July 27, 2010

Suffolk County Heroin/Opiate Advisory Panel

Present:
Legislator Wayne Horsely
Legislator Lynne Nowick
Susan Eckert, Leg. Nowick's Office
Joshua Slaughter, Leg. Kate Browning's Office
Dr. Jeffrey L. Reynolds, LICADD
Jack Hoffmann, ELIH
Cari Besserman, Phoenix House
Art Flescher, SC
Lisa Lite-Rottmann, NYS OASAS
Elaine Economopoulos, QC
Pamela Mizzi, SCPRC
John Venza, Outreach House
Dr. Kristie Golden, South Oaks
Dr. Patrick O'Shaughnessy, St. Catherine's

Guests:
Maureen Rossi, Kings Park in the Know
Phil Enright, Drug Test Your Teen

Excused:
Janine Logan, N/S Hospital Council
Edward L. Ehmann, Superintendent's Association

(1) Introduction & Welcome by Legislators Horsely & Nowick

(2) Introduction by Dr. Jeffrey Reynolds – Chair
- Overview of charge to panel.
- Focus on entire continuum – prevention, treatment and recovery.
- Need to hold at least one public hearing.
- Review of timeframes – report due in 4 months.
- Production of written report.

(3) Election of officers:
- Vice Chair – Jack Hoffmann, ELIH
- Secretary - Cari Besserman, Phoenix House

(4) Process/Workflow
- Meeting every 3 weeks
- Interim work via email and conference calls
- End result
- Kristy volunteered to do write up work for report

(5) What do we define as stakeholders and how do we reach them?

EE suggested utilizing recently developed reports identifying key community partners.

JH suggested outreach to criminal justice depts, and courts, and criminal thinking which is correlated to drug use. Need members in system to talk about how they ended there.

JH will contact Colleen Ansanelli

EE – questionnaires out to individuals in our TX settings and known settings as well as accessing school systems via superintendents meetings.

LLR – ES BOCES can reach into districts as well. Feels WS BOCES can as well. Alcohol #1 Prescription misuse # 2.

Public hearings, focus groups at Outreach and Phoenix House should happen in the Fall.

All agreed that we should use existing data.

(6) Discussion of key issues/topics that the report should address.

JV & CB – discussed nuance of youth addiction between ages and prevention and use. What is it that sets this in motion and the prevention system needed?

JH & LLR agreed the 10 – 12 age group as key target for prevention

PM - root causes including TV "pills fix things" and prescribed

Leg. N – What about pharms sharing databases about scripts?

PO – explained some of concepts and the EMR systems going into place. Med records will be accessible throughout – in system

Limiting prescription of opiates; and over prescribing hosps., GP's, Pain clinics

JH indicated the practice of fake names and cash transactions.

CB – the fact that access is so easy, movement to doc/prescriber.

KG – people find a way to get what they need

JR – pharm need to educate the typical patient on medications they are receiving

AF – need to continue to educate and address the continuum – not perpetuate silos

- School report card system needs to incorporate element of drug ed., etc.

- character education (state leg.) components – childrens plan for state – leverage points? social and emotional growth

- must use similar language to each division so translation is made in known language – unites process
- peer pressure across schools
- bring full level of care/prevention/etc.

Next meeting (August 13th 10:00AM-12Noon):

- Will focus on prevention part of the continuum.
- How can we better build prevention capacity? Enhance youth risk and protective factors?
- LLR, KG and PM will bring existing data.
- Looking forward to participation from EE as it relates to schools, prevention initiatives, surveys, etc.
- Use SPF as a guideline.
- Need to include law enforcement – invite Commissioner Dormer.
- JR, PM and KG will work on some prevention questions.