the penalties are lighter.

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

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

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

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

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

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

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

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

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

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

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

17 Let me just show you what's happened since
18 2009. These are my office's sentences, a percentage
19 breakout of our sentences.

20 Just to give you a sense of it:

21 2005, about 42 percent of our defendants went
22 to state prison. Last year, about 45 percent went.

23 In 2005, I think that number is around
24 18 percent went to the local jail. Last year, that
25 goes up, about 22 percent.

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

4 2005, about 8 percent, I think that number
5 is, went to probation. Last year, 2015.

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

9 Where do we see the trade-off?

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

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

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

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

20 What are our felony arrests?

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

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

1 And this is commitment to state prisons,
2 going down.

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

6 Again, consider trade-offs.

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

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

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

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

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

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

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

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

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

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

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

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

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

25 The weights for possession were doubled. The

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

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

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

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

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

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

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

25 The predicate offender faces a minimum of

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

6 Right?

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

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

18 All right?

19 So he was convicted.

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

1 taken away.

2 So guess what's coming?

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

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

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

16 SENATOR GOLDEN: That's a shame.

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

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

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

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

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

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

13 Overall, the oversight of physicians is sadly
14 lacking.

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

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

23 So that's my testimony.

24 I thank you very much for your attention.

25 I look forward to working with you in the

1 future.

2 And, turn it back over.

3 Thank you very much.

4 [Applause.]

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

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

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

14 We're going to come back.

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

18 Chief.

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

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

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

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

5 SENATOR GOLDEN: Congratulations.

6 ASST. CHIEF BRIAN McCARTHY: Thank you.

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

9 Thank you.

10 ASST. CHIEF BRIAN McCARTHY: Thank you, sir.

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

16 (Interruption in proceeding.)

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

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

1 New York City Police Department.

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

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

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

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

21 When you look at the seizures, going back all
22 the way to 2012, past what's on that board, there
23 were 450 pounds of heroin seized in 2012, about
24 130 more pounds in 2013, which doubled in 2014, and
25 which was up, you know, significantly, all the way

1 to 1548 pounds in 2015.

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

5 And, you know, how are we doing that?

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

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

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

19 And the heroin arrests, looking at them
20 citywide, they were up 30 percent, from 2015, to
21 2014.

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

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

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

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

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

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

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

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

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

1 perspective, to explain the problem.

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

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

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

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

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

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

20 At times, that 225,000 was as high as
21 250,000, which means \$250 a gram, as opposed to the
22 discussions we -- you know, we've been having for
23 the past hour, with significantly less money.

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

1 70 percent. It was rarely, rarely that high. The
2 quality wasn't there. It was just getting your
3 hands on it.

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

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

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

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

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

8 As you go down to the next portion of that
9 presentation, the "40 percent," I think I'm going to
10 update the next time that I do such a presentation,
11 to high 40s. Put like a little addendum in front of
12 "40 percent," because we're just seeing that it's
13 going -- it's continuing to go upward, which means
14 that, when it's bought, if it's diluted at all, is
15 the key thing.

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

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

1 ugliness.

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

4 I think additional -- you know what?

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

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

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

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

18 And I have these other notes.

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

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

1 confront this problem on a multitude of levels.

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

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

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

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

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

25 The daily operations, they go out in a team

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

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

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

12 Last year, January 6, 2015, there were two
13 police officers shot in The Bronx in the
14 46th Precinct. These two brave officers had
15 actually finished their tour, and were walking
16 upstairs to change, when they heard a "robbery/man
17 with a gun" call come over, which they responded to.
18 And they were both shot multiple times, and
19 survived.

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

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

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

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

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

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

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

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

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

5 Community.

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

12 Uniform involvement.

13 You know, in New York City, and at the end of
14 2013, there was a proposal that emanated from
15 Chief Ward in Staten Island, that we utilize
16 Narconan (sic) kind of department-wide. It was
17 really intelligent and insightful, and it was put
18 through the chain of command and approved by
19 Commissioner Bratton. And it's been slow -- it's
20 been implemented, and through training, you know,
21 throughout the department.

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

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

1 27 times in 2014.

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

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

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

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

17 Go ahead.

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

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

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

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

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

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

15 SENATOR GOLDEN: Thank you, Brian.

16 Thank you very much for your comments.

17 We're going to come right back to you.

18 ASST. CHIEF BRIAN McCARTHY: Thank you.

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

22 I know you've made further arrests in the 62,
23 68, precincts.

24 71, obviously, is not my command, but
25 I understand there's heavy arrests over there as

1 well.

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

5 And I want to say, thank you.

6 Do you have any comments you want to make?

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

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

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

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

1 investigated.

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

6 It is no longer the traditional guy on the
7 corner.

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

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

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

22 SENATOR GOLDEN: I want to thank our panel
23 here.

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

1 [Applause.]

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

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

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

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

18 I thought that kingpins went out in the
19 1960s and '70s and '80s.

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

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

1 But the -- I have pain-management locations.

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

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

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

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

16 Where do I go for that?

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

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

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

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

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

9 So I'd be happy to take the information.

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

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

15 So...

16 [Applause.]

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

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

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

1 thank them.

2 [Applause.]

3 SENATOR GOLDEN: But, eventually, the sheriff
4 will get his 400 -- the building's worth several
5 million dollars, right, so he's going to get his
6 \$400,000.

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

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

14 I guess he's picking up the receipts.

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

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

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

23 \$7,000, with the sheriff sitting in the
24 hallway and the car's parked outside.

25 So how lucrative was that?

1 How many people did not go in?

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

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

15 The two doctors' kids that died here,
16 24 years of age and 27 years of age.

17 It's just from one extreme to the other.

18 You spoke of 8 ounces as possession, and
19 4 ounce -- I'm sorry, and 4 ounces for sale, as
20 the -- as a felony -- felony -- A felony?

21 ASST. CHIEF BRIAN McCARTHY: A1.

22 SENATOR GOLDEN: A1.

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

25 I can almost guarantee you, once you get it

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

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

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

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

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

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

4 I mean, is there -- no. Right?

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

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

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

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

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

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

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

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

25 I've had shock -- put some of my

1 international drug dealers in shock.

2 That's crazy.

3 SENATOR GOLDEN: That is crazy.

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

8 It makes no sense.

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

13 And I'm fully for that.

14 It just has become, fill the beds.

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

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

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

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

1 like that.

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

5 I could give you some heroin proposals.

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

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

12 An ounce of cocaine will give you, I don't
13 know, maybe, you know, a few hundred doses, let's
14 say. But an ounce of heroin will probably give you
15 1,000 doses.

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

17 The federal statutes differentiate between
18 cocaine and heroin.

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

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

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

1 weren't looking at what it actually meant.

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

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

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

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

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

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

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

24 BRIDGET G. BRENNAN: No.

25 They call them "accidental poisonings."

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

4 And they have suicides in a different
5 category.

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

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

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

12 BRIDGET G. BRENNAN: Including suicides?

13 SENATOR GOLDEN: Yes.

14 BRIDGET G. BRENNAN: I don't know.

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

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

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

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

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

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

12 [Applause.]

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

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

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

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

1 hope to possibly work it out within the budget.

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

4 BRIDGET G. BRENNAN: No, I hear you.

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

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

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

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

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

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

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

24 Go ahead.

25 SENATOR AMEDORE: Even the presentation that

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

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

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

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

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

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

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

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

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

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

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

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

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

25 I had Dynamite here -- Dynamite Youth. I did

1 a -- one of these over at 250 Broadway.

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

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

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

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

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

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

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

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

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

25 BRIDGET G. BRENNAN: I -- we work with

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

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

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

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

11 Is that --

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

14 SENATOR GOLDEN: You know, when I was growing
15 up, the big thing back then was heroin, back in the
16 '70s. And I am that old.

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

19 Today, the kids have a different mindset.

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

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

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

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

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

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

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

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

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

20 SENATOR GOLDEN: Hep C.

21 SENATOR MURPHY: Yeah.

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

1 Senator Amedore, and the Task Force team.

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

10 SENATOR GOLDEN: And Senator Golden.

11 The --

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

14 SENATOR GOLDEN: The last two things:

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

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

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

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

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

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

3 We have a number of uniform.

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

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

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

13 If I were to look at the uniform count in the
14 68 Precinct, for one, I will tell you, the count
15 that was there 10 years ago, 15 years ago, the count
16 that was there 5 years ago, was higher than it is
17 today.

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

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

1 We need more bodies.

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

6 68 has really undermanned when it comes to
7 the number of uniformed officers, and we need more
8 uniformed officers here in the 68 Precinct, and
9 across the board in Brooklyn South.

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

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

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

17 SENATOR MURPHY: One last quick question.

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

19 Someone had told me that all heroin comes
20 through New York City, roughly, around, close to
21 40 percent of it in the United States is coming
22 through here.

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

24 BRIDGET G. BRENNAN: I could get that number.

25 The DEA has put out statistics on that.

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

3 SENATOR MURPHY: No sweat, no sweat.

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

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

9 Right over here.

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

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

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

19 So can you comment on the fentanyl cut --

20 SENATOR GOLDEN: Michael Jackson.

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

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

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

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

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

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

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

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

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

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

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

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

7 SENATOR MURPHY: It's used for anesthesia.

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

11 SENATOR MURPHY: It suppresses your --

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

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

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

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

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

6 The fentanyl overstimulates the
7 parasympathetic nervous system, so when the phrenic
8 nerve that innervates the diaphragm, it goes to
9 sleep.

10 The same with the opioid.

11 And so, basically, what you're seeing is that
12 these people are really stopping breathing. And
13 that's why this naloxone, when you hit them, within
14 30 seconds, they, literally, come back to life,
15 because it's over -- because it neutralizes every
16 opioid in your body, and what happens is, you go,
17 boo, and they didn't even know they were sleeping,
18 nonetheless dead.

19 And they come back and are actually very
20 violent.

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

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

1 households?

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

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

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

14 SENATOR GOLDEN: Very lifesaving.

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

17 Go ahead, right here, James.

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

20 One was the accessibility to needles.

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

1 and pick up a bag of needles.

