CITY COUNCIL
CITY OF NEW YORK

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TRANSCRIPT OF THE MINUTES

Of the

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

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September 21, 2015
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HELD AT: Council Chambers - City Hall

B E F O R E: VANESSA L. GIBSON
Chairperson

COREY D. JOHNSON
Chairperson

ANDREW COHEN
Chairperson

RAFAEL L. ESPINAL, JR.
Chairperson

MELISSA MARK-VIVERITO
Speaker for the Council

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

Elizabeth Glazer, Director
Mayor's Office of Criminal Justice

Dr. Hillary Kunins
Assistant Commissioner
NYC Department of Department Health & Mental Hygiene

Robert Messner
Assistant Deputy Commissioner
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Joseph Fucito
Sheriff and Chief of Staff
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Brooklyn Borough President Eric L. Adams

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Dr. Matthews Hurley
First Vice President of Doctors Council SEIU
Practicing Physician in Emergency Room
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Hiawatha Collins
VOCAL, New York

Robert Suarez
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Kassandra Federique
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Julie Netherland
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Michael Brady
Director of Special Projects and Governmental Relations
South Bronx Economic Development Corporation SoBRO

Kirsten John Foy
Northeast Regional Director
National Action Network

Shaun D. Francois, I
President of Local 372
Board of Education Employees, District Council 37

Dr. Daniel Lugassy
NYC Bellevue Hospital

[sound check, pause]

[gavel]

SERGEANT-AT-ARMS: Quiet, please.

CHAIRPERSON GIBSON: Good morning, ladies and gentlemen and welcome to today's hearing. I am Council Member Vanessa Gibson of the 16th District in the Bronx, and I am proud to serve as Chair of the Committee on Public Safety. I welcome each and every one of you to City Hall, and to today's oversight hearing the Proliferation of the Illegal Synthetic Cannabinoids: Health Impacts and Enforcement. Today's joint hearing of the Committees on Public Safety, Health, Mental Health, Developmental Disability, Alcoholism, Substance Abuse and Disability Services and the Committee on Consumer Affairs is an important opportunity to discuss in detail the eruption of synthetic marijuana also referred to as K2 or Spice or Scooby Snax.

I want to thank my fellow co-chairs for their partnership, Chair Corey Johnson of the Health Committee, Chair Andrew Cohen of the Mental Health Committee, and Chair Rafael Espinal of the Consumer Affairs Committee. Today, we are proud to have joining with us our Council Speaker, Speaker Melissa

Mark-Viverito whose leadership has been key in this process and has made address synthetic marijuana a very important prior. The emergence of K2 and other similar drugs is a rising threat to the public health and public safety of all of our communities. And today's hearing is a strong call to action by this Council. Chair of the Committee on Public Safety, I firmly believe in taking proactive measures to ensure the health and safety of every New Yorker and our responsibility to respond to this timely issue must not get in the way of our thoughtfulness in creating a measured response. We have all seen the public sensationalize K2. The rhetoric we have heard is unhelpful and unproductive. It fosters fear and misconceptions instead of educating and addressing the truth. If we are to reduce the harm that can be caused by this potentially deadly substance, we must focus on the facts. Here are the facts:

K2 is sold in bodegas, grocery stores, and our corner stores in colorful packaging like this that is designed to be attractive especially to our young people and our youth. The most effective strategy for combating K2 is to take a stand against the owners of these businesses and cut K2 off at its

source and stop the supply. To that end, we will hear three bills today that present a balanced and thoughtful approach to regulation. Intro 885 sponsored by our Speaker will allow for the revocation and suspension or refusal to renew a cigarette dealer license due to the sale of K2. Intro 897 sponsored by Council Member Garodnick will make it possible for a nuisance to be declared due to the sale of K2. Intro 917 sponsored by Council Member Wills will impose penalties for the manufacture, distribution or sale of K2. I proudly co-sponsored all three of these bills, which work to punish those business owners and decrease the incentives for the sale of K2.

We all recognize the impact K2 has on the public health and safety of all New Yorkers, but it is important that we work and address the underlying reasons for those who choose to use K2 in the first place. The fact that many individuals may be dealing with forms of drug use, drug abuse and drug misuse, the fact that we must develop creative approaches that do not victimize users, but instead uses education, resources and programs to prevent addictions, overdoses and other collateral

consequences associated with drug use. Today's hearing is the first effort this Council is making to address K2, and we are all committed to working collectively with this Administration, health professionals, law enforcement, advocacy groups and other stakeholders moving forward. I look forward to hearing from the Administration, advocates and stakeholders on how this growing public health concern is being addressed, what lessons we have learned thus far and solutions and approaches we should consider. As Chair of Public Safety, I am committed to working with all of you on this very important issue.

I want to recognize and thank my hardworking Public Safety team for organizing today's hearing. My Legislative Counsel Deepa Ambekar; Beth Golub, Policy Analyst; Laurie Wenn, Task Force Member Robert Calandra; Fiza Ali, Theodore Moore and my Communications Director Dana Wax. Thank you to the entire team. Next, we will hear from our Speaker Melissa Mark-Viverito followed by my fellow co-chairs and then the two prime sponsors of Intros 897 and 917. Thank you and welcome once again, Madam Speaker.

SPEAKER MARK-VIVERITO: Thank you, Chair Gibson and good morning to everyone that is here. I want to thank the other co-chairs of this hearing today, Council Members Cohen, Espinal and Johnson, and their respective committees for chairing and co-chairing this important hearing. I also want to thank Council Member Wills and Garodnick for sponsoring two of the bills we are hearing today, and finally, I want to thank the members of the public and the many advocates who are here and who are committed to improving our city.

K2 presents real--a real threat to public health. The sellers of K2 prey on the most vulnerable New Yorkers who live in the shadows of our city. Its use has been prevalent in our homeless population, among those living on the streets and in the shelter system. Unlike other drugs that have been deemed controlled substances, the chemical composition of K2 is ever changing. As a result, the drug presents a unique enforcement challenge for the city as manufacturers of the drug continuously manipulate its chemical composition in an effort to circumvent the law. Several unfortunate factors have made K2 particularly popular. One factor is its

incredibly low cost. It's been known to be sold for as low as dollar per packet. Another factor is the ease of obtaining the product. It's been made openly available on the shelves of local bodegas. Additionally, our policing of marijuana may also have led users to K2 since the drug is commonly advertised as synthetic marijuana. Those in search of an illegal substitute to marijuana are led to believe that the drug has similar effects as marijuana. Unfortunately, effects of K2 are unpredictable at best. The drug could mimic marijuana, but it could alternatively have more serious effects akin go PCP and other life threatening narcotics.

In a recent two-month period 2,300 people were hospitalized in New York State due to the adverse effects of K2. 140 individuals in New York City were sent to local hospitals in a two-week period in April, 15 people across the country have died from using the drug. We need to address this public health problem and protect our fellow New Yorkers. The sale of K2 is of particular concern to me because my district has been one of the hardest hit. In fact, a media outlet dubbed the 125th Corridor as K2 Boulevard. Just a few weeks ago, the

New York Times published a piece highlighting the plight of users on K2 in Harlem.

I've already taken steps to address this problem in my district. This summer I requested a tight agency operation enlisting assistance of the Police Department, the New York City Sheriff's Office, the Department of Consumer Affairs and the Department of Health and Mental Hygiene. In a single operation the recovered nearly 8,000 bags of synthetic marijuana in two locations. A follow-up operation in the same corridor yielded an additional 2,000 packets of this substance. K2 is a unique problem that calls for multi-faceted solutions. We need to be thoughtful in our approach, and take appropriate measures. I have appealed to online marketers such as eBay, Craigslist and Backpage. I want to thank Senator Klein for his advocacy at the state level to take down K2 advertisements. But in addition to the online retailers, we need to target the local bodegas and smoke shops that sell these harmful substances under the potpourri or incense. The drug is often marketed in bright colorful packages, as the chair has demonstrated, sometimes covered in cartoon characters. The low price and

attractive packaging makes this drug attractive to young people and teens in addition to our homeless population. Our local businesses should not be allowed to profit from deceptive advertising and mislabeling, which comes at the cost of harming some of our most vulnerable New Yorkers.

We're protecting our community by cutting off the supply. We're targeting the businesses by criminalizing the sale of any drugs that mimics the effects of a controlled substance taking away very profitable cigarette licenses and even shutting down the businesses if they are caught selling this drug. But let me be perfectly clear. This is not about criminalizing the users. These users are often the same population that suffers from other forms of addiction and mental illness and are in need of services. And this is an opportunity to look at issues like marijuana policy that might be driving folks to this dangerous drug. While only one part of the solution, and it is not a problem that nay one legislative body or agency can tackle alone. Just a few days ago the U.S. Attorney in conjunction with Commissioner Bratton and other federal agencies indicated ten defendants involved in massive K2 drug

distribution ring that operated in all five boroughs. The unlawful importation involved approximately 260,000 K2 packets.

Finally, I again want to thank the Administration and the agencies that have together to tackle this issue, for all the work they have already done on enforcement of outreach, and I also really want to give a major thank you to my district office and my staff person Nia Mayella (sp?) who is here, and who has taken a lot of leadership on this issue. And for all the work that you all and the Administration continue to do to address this growing problem. I look forward to hearing the testimony today. I look forward to discussing these bills, and at the end of the day, not today literally, but at the end of this process that we will be passing these three pieces of legislation. Thank you Madam Chair.

CHAIRPERSON GIBSON: Thank you very much Speaker Melissa Mark-Viverito. Thank you truly for your leadership and obviously this hitting your district on a very aggressive way your leadership has been crucial, and we are thankful to you and your staff for not only making sure that we address these issues, but providing these packets for us, which we

found on the street, in the community. It was not consumed by any of us. Please be aware. Thank you very much Madam Speaker, and next we will hear from our co-chair, Chair of the Health Committee Council Member Corey Johnson.

CHAIRPERSON JOHNSON: Thank you, Chair Gibson. Good morning everyone. I'm Council Member Corey Johnson, Chair of the Council's Committee on Health. I'm pleased to be joined by my co-chairs Council Members Gibson, Cohen and Espinal, and by the Speaker, who we just heard from. We are also joined by multiple members from the Health Committee Council Members Koo, Espinal, Arroyo, and I think those are all--Eugene and Mendez. Today's hearing is on a serious public health threat to our city, the growing problem of synthetic drugs that are often referred to as synthetic marijuana or K2. The call for packaging, light-hearted branding, and location on the shelves of bodegas around the city suggest that these substances might be legal, and harmless. Their labeling is deceptive rarely, if ever, stating the psychoactive ingredients making it impossible for a buyer to know what is inside. Even the name many use to describe it, synthetic marijuana, suggests that it

is no more harmful than actual marijuana. So it may appear to some to be legal or at least a more readily available substitute. But make no mistake, synthetic marijuana is not marijuana. Synthetic drugs by whatever name are not safe, and synthetic drugs particularly if we pass the legislation being heard today are not legal. Emergency hospitalizations due to the use of these drugs are on the rise. They can exacerbate mental health problems, and they're unpredictable since they type and quantify--since the type of--and quantity of psychoactive chemicals they contain are ever-changing making adverse reactions difficult to treat. I urge New Yorkers to not be fooled by the misleading way these drugs are branded and sold. It is time to end illegal ambiguity around these substances, end the deceptive marketing and end the regulatory whack-a-mole that has made it difficult to get these dangerous substances off the shelves. It is time to hold the people who are manufacturing and selling these drugs in New York City accountable. It is time to educate New Yorkers to the dangers of these substances, and a part of that is making sure that it isn't being sold next to candy bars and newspapers at the corner bodega.

As a side note, I believe that part of the blame for this increase in popularity of K2 and other smokable synthetics lies on our outdate marijuana laws. Some people smoke K2 to avoid a positive drug test for marijuana a much safer drug. This is another reason that we should be taxing and regulating marijuana rather than criminalizing it and driving people to alternatives like K2. Thank you very much, Madam Chair, and I look forward to hearing everyone's testimony today.

CHAIRPERSON GIBSON: Thank you very much Chair Johnson, and next we will hear from fellow co-chair Andrew Cohen, Chair of the Mental Health Committee.

CHAIRPERSON COHEN: Thank you. Council Member Johnson, you made some good points. Good morning. I'm Andrew Cohen and I am the Chair of the Council's Committee on Mental Health, Developmental Disabilities, Alcoholism, Substance Abuse and Disability Services. I am pleased to be joined by my colleagues with whom I am co-chairing this hearing, Vanessa Gibson, Chair of the Committee on Public Safety; Corey Johnson, Chair of the Committee on Health; and Rafael Espinal, Chair of the Committee on

Consumer Affairs, and we've been gratefully joined by the Speaker. I want to acknowledge members of the committee Council Member Vallone, who is here and is in Aging next door. I would like to voice my appreciation for the Speaker Melissa Mark-Viverito as well as Council Members Garodnick and Wills for leadership--their leadership on this issue spearheading legislation that brings us here today, and which we hope will assist in solving the problem plaguing our city.

Today's hearing on synthetic cannabinoids addresses a situation that unfortunately impacts a growing number of New Yorkers, the horrific dangers to the public health inherent in these drugs is of great concern to me and this Council. Synthetic Cannabinoids also know as K2, Spice and other names is comprised of an herbal base, which has been sprayed with chemical additives that when consumed produces a psychotic effect, which may include agitation, anxiety, paranoia, hallucinations, nausea, vomiting, high blood pressure, tremors, seizures and violent behaviors among others. This past spring and summer we witnessed an epidemic of reported emergency room visits due to K2 consumption. Between April 8th

and April 15th alone there were more than 120 individuals who visited the ER because of K2. The reports we are hearing regarding K2's immediate side effects are disturbing in and of themselves. Still, I am given even greater pause when I think about the longer-term effects of this drug that we do not yet know such as its addictive--it's addictive nature and whether it causes permanent brain damage. There is a lot to discuss. So I shall end my opening statement here by saying I look forward to hearing from the Department of Health and other experts who I hope will share new information on this public health problem as well as give their support to these three pieces of legislation, which we are confident will aid in curbing the epidemic.

One last thing, as always, I would like to thank my committee staff for their work in preparing for today's hearing, Michael Benjamin, our Policy Analyst and Kimberly Williams, the Committee's Counsel whose last day I think is tomorrow. Is tomorrow her last day? Well, thank you very much, Kimberly, for all your work. I'd also like to thank my Legislative Counsel Kate Diabold (sp?) for all

her work in preparing for today's hearing. Thank you.

CHAIRPERSON GIBSON: Thank you very much, Chair Cohen, and next, we will hear from Chair Rafael Espinal, Chair of the Committee on Consumer Affairs.

CHAIRPERSON ESPINAL: Thank you, Chair Gibson. Good morning. My name is Rafael Espinal. I am the Chair of the Consumer Affairs Committee. Joining me from the Consumer Affairs Committee we have Vinny Gentile form Brooklyn. We have Peter Koo from Queens. Karen Koslowitz was briefly in the room, and myself. I want to thank my colleagues on the Council and the Speaker Melissa Mark-Viverito for opening this dialogue on the growing problem of K2 in our city. I look forward to learning more about the situation on the ground, and to considering the responses to proposed legislation that would be heard today. As a legislator, I'm in favor of legalizing marijuana because it is a safe and natural substance and legalization and regulation will further ensure its safe usage. But I am very troubled, however, by the prevalence of drugs that are made of synthetic chemicals because their composition and effect are impossible to know for sure. Of the broad category

of synthetic chemical drugs, these substances known generally as K2 are particularly troubling because the combination of chemicals in them is constantly changing, and we can't study its impacts because we don't know what it is. And it simply distressing that an unknown and potentially dangerous substance is so broadly available in bodegas and retail shops across the city. While I understand that today's hearing is not about the legalization of marijuana, I want to express my belief that legalizing marijuana will go a long way towards dissolving the K2 market. Various news articles have noted that K2 users believe it imitates the effects of marijuana, but is cheaper, easier to get and undetectable in tests. Some news articles have reported that the actual effects of K2 are unpredictable and sometimes dangerous. Even though legalization is not the topic of the day, I think it's an important piece of context to keep in mind.

As Chair of the Consumer Affairs Committee I'm deeply concerned that the false and deceptive labeling that K2 manufacturers do to present dangerous synthetic chemicals as a cheap and fun recreational product. Bodegas are a

quintessential fixture of New York City's neighborhoods, and it is especially true in low-income communities where they are also your most reliable spot for basic groceries. K2, a potentially dangerous inappropriately labeled product should not be sold next to milk and sugar in your neighborhood store. Again, thank you to my colleagues for this important dialogue. I look forward to hearing testimony from the Administration and the advocates.

CHAIRPERSON GIBSON: Thank you very much Chair Espinal, and thank you to all of my co-chairs for your work and to your staff for getting us to this point today. We've been joined by Council Members Peter Koo, Steve Matteo, Maria Del Carmen Arroyo, Rafael Espinal, Dan Garodnick, Vincent Gentile, Andrew Cohen, Corey Johnson, Mathieu Eugene, Jimmy Vacca, Rosie Mendez, and Ruben Wills. And next, we will hear from the prime sponsor of Intro 897, Council Member Dan Garodnick.

COUNCIL MEMBER GARODNICK: Thank you very much, Madam Chair, and to all of the chairs, and I will be brief so we can get the show on the road. The only thing that I would add to what has already been said is that K2 is just wasting people away, and

sending them to emergency rooms all across New York City, and we need to act. Because of the changing nature of the chemical composition here, it has become or it has been difficult for lawmakers to target the drug, and as a result, producers and sellers continue to brazenly push these drugs out onto our streets. So, the bill that I have introduced, which is 897, would make the sale of K2 a nuisance, and if a store continues to sell it, the city can seek an injunction from a court to shut down the business until they clean up their act and clean up their aisles. While we may not be able to identify ever single strand of this drug, we can and will go after the bad actors who continue to peddle it across our city. This will be, I believe, a powerful tool for us to combat this elusive and dangerous drug. So I thank you again for holding the hearing, I look forward to your testimony today.

CHAIRPERSON GIBSON: Thank you very much, Council Member Garodnick, and next we will hear from the prime sponsor of Intro 917, Council Member Ruben wills.

COUNCIL MEMBER WILLS: Good morning. Thank you very much, Chair, for having this hearing.

Today, we will be hearing one of the bills, which is Intro 917. This bill targets the major businesses and sellers that we know to be the primary sources of the synthetic drugs, and we want to make sure that myself and the co-sponsors, to make sure this is not a Rockefeller esque overreaction. We want to make sure that those who are unfortunately the users of this drug, are not the ones that are throw in prison for long incarceration times. But those who are homeless and mentally ill, and others who have fallen to the negative--the negative--the negative issues that this drugs has--has put out are those being helped the most. Those who are selling these drugs need to deal with the ramifications and today we hope to pass or today we have a hearing on as set of bills that will do just that. Thank you, Madam Chair.

CHAIRPERSON GIBSON: Thank you very much Council Member Wills, and now we will begin with our fist panel. We Director Elizabeth Glazer of the Mayor's Office of Criminal Justice. We have Dr. Hillary Kunins, the Assistant Commissioner from the New York City Department of Health and Mental Hygiene; Assistant Deputy Commissioner Robert Messner from the New York Police Department; Joseph Fucito

from the Department of Finance Sheriff's Office, and Amit Bagga from the Department of Consumer Affairs who are all on the panel. May you all raise your right hands so that we can swear you in those of you that will be testifying.

LEGAL COUNSEL: Do you affirm to tell the truth, the whole truth, and nothing but the truth in your testimony before this committee, and to respond honestly to Council Member questions?

CHAIRPERSON GIBSON: Thank you very much. You may begin.

