NEW YORK STATE JOINT SENATE TASK FORCE
ON HEROIN AND OPIOID ADDICTION

TO EXAMINE THE ISSUES FACING COMMUNITIES

IN THE WAKE OF INCREASED HEROIN AND OPIOID ABUSE

Penn Yan Middle School Auditorium
515 Liberty Street
Penn Yan, New York 14527

February 23, 2016
6:30 p.m. to 9:30 p.m.

PRESIDING:

Senator Thomas F. O'Mara, Sponsor

Senator Terrence Murphy, Chair

Senator George Amedore, Jr., Co-Chair

Senator Robert Ortt, Co-Chair

ALSO PRESENT:

Senator Rich Funke

Assemblyman Phil Palmesano

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Joseph G. Fazzary
District Attorney
Schuyler County District Attorney's Office

Ronald G. Spike
Sheriff
Yates County Sheriff's Department

William E. Yessman, Jr.
Sheriff
Schuyler County Sheriff's Department

Thomas Dunham
Investigator
Penn Yan Village Police Department

Valerie G. Gardner
District Attorney
Yates County District Attorney's Office

Jason Cook
Assistant District Attorney
Chemung County District Attorney's Office

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County Court Judge
Yates County

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Village Justice
Penn Yan Village

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Penn Yan Central School District

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Superintendent
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Finger Lakes Addictions Counseling &
Referral Agency

Annmarie F. Flanagan, FNP, MS
Yates Substance Abuse Coalition

Mike Ballard, MS
Council on Alcoholism and Addictions
of the Finger Lakes

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Yates County Public Health Department

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Director, Community Services
Yates County Public Health Department

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SENATOR O'MARA: Okay. I think we're good to go. We're just about on time.

I thank you all for coming out.

We have a great panel here.

I'm not going to belabor the length of time that we have here this evening by taking it up by going through introductions.

We'll get to that with each panel that we get through.

We've got it separated into different subject-matter areas, to hear from each group individually. And if the groups can kind coordinate amongst yourselves as we're talking here, and then we want to make sure we have some time to have some questions and answers with the audience, and some discussion with the audience, of issues that come up.

Obviously, the issue of heroin and opioid addiction is something that's significant, it's very real, and it's hitting us here locally in our communities here, but across the state.

We have from the Legislature here with us who I will introduce is:

Senator Funke, Rich Funke, from the Rochester area, second to my right;

Senator George Amedore from the Schenectady region of New York;

Senator Terrence Murphy from Westchester;

Senator Rob Ortt from Niagara;

And we have Assemblyman Phil Palmesano, who represents us here in Yates, and Steuben, Seneca, and Schuyler counties.

So, you know, in the interest of time, we're going to keep it short on introductions.

As I said, these are critically important issues that we're dealing with. We want to make sure we get input from a variety of factors.

We know other communities across the state and across the country are grappling with this crisis of heroin.

We've seen all too many tragedies in our hometowns, and read about it in the news all the time. It seems to be getting worse and worse.

And there are issues that we need to address, and do a better job of, from prevention, to treatment, to law enforcement and the crime aspects of this as well.

But it's got to be a community-wide-based approach from our local leaders, local community organizations, our local governments, our school

districts, law enforcement and district attorneys that are here, the court system, right up to our state government and our federal government, because this is a nationwide crisis that we are dealing with.

So, I thank you all for showing your interest and coming out here to, hopefully, be able to share some of your experiences with you -- with us, and to learn some things about what we're doing, because we're here to learn ideas on how and what we should be doing in Albany, moving forward.

We have -- we're in the budget process right now in Albany.

And in the budget proposal that's out there now, I think it's about $140 million that's proposed in the budget for "heroin and opioid addiction" categories. But that's only about a $6 million increase from last year's budget in that, and we're looking at ways how we can further bolster our community services to provide for treatment and prevention of these -- these -- this real public-health issue that we have and the individuals that are addicted.

And we recognize it as a public-health issue, as well as a crime issue, and it needs to be

approached on all of those levels for us to be effective and everyone to be involved.

So, I thank you again for coming out.

We're going to start out with the --

Do you guys want to do any opening remarks?

SENATOR MURPHY: No, just go right to it.

SENATOR O'MARA: Okay. We are going to start with our first panel, which is a group of district attorneys and sheriffs, law enforcement, from Yates County here, from Schuyler County, and Chemung County.

We have Joe Fazzary, the Schuyler County District Attorney;

Ron Spike, the Yates County Sheriff;

Bill Yessman, the Schuyler County Sheriff;

Jason Cook, Assistant DA. Former DA here in Yates County. He's an assistant in Chemung County now, representing the Chemung County DA's Office;

Investigator Thomas Dunham from the Penn Yan Village Police Department;

And our Yates County District Attorney here with us, Valerie Gardner.

I thank you all for being with us here today.

I don't know if, Valerie, you would like to start it out on being the hometown DA here?

DA VALERIE G. GARDNER: Sure, I'd love to.

Thank you very much.

Senators, Assemblyman, all of our guests here, but, particularly our community members here in Yates County who are facing a terrible situation with the heroin epidemic that is sweeping across our county, I want to welcome you especially, and say, thank you for taking time out to come out tonight.

So, thank you very, very much.

[Applause.]

So in terms of -- we all, I think, are familiar with the national statistics and the statewide statistics that are shocking.

This epidemic has taken us, literally, by storm.

And we're doing the best we can here in Yates County to try and combat that, and address the significant issues with opiate addiction, and, specifically, the influx of heroin that we've had here in Yates County.

And my request tonight to our State Legislators here is that, please, we are a small county. We need your help in committing the financial resources for us to address this problem.

It is widespread.

And one thing about heroin addiction is that -- or any addiction, but, specifically, heroin addiction, as it plays out here, it does not know our county boundary, and so as a result, we have individuals here who are using, who are addicted, they're traveling outside of Yates County for their supply of heroin. And our law enforcement agencies have jurisdictions that they have to abide by.

So I would ask the State to please commit significant resources to the New York State Police, to interagency cooperation, so that we can address this problem beyond the boundaries that impact us so greatly here locally, please.

In addition, I think we all can appreciate that by the time an addict gets to us, we're at the end of the pipeline here, and there's already been significant harm, not only to the addict and their families, but also victims involved in crime.

And, so, when we look at this, I think that we really have to appreciate that every strategy to attack this problem must be employed, and the most important is prevention, education, to keep people out of the criminal justice system, and that benefits all of us.

But in order for that to happen, we must have

treatment available, so that the option, when an addict decides that they want to get help, that they have the ability to seek treatment.

Currently, you have some choices before you in terms of dealing with the insurance industry and the historic regulations that the insurance companies are allowed to force addicts to fail, two, three times, before they have access to inpatient treatment.

So I would ask that the Legislature insist that the insurance companies take notice that heroin is unlike other addictions; that outpatient treatment is just not as effective as significant inpatient treatment, and make those resources available.

[Applause.]

DA VALERIE G. GARDNER: I know that the proposed budget includes approximately 30 beds to be located in the upstate area.

And I would just say that, while it is a start, it is woefully insufficient.

And I hope that you will all advocate strongly for more beds to be available for our citizens who are battling this addiction.

And, I just would note to you that, in the

absence of doing that, the very serious consequence is that the beds that will end up being available for these folks are the beds in our county jail, and that is not something that we want to see.

I think the Sheriff can tell you that we have had just a tremendous increase in population because of this.

And so we need to remember that the consequences are widespread for all of us here.

In addition, I would also ask that the alternatives to heroin that some turn to, if they happen to be on probation supervision, or in a program where they are trying to address getting well and fighting their addiction, that synthetic drugs absolutely must be addressed within our Legislature so that our penal law is not defining drugs and controlled substances that are illegal by the polymers that can so easily be changed.

And so, please, if you could support that, that would be a tremendous help to law enforcement.

SENATOR O'MARA: And, Valerie, as we spoke about this yesterday in front of the Yates Legislature, we have passed that in prior years in the State Senate, and we have passed it this year already.

We'll put the pressure on our Assemblyman here, Phil Palmesano, to get that through the Assembly, which he's very supportive of, don't get me wrong. I'm just teasing him.

But our battle there, with any kind of these changes in criminal penalties, our struggle is to get it through the State Assembly.

But we're there with you on that.

DA VALERIE G. GARDNER: Okay. So go, Phil!

[Laughter.]

DA VALERIE G. GARDNER: So, lastly, I just want to give you an idea of how this has impacted us locally in Yates County for our criminal justice system.

Our county court, Judge Falvey, who serves us in county court, hears felonies. And, surprisingly, Yates County has been pretty consistent over the last 17 years, as I look back at the statistics, in terms of how many felonies get filed.

We are over 20 percent higher as of last year, directly related to the heroin epidemic.

And with regard -- if you can imagine, so, we had 91, either superior court informations or indictments, filed last year alone.

That is a tremendous amount for Yates County,

and there are victims attached to every single one of those cases.

And that is felonies only.

If you add in the misdemeanors that are handled in local courts, the possession cases, there are -- it's just a tremendous amount of resources that we're putting into the criminal justice system instead of prevention.

And, so, I'm hoping that everybody can support that effort through the Yates Substance Abuse Coalition, and however you can, in talking to your families and neighbors.

With regard to our numbers, a total of 98 cases over the last 2 years, the highest charge has been a drug charge. So we're not talking -- that's not the only cases that involved drug involvement.

There are lots of larcenies, and other things, that the impetus for the crime is drugs.

But I'm talking about the charge is a drug charge. And out of those 98 cases, 32 are felony cases.

We do have 100 percent conviction rate here in Yates County on all of those cases.

And, so, we're doing what we can through the

programs that we have in the criminal justice system, and I hope that you'll continue your support for that.

And, also, continue to ask our representatives to help with the budgetary constraints as well.

So thank you very much.

[Applause.]

SENATOR O'MARA: Thank you.

Thank you, District Attorney Gardner.

Now I'll turn to our sheriffs.

Sheriff Spike, Sheriff Yessman, if you could give us an overview of your perspective on this, and where you think we at the State, at the legislative level, may be able to offer assistance in your efforts.

SHERIFF RONALD G. SPIKE: Sure.

SENATOR O'MARA: And kind of the trends, obviously, that you're seeing here locally.

SHERIFF RONALD G. SPIKE: Good evening, everyone.

Thank you, Senator, for having this hearing and thank you, Committee Members, for being here, and everyone else.

When this community was first forming a

coalition, I put together some slides at the Penn Yan Academy, to speak, and I said at the time that heroin and opiate abuse was an epidemic.

And I stand by that label today, that's what it is.

And I never thought at the time, a few years ago, I'd be standing in a school in this community and talking about heroin. It just wasn't something we talked about.

So it's been quite a challenge for public safety, public health, for the criminal justice system, public education, and all the treatment entities that are around.

We've had a dozen deaths over the last few years, ten from heroin, one from pills, and one from an addict who was so needing, they chewed on a fentanyl patch, and killed themselves.

The oldest was a 45-year-old woman who started out taking Oxycontin, and then went to heroin because it was available and affordable.

Sadly, we also had the life of a 17-year-old girl who once tried it for fun and was soon addicted.

For this county, perhaps to some, a dozen deaths may not seem high. But in this close

community, it is huge to us. It is huge.

And it's just a terrible problem because, in some areas of this country, the deaths by heroin are exceeding the deaths by car crashes, which normally is the number-one killer of our young people.

I and members of my office have interacted with families and those addicted and those who have overdosed.

On the majority of those cases of overdoses, the Good Samaritan laws have been around; and, thus, we don't get to get into the criminal justice systems or make an arrest because of that. They seem to apply more often than not.

But, we have dealt with many moms and dads who don't know what to do. They're kind of behind closed doors in some way, and perplexed, on seeing their son or their daughter transform into an addict.

And it is -- it's just terrible, because even those that find treatment have to travel 50 miles to get that treatment. And so that, in itself, is yet another problem.

Those that are abusing it just cannot help themselves. It is such a powerful drug, such a powerful craving, it cares less whether you're young

or old, rich or poor, it matters not to that.

Many in their 20s are stealing from their parents, they're stealing from their grandparents, or they go to their neighbor's house and steal property, shoplift, forge checks, that type of thing.

Our investigators have spent considerable time in the city of Rochester at pawn shops where individuals take this property to get the cash to buy the drugs.

All drug-possession cases in the last 4 years have risen 120 percent for our agency, and felony drug cases for our agency in the last 4 years have risen 150 percent.

We have no dedicated drug unit in this county, and the majority of the County's investigators' time involves drug investigations.

I recently deputized the local Penn Yan police investigator, who is here at this table, who works very hard in this area.

As we all work together very much, I wanted him covered, because he was outside of his jurisdiction and spending a lot of time in the county with our people, working on cases related to the village of Penn Yan.

I said to him, I said, "Tom, how much time are you spending on drugs?"

