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HEALTH COMMITTEE
OF THE
SUFFOLK COUNTY LEGISLATURE

A meeting of the Health Committee of the Suffolk County Legislature was held in the Maxine S. Postal Legislative Auditorium in the Evans K. Griffing County Center, 300 Center Drive, Riverhead, New York, on March 2, 2017 at 2:00 p.m.

MEMBERS PRESENT:

Legislator William Spencer - Chairman
Legislator Bridget Fleming - Vice-Chair
Legislator Robert Calarco
Legislator Thomas Cilmi
Legislator Leslie Kennedy
Legislator Monica Martinez
Legislator Robert Trotta

ALSO IN ATTENDANCE:

George Nolan - Counsel/Suffolk County Legislature
Sarah Simpson - Assistant Counsel/Suffolk County Legislature
Amy Ellis - Chief Deputy Clerk/Suffolk County Legislature
Craig Freas - Budget Review Office
Elizabeth Alexander - Aide to Legislator Spencer
Liz Sutton - Aide to Legislator Fleming
Alyssa Turano - Aide to Legislator Hahn
Chris DeLuca - Aide to Legislator Cilmi
Ali Nazir - Aide to Legislator Kennedy
Katie Horst - County Executive's Office
Jason Hann - County Executive's Office
Lynn Bizzarro - County Attorney's Office
Dr. James Tomarken - Commissioner of Health Services
Jennifer Culp - Assistant to Commissioner of Health Services
Walter Dawydiak - Director/Division of Environmental Quality
Steve Chassman - Executive Director/LICADD
All Other Interested Parties

MINUTES TAKEN BY:

Lucia Braaten - Court Stenographer

1 (**The meeting was called to order at 2:00 p.m.**)

2
3 **CHAIRMAN SPENCER:**

4 It's now 2 o'clock. We are going to begin the Health Committee.
5 If we could all please stand for our salute to the flag, to be led
6 by Legislator Fleming.

7
8 (**Salutation**)

9
10 Please remain standing for a moment of silence in memory of the
11 young women who were victims in Brentwood. We understand there's
12 been a break in that case today. And, also, for the men and women
13 that are serving this country both at home and abroad.

14
15 (**Moment of Silence**)

16
17 Good afternoon. Welcome to the March 2nd meeting of the Health
18 Committee. I don't have any correspondence. I'm sorry, did I say
19 March? March 2nd. Did I give the wrong date? I apologize. There
20 is no correspondence that I have. Are there any cards? Is there
21 anyone that wishes to be heard? No? All right.

22
23 Seeing that we have no speakers, we do have a presentation. And
24 today we have a presentation that was supposed to feature Steve
25 Chassman, Executive Director of LICADD, also with our Police
26 Commissioner, Tim Sini, but we understand that Tim is involved in
27 some very important break in the case of the murders in Brentwood.
28 So we are good that there's justice that is heading in the right
29 direction. So we do have Steve. So, Steve, I'm going to invite
30 you to come forward at this time.

31
32 And we know that the heroin epidemic has really been a scourge to
33 not only this County, but New York State and the country. And
34 we've seen evidence that, although we've had some programs that
35 have been initiated, but, still, the problem continues to be an
36 issue with -- we're seeing other agents that are being added to
37 heroin that are leading to more frequent deaths. We're seeing that
38 the issue continues to take a particularly heavy impact on our
39 young people, and is one of the top mortality reasons for our young
40 adult population.

41
42 And someone that I have worked with for a number of years and is
43 respected in this community, and spends a lot of his personal time
44 and professional time, both with regards to working with families
45 and victims, but also educating our County and our agency is Steve
46 Chassman. And, Steve, I'm so honored that you are here with us
47 today. And I've asked Steve if he would kind of give us an update
48 on the current state of the epidemic, as well as some of the County
49 programs and how that they are progressing, and also to give us any
50 suggestions or ways that we can help out as Legislators. So,
51 Steve, thank you.

52
53 **MR. CHASSMAN:**

54 Thank you, Legislator Spencer, to all Legislators, and I saw
55 Presiding Officer Gregory. This is a really important public
56 health issue. In fact, probably the number one public health issue

DATE

1 confronting Suffolk County, Long Island. And I was just in Albany
2 with a host of other advocates and parents and loved ones who have
3 lost family members to what is a bona fide substance use crisis
4 that has enveloped these United States.

5
6 No surprise to everyone here, but there's been some not so good
7 statistics coming down in 2016. According to data that the County
8 keeps, it looks like the overdose rates in Suffolk County remained
9 number one in fatalities in New York State, so our County. And as
02:00PM 10 LICADD has four offices, one in Nassau in Westbury, and 2 1/2,
11 really in Holbrook, Riverhead and Southampton, so we have three in
12 Suffolk County. I also want on the record that I am, in fact, a
13 Suffolk County resident. So what we are seeing here is just the
14 devastation of individuals and families.

15
16 So it appears, according to the numbers that we are all keeping,
17 and this is with Suffolk County Medical Examiner, and in working
18 with the Police Commissioner's Department, and, of course, all of
19 your districts, it looks like that the overdose fatality rate went
02:01PM 20 up from 270 in 2015 to 2 -- excuse me, to 346. That remains, that
21 remains the number one incidence of overdose in all of New York
22 State. And I'm sure all of you know, our great state goes all the
23 way up to Canada. There's quite a host of counties in New York
24 State, and we have the highest incidence of overdose rate in the
25 entire state. The Bronx is number two, Staten Island is number
26 three, and just across the County line, Nassau is number four. So
27 not a statistic we're proud of. It's -- there's lots of ideology
28 behind this, which is cause.

29
02:01PM 30 But I also want to draw your attention to LICADD was among the
31 first to bring Narcan, or Naloxone, to Long Island seven years ago,
32 and we stood the fire storm that says, "You're putting this
33 lifesaving drug in the hands of users?" Of course. As we support
34 the miracle of recovery for individuals and families, first off, we
35 have to keep them alive. So both counties have jumped on board in
36 the last five years. We worked very closely with Bob Delagi and
37 his team who goes out tirelessly to train in all of your districts,
38 and I've seen many of you Legislators at these Narcan and Naloxone
39 trainings. Thank you for your support. But this statistic, that
02:02PM 40 the Naloxone Revival Program in Suffolk County, First Responders
41 revived 779 people, okay, in 2016. If there was not Naloxone
42 available, God forbid, you are looking at a fatality or mortality
43 rate, due to opiate and substance use crisis, in well over 1,000
44 people in Suffolk County alone.

45
46 Now I defer to Doc Spencer on this, but where have we ever seen a
47 public health crisis due to a disease where it's claiming 1,000
48 people in Suffolk County? I'm an old AIDS advocate, and on Long
49 Island we didn't lose 1,000 people a year. You probably have to go
02:03PM 50 back to the Spanish flu or typhoid to look at a disease that was
51 taking the lives of Long Islanders, disproportionately young
52 people, at a potential rate of 1,000 people a month.

53
54 So we have our work cut out for us. As Legislator Spencer has
55 spoke to, and Commissioner Sini knows, because he's been testing
56 with the confiscated heroin, that as if a public health crisis

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1 couldn't be any worse, the most powerful narcotic on the face of
2 the planet in heroin is potentially even more lethal, because
3 people who sell heroin had to compete with U.S. pharmaceutical
4 companies over the last 15 years. So they made the potency of
5 their product all the more potent. And it is a fact, because the
6 lab tests show there are derivatives of Fentanyl, and as we've seen
7 from Ohio and Illinois, wait for it folks, there may be derivatives
8 of Carfentanil that are coming our way. This is 10,000 times more
9 potent than morphine; Fentanyl is a 100 times. Carfentanil is used
10 to tranquilize elephants. So the fact that you have people that
11 sell heroin are interested in making their product all the more
12 potent, quote, unquote, really lethal, is very, very concerning.

02:04PM

13
14 The good news is, is that we were ahead of the curve on this. This
15 isn't my first time speaking with you, and I thank you for the
16 invitation. I know my predecessor at LICADD, Dr. Jeffrey Reynolds,
17 has stood before this Legislature five and six years ago speaking
18 to the crisis. The crisis had a good ten-year head start on us,
19 but we were very proactive. And I thank the Suffolk County
20 Legislature and Executive Bellone and many of you for championing
21 what were innovative and pioneer programs.

02:04PM

22
23 First and foremost, I want to talk about, just jumping, the RECOVER
24 Program, which is an acronym that stands for Reach Engage Connect
25 Overdose Victims that are revived by Naloxone. Basically, we
26 called it the Overdose Referral Program, but we assigned a name to
27 it called RECOVER, and that is the acronym. You should know since
28 2013, as Suffolk County First Responders were reviving potential
29 overdose victims, we have had a program where that -- those phone
30 numbers and the data of that person has been forwarded to LICADD
31 and we've been doing a soft follow-up since 2013.

02:05PM

32
33 You could see that in 2013, and I'm going from this graph sheet,
34 and pardon my scribblings at the bottom, there were 91 numbers that
35 were referred to us. Cut to 2016, there were 221 numbers where we
36 were given by First Responders. Now we have to do better on the
37 data. I've been working with Commissioner Sini. I've been working
38 with -- when I say "we", LICADD. We've been working with Suffolk
39 County Mental Health and Hygiene to improve on the data. Needless
40 to say, the person that is incapacitated on a gurney that has just
41 been revived by Narcan is not the person calling 911 for help.
42 Therefore, because of burner phones, because of the 911 Good
43 Samaritan Law, Good Samaritans don't want to be contacted directly.
44 But we've made every attempt, and you could see that our success
45 rate is going up exponentially. We do three follow-up calls to the
46 number that's provided. We have been going ER to ER, making sure
47 that that data can be improved upon.