ELIZABETH GLAZER: Great. Thank you Chair (coughs) Chair Gibson and good morning Speaker Mark-Viverito, and Chairs Cohen, Johnson and Espinal, and members of the Committees on Public Safety on Health--Health--Mental Health, Developmental Disability, Alcoholism and Disability Services and the Committee on Consumer Affairs. My name as Chair Gibson noted is Elizabeth Glazer, and I'm the Director of the Mayor's Office of Criminal Justice. I appreciate the opportunity to testify here today. Over the last two months my office has coordinated the Administration's work to develop and implement a multi-agency strategy to reduce, um, the demand and

supply of Synthetic Cannabinoids often known by the brand name of K2. And I'm joined here today by the leadership from some of the agencies that are working to implement this strategy, Hillary Kunins, Assistant Commissioner from the Department of Health and Mental Hygiene; Sheriff Fucito; Commissioner Messner from the Police Department, and from Consumer Affairs--I'm sorry, Deputy Commissioner Bagga from the Department of Consumer Affairs. The Health and Hospitals Corporation, the Law Department, Department of Homeless Services and the Attorney General's Office are also important partners in this multi-agency strategy. And those agencies have been meeting bi-weekly since the beginning of August and have been working on a plan that addresses the complicated and multi-pronged both public health and public safety issues that K2 presents. And that members have already referred to today. The effort has already seen results. There's been a seizure of over 100 kilograms of the drugs from sellers. We're in the process of educating users and potential users about the dangers of K2, and working with the City Council to develop legislation around the sale of K2 and providing other kinds of options to deter its use and

sale. And my testimony will discuss those three strategies.

As the Council knows, K2 consists of leaves sprayed with chemicals, and those are either smoked or otherwise ingested, and because as a number of members have noted, the exact compounds contained in K2 products change frequently. Risks and adverse consequences are unpredictable. K2 has led to a dramatic increase in emergency department visits since April with more than 2,300 K2 related emergency department visits occurring in July and August alone. And the type and severity of symptoms are variable, but most commonly individuals under the influence of K2 appear sluggish and have some symptoms similar to opioid overdoses. Less common, some may also appear highly agitated and have symptoms similar to PCP use. K2 packets are commonly sold at bodegas and convenience stores and appears to be clustered in a few neighborhoods in Harlem, as the Speaker noted in the 125th Street Corridor and some neighborhoods in the Bronx and Brooklyn as well.

Among patients appearing with K2 related problems in emergency rooms in the city the median age is 37. So its use is slightly older and 90% are

male. The first component of the city's multi-agency strategies to drive down the supply of K2 in New York City and to accomplish this, the Police Department--Sheriff's--the Sheriff's Office, Department of Consumer Affairs, the Department of Health and Mental Health are conducing a coordinating enforcement of existing law investigating bodegas suspected of selling the drug and seizing discovery of K2. These efforts have been proceeding over the summer and the Speaker noted several results in her district. And last week we saw the results of a major investigation into the trafficking of K2 from overseas. Its manufacture and distribution that works within the city. The City in partnership with the Drug Enforcement Administration conducted searches of five processing and manufacturing facilities and warehouses that resulted in the seizure of about $17.5 million worth of K2 product ingredient and paraphernalia including at least 120 kilograms of synthetic compounds used to make K2 and 150,000 packets of finished K2. Ten individuals were indicated by the U.S. Attorney's Office in connection with these charges. In addition, more than 80 stores and bodegas throughout New York City were inspected

as part of the enforcement action. The two earlier enforcement efforts that the Speaker referred to that led to seizures of K2 packets near 125th Street resulted in a 40% decrease shortly thereafter in K2 related emergency room visits among residents of East Harlem. We anticipate that this major strike that I've just described by the--by federal and city partners will have a significant effect on K2 use in the city because of the disruption in supply and we'll be following that closely.

Additionally, the Department of Consumer Affairs has issued, and will continue to pursue violations for inadequate and misleading labeling. Consequences for retailers selling K2 include the assessment of fines and the potential suspension or revocation of licenses issued by the agency such as cigarette retail, DOA licenses. Multi-agency enforcement actions will continue, and the results of those actions will be widely shared with bodega owners and cigarette distributors to increase the awareness of the consequences of selling K2.

The second component of the City's strategy is reducing demand for K2 in New York City. The City Health Agency--agencies are monitoring

cannabinoid related emergency department visits daily, and are developing a standardized treatment protocol and management plan for people who present with K2 use in emergency rooms. DOHMH has already issued three health advisories on the dangers of K2 use and distributed educational materials to K2 sellers, individuals who might be using K2, and healthcare providers. And D-O-DCA, the Department of Consumer Affairs and DOHMH are working on spearheading a comprehensive public awareness campaign that will educate users and potential users about the harms of using K2, and dispel many of the myths that have been raised here today surrounding the marketing of K2 as legal and safe. The public awareness campaign will strategically place advertisements near hotspots for K2 use.

Additionally, this fall New York City will hold a summit on K2 that will address the harmful effects of its use as well as best practices for treating users from both a public safety and health perspective. The summit, which builds off of a successful model recently used in Houston, will engage law enforcement, healthcare and social service workers, substance use treatment specialists,

government staff and elected officials. And it will examine the populations affected, the kinds of interventions whether health or enforcement that are most effective in stemming the tide of K2. The third component of the city's strategy is working with the City Council to deter the sale of K2 in New York City. It's currently a violation of New York State law to possess, sell, offer to sell or manufacture K2. Stores in possession of K2 can be fined $250 per packet and continued and repeated violations may result in closure of the retail establishment. The legislation currently being developed by the Council would expand available enforcement options by creating a misdemeanor for the manufacture, distribution or the sale of K2, as well as the intent to sell K2. The misdemeanor would carry a criminal penalty of fines of up to $5,000 and jail time of up to one year, and civil penalty of fines of up to $10,000.

The draft legislation also addresses a problem that has hampered enforcement efforts, efforts is that the chemical makeup of K2 can be adjusted by manufacturers to evade any new regulation. This legislation rather then focusing on

the particular chemical makeup of K2 defines K2 as any substance commonly known or represented to be synthetic marijuana. And thus, as long as a product is marketed or represented as K2 and is intended for human consumption it would be prohibited by the new legislation.

My office's work is informed by an understanding of public safety and public health problems as hydraulic that changes one part of a system inevitably affect the rest of us. And our approach here is to take that approach to intervene at all points of the K2 pipeline to address this problem. Both user focused treatment and educational approaches and targeted enforcement against the sale of K2 will ensure that we drive down both the demand and supply of K2, and a legislative change will help to ensure that this work has a lasting impact. Thank you for the opportunity to testify here today, and my colleagues and I would be very happy to answer questions.

CHAIRPERSON GIBSON: Thank you very much, Director Glazer. We appreciate you and your colleagues being here, and we will be prepared for several questions. I want to acknowledge the

presence of Council Members Rory Lancman, Elizabeth Crowley and Robert Cornegy, and now we will hear from our Speaker Melissa Mark-Viverito.

SPEAKER MARK-VIVERITO: Thank you Madam Chair and thank you so much, Ms. Glazer for being here to address this concern. Just a couple of quick questions and I--and I, you know I do want to thank the leadership of this Administration. I know Mayor de Blasio based on our wanting to work together and the concerns we were raising about what was happening on 125th Street was personally hands-on on this matter. And so multi-agency conversations have really been great, and have produced a lot of work in a short period of time, and I think that definitely needs to be recognized. I think you've heard from a lot of the opening statements from the Chairs of the different committees about our positions and marijuana policy. I think it's something that we are concerned about and I think something that needs to be reviewed, and as a result, we have concerns that maybe this is a way the existing policies--I know there's been some slight changes, but may be driving towards the use of other substances as a way of trying to evade any sort of enforcement. You know,

so it's been reported that users of K2 use the drug because it doesn't appear on drug tests. So do you think in anyway that marijuana prohibition increase K2 use or do you see any solutions to this problem, any concerns that that might raise in terms of current existing policy?

ELIZABETH GLAZER: So I...I understand what the--what the Council has raised so far. I think that, you know, our approach, as you know, has been to--to make--ensure that sort of drug policy does not have inadvertent collateral consequences on users. So that was certainly what was the driving force behind sort of the new Police Department policy of no longer arresting for mere possession, but issuing violations. But I think that we still think that there are adverse consequences from drug use in many different forms. And so, the notion that's sort of been put here--forward here today about decriminalizing marijuana entirely, the sale, possession with intent to sell is not something that the Administration supports.

SPEAKER MARK-VIVERITO: So would not in terms of any change of state laws of state policies either? There's no interest in reviewing that?

ELIZABETH GLAZER: So I think a state law that, um, that--that mirrors what we've now done as a matter of policy in New York City with respect to 25 grams or less of marijuana being treated as a violation, that's something that we would definitely support.

SPEAKER MARK-VIVERITO: I mean this is an issue that we will continue to engage way. I know when it talks to, you know, non-violent low-level offenses that is definitely that is of concern to me personally and a concern to this City Council in its conversations we've had with the Commissioner and we will continue to review because there may be a correlation and if that's the case of existing policy and then diverting people to other uses, in this case K2, that is something we have to continuously revisit. And I think that that's still up for conversation. So, I appreciate your response. Now, in terms of you talked a little bit in your testimony that there is some sort of an--there's an outreach effort or an informational campaign that's being developed out of the Department of Health. Can you talk a little bit in more detail what is that going to look like? Is it going to be PSAs? You know, is

it-- What level of engagement--how is the community going to be engaged on this matter? If you could maybe give a little bit more substance on that.

ELIZABETH GLAZER: Yeah, let me turn it over to my colleague from the Department of Consumer Affairs together with the Department of Health who's working on a broader outreach.

DEPUTY COMMISSIONER BAGGA: Thank you so much, Director Glazer and, of course, I ask my colleagues from Health to jump in at any point in time in responding to your question, Madam Speaker. We are working, that is the Department of Consumer Affairs is working very closely with the Department of Health on a multi-pronged public awareness campaign. The goal of the campaign is twofold. One is to target users and potential users. Of course, as we know, K2 use has presented primarily amongst a certain demographic largely male median age of 37, many of whom are homeless and also retailers. That's the sort of second set of universe of individuals that we are targeting. For users and potential users our goal is to make very clear that K2 is very harmful. It is very dangerous. It is not marijuana and it is distinct from marijuana, and the effects of

K2 are not the same as the effects of marijuana. And as far as retailers are concerned, we think that there is a sense that the sale of K2 might be legal or perhaps is permissible in some way. And we want to make sure that retailers are fully aware that it is, in fact, already legal. And as a result of the passage, hopeful passage of the bills that we are discussing today, that the penalties will be significantly increased. In terms of the actual components of the campaign, we are planning outdoor advertising to include bus shelters and kiosks, et cetera. Um, I can get back to you on the exact number of bus shelters that we will be targeting, but they would be in neighborhoods where we seen a strong presentation of K2 use. And, of course, all of that data is tracked by the Department of Health. We are also planning on printing brochures that we would make available in many languages that would be distributed throughout different types of facilities, including facilities that provide care to folks who might be experiencing negative effects of K2, homeless shelters, community centers, et cetera. There are additional components of the campaign that

are still being worked out, and we're happy to get back to your office on that.

SPEAKER MARK-VIVERITO: Are there--is there any thought of doing PSAs?

DEPUTY COMMISSIONER BAGGA: Um, we have considered, um, the potential production of a video that would be featured online and could be easily shared online, and that is definitely under consideration.

SPEAKER MARK-VIVERITO: But no advertisement that we do for smoking or against sugar, meaning the Department of Health on New York One or on other stations?

ASSISTANT COMMISSIONER KUNINS: Uh, thank you. I'll pick it up from Amit. So we are--we considered that very carefully. We feel that--I think after review of our data and sort of the way health consequences have been distributed around the city that street level bus shelters, visible locations in affected--in heavily affected areas will be more effective likely at reaching the target population and of users and potentials than in a more widespread campaign.

SPEAKER MARK-VIVERITO: Okay. I definitely would--would, you know, as you get closer to launching, and hopefully this will be soon, that we--that we could sit and get more information for Department of Health of what that looks like and Consumer Affairs. The last question I'll ask is with regards to obviously this enforcement or this real focus on the sale of K2 in the bodegas and the actions that have been taken so far and the focus on the criminal--you know, the--the laws that we're passing, is there any concern that there might be an increase in street sales of K2? And what has been the thought process behind that if that is a concern? Do you think that's going to drive it to the streets, and people trying to sell it that way?

DEPUTY COMMISSIONER MESSNER: [off mic] I'm Rob Messner. I'm Rob Messner from the Police Department. Clearly crime constantly evolves and every action that's taken by government and enforcement causes a reaction from criminals. So it's--it would be unlikely that enhanced enforcement against sale occur in a bodega would result in the evaporation of all sales. It's much more likely that there would be some displacement. Of course, what we

always hope is that with displacement comes some reduced level of sales. That as it becomes harder to sell and less profitable to sell, you see fewer sales. But I think it would be reasonable to assume that as enforcement in the bodegas becomes more effective and consequently that deters sales in the bodegas that the sales will occur other places. And that becomes part of the Police Department's normal, um, diagnostic work to track where the sales are going to, and to then address those sales.

SPEAKER MARK-VIVERITO: And, you know, obviously understanding thing evolve, you know, but I think a lot of us have made clear also that n terms of our focus and wanting to, you know, pass these laws and help and work collaboratively with the Admin. You know, when people have legitimate issues, substance abuse or addictions, et cetera, you know, we don't want this to be kind of another out to give NYPD a reason to crack down on individual users, right. I mean the sale if somebody is obviously actively engaged in that understood, but, you know, there's a lot of underlying problems that a lot of times people that are using these substances may have whether it's homelessness, poverty, unemployment,

whatever it may be and that we have to make sure that we're focusing on the underlying issues as well as we're looking at enforcement, right? And not give us this false sense that something is being addressed by just cracking down unreasonably on individuals, people that may have, you know, substance abuse issues and mental health issues, and need additional support services. So I think that's something we really want to get across here is that concern. I know it's a delicate balance, but the easiest thing to do would just be to kind of just, you know, arrest people randomly and be aggressive on that front, and it's still not getting at the underlying challenges and issues that we may have as a city or a society or as a community. So I just want to make sure I'm clear about.

ELIZABETH GLAZER: Speaker absolutely, and I think, Speaker, when you see the people who are sitting together at this table, that's very much been sort of the approach of this group, which is we want to go to the places where there's the biggest bang for the buck. And as a result, you saw this massive focus on really disrupting supply and sellers last week. And that's been the ongoing work here, and

then from the Department of Consumer Affairs and from Health and Hospital Corporation from the Department of Health very much are focused then on who are the users and how do we make this--how do we address those issues, which as you point out are multiple. And that's not an easy answer, as you're aware, but something that we're very committed to working on as a sort of comprehensive solution.

SPEAKER MARK-VIVERITO: I appreciate that. Thank you, Ms. Glazer, and I'll give it back to Chair Gibson.

CHAIRPERSON GIBSON: Thank you very much, Madam Speaker, and I'd like to acknowledge the presence of Council Member Inez Barron, Majority Leader Jimmy Van Bramer, Steven Levin, and I just have several questions I want to ask. And also understanding that this is something that's constantly evolving, and we're learning more things about K2 each and every day. But in addition to K2 synthetic marijuana, Scooby Snax, I learned other terms like Black Mamba, Crazy Monkey, Crazy Clown, Dead Men Walking, Bliss, Bombay Blue, Fake Weed, Genie, Mr. Nice Guy. So as we look at some of the PSAs that we're launching in terms of the public

message, really educating the public on the different words and the verbiage that's, you know, being used. I'm particularly concerned about the young people, and the fact that you can have a wrapper that looks like this, that looks like candy almost, and how we can make sure that the message to all individuals, especially young people is that this is potentially dangerous. So you talked about the PSA that DOHMH is launching with Consumer Affairs, and I'd also like to know since we've had an increase in the number of hospitalizations are we also seeking a partnership with HHC as well because of the fact that we have many emergency room visits to make sure that if you're in the emergency room there could be a PSA message there as well?

ELIZABETH GLAZER: So, um--so, um, HHC is a very active participant in this multi-agency effort. We just couldn't fit any more people at the table here today, but it's--one thing I'd like to say and then turn it over to my colleagues in the Department of Health is I think this issue that you raised of the packaging being attractive to youth is something that we're very aware of and sensitive to. And what we've seen so far is that the used is

actually skewed much older, not to a younger population. And so, what we have to sort of consider carefully and be sort of strategic about is how do we have a public awareness campaign that does not attract youth to something that there--it doesn't appear that they're using right now.

ASSISTANT COMMISSIONER KUNINS: So I'll just echo the concern about making such widespread information to young people who have not heard of the substance is a challenge that has been raised by other colleagues, and I think that in New York City what we have seen unlike some other jurisdictions is that health consequences are not be experienced by young people, suggesting that use is extremely limited, if at all. And this is very different from several other jurisdictions across the country. Although increasingly nationally we're hearing reports of similar populations be affected as we're seeing in the city. I think you're suggestion about make sure materials are available to patients who may be presenting to emergency departments is very good, and we anticipate that what we develop can be used in those settings as well.

CHAIRPERSON GIBSON: Are there any distinctive factors that we should be looking at in terms of K2 usage that could potentially overlap with other forms of drug use? So in the hospitals are medical professionals being trained, and how do they know to identify if this is an individual who's been using K2?

ASSISTANT COMMISSIONER KUNINS: So that is, you know, the main purpose of our health alters. We, as you heard from the directors, we have issued three health alerts including one last week. Those health alerts go out to more than 40,000 medical providers in the city. They get distributed widely further on in hospital and clinic based networks. We know that our colleagues rely on these health alerts. So that's a very important factor. We also have given various health professionals from my group and from I know HHC have given talks, and engaged with medical providers all around the city both on the mental health side and on the physical side health side and will continue to do that.

CHAIRPERSON GIBSON: Okay.

DEPUTY COMMISSIONER BAGGA: If--if we may just add to that--

CHAIRPERSON GIBSON: Absolutely.

DEPUTY COMMISSIONER BAGGA: --from the Department of Consumer Affairs, I'd like to address two issues. One is the previous question you asked about youth I think it's something that we are very aware of, and we certainly do not want to be in a position where youth begin to use K2 in any way. As I think my colleagues have made quite clear, it's not presenting widely amongst youth in New York City, but it something we're tracking very closely, and we do want to prevent this becoming a problem amongst youth in New York City. On the issue of training, I also just would like to point out as Director Glazer earlier mentioned that the Department of Health and the Department of Consumer Affairs are jointly working on putting together a K2 summit for later this fall. And one of the key components of that summit is going to be training that--caregivers especially those who are sort of first responders be they EMTs or for example emergency room personnel. Training for them in terms of how to identify potential K2 use, and how to address it.

CHAIRPERSON GIBSON: Okay. Director Glazer, you alluded in the three components to the

Multi-Strategy Agency, which we really appreciate obviously focusing on East Harlem 125. In this multi-strategy agency, I'm thinking about what the Police Department is now doing around the homelessness issue, and the fact that within the multi-agency team, there are community stakeholders like organizations that do a lot of street homeless outreach that have the ability to connect to the homeless individuals in a very unique way. So with this multi-agency taskforce, are we also using some of the medical clinical professional staff that have a very unique skill that can help agencies? Because what I would find is when you have multiple agencies, officials approaching stores or individuals there could be a sense of, you know, a compromise or a resistance to even respond because it's city officials coming at us. So do you have any community organizations, medical health professionals that are involved in this effort?

ELIZABETH GLAZER: Yes and let me get you a full answer.

CHAIRPERSON GIBSON: Okay.

HEIDI SCHMIDT: Heidi Schmidt, Department of Homeless Services.

LEGAL COUNSEL: One second. I'm going to do the oath.

HEIDI SCHMIDT: Sure.

LEGAL COUNSEL: Can you just raise your right hand. Do you affirm to tell the truth, the whole truth, and nothing but the truth in your testimony before this committee, and to respond honestly to Council Member questions?

HEIDI SCHMIDT: Yes, I do.

LEGAL COUNSEL: Can you just state your name for the record?

HEIDI SCHMIDT: Heidi Schmidt. Okay, Council Member--Fine to address?

