



NEW YORK CITY DEPARTMENT OF  
HEALTH AND MENTAL HYGIENE

## 2015 Advisory # 36

### **Increase in synthetic cannabinoid (K2)-related adverse events and emergency department visits, New York City**

September 17, 2015

This is an UPDATE to the Health Advisory issued on July 27, 2014 and April 17, 2015.

The New York City Department of Health and Mental Hygiene has continued to monitor emergency department visits related to synthetic cannabinoids (K2). Despite multi-agency enforcement actions at a number of stores selling synthetic cannabinoid products emergency department visits have continued to increase and there is mounting evidence of these products' widespread availability in New York City.

Since January, 2015, there have been more than 4,500 synthetic cannabinoid-related emergency department visits in New York City detected by syndromic surveillance. Synthetic cannabinoid-related emergency department visits have increased dramatically since April, with more than 2,300 ED visits occurring during the months of July and August. Males account for approximately 90% of the visits; patients have a median age of 37. Nearly all (99%) of patients are aged 18 and older.

Residents of shelters and individuals with a psychiatric illness disproportionately bear the burden of adverse health events associated with synthetic cannabinoid use.

To date in New York City, there has been one death involving K2 in combination with other substances confirmed by The Office of the Chief Medical Examiner.

#### Clinical information

- Synthetic cannabinoids are referred to by different names including: K2, Spice, synthetic marijuana, or "legal" marijuana. Common brand names include: Geeked up, Smacked, Scooby Snax, Green Giant, Red Giant, Mr. Bad Guy, iBlown, and Trippy.
- Type and severity of symptoms are variable, but two common clinical patterns occur:
  - Patients may appear sluggish and have some symptoms similar to an opioid overdose including lethargy, confusion, respiratory depression, bradycardia, vomiting, seizure, elevated heart rate, loss of consciousness, or unresponsiveness.
  - Patients may appear highly agitated and have symptoms similar to those of phencyclidine (PCP) use including hallucination, aggressive behavior, or paranoia.
- More patients have lethargy-like symptoms compared to agitation or aggressive behavior.
- No antidote is presently available for synthetic cannabinoid intoxication; however, symptoms are usually short-lived and self-limited.
- Synthetic cannabinoids are not detected by standard urine toxicology screens; therefore, synthetic cannabinoid exposure should not be ruled out based on negative screening results. Consult your laboratory for preferred testing methods.

- Because the exact compounds contained in synthetic cannabinoid products change frequently, risks and adverse consequences are unpredictable.
- Treatment of agitation and restlessness with benzodiazepines is an acceptable and effective intervention. Diphenhydramine has been used with some success in reversing dystonic reaction and muscle rigidity.
- Scientific evidence for treatment of individuals with chronic use is lacking, but motivational counseling and cognitive behavioral therapy might be effective.

#### **Legal information**

- It is illegal in New York State to possess, sell, offer to sell, or manufacture synthetic cannabinoids.<sup>1</sup> Stores in possession of synthetic cannabinoids can be fined \$250 per packet. Additionally, continuing or repeat violation may result in closure of the retail establishment and entities and persons who have been ordered by the DOHMH to stop selling synthetic cannabinoids risk additional civil and criminal penalties if found to have them.

You can educate your patients about the undesirable effects of synthetic cannabinoids and inform them that these drugs are illegal. Drug treatment locators are available at: [www.oasas.ny.gov](http://www.oasas.ny.gov). Referrals for treatment are available at 1-800-LIFENET.

**ED providers and staff serving populations at increased risk should be aware of the recent increases in adverse events associated with synthetic cannabinoids in New York City.** We would like to remind medical providers that they are required to report suspect or confirmed cases of poisoning (including overdose) by drugs or other toxic agents within 24 hours to the Poison Control Center at 1-800-222-1222 or 212-764-7667 (POISONS). These reports are critical in detecting and preventing overdose outbreaks.

If you become aware of stores selling synthetic cannabinoid products we encourage you to report them to 311.

*Please share this with any providers you know working with substance users in New York City.*

Sincerely,

*Hillary Kunins*

Hillary Kunins, MD, MPH  
Assistant Commissioner  
Bureau of Alcohol and Drug Use Prevention, Care and Treatment

<sup>1</sup>Public Health Law Section 225, Title 10, Part 9 states “It shall be unlawful for any individual or entity to possess, manufacture, distribute, sell or offer to sell any synthetic phenethylamine or synthetic cannabinoid or product containing the same”



## **Synthetic Cannabinoids (K2) Frequently Asked Questions for Consumers**

### **What are synthetic cannabinoids (K2)?**

Synthetic cannabinoids contain compounds designed to mimic the action of 9-tetrahydrocannabinol (THC), the primary psychoactive constituent of marijuana. Marijuana is listed as a Schedule I controlled substance in New York State. Schedule I controlled drugs are the most highly restricted drugs in New York and are not legal for sale to the public. Other examples of Schedule I controlled substances include heroin and LSD.

### **How is K2 packaged?**

It is sold as incense, herbal mixtures, or potpourri with a variety of names including, but not limited to "Spice," "Mr. Nice Guy," and "Green Giant" It often carries a warning that the products are "not for human consumption". An expanded list of product names can be found on the next page.



