



2015 SYMPOSIUM: NEW LEGAL STRATEGIES TO PREVENT DRUG OVERDOSES

FOREWORD

On February 4, 2015, the *Rutgers Journal of Law and Public Policy* hosted the New Legal Strategies to Prevent Drug Overdoses Symposium. Speakers included Rosanne Scotti, State Director of the New Jersey chapter of the Drug Policy Alliance, Chief Harry Earle, Chief of Police of Gloucester Township, and Rebecca Ricigliano, Senior Staff Member of New Jersey Attorney General Hoffman’s Office. The following is a transcript of a portion of the Symposium.

SYMPOSIUM ON NEW LEGAL STRATEGIES TO PREVENT DRUG OVERDOSES: FEBRUARY 4, 2015

Andrew Schwerin: Hi, Good afternoon. Thank you all for coming. Faculty, alumni, students, community members, guests: welcome to the Rutgers Journal of Law and Public Policy’s 2015 Symposium. There’s a bit of housekeeping first—if anybody parked in the Camden County College Garage on Penn Street, just bring your ticket right to the front desk and it’ll be validated for you.

Politics has been called the art of the possible. I want you to reflect on that as you listen to the speakers we’ve gathered on our topic, the Overdose Prevention Act. This symposium is timely; politicians at state and national levels and of different political stripes have been making strides toward reforming traditional policies toward drug use. New Jersey’s Overdose Prevention Act,

which our Editor in Chief Kayleen will explain more fully, is one such example of legal reform.

Now, I love learning things in law school, and I love talking about what I've learned each day at home over dinner that night. And granted I have a terrible success rate at engaging my audience, which is my wife and daughter, with a lot of these legal topics. I get a lot of nodding off, a lot of "change it," but every now and then, something that I'm talking about sticks with them and so what I'm saying is this—my hope for this event is that it starts a conversation that we need to have. This is a timely topic. We've arranged a wide range of voices, all on one ticket, all at the same table, and I hope this gives you a chance to hear different sides of the story. And when it comes up again in the news--and it will--you can say you heard it here first.

I want to first introduce our Editor in Chief, Kayleen Egan. I would not have gotten the idea for this event were it not for Kayleen's dedicated research and writing last year. Kayleen wrote her 2L note titled *The Overdose Prevention Act, a Small Step When New Jersey Needs a Giant Leap*, she did a good job with it, and it was selected for publication by the journal and we published it this past fall. With that, Kayleen will give a brief overview of the law and then we'll turn things over to the speakers.

Kayleen Egan: Hi everyone, first, I'd like to thank you all for coming today. I especially would like to thank our speakers for taking the time out of their schedules to join us. I'd also like to thank Andrew for all of his hard work organizing this symposium. Our Business and Marketing Editor, Cait[lin] Harney, is somewhere. She's right there, for arranging all of the food and reception afterwards, and all of the logistics. And I'd like to thank all of the members of our executive board for all of their help and support this year and the administration for all their assistance in planning this event.

Before we begin with our speakers, I want to give everyone some background on the scope of the drug overdose problem. It truly is an epidemic. Today, we're going to be focusing on how the law can be used as a tool to help prevent drug overdoses. Specifically, we're going to be talking about New Jersey's Overdose Prevention Act. The Overdose Prevention Act is targeted to help prevent overdoses from a specific class of drugs called *opioids*. The most famous opioid is heroin, but prescription painkillers like

OxyContin and Vicodin are all in this class of drugs. In the late 1990s and the early 2000s there was a rapid rise in the sale of prescription painkillers.

According to the CDC, in 2010, enough prescription painkillers were sold to medicate every adult in the country, for four hours a day, for an entire month. This rapid rise in the sale of prescription painkillers has markedly increased drug overdose rates throughout this country. Indeed, drug overdose death rates have tripled since 1990. New Jersey has not been immune to this problem. Between 2006 and 2011, drug treatment facilities in New Jersey saw a three-fold increase in patients admitted for opioid painkiller dependency. Our overdose mortality rate for drug overdoses increased by 51% between 1990 and 2010.

This epidemic has affected communities and families throughout our state. Inaction in the face of this issue is simply not an option. Today, you will hear about the steps New Jersey and other states have taken to help stop these unnecessary deaths. I hope after hearing from our speakers today, you'll have a better understanding of what can be done to help people suffering from drug addiction and how you can support New Jersey's fight against drug overdoses. Thank you.

Andrew Schwerin: And before we introduce our speakers, there's just one other person I'd like to introduce. Carol [Harney], could you please stand up? Carol isn't speaking on the panel today, but she was really instrumental in facilitating this event. Carol is the CEO of the South Jersey AIDS Alliance, a group she's worked with since 1994. And through her work, she's aware of the policies at play in this field, and she's put me in touch with some of the speakers you see here. She's also a proud and supportive parent, who's raised a wonderful daughter and an outstanding Business Editor, Cait. And I want to show how appreciative we are for helping put this together, so if you could, thank you.

And I'd like to introduce our speakers — Roseanne Scotti. Roseanne Scotti is the director of the New Jersey Chapter of the Drug Policy Alliance. To say that the Drug Policy Alliance advocates for the reform of drug laws is to gloss over their mission. They seek drug policies that are grounded in science, compassion, health and human rights. This often means advocating for drastic reform. How she got to this position is a story in and of itself. Ms. Scotti graduated from UPenn [The University of Pennsylvania]

with a degree in folklore studies. She was a field researcher in Penn Center Studies for Addiction. This work left an impact on her throughout her career. She got her J.D. at Temple in 2002 and after hosting a symposium similar to this one, the executive director of the Drug Policy Alliance approached her to lead the New Jersey chapter. I'm glad she said yes. She's held this position since, and she's won several awards for her work, including the 2004 Award for Outstanding Work in the Field of HIV Prevention, from the New Jersey HIV Prevention Community Planning Group.

We have Rebecca Ricigliano. Rebecca Ricigliano comes to us from the New Jersey Attorney General Hoffman's Office, where she's a senior staff manager. She brings to this office a wealth of experience in prosecuting narcotics cases. She graduated from the University of Buffalo, and the University of Buffalo Law School. And after some time as an associate, she worked as a United States Attorney in the Southern District of New York. She climbed her way up, serving as deputy chief and co-chief of the narcotics unit. She has successfully prosecuted many cases. Including a high-profile one against a trafficker in the Norte Valle Cartel. And if her career weren't illustrious enough, Rebecca has another challenge quickly approaching: taking the New Jersey Bar Exam.