LEGAL COUNSEL: Yes.

HEIDI SCHMIDT: So, we've actually--as the Director mentioned earlier, we've been leading this multi-agency strategy. We've been meeting with UH, the NYPD around specifically 121st Street and Lexington, the whole corridor there. Common Ground is our outreach provider up there, and we've been doing really great work with street teams, with street homeless individuals working with clients coming from Wards Island, and we've been particularly focused, and as we've just said, they have a really

great relationship with people who are living on the streets. They know when they're moving to different corners to avoid other, you know, people who are trying to engage with them. But we have been doing that outreach and building the rapport and really getting the word out that K2 is really harmful to them.

CHAIRPERSON GIBSON: Okay. So to date what lessons have we learned so far from this multi-agency team that we have working on 125?

HEIDI SCHMIDT: I think the biggest thing is that it really takes not just one agency. It doesn't just take one provider. It really takes DOH. It takes PD. It takes DHS to really provide all these services and wraparound services, and to make sure that we're all on the same page as to our strategy when we engage street homeless individuals.

CHAIRPERSON GIBSON: Now, in terms of identifying the population that is using K2, existing drug treatment and alternative programs that we have are many of those applicable to the same population or are we looking at new forms of a drug prevention programs for those that may be addicted or may be

using because now we have K2 on our radar, and we may have to address it an approach it in a different way?

ASSISTANT COMMISSIONER KUNINS: So Commissioner Kunins. So I can address that question. Thanks. So I think--I think that's a really important question to be asking, and I would, you know, it's one that we've been reflecting about. I would say this in answer it is that once we address and tackle the problem of synthetic cannabinoids there will be another drug that we don't know about yet. And I think the principles of prevention and treatment are the same regardless of the substance that we have good treatment approaches. We can apply them to different substances. We need to learn as much as we can about how to address the specifics, but I think our providers are very much learning, as we are, to both prevent and address uses, and to take a comprehensive approach. I think somebody on the Council reflected that--I think the Speaker reflected that we need to address both underlying issues around other things going on in people's lives as well as the specifics of the substance. So I think the short answer is really we've been thinking about think and we think it's to build out the infrastructure that we

already have, and as our providers in the city are already grappling with.

CHAIRPERSON GIBSON: Okay. So for now, we're looking at the existing treatment programs we have as we continue to develop and research and get more information, right?

ASSISTANT COMMISSIONER KUNINS: Yes.

CHAIRPERSON GIBSON: Okay. Just two questions, and I'll get to my first co-chair. I know we have lots of questions, but from a public safety perspective I wanted to know if our police officers have been trained or understand how to recognize and acknowledge some of the symptoms of an individual who could be under the influence or using K2?

ELIZABETH GLAZER: We need you to swear in one more person. So this is Lieutenant Corbett from the Police Force.

CHAIRPERSON GIBSON: Okay.

LEGAL COUNSEL: Can you please raise your right hand. Do you affirm to tell the truth, the whole truth, and nothing but the truth in your testimony before this committee, and to respond honestly to Council Member questions?

LIEUTENANT ROBERT CORBETT: I do.

LEGAL COUNSEL: Can you please state your name for the record?

LIEUTENANT ROBERT CORBETT: Robert Corbett.

LEGAL COUNSEL: Thank you.

LIEUTENANT ROBERT CORBETT: The Police Department has issued one training bulletin to inform officers about some of the more agitated reactions that we've seen to K2, and the Police Department is also currently developing a larger training program to encompass all aspects of K2 from identification, treatment, and enforcement.

CHAIRPERSON GIBSON: So the existing training that you talked about how many officers fall under that? Is it in a specific command, borough or area?

LIEUTENANT ROBERT CORBETT: It's a tactical training bulletin that was put out by the Firearms and Tactics section, and it was circulated to all police officers through their normal range cycle when they went to qualify with their weapons.

CHAIRPERSON GIBSON: Okay, but that's a part of the normal annual firearms training, right?

LIEUTENANT ROBERT CORBETT: Twice annual.

CHAIRPERSON GIBSON: Twice annual. Okay. So after that the program that you said that's currently developing that's going to span across the entire department?

LIEUTENANT ROBERT CORBETT: Yes

CHAIRPERSON GIBSON: Okay, so in many of the current instances, you know, we have the article that talked about the recent bust that happened across the city. Are we having conversations with state and federal authorities in terms of who's manufacturing this product, and how it's getting into our communities and into our stores in terms of state/federal partnerships.

LIEUTENANT ROBERT CORBETT: Yes, we work with them closely. Our Intelligence Division and our Organized Crime Control Bureau would be the experts in that area.

CHAIRPERSON GIBSON: Okay, OCCB?

LIEUTENANT ROBERT CORBETT: Yes.

CHAIRPERSON GIBSON: Okay, that's in Chief Bartell (sp?)

LIEUTENANT ROBERT CORBETT: Correct.

CHAIRPERSON GIBSON: Okay, and as far as the current cases of individuals that may be on K2

and an officer approaches them and determines if they, you know, are dealing with side effects of K2, they're subsequently hospitalized. What happens after that hospitalization? Is that individual released, put in a program? Are they arrested? Can you give me a little bit of what happens in cases such as that?

LIEUTENANT ROBERT CORBETT: It would--it would depend on--and a case-by-case basis. If an individual came in contact with police officers and appeared agitated or distressed, their--their function would be to safely get him to treatment. If that was--if that was what happened, if they safely got him to an ambulance and to a hospital, he would have no further contact with the Police Department.

CHAIRPERSON GIBSON: Okay, but in some of the other cases where there could be--it depends on how much the individual has on them as well, right? Is that a part of it?

LIEUTENANT ROBERT CORBETT: Indeed. If an individual took some K2 and had taken it all, and had nothing left there would really be no enforcement contact, nor just, you know, a treatment contact. If the individual had additional K2 that he had not

ingested in his pockets or otherwise, there could be issued a summons.

CHAIRPERSON GIBSON: Okay, and I guess what I'm trying to understand is a lot of it is based on individual judgment by the particular officer, and trying to make sure that the users are not victimized because many of them are using K2 as an alternative to something else, or it's a combination of several different products. And really getting to the heart and the underlying issues of those individuals really need the treatment. And, you know, it's important for officers to understand and know what's out there in terms of resources. So taking the individuals to the hospital and then making sure that they actually get into a program is probably the greatest challenge that we all face. So, you know, I'd like to continue to have more conversations around it because we really must continue to look at this as public health crisis that really impedes on all of our public safety and public health. But, you know, I have more questions, but I will turn this over to Co-Chair Corey Johnson. Thank you.

CHAIRPERSON JOHNSON: Thank you, Chair Gibson. I will be brief. I want to similarly ask

the same line of questions that Council Member Gibson was just hitting on, which is, you know, decades of evidence has showed us that criminalizing drug possession and drug sales is an ineffective means of actually curbing drug use and prohibition instead further relegates drug use into the shadows making it less likely for people to seek help, and more likely to potentially overdose. So connecting people who do have substance abuse problems to treatment and social services that they're desperately in need of should seem like a key cornerstone and pillar of how we combat this moving forward. Thank you, Lieutenant for outlining what happens when we find someone who is currently using K2, but I want to understand. Right now if someone is found on the street, they're not selling K2, but they're using it themselves, is that a criminal offense? Are they going to potentially face criminal consequences because of that?

DEPUTY COMMISSIONER MESSNER: It's a violation of the State Sanitary Code, which is a violation, not a crime, and when the--if the Police Department were to take enforcement on that, they'd issue a summons under the Public Health Law.

CHAIRPERSON JOHNSON: So is that at odds in any way with getting people into treatment? I mean is it counterproductive to be sanctioning people who are potentially victim to a drug, and instead of connecting them to care, we're putting them into the criminal justice system?

DEPUTY COMMISSIONER MESSNER: Well, we're issuing them a summons.

CHAIRPERSON JOHNSON: And what we've seen in New York City over the past many years is that a lot of people can't make bail, and get caught up in the Criminal Justice System for minor things.

DEPUTY COMMISSIONER MESSNER: There's no bail for a summons.

ELIZABETH GLAZER: So let me just jump in here. So I think as you've sort of seen from the activity that's taken place this summer as we've seen the K2 issue come to the fore, the focus here is very much on disrupting sales, and disrupting supply, and the enforcement action last week was very much focused on the overseas importation of enormous quantities of these chemicals into New York City, and disrupting manufacturing and distribution. And the Police Department, the Sheriff, federal enforcement

agencies that were involved in that, that was their focus. On a day-to-day basis the multi-agency working group is also focused very much on the sellers. That is the bread and butter of what Commissioner Messner and Sheriff Fucito do every day. The focus is not on individuals who are possessing it. That piece is very much as the Department of Human Services raised, and as Commissioner Kunins has sort of outlined, those folks we have to understand better how to engage them and how to engage them in treatment. And how to anticipate early on before they get to an emergency room to disrupt that. So those are really sort of two separate prongs, but I would push back very hard on the notion that the focus of enforcement efforts is to summons.

CHAIRPERSON JOHNSON: I did not mean to suggest that. That was not what I was suggesting. I was just trying to understand what happens if someone is found to have K2 on them and have been using it. How many bodegas or other types of establishments in New York City do we believe are currently selling K2? Is it in the hundreds? Is it in the thousands? Do we have any real number?

ELIZABETH GLAZER: So we know that last week we hit around 90 bodegas.

CHAIRPERSON JOHNSON: Do we think that's every bodega? No.

SHERIFF JOSEPH FUCITO: [off mic] My name is Joe Fucito. [on mic] My name is Joe Fucito. I'm the Sheriff of the City of New York. I have some stats regarding our inspections from last year and this year, and it gives you a little outline. The Sheriff's Office is a law enforcement agency and also a regulatory component of the Department of Finance. Part of the duties of the Sheriff are to conduct regulatory inspections of licensed cigarette dealers. It's a closely regulated industry in New York State, and it gives us ability to conduct an administrative search of their inventories. Last year we inspected 395 locations out of 9,300 potential cigarette dealers in New York Stat--New York City. 2,386 cartons of unpacked cigarettes were discovered and 38,127 packages of K2 were discovered. I believe a portion of that was well before the initial attention that was given to K2, and the belief that was that businesses were legally authorized to sell this product. That was last year's figures. This year's

figures we conducted 161 inspections so far since July. We uncovered 804 cartons of unpacked cigarettes, and so far we have independent of the Police Department operations and the DEA operations, which went on last week, we have uncovered 1,800 packages of K2. So it is a smaller amount compared to last year's volume, which I believe is due to the fact that we've been giving additional attention to this topic. But if you're asking have we checked every business and every bodega, we have not.

CHAIRPERSON JOHNSON: Thank you. That's helpful. Commissioner Kunins, I wanted to ask the Department of Health and Mental Hygiene regularly uses science backed interventions to combat things that they consider to be a public health issue in New York City. Case in point is tobacco sensation, smoking, education programs, PSAs, things to try to reduce the number of New Yorkers who use tobacco. What type of approaches, science-backed approaches are we using on K2?

ASSISTANT COMMISSIONER KUNINS: So the challenge from K2 is that there isn't yet science about the best effective treatment strategies. What that means is we need to borrow from other treatment

principles that we know work for other substances, things that are called cognitive behavioral therapy, for example, motivational interviewing are two strategies that we are recommending based on our review of the scientific literature. We've disseminated these strategies to providers as best practices for the moment until there's more evidence. I think that it's a reasonable approach. I think that as new drugs become known and become disseminated into society, this is typically what providers do. They adapt previously known to be effective practices to the new situation at hand.

CHAIRPERSON JOHNSON: And lastly, currently the City Council is considering legislation not in front of this committee today, these committees today to create the New York City Office of Drug Strategy, which would be responsible for collaboratively developing and coordinating a citywide approach to illicit drug use. I think the value of this offer--this office is inherent as we discuss how to respond as a city to K2. We're also considering the complex factors impacting K2 users, and the many agencies that should be involved in developing a coordinated response. I know that you

all are speaking regularly, specifically as it relates to K2, but I--I would hope that this could be something that isn't just an ad hoc thing when an issue crops up, but a regular thing that a central office could work on together. And I wanted to see, Director Glazer, if you had a position on having an office like that.

ELIZABETH GLAZER: I don't actually.

CHAIRPERSON JOHNSON: Okay. Thank you very much, Madam Chair. Thank you all for your testimony and for your work on this.

ELIZABETH GLAZER: Thank you.

CHAIRPERSON GIBSON: Thank you very much, Chair Johnson, and I appreciate your remarks and certain echo the sentiments of the legislation that we have introduced to create and Office of Drug Strategy in terms of a coordinated approach, and looking at this as a health crisis. I just have one quick question in terms of the Sheriff's Office, DOF enforcement. What has been the reaction as you are going out to a lot of the grocery stores and bodegas in terms of looking at their, you know, obviously inspections, and now determining that many of them are selling K2, what's been the reaction? And then

number two, are you basing the enforcement on the public 311 calls, or is this general inspection enforcement that's already going on, and now you're also looking at K2?

[background comments]

SHERIFF JOSEPH FUCITO: I'm going to answer jointly with Commissioner Messner.

CHAIRPERSON GIBSON: Sure.

SHERIFF JOSEPH FUCITO: So, our inspections consist of tax complaints that come, and general regulatory inspections that we pick an area and decide to do those inspections. So that's one component. In addition as part of the strategy to help reduce businesses selling K2, the Sheriff's Office said every inspection will serve the Commissioner of Health's order embargoing and outlining what products are actually banned in case a store owner is unfamiliar and unaware of the types of items that they're not able to sell. So that's something that we do on every inspection since we started our joint strategy. And I'm going to let Commissioner Messner answer the other part.

DEPUTY COMMISSIONER MESSNER: The multi-agency enforcement targets are picked with input from

the partner agencies as well as the precincts. The Precinct Leadership Team draws upon the Precinct Community Council, complaints from members of the community that are delivered directly 311 calls, and also the precinct especially in the East Harlem 125th Street Corridor is--has very good ties with the advocacy community and the treatment communities for the target population that's up there, and so they draw upon them. So the goal is to obviously--when everyone does enforcement the goal is to try to pick targets that will have the greatest impact on the problem. And I think the results, which the Speaker outlined in her statement, show that we were able to do that so far. And I hope we'll continue picking appropriate targets that will have a maximum impact on the problem.

CHAIRPERSON GIBSON: Okay. Thank you. We've been joined by Council Members Ydanis Rodriguez, Karen Koslowitz, Paul Vallone and Jumaane Williams, and next we will hear from Chair Andrew Cohen.

CHAIRPERSON COHEN: Thank you, Director and panel for your testimony. I have a question--I first became aware of K2, but I'd never heard of it

until maybe early spring, but I had constituents who came to me and told me that this was, you know, was a problem, and I started to learn more about it. But the response from the precincts seem to be a little confused. It's like they didn't know what they could do and couldn't do and, you know, in your testimony there's a little bit about the composition issue. Could you tell--I'm not saying you got started off sort of flat, but could you explain to me what some of the enforcement challenges were initially? I guess we--you know, we--we seem to have developed a more comprehensive strategy, but I'd like to understand initially what happened.

DEPUTY COMMISSIONER MESSNER: As has been spoken about before during the course of this morning K2 is in some regards rather unique because it's a completely manmade substance, and its composition can be very easily altered as each batch of the underlying chemical is made. Incidentally, that's really one of the wonderful things about the bills that the Council is considering today in that they mirror the federal law on K2, which criminalizes both--both synthetic controlled substances and analogs of synthetic controlled substances, and the

Council's bills do that. So in other words, any substance which holds itself out to be a K2 substance is also criminalized under the Council's bill, and that's important. But yes, there are challenges, and much as yourself there came a point in time where we started to become aware of this, and obviously as with any new substance I mean my career is long enough that I remember when we first found crack and no one knew what it was. And K2 was a new substance, and the--there was a learning curve, and whereas Lieutenant Corbett mentioned, we have worked hard to instruct people. We've issued a bulletin. Members of the Legal Bureau, which is the unit that I command or I command a section of the Legal Bureau are working hard with people in the field to instruct on what applicable laws are out there, and through this multi-agency taskforce approach, and with the guidance of the Mayor's Office of Criminal Justice we are able to teach a lot of people how to deal with this most effectively. So I--I do agree with you that just like you learning about K2, we as an agency had to learn about it, and I think we're getting to a point where we're dealing with it effectively. And I think that the training that Lieutenant Corbett

referred to before, which is being worked on very expeditiously, but also with a great deal of thought, will go a long way towards addressing that. And it's also being constructed so that as the Director said, as things change we will be able to adapt our training to those changes.

CHAIRPERSON COHEN: Is there a--one element in the--in this packet that is sort of definitional that this is the active ingredient. This is what gets you high, so to speak?

ASSISTANT COMMISSIONER KUNINS: So I think the thing to keep in mind is that this is a family of chemicals that are called cannabinoids because they stick in the body to a particular place or receptors called the cannabinoid receptor, and those receptors have then certain variable effects that are a result from this family of chemicals that fit like a lock into a key, or a key into a lock and turn on that receptor. So I think it's cousins of chemicals. Some packets have one. Some packets have more than one, but they are similar into where they stick into the receptor in the body, and that's how they work.

CHAIRPERSON COHEN: I mean if we--if synthetic cannabinoids if they were illegal, that would cover all the packets?

ASSISTANT COMMISSIONER KUNINS: So the class of chemicals I--I think that my sense of the legislation we--that has been crafted that you all are--or that we are discussing today, there are some nuances in the way those chemicals can and should not be described so that we need to embody the chemicals that are both named in the law as well as sold as if. And I believe that that should address I think the point that you are raising about capturing the breadth of what is available.

CHAIRPERSON COHEN: But finally just to--to the Sheriff's Office, I don't--I'm going to embarrass myself. I don't know how big the Sheriff's Office is or how many people are devoted to the effort of going out to inspect primarily bodegas in terms of looking for this.

SHERIFF JOSEPH FUCITO: The Sheriff's Office consists of 140 sworn officers that includes 120 deputy sheriffs and 20 criminal investigators. We have a combination of about 30 deputy sheriff's

and investigators that go out and handle this enforcement piece.

CHAIRPERSON COHEN: I'm sorry. How many?

SHERIFF JOSEPH FUCITO: Thirty.

CHAIRPERSON COHEN: And do we--do we think that that is--I mean I don't--do we think that that's adequate? Do we think that that--how many--how often do these people go out? Is it everyday? Is it--?

SHERIFF JOSEPH FUCITO: We--you have to remember this started as our regulatory function. So this platform we built is on top of the platform where we go out and do inspections for cigarettes and tobacco, and that's a dialogue. It's--what you're asking is if we have enough people. Depending our future strategies, that would be a future dialogue that I would have with the Criminal Justice Coordinator.

CHAIRPERSON COHEN: Has there been any increase in--in resources I mean before you were--you had 30 doing--inspecting for cigarettes. Now, you have 30 inspecting for K2 and cigarettes.

SHERIFF JOSEPH FUCITO: We have not had an increase in resources other than the increase that

was devoted for tobacco. We received an increase this year for tobacco inspections, but since we merged both platforms, we're using the same staff because the tobacco inspections happened simultaneous to our discoveries of K2.

CHAIRPERSON COHEN: From my opinion,(sic) I think that we need to devote more resources to inspections because I do think that it's--you know, I've seen it pretty brazenly in bodegas and I think that we need to--that we need to do more on that front. I just also want to say or acknowledge with Council Member Garodnick, I was a--before--you know, long before I became a Council Member I was a Law Secretary in the Bronx Supreme Court. And in dealing with nuisance abatement, I never found a more repentant bodega owner who was selling it. We would always get the under age alcohol, and those people were always very repentant after having their--their store closed down for a couple of days. So I think that's a great idea.

SHERIFF JOSEPH FUCITO: Thank you.

CHAIRPERSON GIBSON: Thank you very much, Chair Cohen, and next we'll have Chair Rafael Espinal.

