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

TO EXAMINE THE ISSUES FACING COMMUNITIES

IN THE WAKE OF INCREASED HEROIN AND OPIOID ABUSE

Mildred E. Strang Middle School
2701 Crompond Road
Yorktown Heights, New York 10598

April 30, 2015
7:00 p.m.

PRESIDING:

Senator Terrence P. Murphy
Co-Chair

Senator Jack M. Martins

TJ: Presiding tonight, Senator Jack Martins, and, Senator Terrence Murphy, 40th District, from Yorktown.

SENATOR MURPHY: Thank you, TJ.

Can everybody hear me out there?

All right. So I don't want to...

Well, alls I'd like to say is, start off the evening: Good evening, and thank you all for being here tonight.

This is the first in a series of regional hearings of the New York State Senate Task Force on Heroin and Opioid Abuse, right here in my own hometown, that I'm very proud to say.

Of those of you who don't know me, my name is Dr. Terrence Murphy. I am the State Senator of the 40th Senate District, and I am proud to serve as the co-chairman of this bipartisan task force, along with Senators Rob Ortt and Senator George Amedore.

Unfortunately, they were unable to join us tonight, but would I like to take a moment to recognize their representatives.

There's Kevin Crumb, who is on behalf of Senator Ortt.

Kevin, would you please stand up.

He's outside. Okay.

And, Doug Breakell, for -- Senator Amedore's chief of staff.

Thank you for coming down here.

[Applause.]

SENATOR MURPHY: Also with me tonight is a real dear, good friend of mine, and someone who has taken me under his wing in Albany. I'm proud to say, my good buddy who has shown me the ropes up there already, Senator Jack Martins, who came in from Long Island to be here with us tonight.

Thank you for coming all the way up here, Jack.

[Applause.]

SENATOR MURPHY: I'd also like to thank the Yorktown Superintendent Ralph Napolitano for allowing us to use the school here, where I believe more of this conversation needs to be had with our kids.

Folks, the issue of the heroin and opioid abuse has reached a crisis level, I believe, in the Hudson Valley region, and also in New York State. There are only so many words that can describe the situation such as the one we're experiencing right here in the Hudson Valley. The numbers and the recent events are absolutely staggering.

Earlier this month, stopped due to a simple traffic violation, the Tarrytown police found more than 10,000 bags of heroin in a vehicle, let me say that again, 10,000 bags of heroin, which had the street value of a quarter-million dollars, right in our backyard, right here.

This is what's going on.

The deaths from the opioid overdoses now outnumber the homicides in some parts of New York State.

In 2014, Dutchess County experienced more than one death per week. And the same statistic can be applied to us right here in Westchester County.

These deaths span age groups from young teens to middle-age, and across an entire socioeconomic spectrum.

Folks, this drug has no religion, it has no race, and it has no ethnicity. It will grab you and shake you down like we've seen.

That's why we're here tonight.

Right here in the Hudson Valley where we live, there's an intersection of five counties that have all had the dubious label of being a -- labeled a high-intensity drug-trafficking area. You have Rockland County, Westchester County, Putnum County,

Dutchess County, and Orange County.

That's pretty incredible, right here, and it's usually due from a lot of the people coming up from the city.

But I don't want that label anymore, and that's why we're here.

The purpose of tonight is to hear from more than a dozen expert witnesses about what the next steps we as a state need to take to end this crisis.

It is also our objective to gather as much information as possible from across the entire state, build the necessary partnerships, and finally craft legislation to move us one step forward to win the war on the heroin and opioid abuse that's going on in New York State and the Hudson Valley region.

I do not pretend to sit here and let you know I know everything about this, but I want to make it crystal-, crystal-clear that we are here, together. Together.

And when we work together, I know we will succeed.

I'd just like to say many thanks to all the witnesses that have gathered here tonight.

By virtue of their prominent fields, you have a very busy schedule, and I know your time is

valuable. But it's your expertise which makes our testimony crucial in the efforts to create impactful legislation.

I look forward to hearing from all of you, and thank you very much.

And I'll take the first witness.

[Applause.]

Rob.

We have our County Executive, Rob Astorino.

Rob, thank you so much for being here tonight.

[Applause.]

ROB ASTORINO: Thank you, Senator Murphy.

I appreciate, very much, what you're doing for the community here. This is really important.

Senator Martins, it's nice to have you from Long Island.

SENATOR MARTINS: Thank you.

ROB ASTORINO: Thank you for being here tonight, and, really, for all the members of the Committee, even though they couldn't be here tonight.

It's a topic of enormous concern to me, both as a parent, and, certainly, as County Executive.

The resurgence in the use of heroin is a

scrouge that has had devastating consequences for many families in Westchester. We've seen the depths of overdose victims, including teens and young adults. It is absolutely heartbreaking, and worrisome, and it demands a continued response at all levels of government.

I certainly salute the members of the Joint Task Force on Heroin and Opioid Addiction for your commitment, and I appreciate it.

In Westchester, law enforcement continues to lead the fight against the sale of narcotics in our cities, towns, and villages.

I've directed Commissioner George Longworth of the Department of Public Safety to utilize the department's resources to combat drug dealing on the street and at higher levels of distribution.

The police have had many successes so far, including a significant yearlong investigation that was known as "The Northern Narcotics Initiative," and well over 100 people were arrested, including street-level dealers and their suppliers.

And I urge the Committee to ensure that law enforcement has the resources and training it needs to continue this progress.

Narcan training is another area of success

that we're proud of in this county. We launched this training under the umbrella of our Safer Communities Initiative, which is designed to find lasting solutions to problems facing our communities and our families.

Now, Narcan training empowers local police officers to do something that they've never done before, and that is, give drug-overdose victims a lifesaving remedy. And every second counts when somebody stops breathing.

Our Health Commissioner, Dr. Sherlita Amler, has personally trained hundreds of officers around the county.

And the more officers we train to administer Narcan, the better our chances of keeping people alive.

And, if you want a measure of success on the Narcan program, we've had 12 saves so far. 12 lives have been saved. And those lifesaving Narcan interventions occurred in our largest city, and in our smallest towns and villages, and they occurred in communities on our southern and northern borders, as long as -- as well as the Long Island Sound and the Hudson.

So, this is not isolated to an urban area, a

heavily populated area. This is also spreading, unfortunately, in our very small communities.

Narcan is not a panacea, though. It helps to save lives. It does not reduce the incidents or the inherent dangers of heroin use. It's not a quick-fix either.

Another proactive step we've taken is to battle the illegal use of prescription drugs, making it easier to safely dispose of them.

And our Office of STOP-DWI & Drug Prevention, in conjunction with the community coalitions and the County Department of Environmental Facilities, has purchased med-return units, to be placed in publicly-accessible areas, which are 25 police departments.

Despite all that we do, we also know that government can't solve every problem. So, we have a new initiative that we've started, and, hopefully, this can be, maybe, taken statewide and the Senate can get on board. It's The Fatherhood Initiative.

And, unfortunately, over the course of 50 years, the critically important role of the father in the family has been diminished. And there's a lot of reasons, but, we can't debate the consequences.

Strong fathers, strong families, are essential to deterring our young people from the lure of illegal drugs, including heroin.

And, you see the Baltimore mom who has become very famous around the world today.

We also need Baltimore dads, and we need dads involved in every one of our communities.

So as you search for solutions on the heroin epidemic at the state level, I urge you to include efforts to help families be better and stronger, because a good home and a strong family is going to give a child a much better chance in life at a drug-free life than any government program ever can.

So, we're working on every front.

But I sincerely thank you, Senator Murphy, who happens to be my Senator in the town I live in, and it goes as south as Mount Pleasant.

I thank you for your efforts in this.

Senator Martins, I thank you very, very much for your concern as well.

We'll be a partner in any way we can, you just pick up the phone. We can't fail this one.

So, I appreciate it.

SENATOR MURPHY: I'd like to just thank you for your efforts, working with Dr. Amler. I know,

the Narcan, she's, I think, trained close to four, five hundred of the first responders.

ROB ASTORINO: Correct.

SENATOR MURPHY: And it's a big point, that I'd like to try and make sure all of our first responders are Narcan-trained.

And she's done one heck of a job already, and I commend you for allowing her to do that.

ROB ASTORINO: And people should think of Narcan in a way of, if you have an anaphylactic reaction to an allergy, I guess you could think of it like an EpiPen. But what it does is, it restores breathing, and it gives time for paramedics or somebody to come and transport to a medical facility.

It won't stop the heroin, but it will open up the breathing tubes and reverse that part of the brain that stops it.

So, it's a lifesaver in many ways, and it should be equipped as many EMS and police officers that we can get its hands into.

SENATOR MURPHY: And it's completely benign.

ROB ASTORINO: That's right.

SENATOR MURPHY: So if you give it to someone who's having a seizure, they'll have a little

dribble out of their nose.

So, it's great.

ROB ASTORINO: Correct.

SENATOR MURPHY: Well, listen, I thank you so much for coming up here --

ROB ASTORINO: Thank you very much. I appreciate it.

SENATOR MURPHY: -- and taking time out of the your busy schedule to, you know, address this important issue here.

ROB ASTORINO: Thank you, Senator.

SENATOR MURPHY: We'll be working very closely with you, and, I appreciate it.

And, the best to Sherlita, and the family.

ROB ASTORINO: Thank you very much. Have a great night.

[Applause.]

SENATOR MURPHY: Next we'll have the Honorable Judge Reitz from Putnam County.

[Applause.]

HON. JAMES F. REITZ: Ladies and gentlemen, thank you very much for being here. Thank you.

Senator Murphy and Senator Martins, I thank you for this opportunity, and I wish you all the best for helping the people that really need your

guidance and your support.

Ladies and gentlemen, I've had the opportunity for my whole life to live in Putnam County and grow up there.

And, for the last nine years I've been the County Court judge in charge of running the treatment court; Drug and Alcohol Treatment Court.

And have I to say that, when we started about 9 years ago, there was about 15 cases in the court itself. And, today, we average 110 on any daily basis, with 40 and 50 more people waiting to get in, just in the small county of Putnam.

It's magnified, to a large extent, throughout the state.

This treatment program that we speak of has -- it's a two-year program that's intensive on a daily basis. We hold people accountable. There's nothing easy about it.

When we started nine years ago, when I started nine years ago, there was a recidivism rate of about 35 percent.

Based on the work with all the team providers in Putnam County, and throughout, of those that are successful and graduate, the recidivism rate is down to 12 1/2, 13 percent.

And we've got a long way to go. We're going to do even better.

We have a team made up of all the experts in the community, and beyond, from the District Attorney's Office, Legal Aid, the defense attorneys, the Putnam County Sheriff's Department and the correction facility, and all treatment providers that are in this room tonight and those that could not be here. There are so many treatment providers that provide this lifesaving assistance.

It is a two-year program, as I have said.

We have -- there is no secret.

Senators, I want to share something with you, and I'm going to get a point.

Senator Murphy, you happen to be kind enough, and spent time at one of our graduations sometime ago. And I want you, in a few moments, to comment about that.

But I want to share with you this: For the people that are here that don't know anything about treatment court, you are invited. It's a public forum. We meet every Thursday, for about an hour and a half, and it's a public place.

And I wish people would get there to learn more about it, and read more about it.

And I want to say something else to everybody here, and to the Senators.

If we work together, there is nothing we can't accomplish. There's nothing.

This is not smoke and mirrors. You don't need magic.

You just need tough-love, hard work, people that are dedicated to changing lives.

And, so, we do that one person at a time.

Not only are lives being saved, but when you can keep people out of jail, whether it's in the county facility, whether it's in Putnam or Westchester or Dutchess, or wherever, or in the state facility, you're saving millions and millions of dollars that are now being able to be used elsewhere for those people that need it.

And, when you keep people out of jail, and you keep them alive, they start to work, because part of recovery is economic responsibility, when appropriate.

This is a domino effect.

When people start to change their ways, and they stay away from drugs, heroin, and the drug prescriptions, that are leading to so many deaths, then people start to work. They start to help each

other. They start to take care of their kids. They get off public assistance -- food stamps, housing, and so on -- when they become responsible and are held accountable.

And it works.

As I said, the recidivism rate is down to 12 1/2 percent of those that graduate, today, in the Putnam County Treatment Court program.

Senator Murphy, can I ask you, if you can, would you be kind enough to say, just directly to the people here, what were your first impressions of that graduation that took place?

SENATOR MURPHY: Yeah, absolutely, and, thank you.

It's unbelievably impressive.

I had -- Judge Reitz had invited me up to a drug-court graduation, which I knew nothing about. And I walked in, and it was, literally, in his courtroom, and he had his garb on, and he was up on the -- up on your table there.

And the -- your defendants were sitting there. Their next step was jail. State prison.

HON. JAMES F. REITZ: Right.

SENATOR MURPHY: Six people there, five under the age of 26.

One was the United States Marine Corps, that fought in Fallujah for us, and came back.

And after 9/11, signed back up, and went over and got blown up in a truck, with his buddies, and ended up having three brain surgeries. Came back home, got hooked on these painkillers, and the system failed him.

Our system failed him.

And Judge Reitz reached out to him, put him in the court, and he graduated.

HON. JAMES F. REITZ: Yes.

SENATOR MURPHY: I knew nothing about this.

You talk about an economic value to this.

Having them out of jail, and productive citizens, and back matriculating into society, thank you for what you do, because I saw it firsthand, and I was incredibly impressed.

HON. JAMES F. REITZ: Senator, might I point out one thing that you mentioned?

You indicated, as a Senator, at that point in time, you had no clue, really, what treatment court was all about.

And I venture to say a lot of people in this room, they don't know much about treatment court.

But one thing I can say, it is so easy, if we

work together. It is so doable, if we work together.

The framework is there. The court system is there. The room is there. The people are there.

And all we need are people to stand up and say, Hey, put the resources towards the facilities that would house, that would bed, that would have places for people to go to get this help for the two-year program that we have.

And I tell you now, the hundred or so that we have in Putnam County, there are hundreds, thousands, throughout the state that are in jails, that shouldn't be, and that might not be, if this program was taken serious across the board.

And you're talking, not only millions and billions of dollars you're saving in incarceration housing costs, but the millions of dollars that you're saving when there are jobs, and people there to treat, and then they go out and get their own jobs.

This is amazing.

That gentleman you speak of not only was one -- he was on his way, by the way. There was already a state-prison term ready for that gentleman. But, because of this program, he was --

he elected, he volunteered, he signed up for treatment court. And we all agreed: the DA's Office, the defense, and the Court.

Not only did we save the state-prison term but, Senator, and he told me, I could say this very clear, he was on death's door. He was going to die. He was so sick from everything.

And throughout the program, the first year, we thought we had lost him a couple of times.

And, it was amazing.

He's now coming back, he's helping out. He's working with the State, with the County, trying to help similarly-situated veterans.

And, I have to tell you, he's an example of what could be, and what should be, for so many more people.

And, Senator, I can't thank you enough for doing what you're doing.

This is the first time that I have -- in my nine years, that it's been taken so serious, and because, people's lives, they do matter, and people do need help.

And there are people in this room right now that have lost their kids.

And, you know something? We should stop

that.

And this is one thing that we can do, and we can do it together.

Senator, thank you very much.

I'm here for any questions.

[Applause.]

SENATOR MARTINS: Judge, thank you. Thank you very much.

I appreciate your testimony here today.

Just, for purposes of context, can you tell us, the typical defendant in your program, is there a typical defendant, or are we dealing with every background, every age?