Rebecca Ricigliano: Oh yes, I have lots of advice [Laughter] and candidly, if I veer off into torts, property, or contracts, you'll all understand why. Take two bar exams, trust me.

Audience: [Laughter]

Andrew Schwerin: So, two points on that—if anyone, if during the question portion, someone has a rule against perpetuities question, it will be welcomed.

Rebecca Ricigliano: I'm starting to twitch.

Audience: [Laughter]

Andrew Schwerin: I hope you'll join me in welcoming her and wishing her luck on that too. Senator Vitale might not be able to make it. Cait's finding that out now. But, we have Chief Harry Earle. Chief Harry Earle is the Chief of Police of Gloucester Township, a position he's held since 2010. And in working his way up to this position, he has worked for the Gloucester Township Police Department since 1988, having held what appears to be every job title this department has, including patrol officer,

D.A.R.E. Officer, Detective, Patrol Sergeant, Platoon Commander, Operations Commander, and Deputy Chief of Police. Did I forget any?

Chief Harry Earle: Nope, that's right.

Andrew Schwerin: Are there any more positions that the Department offers?

Audience: [Laughter]

Chief Harry Earle: [Laughs] No, I don't think so.

Andrew Schwerin: He's implemented community policing models with a focus on overall crime prevention, through programs targeting at risk youth and intervention strategies targeting vulnerable populations. He's spoken about these efforts at national conferences. Please welcome him here.

[Clapping]

Roseanne Scotti: And do people hear me, or do I need the microphone? Do I need the microphone? No, ok. Ok, here we go. Alright, so I was not going to go into a lot of detail about the law itself, owing to the fact that Senator Vitale was going to be here, and I thought he'd talk a little more about the legislative stuff, but if he is indeed winging his way down from Woodbridge, he can throw in some comments and if not, I'll give you a little bit more of that background because we worked very closely with Senator Vitale on the Bill and led the coalition.

And so let me just say, my organization is an advocacy organization. We're a non-profit organization, we have about six offices around the country, one of which is in Trenton. I have been the Director there for the last thirteen years. And opened the office there, and the first thing we ever worked on in the office was syringe access, or "needle exchange" as some people might know it. And as was mentioned, I used to work at the University of Pennsylvania Center for Studies of Addition as a research coordinator and our focus was particularly on HIV prevention among injection drug users.

So, this law, this idea, and the concept of the Overdose Prevention Act which has two pieces, there's two pieces to this law. One is what's called a *Good Samaritan* piece so that if someone calls 911 when someone overdoses, or if they're overdosing more likely someone else is going to be calling for them, when the police show up, when law enforcement shows up, they will not get

arrested for drug possession, paraphernalia possession, or have their parole or probation violated.

Our organization was the organization that passed the first such law ever in the country which was in New Mexico about eight years ago and it was based on the idea, if people have heard of the *Baby Moses Laws*, which were laws that were passed when women were in distress and they gave birth and we've had situations where they've abandoned children — the idea was you wanted to give them a safe haven. You wanted to say if you go to a police station, if you go to a hospital, if you go to a fire department, nothing bad will happen to you. You will get help. Because one of our overarching principles is that if you stigmatize and marginalize people, if you drive people into the shadows, you can't help them.

And so the idea was, the main reason people don't call 911 in an overdose is they're afraid of getting arrested. And these are not folks who are in some cartel where they've got lots and lots of drugs. These are people who may have small amounts of heroin or other drugs around them. Usually people use together, and they're afraid, the person who would be in the position of calling, is afraid to call, and not just for themselves. One of the things is that people are often afraid that the person who overdosed will also get arrested. And so what happens, all too often, is that people are fearful and what they'll do is they'll try and do some intervention on their own.

And there's all sorts of, if you want to reverse an overdose, the thing to do is use Naloxone or Narcan, which is what we're going to talk about a little later. What people do when they don't have that, and as a part of sort of street level drug use, is they'll stick someone in a bathtub, they will put ice on someone, they'll put ice on someone's groin, they will pound on people, and all, some people have probably heard of injecting people with salt, and things like that. None of that works. That's not a good idea. If you have Naloxone, you give it to them, and you call 911. You can't fix this on your own.

But people are afraid to do it. So we came up with the idea of this bill, had passed it in a few states, and we went, the other piece of the bill is expanded access to Naloxone. So let me just say that ahead of time. Naloxone is a prescription medication. It is still a prescription medication. The only thing Naloxone or Narcan does, is reverses the effects of an overdose. It basically attaches to the neuro-receptors in the brain where the opioids are lodged and

kicks them out and very, very quickly will revive someone and reverse the respiratory depression that they're experiencing, and bring them back.

It has no street value. You can't get high with it. You can't abuse it in any way. If I had brought my Naloxone kit with me, I could take some Naloxone right now and nothing would happen because the only thing Naloxone does is reverse an overdose.

So you had this medication that was used only really by paramedics around the country and at the end of the 90's, and this was a while ago, probably the largest and best needle exchange in the country, which is located in Chicago, Chicago Recovery Alliance, got the idea that they'd start distributing Naloxone to people. The people who would be in a position to help other people, and the ones who would be there first. Because one of the things I always emphasize is when you talk about first responders, the person who is probably going to be the first to respond is going to be a peer. It's whoever someone is using with, because most people do use with other people. And so taking that into account, sometimes family members, we've had several reversals already since the bill has been passed where people have reversed the overdose of a family member, while they waited for EMTs to get there. And it took a while, as you'll see, for the EMTs to get there.

So basically our idea was that we needed to change the law to allow expanded access to Naloxone for lay people, and we needed to change the law to allow, to say that you weren't going to get arrested. Now I will say that anecdotally, most of the law enforcement folks I know really actually have better things to do than arrest someone for a syringe if they get to an overdose situation. And they don't necessarily do that, even before the law was passed. The problem is you have that fear. People are afraid if I get arrested and if you are addicted to heroin, the last thing you want to do, or any other opioid, is basically go cold turkey withdrawal on the cement floor of a jail cell somewhere. So, like I say, if you think you're going to get arrested, you don't call.