80 percent of his time.

One year ago, after four months of investigation, we were able to take down -- with the Penn Yan police and our agency, took down a guy who was selling drugs in Dundee, and then moved to Penn Yan. He was selling heroin, cocaine, oxycodone, and Suboxone.

He ended up getting 12 years in prison.

Once again, the time involved with these cases is huge. To make these drug arrests, to be involved with informants and doing surveillance is huge.

Another statistic that I think is very relevant for everyone to understand, I looked at our statistics in the last five years for making arrests for driving while impaired by use of drugs.

Driving when under the influence of drugs, in the last five years they've increased by 300 percent in this county.

And we have put up billboards.

We have trained a deputy as a drug-recognition expert. They call him a "DRE."

There's only about 220 of them in the whole

state of New York, and they're very important.

And he's a big asset to local police deputies and the troopers.

In 2011 I found myself on the national news when we had a tragic fatal traffic accident on a county road, where we had several Amish were killed in a van, because of a driver who was under the influence of cocaine, who struck them, and took all their lives. Convicted of homicide.

The men and women who perform public safety in Yates County, whether they be county or the local police, don't get enough recognition for all the good work that they are doing.

And we have really been touched by this epidemic.

Our 911 communications center deals with overdose cases, it ties up a dispatcher doing pre-arrival instructions when they're sending EMS, and what have you.

Our patrol deputies have to respond to these increased calls of stolen property. And, they've all been trained in the use of Narcan, in every patrol car, and have saved some lives.

We have put receptacles in our public safety building and other satellite offices, where people

can bring in drugs and drop them off, no longer being used.

And, we have put up a crime-tip hotline.

And I'm trying to get an app on a smartphone, and I'm very close to having that done.

Our K-9 units have increased calls for searches of property to detect drugs.

We had to get a special license from New York State, and now I'm working on a license from the DEA, to actually hold the drugs in our possession so the drug dogs can be trained on finding those drugs.

So I'm working -- we're working on that right now.

Our youth officer is assigned to the Dundee school, and is involved with D.A.R.E. (drug-abuse resistant education) for fifth graders.

And don't I wish I had the resources to continue to do that in the eighth grade, and, again, in eleventh grade, because it's through repetition, I feel, that we can optimize our education efforts of our kids.

So I thank the Yates County schools for all they are doing and have done for public-health education.

Our criminal investigators are handling informants, doing surveillance, handling evidence. And with handling evidence, we are very aware of the fentanyl issue.

These dealers are cutting heroin with fentanyl. And in some cases, recently, up in the Erie County area, they had 23 deaths in 11 days where it was pure fentanyl.

They're seeing this down in the Binghamton area, and also other areas of the state.

And so we're constantly doing training on safety, so that when we're handling this drug evidence, we don't get hurt ourselves.

The other thing we're seeing more of, which I think is important for you to know, is we're seeing more synthetic marijuana starting to appear on the scene.

So I think that's important.

Last, but not least, is our county jail.

We have several addicts in our jail on a regular basis.

We've seen withdrawal.

We have seen infections due to needle use.

In the last year we had more inmates hospitalized than ever before, and a lot of that was

due to drugs, and we often have to guard them at our local hospital.

Right now, I've got officers guarding an individual, who was in our jail for drugs, up at the local hospital. And we have to do that 24/7.

We've had to do guard duty at Strong Memorial Hospital, travel up there and back with guards, to guard these individuals at the hospital.

It puts a strain on jail resources and overtime.

We have FLACRA coming into our jail on a regular basis for substance-abuse and alcohol counseling.

And we are seeing a lot of attempts to smuggle contraband into the jail through visitation and other methods, especially Suboxone which comes in the strips. We're seeing more and more of that.

We even had a drug-court participant, who knew she was going to get sanctioned in drug court by the judge and put in jail, hide heroin inside her body. And then we caught her snorting heroin in her jail cell.

And that type of thing.

So we continue to see increases in the number

of females that are involved in drugs, kind of disproportionate to those of the males, especially in our jail.

And so I think it's important to know that we had as many as 21 females in our jail last August.

I only have four cells in my jail for females.

Okay?

We had 21 in jail.

And a few weeks ago we had an inmate give birth, and she now has her baby in her jail cell in my jail. And we've had to -- had to provide a nursery, and providing that whole setting, keeping her separated and that child separated, because, under the law, she has a right to have that baby with her in the jail, and she wants it, keeping that separated from everybody else that's in that jail and the people that she shouldn't be around, has been very challenging for us.

So, finally, our jail medical staff and our jail physician, we are commencing a plan for a program to introduce a drug in our jail called "Vivitrol" for addicts who want to recover and who will go to counseling.

We need to rethink alcohol and opiate

dependence for those in the criminal justice system.

Vivitrol is FDA-approved. It's non-addictive. And contrary to other drug treatments, it is an opioid-blocker and an antagonist, and a single shot will last 28 days.

It appears to me that Vivitrol, together with counseling, for six months, may be the best chance for detoxification and reduced relapses.

Relapses have taken many of our local addicts to their death, and rehospitalization.

Let me conclude and say this:

Law enforcement will continue to do our part as best we can with the manpower and resources we have.

I've been asked, Could we do more?

The answer is, yes, I could do more with added resources, but those appear to be limited.

County budgets are already strained to stay under the tax cap.

I have looked for grant opportunities, and those available at this time do not address drug investigation or interdiction.

So grants, similar to the federal Byrne grants of yesteryear, would be something that would be very accepted so that we could have our own

dedicated drug unit.

Working with the Village police, and together, we will make an impact.

Law enforcement has a very important role to play in this multi-faceted community crime and health problem.

The sellers of heroin belong in jail.

Those addicted do not belong in jail. They need affordable treatment.

I want to thank our local county substance-abuse coalition for all their volunteers and all their advocacy and the partnership of education and awareness efforts.

I thank this Committee for allowing me to make a few remarks, and thank you for coming to Penn Yan.

[Applause.]

SENATOR O'MARA: Thank you, Sheriff Spike.

Sheriff Yessman, from Schuyler County, do you have any comments to add?

SHERIFF WILLIAM E. YESSMAN, JR.: Yes, thank you.

And thank you for coming out tonight.

I'd like to say that Schuyler County is different from Yates County.

We're very similar in size. We're also very similar in the problems we're seeing.

We've had this conversation with Sheriff Spike in the past.

We're trying to share information now, but, we just don't have the resources, being small counties, small agencies, to dedicate full-time drug investigators to this issue.

In over 30 years with the Sheriff's Office, I've never seen a drug come in and take hold of the community like heroin has.

We've seen cocaine come in.

We've seen the marijuana.

We're still dealing with methamphetamine in Schuyler County.

But heroin is taking hold in the younger population in our counties, it's destroying them.

We have made a couple of saves with Narcan, only to arrest the people the next day for possession again, because they need this drug.

The jail situation, I do not have any female cells in Schuyler County. We're the second-smallest jail in the state.

I currently have six females boarded out to Chemung County, all on drug-related charges, every

one of them. Some of them for larcenies, because they had to steal to get money to get the drugs, but they're all in on drug-related offenses.

And that's an expense that we're not prepared for, and it just keeps getting worse and worse.

When Sheriff Spike told me he had 21 females in jail last summer, I thought, what's going on up there?

You know, we weren't seeing the heroin down in Schuyler County. We were kind of isolated from it for a while.

And we said, Geez, we're lucky. You know, it's up in Yates County. It's over in Tompkins County. It's down in Chemung County.

We have it.

We saw a lot of our people overdosing in other counties.

Now, they're overdosing at home in our county.

And we have to take steps to be able to fight this.

Again, counseling, prevention, is a great thing, but, right now, people come to us as the local law enforcement, as their elected law-enforcement officials in the counties, and want

our help. And we're trying to do what we can.

Again, my investigators work on this, basically, in their -- it used to be their spare time. Now it's taking over their job. They spend a majority of their time.

Every morning we sit in our criminal investigations division and talk about drugs.

We have known locations in our county where we're making our presence very well known in the area. These people know we're out there. And, we're trying to put enough pressure on them to maybe move on, but that's not solving the problem.

Even if we move our dealers out, others are going to move in and take over, or, they're going to go into the surrounding area and buy their drugs there.

It's not going to be any easy fix.

Like the Sheriff said, this is an epidemic, and I totally agree.

A year ago, I would have said, maybe not.

But the way this has moved in and taken hold, it's just a terrible thing that we have to do something about.

And as a law-enforcement leader, this is one of those things that our hands are tied, because,

again, budget-wise, there's no money there, they reduce our budgets all the time.

We need some type of prolonged funding, at least have task forces, maybe between counties. You know, we're seeing similar movement between Yates County and Schuyler-County at this time.

And we're working with, the sheriff investigator from Penn Yan here, was just down in our office a couple weeks ago, working a case with us.

And this is what we're going to have to do, is team together.

But, agencies aren't going to -- I know the police department in Penn Yan, he's working most of the time out of the village, and they're not going to be able to financially keep that going.

So we need to find a way to fund these investigations, and the investigators that are handling these investigations.

Thank you.

SENATOR O'MARA: Thank you, Sheriff.

[Applause.]

SENATOR O'MARA: Investigator Dunham, from your perspective as the drug investigator in Yates County, I take it, wearing many hats, and

I thank the Penn Yan Village Police Department for allowing you to do that.

If you could give us your perspective on this.

INV. THOMAS DUNHAM: Yes.

Thank you all for coming, and thank you for putting this on.

And I do wear many hats, and I do spend the vast majority of my days dealing specifically with heroin.

And I look out in the crowd and I see many faces that I know. And the community plays a huge role in this, and helping combat this.

But heroin has been a growing problem in the Penn Yan community over the last several years, and it's become one of the most prevalent drugs being used in our area.

We've seen a dramatic increase in heroin use and overdoses, and we're dealing not only with the increased crime that comes along with that, but we see the effects it has on families, and the community as a whole.

And we need to work together with other agencies, we need to work with treatment counseling and education, to help combat this.

And while there are several agencies and specialty services involved in treating and combating heroin on a law-enforcement level, like the other Sheriff said, and the DA said, funding is a big obstacle for us.

Our officers received a grant in 2011 under a Byrne grant that the Sheriff had mentioned, to purchase surveillance equipment.

This equipment has been invaluable to us. We have used it effectively to investigate the sale of heroin and other controlled substances.

However, this equipment can be -- it quickly gets outdated. And there's new technologies available now that have reoccurring costs associated with them to help combat this.

We have limited manpower.

We do not have anyone currently assigned specifically to investigate the drug problem.

In Penn Yan there's -- I am the investigator, so I deal with drug cases, sexual assaults, any type of crime that happens, that's me.

So with the way heroin has taken off in the last few years, it's been tough, it's been busy.

We're dealing -- on top of that, we're dealing with the increased availability of needles,

when in years past, in our community, in order to get needles, you would have to become a member a needle-exchange program, and you'd have to travel to that needle-exchange program to get needles.

Now you can purchase needles at any pharmacy here in the village. And people purchasing those needles, they're not required to carry any paperwork as to where they were purchased or sign a log indicating they purchased those needles.

However, individuals purchasing pseudoephedrine are required to produce identification and they sign a log. That's used as a tool with law enforcement to combat the methamphetamine manufacturing.

On top of the greater availability of needles, law enforcement can no longer effect an arrest on individuals carrying used needles with residual amounts of heroin in the needle.

And while we understand the public-health concerns, and the fear that individuals may share or reuse needles, the availability and the ease at which a person can obtain them is a concern for law enforcement.

We continue to see increases of heroin, and increased crime related to its use.

There have been some effective steps and tools that have been taken and used, such as naloxone being issued to every officer. Public health and the Sheriff's Office, both were great in implementing that.

Naloxone is a medication that's used to reverse the effects of opiates, and it's especially used after someone overdoses.

We were trained in that, our office was trained in that, in 2014, and every officer in our department was issued a naloxone kit.

Since we've received that training, we have successfully used naloxone 11 times on individuals who have overdosed. We've also been present on several other instances where EMS has used it.

And while there's been some progress, and there are several agencies and groups working towards stopping this problem, we continue to see an issue in this community.

And, law enforcement plays a key role in combating heroin.

We're right on the front lines, dealing with this stuff every day, and we're often dealing with people when they're at their lowest point.

We don't only work towards arresting people

and dealers and stemming the flow of heroin into the community, but we're also working on educating the public and working with the public to help tackle the issue.

And, you know, I can't stress enough how important it is for the public to contact law enforcement if they see something going wrong.

We're always available, and we love to have the public's input.

And often law enforcement, I know it's not the only tool here, but often that's -- law-enforcement intervention is the catalyst to push someone into treatment that they might not seek on their own.

We continue to see major issues with it, and, on our level, I think that we need funding, tools, and appropriate legislation to combat it.

