CITY COUNCIL
CITY OF NEW YORK

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TRANSCRIPT OF THE MINUTES

Of the

COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY SERVICES JOINTLY WITH COMMITTEE ON PUBLIC SAFETY

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June 23, 2015
Start: 10:11 a.m.
Recess: 01:40 p.m.

HELD AT: Council Chambers – City Hall

B E F O R E:
ANDREW COHEN
Chairperson

VANESSA L. GIBSON
Co-Chairperson

COUNCIL MEMBERS:
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ELIZABETH S. CROWLEY
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ROBERT E. CORNEGY, JR.

A P P E A R E N C E S (CONTINUED)
COUNCIL MEMBERS: (CONTINUED)
RORY I. LANCMAN
STEN MATTEO
VINCENT J. GENTILE

A P P E A R A N C E S (CONTINUED)

Doctor Gary Belkin
Executive Deputy Commissioner
NYC Department of Health and Mental Hygiene

Brian McCarthy
Assistant Chief/Commanding Officer
Narcotics Division of NYC Police Department

Doctor Ross McDonald
Medical Director
Bureau of Correctional Health Services

Doctor Hillary Kunins
Assistant Commissioner
Bureau of Alcohol & Drug Use, Prevention, Care, and Treatment
NYC Health Department

Sergeant Steven Sarao
Trainer
Special Projects Unit

Bridget Brennan
Special Narcotics Prosecutor
City of New York

Rhonda Ferdinand
Special Narcotics Prosecutor
City of New York

Gabriel Sayegh
Managing Director of Policy and Campaigns
New York State Drug Policy Alliance

Caroline Waterman
Executive Director of COMPA
Coalition of Medication Assisted Treatment Providers and Advocates of NYC and state

A P P E A R E N C E S (CONTINUED)

Sebastian Solomon
Director of New York State Policy
Legal Action Center

Runa Rajagopal
Supervising Attorney
Civil Action Practice

Renate Lunn
Public Defender/Attorney
Five Borough Defenders

Adrienne abate
Executive Director
Staten Island Partnership for Community Wellness

Daliah Heller
Professor
CUNY School of Public Health

Joyce Rivera
Founder/Executive Director
St. Ann’s Corner for Harm Reduction

Annette Gaudino
Member
ACT UP New York

Dana Beal
Representative
No More Drug War Coalition

Douglas Apple
Representative
Association of Substance Abuse Providers

[gavel]

CHAIRPERSON COHEN: Alright. Good morning. My name is Councilman Andrew Cohen and I am the Chairman of the Committee on Mental Health, Developmental Disabilities, Alcoholism, Substance Abuse, and Disability Services. I am pleased to be co-chairing this joint hearing with Councilwoman Vanessa Gibson, Chair of the Committee on Public Safety. We are holding this oversight hearing in order for the committee to have an… the committees to have an opportunity to examine the administration's response to the increase in Heroine use and overdoses in New York City. Heroine is back in New York City. The rates of overdose deaths due to heroine have doubled over the last five years. The Bronx in particular which Councilwoman Gibson and I both represent has more heroine related fatalities than any other borough. In fact last month in my district the DA raided an apartment and found the largest seizure of heroine since the 1980s weighing at nearly 155 pounds. One of the causes of the resurgence of heroin is the addictive and dependent nature of legitimately prescribed or illegitimately prescribed pain

relieving opioid class drugs such as Oxycotton and Vicodin. And in the recent… in the recent regulation and limitation on the availability of many of these pain killers the result is some individuals resorting to the turning to the streets for relatively cheap substitute, heroine. In tandem with today's general oversight topic we will be discussing Intro 748 which would create the Office of Drug Strategy. The proposed office intends to coordinate across agencies in order to address the problem… the problems and reduce the harm of illegal drug use. The purported goal of this office is that by crafting drug strategy using a multi-disciplinary model the Office will be able to address the drug problem most effectively and combat all the collateral consequences. The goal of the hearing such as this is to analyze the proposed legislation and gain a better understanding of the significant steps the DOHMH has already taken toward combating the issue of drug use. For example we are particularly interested in the agency's distribution of naloxone, the medication used to counter the effect of an opioid overdose. Lastly I am particularly proud that today we will be voting

on a preconsidered resolution known as LS4920 celebrating the 25th anniversary of the signing into law of the American with Disabilities Act also known as the ADA. The ADA was signed into law by President George H. W. Bush on July 26th, 1990. According to the US Department of Justice's Division of Civil Rights, the ADA is one of America's most comprehensive pieces of civil rights legislation prohibiting discrimination and guaranteeing that people with disabilities have the same opportunities as everyone else to participate in the mainstream of American life. The right to enjoy employment opportunities to purchase goods and services and to access and participate in federal or state or local government programs and services all on an equal level with every other American regardless of physical or mental disability. I am proud to sponsor resolution that honors that day 25 years ago on which a historic piece of legislation came to life and I am especially proud to recognize the giant steps we had taken over the past 25 years toward equal treatment in doing so my hope is that we continue to ensure equality and prohibit discrimination for

the next 25 years and beyond. I would like to thank Committee Council Kimberly Williams and Policy Analyst Michael Benjamin for their hard work in preparing for today's hearing as well as my own Legislative Counsel Kate Diobold [phonetic]. We have been joined by Council Members Steve Matteo and Council Member Corey Johnson. And I'll now turn the microphone over to Councilwoman Vanessa Gibson.

CO-CHAIRPERSON GIBSON: Thank you very much Chair Cohen and good morning ladies and gentleman. It's a pleasure to be here. Welcome to City Hall. I am Council Member Vanessa Gibson representing the 16th District in the borough of the Bronx. And I'm proud to be here this morning co-chairing this important hearing serving as the chair of the Committee on Public Safety. I want to thank my esteemed Bronx Colleague Council Member Cohen who chairs the committee on Mental Health Developmental Disability, Alcoholism, Substance Abuse, and Disability Services for truly joining with me this morning. I thank the members of the Public Safety Committee and my colleagues who are here and those who will be joining us later in the morning. This morning we are examining heroin use

and overdoses in the city of New York. Sadly heroine abuse is on the rise. In 2014 for the second year in a row heroin overdose deaths outnumbered homicides in this city. Unfortunately in my borough the Bronx we are leading the city in the number of heroin overdose deaths. Staten Island's overdose deaths have increased a staggering 435 percent between 2000 and 2011 making it a close second. This has truly become a public health crisis in the city. The increase in overdose deaths in unfortunately not surprising giving that the city of New York has truly become a hub for heroine distribution. This drug which typically originates in South America is often processed and packaged in our city before being distributed to other parts of the state and the Northeast region. Our police officers and public servants face a tough challenge to combat the influx of heroin in our city. We must catch these traffickers before it hits our streets, limit the distribution and supply, and we must help those users and potential overdoses that are stemming in this public health crisis. In this morning's hearing I am interested in learning more about law enforcement and public

health strategies that are used to combat the surge of heroin in our communities. Fortunately in 2013 a number of our police officers have been armed with a powerful heroin overdose antidote naloxone. I am particularly interested in learning today about the specific training and the curriculum regarding this drug how many police officers have been trained to date, those who are scheduled to be trained in the future, the policies and procedures regarding the use of the drug and any issues regarding this use. Heroin trafficking and overdoses is an emerging intersection between public safety and public health and we must truly work together to protect and serve the needs of all New Yorkers. This morning we're also hearing Intro 748 as outlined by my colleague, a bill which I am proud to join with Council Member Corey Johnson and Council Member Andrew Cohen that would create an Office of Drug Strategy. I hope to learn more from the administration, our policy advocates, many of our stakeholders on how the formation of this new office may facilitate the conversation regarding drug overdoses, public safety, and public health. The safety of our city is of paramount importance

to all of us and it is essential that we stroke a delicate balance between public safety, public health, and the needs of those who live with substance and drug abuse. We are truly making progress in looking at this crisis from a holistic perspective and doing what is important to make sure that we treat this as a public health crisis. The stigma that is associated with this is unacceptable. And too many New Yorker are living and suffering in silence. We're looking at treating this as a public health crisis and we're doing it with compassion, with care, and with concern. I know we have a lot of testimony to get through today and I think the administration and the Health Department and all of the groups who are here with us today. And I also want to thank my colleague Council Member Cohen for putting forth a very important resolution this morning and recognizing and honoring the 25th anniversary of the July 26th, 1990 signing of the Americans with disabilities act, very very important. And I'm thankful that this is on the agenda this morning. And I also want to recognize my staff on the public safety team that are a part of a great effort to put this

hearing together. And they really support me as a chair. Thank you to my counsel Deepa Ambicar [sp?], my legislative analyst Beth Gollub [sp?], policy analyst Lori Wen [sp?], finance analyst Ellen Aang [sp?] and my communications and legislative director Danna Wax [sp?]. Thank you all for being here this morning and I will turn this hearing back to Chair Cohen.

CHAIRPERSON COHEN: Thank you. Council Member Corey Johnson, the lead sponsor of Intro 748. We'd like to make a statement.

COUNCIL MEMBER JOHNSON: Thank you Chair Cohen. Good morning all. I want to thank my co-sponsors Council Members Cohen and Gibson for holding this joint hearing today. My bill which is being heard today would create an Office of Drug Strategy to most effectively combat problems associated with elicit and non-medical drug use here in New York City and attempts to reduce the mortality, crime, and inequity that results from such usage coupled with past and present ineffective drug policy. The office would be charged with creating an annual plan for drug policy to be revamped each year in order to stay up

to date and as effective as possible. This annual plan would be presented here at the counsel and would include recommendations for city action to close the gaps left with ineffective drug policy. I see a drug strategy office as creating a path towards solving some of the thorniest problems in health and public safety in New York City. The war on drugs has produced a legacy of misery, corruption, and waste. This bill is but a small step towards changing course and building a city where people get the help they need to be healthy, where drug related violence no longer exists and where poor communities and people of color are not arrested and incarcerated at exponentially higher rates than the wealthy and the white. Additionally the office would emphasize aiding those struggling with drug habits by promoting public health and science rather than letting politics and stigma stand in the way of peoples' access to care. To do so would spearhead evidence based drug education and public health intervention efforts, enhance the availability of medical psychological and social services to those struggling with drug use as well as analyze health social and economic problems

rooted in drug policy. As we know the psychological services component of treatment to those recovering from substance use disorders is often lacking and we need to revamp these efforts. I am confident that such an office would be successful in its efforts at every step of the way. Its director would be required to collaborate across city agencies and sectors coordinating activities of various governmental bodies and working alongside an advisory council comprised of a multitude of relevant groups ranging from community based harm reduction programs to youth prevention programs. My bill also mandates that all these players be represented on a municipal drug strategy council that would have a large hand in shaping the annual drug policy report. After 40 years of the war on drugs drugs are cheaper, more pure, and easier to obtain than ever contributing to growing problems like the criminalization of our youth, mass incarceration, and the 100 percent increase in New York City heroin overdose… overdose deaths I recent years. Under current policy city agencies often work at cross purposes to address drug related issues. With conflicts arising for example between

public health and law enforcement policies agencies also often miss opportunities to provide support to people with substance use problems through housing programs, the welfare system, family and homeless services, and the courts. Current enforcement strategies have led to racial disparities and have eroded the trust between communities and law enforcement. Drug issues are too complicated for any one part of government to deal with. We need to start with common objectives that ensure that city resources are consistently focused on the right things; reducing the number of people who develop substance use disorders, reducing crime and public disorder, an opening every door available to promote health and wellbeing. Accordingly the Office of Drug Strategy would be empowered to convene city agencies, outside experts, and communities affected by drug use in order to share concerns and innovations and take practical coordinated steps to address problems related to drug use, crime, and drug policy. Such coordinated municipal drug strategies have had proven success in large cities across Canada and Europe. The creation of such a Office of Drug Strategy here

would be the first in the United States. New York City now has the opportunity to be at the national forefront of creating real change in a way that we approach drug policy. Too many lives of New Yorkers have been lost or harmed by drug use. And it's time that we proactively set out to change this by using every available resource to us. The city has already taken some incredibly important steps, and I thank the Department of Health and Mental Hygiene for this, in the right direction including major reforms to low level marijuana policing and the summon system and initiatives to pilot criminal justice diversion for people with mental illness and other conditions. The creation of the Office of Drug Strategy would best coordinate our efforts and ultimately achieve our goal. And before I… I turn it back over to the chair I just want to say you know personally in three weeks, July 13th will be six years sober for me. Best and most important thing that I have ever done in… in my entire life. And there is still so much stigma related to substance abuse and alcoholism. And this is mental health issue. And we need to treat it as such and not stigmatize it and not criminalize it but

actually have a real strategy to get people to help that they actually need and to not lock people up and criminalize people for something that is a mental health issue. I am incredibly fortunate and lucky that nothing terrible ever really happened to me and that I got sober at the age of 27 because bad stuff could have happened. I'm very lucky that it didn't. And I count my blessings every single day that I was able to get on the right path. I wouldn't be sitting in this seat here today in this chamber if I didn't get myself sober. And I want other people to have those opportunities without being caught up in a criminal justice system that doesn't always handle these issues correctly and… sometimes a patchwork of mental health services that don't always treat people in the way that they need. So I look forward to working with the NYPD, with the Department of Health and Mental Hygiene, across city agencies, and with my colleagues to make this a reality. Thank you very much for the opportunity to give an opening statement today.

CHAIRPERSON COHEN: Thank you. Would the members of the panel raise their right hand… hands?

Do you swear or affirm the testimony you're going to give before this hearing shall be the truth?

[combined affirmations]

CHAIRPERSON COHEN: Please proceed.

DOCTOR BELKIN: I… I understand I'm to lead? Fabulous. Thank you. Good morning everyone. Good morning Chairpersons Cohen, Gibson, members of the committees. My name is Gary Belkin. I'm the Executive Deputy Commissioner for the Division of Mental Hygiene at the New York City Department of Health and Mental Hygiene. And I'm joined to my right by my fabulous colleague Doctor Hillary Kunins who's my Assistant Commissioner for the Bureau of Alcohol and Drug Use Prevention, Care, and Treatment at the Health Department. And on behalf of Commissioner Bassett we all thank you for the opportunity to testify today on this important topic. Overdose deaths involving opioids which include both heroine and opioid analgesics often referred to as prescription painkiller are a serious public health problem in New York City, opioid overdoses alone have claimed the lives of more than 7,000, 7,000 New Yorkers over the last decade. Because heroin and opioid analgesics are

chemically similar some of the prevention and treatment strategies we're going to discuss are also similar and I will speak about the health response… far for both. Prescription painkiller misuse and overdose is both a national and a local health crisis. In New York City emergency department visits related to prescription pain killer nearly tripled from 2004 to 2011 and rates of overdose deaths as… as has been mentioned increased over 250 percent between 2000 and 2013. That translates to one New Yorker dying every other day from a prescription painkiller overdose. New York City has also seen heroin involved overdose deaths double between 2010 and 2013. Both heroin and prescription painkillers can be risky drugs, can lead to serious health and social consequences including addiction and death from overdose but as well transmission of infectious disease, particularly HIV and hepatitis B and C. Stigma as has been pointed out surrounding drug use and addiction only worsens all of these consequences. Overdose deaths and other consequences of opioid issues are preventable. We know how to… how to do that. The Department conducts public health

surveillance on the health consequences of opioids and other drugs such as opioid related mortality and hospitalizations and opioid prescribing patterns to identify geographic and population trends in order to target and prioritize our responses. For example on Staten Island the borough with the highest rate of overdoses related to opioid analgesics the department developed a multipronged approach working with community stakeholders, conducting media campaigns, disseminating clinical guidelines and judicious opioid analgesic prescribing for general practice and emergency departments. To disseminate guidelines further we conducted one on one educational visits to approximately 1,000 prescribers in State Island reinforcing that are prescribing practices. This campaign in total contributed to a 29 percent decrease in overdoses, a decrease in frequently seen in any kind of public health work and receive national attention. We are now trying to replicate this approach and the success in the Bronx the borough as mentioned with the second highest rates of opioid deaths. The department has also expanded addiction treatment

services. Like any other health conditions substance use disorders or addiction are treatable illnesses. In particular medication assisted treatment with methadone and buprenorphine also often referred to as Suboxone is most effective. Ensuring widespread availability of medication assisted treatment is a department priority. Now we're looking for innovative ways to do so. For example we sponsor the methadone treatment program at Ryker's Island, the oldest jail based program of its kind in the United States. The Central Department's strategy is also to reduce the risk of HIV and Hepatitis B and C among people who use rugs. And that includes providing a range of harm reduction services including syringe access which the council has been instrumental in supporting and which we we appreciate. Harm reduction services including those provided by New York City's strong syringe exchange programs importantly engage and link people who use drugs in a range of health promoting care and services. Since 2009 the department has also increased access to Naloxone, medication that can reverse the… an overdose from opioid analgesics and heroin. Naloxone is safe,

easy to use, has no significant adverse side effects and no potential for abuse. Under the New York state opioid overdose prevention act the Department supports state registered programs, train… people as overdose responders, and to dispense naloxone kits to them. We've more than doubled our distribution of these kits in just the last three years dispensing over 32 thousand since the program's inception. Because of the department's efforts New York City is at the forefront of innovative overdose reversal strategies with our partners from harm reduction agencies, we're conducting a pilot program at the Ryker's Island visitor centers to train family members and friends of detained individuals in overdose prevention. So far approximately 100 to 200 individuals are trained every month and 11 reversals has been reported to date. The department is also continuing to work with the Department of Homeless Services to support their training of peace officers to recognize overdose and administer naloxone. In addition we have a strong collaboration with the NYPD to provide technical support and equip police officers with naloxone

kits with funding from the state attorney general. Over 12,000 such kits have been issued to patrol officers and we look forward to, look forward to our continued partnership with NYPD on this issue. Based on our initial one year evaluation of our naloxone training programs administered at syringe exchange and methadone treatment programs. We estimate that over 13 hundred overdose reversals annually result from the dis… from the level of distribution of naloxone by our department so far. But thanks to council support the department syringe exchange and harm reduction initiatives have been successful and we'd like them to be more successful. Also under consideration today is intro 748, a bill that would create a citywide office of drug strategy to coordinate a comprehensive public health and public safety approach related to the impact of opioid use and its consequences. I would like to highlight our work in this sort of collaborative realm of action. The Department's Bureau of Alcohol and Drug Use Prevention, Care, and Treatment is responsible for planning and providing substance use services across New York City. This responsibility is carried out through

the development, implementation, evaluation, and promotion of evidence based programs and policies that address drug use and prevent drug related deaths and illness. The bureau also funds and oversees a portfolio of drug treatment and harm reduction service contracts including methadone programs and harm reduction programs specifically serving New Yorkers with opioid use disorders. We are required by New York State mental hygiene law to develop a local services plan each year in which we prioritize strategies to reduce the impact of drug misuse on New Yorkers. The bureau collaborates regularly with advocates, peer groups, contracted providers, city and state agency partners, advisory groups, elected officials, and community groups to ensure we are working to meet the needs of the people we serve. We actively participate on a number of city state work groups such as the criminal justice taskforce and the redesign of Medicaid’s behavioral health system that will provide intensive care coordination and enhance services for individuals with significant behavioral health needs. We strongly advocate for legislation that addresses opioid use and overdose

and results in improved health and overdose prevention for people who use drugs. The New York City taskforce on prescription painkiller abuse convened in 2011. It was another example of our cross agency work. It was charged with developing and implementing coordinated strategies for responding to the growth of opioid analgesic misuse and diversion in New York City. As part of this taskforce the data workgroup developed to compile and share the public health and safety data reflecting the consequences of opioid analgesic misuse in the city. And the work group led by the health department included participants from city, state, and federal government agencies including offices here today, the special narcotics prosecutor and NYPD and became known as RX Stat. RX Stat established a platform of data sharing for public health and public safety collaboration and has involved to influence policy and interventions in New York City. Under Mayor de Blasio’s leadership RX Stat has expanded its initial focus on prescription opioid misuse to include all drug use. Supported in part by federal funds including the Office of National Drug Control Policy as

program the New York New Jersey High Intensity drug trafficking area and grass from the US Department of Justice, Bureau of Justice Assistance monitoring and surveillance of drug related data has expanded to include data sources and more timely availability of it. RX Stat has also resulted in incurability to monitor sudden increases in drug related events that require urgent investigation and response and a platform to share and strategize that response. The department looks forward to continuing to coordinate a public health driven strategy to promote evidence based treatment and reduce opioid associated deaths in New York City. We thank you for the opportunity to testify. And we'd be happy to answer any questions.