02:05PM

48
49 Everyone around this table should know that when you're revived
50 with Naloxone, you are put into instantaneous withdrawal from
51 opiates, which is a physical manifestation of dependence. So them
52 being transported to the nearest medical facility, many of them are
53 signing out against medical advice, because they are in a physical
54 state of withdrawal, which comes with stomach cramps, and sweats,
55 and diarrhea, and they're generally, and pardon the expression,
56 freaked out that they had a near death experience. They just want

02:06PM

1 to go home, and, of course, they want to go home to raid the
2 goodies in the icebox, which is to get high again, to stave off the
3 physical sickness of opiate withdrawal.

4
5 You should know that LICADD, in a close partnership with Suffolk
6 County Government, this program remains unfunded, but that's
7 something we can address at a later time.

8
9 Doc Spencer, you have a question?

02:07PM 10
11 **CHAIRMAN SPENCER:**

12 I do. First of all, I just wanted to let the members of the
13 committee know that Steve took portions of his handout and we have
14 them in front of you. So, as he's talking, you can refer to them,
15 so if you -- they're in front of you.

16
17 And, Steve, while you're on the point of someone that's been saved
18 by Naloxone, is there a recommendation as to emergency room
19 physicians, knowing that these people are in withdrawal, that
02:07PM 20 should they be treated acutely for that withdrawal as entering the
21 emergency room with either Methadone, or should they -- what are
22 your thoughts about that? Is there a recommendation?

23
24 **MR. CHASSMAN:**

25 Yes, there is. With the DSRIP Program coming down to County
26 hospitals and across western and eastern Suffolk, we have gone
27 hospital to hospital. Part of the DSRIP initiative is to have
28 SBIRT, Screening, Brief Intervention and Referral to Treatment
29 built into hospital in the ERs to reduce the number of readmission
02:08PM 30 for a host of diseases. So, yes, ideally, they should be triaged
31 when they're brought to emergency rooms right in the ER, that that
32 window of opportunity should not be allowed to close. We have gone
33 ER to ER. We met with Dr. Kristie Golden at Stony Brook. We met
34 at Brookhaven. We were at Southside last week. Lisa Ganz, our
35 Clinical Director, is at South Oaks today. And we've been working
36 with ER directors and hospital administrators to improve the
37 protocols, and, if nothing else, to make sure that they have, in
38 fact, palm cards. And many of you, I think you were all passed our
39 palm cards.

02:08PM 40
41 The Communities of Solution list, which are licensed OASAS
42 facilities practicing in Suffolk County of the Office of Alcohol
43 and Substance Abuse Services, and, of course, asking them to sign a
44 release. So we, in fact, at LICADD could do not only a 24-hour,
45 but a 7-day, 30, 60, 90-day followup.

46
47 So I hope that answered your question. We're trying to tie in
48 these protocols, which were ad hoc at best three years ago, and
49 making them more effective and working with the DSRIP and the SBIRT
02:09PM 50 model.

51
52 **CHAIRMAN SPENCER:**

53 From the social perspective, you answered my question beautifully.
54 But from the medical perspective, I know -- is there something as
55 far as emergency room treating physicians, that someone that's been
56 reversed, should they order, as far as chemically for that

DATE

1 individual, give them Methadone, give them something right there on
2 the spot to maybe -- would that help --

3
4 **MR. CHASSMAN:**

5 It would help. Methadone, as you know, Doc, it is a highly
6 regulated pharmaceutical in New York State.

7
8 **CHAIRMAN SPENCER:**

9 Sure.

10
11 **MR. CHASSMAN:**

12 It is not as easy as you're in the ER and we'll refer you to our
13 Methadone clinics. And I wish Tom was here to speak to that.
14 There are also a host of medication-assisted therapies, from
15 Suboxone to Subutex to Vivitrol. Yes, it's important that they can
16 make that referral inhouse at that moment. Regrettably, and this
17 is one of the elements of the perfect storm that we're seeing in
18 this crisis. We've been talking about bridging gaps between
19 systemic services for years and years. The heroin crisis, the
02:10PM 20 substance use crisis, unfortunately, have really exploited chinks
21 in our armor, where we -- these chasms have become canyons and
22 individuals and families are falling through.

23
24 So, yes, bringing hospitals together to improve on these protocols
25 would greatly increase our ability where there are overdose victims
26 to get them to medication assisted therapies, to get them to
27 detoxes, inpatients and outpatients. Does that answer your
28 question, Legislator Spencer?

29
02:10PM 30 **CHAIRMAN SPENCER:**

31 Legislator Fleming has a question.

32
33 **LEG. FLEMING:**

34 Just further to what Legislator Spencer was asking, can't Suboxone
35 be administered in the ER?

36
37 **MR. CHASSMAN:**

38 In an ideal world, it should be. I can't speak. I'm not a
39 physician, I'm a licensed clinical social worker and a certified
02:11PM 40 alcohol and substance abuse counselor. I would defer that to an
41 attending physician. We have been advocating that there should be
42 seamless flow from getting someone in an ER on any given Tuesday or
43 Saturday night. They should be triaged, and these immediate
44 referrals should be made, and someone should have a warm handoff.
45 As I move along, you'll hear what some of the objectives were. And
46 we're coming on almost a year since we implemented the 24-hour
47 line. That is an ideal scenario, where we can have treatment on
48 demand, not just detox inpatient and outpatient, but medication
49 assisted therapies as well.

02:11PM 50
51 **LEG. FLEMING:**

52 Yeah. Because I know one of the -- you know, a couple of the
53 Deputy Sheriffs who's helped in my district to do Narcan trainings
54 does talk about Suboxone administration at the ER to prevent people
55 from having that terrible impulse to go, you know, relieve their
56 overdose symptoms before they get help. It seems like a smart way

1 to do things.

2
3 **MR. CHASSMAN:**

4 Absolutely, and I would agree with you, Legislator Fleming. As far
5 as protocols for overdose victims that are -- or guidelines for
6 prescribing physicians that are able to prescribe medication
7 assisted therapies, everything from Methadone to Subutex to
8 Vivitrol. For those that don't know, Vivitrol is a 28-day
9 injection that blocks the opioid receptor site in the brain.
02:12PM 10 Although we have heard incidents of people trying to punch through
11 that 30-day blocker, it is rare. It actually binds to the receptor
12 site. There's an experimental Vivitrol program that's going on in
13 Suffolk County Jail, which I understand has been very successful.

14
15 So we have to -- there's much to improve on the protocols, as far
16 as the RECOVER Program. This is clearly an opportunity lost. It's
17 regrettable, but it's my job to report to you. There are many
18 individuals that are on that list that are forwarded by Suffolk
19 County that are on that list two and three and four times, and then
02:13PM 20 mysteriously they fall off that list. I would surmise that they
21 are part of this statistic, which has increased in 2016, as an
22 overdose victim and a fatality. So that may be worth a follow-up
23 dialogue in getting all the County hospitals present, or maybe
24 Suffolk County Legislature making some recommendations or
25 guidelines. As a not-for-profit that functions in Nassau and
26 Suffolk, we have been trying to champion this for years. But I
27 think everyone is saying the right things, but in order get
28 protocols in place, I think it's a steeper hill than LICADD.

29
02:13PM 30 **CHAIRMAN SPENCER:**

31 Legislator Trotta has a question.

32
33 **MR. CHASSMAN:**

34 Legislator.

35
36 **LEG. TROTТА:**

37 I see like Nassau County has this very nice graph, spells it all
38 out, and Suffolk County has nothing, you know, I mean, just the
39 numbers. Is there something -- you know, can we require Suffolk to
02:14PM 40 do the same thing that Nassau does?

41
42 **MR. CHASSMAN:**

43 Well, each County Medical Examiner keeps different data. I know
44 with the Joint Bi-County Heroin Task Force the data and the way
45 that data is displayed should be improved upon. We don't speculate
46 or do hypothesis on these numbers.

47
48 **LEG. TROTТА:**

49 Just it's more detailed, and I can see the increases better, and I
02:14PM 50 can see an overall rather than -- now that's over a 27% increase in
51 deaths this -- '16 over '15. Now, I hear from a lot of guys I used
52 to work with that these guys are -- they're actually doing more
53 heroin, because they know they're going to be saved by Narcan. Is
54 there any studies that have been done that there's some way that
55 you could, I don't know, scare them straight, that, you know, the
56 Narcan won't work later. I mean, they say four or five times they

1 go to the same people's house and they think that --

2

3 **MR. CHASSMAN:**

4 Right.

5

6 **LEG. TROTТА:**

7 So is there something?

8

9 **MR. CHASSMAN:**

02:14PM 10 Some data, and it's a great question, Legislator, there is some
11 data or evidence-based data that shows that substance users, when
12 they're in the throes of this psychiatric condition called
13 obsession and compulsion, that they don't really respond to scare
14 tactics. In fact, they don't have highly evolved coping skills for
15 grief and loss. So there are 20 year-olds walking around in
16 Suffolk and Nassau County who have, in fact, buried five and six
17 friends to overdose and continue to use drugs, because, remember,
18 someone who is taking, God forbid, a fatal overdose of heroin right
19 now is not suicidal. So, as a healthcare professional, I can't
02:15PM 20 have them committed for 72-hour observation. Ironically enough,
21 they're not trying to end their life, they're trying to feel
22 better. Unfortunately, in the pursuit of self-medication or
23 anesthetizing the full range of spectrum of emotion, fear being one
24 of them, inadvertently, they're giving their lives away.

