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

* Index Included at End of Transcript

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

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

(*Salutation*)

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

(*Moment of Silence*)

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

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

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

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

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

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

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

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

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

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

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

couldn't be any worse, the most powerful narcotic on the face of the planet in heroin is potentially even more lethal, because people who sell heroin had to compete with U.S. pharmaceutical companies over the last 15 years. So they made the potency of their product all the more potent. And it is a fact, because the lab tests show there are derivatives of Fentanyl, and as we've seen from Ohio and Illinois, wait for it folks, there may be derivatives of Carfentanil that are coming our way. This is 10,000 times more potent than morphine; Fentanyl is a 100 times. Carfentanil is used
02:04PM to tranquilize elephants. So the fact that you have people that sell heroin are interested in making their product all the more potent, quote, unquote, really lethal, is very, very concerning.

The good news is, is that we were ahead of the curve on this. This isn't my first time speaking with you, and I thank you for the invitation. I know my predecessor at LICADD, Dr. Jeffrey Reynolds, has stood before this Legislature five and six years ago speaking to the crisis. The crisis had a good ten-year head start on us, but we were very proactive. And I thank the Suffolk County
02:04PM Legislature and Executive Bellone and many of you for championing what were innovative and pioneer programs.

First and foremost, I want to talk about, just jumping, the RECOVR Program, which is an acronym that stands for Reach Engage Connect Overdose Victims that are revived by Naloxone. Basically, we called it the Overdose Referral Program, but we assigned a name to it called RECOVR, and that is the acronym. You should know since 2013, as Suffolk County First Responders were reviving potential overdose victims, we have had a program where that -- those phone
02:05PM numbers and the data of that person has been forwarded to LICADD and we've been doing a soft follow-up since 2013.

You could see that in 2013, and I'm going from this graph sheet, and pardon my scribblings at the bottom, there were 91 numbers that were referred to us. Cut to 2016, there were 221 numbers where we were given by First Responders. Now we have to do better on the data. I've been working with Commissioner Sini. I've been working with -- when I say "we", LICADD. We've been working with Suffolk County Mental Health and Hygiene to improve on the data. Needless
02:05PM to say, the person that is incapacitated on a gurney that has just been revived by Narcan is not the person calling 911 for help. Therefore, because of burner phones, because of the 911 Good Samaritan Law, Good Samaritans don't want to be contacted directly. But we've made every attempt, and you could see that our success rate is going up exponentially. We do three follow-up calls to the number that's provided. We have been going ER to ER, making sure that that data can be improved upon.

Everyone around this table should know that when you're revived
02:06PM with Naloxone, you are put into instantaneous withdrawal from opiates, which is a physical manifestation of dependence. So them being transported to the nearest medical facility, many of them are signing out against medical advice, because they are in a physical state of withdrawal, which comes with stomach cramps, and sweats, and diarrhea, and they're generally, and pardon the expression, freaked out that they had a near death experience. They just want

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

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

Doc Spencer, you have a question?

02:07PM

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

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

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

02:08PM

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

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

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

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

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

CHAIRMAN SPENCER:
Sure.

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

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

02:10PM **CHAIRMAN SPENCER:**
Legislator Fleming has a question.

LEG. FLEMING:
Just further to what Legislator Spencer was asking, can't Suboxone be administered in the ER?

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

02:11PM **LEG. FLEMING:**
Yeah. Because I know one of the -- you know, a couple of the Deputy Sheriffs who's helped in my district to do Narcan trainings does talk about Suboxone administration at the ER to prevent people from having that terrible impulse to go, you know, relieve their overdose symptoms before they get help. It seems like a smart way

to do things.

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

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

CHAIRMAN SPENCER:
Legislator Trotta has a question.

MR. CHASSMAN:
Legislator.

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

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

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

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

MR. CHASSMAN:
Right.

LEG. TROTTA:
So is there something?

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

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

LEG. TROTTA:
Well, we don't have the DARE Program anymore, right?

MR. CHASSMAN:
That's correct, and --

02:16PM **LEG. TROTTA:**
Well, stop. We don't have it and look what happened to the numbers.

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

LEG. TROTTA:
02:16PM What do you think the answer is?

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

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

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

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

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

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

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

LEG. TROTTA:
Having been a narcotics detective for 15 years --

MR. CHASSMAN:
Yes, sir.

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

MR. CHASSMAN:
Yes.

LEG. TROTTA:
I mean, is there any way to target? There's no school structure, nothing's there anymore.

