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**RUSH TRANSCRIPT: DE BLASIO ADMINISTRATION LAUNCHES COMPREHENSIVE EFFORT
TO REDUCE OPIOID MISUSE AND OVERDOSE DEATHS ACROSS THE CITY**

Mayor Bill de Blasio: It is a pleasure to be here on Staten Island. We're here to talk about something very much on the minds of Staten Islanders, and, in fact, people all over this city.

And we are taking aim at a very serious challenge that requires our focus, requires the focus of this city government, and a lot of other partners and communities around this city. It's a challenge that has profoundly and negatively affected so many lives in this city – and that challenge is opioid addiction, specifically addiction to heroin and prescription painkillers.

Every day, families across this city grapple with this challenge. Every day, there are beloved family members who are overtaken by this challenge.

Chirlane and I and Borough President Oddo, we just had a very moving experience. We met with a young man James Brenker, who I think will be joining us at some point this afternoon, and his grandfather Stuart Brenker at their home in New Springville. James is 21 years old, but I have to say he is wise beyond his years. When you listen to him talk about his experience, it is really affecting, because he's a young man who's been through a lot and is fighting hard to overcome what he has experienced, and, in fact, to be a good influence and a role model for others.

His struggle began when he was quite young – still in his teens. His struggle with drug addiction escalated. Within a few years, he was using a lethal combination of opioids – oxycontin and heroin. And on Memorial Day, 2013, he hit rock bottom, overdosing on a nearly-deadly combination of those opioids and another prescription drug. And it did not look like he was going to make it. He was taken immediately to the hospital. He literally was out for three days. And when he came to, the doctors told him something unimaginable – that his heart had stopped, that he had been legally dead. But thank God he came back, with the extraordinary work of those health professionals. They fought night and day to bring James back and they succeeded. And the drug that they needed to save him was available and they were able to give it to him at the moment when his life depended on it. That drug, that literally life-saving tool, is something we want anyone in need in this city to have access to. In fact, we need to ensure that our fellow New Yorkers, whose lives are in danger, have access to a drug that can literally save their life.

James has been working very hard on his recovery. He wants to help others. And we expressed to him how proud we were of him. We were proud of him as New Yorkers. We're proud of him as parents who understand these challenges. And we told him to stay strong and to use his example for good in that he will literally be in a position to save lives.

In fact, James, why don't you come up? Stuart, come on up. We were just talking about you – all of it good. Come on up and stand with us, Stuart as well. James Brenker and Stuart Brenker, let's give them a round of applause.

[Applause]

And otherwise wearing a Cleveland Cavaliers cap – other than that – other than that, he is a fine young man.

[Laughter]

James, we were just saying you have a lot to be proud of, and we admire your strength. We admire how you handled your adversity.

James Brenker: Thank you.

Mayor: And we admire that you want to help others.

James Brenker: I do. Thank you.

Mayor: And we believe it's going to make a big difference.

James is one of literally thousands of people across this city struggling with addiction. And let's be clear – this crisis is taking a horrible toll all across our city, all five boroughs. And some numbers that were released today by the Department of Health make it very clear – the number of New Yorkers who died from opioid overdose went up 56 percent between the years 2010 and 2014. And heroin-related deaths more than doubled during those four years.

We now know that this is a problem that, again, cuts across every neighborhood and needs a very, very serious response.

But we also know that Staten Island has borne the brunt of this crisis. We know that Staten Island has in many ways felt the crisis the strongest and lost the most – lost the most in terms of our young people lost – to opioids. This borough has the highest rate of death due to both opioid drug use and overall drug use. And that tells us how much we're dealing with, because the deaths are what we all struggle to avoid, what we put so much energy into – families and healthcare providers and advocates. But that's just the tip of the iceberg, because beyond the deaths, there are – there are so many more people suffering.

For every death, there are literally hundreds who suffer an addiction.

It's very important to recognize it's our job as leaders to talk about the numbers, to be open, to be transparent and blunt about these numbers, but the numbers only tell a part of the story, because every number is about a human being. Every statistic really only points the way to a story of a human being and a family that went through this.

And here you have this family, who stuck together. It was not easy for them – we heard the stories. And I want to thank Stuart for his tremendous advocacy for his grandson and for sticking by him every step of the way, because it takes families, it takes healthcare providers, and mental-health experts, and substance-abuse experts – it takes so many people to help someone come back. And it takes the commitment and will of the person suffering.

We know lives have been cut short. We know it's our mission to stop that, to turn that situation around, to not leave families with the pain that can never be answered.

And we don't accept that as our fate. We do not believe this is a problem without solution. It's a very tough problem. It is a problem that will not be solved overnight. But it's a problem that can and will be addressed, and we're very resolved to do something about it.

I want to thank some of the folks here – everyone here who's a part of this work. You're going to hear from several of our elected officials in a moment who have been extraordinary advocates and have done a lot to turn

the tide. I want to thank our health commissioner, Dr. Mary Bassett, who has been in the forefront of this effort. I want to thank Dan [inaudible] from the Human Resources Administration, and everyone at HRA who's been so deeply involved. I want to thank your Borough Commander for the NYPD, Chief Delatorre, for his exceptional efforts – and he and I have talked about this crisis before, and NYPD is singularly focused here on Staten Island and citywide on this challenge.

