

Joint Senate Task Force on Heroin and Opioid Addiction

2016 Report

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Executive Summary

Virtually no corner of the state has been left untouched by the heroin and prescription opioid crisis. Initially prescribed to relieve pain, opioid medications, also called opioid analgesics, attach to the mu, delta or kappa receptors in the brain to create feelings of pleasure, relaxation, and contentment, slow breathing, and reduce feelings of pain.ⁱ Long-term opioid use can result in addiction as brain cell function changes and the nerve cells become dependent on opioids to function properly.ⁱⁱ Heroin works much the same way, and creates addiction in users similar to other opiate medications.

Heroin is synthesized from morphine, a naturally occurring substance extracted from the seed pod of the Asian opium poppy plant.ⁱⁱⁱ Heroin can be injected, inhaled by snorting or sniffing, or smoked.^{iv} According to the National Institute on Drug Abuse, by 2011 4.2 million people had used heroin at least once.^v Heroin abuse is associated with serious health conditions, including collapsed veins, infection of the heart lining and valves, contraction of infectious diseases like hepatitis and HIV, and fatal overdose.^{vi} In 2013, 637 New York residents died from a heroin overdose.^{vii}

Since 2011, the New York State Senate Majority Coalition has met the crisis head on, identifying existing shortcomings in the prevention and treatment-delivery systems, seeking legislative solutions and securing necessary funding to implement real solutions. Laws have been adopted to establish Good Samaritan protections, further expand access to naloxone, create I-STOP, and enhance insurance coverage among others. In March 2014, the New York State Senate Joint Task Force on Heroin and Opioid Addiction was created to examine the alarming rise in use of heroin and opioids that has claimed lives and hurt families across New York State. Through 18 forums held throughout New York State, Task Force members, led by Chair Senator Phil Boyle, and Co-Chairs Senator Mike Nozzolio and Senator David Carlucci, secured the enactment of 11 bills signed into law by Governor Cuomo and \$2.25 million in substance abuse funding.

Building on this success, Senators Terrence Murphy, George A. Amedore, Jr., and Robert Ortt were named as the new Co-Chairs of the New York State Senate Joint Task Force on Heroin and Opioid Addiction in February 2015. The Task Force traveled from Western New York to

Long Island conducting a series of forums and hearings, bringing together medical experts, treatment providers, law enforcement and impacted New Yorkers who provided invaluable insights and anecdotal evidence, affording the members the opportunity to understand how the Senate Majority Coalition, through legislative action, can better address this public health crisis.

A common theme throughout the hearings was that prevention, treatment and recovery are three essential prongs in the development of a comprehensive approach to addressing opioid addiction.

Given the addictive nature of heroin and opioids, the best way to prevent addiction is to increase awareness of the inherent risks involved in using these substances. The Joint Senate Task Force also urges the use of technological advances to deter the abuse of prescription opioids and prevent addiction.

For many individuals, efforts to prevent addiction have come too late. To be successful in recovery, there must be sufficient access to all forms of treatment including inpatient, outpatient and Medication Assisted Treatment in order to help individuals return to a stable and productive life. Efforts must be made to expand access to treatment, secure adequate insurance coverage and ensure individuals in need receive proper treatment. After hearing from parents, advocates, medical professionals and law enforcement officials the Joint Senate Task Force recognizes the *critical* need for expanded and improved insurance coverage.

Individuals exiting treatment face a long road to recovery; the temptation to fall into old habits is constant and difficult to resist without proper supports. Safe environments, stable employment and opportunities to participate in diversion programs that avoid incarceration are all necessary to assist addicts in their recovery.

Stopping the heroin and opioid crisis will require the inclusion of criminal justice reforms that will give law enforcement the necessary tools to disrupt the supply of heroin and stop the diversion of opiate prescription medications within the State. Therefore, the Task Force adds a fourth prong, Enforcement, to its approach, emphasizing the importance and critical role law enforcement plays in combating the proliferation of heroin and other opiate drugs.

Focusing legislative efforts on this four-prong approach will provide important tools to stem growth of the heroin and opioid crisis, prying loose the stranglehold it has on our communities, and at the same time, supporting those battling their addiction on the journey to recovery.

The Heroin and Opioid Crisis in New York State

Nationally, the statistics for deaths related to heroin and opioid abuse show massive increases in use. In 2013, 1,601 people died in New York State from an opioid related overdose, with 637 of those deaths resulting from a heroin overdose.^{viii} This shocking loss of life to heroin and opioid drugs, an average of two deaths per day, demonstrates a death rate 68.7% higher than in 2008.^{ix}

New York State is one of many states across the nation that is struggling with the heroin and opioid crisis. In 2014 alone, approximately 28,647 deaths occurred nationally due to prescription opioid overdoses, with 2,300 of those deaths, roughly 8 percent, in New York State.^x In 2013, 952 drug-related deaths involving prescription opioids, or “opioid analgesics,” represented more than 18 fatalities weekly (340 women and 612 men died from these overdoses). That year, New Yorkers in the 45-54 age group were decimated by analgesics, enduring a record 279 analgesic associated deaths.

In 2005, the Legislature enacted the Opioid Overdose Prevention Program to facilitate the use of Naloxone. Naloxone is used as an anti-dote to opioid overdose, as an “opioid antagonist”, its relative safety and ease of use has made it a key component in the fight against overdose fatalities. This law was recently expanded to increase access to naloxone (also know by the brand name: Narcan) by making it available without a prescription at community programs and pharmacies throughout the state. In 2011 the Legislature, in response to the tragic increase in overdose deaths, enacted additional Good Samaritan protections to encourage people to call 911 immediately in an overdose situation. To combat the prevalence of opioid prescription drug abuse the legislature enacted the Prescription Drug Reform Act of 2012 and the expanded I-STOP Prescription Management Program (“PMP”). This change in the law required “real time” submission of dispensed controlled substance data, authorizes system access for pharmacists, and

mandated its use by any practitioner writing prescriptions for controlled substances on Schedule II, III, and IV.^{xi} By September 2015, 96,000 searchers had conducted more than 34 million PMP searches on more than 12 million patients. Also, by the end of 2014 PMP searches resulted in an 82 percent drop in the number of “doctor-shoppers” – patients who present to five or more prescribers and five or more pharmacies receiving a controlled substance within a three-month period.

While this important legislation made inroads in curbing the number prescriptions for opioid analgesics, this reduction coincided with a spike in readily available and much cheaper heroin, which has exacerbated the impact of the opioid crisis.

The numbers of deaths from heroin overdoses are likely underreported^{xii}; for example, recent reports noted that no Native American died from heroin overdoses in 2015, but the Seneca Nation in Cattaraugus County believes approximately 20 deaths from heroin overdoses occurred on Seneca Territory in 2015, and this estimate only encompasses the Seneca Nation, one of a number of Native American tribes in New York State.^{xiii} This is one example of the challenge in compiling accurate data and shows that many times data at the local level is more accurate than data reported on a death certificate, which may not specifically list the cause of death as an overdose.

Heroin has devastated younger New Yorkers. Half of the 637 people who died from heroin overdoses in 2013 were under age 35; a stark contrast from 2009 when 85 people under the age of 35 died from an overdose. In 2013, that number almost tripled to 313. Of those 313 deaths, 210, or over two thirds, were people age 25-34 and 103 were age 15-24.^{xiv}

Breaking down heroin overdose deaths by county, statistics show the highest number of deaths over the last four years occurred in Dutchess, Suffolk and Bronx counties; and over the last four years, hospital emergency departments have experienced a staggering 73 percent increase in visits related to opioid overdoses.^{xv} It is clear that this has grown from a burgeoning problem to a full-fledged crisis with little or no evidence of abating.

The rise in the number of outpatient emergency room visits where hospital staff noted heroin or opioid use in patients underscores the prevalence of these substances across the State. In 2010, there were 21,806 emergency room visits where heroin use was noted, and four years

later this number had skyrocketed over 71 percent to 37,747. Also, the percentage increase over these four years for New York City was 74 percent, while the rest of the State was 71 percent, indicating the wide availability of these drugs throughout New York State.^{xvi}

A recent report issued by the New York State Department of Health, detailed the extent of the crisis including vital statistics on the administration of naloxone throughout the state, which provides a clearer picture of the instances of overdoses within the state. The Department's data shows that naloxone was administered 11,992 times during emergency medical service (EMS) calls in 2014, an increase of 57 percent from the previous year.^{xvii} Most of those individuals were under 45 years of age (71 percent), of that group, those between the ages of 25-34 (32 percent) representing the largest overdose population.^{xviii} Out of the reported naloxone administrations, 76 percent of the overdoses precipitating the naloxone use resulted from injecting heroin.^{xix}

One fact brought to light by the Task Force hearings was that this crisis has no demographic limitations - it affects individuals of every age, race, and gender, and only through a multi-prong approach can we hope to eradicate its impact on our communities.

In an effort to combat the rising heroin and opioid crisis, the Senate Majority Coalition has passed a number of common sense proposals to address issues to treatment access, as well as legislation seeking to enhance law enforcement's ability to apprehend major drug dealers and reduce the influx of heroin and prescription opiates on our streets. In response to the informative testimony heard at forums and hearings, the Task Force in 2014 developed a package of 23 bills that were ultimately passed by the Senate during that session. Of these bills 11 were signed into law by Governor Cuomo. In the SFY 2015 enacted budget, the Senate secured a total of \$2.25 million in substance abuse funding.