02:19PM **MR. CHASSMAN:**
Unfortunately, and I respect that data and your work as -- in law enforcement, Legislator Trotta, but that progression has been cut in a third in the last 10 years. So, according to the National Institute of Drug Abuse, the experimental use remains at 12, 13, 14, but they're on prescription medications, if not heroin, in a third of that time these days. So could you -- and I, too, grew up on Long Island. I knew people that got to heroin. There are guys that -- I'm 47 years old. They got there, but in their twenties. At LICADD, we're seeing 1,000 people a month, and, overwhelmingly,
02:20PM it's people in their late adolescence or late teens. Remembers, adolescence goes to 25 now because of neurological development. We know the prefrontal cortex isn't fully developed until 25. So when we talk about adolescence, we're talking about 13 to 25. They're coming in with holes in both arms at 16, 17 and 18, and it's very disturbing. It's one of the things that's creating the perfect storm, that you're introducing the most powerful narcotic at a younger and younger age.

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

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

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

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

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

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

MR. CHASSMAN:
Yes, yeah.

02:23PM **LEG. TROTTA:**
It just took him a while.

MR. CHASSMAN:
So it started in his teens, yes.

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

MR. CHASSMAN:
I could send that to your office, if you'd like, sir.

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

02:23PM **MR. CHASSMAN:**
Absolutely, I'll have that forwarded over. Cutting to the Suffolk County hotline, if that's okay, yes.

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

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

MR. CHASSMAN:
No apology necessary. I'm glad we're talking about it.

CHAIRMAN SPENCER:
So, Legislator Kennedy, go ahead.

02:24PM **LEG. KENNEDY:**
There is so much to say, but what I'm going say is by speaking about both the psychological and the physical reactions to addiction, and the OCD and the stress, you've given people that don't have the insight to know what is needed. This is something none of us behind the horseshoe are going to do here. We're not going to cure the addiction problem here.

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

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

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

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

LEG. CILMI:
Thank you. Thanks, Steve, for being here, and for the great work that you and LICADD does.

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

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

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

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

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

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

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

MR. CHASSMAN:
That's right.

LEG. CILMI:
-- and chase it with a beer or worse. So --

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

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

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

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

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

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

MR. CHASSMAN:
(Nodded yes).

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

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

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

LEG. CILMI:
Could be abused.

CHAIRMAN SPENCER:
-- can be abused and --

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

CHAIRMAN SPENCER:
Exactly. But I think it's a wonderful idea, Tom, that we could look at.

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

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

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

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

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

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

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

or four in the afternoon.

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

So I don't know if there's any questions about that. Feel free. And you could see, in keeping with Legislator Cilmi's question, the drug of choice, heroin remains the most reported drug at 30%. Alcohol is the second most reported at 25%. And, of course, poly-substance use. You should know, and, Legislator Trotta, as a data-driven person as we are, there are more specific breakdowns to age, gender, geographic area. You found it?
02:43PM

LEG. TROTTA:
Some of it.

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

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

CHAIRMAN SPENCER:
It sounds like it's going very well, and the fact that you carry the phone. When you carry it, do you carry it for a day, or you carry it once every ten weeks for a week?

MR. CHASSMAN:
For a week. For a week. And the individual that carries it for a holiday weekend, we give them a comp day off, because the phone usually tends to increase, and that includes Super Bowl. Do you know Super Bowl weekend was one of the busiest calls? And overwhelmingly, you could see this, 200 -- excuse me, that the majority of these calls are not the users themselves. They're actually family members saying help him or her, all right? You can hear the echos from December. Look at December and 99 calls. You
02:46PM can hear the echoes, "You've ruined another Christmas," whether through alcohol, prescription medication, marijuana, or opiates in a whole host of different forms. Traditionally, it is a very troubled time around holiday time, and somewhere along the way baseball and football championships, right, have become a hot spot for drinking and binge drug use.

So, again, data we're deriving. We're translating this into programming in Suffolk County. We're working very closely with AnnMarie Csorny and Cari Besserman at Mental Health and Hygiene,
02:46PM and with all of you. I revel in the opportunity to provide you more ongoing and direct data as this is going down. Obviously, the call to do more. I know it's tough times in Suffolk County fiscally, but believe me when I say this, and I'm preaching to the converted, as a Suffolk County resident, now a healthcare professional working in drug treatment, we're going to want to be on the right side of history with this one. We're not going to want to fiscally scrimp and save when you have a multitude of individuals and families in Suffolk County being impacted by what is a bona fide public health crisis.

02:47PM

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

CHAIRMAN SPENCER:
Certainly.