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

5 Go ahead Bridget, use the mic.

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

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

14 SENATOR GOLDEN: It's not a bad idea.

15 AUDIENCE MEMBER: Yeah. And the second
16 point --

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

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

22 My son --

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

25 AUDIENCE MEMBER: I'm sorry.

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

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

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

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

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

21 SENATOR GOLDEN: Chief.

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

25 What I was doing, I was outlining some of our

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

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

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

14 SENATOR GOLDEN: Thank you very much, Chief.

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

17 Yes?

18 Okay.

19 Any other questions?

20 No other questions for the audience.

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

23 [Applause.].

24 SENATOR GOLDEN: Thank you very much.

25 More uniforms.

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

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

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

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

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

18 DR. HILLARY KUNINS: Good afternoon.

19 Can you hear me?

20 SENATOR GOLDEN: Yes.

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

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

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

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

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

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

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

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

1 problems that impair their function and well-being.

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

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

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

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

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

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

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

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

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

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

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

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

25 I want to now share with you some new work,

1 that we are just beginning a
2 buprenorphine-prescribing initiative.

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

5 And through this initiative, we will train
6 330 primary-care physicians annually for the next
7 year.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

15 The City Health Department has been
16 distributing naloxone since 2009.

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

20 We distribute these naloxone through
21 40 community-based programs, including to the
22 syringe-exchange programs, as well as many other
23 agencies.

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

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

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

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

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

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

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

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

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

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

17 We also conduct surveillance.

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

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

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

25 It's important to note that there is still

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

18 Gentlemen.

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

23 Could you imagine that?

24 People are dying, and they were worried about
25 that.

1 So, the stigma has got to go.

2 The stigma has just got to go.

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

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

12 As far as is the naloxone kits, you know, at
13 CVS, you know, I think they're now over-the-counter.
14 497 new CVSes, that they're going to give
15 over-the-counter.

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

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

1 And, yes, yes, does this save lives?

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

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

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

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

16 We know it's a lifesaver.

17 That's why we put it in our one-House bill
18 last year, to make sure that we allowed the schools
19 to have this, we allowed our first responders that.
20 And it just exploded, absolutely exploded, to the
21 point where, I'm not sure if you know who makes this
22 stuff. It's a company called "Amphastar," the
23 pharmaceutical company that, overnight, their kit,
24 I believe, went from \$19.95 to, I think it was
25 \$89.95.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

13 Why?

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

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

20 So we haven't seen that increase.

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

25 So, we've not seen it so far.

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

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

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

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

13 Thank you. You're a great man.

14 Thank you.

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

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

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

25 DR. HILLARY KUNINS: So we -- there is

1 capacity in methadone maintenance programs in
2 New York City.

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

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

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

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

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

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

22 Are they --

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

25 SENATOR GOLDEN: Okay. And that would be

1 which two units that you just mentioned?

2 DR. HILLARY KUNINS: So nurse
3 practitioners --

4 SENATOR GOLDEN: Nurse practitioners.

5 DR. HILLARY KUNINS: -- and physician
6 assistants.

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

12 SENATOR GOLDEN: Okay.

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

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

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

7 SENATOR GOLDEN: Okay.

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

10 SENATOR GOLDEN: Okay.

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

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

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

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

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

4 SENATOR GOLDEN: If you can, please.

5 The Task Force is more than willing.

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

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

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

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

22 What's the City doing about that?

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

1 actively working on that.

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

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

11 SENATOR AMEDORE: Thank you.

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

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

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

21 SENATOR GOLDEN: Congratulations.

22 COLIN HICKS: Thank you.

23 [Applause.]

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

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

5 DR. HILLARY KUNINS: Do you mean the
6 availability?

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

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

13 DR. HILLARY KUNINS: Methadone, no.
14 There have been some increases in the use of
15 buprenorphine, yes.

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

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

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

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

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

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

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

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

1 head on.

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

5 [Applause.]

6 SENATOR GOLDEN: Thank you very much.

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

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

14 Don't you feel great?

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

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

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

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

23 God bless you.

24 God bless you.

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

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

3 How much of a rise did you see in that?

4 And when did --

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

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

11 SENATOR GOLDEN: It's the same, yeah.

12 DR. HILLARY KUNINS: -- and cheaper.

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

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

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

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

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

1 do something about it.

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

4 SENATOR AMEDORE: Thank you, Doctor.

5 SENATOR GOLDEN: Stephanie Campbell from the
6 Friends In Recovery.

7 Please.

8 STEPHANIE CAMPBELL: First of all, good
9 afternoon.

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

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

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

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

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

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

10 But I'm also Stephanie Campbell who's a
11 person in long-term recovery; and what that means,
12 is that I've not used alcohol or drugs in over
13 15 years.

14 [Applause.]

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

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

21 SENATOR GOLDEN: I'll take one of them.

22 STEPHANIE CAMPBELL: We'll talk.

23 [Laughter.]

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

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

4 And so I'm extraordinarily grateful for that.

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

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

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

17 And last month, as we heard, in Buffalo,
18 23 people perished from drug overdoses.

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

25 The highest rate of heroin-overdose deaths is

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

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

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

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

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

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

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

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

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

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

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

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

20 Sorry, I just wanted to reiterate that.

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

1 across New York State who are not accessing critical
2 lifesaving treatment, get the help that they need.

3 Right now, we have an army of people with
4 lived experience -- individuals in recovery, family
5 members in recovery, and families who have lost
6 someone to addiction -- ready, willing, and able to
7 provide the recovery infrastructure desperately
8 needed in their communities across the state;
9 infrastructure, similar to what is being provided in
10 places like the Brooklyn Community Recovery Center,
11 which is a community-responsive, peer-driven support
12 center that provides recovery services. They
13 facilitate referrals, they mobilize resources, they
14 link individuals to community social supports, that
15 assist people in their recovery from addiction, as
16 well as other recovery issues.

17 But they, and thousands of individuals and
18 family members impacted by addiction, need your
19 investment to do so.

20 We see that solution to the addiction crisis
21 lies in increased funding, legislation, and policies
22 that sustain recovery, support health and civic
23 engagement, for individuals and families affected by
24 addiction.

25 I've sat in the same rooms as you in numerous

1 hearings across the state, and in each of these
2 hearings, we've heard the same thing: That, simply,
3 there isn't enough dollars and resources being
4 invested in the solution of recovery.

5 The end result is that people who get out of
6 treatment are not getting the community services and
7 supports they need to keep them from relapsing back
8 into active use, and, too often, they die.

9 We need to act now before another 23 families
10 in Brooklyn, in Buffalo, or any other community
11 across New York State, lose another loved one to the
12 chronic, treatable disease of addiction.

13 Thank you for your time.

14 [Applause.]

15 SENATOR AMEDORE: Thank you, Stephanie.

16 Just for on the record, full disclosure in
17 the audience, Stephanie Campbell has been such an
18 instrumental advocate for not just for New York and
19 everyone in recovery.

20 You heard her story.

21 This is someone who lives, who has had a
22 horrible past, but such an astonishing and
23 successful present, and a great future, because of
24 her experience.

25 And she has, literally, gone to just about

1 every single Task Force hearing that we have had
2 throughout the state. It seems like, sometimes,
3 we're bumper-to-bumper going to these things.

4 And her story just keeps going, and she has
5 made such a huge impact in so many people.

6 I've spoken to individuals who are hard-core
7 users, who sometimes they'll come to a Task Force
8 hearing and they will testify, and they will share.

9 And, what can we do?

10 How can we in the State Legislature help
11 someone who is actively using?

12 And she listens, and she doesn't speak every
13 single time, publicly testify like she did today.
14 But I've watched her after individuals speak, and
15 the amount of care and the hugs and the service that
16 I know that she is helping with those individuals is
17 making a huge difference.

18 And so I want to thank you for that,
19 Stephanie.

20 And to your point, and your request, you
21 know, I sometimes think that your \$50 million asked
22 for the increase to OASAS is way too small, because
23 it takes so much more, and this is a large state.
24 And just think about, just Brooklyn alone,
25 \$50 million.

1 And there's many providers here, and even the
2 doctor representing the Health Department in the
3 city, would say, Man, that's just a drop in the
4 bucket.

5 We in the Senate are working on, and asking
6 for, I believe even much more than that.

7 Let's see where it goes, and what we can do.

8 But, again, it's a multi-prong approach.

9 And I have -- and I'm sure that there are
10 family members in the room in the audience today,
11 this afternoon, who wish that they could have a
12 family-support navigator alongside of them, and they
13 don't know where to go. What is a family-support
14 navigator?

15 And that service alone, that coach, or that
16 mentor, is so crucial, I believe, for an entire
17 family to just make each step, day by day, and how
18 they can cope, but how they can overcome the
19 stronghold in their family's life.

20 And it can, as we heard that young gentleman
21 right there, overcome.

22 And, so, I love to hear the victories, and
23 the testimony. And, you know, it gives me a great
24 deal of motivation to continue on this fight,
25 because it's a hard uphill battle, but all of us

1 together can make a big difference in this.

2 So thank you for being here today.

3 SENATOR GOLDEN: Thank you very much,
4 Stephanie.

5 Thank you very much for your testimony.

6 [Applause]

7 SENATOR GOLDEN: If you could leave your
8 testimony behind, we'd like to have that as part of
9 the testimony for the -- and I hope we got the other
10 testimony from the previous.

11 I'm going to call now the next group.

12 Ladies and gentlemen, we're going to start
13 with a parent that is here with us today, and then
14 followed by Donna Mae DePaolo, the president & CEO
15 of Resource Training and Counseling.

16 And then we'll go to Bill Fusco, the
17 executive director of Dynamic Youth.

18 Donna Mae, can we introduce the parent? Can
19 you introduce, if you wish?

20 DONNA MAE DePAOLO: Sure -- yes, I'm sorry.
21 Every time Ann Marie speaks, I get emotional.

22 But, this is Ann Marie Pirada (ph.), and
23 she's our new director of operations for the new
24 detox that we will probably be opening July 1st.
25 So...

1 ANN MARIE PIRADA (ph.): Hi.

2 On April 10, 2011, I lost my son Christopher
3 to a prescription-drug overdose at the age of 22.
4 My son not only had a drug addiction, but a
5 mental-health disease.

6 As you may know, drug addiction stem from not
7 only mental-health disease, but also by peer
8 pressure and lack of education, knowledge, and
9 awareness of what these drugs do to you physically,
10 mentally, and how it destroys your loved ones.

11 There should be education for all medical
12 fields, law enforcement, board of education,
13 parents, children, and the community on prevention,
14 along with understanding that this is a disease and
15 it should be treated as if.