During the 2015 legislative session, the Task Force continued its mission of eradicating the heroin and opioid crisis. The Task Force advanced 13 bills to help decrease heroin deaths and put more drug dealers behind bars for peddling dangerous opioids. The SFY 2016 enacted budget provided significant funding for programs targeting the heroin and opioid crisis, including \$8.8 million in funding for statewide prevention, treatment and recovery services and \$450,000 to

purchase naloxone kits given out for free to individuals who participate in a naloxone training class.

As the 2016 legislative session progresses, the Task Force has strived to eliminate the availability of heroin and opioids for vulnerable populations and ensure funding for treating heroin and opioid users. The SFY 2017 enacted budget allocated \$141.1 million to the Office of Alcoholism and Substance Abuse Services (OASAS) for various heroin and opioid programs and allocated an additional \$25 million in new funding for prevention, treatment and recovery services.

The Four-Prong Approach

Addiction to heroin and opioids is a public health crisis that impacts every city, town and village within the state. In order to address this growing crisis, the Joint Senate Task Force on Heroin and Opioid Addiction traveled across the state holding forums, gathering information and hearing from those most directly impacted by addiction. The common theme heard from parents, medical professionals, law enforcement and other stakeholders in every forum was the need for a multifaceted approach to prevent addiction, treat those who become addicted, assist those who overcome addiction in their recovery and punish those individuals responsible for importing and selling the drugs in the first place.

Prevention:

Prevention is perhaps the most important component in fighting the heroin and opioid crisis. The Senate Majority Coalition has taken significant measures to prevent heroin and opioid abuse through various legislative initiatives. Originating from the 2013-2014 Joint Senate Task Force on Heroin and Opioid Addiction, Chapter 40 of the Laws of 2014, required the Office of Alcoholism and Substance Abuse Services to establish a heroin and opioid addiction awareness and education program. Additionally, the SFY 2016 enacted budget included a \$272,000 appropriation and necessary statutory authority allowing school nurses and trained employees to store and administer naloxone in all schools across the state. While substantial preventative measures have been implemented, the Joint Senate Task Force on Heroin and Opioid Addiction recognizes that prevention strategies are multi-faceted and that further action must be taken. While the steps the Senate Majority Coalition has taken to expand the availability of naloxone

across the state, ensuring continued and widespread access to this life saving drug must remain a top priority.

Experts from around the state testified that prevention begins with education, not just in schools but the community as a whole. Countless individuals impacted by prescription opioid addiction testified that they were unaware of the addictive nature of the pain medications that had been lawfully prescribed to them, and were simply following their doctor's instructions. Several individuals, including, Dr. Andrew Kolodny, in Yorktown; Police Department Supervisor Bryan DalPorto in Niagara; Dr. Christopher Gharibo and Robert Lindsey in Albany, adamantly advocated for the need for legislation to require further education for prescribers on opioid prescribing practices and addiction treatment. Many health care professionals are unaware of the alternatives to relieve chronic and acute pain, the potential consequences of prescribing certain pain medications, and how to properly screen patients for addictive behaviors. This deficit in knowledge often results in under or over prescribing of pain medication, which in turn results in an increase of prescription drug dependence and abuse throughout the state. The Joint Task Force urges the State to focus on improving public awareness about the dangers of prescription opioid abuse, the warnings signs of addiction and where to go for help.

Many experts spoke on the need for a more thoughtful approach to prescribing opioid medications. Dr. Kolodny stated that preventing opioid addiction, "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." The need for a more restrained prescribing is evident. In 2014 alone over 10 million prescriptions were written for opioid prescription drugs.^{xx} Over 1.6 million of those prescriptions were given to men and women between the ages of 20 and 34, the segment of the population with one of the highest mortality rates for opioid overdose.^{xxi}

Another area where New York is falling behind in preventing opioid abuse is in the use of abuse-deterrent opioid drugs.^{xxii} Abuse-deterrent prescription drugs are specifically formulated to prevent abuse through various means.^{xxiii} Testimony from health care professionals emphasized the need for access and coverage of these drugs. Dr. Paul Wacnik at the Niagara hearing strongly advocated for the incorporation of abuse-deterrent drugs into treatment, citing recent U.S. Food and Drug Administration (FDA) publications that declare these products a

“high public health priority.” Educating medical professionals on the impact over-prescribing, using best practices to limit the number of opioids prescribed at any one time and increasing the use of abuse-deterrent technologies are essential to preventing new addicts.

Finally, the collection and reporting of accurate statistical data will empower the State to adequately allocate funding and resources to the areas most impacted by this crisis. While the Department of Health compiles substantial information regarding the crisis and Narcan administrations, the data is not comprehensive.^{xxiv} Only with accurate statistical analysis can we make sound determinations as to how best to allocate the limited funding resources. Therefore, the Joint Senate Task Force calls upon the Department of Health to expand and improve its reporting of heroin and opioid related overdoses, and related data.

Establishing common sense policies that address all avenues of prevention, like the ones recommended by the Joint Senate Task Force, are crucial in ending the heroin and opioid addiction before it starts.

Treatment:

Admissions to opioid treatment programs certified by New York State ballooned 19 percent from 2010 to 2014.^{xxv} The exponential increase in heroin and prescription opioid related overdoses and deaths across New York State has made the demand for effective treatment modalities paramount.^{xxvi} In an effort to obtain a full understanding of which treatments work and where changes are needed, the Task Force traveled throughout the state to discuss ways to improve the treatment disparity evident across the various regions with treatment providers, overdose survivors, friends, and family. Members discovered that participants shared many of the same concerns including the need for: increased access to and utilization of medication-assisted treatment; additional treatment facilities and resources; adequate insurance coverage for substance abuse and addiction services; and, a mechanism to provide emergency intervention. Having heard the concerns from those on the ground, who are the most impacted by the crisis, it is abundantly clear that access to appropriate treatment is a threshold issue.

In 2015, the Senate took immediate action after hearing from advocates, and chaptered significant legislation to expand access to medication-assisted treatment (MAT) in the State’s judicial diversion treatment program.^{xxvii} One of the most promising scientifically-proven

methods of treatment for heroin and opioid addiction, MAT utilizes medication that inhibits the euphoric effects of opiates and behavioral therapy to assist individuals addicted to heroin or opioids.^{xxviii} Currently, three medications have FDA approval: a buprenorphine/naloxone combination (brand name medications Suboxone and Zubsolv); extended-release naltrexone (brand name medication Vivitrol); and methadone. Despite the success these drugs have in treatment many providers' have expressed concerns regarding the limited access to MAT due to a lack of programs in certain geographic areas of the state, requirements for prior authorization, a lack of comprehensive insurance coverage for the use of MAT, a lack of education regarding the treatment, and a lack of coverage for new effective medications. To increase the accessibility of the most advanced and effective treatments the Task Force is calling on health plans to continuously review drug formularies and to ensure evidence-based treatments are available. Further, the Superintendent of Financial Services in determining network sufficiency should consider the availability of MAT programs across the state.

Another hurdle to offering comprehensive treatment is a lack of available treatment beds. This past February, OASAS launched the Bed Availability Dashboard on the Office's website, which compiles treatment bed availability information from State-certified substance use disorder treatment providers on a daily basis and in real-time.^{xxix} While this initiative may help individuals find openings in the treatment system it does not increase the overall number of beds, which will require increased funding and the willingness to look at some more creative approaches such as utilizing available treatment beds in private treatment facilities. Despite the new Bed Availability Dashboard, there is still a need for increased capacity.^{xxx} The for-profit treatment providers often have open beds that could be utilized, unfortunately current law requires all funds awarded by OASAS to provide addiction prevention, treatment and recovery services be disbursed to a non-profit provider. Allowing access and funding to for-profit entities to receive state funds, at rates competitive to non-profit providers, would increase available treatment bed capacity and increase competition within the provider community, ensuring that individuals are receiving the best treatment available.

The primary hallmark of a successful addiction recovery is a willingness on the part of the individual to participate. The unfortunate truth is that too often, even those that have had close brushes with an overdose death, refuse to enter treatment. First responders, medical

professionals and law enforcement testified during the hearings that they routinely administer Narcan to the same user multiple times per day. Current statute allows a facility to hold a person who is incapacitated by alcohol or substance for up to 48 hours in certain circumstances, which begs the question, should this be a longer timeframe or should there be an opioid specific provision?^{xxxii} Thus it becomes a difficult quandary for policymakers – balancing civil rights and personal freedom with ensuring that individuals get the treatment they need, but are not willing to access on their own. Dr. Peter Provet, President and CEO of Odyssey House, added this perspective at the forum in Albany: “Getting forced into treatment ... often is necessary to get them to that bottom, to help them realize they have nothing in their lives, that they want to change and live a far more successful and happy life.”