Why don't you describe for us.

ROB ASTORINO: Senator, I thank you. That is so important.

Whether you're a young child, an old adult, a veteran, a judge, a lawyer, a senator, somebody sitting in this audience, there are no bounds.

It crosses all economic areas, that you could be rich, you could be poor.

You could have a great family, you could have great education.

And, you're going to get caught somehow, this addiction, these painkillers, the drugs, the heroin,

it's so easy. You try it once, and you're hooked.

And it's so difficult to get rid, and take care of that disease and manage it on a day-to-day basis for the rest of your life, one day at a time.

That's what we teach people in treatment court, how to deal with this addiction that lasts, that stays with you your entire your life: One day at a time.

And, so, Senator Martins, I appreciate that.

You know now, with the people from the media, the Hollywood that are dying of overdoses, it's now becoming apparent that it crosses all bounds. There's nobody safe, nobody secure. Right in our backyards, right in our community.

People are here in this room today, that you're going to hear from, that lost their kids, that lost somebody very close to them. And, they tried everything they could.

There was no program like this treatment-court program available back then.

There is now for everybody that wants to participate.

And I encourage the people here to get a hold of their elected officials, to push them, to ask more information, to get involved.

And I have to tell you, working together, we will solve this problem.

SENATOR MARTINS: No, I appreciate that.

You know, one of the issues that we deal with is, obviously, this stigma that's associated with this type of crime. Nobody wants to acknowledge that their loved one suffered an overdose as a result of an addiction, especially the kinds of stigma that is associated with heroin addiction.

So, we find that. We find that in society, we find that in our communities.

I find, in many of my communities, people simply not believing that it's stuff that happens in a nice, suburban community; and, yet, here we are, and we see it time and again.

If you can, you know, with the examples that you have of people who have gone through your program, how do they get on the path to your court?

What kinds of things happen?

You mentioned prescription drugs as a gateway to illicit-drug use, and then, your court. But there have to be other examples.

And given the years that you've been on the court, and the examples, and the people that you've seen come before you, give us some context.

HON. JAMES F. REITZ: Okay.

SENATOR MARTINS: You know, we always hear about alcohol and marijuana being gateway drugs. We hear about prescription drugs.

Give us your context so that we can also benefit from the years that you've served in your court.

HON. JAMES F. REITZ: Thank you.

All right. So many people have injuries, like this marine you speak of, that are treated, and they receive strong drugs. And what happens is, they become so reliant upon them, and so addicted, that once the treatment is done, and the injuries are healed, so to speak, that they cannot get away from that -- that need to have that feeling of relief, whatever it is from that particular drug they've been prescribed.

And so what happens is, once they form-shop or doctor-shop, as you would call it, and cannot get anymore prescriptions, whatever it might be, because there are good rules and regulations going on now to deal with that, in a database, so to speak, then they buy them on the black market, so to speak, that are expensive.

And so when they run out of money, and they

run out of prescriptions, they go to heroin, which is very inexpensive and easy to get. And people -- dealers are giving that away to get people hooked.

Heroin is very inexpensive, and as you know, that's what starts.

Now, several years ago there was an NBC piece on Putnam County Treatment Court. And the young lady that was the center of attention was, again, pretty close to a very lengthy prison term, and, if not dying. And she was, you know, a mess. And she had lost all hope. Lost her child, because of the drug addiction. Was a teacher, doing heroin in the teacher's lounge at the school. Lost her license to teach.

And you talk about stigma, and you talk about people getting upset about that?

I want to share with you how important it is to educate everybody, that, actually, when somebody stands up and is held accountable, and gets the strength to clean themselves up, the stigma now says, Oh, my God, I'm a survivor. I took responsibility. I'm doing good.

And whether it's that marine, that veteran, that had that problem and was going to state prison, he's now serving the community, helping out the

Senator, helping out the County of Putnam.

And this young lady I speak of, that was featured on NBC, is now, ladies and gentlemen, believe this or not, a team member of the treatment court as an alumni, coming back. And is now, to this day, just about seven years' clean and sober, and she's helping people similarly situated.

So, it is amazing what goes on.

You can be a teacher, you could be a lawyer, you could be a doctor, and, it doesn't matter.

I've had -- I've had judges, lawyers, professionals, IBM'ers...anybody, you name it....they were in my courtroom in Putnam County at one given time for the last nine years.

There is no -- nobody is protected from this.

SENATOR MARTINS: No, and that's exactly the point: It knows no socioeconomic bounds. It doesn't know any professions. It doesn't know any backgrounds. Broken families, perfect families, the ideal -- whatever that background may be, no one is immune.

And, so, it's important that we realize that.

And, you know, we had an opportunity to speak before on this issue.

Nothing would make me happier than to see,

frankly, our newspapers begin to report on the number of overdoses, the number of saves, the number of deaths.

You know, we read about things on the front page of our newspapers each and every day. We hear about people who have gotten into trouble. We hear about people who have had successes. We hear about accidents and car accidents, people who have been involved and died in tragic accidents.

Why aren't we hearing about these overdoses?

Because they're happening, right in our communities, each and every day.

I hear it from my E -- emergency medical responders every day, from our volunteers and from our professional responders, when they tell us, We had another one.

And it wasn't in an inner city. It wasn't in an urban center. It was in one of our suburban communities.

And it's time we started waking up, we talked about it.

This is a wonderful program.

And I'm thankful for your testimony here today, I truly am.

HON. JAMES F. REITZ: Senator, thank you.

SENATOR MARTINS: But it's only one element of that which we're speaking.

Education is another element.

The opportunity that insurance companies now have to provide, because of laws that we've passed that require insurance companies to provide treatment in a meaningful way.

But all of these different pieces have to come together.

But it starts with us looking in the mirror and realizing, all of us, that this is something that is happening in our backyards.

HON. JAMES F. REITZ: We can help each other out, take responsibility.

And I think County Executive Astorino said it very clearly, the family needs to be there. We need to help that family out. We need to educate them, and let these people know that there are services out there, there are providers out there, and there is help, and we can do a good job working together.

Thank you.

SENATOR MARTINS: Thank you, Judge, very much.

And I want to take the opportunity to thank our Chair here for his leadership on this issue.

Thank you.

[Applause.]

SENATOR MURPHY: Judge, personally, I want to thank you so much. It's been a pleasure working with you, and opening up my eyes to what you do up in Putnam County, and what you can do for the kids.

And like we saw, professionals were right in your court. Professionals, that have law licenses, and health licenses.

And, you're doing a great job.

And I will continue to work very closely with you.

Thank you.

HON. JAMES F. REITZ: Senator, I accept your offer. I will not let you go. We need your help.

Thank you very much.

SENATOR MURPHY: Thank you so much for coming.

[Applause.]

SENATOR MURPHY: Next, I would like to call Westchester County Public Safety Commissioner George Longworth, and Chief Inspector John Hodges for Westchester County.

[Applause.]

SENATOR MURPHY: Thank you, guys.

I appreciate your coming tonight.

COMM. GEORGE LONGWORTH: Good evening.

I'd like to thank Senator Murphy for inviting me here tonight, along with Chief Hodges who runs our investigative services division.

Senator Murphy has long been a friend of law enforcement, and he is a great supporter of our efforts to combat the distribution and sale of heroin in this county and our state.

Let me tell you a little bit more about the Northern Westchester Narcotics Initiative that County Executive Astorino referred to earlier.

Our Northern Narcotics Initiative began in early 2014 in response to several factors: The resurgence in heroin, and the use of heroin by young people, and a growing number of heroin-overdose deaths involving young adults.

The county police have long used the task-force model, both, to combat violent crimes, and to attack the use of narcotics and other organized-crime activities.

We presently have full-time personnel assigned to the DEA task force, which includes a sergeant and two detectives; the DEA diversion unit, which is for diversion narcotics, which includes a

sergeant and a detective; the FBI violent-crimes task force; the FBI organized-crime task force; the IRS money-laundering task force; and the FBI joint terrorist task force.

Participation in the task-force model has served as such a great force multiplier for us in combating major offenses, that the formation of the Northern Westchester Initiative grew from our prior success.

The multiagency task force of officers was formed by the Department of Public Safety and seven northern Westchester police departments: Peekskill, Bedford, Buchanan, Croton-On-Hudson, Yorktown, Mount Kisco, and Ossining.

We also partnered with the FBI violent-crimes task force, the U.S. Attorney's Office, and the Westchester County District Attorney's Office.

It is challenging for police agencies, particularly smaller ones, to take officers away from their regular duties and commit them to long-term, sophisticated narcotics investigations. Logistically, it is difficult, and, financially, it is difficult. Officers from smaller agencies who are assigned to task forces must be replaced in the patrol rotation, which usually incurs overtime.

Sharing resources and personnel is a great force multiplier. It helps law enforcement achieve the results we saw from the Northern Initiative.

I'd ask the Committee to support grant funding that will make more of these multiagency task forces and investigations possible. The investment is worthwhile, and you will get the results.

Since its formation, the Northern Westchester Task Force has arrested more than 125 people across northern Westchester who were selling heroin. Most were charged with felony counts of criminal possession of a controlled substance with intent to distribute, or criminal sale of a controlled substance -- I'm sorry, criminal possession of a controlled substance with intent to distribute.

Fifteen suspects were charged in federal court with conspiring to distribute large quantities of heroin. Many of these gentlemen woke up that morning, not knowing they even were suspected of a crime, to find out that they were facing life in federal prison.

The officers and detectives assigned to the Northern Narcotics Initiative spent thousands of hours investigating heroin sales, including

intelligence gathering, surveillance, undercover buys, and wiretaps.

I'd once again like to publicly commend all of them for their efforts.

Some people may think that heroin is only an inner-city problem, but it is not. The Northern Narcotics Initiative reminds us that no community is immune.

Our efforts this past year have not been limited to the northern area of the county, however.

The Westchester County Police have also participated in lengthy narcotics investigations in the city of New Rochelle which led to numerous arrests in that jurisdiction.

Similarly, a narcotics initiative was conducted with the Port Chester Police Department which led to multiple arrests and the seizure of illegal narcotics and numerous handguns.

And we worked with the Mount Vernon Police Department last summer to address street-level drug dealing in that city.

The young people we have lost to heroin overdoses in Westchester are a reminder to all of us about how high the stakes are.

This is everybody's problem, and all of us in

county, local, and federal law enforcement are working together to solve it.

I thank the members of the Committee for being our partner in this fight.

Thank you.

SENATOR MURPHY: Thank you, Commissioner.

[Applause.]

SENATOR MURPHY: I'd really like to commend you on -- after doing a few different forums, of getting a census of where law enforcement was not crossing over, and just what you described to us right here is just unbelievable, with all the different interagencies working with one another.

I think if we can continue to do that, you can -- you've already proven the results.

So I'd encourage, whatever we can do to help you, to continue the interagencies working together, we're on board.

COMM. GEORGE LONGWORTH: Well, lack of coordination amongst law enforcement simply pushes the problem from one jurisdiction to the next.

CHIEF JOHN HODGES: Senator, I'd just like to thank you as well.

You know, as you now, recently, you came up here to Yorktown. You met with myself,

Chief Daniel McMahon, and the rest of the chiefs and narcotics people who were part of the Northern Initiative.

And, you know, it was nice that you listened to our thoughts, concerns, and the challenges that, you know, we face in law enforcement.

And, you are exactly correct, and I think it would be a good idea to actually build on the Northern Initiative concept, and, you know, possibly talk to the Chiefs Association, and look at this as, you know, something that we would, you know, tackle as from an area command type of standpoint.

SENATOR MURPHY: Senator Martins with a question.

SENATOR MARTINS: Thank you.

I appreciate the testimony.

I know how difficult it is to actually stop and -- these efforts and these rings that exist out there, and how much effort it takes.

I have had the opportunity to work with our own police down in Nassau County, and, certainly, their efforts with police in Suffolk County.

But we are all one state.

And I see that much of the effort, in terms of coordination, happens with the federal

government, because all of this product is moving, for the most part, across state lines.

Is there more that we should do as a state, through the state police, or through some other agency, where we can help coordinate efforts?

Because, all of this really comes down to intelligence.

And the more data that we have available, and we make available to law enforcement on the ground, whether it's in Nassau County, frankly, whether it's in Westchester County, or whether it's in New York City, they're coming from somewhere, and they're going to somewhere, and, oftentimes, they're going through our communities to get there.

How can we do that?

How should we as a state also step up, to the extent that we're not, because I know we are, but, to the extent, is there more that we can do as a state to take on some of those responsibilities as well?

COMM. GEORGE LONGWORTH: I think municipal and county and state law enforcement across the country needs to be encouraged to participate more in federal task forces.

Our presence, the 10 people we have assigned

to various federal task forces are all sworn in as U.S. Marshals. Their jurisdictions know no boundaries. We fly them down out of the country several times a year, down to Bogota, Colombia, on cases. They go into Jersey routinely, and surrounding states, under the power of the federal government.

From that, you also get the collective sharing of intelligence. You know, things are not put into silos, where state law enforcement is doing one thing, federal law enforcement is doing something else.

I mean, it's truly ripe for coordinated effort on both the federal and state level.

SENATOR MARTINS: That's great.

And there was a point made earlier regarding Narcan, and coordinated effort to try and train as many people as possible.

I had the opportunity to take the training myself.

For those of you who have thought about it, do it. It's easy. It's very easy. And, you get a kit, and you get to carry it with you. And, hopefully, you'll never need it, but if you do, thankfully, you'll have it with you.

Do you have a coordinated program through the police department, or through the County, to train volunteer firefighters and other emergency responders in the use of Narcan?

Because, more often than not, if it's not a police officer who's on the scene first, it may be someone else who's been called and responded.

Are we taking that initiative as well?

COMM. GEORGE LONGWORTH: What we're doing here in Westchester is, our Health Commissioner, who is a medical doctor, is the sponsor of the program. And she has trained a number of instructors in both the police, fire, and EMS service, that are out in the community training first responders on all levels.

SENATOR MARTINS: Perfect.

SENATOR MURPHY: Yeah, we're going to try and make sure that all first responders are -- in New York State are Narcan-trained.

COMM. GEORGE LONGWORTH: Well, the one thing I would like to commend both of you gentlemen for, it's one of the few programs that I've seen come down in recent history from the State that actually had funding for training attached to it.

And I thought it was a brilliant move.

SENATOR MURPHY: Thank you.

It was -- the school nurses; the school nurses were -- can you believe it? -- were not allowed to administer Narcan. God forbid, a kid in school, it was illegal for them to do it.

And in this year's bill, we had, not only did we give the right for the nurses to do it, but we also funded it, over $270,000, for each school to have two kits in it.

So --

[Applause.]

SENATOR MARTINS: Unfortunately, all too often, common sense is not very common.

SENATOR MURPHY: Quick question for you, Chief.

Anything on the streets that -- you know, that you've seen, that's just out of -- you know, out of the ordinary? Anything you would like to, you know, share with us?

I mean, is there something that we should be doing out there to help you? Or is there just -- is most of it coming in from the city?

CHIEF JOHN HODGES: I think, you know, Senator, some of the things we brought up at the last meeting when we met with you, you know, some of

the challenges that we face with the legal process, trying to target.

You know, people think it's easy.

We get a lot of complaints regarding somebody who may be dealing drugs, but it's a painstaking process to identify them; to either utilize a confidential informant, or to utilize undercover officers that we have.

And there are some challenges. Some of the -- of those deal with, you know, how we go about and prosecute those cases.