CHAIRPERSON ESPINAL: Thank you, Chair Gibson. A lot of questions have been asked by my colleagues. So, I'm just going to focus on DCA's role in the entire operation. I know you're there even though I can't see you. So in the testimony, you talked about how Consumer Affairs pursues violations for inadequate and mis--misleading labeling, but can you expand in more detail on your role currently, and when did DCA started becoming aware of the issue, and how have they been tackling the issue?

DEPUTY COMMISSIONER BAGGA: Thank you, Council Member Espinal. I'm going to ask that a colleague of mine be sworn, Kai Falkenberg.

LEGAL COUNSEL: Will you please raise your right hand? Do you affirm to tell the truth, the whole truth, and nothing but the truth in your testimony before this committee, and to respond honestly to Council Member questions?

KAI FALKENBERG: I do.

LEGAL COUNSEL: Please state your name for the record.

KAI FALKENBERG: Kai Falkenberg.

LEGAL COUNSEL: Thank you.

KAI FALKENBERG: So, DCA has been participating in the three March operations, which involve the inspection of ten businesses in East Harlem, and five locations in the Bronx. These were operations that were led by the NYPD and the Sheriff's Office, and were conducted on those businesses that have served Commissioner's order by the Department of Health. The DCA's inspectors at those locations conducted their general retail and cigarette retail dealer inspections, and issued K2 specific violations based on inadequate labeling under the State Ag and Markets Law, and for deceptive labeling under the New York City Consumer Protection Law. We are continuing to pursue those retailers who were found to be selling K2 under violations of both of those statutes.

CHAIRPERSON ESPINAL: So, you're doing violations on the labeling of the packaging. So what kind of--what do you look for to determine for it to be mis--misleading because from what I've seen, a lot of these packages say potpourri, and it doesn't say than you can actually smoke those. It just says they may be, you know, presence or incense to your home.

KAI FALKENBERG: Right.

CHAIRPERSON ESPINAL: But then how can you--how do you work around that?

KAI FALKENBERG: So there are two sets of statutes as I said, that we are enforcing. One is the Ag and Markets Law for inadequate labeling. Under the Ag and Markets Law they have to have the manufacturer and the address of the manufacturer, which these packages typically do not. So that's a violation under that statute, and as to the deceptive labeling, as you say, they often say not for human consumption even though they are actually intended for human consumption. They also say that they are potpourri or herbal incense when, in fact, they are not. They are not being offered for sale in the manner that they are intended to be consumed. We believe that's deceptive, and that's our strategy for enforcing under the New York City Consumer Protection Law.

CHAIRPERSON ESPINAL: So DCA currently is just targeting certain stores where we're seeing this problem, or is there a plan for a more--a more citywide approach where, you know, bodegas that hold cigarette license and cigarette licenses are being looked at or bodegas that don't, is there some sort

of strategy besides these area like Harlem and the Bronx?

KAI FALKENBERG: So we are coordinating with the other agencies that are part of the multi-agency strategy, and are participating in inspections alongside of those agencies.

DEPUTY COMMISSIONER BAGGA: And Council Member, if I could just add to that last point. It's--it's very important and I'm sure my colleagues from PD and the Sheriff's Office and the Mayor's Office of Criminal Justice can speak to this with greater specificity, but it's very important from an enforcement perspective for all the agencies that are involved in any enforcement actions to ensure that they are perfectly coordinated. And so, we defer to our criminal law enforcement colleagues in terms of where and when those inspections are conducted, and when we find that we're able to issue violations when those inspections are conducted, we do.

CHAIRPERSON ESPINAL: Okay, thank you, and I guess a concern of mine as well is that once we start targeting those stores, and we spoke about this. I know I heard someone speak about it earlier, but, you know, once it hits the black market and it's

in the street, our intention in the Council is not to arrest users, but look for the people that are actually selling it. So, does the NYPD have some sort of future or moving strategies moving forward, and how they are going to be able to determine the two, and not falsely arrest the users and--and kind of put them in jail for possession?

DEPUTY COMMISSIONER MESSNER: Well, the--the statutes that we're talking about today criminalize the sale. So the NYPD is going to enforce those statutes as we enforce all the statutes. And we're going to be arresting people for sale.

CHAIRPERSON ESPINAL: So it will be targeted to people who are actually out let's say on the street corner selling K2.

DEPUTY COMMISSIONER MESSNER: Well, wherever they're selling it.

CHAIRPERSON ESPINAL: Instead of if I--Let's say I get stopped, and you find K2 in my hands, how would you determine whether or not I'm trying to sell it or actually just a user who's going to use it?

DEPUTY COMMISSIONER MESSNER: Well, this statute that we're talking about today contains a presumption of if you're--if a person possesses 10 packages or more of K2, that raises a presumption under the law that they are possessing it with intent to sell. Now, of course, presumptions under the law are rebuttable, but they are a presumption and that would certainly allow the person to be charged with a possession with intent to sell type offense, which would be a misdemeanor under the statute we're talking about today.

CHAIRPERSON ESPINAL: Okay, thank you, I appreciate it.

CHAIRPERSON GIBSON: Thank you very much Chair Espinal, and I want to acknowledge we are joined by Council Member Ferreras-Copeland, and next we'll have one of our prime sponsors Council Member Dan Garodnick.

COUNCIL MEMBER GARODNICK: Thank you very much Madam Chair and I'll be very brief. I think you've answered most of the questions that I had. I just wanted to follow up on Council Member--Chair Cohen's comment about the nuisance abatement. I didn't hear any changes, edits or opposition to 897.

Is it fair to say that you support our passing 897 without any changes?

DEPUTY COMMISSIONER MESSNER: We love it.

COUNCIL MEMBER GARODNICK: Thank you. That's my only question.

CHAIRPERSON GIBSON: Thank you, Council Member Garodnick. Next, we'll have Council Member Ruben Wills.

COUNCIL MEMBER WILLS: Thank you, Madam Chair. Good afternoon. I have a few questions and some of them I just want to delve into some of the things that were already said. I know that there was testimony about the public awareness campaign, and how to not maybe push too much because you don't want this to become something that young people who may not know about it get attracted to. And then there was a testimony that said that crack didn't present wide when it first came out, but the NYPD also testified that crack was new. So there was a quick-- there was a big learning curve that had to be quick, though. But in essence or in reality, crack was known to many people in the cities a long time before law enforcement understood what it was. Crack didn't present to pregnant mothers or men who were working

over 40 in the beginning either, but by the mid 80s crack had basically taken over any type of segment. So with that in mind, how do we now look at addressing the public awareness campaign? Because I'm really worried about one, the nature of the packaging. I'm worried about two, the nature of the drug itself when dealing with the segment of the population now. We're talking about people in homeless shelters where homeless people, people who are mentally ill. But as the homeless population is rising, we are opening new shelters on a daily basis. Not a daily basis. That being an exaggeration, but we are opening up new shelters. So with that, we are going to be opening up new shelters in different parts of the city. So that means that this would be moving, right? So with that, how do we think that only putting it on bus stops or the other issue--the other areas that you mentioned, is going to be effective? Or do we have a budget that you're going to put in mind that you can expand it at a rapid clip?

ELIZABETH GLAZER: So I think those are all great questions, and I think the first thing is we are very focused on turning the spigot off. So

the first thing is to make sure that stores don't sell it, and the selling of it and the display that is probably the best advertisement of it. I think the second piece is to begin to target knowledge to people who have contact with folks who may be using on the street, and that's what is happening with respect to sort of building a network with outreach workers, with respect to sort of the Police Department beginning to learn more about how this displays and how to address it. And then I think the third thing is, you know, as commissioner Kunins sort of noted that we need to craft that campaign in a way that it targets exactly those populations who we think are most at risk at using it, but that we are nimble and aware of whether the drug may be spreading to other populations exactly as you've set out. And I think that it's--there's no single answer here. I think we're going to start it in a particular way as Commissioner Bagga sort of laid out. And then, I think we're prepared to be able to move pretty quickly as we sort of see how to present.

COUNCIL MEMBER WILLS: Okay, I just think that there's already some evidence there because of the way the packaging is, this is definitely geared

toward young people. And with that, I will ask--I wanted to ask about the training for DHS. I know that you said you're using Common Ground. They are an incredible organization. They work really well in Queens. Are you use what Common Ground brings back as maybe a pathfinder model? And do you want to do that like NYPD is just doing it now in the range with a bulletin. But are you going to train all DHS staff or is there a--an idea to train all DHS staff on how to deal with this?

ELIZABETH GLAZER: So let me ask DHS to respond to that for you.

HEIDI SCHMIDT: Thanks, Council Member, for the question. We actually have in conjunction with DOH about a year ago a training session and an awareness session. A lot of our providers are actually very aware of the K2 epidemic. They're experiencing it, and they're providing services not just on the streets but in the homeless shelters. So as DCA mentioned earlier, we're going to be having another summit later this fall, and I think that that will definitely trickle down to providers. They, like I said, are so aware of it. Many of them have been advocating alongside of us who, you know, to--

it's to find out how we can get rid of K2. How we can stop the supply, how we can stop the demand. And they've been really targeting bodegas, writing letters. But as well, our clients as well.

COUNCIL MEMBER WILLS: Okay, Senator Schumer just called for the DEA to create a--a whole other entity inside of it to deal with or to create a grouping of officers to deal with this K2. I know that the NYPD was asked earlier about having the resources to deal with this. And I'm really concerned about the answer to that because this is--you said that there was a--there was a new drug that you were introduced to. So I wanted to know at what point in time did the NYPD think of this at the level it is now because we've been dealing with this in communities in Southeast Queens since 2012. The state and the city actually issued bans on this in 2012. So now we fast forward to 2015, and you've been doing great work. I'm not taking away from the work that you've been doing. We appreciate it, but from 2012 to 2015 it seems like that was a long enough time for a learning curve to be put into effect, and to understand that were going to have to deal with this on a real basis, as well as other

drugs they see and different things that are--that are also synthetic compounds that will be coming to New York soon. So is there a unit that you're going to be putting in place just to deal with this type of thing is what I'm asking, or will this be a unit of training for all NYPD or unit to respond to it?

DEPUTY COMMISSIONER MESSNER: Well, as I--as I said, the--the training that we are constructing for this is being--is being constructed in a way that will allow it to adapt to changes in the synthetic drug picture. As you say correctly, there's no reason to believe that this is going to be the last synthetic drug. There's always going to be a next synthetic drug. So it's important that our training be conducted. You know, there's an expression that you hear a lot in law enforcement about not fighting the last war. You don't want to--you don't want to set your enforcement parameters to--to address only the existing conditions, and then when those conditions change, you now have no enforcement. So what we are trying to do to our training is to make that training flexible enough that it can respond. That the officers that receive training respond

appropriately to changes in the synthetic drug picture across the city.

COUNCIL MEMBER WILLS: Madam Chair, I have two last questions. The potpourri it's--it is labeled as potpourri. Um, and I know that DCA spoke about the deceptive--deceptive sales or packaging. What I wanted to know was with this drug from my understanding of it, orally consuming it or smoking it basically gives you the same reactions. So, if it's meant to be potpourri, isn't that deceptive in itself because if you light it up in your house--potpourri is supposed to make the house smell good. If you light it up in your house, would people just walk around, you know, getting high?

ELIZABETH GLAZER: Yeah, we have no reason to believe that it's actually intended to be used as potpourri. I mean, in fact, some of the packages actually say do not burn on them. So, they--

COUNCIL MEMBER WILLS: Okay, so--[laughs]

ELIZABETH GLAZER: --they're fairly inconsistent in that there's a--yeah, there's no illusion that they actually are potpourri or incense.

COUNCIL MEMBER WILL: The--the last question and I'll make it a compound question. The testing that was referred to earlier by the Speaker, the drug testing that the state does, there--are there any movements to try to include this to show up in the testing? Because from what we understand this is why it is so popular because it doesn't show up in the testing all the time. So it's a compound question, and Intro 917 to piggyback on Council Member Garodnick, do you have any--is there any objections to how 917 is presented, Intro 917?

[background comments]

ASSISTANT COMMISSIONER KUNINS: I'll take just the first. Um, so the question was about adequacy of the ability for a health professional to test for the substance. So, I would say testing is--is evolving and in some settings more, and fewer tests are available. I think the main point I would leave the Council with is that because of again, as you've heard, the rapidly evolving nature of the chemicals and the multitude many, many different versions of this chemical, it is--and I'm not a toxicology expert in this way, but it is hard to imagine we are ever going to be able to have a test

that always tests for every single product that's available. So just to kind--I would encourage you to think about the testing is not a clear way out of this problem--of this challenge right now.

COUNCIL MEMBER WILLS: Okay, and Intro 917, are there any issues with it?

ELIZABETH GLAZER: No.

COUNCIL MEMBER WILLS: Okay, thank you.

CHAIRPERSON GIBSON: Thank you very much, Council Member Wills, and I'm pretty sure we've asked in terms of the Administration's position on all three pieces of legislation of which you support, right? Okay.

COUNCIL MEMBER WILLS: Yeah.

CHAIRPERSON GIBSON: Yes, I just find it very interesting when you look at some of the wrappers and it says for aroma therapy use only. Not for human consumption. It complies with all laws. It has all different things. It says it's legal in 50 states. Scooby Snax and it's potpourri, as well. Just very interesting, you know, how the wrappers are just really very attractive. I just wanted to know in terms of the legislation itself, I always think about some of the unintended consequences of what we

try to do. Do you think that it would be more difficult for manufacturers to simply change the chemical compounds that they use to skirt some of the regulation we're talking about.

ELIZABETH GLAZER: Yes, I think one of the, um, the benefits of this bill that we like a lot is the incorporation of the Federal Standard, which essentially says sort of in lay terms that the chemical compound or something substantially similar is covered by the law. And that's what gives the federal law its power. That's what we think will give this law its power that you can't simply change a single molecule and evade the law.

CHAIRPERSON GIBSON: Okay. Are we concerned about the increased potential of street sales that may arise if we ban them, and prevent grocery stores from selling the product? Are we concerned that that may happen as an unintended consequence, street sales?

DEPUTY COMMISSIONER MESSNER: Well, I don't--yes, we're concerned. However, as I said before, it's--that's part of how law enforcement works. Everything that the government does when the government does--adopts a well considered piece of

legislation, which is aimed at addressing a way that criminals are making money, which is what this is, then the criminals respond and figure out a new way to make money. And then that means that the government has to adapt its tactics. So, yes, we're--we anticipate that there will be a change in the behavior of the people who are trying to sell this drug so that they can make money. And we will try to detect those changes, which that's really our COMPSTAT process. That's what we do. We try to track the change in the behavior of criminals, and then we respond to it by adopting a new tactic that is aimed at enforcing the law.

CHAIRPERSON GIBSON: Right. So I appreciate that we're obviously being very proactive so that we can prevent a lot of these cases down the line. I always say that we always have to be one step ahead of the game in terms of technology and other advancements, and understanding the language of the population that we're looking at. And in terms of making sure that we look at the users as users and then go after those that are really, you know, taking advantage of people's vulnerabilities. One of the bills 885, deals with businesses that have multiple

violations for the sale of K2. It would cause them to lose their cigarette retailer license. Do most of the grocery stores and the bodegas that have K2 also hold a cigarette retailer license. And do you believe that tying the cigarette license to K2 violations will be an effective deterrent that we are trying to establish?

SHERIFF JOSEPH FUCITO: From what we see the licensed cigarette dealers are the ones that are carrying K2. One of the earlier questions was it's being marketed as potpourri. We find all of our K2 stored in the same place that we find the untaxed cigarettes and the banned tobacco products in New York City. They're all stored in the same location. So we see them as a companion type offense, and the Sheriff Office's strategy is to treat them as a companion offense to the underlying tax violations that occur.

CHAIRPERSON GIBSON: Okay. I just need you to help me understand one thing before I get to my colleague. In terms of the number of summonses that have been issued, I'm trying to understand how the violation of State Health and Sanitary Code, how does that work, and do we have numbers on how many

summonses have been issued to date, and do we track those numbers on an annual basis, or how are we looking at this data?

SHERIFF JOSEPH FUCITO: One of the Police Department's challenges, and something we are working very closely on is certain summonses, especially as or certain charges especially as they are new are more difficult for us to track. We've been working with our IT folks to better track both arrests summonses, 911 and 311 calls for K2, but it is a work in progress.

CHAIRPERSON GIBSON: Okay, is there any correlation between K2 usage and individuals that are emotionally distressed? Any EDP cases that have come into 911, do you see any correlation with that?

SHERIFF JOSEPH FUCITO: I don't know if it would be fair to say a correlation. We have seen it yes.

CHAIRPERSON GIBSON: An overlap?

SHERIFF JOSEPH FUCITO: I don't have a number or a percentage for it, but we have had a few that stood out. Yes.

CHAIRPERSON GIBSON: Okay. Well, it just gets me back to, you know, obviously the mental

health aspect and what we're doing around diversion programs and locations to make sure that we can really deal with the emotionally distressed persons that are dealing with mental illness. Obviously, K2 being very involved. Okay, thank you. Next, we'll have Council Member Jumaane Williams, and we have also been joined by Council Member Chaim Deutsch.

COUNCIL MEMBER WILLIAMS: Thank you, Madam Chair, and all the Chairs. I want to thank the Administration for your testimony. First, I'd like to add my name to all of the intros, Intro 885 and 887 and 917. I did want for frame working purposes since I--and some of this stuff may have been brought up--brought up already. But, when I listened to the discussions that came through, sometimes it's talk as if it's not people and human beings doing what human beings do. And I know that there is every socio-economic status there are people who use all kinds of materials to get high. They try to escape reality from the rich to the poor. So I can imagine if you're homeless and possibly have other issues, you may have even more of a reason to get away from reality. And so, sometimes it's disappointing when I hear the way you talk about this use. I've seen the

difference in how we treated drugs in communities like mine, and how we treat heroin addition now in communities like Staten Island. Much different approaches, and my hope is that we use the approach that these people are all of us human beings, and may have an issue that we have to deal with. So sometimes when I hear, um, I think all of the uses of words I've heard, I recognize marijuana, superhuman strength make them impervious to pain. I get worried that sometimes that will allow them to be treated a certain way when it may not be necessary. So I'd like to be careful in how we go about working with these issues. It's something we definitely have to work on, and I support that. We have to do it with remembering that these are human beings, and we have to be careful with the language that we used. So we don't excuse overuse of the forces that we have. With that said, I know that--I believe that epidemiological research shows that the most common response to K2 is sedation, not agitation? Is that the same that DOHMH has found in their findings, and if so, how is that research been informed with NYPD's protocol?

ASSISTANT COMMISSIONER KUNINS: [off mic] Well--[on mic] --the Health Department side. So we, as you know, track emergency department visits that are related to K2 use, and amongst those visits we evaluate what the presenting or main complaint is. That is the reason that brings the person to the--seek medical attention, or being brought to seek medical attention. And so we've seen the--a majority actually are for sedation, confusing, sleepiness, being out of it, it's been described.

COUNCIL MEMBER WILLIAMS: Not--not valid. (sic).

ASSISTANT COMMISSIONER KUNINS: So, the other--second sort of syndrome we've seen is what we've most commonly seen described in the records as agitation not specifically around violence, but a person being anxious, very agitated, hard to calm down.

COUNCIL MEMBER WILLIAMS: Okay. Has that--has that been used in the police response? Has that research been given to NYPD, and do they use it in how they formulate their protocol?

LIEUTENANT ROBERT CORBETT: The research hasn't been given to the Department to help form our-

-our response, but our response would be the same response to any one in medical distressed who seemed sedated or in any other manner. As long as the person is non-violent, the person would be given or taken for medical treatment.

COUNCIL MEMBER WILLIAMS: Thank you. I would just like to suggest that maybe somehow that exchange of the research happen because I think it's important even though you have a protocol, each thing might be different. So it might be good to read that report and that research to address the protocol. I know that are people directly impacted by policies are in the best positions, people who have used it. So have people who have used K2 been involved in developing solutions, or have been part of the strategy--the multi-agency strategy? Has anyone consulted in developing any kind of educational material for the targeted population?