And I just want to thank everyone for coming.

SENATOR O'MARA: Thank you, Investigator.

[Applause.]

SENATOR O'MARA: Assistant DA Cook, can you give us a perspective from Chemung County, a little bit further south from where we've heard from.

ADA JASON COOK: Thank you, Senator O'Mara.

And thank you all for coming out tonight.

I don't think it is an exaggeration to use the term that heroin is "a cancer" that is really plaguing all of our counties, the number of people that are dying every day in one of our -- in Yates County or Chemung County or any of these counties.

And another analogy, certainly, we need all hands on deck.

It's a law-enforcement problem.

It's a public health problem.

It's an education problem.

We all have to contribute.

I guess my perspective, and I'll share a couple of insights that I've had, but, certainly, prosecution is where, often, sometimes the dam breaks.

A parent discovers they've been stolen from.

A child gets arrested for possession of a forge instrument; forged checks.

But when you hear the term "heroin," I guess the distinction that I immediately make, is there's a big distinction between:

People who are addicted and who are committing crimes to feed that addiction. Every day they get up, Where am I going to get my drugs? Where am I going to get my drugs? Where am I going

to get my drugs?

And those who are feeding -- those who are dealing drugs, those who are selling to those who are then becoming addicted.

I think that's a major distinction that we see.

And, certainly, separating those class of defendants, those who are committing larcenies and other thefts to feed their own habit, and those who are willingly selling to everybody they can sell, to make money, to profit from the suffering of everybody they're selling to, is a key distinction in the analysis.

And every case is different on its own facts.

But there is a reason why prison is authorized for the sale of drugs.

And a practical thing that I raised with Senator O'Mara, and I'm sure he'll bring it up, is in dealing with these crimes, the lab reports that we get for heroin are -- and the statutes that govern heroin, the lab reports are typically, for a single heroin dose, are in the thousandths of percent.

Like, a single heroin dose, for example, it would be in a small envelope, glassine envelope,

it would get sent to the lab. It would register .025 (25/1000) of a gram.

So that would land on a prosecutor's desk.

Now, that is a minuscule amount, quantity-wise.

Certainly can be lethal. A single dose can be lethal.

And as Sheriff Spike referenced, drug dealers often water it down, they cut it down, because they want to make more money, they want to sell to more people. So they'll cut it down and mix it with fentanyl or some other drug component, but -- and it's typically sold in bundles. Ten envelopes to a bundle.

But the practical thing that I have raised with Senator O'Mara, is it's different from, let's say, another controlled substance like cocaine.

To get to a significant felony charge, you need to get an eighth of an ounce.

So doing a little bit of math, if you have a single dose that's .025 (25/1000) of a gram, and you need to get to an eighth of an ounce, which is 3.5 grams, to have a significant felony charge over someone, you would have -- with a significant prison sentence --

In other words, you're looking at a possession of a large amount of drugs for, presumably, a dealer. Not someone who is just using every day for their own use, but a dealer, someone who is spreading this poison here in our community.

-- you would have to have so many of those, it doesn't happen very often.

So what I've suggested to Senator O'Mara is really a revamping, a changing of the penal-law sections, because that's what governs what we do, the statutes, the law, pertaining to heroin, because it is so much lighter, it is so much smaller, and cut so differently than cocaine and other controlled-substance drugs, that would allow prosecutors to seek higher-grade felony charges for possession of the dealers, of the dealers that are peddling this poison and creating the addicts that is the cancer among us.

So, I proposed that to Senator O'Mara, and I think he'll certainly discuss that with his colleagues.

But that would be a practical -- that's a practical problem that we face in identifying the dealers.

And, again, making a distinction between

those who are addicted, committing crimes for their own addiction, and those who are pedaling, those who are selling to those and profiting from those that are becoming addicted to that.

And that's certainly a big distinction that I have seen in Chemung County and throughout all of the counties.

And that's not to take away from any of the treatment component or any of the aftercare or any of the prevention.

But that's simply from the prosecution perspective.

And thank you again for all coming tonight.

[Applause.]

SENATOR O'MARA: Thank you, Jason.

District Attorney Fazzary.

Thank you for being here, Joe.

DA JOSEPH G. FAZZARY: Thank you, Senator.

I'll keep this brief, primarily because Senator O'Mara, my good friend, told me to keep it brief.

[Laughter.]

DA JOSEPH G. FAZZARY: Two years ago, I sat at a hearing just look this in Elmira, at Elmira College. Senator O'Mara was present for

that.

And, I heard somebody from Tioga County treatment say that they had had 10 overdose deaths in the last 6 months.

And I looked at the sheriff and I said, "Not in Schuyler County. We hadn't had any."

I listened, and I thought, boy, it sounds like it may be coming our way.

And as the Sheriff said, our, probably, number-one drug in Schuyler is methamphetamine.

But, certainly, in the last five to six months, I have seen just how wrong I was that it was going to be a problem.

Schuyler County, second-smallest -- you guys are small, we're smaller -- second-smallest county in the state of New York, we had 18 reported opioid overdoses in the last 4 months. We had six of those people die.

Okay?

So, all of a sudden, this is a real problem, not just for the cities, but for places just like us.

I have heard more times in the community, in the last 6 or 8 months, than I've heard in my entire 24-year career in Schuyler County, "What are you

doing about the drugs, Mr. Fazzary?"

And I said, You all think that we're doing nothing, you all may think that this table is doing nothing, because you don't necessarily see us out there.

And then I educate them on how, in order to get somebody for selling drugs, you have to get somebody in.

Okay?

That's not easy to do, because this isn't really like the city of Elmira, where you can pull up on a street corner and hand 20 bucks out a car window to somebody that walks up to your car and gives you a bag of heroin.

Not in Schuyler County, not in Yates County, we don't have them standing on the street corner.

We have them in houses, in apartments.

So, the neighbor comes up -- I had one in my office yesterday, from the County, County employee, she said, "There's a drug dealer right next to my house. There's cars pulling in there all night long, all day long. What are you people doing about it?"

I said, "Well, it's the first that I've heard about it, but you live out in the country, and we

can't exactly put a police car in your yard. We can't exactly put a patrol car, or even an unmarked car, on the side of the street."

So what we need is for these people that get in trouble, and they want to help themselves out, we need for those people to come to us, or for our police officers to go to them and say, Would you be willing to help us out?

So I want you to understand, it's not for a lack of our attention to this, because we all know it's a serious, serious problem, but, we don't always have an in.

And sometimes when we do have an in, we have to wait six or eight months to make it, so that when the person does get arrested, and I know a lot of people -- a lot of bad things can happen to a lot of people in that time frame, but when we do get in, we can't immediately let them know that this guy was the informant, all right, because maybe we're using the informant for an ongoing investigation.

So, I want you to understand it's just not that easy for somebody in the community to come up and tell either one of the sheriffs or the officer from Penn Yan that "There's a drug dealer next to my house."

We probably already know that, but we can't just get in.

So, in the interest of keeping this short, I would like to tell you that, several years ago -- I don't know if it was seven, eight years ago -- the State of New York, not necessarily these fine Senators and our Assemblyman, said: The Rockefeller drug laws from the 1970s are Draconian in nature. They're just bad laws, and our jails are overpopulated with drug users and drug dealers.

And they said, We need to change that.

And they changed it.

And when they said "We need to change that," the District Attorneys Association of the State of New York looked and said, That's going to create a problem.

Well, here we are, seven, eight years later, and we've got that problem.

So my suggestion to you guys is:

Help the people that are addicted, for sure.

Give the judges an out so they can help the people that are addicted.

But as far as the people that are dealing these drugs, they got to go to prison, and I say put a mandatory minimum prison sentence, and you can

give them a maximum sentence too, it doesn't matter.

But they've got to do some sort of prison, so that the judges -- and, I'm sorry, I don't want to offend anybody here, but sometimes we have some pretty liberal judges that think nobody should go to jail, nobody should go to prison.

Well, I'm telling you, you want to stop some of this from going on, you have to put these people in prison, the people that are selling it, that are making the money.

Like Assistant DA Cook said, there are people out there that are making money, and they're killing our own citizens.

And so I say, you create a stronger punishment for the dealers.

And you create a special crime for a dealer that has provided heroin to somebody, or another opiate, and they die, and that crime should be elevated, and it should be a separate crime.

And I know there's other things that can be in there, but that should be a separate crime.

[Applause.]

DA JOSEPH G. FAZZARY: Thank you.

SENATOR O'MARA: Thank you, Joe.

That's very helpful, and it's a great segue

into our second panel.

We've got our -- initially, our largest panel out of the way.

Thank you for the law-enforcement respective.

A number of people I'm talking about on the panel, the next panel is our judges.

We have the Honorable Patrick Falvey, Yates County Court Judge, and the Honorable Matthew Conlon, Penn Yan Village Court Justice.

I want to thank you, Your Honors, for both being with us this evening, and, hopefully, being able to share some of your perspectives from the bench; and, particularly, as it regards drug courts and alternatives, or, particularly, lack of alternatives, that you may see in the struggles you deal with, and how to handle some of these cases, particularly with regards to the addicts in that.

And, Judge Falvey, you've been our county court judge here in Yates County for a long time now.

I thank you for your many years of service, and look forward to your perspective here.

Thank you for being here.

HON. W. PATRICK FALVEY: Thank you,

Senator O'Mara, and Senators, and Mr. Assemblyman, and it's great to see everyone in the community here tonight, and showing their interest in this very serious issue that we have before us.

Among my duties as county judge and family court judge, et cetera, I preside over the treatment court, the Yates County Drug Treatment Courts, and I've done that since its inception in 2002.

And I just wanted to give a little overview of what our treatment courts are.

Our treatment courts are a collaborative approach of the bench; the bar, which is prosecution and defense; treatment providers; probation and law enforcement; and it's there to stem, or attempt to stem, the overwhelming impact of drug-related offenses facing the criminal justice system.

Participants are those convicted of certain crimes who face the possibility of jail or a state prison sentence.

Some have co-dependent disorders, such as mental-health issues as well.

The objective is to rehabilitate alcohol or substance-abuse offenders while protecting the community, by reducing drug-related crimes and reducing recidivism through a program of intensive

court supervision and treatment.

The ultimate goal that we are trying to obtain is to break the cycle of addiction and create an environment which encourages law-abiding conduct, education, and gainful employment.

Participants must be approved for participation after being evaluated, to determine that they have a drug or alcohol abuse or dependency, and have agreed to participate by signing a contract to complete the program successfully.

Participants are on probation.

Some are even required to serve time in jail first, depending on their crime, and all agree to follow through with treatment and attend drug-treatment court.

They are subject to random drug and alcohol testing, and being drug- and alcohol-free for at least one year makes a participant eligible for graduation, followed, usually, by a continuation on probation as a form of aftercare.

Now, relapse or dishonesty will subject the participant to graduated sanctions, including community service, time in jail, or discharge from the program.

In addition, appropriate conduct by a participant is as important as maintaining sobriety. It's an absolute requirement, in our opinion.

Therefore, failure to conduct oneself appropriately by not following the rules, or committing a new crime, may result in immediate expulsion and a potential sentence to prison.

So, drug court is not easy. It requires the participant to take responsibility to achieve success.

And since the inception of our treatment court, we have dealt with abuse of or addictions to alcohol, cocaine, marijuana, methamphetamines, synthetic drugs, prescription medicines, opioids, and now, of course, heroin.

That's why we're here.

I believe, as many of my colleagues, that drug courts were created to differentiate between those with substance-abuse disorders and drug dealers selling for profit.

This gave us great latitude in determining the circumstances of a particular case in order to measure if a person truly was an addicted or dependent, or, was selling for profit.

However, which has already been alluded to,

in 2009, with the reform of the Rockefeller drug laws, legislation entitled judicial-diversion program for certain felony offenders was passed.

This expanded the type of drug and marijuana crimes that could be considered for drug court, including serious felonies involving persons who were selling drugs for profit.

Now, this has caused us to struggle, for, before, sellers were usually not qualified for the program, but now they can be by statute.

For instance, we now need to consider and determine "what is a sale under the law?" for a sale does not always involve the exchange of money, or whether the person is selling to support a habit, or doing so for profit.

Now, I also believe that use and sale of heroin is only the tip of the iceberg, for I see the influx of heroin, other drugs, and alcohol in our family court as well, with devastating effects, resulting in child neglect, abuse, domestic violence, juvenile delinquency, educational issues.

This leads to social and monetary costs to the community not only for incarceration and foster care, but expenses for children born of addicted mothers, and the general breakdown of the family

unit.

Currently, we are seeing more treatment-court participants resulting from possession, sale, and use of heroin.

In the past, approximately 69 percent of our participants were addicted in some form to alcohol.

And now almost 90 percent are addicted to heroin; yet, heroin has been around for a long time.

I recall its scourge when in Vietnam 46 years ago.

