Heroin Opiate Epidemic Advisory Panel
Aug 13, 2010

Present:
Legislator Lynne Nowick
Susan Eckert, Leg. Nowick's Office
Dr. Jeffrey L. Reynolds, LICADD
Jack Hoffmann, ELIH
Cari Besserman, Phoenix House
Art Flescher, SC
Elaine Economopoulos, QC
Dr. Kristie Golden, South Oaks
Dr. Patrick O'Shaughnessy, St. Catherine's
Janine Logan, N/S Hospital Council
Edward L. Ehmann, Superintendent's Association

Guests:
Kym Laube, HUGS (for Pam Mizzi representing prevention programs)
Stacey Altherr, Newsday
Rachel Shapiro, Times of Smithtown

Excused:
Pamela Mizzi, SCPRC
John Venza, Outreach House
Lisa Lite-Rottmann, NYS OASAS

Open meeting at 10:08 am by Dr. Jeffrey Reynolds.

Introductions of members on panel and guest on panel ensued. Update that our invited speaker, SCPD Commissioner Dormer is scheduled for 11am to discuss relevant matters to the panel and the panel focus from the Police Department view of the issues.

Several documents were handed out for the panel to review: today's agenda, minutes from the last meeting , summary sheet containing the HOEAP Mission and related goal sets as identified in our first meeting, a guide for the prevention discussion scheduled for today, and 2 legislative proposals with an article for Panel to consider potential position.

Previous minutes were reviewed – Noted amendments to be made include:
Elaine E: correction will be noted in language from "hump" to "hurdle" as typo, and note that Kristie was incorrectly spelled in the body even though correct in the attendance. Corrections approved.

Jeff discussed focusing on legislation as first charge, and collaboration considerations after initial goals are met.

He continued to indicate Membership composition was identified by the legislature. A suggestion was made about adding to the group, but since the legislation is closed the way to handle additional participants would be to bring in persons of interest as speakers / presenters.

2 bills presented for consideration for positions on bills:
Intro. Res. No. 1758-2010 and Intro. Res. No 1782-2010 by Legislator Browning.

Question placed out by Jeff; should we, as a newly developed panel, take positions yet?

AF: – using Sober Home issue as example, stated that each area requires extensive consideration in their own right, and at this point we have a very important task as set as our mission, versus extending out to other areas at this time.

JL & KG: also agreed with the position as expressed by Art as did Dr. P O. Several remaining members indicated agreement as well and it was collectively noted that each on the panel may be able to individually support given items in a different forum. As a group, we agreed we may in fact have a time where the supporting is desired – however at this time the consensus of group is to focus on our task as outlined in our commitment.

JR: – structural notes presented in order to prepare our document in November.
Mission page was reviewed by Panel: Jeff opened for review and suggestions.

Jeff shared that post meeting he will create an online forum for the document so we can keep a living and breathing collection in one accessible area. Additionally it will assist in access for the development of our final submission.

KG suggests this document get incorporated into the end product so that comments are important.

Prevention Survey Discussion – last meeting we discussed a survey but after the consideration of the tool, it was realized that we already had data access without reproducing a survey.

JR: introduced the conversation about prevention – "What is good prevention?"

(Leg. Nowick stopped in to say hello, and wish us well, and provide opportunity for Panel photograph to be taken)

JR: What does "good prevention" look like?
The group identified some initial points:
Age, developmentally appropriate, sustained, data based with measurement capabilities, embraced, consistent, multi-factoral for all aspects of reach (legal/school/religious

groups, etc), stakeholder aligned for working partnerships, multi-cultural, proven methods evidenced based, peer participation and ownership, raises parental and community accountability, and has supportive policy with leverage for cultural change to occur.

KL: spoke to "Not blaming the fish for swimming". It is imperative to look at the entire picture.
KG: spoke to all being accountable
JH: related that this is an issue of cycling back, it is not one part alone
JR: Emphasis on the cultural competence piece, and community sensitivity.

JH moved the discussion forward to discussion on "community preparedness".

EE: believes communities are prepared but may not have insight of how to go forward
CB: Questioned "Does a community know if it is prepared, and what tools they already have and how to strengthen with partners?"
KG: relates the synergy of forward movement is needed to create environmental change-the partnership is necessary.
JL: Asked-"Do we know what is going on out there?"
JH: added, "And how do we present the picture of prevention so they can own it?"
EEh: We know some information, and some dissemination of information. High School is too late to start talking about this issue and there is a frustration about parental cooperation in consistently supporting efforts. There is a lot of challenge to get to families.