### **What are the dangerous effects of K2 use?**

The most common adverse effects that have been reported include lethargy, confusion, drowsiness, respiratory depression, nausea and vomiting, tachycardia (increased heart rate), paranoid behavior, agitation, irritability, headache, seizures, and syncope (loss of consciousness). Severe side effects may include acute renal failure and significant negative effects to the cardiovascular and central nervous systems. In rare instances, use of synthetic cannabinoids has been linked to death.

### **What is the legal status of K2 in New York State?**

It is illegal in New York State to possess, sell, offer to sell, or manufacture synthetic cannabinoids. Stores in possession of synthetic cannabinoids can be fined \$250 per packet. Additionally, continuing or repeat violation may result in closure of the retail establishment and entities and persons who have been ordered by the DOHMH to stop selling synthetic cannabinoids risk additional civil and criminal penalties if found to have them.

### **Who is using K2?**

In New York City, males account for 90% of K2-related emergency department visits. Patients have a median age of 37 and 99% of the patients are over the age of 18. Residents of shelters and individuals with a psychiatric illness disproportionately bear the burden of adverse health events associated with synthetic cannabinoid use in New York City.

**Why the concern?**

There has been a rapid and significant increase in K2-related emergency department visits in New York City. These substances have the potential to be extremely harmful due to their severe adverse effects and a mistaken belief that they are a safe, legal alternative to marijuana.

**How may I contact the Poison Control Center?**

The Poison Control Center can be reached at (800) 222-1222 or by calling 311.

**How can I report a store that is selling these products in New York City?**

Call 311 to report retailers that are still selling these products.

**Names under which these products are being sold include, but are not limited to:**

- |                       |                   |                    |
|-----------------------|-------------------|--------------------|
| AK-47                 | G-13              | Scooby Snax        |
| Alice in Wonderland   | G-20              | Scope              |
| Amped                 | Galaxy            | Scrubba            |
| Aroma                 | Galaxy Gold       | Sence              |
| Atomic                | Geeked Up         | Skunk              |
| Bath Salts            | Genie             | Sky High           |
| Bernie                | Green Giant       | Smacked            |
| Bizarro               | Herbal Incense    | Smiley Dog         |
| Black Giant           | Hypnotic          | Smoke              |
| Black Mamba           | iBlown            | Sofa King Amazing  |
| Bliss Plant Feeder    | Ice Dragon        | Solar Flare        |
| California Dreams     | Jersey Shore      | SPACE              |
| Caution               | Joker             | Space Truckin      |
| Cherry Blast          | K2                | Spice              |
| Chill X               | K3                | Spice Gold         |
| Chronic Spice         | K3 Legal          | Spice Silver       |
| Dafuq                 | K4                | Strong Incense     |
| Darkness              | Kick Plant Feeder | Sweet Leaf         |
| Demon                 | Kisha Cole        | Tiger Shark        |
| Diablo                | Kronic            | Trippy             |
| Diesel                | Makes Scents      | Tropical Blaze     |
| Dream Burner          | Moon Rocks        | Wet Lucy           |
| Earth Impact          | Mr. Bad Guy       | White Tiger        |
| Extreme               | Mr. Nice Guy      | Wicked X           |
| Extreme Aroma Therapy | Nirvana           | Wow                |
| Fake Weed             | Nuke 20x          | XXX Ultra          |
| Fire                  | One Wish          | You Only Live Once |
| Flame                 | Phantom           | Yucatan            |
| Flamingo              | Red Giant         | Zohai              |
| Frog(e)               | Rocket Fuel       |                    |



## **Testimony for the New York City Council Public Safety Committee**

### **Synthetic Cannabinoids “K2” Hearing | September 21, 2015**

*Submitted by: Robert Suarez, VOCAL-NY.*

This conversation about “K2” is so important because it gets at the connections between homelessness, mental health, drug policy and policing. Issues which are making headlines on every newspaper, and are of great concern to the de Blasio Administration.

We have seen some great new initiatives by the Department of Health and Mental Hygiene, and the Mayor’s Office of Criminal Justice in addressing problematic drug use in a way that is rooted in public health and science, not blanket criminalization.

I want to say how thankful I am to see how this Council, led by Speaker Melissa Mark-Viverito, whose district is ground zero for these issues, to make a point not criminalize “users” of K2. It is important to note that this is not just a good moral position; a public health approach to these issues is a more effective public safety solution.

That said, we have also seen the Mayor and Commissioner Bratton adopt a Giuliani-era response to homeless encampments, inhabited mostly by people whose only crime is being poor or having mental health needs. The NYPD was caught misrepresenting footage of a disturbed individual using PCP to promote their theory of K2 as “weaponized marijuana”. Such misinformation is stigmatizing, and will push users of K2 away from help. It is also dangerous, creating fear among community members and law enforcement, which could result in more stories of police violence.

As someone who has been out on the streets, struggled with drug use and poverty, I am keenly aware of what is really needed to help people get off the streets and on their feet. And, as someone who has experienced the violence of drug war policies and aggressive policing by the NYPD, I am afraid of what will happen to people out on the streets who are scared and alone, and turning to drugs to cope.

I am also aware that the average NYPD officer is not trained to deal with people dealing with serious mental health issues. I commend the city for providing training to officers, but it is no substitute for people whose sole job is to provide social services to those in need.

