



Testimony of

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on

Int. No. 748 – In relation to an Office of Drug Strategy

Oversight: Examining NYC's response to Heroin Use and Overdose

Before the

New York City Council

Committee on Mental Health, Developmental Disability, Alcoholism,

Substance Abuse and Disability Services

and

Committee on Public Safety

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Members of the City Council, thank you for this opportunity to testify about the critically important topic of heroin use and overdose in New York City, and to respond to a proposal to create an Office of Drug Strategy. The fact that you are holding this hearing today demonstrates that you recognize the seriousness of the crisis we face. As some of you know, I have worked in the drug enforcement arena for more than two decades.

During that time, I have witnessed the devastation wrought on our communities by drug epidemics – death, addiction, related violence and property crime, and the incarceration of large numbers of young people for drug crimes. I have also participated in successful strategies to reverse the downward spiral. Compare the New York City of 2015 to New York City of 1985, and you get the picture: today we see safer streets and much reduced rates of incarceration. At the height of the crack epidemic, in the 1990s, few believed that New York City would ever recover from the high level of violent crime caused by turf battles between crack organizations. But we did. And we changed our criminal justice practices. Between 2008 and 2012, the number of those sent to state prison from New York City declined from 2,500 to 1,500 – a 40% drop – and 2008’s numbers were far, far lower than those seen during the crack epidemic of the 1990’s. We have come a long way, but it would be naïve to think backsliding is impossible.

The current challenges cannot be overstated. Heroin overdose death rates more than doubled between 2010 and 2013, according to

the most recent data available from the New York City Department of Health and Mental Hygiene. To make matters even worse, New York City is a hub of heroin distribution for surrounding communities and the entire Northeast, where overdose rates are also skyrocketing. As political leaders, health professionals and law enforcement officials in the city, we have an enormous responsibility to our city and our region to rein in the heroin supply at its source.

I support a balanced, multi-disciplinary approach to curbing drug use that unites public health, law enforcement, education and socio-economic development towards shared goals. We cannot medically treat our way out of this problem. Nor can we police our way out of it. We can make headway if we emphasize demand reduction, prevention and access to services for those afflicted with drug addiction, while at the same time maintaining a strong commitment to public safety and reducing the supply of addictive drugs in our communities. Law enforcement must have necessary tools and the support of the political establishment to successfully stem the flow of heroin that threatens to overwhelm many neighborhoods.

The proposed Office of Drug Strategy falls short of this ideal and, in my view, would be duplicative of work already performed by existing Mayoral agencies. I believe the proposed Office would actually impede an effective response by creating another layer of bureaucracy and draining badly needed resources from the agencies responsible for directly addressing urgent problems. So I oppose the

proposal to amend the City Charter to create an Office of Drug Strategy.

Instead, for a successful and time-tested and much less expensive model of interagency cooperation on drug issues, we need look no further than the Mayor's Task Force on Prescription Painkiller Abuse and the associated workgroup, RxStat, which have been highly productive and adaptable in the face of the prescription pill and related heroin crises. Instead of creating a new agency, I suggest that we reinvigorate and revamp the Mayor's Task Force, which was set up under the prior administration to address the epidemic of prescription drug abuse. It has been continued under the current administration, and its mission broadened to address the scourge of heroin abuse and addiction. Its mission could certainly be expanded further, but keep in mind that, to obtain tangible results, we need to define specific problems to be addressed. Broadening the mission too much could reduce effectiveness.

Led by the New York City Department of Health and Mental Hygiene and assisted by the federally funded New York/New Jersey High-Intensity Drug Trafficking Areas (HIDTA), the Task Force has already brought together a variety of local, state and federal partners, including representatives of my office, the New York City Police Department (NYPD), U.S. Drug Enforcement Administration (DEA), and partners in the treatment field to share information and develop creative solutions to specific problems related to prescription pills and heroin.

For example, the recommendations of the Task Force, supported by the Mayor and relevant agencies, resulted in several important new initiatives, such as new rules for prescribing controlled substances at city emergency departments. This was accomplished by developing an understanding of practices that were contributing to the epidemic, discussing disparate perspectives and priorities, and crafting specific, practical solutions.