And I also want to thank all of the leaders, all the elected officials who are joining our new Ad-Hoc Heroin and Prescription Opioid Public Awareness Task Force, because, as with so many other situations – and I'm going to bring forward the – I think the leading voice right now on the fact that we have to break down the stigmas – we have to talk about the problems, we have to talk about the pain, we have to talk about what people are going through if we want a solution. If we don't talk about the problem, bluntly, there will not be a solution. If we are serious about a solution, we have to be straightforward about it. And the person who I believe, in this last year, has brought the issues of mental health and substance abuse to the fore in the debate in this city, the discourse in this city, in the life of this city, our First Lady, has been adamant that we need to have the conversation, we need to be open about it, that the only path forward is to acknowledge our challenges and our problems, to understand just how much every family has been touched by them. She has devoted so much of the last year to listening to those families, including families here in Staten Island, to listening to the providers and the experts, and that's what animated the work she did on our new ThriveNYC plan. And today is a very important part of that plan being unveiled. So it's my honor to bring forward our first lady, Chirlane McCray.

[Applause]

First Lady Chirlane McCray: Thank you, Bill. I could not ask for a more committed and inspiring partner in work and in life.

Now, as Bill outlined in those statistics – as he outlined those statistics, I could not help but think of all the families those numbers represent. Every individual affected is someone's parent or sibling or child. Every person is part of a family, and family is not just an important thing, it's everything. So, when one of our family members is suffering, we suffer too.

What our families need is more networks of support. I'm talking about the strongest families and the most fragile, and I'm talking about families in every borough and every neighborhood across this city, because every family is touched by mental illness and substance-use disorders.

And to provide our families with the help they need, we must first dispel a myth. We must educate ourselves and the people around us to understand that addiction is not a question of character, it is not a matter of will power or morality or self-control. Addiction is a disease – a disease that does not discriminate based how much money you make, your religion, the color of your skin, the language you speak, or what part of the city you call home. It is a disease that has touched every single one of us either directly or indirectly through someone we love.

Now, none of this is news to the people of Staten Island. No community has been hit harder by opioid addiction than this one. But like true New Yorkers, you've responded to the crisis by coming together and taking action.

I've experienced this firsthand through my work on ThriveNYC. One of my first visits after announcing our commitment to mental health was to the Staten Island Mental Health Council Breakfast. It was at [inaudible] Staten – [inaudible] –

[Laughter]

A little typo here – you know I know my Italian.

[inaudible] Staten in West Brighton, and let me tell you, that room was packed. I was impressed that everyone seemed to know each other, and everyone was eager to talk and collaborate, especially when it came to opioids.

I experienced this enthusiasm and willingness to work together again when we organized the public feedback session at P.S. 48 with Borough President Oddo. And let me tell you, Jimmy Oddo, he deserves so much credit for jumping in and working so hard to tackle this crisis.

[Applause]

At P.S. 48, just about every speaker had been touched – personally touched by mental illness. And every speaker was doing something to help others. And it is that spirit of cooperation and fellowship that has led to a reduction in the rate of overdose deaths related to opioid painkillers here. But the rate is still far, far too high. And the rate of heroin deaths is rising.

Earlier today, the Department of Health and Mental Hygiene Commissioner Mary Bassett issued a standing order authorizing pharmacist to dispense Naloxone upon request. Naloxone is a medication that reverses overdose.

[Applause]

Naloxone is a medication that reverses overdose from both opioid, analgesics, and heroine. It is safe to use and has no known potential for abuse. It has – this little thing right here – it has literally, and without exaggeration, saved so many lives – just ask James. Because it was Naloxone that brought him back from the brink of death, and gave him another chance to live.

Since 2006, Naloxone has been available in New York State through opioid-overdose prevention programs, community-based organizations that are trained to work with people struggling with addiction to opioids. This availability to community-based organizations was a great first step, but we clearly need to do more. And that's why we are dramatically expanding access to Naloxone.

Beginning today, any New Yorker can go to one of 157 Rite Aid pharmacies and 33 independent pharmacies and request this life-saving drug.

[Applause]

And that's just the start.

By the end of this month, CVS will also dispense Naloxone. And more independent pharmacies are getting onboard every day. We need this. Can we please get a round of applause for all the pharmacies that are stepping up to serve our neighborhoods?

[Applause]

Now, I hope this news will be an enormous relief to any New Yorker who worries about a loved one who is struggling with addiction. And I'm talking about anyone who has nightmares about walking into a room and finding their child or spouse passed out on the floor. anyone who is scared and ashamed and doesn't know where to get the medication that could save their loved one from dying and their world from falling apart.

After training from the pharmacists on the simple steps required to administer Naloxone, they can purchase the medication and walk out the door with a tool that could save a life. Making Naloxone available in pharmacies is about convenience, but it will also help to shatter the stigma that prevents too many New Yorkers from seeking the assistance they so desperately need.

Finally, people will be able to get Naloxone easily and at the same place where they already get medications to treat diabetes, heart trouble, and other recognized diseases. Making Naloxone available brings us one big step

closer to changing the way we think about mental illness and the way we deliver services. That is the essence of ThriveNYC.

We know what works. We have the tools, we just haven't been using them, but finally that is changing.