16 For instance, if your child or relative had
17 cancer, you support him, get the correct medical
18 attention, and support their disease. As cancer, if
19 you are in the recovery process, you will continue
20 your treatment because of the unknown.

21 My experience with this disease is that, not
22 only were we treated as if we were criminals, but
23 also looked at by the community as bad people, due
24 to the lack of knowledge and education.

25 There is too much judgment and not enough

1 knowledge.

2 Also, as a parent, I was uneducated on this
3 disease, and I took the advice of others because
4 I didn't know where to turn and I was misinformed
5 how to handle my problems with my son, like,
6 tough-love.

7 Kicking him out on the street and not
8 standing by his bedside, fighting this disease,
9 I did not follow my heart, and I live and suffer
10 with the regret every day because, bad advice,
11 I feel like I killed my son.

12 My journey in life is to help others get the
13 help that I could not get for my son.

14 I went through courts. I wrote letters to
15 judges. I went to treatment center after treatment
16 center, and was denied the detox.

17 It took me 12 1/2 hours one day to get my son
18 help when he finally came to terms and said, "I need
19 it."

20 I went to rehab. They said I couldn't put
21 him in because he was on benzos, which were
22 clonazepams and opioids. Okay?

23 I went to detox, and they said because he was
24 on benzos they can't take him.

25 I went to the emergency room and the doctor

1 said, "We can't help this," until they saw him
2 popping -- taking the pills out of his underwear,
3 because they stripped him down. He had a stash in
4 his underwear, and popping three and four pills at a
5 time.

6 They tied him down, and released him
7 24 hours.

8 When he got out, he wanted to come home, and
9 I said, Sign yourself into a detox now. You're
10 allowed to.

11 He didn't.

12 A couple days later he came home and said,
13 Ma, I went to the hospital because I -- my heart
14 hurt.

15 My son's lips were purple and swollen, so
16 that's a sign of heart failure.

17 I brought him to the hospital and I begged
18 the emergency room to get the psych ward involved
19 because my son was killing himself.

20 Where else could I turn, because the courts,
21 the police, rehab, detox, nobody was helping me.

22 So I went to the emergency room for the psych
23 ward. I told them I'm not leaving here until my son
24 is signed in. That's it.

25 I stayed until 2:00 in the morning, waiting

1 for the psychiatrist.

2 They signed him in, and my son's last words
3 to me were -- me and my son's last words were:

4 "Christopher, I need you to grow old with
5 me."

6 And he said, "Mommy, I'm not going anywhere"
7 because he had no clue on what was going to happen.

8 He left me and his sister heartbroken.

9 There's no help.

10 And when you get the help, they treat you
11 like garbage, because of this disease. Nobody is
12 educated on either/or.

13 If you have a mental-health disease and a
14 drug addiction, nobody wants to get their hands
15 dirty, because it takes too long of a process to
16 heal.

17 And that's what my experience is with a lot
18 of people: my son's friends, my son, family members.

19 And I have parents coming to me because they
20 saw my commercial. I speak -- I spoke for the
21 Health Department. We came out with the I-STOP
22 program. I was there, I did the commercial for
23 them.

24 I speak with the DA, first, Dan Donovan, and
25 now Mike.

1 I now work for Donna, because there is no
2 judgment in the place that she has. We will not
3 deny anyone. And if they are willing to get help,
4 which, I still don't understand that part, because
5 you're high, you're not in your right mind, and you
6 have that right to go to jail or a drug program.

7 Let's see, my son got arrested with
8 234 pills. They said 30 days in jail, or, go to a
9 drug program.

10 What would you choose?

11 He was not in his right mind, and he
12 shouldn't have had that right, no matter what age he
13 was.

14 The doctor -- what I think is, a court should
15 give at least three months' evaluation if they think
16 they're a drug user, a mental evaluation and a drug
17 evaluation, and then they should be placed.

18 This needs to be funded, because just
19 throwing them in jail or giving them the option,
20 there should be no option. They're not in their
21 right mind.

22 Law enforcement has no education about this.
23 They get annoyed when you call them to try to come
24 and help you.

25 Denial.

1 Treatment centers, I spoke about.

2 When you're in treatment centers, they like
3 to kick you out quick for the little things that you
4 do.

5 Now, withdrawal comes with behavioral
6 problems, and everybody should understand this.

7 We not only have to educate, but we have to
8 stop denying that there's an opioid and heroin
9 problem.

10 And everybody, as you said before, is in
11 denial.

12 How my son started with these pills, is he
13 got into a minor car accident, and a doctor
14 prescribed him "perc 30s," that they call it, right,
15 for a minor back injury.

16 My son got a list of doctors that you could
17 get drugs from -- these drugs from.

18 When I went to bring him into a program, they
19 gave me another list, because they wouldn't accept
20 him in that program unless he was on Suboxones.

21 300 to 500 dollars a prescription, and \$300
22 for the visit, okay, to try to get you off the
23 Suboxone-- the opioids.

24 The doctors are still writing prescriptions,
25 but now for a higher price, because of the risk.

1 That's right, they should get their license
2 taken away. They went to school to save our
3 children or save our lives, and they're killing us.

4 That's how the heroin epidemic came about, is
5 the doctors writing these prescriptions.

6 So, we are opening a detox in Brooklyn
7 because of the need and demand in our community.
8 Our detox center will be a no-judgment zone.

9 And if we cannot take them into our facility
10 due to medical issues, we will take them to a
11 facility that will fulfill their needs, and not just
12 throw them into the street.

13 And that's another problem we have.

14 But, we won't stop there, because I didn't
15 have anybody to turn to.

16 We will not only treat the addict, but we are
17 treating the family as well. We feel it is
18 necessary to help families that lost their children,
19 and families that are struggling to keep their
20 children alive.

21 Thank you.

22 [Applause.]

23 SENATOR GOLDEN: No, thank you.

24 And there are a number of children in this
25 audience today -- or, I shouldn't say children --

1 young men and women that have been given a gift by
2 God, by having the ability to get into a program and
3 save their lives, and to be able to bring their
4 families together.

5 Unfortunately, that did not happen with you.

6 And you're not the only mother out there that
7 is without a son or a daughter.

8 And, unfortunately, someone today in this
9 community, or close to this community, will have the
10 same; they will lose a son or a daughter to this
11 terrible, terrible scourge of heroin.

12 All I can say is, that my prayers go out to
13 you.

14 But I would ask you strongly, do not live the
15 burden that you think you killed your child.

16 You did not.

17 You did everything that you could possibly
18 do.

19 So, please, for your own sake, don't live
20 with that. You're a young woman, you have many
21 years ahead of you.

22 We all feel your pain here today, but don't
23 live with that burden. Please.

24 And thank you for your testimony.

25 ANN MARIE PIRADA (ph.): Thank you.

1 [Applause.]

2 DONNA MAE DePAOLO: Hi.

3 My name is Donna Mae DePaolo. I'm the
4 president & CEO, Resource Counseling & Training
5 Center.

6 We have two outpatients, thanks to
7 Senator Marty Golden and the Community Board 10.

8 We recently opened in Bay Ridge because of
9 the opiate problem.

10 I think Billy Fusco and all the other people
11 at the table probably can -- for me to go through
12 the same thing again and answer these questions,
13 I think will be redundant, so I'm going pass it on
14 to Billy, actually.

15 SENATOR GOLDEN: Bill, before you start, is
16 there -- I seen somebody else from Staten Island
17 from another detox group.

18 Who was here just a little while ago?

19 Did he leave?

20 No?

21 I thought I seen someone either from TASK or
22 from a day tox.

23 Okay.

24 I'm sorry.

25 Go ahead.

1 WILLIAM FUSCO: I usually don't read, so bear
2 with me.

3 I will start --

4 SENATOR GOLDEN: You can read, Bill.

5 WILLIAM FUSCO: -- (unintelligible), but then
6 what I'm going to do, is I'm going to go to my old
7 self and talk off the cuff, which is more my style.

8 SENATOR GOLDEN: I like your Brooklyn-ese.

9 WILLIAM FUSCO: And, you know, this is my
10 neighborhood.

11 Me and Donna Mae grew up in the same
12 neighborhood, a couple blocks from each other,
13 although we hung out in different crowds, but, same
14 idea, Sunset Park.

15 And let me just say for myself, I was a very
16 lucky young man, because I was in a lot of trouble
17 at 23 years old, and I found my way into a drug
18 program through very little effort of my own, you
19 know. There was a guiding force that I didn't
20 understand at the time, but it gave me a chance
21 to -- it gave me a second chance, instead of going
22 to prison.

23 And in that process, I really believe that
24 I've lived my life, understanding that I owe back,
25 and it's been the most important thing in my life,

1 to be able to owe back and see what we -- where we
2 are today.

3 Like some of us at this table, I'll just say
4 that we're in the eye of a hurricane.

5 So what I see is, many times, some of the
6 victories, Senator Golden and Senator Amedore, and
7 we're seeing really wonderful, wonderful victories.
8 People going to -- back to college. Some becoming
9 physicians' assistants, nurses --

10 SENATOR GOLDEN: Bill, if I can stop you
11 short?

12 Are there some of the victories here in the
13 community, if they could stand up?

14 WILLIAM FUSCO: Absolutely.

15 SENATOR GOLDEN: Some of the victories in
16 this community want to stand up, please.

17 Stand up, kids.

18 Give these kids a round of applause, ladies
19 and gentlemen.

20 [Applause.]

21 WILLIAM FUSCO: And on the other hand, let me
22 just say about this epidemic, that we don't go past
23 a week without hearing of somebody passing away.

24 So let me just start with my testimony, and
25 then I'm going to read a little letter that was from

1 a while back, from a Marie DeGregorio (ph.) from
2 this neighborhood here.

3 Good afternoon.

4 My name is William Fusco, and I'm The
5 executive director of Dynamic Youth Community.

6 DYC's main offices are located in Brooklyn.
7 We have a residential program located in Fallsburg,
8 New York.

9 For over 43 years, we have been providing
10 long-term residential treatment and outpatient
11 services to adolescents and young adults between the
12 ages of 13 and 25.

13 I am testifying on behalf of all the young
14 people and their families we serve, as well as the
15 hundreds and thousands of people who are struggling
16 with opiate addiction.

17 Thank you, Senator Golden, Senator Amedore,
18 and Senator Murphy, and Senator Ortt, for inviting
19 me to testify today.