25

26 So we have seen elements of -- remember the DARE Program? You
27 know, that functioned for 20 years. We hurled tens of millions
28 dollars. But when it was studied in the long term, including the
29 Scared Straight Program, it proved ineffective in actually
02:16PM 30 deterring adolescent substance use, because -- because of the
31 invincibility factor, that adolescence -- youth is wasted on the
32 young.

33

34 **LEG. TROTТА:**

35 Well, we don't have the DARE Program anymore, right?

36

37 **MR. CHASSMAN:**

38 That's correct, and --

39

02:16PM 40 **LEG. TROTТА:**

41 Well, stop. We don't have it and look what happened to the
42 numbers.

43

44 **MR. CHASSMAN:**

45 But I will also say that void of Naloxone being available in our
46 communities, you're looking at a potential death rate of another
47 771 on top of 346.

48

49 **LEG. TROTТА:**

02:16PM 50 What do you think the answer is?

51

52 **MR. CHASSMAN:**

53 I think it's a multifaceted -- multifaceted problem, and it stems
54 from healthcare and prescribing guidelines. I think it stems from
55 law enforcement. And I commend Commissioner Sini and Nassau and
56 Suffolk County law enforcement getting the drugs off the street,

1 and I know there's been quite an increase in doing that.

2
3 I also think, at the height of the digital and technological
4 revolution, where adults and young people are plugged into devices
5 that are never before seen kind of clock, we're dealing with
6 anxiety and stress at a rate we've never dealt with before. And
7 until we teach healthier coping skills from kindergarten on up, and
8 there are evidence-based prevention programs that begin in
9 kindergarten -- it's not the heroin conversation in elementary
02:17PM 10 school, but it's teaching stress management skills. It's teaching
11 healthy development of personality and character, it is
12 socialization skills, it's building self-esteem.

13
14 You know, once we start the drug talk, and we speak to 30,000
15 students in high school, the experimental use is already on in 7th,
16 8th and 9th grade, and they're going from a very potent form of
17 marijuana and alcohol to the most powerful narcotics on the face of
18 the planet by age 15 and 16. So we're being challenged as
19 community educators as well. That would be one of my
02:17PM 20 recommendations, is using evidence-based prevention programs
21 from -- Too Good for Drugs comes to mind, Teen Intervene, where
22 you're teaching negotiation skills, where you're teaching refusal
23 skills, as well as all those other elements beyond the Scared
24 Straight.

25
26 **LEG. TROTТА:**

27 Do you ever like look at -- I'm sure there's like -- has there ever
28 been a study done to target -- I mean, I'm sure there's a way of
29 looking at who in a school, the top 50 people who might be subject
02:18PM 30 to this. Is there any studies done to like -- and then concentrate
31 on them? Because I think a lot of time is wasted on people where,
32 you know, their coping skills are fine and their family structure
33 is fine, that if you could take that energy and move it towards the
34 50 you think are at risk. Has anything ever been done like that?

35
36 **MR. CHASSMAN:**

37 I think that would be a great idea. I know certain school
38 districts, and maybe you could speak to your school districts,
39 administer what's called the Pride Survey, and it kind of tracks
02:18PM 40 individual growth and self-reporting behaviors from 6th grade up
41 through 12th. And we know that some of those behaviors begin to
42 change in 6, 7, 8, not only for substance use, for experimental
43 behaviors, for sexual behaviors. That would be an interesting
44 study. I'm sure they exist. There is a national evidence-based
45 registry where these school-based programs have been, in fact,
46 studied over time to complete the fidelity of the program. They're
47 all interesting aspects to it. You would probably need a
48 school-based professional to speak to that.

49
02:19PM 50 We work with evidence-based practices, and I mentioned two, and
51 it's beyond substance use. We also do stress management. We help
52 them develop healthy coping skills. When LICADD speaks to 30,000
53 students, many in Suffolk County from Montauk to Huntington, it's
54 beyond the drug talk.

1 **LEG. TROTТА:**

2 Having been a narcotics detective for 15 years --

3
4 **MR. CHASSMAN:**

5 Yes, sir.

6
7 **LEG. TROTТА:**

8 -- you know, I always saw that it was the time after high school
9 when their friends went to college and they didn't, or they dropped
02:19PM 10 out or didn't get a good job, that was the time period, between
11 like 18 and 20 when they fell apart.

12
13 **MR. CHASSMAN:**

14 Yes.

15
16 **LEG. TROTТА:**

17 I mean, is there any way to target? There's no school structure,
18 nothing's there anymore.

19
02:19PM 20 **MR. CHASSMAN:**

21 Unfortunately, and I respect that data and your work as -- in law
22 enforcement, Legislator Trotta, but that progression has been cut
23 in a third in the last 10 years. So, according to the National
24 Institute of Drug Abuse, the experimental use remains at 12, 13,
25 14, but they're on prescription medications, if not heroin, in a
26 third of that time these days. So could you -- and I, too, grew up
27 on Long Island. I knew people that got to heroin. There are guys
28 that -- I'm 47 years old. They got there, but in their twenties.
29 At LICADD, we're seeing 1,000 people a month, and, overwhelmingly,
02:20PM 30 it's people in their late adolescence or late teens. Remember,
31 adolescence goes to 25 now because of neurological development. We
32 know the prefrontal cortex isn't fully developed until 25. So when
33 we talk about adolescence, we're talking about 13 to 25. They're
34 coming in with holes in both arms at 16, 17 and 18, and it's very
35 disturbing. It's one of the things that's creating the perfect
36 storm, that you're introducing the most powerful narcotic at a
37 younger and younger age.

38
39 **CHAIRMAN SPENCER:**

02:20PM 40 Steve, the interesting thing -- and you still have the mic. I was
41 just -- Legislator Trotta, along those lines of questioning, I do
42 think it's important we address that group. But I think, also, the
43 data that you shared with our office, showing that the rates of
44 deaths have doubled since the 1990s, the hardest hit group was the
45 over 40 group, between -- and so I'm curious, while we're taught
46 between 40 and 60, that's where you had the biggest increase. And
47 this is an area where, you know, typically people of that age are
48 likely not to make these types of foolish decisions, they're more
49 settled. Do you have any thoughts about that? Are these the
02:21PM 50 people that are losing their jobs in the middle of their life and
51 find that they -- you know, that they have no hope? That's what I
52 just kind of suppose. Are there any other trends, you know?

53
54 **MR. CHASSMAN:**

55 It's a great question. The data shows, and in my 25 years of
56 experience in working with substance use, people that are using,

DATE

1 misusing or abusing drugs in their 40s or 30s, and that is a
2 very -- that age group is at risk, overwhelming, the seedlings of
3 these behaviors that become habituated start in adolescence. So we
4 don't see people actually beginning with alcohol in their 30s or
5 40s. You know, oftentimes this substance use progression can be
6 slow or fast. There's genetic predispositions for that, too. I
7 mean, we know there's a gene, not just for alcohol or drugs, but
8 for obsessions and compulsions.

02:22PM 9
10 Now we see people self-medicating at a rate we've never before seen
11 beyond drugs. We see it with obesity and emotional eating, we see
12 it with gambling. We see it with sexually acting out, and the
13 digital age hasn't helped that. We're seeing a lot more sexual
14 obsessions. So a lot of these self-medications or anesthetizing
15 starts very early on. It gets to a progressive or fatal rate, as
16 it were, perhaps in the late 20s, 30s, and, of course, we're seeing
17 the 40s as well.

18
19 **CHAIRMAN SPENCER:**

02:22PM 20 I'm sorry, Legislator Trotta, were you -- were you done?
21

22 **LEG. TROTТА:**

23 No. I just -- you know, I think what you're saying, well, I just
24 had a friend of mine, 54 years old, died of a heroin overdose. And
25 we were friends in elementary school and high school and he was --
26 had trouble then, too.

27
28 **MR. CHASSMAN:**

29 Yes, yeah.

02:23PM 30
31 **LEG. TROTТА:**

32 It just took him a while.
33

34 **MR. CHASSMAN:**

35 So it started in his teens, yes.
36

37 **LEG. TROTТА:**

38 I would really like to see a breakdown of the age of the people who
39 die, because that's -- do we have that somewhere? Sure, I mean, if
02:23PM 40 you can just at some point maybe --
41

42 **MR. CHASSMAN:**

43 I could send that to your office, if you'd like, sir.
44

45 **LEG. TROTТА:**

46 Because I'm very -- don't ever call me sir again. You don't have
47 to call me sir, it freaks me out. Yeah, I would like that, because
48 I like to -- I'm a big numbers guy and I'd like to see that.
49

02:23PM 50 **MR. CHASSMAN:**

51 Absolutely, I'll have that forwarded over. Cutting to the Suffolk
52 County hotline, if that's okay, yes.
53

54 **CHAIRMAN SPENCER:**

55 Before you get there, Legislator Kennedy has a question. Steve, I
56 got a feeling this is such a hot topic, and Legislators have

1 questions and concerns. It's probably going to wind up being more
2 didactic. I apologize for that.

3
4 **MR. CHASSMAN:**

5 No apology necessary. I'm glad we're talking about it.

6
7 **CHAIRMAN SPENCER:**

8 So, Legislator Kennedy, go ahead.

9
02:24PM 10 **LEG. KENNEDY:**

11 There is so much to say, but what I'm going say is by speaking
12 about both the psychological and the physical reactions to
13 addiction, and the OCD and the stress, you've given people that
14 don't have the insight to know what is needed. This is something
15 none of us behind the horseshoe are going to do here. We're not
16 going to cure the addiction problem here.