Some things, you know, I may not be able to comment here specifically, on our tactics, but I would love to talk to you about some of the challenges we have, trying to, you know, utilize our undercovers, and to identify people who are actually selling narcotics.

But what we are seeing, and as the Commissioner mentioned, what we're trying to do, he mentioned the task forces.

And I believe it was Judge Reitz that also talked about this progression from prescription medication to heroin, once the cost becomes too much for the user, and then they transition to the heroin.

You know, we're also seeing that prescription medications, and one of the things that the Commissioner mentioned, was our DEA task force.

We're partnered with DEA in several task forces, a general task force, because what we're trying to do is, and through this coordination with local law enforcement, we maintain a full-time narcotics unit. And then we team up.

We team up like, you know, here in Yorktown with Chief McMahon and his people, and we look at a smaller distribution ring.

And then what happens is, we need to get beyond that. So we partner with our, you know, DEA task-force members to look at larger distribution rings.

But also is the diversion of prescription medications, that we have been successful with our DEA diversion task force, with getting prescription meds that are getting into the hands of people through diversion, and then they are going out on the street for market.

So, we've had some great success with that.

And as you pointed out, and the Commissioner said, there are no boundaries. We're trying to look at this. Because what's going to affect, you know,

and what happens in Rockland and Putnam and Dutchess and New York City is going makes it's way into Westchester.

So we have worked very hard to divert and get those prescription meds, you know, off the street.

SENATOR MARTINS: I have just one more question.

SENATOR MURPHY: Yeah, sure. Absolutely, go ahead.

SENATOR MARTINS: Held a program last week, and we do this periodically, and I'm sure you do the same thing here in Westchester, with a Shed the Meds program.

We did a Shed the Meds program in a community on the north shore of Long Island, Nassau County: Manhasset, typical suburban community.

In one afternoon we got over 500 pounds, over 500 pounds, of medications that were just sitting around the house. The people just went into their medicine cabinets and took it upon themselves to bring those down.

And, you know, if we talk about the types of things that are readily available for people to divert, look in your medicine cabinets.

I mean, it's incredible to think that, in an

afternoon, based on a postcard that was sent out to a small community, people brought down over 500 pounds worth of prescription medication.

And, so, if you just look at that, and multiply that out over every community, you really get a sense of what we're dealing with out there, and what you're dealing with out there.

And, so, for anyone who may be listening out there, I'm assuming that they have the opportunity to do that at home. They have the opportunity to take those and to bring them to their local police precinct and drop them off. Right?

CHIEF JOHN HODGES: Yes, absolutely.

And, furthermore, what we do is, from there, we take it, where it is actually, you know --

SENATOR MARTINS: It's not flushed down the toilet.

CHIEF JOHN HODGES: Well, no, it's not flushed down the toilet, no, no.

We take and we dispose of it.

And, you know, sometimes even that, I mean, you'd be surprised, we have to take security with us, because the street value of what we will take and has to be destroyed can be significant.

SENATOR MARTINS: In my case, we had two

County police officers there, who then took the prescription drugs at the end of the day and took them with them, because of exactly that point.

It's incredible to think.

But, again, it just goes to highlight the point that, you know, when we talk about diversion, we're not nearly talking about a truck full of pharmaceuticals. We're talking about people's homes, their medicine cabinets, and what's readily available to others, including their children.

And so, you know, part of that responsibility starts at home as well.

CHIEF JOHN HODGES: Right.

And, you know, we've actually seen cases where, you know, unwittingly, there are elderly people or people who fall prey to somebody who will actually take them to get them prescription medications, and then take those, where they have gone to the street, you know, and been sold.

And that's part of the diversion task force, is targeting those groups that will actually seize upon that opportunity.

COMM. GEORGE LONGWORTH: Another area where we've had great success with the DEA diversion task force is the doctors who are inappropriately

prescribing prescriptions. In several instances, they've inappropriately prescribed the prescriptions to undercover police officers and have, subsequently, been arrested.

In fact, several million dollars have been seized through those investigations.

SENATOR MURPHY: Yeah, I think that's where a lot of it is starting from, to be quite honest with you, Commissioner.

And, you know, I've just found out that our disabled veterans that are on painkillers, they're becoming victims. Our disabled veterans are becoming victims now. They're going into finding out where they're living and getting into their medicine cabinets, somehow, some way.

But, another quick question for you.

Any law enforcement, any laws that we can kind of strengthen?

Because I -- you know, you watch on TV, you come up with the arrests, they're going in that door, and they're walking out that door, waving to you.

How do we make these laws stricter and give it more teeth so we can put these guys behind bars instead of, you know, slapping them on the wrists

and letting them walk back out and doing this all over again?

Do you have any suggestions for us?

COMM. GEORGE LONGWORTH: You know, I think it's going to require a consensus. I think society, as a whole, is spread across the board on whether they think possession or illegal use of controlled substances is something that people should end up in jail over, as the judge was speaking of earlier.

But I think where the laws really need to be strengthened, is when distributors and higher-level operators in the system, people who are bringing it into the country, people who are bringing it across state lines, people who are selling to dealers, the distributors, when you get those dynamics, I think that's where the hammer has to drop and people have to face stiffer sentences.

Cut off the supply and everything else kind of drops off.

SENATOR MURPHY: Okay.

Any other questions?

SENATOR MARTINS: No.

SENATOR MURPHY: Listen, thank you so much for everything you do to keep us protected and get these drugs off the streets, and, really great job.

And I'm really proud to know that are interagencies working with one another, because I've heard one story after another that they're not. And you just gave me a good hope.

Thank you.

Thank you so much for coming out.

[Applause.]

SENATOR MURPHY: Next I'd like to call Putnam County Department of Social Services, Mike Piazza.

COMM. MIKE PIAZZA: And Dahlia.

SENATOR MURPHY: Oh, and we also -- I was going to wait and do -- oh, we're going to do them both together. Good.

And, Westchester County Department of Community Mental Health is, Dahlia Austin.

Thank you so much for coming tonight.

[Applause.]

DAHLIA AUSTIN: Good evening.

Good evening, Senator Murphy and Senator Martins.

Thank you for the opportunity to speak before you. It's really an honor.

Much has been done at the state and local level to address the issues of opiate use.

I'm pleased to say that the State has enacted and enforced state-level parity laws, requiring insurance to pay for inpatient care during insurance denial and approval -- and appeal process.

The Combat Heroin campaign was launched, increasing public awareness of the dangers of heroin use.

And most recently, as you mentioned, the Legislature has allowed school nurses to be able to administer Narcan, which I think is tremendous.

At the local level in Westchester County, as was mentioned before, we do have a significant and a strong Narcan program where we are training not just first responders and police officers, but we're training members of the community.

We are training clients who are in treatment to be able to respond if they're in a situation with other addicts.

So, just in terms of looking at the community members, first responders, and family members, you know, and to be able to provide them with Narcan training.

And also in Westchester, drug and alcohol prevention coalitions have hosted a lot of forums across the county. We have worked with our local

treatment providers, New York State OASAS, and community stakeholders to increase access to medication-assisted treatment.

In May, Lexington Center for Recovery, a treatment program, will open its doors to provide medication-assisted treatment to residents in the northern part of the county. So I think that was significant.

But, more needs to be done.

As is evident by the data that has been spoken about in Westchester County, opiate-related deaths increased from 53 in 2010, to 93 for 2013.

The number of heroin-related deaths for those under the age of 30 increased more than fivefold, from three in 2010, to sixteen in 2013.

For Westchester County residents, yes, there has been a substantial increase in opiate-treatment admissions to New York State OASAS-licensed treatment programs.

In 2020 (sic), there were 1,673 admissions, accounting for 90 percent of all admissions.

In 2013, 2,320 admissions accounted for 26 percent of all admissions.

And, in 2014, 1,853 admissions accounted for 22 percent of all admissions.

The proportion of heroin admissions to treatment for those age 25 and younger increased from 22 percent in 2010, to 26 percent in 2014, and the number of heroin admissions now exceeds the combined total of cocaine and crack, combined.

In addressing the critical next steps before us, we must do:

One, continue to focus and increase support for prevention and education activities by increasing the capacity to offer community and school-based prevention counseling, increasing support for drug and alcohol community coalitions.

Two, support access to treatment and recovery services by increasing resources to support and sustain qualified addiction professionals; ensuring access to addiction medication, such as Suboxone and Vivitrol, by allowing physicians assistants and nurse practitioners to prescribe; requiring private physicians who prescribe addiction medication to collaborate with community-based providers, to ensure addiction counseling and recovery support services; supporting the development of recovery centers to offer patient support services and assistance in maintaining abstinence; and cooperating addiction training and educational

programs for physicians, dentists and, other health professionals.

Three, increasing the enforcement of the state parity laws.

Four, increasing public-education campaign to decrease stigma, and to provide education about addiction and trauma and its effects on the family and the community.

Five, increasing cross-systems collaboration to facilitate early identification, with the use of experts in primary-care and child-welfare settings.

In closing:

The use of heroin is the latest drug of abuse, and it has taken a toll on our community. But let's not lose focus on the broader area of addiction, where, if it's alcohol, cocaine, or marijuana, we must have the infrastructure and resources to fight addiction, to fight for the support of our communities and families.

Thank you.

[Applause.]

SENATOR MURPHY: Thank you, Dahlia.

COMM. MIKE PIAZZA: Thank you, Senator Murphy and Senator Martins, for allowing me to provide testimony to the New York State Joint Senate Task

Force on Heroin and Opioid Addiction.

As you can imagine, my testimony and Dahlia's are going to be somewhat similar in some very important ways.

I am Michael Piazza, Commissioner of the Putnam County Departments of Mental Health, Social Services, and the Youth Bureau, and I have served in that capacity since 1984.

However, my first position when I came to work in Putnam County in 1979 was as a substance-abuse counselor in the substance-abuse treatment and prevention program.

So, I have a long-term view of this issue.

Prior to 2010, the overdose death of a Putnam County resident was very rare.

However, in 2013, there were 11 such fatalities, and in 2014, there were 12.

Of the 23 fatalities, 19 had some form of opiate or opioid as a substance present at the time of death. One died of alcohol overdose, and another five had alcohol present with other medications.

The ages of those who have succumbed in the past two years range from 25 to 65. The demographics reveal that six were aged in their 20s; five, 30 to 39; three, 40 to 49; seven were

aged 50 to 59; and two were aged 60 to 65.

Fifteen were male, eight were female.

This significant increase is very troubling, and has already seen a specific response on the part of the enforcement and treatment community.

I-STOP legislation has encouraged physicians to be weary of prescribing narcotic analgesics to patients seeking drugs for abuse.

Many law-enforcement agencies and first responders have been trained to administer Narcan, and have been supplied with it.

Anecdotally, we are aware, that within weeks of Narcan training in Putnam County, of one basic life-support ambulance corp in Putnam reversed a potentially fatal overdose of a young man.

The Office of Alcohol and Substance Abuse Services has begun a prevention-awareness program, warning of the dangers of the opiate abuse.

You may have seen one of their recent messages on a billboard in Albany. It represents a bottle of beer and a prescription-drug container, and announces that these are the gateways to heroin addiction.

It is with this image that I now would like to discuss some potential ideas in the area of

prevention and treatment.

The current -- we don't have just a heroin epidemic, but we have an epidemic to addiction. We've had one for a long, long time.

The current heroin epidemic is but the latest in a series of drug epidemics that have occurred in New York State since the 1970s.

In Putnam County, while this is the first heroin epidemic that resulted in fatalities, we have previously seen the rise and fall in the popularity of PCP; then cocaine, one by one, in all of its manifestations, as powder, as crack, as combined with heroin; amphetamines; methamphetamines; inhalants of substances such as glue or gasoline; ectasy; and, of course, marijuana.

And, I was just reminded of, one of my staff went to -- passed, on one of the local roads in Putnam County the other day, and saw 30 empty bottles of Reddi-wip; meaning that somebody is inhaling some of the stuff that's in there, or else someone's having a really big party with Reddi-wip.

But...

And through all this time, the number one drug of abuse, the number one drug that has caused the most dysfunction, has remained alcohol.

The common denominator has always been that people seek ways to become intoxicated or high, and we have not been able to develop a prevention program that will keep people, mostly young people, but not always, from experimentation with mood-altering chemicals.

The disease of chemical dependency results in the destruction of relationships, families destroyed, careers lost and ruined, increases in our jail population, and untimely and tragic deaths.

As a social services commissioner, I see the additional damage to families in the increase of children brought into the foster-care system due to the addiction of their parents.

Chemical dependency results in death, and death can only be avoided by recovery.

What is different about this heroin epidemic?

This heroin epidemic has been characterized by the introduction of heroin to suburban young adults.

It is well documented that this heroin abuse was begun by the misuse, abuse, and addiction to prescription drugs, such as Oxycodone.

In this epidemic, young people with supportive families were encouraged into treatment,

and they did become abstinent and began the first tentative steps toward recovery.

Like so many people in early recovery, they relapsed.

However, in this epidemic, a relapse became an unintentional fatal overdose.

What do we need to promote recovery within this context?

We have many fine treatment programs in New York State.

In Putnam County, three are licensed by the New York State Office of Alcoholism and Substance Abuse Services.

Arms Acres provides detoxification, medically-supervised withdrawal, adult and adolescent rehabilitation, and outpatient treatment.

St. Christopher's Inn provides primary care, detoxification, medically-supervised withdrawal, rehabilitation, and clinic services.

And, Putnam Family and Community Services provides an outpatient chemical-dependency clinic.

And representatives from their agencies will speak much more eloquently than I, later.

All of our treatment programs do a good job of establishing a therapeutical use and a foundation

for recovery from chemical dependency, but the disease of chemical dependency is so difficult that relapse is common. The shame and humiliation that is the hallmark of the feelings of the addict often prevent them from seeking treatment again.

People who relapse do not want to relapse, but often find themselves back in a situation where substance abuse is encouraged.

While we have great treatment programs that deliver intensive rehabilitation, we need to look differently at what can be offered after rehabilitation.

We need to provide persons in early recovery opportunities for sober community living.

Halfway houses. There are no halfway houses for persons with chemical dependency in Putnam County, and they are needed.

Recovery centers, clubhouses, where people in recovery can gather socially to help -- will help promote recovery.

This model with peer-support and -advocacy is growing in the-mental health recovery system.

And you may have seen an article this past weekend in "The New York Times," talking about -- that report on how student psychologists, who were

in recovery and needed to stay sober, how they were developing social clubs, recovery clubs, alcohol-free dances, and such, in order to be able to have support in their sobriety and their recovery.

And we need non-transitional safe and secure housing for all persons in recovery from behavioral-health issues.

So you'll hear me say that about mental-health recovery, as well as substance-abuse recovery.

I thank you for the opportunity to present tonight.

I applaud you for your devotion to the cause of resolving this terrible problem, and I appreciate all that you are doing to further the cause of recovery.

[Applause.]

SENATOR MURPHY: Dahlia, you mentioned the education to stamp out the stigma.

I think that's pretty important.

It's not a needle in the arm anymore. It's a pill that you can take. It's something that you can snort.

It's -- you -- I would -- I'm not sure if

he's here, but, Officer Frank Chibota (ph.), was kind enough, in your pamphlets, some of the forms that I did, the signs and symptoms.

You wouldn't even know -- you know, if someone was smoking a joint, their eyes get red and you realize they're -- they might be high.

With this, you have no idea.

He was kind enough to put together the signs and symptoms, that's in each one of these packets.

Frank, thank you very much. I appreciate that.