It is still here today, however, because it's inexpensive and so dangerously addictive.

It attacks the very social fabric of our community, our sense of order, children, families, and society.

Therefore, I would respectfully recommend to this honorable panel the following:

First, treatment options.

In the long run, successful treatment does work, and the community and public health clearly, I believe, benefits, especially in the comparison to costly -- the costly temporary solution of housing a person in state prison, or a child in foster care or detention, for an extensive period of time, and recovery is still not achieved.

Therefore, the State should encourage more Office of Alcoholism and Substance Abuse Services, called "OASAS," certified treatment facilities with emphasis in the rural areas, and increase staffing for existing treatment facilities for all types of treatment, especially outpatient and halfway houses, including addressing specific treatment needs unique to women, children, and, yes, men.

The Department of Health or OASAS or some other agency of the state should collect data to determine which treatment elements offer the most success for recovery of addiction, so that those elements can be incorporated into patient care statewide and avoid duplication of expense and time.

For example, data on Vivitrol as a treatment element should be evaluated, and treatment protocols examined, to see what is most effective.

The State could encourage health-insurance companies to provide coverage for those treatment elements found to be most successful.

Early detection:

Prevention in the form of early detection of drug and alcohol use by our young people is key.

More intensive monitoring by family and friends who are not afraid to speak up is needed to

recognize there is an issue before they grow into the extent of heroin use.

This would help address the demand, I believe, for the drug as well.

Crime prevention:

I strongly urge the Legislature to consider modifying the judicial-diversion statute by excepting out drug sellers, in order to allow the treatment courts, in collaboration with law enforcement who are on our on staffing teams, more flexibility to determine the eligibility, on a case-by-case basis, in order to determine if a person is truly addicted, or is selling for profit.

I believe the rise of heroin in our community shows the drug-court concept is even more important and relevant now to help identify those who are substance-abuse-dependent versus one who is a seller.

Although incarceration may be the necessary and proper temporary solution, I believe successful treatment provides the best chance for the better long-term result of recovery and a successful return to society.

One of the ten key components to the successful drug court is partnership with the

support of the community, people such as yourselves.

Together we have achieved some successes.

We have 71 graduates to date.

While at the same time, this current heroin epidemic has challenged us all -- law enforcement, courts, treatment -- to rethink and retool our assets in order to continue to assure community acceptance, community safety, and reduction in recidivism through judicially-supervised treatment.

I thank this honorable Task Force for the opportunity to address you this evening.

Thank you.

[Applause.]

SENATOR O'MARA: Thank you, Judge Falvey.

And just briefly, before we move on to Justice Conlon, the -- I'm going to go out of order on the next panel, primarily because my neck is getting stiff looking left for this long.

So I'm going to go over to the right for another panel, all the way down to the end, next.

So, get ready down there. I don't want you to sweat any more than you're already sweating, waiting for this to happen.

But -- and to go, briefly, perhaps, politically, back to 2009, when the Rockefeller drug

laws were voted out, two of us here were in office, Senator Amedore and myself. We were in the Assembly at that time in the Republican Minority, and we both voted "no" on that action at that time.

There was a period in New York State's modern history, the only two years of which the New York State Senate had a majority of Democrats.

That was the year in which the Rockefeller drug laws were taken away.

The next year was the year that the gap-elimination adjustment was put in in our local school districts, to cut into deficits that we had from overspending in New York State, which cut drastically into our schools and our programs and a lot of extra activities, that I think would be helpful and useful for the prevention aspects of what we talk about as part of our processes here.

That's just a side note, but I wanted to make it clear where I stood on the Rockefeller drug-law reforms, and I know Senator Amedore did as well.

So with that, Justice Conlon, thank you for being here with us.

HON. MATTHEW CONLON: I'd like to thank everyone for coming out tonight, and thank the Senators for having us.

As Penn Yan Village Justice, I hear over 200 cases per month, making Penn Yan Village Court, far and away, the busiest justice court in Yates County.

Of those 200-plus cases, well over 80 percent are criminal cases, and of those criminal cases, over half are drug-related.

Approximately one-third of the drug-related criminal cases I hear involve heroin directly.

That's about one a day.

Additionally, not included in that statistic, are cases that involve heroin indirectly, such as personal crimes, including assaults over drug deals gone bad, and, property crimes, such as burglary and larceny to support a drug habit.

As a local attorney for over 25 years, I both prosecuted and defended individuals caught up in the vicious cycle of drug abuse.

I participated in the federally-sponsored drug treatment-court training, as Judge Falvey alluded to, mandated at the inception of the local treatment courts a decade ago, and I have participated in the treatment courts in Yates, Seneca, and Ontario counties.

As a sitting justice and a practicing lawyer,

I urge a greater commitment to the education of town and village justices.

I know of no town or village justice that I have talked to that wouldn't appreciate more training, and especially more training in the area of drug crimes.

Specifically, I wish to note the dubious distinction that New York leads the nation in the percentage of town and village justices that are not legally trained.

While this may have made sense 100 years ago, we are now dealing with heroin.

We are now confronted with often sophisticated drug dealers who use cell phones and the Internet in their drug trade.

We are using an antiquated nineteenth-century justice court system to confront a modern twenty-first-century problem.

I think it's shocking to know that New York requires only 12 hours a year of training for town and village justices, less than that required to be a licensed beautician or manicurist in the state of New York.

We local judges are often called on to review search-warrant applications, rule on complex

evidentiary issues, and conduct hearings at the very outset of the beginning of serious drug cases.

In drug cases we have to be familiar with such terms as "aggregate weight," "possession with intent to sell," and the "reagent test."

An amateur judge, however well-meaning, is much more likely to make an error on a legal ruling or in the application of criminal-procedure law than a lawyer justice.

This sometimes results in big-time drug dealers going free because of some technical error on the part of an untrained local justice.

I do see hope, however, that no time in my 25-year legal career have I seen more lawyer justices than I do now.

And I note that we have lawyer justices in Seneca County, in Ontario County, in Wayne County, and I think this is the growing trend among New York's justice courts.

I think it's time to level the playing field so that the judges have the same training and expertise as those who argue cases before them.

We owe that to the crime victims as much as to those standing accused of crimes.

Until lawyer justices are the rule and not

the exception in New York, I urge the State to address this lack of training and education for town and village justices, particularly as it relates to drug crimes, to ensure that all offenders, including those caught up in this scourge of heroin, are dealt with fairly according to the law.

Thank you.

SENATOR O'MARA: Thank you, Judge.

[Applause.]

SENATOR O'MARA: And now we're going to shift over to the right with our panel of individuals who have been impacted personally by the heroin epidemic that we struggle with in our communities, and that panel is made up of:

Janet Heaven;

Arianna Chadwick and Donna McKay;

Alexis Pleus, Truth Pharm;

Devon Pierce;

And, Gail Owen.

Janet, are you comfortable with leading us off?

Thank you.

Thank you for being here.

JANET HEAVEN: Hi.

Hi, my name is Janet Heaven.

My husband and I lost our son on January 5, 2016, because of heroin.

Thank you for allowing me the opportunity to tell our story. Our hearts are broken.

Chad James Heavens spent two weeks in the ICU, Rochester General Hospital, starting on December 23, 2015, and ending on January 5, 2016.

His body was septic. He had no known infection. He had a 105 fever. He had hepatitis C. His blood pressure was off the charts. He had a collapsed lung.

He was never conscious during those two weeks in the hospital.

The doctors were not sure what exactly happened.

We had to make the horrible decision to let him go.

It could have been a bad needle.

It could have been a bad batch of heroin.

It could have been an overdose.

It could have been any number of things, but the end result was death.

The reason I want to speak to all of you is to try and save other addicts, parents, family members, from this incredible pain and having to go

through the horrific ordeal.

We need to raise awareness and provide education, treatment, and most of all, prevention.

Our son was a great fun-loving child full of life, fun, and energy.

Here are a few pictures of him.

You wont be able to see him, but there they are.

No child hopes to become an addict when he grows up, and no parent hopes to raise an addict.

No human is immune to this addiction.

The addict is not the only person affected by this horrible drug.

When people try to help an active addict, they are setting themselves up to be hurt.

A heroin user will lie, cheat, steal, pawn, and do, basically, anything to get high.

Nice people will offer them a place to stay, and the next thing you know, their money, jewelry, electronics are missing, and the addict has gone on to the next kind soul trying to help this person who can tell a great story and get what they need.

My good friend says, "If a heroin addict's lips are moving, they're lying."

This is so sad but true.

Our son started out -- started his experimentation with drugs in high school, drinking, pot, pills.

The Stark Program which is a boot camp for kids, maybe it was helpful, but not enough.

He had some minor brushes with law enforcement, and the use of marijuana and pills escalated to more powerful addictive drugs, and most recently, heroin.

Parents and family members need to know what to do when their kids are using drugs, what their options are.

Based on our experience, we feel long-term rehab, 90 days, is critical.

After graduating from high school, our son joined the Army and he loved being in the Army.

He spent time in Iraq and excelled at being a soldier.

He was stationed in Hawaii, and later transferred to Colorado.

He had two wonderful daughters who now have no father, and their mother is an active addict still in denial. They both lost custody of their daughters because they were unable to get clean.

Fortunately, the girls have been adopted by a

loving family.

We helped our son numerous times to get help.

He had been in four different 30-day rehabs, was fine for a while after he got out, but could not stay clean.

We need to help our -- we tried to help our son, time and time again, by giving him clothing, money, a car to drive, and a place to stay.

When our son was clean and sober, he was awesome.

When he was using, he was not a pleasant person and we lived in fear.

He had been arrested a couple of times for stealing and was in jail for a few days or weeks at a time.

I can remember, as awful as this may seem, that I wished they would keep him in jail, because I knew he had three meals a day and a place to lay his head at night.

If I may, I'd like to talk about some myths and clarify them with facts on my own experience.

Myth: Heroin is cheap.

Fact: Heroin is not cheap.

It cost my son numerous Xboxes, PlayStations, TVs, furniture, jewelry, watches,

phones, cars, and more.

It cost him his dignity, his self-esteem, his self-respect.

It cost him a decent apartment and all its furnishings, and, sadly, his daughters.

It cost him his life at the age of 28.

Myth: My friend gets it for me.

The fact is, your heroin dealer is not your friend. He or she is a heroin dealer.

If he were your friend, you would be alive to talk about it.

If he were your friend, you wouldn't have gotten started in the first place because friends don't want their friends dead.

Hold on.

Myth: Heroin dealers look like thugs.

And the fact is, they can look like a choirboy, be well-spoken, well-mannered, very charming, and come from a decent home just like you did.

Myth: Heroin is the ultimate high.

The fact is, while the rush lasts minutes, withdrawal symptoms are always waiting for you.

They include muscle and bone pain, diarrhea and vomiting, abdominal cramps, insomnia,

restlessness, runny nose, cold flashes and goosebumps, sweating, involuntary kicking motions, racing pulse, high blood pressure, increased respiratory rate, and severe anxiety.

Myth: I can handle it.

The fact is:

Chad James Heaven, December 18, 1987, to January 5, 2016.

James and Janet Heaven, parents who lost their son, Chad, 28, on January 5, 2016, to heroin.

Please feel free to ask me any questions, and I am open and honest and willing to share my thoughts and feelings.

Thank you for your time.

[Applause.]

SENATOR O'MARA: Wow.

Janet, thank you very much for sharing that with us, and we're so sorry for what you've been through, and for your loss of your son.

JANET HEAVEN: Thank you.

SENATOR O'MARA: Truly, it's an unbelievable account of the tragedy of what we're dealing with here.

So thank you so much for being here this evening.

JANET HEAVEN: You're welcome.

SENATOR O'MARA: Arianna and Donna, you two are together? Or are you -- okay.

ARIANNA CHADWICK: My name is Arianna Chadwick.

I overdosed on January 7, 2016, and the whole experience was completely shocking in every way that you can imagine.

There was the obvious, Oh, my God, what happened? Who are all these people in my house?

Then it hit me, this overwhelming feeling of guilt and embarrassment, and the thought of, Oh, great, now I'm just a junky to all these people.

And it's that guilt and embarrassment that prevents so many from getting help, especially in these small towns.

Our community has done a lot to get rid of that stigma.

Now we actually need to put the resources together and offer ways for people to get help and make it easy to access.

Finding the resources to get help shouldn't be such a difficult thing.

When the problem is bad, information on any resources to help with the substance abuse should be

readily available.

I think there should be a website that is a database of resources that you can search by county for the entire state.

Inpatient facilities, outpatient, sober living, NA meetings, substance-abuse counselors, all that information should be in one place because it is so overwhelming to figure out what is actually available in your area.

I think we should offer a protocol to all hospitals in the state on how to deal with an overdose, because it's quite clear they don't know exactly how to handle it in these small communities.