In fact, ThriveNYC, our roadmap for mental health, includes two more programs that will make it easier for New Yorkers to get treatment for opioid dependency.

This year, for the first time, the city has dedicated funds to provide free naloxone kits to trained and certified community-based organizations. Now, those trusted organizations will be able to provide kits to individual New Yorkers in the highest-need areas. We will provide a total of 7,000 free Naloxone kits this year.

Second, we are expanding access to buprenorphine – buprenorphine, also known as bupe – another life-saving medication that stops opioid cravings and prevents withdrawal symptoms. Unlike Methadone, Bupe can be prescribed by general physicians in primary care settings as part of a routine medical care.

But despite its many benefits, bupe remains too hard to find. That just doesn't make any sense. There is no good reason why you shouldn't be able to get naloxone at the corner pharmacy and a prescription for bupe from your family doctor. So, beginning in 2016, we will launch a new ambitious three-year effort to add at least 1,000 new providers who are trained and authorized to prescribe bupe.

Our goal is to make these medications easier to access, but with these actions we are also sending a powerful signal that addiction is treatable and that asking for help is not an act – it's an act of strength, not an act of weakness.

To make sure that New Yorkers know about these life-saving resources, we are launching the Mayor's Ad-Hoc Heroin and Prescription Opioid Public Awareness Task Force. We are bringing together a group of experts dedicated to expanding public awareness, utilization, and access naloxone and bupe. Health Commissioner Bassett and Staten Island Borough President Oddo will co-chair this citywide task force, which will be guided by well-defined and time-limited goals. It will focus solely on raising awareness about where and how to access these life-saving medications.

As we all know, our effort to expand access to naloxone and bupe is just one piece of the puzzle. Addiction, like many mental health challenges, is a complex problem that requires a complex solution. That's why, as part of ThriveNYC, we are sending close to 400 psychiatrists and social workers into high-need neighborhoods, so people can get help when they need it and where they need it. It's why we're going to train a quarter-of-a-million New Yorkers in mental health first aid, so they know how to help when they encounter someone who is suffering. And that's why we are creating 15,000 new supportive housing units, so when people overcome the addictions that have ravaged their lives, they will have a home base so that they can rebuild from that addiction.

That is how we will change the mindset around the mind.

That is how we will create a city where every New Yorker can live life to the fullest – a city where every New Yorker can thrive.

And now, for our Spanish speaking neighbors –

[First Lady McCray speaks in Spanish]

[...]

Mayor: Okay. We have a lot to do today, but we are going to start with questions on this topic – on this topic.

Question: So part of the takeaway from what Stuart and James were saying was that there's a lack of beds and services for Staten Island residents who suffer from this problem. So if you could just talk a bit about the way the administration plans to address that problem, given the fact that there's no public hospital here on Staten Island.

Commissioner Dr. Mary Bassett, Department of Health and Mental Hygiene: That's true – that there is no public hospital on Staten Island. But there are public services and publicly-supported services. And it's my belief that we can offer an opportunity for – for getting off opioids to every New Yorker who wants to enter treatment.

Mayor: Okay. On-topic – yes.

Question: So, you know, as you mentioned [inaudible] this is a problem that goes back several years – it pre-dates your mayoralty. When did you become aware of this issue? You know, [inaudible] when you were public advocate. When did you become aware of this and why has it taken two years into your mayoralty to come out here and to – to sort of really directly address it?

Mayor: Well, as you've heard, I've been aware of it, and we had to figure out a plan that would work, and it's been a big piece of what we've been doing with ThriveNYC that's been in construction over the last year. The bottom line is we are now here with a lot of resources and a growing set of tools that we're going to use to address the problem.

Question: A two-parter if I may – apologies. The city Department of Health released data earlier this year in the spring, saying that deaths on Staten Island from not heroin, but, I think, opioids had actually decreased between 2011 and 2013. Was this new data? Has that drop continued? Or has it –

Commissioner Bassett: If you'll permit to –

Mayor: Please.

Commissioner Bassett: – thank you, Mr. Mayor – to just do a little vocabulary. We use the word opioid to refer both to prescription painkillers and to heroin. Prescription painkillers are sometimes used inappropriately, sometimes purchased illicitly, but they are initially, at least, prescribed by a doctor. That was the first rise in opioid use in Staten Island was related to prescription painkillers and through a number of activities – through both on the keeping track of doctor-shopping, working with physicians to get them to prescribe more judiciously, educating families about avoiding overdose mortality through promoting naloxone, and so on, we were able to lower the curve for prescription painkillers. So that's the announcement that you're recalling. It's not that often in public health that we get to see a curve go up and then see us turn it around. It's still way to high and unfortunately heroin use is still increasing. So the number of deaths has, in aggregate, increased.

Question: Did the rates of painkiller-related deaths go down?

Commissioner Bassett: That has continued to go down in Staten Island.

Question: And just the second part of my question – I'm sorry – Senator Lanza alluded to an increase in the Bronx. Can you speak a little bit about what is happening there?