ELIZABETH GLAZER: So this is a pretty new effort right now. We've obviously had a lot of interaction with respect to outreach workers, the notion of having people who have been users or been users to help inform this work I think is a good one, and definitely one we should consider.

COUNCIL MEMBER WILLIAMS: Okay. I think that's great. Would it be possible for a time frame for when we can follow up, and you can let us know when you kind of actively try to get some of those folks involved?

ELIZABETH GLAZER: Sure.

COUNCIL MEMBER WILLIAMS: A couple weeks? Soon?

ELIZABETH GLAZER: Um, let's say 30 days.

COUNCIL MEMBER WILLIAMS: Thirty days. Oh, that's even better. Thank you. Um, is there plan for you to--to--and I think this was brought up before. I don't know what the answer is. I know there were some underlying problems whether it's mental health issues, housing, treatment. Have those connections--are those connections immediate when--when arrest happens or the police are involved, are they connected with who it is that they can immediately contact to get the person assistance whether it's housing or whether it's mental health services or whether it's treatment?

DEPUTY COMMISSIONER MESSNER: Well, our response is now informed by the idea unless there's been a violent incident of some type, and even in

many cases if there has been, our response is informed by a medical protocol. So we summon medical help for the person, and then once the person gets into the hospital facility we trust that the, you know, the normal course of the city's protocols will get that person the support they need. But our--our response is and the bulletins and the training that's being constructed is--is built along the idea that it's a medical response primarily.

COUNCIL MEMBER WILLIAMS: Thank you. I know that NYPD had done a really--really good job of trying to turn the curve of how they address these issues, and I hope that in addition we can get the police officers to do some problem solving as well. So in a dream world every police officer would have a couple of contacts in the various agencies that they can provide immediate referrals to. So hopefully, this will be a place where something like that can be tested out in a way that we haven't before. So hopefully that can be some food for thought as we move forward. Well, you know, that I think a lot of educational material that's been out for tobacco and particularly amongst teens and using tobacco early on has worked a lot better I believe than some of the

criminalization in law enforcement part of it. Are-- are we planning any kind of education materials like that to try to prevent continued use?

DEPUTY COMMISSIONER BAGGA: So the Department of Consumer Affairs and the Department of Health are jointly working on a public awareness campaign that will have many different components. One of those components will be educational materials that can be widely distributed, and we will be working closely with Health on determining what the best messaging is that we would be using in those materials to very clearly convey that K2 is, in fact, very harmful and very dangerous.

COUNCIL MEMBER WILLIAMS: Thank you, and lastly Council Member Wills had forgotten to mention something about the labeling. He mentioned it's not just about making it pretty and attractive, but also about staking out market shares. People who have a certain market share will have a certain kind of product put out there. But I want to thank you, and I'm going to ask this question again. Obviously, this is something that we have to get a handle on. We cannot--we cannot ignore it because people are really getting hurt, and law enforcement and police

have to be involved in that. My hope is that we can just take a view that's more holistic, and knowing that we're dealing with human beings that have additional issues as well. Thank you very much.

CHAIRPERSON GIBSON: Thank you very much, Council Williams, and as we close, I just have just a few more questions just in terms of the public message and the campaign with the PSA, I certainly know that we will be very cognizant of diversity and multiple language access so that people or all languages really have access to understand what we're trying to do when, in fact, this is a cross-section issue that affects everyone whether you speak English or not, right?

DEPUTY COMMISSIONER BAGGA: Absolutely, and if I may just take an opportunity to say DCA has been very sensitive to the issue of language access under the leadership of Commissioner Menin. Our paid sick leave materials are currently in 26 different languages, and many of our other materials are in as many as 12 or 14. And so, we are very, very sensitive to ensuring that people of all backgrounds who--whose first language may not be English have access to the materials that we are producing.

CHAIRPERSON GIBSON: Okay. Great. With the coordinated effort and the multi-agency taskforce working on 125th Street, are we to expect any series of recommendations or solutions or policy ideas that may come about once we have a better understanding of what we're dealing with and tackling? Should we expect something to come a little bit more formal to the Council?

ELIZABETH GLAZER: We're learning every day and trying to implement what we learn as we learn it. We don't right now have plans to formally present that as recommendations, but it's certainly something that we would consider and talk to you and your staff.

CHAIRPERSON GIBSON: Okay, great, and do we know of any other localities that has introduced maybe similar legislation, or I know there was a county I believe in Upstate New York that's looking at the K2 issue. Have you been looking or trying to see other locations that are doing what we're attempting to do?

ELIZABETH GLAZER: Yeah, we have actually both reached out to people within the state so both Syracuse and Rome in New York have dealt with this

issue. There are about 44 states across the nation each of whom have kind of tried to address the issue in different ways, and we're--we have a close eye on all of that. I think that they're all facing the same issues that the Council is now trying to address of kind of the shifting form of K2 is sort of the most prominent.

CHAIRPERSON GIBSON: Okay, and then my--my final question or rather a recommendation is I know as we continue to have these conversations very important working in consort with the Administration and multiple agencies and medical professionals, law enforcement and all of the stakeholders, I certainly continue to encourage you to include community voices because they're very much a part of this conversation, and really drive a lot of the grassroots efforts that many are already doing. Clergy a very important voice in this aspect, and then also the voice of users, those who are former users who have turned their lives around, rehabilitated themselves, found themselves in the environment of being in recovery. I think they have a very important role to play, and they understand because they have gone through it. And many of my

colleagues, you know, say the same thing, but they are a powerful voice to have at the table as we continue to develop best practices approaches and solutions to really dealing with this K2. I think someone said it, if it's not K2, it will be something else, right, and we know that. So we constantly have to the game changers, and be ahead of the game in terms of technology, resources, access. And in the next several months, you know, we'll be having the budget conversation. And certainly want to make sure that we keep in mind some of the priorities that we need to entertain and consider as it relates to funding for a lot of drug prevention and drug treatment programs that we have across the city. We can always have more. Obviously, looking at K2 and what its growing adverse effects are, and the fact that there is a population, I, too, was very surprised at 37 being the median age, and I was very surprised. I thought it would be a little younger. But again, I mean the figures are the figures, but certainly continue to work with all of you ass we look to develop more PSA and campaigns and being very understanding, but this is always a public health crisis. So unless my colleagues have any other

questions, I thank you all so very much for being here. Thank you for your testimony and your partnership, and we will continue to work together. Thank you very much for coming today. [pause] Okay, yeah. Our next panel for this hearing today will be Italia Granshaw from the Brooklyn Borough President Eric Adams' Office; Dr. Matthews Hurley, from the Doctors Council SEIU; and Renee Hastick Motes from the Institute for Community Living. [pause] And for those of you who are still here and have not signed up to testify or submit testimony, you can do so with our clerk to your right. Please make sure you fill out a slip so that you will be called to testify at the appropriate time. Italia Granshaw. Here. Okay. Dr. Hurley. Here and Ms. Renee Hastick. H

RENEE HASTICK MOTES: Here.

CHAIRPERSON GIBSON: Okay. Perfect. [pause] Okay, you may begin, and we just have a clock at five minutes. Thank you so much.

ITALIA GRANSHAW: Good afternoon. My name is Italia Granshaw, and I will be reading off testimony on behalf of Brooklyn Borough President Eric L. Adams. As Brooklyn Borough President he represents 2.6 million Brooklynites who call Brooklyn

their home. Thank you for the opportunity to submit testimony before this joint committee hearing on the issue of synthetic cannabinoids also known as synthetic marijuana or K2, and the impact it is having on New York City. I would also like to thank members of the New York City Council for recognizing the dangers of synthetic marijuana and acting expeditiously to combat the problem. On August 25th, 2015, I held a press conference a Brooklyn Borough Hall where I was joined by the Institute for Community Living, NYPD, Department of Health and Mental Hygiene and community advocates to talk about the dangers of synthetic marijuana. At this press conference we had a courageous woman, Ms. Della Ellis, our client of ICL to speak about her addiction to K2 and how easy it was for her to access. The challenges also--and also the challenges of overcoming the addiction. This is a very dangerous unnatural compound that is affecting Brooklynites of all walks of life, and can be especially dangerous to those who suffer from mental or emotional disorders. Brooklyn hospitals have seen an influx of K2 related emergency room visits, and members of law enforcement can face challenges when apprehending an individual

who is under the influence of. K2 poses a serious potentially legal danger to our residents. We have no time to spare in passing legislation to strengthen the laws that will crack down on the importing, manufacture and distribution of K2. I support the Council--Council's legislation that increases the penalties for those caught distributing K2 and including language to include compounds that are altered to circumvent the list of defined and controlled substances. It is crucial that we close all the legal loopholes to assist with this enforcement. I am also in support of the legislation that will give the city the authority to revoke cigarette licenses and potentially close doors selling K2. One of the added dangers of this drug is the low cost and ease of accessibility in corner stores and smoke shops. The drugs are packaged in attractive colorful packages under the names of Spice, Mr. Nice guy and Green Giant, to name a few. To further empower and engage citizens in combating the scourge, I recommend New York City's 311 system to make easier for people to report a retail shop selling K2 by adding it as a menu on their mobile application. As we all know, one of the easiest ways

for a person to receive and send information is through their mobile phone. As it stands right now, the 311 app does not have a dropdown menu for illegal drug distribution. Adding this will make it easier for citizens to help enforcement by identifying locations in an effortless app. A marketing and educational campaign jointly with the New York City Department of Health should also be launched to speak about the dangers of K2, the added function through the 311 app, and the legal ramifications for those caught selling it. I thank you again for your time on this matter and look forward to working jointly with the New York City Council on efforts to eliminate and eradicate--and eradicate the epidemic of synthetic marijuana sales and use from our streets. Thank you.

Good afternoon, Council Committee Chairs and members of the joint committees. First, thank you for this opportunity to testify on such an important issue affecting our community today. My name is Renee Hastick Motes and I am the Associate Vice President for Community and Government Relations with the Institute for Community Living, which is better known as ICL. ICL is a human services

organization that offers healthcare, mental healthcare, family support and residential assistance to almost 10,000 adults, families and children throughout New York City. Since the beginning of this year, K2 just one of many names that synthetic cannabinoids is sold under, has become a great concern to ICL. Dr. Jeanie Tse's, ICL's Associate Chief of Medical Officer, stresses that K2 and others like it can worsen a person's mental illness, make users less responsive to their medications and turn previously non-aggressive people aggressive whether they're dealing with a mental illness or not. As we have recorded, ICL has called emergency medical services for K2 related issues approximately 25 times in one month. These calls were for both ICL clients and homeless individuals we found lying on the street near our clinics and residences. On a monthly basis since the beginning of this year, ICL has averaged 15 to 20 emergency room trips with client-related K2 instances. ICL is currently developing comprehensive approaches to address this issue with our client population. We have come up with a treatment--we have come up with treatment plans to help those dealing with addiction, and we are working closely

with clients to stress the hazards that ingesting these toxins can cause. In an advocacy action as ICL believes in having a responsibility to the community in which our programs are located, ICL recently partnered with the Office of the Brooklyn Borough President to make the public more aware of synthetic marijuana and to ask the City Council to establish legislation that will give business establishments caught selling this substance a greater penalty. The current penalty/fine that businesses receive for selling synthetic cannabinoids does not match the sometimes lifelong effect it has on individuals and most important our vulnerable populations. The convenient accessibility of obtaining this substance at local bodegas is alarming, but ICL will continue to be on the forefront of this issue and extends its services to the City Council in addressing and dealing with this problem. In closing, ICL supports Intros 885, 897 and 917. Thank you for your time today and again for this opportunity to make this testimony on behalf of the Institute for Community Living.

CHAIRPERSON GIBSON: Thank you.

DR. MATTHEWS HURLEY: Good morning Committee Chairs and the Council Members. My name is Dr. Matthews Hurley. I wear two hats. I'm the First Vice President of Doctors Council and I'm also a practicing physician in the emergency room at Harlem Hospital, which represents--Doctors Council represents thousands of doctors in the metropolitan area including every HHC facility in New York City Department of Health, New York City School Health Program, and Rikers Island and the Emergency (sic) Barge. We are here today to weigh in on a significant public health risk that synthetic cannabinoids pose and the new challenges facing the city community in emergency rooms. Members of Doctors Council have been working on the front lines throughout the city's public hospital system to treat patients under the influence of synthetic cannabinoids. As an emergency room physician at Harlem Hospital, I've personally attended dozens of patients with a range of serious symptoms following the ingestion of these serious synthetic cannabinoids commonly called K2 or Spice. Numerous case students in recent clinical journals have corroborated what we have seen for a number of years in the emergency

rooms that these drugs are highly toxic. They are making people very sick, and they're killing people, and we often have no way of knowing what's in them, and the numbers are staggering. Patients report purchasing packets of these unknown, unlabeled substances at liquor stores, bodegas and gas stations. We then see them in emergency rooms with tachycardia, which is rapid heart rate, severe hypertension, hypotension, seizures, hallucinations, acute psychosis, and while the synthetic cannabinoids maybe used with the intention of getting a marijuana like high, the long-term effects are not yet known. The chemical formula of these substances change from week to week to avoid regulations banning specific compound formulations. As a result, the same brand purchased many different times may have very vastly different effects. We don't know the chemical makeup nor do we know what the other toxic additives may appear. Frequently, our urinary--urine analysis, and drug screening of patients who are admitted show that these drugs are taken in conjunction with other popular illegal drugs such as LSD, Angel Dust, Cocaine, Barbiturates, Methodone, et cetera. In addition to the psychological dangers presented by

synthetic drugs, patients also frequently experience pyschological symptoms, which in some cases persist not merely for hours but for days, and even for weeks after consumption. My colleague, Dr. Bridget Alexander, works in NCD, who like myself is an emergency room attending, told me she sees as many as four patients in a session when she's in the emergency room. And I can say given the day or the hour it could range between 30% of your case volume and as high as over 50% of your case volume depending on the day. This is not just a problem limited to Harlem or the Bronx. My colleagues at Woodhall Hospital facilities are facing the same predicament, the same epidemic. We encourage a comprehensive public awareness campaign that will educate users and the general public about the harms of using K2 and dispel the myths surrounding the marketing of K2 as a legal and safe drug. This will undoubtedly save hundreds, if not thousands, of lives and ultimately aid in timely provision of emergency care in our city's public health system. Thank you very much.

CHAIRPERSON GIBSON: Thank you very much. I just want to ask one question. So based on some of the testimony you've heard earlier form the

Administration, do you think that so far we're taking the right approach in terms of having like the 125th Street priority in terms of the multi-agency taskforce, and obviously the three bills that we have before us today. Do you think that that's the right approach, and if not or if so, what else do you think that we should be looking at since, you know, the chemical compound changes so much, and we need to really be ahead as much as we can in terms of understanding K2 and its effects? Anyone can answer.

ITALIA GRANSHAW: I do think the approach is correct. The Borough President does applaud the introduction of all these legislations, but also warns that this is a big problem in Brooklyn neighborhoods, and that even though numbers are higher in--around 125th Street, to please take note that Brooklyn is being affected as well.

DR. MATTHEWS HURLEY: I say from a practicing clinician standpoint there is several aspects. I think that even though the numbers presented today are staggering, they probably are an under-estimate of the number of hospitalizations that are occurring because of K2. There's no formal ICD9 code that lists K2 as a diagnosis. So, a random

chart audits unless you look at the exact physical note, you may miss the fact that the patient may be a K2 user. Again, it's also used in conjunction with a number of other drugs. So if patients succumb to an underlying co-morbid disease like a heart attack or heart failure in conjunction with K2, it may be assumed in the diagnosis of the heart attack as opposed to listing it as a K2 death. So making, you know, making it easy to document in the medical record in the problem list with K2 would be helpful. The other piece of it is what do you do after you treat the patient? Often patients come in obtunded, hypotensive. That's what we're seeing most, and we're having to give fluids and presses to get the get their pressures up, and wait until they wake up. And we do the drug screenings and, you know, they often are negative or show other toxins. But afterwards, I mean yesterday I was in the emergency room, and a patient asked me I want treatment. You know can--is there anyway you can, you know, if I can get treatment? As a--as an emergency room physician, all I could do is refer him to my Psychiatric Outpatient Department. It would be nice to have a cheat sheet or some kind of way to help me inform my

patients what the resources are available to them. That--that could be helpful, and we believe that you're taking the right steps. We at Doctors Council believe in the educational piece to our community, campaigning it and educating the public more than just penalizing, the poor, the disenfranchised, often the communities of color, people who have mental illnesses and are taking drugs to kind of sedate their own medical or psychological issues that they already have. So we believe in the emphasis for public education.

RENEE HASTICK MOTES: And just in addition to what the other panelists said, making sure that the providers are at the table. I know there was a statement stating, you know, have you reached out to providers to find out what are the best practices to make sure that this issue is addressed? And making sure that we are at that table so that our clients can voice that because like Italia from the Borough President's Office said, we do have clients who have overcome and who have been substance free of using K2. So making sure that conversation is really pulling (sic) in the

providers, will be every influential in addressing this issue.

CHAIRPERSON GIBSON: Thank you. That was--I--I raise. Very important to make sure that former users are a part of the conversation. I appreciate all of your comments, and I just want to emphasize a little bit on the outpatient itself. You know a cheat sheet obviously will be very ideal because when you refer your patients to the outpatient department, there's absolutely no guarantee that those patients follow up. A lot of it is left up to the patient, him or herself to do the work, and we know that that's very challenging for many to even admit that they need help, and to actually seek the help that they need. I wanted to know, and I asked the PD the question before in reference to many cases where they are in the process of arresting someone for possession or use of K2 what happens when they drop that individual off at the hospital? They are treated and, you know, analyzed and looked at. What happens after that in terms of the level, the amount that they possess? Are they arrested? Like are you involved at all because you're in the emergency room, and that's where they officers would take many of the

individuals. So have you seen a lot of these interactions, and if so, what have you experienced?

DR. MATTHEWS HURLEY: For those patients that are not obtunded when they came in that comes in, in EDP, Emotionally Disturbed.

CHAIRPERSON GIBSON: Right.

DR. MATTHEWS HURLEY: Tachycardic Diaphoretic, that means sweating profusely, cursing, swearing. They come in handcuffed, often times by the police. Once we bring them in, we may give them some sedation to--to kind of calm them down in addition to fluids and other things. At that particular point once the patient is subdued, you know, and resting and so forth, often times unless that individual did something criminal, in terms of hitting a police officer or something else, they will remove the handcuffs and go. So we see--I've seen that often.

CHAIRPERSON GIBSON: So I can imagine in instances where there could be a potential assault of the officer let's say en route to the emergency room, I mean what happens more often than not when that's a reaction as a result of the usage of K2, right?

DR. MATTHEWS HURLEY: I can't really speak to that. I know that once they are treated then they're taking by the police afterwards. But you're absolutely right. The patients are acting out because of the K2. This is, um, and, um, they, you know, they may come in spitting at the police officer or hitting or whatnot. They get--they will get incarcerated after that. So, after we treat them.

CHAIRPERSON GIBSON: With the number of patients that you have seen coming through the emergency room, are there any patterns that you have witnessed in terms of the patients male versus female, younger versus older? Are there any patterns that were not identified in the previous panel?

DR. MATTHEWS HURLEY: I think those patterns are about right. I've seen the very old. I've seen the very young. I've seen patients coming in who've had a number of other co-morbids. It just incredible how people use these products so toxic, and not just for the first time but multiple times they'll get back to it, and have so many other medical illnesses. So I think about the--the average age is about right. I've seen a little more males than females so I think that--that observation was

pretty accurate. But in terms--the only thing that I take issue with is I think the proportionality is more. I think in certain emergency rooms you'll probably see more. For instance, we get at Harlem from, and I'm sorry to say we call it K2 Alley, which is 125th Street and Lenox Avenue where they sell a lot of K2. We get a lot of DOAs from that--from that area, which may be K2 related. And so, you know, we need to have a better way of documenting it, and obviously screening for it would--would be helpful.