Last, it is disturbing to see how many people are turning to “K2” because of marijuana prohibition at methadone clinics, parole and a range of city agencies. Even when testing positive for marijuana rarely results in a punitive policy, the public perception is that it will, which has the same result.

I want to quickly layout a few immediate steps that should be taken to address this issue. These are solutions that will meet the needs of K2 users, as well community members and businesses concerned about people on the streets. While the Council cannot take all these actions on your own, you are able to use your offices as a pulpit to force the debate.

1. City Hall must create an outreach team to provide immediate services to people experiencing mental or behavioral health issues, whether exacerbated by "K2" or not. This team must be easily accessible to NYPD officers, concerned community members and businesses.
2. We must end punitive policies associated with marijuana at all city and state agencies unless scientific evidence proves there is a real reason not to. Our state has adopted medical marijuana and this Administration agrees that marijuana possession does not warrant arrest – so why then are we imposing harsh consequences on individuals who test positive for marijuana?
3. City Council and City Hall must support the New York State Fairness & Equity Act, statewide legislation to end low-level marijuana arrests, as well as the collateral consequence associated with them.

Thank you for the opportunity to provide testimony today.



**Testimony of Julie Netherland, PhD  
Deputy State Director, New York  
Drug Policy Alliance**

**Submitted to:**

**New York City Council Committees on Public Safety; Health and the  
Committee on Mental Health; Developmental Disability, Alcoholism,  
Substance Abuse and Disability Services; and Consumer Affairs**

**Monday, September 21, 2015  
New York, NY**

Thank you for the opportunity to testify about the pressing problems of synthetic cannabinoids, such as K2 and spice. As the nation's leading organization working to insure that our drug laws are grounded in science, compassion, health and human rights, the Drug Policy Alliance has worked on this issue in jurisdictions around the country and is happy to be able to bring our expertise to bear here in New York.

#### Background

K2 is a type of synthetic cannabinoid, which is typically produced by spraying chemicals that mimic the effects of cannabis over plant matter. Synthetic cannabinoids are packaged under names like "K2," "Spice" and "Green Giant" and sold at bodegas, head shops, and other locations throughout New York City. These are only the latest "legal highs" to come on the market that simulate the effects of prohibited drugs like marijuana, ecstasy (MDMA), opioids, cocaine and methamphetamine. Epidemiological reports suggest an increase in hospitalizations due to these substances.

While some people do, in fact, have adverse reactions to K2 that may prompt violent behavior, the vast majority of K2 users do not. Often times, adverse reactions to K2 are exacerbated by underlying mental health issues, homelessness, and substance use problems.

Unfortunately, mainstream media coverage has sensationalized the use of K2, leading to fear, misinformation, and increased stigmatization of homeless and poor people and people who use drugs. Current coverage echoes drug scares and moral panics of the past, which have been shown to contribute to punitive policies, stigma, and racial discrimination.

The use of K2 is driven, in part, by the criminalization of marijuana. Many people report that they are using these substances as an alternative to marijuana because the synthetic forms are not detected in drug tests that may be required for probation, parole, and the use of certain social services. The continued criminalization of low-level marijuana possession and the many administrative policies that sanction people for marijuana and other drug use push people to use substances that are not yet as thoroughly criminalized.

Selling synthetic cannabinoid is already illegal in New York, but as with most attempts at prohibition, simply making something illegal has not actually solved the problem. Past efforts to criminalize novel substances have done little or nothing to reduce their use; manufacturers simply produce new chemicals that are legal in order to skirt the bans. We cannot rely on more of the same failed drug war tactics that have proven ineffective for more than 40 years.

#### Response to Mayor deBlasio's Multi-agency Strategy

We are pleased that the deBlasio Administration is taking the issue of K2 use so seriously, and there are several points in the multi-agency strategy that we think will help reduce the problematic use of K2.

1. We are particularly encouraged by the planned **comprehensive public awareness campaign** and hope that it will focus on educating the public about the true risks of K2 as well as how those having adverse reactions can get the help and support they need. The most effective campaigns are those that include the input and feedback of the target audience, so we hope that the Department of Health and Mental Hygiene is developing the education materials involving those directly impacted.
2. Similarly, we applaud the **convening of a multi-agency task force** given the complexity of issues surrounding problematic K2 use, such as homelessness, addiction and mental health problems. We would encourage the Administration to involve service providers, advocacy organizations, scientific experts, clinicians and those directly impacted. While bringing these kinds of stakeholders together in a summit is a great idea, their sustained and ongoing involvement will only strengthen the work of the task force.



3. We fundamentally **disagree that increasing criminal penalties is an effective way** to combat the problem with K2. All past attempts to prohibit a substance through criminalization have failed. In fact, the K2 problem is driven, in part, by the failure of marijuana prohibition. Preliminary data suggest that a significant portion of people use K2 to avoid the criminal penalties or administrative penalties associated with marijuana, be it with law enforcement or social service agencies that use drug testing as a means to decide whether someone is given services or not (methadone clinics, <sup>3</sup>/<sub>4</sub> housing, city shelters). While a good front-end step to not criminalize the user, the criminalization of sales impacts the user just the same. Manufacturers will find new substances that skirt the law, and sales will continue, albeit driven underground where it will be even more difficult to monitor the problem.