20 I am pleased to provide my recommendations on
21 how we could work together to fight this epidemic
22 that has destroyed so many lives over the last
23 decade.

24 Beginning in 2008, DYC saw a shift in drug
25 use from street drugs, crack cocaine, and other

1 drugs, to prescription drugs; specifically, opiates.

2 It quickly became apparent to us that young
3 people were able to access these drugs much easier
4 than street drugs.

5 As we began to understand how highly
6 addictive and potent these drugs are, early in 2008,
7 we began to alert OASAS officials, community
8 leaders, and legislators, educators, and the media,
9 about this new trend and the danger we feared.

10 We were met with much resistance from most of
11 the people we talked to; people just couldn't
12 understand that this was possible. They certainly
13 didn't want to believe it would bring us to where we
14 are today.

15 It is important for me to note that, very
16 early on, Senator Golden and his staff were highly
17 concerned about what we were reporting, and
18 continually made efforts for us to express our
19 concerns to the appropriate officials.

20 Unfortunately, it took a number of years, too
21 many, in my opinion, for a call of action to occur.

22 By 2015, 23 percent of our admissions
23 reported prescription drugs, and 72 percent are
24 heroin, primary drug. This total is 99 percent of
25 our members in Dynamite, which number over 175.

1 99 percent are addicted to one degree of opiate or
2 another.

3 And if I can just say, when we first started
4 to see this, it was 20 and 30 percent. There's
5 always been some heroin in Brooklyn, always.
6 Brighton Beach was a hotbed of heroin for years and
7 years in the '80s and '90s.

8 But the spike that happened, from 20 percent
9 heroin, to 72 percent, you know, is something that
10 has never happened for us in Dynamic.

11 And what we're trying to do is adjust; adjust
12 as fast and as quickly as we possibly can to the
13 demands that this takes on.

14 Where we are today?

15 We have I-STOP; a statewide public-awareness
16 campaign; widespread availability of naloxone;
17 limited expansion of treatment options, such as
18 additional residential beds and medication-assisted
19 treatment; and, in comparison to the enormity of the
20 problem, a small amount of additional funds to
21 address this issue.

22 Still, we need to do more.

23 According to the National Institute of Drug
24 Abuse, 2014, there were 11,000 deaths in the
25 United States from heroin, 18,000 from opioid pain

1 relievers.

2 This is tragic.

3 In New York State, overdose deaths continue
4 to rise.

5 We need to do more.

6 Providing the appropriate level of treatment
7 for someone with an addiction is often a challenge.
8 There is no magic bullet; yet, there are options.

9 This can't be a one-size-fits-all approach.

10 For example, researchers from Harvard Medical
11 School and Dartmouth College determined that young
12 people between the age of 18 and 25 were
13 substantially less likely to stay involved in
14 buprenorphine programs than older adults.

15 In other studies conducted by CSAT,
16 researchers concluded that for adolescents and young
17 adults, family involvement greatly improved
18 treatment success.

19 OASAS has licensed providers need-- OASAS
20 must provide more resources for these approaches.

21 Whether the approach is being -- is long-term
22 residential, outpatient, or medical --
23 medicated-assisted treatment -- I like to say
24 "treatment assisted by medication" -- with
25 counseling, more resources, and expedited

1 application processes should be implemented
2 immediately.

3 In addition, programs and activities that
4 raise awareness need to be implemented statewide.

5 DYC has always considered it a responsibility
6 to talk to the community, especially the kids, on
7 the dangers of drugs. We have been doing this for
8 43 years.

9 About a year and a half ago, DYC and
10 Kings Bay Y were awarded a grant to raise awareness
11 in the Brooklyn Russian-speaking community about
12 opiate addiction. This initiative has been
13 extremely beneficial.

14 In DYC alone, we have had over 40 admissions
15 as a direct result of our work.

16 Hundreds of phone calls came in as a result
17 of weekly radio shows we participated in, and we
18 were able to direct people to the appropriate level
19 of care they needed.

20 We should be doing more projects like this
21 statewide that focus on the specific needs of a
22 community.

23 We are still amazed at how little people know
24 about this issue, but, at the same time, we see a
25 shift in the stigma, especially among our young

1 people. They are reaching out and asking more and
2 more questions.

3 Everybody knows somebody who is addicted to
4 drugs.

5 Once again, I would like to thank
6 Senator Golden and members of the Joint Senate Task
7 Force on Heroin and Opiate Addiction for the
8 opportunity to testify today.

9 In 2012, and I'm not going to read the whole
10 thing, but, Marie DeGregorio, who lives on
11 73rd Street, which is a walking distance from
12 here, you could be there in five minutes, she
13 writes:

14 "Today, on January 12, 2012, I've come home
15 from another funeral. Sad and heartbreaking,
16 Giuseppe had just turned 18, and died of a drug
17 overdose.

18 "I feel myself" -- "I find myself feeling
19 helpless and angry, and so angry. I can't help but
20 think that this could have been my child, my little
21 girl. Giuseppe's tragedy could have been my
22 family's nightmare.

23 "I feel such anger and rage. Number eight,
24 the eighth death of prescription overdose drugs in
25 my neighborhood, Dyker Heights, Brooklyn, a good

1 neighborhood, with good kids, and private schools,
2 coming from good families.

3 "I can't help but feel rage. I want to stand
4 up on street corners and scream: When? When? When
5 is someone going to realize what is happening? When
6 is somebody going to do something about these drugs?

7 "These are legal drugs. These are legal
8 drugs. It is out of control. It has become an
9 epidemic.

10 "I'm angry, so angry.

11 "Doesn't anyone see what's happening?
12 Doesn't anyone care? Hello? These kids are real.
13 They are dying. Why isn't anything being done?

14 "I hear State wants to cut funds for drug
15 treatment. They want to minimize long-term
16 treatment. Are they crazy? Are they trying to kill
17 our kids?

18 "There are many parents that share my anger
19 and we are tired of being neglected and overlooked."

20 She goes on to explain that her daughter came
21 into Dynamite, and is in her eleventh month at the
22 time, in 2012. And that she found out that her
23 daughter was on drugs, because she had a skiing
24 accident; and in having the skiing accident, they
25 needed to give her some narcotics to ease the pain.

1 Well, they gave her the most massive -- they
2 gave her as much narcotics as they possibly could
3 give her, and she was still in tremendous pain.

4 So, there, the light bulb finally went off,
5 and they realized they had a daughter that was
6 addicted.

7 Thank God, Alyssa (ph.), at this point, is
8 now working to become a dental hygienist. She is
9 3 1/2-years clean, and doing very, very well for
10 herself.

11 I did want to read the last paragraph because
12 it's very, I think, appropriate for where we are
13 today, sitting here in Dyker Heights, because in the
14 last paragraph, she says:

15 "Please hear me, please, I beg of you for our
16 children, grandchildren, and nephews, brothers,
17 sisters, and friends. Please hear me as I rage
18 inside for the lost lives of young kids and adults
19 in my life and in my neighborhood.

20 "Within four years of time, there have been
21 eight deaths of overdoses. Stephen, 16.

22 Aisel (ph.), 17. Gaitano, 23. Mike, 20.

23 Ahmid (ph.), 19. Mario, 55. Danny, 26.

24 Giuseppe had just turned 18. And my dear sweet

25 loving brother Frank, who struggled with addiction

1 for years.

2 "They didn't want to die. This is something
3 that is happening."

4 This was addressed to Governor Cuomo in 2012.

5 And I think, finally, there might be an
6 answer to what's going on in the drug epidemic.

7 And I can't applaud you guys more, you know,
8 stepping forward.

9 I've known Senator Golden for, you know, a
10 number of years now, and he's a staunch supporter,
11 and talks straight and direct.

12 But, what we're starting to see now is all
13 the parts of New York State coming together.

14 As much as I say all of what I can say, I try
15 to do my best with it.

16 We got some guys from the program here.
17 I could fill up this hall very easily if I had a
18 little more time.

19 But, we pulled some guys together that wanted
20 to come and stand up, as you did with them, because
21 our guys really do feel like that they want to let
22 people know who they are, and what they're doing for
23 themselves, so maybe it makes it a little easier for
24 the next guy down the road who needs to come into a
25 program.

1 I also want to say that, you know, what we're
2 going to concentrate on right now is our workforce.

3 Our workforce has been depleted tremendously.

4 One of the things that really helps a program
5 stay consistent is when you have a stabilized
6 workforce.

7 When you can only pay people \$28,000, and
8 \$30,000, and \$32,000, after 5 years worth of
9 experience, they can't stick around.

10 And that experience is so necessary for what
11 we do.

12 So, it may sound a little self-serving, but,
13 we need to stabilize this workforce as best as
14 possible, and we're going to be talking with you
15 guys about that.

16 The other thing I just want to do is extend
17 an invitation to Senator Murphy, and you,
18 Senator Amedore, to come visit programs. Come out
19 to Brooklyn, come see Dynamite, come see Donna Mae's
20 program. Come talk to the guys in there.

21 That, to me, is the most -- that, to me, is
22 the biggest, we call it -- I'll call it "a learning
23 experience." We have another term for that.

24 But, a learning experience that you can have,
25 because, you know, right there, I think, when I need

1 my batteries charged, I talk to these guys, you
2 know.

3 And I know sometimes in the work that you're
4 doing, maybe once in a while, coming to a program
5 would help you, and help you get your batteries
6 charged a little bit.

7 So, with that, I thank you again.

8 [Applause.]

9 SENATOR GOLDEN: We're not out here to give
10 any advertisements.

11 Of course, you all do a very hard job, and
12 you continue to do that each and every day.

13 But, you know you're live. Right?

14 So, as you're live, we're getting a number of
15 e-mails, responding.

16 I got one here, and I don't know if I should
17 go live -- I won't go live with the name.

18 "Dynamite Youth Center is an amazing staff,
19 saved my life. The heroin epidemic is out of
20 control and we're losing our kids. If you have a
21 teen, young adult, struggling with addiction, go to
22 Dynamite. They're located," and give your address.
23 "You will not regret it."

24 And that is people responding to what's going
25 on here today across our community.

1 So, your son went home. Many sons and
2 daughters have gone home.

3 Many of our kids, young men and young women,
4 unfortunately, go out a second time, or third time.

5 There may be no second chance.

6 There may be no third chance.

7 And I think your letter comes to the point,
8 and your testimony here today goes to the point, we
9 need to get more services and more money into
10 programs.