The need for expanded insurance coverage to ensure access to treatment has been echoed across the state by treatment providers, community leaders, law enforcement, recovering addicts, their friends and family. Adequate and comprehensive insurance coverage is an essential component to ensuring timely and appropriate access to treatment. Prior to 2014, insurance plans were only covering seven days of inpatient detoxification, thirty days of inpatient rehabilitation and at least sixty days of outpatient treatment. This lack of adequate coverage led the Senate Majority Coalition to pass legislation in 2014 that changed the way insurance plans covered substance abuse treatment (Chapter 41, Laws of 2014).

Under this legislation, utilization review determinations must be made by clinical reviewers who specialize in behavioral health or have experience providing substance abuse treatment. Health insurance plans are required to consistently cover the appropriate level of treatment as determined by a standard set of evidence-based, peer-reviewed criteria. Additionally, this legislation, which went into effect on April 1, 2015 and is applicable to all insurance policies issued or renewed after this date,^{xxxii} prevents plans from requiring individuals who are suffering from addiction to first fail at outpatient treatment before inpatient treatment can be approved. This chapter also created an expedited appeals process and requires insurers to continue to provide coverage and reimburse for treatment throughout the entire appeals process. Finally, pursuant to this chapter, the Substance Use Disorder Treatment Insurance Workgroup was established for stakeholders including the state, providers and addiction professionals, insurers, and individuals and families affected by addiction, to identify gaps in the treatment

system and to address new issues as they emerge. This group continues to meet every other month.

Even with these extremely important changes to insurance coverage, the Task Force has heard a wide range of concerns that individuals seeking treatment at an inpatient detoxification or rehabilitation facility require prior authorization by the insurance company before being admitted into treatment. Prior authorization could take 24 to 72 hours before coverage is available. This “gap” between an overdose and approval for coverage is simply too long to wait and only serves as a deterrent to treatment. More must be done to minimize approval time and ensure that those who wish to enter treatment do not have to wait.

More concerning than long wait times to enter treatment, are reports that insurance companies are erecting unnecessary barriers to treatment through the use of qualifying provisions. For example, in order to enter inpatient treatment many individuals currently using MAT are being denied admittance until they are completely drug free. These types of practices must be rigorously scrutinized for any practical medical reasoning and, if none exists, eliminated.

When an individual is able to obtain coverage for treatment he or she may be limited in how many days of treatment the insurance company will pay for. Using the OASAS created LOCADTR Assessment tool, substance abuse treatment providers, Medicaid Managed Care plans, private insurance plans and other referral sources are able to determine the most appropriate level of care for a client with a substance use disorder.^{xxxiii} This web-based tool weighs client risks, resources and other factors to determine an appropriate treatment setting that is as close to his or her community as possible and is safe and effective. While this tool is a breakthrough in substance abuse treatment assessment, there may be times when an individual requires more treatment than is recommended. As we continue to grapple with understanding the nature of this addiction, the OASAS assessment tool must continue to evolve as well. There is a need for experience ratings and determinations for the providers, as well as flexible guidelines in treatment for patients. While there is not one solution that will work for all individuals, as more approaches are explored and developed, we can standardize broader treatment options with more proven success.

Should a plan deny a request for continued treatment, each individual has the right to file an external appeal to the Department of Financial Services (DFS). Unfortunately, many

individuals are not aware of this right and feel there is no recourse for their loved one if treatment coverage is denied.^{xxxiv} It is imperative that individuals be made aware of their right to an external appeal. Every OASAS certified treatment provider must ensure that individuals receiving treatment and their families are fully educated and aware of each step of the process to determine appropriate treatment, and of their right to file an external appeal with the Department of Financial Services upon denial of coverage.

The issue of how to cover the cost of treatment is one of continuing concern for families, and there is clearly not enough available data to suggest that there is one particular “silver bullet” treatment that will work for all individuals. There are waiting lists at a number of facilities, and on-demand treatment is not always available in every geographic area. Ensuring appropriate coverage, expanding opportunities for treatment and expanding the innovation of treatment is just part of what is needed to ensure more consistently successful treatment outcomes. Even the best treatment will fail without sufficient services that continue to support an individual after he or she exits treatment, goes home and begins recovery.

Recovery:

Recovery from opioid addiction is a long road, and is often a day-by-day, hour-by-hour struggle. While relapse rates for drug addiction in general are between 40 and 60 percent^{xxxv} some anecdotal information shows that the relapse rate for opiate addiction may be much higher. The difficulty in locating accurate data regarding treatment relapse rates underscores the need for consistent, accurate reporting and study to better understand the effectiveness of the various treatment modalities and programs available.

While there are a range of factors that lead to relapse, an individual leaving treatment and going home to an unstable and unsafe living environment, without the necessary supports in place, is much less likely to successfully beat the disease. A National Institutes of Health study shows that once an individual gets through just six months abstinence, success rates jump from 11 percent to 68 percent.^{xxxvi} It is incumbent on the state to take the necessary steps to ensure that individuals have the supports and the management of those supports necessary to get through those first six months and on to successful recovery.

In 2014 the Senate Majority Coalition secured \$500,000 in funding to enact Chapter 32 of the Laws of 2014 which established the Heroin and Opioid Addiction Wraparound Services Demonstration Program (Wraparound Services). This program would have provided support services to adolescents and adults for up to nine months after the successful completion of a treatment program. Unfortunately, this program was never acted upon by the State, meaning there is no data to demonstrate the effectiveness of wraparound services under the current care model. The Joint Senate Task Force is calling on the Commissioner of OASAS, in consultation with the Department of Health, to develop this Demonstration Program, and it is imperative that they do so to develop best practices of the wraparound services that are needed to provide a continuity of care to individuals once they leave inpatient care.

The Joint Senate Task Force remains committed to the idea that individuals must leave treatment with a plan of care for adequate services to prevent a relapse into addiction. These services would afford each individual exiting treatment with a stable point of contact throughout his or her recovery and would provide easier access to treatment services if necessary. Providing individuals with adequate support services will lessen the necessity of further treatment services, reduce the burden on first responders and ensure greater success in recovery. The only way to ensure success in recovery and accessibility state-wide is to require that those best practices developed out of the Demonstration Program are incorporated into the licensure of OASAS treatment providers.

Another essential component of a successful recovery is a safe, drug-free environment. In an effort to provide individuals in recovery with access to safe and stable living situations, with the necessary supports, the Senate Majority Coalition secured \$1.97 billion in capital funding in the SFY 2017 enacted budget to support a five year supportive housing program. A portion of those funds will support the first 6,000 residential units across the state, a sound first step in this effort. There are other programs offering housing and other supports for recovering addicts that must also receive sufficient levels of funding and be appropriately located geographically throughout New York State to ensure access to those in recovery.

Adolescent clubhouses, for example, are a unique environment where young adults in recovery may participate in activities and programs tailored to their needs in a safe, drug-free environment. There are several scattered across New York State, and while funding was targeted

toward them in the SFY 2017 enacted budget, it is important that these be located in all regions of the state to ensure a safe outlet for young adults battling addiction. In addition, the Joint Senate Task Force supports the expansion of Recovery Community and Outreach Centers (COCs), which provide critical recovery supports for individuals and families in recovery or seeking recovery from substance abuse disorders. The SFY 2017 enacted budget supported the expansion of these centers, however, it is important that we continue to build a statewide infrastructure and continue to strategically and geographically expand locations.

Sober Living homes ensure safe recovery environments by providing a well-structured living environment, peer support, opportunities to engage in community activities, and independence - a central component in regaining confidence necessary to continue on a recovery path. Those that spoke at the forums, including Donna McKay at the Penn Yan forum, attested to the success rate these homes have on recovery. While the statistics support increased utilization of sober living homes, the federal Fair Housing Amendment Act substantially limits the State's ability to regulate these entities. That being said, evidence suggests that Sober Living Homes are an important component in the journey to recovery, and the question regarding whether or not their benefits to individuals in recovery would be enhanced by regulation at the state level should be reviewed and discussed. Accordingly, the Joint Senate Task Force calls for the creation of a panel to examine Sober Living Homes, current law and create best practices on how the State can improve these residences to maximize their benefit to individuals in recovery.

As mentioned previously, the New York State drug court system provides non-violent offenders with underlying drug addictions the opportunity to engage in court supervised judicial diversion treatment rather than face incarceration. This diversion program offers defendants a second chance, and an opportunity to matriculate back into society substance free. Currently, New York State has 141 drug courts in operation, 89 in criminal court, 33 in family court, 15 in juvenile courts, and four in town and village courts.^{xxxvii} At the forum held in Yorktown, Judge James F. Reitz discussed the great success achieved in the Putnam County drug courts. “[W]hen 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 12.5 to 13 percent.”

Given the success evidenced in Putnam County, it is imperative the State expand access to these programs and arm participants with every essential tool to achieve success. The Senate Majority Coalition began this process last year with the enactment of Senate Bill 4239B, which established statewide uniformity in drug treatment courts by allowing defendants to obtain MAT while participating in the judicial diversion program.^{xxxviii} While this was a substantial victory, we must explore ways to ensure participants have access to every type of MAT treatment option available, allow more offenders the opportunity to participate in this life changing program, and expand our efforts to include law enforcement as a proactive force in the state's efforts to eliminate the opioid addiction crisis.