I understand being firm with a patient in my situation, but the doctors shouldn't be talking about your condition so loudly that the entire ER knows what is going on with you.

The hospital just didn't know what to do or say to me.

A social worker didn't come talk to me.

They didn't talk to me about detox or rehab facilities.

All they did was hand me a packet of information that YSAC had put together, and sent me on my way.

Thankfully, I have a family to help me navigate everything, but not everyone does.

I think offering hospitals a basic protocol to handling overdose patients will make it easier to make sure everyone gets offered the same information and care.

I think an amnesty program would be beneficial to the addicts in our area.

There were so many nights where all I wanted to do was go get help, but there is nowhere to go in our area at two in the morning. And if there is, the addicts don't know about it.

The window to actually help someone isn't that big.

They need to be able to get the help when they want it, because it is so hard to talk yourself into taking that step and to find the motivation to try.

I also want to ask you to take into consideration that what works in bigger cities might not work in rural communities like ours. That there probably won't be examples of programs that were successful for communities like ours because heroin being such a big problem in rural areas is a relatively new thing.

So we might just have to take a chance and try different programs until we find one that fits.

I understand that it's frustrating, from a legislative point of view, because it is hard to justify spending our money on something that isn't a guarantee.

But if it helps just a few people, then it was successful, especially in the eyes of the family affected by this addiction.

Thank you so much for allowing me to speak.

[Applause.]

SENATOR O'MARA: Thank you.

Thank you, Arianna, for sharing that with us.

I know that it's not easy to talk about that.

It's not easy to talk in front of a crowd of people like this either.

Donna is with you.

Did you have anything you wanted to add, Donna?

DONNA McKAY: Hi.

Thank you for allowing me to do this.

I'm here as a community member, as well as an aunt to a recovering addict.

I just wanted to talk a little bit about the insurance. I know we already touched on that.

It's a big issue.

And Ari's right, that when somebody goes forward and they say, "I need help," they need it then.

They can't wait 24 hours. They can't wait until the next week.

They need it right then and there.

I was doing some research online, and I firmly believe that we cannot arrest our way out of this.

I'm not saying that some people don't need to be arrested, but I -- I want to mention that, also, that the most -- most of the dealers around here are addicts themselves.

You get in the bigger cities, then you have the ones who aren't addicts.

But I'm pretty sure, what from I've heard, and the people I've talked to, that, around here, they're addicts as well.

So, to the amnesty program, I found one that a chief of police in Gloucester, Massachusetts, created, and it's called" Police-Assisted Addiction and Recovery Initiative."

From what I read, the program allows for people to bring in their drugs and drug

paraphernalia, and not be arrested or serve any jail time for possession.

They are also immediately taken to a hospital or facility for detox and hooked up with an ANGEL.

The ANGEL will be with them for the entire process to offer support and encouragement.

And from there, other resources are available to help them continue with their recovery.

Although I am told that they wouldn't be arrested or jailed if they walked in the sheriff's department here, and asked for help, there is nothing that is set in stone.

I believe that if it was put on paper and advertised and gotten around our community, that people would start to feel more comfortable and come forward for help.

This program can help conquer two things: getting drugs and paraphernalia off the streets, and getting help for those who want help.

In my opinion, this would be a huge step forward.

I also have done some research on sober-living homes. Studies have shown that aftercare programs such as this can better one's chances at avoiding relapse and maintaining

sobriety.

According to a study that was highlighted in the "Journal of Psychoactive Drugs," abstinence rates went from 11 percent, to 68 percent, over 6- and 12-month follow-ups, and another facility with had an increase, from 20, to 40 percent, after just 6 months in sober-living homes.

These are great results, considering the success rate for heroin users trying to quit on their own is a mere 4 percent.

These homes are designed to offer a clean, healthy, well-structured environment, peer support, healthy activities, freedom to make their own healthy choices, allows them to be responsible for themselves.

It teaches the living skills, like cooking and money management, which is so important, and offers a place for them to grow in success and self-worth.

This, without a doubt, is worth it.

Going to elementary level, middle-school level, as part of a prevention method, I believe that our community center needs to have some activities for us to do, for where to take our children.

We have nothing to take our children to.

I know they started a weight, exercise, place, but I'm talking like, pool, like a public pool, laser tag, something fun, roller skating, something to get -- and not just thrown out there for anybody to walk into and just use, but to have it managed by responsible people and people who are overlooking and overseeing this.

So, it's also creating jobs.

Just wanted to put that out there.

And I understand that this is a lot to ask, but is it worth it?

Is it worth the price of our community members' lives to ignore that these are real possibilities?

And, thank you.

[Applause.]

SENATOR AMEDORE: Hi, Donna.

It's Senator Amedore.

And, you know, you mentioned the initiative from Massachusetts, and I think it's "P.A.A.R.I.," that it -- what it spells out.

And the Task Force, both Senator Murphy and myself, today we were in Oneonta, and talking to sheriffs that implement this initiative.

So it is here.

It's something that we're going to be -- the Task Force is going to be looking at more into, so that we can implement, possibly, some of the initiatives of that particular program, and see how we can adapt it.

You also mentioned a community center.

And one of things that OASAS has just announced was their "clubhouse" programs that they are starting to put in in specific regions.

So, with some time, hopefully, we'll see in this region, and I'm sure Senator O'Mara will be working on a clubhouse to be brought into an area here in the 58th Senate District, and that will help with the community activities.

Thank you.

SENATOR O'MARA: Thank you very much, Donna, for sharing that with us, and for your involvement with Arianna in helping through this very difficult situation.

It's extremely important to have that kind of support, which is often lacking in these -- in many of these situations, but, certainly not -- certainly not all.

Next up, Alexis.

Ready to go?

ALEXIS PLEUS: Hi.

Thank you.

I'm going to read for a change.

If I talk, I'll just keep talking all night.

I'm the mother of three sons, but today I'm here to tell you about my firstborn son Jeff.

Jeff was a good student, popular, and a great athlete.

He was charismatic, kind, and always stuck up for the underdog.

He was absolutely passionate about everything that he did.

He graduated high school in 2004, and went on to college, and even played football and wrestled there.

Upon completion, he was a chef at excellent restaurants. He was very successful, and he lived independently.

In 2011 I got a phone call that my son had been arrested for house burglaries; my son, my son who was raised well, and as far as I knew, had never gotten in trouble beyond speeding tickets.

I was devastated, but even more so, when I met with the public defender, and when I said to

him, "My son couldn't have done this," he said to me, "A lot of things that heroin addicts do don't make sense."

You could have knocked me over with a feather.

When Jeff got out of jail, he hooked up with a gal who had a toddler boy already.

I had custody of this child more than once due to their active addiction and heroin use.

Jeff and the mother wanted and attempted to get treatment on more than one occasion.

We had times he was shaking and sweating on my couch, going into withdrawals, while we called our local detox center every hour on the hour, as they instructed us to do to meet the bed lottery.

He did, at one point, get inpatient treatment in Syracuse, but he had to fake being suicidal to get them to keep him for an entire 21 days, and even he knew that that wasn't enough treatment.

He begged me not to take him home, but they made me.

He relapsed within a month.

The gal became pregnant with my grandchild.

And shortly after my son was arrested and sent to jail again, I was given custody of her son,

and she entered treatment at an inpatient methadone clinic, where she met a new fellow.

He signed on as the father of my grandson when he was born in June of 2013.

At that time, the child I had custody of was given back to her through County Services.

Jeff spent eight months in jail, and was doing very well upon release.

I truly felt like I had my son back.

He had filed to establish paternity of his son, and was anxious to have his life fully in order, so that when he could see his son, he would be able to provide him with a wonderful home.

My grandson was nearly eight months old when the judge finally ordered the DNA test.

Two days later, and just one day prior to that scheduled DNA test, the baby died. He was accidentally smothered during an afternoon nap by the boyfriend.

Needless to say, Jeff was devastated.

Remarkably, he soldiered on, maintaining sobriety for another six months, and I'll be forever grateful for that time with him.

On Saturday, August 2, 2014, Jeff had his 10th class-year reunion. So many people who saw my

son said it was the greatest they had seen him look in years.

Sunday, Jeff came over and we had a nice big family breakfast.

Monday, Jeff went golfing with his dad and his little brother John and his girlfriend.

Monday night, Jeff used heroin, and it killed him.

On Tuesday morning, just 18 months ago, they found my son's body.

Every day, from the day that I learned I was carrying my son, to the day of his death, he was loved, but love was not enough to conquer this addiction.

I'm not sure what would have been enough for Jeff, but I know that he was not offered the types or lengths of treatment that we know to be effective, and there are types of treatment and lengths of treatment that we already know are proven to be effective.

We just don't offer it here.

Though to us the cost of our loss is beyond measure, I have taken to providing the economics of the situation in case there is any confusion at all about the cost to society and the taxpayer, and how

truly logical and what economic sense it makes to provide effective and long-term treatment for anyone who seeks it.

The cost of Jeff and his fiancee's addiction are as follows:

At least four separate criminal proceedings.

A combined eleven months of jail stay between the two of them in two different jails.

At least two criminal proceedings for the mother.

At least four criminal proceedings for my son.

Eighteen months of combined probation.

Two hepatitis C treatments at $100,000 each. My son was hospitalized for sepsis and he nearly lost his arm. Those were unpaid medical bills.

Methadone program for the pregnant mother.

My son and the mother were both on social services and Medicaid at the time, and he had a college degree.

My son and the mother had many unpaid medical bills.

There was a negligence proceeding against my son and the mother for having her child in their care while they were in the act of addiction.

These proceedings were run separately in family court, and included 4 Court-appointed attorneys, a County attorney, 2 County caseworkers, in addition to the court staff, and required over 20 appearances over the course of a full year.

There was foster care for the boy for eight months, and not to mention all the emotional damage that that child has suffered.

There's all the victims of the crimes that the two committed. Family members: father, mother, brothers, sister, grandmother was even stolen from; not to mention retailers.

Family court custody proceedings for the little boy that I had custody of, which included four Court-appointed attorneys, a County attorney, a caseworker, in addition to the court staff.

Between the custody hearings, visitation hearings, and violation proceedings, we were in family court over 40 times in the course of 3 years.

The family had Family Services through the County for 18 months.

And then, finally, the County coroner and the child-fatality review team to review the death of my grandchild.

And then the County coroner for the autopsy

of my son.

These are a great cost to our society, and I'm quite certain that if my son and his fiancee had been provided treatment, society would not have had these costs.

I founded an advocacy organization called "Truth Pharm."

We work to reduce the stigma and raise awareness.

We create, implement, and advocate for programs and policy change to have a profound impact on the opioid epidemic.

We're responsible for implementing four P.A.A.R.I. programs in our area.

One of the problems that we'll have in New York State with implementing the P.A.A.R.I. programs is that our hospitals are not willing to participate as they were in Gloucester, Massachusetts, where they are willing to house people who were addicted until they could find treatment.

In New York State, they're just not willing to do that.

We also provide community-response action plans, and we've developed a best-practices

procedures for hospitals to handle overdoses.

Unfortunately, hospitals aren't willing to do that, and they need to be required to do so.

It isn't time for a Band-Aid. It's time for a tourniquet.

This epidemic is insane.

Mothers are losing sons. Fathers are losing daughters. Siblings, like my boys, are left with the loss of their brothers and sisters for a lifetime.

We're creating orphans at an alarming rate, which is anyone's guess what the consequence of that will be 10 to 20 years down the road.

Everything that we do, aside from the things that I'm going to mention, in my opinion, are a waste of time right now.

We have people right now who are dying and who need help, and who, literary, ask for help.

I met with three other mothers before coming here this evening, so there's four mothers at the table.

Three of us, our loved ones asked for help and sought help before they ever entered the criminal justice system.

Our law-enforcement folks are doing an

incredible job trying to clean up this mess, but the problem is, we need to help people before they get to the criminal justice system, and we need to give them the help that they actually need, not some sub-partial treatment.

[Applause.]

ALEXIS PLEUS: Everyone says that what started this epidemic was this whole idea that we needed to treat people's pain.

The thing that confuses me is that we're not doing the same thing for people who are addicted.

They go to the hospital after an overdose. They've been revived with Narcan, and they're in severe pain, and we do nothing for them.

We need absolutely, in New York State, to offer humane, medically-assisted detox, and that needs to happen immediately.

[Applause.]

ALEXIS PLEUS: There are other states that are offering same-day evaluations.

We need to do that in New York State.

We need immediate access to treatment.

This isn't a situation where a person can wait days or weeks for treatment. It's a matter of life or death.

And I'm going to allow the Senator to remain nameless who told me, that insurers are not going to allow this, because he's sitting at this table.

But I'm going to tell you right now, we absolutely have to require insurers to pay for the type and length of treatment known to be effective.

[Applause.]

ALEXIS PLEUS: I'm not sure why he's allowing insurers to tell him what we're going to do with our laws.

