



# Camelot

A RESOURCEFUL APPROACH FOR ENDURING RECOVERY

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NEW YORK STATE  
SENATE FINANCE COMMITTEE  
AND  
ASSEMBLY WAYS AND MEANS COMMITTEE  
JOINT LEGISLATIVE HEARING  
ON  
2014-2015 EXECUTIVE BUDGET PROPOSAL  
MENTAL HYGIENE

John A. DeFrancisco, Chair

And

Herman D. Farrell, Jr., Chair

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Testimony by  
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Good day Chairman DeFrancisco, and Chairman Farrell and honorable members of the joint committee.

My name is Luke Nasta. I've been the Executive Director of Camelot Counseling Centers of Staten Island for 38 years.

As a medic on the battlefield in the war against drugs, I have experienced waves of premature death brought on by insufficient knowledge of the dangers of recreational drug use, a proliferation of available drugs, and inadequate dedicated governmental resources to stabilize the problem and treat the afflicted.

We are in the midst of a declared epidemic we are not responding to adequately. You cannot treat an epidemic as "business-as-usual" and anticipate dramatic results.

The Governor declares a state of emergency when it snows.



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Two of our border states, New Jersey and Vermont, report a public health crisis of prescription drug and heroin overdose deaths.

The Vermont governor devoted his entire State of the State Address to confront the problem and recommend state financed, long term residential treatment as a means of reducing harm and saving lives. Ocean County, New Jersey reported nearly 2 deaths a week from unintentional overdoses in 2013. Staten Island has a death every 5 days from either prescription drugs or heroin, as per the New York City Department of Health Data.

The Directors of the Office of National Drug Control Policy and The Center for Disease Control and Prevention have both categorized the problem as EPIDEMIC.

**This** constitutes a State of Emergency, yet not a mention from Governor Cuomo in his State Address.

**This** is negligence.



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The Governor proposes to reduce the New York State Office of Alcoholism and Substance Abuse Services capital projects budget by \$94M with no plan of reinvestment for new treatment sites.

**This** is “enabling” the problem.

Ten years ago the New York State network of neighborhood-based treatment providers identified and reported a dramatic rise in the misuse of prescription opiates, and predicted the transition to heroin addiction.

In comparison to the enormity of the problem, the State response left the spiraling abuse virtually unchecked. What has resulted is an epidemic as we have never experienced, of overdose deaths from prescription drugs and heroin.

The 1960s are notoriously known for widespread drug abuse which led to a heroin addiction scourge. The result was a dramatic number of overdose deaths, the transmission of the disease HIV/AIDS and, as a method of harm reduction, 40,000 methadone treatment slots - a tragedy. This epidemic will



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prove more devastating to families and our overall society than the long term damaging effects of the drug culture of the 60's.

I-STOP has been successful in curtailing an estimated 75% of doctor shopping in the state. Republican Staten Island Senator Andrew Lanza and Democratic Staten Island Assemblyman Michael Cusick are to be applauded for their initiative. However, that has led those who are dependent to turn to heroin as an alternative.

Regrettably, there has still not been a full commitment of resources to engage this most deadly epidemic. On Staten Island, where Camelot was founded over 40 years ago, we are mourning one death every 5 days from drug overdose, and it is estimated that only 1 in 10 heroin overdoses result in a fatality. Tens of thousands of family members are suffering with addicted loved ones.





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There is an appearance of an underutilized OASAS intensive residential treatment system because of the inherent instability of the clients who are in varying stages of withdrawal, both physical and psychological. Although most clients are coerced into treatment, the residential programs are voluntary. Retention during the first 90 days is an indication of coercion and NOT program effectiveness.

Open beds in programs are NOT an accurate indication of need or capacity, and clients self-discharge prematurely, for example, leaving 2 months into a 9 month treatment plan.

Successful, sustained treatment for opioid dependence requires a long term (6 to 12 months) regimen in an intensive residential treatment setting. Numerous short term treatment attempts have often resulted in overdose deaths, primarily because one to three months is not an adequate period of time to physically reverse the damage done by an addict's lifestyle or radically change attitudes relevant to drug abusing behavior. They return home, resume using, and fatally overdose in their bedrooms of their parents' homes.



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Six to twelve months does allow adequate time for:

- rehabilitation
- healing
- learning
- changing attitudes
- building self discipline
- healthy routines
- educational and vocational exploration

and planning a life of productivity without dependence on drugs.

Those in long term treatment are NOT in the public community. Therefore, from 6 to 12 months, the addict is not a member of mainstream society. They are in a protected, restrictive environment which also addresses and benefits public safety concerns. If the system was used correctly, opioid dependent persons would initially enter long term treatment, subsequently phasing into home community based outpatient treatment and support. 28 day opioid addiction treatment options should only be used as a holdover for an available long term bed.

One solution to the state's needs is in the creation of new intensive residential long term treatment beds. These new treatment bed opportunities should be offered at NEW locations within home communities



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in order to involve the entire family in treatment. It is well documented that sustained recovery increases dramatically when the family is involved in the treatment process. The family becomes the program after the program is completed. That is really what works.

NEW facility capacities should not exceed 25 beds for treatment efficacy.

We need to respond to the devastating epidemic that causes death and destruction with a full-out surge of resources that employs all means and methods to prevent, treat, and interdict harmful addictive substances. Anything short of a full scale societal commitment will result in an unacceptable marginal temporary **fix**.

Your consideration is appreciated.