For example, the Police Assisted Addiction and Recovery Initiative (PAARI) in Gloucester, Massachusetts allows individuals addicted to opioids to ask police for help and immediately be taken to a hospital and placed into a program for recovery, without fear of arrest.^{xxxix} The initiative has burgeoned to an organization that provides advice and support to other police departments interested in developing such an initiative in their locality. To date more than 100 police departments in 24 states, including 17 in New York have joined the initiative.

The emergence of the police force as a front-line resource to ensure addicts receive treatment, or are saved from an overdose, has to be acknowledged. The law enforcement officers need to be properly trained, and equipped to deal with this crisis head-on.

Enforcement:

Nationally, 2014 arrests for sales of heroin comprise 5.8 percent of the total drug abuse violations. Also, 2014 arrests for possession of heroin comprise 17 percent of the total drug abuse violations. The Northeast has 21.4 percent of the drug sale arrests, the highest percentage of drug sale arrests compared to the other three regions of the nation, and the heroin sale arrests, at 12 percent, is the largest category of drugs for which sale arrests were made in the Northeast. Conversely, the Northeast has the comparatively lowest number of arrests for drug possession nationally, and heroin comprises 18.6 percent of all possession arrests in the Northeast, the third largest category in the region.^{xl}

Law enforcement is often times the first on the scene in an emergency situation; providing these individuals with the necessary tools to combat an overdose could mean the difference between life and death for an overdose victim. The desire of law enforcement personnel to be trained in handling heroin and opioid overdoses during responses to emergencies underscores the prevalence of these drugs in the community and the risk they pose to communities, especially to first responders and law enforcement personnel. In 2015, 10,245 law enforcement personnel and 1,475 firefighters were trained in overdose prevention on how to administer naloxone; this number comprises 24.2 percent of all individuals trained in naloxone administration last year. Further, in 2015, the second year law enforcement personnel have been deploying naloxone, law enforcement agencies administered it 1,100 times, which is just 600 instances less than uses by community program employees, and the community programs have been administering naloxone since 2006.^{xli} Law enforcement personnel reported that heroin overdoses precipitated naloxone administration in 75.8 percent of all cases.^{xlii} The State has adopted a variety of policies in order to provide our law enforcement personnel with the resources they need to combat this crisis, yet as indicated at the Joint Senate Task Force forums there is still much that can be done to aid our men and women in uniform.

Since being enacted by the Legislature in 2006, the community harm reduction program has been recognized nationally for its ingenuity and effectiveness. Through a collaborative effort between the Division of Criminal Justice Services, the State Department of Health, the State Office of Alcoholism and Substance Abuse, the Harm Reduction Coalition, Albany Medical Center and other local partners, approximately 7,873 law enforcement personnel have been trained to administer intranasal naloxone.^{xliii} Following training, each individual is provided with a naloxone kit to ensure those first on the scene are able to administer this life saving remedy.

Additionally, police departments statewide have adopted policies that reflect what Task Force contributors have repeatedly stated, “This is a public health issue, we can’t arrest our way out of the problem.” Programs such as the Police Assisted Addiction and Recovery Initiative (PAARI) and the Law Enforcement Assisted Diversion (LEAD) connect drug users with necessary treatment rather than incarceration. These adopted policies supplement the state’s 141 drug treatment court programs, which have proven to significantly reduce the recidivism rates of these non-violent offenders by providing them with a second chance.

While the State has taken many laudable steps, law enforcement personnel throughout the State voiced their concerns and suggestions on how the State can continue to support these individuals in their fight against this crisis. During the Oneonta forum, Undersheriff Craig DuMond of Delaware County emphasized the need to crack down on businessmen drug dealers. He stated, “[t]hey’re ruining our communities, they’re victimizing people; they really are. They’re taking advantage of our weakest, the most vulnerable populations within our counties, and they’re, literally, victimizing these people.” Echoing his concerns was Judge Brian Burns of Otsego County who stated, “These people are predators, and they’re taking away people’s money, their health and their very lives. And I applaud the efforts of the legislature to really turn the focus on those individuals who are the major traffickers.” However, apprehending these sophisticated criminals takes financial resources, a concern repeated by many forum participants. At the forum held in Rochester, Sheriff Philip Povero of Ontario County and Jonathan Dresher, a recovering addict, both reiterated these concerns, and encouraged the State to require that all funds obtained during seizures to go directly back into the hands of law enforcement to continue their operations.

Additional concerns were raised during the Brooklyn forum by Special Narcotics Prosecutor for the City of New York Bridget G. Brennan regarding the weight of heroin. State law needs to accurately reflect the lighter nature of the drug in order to appropriately penalize dealers. Furthermore, dealers are cutting the drug with even more addictive and hazardous substances, such as fentanyl and horse tranquilizers. Erie County recently suffered devastating losses at the hands of this deadly drug cocktail. In an 11-day period beginning January 29, 2016, twenty-three individuals died from opiate overdoses, nineteen of which resulted from heroin laced with fentanyl. It is crucial to provide law enforcement with all available mechanisms to get this lethal substance off our streets.^{xliv} Adding substances such as fentanyl to the Federal Schedule of Controlled Substances, increasing penalties for the sale of heroin and opioids and strengthening the law to disrupt the business of drug dealers will aid law enforcement in their fight against the individuals making money off heroin and opioids and prevent unnecessary deaths while not punishing those most in need of help.

The Joint Senate Task Force is proud of the progress made to empower our law enforcement and prepare them in their frontline battle against the heroin and opioid crisis.

However, it is evident that there is still much we can do legislatively to support law enforcement personnel in their efforts to apprehend major traffickers and dealers, save the lives of overdose victims and help those battling addiction find treatment.

Legislative Recommendations

Using the four prongs of Prevention, Treatment, Recovery and Enforcement as a framework, the Joint Senate Task Force on Heroin and Opioid Addiction analyzed current deficiencies in the law and presents the following solutions designed to put an end to this deadly crisis and help the citizens of New York State.

Prevention:

- **Limiting initial prescriptions of controlled substances (S.6091-B, Hannon):** Limits an initial prescription of a Schedule II and III controlled substance to treat acute pain to a five day supply. This bill ameliorates the excess volume of pills on the street, while also providing better continuity of care.
- **Creating a Prescription Pain Medication Awareness Program (S.4348-A, Hannon):** Creates a continuing medical education program for practitioners with prescribing privileges. The Department of Health (DOH) and the State Education Department (SED) would establish standards for three hours of instruction to be completed prior to renewal of registration on topics including I-STOP requirements, pain management, appropriate prescribing, acute pain management, palliative medicine, addiction screening and treatment, and end-of-life care. Additionally, it allows for the consideration of existing curricula, and establishes exemptions for practitioners who would not require such training due to the nature, area, or specialty of his or her practice.
- **Use of abuse-deterrent technology for opioids (S.6962-A, Hannon):** Helps prevent the abuse and diversion of opioid prescription drugs by ensuring patient access to abuse-deterrent opioids by prohibiting insurers from disadvantaging drugs approved by the FDA as abuse-deterrent.
- **Ensuring proper opioid education to prescribed patients (S.7315, Murphy, Amedore, Ortt):** Requires OASAS to create either a card or pamphlet that will be included in every opioid prescription dispensed, which includes the following information: the risks of using such controlled substances; the physical, behavioral and advanced warning signs of addiction to such substances; the HOPELINE telephone contact number and text number (HOPENY) operated by OASAS; the procedures for safe disposal of drugs; and any other information the commissioner deems necessary. Additionally requires the same information be provided to patients administered opioids while in the hospital, and requires acknowledgment of receipt of the information in the patient's discharge plan.

- **Establishes a Narcan kit registry (S. 6516A, Amedore):** Directs the Department of Health to expand its reporting of opioid overdose data by tracking the number of opioid overdoses generally in addition the number of opioid overdose deaths. The Department is also required to examine data that examines areas of the State experiencing high rates of opioid overdoses and if any areas of the State have reduced overdose rates after receiving State resources or services. These vital statistics will allow the state to gain a greater understanding of which areas of the state are struggling the most with this crisis, which will help to better allocate funds.
- **Instruction of mental health, alcohol, drug and tobacco use in junior and senior high schools (S.5546A, Funke):** Requires the commissioner of education to make recommendations to the board of regents relating to the adoption of instruction curriculum in mental health for junior and senior high school students and to provide school districts with current information on drug abuse issues. It is important that students be taught about mental health illness and stop the stigma that goes along with a diagnosis. By ensuring that our young people are educated about mental health, the connections these illnesses can have to alcohol, drug and abuse, we can increase the likelihood that they will be able to more effectively recognize signs in themselves and others.
- **Patient counseling prior to issuing a prescription for a schedule II opioid (S.7365, Akshar):** Requires health care practitioners to consult with a patient regarding the quantity of an opioid prescription and the patient’s option to have the prescription written for a lower quantity. The physician must also inform the patient of the risks associated with taking an opiate medication, and the reason for issuing the medication must be documented in the patient’s medical record.
- **Increasing availability of naloxone (S.6346A, Carlucci):** Requires chain pharmacies with twenty or more locations to register with the Department of Health as an Opioid Overdose Prevention Program. By requiring certain chain pharmacies to register as an opioid overdose prevention program and allowing them to dispense and administer Naloxone without a prescription, we can facilitate the distribution of this medication and help save lives.
- **Require the Department of Health and the Office of Alcoholism and Substance Abuse Services to examine and report on the underreported and at risk populations, including but not limited to Native American Tribes and the effect the heroin and opioid crisis is having on those populations.**

Treatment:

- **Continuing education for credentialed alcoholism and substance abuse counselors (CASACS) (S.7301, Amedore, Murphy, Ortt):** Requires a credentialed alcoholism and substance abuse counselors (CASAC) to complete training in medication assisted treatment (MAT) as part of their continuing education requirement.