BRIAN MCCARTHY: Good morning Chairs Gibson and Cohen and members of the council. I am Assistant Chief Brian McCarthy Commanding Officer of the Narcotics Division of the New York City Police Department. I'm joined by Sergeant Steven Sarao of the Office of the Deputy Commissioner Management Analysis and Planning who coordinates the Police Department's naloxone program. On behalf of police commissioner William J. Bratton we would

like to thank you for the opportunity to discuss some of the ways in which the Department responds to heroin use and overdoses in New York City. We have seen an unfortunate rise in the use of heroin in New York City. In some cases it is simply cheaper and easier to obtain that prescription opioids. In 2014 we the narcotics division ceased 1,034 pounds of heroin. And as of June 6th this year we have seized 716 pounds of heroin which represents 103 percent increase over the 353 pounds we seize by this time last year. The NYPD's narcotics division employs a variety of strategies to combat the sale of controlled substances and choke off the supply of drugs coming into New York City. At a local level we rely on information from the community regarding locations where drugs are sold or about the individuals involved in these crimes. And we receive thousands of complaints each year. Calls to 9-11 will generate a complaint to the narcotics division and possibly a uniform response if the incident is active in nature. For example if the caller is reporting that they are observing drug sales directly calls to 3-1-1 or to the mayor's drug hotline (888)374-DRUG are routed

to our organized crime control bureau's field operations desk which operates 24 hours so that the caller may provide their information directly to us… anonymously if they so choose. We also make detectives from the narcotics division available to attend precinct community council meetings and receive information from many other sources both within and outside the department. Our investigations are conducted using effective law enforcement techniques such as drawing up and implementing tactical plans employing undercover operations executing search warrants, developing intelligence obtained during a debriefing of prisoners and obtaining court ordered wire taps. Our narcotics teams provide citywide coverage in addition to other teams that provide specialized enforcement such as our tactical response teas which focus particularly on the violence associated with rug sales. We conduct both short term investigations and much lengthier investigations with the goal of shutting down the supply chain as far up as we can. And we constantly monitor the criminal activity surrounding drug sale so that we can target our enforcement resources appropriately.

To that end our partnerships with other law enforcement entities are invaluable. We work closely with the city's special narcotics prosecutor Bridget Brennan and in fact a team of my investigators is co-located in her office providing a constant liaison and mechanism for instant… information sharing. Both her office and the local district attorney's offices play integral rolls in supporting our investigations and in working together with us to achieve successful prosecutions. We participate in two federal task forces, the drug enforcement taskforce and the organized crime drug enforcement strike force. Our strong participation is in these teams which include many other law enforcement partner ensures that our investigations do not have to… do not have to be limited in scope to state criminal charges and local investigations. In fact we can leverage the considerable reach of the federal government to enable us to take our investigations as far as we can including overseas. The mission of the Narcotics Division is to put drug dealers out of business. And consequently our attention is mostly devoted to investigations. But there is another

aspect to the heroin problem that the department as a whole has committed to addressing which is seen mostly from a patrol perspective. Patrol officers are more likely to encounter individual suffering from overdoses either as a result of a 9-1-1 call or as a pick-up job on the street. In light of a staggering increase in overdose that's related to opioid painkillers and heroin accompanied by the availability of the safe opioid antagonist naloxone the Department began a pilot project in Staten Island in December 2013 to enable police officers to administer naloxone to someone suspected of having overdosed on a opioid. With the help and cooperation of the Department of Health and Mental Hygiene and with the financial support of the New York State Attorney General the pilot program was successfully implemented and ultimately expanded citywide. So at present there are 16,364 police officers trained in the use of Naloxone and 12,546 Naloxone kits issued. Every precinct in the city has trained officers… necessary equipment. Officers are instructed on how to recognize the signs of an opioid overdose and how to administer Naloxone in a 75 minute training session based on a training

guide issued by the New York State Division of Criminal Justice Services titled Opioid Overdose and Intranasal Naloxone Training for Law Enforcement. The police academy also delivers the Naloxone training to all police recruits. Since the acceptation of the pilot program there have been 54 instances where Naloxone was deployed with 27 having occurred in 2014 and 27 having occurred thus far in 2015. In conclusion as Commissioner Bratton has said addiction to controlled substance is a problem that requires a multi-agency approach including effective drug treatment. The crucial part that law enforcement can play includes addressing the supply side of the equation by dismantling drug operations and taking the product off the streets. Law enforcement as first responders may also have the opportunity to actually save the life of someone who has overdosed through the prompt use of Naloxone. We thank you for focusing public attention on the city's response to the scourge of heroin addiction and we welcome your questions.

CHAIRPERSON COHEN: Thank you Chief. Thank you Doctor Belkin.

BRIAN MCCARTHY: You're welcome sir.

CHAIRPERSON COHEN: Commissioner Belkin could you just talk a little bit about the numbers? How… how do we identify the population in New York City that we think is addicted to heroin? How… where does that data come from?

DOCTOR BELKIN: So our best number is sadly are about deaths because those are the most firm ones and we can tie those to locations where people live. So we have a sense of where… that's driven a lot of where we have a sense of where to act. As I mentioned in Staten Island we just saw a rise that was… that was orders higher than the rest of the city in opioid related overdose deaths. There are various ways… It's… it's harder to understand what the… the population of need is and… so we know how many people are in treatment for example. So I think we have about 55 thousand people in… I'm sorry 30… about 30 thousand people and about 55 methadone treatment programs throughout the city. We're reaching more people with buprenorphine. So we have some sense that there's… there's a large in treatment population but that's… that's a dynamic category people move

in and out etcetera… So it's hard to get a prevalence rates. I'm going to… I'm going to ask Hillary if I'm missing something but I… I think those were our tools.

HILLARY KUNINS: So we… we look at… I think what Doctor Belkin has expressed is correct. We look at mortality as one indicator. We also look at emergency department visits which you hear are quite high as well and have been increasing and we look at emergence and we look at numbers in treatment which we hope is increasing or we aim to have that increase as a measure of our success in both getting to people in need.

CHAIRPERSON COHEN: So those are tip of the iceberg sort of measures that… that… that they help us point… fees and groups of people we need to reach better. Is there a… sort of ratio if you… per death you estimate that there's X amount of people who are using or…

HILLARY KUNINS: So we know from national numbers and from good prevalence data that only about 10 percent of people who need treatment actually get it. We think because of our fairly extensive methadone maintenance program and good

access to methadone in the city that we may be doing a bit better than that. But we know… we… our estimates which are often back of the envelope is between 60 and 80 thousand people in need of treatment.

DOCTOR BELKIN: But implied in your question is also another one I… I think which is you know how do we know the unmet need? And… and so how can we strategize to reach that need if… if… if we can't fix it well. And my entry into the department was very much… I brought with me a desire to get better at that… at understanding the gap. And in being smart about what to ask for in terms of resources to close the gap. And so we're starting to that probably most aggressively on the opioid front and trying to think through that it's… it's as… as you've… here it's not the simplest thing to… to calculate and identify but we think as a… as a public health strategy if… if you don't know what your target is then… then… then we're not doing you know what we need to do.

CHAIRPERSON COHEN: Well I mean… again I wonder if the… if… Chief if there's some like when you make an arrest does… does the department have

any ability to identify whether or not someone is addicted to heroin?

BRIAN MCCARTHY: I think… the… the question is something that I… I've… I've seen and participated in where we make that assessment based on talking to the individual an also assessing the individual. I… I think the majority of the times we… we do make that assessment based on what they say because the… what I'm in the Narcotics division I'm in charge of detectives. And I'm proud of… and I think they do a really good job of interacting with debriefing and talking to the people that come into our custody. And when they speak to them they elicit that information out of them and the majority of the times I think they identify not through the medical expertise that we're talking about. But through… through the… the admissions of how often a person would… would obtain drugs say you know daily or weekly how they started and what they have progressed to.

CHAIRPERSON COHEN: Your testimony regarding the… the… the amount of heroine seized… would you identify all of that heroin is being for distribution? In other words if you pick up

somebody who has an amount that you would probably attribute to their… to servicing their addiction you'd… do you count that in that number?

BRIAN MCCARTHY: Yes. It… it does go into you know kind of that… that then master number. But I think you can tell from that number discussed that not only we had a significant impact but that there is… there… there are significant distributors and locations where narcotics, particularly heroin is stored in New York City. And that's also going back several years. I tried to prepare for this meaning to be able to articulate questions such as that and going back to 2010, 11, 12… we seize typically over 400 pounds per year. Now going into… Then there was a significant rise in 2013 to almost 500 pounds and then last year you… you know a thousand pounds. And this year we're on track to significantly top that through I think you know through really successful investigative, investigative methods. So to… to roll back and not let you think I wasn't answering your question, yes the… the person that we arrest with, with a small amount of drugs if they're… you know if.. if we want to quantify it that way say

several small personal use packages does get you know factored into the overall amount that we seize in significant seizures such as approximately one month ago on a Sunday when we seized 75 pounds… 75 kilos of heroin in the Bronx.

CHAIRPERSON COHEN: You know I… I guess just the sort of the focus of the hearing is a little bit of the… the nexus between your two agencies.

DOCTOR BELKIN: Yes.

CHAIRPERSON COHEN: And… and I wonder like from my own experience attending my… my precinct councils like the havoc that one individual can cause on… on the… the precinct stats…

DOCTOR BELKIN: Yes.

CHAIRPERSON COHEN: Because they’re servicing their addiction and they’re you know going out at night and they’re either committing robberies, you know burglaries usually if the case were… you know stealing the… breaking into cars like… but one… you know a very small group of individuals and… So I wonder if sort of if there… if we had a sort of more coordinated way… I mean

you arrest them, they go down and… because they broke into a car the… there's not… and I'm not saying it's even the right approach but the prosecution is relatively limited in the person. And… and I've seen phenomenal where you know a person spends three months away and the… the crime stats go down. The person comes… oh look who's back. But… but that… but even you know from a… a law enforcement that doesn't really get it… corrects the problem. We'd like to get this problem… this person helping get them off the street and not having them you know committing the crime. So I'm wondering you know from your perspective or maybe from Doctor Belkin's perspective how we can kind of reach those individuals.

DOCTOR BELKIN: Well I think a lot of things we mentioned are… are… are the beginnings of more ways to do that; planning together, looking at the problem together, describing it the same way. But also creating more off ramps for NYPD to use that the route is to treatment rather than to… to booking or jail and the diversion centers we mentioned etcetera. So I think we are agreeing that

there need to be more other pathways. And… and in the process of building some of them we need more of them. We need more of them. I think there are strategic agreement on that. And the collaboration between our two agencies I think has really mushroomed over the last year. We're writing curriculum together. We're involved in how NYPD… and how officers are trained around these issues. And so you know we have to build more of it. But you… I… we agree with that point. This is a point of contact that should be an opportunity to bring people into treatment. And the more we do… we create those opportunities from our point of view the better.

CHAIRPERSON COHEN: Now lastly I… I'm wondering about data from jails… from… from right… heroin use people coming in and… and I don't know if there's data on people leaving but… but I would be interested to know what we think the usage is there.

DOCTOR BELKIN: Yes. And we just so happened to have our expert on that.

DOCTOR MCDONALD: Good morning. My name is Doctor Ross McDonald. I'm the Medical Director

for the Bureau of Correctional Health Services. So this problem is incredibly prevalent in jails. Of the approximately 70 thousand intakes to Ryker's Island and the larger New York City jail system in a year a… just under 20 percent of those meet criteria for opioid dependence and withdrawal at the time of their intake. So those are the patients that we're treating with a six day methadone detox. Importantly that methadone detox regimen is to treat their acute withdrawal. It doesn't necessarily represent adequate treatment for their addiction problem. So downstream we focus on trying to get those people enrolled in methadone maintenance programs and also to get them cognitive behavioral therapy to the extent that it's available within the jail system.

CHAIRPERSON COHEN: That's coming in. Do we have any data on what the status is when they leave?

DOCTOR MCDONALD: So I… I'm not sure I understand your question in terms of their active substance use…

CHAIRPERSON COHEN: In jail.

DOCTOR MCDONALD: …in jail. So those numbers are difficult to ascertain. The Department of Correction I believe does drug screening. We don't do a lot of drug screening in the jail facility on the health side. We do more in engaging around treatment. You know our sense is that while we see isolated usage in the facility that the access to drugs is really tremendously decreased when people are incarcerated versus what it is in the community. I don't think it ever reaches zero but it's much much less. That also contributes to a phenomenon where people can lose tolerance and be at risk for overdose when they're discharged from jail.

CHAIRPERSON COHEN: Is there data on that? For a higher prevalence of… that's a documented phenomenon but a higher overdose of people leaving.

DOCTOR MCDONALD: Yes. That's been demonstrated in discharge from prison an also from discharge from jail in New York City that particularly the first two weeks after discharge are extremely high risk time for each. And most of that risk is driven by the risk of overdose death.

And that's why it's so important for us to try to maximize the use of opioid replacement therapy for those patients because we believe that access to those medication assisted treatments reduces that risk.

CHAIRPERSON COHEN: Doctor Belkin you also testified that… that we have data on the number of people in methadone. It… do we have hard numbers? Do we… can… in other words could somebody be getting methadone through private insurance and us not know or getting… like not… not be in the numbers or…

HILLARY KUNINS: So we do have data about the number of people who are enrolled in a methadone maintenance treatment program regardless of insurance status and that number is about 30 thousand patients in New York City across approximately 55 methadone maintenance treatment programs which are all licensed by the state office of alcoholism and substance abuse services.

CHAIRPERSON COHEN: Thank you. Thank you for your testimony. I'm going to turn the questioning over to Council… Chair Gibson.

CO-CHAIRPERSON GIBSON: Thank you very much Chair Cohen. And thank you again for your testimony, your presence. I'd like to acknowledge that we've been joined by Council Members Jimmy Vacca and Paul Vallone. Thank you for joining us this morning. So I have just a series of questions and Commissioner Belkin I'll just start with you. In your testimony you alluded to the RX Stat. And I'd like to understand a little bit of the makeup of this taskforce membership and I'd also like to note if they have made any series of recommendations. In your testimony you alluded to the legislation before the committee, 748, the creation of the Office of Drug Strategy. So I'd like to know your thoughts on both of these potential task forces working together and what the makeup of the current RX Stat is?

DOCTOR BELKIN: Well why don't we start… start with… just explain more in detail about the current RX Stat composition and… and accomplishes to date and I'll… and Hillary leads that for our department so I'll let her describe it.

CO-CHAIRPERSON GIBSON: Okay.

HILLARY KUNINS: So we have a number of different agencies at the city, state, and federal levels participating. These include for Office of the Mayor, the Health Department, our colleagues at New York Police Department, Offices of Special Narcotics Prosecutor, Manhattan DA Office… I can read through the whole list. At the state level Office of Alcoholism and Substance Abuse Services. We've had representation from State Department of Health… specifically the Bureau of Narcotics Enforcement which is the agency among other things that manages the prescription monitoring program or… of controlled substances for the state. FDNY participates our colleagues from correctional health participate, HRA participates… colleagues from our Poison Control Center as well. We also have representatives from the Office of the Attorney General. And at the… from the federal agencies we have the… as Doctor Belkin mentioned earlier the high intensity drug trafficking area or… which is a program of the Office of National Drug Control Policy who provides funding in part for the effort. And representative from the DA, the drug enforcement agency.

CO-CHAIRPERSON GIBSON: Okay. So it sounds like you have a number of health, mental health, law enforcement, prosecutors at every level. Is there any inclusion of any of the policy advocacy groups or any community representation, any representation from the city council that's a part of this working group?

HILLARY KUNINS: So there has not been in a standing fashion. We have in periodically and are happy to include folks from advocacy groups from service provider organization, speak with us, consult with us. I'm looking at my colleague for… Frequently we'll have outside presenters in order to communicate different new initiatives or efforts that are underway at the city or state or federal level. Really in order to bring the group together to have shared understanding and approaches to exchange information. Our main focus has been… and I would say significant success is in sharing of data and presenting data so that we have a shared understanding across the city of a variety of indicators both health and safety indicators. Okay has the taskforce issued any reports or any series of recommendations with the large group you

described are there any subcommittees that have a specific tailored focus on whether it's heroin or drug use. Like is there any specifics that are within the taskforce that are subject.

HILLARY KUNINS: So just to… to answer your first question about reports that have been issued. I'll… I'll call attention in the prior administration. There was a report that came out I believe December of 2013 that highlighted some of the work to date. There is also a report that was a technical manual, an RX Stat manual that was sort of blueprint for municipalities to bring together people from different agencies at a local level to set up data and initiative sharing. Currently we don't have subgroups. I'll just add I think to highlight the Naloxone work really across the city. I think this has been really a success from a policy and programmatic point of view. We have I would say use that platform to really coordinate Naloxone distribution across the agencies I just mentioned. I think one example is we've been as you've heard already collaborating with our colleagues in the police department. I think they were very interested inn sharing data and thinking

about mortality data as a way to begin to target those early efforts. I'm looking at them for their nods. And we've continued to work with them on technical aspects. We've also brought in our state colleagues who are also distributing Naloxone in an effort to really clearly coordinate efforts with them as well. I think it's also been a way we've been able to engage other city agencies in Naloxone distribution and other venues. You heard about the pilot at Ryker's for example.