The impact on users will mirror that of other illicit drugs on the market, like during alcohol prohibition. With alcohol prohibition, forcing the substance underground only created more health risks associated with the substance. Criminalization increases the stigma and opens people who use the prohibitive substance up to police harassment and criminalization, making it even harder for them to get the help they need. In particular, the provision on the proposed resolution to criminalize “intent to sell” (defined as having ten units) will likely sweep many K2 users into the criminal justice maze. We do not have to wait for more deaths or extend 40 years of failed prohibition policies to do something different with K2; we can do it today.

While we disagree with the Administration on these points, we do want to work together on the areas of agreement and to suggest some additional short and long-term solutions to the problem.

#### Short-term actions:

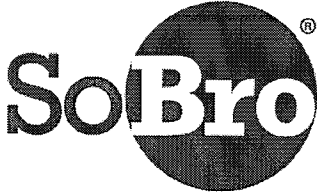
1. The NYC Department of Health and Mental Hygiene (DOHMH) should **continue epidemiological and surveillance research of K2**, along with rapid response surveys in affected areas to better understand the nature and scope for the problem. This research should guide responses, interventions, and public messaging by the de Blasio Administration and elected officials.
2. **Convene key stakeholders** to develop a plan for utilizing existing resources and services in ways that help those in need, while reducing the negative impact of K2 use on the community. This should include people directly impacted, harm reduction and other social service providers, scientific experts, and community leaders from affected areas. The Drug Policy Alliance and VOCAL can provide recommendations for scientific experts as well as link government actors to those directly impacted. While a summit is great idea for such a convening, we’d like to see involvement in an ongoing way.
3. **Engage harm reduction programs** to provide education and services to those struggling with K2 use and to train other social service providers. Many harm reduction programs have been dealing with K2 use for a while and have developed education and prevention resources as well as strategies to help those who are having problems with K2 use. We know that many social service providers, particularly those serving the homeless, are looking for support in managing participants with K2 use. Linking these providers to harm reduction specialists can provide them with the concrete information and skills they need to more effectively respond to clients using K2. The Drug Policy Alliance and Harm Reduction Coalition are currently in conversations with homeless service providers about developing a training for outreach workers on how to help individuals struggling with K2 use., and VOCAL has convened a group of harm reduction providers to work on innovative solutions to problematic K2 use.
4. **Fight back against sensationalized and misleading framing of K2 usage.** Much of the media coverage and public statements surrounding the K2 issue have been full of misinformation, stereotypes, and fear mongering. For example, at a press conference on synthetic cannabinoids, NYPD Police Commissioner Bratton showed a video of a disturbed individual acting out, suggesting that he was on K2. In fact, he was showing a decades old video clip a man experiencing the effects of PCP, a completely unrelated substance. He also referred to the synthetic cannabinoids as “weaponized marijuana,” a hugely misleading term. We suggest avoiding the term “synthetic marijuana” or any words that connote marijuana. Synthetic cannabinoids have almost nothing in common with marijuana, and calling these

substances “synthetic marijuana” could be driving demand. Public officials should ensure that messaging and responses are truthful and accurate and situated within a public health framework that offers context and real solutions.

Longer-term solutions:

1. **Create the NYC Office of Drug Strategy (ODS) (Intro 748)** to provide a coordinated public health and safety approach to drug use and associated harms citywide. This bill would provide a structure forum for City agencies, experts, advocacy organizations, service providers, and those directly impacted to come together to respond to just kind of emerging issue. A complex and multi-faceted problem requires thoughtful coordination across multiple city agencies and sectors of the City. The ODS is designed to do precisely that. Moreover, the ODS would act as a central clearinghouse for information and a unified voice for the City on drug policy issue, avoiding the misinformation that has characterized the response of some city officials.
2. **Revisit policies and practices that drive people from marijuana use to the use of synthetic cannabinoids** – like the overutilization of drug testing for access to services and summonses/arrests for low-level marijuana possession. The vast majority of synthetic cannabinoids wouldn't exist if not for the prohibition of marijuana itself. These chemicals are far more dangerous than marijuana, and they will continue to emerge until we legally regulate marijuana for adults. Ending marijuana prohibition, thought legislation such as the Marijuana Regulation and Tax Act (S.1747A/A.3089A), would greatly decrease the demand for synthetic cannabinoids. Other steps include the further decriminalization of marijuana possession through the passage of the Fairness and Equity Act (S.137A/A.6218A) and addressing issues like the use of drug testing as a requirement for parole, methadone clinics, social services, and other drug treatment.
3. **Urge Governor Cuomo and Albany to commit vital funding for supportive housing (NY/NY) and support NYC in creating streamlined outreach systems to move people from homeless to housed.**
4. **Consider rational schemes for regulating K2**, recognizing that new substances will always be manufactured even if bans on the known substances are extended. Outright criminalization only drives the demand for these products to the illicit market, which provides no age restrictions or other regulatory controls. Through regulation, we can improve safety, restrict sale and possession to minors, and control use. Lawmakers should look to our success with reducing tobacco use through strict regulation for guidance on what has worked. Age controls, product-labeling requirements, as well as marketing, branding and retail display restrictions are proven to reduce youth access to tobacco products and impulse tobacco purchases among adults. These kinds of strategies, combined with prevention and education programs, have resulted in a massive reduction of tobacco use. In 2013, New Zealand established a means by which manufacturers of illicit synthetic drugs can legally sell their product in a tightly regulated market with age, place and advertising restrictions, provided that the manufacturer can demonstrate through rigorous clinical trials that their product poses a low risk to human health.
5. **Promote comprehensive drug education that provides accurate information about the risks and harms associated with the use of these substances.** This approach is working for tobacco, a harmful drug that has contributed to more deaths than alcohol and illicit drugs combined. As a result of education initiatives and marketing restrictions, tobacco use has declined dramatically over time despite its legality for adults. Similarly, the misuse of household and industrial aerosol products by young people resulted in a government response that balanced public education with efforts by merchants and lawmakers to prevent minors from purchasing or acquiring aerosol products.
6. **Support efforts to fund studies and evaluations** that give the public, lawmakers and health authorities a better understanding of the health risks and benefits of synthetic drugs – as well as how to proactively reduce availability of these products through market regulation.