- **Remove barriers to medication assisted treatment (S.7317A, Murphy, Amedore, Ortt):** Removes a barrier to obtaining MAT by prohibiting managed care providers, under the medical assistance program, from requiring prior authorization for the dispensing of buprenorphine for treatment of opioid addiction.
- **Examine insurance coverage for medications approved by the FDA for use in Medication Assisted Treatment (MAT) of opioid addiction and examine the accessibility across the state to new treatment modalities.**
- **Emergency intervention procedures (S.6248A, Ortt):** Extends the amount of time a person can be involuntarily held for substance abuse disorder for emergency care from 48 hours to 72 hours and establishes criteria in which a person may be involuntary sent to treatment for a substance abuse disorder.
- **Establishing assisted outpatient treatment for substance use disorders (S.631, Carlucci):** Enables a court to order assisted outpatient treatment (AOT) for an individual with a substance use disorder who, due to his or her addiction, poses a threat to him or herself or others.
- **Require the Department of Health and the Office of Alcoholism and Substance Abuse Services to examine and report on the most effective treatment modalities, including ideal settings, treatment length, and best practices for heroin and opioid addiction.**
- **Create and appoint an Ombudsman to assist individuals and families in obtaining appropriate insurance coverage for treatment services.**
- **Require all OASAS certified treatment providers to inform individuals receiving treatment and their families of their right to file an external appeal with the Department of Financial Services (DFS) and provide them with the means necessary to access such appeal.**
- **Require DOH and DFS to rigorously scrutinize the implementation of any conditions placed on accessing treatment.**

Recovery:

- **Inclusion in the RFP Process for for-profit providers (S.7446, Amedore):** Authorizes the Office of Alcoholism and Substance Abuse Services to provide funding to substance use disorder and gambling programs operated by for-profit agencies. Current law prevents for-profit organizations, which provide similar treatment services, from applying for state contracts through OASAS. Allowing these entities to offer services, if they are cost-effective, will expand capacity and allow more individuals to enter treatment.

- **Sober living task force (S.3989A, Croci):** Establishes the sober living task force charged with establishing best practice guidelines for sober living residences that illustrate the most appropriate and effective environment for persons recovering from a chemical dependency. The task force must report to the legislature no later than one year after the effective date of this act. Stable and safe alcohol and drug free housing promotes long term recovery for individuals suffering from a chemical dependency. The findings of this Task Force will allow the Legislature to determine the most appropriate way to support the housing needs of individuals in recovery.
- **Expansion of treatment options for judicial diversion participants (S.6874, Murphy):** Establishes that participation in a judicial diversion program cannot be conditioned on the specific type or brand of drug prescribed to a defendant during the course of medically prescribed drug treatments under the care of a health care professional.
- **Expanding access to judicial diversion programs (S.6322A, Ranzenhofer):** Permits persons otherwise eligible to participate in alcohol or substance abuse treatment diversion programs to utilize programs in the district in which they reside. This bill will empower courts to, at their discretion, to allow an eligible defendant to participate in a diversion program near his or her home, expanding the number of defendants who can participate in such programs, and increasing positive outcomes for these defendants and their families.
- **Encouraging employment of recovering users (S.2346, Seward):** This bill provides a tax credit for employers who agree to hire individuals who have either graduated from drug court or have successfully completed a judicial diversion program. For individuals in recovery, it a critical piece of the rebuilding process is the ability to find gainful employment. Unfortunately, convincing employers to take hire someone who has a history of addiction is a challenge. This bill seeks to incentivize the hiring of individuals recovering from addiction.
- **Enacting the Wraparound Services Demonstration Program (S.7748A, Carlucci):** Requires the Office of Alcoholism and Substance Abuse Services to enact the wraparound services demonstration program as required by Chapter 32 of the Laws of 2014, and use the results to create best practices for recovery services that shall be implemented by every provider of services in order to be certified by the Office. The demonstration program would provide services to adolescents and adults for up to nine months after the successful completion of a treatment program. These services would be in the form of case management services that address education, legal, financial, social, childcare, and other supports. Providing these services will help former patients improve their quality of life and greatly reduce the likelihood of relapse.
- **Require the Department of Health and the Office of Alcoholism and Substance Abuse Services to examine and report on vital statistics related to heroin and opioid addiction including relapse rate, length of treatment, and what, if any, follow up care supports are in place upon discharge.**

Enforcement:

- **Enhance penalties for the sale of controlled substances on park grounds and playgrounds (S.994, Golden):** Expands existing prohibition against the sale of controlled substances on school grounds to include within the criminal sale of a controlled substance in the fourth degree the sale of a controlled substance upon park grounds or playgrounds when there is evidence the person knew that the sale was occurring upon park grounds or a playground. This bill passed the Senate on March 1, 2016.
- **Facilitating the conviction of drug dealers (S.100, Boyle):** Allows someone to be charged with the crime of intent to sell if they possessed 50 or more packages of a Schedule I opium derivative, or possessed \$300 or more worth of such drugs. Because heroin is so potent and is sold in relatively small quantities, dealers can carry enough of the drug to cause significant harm before triggering a felony charge of possession. Conversely, due to the nature of heroin use and addiction, most heroin users do not possess more heroin than they intend to use at that time, as someone high on heroin has no impulse control and will typically continue to consume all heroin available until it is gone.
- **Expanding the crime of operating as a major trafficker (S.4177, Murphy):** Helps strengthen the laws relating to major drug traffickers to more accurately reflect the nature of their criminal enterprises and increase successful prosecutions. The bill changes the number of persons needing to be involved and charged as part of a drug organization from four to three. Also, to reflect the low street prices of heroin, the bill lowers the minimum required proceeds from the sale of controlled substances during a 12 month period from \$75,000 to \$25,000.
- **Creating Drug-Free Zones (S.7200, Akshar):** Creates "drug-free zones" prohibiting the criminal sale of a controlled substance within 1,000 feet of a drug or alcohol treatment center and methadone clinic, similar to "drug-free zones" for schools. Statistics show that most often, drug dealers prey on these individuals by sitting in the immediate vicinity of a drug or alcohol treatment center or methadone clinic waiting for the addict to come out so they can sell them drugs. By designating the areas surrounding drug or alcohol treatment centers and methadone clinics drug as free zones, which comes with it an increased penalty, those predator drug dealers will be deterred from this deplorable practice.
- **Establishes appropriate penalties as it relates to heroin sales (S.7012, Ortt):** Creates appropriate levels of weight as it relates to the sale of heroin. Heroin weighs less than other drugs and therefore more doses of heroin are needed to trigger various criminal offenses.
- **Enhancing judicial access to juvenile records for determining judicial diversion program eligibility (S.6317, DeFrancisco):** While the positive effects of judicial diversion cannot be disputed, current law does not give judges access to all criminal records, records that could exclude potentially violent or dangerous individuals from judicial diversion programs and prevent casualties. This bill would ensure that judicial diversion is utilized by

granting judges the ability to unseal records when evaluating whether defendants should be placed in a judicial diversion program.

- **Adds fentanyl to the controlled substance schedule (S.6632-A, Croci):** Designates three fentanyl derivatives as Schedule I controlled substances bringing New York’s schedule in line with the current Federal Schedule and increases criminal penalties for the sale of an opiate controlled substance containing a fentanyl derivative. According to the New York Times, fentanyl is 100 times as powerful as morphine and requires more Naloxone to reverse the effects of an overdose. The prevalence of fentanyl abuse has been on the rise due to its low cost. Drug dealers have been mixing fentanyl with heroin in order to produce a cheaper product, which often results in a lethal combination.
- **Establishing Xylazine as a controlled substance (S.7397, Murphy):** Ensures proper safeguards against the criminal diversion of Xylazine, by designating it as a schedule III controlled substance. Xylazine is a veterinary sedative which has been found mixed into heroin by drug dealers to increase the effects of the drug.
- **Establishing the crime of homicide by sale of an opioid controlled substance (S.4163, Amedore):** Holds drug dealers accountable for lives lost as a result of their activities by creating an A-I felony for the unlawful transportation or sale of an opioid controlled substance that causes the death of another.
- **Establish a formula to dispense funds acquired from the seizure of assets used in the commission of drug crimes.**

Fiscal Year 2017 Funding Recommendations

The FY 2017 Executive Budget proposed \$141 million in Office of Alcoholism and Substance Abuse Services (OASAS) funding for heroin and opioid crisis, treatment, outpatient, and residential services. The 2017 FY Enacted Budget included this funding, and allocates an additional \$25 million, \$166 million in total, for increased heroin and opiate use supports and services.