CO-CHAIRPERSON GIBSON: Mm-hmm. Okay. Does the department view the potential legislation creating an office of drug strategy as a compliment and enhancement? Is there room to grow with this proposed legislation so that we can continue many of our efforts in a coordinated way?

DOCTOR BELKIN: I think we all want to coordinate and amplify the work of RX Stat and all the other initiatives that we've described. I think we… you know we're looking forward to discussing with… with… with the council about how to best do that. This initiative RX Stat as you… as you can hear is… brings together quite a diverse set of, of players that we think we can be more effective with

and… and… and advance an agenda. We also elsewhere in the city charter our division is through state law assigned the task of developing a local plan each year for mental health and substance use services and establishing methods of standing community input to do that. Interestingly coincident with the council's thinking through of how to better consolidate and coordinate city action as part of the road map work with the first lady and the fund for… to advance New York City and our department the roadmap for mental health and substance use. We expect to put front and center solutions that can bring more of city government in a more coordinated way to both of those often separately discussed areas, mental health, and substance use, and to amplify the state mental health and city charter authority we have as a planning agency already. So obviously we want to be sure that we're creating more clarity rather than more lack of clarity, more fragmentation.

CO-CHAIRPERSON GIBSON: Mm-hmm.

DOCTOR BELKIN: With… with you know new authorities and new… and new accountability. So I…

I… you know we want to work with you to make sure that… that that…

CO-CHAIRPERSON GIBSON: Okay.

DOCTOR BELKIN: …happens.

COUNCIL MEMBER GIBSO: Great. Sounds like we… we almost have you on board. That's great. We'll keep pushing.

CO-CHAIRPERSON GIBSON: Okay let me get to Chief McCarthy. I just wanted to go over in your testimony you talked specifically about the training of the police officers on Naloxone. The 75 minute training session. Can you just describe for me who administers this training and what are in terms of the training curriculum what are the signs and factors that officers are trained to look for in identifying potential overdose and use?

BRIAN MCCARTHY: Council Member with your permission I brought the department's expert Sergeant Steven Sarao with me. And he'll elaborate on that…

CO-CHAIRPERSON GIBSON: Okay.

BRIAN MCCARTHY: …if that's okay.

CO-CHAIRPERSON GIBSON: Great.

BRIAN MCCARTHY: Thank you.

CO-CHAIRPERSON GIBSON: It’s always good to have an expert on your side.

BRIAN MCCARTHY: Thank you.

SERGEANT STEVEN SARAO: Thank you Council Members for having us.

CO-CHAIRPERSON GIBSON: Thank you.

SERGEANT STEVEN SARAO: So the 75 minute curriculum which is a state mandated curriculum we’ve chosen what we call a train the trainer platform. So members of my staff, DC Map [sp?] have gone out and we to date have just under 300 members of the New York City Police Department that are certified as trainers and as distributors under this partnership which we’ve created alongside and with the Department of Health and Mental Hygiene. They… initially we had a training curriculum that was much more specific to the city of New York. But through the Department of Health we have increased the training. We’ve made it a more robust training. And again we’re at 75 minutes. Officers within the 75 minute curriculum are not only taught about the signs and symptoms of overdose but are also with a hands on practicum shown specifically how to use the naloxone kit, how to deploy it safely

accurately, and efficiently so that we can deploy it and reverse overdose right in its tracks. We tell officers that we don't really have time to waste in these instances. We have no idea what the individual or victim has taken so we need to deploy naloxone as soon as we see those signs. And again I think it's important to remember that there's 54 people that have seen this positive program that these effects of overdose have been stopped in their tracks. The naloxone is something we… we train or officers that takes the place of the heroin. It's a parking spot. And it allows us to safely transport them and get them the medical help that they need.

CO-CHAIRPERSON GIBSON: Okay. So the 54 instances where it was deployed, 27 occurring in 2014 and 27 year to date do you also track those instances where it was used and was not successful? Is that also tracked as well?

SERGEANT STEVEN SARAO: Yes. But to date we don't really have any… we don't have any known incidents in which was deployed… if… if someone is unresponsive and it's deployed they are typically safely taken to a hospital from that. We don't

really have any instances to my knowledge in which there wasn't a… a safe deployment.

CO-CHAIRPERSON GIBSON: Okay. And how does that relate to cases of emotionally disturbed persons. Because there have been several cases in the city where a 9-1-1 call comes in, the officers arrive at the scene, determine that the person is emotionally disturbed… How do you make the different characteristics of whether it's a potential overdose or whether it's an emotionally disturbed? So I imagine there are many individuals that satisfy both categories right? Where they may have an emotional disturbance but they also could be addicted to drugs as well. So how do you try to administer the drug but also understand that person could be emotionally disturbed as well?

SERGEANT STEVEN SARAO: So I think it's probably important to… to note that the deployment of naloxone typically anecdotally the instances that we've seen is happening when an individual is unconscious and is unresponsive.

CO-CHAIRPERSON GIBSON: Okay.

SERGEANT STEVEN SARAO: So officers are coming upon an individual that either has shortness

of breath where the breathing has either… is decreasing or has completely stopped. So along with other first aid mechanisms they're deploying the naloxone. So typically speaking the naloxone isn't seen at least in the first instance with someone that's emotionally disturbed. The training does point out that once the naloxone is deployed if you are dealing with someone who is a long term drug users you can have some you know adverse effects. But typically we're talking about individuals that are unresponsive, unconscious, and this is a lifesaving mechanism.

CO-CHAIRPERSON GIBSON: Okay. So in these cases where Naloxone is used I want to understand the after effects. So in cases where this drug is administered to save this individual's life what sorts of services are we connecting these individuals to? So I imagine whatever the nature of the 9-1-1 call is that brings the police to the scene if it's for a drug related offense what are the instances where that individual goes to Ryker's and is arrested, goes to the hospital or… or goes to some level of being connected to actual

services? Can you give me an understanding of… of what happens after?

SERGEANT STEVEN SARAO: Well from… from a first responder perspective the naloxone is deployed and that individual is transported to the hospital. To date I believe we have one possibly two instances where that individual was arrested. But that arrest is made after numerous conferrals not only on the NYPD side but also with the district attorney's office to find out and to inform them and to notify them that naloxone was in fact deployed so that they're aware that this is potentially an overdose issue and they could be advised accordingly. From there there's numerous HIPPA laws that… that pop in so it will be outside my purview of… of knowing what happens either on the… you know from the hospital's perspective. But our mandate is to transport them safely to the hospital to what we train our officers is a higher medical authority to be able to make those determinations as to what that person may or may not need or require.

CO-CHAIRPERSON GIBSON: Okay. I think it was alluded to in your testimony the number of

officers that have been trained on administering naloxone. Is… is there going to be an increase on expansion in the number of officers trained as well as being given the drug to administer? Is there a plan on expansion?

SERGEANT STEVEN SARAO: So the expansion right now… we're looking at other bureaus within the department to see who… who it may be appropriate to train.

CO-CHAIRPERSON GIBSON: Okay.

SERGEANT STEVEN SARAO: But let's also bear in mind that not only do we have 16,364 officers to date that are in the field that have been trained, we also have all of our incoming recruit classes where the curriculum has been imbedded within their overall first aid curriculum. So each class of officers that's coming out will also… So we'll see some increase from that. And we're also looking… just in terms of what the number of kits is that's required that's really good policy to make sure that everyone has it. Right now every single precinct throughout the city has naloxone kits and has officers that are trained.

CO-CHAIRPERSON GIBSON: Okay. And with some of the cases where it has been administered have you seen more of a focus on the Bronx and Staten Island? And if so is there any unique strategy that we're looking to do in the Bronx or Staten Island to target and… and reduce these numbers of… of use and overuse?

SERGEANT STEVEN SARAO: Well I… I could only speak to you know the 54. And obviously we did initially start our pilot program on Staten Island.

CO-CHAIRPERSON GIBSON: Alright. Okay.

SERGEANT STEVEN SARAO: The training itself began as… as we spoke about in the latter part of 2013. The kits were in Staten Island as of the beginning of 2014. We began our city rollout within the latter part of 2014. And what I mean by that is the training, the train the trainer platform began in the Bronx, was the first precinct beyond Staten Island that we… we trained officers. And let's also note that this training wasn't a… it wasn't a static rollout. So this was fluid. So officers are being trained on an ongoing basis because again it is a 75 minute curriculum. The 54 deployments to date… the Bronx has seven of those

deployments within the overall… the next highest number after that is Brooklyn South which has five. So we're actually seeing some differences in terms of those numbers. And that's something that we're going to continue to look at to ensure that every single you know area has the adequate supply not only of training but also of the kits themselves.

CO-CHAIRPERSON GIBSON: Okay. So from the police department's perspective your officers are on the frontline in addition to our public health professionals and responding to a lot of these cases. The public message… I want to know like what are we doing as a department to draw more attention to this issue. For instance PD is heavily on social media. We launch so many different campaigns and initiatives including many stakeholders in our communities, clergies, small businesses and other. What's the message and how are we going to draw greater attention to this public health crisis?

BRIAN MCCARTHY: Council Member I'm… I'm glad you asked that because when Council Member Cohen asked me a similar question I only responded from the Narcotics Division perspective and I

apologize for that. There are multiple fronts that the police department is getting that message now as you… as… as you alluded to. Every precinct through the precinct community council which… which has been alluded to through the… the precinct police officers themselves including specific police officers assigned to get that message out… the community affairs officers and the community affairs bureau works diligently on getting this message out included Commissioner Bratton oversaw presentations that went to each borough where my supervisor, the chief of Organized Crime Control went in deftly into a very expert analysis on heroin and opioid related areas of the city that have problems with distribution, use, and specifically with… with overdoses. So that information got out to each… you know each precinct and each community council representative that were present for these meetings. So you know the… the effort is… is there are multiple fronts. And thank you for bringing it up because I… I fluffed it when you asked me.

CO-CHAIRPERSON GIBSON: Okay. I just have a very quick final question. In terms of

referral to drug treatment programs extremely critical… to what extent does the department in many of these cases make referrals to drug programs for these individuals?

BRIAN MCCARTHY: I think the referral, the referral component…

CO-CHAIRPERSON GIBSON: Does it come from PD?

BRIAN MCCARTHY: Really would be from an, another agency as if… is the best… is… is my best response. I believe there are you know good people in the police department that may get personally involved and that maybe there's… there's a… probably a lot of success stories and personal instances where people help people but in general I'm not… I'm not aware of that specific… that specific roll.

CO-CHAIRPERSON GIBSON: Okay. Sergeant is it possible… I see you have a naloxone kit. Can you show us what it looks like and I mean don't administer it on yourself but I just want to you know see what it looks like.

SERGEANT STEVEN SARAO: Sure.

CO-CHAIRPERSON GIBSON: Thank you. For many of us this is the first time seeing it so that's why I asked. So the officers that are trained carry this kit with them?

SERGEANT STEVEN SARAO: That's correct. The kit is… is pretty easy. It's color coded. So this is the actual vial of the Naloxone. This is the applicator. It gets removed. Within the kit the officers also have a… you know a safety mask for breathing. And there's also within an atomizer which is very easy it basically screws right on top like a light bulb. And that is exactly what converts the drug from a liquid to a nasal spray. And it just comes right in and half of it is administered to side of the nostril and the other half is very quick, is very easy to use. And again with the training that the state is… has suggested and the Department of Health has continued to work with us to develop the state mandated curriculum allows the officers to actually have the kits in their hand. So the… the general nervousness or how does this work gets eliminated because the… the actual officers are using the kit and working with them. We've also had amazing help from Doctor

Charles Martinez, our Deputy Chief Surgeon who's provide a lot of onsite medical help within our trained curriculum to actually answer a lot of very very specific medical questions the… that the officers might have. And how many… how many doses do you administer and how many times can that be used?

SERGEANT STEVEN SARAO: So the… the initial dose would be one dose that would be given okay? If within a three to five minute period you don't see the individual responding to the naloxone we then train the officer to then go ahead and give a second dose. And some of the times… and it… it varies on the… on the individual based upon their… their height, their weight, what they've taken, other factors such as those in terms of whether they're responsive to one dose or whether a second dose would be required. But in all of the circumstances in all 54 there has been a response on some level.

CO-CHAIRPERSON GIBSON: Okay. And how many times can you use that particular kit? Is it…

SERGEANT STEVEN SARAO: So each… the… the kit itself, certain parts are only used once.

So once the atomizer is used right it has to be replaced once the… the vial is used. But if… if I only used one dose and I still had another doe in here I wouldn't have to replace this dose. And then within each command within each precinct they would then go for you know new kits and… and you know refurbish the ones and… you know that they need.

CO-CHAIRPERSON GIBSON: Okay. Thank you very much. I appreciate that.

SERGEANT STEVEN SARAO: You're welcome.

CO-CHAIRPERSON GIBSON: Thank you Sergeant.

SERGEANT STEVEN SARAO: You're welcome.

CO-CHAIRPERSON GIBSON: Thank you Chief and thank you.

DOCTOR BELKIN: If I may just jump in on the last couple questions you asked about access use and the opportunities of Naloxone based reversal. Is you know our work with NRPD has been very gratifying. They've been very enthusiastic about adopting its practice and there's been some reversals but I just want to underscore that by several orders of magnitude reversals out on the community are done by family members, people in the

community, a lot of partners in terms of drug treatment programs, syringe exchange programs, harm reduction programs, a whole array of… of communities are really the engines of distributing naloxone and… and using it. And not just for reversal because we all get you know… which is crucially important… the… the effectiveness of doing that. But also the distribution in training and sharing and use of Naloxone are all opportunities to bring people into treatment to educate them about the effects of use, etcetera. So we… I mean we have AD registered opioid overdose prevention programs in the city which are really these nodes of distribution and those include a whole array of… of community based organizations that really the drivers of… of this success we've seen in the city.

CO-CHAIRPERSON GIBSON: So does the department coordinate with PD on a referral to drug treatment programs and other services in… in many of these cases?

DOCTOR BELKIN: I think most of the… as… as was… most of the opportunities for referral are in these other points of contact.

CO-CHAIRPERSON GIBSON: Okay… okay thank you very much Commissioner. I'll turn this back over to Chair Cohen.

CHAIRPERSON COHEN: Thank you Chair Gibson. I'm just going to apologize to the rest of my colleagues that because of logistical issues we're going to use the clock for the rest of the hearing. And Council Member Matteo has some questions.

COUNCIL MEMBER MATTEO: Thank you. I'm going to focus my questions honestly on Staten Island. And my… my first question you know it's been reported and what we seen on Staten Island is prescription drug problem has turned into a heroin problem. So from your perspective is it just because of cost and availability just so I can just hear the perspective of the Department of Health and PD if you could just generally I guess quickly touch base on that?

DOCTOR BELKIN: It's hard to say. We think there could be some market issues there that the… the price of heroin was… was sort of cut to take advantage of a growing population of people who are dependent on prescription drugs. What

certainly happened with prescription drugs as a point of entry was… was just expanding… people who were more susceptible to dependents and therefore to other forms of… of meeting that dependence with heroin.

COUNCIL MEMBER MATTEO: How are you?

BRIAN MCCARTHY: Good.

COUNCIL MEMBER MATTEO: From your perspective?

BRIAN MCCARTHY: I think if I can insert some historical it would really explain it best. I… I came into the narcotics division in 1995. And heroin was quadruple the price that it is at the moment. And heroin… the purity level was probably quadruple the other way at the minimum meaning heroin purity in 1995 if you bought it on the… on the street was like between three and 10 percent. If you bought it you know at a… at a higher level… at a distribution level and you were in the 50 percentile range it was considered quality heroin in that sphere. Today you know heroin that you purchase on the street can routinely be 40 percent impurity which is you know astronomical compared to you know 30 years ago. So the heroin is… is much

cheaper and it's much purer than it… it was. And that… that coupled with the… the price being so much lower than it has been and continuing to actually go lower because I do monitor daily. While the prescription illegal or illicit price or black market prices remain the same kind of like a dollar per milligram. By getting… if you get a… a… if… if you… for 30 dollars you can get you know an oxycodone pill while conversely heroin you can get probably you know a significantly more in… in illicit drug use for the same price. So I think that's the major… you know the major… the major explanation.

COUNCIL MEMBER MATTEO: I appreciate that. So a simplistic but obviously very important question is what… what are we… what is department doing to combat the drug problem specifically on Staten Island and does the narcotics bureau since we've had some good news yesterday and do they… contributor have enough manpower on Staten Island to deal with this?

BRIAN MCCARTHY: I think… the narcotics… well Narcotics Bureau of Staten Island the commander there is a… is excellent and the… the

work that they do there is… is really focused and on target. For example 20 percent of their arrests offer heroin which is the highest percentage out of all of the narcotics bureaus in… in New York City. And one… the arrests themselves are… isn't the only explanation that I'd like to put out there for them statistically. What they do has an impact. In March of 2014 there was a person who overdosed on heroin from that terrible incident. My detectives analyzed the cellular telephone records of this person ascertained where he was getting his drugs from and basically did a yearlong investigation which was just concluded this month. I'm sure you're aware of it sir. And you know that ended up involving multiple bureaus in New York City and they… you know they… they're… they're not constrained as I said earlier the investigators by boundaries. And I ended up you know ascertaining and locating and apprehending the source of supply which was based in the Bronx but they also made an arrest in Brooklyn and Yonkers out of… as part of the 16 arrest roundup that they did on June 10th which all emanated from that March… March 2014 overdose. So you know some of the investigations are meticulous.

And… and if I could just… if I could just add I'm not… I'm…

CHAIRPERSON COHEN: Please finish though.

COUNCIL MEMBER MATTEO: Oh I'm sorry were you…

BRIAN MCCARTHY: Some of them are meticulous but in the… you know in the end I… I think they have the… they have the impact that' necessary in… in Staten Island.

COUNCIL MEMBER MATTEO: Commissioner?

DOCTOR BELKIN: Yeah I just want to add. Sorry for interrupting. Is… on the… on the other… yeah you know the other half of this equation is… is to really be ambitious and imaginative about making treatment access easy and really doubling our efforts in terms of outreach and harm reduction program based strategies. We really have to rethink how we make care information, harm reduction, treatment access, the path of least resistance. And… and I think that you know the department is trying to grow those ideas.

COUNCIL MEMBER MATTEO: And just… just one last question. I know time's up but are we

getting into the schools, the intermediate schools and… and high schools or are we working with Department of Education to do presentations making sure that our young children and… and I believe intermediate schools and… and high schools and you know maybe elementary schools if you believe it's… it's warranted. But are we getting out there? Are we getting to all our schools and… and being proactive in an educational approach?

BRIAN MCCARTHY: Yes.