And so those were the provisions of our bill. Let me just say and Patty, Patty DiRenzo, the wonderful Patty DiRenzo who is here, who is a truly, a legend here in New Jersey. One of the first people whoever called us, and we would not, we would not, you're going to see I brought a lot of pictures because the people who made this happen at the end of the day were families, families who had lost loved ones and families who had children. And Patty

called us. She had lost her son Sal to an overdose. He was found here in Camden, in a car alone, someone had been with him and left because they were afraid. And Patty called us, because she saw our name in the paper, and she said, "I want to do something and I don't know what to do and nobody can help me. Nobody will tell me what to do or how I can make this better for other people." And we said, "Well we can help you with that." And so we teamed up with Patty and with some other families. And this was a heavier lift than I thought it would be. It's very interesting; we work on some things, issues that could be sort of hot button issues, like needle exchange and mandatory minimum sentencing reform. This is the only bill I ever worked on that had absolutely no opposition. No one opposed this bill. And yet, the Governor [Chris Christie] did veto it the first time it got to his desk, which we'll talk about a little more later. And so basically we had some campaign principals. As you heard earlier, most overdose deaths are preventable, most people use with other people, you do not die immediately usually from an overdose. Usually there's a couple hours in which you can get someone help if you get someone help right away. And so we should take advantage of that. We had a very, very large coalition of treatment providers, of social workers, of faith leaders and our families who worked with us on this bill. We always put together a coalition when we work on a bill.

How many people here have ever been to the State House? That's more than I would expect. Most people haven't and people have an idea that you get a good idea, and you get it introduced, and it passes, and it's all good and, it's like in a movie or something. It is incredibly challenging to move legislation, any kind of legislation, even legislation that has no opposition as this bill passed, as this bill had. And so it was about two years from the time we got the bill introduced until it finally was signed by the governor, which is actually fast for us. We've worked on things for five years, seven years. And we did a lot of good advocacy. We got editorials from every editorial board in the state. We had a lot of good media coverage.

These are some pictures at the State House with some of our families. The first one, this one with the roses, let me just say, this was our family advocate's idea. This was after the governor had vetoed the bill. We wanted the legislature to override the veto. It is almost impossible to get a legislature to override a veto, [be]cause it's very hard to get the votes for that. And so we did a

lobbying day in Trenton where all our families came, and we had roses, and each of the roses the family hand tied a white ribbon on with the name of a child lost to overdose. And we gave those out in the halls of the State House to legislatures with a letter and people still talk about this.

It is that, it is giving it a human face, it is getting people to understand what's actually happening that is so, so very important. So for any of you that ever go into advocacy, that's something to remember. When we went to, we went to Senator Vitale, we had written two bills. We had written a Good Samaritan Bill, and we had written a Naloxone Bill. For various strategic reasons we introduced them separately.

[*Showing slideshow*] Let me just, Senator Vitale's in here somewhere. That's the State House. That was us watching a vote. There's Patty again! This was the day that the governor signed the bill, and Senator Vitale is over in the corner there next to Jon Bon Jovi, because Jon Bon Jovi showed up for the signing. Because interestingly, his daughter, who was in college in New York, had overdosed, not that long before this bill got on the governor's desk. And the police arrested her, she got rescued and then they charged her. But there was a Good Samaritan Law in New York, which we had actually, our New York office, had gotten passed and they had to actually drop the charges. And so, Mr. Bon Jovi understood firsthand how important these laws are so he came to the signing, which of course guaranteed a lot of press. It was more press than I've ever seen, everywhere. It was like the bank of cameras. It was like the Oscars or something.

So anyway, it was a long and arduous task to get the bill passed despite everything we lost some things along the way. If anyone wants to watch this, it is up on YouTube somewhere. The Governor talking about why he changed his mind I think is very instructive, he talked about the fact, what happened is he vetoed the Good Samaritan Bill. Let me say, one of the hardest days I have ever had of thirteen years of working in Trenton was the day the Governor vetoed this bill, and I had to call the families and tell them that he had vetoed this bill, and it was really hard. And harder for them to hear.

But we were not deterred, because you never give up, and we began moving forward with our bill for a Naloxone expansion, got that on to the Governor's desk and let me say our families stuck with us and went forward with that and we came back stronger

than ever before. But by the time it got on his desk: (a) there had been a lot of pushback from people, particularly family members, but in the press and even among law enforcement, I was like what — what? And Governor Christie talked about the fact that when the Good Samaritan Bill first got on his desk he looked at it strictly from a prosecutor's perspective. This was sort of the vision you have that when you have a job you can often no matter what that job is, if you're an advocate, if you're a police officer, if you're the governor, or a prosecutor, no matter what you are, a construction worker, you have a certain way of looking at the world and your job shapes you. So he looked at it only from that perspective and then he began to think about it as a father. And what would he want if that was one of his, god forbid, children? And he talked about that; he talked about the letter Patty had sent him, because Patty had sent him personal letters. As had our other family members, and at the end of the day he changed his mind, we put the two bills together into one bill, which is part of making the sausage process, it happens in Trenton.

And actually, brought it back, and actually the Senate president called a special session of the Senate, and they came in just to vote on our bill, [be]cause we were running out of time, the assembly was in there, and we got the bill passed. One of the things, so basically you have implementation, one of the things everyone thinks is you pass a bill and then everything's good. Implementation is really hard. We have been very, very lucky, I would say in terms of getting the word out about this, the acting Attorney General held a press conference, and I know he sent several memos to local law enforcement about the Good Samaritan piece, which he also asked to be construed broadly, as is the intent of the legislature in terms of not arresting people. And law enforcement has wholeheartedly adopted the Naloxone piece as well. There is literally, if you folks can google this or if you get your local paper, practically not a day goes by where you do not read a story in a paper of someone who was saved by law enforcement administering Naloxone. There was just a case three days ago because I sent it to Senator Vitale in Woodbridge, where two officers up in Woodbridge saved a couple people, and I think it was actually within a couple hours of them being trained on Naloxone.