For more information, please contact Julie Netherland, PhD at 212-613-8063 or [jnetherland@drugpolicy.org](mailto:jnetherland@drugpolicy.org)



TESTIMONY OF  
SOUTH BRONX OVERALL ECONOMIC DEVELOPMENT CORPORATION (SoBRO)

Michael C. Brady, Director of Special Projects and Governmental Relations

before the

New York City Council Joint Committee with the Committee on health, the Committee on Mental Health, Developmental Disability, Alcoholism, Substance Abuse and Disability Services and the Committee on Consumer Affairs

**Synthetic Marijuana (K-2) Policy**

Chair Gibson, members of the City Council thank you for the opportunity to discuss the vial nature of a substance which is eating at the fabric of our community – synthetic marijuana, also known as K2. My name is Michael Brady, Director of Special Projects & Governmental Relations for the South Bronx Overall Economic Development Corporation (SoBRO). SoBRO has been in existence since 1972. We were founded to protect businesses and grow communities during the great Bronx decline and have shepherded the Bronx's development ever since. Currently, SoBRO adds over \$1 billion annually to the economic vitality of the Bronx, employs over 200 individuals, and provides a holistic evidence-based model for community and economic development. SoBRO operates four distinct divisions to create and implement solutions to society's most systemic challenges. These divisions include:

**Real Estate Development** - currently SoBRO owns 19 buildings, manages 5 City-owned properties, and 1 public plaza. Together, our residential real estate holdings provide 1,000 units of housing in the Bronx and Manhattan. SoBRO will add over 1,000 new units of housing to our portfolio over the next four years and expand our borough reach to Brooklyn and Queens.

**Youth and Adult Education** – SoBRO administers or operates in 12 schools throughout the Bronx, has a comprehensive ESOL program serving approximately 600 newly arrived immigrants each year, teaches a robust adult basic education program to approximately 250 students each year, and operates a multi-faceted Transformation Academy, in partnership with YouthBUILD USA, for 95 disconnected and formerly incarcerated youth.

**Workforce Development** - SoBRO's nationally recognized workforce development program works closely with the U.S. and State Department of Labor and has provided over 30,000 individuals with workforce placement since its inception. This multi-varied program trains individuals in multiple industries ranging from tech to construction. Notable examples of our training program exists in the creation of Per Scholas and the United Business Cooperative.

*SoBRO's mission is to enhance the quality of life in the South Bronx by strengthening businesses and creating innovative economic housing, educational and career development programs for youth and adults.*

**Community and Economic Development** - at the heart of our conversation this afternoon. SoBRO's community and economic development division has been nationally recognized and internationally branded as an evidence-based program which gives voice to the community, and provides an incremental approach to area development and business growth. With this model SoBRO has created hundreds of thousands of jobs, assisted in building over 10,000 businesses (large and small), provided vital entrepreneurial skill training, created the Bronx's first Minority Business Development Agency, provided nearly \$1 billion in financing, and shaped the way we as a city approach land use and zoning as it pertains to industry, manufacturing, environmental remediation, and residential populations.

Together these four (4) divisions provide a viable and proven framework in empowering New Yorkers.

For the past 12 years SoBRO has been working to restore the vibrant community surrounding 149<sup>th</sup> Street and Third Avenue - also known as the HUB. This area; one of the only transit options in the Bronx with east side and west side subway service accommodates over 200,000 pedestrians daily and is one of the busiest HUBS in all of New York City. It is also at the heart of emerging K2 clusters and is a grave cause for concern for not only our organization; but the entire Bronx. Just as crack and heroine spread throughout our borough and city; K2 poses a similar threat with a broader range of access.

K2 is a cheap alternative to marijuana, relatively unregulated, the chemical structure can adapt with ease to avoid regulation, has a higher rate of return for sellers, and is a symbol of the systemic woes of distressed neighborhoods. It gives users an out, a release, from their everyday lives; and a comatosed state to forget about community challenges, problems at home, and poverty – sometimes combined with human hulk-like strength.

It's branding attracts children; often using Sponge Bob or Super Heroes as a marketing tool. Although current statistics from the Department of Health state the median age of a K2 users to be approx. 36 years of age; our fear is that as more young people experiment with this drug – even as a first time user it will led to increased addiction and to the death of thousands of young people. K2 quite frankly is the crack of this generation.