CHAIRPERSON GIBSON: Okay. I appreciate that because, you know, as we keep having these conversations we want to make sure that we're looking at all different angles. And then the fact that more people are coming to the emergency room from, you know, all different geographic areas and neighborhoods. I'm looking at some of the patterns, but obviously every individual case looking at those as well. Have you seen a lot of your patients that have come through the ER that are homeless? I mean because I know patients usually go to triage, right, where they're assessed and, you know, determine an address, et cetera. Have you seen a lot of homeless individuals?

DR. MATTHEWS HURLEY: A lot of homeless. A lot of--a lot of people in shelter, a lot of people who have mixed psychological mental health issues, substantial mental health issues where this is part of their problem, and--but a lot of homeless and--and those in the shelter system.

CHAIRPERSON GIBSON: Okay. Council Member Deutsch.

COUNCIL MEMBER DEUTSCH: Thank you, Chair. You mentioned that, um, usually that they're brought in by like as an EDP, an Emotionally Disturbed Person, and they come in handcuffs. So now they go through the process. You send them to the I guess the G building, the psyche ward most of the time like you mentioned. Now, what happens once they get--once they get released from the hospital? How often do you see like repeat offenders, people coming in with people repeatedly on the same--same issue using K2 or is like some--most of the time it's like one-shot deal, and what is--how are we helping the people that are coming into the hospital that they shouldn't be coming back constantly for the same issue.

DR. MATTHEWS HURLEY: That's the challenge, um, to answer your latter question first. The, um--in--in treating these patients, there's not--we don't have a lot of resources to tell them. That's the reason why I said a cheat sheet or some standardized referrals that I could give to people who are interested. I personally will tell the patients once they wake up and are lucid, and they tell me they've used K2, I talk to them about the K2 that it kids. You know, you may be, you know--you know, you're using, but you don't realize how deadly this drug--these drugs are because they change. But in terms of a forma referral process to the in-patient psychiatry afterwards that is not standardized. That's not standardized. If a patient comes in EDP, they get sedated, fluids. They sober up. They're not incarcerated. They go home with that counseling piece, and--and that's it unfortunately.

COUNCIL MEMBER DEUTSCH: So what I see is I think more needs to be done within the hospitals, um, that when someone does come in because you're saying the K2 is a deadly--is--is very deadly, but it could be--it could be even more deadly when someone

comes in using a small amount and they come in as EDP that are out of control. But then when they get released with no solution to it, to this individual, then they could just keep on using more, and then--

DR. MATTHEWS HURLEY: Yeah.

COUNCIL MEMBER DEUTSCH: --and then they use again and end up with an overdose.

DR. MATTHEWS HURLEY: And--and we see the recidivism that--that you eluded to. We see people coming back and back, which, you know, is disturbing, but we see that.

COUNCIL MEMBER DEUTSCH: So I--I think that, you know, with the--with today's legislation, we need to also focus on something other than that, and not just do the enforcement part, but also on the preventive measures and also on the caring measures when someone does come because I've seen a lot throughout my years that people that end up at a psyche ward, right, you could dome in as an emotionally disturbed person. Then once that person comes in and starts acting totally normal, and then when they get their evaluation, they say, no, he's fine. I mean whoever called this in must be--must be the EDP here, and they get police and then they start

acting up again. So, unfortunately there's probably not to much room in the psyche wards to, um, to--to actually, you know, to work with these patients. And so I think a lot--a lot of emotionally disturbed people get released from the hospital because of that. And then God forbid you end up with a suicide, you end up with depression, then you end up with a lot of other crimes that happening because of that. So I think we need to focus a lot on the other measures when they do come into the hospital and have those statistics of how many people are coming in more than once, and work on that also in addition to everything else they're working on today.

RENEE HASTICK MOTES: And if I may add also, Council Member, definitely having that linkage to the services. When our clients return back to our supportive housing we do provide them with what we call Personalized Recovery Oriented Services. So that's different groups, and I think the Department of Health Commissioner spoke about it, motivational interviewing and having them have the ability to talk about, you know, their issue. And when they do leave the hospital, they are immediately put into that. So

that we won't have the recidivism that we see often times.

COUNCIL MEMBER DEUTSCH: I appreciate it and also I think because a lot of those are also follow up. It there's a domestic violence issue, usually the local precinct does follow that domestic violence officer. So there has to be a good follow up to make sure that in case more use--the family needs or the individual needs more resources to constantly be there for that person, and to follow through, and I want to thank Brooklyn EMS. (sic)

CHAIRPERSON GIBSON: Thank you, Council Member Deutsch, and thank you to the panel for being here. We thank you for your testimony, for your work and we will continue to work with you. Thank you for your presence. Our next panel is a panel of six. Hiawatha Collins, from VOCAL, New York; Robert Suarez from VOCAL New York; Alyssa Aguilera from VOCAL New York; Kassandra Federique and Julie Netherland from the Drug Policy Alliance; Michael Grady from SoBRO, South Bronx Economic Development Corporation, and I believe we have additional chairs. Kirsten John Foy from the National Action Network. Is everyone here? Do we have Collins?

CLERK: Yes.

CHAIRPERSON GIBSON: Okay. Suarez? Okay. Alyssa is here. Kassandra? Okay. Michael is here and Kirsten is here. All right. We're batting six for six. Great. And if anyone that remains here still wants to testify and submit testimony, please see the clerk at the front to your right, and I'd also like to acknowledge for the record that we have received testimony from Shaun D. Francois the First, the President of Local 372 Board of Education Employees, District Council 37 submitted in support of this legislation submitted into the record. Okay, so we'll start from my right and your left. You can start. Make sure your mic is on. Thank you.

HIAWATHA COLLINS: Good afternoon. First of all, I would like to basically say thank you very much for bringing forth these, um, these new, um, changes. I am very much in support of this. At the same time, we hear a lot of scare tactics and things being said about K2 and individuals that's using K2, and--and this really has to stop. Language is powerful. Not targeting those individuals that are using I feel is a--is a--I feel is great thing at stopping at the source. It's something that really

has to be done, but also we have to keep in mind that a lot of times these individuals being homeless or not being in shelters or not--some of them have other issues that have to be addressed and are being addressed. So when you have K2 and then you have them using other psychotropic medications, and things like that, we have to make sure that--that people are aware of this. We also have to have a courteous approach to how the police and the hospitals deal with the individuals when they come into their said services. Sometimes individuals are being treated other than humanely when they go to the hospital, when EMT comes, when the police comes or with their doctors and their nursing staff they're not being treated in a manner in which they should be treated. Or things are being said about them negatively. Also there's a lot of stuff that's going on I feel when it comes the--the need for more research being done before a lot of stuff is being done. We know that these synthetic cannabinoids--we have natural receptors in the brain that this synthetic cannabinoids bind to faster and longer than regular marijuana or anything like that. So that means that with the stuff that's going on, that means if it's

affecting the brain and it's working on the brain, the there's things happening and going on. We don't really know what that is short-term or long-term. So it has to be more recently done so that way we actually can advise the public and know what's going on. I also feel that there has to be a lot more education, which was already stated, not only for the actual users, but for the community as a whole. So that if they know the signs of that their--their loved one that they're using K2, and things like that. But more importantly, the packaging. Something has to be done when it comes to the packaging because I had a tenant in my building--I also work for Community Access so that means I deal with individuals that are mentally ill and people who living low-income rental housing. I had a young lady in my building. Her son had this particular product, and she didn't even--she thought that it was candy. When we did a K2 training on the job, and once she seen the packaging, she was in shock. She was appalled because she seen it right in her face, and she didn't even know what it was. When we explained to her what K2 was, and I think the packaging and how it was and how it came out, she didn't know anything

about it. And then when she did learn about it, she became more upset. So there--with this packaging, they are particularly targeting you. They're targeting children. They're targeting the theater community. They're targeting the Goths (sic). But whatever section of the community you have, they have packaging just for that particular community. And something has to be done. With that being said, thank you very much for hearing me.

CHAIRPERSON GIBSON: All right. Thank you very much. Mr. Suarez.

ROBERT SUAREZ: Good afternoon, City Council Members and thank you for allowing me to speak today. My name is Robert Suarez from VOCAL New York. This conversation about K2 is so important because it gets to the--it gets to the connection between homelessness, mental health, drug policy and collision (sic), issues which are making headlines on every newspaper, and are--and are of great concern to the de Blasio Administration. We are seeing some great new initiatives by the Department of Health and Mental Hygiene, and the Mayor's Office of Criminal Justice and addressing problematic drugs--problematic drug use in a way that is rooted in public health and

science and not blanket criminalization. I want to say how thankful I am to see how this Council led by City Council Member--led by City Council Speaker Melissa Mark-Viverito whose district is ground zero for these issues to make a point of criminal--make a point of not criminalizing drug use--drug uses of K2. It is important to note that this is not just a good moral position. A public health approach to these issues is a more effective public safety solution. That said, we have also seen the Mayor and Commissioner Bratton adopt a Giuliani Era response to homeless encampments inhibited mostly by people--inhabited mostly by people whose only crime is being poor or having mental health needs. The NYPD was caught misrepresenting footage of a disturbed individual using PCP to promote their theory of K2 as weaponized marijuana.

Such misinformation is stigmatizing and will push users of K2 away from help. It is also dangerous creating fear amongst community leaders--sorry--amongst community members and law enforcement, which could result in more stories of police violence. As someone who has been out on the streets struggling with drug use and poverty, I am keenly

aware of what is really needed to help people get off the streets and on their feet. And also, someone who has experienced the violence of the drug war policies and aggressive policing by the NYPD. I am afraid of what will happen to--I'm afraid of what will happen to people on--on the streets who are scared and alone. I am also aware of the event--I am also aware that the average NYPD officer is not trained to deal with dealing with serious mental health issues. I commend the city for providing training to these officers, but it is--but it is no substitute for the people whose sole job it is to provide social services to those in need. Alas, it is disturbing to see how many people are turning to K2 because of marijuana prohibition and methadone clinics, parole and a range of city agencies. Even when testing positive for marijuana rarely results in a punitive policy. The public perception is that it will, which has some results--which has the same results.

I want to quickly lay out a few immediate steps that should be taken to address these issues--this issue. These are solutions that will meet the needs of K2 users as well as community members and business concerns, and businesses concerned about

people on the street. While the Council cannot take all of these actions on their own, you are able to use your office as a pulpit to--to--as your pulpit to force the debate.

1. City Hall must create an outreach team to provide immediate services to people experiencing mental health behavior issues. Whether--whether it exhibited--whether exacer--whether exacerbated by KW or not, this team must be easily accessible to NYPD officers concerned--concerned community members and businesses.

2. We must end punitive policies associated with marijuana at all city and state agencies unless scientific evidences proves there is a real reason not to, or our state has adopted medical marijuana and this Administration agrees that marijuana possession does not warrant arrest. So why then are--why then are we imposing harsh consequences on individuals who test positive for marijuana?

3. The City Council and City Hall must support the New York State Fairness and Equity Act, statewide legislation to end the low--to low--to end the low level of marijuana arrests as well as collateral consequences associated with them. Thank

your for the opportunity to testify before this committee.

CHAIRPERSON GIBSON: Thank you very much.

ALYSSA AGUILERA: Hi, my name is Alyssa Aguilera. I'm the Political Director at Vocal New York, and I really just wanted to--to, you know, these guys really laid out a lot of our position, but I just wanted to--to respond to some of the things that we heard today. So--so, you know, we are an organization that believes that drugs should be--are a public health issue. They should be addressed by public health interventions and not criminalization. You know, we are concerned that, um, there will be unintended consequences with some of the legislation laid out today. In particular, you know, sort of the low threshold for what is intent to--to distribute or sell marijuana for people that might be possessing it. So, you know, if we--we definitely want to make sure that the brunt of enforcement is not going to fall on low-income people of color, people who are drug users in really the way that we've seen, the drug war work out for--for decades now. I think that, you know, one--one thing that we heard a little bit about from DOHMH is sort of this public health

initiative. Um, at VOCAL we maintain a Users' Union of which these guys are the leaders of, um, where people who are former active drug users are--are coming together and devising solutions for drug use in communities that best meets their needs.

You know, people shouldn't necessarily--drug users shouldn't just be seen as people who get services, but also as people who have solutions that can be a resource to, you know, addressing these concerns in our community. I--I wanted to thank, you know, Council Member Gibson and again--and Council Member Johnson for drawing attention to the Office of Drug Strategy. You know, we're really seeing in some ways a piece meal approach that's happening to K2, which is great the different agencies are coming together. But if we had a body in City Hall that was devoted to--to bringing these different agencies together in a--in a consistent way, I think it would--it would be able to--we would be able to avoid some of the reinventing of the wheel and duplication of the process. And it's great that this Administration and this City Council is--is obviously seeing it. I've heard a lot of statements that, you know, we want to avoid criminalization. We want to move

beyond that sort of approach and have interagency, and we understand that homelessness and poverty and all these things are playing--are--are factors, and that's exactly what the Office of Drug Strategy will do. It will provide a convening point for that collaboration. Um, again another thing that I think is very important that we've heard before is the city talking about--about testing for marijuana, right. And so probation in particular has stopped violating people for the mere presence of marijuana in--in people's systems. That's not like, you know, a law per se, but it is a policy that we heard just because they were getting so many people that were violating for--for marijuana, and it's really not posing a public safety threat. You know, we know that the Governor, that the Mayor have said that we don't want to arrest people from low level marijuana possession. So I really think we need to revisit our policy so people aren't violating--going back to prison. People aren't, you know, losing custody of their children. People aren't getting kicked out of their, um, their housing, um, for the mere presence of marijuana. Those are things that we can fix in a city at an agency level, and it's a conversation that

we really need to have if--if we don't believe that marijuana is--is--is having some sort of detrimental effect on people's lives and people's ability to access services then why are we using it as a punitive measure?

And then finally, I know that his Council has supported statewide marijuana policy changes, the Fairness and Equity Act is a decriminalization bill that would end arrest for low level marijuana possession, but also vacate the arrest record or the conviction records for 600,000 people that already have marijuana convictions as well as create racial, ethnic impact statements and other mechanisms to ensure that we're not continuing making laws that are disproportionately going to impact people of color in a negative way. And again, I would look to this Council as a progressive body that--to really move forward and push the conversation on tax and regulate and fully legalizing marijuana. It's somewhere where we need to go. It's a way to ending prohibition as a way to make sure that people have--know what they're using. It's safe, it's regulated and it raises revenue for our economy. So thanks again for the opportunity to testify.

KASSANDRA FEDERIQUE: My name is Kassandra Federique. I'm the New York Policy Manager at the Drug Policy Alliance. Drug Policy Alliance is a national organization working to end the war on drugs. We are a national organization with offices in New York, New Jersey, Colorado, California and New Mexico. We also run different Americas programs including some work in the Caribbean, Uruguay and Latin America. So, much of what I have to say was said by Alyssa who we have like the same bullet points, but what I would say is that I want to thank the Council for taking a progressive stance on dealing with this issue. What I would ask, though, is that we take even a step further to really have conversations about how we got her in the first place. I think one of the things that we really struggle with when we come up with legislation is asking the really obvious question, which one of them being why do people use drugs? And one of the things that we recognize and continue to talk about is the larger issues that have been mentioned before around poverty and homelessness that continue to evade positive or innovative policy solutions. And one of the things that we recognize is that largely the way

that we got here to a point where people were making up different chemical substances or different chemical compositions was literally by drug prohibition in general. We've gotten ourselves in this position by the criminalization strategies and policies that we put forward. We have pushed people to a place where they will take any kind of substance from different places including India and China mail them to themselves, and try them out to see if they'll get high. If what we see here is that people are always going to use drugs, and the different associated with it is how can we reduce the harms associated with that usage. Harm reduction is more than just an inject exchanges. Harm reduction is a way of thinking. It's a framework. It is where we start, where that objective is not to get someone to stop using drugs, but to reduce the harms associated with that drug use. When you look at K2 and synthetic cannabinoids, and other novel psychoactive substances, part of the--part of our mission should be more about how can we reduce the harms associated with the usage and less about how we can get people to stop using the drug. Because at the end of the day, history shows that people have been using

psychoactive substances since the beginning of time, and they will not stop. And that has more to do with what are the other options that we give people so that they don't feel like they need to change their state of being, which includes better jobs. Which includes better health options, which includes better eating. All the issues that this progressive caucus has taken in wholesale. When we look at different ways we can deal with substances that are new and different psychoactive substances, there are places that are doing things differently. I'd suggest that the City Council look at things like California and Maine which have used different regulations schemas when dealing with substances like Salvia. I'd ask the City Council to also look at places like New Zealand, which has taken on a governmental regulatory schema to deal with new drugs in order to reduce the harms associated with it. Criminalizing substances like synthetic cannabinoids will only drive the product further down, which would give us less assess to do the kind of research associated with it. If we want to center the user, then we must know that the user and the seller tend to be interchangeable. Criminalizing the sales of this product will not make

it easier for us to manage it or move it forward. While I agree and strongly support the City Council not focusing on the user, I strongly suggest that we think of different ways to deal with the sale and the traffic--trafficking of this product. I know that the City Council--it's out of the City Council's jurisdiction to regulate something like synthetic cannabinoids, but I do think that there are particular different regulation schemas that we can look at to see. Things like Hiawatha mentioned about changing the way that these things are packaged is really important to keeping the products outside of younger people and minor. But moving towards more criminal penalties associated on bodegas, which are very much the same people that could be users or from the same communities is not something that tends to be ever something that is going to be productive. We are really in support of the public health--public health education campaign that people are talking about. We really, really want to focus and suggest strongly that users be at the front of this. I know the doctors talked before about their experience, but it should be known that doctors don't have a lot of training on psychoactive substance in somewhere like

24 hours, and there's lot more drugs that you can learn about in 24 hours. And so, the experts really at this table are Hiawatha and Robert who have experience with this, and really can tell us how and what people on the street need and how and what kind of way the government wants to be governed. [bell]

CHAIRPERSON GIBSON: Thank you.

MICHAEL BRADY: Chair Gibson and members of the City Council, thank you for the opportunity to discuss the violent nature of the substance, which is eating at the fabric of our community, synthetic marijuana also know as K2. My name is Michael Brady, Director of Special Projects and Governmental Relations for the South Bronx Economic Development Corporation otherwise known as SoBRO. SoBRO has been in existence since 1972. We founded to protect businesses and grow communities during the Great Bronx Decline and have shepherded the Bronx's development ever since. Currently, SoBRO adds over a billion dollars annually to the economic fatality of the Bronx, and clothes over 200 individuals and provides a holistic evidenced model for community and economic development. SoBRO operates four distinct divisions, creates and implements solutions to

society's most systemic challenges. These include (coughs) real estate development, youth and adult education, workforce development, and community and economic development. (coughs) SoBRO's Community and Economic Development Division has been nationally recognized and internationally branded as an evidence based program, which gives voice to the community and provides an incremental approach to area development and business growth. With this model, SoBRO has created hundreds of thousands of jobs, assisted in building over 10,000 businesses large and small provided by the entrepreneurial skill training, created the Bronx's first Minority Business Development Agency, and provided nearly $1 billion in financing. While shaping the way, we as the city approach land use and zoning as it pertains to industry, manufacturing, environmental remediation and residential populations. Together, these four divisions provide a viable and proven framework empowering New Yorkers. For the past 12 years SoBRO has been working to restore the vibrant community surrounding 149th Street and Third Avenue in the Bronx also know as the HUB. This area, one of the only transit options in the Bronx with east side and

west side subway service accommodates of 200,000 pedestrians daily. It is one of the busiest hubs in all of New York City. It is also t he heart of emerging K2 clusters, and is great cause for concern for not only our organization, but the entire Bronx. Just as crack and heroine spread throughout the city and the borough, K2 poses a similar threat with a broader range of access. K2 is a cheap alternative to marijuana, relatively unregulated, the chemical structure can be adapted with ease to avoid regulation, has a higher rate of return for sellers, and is a symbol of the systemic woes of distressed neighborhoods. K2 targets poverty. K2 targets a population that is often times in a minority and low-income area. K2 prevents community empowerment. (coughs) I apologize. I've got a terrible cold today. K2 is a symbols of the systemic woes of distressed neighborhoods. It is used as an out, a release from their everyday lives, a comatose state to forget about community challenges, problems at home and poverty, sometimes combined with human Hulk like strength. It's a brand that attracts children often using Sponge Bob or superheroes as a marketing tool. Although the current statistics from the

Department of Health states the median age of K2 users to be approximately 37 years old, our fear is that as more young people experiment with this drug even as a first time user, it will be to increase the addiction not just to K2 but other drugs, and to the death of thousands of young people. K2, quite frankly, is the crack of this generation. SoBRO is heartened by the recent steps and cooperative work of our city agencies, the de Blasio Administration and the work of this Council. However, more aggressive and more work must continue. Internally, SoBRO has created a Bronx wide task force to address this issue. The taskforce is enhanced by approximately 25 area service providers, faith based organizations and elected representatives. As we continue to delve into this issue, we are realizing the complexity of the issue, and the exponential threat K2 poses to our communities' development. It is the recommendation of the SoBRO K2 taskforce that this Council in upcoming budget talks allocate funding for:

1. K2 identification and training for the health community. This includes EMS, doctors and nursing professionals, with the potential

professional development credits that all of these groups have requested.