And we have, Patty and her other family advocates, we don't have a lot of money as a non-profit, our families don't have a lot of money, and so we have been very creative — they have been very

creative , we had these great billboards that were up, and they have been all around the state. What they did was I think we paid for one initial artwork, which wasn't very expensive, and after that Patti got the artwork donated, and the families reached out to local billboard companies and said, "Hey do you have any empty billboards? Do you want to donate some space?" And they did that. These billboards have been up all around the state, and Patti is tirelessly running around taking pictures of them whenever there is one, which is great. And we already talked a little about Naloxone. So this is a little more about, these are two new billboards that we have about Naloxone that just got up. And again they were free, and free is good. And we also have, I did not bring any with me, I do not know why because I was running out of the office, we have posters and palm cards that we have given out all over the country, we send them to police departments, and we love when people send us pictures. They explain the Good Samaritan Law, they explain to call 911, and what's included in the law, and people will say they'll be at their drug treatment facility, and they'll take a picture and send it to us, or they'll be in their local police station and they'll take a picture because there literally all over. Which, again, is wonderful because it is a group effort because there isn't really money behind this. This is just some information. Let me just say, giving Naloxone to people, and Georgette Watson is still here, as well as Carol from South Jersey AIDS Alliance, they do a Naloxone distribution program at their needle exchange. It's fairly simple. You know you're basically giving some people some basic instruction about recognizing an overdose, making sure the person is overdosing, doing some rescue breathing, giving them Naloxone, which can be done intramuscularly, which is less expensive, or intra-nasally which is a little more expensive, and calling 911. So it is not a complicated process. There is the nurse from South Jersey AIDS Alliance with her, and that picture, that picture has been all around the country, that was from, was that the training here in Camden, and I think Associated Press came and they took pictures, and the next thing you know we were all over the country. This is Alicia [Gibbons], one of our moms, and she actually saved her daughter. Her daughter got treatment, was home, had relapsed, used her she found her thank god in time and gave her Naloxone because it took twenty-five minutes for the paramedics to get there. And depending on where you live in New Jersey, one of the things to

remember: we're a very rural state, like if you're in Camden the EMT's may get here quicker, but a lot of places in suburban and rural areas they're not going to get there that quick, so literally Alicia still has her daughter because she got training in Naloxone. For those of you, you can be eager law students who want to read the original law in its full glory that's the .pdf. You can also google New Jersey Overdose Prevention Act and it will come up. And I have some little stickers, Overdose Prevention stickers.

[Applause]

Chief Harry Earle: Well good afternoon everyone, well I guess good evening at this point. Well I certainly appreciate the opportunity to share a little bit. I think the topic that Andrew — and I appreciate everything he has done in putting this together and putting the invitation as well — that I was invited to come and speak is how the Overdose Prevention Act has impacted law enforcement. And I hope to share that with you in about the next fifteen to twenty minutes and really give you an insight on how I think this inspired law enforcement. And certainly I think law enforcement has responded to that really well, but I will give you a few pieces I think where we can even improve more as we go forward and I think there is a lot of room for change that hopefully will come out of a lot of you here, I'm sure there's a lot of people studying law and perhaps you will have a big influence in public policy one day, and I hope that you do and certainly use that for the best and make some great change because that's what we'll talk about today some great change. We heard about some people in the audience and we'll share some of those stories as we go forward today.

Just to give you an idea too, a lot of people get this confused. I am from Gloucester Township, Gloucester Township Camden County, commonly confused with Gloucester City, which is really close to here. We're Gloucester Township, about fifteen minutes south. And we cover towns like Blackwood, Hilltop, Glendora, Chews Landing, parts of Sicklerville. About 24 square miles, 70,000 people. Our police department is full-time staffed, it's one hundred and twenty-six sworn officers, and total staff of about one hundred and ninety, so just to give you a little bit idea of what Gloucester Township is. I am joined here today by a few other people, which I'll save a couple as we go but Captain Anthony Minosse, Support Services Division Commander and also Lt.

Brendan Barton, Community Relations Bureau Commander, which also have a lot of input about work that you're going to see in the power point today, about certain aspects and they are a big part of that.

I share with me some affiliations that I have which I think are really relevant to the material that you are going to see today. So I represent also the Camden County Chief of Police Association, I am first vice president there, and I am joined by Chief Chris Winters of the Pine Hill Police Department, who is second vice president. We will talk Chief Winters in a few minutes as well, and a lot of the work that he's done. And I am also a member and participating in what is called JDAI, and that's Juvenile Detention Alternative Initiative, and that's really a nationwide effort to stop youth from being incarcerated in juvenile detention facilities. Really we don't say juvenile prison, because if we can stop that, then we prevent them from eventually becoming imprisoned as adults. And in the topic that we are speaking about today, keeping people out of prison, I think is certainly relevant, and I wanted to share that aspect with you as well.

I'm also a member of the Camden County Addiction Detection Task Force, and we'll talk about towards the very end, and I am honored that Sandi Kelly is here, not only a member of the Addiction Detection Task Force, but also the Director of Marketing Events in Camden County, and also Patti DiRenzo, which we've heard about today, but the real story with Patti and I that took place I guess around a year and a half ago with Naloxone, and I think you'll find that really interesting. Then finally I am also a member of the Human Trafficking Commission of New Jersey. And I think the connection between substance abuse and human trafficking is great. And I wanted to pass that along to you as well.

So that's a painting [motions to PowerPoint slide] about the plague, Black Death, probably an epidemic is fair to say and we talk about our own epidemic, I think we heard it mentioned today already that certainly the drug and addiction issue and heroin epidemic that we have. Law enforcement first started to see it in 2013, State Commission of Investigation launched a report talking about prescription pills and opiate addiction, and shortly after that follow up with what's called (GCADA), if you are not familiar with that, Governors Council on Alcoholism and Drug Abuse, issued a report in 2014, and really a very detailed report of a much larger problem. That listed specific recommendations on how to address

this issue of this epidemic and I think [there is] still a lot to do in that area, but I will share with you some of the pieces that we are doing in Camden County and Gloucester Township as part of the GCADA report, as I will refer to it from here on out.

So when we look at this issue of this epidemic: how really bad is this epidemic? Well I'll tell you, one of the problems that is really blunt is I am going to give you a couple numbers and I'll start with that one, and that's Camden County, if you cannot see it down there, 2011, one hundred and twenty-nine deaths from an overdose. Now the worst part of that story is that it is pretty close, we think that's accurate, and we say that honestly, that try to get the exact numbers of people that died of drug overdoses, it is very, very difficult. So that number unfortunately, I got for the Department of Health, but even they said that we think that's pretty close, because there is a system and a process of autopsies and non-autopsies so it is very difficult information to get.