But, to your point of education on the stigma of this, I think it's extremely important to know that it's not just the needle in the arm anymore.

And what you've seen at the health department, I'm sure, has got to blow your mind.

DAHLIA AUSTIN: Well, the heroin campaign that's been funded and OASAS is spearheading, that is a great opportunity to expand that, and to be more specific about reducing stigma.

It's difficult to open treatment programs, because of that.

It's difficult for family members to come forward to accept help, because of that.

It's difficult, not just for the individual,

the family members. The disease affects everyone.

And I think we need to be able to speak about that. I think we need to be able to come together to develop solutions that assist with the problem.

I don't think there's any one answer, to wave a wand and say, This will fix it.

But it's a combination of problems. It's a combination of stakeholders coming together to find a solution.

SENATOR MURPHY: Yeah, shedding the light on it is a good start, I believe.

Mike, quick question for you.

What type of time frames, as far as recovery is concerned?

Because the people that I've talked to, 15 days is a joke. 28 days is not working.

If you were -- you talked about recovery and -- or, you can, obviously, Dahlia, you can chirp in here, whatever.

If you guys were to craft any type of time frame of someone being able to stay in recovery, what type of number would you give that, meaning days-wise?

COMM. MIKE PIAZZA: I think, in terms of the rehabilitation and the actual therapeutic

community --

SENATOR MURPHY: God willing you can get them there.

COMM. MIKE PIAZZA: Right, right. And, you know -- I mean --

SENATOR MURPHY: That's the start.

COMM. MIKE PIAZZA: -- well -- and you and Senator Serino, when we were at St. Christopher's Inn a couple of weeks ago, when you heard the men talk about how long they had been able to stay free, by being in a safe place --

SENATOR MURPHY: Good point.

COMM. MIKE PIAZZA: -- it was about six months. It was about six months.

And I know people very close to me in recovery from alcohol, not heroin, from alcohol, that when they reached a year, it was a very crit -- of sobriety, it was a very critical time.

Recovery is a lifetime process.

And early recovery can last, as far as I'm concerned, beyond a year.

How long can you keep someone in a rehab center?

But that's why I brought up the issues of

recovery centers and of halfway houses, safe places where people can stay for long periods of time, and at least a year, maybe more.

DAHLIA AUSTIN: It's really looking at the continuum.

And, if someone has a medical condition, diabetes, you don't look to say, well, there's an end factor. You support them throughout that health process.

And to look at addiction in the same light, there's an acute phase which needs intense services and intense treatment, but there's a maintenance phase; and being able to hop from one to the next to the other, and it being okay to be able do that, and insurance being able to pay for that.

But, it's a lifelong process, as with any disease, and it should be recognized as such.

SENATOR MURPHY: Yeah, I mean, it was at St. Christopher's, and we'll hear from Mary Ann here shortly, is that was unbelievable. You had the two kids -- two adults, two alcoholics; and, two kids that were really hooked on heroin. And one kid, I think it was 20-some-odd-years old, and he was hooked on heroin for 14 years? He started when he was 11?

COMM. MIKE PIAZZA: Yes.

SENATOR MURPHY: Or something like that? And he was on death row. He said, I want to kill myself. And then found St. Christopher's, and sings in the choir over there.

He's not ready to leave. He's not ready to leave, but he's finding peace with himself.

And it was interesting to see.

And that's why I ask that question, if you guys had any idea of what type of time frame.

It's for the rest of your life, I get that.

But there's a time frame where -- where they've got to come in and be treated -- be treated. And then, you know, the halfway house, step out, come back; step out, and then matriculate back out.

So, I was trying to -- any kind of sense from the professionals of you two, if, 45 days? 90 days?

Because, to be quite honest with you, I'm trying to find out, when I go back and I talk to the insurance companies, I want to figure out, what the time -- you know, we need to get coverage for these people. We're -- they're wasting their money, I believe, when they turn around and they put you in there for 15 days, and then 28 days. It's a no -- it's not happening. It's just not happening.

COMM. MIKE PIAZZA: And we support your efforts to extend the length of treatment, and that's very important.

SENATOR MURPHY: Well, that will continue. That will continue. I don't believe 28 days is enough. I'm not sure if it's 45. I'm not sure if it's 60.

And that's why I was trying to kind of get a little taste of it.

DAHLIA AUSTIN: There's really no panacea to say, 2 days, or 10 days.

SENATOR MURPHY: Right.

DAHLIA AUSTIN: And that's why it's difficult to put a time frame.

And that's why a continuum of services are appropriate, once someone needs to step down from intensive services, to have somewhere to go to provide that alternate level of support and services.

SENATOR MURPHY: I know Senator Martins had a question.

SENATOR MARTINS: Thank you.

First, thank you very much for your testimony here today.

How many inpatient beds do we have in

Putnam County and in Westchester County for recovering drug addicts?

COMM. MIKE PIAZZA: So, rehab beds, we have -- actually, Mary Ann and Patricia are here. They can tell you exactly.

I think we have 127 beds in Arms Acres, but some of them are for adolescents. Actually, maybe more than 127 beds.

And I'm not sure exactly how many beds in St. Christopher's Inn.

MARIANNE TAYLOR-RHOADES: 190.

COMM. MIKE PIAZZA: Okay. There you go. I knew she'd know the answer.

SENATOR MARTINS: Thank you.

So we have over 300 beds available for recovering, rehab beds, available in Putnam County?

COMM. MIKE PIAZZA: In Putnam County. And those beds are used regionally.

SENATOR MARTINS: Of course, of course.

Because I can tell you we have far fewer in Nassau County. And that really -- and I'm assuming -- how many do we have in Westchester?

DAHLIA AUSTIN: Westchester, we have approximately three or four providers that provide inpatient rehab beds. Some of them are

OMH-licensed, and some are just strictly OASAS-licensed. And then we do have a provider that provides detox beds.

So we -- and we do serve clients from the city that come up and access the services.

SENATOR MARTINS: And that seems to be one of the issues that we really need to grapple with.

Yes, we've passed laws that require insurance companies to provide coverage in a more meaningful way than they did in the past. And, perhaps, we need to again reevaluate those.

But if there aren't beds available, whether detox beds in the short-term, or whether rehab beds in the long-term, that really seems to be a significant issue.

And it's an issue that, perhaps, we haven't done enough as a state; certainly, perhaps we haven't done enough locally, to actually make those facilities available, make those a priority, so that when there is somebody who has that epiphany, and I do believe that, at some point, someone who needs help, and decides and realizes that they need help, there's a very short window there where the person either gets the help, or they relapse, because it isn't enough to have an outpatient center. We need

to have the kind of care that is going to remove them from all of the stimuli that they have around them, and put them in a caring facility where they will get the help that they need.

And we don't have it. We just don't.

Congratulations to Putnam.

You are the exception, by the way, not the rule to, have that many beds available.

But you are also caring for the region in those 300-plus beds. They're not just, obviously, for the residents of Putnam County.

And so, you know, perhaps efforts to coordinate our own priorities when it comes to this is long overdue.

And I think about -- I think about, you know, how perceptions in society have changed over time.

And I think about my parents' generation, and their views on things like smoking cigarettes, and how prevalent it was, and it was obviously something commonplace. There were -- you know, there were ashtrays in public places. There were ashtrays in hospitals. It was prevalent on TV.

And then you see our generation, and you see it less so.

And then you see my children's generation,

and they want nothing to do with it. It is not even an issue. They're not even curious about it. They just don't do it.

And so, you know, obviously, there's a path there. And, obviously, nicotine isn't as addictive as some of the things we're dealing with here.

But there is an educational component here that we have to strive, to try and incorporate into our public-education system, and, societally, I think is critically important.

But when -- just to reiterate a point, when that child, when that person, when that adult, has that -- that brief lucid moment where they reach out for help, how we respond societally, and the tools that we have available, are critically important.

What else can we do?

What should be we be looking at?

DAHLIA AUSTIN: When you talked about residential beds, there is a need for community residences, and that's a lower level of care.

Mike mentioned the need for that.

COMM. MIKE PIAZZA: Group homes.

SENATOR MARTINS: Group homes, you know, it's a bad word, obviously, in our suburban communities to talk about group homes, but we have to talk about

sober houses and group homes, and the ability to have transitional places for people who are transitioning back into a suburban community.

I mean, we can't hide from it. We -- let's call it what it is. These are suburban homes that are going to provide for a transitional location for people who are recovering, to be able to get back on their feet, find that job, create or start a new routine.

That's what you're talking about. Right?

DAHLIA AUSTIN: Yes.

COMM. MIKE PIAZZA: Yes, yes.

The community residences and the halfway house is a safe place, a supported place, a supervised place, where a person can be in the early stages of recovery, and can stay for a good long time.

But you'll also hear, Senators, you know, when you hear on the (unintelligible) side of the discussion, social -- you -- you will hear -- we're talking about safe, secure housing, for both people with mental illness and in recovery from chemical dependency, that are non-transitional, that are long-term.

But before you get to that point, you do need

the supervised settings, the community residences and the halfway houses. And that's something that we do not have.

SENATOR MARTINS: Thank you.

SENATOR MURPHY: Well, listen, thank you Mike, thank you, Dahlia.

I appreciate your testimony here.

DAHLIA AUSTIN: Thank you.

[Applause.]

SENATOR MURPHY: Is Doc in the house?

There he is.

How are you, sir.

DR. ANDREW KOLODNY: Good. How are you?

SENATOR MURPHY: Good.

Thank you for coming tonight.

We have Dr. Andrew Kolodny from the Phoenix House.

Thank you for coming tonight.

DR. ANDREW KOLODNY: Thank you, Senator, for inviting me. It's an honor to have this opportunity to talk with you about the opioid crisis.

Just a little bit of background about me.

I'm the chief medical officer of Phoenix House, which is a national nonprofit addiction-treatment agency. We're in 11 states.

And I'm the director of an organization called "Physicians for Responsible Opioid Prescribing," and we represent 1100 physicians from different specialties, including addiction, pain, primary care, and public health.

And I -- also, my clinical specialty is treating opioid addiction. I've been treating it for 10 years. And my writing and research is on the cause of this epidemic, and on policy interventions necessary to bring it to an end.

SENATOR MURPHY: Love to hear you. Keep going.

DR. ANDREW KOLODNY: So, I'm going to describe the problem. I'm going to try and define it a little better for you.

I'll talk about what got us into this mess, and what I think needs to be done to bring it under control.

So, you hear this problem described in different ways. You'll hear it described as a prescription-drug-abuse crisis, or a heroin-abuse crisis.

It's actually the wrong language to use, it's the wrong way to frame the problem, not only because it's inaccurate, but it's also misleading. It makes

us think that the problem that we're dealing with is people behaving badly: people using dangerous drugs recreationally, and then dying from them.

That's really not problem we're dealing with.

The problem that we're dealing with is an epidemic of Americans who have become addicted to opioids.

And when I use the term "opioid," I'm talking about both heroin and prescription opioids.

Something that's very important to keep in mind is that drugs, like Vicodin or Oxycontin (hydrocodone and oxycodone), to make them you start with opium, in the same way to make heroin, you start with opium.

And the effects that oxycodone and hydrocodone produce in the brain are indistinguishable from the effects produced by heroin.

What that means is that, when we talk about opioid painkillers, we are, essentially, talking about heroin pills.

To say that doesn't mean we should never prescribe them. These are very important medicines for easing suffering at the end of life, and when used on a short-term basis for severe acute pain;

for example, someone who has just had surgery.

But the vast majority of opioid prescribing in the United States is not for palliative care or short-term use. 80 percent of the U.S. opioid consumption is for what would generally be called "chronic non-cancer pain." These are conditions like low-back pain, fibromyalgia, chronic headache; conditions where opioids are probably not safe or effective.

The United States, with about 5 percent of the world's population, is consuming 80 percent of the world's oxycodone supply and 99 percent of the world's hydrocodone supply.

The CDC has been very clear about the cause of our current opioid-addiction epidemic. In fact, the CDC is calling this the worst drug epidemic in the United States history.

What the CDC is telling us is that this epidemic has been caused by overprescribing of opioid painkillers, beginning in the late 1990s, as doctors began to prescribe opioid painkillers more aggressively than they ever had before.

As the prescriptions began to soar, it led to parallel increases in rates of addiction and overdose deaths.

Between 1997 and 2011, there was a 900 percent increase in opioid addiction in the United States, measured by people seeking treatment for opioid painkillers.

So when we talk about this problem, the reason that we're seeing -- the reason that we're seeing historically high levels of opioid-overdose deaths, the reason that we're seeing skyrocketing rates of infants born dependent on opioids, the reason that we're seeing heroin flooding into non-urban areas, is because the prevalence of this disease, opioid addiction, the number of people with this disease, has increased rapidly over a brief period of time because these medications were overprescribed.

Now, you can ask if I'm suggesting that this epidemic was caused by doctors prescribing too many painkillers.

You can ask, Well, why did we suddenly start to prescribe painkillers so aggressively, beginning in the late 1990s?

And the reason that happened, is that the medical community was responding to a brilliant marketing campaign. It was a campaign that misinformed the medical community about the risk of

these medications, especially the risk of addiction, and exaggerated the benefits of using them long-term.

The medical community was led to believe that the compassionate way to treat any complaintive pain was with an opioid prescription.

That was incorrect.

As the prescribing took off, it's led to this public-health catastrophe.

I'd like to just briefly talk about the heroin connection.

And what we're hearing in the media right now is that efforts to crackdown on painkillers have created this new heroin problem.

That's not accurate.

From the very beginning of the opioid-addiction epidemic, we have very clear data on this going back to around 2000, 2001, from the beginning of that epidemic, young people who were becoming opioid-addicted, if they lived in areas where heroin was accessible, they were switching to heroin because it was easier to access.

This is not a new problem.

What's happening that may be new is that, beginning in 2010, we're seeing more people dying

from heroin overdoses, and it's likely due to the fact that the heroin supply has become more dangerous.

But heroin is not a new problem. It began at the beginning of the opioid-addiction epidemic.

We have, roughly, two groups that are addicted right now.

There is the younger group that I think most of the discussion today has focused on. This is the group that becomes addicted to opioids through exposure to painkillers. They could be painkillers that they were using, that were prescribed by a doctor for a sports injury or wisdom teeth, and maybe they liked the effect. They used them recreationally, or maybe used them as directed; they became addicted.

These young individuals who are becoming addicted through either medical or non-medical use, because they're young, if they don't have serious medical problems, once addicted, it's very difficult for them to maintain their opioid supply visiting doctors.

Even doctor-shopping, if you're young and you're healthy, doctors are not going to want to prescribe you 240 tablets of oxycodone.

Very quickly, the younger group winds up on the black market. The pills are about $30 apiece for an immediate-release 30-milligram oxycodone. They switch to heroin because it's less expensive.

That's one group, the younger people now switching to heroin.

The other group are individuals in their 40s, 50s, 60s, and 70s. These are individuals who do not have to turn to the black market, once getting addicted. They have no trouble getting pills from doctors.

And one of the interesting findings that rarely gets reported on, is that when you look at which group has the higher rate of overdose death, overdoses are much higher in the group getting the pills from doctors.

The age group with the greatest rate of drug-overdose death in the United States from opioids is 45 to 54. Far more middle-aged people are dying of opioid-painkiller overdoses, even more so than the young people who are switching to heroin that they're purchasing on the street.

What needs to be done about this epidemic?

Well, I was very careful to define this problem as an epidemic of people with the disease of

opioid addiction.