COUNCIL MEMBER MATTEO: Can you just expand… I mean are you doing a school a month? Are you hitting all the schools or… Do they have to call a request? How better can I help you get into our schools?

BRIAN MCCARTHY: They can… they can definitely make that… an individual school can definitely make a request. We have the school safety agents which are member of the police department right in the, right in the buildings which can reach out to our precincts which could reach out to the community affairs bureau which could… which could reach out to you know the narcotics division but Chief Delatorre, the

commander of patrol borough of Staten Island is a personal and professional friend of mine and we've spoken about this and he's… he's a big proponent of education and he's… he's spoken to me about how he employs that.

DOCTOR BELKIN: And we're involved in doubling our efforts with the state who funds SAPIS staff which the acronym always escapes me, Substance Abuse Prevention and Intervention Specialists to as a start to cover all our community schools, renewal schools as… as a target. And so we've been able to expand that which increases a reach to 30 thousand more of those students in some of the… the more struggling schools. So I think we want to target our responses because we are seeing in some areas growth in students reporting not only substance use but heroin use. And so we want to take that seriously.

COUNCIL MEMBER MATTEO: Thank you.

CHAIRPERSON COHEN: Council Member Vallone.

COUNCIL MEMBER VALLONE: Thank you to both chairs. I think today's hearing is very important and I thank you for bringing the topics.

I also believe today's hearing is two separate and distinct… that shouldn't really be met in the middle. I think we have the treatment aspect and how to do better outreach, discharge planning, provide the best possible care to make sure that the recidivism is dropped and the people get the care that they need to not wind up on Ryker's Island… system. And then we have the NYPD's rule to keep it safe. And I don't believe layering the NYPD with an additional burden of becoming a social worker at the time of the scene of an arrest is the proper role for NYPD. I believe the NYPD has to report to some of the most dangerous crime scenes when we're dealing with narcotics in the buy and the sale. And their job should be focused on that. I believe that the 9-1-1 call comes in whether it's FDNY or the emergency… or an ambulance to provide the medical relief that tandem is critical. So there's a statement here which I think we shouldn't lose focus on. It's very important that the first quarter of 2015 the DEA alone has seized more than 200 pounds of heroin for New York City streets equaling the entire amount of 2014. And that if these massive takedowns constitute just a portion

of what's actually reaching the drug hungry public which is now blanketed with powder. So… there's a crisis on both ends. So my question to you commissioner is what do you find is the biggest barrier between… for the NYPD and then subsequent to the district attorney? Because first is the arrest. Then there has to be a conviction to fighting crime in New York City when relaying to the drug arrests that we're seeing in 2015.

CHAIRPERSON COHEN: I'm sorry Council Member…

COUNCIL MEMBER VALLONE: How else can we tackle the crime of drugs on our streets in getting to our dealers and getting to those that are ruining the lives of our children. When coming to making an arrest and then for a subsequent conviction what is the biggest obstacle at this point?

BRIAN MCCARTHY: That was me right?

COUNCIL MEMBER VALLONE: Yes.

BRIAN MCCARTHY: Council Member I'm sorry because you said Commissioner so I wasn't sure.

COUNCIL MEMBER VALLONE: I'm giving you a promotion.

BRIAN MCCARTHY: Alright. The biggest… the biggest obstacle I think… I think if we… if we reverse to… to last year is why we're so successful this year. We've identified that you know there are geographical areas that are being used for quote unquote mills which is locations that store and process heroin. And that… that concept is why we've been so successful in… in 2015 because we've been addressing those… we've been identifying and addressing those locations based on the intelligence that we… we gathered and identified in… in 2014. And I think that's what's lead to our success in 2015. And I… I think the… you know I… I think the success is going to continue. I think there is… there is I… a definite large problem as we're discussing today and as you outlined but I don't… I don't think it's with the prosecutors at all especially you know the special narcotics prosecutor Bridget Brennan. She… you know she's… she's proactive in every way with… with us. She discusses a lot of these trends even before the investigators get to me with them through

participating in and debriefing of… of prisoners and analyzing… analyzing… [cross-talk]

COUNCIL MEMBER VALLONE: But that approach you just outlined that's different when you come to the scene and if someone's suffering from an overdose isn't it?

BRIAN MCCARTHY: Well I… I… but I thought you were asking about what we were… what we were looking to…

COUNCIL MEMBER VALLONE: Exactly and what… there's… there's fighting the drug dealers that are on the streets to get the drugs off the streets. And then there's providing… coming to a scene where there's clearly not that incident but someone suffering from an overdose. They're two different situations.

BRIAN MCCARTHY: Absolutely.

COUNCIL MEMBER VALLONE: Okay. So when someone's suffering from an overdose are they arrested at the scene and brought to the police department?

BRIAN MCCARTHY: No.

COUNCIL MEMBER VALLONE: What happens at that point?

BRIAN MCCARTHY: The person is offered assistance. The person is initially as Sergeant Sarao explained the person isn't initially a… an aided case. The person's someone that we… you know we provide medical assistance to. It could be possible that there's evidence that's… that's you know every situation is different.

COUNCIL MEMBER VALLONE: Ambulance is called and…

BRIAN MCCARTHY: Absolutely.

COUNCIL MEMBER VALLONE: Then brought to a hospital.

BRIAN MCCARTHY: Absolutely.

COUNCIL MEMBER VALLONE: And the NYPD's roll at that point is finished at the scene?

BRIAN MCCARTHY: In… every situation is different. I… If I… if I may continue? Thank you.

COUNCIL MEMBER VALLONE: Finish… [cross-talk]

BRIAN MCCARTHY: I think I… I think the best way to answer that is every situation is different. The majority of the times the 54 incidents that Sergeant Sarao outlined, these were cases where people needed our help, we gave them

their help, we gave them assistance and… and… and that was the… the disposition. But there could be a case where a person has overdosed and there's… there's evidence in plain view which may require a follow-up investigation and even an arrest. So I think every situation is different. But our first job is to preserve human life.

COUNCIL MEMBER VALLONE: Thank you very much. Thank you chairs.

CHAIRPERSON COHEN: I want to make sure we acknowledge we've been joined by Council Member Crowley and Council Member Johnson.

COUNCIL MEMBER JOHNSON: Thank you Mr. Chair. Madam Chair thank you for all of your helpful and smart questions. I wanted to get back to Introduction 748 and thank you both for your testimony. I thought it was very helpful to understand how much the department has been doing and it has been an enormous amount and you guys deserve a lot of credit for that. I think Chair Gibson asked earlier but I didn't see in your testimony you taking any type of position on this bill. Why is that?

DOCTOR BELKIN: I think we're trying to understand the implications of it and how we best evolve the strategies and the tools we have and to make sure that those become more effective.

COUNCIL MEMBER JOHNSON: Do you have concerns?

DOCTOR BELKIN: Well we currently have pretty broadly described authority under the charter and state law to do planning… services planning in mental health and substance use in the city. We currently have pretty easy access and collaborative relationships with most other agencies around this. We have pretty good access with the leadership in city hall. We're in the midst of developing this road map document which is at its center exploring new ways to organize city government to be more effective in cross agency impactful. So we're in the middle of a lot of stuff. And you know I just… you know I just think we want to be careful with you that we're not just… we don't create things we're just stumbling over ourselves but we're creating much more greater effectiveness and the sum is greater than its parts.

COUNCIL MEMBER JOHNSON: I… I share those goals but I think it's important to highlight that other offices that have been created to tackle specific issues like the mayor's office to combat domestic violence works across city agencies and coordinates some of those efforts; the Mayor's Office of Veteran Affairs, the Mayor's Office for Food Policy, the Mayor's Office for Criminal Justice.

DOCTOR BELKIN: Right.

COUNCIL MEMBER JOHNSON: I mean there are a host of offices that look at issues even if they are primarily housed in a city agency to ensure even greater cross collaboration between city agencies so that certain issues do not get silo-ed. And that's what I think my goal is here with this. And I… that's a goal we share. I'm not looking to take any power away from the incredibly important work you do every day Doctor Belkin. I just want us to do even more work in a centralized way because you have a huge amount in your portfolio that is incredibly important for folks in New York City in this field. And so that is my goal and I want to understand if there are any real

specific concerns that you have about creating something like this.

DOCTOR BELKIN: I guess there's a lot of overlap between what is described in the bill and what we do. And so a portioning… how that works I think is just something we want to learn more about with you and as… as this proceeds…

COUNCIL MEMBER JOHNSON: Do you think that New York City has been successful in looking at drug strategy across city agencies trying to work on the criminal justice issues, on mental health issues? Do you think that… I mean I… of course I would hope you do since you run this division but do you think we are a leader nationally on this?

DOCTOR BELKIN: In many respects we are. I think in the last year we've seen a flurry of unprecedented activity around trying to close the gap between what we do on criminal justice side on what we do on the public health side in terms of behavioral health, the whole gamut of behavioral health issues. The Road map process itself as in… has never happened to have mayoral level interest in crafting a strategy for the city, a public

health strategy for mental health and substance use for the city. So I think we've seen a lot of change and a lot of opportunity and I… I just with you want to make sure that that is optimized and clear and… and… and moves full steam ahead. The degree of interest in being more impactful in this area on both sides of the seats here at the table and in the chairs is… is remarkable and refreshing that… that there is this kind of interest and expectation that we do better and that we do more. We think we have a lot of tools and a tool kit to do that. And we just want to make sure that we optimize their… their use. Not creating another… another avenue that we have to go to… not through, not further fragmenting the sort of cohesion we're starting to get and not confusing a thought… different parts of the charter granting authority to different kinds of people. So I… I think it's just sorting that out and making sure that at the end of the day we have the tools we need to be more effective. I think we share that goal with you.

COUNCIL MEMBER JOHNSON: I… I look forward to actually sitting down further with you and having a conversation to understand exactly

where the collaboration is taking place on what specific issue area this is taking place. And this is not a direct criticism of DOHMH who I work with on a day to day basis and who I have a very good relationship with but the number of instances where I'm working with the department and not just DOHMH but other city agencies and they're not talking to other city agencies… happens all the time… constantly. I'm not going to like publically shame the department by bringing up instances right now because I really respect the work that you all do on a day to day basis. And I think you've done an enormous amount. But I constantly run into city agencies not speaking to city agencies and many times council members or chairs of committees are the ones that are pushing that to happen and it doesn't seem to happen seamlessly. So if we could sit down and talk about the specific instance where that's happening that would be very very helpful.

DOCTOR BELKIN: Yeah no and I… I think it's… it's an important… that's important to do and we need to… to do that more often. As part of this road map process we did convene senior leadership of about 15 to 20 city agencies to talk about our

failures to in fact be effective cross agency around the whole… whole range of mental health and substance use issues. And out of that has come working through some ideas that… that… that that… that process wants to create to solve that problem. And so I just want to make sure that those solutions work together.

COUNCIL MEMBER JOHNSON: And Mr. Chair just one final comment and question. I know this hearing today is not… is more looking at of course the issue on heroin and I thank the NYPD for being here and for all of their work. And since you both are here just an issue that I think is related to drug strategy and one that hits both agencies and we have to do a lot more on is the issue of K2. K2 has become an enormous problem throughout the city especially among the homeless population or people in the shelter system. It is easily available. I have talked with Commissioner Bassett about I think there are plans to do commissioners directive order to try to make some type of difference on this. But these are one of the… this is one of the key areas that it's taken I think quite a while to see much for momentum and progress on looking at this. You

can walk to most bodegas in New York City right now and buy… not most, you can… you can go to a number in certain neighborhoods, I want to be more accurate, and you can easily access this for a very cheap price. I'm not hearing… although I'd love to understand where there is… this is one area where there needs to be cross collaboration.

DOCTOR BELKIN: Yeah so… and… and this is an area where since we last spoke with you about this that there has in fact been a lot of further Department of Health led wide cross discussion that is bearing fruit that should be… that you'll be aware of soon we hope.

BRIAN MCCARTHY: I concur with the doctor.

COUNCIL MEMBER JOHNSON: Well when… when are we going to find out? It's not a… it's not a… it's not a state secret. [cross-talk] what's being done on K2 in New York City.

DOCTOR BELKIN: Well… well… well some of the… the actions involved are… involve sensitivities that I don't think are being publically announced yet but we think it'll be this week.

COUNCIL MEMBER JOHNSON: Thank you. Thank you Mr. Chair. Thank you Madam Chair.

CHAIRPERSON COHEN: I just want to acknowledge that we've been joined by Council Members Espinal and Torres. And Council Member Vacca has some questions.

COUNCIL MEMBER VACCA: Thank you. How many officers are in the Narcotics Division at this point?

BRIAN MCCARTHY: Approximately 12 hundred and 50.

COUNCIL MEMBER VACCA: I'm sorry?

BRIAN MCCARTHY: 12 hundred and 50.

COUNCIL MEMBER VACCA: 12 hundred and 50.

BRIAN MCCARTHY: 12 hundred and 50 personnel.

COUNCIL MEMBER VACCA: Where were you 10 years ago, 15 years ago? What is the trajectory in so much as manpower is concerned? Are we at a low point right now? What do we have… maybe 2001 is the year I use as a comparison. I know we're down 6,000 officers from 2001. So where were you approximately at that point?

BRIAN MCCARTHY: We are… we are lower than we… we… than we were in 2001. I do not know the figures we were… we we at in 2001 and in the narcotics division right now.

COUNCIL MEMBER VACCA: You're now at 12…

BRIAN MCCARTHY: 1250.

COUNCIL MEMBER VACCA: 1250.

BRIAN MCCARTHY: Yes.

COUNCIL MEMBER VACCA: Were… were you ever near 2,000?

BRIAN MCCARTHY: Yes.

COUNCIL MEMBER VACCA: You were beyond 2,000 to best of my knowledge.

BRIAN MCCARTHY: Yes.

COUNCIL MEMBER VACCA: Were you… were you nearer to three?

BRIAN MCCARTHY: I'm… I'm not sure of the… the exact numbers and the years that they were in those numbers. You know… [cross-talk]

COUNCIL MEMBER VACCA: …appears to me then… [cross-talk]

BRIAN MCCARTHY: …anything like that with… [cross-talk]

COUNCIL MEMBER VACCA: It appears to me that you're down at least 50 percent from what your peak manpower was, at least 50 percent.

BRIAN MCCARTHY: 50 percent would be from…

COUNCIL MEMBER VACCA: Well no you're…

[cross-talk]

BRIAN MCCARTHY: 25 hundred… [cross-talk]

COUNCIL MEMBER VACCA: …you're really down almost a hundred percent. If we're talking 1250 and you were beyond 2,000 you… you've… you've experienced a cut in manpower over the years that could be up to 100 percent.

BRIAN MCCARTHY: That sounds accurate.

COUNCIL MEMBER VACCA: Sounds accurate. I… I think the problem is increasing and that cut in manpower concern me. I was aware of it, not the dimensions of it. I wanted to go into all… into the issue of your modules. I think the reduction in manpower has also required you to reduce the narcotic modules you have in various precincts. I know my own precinct… I used to have my own module. I'm the 45th precinct in the Bronx. I used to have

a narcotics module. Then it was combined with the 43rd precinct. So my people, my residents feel that that consolidation meant that there was not going to be the attention given to specific issues that my precinct had. And it was a reduction in manpower, reduction in staff. So if we're talking about this going… have you recommended to the commissioner that your specific division needs more manpower to address the increasing problem that you've identified today?

BRIAN MCCARTHY: The… I… I… identify… today. I…

COUNCIL MEMBER VACCA: I meant today before our committee. I'm sorry.

BRIAN MCCARTHY: That's okay. But in relation to my position… you know I'm… I'm aware that I… I could… I could… I could… you know I could use more officers, more… specifically more investigators which I what I command. However I think the whole department is dealing with that… you know with that conundrum. So you know do I request more through the change of command in the police department. You know yes I… I… I do because I take my job seriously and… and you know I… I want

to have a positive impact on the city. But I do realize that you know everybody is operating with you know with resources that are less than what… what we would want them to be.

COUNCIL MEMBER VACCA: How many arrests does your division make a year?

BRIAN MCCARTHY: Last year we made over 30,000 arrests.

COUNCIL MEMBER VACCA: Made over 30,000 arrests?

BRIAN MCCARTHY: Yes.

COUNCIL MEMBER VACCA: And… and again I would assume that when you've had more manpower you may have made over 60,000 arrests. If the manpower correlates to the arrests made?

BRIAN MCCARTHY: I'm not going to assume that. I don't… I… Because I don't have that data in front of me. I didn't bring data that historic. I'm sorry. I… I brought more data…

COUNCIL MEMBER VACCA: That's okay. No but…

BRIAN MCCARTHY: …related.

COUNCIL MEMBER VACCA: I… I just want stress so much of your testimony deals with the…

the fact that we have to have rehabilitation for those who are on drugs and that we have to do outreach and things like that. I'm also concerned that people who are heroine while they're on that substance may commit crime against innocent people walking the streets of our city going shopping, getting in and out of their car.

BRIAN MCCARTHY: Absolutely. That's… [cross-talk]

COUNCIL MEMBER VACCA: Watching… watching TV in their own homes. So I'm worried about victims as well. And… and that's where I ask… that's why I ask about the numbers of… [cross-talk]

BRIAN MCCARTHY: No… I see your point and there is a connectivity between everything and I think one of the things that… one of the concepts that Commissioner Bratton has always really put forth well is to identify the connectivity in… in crime which is exactly what you were… you know what you articulate.

COUNCIL MEMBER VACCA: Okay. How many calls come in on the drug hotline that you… you identified in page 1 of your testimony, (888)374-DRUG,how many calls come in on that phone number?

BRIAN MCCARTHY: I don't have any… I don't have broken down what the, what the total number of complaints come through each component because they come through multiple ways. They come through… they come through that number… they come through 9-1-1. They come through letters. They come through like at a community council meeting if you make a complaint we call that… that complaint is called into…

COUNCIL MEMBER VACCA: But… but I… I agree with you by the way. But I would think that we need to somehow have a central number. I appreciate the central number. They're coming from… from many different ways. And when they come from many different ways no one can tell me that they get the same type of attention. They're different people handling different complaints and there's a way of doing it that may be occurring in one place but not in another place. I would like this phone number publicized. Do you do any outreach to publicize this phone number?

BRIAN MCCARTHY: Yes that… [cross-talk]

COUNCIL MEMBER VACCA: How many calls do you get on this phone number a year?

BRIAN MCCARTHY: I… I answered you truthfully when you just asked me.

COUNCIL MEMBER VACCA: You don't know?

BRIAN MCCARTHY: I don't… I don't… [cross-talk]

COUNCIL MEMBER VACCA: I have to be honest I did not… I did not know about this phone number.

BRIAN MCCARTHY: Okay.

COUNCIL MEMBER VACCA: I'm a councilman. I was a district manager of a community board before that. How many years was this phone number in existence?