But gives you an idea, 2011, one hundred and twenty-nine deaths – in Camden County; 2012, one hundred and thirty-eight deaths; and then in 2013, one hundred and fifty-nine deaths, so that gives you a pretty good idea of how many people are dying right here in a community of about half a million people. And 2014, I do not have that data yet, not for Camden County. I do have Gloucester Township data, so if you can't see it with the table, 2010: six; 2011: nine; 2012: five; 2013: nine; 2014: fourteen people died of an overdose. And I say that again, and we are very, we actually created these numbers ourselves, they are not scientific, they are not based on an autopsy. That is based on an assessment of a police officer on the scene that it, more than likely, was a drug overdose, so can I concretely say that these numbers are correct? No, but quite honestly that is the best I can do right now.

But the most alarming part of this is, as bad as that is, let's talk about motor vehicle crashes. Because motor vehicle crashes are bad, and people die and that's terrible. But let's look at how many people die from a motor vehicle crash, so in Camden County in the year 2014, thirty-seven died, and in 2013, thirty-one died. So let's just use 2013 because we have the 2013 numbers. So thirty-one people died in Camden County from a motor vehicle crash but yet from a drug overdose one hundred and fifty-nine died. Let's look at Gloucester Township. Gloucester Township 2014, two died; in 2013, one died; in Gloucester Township you are seven times more likely to die of a drug overdose. Now I say that very cautiously,

because that is everywhere in NJ. It could be easy for someone to say that Gloucester Township has this terrible overdose drug problem. No we do not, there are many towns where the numbers are much, much worse than that. But I will tell you that next month, I will get an email that will tell me how many people died in a car crash in Camden County last month. I would be lucky if I could find the real numbers of how many people died from a drug overdose in a few years. So we have a lot of work to do, and I'll give you some great information on a lot of great progress but I'm giving you the real honest truth that the drug problem is real and just think of the resources we put into the preventing of motor vehicle crashes — quite a bit. Fortunately, now we are seeing the resources we are putting into an epidemic, but we're little behind.

So let's talk about that, we heard a lot of great information about the Overdose Prevention Act today, I am going to cover three pieces today, very quickly, about fifteen minutes. The first piece is the Good Samaritan Portion and I will cover that in the next slide or two. Next is the Naloxone. And I will give you some real good numbers on that as well. Running a little deeper, I would like to say is that the Overdose Prevention Act has inspired getting out of first gear for law enforcement. And I'll give you details of what that is.

So we talk about the Good Samaritan portion, and I think we heard the explanation certainly, that well when they call 911, and we have had a number of these cases, we just had one last week, an overdose and a Naloxone administration and seven bags of heroin and they are not charged. And I'll be honest, I'll say when this first came out with law enforcement there were some, we were skeptical, it was that, it was a get out of jail free card, it was I'm being kind, get out of jail free card. Police were a little unsure about that, but we have come a really long way, and I agree that law enforcement in general has realized we have to think differently.

And it also helps, and we have heard the Attorney General speaking, speaking about the Attorney General today, that the Attorney General was very specific about that act, not only was the law passed but we received a directive of exactly what we would do, and that was 2013. And then in 2014, we get a second one, much much more detail. Basically now, before we charge someone with drug possession at an overdose scene we have to consult with our local county prosecutor. We only do that really for crimes like

attempted murder and murder. And we also do it for drug overdose because towns were not following the law. And I think that has certainly greatly changed, and I could speak certainly for police chiefs that I speak with, we have certainly adhered to that and have realized that there is a better way.

Naloxone. Let me share with you the Naloxone: we use a nasal administrator type of Naloxone, it goes up the nose, it is not an intravenous type that does exist. But police officers in New Jersey are carrying nasal, and it goes up the nose and shoots up the nose similar to nasal spray for an allergy. And what happens in that case? That was Patty DiRenzo and Patty is a resident of Gloucester Township and Patty lost her son to a drug overdose, and Patty called me and said, "Is there any way that this new medication, that I think police officers can carry and save lives." And I have not heard of it. She said, "They are experimenting with it in Ocean County and also some families are getting it and I think police can get it." And I said, "Oh sure Patty, I'll look into it. That sounds good." Yeah, what was I going to say of course, and I've met Patty before, but I could tell her passion from the beginning.

And I'll be honest, so I started to speak to some police officers at first, and I got a little bit of, you know a tiny bit of resistance, "We'll never be able to do that. We'll never be able to carry that. We can make someone overdose. Someone could die. Our insurance carriers will never cover that," (even though we carry guns). And the end result was that, what I did do was I took it to the Camden County Chiefs of Police Association, and Chief Winters of course is on the executive board with me, brought it to that association and we said this is something we have to do. We have to be progressive, we have to move forward, we have to follow what we can do to make the community better. And as a result of that, Chief Winters took on that project, of getting Naloxone, training on Naloxone, we purchased it as a bulk purchase to save money. And we purchased those number of units totaling 1,230, over those few months we have there, and began the training through the Chiefs Association with the help of the County Prosecutor's Office, and the Addiction Awareness Task Force.

And ultimately we're not finished, so every police department has been trained in Camden County. And we are even going further now, not just your municipal departments but we are touching others, Rutgers PD here, Corrections Department of Camden County, Delaware [River] Port Authority, the Prosecutor's

Office, Rutgers – here, I am sorry, I apparently put in their badge in twice, and New Jersey Transit as well. So we are going forward and training people beyond the routine first responder of the municipal police officer. At the bottom also Camden County College Security; Chief Winters is working with them on securing and training those who have emergency medical training, and what is interesting at the very bottom, and this was a phone call or email from Patty as well, can we get nurses in schools to carry Naloxone? Because it would be tragic to think that we would have an overdose in a school and that medication should have been there, so that’s been worked on now as we speak. But I will tell you in Vermont, they said no to that. So keep an eye out for that. We would love your support.

Roseanne Scotti: We just started on that. We just trained someone in Middlesex [County].

Chief Earle: Oh good, so it’s starting in New Jersey.

Roseanne Scotti: It’s started already.

Chief Earle: And it needs to. It’s just tragic. That’s recent, that article I just found – November 2014. No in Vermont. That’s great to hear that it’s moving forward, if you want to speak to Chief Winters that is his project. So we are really making some great progress and it should be everywhere.

I use the example of Naloxone when it first came out as when defibrillators come out. I had been a police officer for twenty-six years and defibrillators when they first came out where a big deal. Only EMTs had to do it, and this big print out would come and you would have to meet with a doctor. And all this kind of stuff. Now any one of us can rip it off the wall and shock somebody, and so progress has changed and we’ll see the same here with Naloxone as it is happening.