Now, I don't mean to imply that everybody who is dying of an overdose death was addicted.

There are certainly deaths occurring in people who were making the mistake of experimenting with a very strong painkiller, had no tolerance, and died of an overdose: young people who were not addicted.

There are also pain patients dying of overdoses, who accident -- forgot they took their 80-milligram Oxycontin before going to bed, they take a second one, and they don't wake up in the morning.

Deaths like that are very significant.

But the vast majority of the overdose deaths appear to be occurring in people who were opioid-addicted, and they got that disease in one of two ways.

They got that disease through medical use; they were taking the pills exactly as prescribed, and became addicted. Or, from using them recreationally.

So how do we bring this epidemic under control?

Well, if we understand this is an epidemic of

people with the disease of opioid addiction, the strategies for bringing this problem to an end are very similar to the strategies we would employ for any disease epidemic, whether we were talking about Ebola or measles or HIV.

The way you end an epidemic is you contain it. You prevent new people from getting the disease, and you see that people who are suffering from that disease are able to access effective treatment.

These are the same strategies we need to end the opioid-addiction epidemic. We need to prevent new people from developing opioid addiction, and we need to see that the people who have that disease are accessing effective treatment.

To prevent opioid addiction, that mainly boils down to getting doctors and dentists to prescribe more cautiously, so that they don't directly addict their patients, and so that they don't indirectly cause addiction by stocking medicine chests with a hazard.

In terms of treatment, there's been quite a bit of discussion about treating this disease.

If we don't rapidly expand access to effective treatments, we are going to see heroin

continuing to flood into communities to meet the demand, and we will see overdose deaths remain at historically high levels.

One of the most important treatments is a medication called "buprenorphine," or, "Suboxone."

And I just spent a while telling you that overprescribing of an opioid led to this public-health catastrophe. It may sound strange that I'm now going to say that an opioid medication may be the answer for this problem.

But I do believe that for the -- that one of the first-line treatments for people suffering from the disease of opioid addiction is treatment with Suboxone, or, buprenorphine.

And, unfortunately, there is not nearly enough access to that particular treatment, in part, because of federal barriers.

Now, I just want to end by pointing out something that also was not measured.

I think the purpose of this forum, in part, is to discuss what this community can do to tackle this problem, and, of course, that's the right thing to ask.

But I'd like to point out that the federal government is failing to help states and counties

with this public-health crisis.

In 2013, 44,000 Americans died of a drug-overdose death. That's the same number of Americans who had died of AIDS at the height of the AIDS epidemic in 1994. And it was -- and it's been the same trajectory of increases in deaths.

I'd like to point out that Ronald Reagan was rightly criticized, because during the AIDS epidemic, it wasn't until around 1987, and around 20,000 American deaths, before he would say "HIV" or "AIDS" in public.

We have not heard once from President Obama about this epidemic.

More than 220,000 Americans have died of opioid overdoses, half of them on his watch since he came into office. Not once has he addressed this crisis.

And it wasn't until this year's budget that he's ever talked about finding funding for this problem.

In fact, the President has cut funding to NIDA.

It would be nice if we had other treatments beside buprenorphine, where NIDA could be investing in research.

And he's cut funding to SAMHSA which funds treatment around the country.

So I'd like to point out that the federal government could be doing more.

And in terms of what New York State could be doing, I would hope that they would advocate with the federal government to be helping out with this crisis.

Thank you.

[Applause.]

SENATOR MURPHY: Thank you very much for your testimony here.

A few things, just so you know what we have done, Senator Martins, myself, our conference, we made sure there's close to $12 million in this for the heroin and opioid abuse that's going on in New York State. It's the most that's ever been.

We realize that there's a problem here, and this is why we're doing these things.

So, it is, crucial importance to continue, and like you said, getting funding for some of these things.

A few quick questions, though, that I'd like, if you don't mind.

You say -- how do we contain it?

How do we contain it?

You said that's a very important component to this, is how we're going to contain it.

How do we get these kids to stop going into, you know, getting these prescriptions, stealing these things, and then going out on to the streets?

Any idea of how to -- you said "contain it," that's a crucial thing.

DR. ANDREW KOLODNY: Sure.

You know, I think it's -- we can ask, you know, how can we prevent kids from using these drugs?

But I really think that -- and there are efforts that are important there, but I think the pills that these kids are getting their hands on have been prescribed by doctors --

SENATOR MURPHY: Uh-huh.

DR. ANDREW KOLODNY: -- and in many cases, for inappropriate indications.

If someone has just had a major surgery, or severe acute pain, usually they need a few days of these medications.

We have doctors and dentists giving 30 days worth of medications to teenagers, in some cases.

So I think there needs to be an effort to get the medical community to prescribe much more cautiously so that these pills aren't available.

Young people are curious about experimenting with drugs. And, in fact, there are psychologists who would argue that experimenting with drugs is normal behavior in adolescents.

Young people do try to determine if a drug is a soft drug or a hard drug.

When I was in college, if somebody brought pot to a party and went around, some people would try it. Had somebody brought heroin to that party, they would have looked at them like they were crazy.

The young people who are experimenting with drugs don't recognize that an opioid painkiller is, essentially, a heroin pill. They think they're playing with a soft drug. It's after they get addicted they realize it's the same.

But the prescribers and the parents also don't recognize that these are, essentially, heroin pills that they're putting in their medicine chests.

SENATOR MURPHY: The interesting point, I had the opportunity of meeting, up in my office, with a group yesterday, with regards to, possibly, a new medication coming out that can, basically, with the

pain medication -- you have the neurotransmitter -- to, basically, encapsulate the neurotransmitter after you take this.

And then, this, instead of taking the opioid every 3 to 4 hours, or 5 hours, this has the possibility of lasting 12 to 24 hours, without giving the euphoria that these people are looking for, smashing it up, smoking it, snorting it, doing -- ingesting it.

So this type of drug, if they try and manipulate it would, basically, how I understood it, pretty much, turn to honey.

DR. ANDREW KOLODNY: Yeah, I'm not familiar with the specific type of abuse-deterrent formulation that you're describing.

But I would say that there's a temptation to think that technology can get us out of this mess. That if we simply made these pills harder to crush for snorting or injecting, that that would somehow help this problem.

It wouldn't, because making a pill harder to crush or snort is not really doing anything to make the active ingredient less addictive.

And almost everyone who develops this disease, it starts by taking pills orally.

Some people will switch to snorting and injecting, but most just continue to use orally.

So, it's much more important to get across to the medical community, that when you prescribe opioids long-term for common chronic conditions, that you are much more likely to hurt patients than help them.

The problem that we're talking about today is not new. From the early 2000s, it was clear, that as the prescribing was going up, we were seeing rates of addiction and overdose deaths rise.

The strategies for controlling it back then are the same as today, and they're not that complicated.

The reason that we -- I believe, policymakers have been failing to address this problem with the appropriate interventions is that, the opioid lobby, the pharmaceutical companies that have been earning tremendous profits as the prescribing took off, and it's not just the pharmaceutical companies, it's the retailers, the wholesalers, the distributors, what they keep telling policymakers like yourselves, is that we have two problems in America.

They'll tell you we have the problem of drug abuse and the drug abusers, and we have the problem

of 100 million Americans suffering with chronic pain. And your challenge as the policymaker is to not do something about the drug-abuse problem that will make the pain problem worse. Don't do anything that might jeopardize access for the millions who are benefiting, or penalize them for the bad behavior of the drug abusers.

That is a false framework. We do not have these two distinct populations. There's a tremendous amount of overlap.

And I would say the group that's been disproportionally harmed, harmed more than any other group, would be Americans suffering from chronic pain, because these medications are not helping them, and, in many cases, are ending their lives.

SENATOR MURPHY: Yeah, well, ending their lives, is it due to the concentration of it?

DR. ANDREW KOLODNY: It's due to the fact that these -- what happens, if you take an opioid long-term, is that you become tolerant to the analgesic effect. The only way to continue to get pain relief is to keep going higher and higher on the dose.

As the dose gets higher, you see people's quality of life and function begin to decline, and

the medicine they're on becomes very dangerous. It becomes very easy for them to overdose and die from it.

The other thing we see is that the opioids can make pain worse. It's a phenomenon called "hyperalgesia."

Back in 1995, before this problem exploded, that was the time when the medical community understood that you don't treat low-back pain, headache, fibromyalgia, with long-term opioids.

It was when we were convinced that this was the compassionate way to treat all of these problems, the prescribing took off, and that's how we wound up here.

SENATOR MURPHY: Thank you.

Thank you very much.

[Applause.]

SENATOR MARTINS: Uhm, Doctor, it's not fair to bring your own fan club with you when you come to these hearings, you know that.

[Laughter.]

SENATOR MARTINS: I do have a couple of questions.

And, obviously, as we discuss this issue, there have been suggestions made that we as a state,

and perhaps the rest of the country as well, should require, in medical schools, that doctors have to take specific classes on pain management as a precondition to being permitted to prescribe opiates. Period. There should be no exceptions.

Do you believe that that's the case?

DR. ANDREW KOLODNY: I have very mixed feelings about discussions for mandatory education of -- mandatory pain education.

And I think Senator Kemp Hannon has a bill out there that would mandate docs in New York State to get education in pain.

The problem I have with it is the content of the education.

And I think, even in his bill, it talks about groups, like the American Pain Society, sponsoring these educational programs.

It was education in using these medications for pain that, in many ways, led to this change in practice.

I think that we do want -- if we could mandate really good education, I would be in favor of it. But I would be concerned about the content.

What we want is for the prescriber to have accurate information about the medications' risks

and benefits. If they understood that these are highly addictive, and if they understood they don't work well when used long-term, they would prescribe much more cautiously.

SENATOR MARTINS: I don't disagree with you.

I would just think that the profession itself, frankly, has an obligation to provide that guidance for itself.

And so, you know, we've all heard the nightmare scenarios, where a dentist will prescribe 30 days -- 30 days worth of painkillers for someone who goes in for a root canal. And, you know, they could have prescribed aspirin.

DR. ANDREW KOLODNY: Correct.

SENATOR MARTINS: And so, you know, that can't happen.

And to the extent that there's legislation that's being proposed, I would suggest that, in the absence of the profession taking this -- the initiative and developing those protocols themselves, the State will have to take some action.

And I would hope that the profession would take action on its own.

DR. ANDREW KOLODNY: They won't. So you will not find the New York State Medical Society

supporting anything that's mandatory.

The medical society, in many states, the doctors' groups would like to think of this problem as all about the bad apples. They would like you to think that this is all about the doctors running pill-mills, and the patients who are drug abusers.

In many states, the medical societies are opposed to interventions that would impact what they do in their everyday practice. They think that they know how to prescribe appropriately.

The reality is, that the well-intentioned doctors may be a bigger part of the problem. The well-intentioned doctors and dentists are inadvertently causing addiction.

Once people get addicted, they seek out the pill-mill doctors. The pill-mill doctors are responsible for a disproportionate number of the deaths.

But it's well-meaning doctors that really do need that education.

And if there was a smart bill, I don't know that you'd get the medical groups to support it, but I think you could get a lot of support for it.

SENATOR MARTINS: I appreciate that.

You know, it is a statistic that jumps out at

me, and I think it jumps out at most people who see it: In 2011, there were 21 million prescriptions written in New York State for an opioid.

21 million prescriptions.

There are only 19 million people in the entire state. That's infants, right up to nonagenarians.

So the idea that there are that many opioids available, being prescribed, obviously, heightens the sense that, you know, this has been a problem for a long time. And there are only a couple of people who knew that it was a problem for a long time.

The pharmacy.

The drug companies that knew that they were shipping these quantities into the state, and, certainly knew how many were being sold, obviously.

And those who were prescribing them.

DR. ANDREW KOLODNY: I'd say there's another group, potentially, that would know, which would be New York State's Bureau of Narcotic Enforcement, which has had access to the I-STOP data, which could be using the PDMP data to identify doctors who are prescribing aggressively, and intervening.

These are doctors who the State could be

telling them, you know, you shouldn't be prescribing high doses of opioids in combination with Xanax. They could be sending them letters. They could be requiring targeted educational programs for risky prescribers.

The State has this database, and they've also not utilized it.

SENATOR MARTINS: You know, Doctor, I appreciate that.

I did use 2011 as the date for those statistics because I-STOP didn't come into play until 2012.

Because, having been there, and having participated in not only the discussion, but also the vote for I-STOP, we now have a tool that we didn't have before.

To your point about the 45-to-54-year-old population, frankly, I am -- I appreciate it.

I'm surprised, because that wasn't something -- and, obviously intuitively, I think we can all understand that that population would certainly have the ability to continue to access opioids through prescriptions, because nobody perceives them as being addicts.

DR. ANDREW KOLODNY: Correct. They're seen

as chronic-pain patients.

There was a study that was done in Utah. In 2012 they published a study, looking at everybody who had died in the state of Utah in 2008. And of, roughly, 300 people who had died of an opioid-painkiller overdose in the 2008 year, 92 percent of them were people who were getting these medications legitimately prescribed to them by a single doctor for chronic pain.

When they interviewed the next-of-kin, what they found for almost all of the patients who had died, was that their close contacts were worried that they were badly addicted to these medications, but they were also seen as legitimate chronic-pain patients.

SENATOR MARTINS: You know, and I'll just make a point, and I appreciate that context, but, anecdotally, I have a real -- obviously, a real interest in this issue.

And when I discuss this particular issue, overdoses, the demographics, the types of people who are the victims of these overdoses, with emergency responders, volunteer firefighters, who are responding in their ambulances, time and again, the demographic that I am aware of is a much younger

demographic that is overdosing today in New York State. Certainly, in my suburban communities.

That the EMS personnel that are responding to those overdoses, and I can't speak to what happened in Utah, and I can't speak to other parts of the state or other parts of the country, but this is still very much a significant issue for younger adults who are hooked, who are taking these drugs, who, perhaps, decided to seek treatment, and then relapsed.

And, in relapsing, there's a common scenario, went back to the dosages that they were taking before they sought treatment, thinking that that was the proper dosage, and ended up overdosing, because their body no longer could tolerate that level of opioid abuse.

So, I appreciate it. It's something I'm going to follow up on personally.

But when I discuss these issues, and, unfortunately, there are too many instances, it is, time and again, the young adult, the teenagers, or those in their early 20s that are succumbing to these issues, and not necessarily the 45- to 54-year-olds.

DR. ANDREW KOLODNY: Yeah, if you check with the Nassau County Medical Examiner's Office, you'll find that the age group in Nassau County, because I'm familiar with their data, where they've got the highest rate of overdose deaths, is the 45-to-54-year age group.

I suspect that the reason you get a different picture, talking to EMS workers, is they may be more likely to respond to an overdose involving a young person or involving illicit-drug use.

Typically, the way a pain patient dies of an overdose is in bed, sometimes next to their spouse.

In fact, many of these deaths go uncounted as drug overdoses. If it's an elderly person, it's usually attributed to a natural medical problem.

SENATOR MARTINS: It's fascinating.

I really appreciate the context, because it's -- the first time that that's actually been presented at one of these forums.

Thank you, very much.

SENATOR MURPHY: One more quick question for you, Doc.

I know in medical school, they don't -- it's minimal training on pain control. It's absolutely minimal training there. And, we all have to do our

CEUs in the profession.

And, as the drug field changes, I know I have to do at least 12 units in ethics.

I would not see any reason why the M.D.s wouldn't have to do anything in a specific line, whether it's pain control, or learning about the new drugs coming out.