2. Rapid testing services to accurately identify and subsequently treat K2 users. Many of our constituents have said that many K2 users are misdiagnosed when entering the emergency room.

3. Increase the awareness amount law enforcement professionals, and provide law enforcement with the necessary means and training to enforce K2 laws. The emphasis here is on training.

4. Enhance the data reporting systems to accurately identify K2 diagnosis and treatment, and share the data with City and statewide partners.

Additionally, the K2 taskforce requests that this Council initiate a statewide taskforce with our state counterparts and increase the dialogue on the ground with certain providers and community organizations to enhance the clarity of the voices at the decision making table. Thank you.

CHAIRPERSON GIBSON: Thank you.

KIRSTEN JOHN FOY: Thank you. Good afternoon. My name is Mr. Kirsten John Foy. I'm the Northeast Regional Director for the National Action Network, and I want to first thank Chairwoman Vanessa

Gibson for--and the other chairs for holding this hearing. I want to thank Council Member Ruben Wills and Dan Garodnick for their prophetic leadership. Not my words, but I won't mention who they called their legislation prophetic, but we are here today because as many others have mentioned prior to, we are on the outset of a scourge that looks eerily familiar to one we suffered through in the 80s, which was the crack epidemic. We see many parallels. We see a very powerful drug that moves very rapidly through the community that destroys everyone in its wake. And, unfortunately, we see some of the same slow parallels and slow responses from the powers that be. This is not a new problem. We are glad that we are finally getting out heads wrapped around it, but it is important that we do not allow this opportunity to deal with the problem not just at ground zero, not just where it is already pervasive, but we take a preventative stances where it is--where it is not now as pervasive as it is in other places, but still has been introduced to the community. And we do see some widespread use such as in Brooklyn and Southeast Queens. And so it's important that we intervene early on, but intervening for the sake of

just--not just arresting the problem, but dealing with the underlying causes of this problem. Many of the underlying causes have been spoken of earlier as well, a general addiction, the inability to get your hands on traditional drugs, heroine, cocaine, et cetera. Or the desire to enhance the experience of those--of those drugs. We see the explosion in the homeless population, and the lack of adequate and appropriate and humane services being one of the drivers of this. And so, it is not--it is not a surprise that--that this drug is ravaging these vulnerable, already vulnerable communities so quickly. We want to stand in support of all of the legislation that has been introduced in the Council thus far. We also believe that part of what's stifled o our ability to adequately intervene in the crack epidemic was that government tends to operate in silos. And so, it is important that we tear those silos down. That the city and the state and the federal government all have an interactive and a collaborative approach to dealing with this, and make it a high priority on every level. We can't just deal with how it affects us after it hits the group without intelligently trying to wrap our heads around

how we prevent it from getting to the ground in the first place. Many of these products are imported from other countries, and so it's important that we have a federal and aggressive and appropriate federal response as well. Several weeks ago the National Action Network held a community action rally around how we can as a community enhance and supplement and complement the work that's already being done by the city state. And so we have agreed to work with the Bodega Association on a public awareness campaign, which would from their part, which would do outreach to bodega owners across the city and the state. We would then use those bodegas as a distribution point for information, a fact sheet about what K2 is and what it can do to us and our community and our families. It's important not just to deal with the-- the individual that's using, but those that are affected by the drug who may not be using as well. It's important that we have a holistic education process. And then to deal with the mental health and the research component of this. As was very intelligently stated earlier, we don't know the long-term impacts that this synthetic or indeed most synthetics have on the brain. And so it's important

if we're going to have a long-term solution that we understand the long-term impact on our mental health. And so, we are supporting--supportive of all research, and all smart and intelligent public policy to deal with the criminalization of sales, manufacture and distribution, but not of use. So again, I want to thank the committee and the chair for their leadership and again the prophet of the Council for his prophetic legislation of so many years ago.

CHAIRPERSON GIBSON: Thank you very much. Thank you all for your thoughtful input and suggestions, testimony and Vocal and Drug Policy Alliance making some very key short-term and long-term solutions, which I appreciate the continued surveillance and research of K2, convening stakeholders, engaging in harm reduction programs, fighting back against the sensationalization and misleading language that we have heard unfortunately in the public. I just have two very quick questions before I give it to Council Member Wills. In terms of the labeling issues and, you know, I keep raising this up because it says it's not for human consumption. Keep out of the reach of children and

then it talks about potpourri and incense and other things. And yes, it is very attractive. So I can understand how children are very attracted to this, and then the names itself Scooby Snax. Very disturbing. So what would you suggest for us moving forward on how we can go about addressing the labeling problems that we have where the constant chemical compound changes, right, that change the makeup of K2 to mislead us. What would you suggest as a way to approach the labeling? And then my second question for anyone on the panel is one of the bills in question today before us talks about our attempt to identify and get to the sellers and not users. And so there's a defined amount that we've identified. I believe it's 10 units of possession right and ten joints, and if you are not in agreement with that, what would you suggest as an actual amount? Because while we will emphasize and focus that we do not want to victimize users, we also want to be very realistic that there are sellers out there in our communities that are taking advantage of our people, of each other in our very own neighborhoods. And so I think trying to find a balanced approach in that regard we have to come forth with something

tangible, an actual number. So if not the number that's been identified, then what would you suggest as a better number that could have more of a balance?

ALYSSA AGUILERA: Sure. So I'll respond and then Kassandra I'm sure has things to say, too. I mean first for--for the labeling, I mean I--I understand and I hear everybody and I--and I--of--of how the labeling looks like it marketed to--to children. But I think it's also really important that we take into account the DOHMH epidemic--epidata that shows that the average user is actually 37 years old, right. So we don't necessarily want to be taking public policy initiatives, changing and acting in a way because we think something is happening. We need to really look at the data, and see who is using K2. Who are the people that are using, and the data so far has showed us that it's people that are--that are older, right? But, you know, when you look at some of those packaging it's hard to--it's--it's hard to understand because they seem to be at odds with one another. And then in terms of packaging, I think that, you know, one of the biggest success stories for--for public health, you know, drugs--around drug use is tobacco, right. Tobacco is a sanction, and we

saw a lot of, you know, great efforts in New York City where New York City was a pioneer on--on--on raising awareness, education about the placement in bodegas, you know, the eyesight. You know that's a little different since this is, since, you know, people aren't going to be selling it anyway. But I think that there are some lessons to be learned there. Um, and convening people who are, you know, have studied this and I'm sure they're--they're somewhere in city government and somewhere in New York City, and can help sort of determine exactly, you know, how--what the best way for it is. But I think unfortunately, you know, because of this, the changing chemical compounds, it's going to be hard to create laws that are fully-- You know, there's always going to be something else, and so what we really need are young people with this education and--and knowledge and people to talk to so that they know, you know, what they're putting their bodies into--putting into their bodies. And if they are going to use drugs, that it's a safe way, and they know, and if it's not something they're buying, you know, from--from a package that we don't know what's

inside of it, and then, and then--oh, you can go ahead.

KASSANDRA FEDERIQUE: Yeah, I guess I want to go back to the tobacco example. Um, I remember when I was growing up the cigarettes Camel had Joe the Camel. And, you know, that was a really big thing where people talked about this is targeting young people because there's a cartoon associated with it. Um, and one of the things that--part of the regulation was is that they no longer could use those kinds of cartoon characters in a way that would seem to target young people. And so part of the thing that I was talking about earlier is that if we're really interested in keeping these substances out of the hands of young people, there are ways that we can create kinds of licensing or regulation kind of schemas that would give us more control. Because if we continue, you know, focusing on the seller, which I definitely hear Council Member Gibson on and understanding, and, you know, as someone who has worked with your office in the past, I'm very aware of how thoughtful that you all have been on this legislation. But the fact of the matter is if we make it illegal, people are still going to sell it,

right? And so how can we have more control in this particular situation? And again, I go back to places like California and Maine that have regulated substances like lots of substances like Salvia where they had really clear measures around the way that things were marketed, the way that things were labeled, the kind of packaging associated with it. And ways that we can turn down the way that it would look like a childlike substance. So did you want to mention about the intent to use--to use--to sell?

ALYSSA AGUILERA: Yeah, I mean I would--I would love to see--I mean just because it's units and could be anything from like ten little baggies or whatever. You know, I--in the way that the marijuana it's like 25 grams. It's a--it's an absolute sort of number where, you know, it's--it's--it's very clear. It's a fact, right? It either is or not above 25 grams and it's consistent and people know what that is. Whereas ten units I think can be a little bit--I think it's a little bit low. I would love to see that at like 25 units, or in some sort of weight mechanism so It's more just across the board.

MICHAEL BRADY: Just a couple things on the--kind of gearing towards the youth and labeling.

One of the major hindrances that we've found is that the data that the Department of Health is using is often corrupted because so many of the cases go unreported or misdiagnosed. So that's one of the reasons why training both for medical professionals including EMS staff, but also NYPD is such a--is of such vital importance. Secondly, on the balance of seller to user, SoBRO has been trying to develop an idea where there would be a grading system for bodegas very similar to restaurants. And this could be a component on the enforcement side, which attempts to be a bit more balanced and fair to both the business owner, but also takes into account the seller to user ratio. And, you know, it also would be a great revenue generator for the City of New York.

KIRSTEN JOHN FOY: You know, I appreciate the--the--the concern behind the questions. It's ironic. Ultimately, we want this substance banned. So I don't care what kind of--what packaging it's in. I think the packaging is offensive. It offends our sensibilities because we understand the intent behind it. But I also think it's dangerous to start talking about how to package, how to more appropriately

package a product that we don't want to see on our shelves in the first place. So, yes, it offends our sensibilities because we know that they are trying to target young people with the packaging. But at the same time it--it doesn't matter whether it's Joe Camel on the package or whether it's GI Joe on the package, we don't want--we don't want this product sold at all.

ROBERT SUAREZ: With that being said, the thing is this, unfortunately the packaging is--this product is out there, um, and we have not been able to get rid of it. So basically, what I'm saying is I want--I would like to not see anything that's going to target our younger people or certain--certain communities. Have some type of legislation to make it where they can't use certain types of things. Like if a child is watching a cartoon then you have that cartoon's name on it. Angry Birds, for instance. You've got a--you have an Angry Bird on a K2 package. Well, if kids are always watching this and they're playing these games and they go in the store and see oh, Angry Bird. Now, they're going to want that packing not realizing what's in it. And--and those things should not be allowed. It's simple.

It's just--it's just--it's just--it's logical to me. Keep it--keep it away from the kids. Other people have choices. They have--they're grown, and they know what they're going to do, and they, too, in themselves can--can use any technique that they want to either stop usage or going on. Even if it's under the market and it's not sold, it's still going to be sold through the black market or whatever you want to call it.

ALYSSA AGUILERA: Okay. I just want to say I think what's really important is that the--the following speakers after VOCAL and DPA likened K2 to crack, and I'm think I'm very--very--to be very clear, I don't want what happened with crack to happen with K2, and what that means is we saw with crack hysteria, and morals and people's personal sensibilities drive a very punitive Draconian and punitive policy. It affected sellers and it affected users, and we were never able to ban crack. People are still using crack now. People are always--are going to use substance. Prohibition consistently has shown us we cannot ban substances. And, therefore, regardless if you feel like people should use drugs or not, they have been using drugs for the last 500

years. And us continuously using or taking--using--talking points that talk about banning substances has never been effective. And places all around the world are having conversations about that. In April, the UN is having a conversation about drug control, and figuring out different ways we can use this. And so, when we're talking about instance substances like K2 and crack, it's also really important to really focus on the research. Joey Palomar from NYU continuously talks about how K2 is not like crack. It does not give you superhuman strength. It also does not in any kind of way give the kinds of substance--the kind of mythical kinds of things that people are describing. People that use K2 they're sluggish. They're really tired. They're lethargic, and yes that depends on what brand or version of K2 is out on the market at this particular time because it continues to change. But based on the DOHMH research, which I strongly suggest we base policies in, we must recognize that part of the issue that we're talking about right now is not doing the drug war hysteria, which has continuously been used on this panel and is not going to get us any further.

CHAIRPERSON GIBSON: Thank you very much, and I'm sorry. I have to move on to get to my colleagues. Council Member Wills followed by Council Member Inez Barron.

COUNCIL MEMBER WILLS: I'll be quick. Inez, I didn't know you were back. So really quickly. We have made statement after statement that we don't want this to be a Rockefeller Esque law. We understand the individual users should not be--where they should not have measures that are punitive that would affect them forever, right? I understand that more than a lot of people do. We work very closely with VOCAL New York and others, but something has got to be done. You don't like the reference to crack, and I've lived through the crack era as many others, and maybe even closer to some of the issues. But, again, something needed to be done there. The sensationalism of what crack did was not when it was in our communities. And I'm talking about black and brown communities. It's when it went into other communities, and it's when heinous acts were committed? When police officers were murdered because of it. That's when sensationalism started. We have a chance to one, take your advice and not use

some of the languages that recognize marijuana when we're dealing with it. But we also have to make sure that this issue is something that people understand the seriousness of it, and that it means a priority. So, how do you suggest we do that? Pulling back on the language is one thing, but other than banning it, what suggestion would you have? Because you can't just spend-- You've already admitted that people are going to use drugs forever.

KASSANDRA FEDERIQUE: Yes.

COUNCIL MEMBER WILLIS: So we can't just throw--we don't have an unlimited amount of resources to push into the problem. So this would stem a lot of the--the import of it, a lot of the sale of it, and get to things like that. So what else do you suggest besides that happening that we can use as an alternative?

KASSANDRA FEDERIQUE: I mean I think to be clear, we're not here in opposition.

ALYSSA AGUILERA: In opposition yes. In-- in opposition of the--of the--opposition of the--

COUNCIL MEMBER WILLS: We're having a conversation.

KASSANDRA FEDERIQUE: --opposition of the legislation, and we understand that like something--something has to be done. The--the pervasiveness of the--of K2 is obviously a problem, and especially so many people don't even know, you know, what they're putting into their bodies. Um, so, so, you know, we're fine with some of the--with the legislation that's being proposed today, but we also want to say, you know, this is not a way that's going to stop people from using K2. It's only going to relegate them further into the shadows. Um, there's going to, um, an underground economy is going to emerge, and people are really not going to know, you know, what they're putting into their bodies. And we know that there are--so, you know, I think that some of the immediate stuff we want to see stakeholders convene, you know, harm reduction agencies so people that know and can train drug users on how to use drugs safely, and so that they're not-- And--and--and it connects people to social workers and to-to ways that if they want to stop using, you know, these are the ways that we can support you in doing that. We want to make sure that there's clear surveillance data on who are the people that are using K2. You know, what are the

co-morbidities? What are other things that are happening in their lives? Um, the intersection with homelessness is just so apparent. It's been in all the news stories. You know, we'd love to see the Council really take on the New York New York Four Agreement for supportive housing so that people with behavioral health and mental health services are able to have housing that's stable and has wraparound services. You know, we want--we know a lot of people are using K2 as an alternative because they are being test for marijuana. So what are the city policies that we can put into place so that testing is no longer--for marijuana is not going to put people's--you know it's going to--it's not going to create the fear that they're going to go back to prison and they're going to lose their housing.

COUNCIL MEMBER WILLS: So then you're saying that, and these are just questions because we have to have the answers. So you're saying instead of us ramping up the screening to be able to test for K2, so that when people are not misdiagnosed in the hospitals. You said there are underlying drugs that people may be using or other issues that they have. You're saying instead of us being able to ramp up and

being able to specifically identify it, we should just push back and ramp down on testing for marijuana. I don't understand how that works if you want real data to make sure that we draw.

KASSANDRA FEDERIQUE: Yeah, I don't think that, um, just to echo what I think the--what the rep from DOHMH said earlier, that it's pretty much impossible and it's going to be very difficult to ever fully test for K2 just because the chemicals are continuously changing and, you know, the--the sort of slate of drugs you test for are not, you know, are not going to be able to keep up with all of that.

COUNCIL MEMBER WILLS: Right.

KASSANDRA FEDERIQUE: So, I--I think that you know, I think that it's great if we want to train doctors in the ER on, you know, what are the symptoms of K2 and can figure out if people are using it for that surveillance great. But what I was talking about in particular was what are the drivers? Why are people using K2? Why are people--you know, if you have marijuana--access to marijuana--let's just--you know, if you can smoke marijuana and you like it, why are you using K2? Because it's cheaper and it

doesn't show up on a drug test. That's what a lot of people are telling us.

COUNCIL MEMBER WILLS: That's why--that's why a lot of people started smoking marijuana three years ago because it's cheaper than buying cigarettes. Yes, that's it...

KASSANDRA FEDERIQUE: Right, and we think that's less harm. That's less harmful than smoking cigarettes.

COUNCIL MEMBER WILLS: Right, but see this is what it is, and when we talk about tobacco, a lot of the things that we deal with in tobacco, the public awareness campaigns that were funded by the lawsuits. We don't have that here. One of the issues that you brought up that was interesting is when we decided to put the ten bags or ten units, ten packages [bell] actually inside of the legislation it was to be able to stop the under--the under-the-counter sales. So when those individuals who know it's illegal to sell this and it's harmful to our community, they will have three packages exposed or in plain view and seven underneath. So are you saying that we should have a--maybe legislation should say 10 bags and/or this amount of weight? so

that if somebody is in the community and they try to condense 20 bags into 10 bags and the weight is still something that should have specificity to it?

KASSANDRA FEDERIQUE: Yeah, I mean I think the concern we have and I think it was actually mentioned in like the New York Times piece is you have this guy who's saying, you know, I can buy a bunch of bags of K2. I can empty it all out, roll a bunch of joints, and then I can sell them for what? And he's a, you know, a substance user, low-income person, homeless person. But, you know, that's not the person we--that's like the big kingpin of K2. And I think ten is a pretty, you know, it's--it's not a--it's not a large threshold, and so if--and the fines are--are--are serious and--and great. But those are for the people that really, you know, we really want to crack down on or whatever. But I think what you might have is you might have people who are, you know, subsistence, low level drug dealers, and they're going to be met with the same penalties.

COUNCIL MEMBER WILLS: So, it should be--I'm asking should it--we want to make sure that the stores, the point of sale now, the point of contact

right now as we know it are held accountable. But are you saying that we should add and/or the weight amount to it so that the individual users who may become entrapped in something like that--

KASSANDRA FEDERIQUE: Yeah, I would just love 10 or something higher than 10, 50 or something like that where it's actual real--

COUNCIL MEMBER WILLS: But have you--are you--

KASSANDRA FEDERIQUE: -- or 25 grams or whatever.