The results are amazing right, this says 2014 at the top, this was late May through January 29th, these are the numbers, these are the police departments that administered Naloxone to people. The total is one hundred and fifteen, so one hundred and fifteen people have received Naloxone. I think the next number will really get you though, is one hundred and eleven have survived. And that’s remarkable, and obviously it’s a shame that four people have passed but one hundred and eleven survived, 97% success rate of using Naloxone in Camden County and that started with a phone call.

[Applause]

I really should probably end my slide there because the rest of this stuff is, it will be really hard to top that last slide. But I will go into a philosophy about that first year because I really feel that it's important, especially for yourselves that are in your field and think of having such influence on public policy.

So, the Metropolitan Police Act of 1829, it's called the Peelian Principles. There are nine of them. I will not list all nine. But I will share one with you because it is really what we live by today. Every police recruit today in the Academy today is taught about the Peelian Principles and the foundation of modern policing. "Prevent crime and disorder" is one of those Peelian Principles. I associate closely with that to "protect and serve." And I say to you that, when we look to what "protect and serve" is and when we look at what "prevent crime and disorder" is, does it need to change or has it changed since 1829? The principle is still there, that is our primary function, but how do we do it?

And I will share this with you, when we look at that child there and we look at that child who obviously wants to be a dancer. Well that child probably wants to be a dancer wants to be an attorney, a doctor, whatever they may want to be, a teacher. But somewhere along the line, and I do a lot of different work as you heard a little in the beginning about what happens to people, and we are looking on how to prevent crime. Somewhere along the line something happens to someone, and they become a prostitute, and I don't even like to say that, they become sexually exploited. Or, they become addicted to drugs, or they become a burglar or a thief, or they become a victim of domestic violence, or they become a domestic violence aggressor. Somewhere that kid's dreams went away. And do you know what the response to that is, traditionally, under the traditional Metropolitan Police Act, to prevent crime and disorder? That we arrest him. That's what we do.

And that's what we call a single gear response. That's it. We arrest, and that has been the mindset of police almost my entire career. And now we're seeing that shift and the Overdose Prevention Act has inspired us to begin to change that. And I base it really on a principle which is getting a little bit of controversy right now and it's a shame. Broken Windows. Great theory. Right now in New York it's being manipulated I think the wrong way, but when we look at it abandoned building, broken windows, causes crime. Abandoned street corner, high grass, trash, causes crime.

We've gone a little bit further, graffiti causes crime. I believe in all those principles, and communities need to address that.

But if you look at broken windows deeper though, which most people do not it has four elements: information, and contact high visibility, citizens who begin to assert control, and an entire community responsibility. I'm just focusing on entire community responsibility for today. That's an element of Broken Window, and it's a policing philosophy that we employ at Gloucester Township Police. So, when you're talking about entire community responsibility we need to talk about community policing. I won't ask you to read many slides, but I'll highlight the pieces for you. The definition of community policing.

You know we hear a lot about community policing today, and we hear people walk foot beats or they ride bikes, you know they stand on street corners or they teach in a program at a school, and that's all community policing, but if that's the only community policing you're doing that's not community policing. Really, when you look at it, the true pieces of community policing are partnerships and problem solving techniques. And at the very bottom, address social disorder. And this social disorder, is a broken window and the broken windows feed that cycle of theft, burglary, drug abuse, sexual exploitation, and suicide. So, if we really want to address those issues, we need to develop partnerships and problem solving techniques to address those types of issues. And why am I telling you all this? Because, that's what we're doing, and that is trying to move beyond the first gear of law enforcement.

In Gloucester Township I'll give you four, and then I'll give you the main one we're here to talk about today. And these are to address these types of issues right up here: suicide or drug abuse. Our missing persons programs target youth that run away, who are victims at risk of sexual exploitation and substance abuse. Our Project Casey targets first time offenders of youth and programs that engage youth to make them partners in the community. Our Project Battle targets violence in schools and anti-violence prevention throughout our community. Sharing information in schools it really does. And our family resource center offers services through the police department through a licensed social worker, which I'll touch on throughout the slides.

But the program we're going to talk about today, that partnership program that we'll talk about today is called project

SAVE. And that's Substance Abuse Victimization Endeavor. And that project, I guess we launched last June [of 2014], I think officially we began it on July 1st. And I will share with you. So these are examples of not first gear responses. These are what we call third gear responses. So we have first, second, third gear and I'll share all the gears and what they mean with you at the very last slide, but it's well beyond the rest. That's what they are. We're moving to a whole other dimension of law enforcement. And many people are as well. Chief Winters is, and many other of the chiefs I work with.

So what is Project SAVE? Well I think the flagship of SAVE is this, and it's called the SAVE advocate. So, back in July, and I'll give you this story. I had the honor of going to drug court, which I'm sure many of you are highly familiar with. So drug court takes place at the Superior Court level. If you get arrested for robbery, maybe burglary on multiple occasions and you go there, and you go to Superior Court here in Camden. And you're assigned an information officer, you're drug tested, you have a licensed alcohol and drug counselor that works for you, it's a fantastic program. But the problem is, when you're arrested for a minor offense, or a drug offense, you're sent to Municipal Court. And you're sent back to Municipal Court where you go before a municipal court judge, you pay a fine, and that's all that happens to you. And if you don't pay your fine, or you're arrested a few more times, you might go to jail for three weeks, then you get done and you come back out.

So I use the example of a woman named Jenny, which is a fictitious name but a real story. Arrested five times in the two prior years. About 2010 to 2012 for drug possession. Came back to Municipal Court over and over and over again five times. And then, in late 2012 early 2013, comes, now gets arrested for two charges of robbery and now goes on to drug court if she's lucky. But yet we missed an opportunity to treat Jenny the first five times that we had her in Municipal Court. So we say we want to prevent crime and disorder under the Peelian principles, but we're missing the opportunity in the very first time we make contact with people, and that's what project SAVE is.

So what we did was we contracted with a service, Genesis Counseling, who has a licensed alcohol drug counselor in our municipal courtroom. And they're there, and they meet with any person that's not only arrested for drugs, but now maybe for a crime of shoplifting, theft of metal. Those crimes where they're

just feeding a drug habit. And they engage with them and encourage them to participate in a drug treatment program. And help guide them through a very, very complicated system of trying to obtain help. The difference is with our municipal court program is it's not mandated. I hope it will be; the judge can't make them do it, the law does not permit it right now. But I think this will be change. This is the only program like this in the state that I know of, that I'm certain of that exists right now. Being watched very closely.