Mayor: [inaudible]

Commissioner Bassett: Sure. I – I am – I can tell you – we can get you – and released today are the specific numbers, but when we look at heroin use, which, as I've said, as a city, it's gone up for the fourth consecutive year, I don't want to frame this as a contest, because nobody's competing, but Staten Island and Bronx sort of change their ranking. Last year, the Bronx was a little – in 2013, the Bronx was a little bit higher than Staten

Island. This year, Staten Island – I mean last year, 2014, the most recent data that we’ve made available – Staten Island is a little bit higher than the Bronx.

Mayor: Let me – I want to just – hold up for a second –

Commissioner Bassett: Oh, sure.

Mayor: No, no, I’m saying to these folks hold up a second – borough president and then I want us to hear for a moment from Chief Delatorre.

Borough President James Oddo, Staten Island: I just want to add one thing. The way we see this with our task force at borough hall – there are sort of three universes of folks right now. There are the parents and the families we want to talk to. There’s the age group 20 to 30 years old, where – it’s really – that age group is being ravaged, and that’s a group that I think we have made the least amount of progress. And then there are the school kids. So when the question is asked why it’s two years into it and you’re doing something – no, actually, the pushback has been going on for a while now – working with DOE, working with the NYPD to craft this curriculum, to find the right curriculum. It’s a – if you research it – extensive praise for it in the state of Florida for example – pilot it in four public schools and one parochial school, get the feedback, do it right, and now look to expand it with the administration to more. The 20 to 30 age group goes, I think, more to Amanda’s question, which is one we have to wrestle with as not just a city government or a state government, a federal government – and that is how do we get more beds and places to give people health.

Mayor: Chief Delatorre.

Chief Edward Delatorre, Borough Commander, Staten Island: Thank you. Just to get back to the question as to what we’ve been doing and where we are now. We started out here, on Staten Island – again, collaboratively with our elected officials chipping in – to get the naloxone. We have armed every officer on Staten Island with naloxone for about the last 18 months or so. We started in the summer of 2014 to get everybody trained. We had a prescription written for every police officer on the island to be equipped with it. Since they’ve been equipped with it – and it’s just a pilot on Staten Island – since we’ve equipped with it, we’ve had 40 uses – one assist, as of two days ago, where we actually prepared the naloxone but EMS used it – and we’ve had 38 saves since we started.

[Applause]

So – and again, with the task force, we’ve been completely engaged. We have a prescription drop box in every precinct on Staten Island – so 24-hours a day. We encourage families on Staten Island to clear their medicine cabinets and bring the stuff in. It’s all about awareness – getting Staten Islanders in touch with the issue, and understanding, and not being afraid to address it when it comes. We also have another initiative we’re working on with the task force, called Youth First, where we respond out with a team of our providers to the hospital when we have a child who’s on drugs – not necessarily overdosing – and we introduce that team to the parents. We’re struggling with that a little bit. We’re still getting a lot of pushback from parents – a lot of denial, a lot of “not my child,” but this is where we’re heading and we’re going to keep pushing until we break that barrier as well. Thank you.

[Applause]

Borough President Oddo: There’s one other item – I swear, one more – that I want to talk about and I think it really is a microcosm of this bigger issue of – we’re making progress but there’s still so much more to do. We essentially – in working with our task force, and working with the administration, and working with our friends on the State – essentially double to number of SAPAS workers in our schools. SAPAS workers are specialists, and we really need to quadruple them, or even more, but to double it in the last year was a really important step. The administration has put more money in for guidance counselors – we need even more of those – and Dr. Montello, actually, is working on an initiative, where we are, sort of, training the trainer programs – working

with our friends at TYSA and the task force. So, slowly, we're pushing back on lots of different fronts, but as we've all said, so much more needs to be done.

Mayor: Okay, on-topic, who hasn't gone? Anna.

Question: Yeah, I'm just looking at the data that was just released today. The opioid deaths, not including heroin, actually didn't decrease on Staten Island between 2013 and 2014, it was from like 28 deaths to 27, so it kind of remained stagnant. Is there, like, a reason that you guys think it might have not changed that much in the last – in – during that time or is there kind of like a threshold that you've reach?

Commissioner Bassett: Well, obviously, we think naloxone should be – thanks for those getting those exact numbers for me. The – part of the answer for overdose is to recognize every overdose death is preventable and that most overdoses are witnessed. So, there's someone who is present, who could save the person if they had naloxone. So, that's why we've issued standing orders to make naloxone more available. We have many efforts – the NYPD, working with community groups, getting Naloxone to families – but having it available in pharmacies, so that people can just walk in and request it, will make it more available and, I hope, will save more lives.

Question: Do you think that there might be a threshold for the amount or is there – hoping –

Commissioner Bassett: I think – we can keep pushing this down, we just need to redouble our efforts. We can do better. I'm not accepting the 27 deaths.

Question: What's the approximate cost of naloxone to an individual, especially in this initiative? And I wonder if the younger [inaudible] has any words he wanted to offer, in his experience –

Mayor: Let's do the first one first. What's the cost? You mean per dose?

Question: Yeah, it's not free –

Commissioner Bassett: We get two – two doses are – two doses are what are provided in every kit and it costs around about \$50 dollars. There's a range in products available on the market. There's an auto-injector, that is given intramuscularly – that costs \$600 dollars, but the lower cost for two doses is about \$50 dollars.

Mayor: Let's give a very warm welcome to James Brenker.

[Applause]

James Brenker: I'm sorry, what was the –

Question: Anything you want to offer about this initiative and your own experience.