[Applause.]

ALEXIS PLEUS: And, finally, we need to increase insurance reimbursement rates so that treatment centers can afford to open and operate in New York State.

Thank you.

[Applause.]

SENATOR O'MARA: Thank you very much, Alexis, for sharing this with us, and your difficult situations that you've been through, and your excellent ideas for us moving forward. And your experiences in other states is very helpful as well.

So thank you for being here with us tonight.

Next we have Devon.

DEVON PIERCE: Thank you, sir.

I'm Devon Pierce. I'm a recovering addict.

I've been doing heroin since I was 16 years old, and it has destroyed my life.

It has destroyed my family's life.

It's destroyed the members of my church.

It's destroyed their life.

They have all been there to support me, and love me, and that is one huge thing, as an addict, is you need.

So do not give up on your family members.

Please, don't give up on them.

They are not the same people when that drug is inside them as they are without that drug.

We are loving, we do care, and we appreciate everything that you guys do.

And as Sheriff Ron Spike said, he said, we hit them in high school -- we hit them -- well, we hit them at fifth grade with the D.A.R.E. committee.

We don't hit them again in middle school.

We don't hit them in high school.

And I feel, that's what we need to do. We need to push for this.

[Applause.]

DEVON PIERCE: What has been done now, it can be stopped, it can be prevented.

But, we can prevent the younger kids from going in the same steps that I took, and I don't want to see anybody fall down the same path that I went through.

And whatever I can do to help, from families, family members that have addicts in their family, please ask. I will be there to help.

We have a Nar-Anon group in this community, and, I sit in that group and I hear the struggles, just like I hear the struggle coming from these women about their family and their losses.

And I'm sorry for that, that this drug has taken your children.

That has to hurt, I know it hurts, and it's horrible.

That could have been me.

And the Nar-Anon group is just a great group.

The families get together, they talk about it, they try to help themselves. They need to figure out something for themselves.

And as addicts, we have nothing around here. We don't have any groups.

I've heard of one Nar-Anon group since I've been home.

Have I been able to participate in it?

No, because I don't know where it is.

Do we have rehab in this community?

No, we do not have a rehab in the community.

It's something that we need.

Right before I went to jail last time, September 2nd, I got arrested, I was going to turn myself into a rehab. But on my way to a rehab, I can get drugs.

Why not get high before I get to the rehab?

You know, we need that, where we can go in, right in this community, and go in and say, Hey, I need help.

You know, that's what we need here, as a community.

I know this community can come together.

We've done it.

Look what we did for the flood.

Look what we do for the school students.

Penn Yan Mustangs, this is the home of Penn Yan Mustangs.

We can do this, guys.

And I'll ask for your help as addicts.

I'm not speaking for all of them, but I'm speaking for myself.

I need your help, so I can help other people,

please.

And that is what I want to do, is help the other people that are in need.

And I thank everybody for coming out here, guys.

I really do.

This means a lot, just so that you can hear my voice as an addict.

This is awesome.

Thank you.

[Applause.]

DEVON PIERCE: We also have groups that have participated in the jail ministry, the "Inside and Out" program, and that's for a transaction that, when you're in jail, these guys come in and talk to you, that help you, they support you, they love you.

They're not giving you money so you can get food or anything like that, but they're giving you love, they're caring for you. And that's what their biggest thing is, is love.

It is a Christian-based thing, but, that's not who they come off as. They just come off as people. They come off as people who care.

And it is a great program.

The Nar-Anon program, as I said, for those

families that hurt, they need help. They really need help.

The AA meetings that we got going on around here, that's awesome, but do we have anything for narcotics?

We do not have anything for the opioids. We don't have anything for that.

Yes, we have FLACRA.

You got $30,000 a year to put yourself in FLACRA?

Because I know I don't.

We need help.

We need to be able to walk to a program and get the help that we need, guys.

And I ask for the help.

Please, as an addict myself, I need the help.

Please.

Thank you so much, guys.

[Applause.]

SENATOR O'MARA: Thank you.

Thank you so much, Devon, for being here and sharing that with us.

I missed, or maybe you didn't say, how old are you?

DEVON PIERCE: I'm 23 now.

SENATOR O'MARA: 23?

DEVON PIERCE: Yes.

SENATOR O'MARA: And how long has it been since --

DEVON PIERCE: Since my last use?

SENATOR O'MARA: Yes.

DEVON PIERCE: September 2nd was my last use.

SENATOR O'MARA: Well, thank you, and good luck to you.

DEVON PIERCE: Thank you.

[Applause.]

SENATOR O'MARA: Next we have Gail Owen.

Gail, thank you for being with us.

GAIL OWEN: Yes.

Thank you very much for allowing me to bend your ear for a moment here.

First of all, those of you who know me, and I do see some familiar faces out here, this is way out of my comfort zone to speak to people like this.

So, if I'm able to step out of my comfort zone for five minutes to help another family to not go through the bull -- baloney that I've been through, I've done my job.

Not many people have heard this story that

I'm about to tell.

And, my mother is sitting in the front row, and she has not heard this story, and no grandmother should have to hear this about their -- her grandson.

So I apologize in advance, mom.

The story I'm about to tell, I went to my son and told him what I was going to say.

I got my son's permission to tell this story.

And I told him what I was going to say, and he said, Mom, I don't remember any of that story. So you have my permission, but I don't remember any of that happening.

So, now, speaking as a mother whose been through more than I have ever wanted to go through, here are some of my thoughts.

A little over two years ago, in November of 2013, my son came to me, asking me for help, as he was going through heroin withdrawals and he didn't know what to do, and neither did I.

I first called my doctor as to what I should do with him.

She said to take him to the emergency room.

The emergency room doctor gave him a drug to treat the symptoms of withdrawals, and I was told to

take him to the Elmira detox center the next day.

I remember crying to emergency room doctor before he was released to me at 1:00 in the morning, saying, "I don't want to take him home. I don't know what he will do when the withdrawal drugs wear off."

I was scared to death.

What kind of mother does not want to take her child home?

The fact was, he wasn't my child.

It was the drugs that had taken him, and I had no control over it, and I just wanted my son back.

I took him to the Elmira detox center the next day.

Once we got there, we had to wait until a doctor could see him.

During that five-hour wait, the drug that the emergency room doctor had given him the night before had worn off and he was out of control.

He was so out of control that a security guard had to come and watch him.

He tore his gown off and wrapped it around his neck. He tried to take a plastic knife to his wrist.

He was a raging lunatic, he was a madman, he was totally out of control.

He felt so horrible that he wanted to end his life.

I stood outside his room and watched this happen.

I had so many emotions as a mother: fear, helplessness, anger, frustration.

I wanted to make everything right, and I couldn't.

He stayed there for four days.

Once he started using, he was always chasing that first high.

On a positive note, he has been clean since September 12, 2014, which is the day he turned 24.

[Applause.]

GAIL OWEN: Prior to my son using heroin, he was picked up for five, and I said, yes, five UPM charges, which stands for "unlawful possession of marijuana," within a year and a half.

Those are only tickets, which is just a monetary fine.

I feel that these should be more than tickets. The first one could be a ticket, but after the first ticket, it should be a tougher penalty.

This was definitely a pattern of drug use in which there was no consequence, other than hitting his wallet, and that didn't have any effect on him.

Finding treatment for my son was a nightmare.

There was no inpatient facilities in Penn Yan.

When you do finally find an inpatient facility with an open bed, sometimes the wait is over a week, and by then, the addict has changed their mind about getting help.

You have to fight with insurance companies to cover their stay.

You need to strike when the iron is hot and get the addict into rehab immediately.

Insurance wants you to fail at outpatient before they would consider paying for inpatient treatment.

Inpatient treatment can be very expensive, costing thousands of dollars a month.

My son's first rehab was 4 days in Elmira, and the second rehab was 14 days in Tully Hill.

The third rehab was 30 days at G&G Holistic in Florida, and when I put hum on that plane in Syracuse, I didn't know whether I would ever see my son again.

There is FLACRA in Penn Yan, which is an outpatient, and is -- in my opinion, is not working, as they just find more connections to get drugs.

The employees at FLACRA are good at their jobs, but we need more of them.

Let's not forget the mental-health part of this.

People have mental-health issues and they try to treat that problem with drugs and alcohol because seeking help for the problem is sometimes a stigma that shows weakness.

Both my sons learned about the Just Say No program in fifth grade.

The Just Say No program stopped at fifth grade.

I am not sure how the middle school handles the topic of drugs, but maybe the Just Say No program could follow through to the middle school and beyond.

The drugs and smoking issues seemed to start at a much younger age.

Middle-school students seem to have little fear and peer pressure rears its ugly head.

We need to start the education of dangers of drugs and alcohol at the elementary school in grades

third -- in third and fourth grade using appropriate language for them to understand.

When children get to the middle school and academy, it may be too late. Some may have already experimented with drugs and alcohol.

If a student is willing to put an unnatural or unhealthy substance in their body, it shows to me that there is a willingness to do more dangerous actions.

This is not always the case, but it could happen, and it did happen with my oldest son who started smoking pot in seventh grade.

By the time my son got to the academy, he was smoking marijuana frequently, and I used to think that marijuana was the least of my worries.

Boy, was I wrong.

This is just a short synopsis of what I have done to help my son in his recovery.

No parent should have to go through an ordeal like this.

So in closing, I would like to see the following take place in Yates County:

A program for the elementary students to learn about the dangers of drugs.

Stiffer penalties for unlawful possession of

marijuana charges.

A rehab center in Penn Yan.

More outpatient facilities for addicts to go to for counseling.

Insurance companies to recognize that this is a disease just like cancer and needs to be covered.

Thank you for listening.

[Applause.]

SENATOR O'MARA: Gail, thank you very much.

Thank you so much for sharing that with us.

And I think with that bit of a segue, and thank you all, all of the individuals that are here to talk about your personal circumstances.

Every circumstance has terrible consequences.

They're all very different, but they all involve the same drug.

And, I thank you for sharing, how difficult it is to share that with all of us here in a room full of this many people.

And with that, I think we'll move into our educators that are here, and talk about what is going on as far as prevention in schools, what you'd like to see going on as far as prevention in your schools, and what it's going to take for you to be able to do that in your schools, because there's

none of us sitting up here that want to put another unfunded mandate on our school districts.

So our panel here is:

Superintendent Howard Dennis from Penn Yan;

Superintendent Kelly Houck from Dundee;

Superintendent Tommy Phillips from Watkins Glen.

Howard, we'll start with you.

Now, let me just point out, in the interests of time, I know you guys -- there's no need to read.

We have your testimony, and it's fine to read if you want to, but don't feel you have to read the whole thing, because we have it in the record and it's part of our package.

So, just hit the high notes, and I appreciate you being here.

SUPT. HOWARD DENNIS: Sure.

I've been adjusting my speech throughout the evening, so, hopefully, it will make sense.

But, thank you for the opportunity to speak tonight, because this is the premier challenge facing Yates County and Penn Yan.

You know, as educators, every school district's mission includes educating and informing our students on a daily basis, and we teach health

curriculum in Penn Yan at the mandated levels, according to the State Education Department.

But in the past, we were able to offer more.

And I've heard tonight the reference to -- many different times, to additional health education.

I would agree with that.

Unfortunately, the reality comes about that, over time, due to budget cuts, due to restructuring, we've had to cut back on additional programming that we've had.

So any assistance that the state government, the State Legislature, could offer, as far as funding goes, that would be beneficial to our students.

And I agree with you, Senator, the financial support without the unfunded -- without the mandate would be wonderful.

The second thing that would be really helpful to us as a school district in Yates County and in Penn Yan is after-school programming.

We want to have those positive role models.

We want to have supportive and creative places for our students to go after school, so that we can offer possibilities for them. And that's

become a board goal for us here in Penn Yan, is to push for more and more of those possibilities for our students.

We want to be able to offer them education in those smaller settings, positive role modeling, and we want -- and, unfortunately, we're not able to offer those at this time due to the financial support that would be needed to establish and to continue those.

I believe the Penn Yan community is very supportive and generous in the support that we can offer to our students.

We're able to offer dedicated psychologists, social workers, youth counselors, guidance counselors, and other support professionals, but, obviously, it's not enough.

You're hearing from some Penn Yan students tonight who have gone through the program.

And, so, we need more of those.

Right now, those are falling totally on the local taxpayers. And, we need additional support in order to offer the services, because, as you've heard, those services aren't offered in our community, and so the school district wants to help step up and do as many of those things as we can.

But, again, the resources are tough.

Once addicted, the individual then has to go on and look for counseling, and you've heard that many times this evening. And the scarcity of those treatment facilities here in rural areas is difficult.

You know, I heard a story recently about a community member on our staff who had convinced their family member that they needed help, and went, and finally worked through that entire process, and reach out to their insurance carrier.