BRIAN MCCARTHY: A lot of years.

COUNCIL MEMBER VACCA: I did not know about it. So somebody has to publicize this phone number. Calling 3-1-1 about something so important as this. I appreciate 3-1-1 but I think that if we're going to attack the problem think that a phone number like this should be publicized and we should be doing outreach. And I would urge you to do so.

BRIAN MCCARTHY: Duly noted.

COUNCIL MEMBER VACCA: Thank you.

BRIAN MCCARTHY: My pleasure.

COUNCIL MEMBER VACCA: Oh one last question. I'm sorry can I just ask one last question? I have no drug module in the 45th precinct but I also wanted to tell you in my other precinct the 49th I have no drug module either. So I have my entire council district sharing drug modules with other precinct. And I'd like you to reassess what… what… what's going on in both the 45th and 49th. You know I'm here to represent New York City but I have to represent my district first. I want you to know very honestly for the first time two weeks ago that I can remember I had a police officer shot at in my district That doesn't happen in my district. So the level of violence is definitely going up. And when we see 13 hundred cops approved yesterday, and I'm thrilled, I was one of those first people here in the council to…

CO-CHAIRPERSON GIBSON: Council Member…

COUNCIL MEMBER VACCA: …advocate that.

CO-CHAIRPERSON GIBSON: Council Member.

COUNCIL MEMBER VACCA: I'm almost finished. I'm almost finished.

CO-CHAIRPERSON GIBSON: Please.

COUNCIL MEMBER VACCA: I'm one of the first people in this council to advocate that. My residents are… are cynical because so many times because I represent relatively low crime precincts. They don't expect to see many officers coming into the four five and the four nine. But I'll be damned if what I had is being taken away as well. And that's what happened with those narcotic modules in both cases. Thank you.

BRIAN MCCARTHY: You're welcome.

CHAIRPERSON COHEN: Council Member Crowley?

COUNCIL MEMBER CROWLEY: Good morning and thank you to both our chairs. I… I have a few questions. And I'm sure I have some that might be repetitive. I have a hearing going on next door too. So what I'm seeing is… what I feel like similarities to what was probably the start of the crack epidemic 25 years ago. We're… had there been comparisons?

COUNCIL MEMBER CROWLEY: I was…I was in the narcotics division at that time. And I… I think there have been… there have been comparisons

because we… you know we learn… we learn from these… these past… these past trends.

BRIAN MCCARTHY: These past trends.

COUNCIL MEMBER CROWLEY: Similar type of drug.

BRIAN MCCARTHY: Excuse me?

COUNCIL MEMBER CROWLEY: It's a similar type of…

BRIAN MCCARTHY: No it's not.

COUNCIL MEMBER CROWLEY: …addictive…

BRIAN MCCARTHY: Because it…

COUNCIL MEMBER CROWLEY: …cheap.

BRIAN MCCARTHY: …it is… it is as… medic… I'm not a… I'm not a doctor obviously but they are both extremely addictive both crack and the more purer form of heroin. But there's different you know physical reactions. The… the crack/cocaine epidemic you know spurred a lot of violence because of your reaction to… to that type of… that type of drug which is a stimulant as opposed to heroin which is a depressant. So I… I think the… the reaction… the crime reaction that we saw in relation to the crack/cocaine is you know we have not seen what the…

COUNCIL MEMBER CROWLEY: Okay but people… to get money to pay for the drugs that they're addicted to.

BRIAN MCCARTHY: I… I think we can safely assume that.

COUNCIL MEMBER CROWLEY: But the… the heroin is similar the opium that's in the pills yet there's been situations where people have robbed pharmacies and killed people there to get what they needed.

BRIAN MCCARTHY: Yes.

COUNCIL MEMBER CROWLEY: Or what they… their body was telling them they needed. So I'm very worried. I think you have council members that reflect the… the diversity of the city here. This is not just happening in one location. Which communities is it happening more in? Or is it just across the board an increase in the total cities population.

BRIAN MCCARTHY: There… there are specific areas where it's… it's… where heroin is more problematic. But it…it definitely has been seen across the city you know for the presentation today. I tried to research our complaints

specifically related to heroin, our complaints, our heroin arrests related to our overall arrest as I was talking about in reference to Staten Island and you know I would definitely see it… you know see it in… in multiple parts of the city.

COUNCIL MEMBER CROWLEY: Where is drugs coming from?

BRIAN MCCARTHY: In… in New York the drugs come from South America. Pretty much drugs that come from Asia come from… go to West of the Mississippi in the United States in New York. The… the heroin specifically is coming from Mexico, Peru, and Columbia.

COUNCIL MEMBER CROWLEY: And is it the same… how is it taken? It's not like years ago most of the heroin was taken by injection. How is it brought into the body?

BRIAN MCCARTHY: It… it… it's still… it's still injected as well but I think that it's hit more population by being ingested by snorting it as well as smoking it as opposed to just the traditional way you were talking about of you know using a hypodermic needle and… and in… ingesting it

in that way. So that… it's used in more different fashions than it had been historically.

COUNCIL MEMBER CROWLEY: And how have we been cracking down on these international smuggling of… of the drugs… be putting enough attention to that?

BRIAN MCCARTHY: I… I feel we have. And the special narcotics prosecutor has been a big assistance to us specifically with this Bridget Brennan. I'm in charge of two federal taskforces, the drug enforcement taskforce which I have a deputy inspector there who commands approximately 80 people, investigative, who work jointly with the drug enforcement administration as well as the New York… the New York State Troopers. Independently I have… I'm in charge of the organized crime drug enforcement strike force which works with multiple federal partners and in both instances they're not constrained by…

COUNCIL MEMBER CROWLEY: I'm sorry to cut you off. I got like 10 seconds left.

BRIAN MCCARTHY: They're… they're not constrained by… by boundaries. And they… they

frequently go all over the country and even overseas.

COUNCIL MEMBER CROWLEY: So you still go into classrooms? Does the narcotics division or did that program DARE to keep kids off drugs? Is there… just based on your testimony. The… the number of overdoses are increasing drastically from last year even to this year.

BRIAN MCCARTHY: We… the narcotics division is more investigative and more enforcement oriented but the police department in general does do that. We… we… you know we discussed that earlier and it's… it's emphasized. You know it is emphasized and we could always… you know we could always do more because the problem is out there. You know I… I definitely you know acknowledge that.

COUNCIL MEMBER CROWLEY: I just want to thank both the chairs for having this important hearing today. And I look forward to working together to make sure that the new police officers that we're hiring like Council Member Vacca said that you get more in your department so that we could really stem this violence and put an end to this epidemic.

BRIAN MCCARTHY: Thank you.

CHAIRPERSON COHEN: Thank you Council Member Crowley. I want to acknowledge we've been joined by Council Members Cornegy and Gentile. And I think Council Member Torres has some questions.

COUNCIL MEMBER TORRES: Thank you Mr. Chairman. Good to see you Commissioner. So I'm just curious to know… I want to fully understand the dynamics that are driving the growth in heroin use because the numbers that I'm seeing in the briefing are quite alarming. And so I guess there are two senses in which I think of heroin. Heroin use has a… as a natural corollary to prescription drug abuse and then there's heroin use as a recreational drug of choice and I'm wondering which of these factors is driving most of the growth.

DOCTOR BELKIN: My guess it's… it's… the… the best answer to any question is it's a combination and it's probably the right answer here. I think we saw for example in Staten Island where… which was just you know way above the rest of the city in terms of overdose deaths. We were seeing prescription drugs as a gateway drug but we're not seeing that as much anymore and we've

actually done some qualitative interviews with users and a lot are telling us no now they're… they're… they're entering through heroin. So it's… it's… I think it's a varying landscape of… of a no set rule across the city of how that's happening. It probably isn't helpful to point out that we've had recurring cycles of… of… of heroin epidemic since late… late 19th century. And probably some of the dynamics driving it are different. The sources have changed. But I think it… it speaks to the importance of getting it right at a grass roots level of how both law enforcement is effective but also how treatment is accessible and the easiest option. And so we really want to build that architecture in so we stop more cycles.

COUNCIL MEMBER TORRES: Because I was inclined to assume just based on the data that I was reviewing. I was noticing that heroin abuse seems to be increase… seems to be most prevalent among younger people 18 to 24 age range. And so that seems to be… if I'm reading the data correctly that seems to be older than the demographic that I would have in mind with respect to prescription

drug abuse. And so I'm wondering how much of that is a factor here.

DOCTOR BELKIN: Yeah I think you know the prescription drug access is not necessarily who gets prescribed the medication but who may get ahold of someone else's prescription for example so that it may not… those age overlaps may not coincide directly. We are seeing a… a… a rise, still a small number but definitely a rise in high school students reporting use. So we're alarmed that it's possible we are seeing newer younger population getting to heroin as a drug abuse.

COUNCIL MEMBER TORRES: And then I'm curious to know if you have data on the disparities between use and the rate of mortality so which communities have the highest rate of heroin use and which communities have the highest rate of heroin mortality?

DOCTOR BELKIN: Right. And do they overlap…

COUNCIL MEMBER TORRES: Are their racial and geographic disparities… [cross-talk]

DOCTOR BELKIN: …interesting question. I'll turn to… Do we know that from our…

HILLARY KUNINS: So in New York City highest poverty areas of the city have the highest rates of heroin associated overdose but the greatest increases we've seen in actually some of the wealthier communities, Staten Island and one example. In terms of racial disparities and I think one thing that isn't commonly known is that actually whites have the highest rate of overdose mortality. That's not to say that some of the minority communities in the city aren't extremely heavily hit and have been so for a long time.

COUNCIL MEMBER TORRES: But… so if I'm understanding your answer correctly higher poverty neighborhoods have a rate of mortality that is disproportionately higher than there.

HILLARY KUNINS: Yes.

COUNCIL MEMBER TORRES: …rate of use? Is that…

HILLARY KUNINS: Yes. In term… well we don't really have as you heard as Doctor Belkin testified earlier we don't have a great prevalence of use I that granular detail exactly. So we can follow mortality quite clearly. So high poverty

neighborhoods have highest rates of heroin associated overdose mortality.

COUNCIL MEMBER TORRES: And… and so what's the strategy for addressing I guess disparities and mortalities… the communities that have particularly higher rates of… because I'm noticing I… I sense that the strategy here seems to be largely centered around Staten Island but the borough like the Bronx probably has higher rates of heroin mortality so what's your strategy I relation to a borough like the Bronx.

HILLARY KUNINS: So…

DOCTOR BELKIN: Our strategy is to follow… is to follow the number so we started in Staten Island because we saw such a… a market disparity. But now we're… we're trying to bring the same strategy that we brought Staten Island to the Bronx precisely because of what you're saying that more recently we've… we've seen really there the high… an increase of numbers. The rates are still a little higher in Staten Island but we're seeing greater numbers in the Bronx and… and so we want to bring the same menu of interventions there and that's what we're in the middle of doing.

HILLARY KUNINS: I think the other thing just to add about our work in the Bronx is that historically a lot of the harm reduction and syringe access programs have been relatively well… well-resourced in the Bronx. It's even an area that has not gotten a lot of media attention lately. But we are continuing to work on that and would like to grow those resources as well.

COUNCIL MEMBER TORRES: Well my time has expired so thank you for your time.

CHAIRPERSON COHEN: I really want to thank the panel for their testimony. Before I excuse the panel I just want to congratulate Sergeant Sarao on his appointment to Community Board 8 in the Bronx. We're going to take a momentary pause in the action just so we can call the roll on the preconsidered resolution commemorating the anniversary of the ADA. Committee clerk Mathew DeStefano.

COMMITTEE CLERK DESTEFANO: Committee on Mental Health, Developmental Disability, Substance Abuse, Alcoholism, and Disability Services. Roll call… excuse me roll call on the preconsidered resolution, Council Member Cohen.

CHAIRPERSON COHEN: I vote aye.

COMMITTEE CLERK DESTEFANO: Crowley.

COUNCIL MEMBER CROWLEY: [off mic] I vote aye.

COMMITTEE CLERK DESTEFANO: Johnson. Council Member Johnson.

COUNCIL MEMBER JOHNSON: [off mic] Aye.

COMMITTEE CLERK DESTEFANO: Vallone.

COUNCIL MEMBER VALLONE: Aye.

COMMITTEE CLERK DESTEFANO: By a vote of four in the affirmative, zero in the negative, and no abstentions the resolution has been adopted.

CHAIRPERSON COHEN: Thank you. Okay the next panel. Bridget Brennan, Rhonda Ferdinand, and Rose Curr [phonetic]. Please…

BRIDGET BRENNAN: Whoops. I'm Bridget Brennan. And I'm the City Special Narcotics Prosecutor. I'm joined here today by Rhonda Ferdinand who is a member of our executive staff in charge of prevention strategies. I do have prepared testimony which is being distributed and I'm going to try to summarize it because I can sense from the previous panel that there are a lot of questions that the council has and I'd like to have the

opportunity to respond to those questions. So thank you for really getting us all together to share our concerns about the huge problem of heroin in our city. I think it's a great opportunity as you can see as you already know. There are many different opinions as to what are priorities, what are good strategies and the critical thing we have to do is collaborate. We have to take the best information that we have and figure out the best way to use it. And I am sure that that's what was intended by creating the proposal to create the Office of Drug Strategy. I've been special narcotics prosecutor for 16 years and I've been a prosecutor in this city for more than 30. And during that time I've witnessed all kinds of devastation in this city wrought on our communities by different drug epidemics; death, addiction, related violence, and property crime. And I've participated in strategies which is actually reduced those epidemics and brought them under control. I have to take issue with what councilman Johnson said earlier. We've had great successes in this area. You have to take the long view when it comes to narcotics issues. The problems don't develop overnight and they're

not going to be solved overnight. We've been through different problems in this city. We've confronted them. We've come up with different strategies depending on what the problem was. And we have done very well. We've been very successful. We will never eliminate drug use. We will never eliminate the use of addictive and illegal drugs just as we have not been able to eliminate the… the illegal use of legal drugs. Because there is a… there is a big draw to addictive drugs. But we can make big progress and we can do better that we've been doing. The current challenges can't be overstated. Heroin overdose death rates more than doubled from 2010 to 2013 and to make matters worse New York city is the hub of the regional heroin trafficking patterns. It's the distribution center for the northeast and really the entire region and in addition use rates here are souring. And as political leaders help professionals and law enforcement officials in the city know we have an enormous responsibility to our city and to our region to reign in this tremendous heroin supply at its source. And I support a balanced multidisciplinary approach to curbing drug use that

unites public health, law enforcement, education, and social economic development towards shared goals. We cannot treat our way out of this problem nor can we police our way out of this problem. We can only make headway if we work together. If we emphasize demand reduction, prevention, access to services for those afflicted with drug addiction while at the same time we must maintain a strong commitment to public safety and reduce the supply of addictive drugs in our communities. Law enforcement must have the necessary tools and the support of the political establishment to successfully stem the flow of heroin into our city in the area of narcotics addiction supply creates the demand. When the supply is plentiful and cheap you’re going to see a big demand. In my view the proposed office of drug strategy falls short of this ideal and would be duplicative of worked already performed by any existing mayoral agencies. I believe the proposed office would actually impede an effective response by creating yet another layer of bureaucracy and draining badly needed resources from agencies responsible for directly addressing urgent problems. So let me be direct. I pose this

proposal to amend the city charter to create an office of drug strategy at least in its current form. And let me be a little more specific. If you actually look at the proposal and you look at Section 21B the powers and duties and it specifies what the goals of the Office of Drug Strategy would be you don't see any reference what so ever to reducing drug use. It's a complete omission from the proposal. In my view that ought to be the number one goal. And it's not even mentioned. And to go a little further under number two it recommends among other things reducing the stigma associated with drug use. Now I agree 100 percent with reducing the stigma associated with the drug user. But I think in terms of public strategy and public information strategy we need to fully inform the public of all the dangers of drug abuse and reducing the stigma if you want to call it that associated with drug use does not accomplish that. I think that's just wrong. And I think the problems in the effort to inform the public about the dangers of drug use is wholly minimized in this proposal. I think it's not a balance proposal. I need what we… what we need to do is collaborate on

this issue. We don't need to politicize the issue. We don't need to call names. We don't need slogans. We need to roll up our sleeves and address the problems, define the problems, figure out the best way of addressing them and get to it and get to it fast before it breaks out even more than it already has. And the agencies that can do that are health… it's the police department, it's the prosecutors, those are the primary agencies working hand in hand with the treatment community which we already do. In addressing or in responding to some of the questions you asked the earlier speakers about the nexus between prescription drug use and heroin we have a panel of treatment advisors that we have consulted for years. And they told us about this nexus five years ago when they started to see the abuse of prescription drugs by young people and then because heroin was plentiful and cheaper they were morphing over to heroin. Those answers are right there if we collaborate. But it's much more effective if the people who can affect the change are the ones sitting at a round table and collaborating and not a separate agency distilling the information from the agencies responsible for…

for the direct administration of services and then trying to define what are the best strategies I don't think that's the most helpful way to do it. And I think we have a great example of collaboration in the taskforce that was pre… that was mentioned by the… the health department earlier. We are very effective in working together with the Health Department and we brought in outside server… treatment providers and service agencies as well to figure out how to reign in the problem of prescription drug abuse because we could see it was leading right to heroin use. So that was now several years ago. It… you know three or four years ago when we began that effort and we have leveled off prescription drug abuse. At least finally it's leveling off in terms of the number of prescription in this city. And yes we are seeing more heroin use. And that is a huge problem. But we have to keep our eye on the ball. We're not going to solve the problem overnight. And it's not as though our efforts to reign in prescription drug abuse led to the heroin problem. No. They were already going on at the same time. What we are trying to do is close off that gateway. An at the

same time we must address the heroin problem and we must address it effectively. And the key to that is law enforcement… it's… it's informed public information describing to people, particularly young people, potential users, the dangers of these drugs. We need… we should not be normalizing these drugs. They're dangerous. So if we stigmatize heroin I'm all for it. If we stigmatize the heroin user I' not down with that. There's a distinction there. This bill does not draw that distinction. This bill I believe has misplaced priorities. I think it's flawed. And I can't support it. You know I've been clear I think and direct in my position and the reasons for it and I welcome any… answering any questions that you might have. Thank you.