James Brenker: I mean, in my own experience, you know, like I was telling the mayor earlier, is, you know, finally, like, I'm happy to see that, like, there's actually, like, people that have influence in this state that are actually stepping up now to – to help people like me because, you know, a long time ago, like, I felt like no one cared and I know that a lot of addicts do feel like that. And that would be, like, one of the main reasons why I'm voicing myself now, and I'm coming out – like, just to let people know that, like, there's help out there. There's people that do care now and we want to stop these deaths, because I've seen it first-hand – I've watched my friends pass on, you know, through this drug addiction. I've actually saved a friend with naloxone because I'm certified – like, a Narcan certificate also. My friend overdosed right in front of me. If I didn't have that kit on me, the EMS said he would have died. So –

[Applause]

– I mean, just from my experience, like, this is – this is – like, it was bigger than just meetings and just outpatients – like, we need these people to help us because, you know, like, I addressed with him before, is that there is – there’s one detox out here with 20 beds. How – that doesn’t help us because, I mean, personally, for me, I went to this detox before with it full and couldn’t get in. So, like, you know, that’s why we want more beds out here and, like, I want – like, I want to voice the opinion to, you know, help everybody. You know, we’re all young so –

[Applause]

Mayor: Okay, on-topic. Jen –

Question: How is this administered this – what, how do you pronounce it?

Commissioner Bassett: Naloxone.

Question: Is it – [inaudible] you know the famous scene in Pulp Fiction –

First Lady: There’s two ways to administer naloxone. It can be as a nasal spray – right? – in each nostril, or as a shot in the upper arm or in the thigh. It’s like an EpiPen, you can compare it to that – or any other nasal spray.

Question: Would you need a prescription to obtain it or could anyone just walk in off the street into a pharmacy and get it?

Commissioner Bassett: That’s what we’re announcing today – that I’ve issued a standing order so that all participating pharmacies, which at the moment include the Rite Aid chain, which has 150 pharmacies, and at last count, something like 33 independents, are participating, but then you just walk in, the pharmacist will want to talk to the person and make sure that they understand what’s being dispensed to them – as they do with any item that’s prescribed – but they don’t need an individual prescription. You can walk in.

Question: Sorry – Any guesses as to why this is on the rise in the Bronx? I know that you say anecdotally there’s been some discussion – or I’ve heard anyway and read – that it’s – it made sense to start on Staten Island where – and more people will have healthcare etcetera, etcetera – but why?

State Senator Andrew Lanza: So I sort of let the cat out of the bag, so let me address it.

So, my point really was to say – because there’s a lot of attention about what’s happening on Staten Island – and by the way, we welcome it, because we know without the attention we’ll never get the resources together to solve this problem. My point, though, was that we really need people everywhere, and that’s why it’s so encouraging to have Mayor de Blasio here, because this is not a Staten Island issue. I was just raising that statistic to say this is a New York City issue. And, in fact, what I said was – and it is true – this is a national epidemic. So whatever causes this to happen in Staten Island or the Bronx is causing it to happen all over the country. In every state of our union, this is a problem. So that was really the only point in bringing up that statistic. And one of the things that we’ve been fighting through, as the borough president stated – and just to add to what the first lady said – there is no shame in disease.

Mayor: Amen.

State Senator Lanza: And this is a disease. And when I talk to people early on throughout – with my early research – I would have even parents tell me, thank God someone’s talking about it, I live in terror waiting for the call that my son, my daughter is dead, and I didn’t want to tell anyone. That is what we are fighting here. And what I’ve learned in my research also is that this chemical addiction is so strong because a lot of people say well, it’s not my problem, just don’t do it, just stop. What I’ve learned is that’s like telling somebody to stop breathing. Once you are suffering through this disease of addiction, the way the body works is you can no sooner stop doing this than breathing.

Question: Does anyone else want to give a [inaudible]?

Mayor: On that Bronx situation?

Question: Yeah – I mean why –

Unknown: Same reasons.

Commissioner Bassett: For the Bronx, it's been [inaudible] – it's not just the Bronx. And we have – it's not just the Bronx. And we have beautiful maps that I'm happy to make available to anyone that shows the number of neighborhoods that are hard-hit. Staten Island is hard hit and on a per-resident basis has the biggest problem with opioid overdose deaths in the city, but the Bronx and Brooklyn together account for about half of the overdose deaths in the city. They're big boroughs. And the Bronx is the setting of the long-standing heroin epidemic in our city. Heroin has really been endemic in the Bronx. I trained in medicine in the 1980s when heroin – anyone who was working in those years remembers that we were really in the clutches of the heroin scourge. It never left the Bronx, but it's now going up. And that has to do with issues of supplies, which I think that the NYPD would probably be better placed to speak about. It has to do with the purity of the drug and its availability. And it also has to do with the fact that we seem to see waves of drug use, but the main message for us all here today is that this is preventable. We can prevent an overdose death by reversing it with easier access to naloxone. And once you have saved a life, you have a chance for that person to recover their life, as this young man has so eloquently expressed.

Mayor: Okay, on-topic. Anybody in the back? Last call for on-topic, going once. Yes.

Question: When these drugs are administered – Narcan, and – what was the other one?