The upsurge in heroin overdoses is part of a broader opioid epidemic and inextricably linked to the abuse of prescription drugs. The opioid epidemic is unique in that it was stoked by the widespread availability of legal and highly addictive drugs – and by widespread overprescribing in the medical community. In addition, a few unscrupulous doctors saw a chance to profit by selling prescriptions like common street dealers, and have caused untold harm as a result. A Health Department led campaign to enlighten doctors about the dangers of overprescribing and recommendations for changes in protocol has been very successful. The few doctors who use their medical credentials as a license to deal drugs have been vigorously pursued by law enforcement. We have made headway – with prescriptions for narcotic pills finally leveling off after years of increase.

Now we face another challenge. Heroin is a cheaper and readily available alternative than ever, thanks to Mexican drug cartels that are always on the lookout for ways to expand their trade. These cartels are flooding our area with heroin. Cartels make a

fortune off of other people's misery. Heroin is light and easily transported. The value increases exponentially at each level in the distribution chain. The amount of heroin that constitutes a dosage is miniscule and tens of thousands of dosages can be created from a single kilogram. It is in the drug traffickers' interest to hook citizens of our city and the surrounding area on this dangerous drug. This is a case of the supply creating the demand and a strictly health based approach cannot reduce the supply of heroin.

Health concerns are irrelevant to drug profiteers. De-stigmatization of users and increasing access to drug treatment become significant only after users become hooked on heroin. Public service announcements and Naloxone, while also important, will not stop shipments of heroin from making their way into our communities. Law enforcement response to the flood of heroin from criminal cartels must be powerful, or we leave our communities at their mercy.

As the abuse and sale of heroin becomes more pervasive, it is also becoming more overt and visible in the New York City of 2015. This spring my office pursued a case involving an individual who was selling heroin in and around Mott Haven Library, a New York Public Library facility located in the Bronx. We were asked to investigate by a citizen who had observed what was going on. The library contracts with a private firm to provide security, but the individual security guard apparently turned a blind eye to drug sales going on within the library.

In our case, a 51-year-old man made two drug sales to an undercover investigator from my office within the reading room of the library. His conduct was overt. A surveillance team also observed him sell to another customer right inside the main entrance of the library. Other customers gathered outside. During all of this, children from a nearby school passed in and out of the library.

In the moments before one sale to our undercover investigator, the security guard approached the heroin dealer inside the library and gestured towards a security camera, warning him to be careful because he might be recorded. The security guard then went into a restroom and allowed the narcotics transaction to take place. All of this was captured on video. We informed the library of the evidence we recovered on its surveillance video and had a meeting to discuss general security and the prevention of future similar conduct. After our investigation and arrest of the seller, it is our understanding that the security guard who turned a blind eye to drug dealing was terminated.

As this incident makes clear, the responsibility for carrying out effective drug deterrence cannot reside simply within one agency - or even a handful of agencies. But, by creating an Office of Drug Strategy, I fear that some may think that those in charge of our libraries, our parks, and our schools, and our all too rare public spaces, are relieved of their responsibility to address this important issue.

It is time to reevaluate priorities – what is the city doing to curb the supply of addictive drugs on our streets and assure that our precious public spaces are safe and drug free? What are your constituents saying? How, for example, will de-stigmatization of drug use, as proposed in this initiative, help families struggling to keep their children away from drugs and drug dealing? Do we really want to normalize the use of heroin, crack and other destructive drugs? Is that a wise goal at this time, when New York City is being flooded with heroin?

This proposal appears to provide little opportunity for improvement for the vast majority of our city residents who seek only quiet enjoyment in their libraries, recreation in their parks and safe travel on their subways.

On balance, I oppose the creation of an Office of Drug Strategy because I view it as unnecessary, and because we have already created a far superior model for productive collaboration. Finally, in my view, it fails to appropriately incorporate all elements needed for an effective drug strategy.