SoBRO is heartened by the recent steps and cooperative work of City agencies, the de Blasio administration, and the work of this Council; however, more work and aggressive steps must continue. Internally, SoBRO has created a Bronx-wide taskforce to address this issue. The Taskforce is enhanced by approximately 25 area service providers, faith-based organizations, and elected representatives. As we continue to delve into the issue we are realizing the complexity of the issue and exponential threat K2 poses on our community's development.

It is the recommendation of the SoBRO K2 Taskforce that this Council allocate funding for

- 1) K2 Identification Training for the health community - this includes EMS, doctors, and nursing professionals with potential professional development credits.
- 2) Rapid testing services to accurately identify and subsequently treat K2 users
- 3) Increased the awareness among law enforcement professionals, and provide law enforcement with the necessary means and training to enforce K2 laws
- 4) Enhanced data reporting systems to accurately identify K2 diagnosis, and treatment and share that data with City and State-wide partners.

Additionally, the K2 Taskforce requests that this Council initiate a State-wide Taskforce with State counterparts and increase the dialogue with on the ground providers and community organizations to enhance the clarity of the voices at the decision making table.

Lastly, SoBRO supports the increase in fines for businesses which either sell or have K2 on the premise with intent to sell. The current fine structure in not a deterrent, and the fine must increase. To enhance this fine; the SoBRO Taskforce suggests that the Council investigate a Deli/Bodega grading system, very similar to the grading system

*SoBRO's mission is to enhance the quality of life in the South Bronx by strengthening businesses and creating innovative economic housing, educational and career development programs for youth and adults.*

which applies for restaurants. This grading system run with cooperation by the Department of Consumer Affairs and the Department of Health would provide a coordinated means to protect our community with routine regulation and enforcement; combined with best practices for business development.

We must take meaningful steps which secure the short term future, and long term growth of New York City while also protecting the families, and youth which are at the core of what makes our communities strong. This Council and our City must lead the nation in stomping out the production, sale, and use of this drug. The actions of the people in this room will determine the future for our communities and the residents which call New York City home.

Thank you for your time.

*SoBRO's mission is to enhance the quality of life in the South Bronx by strengthening businesses and creating innovative economic housing, educational and career development programs for youth and adults.*



*People Get Better With Us*

**Testimony of Renee Hastick-Motes - Associate Vice President  
for Community and Government Relations with the Institute for  
Community Living (ICL),  
New York City Council Joint Committee Hearing: The  
Proliferation of Illegal Synthetic Cannabinoids; Health Impacts  
and Enforcement  
Monday, September 21, 2015**

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Good Morning Council Committee chairs and members of the joint committees, first thank you for this opportunity to testify on such an important issue affecting our community today. My name is Renee Hastick Motes and I am the Associate Vice President for Community and Government Relations at the Institute for Community Living better known as ICL.

ICL is a human services organization that offers health care, mental health care, family support and residential assistance to almost 10,000 adults, families, and children throughout New York City. Since the beginning of this year, K2, just one of many names that synthetic cannabinoids is sold under, has become a great concern to ICL.

Dr. Jeanie Tse, ICL's Associate Chief Medical Officer, stresses that K2 and others like it can worsen a person's mental illness, make users less responsive to their medications, and turn previously nonaggressive people aggressive—whether they're dealing with a mental illness or not.

As recorded, ICL has called Emergency Medical Services for K2 related issues approximately 25 times in one month. These calls were for both ICL clients and homeless individuals we found lying on the street near our clinics and residences.

On a monthly basis since the beginning of this year, ICL has averaged 15 to 20 emergency room trips with client related K2 instances. ICL is developing comprehensive approaches to address this issue with our client population. We have come up with treatment plans to help those dealing with addiction and are working closely with clients to stress the hazards that ingesting these toxins can cause.

In an advocacy action, as ICL believes in having a responsibility to the community in which our programs are located, ICL recently partnered with the Office of the Brooklyn Borough President to make the public more aware of synthetic marijuana and to ask the city council to establish legislation that will give business establishments caught selling this substance a greater penalty. The current penalty/fine that businesses receive for selling synthetic cannabinoids does not match the sometimes lifelong effect it has on individuals and most importantly our vulnerable populations.

The convenient accessibility of obtaining this substance at local bodegas is alarming but ICL will continue to be on the forefront of this issue and extend its services to the city council in addressing and dealing with this problem.

In closing, ICL supports the local law to amend the administrative code of the city of New York, in relation to the revocation, suspension, or refusal to renew a cigarette dealer license due to the sale of synthetic drugs or imitation synthetic drugs.

ICL supports a Local Law to amend the administrative code of the city of New York, in relation to declaring nuisances related to the sale of synthetic drugs and imitation synthetic drugs.

ICL supports a Local Law to amend the administrative code of the city of New York, in relation to imposing penalties for the manufacture, distribution or sale of synthetic cannabinoids, synthetic phenethylamines and synthetic cathinones.

Thank you all for your time today and again for the opportunity to make this testimony before you on behalf of the Institute for Community Living.