17
18 I thank you for coming out and speaking about it. I could discuss
19 every single point with you, but this is like not the time or the
02:24PM 20 place to do it. I am thankful that you are here. I am thankful
21 that we are all working together, because this problem is getting
22 worse.

23
24 And I am going to be a little off the case. I'm going to say to
25 Rob, the question you asked him about aren't there certain kids,
26 there are not. I had spoken years ago to some school officials and
27 the response I got from every single one, there are always those
28 kids. Now what we're seeing is the A students, the sports stars
29 shooting up between their toes so that it is not seen, because they
02:25PM 30 cannot handle the pressure of whatever is going on in their life.
31 It's not so much that's it's cool to escape, it's that it's easier
32 to function for them, and that's what we have to work on, you're
33 correct. Thanks.

34
35 **MR. CHASSMAN:**

36 Thank you, Legislator. And that's something, I'll just reiterate
37 that point. It is probably no coincidence that in a post 9/11
38 world, with the digital and technological revolution, with young
39 people being encouraged by family and parents to be poised for the
02:25PM 40 right colleges at age eight, to be bullied 24 hours online in full
41 view of all your peers, not just during a school day, it's maybe no
42 coincidence that we're struggled nationally with drugs that were
43 created not just for physical pain, but really, really work to
44 anesthetize emotional pain. So I think that's where we need to
45 focus. A lot of our work is developing healthy coping skills for
46 young people so they can make the transition to adulthood in a more
47 healthy fashion.

48
49 **CHAIRMAN SPENCER:**

02:26PM 50 So I -- Legislator Cilmi is next. And I apologize, I keep
51 standing. This is the first meeting I've chaired. I strained my
52 patellar tendon, and so after -- I could only -- I have to sit and
53 stretch every couple of minutes. So, please, don't be distracted
54 by that, I'm totally fine, but -- so that everyone knows why Doc
55 keeps standing up. So, in any case, Legislator Cilmi.

1 **LEG. CILMI:**

2 Thank you. Thanks, Steve, for being here, and for the great work
3 that you and LICADD does.

4
5 The -- one of the things that's always been a priority for me,
6 since before I was elected, is underage alcohol use. And long
7 before heroin became so prominent in our minds, we had kids
8 drinking. And we know, we've all heard it, you've probably said it
9 yourself, that somebody just doesn't wake up in the morning and all
02:27PM 10 of a sudden just decide to do heroin, they start somewhere, and
11 oftentimes, if not all the time, they start with alcohol use. So
12 I'm wondering what your agency is seeing these days, and I'm hoping
13 it's something different than what I intuitively feel like we're
14 all seeing. So I don't want to hear, well, parents are -- you
15 know, parents are allowing their kids to drink in their basements,
16 because we know all that. I'm wondering if there's anything you're
17 seeing that you can shed any light on, or anything new that you're
18 seeing with respect to alcohol use among school-age children that
19 would be indicative of maybe where we're headed or indicative of
02:28PM 20 the heroin problem itself.

21
22 **MR. CHASSMAN:**

23 Well, it's a great question. And, needless to say, I'm preaching
24 it the converted here, Legislator, but America has had a long
25 history with alcohol, the fact that it kills more adolescents and
26 adults than all the drugs combined every year. As we've gone --
27 and, by the way, it's a toxin. You know, you put it on the hood of
28 your car, it will rot the paint off. And then you pour enough of
29 it down your gullet and you wonder why on Channel 12 we hear of all
02:28PM 30 the accidents after 12 that go on that lead to fatalities or other
31 related behaviors. And, certainly, I live in Northport and
32 Huntington, we're not immune to it either.

33
34 We're not spending enough time talking about alcohol. When we went
35 to the ERs and were going hospital to hospital, the ER workers will
36 tell you that Thursday to Sunday, and I'm sure many of you know
37 nurses, if not yourselves, the alcohol related injury, the alcohol
38 -- and it gets exacerbated. If you take two
39 Benzodiazepines like Xanax and you put, you know, 30 minutes of
02:29PM 40 beer pong on top of it, you're in an instant blackout. Alcohol is
41 definitely a contributing factor. I don't have that data in front
42 of me from the Medical Examiners. But we're not just looking at
43 opiates, we're looking at what we call poly substance abuse. Their
44 drug of choice is whatever you got. So there -- and alcohol is the
45 lethal elixer. If you take pharmaceuticals and you put alcohol on
46 top of it, the drug interactions with that particular toxin are
47 astronomical.

48
49 So we're not capturing enough data regarding alcohol fatalities.
02:29PM 50 Certainly, I think many of us -- and, listen, you know, when I went
51 to high school, and maybe you, it was socially acceptable for
52 parents to provide kegs of beer at high school parties. I mean,
53 we've come far in addiction studies 30 years later. Alcohol is a
54 toxin, and I hear it because we do parent faculties. And I've seen
55 you there, Legislator, in your district where parents comfortably
56 say, "I've redone the basement of our house so they could drink

1 there," but they're 15 years old. And at the height of a national
2 drug crisis, not only are you green-lighting drug use, because
3 alcohol is a drug, you're green-lighting the drug use of other
4 young adults who you don't know the genetic predisposition.

5
6 LICADD focuses quite a host of outreach and education around
7 alcohol, marijuana. I mean, we did a story the other day because
8 the Pediatric Journal of Medicine came out and said marijuana, an
9 Amotivational Syndrome. You know, you have all these things to do
02:30PM 10 for school, but you get high and you don't do them. We all
11 probably know someone that started smoking marijuana at 13 or 14,
12 and whatever ambitions or life trajectory they had just didn't
13 materialize. It's Amotivational Syndrome. And we're also seeing
14 deficits in one's ability to retain information, short term memory
15 and learning deficits. So to call marijuana and alcohol innocuous,
16 whether you go to a Jet game or a Giant game, is just incorrect.

17
18 **LEG. CILMI:**

02:31PM 19 Have there been any studies that show a correlation between first
20 time, for lack of a better term, stronger drug use, pills,
21 etcetera, and alcohol or marijuana abuse? In other words, I tell
22 -- I tell parents all the time when I'm talking to them about the
23 dangers of alcohol abuse with their kids, that, you know, a child's
24 judgment is poor just in a natural state because they're a child.
25 But, you know, you take that same child and you give him a six-pack
26 of beer, or, you know, a joint, and all of a sudden whatever
27 judgment they may have had goes completely out the window. And
28 back when you and I were kids, let's say, and prone to this sort of
29 stuff, alcohol, let's say, you didn't have groups of kids bringing
02:32PM 30 random pill bottles to somebody's house and dumping them in a bowl
31 and saying, "Grab a handful" --

32
33 **MR. CHASSMAN:**

34 That's right.

35
36 **LEG. CILMI:**

37 -- and chase it with a beer or worse. So --

38
39 **MR. CHASSMAN:**

02:32PM 40 National Institute of Drug Abuse has put out the stats that say if
41 you start using mind and mood altering substances from 13 to 17
42 habitually, a young adult, during the developmental and formative
43 years, you're ten times more likely to develop dependence later in
44 life, because these are major formative years. Listen to the
45 difference between these two statements. "When I go to the party,
46 if I have a couple of drinks I could just socialize." "I can't
47 socialize unless I'm drinking." Those are very two completely
48 different statements. "You know, I find when I'm really stressed
49 out, if I smoke a little weed, I could just relax." "I can't relax
02:32PM 50 unless I'm smoking marijuana." Those are -- and that's the
51 difference between experimental use or misuse and abuse and
52 dependence.

53
54 Now, when you start formulating drugs and alcohol as the
55 cornerstone for socialization, for coping skills, for the emotional
56 spectrum, by the time they get to college, which remains a

1 potential petri dish of a host of unhealthy behaviors, they don't
 2 have those healthy coping skills to rely on, and it actually -- it
 3 exacerbates the process, because they're not -- they're beyond the
 4 watchful eyes, for the most part, of their guardians or people that
 5 can make suggestions.

6
 7 So I appreciate your alcohol comment. LICADD was -- stood against
 8 the tide and said -- even for medical marijuana, and we know
 9 dispensaries are opening up in several states, we're not interested
 02:33PM 10 in legal or illegal. That's up to law enforcement and Commissioner
 11 Sini. We're not interested in moral or ethical judgments, just
 12 because I have a few letters after of my name. Right and wrong is
 13 up to someone else. What I am here to speaking on is what's
 14 healthy and unhealthy. And whether alcohol is legal or illegal,
 15 marijuana or whatnot, drugs are a host of unhealthy outcomes.

16
 17 Jails, and we know that Riverhead, and hopefully not Yaphank,
 18 institutions, and there's waiting lists for two weeks to get into
 19 drug rehabs, and for more Long Islanders than we've ever clocked
 02:34PM 20 before, death.

21
 22 **LEG. CILMI:**

23 The last thing I want to mention to you, and you and I had a brief
 24 conversation about this, and with Dr. Spencer here in the room,
 25 it's just an opportune time to talk about it, is at a recent forum
 26 that you and I were at, Dr. Tomarken, who I saw walked in, was at,
 27 I'm not sure that anybody else who's sitting here at the dais was
 28 at, but we talked about -- somebody mentioned the fact that -- in
 29 fact, I think it was Dr. Tomarken that mentioned the fact that in
 02:34PM 30 Canada doctors are allowed, on a somewhat limited basis, to
 31 prescribe Methadone, whereas here, of course, you have to go to
 32 clinics for that purpose. And so, Doc, the thing that interested
 33 me was that the potential benefit of allowing doctors to prescribe
 34 Methadone in a limited way, as Dr. Tomarken said, you may be
 35 limited to five, six, whatever, ten patients that could be
 36 prescribed, and that way you're giving patients, those who are
 37 addicted and who need Methadone, the ability to destigmatize, to go
 38 to the doctor in a private setting, allow the doctor to prescribe
 39 -- to prescribe the Methadone in a controlled way, and,
 02:35PM 40 potentially, you make it easier for an addict to maintain their
 41 Methadone treatment and potentially keep them safe.