This point was a natural transition to the discussion of "barriers to change". (Schools/families/communities)

KL: Using Public Health Policy as a tool: example was used regarding H1N1; prevention of H1N1 was addressed as a Public health crisis and families understanding the positive connections of the prevention --- everybody having sanitizers, knowing to wash hands and cover mouth in a sneeze through the concerted effort of prevention messages. There has to be connection.
AF: Brought the concept of social acceptability into question; the level of readiness and what steps are needed to reach readiness as a comprehensive concept. Ex: Cigarette smoking, it has taken time but the view on smoking has changed significantly.
JH: stated simply another barrier to change is the financial impact and business implications. There is true fiscal relationship with certainly effects motivation and response.
JR: With tobacco, there was an influx of money from fines helped to get to a point of change.
EEh: School barriers include the high pressure to hit proficiency levels. It is difficult to get teachers to add to what they are doing as something they see as extra work.

Collectively the panel agreed there are also denial factors, a lack of family engagement, and schools need to see how curriculum can be added as part of existing programs, not as an additional burden.
JR: Also voiced that with family/parents that lack of availability may be due to factors even beyond denial. There are real, practical issues that cause conflict in availability, such as employment or other childcare.
EE: believes there is a broader issue of 'life styles" with adult populations. It is hard to get the buy in from the children when not also addressing the adults. The community needs to support the message. The children see what the adults do.
KG: indicated the fact of difference in family operations today than years ago. Increased /high divorce rate, more 2 parent working households, decreased time with children due to time demands…are we able to reach them?
KL: using shared using "natural" events; ex: attending presentation prior to prom, requiring safety education in order t get a parking permit and "life of athletes" programs. Go to where the adults are likely to attend and you reach more than the group that is already likely to attend.
Dr. PO: we need to change the mentality from re-active to PRO-ACTIVE- go back to the medical community to have them start talking to them- put into profiles of patient care. It reaches the entire family. Kids see docs from early age – educate the families on symptoms and people recognize the signs and then come in for treatment for medical care, this can be done with all areas. Plus, the parents will also hear the information as a secondary education path. Coming in for a drug test is already too late,
KG: Add to regular well visit or sports physical, even add screening in profile as a requirement.

JH: Moved the panel to the area of "access".
JH and panel agreed that access is a big challenge, from prescription medications in home cabinets to the availability of rolling papers in the local store. He challenges that there must be an increase in accountability stakes in a re-active response. Ex: picket places that sell paraphernalia.
However, it is hard to challenge the marketing aspects.
CB: related example using K2/Spice: buy a legal incense, legal tobacco rolling papers and people are smoking it and getting high putting themselves at risk.
JR: and not having lab tests available to read it
EE: Parents trick-or-treating with their kids while dragging along a cooler; or selling alcohol at Chucky Cheese. It goes back to life-styles.
JH: restricting access to pills- even from home

"What draws towards getting high?"

AF: the power of drugs…the ability to change how a person thinks, feels, and acts.
We need education – even in waiting rooms…Symbolic changes. Change needs to be noticeable to people "The wow they really mean it" factor as a social shift….A strategic approach that has a bite behind a policy.
Dr. PO: How?

JH: Moving on to funding – what are we doing with our limited funds – and what if we had unlimited funds?

KL: Collaborations
KG: talked about incentives- ex; tax break for merchant doing the right thing – and discussed projections for what can be accomplished down the road
JR: Increased use of evidenced based practices in school – staff power- purchase curriculum…need people, material resources, and financial resources
JL: There is money in recently passed Federal legislation there is money…can we capture that?
EE: are existing programs culturally sensitive…such may require legislation.
KG: Stated she doesn't think people in general know what "protective factors" are.
EE: Family and community protective factors of a pro-health model
EEh: Reinforced
Dr. PO: similar to elements of wellness care; such as the change of behavior and concepts to "healthy food"…closing the gaps of inconsistency. We are over medicated, and over marketed. We are moving more to "natural" healing- and prevention is more welcome in general.
CB: Workplaces need to be involved too.

JR: Will address final area next meeting when Pam Mizzi will be able to share from the LI PRC to add information about the preferred EBP's and community coalition building.

Special Guest Presentations

SCPD COMMISSIONER DORMER- and SCPD Lt. Detective Bill Burke

Commissioner Dormer started by thanking the panel for inviting him to speak and for their work. He started his presentation with "The Police Department cannot arrest our way out of this epidemic"… "Prevention is more effective than enforcement".

