



## *New York State Catholic Conference*

465 State Street • Albany, New York 12203-1004 • Tel. (518) 434-6195 • Fax. (518) 434-9796  
www.nyscatholic.org • info@nyscatholic.org

RICHARD E. BARNES  
Executive Director

MICHAEL A. LAWLER  
Director for Catholic Charities

### **Governor's Task Force to Combat the Heroin and Opioid Crisis**

#### **Testimony by Vincent Colunno, Chair of the Council of Catholic Charities Directors**

**Submitted on May 18, 2016**

Lt. Governor Hochul, Commissioner Gonzalez-Sanchez, elected officials, and members of the Governor's Task Force to Combat the Heroin and Opioid Crisis: Thank you for the opportunity to submit written testimony on this very serious issue. My name is Vincent Colunno and I am the C.E.O. of Catholic Charities of the Roman Catholic Diocese of Albany and the Chairman of the Council of Catholic Charities Directors for the New York State Catholic Conference. The state's heroin crisis is a serious problem, with no easy solution. Otherwise, this crisis would have been eradicated already. On behalf of my colleagues at the Council, I would like to offer some suggestions to the Task Force for your consideration.

**First, the supply of opioids needs to be reduced dramatically.** The length of prescriptions for certain drugs and certain medical ailments/procedures needs to be changed. Permit me to elaborate. It seems commonplace that opiates are being prescribed for non-invasive medical procedures for durations that are too long and lead to unused medications being left in the medicine cabinet, or worse, needlessly consumed, which can be a gateway to addiction. In just the past couple of days, I have identified three very real and true stories that illustrate the danger of needless over-prescribing. First, a colleague of mine was recently prescribed a 30-day prescription for Oxycontin for pain related to an infected tooth. In this case, that was about 28 ½ days too many for the prescription, because the pain was short lived. Those pills were not needed for a 30 day period and they ended up in his medicine cabinet until a drug return day was available in his community. Thankfully, my colleague and his wife are very pro-active in talking to their children about alcohol and drugs and, to date, their two college children have not succumbed to experimenting with drugs. And they never had to worry about their children sneaking into the medicine cabinet. I will address the disposal issue later in my remarks.

My second example focuses on a young lady, who over spring break from college had her wisdom teeth extracted. She was given 24 Hydrocodone pills. The prescription called for as many as six pills a day! Her parents monitored her pain and actually limited her use of the medication. Six pills a day is simply too much. Again, this scenario includes parents who are involved in their children's lives and are also very vigilant when it comes to the use of any prescription opiate medication. The young lady, had she mindlessly followed the prescription, could well have been on the road to addiction.

My final example is about a middle-aged man who was prescribed a 30-day supply of an opiate medication for a kidney stone. Having a kidney stone can be very painful and can require pain medication. But a 30-day supply? It would be the rare kidney stone, indeed, that lingered that long without further medical intervention.

From these three real life examples, I want to make the following recommendations: **Limit the duration of prescription opiates in these types and other types of procedures to no more than 3-7 days.** There is no excuse for anyone to be given a 30-day supply of these drugs for non-invasive procedures. If these types of procedures produce lasting pain, then a follow-up visit to the doctor/dentist is warranted. Placing common sense restrictions on prescription medications will dramatically reduce the amount of opiates available for inappropriate use by our young people. Last month, on behalf of Catholic Charities, Bishop Emeritus Howard J. Hubbard of Albany, appeared at a press conference with U.S. Senator Kirsten Gillibrand endorsing her federal bipartisan bill to require the CDC to set guidelines for the prescribing of opiates to combat overprescribing. Until such federal action is taken, we urge the state legislature or the Department of Health to act.

Second, there must be a greater emphasis on **PREVENTION, PREVENTION, PREVENTION.** Basic information must be provided to our school-aged children and their parents beginning at an early age. There is no reason why the message cannot be introduced to our children and their parents in elementary school; reinforced in middle-school; and drilled into our high schoolers (and parents) at least once a year until they graduate. Catholic Charities provides successful school-based prevention programs in many areas of the state. I highly recommend the task force identify these programs and provide additional funding to them so that they can expand into other school districts. I would like to suggest that you contact the Catholic Family Center in Rochester and learn how they offer school-based prevention. Or call the Catholic Charities of the Archdiocese of New York and see what they are doing throughout New York City and the lower Hudson Valley. As always, the Church is at the forefront of this crisis through Catholic Charities.

Proactive outreach beginning in elementary school is critical to making young people understand the dangers of abuse and addiction.

**Disposing of unused prescription drugs is another way of limiting the supply.**

Oftentimes, people don't dispose of prescription opioids simply because they don't know how they are supposed to do so, or following recommended procedures is burdensome. Therefore the frequency and accessibility for disposing of unused prescription drugs needs to be enhanced, with better information provided on proper disposal in every community. We need to make it routine for parents and grandparents to dispose of unused medications from our medicine cabinets, so that our children are not tempted to sneak some pills and start going down a bad path.

**Accessibility and affordability to drug treatment and counseling is needed.** The state's substance use disorder treatment system is not conducive to many families in need of these critical services getting the help they need. The stigma of having to go to an inner-city treatment facility is an obstacle for many middle income families. Insurance coverage also continues to be an obstacle. The insurance industry needs to stop saying "No to inpatient treatment" until someone has failed in an outpatient setting. Oftentimes failure in an outpatient setting is just another word of saying "dead." Promoting failure in outpatient treatment before authorizing inpatient treatment is wrongheaded and deadly. The state needs to do a better job of making treatment available for everyone.

**Additional resources are needed to combat this problem.** The provider community is struggling to stay open. Reimbursements are not keeping up with the cost of doing business. The human services provider community has gone years without a real cost of living adjustment. With all the deferrals in prior year COLAs, the human services community is \$500 million behind in reimbursements. This year's 0.2 percent COLA will cost the state more to process and only provide very minimal resources to not-for-profits who need additional dollars. We are now facing an increase in the minimum wage and we are worried that rates and fees will not be adjusted in a timely manner. This will require our providers who are operating on the margin to absorb these new costs. And with managed care, reimbursements are always at risk.

Furthermore, the Obama Administration is about to issue final regulations amending the Fair Labor Standards Act (FLSA), which will drive up the cost of doing business without any resources to support its new overtime rules.

**Catholic Charities is there to serve.** If you go to the NYS Catholic Conference website you will be able to see the wide range of substance use disorder prevention and treatment services we provide in all eight dioceses. Whether it is the increasing use of Suboxone in Western New York clinics, transitional housing in Central New York, residential treatment in the Capital Region and outpatient and prevention services in the Hudson Valley and downstate regions, Catholic Charities stands ready to continue to offer services throughout this state.

**Finally, listen to people who are in recovery** as you develop your action plan. I was surprised that the recovery community seems to be missing from the Task Force's membership. Recovery comes in all shapes and sizes and does not happen the same way for everyone. Who better to learn from than someone who has been addicted to heroin or other opiates and has found recovery?

Lt. Governor Hochul and distinguished members of this Task Force, if you want to fix this problem, you need to commit ongoing resources to the provider community and make treatment accessible to anyone in need of services.

Thank you for the opportunity to submit written testimony on behalf of Catholic Charities all across this state. We pray this Task Force bears good fruit and makes an impact on the terrible crisis facing our state.