So, what has happened since July? Well forty-two clients visited with our advocate, and nineteen were assessed. So nineteen agreed from that point forward to agree to go on voluntarily and say I will take an assessment. To see how deep their addiction is. Honestly, I don't understand a lot of the terms that they use and the tests they do, but nineteen went on to be assessed. Out of those nineteen, eleven were admitted to residential treatment and five have completed. Only two have left out of those eleven. So the others are still remaining in treatment right now. And that is just fantastic and some people say, oh I wish it could be 100%, of course we do, we have to be realistic. Before this, it was zero. They were just going back and back and back and committing fourteen, fifteen shopliftings and stealing every day. Out of those forty-two, at the very bottom, so far to this date, and granted, we're only about six, seven months in, only six have been rearrested. I prefer to say 85% have NOT been arrested, sounds much better than six but that is really great, really remarkable number.

Now I'll give you an example of a great success story that we just finalized today. So far, and again, we're only seven months out. And we'll call this person John. Arrested in '97 - marijuana. Arrested in '99 - marijuana. Arrested in 2001 - marijuana. Then we jump ahead, 2013 something happened in this man's life. Arrested heroin - 2013, heroin - 2014, and paraphernalia, which was heroin again in 2014 as well. Seven times. So four times in a period of two years. Every single one of these cases went to Municipal Court and there was nothing going on until July 22nd of 2014, and he said to the advocate, "I need some help." Because the judge was saying, "You come back to this courtroom again, you're going to go to jail." And he realized maybe the judge is not making me, but I've had enough. Admitted August 31st 2014. Why July 22nd to August 31st? Because there's no beds. That's a whole

other huge problem that needs to be addressed and that's what the Addiction Awareness Task Force is working on and it's very, very difficult. Not saying they're going to have beds just pop out of the sky, but they know it's an issue and it takes that kind of group to try and get that action going.

So, he was admitted August 31st 2014, discharged from that facility, still going inpatient, I guess outpatient treatment. And as of, as of the phone call today from his advocate, drug free for seven months. So that's fantastic. So some other pieces, to Project SAVE. That's really the flagship honestly. Again, it's hard to top that, but I will tell you that the GCATA report that we spoke about. So, GCATA had a great number of recommendations, and not necessarily recommendations for police, it just said how can we stop the epidemic? So what I did, I took those recommendations from GCATA and put them into actions that could be done in a community, particularly by a police department. You want to take my card before you go you can certainly do that. I'll email you the booklet as a PDF. Should be up on the website soon, but it's probably safer to take it from our card, and that lists all the actions that we're doing. I'll share a couple with you to give you an idea of some of the thinking we have.

So, drug box collection. Big thing right now, but we take it a little step further. We put signs in our doctor's offices, and our pharmacies to come and drop off your prescription medications at Gloucester Township Police. And we went as the Addiction Awareness Task Force, we went to Delaware County to learn what they do, and we picked up some great things there. Funeral homes. So, we're engaging with funeral homes right now, to help people that passed away and their families, to say you can take your own medication to the police department. Rather than having it just being there for someone to break into an empty home. Realtors is another issue we picked up from the Awareness Task Force: people going to open houses and stealing medication while they are "looking" at the house.

So these are just simple examples. It's easy to do a drug box, but let's take it that one step further. That's kind of the total community involvement that we're looking for out of the Broken Windows piece. Another piece that's very important, and we hear this a lot, particularly with the Good Samaritan portion. So, they have received the Naloxone. They go to the hospital in almost all cases, at least with the police intervention. And that's it. And

maybe they'll get some help at the hospital, but they don't get much. Or we go to a scene, and maybe we didn't even use the Naloxone, we go to an overdose medical call there isn't a way to get them a lot of help. So every officer carries a card like that. In their pocket. Fits in their pocket. And that has the SAVE advocate phone number on it which they call if they need assistance to try and get into treatment and give the family advice. We also mail a brochure after the fact to that home just to the address that describes our SAVE program. We're just kind of bombarding them. You know the counselors really say that we need to continue the effort, so we push out that information to them so maybe it will stick. And finally, we collect emails. Kind of like a business, we collect emails and calls for service, and we create a crisis family subgroup and we send out the information to them about events that we're having related to substance abuse. So, and some other pieces that we do as part of that GCATA report, we push out information. I encourage you to follow us on social media if you do not, because they go out on that. And we put out information about the Drug Overdose Act. The Overdose Prevention Act. How to keep prescription out of teens.

We have a partnership with our pharmacists and doctors. We have them on a subgroup as well. We alert them of fraudulent script issues going on in the community and really encourage them to work with us in a new way because that's a whole other piece that needs to happen a little bit of prescription monitoring in New Jersey as well. We also have the Family Resource Center, and this is a piece of many of those other programs that I spoke about which all of those could probably be a half hour talk each. So I'm not even touching those. We have the Family Resource Center. That is a police department building staffed by a licensed social worker that helps through our process. And recently we just launched tonight is the second evening of what we call the SAVE support group and that's for parents of people who are suffering from addiction to come out and seek assistance how they can help their loved one. And that's an example of that total community involvement through Broken Windows.

The Addiction Awareness Task Force that I mentioned, they have some great resources. And we, we just met this past Monday as a matter of fact. They have a great website that has some great information on their home page, you can click on there. Not only you can learn about, they have a helpline as well, volunteer

information, and they have some information about learning the signs of addiction. They also have a great toolkit. If you are ever putting on an event, you can certainly download the materials and I am sure that if you are having an event, something like this, I am sure they will supply some for you if you would like to contact them, and also resources as well about treatment and services that they have on their website, so I encourage you to visit that. When we talked about our Protect and Serve piece and I mentioned that our Broken Windows, wrapping up. So we think about how we protect and serve, we are going to think about it differently in law enforcement, and we have, we really have. I know so many people that have done that. The key to doing that is our community policing and our partnerships and programs. And if we do it effectively, if we think differently than maybe we have been, maybe we'll have kids kind of fulfilling their dreams, whatever it may be, whether they become addicts or burglars, but keep in mind all those things are tied back to drug abuse regularly.