RHONDA FERDINAND: Good afternoon. I wish to think members of the committee on mental health developmental disabilities, alcoholism, substance abuse, and disability service and the Committee of Public Safety for allowing me to testify regarding the oversight examining New York City's response to heroin use and overdose. I am the Director of Education for the Staten Island Borough President James Oddo and serve on his

taskforce for the prevention of substance abuse. As such I have worked in service to school children in… in Staten Island for nearly three decades. It… it became clear early on that prevention efforts in our schools and among our youth plays a vital role in the defeat of the scourge that prescription drugs and heroin abuse presents to our community. We may all be familiar with the statistics that highlight the seriousness of the problem we face citywide. And especially on Staten Island data show that Staten Island leads New York City high school youth in applicable use and binge drinking, marijuana use, cocaine use, heroin use, methamphetamine use, ecstasy use, and other RX drug abuse. In addition three of the top five New York City neighborhoods where unintentional deaths involve opioids have occurred. Those neighborhoods are in Staten Island. And of the five neighborhoods in New York City where unintentional death involving heroin… heroin have occurred. One is in Staten Island. In order to address this… this crisis the office of the borough president, the NYPD, the New York City public schools, and the New York arch dieses [sp?] schools and community based

partners have begun a pilot program in Staten Island schools located in four NYPD precincts utilizing the evidence based curriculum too good for drugs NYPD borough patrol officer under Chief Delatorre and school teachers have presented collaborative lessons targeting 5th grade students during the regular school day. Our findings as well as other studies… one such study commissioned by Florida Department of Education analyzed over a sustained period of time show that students who participated in the program gained positive effects in emotional competency skills, social resistant skills, gains in goal setting and decision making skills, higher level of perception of harmful effects of substances. And importantly we have seen a very important positive attitude in getting the message out among our youth regarding community police and neighborhood relations with the NYPD. Although we are heartened by the positive result of our small pilot. We are looking… we are looking at one tiny step in the vast difference, in the vast distance that lies ahead. Every child in New York City deserves the right to be educated and beyond with the social emotional and intellectual skills

needed to fight the horrors of substance abuse in addition to the school's pilot we have advocated to the Office of Alcoholism and Substance Abuse Oasis for the increase in the number of Substance Abuse and Intervention Specialist SAPIS staff in our schools. We currently have only 12 SAPIS in our 70 Staten Island public schools. Even with the addition of 10 more SAPIS which have been recently proposed our children remain profoundly underserved with only 30 percent of our schools covered overall. And in that only five of our 50 elementary schools are covered, only five. Every school should be allocated a SAPIS staff member and where the school enrollment dictates such as Tottenville High School with approximately 4,000 students sufficient SAPIS to… to service the number of students enrolled. Lastly as a key component of the battle we face in the fight against substance abuse we have petitioned our New York State Education Department to consider adding a mandatory substance abuse awareness workshop to the requirements for teacher certification. With the support of this initiative we empower those who are face to face with our children five days a week, the teachers of

the public schools. The impact they would have on our youngsters can never be underestimated. Sadly at the agent which children are experimenting with drugs and alcohol is shockingly young. And early prevention and intervention are absolutely necessary if we are stem the tide of addiction and death. We have heard many… many intervention and prevention strategies today. But ladies and gentleman none of them… none of them really mention the education of the child. The ones that are dying. Recognizing that young lives hang in the balance New York City must step up to the challenges our children face. We must co… create a collaboration effort with the DOE along with the other agencies heard from today to save lives therefore on behalf of the Office of the Borough President I urge this oversight committee to consider the child and support the implementation of the evidence based too good for drugs curriculum throughout all our city grades K through 12. As the epicenter for the opioid abuse in New York City Staten Island can serve as a borough wide pilot for the city schools serving 60 thousand children. Increase of SAPIS… we also urge increase of SAPIS

staff throughout our Staten Island School sufficient to service all grade levels commensurate with need and school population. And third support of the edition of a substance abuse awareness workshop to teacher certification. In conclusion I cannot stress enough having been an educator for more than 30 years are now serving as a borough wide Director of Education for the Office of the Borough President, how important it is in these early prevention year to talk to our children, to educate them. When our city and our country faced epidemics and crisis such as HIV and Aids crisis our New York City schools stepped up with mandatory HIV lessons which remained in place even today. We must bring these mandated lessons to New York City schools, all children will learn. There will be a decrease in… in death due to education of our young. Thank you.

CHAIRPERSON COHEN: Thank you. Ms. Brennan I… I wish you could tell us how you really feel about this legislation.

BRIDGET BRENNAN: I don’t like to beat around he bush.

CHAIRPERSON COHEN: I… I do appreciate that. I wonder if I might understand your testimony a little better if you could tell… put a little context to it. Ad tell me a little bit about the kind of cases you prosecute in your office if they're… I don't… I know exactly what your office…

BRIDGET BRENNAN: Sure. That's fine. My office is in charge of prosecuting felony narcotics cases are a mission as to prosecute felony narcotics cases throughout New York City. We focus on the high level offender as well as violent organizations and we do some lower level cases as well but for example the seizure… the record breaking seizure of 150 pounds of heroin that was one that we handled in conjunction with the drug enforcement taskforce. Most of the big seizures that are handled by a city prosecutor and not a federal prosecutor are handled by our office. We work on international impartation rings that are centered in New York City. We work on violent organizations that are selling narcotics often to buy drugs and to buy guns. They're selling drugs to buy guns. They're engaged in a lot of violence. We work on lower level offenses and sometimes we work

on cases you wouldn't even think we would touch including one that I just want to mention to you involving the sale of heroin in the Mont Haven Library believe it or not. We had a citizen complaint. You know there's no central catchment for all complaints. I'm not sure there ever could be. Because when I walk out of here today… well probably not today… another day somebody slips me a note telling me about a narcotics organization. People feel bullied frankly. And they don't… they're, they want to be anonymous. And so it's hard to track it by the numbers. But in any of it we had a citizen complaint about drug dealing in the library itself. And we commenced an investigation. Our undercover officers surveyed on the outside, saw a couple of drug transactions going on in the entryway. And then our undercover officer actually purchased heroin inside the library from a 51 year old man who apparently was sitting right under a surveillance camera because the security guard came over to him and said to him you better be careful because there's a security camera right behind you. The security guard was hired from a private firm, not a library employee.

But to give you a sense of collaboration and how it goes all the way to the root of the problem. Not only did we arrest and prosecute that man, that's easy, we after a lot of effort arranged for a meeting with the library to discuss security in the libraries to discuss how they hire security guards, what their oversight is,, etcetera, etcetera. And what we learned is you know they've got a problem. Their doors are open and people obviously can come in and use drugs and hopefully will not be selling drugs at least not in the Mont Haven Library. But that gives you a sense of the scope of the work we from 150 pounds historic seizure of heroin to the case that nobody will ever hear about if I hadn't testified about it today. You know that's the range of our involvement in narcotics prosecutions. Because I think Intro 748 is trying to get to the addict who crime sort of this part and parcel of… of supporting that habit as opposed to you know instances like where you're seizing a 155 pounds and even you know the… the issue regarding stigma. I mean drug addiction is… if there is… if people think of it as being a moral weakness and a moral failing it might deter people from receiving

treatment which is obviously what we're trying to do. We're trying to get people to get treatment. And I… and I would imagine that you know maybe… and maybe not at your office although it sounds like you'd run the full gamut. I think that a lot of prosecutors… I don't imagine have great enthusiasm for prosecuting the same person over and over again who's a… who's a… a user and an addict and ultimately ends up caught you know in possession cases that you know where they're just cycled through the system. So I think that that I kind of the goal of this legislation to try to reach those people and maybe try to get them out of the criminal justice system and get them into… [cross-talk]

BRIDGET BRENNAN: But I… I understand that and in… you know I applaud that effort and my office has had a long commitment to treatment programs. Frankly we ran them ourselves at a time when the judges were very skeptical of them and we had to go way out on a limb, Rhonda Ferdinand was in charge of programs way back during the crack era. And you know eventually it came full circle and the court system embraced them and they're now

running most of the programs but it was not like that back in the day when we began. So we fully embrace that and we understand it. But you must keep a balance. To the extent that you say you don't want to stigmatize drug use. You are normalizing that use. You don't want to be teaching young people that heroin is okay if you just do a little of it. That all you have to do is carry on naloxone and you're going to be okay because you're not frankly. You know naloxone only works if there's somebody there to administer it. Somebody who overdoses nods out. They become unconscious. They turn blue. So you have to have somebody there either to all the police or administer it. Just carrying it around in your pocket isn't going to do you much good. So you… the information needs to be clear. The message needs to be clear. In my view this message of… normalizes drug use and it's the wrong message at the wrong time. Yes we need to treat people and we need to invite them into treatment and make treatment widely available. Yes we need to accomplish that but let's keep a balance in our approach. We also need to keep our eye on the rest of the public. You know the number of

addicts is a very small percentage. And we want that to keep small and we want it to grow smaller and smaller as time goes on. But we're talking about the rights of everybody here. So let's keep it in balance. That's all I'm saying.

CHAIRPERSON COHEN: I think the reference to stigma though is to addiction as… I mean as opposed to the…

BRIDGET BRENNAN: Well if this is to become law it better be a whole lot clearer. The whole document… you know I'm a lawyer and we pick over law… over words all the time. This document is… is very unclearly written. It… the mission of this office is not clear from this document. But what is crystal clear is there is no priority to reduce drug use. And if this is going to be the Mayor's Office of Drug Strategy that absolutely ought to be a priority. There ought to be balance in that office… if it really is about getting treatment for attics well let's call it something else and make it… have its mission be more narrow and better defined. And then I'll be all for it. But if you're going to elevate it into the city's

central drug strategy office well then there's got to be balance there.

CHAIRPERSON COHEN: Thank you. Chair Gibson.

CO-CHAIRPERSON GIBSON: Oh. Just a quick question. Thank you again. Thank you everyone for being here. Thank you Ms. Brennan and Rhonda and representing our Staten Island Borough President. I appreciate it. So we've talked about this and I guess I just wanted to ask a question about and I asked Commissioner about it from the Health Department, RX Stat, and looking at how that work and that formation of that taskforce how it's similar or complimentary to this proposed legislation so I your testimony you talked about some of the recommendations of the taskforce that really resulted in new initiatives such as prescribing controlled substances at cities emergency departments. So I'd like to know with the fact that we've had such an exorbited [phonetic] increase in the use of heroin do you see this RX Stat redefining its vision, its priorities? Because the Office of Drug Strategy that we're talking about… we really want have more of a holistic and

creative look at the nuances of what's happening around heroin use. And that's been the goal. So I just want to understand you've been on RX Stat for years working with all of the stakeholders. So what have you seen in terms of recommendations coming out?

BRIDGET BRENNAN: Well certainly back when the focus was on prescription drugs there were specific recommendations and changes in protocols at city emergency rooms which is where what we call doctor shoppers would typically go to get prescriptions that they don't really need. There's… you know there's a whole economics to that drug trade where the… it's not just addicts obtaining the pills for themselves they obtain them because they have a resale value out on the street. The value is 30 dollars a pill. And if you get a prescription for 120 even if you pay cash for that prescription you're making a lot of money off a bottle of pills. And so in order to curb that abuse the city emergency rooms set up protocols redefining how many appeals could be prescribed and insisting that the patient comeback and see a specialist if they still had pain after a certain

of time. And I think they only gave him a three day prescription. And so they… the city also educated and suggested that other hospitals adopt these kinds of protocols. That's just one example. And yes I have seen the RX Stat refining its strategy but I think… I think the council is 100 percent on target that this RX Stat could definitely be reinvigorated, refocused, but the nice thing about it is it's the actual working agencies sitting around the table very concretely discussing what they can do, what they're seeing… what they can do… it's not politics, it's not you know… it's… it's not preaching. It's just facts. And what can we do? What do we… what tools do we have at our disposal. Now do we have different views? Of course we do. But we really learn from each other. I learn to appreciate the very serious concerns in the health area of some of the restrictions that I might think would appropriate… be… base what I see in law enforcement and vice versa. They had no understanding of how the black market in pills worked. And it really helped inform how they set up their protocols. And so it's a great group with people who have their hands on the potential ways

to resolve these issues. And it's a round table. It's not somebody coming down from a high and saying you know we've now looked all you're annual reports and all the information you're feeding to us and here's what we think you should do. To me that's last… less direct and it's… it's not as efficient, it's not as quick, and it's often not as good because you've always got to filter there. And it can't be as… it cannot be as big as the health department and the police department and you know you're talking about a commitment of resources to a city of great diversity… the problems in Staten Island are not the same as the problems in the Bronx… and even within the neighborhoods they're all different. And so you… I don't see how one office can possibly manage all that without being huge and very expensive.

CO-CHAIRPERSON GIBSON: Okay. And… and I understand that the concerns that have been raised and even when the Health Department was her looking at the longstanding taskforce on the work that has been one I mean there was no inclusion of the city council which I think is something we should discuss as well as advocacy groups. And you know we

talk about the grassroots connection in making sure that the work we do gets to the hearts of our communities. That's always the objective. So I guess the logic and the thinking behind this office of drug strategy was really to make sure that there was a coordinated effort to bring all of the stakeholders together so we can get that service directly to the residents that are truly in need.

BRIDGET BRENNAN: I… I think if you refined it and made it more specific as to that… those goals and call it drug treatment strategy or whatever you want to call it. And then that organization has a seat at the table to the city council should surely have a set at the table. And I think… But… but again it's hard because you talk about citywide issues. Everybody knows what's in their own house and it's hard to understand what's in somebody else's. But in event I think that's a great idea. And I have no objection to it you know as for what it is. I think that's fine but I have an objection to it as the office of drug strategy for this city of New York. I don't think as… as it's constructed here it fills that roll.

CO-CHAIRPERSON GIBSON: Okay and I'm… guess my last question is I asked PD and the Health Department around the drug treatment programs and I know you have some level of concern and just in terms of a decrease in the number of treatment programs that are out there. Can you give us some thought on that?

BRIDGET BRENNAN: Yeah. There's been a big shift in the treatment world that I've seen over the last several years. The City of New York always had pretty robust treatment programs that… and the DA's offices, all the prosecutors were pretty committed to it. And so we were ascending a lot of criminal justice people meaning criminal defendants to treatment as an alternative to prison. Some of the… as drug laws have changed and people are no longer facing prison on drug offenses. In fact the… in the last I think four years the number of people the city is sending to state prison on drug crimes has decreased by about 40 percent. Decreased quite a bit. But there's no longer that incentive to go to drug treatment programs. And so some of the programs that we historically worked with have folded, insurance

reimbursements have changed. There's a big push for a shorter programs, 90 day programs,30 day programs. And so we've seen changes in the treatment world.

CO-CHAIRPERSON GIBSON: Okay. Thank you very much. Chair Cohen.

CHAIRPERSON COHEN: Council Member Gentile.

COUNCIL MEMBER GENTILE: Thank you Mr. Chair… Madam Chair. And thank you to the panel for… for coming out today and… and speaking to us. Narcotics prosecutor Brennan it's… it's… it's a very interesting testimony that you… you gave. And the stigma of drug use and what this intro says about de-stigmatizing drug use. You're actually saying that's the opposite of what we should be doing.

BRIDGET BRENNAN: Well Stigma is a loaded word. I think we should talk more directly rather than use a term like stigma. Because we may have different interpretations of what that means. To me it means saying drug use is bad. Saying it unambiguously and clearly and that it's unhealthy for you and you may die. You may die if you abuse

heroin. Even if you just abuse it once you don't know how pure it is. You don't know how your body's going to react to it. You may die. You may die from all kinds of drug use. We need to have that message crystal clear. Now… and so when you use terms like reduce the stigma of drug use I don't know what that means. To me it suggests that you're saying well it's kind of kay if you do it and you have naloxone on hand then you know you got somebody ready to call the police. You could do it helpfully, just use clean needles. We don't want that message. We certainly want those who are using drugs to… to reduce the harm that they're facing. Absolutely. I think we also want to send a clear and unambiguous message that people should not be doing drugs.

COUNCIL MEMBER GENTILE: So in… in essence should it better say de-stigmatizing the drug addict as opposed to drug use?

BRIDGET BRENNAN: To me if we're going to use those words yeah to me that means I… I understand that meaning better and I can… certainly can endorse that.

COUNCIL MEMBER GENTILE: Right. And just curious then in what you just said about needles. Do you think the clean needle program does de-stigmatize drug use.

BRIDGET BRENNAN: No, I don't think so. I don't think it does in the way that it's implemented and I don't think it de-stigmatizes drug use. I don't think it normalizes it. I think it just provides a clean needle.

COUNCIL MEMBER GENTILE: Right. Okay. So you see this either as a… an era of drafting or… or an era of the sponsor. But there is an era in the way this is presented in the intro. Well I think the concept of it if the whole focus of this is on getting together people who can assess the services for addicts then it ought to be called something else. Because the addict population in this city is you know very small compared to the general population. And everybody in this city is affected by drug use. And so we want to make sure that if we're going to have an office of drug strategy that it's meaningful for the whole city not just that small group. So you could rename it, refocus it, make clear what the intent is and then it's fine.

But if it's going to be number one I don't see a roll for an… for a citywide office of drug strategy. When you have the Health Department, the Police Department, the prosecutor's offices I just don't see there's a role for that. Do you see it maybe as an overall coordinator of all the good work that you do and… and the other prosecutors and the mayor's taskforce and the RX Stat who… could it serve that purpose?

BRIDGET BRENNAN: Not meaningfully. It would just be another bureaucracy. I mean you're going to create somebody that we all go up to then it's going to come back down again rather than us all sitting together directly discussing what we're seeing and it would create confusion as to who's got authority, who do we need to tell about this before we do that particularly within the mayor's office. The agencies which are mayoral agencies… You don't have… that's why you heard that ambiguity I think from the testimony of the… the health department. Because then it makes it unclear who's supposed to do what and… and a lack of clarity certainly defeats progress. And that… that's my fear.

COUNCIL MEMBER GENTILE: So… so you're concerned about the lines of authority should this become law too.

BRIDGET BRENNAN: It's lines of authority and what's that… to me it's just a bureaucracy up there. What's it really going to do? It doesn't… it doesn't do anything. I mean it doesn't have hands-on ability to do things that address the problems.

COUNCIL MEMBER GENTILE: In the… in the time remaining I just want to ask you this. You're opinion where you say we can't medically treat our way out of this problem and well nor can we police our way out of it. I'm curious would you think the mix would be. At this point should there be a greater emphasis on the law enforcement to stem the tide of heroin coming into this city or what… what should the mix be?

BRIDGET BRENNAN: Well you need both. There… you need both. I mean I think we need greater federal government involvement because it's coming across the southwest boarder. And we need to be able to interdict it before it hits New York City. You know you need more emphasis on it among

other agencies as well. But it's… the drugs are pouring in right now. That… that 150 pound seizure we were told was… you know we were getting those deliveries twice a month in the city. And that's enough heroin. You know so everybody in the city could have a dose of it. Now it wasn't all staying in the city but we need to reduce the supply you absolutely have to reduce the supply. But you also have to treat the addicted population. You have to. So you have to do both. You can't measure it and say 60 percent one 40 percent the other.

COUNCIL MEMBER GENTILE: I see. Okay. Thank you very much. And Madam Chair Mr. Chair I think we heard some great wisdom here today so we should take that into account.

CHAIRPERSON COHEN: Council Member Deutsch.