11 We need to get more people out of addiction
12 and into these programs, and we need to be able to
13 support the families during, before, and after the
14 crisis.

15 So I want to thank you, Bill, for your
16 comments here today.

17 And yours, Donna Mae, as well.

18 [Applause.]

19 SENATOR AMEDORE: Mr. Fusco, if I may ask you
20 a question.

21 You mentioned in your testimony, either --
22 what do you think the State or OASAS could do more
23 of or better?

24 WILLIAM FUSCO: Well, there's a list.

25 SENATOR AMEDORE: Could you please write that

1 list out and send it over to us?

2 WILLIAM FUSCO: On the top of that list is,
3 really, access to treatment when people are -- when
4 people are -- you know, when people are ready, you
5 know.

6 As I think, Senator, you would understand,
7 you know, a lot of times, there's a window of
8 opportunity that you have. Sometimes it's 48 hours.

9 SENATOR AMEDORE: About this big.

10 WILLIAM FUSCO: Exactly.

11 SENATOR AMEDORE: It's almost immediate when
12 they need it.

13 WILLIAM FUSCO: And you've got to be able to
14 act and get somebody in, and get somebody clean and
15 started.

16 We try to bring people in on -- if they -- if
17 they -- if we interview them and they are for us,
18 and they want to be there, we start them right then,
19 right that -- at that moment, that's when they
20 start. And then we figure out everything later,
21 sometimes at the expense of --

22 SENATOR GOLDEN: Finding the beds, everything
23 else, we're going to come to those questions very
24 shortly.

25 SENATOR AMEDORE: That's the insurance and

1 the whole nine yards. And it's a matter of --

2 UNIDENTIFIED SPEAKER: If I could just answer
3 on the -- on the ask --

4 SENATOR AMEDORE: Sure.

5 UNIDENTIFIED SPEAKER: -- you know, that's
6 what we were referring to in the testimony, and
7 that's a couple of things.

8 One is that, to put up a new bed, and what it
9 takes, the process, and how long it is, is part of
10 the problem.

11 So one of the things we're asking for is
12 expedited application process so we can get these
13 things moving quicker.

14 Some agencies, like Dynamite, and other
15 agencies, have property, we have a building, we
16 have -- so we can move it along quicker in that
17 case.

18 The other thing we're asking for is, when you
19 talk about medication-assisted treatment, and
20 I really wish Hillary was still here, because one of
21 the things that we're seeing in Brooklyn, I have a
22 list of 11 doctors who prescribe Suboxone. All of
23 them accept cash only. All of them have a minimum
24 of \$150 to walk in the door. All of them have a
25 system where, the patient comes in, they get their

1 buprenorphine every couple of weeks, and there's
2 really no counseling attached to that. Some of them
3 won't even work with us. Some of them have gone as
4 far as saying to the patient that they don't need
5 residential treatment as long as they take this
6 prescription, and they maybe combine it with
7 something else.

8 So, there's opportunists out there; there's
9 people out there that are taking advantage of this
10 epidemic in a way that's hurting people in the long
11 run, because it's allowing them to stay addicted.
12 They're really just maintaining.

13 And that's what Colin was talking about
14 before.

15 So we ask that OASAS, and if we can, get the
16 resources, the funding, to OASAS; give us the
17 resources so that we can do this within our
18 programs, and that you have under one roof, to be
19 able to provide treatment to people in terms of what
20 they need.

21 Colin talked about in his experience getting
22 to where he can be completely abstinent.

23 You know, you can't do that in a doctor's
24 office, you know. And that may work for some.

25 But what we're talking about here are the

1 resources to be able to do that.

2 And, also, to maybe look and see what the
3 doctors are doing, and to be aware of what the
4 opportunists are bringing to this, because it's very
5 disturbing to us, on the day-to-day, what we hear,
6 and keep talking to the young people and the other
7 people that are in treatment.

8 WILLIAM FUSCO: We certainly support
9 medication when necessary, but we also think that
10 there has to be some kind of treatment protocol
11 attached to it for it to be anything that's
12 substantial.

13 And so, you know, whether it's outpatient or
14 inpatient, you know, we also really feel, if we
15 could dispense medication within our program, then
16 we could detox somebody within the program, keep
17 them under our guidance, and -- and, you know, keep
18 them as part -- and get the peer support that's
19 necessary for that. And then, you know, obviously,
20 try to give them the best protocol that we can.

21 SENATOR AMEDORE: I will tell you that most
22 of all of the education and the knowledge that
23 I have on this topic now, since chairing the
24 Committee and co-chairing this Task Force, has not
25 been just because of these task force.

1 I have been in many, many providers --
2 treatment providers, inpatient, outpatient,
3 services, you know, all throughout the
4 Capitol Region area, and, it's my district, and
5 there are so many. And my district is five
6 counties. It's a 140-mile stretch of New York
7 State.

8 So that gives me the best feel, sense, is
9 when I sit and talk to the individuals who are
10 sitting in the audience today. And they need to get
11 involved.

12 And they being here today is awesome. They
13 are involved.

14 But we need to get them more involved, for
15 their own sake, as well as to show everyone that,
16 yeah, I was a user. Look it.

17 And you would never think that they ever
18 were.

19 But they overcame, and they're chains were
20 loosened, and they overcame the stronghold in their
21 life, and they are living victorious. And now they
22 need to continue to pass it forward, to help someone
23 else.

24 So, thank you, Bill, for your heart.

25 WILLIAM FUSCO: Oh, well, thank you.

1 SENATOR GOLDEN: Karen from the --
2 Karen Remy, chief program officer, Turning Point
3 Community Services, followed by Josephine Beckmann,
4 district manager, Community Board 10.

5 KAREN REMY: Thank you.

6 Good afternoon to the Task Force Chairs,
7 Senators Murphy, Amedore, and Ortt, to
8 Senator Golden, staff, guests, and neighborhood
9 residents.

10 Thank you for the opportunity to testify
11 before you today about the public-health issues
12 related to heroin and opiate use in our
13 neighborhood, and the roles we play in the
14 prevention of increased use and overdoses.

15 My name is Karen Remy. I am the chief
16 program officer for Turning Point Brooklyn.

17 We have been serving the Sunset Park and
18 neighboring areas for 40 years.

19 We provide an array of services, including
20 transitional and permanent housing, high school
21 equivalency, English for speakers of other
22 languages, and college job-readiness and placement.

23 We also have HIV, hepatitis C,
24 prevention-testing case management, and we have a
25 needle exchange.

1 We have an outpatient drug treatment that is
2 medically supervised and certified to administer
3 Suboxone.

4 I was born in Sunset Park, and raised in
5 Bay Ridge and Dyker Heights.

6 I am grateful to be speaking to you here
7 today, not only as an expert in the treatment of
8 addictions, but also as someone who cares for the
9 neighborhood and its people.

10 I also love someone with an opiate addiction.

11 Today, I would like to impart information to
12 you, as well as those seeking more knowledge on
13 opiate and heroin addiction, those who are using
14 drugs, and those who are concerned about someone who
15 is using drugs.

16 Just a little bit about our treatment
17 program, which is located at 5220 4th Avenue in
18 Sunset Park.

19 56 percent of our clients in treatment are
20 opiate-addicted: 47 percent to heroin, and 9 percent
21 have a primary substance abuse of Oxycontin or other
22 opiates.

23 19 percent are in treatment for alcohol,
24 6 percent for cocaine, and 2 for crack.

25 Some of our clients have secondary drugs that

1 they use: Alcohol, 25 percent of our clients;
2 cocaine, 21 percent; and marijuana, 11 percent.

3 So why are we here today?

4 We are here because the rate of
5 heroin-involved overdose deaths increased each year
6 from 2000 to 2014, for a cumulative 88 percent
7 increase.

8 We are here because heroin was involved in
9 57 percent of all overdose deaths in New York City,
10 making it the most common substance involved in
11 overdose deaths.

12 We are here because 55 percent of
13 heroin-involved overdose deaths among New York City
14 residents were among residents of Brooklyn:
15 29 percent, which is 116 deaths, and, The Bronx,
16 26 percent, which was 103 deaths, in 2014.

17 We are here because, from 2013 to 2014, rates
18 of heroin-involved overdose deaths more than double
19 in Bensonhurst and Bay Ridge.

20 We are here because, from 2013 to 2014,
21 New Yorkers, age 35 to 54, have the highest rate of
22 overdose deaths involving heroin.

23 We are here because among New Yorkers, aged
24 15 to 34, the rate of heroin-involved overdose
25 deaths more than doubled in -- from -- in

1 2010 to 2014.

2 We too are concerned about the trajectory
3 from prescription opioid use to heroin use.

4 Prescription opiate misuse remains one of
5 America's biggest drug problems.

6 In recent years, the number of people
7 using -- misusing prescription pain relievers had
8 leveled off; however, the number of people dying
9 from overdoses continues to rise, and a new epidemic
10 of heroin use has emerged, as many people misusing
11 prescription opioids transitioned to the cheaper,
12 often easier to obtain street-relative.

13 So I have a couple more statistics that I'd
14 like to share, and this is -- most of the next
15 statistics are pertaining to young people.

16 In 2011, 7 percent of New York City students
17 in grades 9 through 12 reported past-year
18 non-medical use of a pain reliever.

19 That is information from the New York City
20 Department of Health.

21 There was a small study done by the NIDA,
22 which is the "National Institute On Drug Abuse."
23 And in this study, they worked with 33 young people,
24 ages 18 to 32, and they reported non-medical pill
25 use at least once in the past month. All of them

1 said that their use was initiated, early, mid-teens
2 while in high school, cost-free access via
3 family-member prescriptions, and our friends with
4 the same.

5 Once this access is gone or dependence
6 increased, they will return to street purchasing.
7 Pills are expensive. Heroin is cheap and longer
8 lasting.

9 92 percent of people who use pills proceed to
10 heroin use. 24 percent start with injecting,
11 75 percent with sniffing. Within nine months, all
12 had injected heroin.

13 And there was -- and this cohort that they
14 studied, there was a huge overdose risk because, you
15 know, these were kind of un -- they were young
16 people, and the purity of the drug was inconsistent,
17 and just their lack of experience.