42
 43 **MR. CHASSMAN:**
 44 (Nodded yes).

45
 46 **LEG. CILMI:**

47 So I wonder -- and you came up because you were head of the Suffolk
 48 County Medical Association. And I hoped that if this is something
 49 that we agree is a good idea, that maybe we could work together on
 02:36PM 50 advocating for that at the State level.

51
 52 **CHAIRMAN SPENCER:**

53 I think that there's some great principles and ideas that are
 54 there. The science and the practice of managing withdrawal and
 55 prescribing correctly does require education that not all doctors
 56 have. And so part of the reason that we have this program, and I'm

1 speaking as a representative and an advocate of physicians and
2 physician-organized medicine, is that you got to remember a big
3 part of this stems from the opioid crisis with regards to things
4 such as Percocet, and where physicians who would maybe prescribe
5 100 Percocet for someone that has a wisdom tooth extracted. So I
6 think one of the State's concerns that we would have to navigate
7 through is that maybe we could expand access by providing some
8 educational guidelines that would allow that to happen. But one
9 concern is that if it's just something that anyone that had a DEA
02:37PM 10 license could write for these, that Methadone and some of these
11 treatment --

12
13 **LEG. CILMI:**

14 Could be abused.

15
16 **CHAIRMAN SPENCER:**

17 -- can be abused and --

18
19 **LEG. CILMI:**

02:37PM 20 Right, right. You'd have to do it on a limited basis, and I think,
21 as you say, you'd have to have some sort of criteria to govern
22 who -- what doctor was allowed to do that.

23
24 **CHAIRMAN SPENCER:**

25 Exactly. But I think it's a wonderful idea, Tom, that we could
26 look at.

27
28 **MR. CHASSMAN:**

02:37PM 29 And, respectfully, I mean, making comparisons to Canada, I mean,
30 you know, that may be -- it may be time to look beyond our borders
31 to see how other countries, specifically -- first of all, countries
32 are doing this thing around substance use. I mean, whether it's
33 England, whether it's Canada, whether it's France, I mean, they
34 have a very different progressive approach in treating this as a
35 disease. And listen, you know, we don't tend to shame the diabetic
36 who eats a dozen donuts. You know, there's still very much an air
37 in society that the individual who falls victim to addiction has
38 done it to themselves. And, you know, that's like -- we don't say
39 that to the diabetics and we don't say that to the -- you know, the
02:38PM 40 lung cancer sufferer, we treat the symptoms. And Dr. Spencer could
41 speak to this, but we have an ethic in our field called
42 malevolence, do no harm. And however people got to pathology, you
43 know, we want to work with them from there and move it forward.

44
45 And you mentioned Canada, and, you know, Naloxone has been
46 available for 15 years over the counter there. You know, they
47 treat it as the disease that it is. And I think at the height of
48 this crisis we need to develop some more innovative ways and
49 perspectives in looking at addiction. When you have, and I
02:39PM 50 mentioned this, the Governor of Maryland today declaring a state of
51 emergency because of the opioid crisis, you have a Governor in
52 Vermont dedicating his whole State of the State to the opioid,
53 where they're not going to have infrastructure to open the store
54 anymore, when you have a multitude of your population and your
55 society that is debilitated with a substance use disorder, it's
56 alarming, it's alarming.

1
2 Very quickly, in the interest time, if there's no other questions,
3 we're coming on a year on April 1st is the Suffolk County hotline.
4 I did provide some highlights. We submit these in monthly and
5 quarterly to Dr. Tomarken and Ann Marie Csorny for updates.
6

7 You should know that the total number of the calls as of January,
8 and we're still computing February's numbers, we had 581 calls that
9 came on the 24-hour line. That's significant to think that if they
02:39PM 10 couldn't call at four in the morning, that window of opportunity --
11 there's an old saying, when we're beaten, we're willing. So if
12 they're sitting there with an empty bag of heroin or empty bottle
13 of vodka at three in the morning, to pick up the phone and call
14 that 24-hour line that's on the palm cards that were distributed
15 and get a live LICADD clinician on the phone, that's significant.
16 So of 581 calls, you should know that 312 people, approximately
17 59%, were connected to some form of treatment. It also gets them
18 in the system of Suffolk County and LICADD system, where 24-hour,
19 7-day, 30-day, 60-day or 90-day followups.

02:40PM 20
21 Remember, recovery or the recovery process is just that, it's not a
22 singular event, it's not one phone call. You know, people with
23 diabetes or cancer don't get better overnight, they get better in
24 time. So the fact that we can engage them and hopefully enter them
25 upon that process, not only for engagement, but for referrals for
26 family, for detox, for inpatient, for outpatient, for medication
27 assisted therapies, that they built a rapport with a not-for-profit
28 agency that has a 61-year history and has partnered with Suffolk
29 County. We know that as long as we can keep them engaged in the
02:41PM 30 process, despite relapse, which is often part of that process, as
31 long as that rapport, that engagement has been established, the
32 higher the success rates are, and I think some of the data shows
33 that.
34

35 You should see, in April, when we kicked off this program in 2016,
36 there were 52 calls. You could see that over the last four months
37 we've had the highest call volume to date, which means that even
38 though we would have liked to have seen in our partnership with
39 Suffolk County, and I know it's difficult financial times in
02:41PM 40 Suffolk County, more of a public service announcement that this
41 line is available. We certainly tout it through our social media.
42 Every time we go out, Cari Besserman gives us a short stack of
43 these. We strategically put these where we know substance users
44 congregate, so that they can know that if them or a friend, if it's
45 that time, what is that time to seek treatment, to engage a mental
46 health professional, that one of us could be reached 24 hours a
47 day.
48

49 I know there have been members of Suffolk County government who try
02:42PM 50 our line at three in the morning. I have not heard any complaints,
51 other than that one of our clinicians picked up, and you should
52 know I am one of those clinicians. As a licensed clinical social
53 worker, I carry that phone once every ten weeks. And this is a
54 line that we've had for five years at LICADD, knowing that people
55 need assistance before 8:00 a.m., after 9:00 p.m., and that's when
56 we're open, and on Sundays, and that includes four in the morning

1 or four in the afternoon.

2
3 So I think this is a great start to a phenomenal program, if you
4 could think that almost 900 people didn't have a place to call, and
5 that maybe 59% of those didn't get to treatment as a result of this
6 line. I want to thank you, the Health Committee, and the Suffolk
7 County Legislature and Executive Bellone for having the innovation.
8 And, Legislator Spencer, I know you were there with the kickoff of
9 this program, and I'm hoping we can continue, if not to do some
02:43PM 10 press releases around this, to let Suffolk County residents know
11 that they can reach a healthcare professional 24 hours a day.
12

13 So I don't know if there's any questions about that. Feel free.
14 And you could see, in keeping with Legislator Cilmi's question, the
15 drug of choice, heroin remains the most reported drug at 30%.
16 Alcohol is the second most reported at 25%. And, of course,
17 poly-substance use. You should know, and, Legislator Trotta, as a
18 data-driven person as we are, there are more specific breakdowns to
19 age, gender, geographic area. You found it?

02:43PM 20
21 **LEG. TROTTA:**

22 Some of it.
23

24 **MR. CHASSMAN:**

25 Okay. But I'd be happy to -- like I said, I will send that out
26 maybe to Legislator Spencer's office and Legislator Trotta, and you
27 could disseminate to the rest of your peers. But this -- we are in
28 an age of data-driven programming. You should know that when we
29 see -- we're getting a lot of phone calls from Rocky Point. You
02:44PM 30 know what we do? Reisa Berg calls Rocky Point Junior High School
31 and High School and said, "Hey, we haven't been there in two years.
32 It may be time to invite us in, because we're getting phone calls
33 from your geographic area in Suffolk County. That's what it means
34 to be data driven.
35

36 We haven't been back to, you know, the Moriches, and whatever, but
37 we're getting a number of calls from East Moriches. We'll make
38 sure that that data actually drives our outreach, so that we could
39 reach the people, and, of course, leave a host of these palm cards
02:44PM 40 and other literature, not just for individual users, but for
41 families as well, because of the, and I know everyone around this
42 table knows this, of the 346 fatal overdoses in 2016, there's
43 probably on average three or four family members who will never be
44 the same as a result of that loss. So if you multiply that every
45 one of those 346 has a mother, or father, or a guardian, or a
46 sibling, you really get the magnitude at the far-reaching ends of
47 the pond of how many people in Suffolk County, Long Island, New
48 York State and across the country are truly being impacted by this.
49 Any questions on the 24-hour line?

02:45PM 50
51 **CHAIRMAN SPENCER:**

52 It sounds like it's going very well, and the fact that you carry
53 the phone. When you carry it, do you carry it for a day, or you
54 carry it once every ten weeks for a week?
55
56

1 **MR. CHASSMAN:**

2 For a week. For a week. And the individual that carries it for a
3 holiday weekend, we give them a comp day off, because the phone
4 usually tends to increase, and that includes Super Bowl. Do you
5 know Super Bowl weekend was one of the busiest calls? And
6 overwhelmingly, you could see this, 200 -- excuse me, that the
7 majority of these calls are not the users themselves. They're
8 actually family members saying help him or her, all right? You can
9 hear the echos from December. Look at December and 99 calls. You
10 can hear the echoes, "You've ruined another Christmas," whether
11 through alcohol, prescription medication, marijuana, or opiates in
12 a whole host of different forms. Traditionally, it is a very
13 troubled time around holiday time, and somewhere along the way
14 baseball and football championships, right, have become a hot spot
15 for drinking and binge drug use.