The Joint Senate Task Force on Heroin and Opioid Addiction proposes that the \$25 million be used to further strengthen prevention, treatment, and recovery services. This funding should be implemented statewide on an equitable geographical basis, and used for the following purposes:

- **Family Support Navigator programs:** Assisting individuals and their families with navigating insurance and OASAS treatment systems;
- **Family Support Navigator Training programs:** Implementing a standardized best practices models statewide;
- **On-Call Peer programs:** Assisting individuals with substance use disorders in emergency rooms in connecting to treatment;
- **Adolescent Clubhouses:** Providing safe and welcoming spaces for teens and young adults who are at risk, assisting in prevention and recovery efforts;
- **Recovery Community and Outreach Centers:** Providing supports in a comfortable environment including education and information on how to access treatment services and wellness activities;
- **Recovery Coach programs:** Providing one-on-one peer mentoring for individuals in recovery, to be located in each Recovery Community and Outreach Center;
- **Combat Heroin Public Service Campaign:** Expanding awareness of heroin and opioid addiction to fill necessary gaps for at risk populations;
- **Opioid Overdose Prevention program:** Expanding the current training program and supply of Naloxone kits in order to prevent opioid and heroin overdoses from becoming fatal;

- **Opioid Medication Treatment program:** Expanding medication assisted treatment slots;
- **Transitional Housing Opportunities:** Expanding housing for those leaving inpatient treatment and entering recovery, these opportunities provide necessary stability to be successful; a portion of this funding should be allocated to opportunities targeting young adults;
- **Local Government Unit Block Grants:** Given that there is a lack of adequate data to determine exactly where and how funds for recovery services should be allocated, the local government units that are on the front lines of this fight need to have the ability to allocate some of this funding, based upon needs that they have identified;
- **School Resource Officer Training programs:** Providing additional training for officers in non-metropolitan areas; and
- **Wraparound services demonstration program:** Planning, implementing, managing and evaluating services to adolescents and adults for up to nine months after the successful completion of a treatment program; data from this demonstration program must ultimately be utilized to develop a best-practices approach to ensure that treatment providers ensure the success of their patients by providing the necessary follow-through into recovery.

Conclusion

Traveling around the State and hearing from community leaders, treatment providers, law enforcement personnel, recovering users, friends and family, has informed the approach the Joint Senate Task Force on Opioid and Heroin Addiction is taking to combat the heroin and opioid crisis. The Joint Senate Task Force recognizes that much work remains to be done to help those struggling with addiction. The recommendations proposed in this report reflect the need for improving prevention efforts, increasing access to treatment, expanding recovery options and, providing greater resources to law enforcement to aid in combating this crisis. While many challenges lie ahead, it is clear that addressing this problem requires a multi-faceted comprehensive approach involving collaborations with stakeholders in each community. The Joint Senate Task Force would like to thank those that participated at each of the nine forums for their expertise and insight. Together we can overcome this crisis, and affirm New York's place as a leader in heroin and opioid addiction treatment.

Appendix A: Joint Senate Task Force Hearing Schedule

Westchester County:

Thursday, April 30, 7 p.m.
Mildred E. Strang Middle School
2701 Crompond Rd, Yorktown Heights, NY 10598

Monroe County:

Wednesday, May 6, 6 p.m. to 8 p.m.
St. John Fisher College Wegmans School of Nursing Building, Room 100
3690 East Ave., Rochester, NY 14618

Niagara County:

Thursday, May 7, 4:30 p.m. to 6 p.m.
Niagara University Dunleavy Hall, Room 127
5795 Lewiston Rd., Niagara University, NY 14109.

Albany County:

Tuesday, June 2, 6 p.m. to 8 p.m.
SUNY Albany D'Ambra Auditorium, Life Sciences Research Building
1400 Washington Avenue, Albany, NY 12222

Otsego County:

Tuesday, February 23rd 12 p.m to 2 p.m.
Hunt Union Ballroom, SUNY Oneonta
108 Ravine Parkway, Oneonta, NY

Yates County:

Tuesday, February 23rd, 6:30 p.m.
Penn Yan Middle School Auditorium
515 Liberty Street, Penn Yan, NY 14527

Kings County:

Friday, February 26, 2p.m to 5p.m.
Knights of Columbus,
1305 86th Street, Ground Floor, Brooklyn, NY

Suffolk County:

Thursday, April 7, 12:30p.m to 5p.m.
Borne Mansion Auditorium
500 Montauk Highway – Gate 1, Oakdale, NY

Broome County:

Wednesday, April 13, 4p.m to 6p.m
Chenango Valley High School Auditorium
221 Chenango Bridge Road, Binghamton, NY

Appendix B: Joint Senate Task Force Hearing Speakers

**Hudson Valley Regional Forum
April 30, 2015, 7 p.m.
Mildred E. Strang Middle School
2701 Crompond Road
Yorktown Heights, New York 10598**

Members Present:

Senator Jack M. Martins
Senator Terrence P. Murphy, Co-Chair

Speakers:

Rob Astorino
County Executive, Westchester County

Hon. James F. Reitz
County Court Judge, Drug and Alcohol Treatment Court, Putnam County

George Longworth
Public Safety Commissioner, Westchester County

John Hodges
Chief Inspector, Westchester County

Dahlia Austin
Department of Community Mental Health, Westchester County

Mike Piazza
*Commissioner, Departments of Mental Health, Social Services and the Youth Bureau,
Putnam County*

Dr. Andrew Kolodny
Chief Medical Officer, Phoenix House

Steve Salomone
Executive Director, Drug Crisis in Our Backyard, Putnam County

Frank Reale
Founder/President, Peers Influence Peers, Putnam County

Patrice Wallace Moore
Chief Executive Officer, Arms Acres, Inc.
Vice President of Substance Abuse Services for Liberty Behavioral and Management,
Putnam County

Marianne Taylor-Rhoades
Chief Operating Officer, St. Christopher's Inn, Putnam County

Anthony Eack
Volunteer, Council on Addiction Prevention and Education, Dutchess County

**Rochester Regional Forum
May 6, 2015, 6 p.m.
St. John Fisher College
3690 East Avenue,
Rochester, New York 14618**

Members Present:

Senator Richard Funke, Sponsor
Senator Terrence P. Murphy, Co-Chair
Senator Robert G. Ortt, Co-Chair
Senator Joseph E. Robach

Speakers:

Timothy Prosperi
Second Assistant District Attorney, Monroe County

Michael Fowler
Captain, Sheriff's Office, Monroe County

Scott Shear
Investigator, Sheriff's Office, Monroe County

Philip Povero
Sheriff, Ontario County

Daniel Varrenti
Chief, Brockport Police Department, Monroe County

Lori Dresher
Mother of Jonathan Dresher, Personal Story

Jonathan Dresher
Son of Lori Dresher, Recovering Addict, Personal Story

Debbie Terverdic (ph.)
Aunt of John LaCroix, Personal Story

Craig Johnson
*President of Region II Alcohol and Substance Abuse Consortium, Recovering Addict,
Personal Story*

Jennifer Faringer
*Director,
DePaul's National Council on Alcoholism and Drug Dependence, Monroe County*

Bill Fox
Director of Treatment Services
Finger Lakes Addictions Counseling & Referral Agency, Ontario County

Patrick Seche
Director of Addiction
Psychiatry Services U.R. Medicine at Strong Memorial Hospital, Monroe County

Karen Simon
Trainer and Educator
New York State D.A.R.E Officers Association

Robert Holland
Deputy D.A.R.E Officer, Sheriff's Department, Ontario County

Dr. Jeanne Beno
Director, Forensic Toxicology Laboratory, Medical Examiner's Office, Monroe County

Heroin and Opioid Addiction Forum
May 7, 2015, 4:30 p.m.
Niagara University – Dunleavy Hall, Room 127
5795 Lewiston Road
Niagara University, New York 14109

Members Present:

Senator Robert G. Ortt, Co-Chair

Speakers:

James J. Maher
Reverend

James Voutour
Sheriff, Niagara County

Richard Kloch
State Supreme Court Justice

Michael J. Violante
District Attorney, Niagara County

E. Bryan DalPorto
Police Department Supervisor, City of Niagara Falls

Avi Israel
Parent of Deceased User

Christina Schwindler
Parent of Recovering User

Lisa Catanese
Family Member of Deceased User

Anne Constantino
President, CEO of Horizon Health Services

Paul W. Wacnik, PhD
Field Medical Director, Pfizer Inc.