And I think you've leader this referred to tonight, the response from the insurance carrier was unbelievable.

They didn't qualify for inpatient treatment because they hadn't failed enough times at outpatient treatment.

And as we talk about the heroin epidemic and the outcome of that, that's an unbelievable statement for anyone to make, is that you have to fail enough times with that drug in order to qualify for higher level of services.

You know, if you compare that scenario to the whole idea of being educated about anything, the treatment model that we have at this point is not

adequate.

You know, learning, in general, doesn't happen in three or four days with no follow-up.

And, so, anything that we can do in our community to help with that kind of follow-up and support for people in our community would be helpful.

We're very fortunate in Penn Yan to have a school resource officer. Our SRO is a village policeman.

But, again, we have one person who is trying to maintain the level of education around drugs, trying to maintain relationships with kids, in a 1500-student school district in 3 different buildings.

That's a very tough -- that's a very tough situation for anyone to be in.

And he does an excellent job for us, and we're very lucky to have him again. But we could probably use three of him, and that would be tough for our community to step up and be able to support.

Our County Legislature, as well, has talked about additional drug-enforcement staff. And, again, the funding is a tough piece of that.

And the district would be willing to help

step up and help support that in any way, but we do not have the funds to do that.

Legislating stronger and harsher penalties for dealers is overwhelmingly encouraged.

And many of the ideas that I received tonight, I actually went out and garnered from our staff.

You know, I looked for support, including from some people on this panel, that stepped up and said, Howard, this is what needs to happen. This is what you need to advocate for. You have this opportunity, make sure you send this information along.

So I am touching on some things that have been duplicated, but it's because they were important to our staff.

So, you know, in conclusion -- I've cut quite a bit out of my speech.

But, in conclusion, as to what others have said:

We need your help with funding. We need your help with legislative reform.

And those are things that you have heard throughout the evening, so I'm grateful for the opportunity to reiterate some of those.

And thank you for the opportunity to speak.

[Applause.]

SENATOR O'MARA: Thank you very much.

Kelly.

SUPT. KELLY HOUCK: Thank you.

Since Howard so graciously cut some of his, I'm going to keep all of mine.

Thank you, Howard.

[Laughter.]

SUPT. KELLY HOUCK: And, also, before I begin, I want to thank you again for this opportunity.

But, I feel like I would be remissed right now if I didn't thank the panel that went before me.

You truly touched every one of us, and I know how difficult that was to share those stories.

My heart aches for each and every one of you.

Thank you for being so courageous and being here with us this evening.

I appreciate that.

[Applause.]

SUPT. KELLY HOUCK: So my testimony is really a story of sorts.

So I'm going to share a story from the Dundee Central School community, and with that,

I have some suggestions for help and assistance, and some need that we desperately have in our school, but also in our community.

Heroin and other drug use has become an epidemic in our community and in our county.

Just like any other epidemic, we must work together to eradicate it.

This is something we cannot do alone; however, we can accomplish together.

Everyone is part of the solution, and we cannot allow this growing and pervasive problem to touch or take one more life.

In my school district of just over 700 students, heroin has taken the life of a 17-year-old girl, a high school senior with her entire life ahead of her; and a former Dundee Central School student, just a mere 23 years old, again, an individual with a whole life ahead of him. This has happened in just a mere three months.

And I cannot reiterate enough that, fortunately, I had the opportunity to get to know the 17-year-old student in my year and a half at Dundee, and she was not that kid.

I cannot say that enough to you.

She was not that kid.

And even though I didn't get to know the 23-year-old that passed, from all the stories of his high school athleticism, he was not that kid either.

This does not discriminate. It touches everyone and anyone.

Additionally, it has touched the lives of many faculty members and students, by not only their relationship with these two individuals; however, through their own family members who are currently struggling with addiction, or, even worse, still actively using despite their pleas and exhausting efforts to quit.

It leads me to ask the question: How many more people must die, or who must die, in order for this to finally be enough?

I can't begin to explain or paint a picture that is vivid for each of you that accurately displays how heart-wrenching it is for me to send an e-mail to my entire faculty, that I need to have an emergency faculty meeting with them before class begins, to where I can share with them that we have lost another child, or how incredibly devastating it is to a student's classmates when faced with the harsh reality of the tragic loss of an untimely death of a fellow classmate.

Watching these students gather in the school foyer, carrying purple helium balloons with memories and messages of love and "I'll never forget yous," as they walk as an inconsolable group to the funeral home to say their goodbyes to their classmate, their childhood friend, their fellow cheerleader, the person who they sat next to in English class since seventh grade.

As I try to comfort them and help them through one of the most difficult times in their lives that they will ever experience, I find myself not being able to control my own thoughts and fears that this will not be the last time that we walk this walk.

The cruel, harsh reality, it will only be a matter of time, unless significant, actionable, and tangible steps are taken to combat this epidemic.

According to the American Society of Addiction and Medicine, drug overdose is the leading cause of accidental death in the United States.

Opiate and heroin addiction is driving this epidemic.

Four and five new heroin users started out misusing prescription painkillers.

As a consequence, the rate of heroin-overdose

deaths nearly quadrupled from 2000 to 2013.

In just 3 years, from 2010 to 2013, there was a 37 percent increase in heroin-overdose deaths.

The current largest group of heroin users are between the ages of 18 and 25. This group is also the cohort that continues to grow exponentially over all other age group and users.

Adolescents, my students, your children, are falling victim to this addiction faster than we can intervene.

Research has indicated that over 30,000 adolescents have used heroin in the past year, and more than 50 percent have moved past into the world of addiction.

These are national statistics, and, yes, they matter; however, honestly, the statistics that matter to me most are the ones that are occurring in our own county and in our own schools.

I firmly believe that the solution to this problem is multi-faceted and involves many layers, with education being the center and the pillar that every layer is anchored to.

We must be proactive in our approach to addressing heroin- and opiate-addiction epidemic.

We now, more than ever, have the chance to

fight this epidemic, but we cannot wait. We must combat this before it even begins.

Effective, meaningful, and result-driven educational practices surrounding this issue requires resources.

It's not just an option. It is a necessity.

Resources, such as financial assistance, and, people, such as full-time public-health educators in our schools to coordinate these efforts, is critical.

We need the monetary support to procure people who are well-versed in this work, identifying the risk factors, creating intervention plans, and assisting preventing the addiction before it becomes a reality.

With this comes the need for financial assistance with programs and outreach opportunities, as well as certain real-life experiences for our students to participate in, that clearly and vividly illustrate the dangers of involving themselves in this activity.

Lectures and pamphlets and videos are not enough.

We need to provide and create meaningful engagement for our students and their families, and

these need to be ongoing.

This education cannot be a one-and-done platform or a six-week course.

Our education strategy and implementation needs to be as pervasive as the heroin is in our community.

This education needs to reach beyond the walls of our schools, and needs to act as seepage, seeping into our community and into our toughest neighborhoods.

This work cannot be accomplished without proper financial resources and people needed to carry this work forward.

We cannot continue trying to solve the problem by being active and expecting different results. Our own local history clearly illustrates that the current methods are insufficient.

Ultimately, even with the best education practice in place, we will not stop all heroin and opiate addiction.

Therefore, another layer to the solution that I referenced in the beginning of this testimony involves treatment plans and facilities, which, at this point, in the great state of New York, are dismal at best, a clear picture of inadequate.

When the hardest decision of an addict's life has been made to help -- to seek help and assistance to begin the very difficult and challenging path of recovery, it is completely unacceptable that there is not a treatment facility or an option immediately available to them.

When told that it will take two or three months, or even longer, to start the process, that we have, in sense, told the addict to keep using.

These individuals are barely holding on minute to minute, and can't fathom how they will make it through another day, let alone a month, or longer, without using.

And that is exactly what we are forcing them to do by not having adequate treatment facilities and recovery essentials available and accessible.

School districts are having the hard and difficult conversations with our students and faculty.

We impose accountability to the greatest extent or authority allows us to do so; however, we need all stakeholders to be part of this work.

Parents, families, friends, community members, and our elected officials all must be part

of the solution.

We need to invest in what matters, we need to invest in our future, we need to invest in our students' emotional, social, and mental health, in order to eradicate this epidemic.

The treatment options and resources for addicts need to go beyond just addiction.

We need to promote support, and provide better and stronger mental-health services for our students and communities.

In attempting to make an appointment for a student in crisis to have a complete psychiatric evaluation, due to the clear and evident lack of resources and availability of mental-health services, it took two months for a student of mine to be even given an appointment.

It is very transparent that there are significant mental-health issues and needs that are severely underdiagnosed; and, therefore, not treating, which is leading to an increased drug use and activity.

We absolutely do not have any local control over the lack of mental-health services in our schools and in our communities. A significant amount of preventive measures could take place if

the services were available.

Additionally, support is needed by providing adequate funding and resources to our local law enforcement. This must entail the addition of a drug investigator.

It is evident that our county law enforcement does not have the resource or capacity to address the heroin and opiate epidemic that is eradicating and taking hold of our communities.

To expect that any changes will result in using the current structure and system is nothing more than a fallacy.

As an educator for several years, and as an educator who has worked in several capacities, I have never witnessed the devastating effects that heroin has had on a school and a school community as I have over the past few years.

I shudder and fear at the thought of losing one more child.

I ask all of us to stop and think, if that child was your son, daughter, granddaughter, grandson, niece, or nephew, what would you expect these changes, and what would be warranted, to stop this epidemic?

This epidemic does not discriminate.

Everyone is vulnerable to it.

All of these children are mine, and I take that to heart, and I am at the place of the cold, hard truth that I do not have, I can't provide, the resources needed to save them alone.

Our system and resources are at capacity.

My children, my students, our collective futures, depend on significant changes being made regarding allocations of resources and funding to truly eradicate this epidemic.

Thank you.

[Applause.]

SENATOR O'MARA: Thank you, Kelly, and for the work that you've been doing.

You've been, certainly, at the front lines in recent months on this, and I do thank you for being here participating in this forum this evening.

Mr. Phillips.

SUPT. TOM PHILLIPS: Thank you, Senator O'Mara, Assemblyman Palmesano, and members of the Joint Senate Task Force on Heroin and Opioid Addiction, for hosting the public hearing and soliciting input relating to stemming this crisis.

I'd like to start by recounting my attendance at the New York State Physical Education, Health,

Recreation, and Dance Conference this past November.

I attended several workshops; however, I never believed in my most vivid imagination that I would leave that conference as a trained responder in opioid-overdose prevention, including the use of intranasal Narcan.

While I applaud the association for taking the initiative to train attendees, the reality that, as an educator, I would need this training was sobering.

This clearly speaks to the scope of the epidemic we are facing.

As to the specific questions, my answers to both of these questions focus on the need for a community approach to addressing this epidemic.

Remember this, rural schools in Upstate New York often do not have a YMCA, a YWCA, or a Boys & Girls Club.

We don't know what they are.

As I've learned through the process of developing community-based school programming, there's not one agency or institution in any community that can address this epidemic alone.

This will require collaboration, sharing of information and ideas, as well as shared

responsibility for quality implementation of community programming.

First, one cannot focus only on the results of heroin and opioid abuse.

The real question is, how do we prevent this from happening?

My experience tells me we need to create a sense of community, and develop what I refer to as a "surround and support climate" that is inclusive.

The community-school approach, or a similar model, provides support for academic assistance and enrichment, wellness activity, addresses child-care issues, family-support centers, summer programming, as well as quality before- and after-school activities for our children.

Additionally, let me say, some of the best money ever spent by the State of New York was the School Resource Officer program.

[Applause.]

SUPT. TOM PHILLIPS: We must break down the silos of mental health, children and family services, our court system, health-care systems, and any other governmental agency or community-service provider, in addition to the regulations that prohibit information sharing.

I understand the right to privacy, per HIPPA, for individuals, but when the right prohibits or delays meaningful, collaborative intervention for individuals or a family, the consequences can be disastrous.

Funding:

This does not necessarily mean additional monies.

The reality is, the state and federal government spend an enormous amount of money and resources on the establishment of bureaucracies, departments, and institutions, all focused on providing assistance to family and persons in need.

There is enormous duplication of services within our communities.

This is a direct outcome of the barriers in place that prevent meaningful collaboration between school, community agencies, and the courts.

I believe all communities would benefit from an effort to coordinate service, including resources, as a means of streamlining intervention and providing education and assistance to those in need.

Additional funding:

The concept of grant funding or competitive

funding for communities simply does not work.

If the State believes the epidemic is a priority, then fund it.

On a personal note, at Watkins Glen, we are already discussing what options we have for our community-based school program once the grant funds expire.

This is not an effective strategy for quality program development.

In closing, I would like to again thank Senator O'Mara and members of the Task Force for their commitment to addressing the heroin and opioid addiction epidemic.