18 The strongest predictors of initiating heroin
19 use were non-oral use of prescription opioids.

20 Early age of onset of illicit prescription
21 opioids use was also a predictor of heroin
22 initiation.

23 So like I said, I just want to, you know,
24 talk to all the people in the audience, who may be
25 here for different reasons, and, you know, I want to

1 tell, you know, if you are somebody that is
2 concerned about somebody, educate yourself. You
3 need to have a clear, knowledgeable understanding of
4 what you and your loved one are going through.

5 There are several -- there's two Facebook
6 pages that I've been -- that I've been on, that have
7 been very helpful.

8 There's one called "The Addict's Mom." And
9 there's another one called "The Fix," which is for
10 information.

11 If you or someone you know is using and does
12 not want to stop, learn how to use safely. Use
13 needle exchanges. And find out about safe-use
14 practices.

15 Via the thrive new -- a program called
16 "Thrive New York City," we are trying to increase
17 the number of doctors who can prescribe Suboxone, a
18 med that treats addiction by stopping cravings and
19 withdrawal symptoms.

20 The Mayor has a task force called "The Heroin
21 and Prescription Opioid Public-Awareness Task
22 Force." It's chaired by Health Commissioner Bassett
23 and Staten Island Borough President Oddo. And I'm
24 looking to them, as well as the other task forces
25 that are happening in the city, to, you know, give

1 us -- these task forces have to have teeth. They
2 have to have results.

3 We need to continue measures to reduce
4 inappropriate opiate prescribing.

5 Prevention education to those who take these
6 prescriptions, about keeping them out of the hands
7 of others; education and access to harm-reduction
8 and recovery services for those who are addicted.

9 Prevention programs in schools that
10 specifically address the range of opiates.

11 And, most importantly, if you have questions
12 or concerns, please reach out to service providers,
13 such as Turning Point, such as the Resource Center,
14 such as Dynamite, and any other colleagues that
15 I have that are here.

16 Thank you.

17 [Applause.]

18 SENATOR GOLDEN: Karen, we're probably going
19 to come back to you shortly. I'm going to talk
20 about education. I'm probably going to ask the
21 questions:

22 Is the -- what age should we start?

23 What grade should we start?

24 And are we starting early enough?

25 And the curriculum in the state of New York,

1 does it need to be updated?

2 But we're going to come back to you on that.

3 Go ahead, Josephine.

4 JOSEPHINE BECKMANN: Thank you, Senator.

5 My name is Josephine Beckmann, and I'm the
6 district manager of Community Board 10 in Brooklyn,
7 representing the communities of Bay Ridge,
8 Dyker Heights, and Fort Hamilton.

9 And for those of you not familiar with what a
10 "community board" is, we're a local municipal
11 agency, and we have an interesting composition, in
12 that, we have 50 volunteer members that live
13 throughout the community, that listen to various
14 issues, including service-delivery needs.

15 And I'm here today to speak because, as we
16 have heard from those who have testified before me,
17 we have a problem with addiction in Bay Ridge and
18 Dyker Heights, and some of the data is staggering.

19 As district manager, a big part of my job is
20 reviewing complaint data via community-board
21 complaint logs, the 311 open data, as well as the
22 New York City Department of Health.

23 And, Senator, to your point earlier, it
24 really is important that we kind of hone in on the
25 Department of Health, in making sure those

1 statistics are accurate, and include suicide, and
2 include secondary causes of death, which we have
3 heard, anecdotally. And those statistics become
4 important as we advocate for city service-delivery
5 needs within the district.

6 So, in 2014, the drug epidemic came to our
7 doorstep at Community Board 10 when residents --
8 everyday residents came and brought to our attention
9 rampant street-level drug use, that included many
10 residents seeing young teens smashing opiate pills
11 and snorting them very much out in the open, and
12 families began to come in with stories of loved ones
13 who were addicted.

14 And the list goes on.

15 So, in 2014, Community Board 10 formally
16 organized a response to the sharp uptick in
17 complaints about the street-level opiate use.

18 We transitioned from a reactive and referral
19 approach to community concerns brought to the board,
20 and joined with agency officials and our elected
21 officials to form our own Community Board 10
22 Drug-Abuse Task Force.

23 CB 10's drug-abuse task force was comprised
24 of members of CB 10, elected officials, community
25 organizations and leaders. There were three ad hoc

1 committees of our health committee, which included
2 education, treatment, and enforcement.

3 It was at those meetings where board members
4 met with leaders of treatment services who are here
5 today, district and citywide educational leaders,
6 and our District Attorney's Office, local precinct
7 commanding officer and narcotics enforcement.

8 And we too felt, very important, that we
9 erase that stigma that was attached, because we saw
10 a real health concern in the district.

11 So, on education, CB 10 reached out to every
12 elementary, middle, and high school in Community
13 District 10. We held red-ribbon drug-awareness
14 events, and encouraged local schools to add special
15 assemblies and programs, and to advocate for
16 funding, to heighten awareness.

17 On treatment, we advocated for counseling
18 services, and, subsequently, met great people, who's
19 now a board member, Donna Mae DePaolo, who testified
20 earlier.

21 And we now have a resource counseling center
22 that opened up a satellite office on Fourth Avenue.

23 On enforcement, we participated in meetings
24 with residents and police on recurring drug
25 locations, and educated residents on reporting

1 information.

2 CB 10 realizes education and treatment
3 efforts are costly, but are critical to prevention
4 and critical to treatment.

5 CB 10's task force offered findings which
6 included the following:

7 The first, continued support of the NYPD and
8 community training on Narcan (naloxone).

9 Two, the availability of treatment resource
10 information at local precinct station houses,
11 government offices, libraries...wherever possible.

12 Three, prescription-drug boxes at local
13 precincts.

14 Four, preventive-education funding for
15 elementary through high schools.

16 Five, to encourage opioid, heroin, use
17 reporting collaboration via the NYPD's best
18 practices, similar to that offered to nightlife
19 establishments, without fear of violations.

20 Six, funding for Department of Health
21 substance testing and business inspections,
22 especially in some problematic locations within
23 Board 10 that sell hookah, because of the number of
24 adolescents and complaints of illicit drug use that
25 tries to get young people hooked.

1 Seven, a citywide drug hotline for families
2 and persons facing addiction, to get confidential
3 help, referral assistance, both reporting and
4 treatment resources.

5 Eight, continued funding to the District
6 Attorney's Office for reporting confidential
7 drug-sale information by county.

8 We are very concerned about the consistent
9 pace of heroin, opiate, and other substance-abuse
10 problems, including ketamine and synthetic drugs,
11 facing residents within our community.

12 The members of Community Board 10 strongly
13 feel that sustained counseling and treatment funding
14 is needed to help those facing addiction.

15 In the longer term, we will continue to
16 support education and prevention efforts statewide.

17 Thank you for the opportunity to testify, and
18 your work on this issue.

19 And I think we really are, in the last few
20 years, making that curve into erasing the stigma,
21 and really working together to get help to those in
22 need.

23 Thank you.

24 [Applause.]

25 SENATOR GOLDEN: Josephine, you and your

1 office have done an outstanding job, and continue to
2 do an outstanding job, whether it's dealing with the
3 narcotics issue here, or the ongoing issues at the
4 Prince Hotel, which we talked about earlier, or the
5 pain-management locations that are opening up.

6 So, to your members I say, thank you very
7 much. Please keep up the great work.

8 David, we'll hear from you, and then
9 Kristine (sic), and then we'll go to questions from
10 myself and my colleague, and then to the audience.

11 DAVID BOCHNER: Thank you, Senator.

12 Thank you for inviting me.

13 My name is David Bochner. I am the executive
14 vice president of Cornerstone Treatment Facilities
15 Network. We have two locations in New York.

16 One is in Queens, we have a 161-bed
17 short-term inpatient facility. And we have a 96-bed
18 facility in Rhinebeck.

19 And once again, thank you.

20 One of the reasons I'm here -- and I'm going
21 to go quickly, because it's late Friday afternoon --
22 is that we're turning people away every night for
23 detox. Every single night, I'm turning 15 to
24 20 people away because I don't have any beds.

25 There are no beds in New York City for heroin

1 and opioid treatment, short-term beds.

2 In order for patients to get to Turning Point
3 and to Dynamite, they need to be detoxed first.
4 They need a few days; five days, four days,
5 eight days, whatever it takes to get the drugs out
6 of their system.

7 When I started in the field as a social
8 worker 25 years ago, the drug in East Harlem, the
9 drug of choice, was crack and crack cocaine.

10 All of us sitting here know the difference
11 between crack cocaine and heroin and opioids, but a
12 lot of laypeople don't.

13 Crack cocaine is not physically addictive;
14 heroin and opioids are.

15 Let me say that again: Crack cocaine is not
16 physically addictive; heroin and opioids are.

17 What do I mean by that?

18 When you are a heroin or opioid addict and
19 stop taking drugs, you go into severe withdrawal:
20 nausea, diarrhea, vomiting...worst case of the flu
21 you could ever imagine. You need to take drugs,
22 heroin or pills, not necessarily to get high, but to
23 feel normal.

24 Imagine waking up every day, needing to use a
25 pill or shoot a bag of dope to feel normal.

1 That's what we're facing now. That's the
2 epidemic.

3 Going to an emergency room or a general
4 hospital for a couple of days isn't detox and it's
5 not short-term rehab. That's called getting the
6 drug out of your system and walking right back into
7 the nightmare that you live outside.

8 It doesn't work.

9 We need to stop sending people to emergency
10 rooms. We need to get law enforcement to stop
11 bringing people to emergency rooms, and bringing
12 them to treatment centers instead.

13 Everyone wants treatment available for
14 everyone.

15 I think it was Senator Murphy that was
16 talking about, and everybody up there, the stigma of
17 addiction, which I do think is going away. I do
18 believe there is a de-stigmatization of addiction
19 going on.

20 SENATOR GOLDEN: Not in this community.

21 But go ahead, David. I apologize.

22 I'm trying to wake up some of my community.
23 That's why --

24 DAVID BOCHNER: That's a shame.

25 And it's an individual stigma. It's a family

1 stigma.

2 I think, Senator Golden, you mentioned a
3 clergy stigma.

4 But it's an entire neighborhood stigma.

5 We are trying to open new programs and new
6 detoxes throughout the boroughs. Okay?

7 And we're the bad guys, we're private. We're
8 not asking for any money from anybody.

9 And the reason we can't open them is that
10 nobody wants it in their backyard.

11 Everybody talks a good game, but when it's
12 time to treat addicts, I think Dr. Kunins said,
13 people are leaving the state and leaving the city,
14 and going on vacation in Florida and California, and
15 then they're coming home to the same people, places,
16 and things, and they're not getting the treatment
17 they need.