Unknown: [inaudible]

Question: What is the procedure for recommending treatment and how important is the treatment? So, like, you get the shot and you're clearly in distress. You have, you know, suffered an overdose, but – what's the follow-up procedure for – because I guess maybe – if you could just address –

Commissioner Bassett: Yeah, I think that the issue here is whether you have to have inpatient treatment or not. And there is outpatient treatment for addiction as well. But I think that – I can't remember which one of our really expert Staten Island electeds mentioned that, of course, when somebody has an overdose reversed they haven't overcome their addiction. We've simply succeeded in pulling them back from the edge of respiratory depression that's caused by opioids. And then they need to make the decision to enter treatment. And everybody – and I'm just speaking as the health commissioner here – I think as a parent or as a resident of this city I would like to see everybody whose life is now ensnared by addiction enter treatment.

Mayor: Thank you.

All right, let me go on to another topic before we take general off-topic.

I just want to address something that's very much on the minds of people in this city, and also all around the country. And it's a powerful segue to go from what we're trying to do to save lives in the face of the opioid scourge to the fact that there is another scourge that is afflicting us and we saw it in San Bernardino, and we've seen in the campus massacres that have become so common that we just almost expect, week by week, to hear news of more of them – and this is about the reality of gun violence in this country.

I just want to speak about this for a moment, because I'm promoting a new idea that I think is going to be necessary to address this challenge, and I want to see if there's any questions about that, and then we'll go to general questions.

So we know, in these horrible attacks, whether it is a terrorist attack as we saw in San Bernardino, whether it's a campus massacre, whether it was the attack on Planned Parenthood – the Planned Parenthood site in Colorado – over and over again, we see these horrible acts of violence, and in so many cases, the perpetrators are able to purchase the weapons they use on the open market perfectly legally, and, in fact, they're not only able to purchase handguns, they're able to purchase military-grade assault rifles. We have seen it with our own eyes. We've seen displays, time and time again, of the horrendous weapons that are available on the open market that are built solely to kill people – and kill people very quickly and in large numbers. And that's what we see over and over again.

In the case of San Bernardino, 14 killed, 23 wounded by weapons that are meant for a theater of war, that are meant for the military and law enforcement, but somehow are available to anyone who has enough money to walk into a store and buy one. And when a weapon meant for a theater of war is used in a movie theater or on a college campus or in a government building, the results are absolutely horrendous.

We know that this fundamentally must change. I applaud the president for his remarks last night and for the many times he has spoken up in recent months and made this, obviously, a profound national priority to look this in the face and to make changes in the way we govern, because we have to make it harder for people to get their hands on these killing machines. It's as simple as that.

The gun manufacturers must stop manufacturing and marketing assault weapons for the civilian market. They have the power.

You know, we talk about the NRA – it doesn't matter what your politics are, we talk about what is often perceived to be paralysis on this issue, and therefore, somehow, the issue is set aside. Well, let's talk about a different approach. Rather than discuss what can't happen in the Congress or in state legislatures in too many cases, let's talk about another way.

The gun manufacturers have a choice. They do not need to create military-grade weapons and then sell them on the civilian market. They have a choice to only sell them to the military and law enforcement. And we have a choice, because, in the end, one opportunity that every citizen has is to make their voices heard through the pension funds that represent their interests. In every state and every city, there are pension funds representing public workers and those pension funds are governed over, in the vast majority of cases, by elected officials, or at least partially by elected officials.

That means the folks we elect get a say in this matter. Are our pension fund dollars actually going to be invested in companies that produce guns and then sell them on the open market? I say they should not be. I say private equity firms should not invest in any gun manufacturer that continues to sell assault weapons on the open market. It's a very simple choice. If a company is going to keep doing that, if they're going to keep selling those weapons too civilians, and in too many cases to criminals, to folks with mental illness, to folks on the terrorist watch-list, if that's going to continue, we should not allow any kind of public funds or pension funds invested, nor should private sector investors.

This is a way forward while we try to find some common ground and some forward motion on the legislative front. This is something that can start to happen right now.

Now, the city of New York has five pension funds – two of them – the NYCERS fund and the teachers' fund – have divested in all gun manufacturers. I'm calling upon the remaining three to divest immediately. That will send a powerful example.

Let me give you a real life example I think makes it vivid. When our two city pension funds that divested no longer put money into gun manufactures, one of the manufactures they took money away from was Smith & Wesson. If you look at the horrendous attack in San Bernardino, you will find one of the weapons used was a Smith & Wesson military-grade weapon. That is a direct connection to what happens with our money.

If you look back at one of the most painful incidents we have ever seen, what happened in Newtown at the Sandy Hook Elementary School, that killer killed 26 people – as we know, most of them children – in a mere 264 seconds. The weapons he used were made by the Freedom Group. The Freedom Group is owned by a New York City-based private equity firm – Cerberus. One of the weapons used in San Bernardino, also produced by the Freedom Group. If you follow the money here, if you look at the larger reality, it's clear that we don't have to say nothing's possible, that, in fact, there is a way to shake the foundations of this issue. Because people are not only complicit – these gun manufacturers are complicit – they're actually profiting. They're profiting when someone on the terrorist watch list buys a weapon, or someone who's mentally ill buys a weapon, or someone who's a criminal buys a weapon.