# TESTIMONY

Presented to:

The New York City Council Committee on Health

Jointly with the Committees on Public Safety, Mental Health,  
Developmental Disability, Alcoholism, Substance Abuse and Disability  
Services and Consumer Affairs

September 21<sup>st</sup>, 2015



**Shaun D. Francois I. – President**

**Local 372 –Board of Education Employees**

**District Council 372 – AFSCME, AFL-CIO**

**125 Barclay Street, 6<sup>th</sup> Floor**

**New York, NY 10007**

**Local372.org**

Good morning, Health Committee Chair Johnson and distinguished members of the committee. My name is President Shaun D. Francois I. of Local 372 and I represent 23,000 supportive staff members of the New York City Department of Education. They are: School Crossing Guards, School Aides, Health Aides, Substance Abuse Prevention and Intervention Specialists (SAPIS), Paraprofessionals, Parent Coordinators, Annual School Lunch Employees and Hourly School Lunch Employees. These are some of the lowest paid municipal workers, making less than \$15 an hour and working less than 5 hours a day.

SAPIS perform essential substance abuse prevention and intervention services for the 1.2 million children of New York City. Most Local 372 members live in the communities they serve. SAPIS services are essential to schools; helping children cope with the pressures from their peers and navigating the new world of social media.

### **245 SAPIS Service 1.2 Million Students**

Currently, there are 243 SAPIS members who service 1.2 million NYC children at 1,200 schools. Let me repeat that, Local 372 currently has 243 SAPIS workers, that is 1 SAPIS worker per every 5 schools in New York City. These 243 SAPIS service over 1,200 schools within NYC, including many sub divided schools within standalone school buildings in NYC.

This all occurs as we face an even increasing problem of drug and alcohol addiction, experimentation, and dependency in a school system that attempts to service the multitude of problems many of our school children and their families face. The access of illegal synthetic cannabinoids creates another yet another challenge for SAPIS to educate and raise awareness to children of the dangerous side effects. With the loss of the SPARK programs and other school wide prevention programs, children are at a disadvantage of having less anti-drug prevention.

We have students not only using drugs and consuming alcohol, but we are witnessing an uptick of prescription drug use amongst high school children, especially in Manhattan and Staten Island. Many children use more than one drug; many use both alcohol and marijuana at the same time. The access to synthetic cannabinoids is a challenge to SAPIS since there are so few of us in the school system.

Local 372 SAPIS specialize not only in substance abuse prevention but also provide students counseling on anti-bullying, violence prevention, confidence building, goal setting and gang prevention, just to name a few. SAPIS serve all schools, in all 32 school districts and all students from K-12 including special education. SAPIS provide services not just to the students but their whole family. There is a dire need for one SAPIS in every NYC school; however, minimally the request is to fund at least an additional 500 SAPIS workers for an additional \$25 million earmarked for just SAPIS workers.

In order for these workers to be effective at combating these social ills/problems, we must be given a fighting chance. In order to prevent addition and to combat social pressures, SAPIS need to be able to not only provide counseling, but be made available to provide students with education and training to combat social pressures intensified by social media.

In 2006, there were 502 SAPIS servicing all five boroughs. As of today, there are only 243 workers to care for 1.2 million children in the New York City school system, spread over 1,200 schools. This is unacceptable, especially in light of the recent uptick in the use of alcohol, illegal and prescription drugs.

In 2009, the federal government ceased funding thru the Safe and Drug Free Schools act for these workers. In New York states 2014-2015 budget, OASAS allocated \$14,859,531 million dollars to the NYC Department of Education (DOE) to support the services that these workers provide.

### **Restore SAPIS to 2002 numbers**

Let me stress the fact that these 243 SAPIS, service all 32 school districts and their families. This is unacceptable. Local 372 respectfully request the city council create an additional 500 positions within the Dept. of Education. These additional positions would bring the staffing levels back to its 2002 numbers. The current cost of a Level 2 SAPIS is \$35,710, with fringe benefits of \$49,994. 500 additional SAPIS would cost the city approximately \$25 Million and would bring us back to the staffing level of 2002.

I look forward to working with you Mr. Chairman and the members of the committee to make this possible.

Again, thank you for the opportunity to come before you.

I will answer any questions you may have.

**THE COUNCIL  
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. \_\_\_\_\_ Res. No. \_\_\_\_\_

in favor  in opposition

Date: 9/21/15

(PLEASE PRINT)  
Name: Dr. Daniel Ligassy  
Address: 207 Parket Park SW Apt 2C 11218  
I represent: NYU - Bellevue Hospital  
Address: \_\_\_\_\_

**THE COUNCIL  
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. \_\_\_\_\_ Res. No. \_\_\_\_\_

in favor  in opposition

Date: \_\_\_\_\_

(PLEASE PRINT)  
Name: Kai Falkenberg  
Address: DCA 42 Broadway NY NY 10004  
DCA  
I represent: \_\_\_\_\_  
Address: \_\_\_\_\_

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THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. \_\_\_\_\_ Res. No. \_\_\_\_\_

in favor  in opposition

Date: 9/21/2015

(PLEASE PRINT)  
Name: Michael Brady  
Address: SOBRO - 535 Bergen Ave  
BX, 104  
I represent: \_\_\_\_\_  
Address: \_\_\_\_\_

Please complete this card and return to the Sergeant-at-Arms

**THE COUNCIL  
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Appearance Card

I intend to appear and speak on Int. No. \_\_\_\_\_ Res. No. \_\_\_\_\_

in favor  in opposition

Date: 9-21-15

(PLEASE PRINT)