18 Let's work within the city and in the state.

19 There is the stigma attached. No one wants
20 it in their backyard, and that's what we need to
21 change.

22 If there are addicts in this neighborhood,
23 and in my neighborhood in Queens, and in
24 neighborhoods throughout The Bronx and Manhattan and
25 Staten Island, let's get treatment centers open.

1 I can't send referrals to the great people
2 that do the work they do here without the short-term
3 intervention on an inpatient basis that they need.

4 So that's why I'm here.

5 I appreciate you allowing me to be here, and
6 happy to answer any questions.

7 Thank you.

8 SENATOR GOLDEN: David, thank you very much.

9 [Applause.]

10 SENATOR GOLDEN: Kristine (sic), if you could
11 finish up, and then we're going to go to questions
12 and answers of the panel.

13 KRISTIN MILLER: Great; I get to bring up the
14 rear.

15 There we go.

16 Hi.

17 My name I'm Kristin Miller, and I am director
18 of the New York program at the Corporation for
19 Supportive Housing.

20 Thank you for this opportunity to testify
21 before this very important Task Force.

22 CSH has a 25-year track record of innovation
23 and investment in New York.

24 Since 1991, CSH has made over \$138 million in
25 loans to supportive-housing developers for the

1 creation of over 15,000 permanent, supportive, and
2 affordable housing units in the state.

3 CSH applauds the efforts of the Senate Task
4 Force on Heroin and Opioid Addiction, and the
5 leadership of the Senators before us today: Murphy,
6 Amedore, Robert Ortt, and Martin Golden.

7 Thank you, thank you, for elevating this
8 issue and keeping it in the spotlight where it
9 belongs.

10 As we've heard again and again this
11 afternoon, heroin and opioids are destroying
12 people's lives, damaging families and neighborhoods.

13 I am here today to talk about supportive
14 housing, a proven solution and valuable tool in our
15 fight to stem this epidemic.

16 We know that housing is a platform for health
17 and recovery.

18 CSH recently released a report called
19 "Supportive Housing's Vital Role in Addressing the
20 Opioid Epidemic in New York State," and it provides
21 a background of the opioid epidemic in New York
22 communities, as we've heard today, but it also cites
23 research, showing supportive housing as a solution
24 for individuals facing substance-use disorders.

25 For those who don't know, supportive housing

1 combines affordable housing with services, with
2 voluntary services, that help people facing complex
3 challenges live with stability, autonomy, and
4 dignity.

5 It has been demonstrated that through that
6 stability found in the supportive housing, people
7 using heroin successfully avail themselves to the
8 services that address their substance-use disorder.

9 And this goes to what the doctor from
10 Department of Health was talking about in harm
11 reduction, housing-first tactics.

12 In 2014, the National Center on Addiction and
13 Substance Abuse found that supportive housing was
14 successful in reducing the use of and costs
15 associated with substance-abuse and crisis-care
16 services, including everything that we have been
17 talking about today: shelters, detox centers, jails,
18 and medical care, which includes hospitalizations
19 and emergency room visits.

20 These findings suggest that individuals,
21 actively, actively using substances can be housed
22 successfully and stabilized without forcing
23 treatment requirements upon them.

24 We at CSH, in early fall, released a
25 statewide supportive housing-need assessment using

1 state data that -- using 2013 data, and found that
2 across the state, New York needs 32,000 units of
3 supportive housing.

4 And based on local community input, we
5 believe that 50 to 95 percent of those people are
6 suffering from substance-use disorders.

7 So we know here in New York that supportive
8 housing is an answer.

9 And I especially want to thank
10 Senator Golden, who led 26 of his Senate colleagues,
11 11 of whom also serve on this Task Force, in sending
12 a letter to Governor Cuomo, calling on him to fund
13 new supportive-housing units across the state.

14 During Governor Cuomo's State of the State
15 Address, he did indeed commit to creating 20,000 new
16 units of supportive housing statewide over the next
17 15 years. These units are in addition to the 15,000
18 units Mayor de Blasio announced for New York City
19 last November.

20 And, really, thank you so much for leading
21 that effort. It was very, very crucial.

22 We congratulate the Mayor and the Governor in
23 taking this important step to housing our most
24 vulnerable New Yorkers.

25 And what we want to do is urge this

1 Task Force to help us ensure that these new units
2 are realized, and that people in communities
3 struggling with the opioid epidemic have access to
4 them and the important services they will need to
5 achieve their recovery.

6 Housing is an essential anchor of stability.
7 Home forms a firm platform from which individuals
8 can pursue the services they need.

9 It is our responsibility to make sure they
10 have access to the services, as well as housing.

11 And I echo the comments just made by my
12 colleague here, about siting.

13 We need this housing in every community. It
14 is permanent housing. It is not a group home, it is
15 not a shelter. It is permanent housing, and this
16 neighborhood, and neighborhoods across the state,
17 need it. Communities need to welcome it.

18 And if you can help your colleagues to
19 understand what it is, and how much it's needed, and
20 how helpful it is, we would greatly appreciate it.

21 Without this housing, individuals struggling
22 with the opioid or heroin addiction will continue to
23 cycle endlessly between homelessness, expensive
24 public-service delivery systems, including the
25 inpatient hospital beds, psych centers, detox

1 services, jails and prison, at enormous public and
2 human cost.

3 So, specifically, we believe that -- we
4 understand that the Governor has put 6,000 units of
5 supportive housing in the current budget before us,
6 and as part of his five-year housing plan not yet
7 released, but this is what we understand.

8 We also believe there's \$2.6 billion in the
9 budget. \$2.4 billion in capital financing to build
10 the bricks-and-mortar for this housing, and an
11 additional \$200 million in services and operating
12 dollars.

13 We believe that HCR has been allocated
14 \$1.9 billion for new homelessness -- through its new
15 homelessness and housing plan.

16 So we ask that you and your colleagues on the
17 Task Force ensure that this recent commitment to the
18 new supportive housing in New York is realized
19 through this year's budget allocation, and that
20 these resources are accessible to heroin, opioid,
21 addicts who are struggling with their disorder,
22 trying to recover, and giving them that stability
23 that they need.

24 Thank you very much.

25 [Applause.]

1 SENATOR GOLDEN: Kristine (sic), thank you
2 very much.

3 You know, we got caught in that war between
4 the Mayor and the Governor over the supportive
5 housing.

6 I don't care how it gets done, but it's got
7 to get done. And I believe that the powers that be
8 are coming together on these issues.

9 That, and 421-A, we believe is a very
10 important component to housing.

11 We have 8 1/2 million, probably closer to
12 9 million, people living here in the city of
13 New York. We don't have nearly enough housing.

14 And the mere fact that we have
15 60,000 homeless on the street is, you know, very
16 telling.

17 So we need to do more in that particular
18 area, especially here in this great city.

19 Karen and David, I wanted to pop off the
20 education to you, again, that question about, Did we
21 start early enough in educational system in teaching
22 our children? And does the curriculum have to be
23 addressed?

24 And David, going back to you, after that
25 question, is, is the -- you're asking for a rewrite

1 on an SOP (standard operating procedure) here in the
2 city of New York, from going through -- directly to
3 emergency room, to directly to a treatment center.

4 Can that be done?

5 And is -- you know, what -- you know, what
6 does (a) the person have to be willing to do? And
7 (b) it still has to go through an emergency room,
8 I'm pretty sure, before they can get you to where
9 you want to be.

10 But is there some tweaks that we can do and
11 some changes that we can do in the standard
12 operating procedure to make it much easier to get
13 that person into detox, and into long-term care if
14 needed?

15 Let's start with those two, and then my
16 colleague will have some question -- some backup
17 questions, I'm sure, and questions of his own.

18 Go ahead, Karen.

19 KAREN REMY: I don't know the specifics of
20 the curriculum, exactly.

21 What I do know is that many schools are
22 struggling with not having supplemental services
23 alongside, you know, the academics, you know, such
24 as counseling and mental-health services. And those
25 are all considered prevention services.

1 I visited a school about a month ago, not far
2 from my office, and we -- you know, we had heard
3 that they were looking for people to come in and
4 provide, you know, education around HIV, around
5 hepatitis C, around drug use.

6 And when they -- when they realized that we
7 would come in and do it for free, they -- they
8 almost -- they almost cried.

9 Apparently, the board of education is not
10 giving a lot of schools what they need.

11 There is a new initiative I know that's out
12 there around mental health, but in order for a
13 school to get them, they have to already be
14 struggling. They have to be one of the schools
15 that, you know, gets on the so-called "list," you
16 know, for closing, and then they put the
17 mental-health services in.

18 So, you know, again, I can't speak to the
19 curriculum, but, you know, part of prevention is
20 those supportive services. And I believe that those
21 are inadequate.

22 DAVID BOCHNER: In order for the State to
23 reach their goal of \$6.2 billion in health care
24 delivery-service reform, they're going to need to
25 start reducing avoidable hospital admissions by

1 25 percent.

2 I know -- I don't know what the law is
3 called, that when someone comes into the emergency
4 room they need to be seen, so I'm not familiar with
5 what it's called, but I know they need to be.

6 We have been to several hospital systems and
7 offered a triage service within the emergency room,
8 to have that person screened very, very quickly, and
9 then get screened for a substance-abuse or
10 mental-health diagnosis; particularly, a
11 substance-abuse diagnosis, because that's what
12 they're seeing.

13 We have been rebuffed.

14 No one wants to do that yet, because they're
15 making -- the hospital systems are making a lot of
16 money admitting people through their emergency room
17 and getting emergency room visits.

18 Whether there can be a rewrite of that, or a
19 tweaking of that, I have no idea. You guys know way
20 more about that than I do.

21 But, in order for the State -- in order for
22 patient care to get better, we need to stop getting
23 patients seen in the emergency room for diagnosis
24 and issues that need to be seen in the
25 community-based provider, such as mine, and all the

1 other folks on this panel right now.

2 SENATOR GOLDEN: Thank you.

3 George.

4 SENATOR AMEDORE: Thank you.

5 Not so much questions, but just comment.

6 And, Karen, on the education, you are
7 100 percent correct.

8 What I have been finding throughout the state
9 is most of the education, going into the schools,
10 it's done maybe at a fifth-grade level, and that's
11 about it.