The reality is, is that the drugs are changing on a constant basis, as you say, and we have to do certain CEUs (continuing education requirements), in case people don't know what they're about.

And making one of those mandatory is -- I would not see a problem in it.

DR. ANDREW KOLODNY: I agree. I wouldn't see a problem, depending on the content of the education. But there's also very little taught about addiction in medical school.

And what we're dealing with right now is a severe epidemic of addiction.

SENATOR MURPHY: Great point.

DR. ANDREW KOLODNY: I'd like to see mandatory education on addiction before we let doctors prescribe addictive medications.

[Applause.]

SENATOR MURPHY: I think those two would be linked very closely. They would, most certainly, overlap.

One last thing?

SENATOR MARTINS: Yeah, just one last point.

You know, we hear statistics, Doctor, about the number of overdose deaths, usually by region. And, you know, those are statistics that are held up to identify this problem.

To your knowledge, when they publish these results, are they including everyone, including those that are, you know, under care and doctor's care, and receiving pain medications to deal with a chronic condition, the example you gave about dying in bed, as opposed to somebody responding to an emergency?

Are all of those included in those statistics as well?

DR. ANDREW KOLODNY: What happens when somebody doesn't -- dies of an overdose?

911 is called. The police or 911 come on the scene.

If there's a young person there, and a syringe or crushed-up pills, or there's a young person with no medical problems and an empty pill

bottle, almost always, the body will be sent to the medical examiner, toxicology will be performed. And if it was, in fact, an opioid overdose, it will be counted as such.

What happens very often, though, is if it's an elderly person, if it's grandma, even if everybody knew grandma had a problem with her pills, if grandma doesn't wake up, and the police come, typically what the police will do is, they'll find a pill bottle, they'll call the doctor who was the prescriber, and they'll say, Will you come to the home and sign a death certificate?

When you lose your loved one, you -- generally, you want your loved one to be buried. You don't want them to be -- to have died of one of the most stigmatized conditions possible.

So we wind up undercounting many of the deaths.

SENATOR MARTINS: Of course, of course.

And we have instances, obviously, where people die under tragic circumstances, and they had a seizure, because no one wants to discuss, again, going back to the issue of stigma.

Doctor, I appreciate your testimony. Thank you very much.

SENATOR MURPHY: Thank you so much, Doctor.

DR. ANDREW KOLODNY: Thank you.

[Applause.]

SENATOR MURPHY: We are going to have Steve Salomone, Drug Crises In Our Backyard, and, Frank Reale, Peers Influencing (sic) Peers.

Thanks for coming, Steve and Frank.

FRANK REALE: Thank you.

SENATOR MURPHY: Steve, do you want to start?

STEVE SALOMONE: Yeah, I'll start.

Thank you, Senators, for the -- for this forum to get the word out. I think it's very important that we continue to do that.

I believe that I was asked to come today -- I'm not a professional, not credentialed, I'm not in the field. I am a parent.

I believe the reason I was asked to come today, is because I represent the face of addiction. I could put a face to addiction.

Erik Christiansen is the face of addiction. 29-year-old who died of a heroin overdose in 2012, June 9th. A decorated New York City police officer who was working undercover, and became addicted to painkillers after an injury, and switched to heroin.

Very stereotypical story. We all know it.

Justin Salomone is the face of addiction, my son. Died at 29 years old in 2012.

Another stereotypical story.

Good family, dinner every night, all the right things; and, yet, Justin struggled with addiction for 10 years. Six of those years he was in and out of rehab, struggling to get clean, and could not.

So, I believe that I am here tonight to let people know what it's like to have that struggle, because the stigma of addiction is very pronounced.

And what I think a lot of people don't understand is that it's not a bad life choice, it's not a bad decision, and it's not something that people choose to do.

When your life is being destroyed, and you continue to do something, that gives you an evidence of how bad this addiction is, and how bad it is to be addicted to an opioid, because that's what these individuals and other individuals have gone through.

As a result of Erik's and Justin's death, we founded a group called "Drug Crisis in Our Backyard."

We decided just to get the word out. My wife wrote an open letter to the "Mahopac News," and it

was published.

And what happened was, our phone began to ring off the hook. And the reason it did, was because people were coming to us, saying, Thank you for your bravery in coming out. We have the same problem.

And people were coming up to me at work and telling me the same thing.

And what I quickly learned was that most of the people, a predominant number of the people that I knew, were struggling with this in their homes, in this community.

And that's when the light went on for us.

So we formed the group, and we started to get the word out.

And what we found out, in my opinion, was the common denominator was shame and fear of coming out because of the stigma of addiction.

So, in being out there and being out, we started to get a lot of calls.

And what I would say was -- most commonly what I heard from a lot of parents was, when they would tell me that they found out that their son or daughter was using heroin, they were shocked.

And that was something that was a real

eye-opener to me, because with all of the forums that we have going on, and with all of the word that's getting out, and with all of the articles about overdose, parents are shocked when they learn that their children are using drugs.

That, to me, is a predominant problem that we have in this community.

So if we're looking for where we can make a change, we hold a lot of forums. We hold a lot of them throughout the course of a year.

I see the same faces at those forums.

I see the same people at them; I see people that are struggled -- that have struggled, and that have gone through it, and that want to hear and be soothed by it.

The parents that need to come don't come, because the parents that need to come think they don't have a problem.

And until we get ahead of this, and until we change that mindset, we're not going to get ahead of this problem. We will never have enough beds if we don't change that.

So I think that what we -- and I don't know what the answer is, I'm proposing the issue, but I think that we need to let the common citizen in

this community know that it's not somebody else. It's them.

I go through it with my own family. My brother has a graduate from college, who went to the West Coast to go into the music industry. And I said to him, Be careful. Be careful about Tony, because he's at the age, and he's going out to the West Coast, and he's not going to -- and my brother says, You don't have to worry about Tony. Tony's a good kid.

That's the problem.

That's the problem.

So, I don't know what the answer is, but I propose that issue. And, I think that a cultural change is in order. I think that if we can't change the culture among our young people, we may never get ahead of the problem, because I don't know that we can put everybody in a recovery program.

I think we need to get people to not think it's cool to take drugs. Or not think it's -- as Dr. Kolodny points out, not -- it's not low-risk. That it is a game-changer when you take an opiate.

And I think -- I don't know how to get that word out, but I think we need public-service announcements. I think we need cultural education.

I think we need to get to kids at an early age, to let them know that this is not something that they should be fooling around with. And they don't need to hear it from adults. They need to hear from it kids. They need to hear from it peers.

We have had the occasion to speak to -- in workshops, and the kids told us, flat out, that we didn't have any credibility with them. And they were being very honest, and I appreciated it.

But we don't have credibility with the kids. They need to hear it from their peers.

So, a couple more -- other points before I hand it over.

There is a good program at the state level called "Combat Heroin." The Governor has a good program. I commend him for addressing it.

There is legislation that's being voted on.

There is some that's been pass recently. I know April 1st, there were some changes relative to parity, and the way the insurance companies were required to deal with the issue.

My point is that, the average person, like me, doesn't know what's going on at the legislative level. And I think we need to know what our rights are, what's changing? Okay? What has been voted

on? What's in front of the floor? What didn't pass?

We need a central point to go to so we know what's going on. We don't -- the average person doesn't know what's going on, legislatively, about this problem. We hear a lot of good press about it, and it's all well-intentioned.

But I want to know, when I call the insurance company, have the laws changed?

I heard that they have, but I don't know.

So we need, I think, a central point of information about what's going on in that regard.

Other than that, gentlemen, thank you again.

That concludes the testimony I wanted to give to you.

Thank you.

[Applause.]

FRANK REALE: Thank you so much, Senator Murphy, and to your staff, for putting together this very engaging and informative forum. This is excellent.

And, certainly, Senator Martins, for your travel from another country. Nassau, is that -- was that where you're from?

[Laughter]

FRANK REALE: Excellent.

I have to tell you, I've been in education for 44 years. And for 21 years, I have been with the Peers Partnership, and we have young people who work all year long, putting together PSAs and films, and we've done things on drug use in the past and alcohol and texting and driving and domestic and dating violence and bullying.

But I have to tell you, in 2013, we had a local youth die of a heroin overdose. And that same summer, Cory Monteith passed away, and then you had Philip Seymour Hoffman. And that those deaths seem to bring a sharp focus, particularly to our kids, about the issue of opiate abuse and addiction.

So we decided to do a film, and we interviewed a father whose son passed away in 2013. We traveled to Baltimore and we interviewed 10 young addicts in recovery, and Dr. Marc Fishman. I'll tell, almost as good as Dr. Kolodny.

But -- and I want his autograph, because he's great.

But we interviewed 10 young addicts. And our young crew, camera crew, of high school students, they came away with something that will affect them for the rest of their lives.

And what they wanted to do, is they wanted to make every effort that they could to make sure that no parent will ever have to bury their child. And no 17-year-old will ever have to bury a friend.

Now, Dr. Kolodny mentioned that, in the United States, we use 99 percent of Oxycontin, and something like 80 percent of the opiate supply.

Well, we use -- I think, Senator Murphy, you pointed out to me, that we use about 30 percent of that in New York. 30 percent of the heroin production in this entire world is used in the Empire State.

Now, we've heard great efforts that -- of interdiction, and we've seen the great strides that are being made in treatment, but we all know that that's not enough.

We also have to make every effort we can to educate our youth, to encourage them to find a joy and pleasures of life, not in a pill, a bottle, or syringe, but from living a drug-free life.

We must educate our schools, administrators and teachers, because they need to know that a dead child will never pass a math test.

We need to educate our parents so that they understand what this addiction is.

We need to educate our communities, and everybody, to make sure that the stigma of this disease is forever removed.

Thank you.

[Applause.]

SENATOR MURPHY: Frank --

FRANK REALE: Yes, sir.

SENATOR MURPHY: -- like I said, I had the privilege of being over at St. Christopher's, and we'll get to Mary Ann, I think, next. But, really, the peers talking to the kids over there, that I've talked to, the peers versus -- peer-to-peer, that was unbelievably crucial for them.

FRANK REALE: Yes. Yes, it is.

SENATOR MURPHY: It's really, really crucial for them to know that there's not a badge sitting in front of them, and it was someone who feels their pain, someone who's been on the streets, someone who's been down in the dumps, someone who they can relate with.

FRANK REALE: Yes.

SENATOR MURPHY: That was -- that was what I took out of there.

The other thing that I took out of there, they're finding love with themselves again over at

St. Christopher's. It was unbelievable. It was, the kids were in the choir, they were rushing to get there. It was -- they're finding themselves to be, you know, I'm here, I'm back, and I'm not down in the dumps.

And it was quite invigorating to see, you know, a transformation of a kid, to sit there and tell you, "I love myself, I love myself again," when they were down in the dumps, they were ready to kill themselves.

So it was interesting what you do, the peers-to-peers, is -- the other forums that I've done, that has come up in every forum.

FRANK REALE: We did an interview in Syracuse, as a matter of fact, back in the year 2000, where we interviewed a 16-year-old, and he said something very along the lines of what you just said.

You get a lot of wisdom in a 16-year-old too.

And he said, "Find purpose and meaning in your life, and everything's going to just play out okay."

SENATOR MURPHY: Yeah, yeah, yeah.

And, Steve, to your point, you know, the stigma, the stigma's got to go away. And that's

what -- if we shed the light on it, I believe it can go away. You'd be surprise what your neighbor's doing. You know what I'm saying?

It's like I said in the beginning, it has no boundary, it has no race, it has no ethnicity. It's everywhere. And it's going to take you, grab you, and it's going to hold on to you. And unless you can shake it off, you're a pretty strong person, without help.

STEVE SALOMONE: I agree.

You know, I think the insidious part about this is that it's hitting the well-to-do family-- the good families. And I think that's where it's so much of a surprise, is that, you know, it's not expected, and, in a sense, it blindsides you.

And it blindsides a lot of these parents.

SENATOR MURPHY: Well, I will continue to work, obviously, with both of yous, but I know we've been working very close together.

And thank you and the Mrs. for all of the things you do for our community.

STEVE SALOMONE: You're welcome.

SENATOR MARTINS: Thank you, both.

[Applause.]

SENATOR MURPHY: Patricia (sic) Wallace-Moore from Arms Acres.

PATRICE WALLACE-MOORE: Good evening.

And, I know that a lot of people have already gone, and people want to go home, so I will do the best I can to shorten my thing, but talk about it as much as possible.

SENATOR MURPHY: No, we're here.

PATRICE WALLACE-MOORE: My name is Patrice Wallace Moore, and I am the chief executive officer of Arms Acres, Incorporated, in Carmel, New York, and, vice president of substance abuse services for Liberty Behavioral and Management, which also includes a 225-bed program in Upstate New York.

We have, total, 162 beds in Carmel, 225 in Schenectady County, which is a total 387 OASAS-licensed beds. 62 of them are detox, 48 adolescents, and 277 are adult rehabilitation between the two inpatient facilities.

And from Rochester, all the way down to Queens, we are -- we have eight -- a total of eight outpatient programs.

So when dealing with the disease of the opioid epidemic, we have been fighting this for

quite some time.

Our -- I want to, first of all, thank Senator Murphy, Senator Ortt, Senator Amedore, and Senator Martins for all being a part of this.

I think it's very important that we address it.

Years ago, after the Columbine shooting, I believe it was President Clinton that said it was a wake-up call for everybody in the community about violence.

And I remember watching that and said, Well, I've always been awake. I don't know where the rest of you have been sleeping.

That's the same way I feel about this. The heroin and opioid addiction has been something that we have been dealing with for many years. We've been awake. Everybody else is now waking up.

And, we're glad that they've been awakened, but, it's unfortunate how the awakening has happened, and it has happened as a result of the death of many young people.

When I think about Steve Salomone and his wife, and all of the things that they've done, I've said often that they have taken -- I give them great credit, because they've taken their pain and turned

it into a campaign. And I think that they could have wallowed in their anger, and have done a lot of different things. But they caused a lot of people to move, and mobilization will result in change.

And I think that is something that is definitely necessary.

We, unfortunately, live in a time where we've become more reactive than we have been proactive. We wait for people to die, we wait for many people to die, before change occurs.

But we have been, with the prevention and treatment programs, seeing the writings -- we've seen the writings on the wall for many years. We've been fighting this battle, to try to convince managed-care companies and other insurers the importance of providing treatment for those who have been dealing with these addictions, again, for many years.

We have found ourselves in the inpatient treatment-provider community, having to scholarship many people because the managed-care companies have denied their ability to receive treatment.

Access to care is absolutely necessary, and required, in order for you to contain anything, as Dr. Kolodny has said.

I have found that we've spent -- in the last year or so, we've spoken about Ebola so much. It was on television, it was on the news. Four people died in the United States. And it was everywhere you turned on the news, you saw that.

But, you didn't see the same impact when it came down to heroin addiction.

I was very grateful to see the Governor bring the Combat Heroin campaign. I was a part of that; I was part of the process with his task force, and discussing that. And it was great to see it happen.

But, again, it was a campaign off of other people's pain.

One of the things that concerns me is that, when we first started fighting this battle, one of the things that managed-care companies would say to us is that, a person, in order to go into an inpatient treatment, had to be in danger of their withdrawal. They had to be in danger of dying. That there was no medical necessity needed for a person to be in an inpatient setting.

Well, what they failed to realize is that, maybe it wasn't about whether a person was going to die from withdrawal, but die in spite of the withdrawal.