Donald Ingalls
Vice President, State and Federal Relations, Blue Cross-Blue Shield

Monica Romeo
Director, Niagara University Counseling Center

Capital Region Forum
June 2, 2015
SUNY Albany
Life Sciences Research Building
1400 Washington Avenue
Albany, New York 12222

Members Present:

Senator George Amedore, Sponsor
Senator Terrence Murphy, Co- Chair
Senator Robert G. Ort, Co-Chair
Senator Richard Funke
Senator Kathy Marchione

Speakers:

Dr. Peter Provet, Ph. D.
President & CEO, Odyssey House

Father Peter Young
CEO, Peter Young Housing, Industries & Treatment

Debra Rhodes
Alcohol and Substance Abuse Coordinator, Albany County Department of Mental Health

Joe LaCoppola, MSW
Clinic Director, Conifer Park- Troy

Dr. Chalries Argoff
Pain Management Specialist, Albany Medical Center Neurology Group

Dr. Christopher Gharibo
Medical Director of Pain medicine, NYU Langone Medical Center

Micky Jimenez
Regional Director of the Capital District Promesa

Julie Dostal, Ph. D
*Executive Director, LEAF Council on Alcoholism and Addiction President,
Council of Addiction of NYS*

Robert Lindsey
CEO, Friends of Recovery, NY

John Coppola
Executive Director, NY Association of Alcoholism and Substance Abuse Providers, Inc.

Lisa Wickens- Alteri
President, Whiteman, Osterman & Hanna

Patty Farrell
Mother of Laree Farrell- Lincoln

Elizabeth Berardi
Founder, Safe Sober Living

Daniel Savona
Person in recovery

Peter Nekos
Person in recovery

Meody Lee
Policy Coordinator, New York Drug Policy Alliance

**Oneonta Regional Forum
February 23, 2016, 12 p.m.
SUNY Oneonta
108 Ravine Parkway
Oneonta, New York 13820**

Members Present:

Senator Fred J. Akshar
Senator George A. Amedore, Co-Chair
Senator Terrence P. Murphy, Co-Chair
Senator James L. Seward, Event Sponsor

Speakers:

Brian Burns
Judge, Adult or Criminal Family Treatment Court, Otsego County

John Muehl
District Attorney, Otsego County

Joe McBride
District Attorney, Chenango County

Richard Devlin
Sheriff, Otsego County

Craig DuMond
Undersheriff, Delaware County

Mike Covert
Police Chief, Cooperstown Police Department, Otsego County

Lieutenant Douglas W. Brenner
Oneonta Police Department, Otsego County

Kelly Liner
Interim Executive Director, Friends of Recovery of Delaware and Otsego Counties

Noel Clinton-Feik
Co-owner, Crossroads Inn, Otsego County

Joseph Yelich
Superintendent, Oneonta City Schools, Otsego County

Jason Gray
Paramedic, Chief of Sidney EMS, Delaware County

Dr. Matthew Jones
*Director of Clinical Operations, Bassett Medical Center, Emergency Department,
Otsego County*

Dr. James Anderson
Medical Director, Behavioral-Health Integration, Bassett Medical Center, Otsego County

Celeste Johns
Chief of Psychiatry, Bassett Medical Center, Otsego County

Sheryl DeRosa
Program Coordinator, Alcohol and Drug Abuse Services, Chenango County Behavioral Health

Ruth Roberts
Director of Community Services, Chenango County

Noreen Hodges
Council on Alcoholism and Substance Abuse, Schoharie County

Mary Rose Rosenthal
Alcohol and Drug Abuse Council, Delaware County

Chris Compton
Director, Alcohol and Drug Abuse Services, Delaware County

Susan Matt
Director of Community Services, Otsego County

Julie Dostal
Executive Director, LEAF Council on Alcoholism and Addictions, Otsego County

**Heroin and Opioid Addiction Forum
February 23, 2016, 6:30 p.m.
Penn Yan Middle School – Auditorium
515 Liberty Street
Penn Yan, New York 14527**

Members Present:

Senator George Amedore Jr., – Co-Chair
Senator Rich Funke
Senator Terrence Murphy, Chair
Senator Thomas F. O’Mara, Sponsor
Senator Robert G. Ortt, Co-Chair

Assemblyman Phil Palmesano

Speakers:

Valerie G. Gardner
District Attorney, Yates County District Attorney’s Office

Ronald G. Spike
Sheriff, Yates County Sheriff’s Department

William E. Yessman, Jr.
Sheriff, Schuyler County Sheriff’s Department

Thomas Dunham
Investigator, Penn Yan Village Police Department

Jason Cook
Assistant District Attorney, Chemung County District Attorney’s Office

Joseph G. Fazzary
District Attorney, Schuyler County District Attorney’s Office

W. Patrick Falvey
County Court Judge, Yates County
Matthew Conlon
Village Justice, Penn Yan Village

Janet Heaven
Parent of Deceased User

Arianna Chadwick
Recovering User

Donna McKay
Arianna Chadwick's Aunt

Alexis Pleus
Founder of Truth Pharm

Devon Pierce
Recovering User

Gail Owen
Parent of Recovering User

Howard Dennis
Superintendent, Penn Yan Central School District

Kelly Houck
Superintendent, Dundee Central School District
Tom Phillips
Superintendent, Watkins Glen Central School District

Danielle Tilden, CASAC
Finger Lakes Addictions Counseling and Referral Agency

Annmarie F. Flanagan, FNP, MS
Yates Substance Abuse Coalition

Mike Ballard, MS
Council on Alcoholism and Addictions of the Finger Lakes

Deb Minor
Director, Yates County Public Health Department

George Roets
Director, Community Services Yates County Public Health Department

Knights of Columbus
February 26, 2016, 2 p.m.
1305 86th Street,
Brooklyn, New York 11228

Members Present:

Senator Martin J. Golden, Sponsor
Senator Terrence Murphy, Chair
Senator George Amedore, Jr., Co-Chair

Speakers:

Bridget G. Brennan
Special Narcotics Prosecutor, New York City

Dr. Lance Austine
Treatment Provider, Brooklyn

Brian McCarthy
Commanding Officer, NYPD Narcotics Division

Theodore Lauterborn
Captain, Narcotics, NYPD Borough of Brooklyn South

Dr. Hillary Kunins
*Assistant Commissioner, Bureau of Alcohol & Drug Use, Prevention, Treatment, and Care,
New York City Department of Health and Mental Hygiene*

Stephanie Campbell
Director of Policy, Friends of Recovery New York

Donna Mae DePaolo
President & CEO, Resource Training & Counseling Center

Ann Marie Pirada
Director of Operations, New Detox Center, Resource Training & Counseling Center

William Fusco
Executive Director, Dynamic Youth Community, Inc.

Karen Remy
Chief Program Officer, Turning Point Community Services, Brooklyn

Josephine Beckmann
District Manager, Community Board 10

David Bochner
Vice President, Cornerstone Treatment Facilities Network

Kristin Miller
Director, Corporation for Supportive Housing

**Borne Mansion Auditorium
April 7, 2016, 12:30 p.m.
500 Montauk Highway
Oakdale, NY 11769**

Members Present:

Senator Thomas D. Croci, Sponsor
Senator Terrence Murphy, Chair
Senator George A. Amedore, Co-Chair
Senator Robert G. Ortt, Jr., Co-Chair

Speakers:

Dr. Jeffrey Reynolds, Ph.D, CEAP, SAP
President & CEO, Family and Children's Association

John Javis
Operation Director, Advanced Health Network

John Coppola
Executive Director, Family and Children's Network

Dr. Simon Zysman
Executive Director, Employee Assistance Resource Services

Toni Marie DeFelice
Program Coordinator, Catholic charities Talbot House

Steve Chassman, LCSW, CASAC
Executive Director, Long Island council on alcoholism and Drug Dependence

Maura Spery
Mayor, Mastic Beach, NY

Dr. Mary Calamia
Hobrook, NY

Bruce Edwards
President, Ronkonkoma Civic Association

Michael Loguercio
Councilman, Town of Brookhaven

John Cochrane, Jr.
Councilman, Town of Islip

Mary Kate Mullen
Councilwoman, Town of Islip

Steve Bellone
Suffolk County Executive

Dr. James Tomarken, MD, MPH, MBA, MSW
Health Commissioner, Suffolk County Department of Health Services

Timothy Sini
Commissioner, Suffolk County Police Department

Michael Caldarelli
Investigator, Suffolk County Police Department

Fr. Frank Pizzarelli, SMM, LCSW-R, ACSW, DCSW
Executive Director, Founder & CEO, The Ministry of Hope, Inc.