COUNCIL MEMBER WILLS: --are you talking about based on the amount of the weight of each package or are you just doing that based on--?

KASSANDRA FEDERIQUE: I did that--I mean I said 25 because that's the marijuana rate. You know, that's for--the threshold for marijuana currently in New York State 25 grams.

COUNCIL MEMBER WILLS: And the packages are a gram a piece?

ALYSSA AGUILERA: Well, it's just for the pure--the pure weight of the--I think she's saying we should make it less than not 10 units, but like 25 grams or 50 grams as opposed to going by units

because units can be interchangeable. They're subjective.

COUNCIL MEMBER WILLS: Right. So that's what I'm asking you.

ALYSSA AGUILERA: So she's saying go by gram--go by weight. Change it. Instead of 10 units, go by weight.

COUNCIL MEMBER WILLS: All right, thank you very much. Mr. Foy, I do want to also thank you as well as the rest of the panelists for your press conference trying to bring together the different levels of government. You are correct in that we have silos, and people do run around for press sake. I do appreciate. And I really appreciate that, working on that, and I do believe that you and your organization have the ability and influence--influence to make sure this happens. Senator Schumer has called on the State and City. We did that since 2012, but for some reason, we haven't moved collectively and demanded that aside the dysfunctional DC right now, demanded that from our federal peers. Thank you very much. Thank you, panel.

CHAIRPERSON GIBSON: Thank you, panel. Just one quick question before you leave. Council Member Will alluded to it, and it's his bill, but I just wanted to make sure for the record VOCAL New York, Drug Policy Alliance, National Action Network and SoBRO all positions on the three bill as they're currently written. Because you're mentioning some suggestions on amendments. So I just want to make sure that--do we have your support on all three bills, or support with amendments?

COUNCIL MEMBER WILLS: Well, wait a minute. While she's asking that, please keep in mind that the people--the members of this Council are very sensitive to what happened to a lot of our people when the drug epidemic hit. So we are not above going back after the legislation is passed and saying, hey, this is what is happening. This is something that is affecting and we may need to change this. I just wanted to make sure you did that before you answered. Thank you.

CHAIRPERSON GIBSON: However, the conversations [laughter]--

COUNCIL MEMBER WILLS: Then again, now--

CHAIRPERSON GIBSON: --that we have now are to prevent us from making any amendments, and that's why we have hearings such as this. So that we can get all of the input, and even when bills move forward, we have another final hearing just to make sure. Because we understand things change, times change, and so we want to make sure that everyone understands what we're trying to do because, you know, the one thing that we cannot legislate are unintended consequences. And that's something that happens with anything that we do because you always have people when we think we're ahead of the game they're ahead of us. And we keep tripping over each other to get in front. So I just wanted to make sure just so that we have it on the record moving forward so we know how to proceed in terms of working with you, in terms of amendments and other considerations.

ALYSSA AGUILERA: Sure. I mean for VOCAL, you know, we support the package, but with a friendly amendment that we'd love to see the threshold for possession higher.

CHAIRPERSON GIBSON: Thank you. Anyone else.

MICHAEL BRADY: SoBRO supports all. The only thing we ask is that going forward the Department of Consumer Affairs or the Department of Health and Mental Hygiene take a look at a rating system for bodegas, and have this be a long-term component of that to ensure that K2 identification sale--intent to sell is something that's taken a look at with a long-term approach.

CHAIRPERSON GIBSON: Range of penalties?

MICHAEL BRADY: Yes.

CHAIRPERSON GIBSON: Right. Okay.

MICHAEL BRADY: Yeah, I--I would go, you know, if you were to take a look at the, you know, the restaurant grading system--

CHAIRPERSON GIBSON: Okay, like the grading system? Okay.

MICHAEL BRADY: Yeah and then take a look at that and how this would be a component of a bodega rating system of which this would be a part.

CHAIRPERSON GIBSON: Okay, great. National Action Network.

KIRSTEN JOHN FOY: As is or with any of these friendly amendments.

CHAIRPERSON GIBSON: Okay. Great. Thank you. Thank you. Do you have one more? Okay.

KASSANDRA FEDERIQUE: Yes, the Drug Policy Alliance. We just ideologically can't support increasing criminal penalties. We're open. We would really love to talk to the Council more about potentially looking at civil penalties, but right now we can't say that we support it as it, but not because we don't support the caucus, but more so because the Council, because we can't--we can't support increasing criminal penalties. We don't think it's an effective way to deal with the problem, but we're very open to continuing conversation with the Council Members to look at the friendly amendments, and also the things that we've listed in our testimony as things in addition to do the legislation, and are willing to work on that with you.

CHAIRPERSON GIBSON: Okay, great. Thank you all for coming today. Thank you for the work that you do everyday. We appreciate your support and your presence. Okay, and we have one more that just joined us. Dr. Daniel Lugassy from Bellevue Hospital in the City of New York.

[pause]

CHAIRPERSON GIBSON: Your microphone is not on.

DR. DANIEL LAGASSY: Thank you very much, Council Member Gibson and the whole committee for allowing me to testify. So, my name is Daniel Lugassy. I'm an attending physician at NYU Bellevue Emergency Department. I have been there now for about seven years. I am double boarded in emergency medicine, and medical toxicology. I was a toxicology fellow for the New York City Poison Control Center, and serve as a consultant still in that fashion, and work with the Toxicology Division. So, I'm here today for a couple of reasons. One, to maybe clarify and answer any questions about the science and the merit of what is actually in these products. Because when someone asks me what is K2, I tell them it's actually nothing. There--there is nothing in it. As you had mentioned before, it's a bunch of crushed up twigs and berries, and someone sprays a chemical on it. And what's very interesting is if you ask me how many marijuana overdoses I've ever cared for in ten years of emergency medicine, I would tell you zero. And a few years ago, we had people showing up with

every violent and agitated behavior, seizures, and they said they were just using marijuana. Well, that kind of--we started scratching our head and said, what's going on here because this is not regular marijuana. And what's very interesting about the whole K2 and Spice is that it--it has really attached to that one name of that initial product, and you have the other examples of products that are being used. And, what we saw as first very early--[coughs] excuse me--agitated behavior what we're seeing in that recent spike since April of 2015 is a very deeply sedated comatose behavior. We're seeing low blood pressure, low heart rate sometimes at a dangerous level. And I think the other reason that I'm here is the amount of patients that we're seeing in the emergency department is alarming. You know, at the Poison Center we're collecting more than 150 cases per month since April. I think you know the data for the Department of Health there's more than 4,500 ED visits, um, just in 2015 in the last, you know, in the first few months that are documented K2 use. So what I have to say is in an eight-hour shift, I'm seeing 10 or 12 people who are using this. Often times we're seeing repeat, people coming right

back. And much of it is because they're sleeping on the street and they're comatose, and they're being brought right back to the Emergency Department. So it's not always that there is some specific side effect that is occurring. But what I do see it is rampant and it preys upon those who are disadvantaged. Working at Bellevue we see a lot of patients at the Bellevue Men's Shelter, and it is obviously being used at high rates in that--in the Bellevue Men's Shelter. And, you know, to say that it's destroying lives, we may not be at that point, but I hope that we don't get to that point. It's clearly making people incapable of being responsible for themselves. And so we're seeing secondary injuries. If someone is lying on the street, and they get hit by a car, run over, I mean that's--that's part of the abuse of this drug. And it is very difficult--it was mentioned here before--to train physicians, psychiatrists, patients on what the clinical effects are because there are no clinical effects. If you use two Scooby Snax right in a row, um, one may have a lot of drug, one may have a little drug. If you use two, you know, packets of K2 back-to-back, one may have what is Chibanacca (sp?) or

Fibonacci (sp?) or some of these chemical names and one may have something that is completely different. So when I see people who use Cocaine, Heroin, Marijuana there is a very clearly defined clinical effect that I can respond to that I can train and then I could talk to my patients about, and tell them the ill effects. With this there's no clear clinical effect. I know I'm kind of running out of time, and I'm hoping that there'll be maybe some more questions. But I have to say that I'm here to support the three proposed legislations because it's really embarrassing that we're allowing people to sell these products to the community and keep on saying that we didn't know this was something people were going to use. It says not for human consumption. It says it's potpourri. You know, we cannot allow stores to sell it and be innocent of that responsibility. And it was mentioned that this not being used in the adolescent or children's community. That is absolutely wrong. I'll end with a few facts. [bell] The Monitoring the Future, which is part of the NIH National Survey of Children, not only is K2 the second most common illicit substance to marijuana that's being reported by use in junior

high school and high school students, but it's--the reason they use it is because they think it's safe. It's been sold over the counter in a legal manner by a friend of mine or someone I know at a store whether it's a bodega or a cigarette shop or a gas station. And so they view it as something that must be safe, and when they're using something that they have no idea what the clinical effects are going to be.

I'd also really love to speak a little bit on the behalf of a psychiatrist at NYU Bellevue Hospital. Some of them wanted to be here, but couldn't. They are literally overwhelmed with the amount of patients that they are seeing that have reported K2 use, and what they struggle with, as with any other drug, they don't know if the K2 is presenting or causing the acute psychiatric effects, is the K2 unmasking underlying psychiatric effects, which drugs have been known to do for quite some time? Or the person is not even using K2, but someone in Triage said, Do you use K2. Um, sure, yeah. I mean that--there's such a stigma now that's associated with anybody who's homeless, who's psychiatric that they must be using K2 because they're appearing intoxicated. You know, I agree

with much of what has been said not to criminalize or demonize drug abuse. As a toxicologist, people will always use drugs and substances, but also as a toxicologist, in conjunction with the Poison Center, we have to step in when there's a public health emergency. There have been times when Cocaine and Heroin have been tainted by products that are literally poisoning the patients unknowingly. And that's where we step in, and I see it in a similar manner that we have to step in and tell people these are not safe. We have to prevent the legal sale of it, and really stop, as was mentioned before, insulting our own community members by selling a product that appears to be safe. And it is true that many walks of life also use this product. One of the first areas we saw this product being used was actually in the military. Because yes, you don't--if you pee in a cup, you won't trip of the marijuana drug screen. But, you know, with that, I--I would echo the--the sentiments again that, you know, drug abuse is about really the underlying problems. Whether it's poverty, housing, homelessness, access to healthcare and mental health services. But I cannot stand by and allow, you know, businesses to

sell this legally without any repercussions, and with really not taking any responsibility for the community that they're affecting. So, yes, with that I'll stop and--and I'm glad to answer any questions.

CHAIRPERSON GIBSON: Thank you very much. Thank you for your presence today, and I know with busy schedules I thank you so much for coming. The previous doctor was on another panel talked a little bit about many of the patients that he, too, sees in the emergency room. And I wanted to ask your thoughts on seeing any patterns with patients. And then also for you as a physician, you know, what do you do when you have identified that a patient has been using K2 in terms of resources that they can be referred to. And, you know, obviously how can you ensure that the patients are getting the help that they need, you know, in not putting the onus and the responsibility on them. So I wanted to know your thoughts on harm reduction approach, and just based on today, I don't know how much content you were able to see, but what do you think about the City's approach in the health component and the multi-agency pronged approach they were using, and what were you--what do you suggest in terms of some suggestions we can consider?

DR. DANIEL LAGASSY: Well, for the clinical effects, you see as a toxicologist we rarely need any drug screen or blood test. Not only because it doesn't help us care for the patient. It often takes hours to days to come back. So even if we get a really quick rapid urine drug screen for synthetic cannabinoids, and all of the other types and keep up with it. You know, when someone comes in, if I get urine and I get it immediately to the lab just knowing that they have a positive screen could tell me that they used it five minutes before or maybe five hours or five days before. So it does not help me at all clinically take care of the patient. I have to do what I do for every patient who I think is intoxicated. Check their airway, their breathing, their blood pressure, their pulse and we have to maintain that and we respond to it.

Now, as far as patterns, I have one of my colleagues here Dr. Fernandez who is trying to better identify what the clinical effects and the patterns are, but since the drugs are so rapidly changing. And we often say the dose--the poison is in the dose. And, you know, when someone buys street heroin or marijuana or cocaine, we kind of know what dose

they're getting. And they kind of know what does they're getting. With these products they don't, and everybody responds to them very differently. We don't have years of research of what this product is and, you know, the dose may be someone puts a few more sprays on this part of the party and less on another part of the table. So it's very erratic. And that's why I remind my patients when they do wake up that even if they go back and use that same product, that same brand where they bought it from, they may get a very dangerously different effect. Now, as far as what resources, they're getting the same resources they would as far as any other substance. So when they wake up, you know, they could admit they used K2. They could admit they used cocaine. You know, alcohol is still a big problem. You know, there are many drugs that we try to address. They have social work services, psychiatric services, but the psychiatric services don't want to see these patients if there isn't an acute psychiatric needs. Not because they don't want to care for people. They have hundreds of other patients that are waiting in line to be seen, and it should be noted that if EMS is picking up a patient

who's been using synthetic cannabinoids, or we have four or five beds filled up, that's four or five more beds for other patients with pneumonia and heart attacks that may bet a delay in care. I mean that-- that is always our concern with substance abuse is we've really got to help identify the users, EMS, et cetera. There's no way I can train EMS to identify what K2 is. It's going to change. It changed just in a few years. It may change tomorrow.

CHAIRPERSON GIBSON: That's pretty scary the fact that we've seen such an increase in cases of K2 and hospitalizations that, you know, we're competing over the same resources. And we have patients that are coming in obviously very severe, other cases that may be potentially delayed. Wow. My other question is just in terms of the police aspect around it, the law enforcement aspect. So we've asked the NYPD and, you know, others that are working on this in terms of not criminalizing victims, users, et cetera. But many of the ER visits that you see, and you've witnessed yourself, where they're coming in, in handcuffs. What has been your experience with that?

DR. DANIEL LAGASSY: You know, once again my experience is that patients can be brought with any substance whether they're with police or just with EMS or walking in on their own. And I guess I feel lucky an emergency physician. I can view them as patients, and I don't care whether they're under arrest or not. We're not really seeing that many patients who are arrested for K2 use unless they're doing something that may be violent, or a danger to themselves or others. You know, and that's--that goes with any substance abuse. So I don't think it's worth in the sense viewing it as cocaine and how the police might view that. It really is the same problem you have with alcohol or any--any other problem with the police. I mean sometimes police--we don't want people to be sleeping in a public place. Now, part of that is because it might actually be a physical nuisance. Part of it might because we don't want to physically see that, and there are inherent issues with that. We have to help people who are sleeping out on the street, but there's also the stigma that they might be sleeping out on the street or using alcohol. No, you're probably using K2. So let's just sweep you up, throw you in the hospital.

We've kind of quote, unquote dealt with the problem because maybe it's visually not there. But they're there in the emergency department. The problem is--is still there, and I do agree that people will just find another drug to use. But, there's a simple way in that we--the people who sell this in plain sight have to have some accountability and responsibility for that, and I--that's why I'm here to support that legislation. You know, this not for human consumption is very well known in the toxicology world. That's screams of come use me. I am something that might make you high. That's the same thing with bath salts--

CHAIRPERSON GIBSON: Yes.

DR. DANIEL LAGASSY: --the synthetic cannabinoids. You know, the directions are sprinkle this in your bath tub, and at the end of the day, it'll take your worries away. You'll go into a deep relaxing state. No one puts it in their bath tub, right? Same thing with K2 and Spice. I've never heard anybody spread it upon their apartment to give it a really good smell. I mean--

CHAIRPERSON GIBSON: Aroma therapy?

DR. DANIEL LAGASSY: Aroma therapy, exactly. So--so, you know, just like anything else that the Consumer Affairs Department would view as misrepresentation, which this clearly is, and in a very dangerous manner that is why I'm here to support that legislation. You know, and I imagine efforts can go to helping people with substance abuse and homelessness and lack of access to care. It's something that's near and dear to my heart. I'm someone who testified and will continue to testify for what I'm sure you know the New York Health Act, which is a state single payer bill, which happened to pass the Assembly this past May. There's lots of ways that we can help people in why they go out and use substances in the first place. But if we're making it so readily available and really just right out in the open, people are going to thank it's safe. And it was mentioned that Salvia and other drugs in other countries. That is because those drugs are regulated. People know what they're getting. People know what's in the product. It's a very different issue that we're dealing with here. You know, people do not know what they're getting, and we really don't have a lot of clinical experience with the effects.

We have a lot of clinical experience with cocaine and heroin and alcohol and many other drugs. These drugs were, to be honest with you, probably investigated by a pharmaceutical company many years ago to see could we take marijuana and find a little bit of that one part of it that helps with some clinical entity. And what they found was we couldn't really--they couldn't really figure it out. So they shelved these products, and what I often say is the difference between marijuana and K2 or the similarities are the way a Chihuahua and a Great Dane are both dogs, right? But they have very different bites. You know, the synthetic cannabinoids are what we like to call cannabinoid receptor agonists. They do bind that same receptor, but they bind it at very alarming rates, and intensity. And when you look at marijuana, it's got thousands of chemicals that bind in very different ways. So really in a way as toxicologists, we're almost saddened by the fact that it got the name synthetic marijuana, because it's got no clinical similarities to marijuana. And that's a very dangerous marriage of two concepts. We have opiates like heroin, which are natural.

CHAIRPERSON GIBSON: Right.

DR. DANIEL LAGASSY: And we've made opiates like Fentanyl, which are synthetic.

CHAIRPERSON GIBSON: Right.

DR. DANIEL LAGASSY: That's a synthetic opiate. This is not a synthetic marijuana. If you want to talk about it from a chemical structure, clinical effect, they should not be viewed as the same.

CHAIRPERSON GIBSON: I appreciate that and someone else did say that as well. You know, in our growing efforts to make sure that the public messaging and the wording that we use, which is very important in terms of our reference to it being synthetic marijuana. I mean for many of us, myself included, it's a lot of education, and understanding. And as you have said, we don't have a lot of clinical history to really understand. But at the same time, I don't want to sit back and do nothing--

DR. DANIEL LAGASSY: Right.

CHAIRPERSON GIBSON: --and wait until this kind of explodes, and it's literally out of control. So I think, you know, the work we're trying to do with these bills and then the multi-agency taskforce and, you know, my biggest challenge is how

do we change the packaging on this. I mean the attractiveness and the deception is really disturbing for many reasons, and I always look at unintended consequences. And I know that if we stop it in stores, that means it hits the streets, Internet and other places where we have less control.

DR. DANIEL LAGASSY: I agree with that wholeheartedly. Yeah.

CHAIRPERSON GIBSON: Wow. Okay, well, I thank you so much for coming this afternoon.

DR. DANIEL LAGASSY: No problem. Thank you.

CHAIRPERSON GIBSON: Thank you for your work and really providing a lot of input that we need, and we certainly will continue to work with you and talk to you--to you and your colleagues. Thank you so much.

DR. DANIEL LAGASSY: Yeah, I would just also remind them I found out about this late, but there are many of us at the New York City Poison Control Center who work for the Department of Health. We're looking at this more from the clinical and toxicology and poison perspective. We certainly would love to collaborate with anybody, and the

Managing Director of the Poison Center, Dr. Mark Su, whose--whose really been championing an effort to learn what's actually out there. They've been testing the products, and trying to figure out and identify what the actual chemical products are in there. And so that's--that's work that is important and was identified earlier that we just really need more hard evidence and education. So thank you very much.

CHAIRPERSON GIBSON: Thank you very much. Thank you. Once again, this Committee, this joint committee hearing on the Committees on Public Safety, Health, Mental Health and Consumer Affairs. Thank you to the Speaker of the City Council Melissa Mark-Viverito, our Co-Chairs Corey Johnson, Andy Cohen, Rafael Espinal and to all the members of the Council, and all of our administrators, educators, members of the public and advocacy groups. And once again thank you to our staff, the Public Safety Team for this very important and productive hearing today which is officially adjourned.

[gavel]

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 September 25, 2015