We had people who were trying to prevent withdrawal, because once they begin to withdraw from heroin, the pain begins to raise its head. And to prevent the pain, you use more, and people were accidentally overdosing.

It became a battle that we had to fight on an ongoing basis.

Yes, we are a detox program.

Yes, we are a short-term rehabilitation program.

But out there in the world of treatment, you are finding programs that were almost in silos; you had long-term, short-term.

I think one of the incentives, or shall I say, one of the directions we need to take, is trying to find a way to encourage providers to work together, and maybe not necessarily a continuum of care, but a circular type of care, where treatment is accessible on any level, and that prevention and treatment and short-term and residential become part of a group of people that are not competing for care, but are coordinating care.

I think that is a direction that we need to take.

One of the things that we recognize at

Arms Acres was, all of a sudden, in about -- about two or three years ago, we started recognizing that adolescents were in need of detox, because of the opiate addiction.

And when we -- when I sought to try to receive maybe a license that was detox-specific for adolescents, there isn't one.

So what you find is, that when kids need detox, they have to be detoxed with adults.

At some point we've got to recognize that this is hitting our young people, and maybe we need to figure out a way to have a detox program specific to adolescents.

Just a thought, but it's something that seems to be raising its ugly head as of late.

We need to figure out how to maintain accessibility on all levels of care, including outpatient, intensive outpatient, medication-assisted treatment, detox, rehabilitation, and residential services.

I am grateful of the new language that's coming out with the regulations, as far as residential treatment.

I am part of the Behavioral Services Advisory Council. I chair the regulation committee for the

State of New York, for OMH and OASAS. I'm very familiar with the changes in legislation and law and regulations that's coming out. So I'm active and being involved in that.

So, I'm looking forward to seeing some of the changes that are coming forth.

We are -- we are, at Arms Acres, an opioid-overdose-prevention training site, so we do have Narcan on site. We are excited to be able to provide that for individuals in the community.

I was excited to hear about it being provided in the schools.

But there are other communities-based organizations that need it. Boys and Girls Clubs, things like that, people that -- wherever there are kids and young people at risk, we need to make sure that there's resources provided so that it is in the community and available to those sites and services.

Last, but not least, we've got to make sure that when we're looking for treatment being provided in -- or care through insurance companies, if you begin to look at the Massachusetts and the Pennsylvania laws, they allowed medical providers to determine the care that people get, as opposed to the managed-care company determining the care that

people get.

If a medical provider thinks that a person needs 14, 28, 30, or 6 months of care, that medical provider should be able to determine that, because they're seeing the needs of that individual.

So those would be the main things.

And, also, prevention is necessary throughout the entire treatment process.

I think sometimes we look at prevention as if it's a separate entity. But prevention is also ongoing. It's an ongoing service that is needed, and resources need to be provided for both treatment and prevention.

And, again, as I said, if you can figure out a way that would encourage all of the services to work together, we would be able to contain this disease.

[Applause.]

SENATOR MURPHY: Thank you.

We also have Marianne from St. Christopher's Inn.

Good to see you again, Marianne.

MARIANNE TAYLOR-RHOADES: Yes, it's good to see you.

And I'd like to thank you for giving me the

opportunity to represent treatment providers, and, I'm very happy to be here, I'm honored to be here.

And I'm actually very glad to meet Senator Martins, and I'm glad you're here, because as we said earlier, St. Christopher's Inn does have 190 beds.

The unfortunate thing is, that only 3 percent of those beds are used from -- by Putnam County, 14 percent by Westchester County, but 20 percent from Nassau and Suffolk.

We know of your problem, and we know how great it is.

So, I'm glad to see the two of you together, Hudson Valley working with Long Island.

First, I'd like to start by saying, we are very grateful for the efforts to save lives through the training and use of Narcan, and we believe that it is an important first step.

However, we feel that the second step is truly lacking, and that is, once a person receives Narcan, if they are fortunate to have their life saved, what happens next?

Where is the intervention?

Where is the treatment?

People who have been saved by the use of

Narcan, many of them have had Narcan administered to them several times, sometimes twice in the same day.

What happens?

There's no requirement, once Narcan is used, for the person to receive an intervention or to go into treatment.

Secondly, intervention is not even recognized by New York State OASAS, or by any of the insurance companies, or Medicaid, as a reimbursable treatment option.

Intervention is actually the gateway to save lives. It's the act of getting someone into treatment and having ongoing treatment.

When a person receives Narcan, if they come out of it, if they are lucky enough to survive, what happens next?

Do we just walk away?

Would we do this in an emergency room?

I mean, these are some of the things that we have to start thinking about.

I'd like to present some points from the providers' perspective, but, I hope by the end of this conversation, I'll also be able to give you some solutions.

And I hope that by being here tonight and

providing these solutions, that it will go further throughout our government, and we will have -- we will actually see the solutions.

There's not a week that goes by when we don't hear -- I live right here in Yorktown, and there is not a week that doesn't go by that I don't hear of a death of someone in my community or a surrounding community.

Parents are watching their children die, and they don't know where to turn for help.

As a provider, I can see what it's like for parents and families to navigate the insurance system. It's difficult, and it's a different experience for all of us.

If the providers have such difficulty in negotiating with insurance companies, you can imagine what the families and the parents are going through.

Coverage is often denied for heroin detoxification.

Inpatient rehab-treatment stays are capped at 21 or 28 days, and that's for Medicaid. It's actually worse for people with private insurance, who may get approved for three to five days in the hospital.

This is tantamount to treating cancer with a flu shot.

We are wasting our money.

When treatment is not long enough to provide a strong foundation, recidivism rates increase.

Outpatient treatment is authorized for short lengths of stay, such as 14 days, or, authorized piecemeal, three days at a time.

The providers, like Arms Acres and myself and many others, we're dealing with increased competition for financial resources. We can't stay alive. In a time when the worst epidemic we're facing, programs like ours are closing. We do not have the finances.

Some programs, the Medicaid rate has dropped by 13 percent in the last 6 years. We have to fight for every penny of reimbursement, and this takes infrastructure. We need more people to help us get the reimbursement, to send out a bill, so we can stay alive. We have to hire more people who are not treating clients, but are getting reimbursement to keep us open.

As I said, there are more programs closing when we are needed the most.

There are so many changes in health care

taking place in 2016, going from fee-for-service Medicaid to managed-care Medicaid. Providers like us are scrambling to negotiate with new insurance companies and get our message across.

We are unsure, our future is uncertain. Many of the programs are ending up with deficit budgets.

St. Christopher's Inn has been in existence for over a century. We've been successful at treating homelessness and addiction; and, yet, last year, for 2014, we had a deficit budget, first time, ever. And we are facing one in 2015. There is no funding available.

What are the solutions, and what can we do?

There are many, many problems. And the excellent witnesses who spoke here tonight named so many of them, from law enforcement, to the medical field, to grassroot organizations.

What can we do?

Okay. First, let's talk about interventions.

They play a powerful role in getting the addict into treatment, as well as educating family members.

Can we look at the act of interventions, can we look at them professionally?

Can we possibly recognize them as treatment?

An intervention is so powerful when a family doesn't know what to do and they're dealing with a child who is addicted to heroin.

Looking at interventions as a true level of care and treatment will help to remove some of the barriers.

The next is so important to us, especially in behavioral health care.

Please enforce parity, and put in place regulations regarding reimbursement rates and length of stay for those of us who provide chemical-dependency treatment.

Please, I am begging you, bring all the stakeholders together, including state agencies, insurance companies, treatment providers, and grassroot organizations.

We need to work together to establish treatment standards for the purpose of determining appropriate standards and benchmarks for admissions to inpatient and outpatient treatment.

We need to agree on appropriate lengths of stay and reimbursement rates. We need to keep our treatment providers working and the treatment programs open.

While meetings have taken place through the

Governor's Combat Heroin initiative, little has been done to address these issues. We still are waiting to hear about more regulations.

As a provider, I can tell you that, insurance companies, we don't receive the same rate for a specific service from each insurance company.

And how could this be?

Where is the regulation?

So we can't guarantee we're going to get this to provide that.

And all of this is, today's world, in terms of addiction, has become so complicated, as you've heard throughout the night. More than 58 percent of our admissions are also dual-diagnosed. 40 percent of our admissions are coming straight from jail programs.

We need skilled professionals to be able to deal with these populations. Skilled professionals do not come cheap. They are licensed professionals: Social workers. Nurses. Doctors. Nurse practitioners. CASACs.

How do we pay for them?

How can we attract a workforce and be able to treat these clients?

Please look at funding for crisis respite

centers for addiction.

This is an excellent resource when immediate assistance is needed. It's cost-effective. A peer-run respite center is very cost-effective. It's a safe haven, out of the house and off the street, until the person can get into treatment, and sometimes it even prevents the person from going to the next level of care.

Sitting in jail does not cure addiction. Even though the addict may have already gone through withdrawal, more often than not, when that person returns to the community, they are -- the first thing they're going to do is seek their drug of choice.

We are looking to work, and Judge Reitz and I have had many conversations about this, to put in jail-based programs. Jail-based treatment programs.

There is a program like that in Westchester County called "Solutions," and it saves taxpayers hundreds of thousands of dollars a year, and it also reduces the recidivism rate of people going back into the jail system.

A one-year study found that the Solutions program graduates were 67 percent less likely to return to the Westchester County Jail.

This is also a cost-effective method. Start the treatment before the person even gets out of jail.

Look at requiring intervention or treatment for the person who has been revived by Narcan. There may not be another chance to save that life.

I thank you very much for being able to be here tonight, and I hope that we can reach some of the targets and goals that have been discussed in this room.

Thank you.

[Applause.]

MARIANNE TAYLOR-RHOADES: And, Senator Murphy, thank you very much for coming to St. Christopher's Inn.

SENATOR MURPHY: I was just going to say -- I was going to say, you know, it was really an eye-opener for me when I came for my visit. And you were so gracious to show me around the whole facility.

And it was unbelievable to see, how many guys? 200 guys, was it?

MARIANNE TAYLOR-RHOADES: About, approximately.

SENATOR MURPHY: 200 guys were sitting there,

on a straight line, not a word, breakfast, lunch, and dinner you serve them, every day?

MARIANNE TAYLOR-RHOADES: Every day.

SENATOR MURPHY: Incredible. Absolutely incredible.

We did talk about the reimbursement. We did talk about, you know, there should be some sort of form or mechanism, when someone does have a Narcan save, for that person to go back home to their mother who's -- they might be 19, go back inside the house, to know that that 19-year-old had an overdose this morning.

There's got to be some sort of -- we're missing out something, I believe, right there, where there's some -- there's got to be a bell that rang off, that this person had an overdose, goes home, and the mother and father, who she's living in their house, didn't even know.

I don't know how we do that.

There's HIPPA violations, and things like that, but that's something I most certainly will look into.

And, Patricia (sic), one quick question.

Any beds tonight?

PATRICE WALLACE-MOORE: Very few, to be

honest with you.

We increased our beds from 129, to 162. We're probably going to need more as a result of some of the things that have gone, but we do have a few beds tonight.

SENATOR MURPHY: Yeah, I know you guys are always full.

PATRICE WALLACE-MOORE: Yeah, yeah.

But you're welcome to come visit us as well.

SENATOR MURPHY: Absolutely. You know I will be there.

PATRICE WALLACE-MOORE: I am looking forward to that.

SENATOR MURPHY: I have been making my rounds as quick as I can.

Senator Martins.

SENATOR MARTINS: At St. Christopher's, which state agency do you rely on for funding, or for partial funding?

Does it come from any one of our state agencies?

Is it primarily insurance and private insurer-based?

MARIANNE TAYLOR-RHOADES: It's primarily -- our reimbursement comes primarily from Medicaid. We

are not a net-deficit-funded agency.

St. Christopher's Inn is a very unique model.

The 190 beds are shelter beds. And what makes it so unique is that it's cost-effective because the men are really in outpatient treatment, but they're living at the inn in a supportive sheltered environment.

We recently reactivated our medically-supervised outpatient withdrawal program, which means we are providing that service as well.

And, in 2013, we opened up our first transitional housing, 11 beds, in Westchester County, in White Plains.

SENATOR MARTINS: I appreciate that.

Certainly, your suggestion with regard to Narcan interventions is well made.

Thankfully, there are things we should be looking at, and not simply ignoring the fact that there's a reason that Narcan was administered, and that child, or that adult, will return to those same circumstances. It's a cry for help.

And, you know, shame on us for not having responded appropriately.

So I appreciate the fact that you highlighted that, and certainly gives us food for thought.

I will say that, you know, through discussions like this, through hearings like this, we did pass some good legislation last year.

PATRICE WALLACE-MOORE: Yes, you did.

SENATOR MARTINS: And we still have more to do, and I recognize that.

You know, very few people understand and realize that, until we passed the law last year, kids who were in treatment programs could sign themselves out. Unless they were there pursuant to a Court order, they could simply sign themselves out, even if they were minors, without their parents' consent.

No longer.

Many people may not remember, because it was over a year ago, but most, if not all, of our private insurers required failure at outpatient before allowing people to go inpatient, which was absurd.

And we were able to pass laws to deal with that as well.

And now we have the luxury of being able to take the next step and actually determine, how long is appropriate?

But first we had to deal with the basic issue

of requiring failure, before.

I mean, let's think about that for a second.

We have people who have had a lucid moment and decided they need help. And our insurers would require them to fail as a condition of sending them for inpatient treatment, which was, again, absurd.

So we have taken strides as a state, and positive strides, through these efforts, and through these discussions.

And I dare say that, through testimony such as yours, I do believe that we will have even more to do as we go forward to address these issues, because we are not done.

PATRICE WALLACE-MOORE: Can I add, that the one thing that law also did, which was very good for providers, was there were times that we would get denied care.

And in the denial of that care, the managed-care company could often take three days before they would let us know on the appeal.

And if they denied the appeal, the provider would be caught out there for three days with no coverage for that individual or that family.

The law now says, that while the appeal process is going on, the managed-care company has to

cover that care.

Now, what has happened as a result, the managed-care company has now quickly figured out a way to say no. They just say "no" faster. But we still have the ability for an external appeal, which is -- again, is part of that law, and has been very instrumental.

And it also lets us know that, during an appeal process, the person who we are appealing with must also be a behavioral provider -- behavioral health-care provider, so they do understand the language, so we're talking the same language.

The newer language also out there is going to help us a little bit more with the locator threes (ph.), and different things that are happening.

So there is movement in the positive direction. We are grateful for that, we are thankful for that.

There's a proverb that says: The best time to influence a child is 100 years before it was born.

So maybe 100 years ago we would have been better if we had fixed this.

But, hopefully, 100 years from now, we'll be

in a much better place than we are today because of the efforts and work that each of you has done, and our Legislature has done.

SENATOR MARTINS: I appreciate that.

The best time to start on any journey is right now.

PATRICE WALLACE-MOORE: Right now.

SENATOR MARTINS: And so I agree with you.

I thank you for your testimony.

I again want to compliment, you know, Senator Murphy, for his leadership and his initiative in pursuing this.

This is the first hearing.

We will be holding hearings throughout the state, from various stakeholders, from various communities, from urban centers and rural communities throughout the state, to suburban communities very much like this one here.

And so the opportunity exists, as we go forward, to take those suggestions, like those that we received today, and to put together a package that will take that next step. And it's all positive.

So, again, thank you very much.

And, Chairman, congratulations. Thank you.

SENATOR MURPHY: Thank you.

[Applause.]

SENATOR MURPHY: Anthony.