12 And I really believe that the State Ed
13 Department should be including some curriculum that
14 is going to carry on with the student throughout,
15 not just fifth grade, but beyond, all the way to
16 graduation.

17 If we can go to a science class or
18 sex-education class to learn about various diseases
19 or contraception, or whatever it may be, there
20 should be some type of curriculum that is really
21 meaningful to the student when they graduate, about
22 substance abuse.

23 There's no question that they're going to be
24 trying alcohol at the school part -- you know,
25 after-school parties, or after the prom, or

1 whatever. They're going to be trying the gateway
2 drugs.

3 And if we can continue to be in front of them
4 with that type of education, hopefully, it could
5 prevent a severe abuse of that, and an addiction.

6 So -- and to David, I just loved your direct
7 comment of, you know, it's a mindset that, as
8 Senator Golden says, it's a protocol.

9 How do we change something like that?

10 It's fascinating, and I'm glad that you
11 brought it up, because it's a great suggestion.

12 Sometimes our ERs are absolutely full of
13 other patients of -- you know, having a cardiac
14 arrest, and then there's someone waiting to get
15 detoxed.

16 Maybe there's a different measure or
17 treatment or somewhere in the hospital that one of
18 you, as a provider, could even partner with,
19 possibly, so that in that window of opportunity, as
20 Mr. Fusco was talking about, we're not waiting
21 48, 72 hours, or, a decision of 6 days later,
22 whether they're going to be able to get the
23 treatment, because that individual probably is
24 already on another binge after that.

25 So, we need to get to them almost instantly.

1 But other than that, I think, Senator Golden,
2 what I've heard in Brooklyn is very similar to what
3 I've heard in other parts of this state, whether
4 it's in a very rural county, like, Yates County,
5 very small county, with 20,000 people; but, yet, the
6 drug court is filled with -- filled with
7 individuals, over 200 cases, harrowing cases, in a
8 county of only 20,000.

9 Figure that out.

10 And their overdose rates are just through the
11 roof, skyrocketing, because they have a small
12 population.

13 But they don't have the services that I hear
14 that we have here in Brooklyn. They wished they had
15 the services.

16 But, yet, you have so many great suggestions
17 here.

18 And I just look forward to continuing to work
19 with my colleagues on this Task Force, and
20 finalizing our Task Force report, so that we can get
21 the much-needed legislation, or, budgetary items
22 with appropriations in, so that more services and
23 more recovery efforts can be for treatment and
24 prevention, and also with the law enforcement
25 component.

1 So, thank you so much for all of your time,
2 and educating me.

3 SENATOR GOLDEN: I just need -- I got two
4 more, and then I am -- you know, you pointed out
5 that there's -- nobody wants it in their backyard.

6 You know, I've been to your place, the
7 Dynamite. I've been to across Brooklyn to -- and as
8 my colleague George has. And you know what?
9 I don't see people hanging outside, smoking
10 cigarettes. I don't see big, huge signs. I don't
11 see disruption of cars coming and going.

12 It's a -- it seems to be like -- you know,
13 like part of the tree line in the community.

14 Maybe you could explain some of the -- what
15 the misconceptions are of these types of locations.

16 DAVID BOCHNER: I think it's an old
17 conception, a misconception, of what maybe it used
18 to be.

19 I think the program -- we're an inpatient
20 program. These folks do supportive housing and
21 outpatient programs.

22 I'd venture to say, the folks in my program
23 and the folks at their programs are probably using
24 less drugs than the people that are complaining
25 across the street.

1 We're -- we -- we relocated from
2 New York City eight years ago, out to Queens, and we
3 were supposed to -- actually, the building we went
4 to was an old hospital that was going to be a dorm
5 at St. John's University. And they said they didn't
6 want us there because college kids don't use drugs
7 or alcohol.

8 So it's a mindset. It's a stigma.

9 I think there's a de-stigmatization of
10 addiction in this state.

11 I think OASAS has done a terrific job of
12 legislation that you gentlemen have passed, about
13 access to care. I think it's working. People are
14 getting treatment.

15 We've been a great neighbor for eight years
16 in Queens. And I think if other -- I think most of
17 us legitimate providers are good neighbors. We're
18 not perfect, but we work closely with our elected
19 representatives. We bring business and industry to
20 our areas, where our 300 employees go out to eat and
21 use the neighborhood services.

22 And what we're -- let us -- we're smart
23 enough, and we know how to take care of our
24 patients, and keep them from, for the most part,
25 bothering people and being a nuisance in the

1 neighborhood.

2 Again, we're not perfect, but nobody is.

3 SENATOR GOLDEN: Thank you.

4 I'd like to now go to the audience.

5 Does anybody in the audience have any
6 questions for panel?

7 Yes, sir.

8 Right here, James.

9 JIM SNYDER: Hi.

10 Thank you.

11 Jim Snyder, Dynamic Youth Community.

12 I work with Bill, Karen, and all these young
13 guys here.

14 Senator Amedore, earlier you mentioned, when
15 my boss was talking about access to treatment, and
16 you said, What can OASAS do better?

17 I just want to bring up the tremendous
18 paperwork burden.

19 We get somebody in the program and, bam,
20 we're hit with deadlines.

21 This has to be done in 24 hours.

22 This has to be done in 72 hours.

23 This has to be done in 30 days, we're a
24 long-term program.

25 Everything we do has to be documented very

1 quickly, and it's turning our case records into the
2 size of phone books. It's turning our policy
3 procedure manual, also to the size of two phone
4 books.

5 And it's just something that, if you could
6 look at, I would appreciate it: 819 regulations,
7 822 regulations, 800 regulations.

8 Just a comment.

9 SENATOR AMEDORE: I'm glad you brought up the
10 term "regulations" because, you know, we don't have
11 enough time for me to get on the soapbox and talk
12 about New York State and, the overregulations, they
13 could choke a horse.

14 And it's one of the difficulties that we all
15 have, attracting business, economic development, and
16 the services that we have that cannot be as
17 inexpensive as they should be, because you have to
18 hire more people, more staff, to fulfill the
19 obligations that a bureaucracy or an agency or the
20 state government puts on your lap.

21 And it's unfortunate, because you're in
22 business to give care and to help someone in need,
23 and not to fill out a telephone book of paperwork.
24 And if you don't fill it out correctly, or your
25 "i" dotted and "t" crossed, reimbursements are

1 withheld, or you could, potentially, go out of
2 business because they'll put a cease-and-desist
3 order on you.

4 So, it's unfortunate, and it's a whole nother
5 topic we've been working on, in frustration.

6 So, I totally get it, and I understand that.

7 I just didn't want to bring it up in those
8 comments, because it opens up a whole spectrum of
9 conversation.

10 But, thank you so much for the question.
11 I appreciate it.

12 JIM SNYDER: Thank you.

13 SENATOR GOLDEN: Any other questions from the
14 audience?

15 Yes, sir.

16 GENADI COGEN (ph.): Good evening, everybody.

17 My name is Genadi Cogen (ph.). I'm here as a
18 social-work student. I also work in mental-health
19 field, and I intern at a substance-abuse program.

20 While we were -- I was listening, I was able
21 do some research.

22 So there is a bill, A.6763, which is to
23 mandate a licensed social worker to be in a school.

24 Other than that, working in mental-health
25 field, I'm seeing peer-advocacy services being great

1 support. And within the mental-health field, there
2 are respite centers that are set up across the city
3 that provide services. You know, a mental-health
4 recipient can go and receive services for two weeks,
5 no questions asked.

6 One question is: Is this something that
7 could work for individuals with addictions?

8 Also, I believe Bill was speaking in regards
9 to having adequate staff.

10 Being an intern in a substance-abuse program,
11 I am seeing how difficult it is to get qualified
12 staff.

13 So I guess one of the things to ask is, more
14 funding for tuition reimbursement, and ease of
15 access to tuition reimbursement, for those that are
16 interested in working with this in-need population.

17 Thank you.

18 SENATOR AMEDORE: Thank you.

19 SENATOR GOLDEN: Thank you very much.

20 Any other questions from the audience?

21 I want to thank each and every one of you
22 here today for being part of this.

23 I want to thank the panel for the outstanding
24 testimony that we got today.

25 If you could leave that here, we appreciate

1 your testimony.

2 If you have any ideas, if you put them to
3 memo or letter form and get them to this Task Force,
4 we will address it.

5 I want to thank the Majority Leader for
6 setting up these cameras, and for having -- allowing
7 to us have this Task Force meeting here in
8 Dyker Heights.

9 I want to thank, not only the Community Board
10 and others, the 68 Precinct, and, of course, all of
11 our other -- of those who testified today from NYPD,
12 from Special Prosecutor's Office, and from
13 Department of Health.

14 I also want to thank my staff here today:
15 John Quaglione, James McColon (ph.),
16 Jerry Kasar (ph.), Anthony Testoverdi (ph.),
17 Marco Kempf (ph.).

18 I'm sure I left out somebody.

19 But I also want to thank Doug Breakell, who's
20 the chief of staff for George Amedore, for being
21 here as well.

22 They have to go back to Albany now, which is
23 about a 2 -- well, for me, 2 1/2 hours, for them 3.

24 But, I want to thank George for being here.

25 And, of course, I want to thank the Chairman,

1 Chairman Murphy, for him coming down as well.

2 And, of course, the other members of this
3 Task Force.

4 We will get this addressed.

5 Will we get it solved? No.

6 This is going to be an ongoing effort by all
7 of us.

8 But I will tell you, you have the ears of the
9 New York State Senate, the Governor, and the
10 Assembly.

11 We will get legislation passed.

12 We will get money directed to this direct
13 issue here in our communities, for housing, for
14 detox, for residential units. Possibly, changing
15 the operating procedures that are now in place; to
16 opening up more access; and to dealing with the
17 families, from the beginning of the process, right
18 through the unfortunate tragedies that we see day to
19 day.

20 So, you guys in the audience that are in
21 recovery, all I can say to you is, God bless you
22 all.

23 Thank you.

24 This is a gift from God. Please appreciate
25 it each and every moment.

1 Thank you.

2 God bless you.

3 And have a safe trip home.

4 [Applause.]

5 (Whereupon, at approximately 5:48 p.m.,
6 the public hearing held before the New York State
7 Joint Senate Task Force on Heroin and Opioid
8 Addiction concluded.)

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