I said that I would share with you what those third gears are. So we said we would move beyond first gear and we would go into gears two and three. Well I'll tell you, first gear is suppression, second gear is prevention, and third gear is intervention, and all three of these strategies we employ with the other four programs that I spoke about. The missing persons program, the first-time juvenile program, it's all these same pieces, but I apply, of course, the third gear response to substance abuse. Suppression is arrest, we still need to do that, it's a portion. We need to arrest those that are dealing drugs. We need to arrest those that cause the death through drug-induced deaths. And then prevention is everything that I kind of spoke about today. Educating the community, educating our doctors, having the opiate, having the Good Samaritan Act portion, drug collection boxes. And then the intervention are some of the pieces that I talked about already. You know, our programs that we have up top, fixing the Broken Windows, social worker to Family Resource Center. You've seen the success with Naloxone, and we're just beginning to see the success of the SAVE Advocate. So that's really how law enforcement is changing as a result of the Overdose Prevention Act, and I look forward to your questions on the panel. Thank you.

[Applause]

Rebecca Ricigliano: Thank you all for having us here today. It is a real privilege and honor to be here. Two caveats. I apologize in advance if my voice is squeaky. On Friday, I completely lost it and it is just coming back. So I sound much better today than I did. Also, although I am here on behalf of the Department [of the Attorney General], a lot of the views, most of the views, all of the views that I am going to express are going to be my own, and I think that it's important to provide you guys with some context of where I come from and sort of my views and how my experiences have shaped what I do today.

So, as Andrew had mentioned, I was at the US Attorney's Office for the Southern District of New York for nine years. I just joined the Department [of the Attorney General] in May. And most of my time, I would say 90-95% of my time there, was spent in narcotics prosecutions. Like everyone there, you go through a general practice rotation, and then you spend a year as a narcotics assistant. From there, I went into international narcotics trafficking, where my focus was primarily on Columbian cartels and foreign terrorist organizations that are trafficking and benefiting from the narcotics trade to fuel their terrorist activities. So I have spent some time in Columbia and Panama, and then after that I transitioned into Deputy Chief and then Chief of the Narcotics Unit. And that experience is relevant for one reason: because there's only so much you can do as a prosecutor to help this problem and to fix this problem. And it was something I was very passionate about. Right when I became a supervisor in the Narcotics Unit was when bath salts was really hitting, so early, late 2009, early 2010, and I thought what is this thing? What is this thing that's legal, that's being sold in gas stations and grocery stores across the City, because again keep in mind I was from New York and worked there.

And learning more and more about it, and seeing how dealers, because that's what they were who manufactured these substances, you know, synthetic marijuana and bath salts, how they can manipulate the chemical compound so easily to evade the law, fascinated me in a lot of ways, and we started focusing on what we can do about those issues. And then from there, we started hearing a lot about pills. And again, we started focusing on those issues. And there were open-air pill markets in upper Manhattan that we, together working with the Drug Enforcement Administration, we really started to focus on cleaning up those

open-air markets, taking down those organizations that were trafficking in not only in counterfeit goods, but in pills, legitimate pills that had been obtained through the practice of doctor-shopping, where organizations would pick up criminal associates or non-criminal associates to go from doctor to doctor and get script from script. Sometimes the doctors were witting, and sometimes they were unwitting accomplices. And they would then sell these pills on the street.

And so, what I was able to do as a prosecutor, together working with our fellow partners at the DEA and other agencies, was try to direct the resources that we had to investigate to dismantle these types of organizations. But that was really all we could do because our mandate and our power was limited. We tried to engage a lot with our local partners and said, “Ok, what are you hearing? Where are your problems? Are there particular hotspots that you would like us, with our federal resources, to focus on?” But there was really only so much we can do.

And it was incredibly frustrating for me because all of the hours of the day and night that you spend on that, the supply never stopped, and it kept coming in. All of the good work that we did was hours well spent and time well spent, but I felt like I needed to do more. And one of the things that has been remarkable to me since I joined the Department just this past May is how much more is actually being done here in New Jersey. Obviously we’ve spoken a lot about the Overdose Prevention Act and the two Attorney General directives, one from 2013 that’s focused on really expanding the letter of the law to encompass the spirit of the law, so anyone who is present on the scene and either encouraged that phone call to be made or assisted the person overdosing while the phone call was being made, all of those people will be immune for the statutorily enumerated crimes. You know, that is really embracing the spirit of the law, and the spirit of all the good work that’s being done in New Jersey. Again, in November, October, we had another AG directive issue talking about Narcan collection, more about the Overdose Prevention Act and immunity provisions for that, also on Drug Court and how prosecutors really need to be more involved in making decisions about what defendants should and should not go into Drug Court, not to waste resources on folks who don’t necessarily need them. So a lot of good work again is being done in that regard.

I want to highlight a couple of areas that have not been talked about tonight that really are also evidence of the good work being done in New Jersey. One that the Chief [Harry Earle] focused on a little bit is Project Medicine Drop. Project Medicine Drop is from what I can see a very unique project and initiative in the country. Right now in the state of New Jersey, we have north of one hundred and twenty-five permanent dropbox locations, where residents of counties, cities all across the state can go and safely dispose of their prescription medication. That includes inhalers, it doesn't include liquids, but it includes any types of prescription medications, whether it is controlled dangerous substance to a regular antibiotic. You have a place to safely dispose of it. And that is something that we're really trying to advertise in unique and innovative ways to get the word out. So what the Chief talked about, we are also talking to the funeral home directors and the boards that the Division of Consumer Affairs regulates to see if there are easy fliers that can be put into welcome packets or admissions packets, things of that nature. Real estate agents, funeral homes directors, we have actually done outreach to home hospice nurses.

I can tell you a very personal story. Unfortunately, my mother was diagnosed with a very advanced stage of cancer last year, and she was in home hospice at my house in New Jersey up in Union County. And if any of you had that experience, you know that there is an abundance of prescription medication, very, very dangerous prescription medication that goes along with taking care of an end-of-life cancer patient. I had concerns when it was happening because I have a four-and-a-half-year-old daughter in the house. And I wanted to make sure that those pills and those medications were secure. So we were able to do that in a way that was effective while my mom was living. After my mom passed, I was lucky enough that at the time, because of my experience in New York as a prosecutor, this was right before I started with the Department, I knew about Project Medicine Drop. And there was one in my town. And I made not one, but two trips, of jumbo-sized gallon bags full of prescription medication that she had had because there was nowhere else for me to get rid of it. But I was one of the lucky ones who knew about that.

The symposium concluded with questions from the audience.