MR. CHASSMAN:
-- is the H.O.P.E. Program. This is something we've had for five
02:47PM years. It was created with Art Fletcher. We were among the first to go out and do heroin overdose prevention education. We did take a 5% cut two years ago in the interest of fiscal prudence, but you should know that LICADD has blown past the deliverables in the hundreds of percentiles every year in making sure that adolescents from 15 to 25 get lifesaving information who have been impacted by opiates and that of their families. So you should know that screening, brief intervention, crisis calls and family support, it's clearly stated not only in the narrative, but in the last graph page. And you could see that we blow past the year-to-date
02:48PM deliverables by hundreds of percentiles.

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

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

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

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

02:50PM **LEG. KENNEDY:**
(Applause).

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

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

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

02:51PM

But I thank you all for your time, and for your support, and for the invitation to speak with you day. Have a good day.

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

02:52PM

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

LEG. CILMI:
Second.

02:52PM

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

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

02:52PM

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

MR. NOLAN:
If you wish to, yes.

02:53PM

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

Calendar 7-0-0-0)

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

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

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

02:54PM

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

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

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

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

DR. TOMARKEN:
Yes.

CHAIRMAN SPENCER:
We are?

DR. TOMARKEN:
Yes.

02:57PM **CHAIRMAN SPENCER:**
And from your perspective, and just for the record, or for the public, is that this is something that we seem to have an awareness of, and we are addressing it adequately where there's not a substantial imminent public safety issue.

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

CHAIRMAN SPENCER:
Okay.

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

02:58PM **CHAIRMAN SPENCER:**
Highly unlikely?

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

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

MR. DAWYDIAK:
Thank you, Dr. Spencer. Walter Dawydiak, Director of Environmental Quality.

CHAIRMAN SPENCER:
Hi, Walter.

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

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

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

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

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

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

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

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

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

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

CHAIRMAN SPENCER:
Okay.

DR. TOMARKEN:
That's the perspective you need to keep in mind as of the -- as of the science today.

CHAIRMAN SPENCER:
03:05PM Oh, okay. All right.

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

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

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

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

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

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

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

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

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

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

LEG. FLEMING:
Okay. And -- sorry. May I?

CHAIRMAN SPENCER:
No, you're good.

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

MR. DAWYDIAK:
Legislator Fleming, you're correct, Hexavalent chromium is one of a

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

LEG. FLEMING:
Sorry, Walt. Can I just interrupt you? Hex chromium is relative
03:12PM to Chromium-6 in what way?

MR. DAWYDIAK:
I'm sorry, it's the identical thing. It's my --

LEG. FLEMING:
Okay.

DIRECTOR DAWYDIAK:
It's my verbal shorthand. I apologize.
03:12PM

LEG. FLEMING:
You're doing it again, Walt.

(*Laughter*)

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

MR. DAWYDIAK:
Hex chromium and Chromium-6 are identical.

LEG. FLEMING:
Okay. Thank you.

DIRECTOR DAWYDIAK:
Different nomenclature. So we do have a database, we do have detections. Some of this is naturally occurring with oxidation that happens -- I'm sorry, reduction that happens in our natural
03:12PM sandy soils and aquifer. Some of it could be related to potential historic industrial discharges. Our levels are relatively low, not to say that they aren't of any concern. They've been below standards established by -- for Chromium-6 in other jurisdictions like California. Again, that doesn't speak to what State Health will do with the number. You're correct, that this is a chemical that's on the State Health Department's radar screen for potential standard setting.

LEG. FLEMING:
03:13PM I hate to sound ignorant, but it is the Erin Brockovich case?

MR. DAWYDIAK:
Yes.

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

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

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

LEG. FLEMING:
Nice.

DIRECTOR DAWYDIAK:
-- and send it to you directly.

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

CHAIRMAN SPENCER:
Thank you, Legislator Fleming. Dr. Tomarken, Walter, thank you very much. That actually turned out to be an extremely informative update, from Legislator Fleming, too, but we appreciate it. We'll be keeping a close eye on this. If there's any new information that you have or that you would like to share, please pass it on.
03:14PM

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

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

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

CHAIRMAN SPENCER:
Carfentanil really sends a shiver down my spine. That's, you know,

I would imagine --

DR. TOMARKEN:
That's in Ohio and it's likely to move on.

CHAIRMAN SPENCER:
My, God, unbelievable. Thank you very much.

That's all the business that I have before this committee today.
03:16PM So if there's nothing else from any of my colleagues, we stand adjourned. Thank you.

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

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