COUNCIL MEMBER DEUTSCH: Thank you Chairs. Good afternoon. While I tend to agree with you on you know certain… you mentioned that when it comes to drug use you have law enforcement there and also in addition to do education like in different schools and so on and so forth. What other type of outreach or preemptive measures do

you… do you recommend or do you have in your agency?

BRIDGET BRENNAN: Well… I mean I don't think one agency can do all. I think you know we do what we can both in terms of treatment and in terms of introduction. But you have to give people good reason not to use drugs.

COUNCIL MEMBER DEUTSCH: So my issue I have is that you could go to the… you could go to schools. You could educate the children which are important, very important. But then I… I have seen over the last 26 years working with the NYPD in my volunteer capacity is that when children come home they're faced with parents who are addicted to… to medication. And I don't see that issue being tacked. And that's why I feel it's important to have a… a drug… a office of drug strategy this way you know you're saying everything the city wanted. But within communities, within our districts we have major issues. And I could tell you that we have a bigger problem than we could ever imagine by parents taking prescription drugs and needing it after a certain point and there's nothing being done to prevent that and the pharmaceutical

establishments releasing those… those types of drugs. And then when a child comes home learning something in school and speaking to their parents who's taking prescription drugs. You know it's the education needs to come from parents as well as from the schools. So if you don't have both then we have a problem. So if we don't take preventive measures by educating first the… of what this can do to you and sometimes they have no choice they're so addicted to that drug that's when they don't get a prescription they go out and buy heroin. And I… I know… have an acquaintance that was so addicted they had to go out and buy heroin and he passed away from his addict… from his addiction. And I think we need to find the… from that before we do anything else because our parents need to teach our children. And without… without parents not having the mindset and being on drugs… prescription drugs it's a major issue. And I don't see through your agency I don't see anything… to prevent to taking preventive measures, checking with pharmaceutical establishments because your law enforcement will take care of the narcotics issues on the streets. DOH will have other ways and means to take care of

the… of the of the drug problem. But we don't have anything when it comes to prescription drugs. I haven't heard anything about that and I'd like to know how you address… how you address that… that major problem.

BRIDGET BRENNAN: Well I… I think you have absolutely identified big hole. Those are legal drugs. Where we intervene in those situations is when we identify a doctor for example who's running what we might call a pill mill. We just arrested a doctor on the upper west side of Manhattan a couple weeks ago who we believed had supplied millions of pills over a period of years to organizations… criminal organizations. And when we did a search warrant on his home in Scarsdale we uncovered 600 thousand dollars in cash. So we focus on the medical professionals who are basically selling prescriptions for cash and doing no medical treatment what so ever. But in terms of law enforcement that's the crime that we can focus on. That's the kind of crime that we can focus on. It… we can't intervene in… as a law enforcement person in a situation where someone is getting drugs

legally from their own physician. I mean the medical…

COUNCIL MEMBER DEUTSCH: So I'm… I'm sorry to cut you off but you did mention that the number of addicts is small. So you just mentioned that there's millions of pills that were sold.

BRIDGET BRENNAN: Right.

COUNCIL MEMBER DEUTSCH: So you're… you're go… you… actually… we're actually working backwards because when you're going out and dealing with the people who are addicted who are going on the street may of those are already being addicted because of the prescription medication.

BRIDGET BRENNAN: Absolutely.

COUNCIL MEMBER DEUTSCH: So if we don't start from the bottom then your job is never-ending.

BRIDGET BRENNAN: Agreed 100 percent. But we can only prosecute crimes. And the kind of crime we prosecute in that area is the illegal sale of a prescription. So a doctor who is not actually providing medical treatment but just taking cash in exchange for a prescription we prosecute that doctor. We see that doctor selling to criminal

organizations but they don't just… those criminal organizations don't just sell… [cross-talk] city…

COUNCIL MEMBER DEUTSCH: So… so we do have… we do have a gap.

BRIDGET BRENNAN: Yes.

COUNCIL MEMBER DEUTSCH: Until…

BRIDGET BRENNAN: We do have gap.

COUNCIL MEMBER DEUTSCH: …reaches that point. So maybe this Office of Drug Strategy should be involved in part of that.

BRIDGET BRENNAN: Sure they could focus on the gaps…

COUNCIL MEMBER DEUTSCH: Yeah to… to cover all the gaps.

BRIDGET BRENNAN: Absolutely.

COUNCIL MEMBER DEUTSCH: So that's why I believe it's important that you were so adamant against it.

BRIDGET BRENNAN: I'm adamant against it in its current form.

COUNCIL MEMBER DEUTSCH: Okay.

BRIDGET BRENNAN: It… I don't think… I… I don't think it… it is representative of what an

office of drug strategy for the City of New York should be. The way it's structured…

COUNCIL MEMBER DEUTSCH: I think it… I think Office of Drug Strategy should be any type of drugs, any way that a person could… council be on drugs, could get on drugs, could be addicted to drugs. So overall I think it's important the way it is because we need to collaborate and get to the point to where it gets to the law enforcement and find out why this has to get through law enforcement. So I think that we need to close that gap. And that's my comments on this. And we have… you know mentioning before that we have a small addiction… a small number of addictions by selling millions of pills just from one doctor right that could be hundreds of thousands of people that are now addicted to medication prescription drugs who might be now on heroin and that's just from one person.

BRIDGET BRENNAN: Right. That's all true but it's also true that these criminal organizations are sewing throughout the state and throughout the region, that they don't just limit their sales to New York City. But I agree there's a

gap in the system. I just disagree with the way this… [cross-talk] is structured.

COUNCIL MEMBER DEUTSCH: We have to worry about New York City. We have to worry about what goes on here. And I think we have a major major problem, more than we could ever imagine and it could be a friend, it could be a neighbor, it could be an acquaintance, it could be a family member, and you would never know.

BRIDGET BRENNAN: Agreed.

COUNCIL MEMBER DEUTSCH: Thank you.

CHAIRPERSON COHEN: I'd like to thank the panel for their testimony. Caroline Waterman, Angel…, Doctor Angel Mendoza, Phil Superior, and Gabriel Sayegh. In an attempt to deal with some logistical situations we're going to ask the panelist to try to limit their testimony to three minutes each. Please.

GABRIEL SAYEGH: My name's Gabriel Sayegh. I'm with the Drug Policy Alliance. I'm the Managing Director of Policy and Campaigns. Thanks for holding the hearing today. Briefly I would like to say we are strongly supportive of Intro 748, the Office of Drug Strategy to… I disagree strongly

with the Special Narcotics prosecutor. There is no coordinated effort here as such this being proposed. I think there's been some examples over time of New York City. And Council Member Johnson mentioned as taking on different issues and saying this is a cross secretarial issue. We should tackle this with a prosecutorial approach. Drugs is one that needs to be tackled that way. We've had a 40 year war on drugs, nearly 45. The war on drugs is the primary defining policy approach to our drug policies today even as we have developed some really good and helpful interventions across a range of different areas. And those things have been good. But we need to as… as a city, make a clean break from the war on drugs. We need to declare that we're making that break from the war on drugs. And we need to center in our approach to drugs and drug policy, public health, and public safety and ensure that at the table that is convened with the range of stakeholders to address those problems that are very very real. But we are not using the criminal justice system to achieve health outcomes. The special narcotics prosecutor was up here saying well we don't have enough people

being mandated into treatment anymore and we've got a 40 percent reduction in the number of people that we're sending to prison on drug offences. That's an excellent thing. We should be driving down our prison population in an era of mass incarceration when you've got people like Newt Gingrich and people on the left like Corey Booker agreeing that we incarcerate too many people in this country and that the war on drugs has been a driving factor towards that end. One reason for that is that we have used the criminal justice system as a primary means to apply people and… to apply treatment to folks by hammering them into treatment and saying we're going to mandate you to do that. Could you imagine if we took the same approach for diabetes or cancer. You ate a doughnut, you have diabetes, we're now arresting you and sending you upstate. You didn't go to your… your doctor for your… for your cancer appointment we're now going to send you up to Attica. That's what we've essentially been doing for the last 40 years. As it relates to the overdose issue the suggestion is I heard previous speaker note that if we give people naloxone and we don't then tell people that remember drugs are

terrible and they're going to kill you… that they're going to walk around with that naloxone and try heroin and die is not only outrageous and ridiculous but I has no place in a policy discussion. We've been telling people for 40 years that if they use drugs we're going to send them to prison and terrible things will happen to them. And for tens of thousands, hundreds of thousands of New Yorkers that's been true. And guess what drug use is relatively the same as it… as it's been. It's been relatively stable for the last 40 years. Our overdose rates are increasing. We've wasted billions of dollars. We have not come any closer to solving this problem, an approach that takes a… a revised outlook convening multiple stakeholders. I know that's my time that centralizes hope as its… as its central outcome and public safety and then ensures that we've got those stakeholders at the table and you need the mayor's office to be able to have that kind of power to do it is the right thing to do and… and New York City can really show the rest of the country how to… how to develop a new approach here that's not anchored in mass criminalization, mass institutional racism and mass

incarceration so thank you very much for having us today.

UNIDENTIFIED FEMALE 1: Thank you very much for having us today too. I'm from the New York Academy of Medicine and ever since it's been established in the mid 18… 1800s we've always been of the thinking that drug use is not just a criminal justice problem. It is always… always been and always will be a public health problem. And while I agree that… that… that there is no role for… for any kind of… of body… our centralized body to actually de-stigmatize drug use. I don't think that this is the… the purpose of creating this centralized body. And in fact I believe… and this is actually an agreement with a lot of our positions in the past that the creation of a centralized body if it has multiagency representation with inclusion of community stakeholders with input from individuals who are directly affected by drug use, not just the individual but the family as well that it can be effective and is the only way that we can effectively create policy. And in… implement policy and do interagency coordination. In fact in my

experience as a developmental behavior pediatrician and as a former medical director and assistant commissioner of the administration for children services in the area of child welfare this is exactly what we need. Because when we do recognize that there is a problem with drug use in a home and… and child protective service workers have to decide whether or not to remove a child because of a… of a drug issue or a drug use issue. Then we are making… we're trying to make decisions about impaired parenting, the risk for abuse and neglect and then trying to make a decision whether to remove and later to return that child into the family. But this is within a vacuum realizing that child protective service workers are not experts in drug use. There are some experts, expertise. They are in… in the administration for children services and in child welfare systems around the country. But they are not necessarily the experts in that city or in that jurisdiction so what we propose is that knowing that there is a challenge for best assessment of risk, best treatment approaches and best assessment of safety later on when a family member is on its way, is on his way to… to recovery

that the dilemma here is that there is no centralized body that then decides what is best assessment and treatment. What is the best approach. How can we approach the drug use problem in a family so that it can be… it can recognize how complex and multi-sectorial and layered it is. So we believe that the most rational next step of course would be a creation of a unifying body that it be given the mandate that be given the authority that it be given the resources and that its stay in the office of the mayor so that we can result in most favorable outcomes not just for the child, not first for the family but for the community at large. And we urge that you… you pass this bill because we believe that it is what is going to work.

UNIDENTIFIED MALE: Now it’s on. Chairman Cohen. Chairwoman Gibson. Thank you so much for today. I promise to be very brief. It’s been a very long morning. I… I… I want to speak for the Coalition of Behavioral Health Agencies which represents about 130 community based safety net providers around the city. I’m… you’ve heard all of the data and all of the statistics that have lea up

to this bill is trying to address. It's true that many people with addictions have co-occurring mental health and physical health disorders that also must need to be addressed. So we agree that we need a citywide and holistic approach to these problems. We need what we think is a public health approach that addresses prevention, care, and support. This will break down the silos in government and I agree that they exist even if there are already existing mechanisms that are on the ground. But for the most part government works in silos and… and we think the silos in… both in government and in correlated support systems should be broken down and requires the cooperation and coordination between the multiple government departments and systems that have responsibility for addressing the problems. Intro 278 seems to us to be worth a try as a means to a comprehensive public approach to drug use that delineates an approach for coordinating such an effect. It is tasked with bringing together agencies and partners from all over government, substance abusers themselves, families, people that will bring together new approaches informed by data research

and best practices and it requires as I said earlier a collaborative approach which we think we need. We're particularly approving of the advisory council as I mentioned a second ago to inform the Office of Drug Strategy. And we want to just put in a little pitch for ourselves to say that we as stakeholders in the provider community should also be a part of this group. Given the need for cross agency collaboration we call… we do support the bill's call for an independent office yet we call for a strong and dispositive involvement of the Department of Health and Mental Hygiene because it has expertise on the issues and practices of prevention and care which are have permeated this discussion. They are the LDU… the… the legitimate… the legal governmental unit with a responsibilities under the mental hygiene law we think they need to be a part of this. The Office of Drug Strategy is the first of its kind in this country and could serve as a model to help everybody and for that we encourage you to pass it. Thank you for your attention. And I… I'm… three minutes.

CAROLINE WATERMAN: Good afternoon. Thank you for allowing me to testify Chairman Cohen

and Chairwoman Gibson and also Councilman Johnson who's not here anymore. My name is Caroline Waterman. I'm the Executive Director of COMPA and I represent the Coalition of Medication Assisted Treatment Providers and Advocates of New York State and New York City. You know there's been a lot of testimony today and so I'm not going to reiterate any of that. I want to say I've been in the treatment field in many different capacities for 25 years. And I think having a coordinating body overseeing these different groups and agencies having a liaison that kind of puts it all together. Somebody who is coordinating it, reviewing it, analyzing the data, collaborating, all those words are so important and we all attend a million meetings every day. And I think this bill supports a great idea. The office of drug strategy would be that place where not… just another layer but one that would hear maybe everybody's views and take that into consideration. And I think that's really important at this stage because it is an epidemic and it's a very dangerous time and I've… I've seen a couple of different times that it' happened before in the past. I've been in the drug treatment

field since the early 90s in New York City so I think this is a really good move. And the Coalition for Medication Assistant Treatment Providers and Advocates support this bill and… but would like to see you know as it moves forward definitely wording on supporting the treatment aspect of it and the coordination of education and the alliance with the behavioral health. Thank you.

CO-CHAIRPERSON GIBSON: Great. Thank you very much to all of you. I just have a couple of questions. After all of the testimony that you've heard this morning and this afternoon what would you say would be the first priority that the Office of Drug Policy should focus on understanding where we were in terms of the epidemic of the crack era and moving in and… to heroin and all the other forms of use and abuse. What do you think the office should primarily focus on? Anyone that wants to add?

GABRIEL SAYEGH: My suggestion would be to start by… by looking at city… current city policies and ensuring alignment among those policies. I'll give an example. Right now we… we mentioned someone… one of you brought up syringe

exchange in the… in the previous panel and asked the Special Narcotics prosecutor about it. Syringe exchange is by far one of the most successful public health interventions we've ever had. It's reduced the transmission of HIV dramatically in this city. It's a great part of our public health and medical system here. But we still have a scenario where while we have many city funded syringe exchange programs in the city we still have cases where the police arrest people for possession of syringes. And… and arrest and harass people participating in syringe exchange programs. That's not a knock on NYPD specifically. There's a lot of great NYPD engagement with those programs as well. That's important to note. But it's an area… it's a… it's an example for us where we need a place to bring say NYPD and the Health Department, and all those other agencies together and say do we have shared alignment? Are we on the same page about what our… our goals and outcomes are and should be as it relates to drugs and drug policies. We have… in NYCHA as an example there's a lot of prohibitions for people who are picked up on a… even a simple marijuana charge and they can get

kicked out of NYCHA. That's in place at the same time that there's widespread acknowledgement including by the mayor and Commissioner Bratton that marijuana arrests in the city have been a real problem for the last 15 20 years. And so we need to dig into those policies. We need to identify the… either the city policies or administrative practices that are not in alignment with the kind of of outcomes that we want to achieve in terms of public health and safety. And we need to make sure that… that various city agencies… and… and the… the service providers are in alignment on what it is we want to achieve… That's I think would be a starting point for such an office.

UNIDENTIFIED FEMALE 1: Yes I completely agree with that too. And it's not just making sure that there is alignment just to make sure that there is no conflict actually. Because if for example in… in child welfare sometimes when you look at the time… timelines for after removal and when to… when to consider… for that child and their family you don't take into consideration the amount of time that one has to go through treatment and then to recovery. And then the variability and

recovery. So that's just one example and I'm sure it exists in other city agencies as well.

CO-CHAIRPERSON GIBSON: Okay. So we've been talking about this RX Stat taskforce that has a new name now under this administration. Have any of your organizations been involved? And what are your thoughts on it now that you've hear about it so to speak?

[background comments]

GABRIEL SAYEGH: We've heard about it and asked about whether or not there's community input have not given… been given much answer. So we don't… we're not aware of any community group that's been involved… [cross-talk]

UNIDENTIFIED FEMALE 1: And so I think that's symptomatic of the effectiveness or not… non-effectiveness of it.

CO-CHAIRPERSON GIBSON: Right.

CAROLINE WATERMAN: Yeah I would say… I would say this is the reason why we're all sitting here.

CO-CHAIRPERSON GIBSON: Right. And why we're all supporting 748.

CAROLINE WATERMAN: Yes. Exactly.

CO-CHAIRPERSON GIBSON: Okay. Well no and I was concerned about that as well because in addition I think service providers as well as former users have the best ability to make an impact in bringing their voice to the table. You know I… I say this a lot chairing public safety when we talk about school reform and restorative justice in our school system that if we don't have students at the table then we really don't have the voices that we need. The population is going to be impacted the greatest, should always have voice at the table. So I guess that was my concern and I figured… I knew that was the answer but I just wanted to make sure we went on record. Great. That's it.

CHAIRPERSON COHEN: Thank you for your testimony. Alright Sebastian Solomon, I'm not sure I can read this, Renee Lunn [phonetic] Renate Lunn, Runa from the Bronx Defenders… How do you say your last name? Rogocobell [phonetic] okay Runa Rajagopal. Adrienne Abotey [phonetic], and I also can't read this… Heller… I think in the… Ms. Heller what's your first name? Daliah… please.

SEBASTIAN SOLOMON: Is this on? Okay. Good morning. My name is Sebastian Solomon. I'm the Director of New York State Policy at the Legal Action Center. And I appreciate the opportunity to address you today. Just go through my points quickly. Since the 1970s the United States has relied almost entirely on a series of tough on crime, war on drug approaches to reducing crime and addiction. However over the last several years a bipartisan consensus has been building that these approaches have by in large failed. At the same time substance use disorders have become a leading cause of death in the United States. Three quarters of the over seven million people in the criminal justice system have a substance use disorder and or had alcohol or drugs in their systems at the time of their arrest. Additionally one in eight of the troops returning from Iraq and Afghanistan from 2006 to 2008 referred to counselling for Alcohol disorders. As has also been well established the treatment of substance use disorders and the outcomes for individuals affected by substance use disorder defer greatly depending on the individual's race and class. In spite of this

barely 10 percent of the nearly 23 million Americans who suffer from substance use disorders receive any… any specialty care even though substance use disorder is a chronic disease that can be effectively prevented and treated. And tens of millions of people are living in recovery from addiction. Treatment for substance use disorder is an effect… is as effective as the treatment of other chronic diseases saving hundreds of thousands of lives and yielding enormous cost savings.