We have to stop that and we have the power to do that.

Let me just say a few words on this in Spanish, and then welcome your questions on this topic.

[Mayor de Blasio speaks in Spanish]

Mayor: Welcome your questions on this topic, and then we'll go to general off-topic. Grace.

Question: Are you partnering at all with other cities or other mayors to try and convince them to do similar things with pension funds and do have any sense of sort of how many funds, like the two in New York City, have already divested?

Mayor: This is obviously, I think, a critical-mass moment. So I'm going to be reaching out to other mayors for sure, and other leaders around the country. I believe there are some examples of other public pension funds who have moved away. As you know, public pension funds have often been on the leading edge of making changes in our society. A lot of them, for example, right now, are considering divestment in fossil fuels because of climate change. A lot of them were in the forefront of changes in Northern Ireland – they refused to keep investing until there was a prospect of peace in Northern Ireland. A lot of them were in the forefront on South Africa. There's a long history of how effective it can be for public pension funds to engage these issues. So I'm certainly looking forward to working with other leaders around the country on this.

Question: [inaudible] pension funds aren't the only part of city government that interacts and does business with private equity firms, right? Do you – have you given any consideration to maybe talking to private equity firms that may or may not have stakes in gun manufacturers?

Mayor: We're going to look at all the tools we have available, whether it's pension fund investments, whether it's purchasing, whether it's the other types of investments we make – we're going to look at all those tools. This is – this is a watershed moment. I really want people to recognize – when the president of the United States does one of his very few Oval-Office addresses, when the president of the United States repeatedly keeps coming back to this topic to say something must change, when the Daily News does a front page, which was extraordinarily powerful, a few days back, making very vivid and emotional the extent of this problem nationally, when the New York Times for the first time since 1920 does a front-page editorial calling for changes to address gun violence – this is a critical-mass moment. And – and we're dealing with a host of other issues, and we're dealing with profound international challenges, but this is an American problem that has to be addressed. And in the end, like so many other problems, a lot of this is economic, and we need to get to the heart of the matter – the economic heart of the matter – if we're going to change it.

Question: Just to get a sense of your relationship with guns – have you ever owned a gun? Have you ever shot a gun yourself?

Mayor: Never owned one. I'm not sure I ever shot one – I don't have a memory of having shot one, but let me – let me check my memory banks to see if I can remember any situation, but not a actual gun as opposed to an airgun or something like that.

Question: What conversations have you had with the comptroller about complete divestment of city pension money?

Mayor: We just started that process, and, again, there's been very good progress – two of our biggest funds have already acted, and we're hopeful the others will. Any other questions on this? Rich.

Question: Mr. Mayor, would you favor collecting assault weapons from civilians who already own them – either voluntarily or by virtue of non-voluntary methods? Well, I'm going to let the Chief, if he has any thoughts, speak about how the NYPD approaches that situation. If he doesn't, we can have someone else from NYPD speak to it. I don't want to speak about how law enforcement believes it's appropriate to handle it. Do I think people should voluntarily take assault weapons out of their homes and out of any place that could be within public reach? Absolutely. I don't think any store in this country should be selling assault weapons to civilians. Again, Senator Schumer's really lead the way on this point – if people are on the no-fly list because they're a suspected terrorist, but they can walk into a gun shop or a Walmart and buy any type of weapon available, what else do we need to know? So we have to change the rules of the game, and that means getting assault rifles out of our society in general, because I – I – I'm saying something I think everyone in this room can relate to – there was a day when each and every one of us started to be so used to the campus massacre that it didn't register the same way, right? I mean, it became a commonplace – think about that for a moment. And that cannot happen without those assault weapons.

Last call on this question and then we're going go to general off-topic. All right – general off-topic.

Anna.

Question: There is a larger capacity from the city to house homeless individuals in hotels on Staten Islands than our actual city shelters here. I was wondering if you ever thought that the city should increase its shelter capacity for homeless individuals on Staten Island?

Mayor: Well, we're trying to get to the heart of the matter by really trying to prevent people from ending up in shelter to begin with. The fact is what we know more and more about homelessness – come on over, guys – what we know more and more about homelessness is it is for economic reasons for many, many families, and we are trying to intervene in that process, and we're finding better tools to do it – keeping people from becoming homeless, keeping people from going into shelter. As we've said, the anti-eviction legal services, the rental subsidies have worked more and more. We still have a long way to go. This is a very tough issue. And then, on top of that, the tools we've used to get people out of shelter and to housing – 20,000 people in the time that our new policies have been in place have been helped out of shelter and into housing. So the goal is to turn that tide. In the meantime, we're always going to look for the appropriate facilities to handle the challenges we have. And if there is a facility that's an ongoing facility versus a hotel, of course we're looking to take advantage of those opportunities. But again, the heart of the matter is to try and turn the tide overall.

Question: So just to be clear, like, you would consider, like, increasing shelter capacity here? Like, permanent shelter capacity?

Mayor: Well, I want to be very clear – permanent's not the right word. That's really not the right word.

Question: More permanent than hotels where they go and then –

Mayor: Correct. And I – I – I'm saying it because I want to make sure there's no misunderstanding. When we – when we set up a shelter, it is with the goal of shutting down that shelter as soon as possible. This is a long-term battle, but every chance we get we want to actually need less shelter capacity. That will take time. But if your simple question is, would you rather have an ongoing facility, whether it's for a year or six months or whatever it is, versus a hotel room? Yes, of course.

