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Good Morning. My name is William Fusco and I am the Executive Director of Dynamic Youth Community, Inc.

DYC's main offices are located in Brooklyn and we have a residential program located in Fallsburg, NY.

For over forty-two years, we have been providing long-term residential and out-patient services to adolescents and young adults between the ages of thirteen and twenty-five. I am here today to testify on behalf of all the young people and families we serve as well as the hundreds of thousands of people who are struggling with opiate addiction.

You can imagine that over the last forty years we have seen a great deal of despair; the onslaught of the AIDS epidemic of the 1980's, the infiltration of CRACK/Cocaine in the 1990's, and the destruction of families and loss of life that came with it all.

Yet, who could have imagined the magnitude of loss that has occurred as a result of drugs that are legal, prescribed by medical doctors, and meant to help people manage their physical pain? So, here we are.

The Centers for Disease Control (CDC) announced that opiate overdoses accounted for 38,329 deaths in 2010, making it the leading cause of injury death in the United States. According to the NYC Department of Health, 2.7% of NYC High School students reported using heroin one or more times in their life.

**On Staten Island, one person dies every five days from an opioid overdose.**

At this time, it is important to point out that in early 2009 I attended a meeting arranged by Senator Martin Golden, with officials from the NYS Department of Health and the NYS Office of Alcoholism and Substance Abuse Services. The purpose of the meeting was to alert them to the skyrocketing increase in prescription drug abuse that we were seeing among the young people entering our program.

Essentially, we were told that the state cannot dictate to doctors on how they prescribe medication and you can't fight the AMA (American Medical Association). I left the meeting feeling as though these officials didn't see what was to come. And, maybe that was true.

But now, let's not make the same mistake. We see the problems every day - we don't have to wait for the data to prove to us what we already know. We have an epidemic that is not going away. With all our efforts, with all our knowledge, we need to make sure that treatment is available to those in need.

**For consideration:**

- If you google “Rise in New York State Heroin Use”, the first page will list 10 articles, almost all written in 2013, on the rise of heroin use in our state.
- Drugfree.org talks about the *“growing number of people becoming addicted to heroin”*
- The Wall Street Journal published an article where *two men were arrested with 600 envelopes of heroin*
- CBS news reports on *the recent increase in marijuana and heroin use,*
- the NY Times reports on *the increased use being a result of a restriction on a doctor’s ability to prescribe opiate painkillers,*
- in Rochester *emergency room doctors are concerned about the rise of heroin use - the articles go on and on.*

The availability of comprehensive services to treat opiate addiction is more vital than ever.

**DYC Admissions**

In 2007, admissions to DYC for opiate abuse (prescription drugs - 13% and heroin 21% combined) were at 34%, increasing to 74% (prescription drugs - 47%, heroin 27%) in 2011, even more alarming, is our current admission data for the past six months, our data shows an overall increase in opiate admissions at 93% with an increase in heroin admissions at 71% and a significant decrease in prescription painkillers of 22% (Graph attached).

Due in most part to the success of I-Stop, prescription painkillers are now difficult to access, however, without treatment an opiate user will remain addicted and, unfortunately, statistics show that the natural progression is the use of heroin. So again, access to the appropriate levels of treatment, is more needed now, than ever.

In the early part of 2013, DYC conducted an analysis of prior treatment stays for our clients.

We randomly selected 10 clients and documented the type and cost of treatment attempts prior to entering DYC’s long-term residential program.

We found that 9 out of 10 young people had an average of 3 prior treatment stays. 6 out of 10 were in detox, methadone or suboxone maintenance programs multiple times where they spent anywhere from a few days to a few weeks at an average cost of \$30397, 5 were admitted to a

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psychiatric hospital at an average cost of \$20,158, and 6 were treated by an out-patient psychiatric facility and/or private therapist at an average cost of \$6312.

In addition to prior treatment stays 8 clients had some involvement with the criminal justice system at an average cost of \$31272 per person. This data is only some of the information extracted from a detailed analysis that documents length of stay, outcomes, number of visits, etc.

I want to spend the next few minutes talking about the value of residential treatment for young people who are severely addicted to drugs.

The success of long-term treatment is due to the comprehensive nature of the services we are able to provide in this setting. Family issues are addressed, educational and vocational services are provided, socialization among peers is ongoing, counseling services include 3 to 4 groups per week, a minimum of one weekly individual counseling session, as well as support services including medical oversight, recreational activities and life skills training are all part of the treatment experience for our members.

Reaching the goal to be drug-free is an option that young people should always be offered. The ability to attain this goal has greater success when a client is in a structured environment with support from their peers, their counselors and their families.

There are less than 800 residential beds of this nature available in New York State. Most, if not all treatment programs serving young people between the ages of 13 and 25 are experiencing on-going waiting lists.

For NYC, an expansion plan is in progress, but not yet approved. In the meantime we continue to carry a waiting list of between 3 to 7 young people per week.

With detox units closing, and services to kids under the age of eighteen tragically reduced it is getting harder and harder to place young people in the appropriate level of care.

Our cost is just under \$30,000 per person, per year, minimal when compared to the cost for just a few days or weeks of treatment.

Will this be another lost generation? Opiate addiction is so misunderstood by parents, legislators and yes, even physicians themselves. Long term opiate addiction is a chronic condition; without treatment, people who misuse prescription painkillers shift to heroin to get high. It is cheaper with the same effect. So little is understood of how insidious opiate addiction can be. Because of the nature of this addiction, band-aid approaches never work. The good news is comprehensive long-term treatment does work.

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A combination of residential stays, recovery support programs, and if necessary, medication, can lead to long term recovery. In NYC we have hundreds upon hundreds of people who have found their way to a productive drug-free life; many excelling far beyond their expectations. We have people working in law enforcement, the medical field, engineering, education, science and more. They are leaders in their communities, but as of yet, not one politician.

The families in our communities find themselves desperately trying to save their loved ones from addiction, and the possibility of overdose and death. Too often, too many families are losing this battle.

Many say, "I had no idea of what I should do, where to go or who to tell", feeling alone in a horrible nightmare. With record numbers of people dying from opiate overdoses, where is the response? For some, the response was too little, too late.

NYC will do whatever it takes to turn the tide and provide some hope for those in the throes of addiction. As the saying goes, alone we can do so little; together we can do so much.

Thank you.