CHAIRPERSON COHEN: Mr. Solomon I don't want to interrupt you but you're on the clock and you have a long testimony… [cross-talk]

SEBASTIAN SOLOMON: Oh I… I've… I've… [cross-talk]

CHAIRPERSON COHEN: …might want to summarize.

SEBASTIAN SOLOMON: New York City and state have taken a number of important steps to begin moving from a criminal justice response to drug use and addiction to a public health approach. We've reformed the Rockefeller drug laws the mayor decide… and the… and the police decided to end most arrests for possession of marijuana. There has been

the taskforce on behavior health and the criminal justice system. The… and the first lady's road map for mental health. However while these are important first steps there is still a need for the city to have an office that coordinates drug policies across all city agencies. An office that focuses on best practices based on research and evidence rather than on stereotype or bias. The impact of such a lack of coordination can be seen in the continued harassment of individuals that we heard leaving state funded legal syringe access programs. Despite this huge effectiveness of these programs. The proposed legislation would allow the city to develop the coordinated plan that is necessary for all elements of the city's government to be working together toward the same goals of improved health, access to treatment, and reduction and addiction. Achieving these goals would result in significant financial savings to the city and state through… use involvement in the criminal justice and child welfare systems among others. However in order to achieve the goals of coordinated evidence based approach across all city agencies the proposed office must be located within

the mayor's office. Without the support of the mayor's office the Office of Drug Strategy will not have the authority to convene the different city agencies and get them to work together towards a desired goal. As we heard earlier we have you know the…the Bureau of Alcohol and Drug Use in the Department of Health and they do great work. But they don't… they don't have the power to convene and bring everyone together. The last thing I just want to say is just add that there's… we're also very supportive of the advisory council for bringing in all the different groups that are affected into this process.

RUNA RAJAGOPAL: That was fast. Good afternoon. My name is Runa Rajagopal. I'm a supervising attorney in the civil action practice of the Bronx Defenders. The Bronx Defenders is a holistic public defender and we really… the core of the work that we do is that people who are… are arrested or their children are removed are not just facing criminal court or family court but all aspect of their lives are affected. And that is certainly true for drug related arrests and the work that we do. First and foremost I want to say

that we… we support the creation of an office of drug strategy for the very reasons… many reasons that have been mentioned. But from our perspective you know we represent over 35,000 families and individuals in the Bronx. And our community… the communities that we represent and work with and stand beside are criminalized, are over policed. We know that there are stark disparities and disproportionality in… in communities of color; black and brown families and people. But it's not just sort of with related to drug arrests and what they faced in criminal court. What we see over and over again is how every aspect of their lives with respect to trying to get a job or having a job and losing it… housing forfeiture there… their cash, their property, every aspect of their lives are touch and there's devastating you know civil you know called collateral but quite direct sanctions and consequences lodged not just against people who are filtered into the criminal justice system but their entire families. NYCHA was mentioned before and I'm sure the council is… is well educated but with drug related crimes… if a person is arrested with a drug related arrest there are any number of

sanctions… three to four to five that can happen for one person and that the family members who are related to the. They're arrested in their home for something that's very low level because the majority of crime in our city is very low level crime in their apartment and they're subject to eviction by the NYPD instant eviction by the civil enforcement unit… unit within NYPD. That same family can be subject to eviction in… by their landlord and housing court as well as if they live in public housing by NYCHA if they have a Section 8 subsidy they can lose that subsidy too. And this is all related to the same nexus of facts. One drug arrest can lead to three, four, five different types of cases. And that's true not only for housing with such a huge need in terms of stabilizing a person who might have addiction but their entire families so I stand by the rest of my testimony. But we support the creation of… of the office for the very reason of bringing to light these invisible consequences aligning them and making sure that they're not contradictory. Thank you.

RONADA: Okay. I'd like to talk about a client of ours that I'm going to call Alex. Alex works for a high end catering company. In fact he served horederves to rap stars and UN diplomats. He also has a heroin addiction. He kicked that addiction about 10 years ago and now he seeks a daily dosage of methadone from a local clinic. He first met one of our public defenders when he was arrested inside of that clinic. The police officers were chasing someone that they thought was behaving suspiciously outside the clinic. And they mistook Alex for that person, arrested him inside the methadone clinic where he was getting treatment. Good afternoon my name is Renate Lunn. I'm an attorney who is a public defender in Brooklyn New York. And I'm also a member and speaking here today on behalf of five borough defenders, five borough defenders is an informal association of public defenders, civil rights attorneys, students, and academics who all fight for the civil rights of indigent New Yorkers. Alex… the story of Alex is… is a common one. In fact most public defenders know exactly where the methadone clinics are in their boroughs because that's where the police officers

lurk outside and arrest people. In fact there's even a methadone clinic in Brooklyn that has a… a street sign in front of it saying that this parking spot is reserved for NYPD narcotics personnel only. That someone who is getting medical treatment is getting arrested inside of the facility where he's seeking treatment is a tragedy that this happens under the guise… or under the supervision of a police officer and the narcotics department chief who sat here today… sitting at the same table with someone from public health department saying that they support treatment and fund these clinics at both of these… That the… both the clinic and the police are funded and… and run by the same city agency is an outage. And that's why Five Borough Defenders is supporting the Office of Drug Strategy. Our clients are falling into the crevices, into the fishers and the incongruities of the drug policies across New York City. If you have any further questions we'd be happy to… to meet with anybody. There's… Like as we said we represent public defenders from all over the city. Thank you.

RENATE LUNN: I just want to say one thing actually. I want to call Bridget Brennan out

on her saying that everybody gets treatment. It's in our written paperwork as well, the disparities and the access to treatment across the boroughs. And Manhattan has one of the most abysmal records of ensuring that people get drug treatment who are arrested in the criminal justice system. Sorry.

ADRIENNE ABBATE: Hello. Thank you for the opportunity to testify. My name is Adrienne Abbate and I'm the Executive Director of the Staten Island Partnership for Community Wellness and the Director of the Tackling Youth Substance Abuse Coalition also known as TYSA. So TYSA was formed in 2011 on Staten Island in response to the alarming rates of substance abuse. We specifically focus on alcohol, prescription drugs, and heroin. And I want to include alcohol because it's the number one substance abuse across New York and nobody ever talks about it so… And if we're talking about overdose deaths it's often included in… in many of the deaths. So we… we do focus on that. And we understood early on that it's a complex issue and that it requires coordination of diverse stakeholders. So we are cross sector collaboration. We have the district attorney, we have the NYPD, we

have treatment professionals and hospitals. We have youth. And Council Member Gibson talked about you can't have a program without the people at the table. We have parents. We have people in recovery and we have the schools. I mean it's just incredible the amount of participation. And because… the DA actually do know about RX Stat because they would report out and they participated in it. But I do hear your point about not having representation on that. We have been working since 2011 and are starting to see real significant change in our community in the borough. We work closely with government partners. We are federally funded. We have state funding and now off some city funding. We work closely with… we… I think commissioner Belkin talked about some of the multipronged strategies that we actually helped roll out. So we identified the providers that they did the training to. We created a resource guide that they distributed across all of Staten Island to connect people with treatment. We've also… we're the first ones to actually do a community based naloxone training for… for just community members. So we have had great success I bringing together

different partners and implementing borough wide strategies. We also work with NYPD to do some innovative community policing to work on prevention. We heard a little bit about what was happening in the schools on Staten Island. It's not DARE, it's not scared straight. It's evidence based strategies, it's building life skills, it's something that would have never happened had some of these partners not been at the table. So it's really transformative. We're also working on… actually I'm not going to get into it… it's very long. But the other thing I wanted to talk about and what's one of our greatest successes is that naloxone pilot that we've been hearing about with NYPD… that started in one of our work groups where NYPD was sitting next to one of our opioid overdose prevention providers and said why don't all of our cops have it. So there are amazing opportunities for collaboration and I feel like we've been lucky enough to actually make it work on Staten Island and to see it happen citywide would be incredible. I just hope that there would be transparency, data sharing, and an opportunity for communities to be

represented because that's where we should go. Okay thank you very much.

DALIAH HELLER: Good afternoon. Thank you for the opportunity to testify. My name is Daliah Heller and I'm a professor at the CUNY School of Public Health. And the reason I'm testifying here today is because I am also a former government official of New York City. I was the Assistant Commissioner for the Bureau of Alcohol and Drug Use Prevention Care and Treatment from 2007 to 2011. And in the last couple of years I've done work with both the Health Department and the Mayor's Office of Criminal Justice on several drug related projects. So I felt like I wanted to say my piece here to today and emphasize what I believe is real importance of this legislation to form an office of drug strategy for New York City as you've heard from many of my colleagues here the current arrangements of created policies and practices that are fragmented and conflicting and people suffer in the end. And I believe the primary goal of public systems and services is to help and protect the people of this city. So it's our responsibility to coordinate those services and make them meaningful.

I also want to just applaud the health department for the work that they have done in building capacity and information on what we do know about drug related health and social problems in this city. There are experts in drug related research and data and they've been innovate and drivers for drug related programs and policies in the city. There was reference… and I just also I'm going to take liberty and clarify this conversation about RX Stat and the taskforce. There are… there is no… I don't… I don't believe a taskforce has met since the new administration took office. Mayor Bloomberg formed a… a taskforce on prescription pain killer use in 2011 shortly actually literally the month after I left the health department they had their first meeting here. And the last meeting as far as I could tell from anyone was in December 2013, the last month of the last administration. RX Stat continues to meet and is led by the Health Department and specifically by the Bureau of Alcohol and Drug Use Prevention Care and Treatment. But the taskforce has no… has not matched in this administration. What is important though is that we have… it got… the work of RX Stat has generated

momentum I think in this city and among the government agencies for a unified focus on drug policies and practices and shared interventions built on data and real evidence and relying on best practices to really change and transform the way the systems work and work together. So I just emphasize that there is a serious need for a mayoral office of drug strategy at this point. And this is the opportunity now to make it happen to truly invest in a public health and safety approach for New York City. Thank you.

CHAIRPERSON COHEN: Thank you for your testimony. Julia Rivera, Annette Gaudino, middle name is Dana and it looks like that's you, Doug Apple, and Chris Wydello [sp?]. Excellent. Please. …mic on.

JOYCE RIVERA: Am I on? Okay great. Thank you Chairman Cohen, Chairman Gibson, and members of the committee. My name is Joyce Rivera and it's an honor to sit here today representing the board staff and participants of St. Ann's Corner for Harm Reduction. I founded St. Ann's Corner for Harm Reduction in 1990 when syringe access to injecting drug users was politically

controversial and over 50 percent of the city's drug injectors were already infected… [cross-talk]

CHAIRPERSON COHEN: …you speak into the microphone?

JOYCE RIVERA: I can attest to the challenging politics that polarize the city, paralyze policy makers and allowed HIV to spread unchecked because of cumulative misunderstanding and fear of drugs and drug users. The success of the last 25 years in reducing injection related HIV to lesson four percent of new incidents has been the result of a paradigm shift in policy from punitive prohibition to harm reduction. Yet for all the success of the last 25 years we continue to… excuse me to address a complexity of drug use, peace meal. And like the parable of the blind man and the elephant our policies lead to duplication of effort or worse of all in fighting among so many bureaucracies engaged in turf battles as our society loses both its grasp of the issue and its authority to bring leadership and healing to our wounded families and communities. New York has continued to use drugs, lots of drugs and they use drugs because they medically need them or because

they want drugs recreationally. Now it's a time for innovation, integration, and collaboration. Cannabis has been decriminalized in New York since the 70s. 30 years earlier the LaGuardia report supported legalization. Given the ubiquity of marijuana use in New York and the legalization of… of marijuana in Colorado Washington in Oregon we had a juncture in New York City where legalization will… the social and economic benefits. What agency within city government can lead that discussion. Thousands in New York seriously ill are accounting on the state to enact and implement compassion and law to allow them to… the symptoms of cannabis with their doctor's advice. The state assembly has trice passed a medical marijuana bill in June. Do New Yorkers need a unique agency within the city to foster science and trust and the doctor patient relationship? Yes they do. New York City needs a central drug policy code… whose focus is on integration, communication, collaboration, bringing the oversight, the public health, the research, and the justice approaches. While the politics are integrating harm reduction there are still institutions in… in the city and the state that

have become fossils and that resist change. I'm skipping. I support the establishment of a fully funded office of drug policy dedicated to restoring balance in our institution of relationships to drug use. And… that office would integrate addiction and drug policy within its own field so that harm reduction, substitution therapies, ambulatory treatment, programs, and reservation treatment programs would be linked vertically and horizontally linked with enforcement… mental health housing, labor, academia, and business. Thank you.

ANNETTE GAUDINO: Good afternoon. My name is Annette Gaudino. I'm a member of Act Up New York. I thank the committee for the opportunity to speak. I only became aware of this opportunity last night and I apologize for not having written testimony. But I'll be brief. I'm speaking in support of this office for all the reasons that have already been stated. But I'd also like to add that as we've seen you know 30 years of the HIV epidemic in New York City, 45 years of the war on drugs. What you need in order to end these epidemics and end these scourges is the voices of the people directly affected. And what's been

missing is the voice of drug users. When all you have is a hammer everything is a nail. And in terms of our drug policy on all levels drug users have been the nails. We've just been beating them down. And that includes the people that care for them and the community at large. I too like the prosecutor believe that we need to think of the needs of all New Yorkers when we're talking about our drug policy. Unlike her I feel like we need to hear more from drug users and the agencies and the… the service providers who represent them and support them. So for that reason… for reasons of accountability and transparency. We need this office. I believe this office can serve a similar role to the end of the epidemic taskforce that we saw on the state level unless you make a concerted effort to call all stakeholders to the table with a goal of meeting a problem head on then people will continue to stay in their silos and you know not coordinate and not get the task done at hand. So again I thank you very much for the opportunity to speak and we hope… I hope to see this proposal go forward. Thank you very much.

DANA BEAL: Can you hear me? Thank you. My name is Dana Beal. I'm also with Act Up but I'm actually representing a No More Drug War Coalition here today. I bumped into Bill de Blasio and gave him that leaflet that I gave you. If you look on the leaflet you see a little pink… a little pink photo there that shows neurons before and after a growth factor. And my question is kind of say you had an actual breakthrough treatment for heroin, something that would get people off heroin overnight. On that disk I gave you there's an episode from Special Victims Unit where they show just that. This has been seen by millions of people all over the country maybe ten times. This is known about. I tried to find out who to talk to… who's in charge of the heroin epidemic in New York? We want to have a clinical trial. We have a very promising medication, a breakthrough… This is what I have to say to Bridget Brennan. Routine things, arresting people, arresting 155 pounds… I'm certain you do that very well Mrs. Prosecutor. But say somebody comes along with a really new idea and they need to get the support to do a large open enrollment simple comparative trial of ibigane [phonetic] and

the nida [phonetic] synthetic version of ibigane HE and MC. Who do you talk to? I've tried to talk to your staff Andrew. I believe… woman named Gibson on your staff?

CHAIRPERSON COHEN: She's texting me as you speak.

DANA BEAL: Yeah. Well the… the… the point is who do we talk to about clinical investigation. It's…it's something new. In other words there's nobody setup to evaluate a new idea if somebody comes along with a new idea. And we need some new ideas to deal with this heroin problem. We really do. I also want to point out this is the only drug that works for crack. This is the only drug that works for crystal meth. Drugs for which there are no treatments what's so ever. It was invented in Staten Island. Next month we're going to do the first ibigane treatments in Afghanistan, the people who attacked us are going to get the cure for heroin before the people in New York City. There's something wrong with this picture.

DOUGLAS APPLE: Thank you. My name is Douglas Apple and I'm here representing today the

New York State Association of Substance Abuse Providers known as ASAP and I'm also the Executive Vice President of Samaritan Village, a large treatment program located in Queens. I want to thank you Councilman Cohen and Councilwoman Gibson for your effort her and also Councilman Johnson. I have prepared testimony that you have but I thought after listening for the last few hours that I would do a top ten David Letterman list for why this bill really makes a lot of sense. There are gaps in treatment, there are gaps in services, and there are gaps in the system identified by all. The city said that. The special narcotics prosecutor said that. Everyone you've heard today identified gaps that need to be closed. Number nine, a national model. You have the chance. The administration has a chance to create a national model. As far as I know no other city in the country has an office like this, an office dedicated to this important issue. Number eight, and this is for the Mayor Leadership. He has the opportunity to lead in this area, an area that's important I know to him both in… as an administration and also personally. Number seven, assure, assure the balance between

prevention, enforcement and treatment. You've heard it again and again. We need someone who's looking at the big picture and helping to do that. Number six, data and research. There is enormous opportunity to take the kind of data you heard from the police department, from the health department, from HHC from the Department of Education and the 27 other agencies involved in this issue and really think holistically about that data and the research that can be done with it. I think it could really make a huge difference. Number five, one stop shopping. There is no one place to go now for somebody who wants to talk about this issue. There's no one way to talk about it in a concerted fashion. This could give you that. Number four, resources. Very little talk about that today. This is an opportunity to bring new resources to the table. There are federal and state and private foundation resources that could be accessed that haven't been by the city historically. Number three, the input that you've heard today from advocates, from communities, from families, and from consumers… they're an important voice at the table and are often not there. Number two, the

system of treatment, the system I work within is funded exclusively by the state. The city provides no funding to treatment. We work closely with the city. We work closely with all the agencies at the table. We work closely with communities. But to be honest when your dollar comes from Albany you first look to Albany. And things are happening today in Albany that the city needs to be paying closer attention to. I know the Health Department is involved. I know that there's commitment but having someone focused on this will help the city be more effective in Albany, always a challenge. And number one I have eight seconds… this hearing, this hearing to me in my over 25 years of government experience is unprecedented. It has allowed to bring together advocates, agencies, consumers, everybody. We all talk to you today and I think that's important. But what we didn't do is talk to each other. And this office could do that. This office could give us the opportunity to sit at the same table in productive ways. Thank you.

CHAIRPERSON COHEN: Thank you for your testimony. This concludes this hearing. Thank you.

[gavel]

COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE, AND DISABILITY SERVICES JOINTLY WITH COMMITTEE ON PUBLIC SAFETY
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C E R T I F I C A T E

World Wide Dictation certifies that the foregoing transcript is a true and accurate record of the proceedings. We further certify that there is no relation to any of the parties to this action by blood or marriage, and that there is interest in the outcome of this matter.

Date June 29, 2015