Question: You know, looking over at Chicago, and your counterpart Rahm Emanuel, with the ongoing kind of controversy over the Laquan McDonald video, do you think the situation was handled the best way humanly possible? And, two, how might you have handled it differently?

Mayor: I don't get into theoreticals. I have not followed it carefully enough. I think it's a very painful time in Chicago. I've worked with Mayor Emanuel. I have a lot of respect for him. I know he's had very tough challenges to deal with. But I can't give you a hypothetical, because I didn't live through it.

Question: You've been speaking out more about Donald Trump and your concerns about what you're hearing from him. I'm wondering if you could tell us if – if that's something that you're going to be continuing doing and how you are hoping to sort of influence the – the presidential debate, and if you're trying to reach people who are rallying around him? Because it does seem like, sort of, the more inflammatory his rhetoric becomes, the stronger his standing is in the polls with Republican voters.

Mayor: I'm not sure I agree with that assumption. I understand why you're saying it, but I think there's more going on here than meets the eye. First of all, it is very early in the process. I – I don't blame anyone for focusing on campaigns early, but I always tell people, until the American people start voting or the people of New York City start voting, it's all theoretical. And that's not going to begin until February 1 in one state. So we have a long way to go. I think a lot of Americans are going to be very unsettling the more they look at the statements of Mr. Trump. To your question what is my goal, look, I'd love to not have to talk about this, but if he continues to divide us, if he continues to say things that are denigrating towards Americans of different backgrounds, it's morally an imperative for any and all of us to speak out. This is going to undermine this country if divisive language becomes the norm in a presidential campaign. And I think most Americans don't like it. I think most Republicans don't like it. And you've never seen a poll where he has a majority of Republican support. So I think people want an inclusive country. I don't think most Americans think America's going to work if there's a huge amount of division. And I think the other thing happening right now is – and we've seen this at other points in our history – a moment of outrage occurs. Again, I'm – I'm – like my colleagues who were praising the Advance for its coverage on the opioid issue, I also want to praise the Daily News for what they said about Mr. Trump's comments at the Jewish Republican gathering. We've got to call out these kind of comments. We've got to call out demagoguery. It is very dangerous not to. And we know – and I'll use the McCarthy period as the object lesson – we know that that period in our history there was a certain amount of momentum for demagoguery and division, and people lived in fear for a certain amount of time, and then one by one, leaders spoke up. A lot of journalists spoke up. The United States Army spoke up. And that's what turned the McCarthy period. So silence only encourages divisive voices. They must be confronted.

Question: Bouncing off her question, do you believe that members of your party who have received money from Mr. Trump, you know, in the form of campaign contributions, should return those contributions as a way of repudiating his comments and his statements?

Mayor: You know, I don't know about things that happened in the past, but from this point on I certainly don't think anyone who purports to believe in an inclusive society should accept donations from him.

Anything else? Please.

Question: The City Council today voted to provide funding for security guards for private schools. I want to get your position on the bill, and if you can explain why it's a good use of public money to be paying for that service.

Mayor: Well, we had long discussions with the City Council, and this is an area they care about deeply and I understand why, because our parochial schools and our private schools are obviously a big part of our education system. And in this administration, we've been very clear – in terms of our pre-k programs, in terms of our after-school programs – we have worked hand in hand, particularly with the parochial schools, and we think that's the smart way to do it. We think that's good government. So the issue of security has been coming up

more and more, and you can imagine in the environment we've been in the last few months how much communities are concerned. We need to find the right way to do it. And after a lot of crafting, I think we've come to a good place, and it's a bill I'm comfortable signing that will have the parochial and private schools that fit certain criteria hire additional security. They will be in regular contact with NYPD – in fact, they will be additional eyes and ears for the NYPD. We're trying to see if there's some ways the NYPD can provide training. But they'll be hired by the schools, and then reimbursed. And there is a cap on this program that I think is an appropriate cap. So, because it will help to create more security in our communities and because it will also add another tool that the NYPD can take advantage of in terms of overall safety and vigilance, I think it's a smart piece of legislation.

Yes?

Question: [inaudible] Donald Trump is calling for a total and complete shutdown of Muslims entering the United States [inaudible].

Mayor: Say it again, please?

Question: [inaudible] a total and complete shutdown of Muslims entering the United States [inaudible] figure out what is going on.

Mayor: Look, it's against our American values, and I don't even know what to say at this point. If I said let's have a total complete shutdown on Christians entering the United States or Jews entering the United States – it's against everything this country is based on. It's as simple as that. The country was formed by people fleeing religious persecution, and, in fact, so many people fleeing religious persecution that it was puritans in Massachusetts, and it was Quakers in Pennsylvania, and Catholics in Maryland. And when we founded this nation, it was to respect religious pluralism, and to not have a state religion, and to not have any bias against any one religion or against people who don't have a particular religious faith. How could the frontrunner for a major party nomination literally be suggesting a religious test on who gets to come into the country? That is a dangerous, dangerous statement. That's why he must be confronted.

Any other questions? Last call.

All right. Thanks, everyone.

[Applause]

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