16
17 So, again, data we're deriving. We're translating this into
18 programming in Suffolk County. We're working very closely with
19 AnnMarie Csorny and Cari Besserman at Mental Health and Hygiene,
20 and with all of you. I revel in the opportunity to provide you
21 more ongoing and direct data as this is going down. Obviously, the
22 call to do more. I know it's tough times in Suffolk County
23 fiscally, but believe me when I say this, and I'm preaching to the
24 converted, as a Suffolk County resident, now a healthcare
25 professional working in drug treatment, we're going to want to be
26 on the right side of history with this one. We're not going to
27 want to fiscally scrimp and save when you have a multitude of
28 individuals and families in Suffolk County being impacted by what
29 is a bona fide public health crisis.

30
31 So please consider that our RECOVR follow-up program has been
32 unfunded for four years. The last program we have, if I can move
33 progressively along, Legislator Spencer --

34
35 **CHAIRMAN SPENCER:**
36 Certainly.

37
38 **MR. CHASSMAN:**

39 -- is the H.O.P.E. Program. This is something we've had for five
40 years. It was created with Art Fletcher. We were among the first
41 to go out and do heroin overdose prevention education. We did take
42 a 5% cut two years ago in the interest of fiscal prudence, but you
43 should know that LICADD has blown past the deliverables in the
44 hundreds of percentiles every year in making sure that adolescents
45 from 15 to 25 get lifesaving information who have been impacted by
46 opiates and that of their families. So you should know that
47 screening, brief intervention, crisis calls and family support,
48 it's clearly stated not only in the narrative, but in the last
49 graph page. And you could see that we blow past the year-to-date
50 deliverables by hundreds of percentiles.

51
52 So, yes, we've taken the cuts; yes, we continue to do the work
53 unfunded. That's been LICADD's mission for 61 years. You know,
54 fortunately, people go to golf outings and attend Angel Balls.
55 What could I tell you?

DATE

1 You should know, and this is part of our partnership with you and
2 something we're proud of, and I don't know if people are aware of
3 this, but our maternal founder, Ms. Adele Smithers, passed away two
4 years ago. I'll be attending her memorial service in Roslyn. This
5 a woman and her husband, R. Brinkley Smithers, who have devoted
6 their lives to addictions research. They founded the Long Island
7 Council, and were our biggest benefactors for 61 years. It has
8 always been the wish, not only of the Smithers Family, but of the
9 current Board of Directors, and as long as this Executive Director
02:49PM 10 is there, money is not a requirement at LICADD. If you come in --
11 because it is a symptom of addiction. People don't come in when
12 they have \$20,000 in the bank. They come in when they're negative
13 30,000 and they sold off their wife's engagement ring for more
14 drugs. Money is not an obstacle to seeing a LICADD clinician.

15
16 So, please, any support we can get financially always goes a long
17 way, but it will continue to be in the bylaws of LICADD that
18 whether you have insurance or not, whether you have means or not,
19 you still get the help. And, of course, our job is to get
02:49PM 20 individuals not only engaged and counseled, but get them to
21 concrete services, detox inpatient and outpatient, and offer them
22 relapse prevention on the back end.

23
24 I'd be remiss if I didn't say that tomorrow, Legislator Spencer,
25 and all of you have played a role in this, we've been talking about
26 it for many years, tomorrow is the opening of THRIVE, the first
27 Long Island recovery center. It is opening in Hauppauge on Motor
28 Parkway. Thank you, Legislator Kennedy.

29
02:50PM 30 **LEG. KENNEDY:**
31 (Applause).

32
33 **MR. CHASSMAN:**

34 I know this has been a vision of yours, and that of your husband's,
35 too, for many, many years. We can't support young people and older
36 people, quite frankly, in recovery unless we have a place for them
37 to go. So it will be open. The soft opening is tomorrow for
38 press. You're all invited, it's called THRIVE. And the full
39 opening is Saturday. And we're hoping it's going to be a hub, not
02:50PM 40 only for self help, but for healthy coping skills like art, and
41 music and recreation.

42
43 **CHAIRMAN SPENCER:**

44 Steve, that's a perfect place to wrap up there. You -- once again,
45 this committee thanks you for keeping us informed for the work that
46 you do. These programs are exciting. I am a firm believer. As
47 you said, that, you know, we have to address this, not only from
48 law enforcement, tracking down the drugs, but we have to enforce it
49 from treating. But we have to also work on addressing really the
02:50PM 50 deficits in our society that make people susceptible to these
51 things, as far as self-esteem, and also putting in the -- in our
52 schools the appropriate programs to build better coping skills.
53 And it sounds like you are on the forefront on a lot of different
54 aspects of this problem. So, please, thank you so much.

1 **MR. CHASSMAN:**

2 If I may, Legislator Spencer, I'll just close with this. The
3 methodology to stop healthcare epidemics has been long since
4 patented. It's education and prevention on the front end. For
5 those afflicted with the disease, whether it's AIDS or whether it's
6 substance use disorders, access to quality, evidence-based
7 treatment on demand, and for those who have been treated, offering
8 them after-care to make sure that they remain in the healing
9 process.

02:51PM 10
11 But I thank you all for your time, and for your support, and for
12 the invitation to speak with you day. Have a good day.

13
14 **CHAIRMAN SPENCER:**

15 Thank you. Thank you very much. So that's our presentation for
16 today. We have a brief agenda. And I -- our Commissioner has come
17 out also. I saw him in the back. I see Jen back there and Walter.
18 Is Dr. Tomarken still here with us? Oh, he's back there also.

02:52PM 19
20 So, Jim, as you're coming forward, we're going to do our brief
21 agenda. We're going to ask you a couple of -- just questions as
22 far as updating us. We're going to move to the agenda. First,
23 Introductory Resolution, *I.R. 1048* -- Jim, please have a seat at
24 the table, if you wouldn't mind -- which is *declaring April as*
25 *"Alcohol Awareness Month" in Suffolk County (Kennedy)*. Motion by
26 Legislator Kennedy.

27
28 **LEG. CILMI:**

29 Second.

02:52PM 30
31 **CHAIRMAN SPENCER:**

32 I'll -- a lot of seconds on there. Second by Legislator Cilmi.
33 I'll -- please list me as a cosponsor. All those in favor? Any in
34 opposition? Any abstentions? Motion carries. (*Vote: Approved*
35 *7-0-0-0*)

36
37 *I.R. 1084 - Amending the 2017 Adopted Operating Budget to*
38 *reallocate 100% State Aid from the New York State Office of Mental*
39 *Health for Personalized Recovery Oriented Services (PROS) providers*
02:52PM 40 *(Co. Exec.)*. I'll make a motion to approve and place on the
41 Consent Calendar, second by Legislator Cilmi. All those in favor?
42 Opposed? Abstentions? (*Vote: Approved and Placed on Consent*
43 *Calendar 7-0-0-0*)

44
45 *I.R. 1085 - Amending the 2017 Adopted Operating Budget to transfer*
46 *funding from the Long Island Home d/b/a South Oaks Hospital to*
47 *Family Service League, Inc. for dual recovery services (Co. Exec.)*.
48 Is this able to be placed on the Consent Calendar?

02:53PM 49
50 **MR. NOLAN:**

51 If you wish to, yes.

52
53 **CHAIRMAN SPENCER:**

54 Okay. I'll make a motion to approve and place on the Consent
55 Calendar, seconded by Legislator Fleming. All those in favor?
56 Opposed? Abstentions? (*Vote: Approved and Placed on Consent*

1 **Calendar 7-0-0-0)**

2
3 That's our agenda. Dr. Tomarken, thank you very much for coming
4 out. I know we always appreciate your time. We had a conversation
5 yesterday. And just two brief items that I was hoping you could
6 comment on.

7
8 One, the last time we spoke at the last committee, we saw a late
9 outbreak of the flu that had occurred. And just wrapping up, have
02:53PM 10 there been any fatalities, pediatric fatalities in Suffolk County?
11 Where are we looking right now? Does it look like we're over the
12 hump? And, you know, just any quick thoughts.

13
14 **DR. TOMARKEN:**

15 Sure. It looks like we peaked about two weeks ago. And we've had
16 a lot of hospitalizations, and we've had six pediatric deaths
17 throughout the state, none in Suffolk, but that's an unusual
18 number. And a lot more sicker people being admitted to hospital
19 than is normal.

02:54PM 20
21 The CDC says that 40 -- the effective rate of the immunizations is
22 about 48%. You generally like to get between 50 and 60, so it's
23 pretty good. It's not as good as we would like. It's beginning --
24 it's been two weeks now where we've started to see significant
25 decreases. So it appears that if this continues, that we've hit
26 our maximum and we're on our way to resolving this issue.

27
28 The ability to predict each year what the flu is going to be like
29 is almost impossible. They are still working on a universal
02:55PM 30 vaccine, but it's not yet developed, because every year the vaccine
31 changes, depending on what the prevalent virus is. So we have
32 not -- it peaked earlier this year. It was a little worse than the
33 previous year, but it looks like it's heading in the right
34 direction now.