Presentation notes: Hard copy Power point
HELP resource guide

JR: Thanked our guests for the presentation:

Comments:
Number of arrests under Social Host Law seems really low.
Commissioner Dormer stated it is a very difficult to enforce as it happens behind closed doors, and in SHL they would have to be invited in. In other areas, such as Domestic Violence, the police have other legal avenues to get behind that door. The protection of the constitution prohibits entry. The law is good, but difficult to enforce and gain convictions and in the case of convictions, the penalties a relatively minor. The police

have instead taken the approach of education on the law to aid in prevention of a problem.
Dr. P.O. commented on the staggering data of arrest jumps and asked "What do you want to see for impact for change?"
Commissioner Dormer: Education
Detective Lt. Burke: Partnership – between legal/enforcement and treatment programs. It has really gotten better but we need to keep that going.
KG: We have increasing community involvement and coalitions now. Is there something they can do to help law enforcement?
Commissioner Dormer: They need to set the tone and advocate. Years ago this meeting wouldn't even exist. I wish there was more attention to it.
JR: Police Smart – how many schools participate? Is there outcome data on impact?
Commissioner Dormer: Believes over 100 but did not have the specific number with him. Program response has been positive with a lot of letters from the schools with high praise on presentations. Recently a 45 minute segment on heroin was added. He does not see difficulties or barriers with the schools. There is no data at this time.
KG: LI PRC is working with SCPD on some arrest change data. She wondered if the Police Smart data can be looked at in comparison as well.
JR and several panel members recommended adding even a simple pre-post test component.
JR: Spoke of staff deployment with regard to the special unit, and Commissioner Dormer explained the technical aspect of change in a police unit and described essentially a necessary rotation of staff. JR queried further "I know nothing about Police work, but is anything lost by rotation of staff? Contacts, etcetera? Does it start all over?" The Commissioner explained that the knowledge remains. There is a flow and the contact remains within the Narcotics Department. New folks gain experience and knowledge and bring it back to their precincts. Commissioner Dormer sees it as a multiplier, and the police department does rotation as practice. He indicated there is also a contractual matter that gets considered.
Dr. P.O.: Sees practice as positive, like "fellowship training"; asked if this is an ongoing thing.
Det. LT. Burke: The rotation system works very well. It builds on the front line exposure and gaining experience. It gives opportunities for advancement as well – the training and education improves performance.
KG: likened it to building into a curriculum, enhancing something that exists already.
AF: Recognized the good work of the, Commissioner, SCPD, Detective Lt. Burke, and the special units – and went on to say "As you are aware, this task force is about Heroin and Opiates. How do you think we need to address the Heroin and Opiate influx?"
Commissioner Dormer: The start is the press releases regarding prescription drugs in the home, creating drop off events and moving toward regular drop off stations
Det. Lt. Burke: Gateway drugs are a big component. 2 of 21 detectives do script cases as "diversion". They are watching Doctors and pharmacies, and watching for selling of scripts. They work with the DEA. And they are now working with the Medicaid fraud unit – using laws to attack the problem as a multi-prong effect.
Dr. P.O.: Shared there is a need for "real time alertness" when scripts are filled. He finds it interesting that he will get a call from a pharmacy about CIPRO (antibiotic) but does

not get a call to say an opiate/narcotic was just recently filled. He feels strongly that the Electronic Health Records system must include the Pharmacies.
EEh: Commended our guests for the school resource officer program, stating it has been very effective in leads and follow ups. He also shared that Dr. Dewey and work with CAT scans has also been tremendous, in that the kids in Smithtown are doing experiments with younger kids increasing the peer to peer element.
Commissioner Dormer: reflected that when he and Executive Levy entered office in 2004, there were only 2 in the history of the PD. Currently there are 40 police resource officers. He went on to say "There are a lot of good kids out there. Not all kids are involved. A lot of kids are not involved in this stuff- we shouldn't forget that."
JR: Agreed and stated we do need to focus on all positives as well.

JR: Families often call agencies for help after multiple contacts with police. What do police do at that point of contact?
Commissioner Dormer: Officers give out telephone numbers, training is provided in bulletins and role call meetings as well as information on the website. Officers give out phone numbers but do not have exact resources. They can use the HELP book.
CB: shared that the Suffolk County Communities of Solutions group as organized under NYS OASAS initiative, is currently working on developing precinct / department specific resource lists that could be carried by officers and uses at time of contact.
Commissioner Dormer and Det. Lt. Burke agreed they would be willing to look at the resource project.
JR: This group should also reinforce prompt reporting.

EEh: Questioned what happens to asset forfeiture money and the panel was told the money has restricted use guidelines – currently used for training and buying equipment.
Det. Lt. Burke: indicated there are Federal and State forfeiture regulations and that stat law includes automatic break down.
EE: Do you need to advocate for a re-allocation of formula to support prevention?
Det. Lt. Burke stated that all areas say they need more money.
Commissioner Dormer stated they would get back to the panel with more information of asset forfeiture. He also shared that the total dollar amount has gone down, as criminals are more savvy (ex; rent instead of own), so even the amount coming in is not a lot.

JR: Again thanked our guests for coming and stated he looked forward to speaking with them again.

Meeting closed.

Next Meeting: September 1, 2010 @ 3:00PM
Legislative Building, room TBD