Name: KIRSTEN JOHN FOY

Address: 529 HOUSTON AVE

I represent: NATIONAL ACTION NETWORK

Address: 106 W 145TH STREET APT 6 10038

**THE COUNCIL  
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. 885/897 Res. No. \_\_\_\_\_

in favor  in opposition

Date: 9/21/15

(PLEASE PRINT)

Name: KASSANDRA FREDERIQUE or Julie Netherland

Address: 330 7th Avenue, 21st fl, NY, NY 10035

I represent: Drug Policy Alliance

Address: Same as above

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Appearance Card

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in favor  in opposition

Date: 9/21/15

(PLEASE PRINT)

Name: ITALIA GRANSHAW

Address: 209 JARDEN ST

I represent: BROOKLYN BOROUGH PRESIDENT COUNCIL

Address: 209 JARDEN ST. BROOKLYN

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THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. \_\_\_\_\_ Res. No. \_\_\_\_\_

in favor  in opposition

Date: 09/21/15

(PLEASE PRINT)

Name: Thomas Merrill

Address: General Counsel

I represent: NYC Health Department

Address: \_\_\_\_\_

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THE CITY OF NEW YORK**

Appearance Card

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in favor  in opposition

Date: 9/21/15

(PLEASE PRINT)

Name: Dr. Hillary Kurins

Address: Assistant Commissioner

I represent: NYC Health Department

Address: \_\_\_\_\_

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THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. \_\_\_\_\_ Res. No. \_\_\_\_\_

in favor  in opposition

Date: Sept. 21, 2015

(PLEASE PRINT)

Name: Amrit Bagga

Address: \_\_\_\_\_

I represent: DCA

Address: Falkenberg

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**THE COUNCIL  
THE CITY OF NEW YORK**

Appearance Card

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I intend to appear and speak on Int. No. \_\_\_\_\_ Res. No. \_\_\_\_\_  
 in favor     in opposition

Date: \_\_\_\_\_

(PLEASE PRINT)

Name: Kai Falkenberg

Address: \_\_\_\_\_

I represent: DCA

Address: \_\_\_\_\_

**THE COUNCIL  
THE CITY OF NEW YORK**

Appearance Card

[ ]

I intend to appear and speak on Int. No. <sup>885,897</sup>917 Res. No. \_\_\_\_\_  
 in favor     in opposition

Date: 9/21/2015

(PLEASE PRINT)

Name: RENEE HASTICK - NOTES

Address: 125 Broad Street NY NY 10004

I represent: THE INSTITUTE FOR COMMUNITY LIVING

Address: 125 Broad Street NY NY 10004

**THE COUNCIL  
THE CITY OF NEW YORK**

Appearance Card

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I intend to appear and speak on Int. No. \_\_\_\_\_ Res. No. \_\_\_\_\_  
 in favor     in opposition

Date: \_\_\_\_\_

(PLEASE PRINT)

Name: Dr. Matthews Hurley, MD

Address: \_\_\_\_\_

I represent: Doctors Council, SEIU

Address: \_\_\_\_\_

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Appearance Card

I intend to appear and speak on Int. No. \_\_\_\_\_ Res. No. \_\_\_\_\_

in favor  in opposition

Date: \_\_\_\_\_

(PLEASE PRINT)

Name: Elizabeth Glazer

Address: 1 Centre St.

I represent: The de Blasio Administration

Address: \_\_\_\_\_

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in favor  in opposition

Date: \_\_\_\_\_

(PLEASE PRINT)

Name: Heidi Schmidt

Address: 33 Beaver St.

I represent: DHS

Address: →

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in favor  in opposition

Date: \_\_\_\_\_

(PLEASE PRINT)

Name: Lt. Rob Corbett

Address: One Police Plaza NY, NY 10038

I represent: Chief of Department, NYPD

Address: One Police Plaza NY, NY 10038

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in favor  in opposition

Date: \_\_\_\_\_

(PLEASE PRINT)  
Name: Assistant Deputy Comm. Robert Messner

Address: \_\_\_\_\_

I represent: NYPD

Address: \_\_\_\_\_

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I intend to appear and speak on Int. No. \_\_\_\_\_ Res. No. \_\_\_\_\_

in favor  in opposition

Date: 9/21/2015

(PLEASE PRINT)  
Name: Joseph Fucito

Address: \_\_\_\_\_

I represent: DOF Sheriff's office

Address: 30-10 Stone Ave, LIC, NY

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in favor  in opposition

Date: 9/21/2015

(PLEASE PRINT)  
Name: Alyssa Amulera

Address: 80-A 4th Ave

I represent: VOCAL-NY

Address: \_\_\_\_\_

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in favor  in opposition

Date: 9/21/2015

(PLEASE PRINT)

Name: ROBERT SUAREZ

Address: 80-A FOURTH AVE

I represent: VOCAL-NY

Address: \_\_\_\_\_

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Appearance Card

I intend to appear and speak on Int. No. \_\_\_\_\_ Res. No. \_\_\_\_\_

in favor  in opposition

Date: \_\_\_\_\_

(PLEASE PRINT)

Name: HIAWATHA COLLINS

Address: 80-A FOURTH AVE

I represent: VOCAL-NY

Address: \_\_\_\_\_

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