35
36 **CHAIRMAN SPENCER:**

37 Well, that's -- so that's good news. And I also wanted to follow
38 up on our conversation yesterday just with regards to -- I know a
39 couple of weeks ago there was some information on the Dioxane
02:55PM 40 issue, and we saw the recent press with the Citizens Campaign. And
41 my understanding, and I hope I'm summarizing this correctly -- and
42 thank you for taking the time to send me information so that could
43 sort of get me up to speed.

44
45 One question that I had, I know that the State requires testing
46 currently for water authorities that are servicing populations over
47 10,000 people. But, you know, does it require under -- for those
48 for under 10,000? But it appears that Suffolk County is kind of
49 making up the difference, as it stands right now, as far as just
02:56PM 50 that there is testing that is taking place. That from your
51 assessment, just looking at the issue, you know, and, you know, in
52 your position, because you know that there might be different
53 groups that may have a different perception of the threat that
54 after we take a look at it with our scientists, that we may have a
55 different kind of sense. It is true that we are currently testing
56 for this chemical?

1
2 **DR. TOMARKEN:**

3 Yes.

4
5 **CHAIRMAN SPENCER:**

6 We are?

7
8 **DR. TOMARKEN:**

9 Yes.

02:57PM 10

11 **CHAIRMAN SPENCER:**

12 And from your perspective, and just for the record, or for the
13 public, is that this is something that we seem to have an awareness
14 of, and we are addressing it adequately where there's not a
15 substantial imminent public safety issue.

16
17 **DR. TOMARKEN:**

18 We've been testing for quite a while. And just as a -- I'd like to
19 bring up Walter.

20
21 **CHAIRMAN SPENCER:**

22 Okay.

23
24 **DR. TOMARKEN:**

25 Just to help us with some of the technical stuff. But we have been
26 testing. And what happened was that the EPA decided to lower the
27 health -- their health advisory levels, and so we became more
28 aggressive. And as well as you know, the Governor and the State
29 Health and State DEC have now asked the EPA to establish a maximum
02:58PM 30 contaminant level, which is a drinking water standard, which
31 doesn't exist right now for this substance. And once -- and if
32 they -- if the Federal Government doesn't establish it, the State
33 has said it will go ahead and establish its own. They asked for
34 the government to establish one for the entire country. We don't
35 know whether or not that will happen. We sent a letter to the EPA.
36 There's a new EPA administrator. They are -- now have the ability
37 to outlaw this substance and ban it. Whether they choose to do
38 that is up in the air, we don't know.

02:58PM 39

40 **CHAIRMAN SPENCER:**

41 Highly unlikely?

42
43 **DR. TOMARKEN:**

44 I don't want to go there, but I think the odds are diminishing.
45 But we -- the State can set its own standard. That's what the plan
46 is.

47
48 **CHAIRMAN SPENCER:**

49 So I guess from my position as just a representative, and with our
02:59PM 50 infrastructure here in Suffolk County, to your satisfaction as
51 Commissioner, and, Walter, are we doing our due diligence and have
52 enough of an extensive testing program that -- and as far as the
53 levels and what we're getting or how we're reacting to those
54 things, that we are keeping the public safe?

1 **MR. DAWYDIAK:**

2 Thank you, Dr. Spencer. Walter Dawydiak, Director of Environmental
3 Quality.

4
5 **CHAIRMAN SPENCER:**

6 Hi, Walter.

7
8 **DIRECTOR DAWYDIAK:**

9 I could give you a very brief summary of the types of things we've
02:59PM 10 done in terms of investigations. We started testing for Dioxane
11 back in 2015, in part due to a directive from this very
12 Legislature, Legislator Hahn, who was very active with it. It was
13 something that was on our radar screen. It was identified in the
14 Comprehensive Water Resources Management Plan. We accelerated the
15 program. We've taken thousands of samples in public water
16 supplies, as well as in private wells and in test wells.

17
18 I just wanted to clarify one point of fact as to who's required to
19 sample. The requirement for testing Dioxane in major community
03:00PM 20 water supplies was part of the unregulated contaminant monitoring
21 rule. That -- the phase of that program which required testing is
22 now over. Technically, the Federal and State government do not
23 require testing of this in any water supply. Here in Suffolk
24 County, the Water Authority does it voluntarily. The Health
25 Department has authority to require it, and we do require it
26 locally of all public water suppliers. So public water suppliers
27 are doing it, but it's not a Federal or State requirement right
28 now.

29
03:00PM 30 And as you've mentioned, Dr. Spencer, we have indeed endeavored to
31 monitor all of the noncommunity wells, as well as any private
32 wells. And sort of the good news that's come of this is we were
33 very afraid that Dioxane was a bigger problem in shallow wells than
34 it was in the public supply wells. The opposite is actually true.
35 Our data shows that there's a 30% detection rate in the public
36 supply wells, and on the order of 3% in the private wells. And of
37 that 3%, of the levels approaching potential health thresholds are
38 at around 1%, which is not insignificant if you're that 1%. But
39 it's good that that number is roughly ten times lower than the
03:01PM 40 public supply well, and the reason is the public supply wells mix
41 very large volumes of water and they're getting a lot of traces of
42 legacy industrial solvents in them. The personal care products
43 have yet to determined, that may be an issue.

44
45 So what we've done this year is we perfected the monitoring method
46 in nonpotable waters. It's a different method. It's basically a
47 dirty method that you can't run drinking water samples with. And
48 we're going to be looking at laundromats, wet cleaners, dry
49 cleaners, car washes, airports, auto repair shops, junkyards, and
03:02PM 50 other facilities of potential risk in the coming year. We'll be
51 taking about 500 samples. And if it's showing up from either
52 consumer products or industrial sources, we'll find it there and
53 take from there in an effort to identify sources and mitigate them.

54
55 So we've been very proactive in our program to identify where
56 Dioxane is, what may be causing it, and how to further reduce it.

1 We've been working with the water suppliers. The Water Authority
2 had piloted an advanced oxidation process. This is a very soluble,
3 mobile and persistent contaminant, very high level advanced
4 complicated treatment. It's never been done anywhere else, to our
5 knowledge, in New York State, being piloted right here in Suffolk
6 County.

7
8 So just as a nutshell, those are the kinds of things that we've
9 been doing in the Health Department over the past couple of years
03:02PM 10 to try and come to terms with Dioxane. Dr. Tomarken gave an
11 excellent summary of what's happening at the State and Federal
12 level, and we're really looking for them for more specific guidance
13 about maximum contaminant levels and long term health thresholds.
14

15 **CHAIRMAN SPENCER:**

16 Walter, I could not have asked for a better explanation of what you
17 gave just now and I'm comforted. There's one line -- Legislator
18 Fleming has a question. There's one line that I saw in the Newsday
03:03PM 19 article that I wanted to ask about, and that is the results show
20 that 71% of water suppliers tested on Long Island had 1,4-Dioxane
21 that pose a one in a million cancer risk after prolonged exposure.
22 That's low, but 71% is a high number, and that's compared to 7%
23 nationwide.
24

25 So we're an aquifer, I understand that, getting our water from the
26 ground, but it seems that when I see a tenfold kind of discrepancy
27 nationwide, is it -- is it because we're an aquifer, is it because
28 we're an island, is it because of our industrial history? And as a
29 result of it being ten times higher, does that indicate that -- and
03:04PM 30 it sounds like your due diligence is incredible, I have no
31 criticism of that. But does that -- is that statement misleading?
32 Is it accurate in your opinion? And if it is the case, then that,
33 you know, we -- you know, we need to have kind of an aggressive
34 plan. What are your thoughts about that statement?
35

36 **DR. TOMARKEN:**

37 I just wanted to clarify something about the health risk. The EPA
38 says that if you drank water with a level of .35, you would have to
39 drink two liters a day for 70 years to have a one in a million
03:04PM 40 chance of developing cancer.
41

42 **CHAIRMAN SPENCER:**

43 Okay.
44

45 **DR. TOMARKEN:**

46 That's the perspective you need to keep in mind as of the -- as of
47 the science today.
48

49 **CHAIRMAN SPENCER:**

03:05PM 50 Oh, okay. All right.
51

52 **MR. DAWYDIAK:**

53 Thank you, Dr. Spencer. Two other points in reply to your
54 question. One is that number that you cited in excess of 70%,
55 certainly not accurate for Suffolk County. And I can't speak to
56 the source and nature of that number, but what I could tell you is

1 that Nassau County has a much, much, much higher detection rate of
2 Dioxane than Suffolk. If you look at the Dioxane maps, there's a
3 lot of red in terms of detections in Nassau and western Suffolk,
4 where historic industrial solvent use was a lot more prevalent.

5
6 As I mentioned, our numbers show about 30% detection rate in
7 Suffolk County in the public supply wells, and a far lower
8 percentage than that is actually approaching even that ten to the
9 minus six cancer level, which has all sorts of margins of safety
03:05PM 10 built into it. So I'm not downplaying it, it's a significant
11 concern that we take very seriously, but we don't want to imply
12 that anywhere near that high a number is actually out there in
13 Suffolk County.

14
15 Second question is -- a second answer as to why Suffolk County. In
16 New York State, there's apparently only two places where Dioxane
17 has been picked at these source of concentrations. The aquifer
18 over in Binghamton, I think it's the Endicott Aquifer, and our
19 sole source aquifer here in Nassau-Suffolk. And the reason, as
03:06PM 20 mentioned, is we're a very sandy, highly permeable sole source
21 aquifer with a lot of unsewered areas and a lot of historic
22 industrial uses, most importantly. And those industrial uses --
23 Dioxane is a little like MTBE. It's so persistent and mobile, and
24 even when you don't pick up the underlying solvent, you could have
25 Dioxane, which either is ahead of the plume, or survived when the
26 rest of the plume may have been broken down or caught up. So
27 you'll pick it up before and more so than something like TCA or PCE
28 where Dioxane was used. So it really is a unique situation here
29 with our type of aquifer and our type of historic uses and threats.