Rev. Michael Staneck
Pastor, Trinity Lutheran Church

Ms. Josephine Ghiringelli
Parent of Deceased User

Ms. Karen Hemmindinger Allar
Parent of Deceased User

Ms. Dori Scofield
Founder & President, Dan's Foundation, Parent of Deceased User

**Chenango Valley High School Auditorium
April 13, 2016, 4 p.m.
221 Chenango Bridge Road
Binghamton, New York, 13901**

Members Present:

Senator Frederick J. Akshar II, Sponsor
Senator Robert G. Ortt, Jr., Co-Chair
Senator Thomas O'Mara

Speakers:

Lisa Bailey
Parent and Founder of Valley Addiction and Drug Education (ADE)

John Barry
Executive Director / Southern Tier AIDS Program (STAP)

Michael John Barton
President / Dreams Over Drugs Foundation

Stephen Cornwell Jr.
Broome County District Attorney

Ernest Cutting Jr.
Chenango County Sheriff

George Dermody
President & CEO / Children's Home

Patrick Garey
Captain / New York State Police, Troop C

Jill Alford-Hammitt
Substance Abuse Prevention Program Manager / Lourdes Youth Services

Gary Howard
Tioga County Sheriff

Art Johnson, CSW
*President - New York Public Welfare Association / Commissioner –
Broome County Departments of Social Services and Mental Health*

Joseph McBride
Chenango County District Attorney

LuAnn Natyshak
Pastor / Inside Out

Kathleen Newcomb
Captain / Broome County Sheriff's Office

Dr. Keith Nichols
Family Medicine

Honorable William Pelella
Binghamton City Court Judge

Carmela Pirich
Executive Director / Addiction Center of Broome County

Ruth Roberts
LCSW-R, Director of Community Services / Chenango County Community Mental Hygiene Services

Dr. Christopher Ryan
Medical Director / Broome County Health Department

Barry Schecter, MSW, CASAC-R
Chronic Pain and Addictions Counselor / Keith Nichols Family Care

Ray Serowik
Broome County EMS Coordinator

Penny Stringfield
Parent, Co-President of the Addiction Center of Broome County Board

Alan Wilmarth
UHS Administrative Director of Behavior Health

Joseph Zikuski
City of Binghamton Police Chief

Appendix C: Sources

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- ⁱ *Mind Over Matter: Opiates*, NIDA for Teens, <http://teens.drugabuse.gov/teachers/mind-over-matter/opioids>.
- ⁱⁱ *Id.*
- ⁱⁱⁱ *Drug Facts: Heroin*, National Institute on Drug Abuse, <https://www.drugabuse.gov/publications/drugfacts/heroin>.
- ^{iv} *Id.*
- ^v *Id.*
- ^{vi} *Id.*
- ^{vii} NEW YORK STATE DEPARTMENT OF HEALTH, NEW YORK STATE OPIOID POISONING, OVERDOSE AND PREVENTION 2015 REPORT TO THE GOVERNOR AND LEGISLATURE, 27, http://www.health.ny.gov/diseases/aids/general/opioid_overdose_prevention/docs/annual_report2015.pdf.
- ^{viii} *Id.* at 1.
- ^{ix} *Id.* at 27.
- ^x ROSE A. RUDD, MSPH, ET AL., CDC, INCREASES IN DRUG AND OPIOID OVERDOSE DEATHS — UNITED STATES, 2000–2014, 64, 1379 (2016), http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6450a3.htm?s_cid=mm6450a3_w.
- ^{xi} NEW YORK STATE DEPARTMENT OF HEALTH, NEW YORK STATE OPIOID POISONING, OVERDOSE AND PREVENTION 2015 REPORT TO THE GOVERNOR AND LEGISLATURE, 12, http://www.health.ny.gov/diseases/aids/general/opioid_overdose_prevention/docs/annual_report2015.pdf.
- ^{xii} *Id.* at 2.
- ^{xiii} Information provided by the Seneca Nation of Indians.
- ^{xiv} NEW YORK STATE DEPARTMENT OF HEALTH, NEW YORK STATE OPIOID POISONING, OVERDOSE AND PREVENTION 2015 REPORT TO THE GOVERNOR AND LEGISLATURE, 2, http://www.health.ny.gov/diseases/aids/general/opioid_overdose_prevention/docs/annual_report2015.pdf
- ^{xv} *Id.* at 1.
- ^{xvi} *Id.* at 3.
- ^{xvii} *Id.* at 1.
- ^{xviii} *Id.* at 8.
- ^{xix} *Id.*
- ^{xx} NEW YORK STATE DEPARTMENT OF HEALTH, NEW YORK STATE OPIOID POISONING, OVERDOSE AND PREVENTION 2015 REPORT TO THE GOVERNOR AND LEGISLATURE, 15, http://www.health.ny.gov/diseases/aids/general/opioid_overdose_prevention/docs/annual_report2015.pdf.
- ^{xxi} *Id.* at 15, 27.
- ^{xxii} Massachusetts, Maine and Maryland have all passed bills related to insurance coverage for abuse-deterrent opioid analgesics. See http://www.oksenate.gov/publications/senate_studies/Interim%20Studies%20-%202015/15-33/201511100813.pdf.
- ^{xxiii} Abuse-deterrent properties are defined as those properties shown to meaningfully deter abuse, even if they do not fully prevent abuse. Current deterrent formulations can be categorized as physical/chemical barriers that prevent chewing, crushing, cutting, grating, or grinding of the dosage form; agonist/antagonist combinations that interfere with, reduce, or defeat the euphoria associated with abuse; aversion that add substances to produce an unpleasant effect if the dosage form is manipulated or is used at a higher dosage than directed; delivery system deterrents that use delivery mechanisms that offer resistance to abuse; new molecular entities and prodrugs that include the need for enzymatic activation, have different receptor binding profiles, slow penetration into the central nervous system, or other novel effects; or a combination of one more methods. U.S. HHS, FDA, & CTR. FOR DRUG EVALUATION & RESEARCH, ABUSE-DETERRENT OPIOIDS – EVALUATION AND LABELING, 2-4 (2015), <http://www.fda.gov/downloads/drugs/guidancecomplianceregulatoryinformation/guidances/ucm334743.pdf>.
- ^{xxiv} NEW YORK STATE DEPARTMENT OF HEALTH, NEW YORK STATE OPIOID POISONING, OVERDOSE AND PREVENTION 2015 REPORT TO THE GOVERNOR AND LEGISLATURE, 1, 7, http://www.health.ny.gov/diseases/aids/general/opioid_overdose_prevention/docs/annual_report2015.pdf.
- ^{xxv} *Id.* at 47.

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- ^{xxvi} The percentage of heroin deaths doubled from 13 percent to 26 percent of the 1,848 drug overdose deaths statewide in 2012. Paul Grondhal, *State Shifts Heroin Epidemic Fight*, TIMES UNION, Sept. 2, 2015, <http://www.timesunion.com/local/article/State-shifts-heroin-crisis-fight-6479573.php>.
- ^{xxvii} Ch. 258 of the Laws of 2015.
- ^{xxviii} Medication-Assisted Treatment (MAT), SAMHSA, <http://www.samhsa.gov/medication-assisted-treatment>.
- ^{xxix} OASAS Bed Availability Dashboard, New York State Office of Alcoholism and Substance Abuse Services, <https://bi1.oasas.ny.gov/analytics/saw.dll?Dashboard>.
- ^{xxx} The Bed Availability Dashboard is a tool offered by OASAS to connect individuals in need of treatment with available beds across the state in real-time. Press Release, Governor Andrew M. Cuomo, Governor Cuomo Unveils New Tool to Guide New Yorkers to Addiction Treatment (Feb. 3, 2016), <https://www.governor.ny.gov/news/governor-cuomo-unveils-new-tool-guide-new-yorkers-addiction-treatment>.
- ^{xxxi} N.Y. Mental Hyg. Law §§22.09, 22.11 (McKinney 2011).
- ^{xxxii} Many health policies in New York begin their policy year on January 1, therefore in those cases the statute would not have been effective until the new policy began January 1, 2016.
- ^{xxxiii} Level of Care for Alcohol and Drug Treatment Referral: LOCADTR 3.0 - A Web-based Level of Care Determination Application, New York State Office of Alcoholism and Substance Abuse Services, <https://oasas.ny.gov/treatment/health/locadtr/index.cfm>.
- ^{xxxiv} New York State External Appeal, New York State Department of Financial Services, <http://www.dfs.ny.gov/insurance/extapp/extappqa.htm>.
- ^{xxxv} *Drugs, Brains, and Behavior: The Science of Addiction*, National Institute on Drug Abuse, <https://www.drugabuse.gov/publications/drugs-brains-behavior-science-addiction/treatment-recovery>.
- ^{xxxvi} Douglas L. Polcin, Ed.D., et. al., *What Did We Learn from Our Study on Sober Living Houses and Where Do We Go from Here?* 42 J, Psychoactive Drugs, 425-433 (2010), <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3057870/>.
- ^{xxxvii} Drug Treatment Courts. Retrieved from https://www.nycourts.gov/courts/problem_solving/drugcourts/overview.shtml.
- ^{xxxviii} Ch. 258 of the Laws of 2015.
- ^{xxxix} The Police Assisted Addiction and Recovery Initiative (May 12, 2016), <http://paariusa.org/>.
- ^{xl} *2014 Crime in the United States: Persons Arrested*, FBI.GOV, <https://www.fbi.gov/about-us/cjis/ucr/crime-in-the-u.s/2014/crime-in-the-u.s.-2014/persons-arrested/main>.
- ^{xli} NEW YORK STATE DEPARTMENT OF HEALTH, NEW YORK STATE OPIOID POISONING, OVERDOSE AND PREVENTION 2015 REPORT TO THE GOVERNOR AND LEGISLATURE, 7, http://www.health.ny.gov/diseases/aids/general/opioid_overdose_prevention/docs/annual_report2015.pdf.
- ^{xlii} *Id.* at 8.
- ^{xliii} *Id.*
- ^{xliv} Lou Michel, *Deadly Batch of Heroin Has Killed 23 in Erie County Since Jan. 29*, THE BUFFALO NEWS, Feb. 9, 2016, <http://www.buffalonews.com/city-region/police-courts/deadly-batch-of-heroin-has-killed-23-in-erie-county-since-jan-29-20160209>.