How are you?

ANTHONY EACK: How you guys doing?

SENATOR MARTINS: All right.

Senators, thank you for hearing me.

I believe I was asked to speak here tonight because I'm known as the guy in the trenches.

I wear several hats.

I live in Dutchess County.

One of my hats is, I'm a person in long-term recovery.

The other hat is, I volunteer with the Council on Addiction Prevention and Education.

I became, a couple years ago, maybe three years ago, a keynote speaker.

And I was asked at John Jay High School, as a keynote speaker, I would come out and say, This is who I am.

And, when it came the stigma issue, I said, Absolutely. I wear it on my soul. I wear it on my sleeve.

You know, I let people know that, right off the bat.

I let them know that I run a 2-million-square-foot building in Manhattan, a skyscraper.

And, yes, I had that problem.

I still do.

As a person in recovery, there is no graduation for me, I'll tell you right now. I live on a day-to-day basis, and I'm okay with that.

You know, being in trenches, and being part of a 12-step group, I -- AA is what saved my life. It doesn't work for everybody. But that's what works for me, so I continue to use that.

And what I've noticed, what brought me to this plight, was the fact that the kids were getting younger and younger.

When I first started coming around, they were coming in at 40 years old, on an average.

About 6 or 7 years ago they were coming in at 14 years old. From 14 to 25, and it was heartbreaking.

And I says, What are we doing wrong?

You know and that made me start to look, to get in the volunteering, and try to get out some of that knowledge I did.

One of the things I found, and being in the

trenches, I call it "trenches," because in -- knee-deep in this epidemic that we're in, I deal with nothing but kids. You know, and when I say "kids," anything from the age of 16 to 25 years old. All right?

I'm inside their minds every day.

Right now I have about 35-some-odd kids I mentor. Not sponsor, but, I help them get sober, stay sober, and I help them find their way.

One of the things I do, which is very important, is -- which we have to address, big time, is to change their thinking, and that's -- when you go away for treatment.

You know, if you're going to go away for treatment and -- you know, which, by the way, since we're on that topic, real quick, I believe, in my personal opinion, nothing less than six months in treatment, you go away.

And if they can change their thinking, you know, they can change their life. Because once you remove any opiate, any form of addiction, you're left with a big hole in your chest. You have to fill it somehow.

But if they change their thinking, if you're thinking changes, you have a shot.

That means that, when you get out, what's waiting for them when they get out?

Are they going to go back to the same friends, people, places, and things?

Because if they are, they're going to go right back to where they started from.

Every kid that went away, before they went away, chances are, he has a stash somewhere in his house that mom didn't find yet.

The kids are smart.

I get all the intel, all from kids and their parents. And this intel, it's mind-boggling.

It's mind-boggling when they say to me, I hide my dope in my mother's bedroom, because she don't look there.

It's that simple.

These kids are scientists today.

They come out with new pills. You can't crush them, you can't do this.

But there are kids that can say, Yeah, well, I put it in a little -- a little cap of water, add a little hydrogen peroxide, 35 minutes later it dissolves, it's ready to be used.

So they have a way around everything. These kids are scientists today.

You know, I have no problem, I have no problem, dealing with the hopeless, because at one point in my life I was hopeless. And I will work with them till my dying day.

But I do struggle with working with the -- of working with the clueless. And when I talk about "the clueless," that means a lot of parents.

I believe in prevention, wholeheartedly, at a very, very, very early age. I don't care if it's kindergarten, you start them young.

When you teach your kid not to talk to strangers at the school bus stop, you teach your kid about drugs.

If you're not a pharmacist and you don't know how, take them to a video on YouTube!. Show them pictures of before and after of a kid on heroin, and let them visually see this. You're not going to shock your kid. Kids are strong today. They have access to every kind of phone and computer, they can do all this.

But, I believe that the biggest thing right now is prevention.

I mean, law enforcement's doing their part, they're doing an amazing job, man. You read about it in the "Poughkeepsie Journal" every day up in

Dutchess.

They are doing an amazing job, but they need help. All right?

As they're doing their job, coming in from this end, the prevention has to come in from this end.

What's in the middle? Treatment and recovery. Long-term treatment.

We change their thinking, we save their lives. Then the recovery process begins.

I work with all these kids in recovery. I help build up their self-esteem. I give them hope. I help remove that shame, that blame. And on top of everything else, I work on the stigma.

I have a different language. I have a different name. I go by under -- my nickname is "Tony Gatz."

I started a campaign last summer with this mobile unit. I went from every town to town in Dutchess County every, shopping center, with a "heroin awareness" sign, and a table like this with information.

Because, when I spoke at several high schools, I probably spoke at about nine high schools CAPE, and when you see 700 seats, and only

75 parents there, it's heartbreaking.

So I said, I got to do more. So I said, let me go in front of CVS in Hopewell Junction. Now when they walk out that door, they have no choice but to see me. And they do come over.

You know, doctors. I talk to my own personal doctor.

Give you a bit of information, real quick, on -- here. What is "Lomotil?"

Here's something parents don't know, and this you get from being in the trenches.

Anti-diarrhea, Imodiums, has a chemical in it that's pretty much Demerol.

So I got a mother who calls me and says, Listen, I just found 100 boxes, 100 packs, you know.

I know what it is, but I try not to spread that information so other kids don't use it.

They know.

So the parents don't know. They're not educated.

I got parents send me pictures of these little orange caps. "I keep finding these everywhere."

They don't find the kid's needles or the works, but the orange caps.

These are the little caps that go on the needles.

You know, these parents don't know about this.

These parents should know, the minute that kids hits kindergarten, these parents should have a pamphlet, hand it out to them in school and say, Let's get busy.

That, to me, personally, should be mandatory. You're not scaring anybody. They need to know right away what they're in for.

You tell your kid, Don't talk to strangers. If someone has a van and little puppy, don't -- run and scream.

Why don't we tell our kids about these things?

Why don't we tell them about the heroin?

The alcohol, the cigarettes, the tobacco, the marijuana, these are all gateway things.

Every kid I dealt with so far, and it's several hundred at this point, started out with marijuana and alcohol. That's a fact. Every last one of them, common denominator. And that's coming from their mouths.

Some of the information I get, the other part

of my role -- and, mind you, I only have two hours a day to do this, and weekends, because I work 14 hours a day -- is, last week, I met with certain law enforcement -- local law enforcement in Dutchess County, and I gave up the names, addresses, license plates, and phone numbers of at least 35 drug dealers, because those parents don't know what to do with that information. They're afraid to come forward with that information because they're afraid their kids might get jammed up.

So I said, Give to it me, I'll pass it forward.

And I keep everybody's name out of it, and I let law enforcement connect the dots.

Now, when I read in the "Poughkeepsie Journal," because I keep a record of all the numbers and all the names, I see certain names and certain people getting pinched now for this.

And whether it's part of me, or what the job they're doing, because they're doing a phenomenal job, I'm glad, because we got to hit this from all sides.

So you have prevention, number one, very early age. Very early age.

And you're not going to stop it all.

You know, don't forget, we live in a society, a culture, that glamorizes this behavior, and then we condemn the very kids who fall prey to it.

You know, and I'm talking kids.

I got a phone call from someone who was 53 years old, an alcoholic, asked me for help.

And it's sad when I have to say, It's so good to talk to someone my age.

You know, your rehabs, and everything else, from what I'm understanding, just from gathering my own personal information, they're doing an amazing job, but a lot of them are stuck in 1977.

You know, and it's not a shot at anybody. That's just the way we are.

Alcoholics Anonymous, NA, all these groups, they're still stuck behind the times.

You know, kids go there, whether it's mandated or not, and they don't feel at home.

So when I go, I grab those kids. And what I did was, I created an underground network of about 40-something kids. I got kids helping kids now. No names involved. It's just kids helping kids.

If you got six months or better of sobriety time, I'll put you with a kid who that has two

weeks, and I'll sit there with a supervised thing, on my time, and have kids work with kids, because they relate to each other.

You know, I'm 52 years old. I might have some of the knowledge, some of the street-smarts but, I'm not 19 years old.

I know where they're coming from. We shared the same thing. It's called "pain."

But, when kids are able to help kids, like we were talking about earlier, that's one of your biggest weapons out there.

The Council on Addiction Prevention Education has been using young people in recovery to speak at their forums, and that hits home.

And the idea is, to give the parents the ammo, because those kids will bare their heart and soul, and tell the parents, This is what to look for. And do not co-sign (unintelligible), because we will scheme and scam you till the very end.

And that's the disease; that's not the kid.

SENATOR MURPHY: You were with me up in Paulin.

ANTHONY EACK: Yes.

SENATOR MURPHY: And came right onto the floor, peers versus peers.

ANTHONY EACK: Yes.

SENATOR MURPHY: You know, I mean, just talking to one another. And that was the common denominator, that they were comfortable talking to one another.

ANTHONY EACK: Yes.

SENATOR MURPHY: And the job that you're doing out there, volunteering your efforts, and the things that you do, are just, honestly, incredible.

I mean, look at -- take -- please take a look at his book. It's absolutely unbelievable what this guy has done with regards to trying to educate.

He, literally, has a mobilized van, that he goes around to the different schools, the different places, to educate the parents and the kids. And, he's really made a difference.

And I applaud your efforts, and keep up the good work.

And, we're here to help.

ANTHONY EACK: I'm trying.

Let's change the language.

We used the word tonight several times, "relapse."

That's part of some of the training I have.

"Relapse" is an ugly word.

You know, I say "slipped." I say "used again."

The stigma behind the word "relapse" creates a little bit of shame for kids to come back.

So when they say "I relapsed," I say, Nah, it happens. You used it.

You know, I just changed the language across the board.

Start a campaign, "Change That Language."

Because when the stigma is removed, they'll raise their hands, they're not so ashamed to get help.

I know from personal experience.

SENATOR MARTINS: And you'll end up with more than 75 people in a 700-seat auditorium, willing to have an open discussion on -- as to what they need to do.

So for anyone who's watching, and there will be people who watch this, believe it or not, on the Internet, or on TV, check your own rooms.

Right?

Parents, check your own rooms.

There are little tidbits that we all have to be attentive to.

But, you know, as we look at it from a policy

standpoint, yes, the State passed I-STOP. Wonderful move, we squeezed the balloon.

ANTHONY EACK: Absolutely.

SENATOR MARTINS: We squeezed the balloon.

ANTHONY EACK: Absolutely.

SENATOR MARTINS: We put some real teeth into the ability of health-care professionals to write those prescription. We really put some controls there.

But we pressed on a balloon. That balloon opened up somewhere else.

And so we have to continuously deal with these issues. That's why these forums are so important.

And your point's well made: You educate the young.

ANTHONY EACK: Teach them young.

SENATOR MARTINS: Yeah, educate the young, to, hopefully, get to them before they get to this point.

You treat, and you provide services for those who are struggling with addiction right now.

I have no patience whatsoever for dealers. None. People who are pushing this stuff, put them in jail.

That's my opinion.

ANTHONY EACK: Zero tolerance.

SENATOR MARTINS: That's my opinion.

No tolerance at all.

If you're peddling death, you go to jail.

No tolerance at all.

But, if you're an addict, you didn't get there because you want to be there. There are circumstances. You need treatment. We treat those people.

And, so, there has to be a holistic approach to this.

And I think, again, these examples that we have from people like you, and others that we've heard from today, it's remarkable.

There is a plan that is developing. Maybe it's taking longer than it should. But, societally, we're taking those necessary steps.

And I thank you, I really do.

ANTHONY EACK: Can I just say one more thing, real quick?

SENATOR MURPHY: Absolutely.

ANTHONY EACK: And it has to do with the shot, Vivitrol. It's 30-day shot, it reduces the cravings.

It's $1,000, or $1200, a shot.

SENATOR MARTINS: A shot of, what?

ANTHONY EACK: Vivitrol.

SENATOR MURPHY: Vivitrol.

SENATOR MARTINS: Vivitrol?

ANTHONY EACK: Yes.

A lot of insurance companies do not cover this. I've got a lot of parents paying out-of-pocket to help their kid when they do get out.

Like, if I'm not mistaken, Dutchess County, now, when you get out of jail for whatever it is, they'll give you that 30-day shot, to buy you some time of craving, till you get acclimated back into society. Hopefully, it works.

But, it's still $1,000, or $1200, a shot, and a lot of parents are paying out-of-pocket.

There's only two doctors I know of in Dutchess County that are actually trained and licensed to do this.

So, I do see success.

As much as I don't like treating a chemical dependency with another chemical --

SENATOR MARTINS: Suboxone?

ANTHONY EACK: -- Suboxone, this is a 30-day

Suboxone, for the most part.

But kids who are -- if the kids are doing some sort of form of recovery, if they're working some program, what it is, it doesn't matter what it is, whether they're going to church, NA, AA, whatever, then the Vivitrol seems to have good effects.

SENATOR MARTINS: Thank you.

ANTHONY EACK: I just wanted to get that out there.

SENATOR MURPHY: Who makes Vivitrol?

ANTHONY EACK: Pharmaceutical companies.

SENATOR MARTINS: Same pharmaceutical companies --

ANTHONY EACK: The devil. The devil himself.

[Applause.]

ANTHONY EACK: Thank you for your time.

SENATOR MURPHY: Thank you for being here, and all the work you do.

Keep up the good work.

ANTHONY EACK: Thank you.

SENATOR MURPHY: We're here.

And this is why we're going on the little tour through New York State.

ANTHONY EACK: Thank God. Thank you for

doing this.

SENATOR MURPHY: Well, listen, I thank you for being here, and thank you for what you do up there.

I met you up in Paulin. It was unbelievable.

And I appreciate you coming down here tonight.

[Applause.]

SENATOR MURPHY: That is the extent of people who will be testifying tonight.

But, in closing, what would I like to say is, thank all the witnesses for coming here tonight.

[Applause.]

SENATOR MURPHY: I appreciate it.

And, honestly, I appreciate you people for being here tonight, for listening. And maybe we can get the message out there.

[Applause.]

SENATOR MURPHY: It's unbelievably important.

And, you know, maybe next time, we can have a few hundred people here.

And we'll -- I'll be in Rochester on Wednesday, and in Niagara on Thursday.

SENATOR MARTINS: If any of you are in the neighborhood.

SENATOR MURPHY: Yeah.

[Laughter.]

SENATOR MURPHY: But, honestly, I would just like to thank everybody for coming here tonight.

I would like to thank my staff for putting all this on.

And, Senator Amedore and Senator Ortt's chief of staffs, thank you for coming down here, and, the guys from Albany.

You know, to put this all together is a team effort.

And, most importantly, to my dear friend who came all the way up from Long Island to be with me tonight. And he didn't have to be here. This guy did not have to be here.

He's got three little girls at home that he could be home there with -- four? I am sorry. Four little girls.

[Laughter.]

SENATOR MURPHY: But what I've learned from him already up in Albany, it's already been a world of information.

And it's an honor and privilege to sit next to him up at the State Senate.

And, Jack, thank you so much for making an

effort to come up here tonight --

[Applause]

SENATOR MURPHY: -- allowing people your information, your knowledge, that have been up there for a few years.

And, you know, this show was going on the road.

And before -- the last thing I'll leave you with is that, you're not alone. The people out there, the addicts out there, you're not alone.

We're here, and we're here to help, and help is on the way.

And, good night.

[Applause.]

(Whereupon, at approximately 9:47 p.m., the public hearing held before the New York State Joint Senate Task Force on Heroin and Opioid Addiction, concluded.)

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