03:07PM 30
31 **CHAIRMAN SPENCER:**

32 Sure. And that makes a lot of sense. Thank you. I accept all of
33 your answers. I would push back slightly on when we talk about the
34 cancer risks. That's assessing that one compound in a bubble. And
35 so I do have some concerns of, obviously, when you take the
36 drinking water and all the chemical exposures, and all the trace
37 chemicals that we're not testing for, than, you know, the two-liter
38 per day, drinking it for 70 years when you're mixing the
39 1,4-Dioxane with whatever other -- Chromium-6, whatever, the
03:07PM 40 different things that all have these one in a million cancer risks.

41
42 I always have to say as a scientist, I wonder if there's any sort
43 of additive effect when we test for hundreds of different things
44 and things that we don't know to test for. You know, so this may
45 be just a marker indicative of one thing. I don't look at that
46 true -- that risk of that one element as the true potential risk,
47 but, at the same time, I believe our drinking water to be safe, and
48 I believe our Health Department is doing a great job in keeping it
49 safe. Legislator Fleming.

03:08PM 50
51 **LEG. FLEMING:**

52 Thank you, Chairman Spencer. Good afternoon, gentlemen. So very
53 interested to hear about the investigation, stepped up
54 investigation for Dioxane. And I'm just wondering about staffing
55 around that. Is that -- I mean, it sounded like a pretty robust
56 investigation that you're talking about or investigative effort.

DATE

1 Are you thinking of additional staff? Are you repurposing staff?
2 And I'm thinking of that in light of a little bit of the Chairman's
3 comments about the fact that there are many contaminants, you know,
4 that might not be the focus of today. I'm just wondering where
5 your staffing -- you know, how the focus on Dioxane is. And then I
6 have some follow-up questions about Chromium-6 in my district.

7
8 **MR. DAWYDIAK:**

9 You may have heard of the volatile organical -- volatile organic
03:09PM 10 chemical of the VOC Action Plan that was instituted a couple of
11 years ago that added five positions, one in the laboratory and a
12 number in the Office of Pollution Control. The types of samples
13 that are new and different that we're primarily talking about here
14 are essentially VOC Action Plan samples. Those are the folks that
15 are going to be going to these risky facilities and grabbing
16 sludges and soils to test for them. So that could be done with
17 existing resources. Similarly, our lab can accommodate the influx
18 of a few hundred samples. It's something that could be absorbed
03:09PM 19 within the throughput of thousands of samples that they do for
20 Dioxane in any given year.

21
22 So for this phase of Dioxane work and the groundwater
23 investigations, I forgot to mention we've actually drilled geoprobe
24 wells at five different laundromats to supplement the work the DEC
25 has started doing, taking influent, influent and effluent samples
26 of laundromat treatment to determine Dioxane presence and removal.
27 So between our Groundwater Unit, our Drinking Water Unit and our
28 Office of Pollution Control, this falls under the umbrella of
29 activities that they would normally do and they could absorb with
03:10PM 30 existing resources.

31
32 **LEG. FLEMING:**

33 Okay. And -- sorry. May I?

34
35 **CHAIRMAN SPENCER:**

36 No, you're good.

37
38 **LEG. FLEMING:**

39 Thanks. So if I could just turn your attention to Chromium-6. I
03:10PM 40 know it sounds to me, although I don't know a lot about Dioxane, it
41 does sound as though there are some similarities in that. For
42 instance, I believe there is an EPA standard for all chromium, but
43 Chromium-6 doesn't have a separate standard. And there are some --
44 I believe there are some health experts who say there are different
45 impacts of Chromium-6 as, you know, in itself. I bring this up,
46 and I need the education, only because in East Hampton there have
47 been, in the not too distant past, you know, detections of
48 Chromium-6 in public supply wells, and the community is very
49 concerned about that. So if you could just -- I don't mean to put
03:11PM 50 you on the spot. We can certainly follow up. But I'm just
51 wondering if that same idea stands about the standards and where
52 our standards should be set relative to EPA standards, or in the
53 absence of EPA standards for that particular contaminant.

54
55 **MR. DAWYDIAK:**

56 Legislator Fleming, you're correct, Hexavalent chromium is one of a

DATE

1 series of chemicals which include Dioxane, perfluorinated
2 compounds, chlorate. There are a number of compounds that have
3 come onto our radar screen over the last several years that are
4 new, essentially, in terms of our level of testing. We did
5 dedicate an analyst to run the Hex chromium method. We have a
6 database of thousands of samples.

7
8 **LEG. FLEMING:**

9 Sorry, Walt. Can I just interrupt you? Hex chromium is relative
10 to Chromium-6 in what way?

11
12 **MR. DAWYDIAK:**

13 I'm sorry, it's the identical thing. It's my --

14
15 **LEG. FLEMING:**

16 Okay.

17
18 **DIRECTOR DAWYDIAK:**

19 It's my verbal shorthand. I apologize.

20
21 **LEG. FLEMING:**

22 You're doing it again, Walt.

23
24 *(*Laughter*)*

25
26 I just wanted to check. You're smarter than we are, but that's
27 okay, we just need to know. Anyway, so it's the exact same thing,
28 it's a synonym.

29
30 **MR. DAWYDIAK:**

31 Hex chromium and Chromium-6 are identical.

32
33 **LEG. FLEMING:**

34 Okay. Thank you.

35
36 **DIRECTOR DAWYDIAK:**

37 Different nomenclature. So we do have a database, we do have
38 detections. Some of this is naturally occurring with oxidation
39 that happens -- I'm sorry, reduction that happens in our natural
40 sandy soils and aquifer. Some of it could be related to potential
41 historic industrial discharges. Our levels are relatively low, not
42 to say that they aren't of any concern. They've been below
43 standards established by -- for Chromium-6 in other jurisdictions
44 like California. Again, that doesn't speak to what State Health
45 will do with the number. You're correct, that this is a chemical
46 that's on the State Health Department's radar screen for potential
47 standard setting.

48
49 **LEG. FLEMING:**

50 I hate to sound ignorant, but it is the Erin Brockovich case?

51
52 **MR. DAWYDIAK:**

53 Yes.

54
55 **LEG. FLEMING:**

56 It was. So that's why California has the standard, I would think.

1 Okay. I mean, I just wonder what -- you know, how do we best serve
2 the community that naturally has concerns when EPA hasn't even
3 stepped in to set a standard? And it's probably not something you
4 could answer today, but certainly something that we need to
5 consider.

6
7 **MR. DAWYDIAK:**

8 No. Legislator Fleming, it's an absolutely good question. We had
9 put together a little data package some time back for Legislator
03:13PM 10 Hahn, who had inquired about this. We'd be happy to update that --
11

12 **LEG. FLEMING:**

13 Nice.

14
15 **DIRECTOR DAWYDIAK:**

16 -- and send it to you directly.

17
18 **LEG. FLEMING:**

19 Yeah. I know, I'm -- Citizens Advisory Committee has me attending,
03:13PM 20 and I hope I can get a member of your staff to join me in a couple
21 of weeks or next week. So if I could get some information, that
22 would be great. Thank you. Sorry. Thank you, Mr. Chair.
23

24 **CHAIRMAN SPENCER:**

25 Thank you, Legislator Fleming. Dr. Tomarken, Walter, thank you
26 very much. That actually turned out to be an extremely informative
27 update, from Legislator Fleming, too, but we appreciate it. We'll
28 be keeping a close eye on this. If there's any new information
29 that you have or that you would like to share, please pass it on.

03:14PM 30
31 And one parting thing for the Commissioner. I'm sure you were here
32 for part of Mr. Chassman's presentation, too, and, you know, I
33 thank you for the hotline, but wherever we can with our Police
34 Department and our Social Service Department. I'm hoping that
35 there is as much joint cooperation and interdepartmental
36 interaction, and so that we can do everything we can to address the
37 heroin initiative.
38

39 **DR. TOMARKEN:**

03:14PM 40 Just for the record, it was our idea to start the hotline. We
41 started it with a waiver, so we've been in the lead on this. We
42 have reversed over 75 -- trained over 7500 people for Narcan. We
43 have Narcan in all 11 hospitals who have committed to dispersing
44 and dispensing Narcan.
45

46 What I would advise you, that heroin is decreasing and Fentanyl is
47 now the drug that are -- is a major concern. So more deaths are
48 occurring due to Fentanyl. And the Medical Examiner and I have a
49 database where we have monthly statistics. And what is really
03:15PM 50 happening is that this Fentanyl and Carfentanil, which is not here
51 but, but Fentanyl and its derivatives are being brought in and from
52 China, and that is the major cause of the deaths. And the age
53 group that is most likely to die is 25 to 54.
54

55 **CHAIRMAN SPENCER:**

56 Carfentanil really sends a shiver down my spine. That's, you know,

1 I would imagine --

2

3 **DR. TOMARKEN:**

4 That's in Ohio and it's likely to move on.

5

6 **CHAIRMAN SPENCER:**

7 My, God, unbelievable. Thank you very much.

8

9 That's all the business that I have before this committee today.

03:16PM 10 So if there's nothing else from any of my colleagues, we stand
11 adjourned. Thank you.

12

13 *(*The meeting was adjourned at 3:15 p.m.*)*

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