I believe there are two primary issues that need to be addressed:

The establishment of community schools, or a similar model, in an effort to create a surround-and-support climate that includes educational support and enrichment, wellness programs, family-support centers, and the like.

When children and families feel a sense of belonging, they are more likely to be productive and willing to seek intervention when needed.

Finally, appropriate levels of funding for such community centers, whether through a more

coordinated effort of existing resources or the elimination of non-competitive -- competitive and non-competitive grant funding.

If we are serious about addressing this issue, we need to provide the funding, inclusive of sustainability options for programs once they are established.

Again, thank you for asking us for our input.

[Applause.]

SENATOR O'MARA: Thank you, Tommy, for that.

Now we're going to stretch our neck back over to the left here for us up here, so we'll go back to Panel III, which consists of:

Danielle Tilden from the Finger Lakes Addictions Counseling Referral Agency;

And, Marie Flanagan of the Yates Substance Abuse Coalition;

Mike Ballard, the Council on Alcoholism and Addictions of the Finger Lakes.

Danielle, would you like to start?

DANIELLE TILDEN, CASAC: Certainly.

Thank you for having me tonight.

On behalf of FLACRA, we have identified the following needs for funding and regulation waiver, and I'll just keep it short and sweet, because many

people have already said many of these ideas.

The first is an increase in or additional funding for supportive living and housing opportunities within Schuyler and Yates counties.

We are working towards supportive-living beds; however, you know, there's always a struggle to get the funding and the availability of appropriate housing and beds in our communities.

An increase in and an availability of Suboxone or buprenorphine therapy for opioid-use disorder through the extension of waiver to nurse practitioners and physicians' assistants.

M.D.s are currently the only ones who are available to get the waiver and prescribe Suboxone, and there are caps on the number of individuals who can be on their caseload: 30 individuals per doctor in the first year, 100 individuals on -- at a time on their caseload in subsequent years.

This means that they can prescribe as many opiates as are deemed necessary, but, if somebody is struggling with dependence or substance-use disorder related to the opiates, the treatment -- one of the treatment options for that, Suboxone therapy, is not available to them if there's not a doctor available.

Vivitrol is an excellent alternative to this

as well; however, there are some insurance issues with that, as well as some contraindications, especially for persons with active hepatitis, which often goes hand-in-hand with IV drug use.

Increase in or additional funding for medically-supervised outpatient detoxification programs, programs with easement of regulations around this treatment type in order to ease implementation in our communities.

There's little to no access to these services in our community. And when we look to get people into services, there is typically a significant wait time for those.

And as people have said, if you want treatment, if you need treatment, it needs to be at the point when you're ready to accept it. You can't be waiting six, eight days for detox.

It just doesn't -- it doesn't, typically, have positive outcomes.

Increased funding for and early intervention services to allow for the identification and treatment of childhood disorders, such as ADHD, things like functional language delays, and other issues that affect our, you know, very young children.

Research continues to demonstrate a connection between the childhood disorders and subsequent risk for the development of substance-use disorders in adolescents and adulthood.

And an increased support and funding for Narcan training kits and refills on the medication.

Currently, there are some grants and easements available; however, we'd like to ensure continued, reasonable, and affordable access to Narcan for all who need it and their families.

We appreciate the opportunity to share our needs and our concerns for the community, and we look forward to working together for the future in this, and getting treatment to all those who need it in a timely manner.

Thank you.

[Applause.]

SENATOR O'MARA: Thank you, Danielle.

Next, Annmarie.

ANNMARIE F. FLANAGAN, FNP, MS: Thank you.

I am also a nurse practitioner and I work in primary care, and I did talk with some of my patients that have substance-abuse disorders and heroin issues, and they want -- there are a couple of things that they wanted you to hear.

The main thing is that, they don't choose to be an addict. The addiction chooses them. And they don't want to be in the position that they are.

They do support legislation that would allow drug dealers to be charged with homicide if they sell drugs to an individual who dies as a result of an overdose.

So that's I think important for you all to hear.

Health-care providers are also frustrated with trying to treat patients with substance-abuse disorders. And we are looking for more education, at any point in time, to be able to help us be able to care for these patients better, and look for evidenced-based practice treatment plans that would benefit them.

But, a few things, and I've cut this significantly shorter.

But, providing parity of access to services for all residents with mental-health and substance-abuse disorders in New York State, especially in the rural areas.

As you all know, that there is a significant lack in the rural areas for people to be able to access services, especially for mental-health

disorders. And substance abuse is a mental-health disorder, and we do need to destigmatize that out there.

Increased transparency of services, decreasing barriers, and, as Danielle did say, working with our DEA to allow nurse practitioners and physicians' assistants to be able to prescribe Suboxone.

This will work -- this will allow a broader network of rural health-care professionals to provide this important and effective treatment option in rural areas.

And at this point in time my patients are buying that off the street, which, if they could get it from me, we would be much safer than buying something off the street that could potentially be laced with something else.

Instituting a reporting system at the local and state level to capture statistical data for substance abuse to support systematic planning and treatment.

Thank you.

[Applause.]

SENATOR AMEDORE: Thank you.

Annmarie, actually, what you were referring

to, with going after the dealers, we have in the State Senate, I sponsored a bill, it's called "Laurie's Law," that does exactly that.

It goes after the drug dealers, mid- and upper-level drug dealers, who are connected to the death of an overdose of heroin, and that the law-enforcement agency can then go and charge that dealer with homicide.

We got to get it through the Senate -- through the Assembly, but we're working on it.

And, also, you mentioned something, I think your last point that you mentioned was...?

ANNMARIE F. FLANAGAN, FNP, MS: The reporting system?

SENATOR AMEDORE: ...the reporting system.

With the sale of over-the-counter of Narcan, naloxone, one of our fears, and that the Task Force has, that we have a piece of legislation that we're actually trying to work it within the budget language, is to have DOH have a database, implement a database, so that we are tracking how many kits are going over-the-counter, as well as every time it's being administered, it will be mandatory reporting.

Keep in mind, we are not looking for the name

and the address of individuals. We're very sensitive to that, because we do not -- we already know about the stigma.

But we want to make sure, we want to gather the statistical information, so that we can pinpoint exactly where resources need to be, where the problematic areas are throughout the state. And that will help get us down that road of more database statistical data so that we can use it.

ANNMARIE F. FLANAGAN, FNP, MS: Thank you.

You're on the right track there.

SENATOR O'MARA: Thank you, Annmarie.

Mike.

MIKE BALLARD, MS: Thank you.

Thank you for having me tonight.

The primary objective of the council is to provide education and prevention strategies to our counties, the communities, and the coalitions that we serve.

I work in 5 different counties in about 15 different coalitions on many of the same issues here, so I see a lot of these in every one of the counties.

One of the beliefs that we have is through the efforts -- you know, these efforts that we can

reach families, youth, and the community members, and we can provide them with the capacity to make informed decisions about substance use and abuse.

One of the programs that we have recently started to implement in Ontario County, actually, is a community-based -- or, school-based education program.

We have a contract with eight of the school districts in the county, and we have educators that are in each one of those school districts full-time -- or, close to full-time, anyway, to provide education directly in the school, so they integrate themselves into those programs.

That's one of the programs that we would really like to see, you know, some increased funding, to be able to provide to not only Yates County, but a larger percentage of the county -- or, the schools within our catch-basin, if you will.

The program is seeing some really increased needs.

We've had a lot of requests from schools, you know, for more programming, for more of the forums that we've done, all kinds of different programming, not just for heroin, but all kinds of substance

uses.

So, that's one of the programs that we would really like to see, you know, increased.

Family education is also very important at the council.

Not only reaching these kids at a young age, but also being able to provide families with the resources, the education that they need, to be able to make informed decisions as family members, so that they understand the importance of, you know, seeking help as a family.

And the last piece that the council would like to talk about is the lack of opiate-specific treatments within our region.

There are some options, but finding treatment that is dedicated to opiate use has been very difficult.

Helping provide access and access to appropriate treatments is a vital part of the recovery process.

So, the Yates County community, and the region as a whole, has seen detrimental effects that substance abuse can have on their users, their families, their children, and the community as a whole.

Reaching our youth at an early age and educating the family members is something that we see is a tremendously important piece to helping people protect themselves and make better and more informed decisions.

So I'd like to thank the Task Force, as well as everyone who came out tonight, to help us push some of this forward.

So, thank you.

[Applause.]

SENATOR O'MARA: Thank you.

And thank you to the panel for participating tonight.

We'll get to our final panel here, but that's not going to be the end of the night.

I know we're running on here.

But we have our Yates County Public Health Department representatives here.

And then when we finish with Deb and George, we're going to give an opportunity for my colleagues to speak or ask questions of anybody, from what we've heard.

I don't let them speak at the beginning, so when it gets later they tend to speak shorter, and they're politicians, so that helps in that regard.

And then after that, we do want to open it up for questions from the audience.

We have a microphone up here.

We're going to ask anybody that wants to speak on whatever aspect of this, whatsoever, to come up to the microphone and state who you are and where you're from, and give a brief outline of the points you would like to make.

And depending on how long that line gets will depend on how long I'll let you speak.

But, with that, we'll move on to our final panel here, and thank you for being here, and your patience here to go last, to kind of round this out, with the Yates County Public Health Department Director Deb Minor, and the director of community services, George Roets.

Deb, if you'd like to start out, and give us your perspectives here on putting this all together for us here in Yates County.

DIR. DEB MINOR: Thank you.

Thank you, Senator O'Mara and Task Force members, and audience.

And, being the next-to-the-last speaker, I will be very brief, and I'm going to just highlight, so I hope it doesn't sound too chopped

up, and I hope it makes sense.

First, I want to note that we do appreciate the Governor and the State Legislature's efforts in making heroin and opiate a top public-safety, public-health, and mental-health priority in 2016.

And we know that the Governor has put mention of this in the executive budget.

Across New York State, many of the law-enforcement offices and public-health departments have been working to implement the opioid-overdose prevention programs, the Narcan kits and training.

Since we started that program in the fall of 2014, we have trained over 200 law enforcement and community members, and we have you distributed over 700 kits in Yates County.

This is not a measure that's going to prevent our problem, but it helps to give that addicted individual and his or her family an additional opportunity to seek treatment and work towards recovery.

So even though we now can access the naloxone at the pharmacies, I would ask that you not cut the funding to that program.

I think it's crucial that we at Public Health

and the other opiate-prevention programs have the opportunity to train folks on how to properly use this. And it also gives us another opportunity to give them some information about recovery and treatment resources.

We have heard from many of the folks on the panel tonight, and we've also heard from our forums, about the barriers that the families and the individuals suffering from addictions have in dealing with the insurance companies.

So, again, we applaud the efforts of the Legislature in what they are doing to no longer permit insurance companies to require a fail-first policy.

We need to stick to that, we need to hold them to that.

And, so, we do ask for your commitment that that will take place.

And we also are appreciative of the new realtime online tool for families and providers, that they can access at the OASAS website, in locating inpatient- and residential-treatment beds.

However, anybody who looks at that will see that the capacity is not sufficient.

I have seen mentioned that the executive

budget proposes $7 million in new funding, and proposes 300 new treatment beds to be developed over the next two years.

This is good news for the state, but please make sure that some of these beds are coming to the Finger Lakes area.

They cannot all go downstate and to the metropolitan areas. It needs to be fairly distributed.

I just don't want to be too choppy here, but I'm trying to be brief.

SENATOR O'MARA: Take your time.

DIR. DEB MINOR: At Public Health, we are also asking for continued movement towards the integration of outpatient drug treatment into the more traditional medically-focused health-care settings.

We need to have comprehensive treatment plans for our patients which address the medically-assisted treatment, behavioral counseling, identification and treatment of infectious disease.

We know that the use of heroin and other injectable drugs brings risk for HIV and hepatitis C.

We need screening for comorbid psychiatric

diagnosis, as well as care of their medical needs.

So we do need to have this as an integrated approach, and not be sending patients to multiple different locations to receive their treatment.

Those in recovery have spoken to us of the increased social acceptability of using heroin by their -- by the youth and young adults, and of the increased availability.

Parents have asked us for assistance in understanding how they can best prevent their children from making choices that lead to addiction.

We know that the issue of addiction cannot be effectively addressed through treatment alone or through the arrest of those who are selling or using illegal products.

We must focus a portion of our resources on prevention.

And I would bring your attention to programs that are evidenced-based and proven strategies, such as Healthy Families New York and the Nurse-Family Partnership, Parents as Teachers, and the Parent-Child Home Program.

I would ask that funding not be diverted from these programs. We need to have these programs to continue to help our families.

But we also need to look for expansion of programs that move beyond the pre-school years.

We have to find ways to help our families to parent and to have those difficult conversations with their children, and help to prevent some of these folks from turning to use of substances.

There are some new tools online through OASAS, tools such as Talk to Parent and the Kitchen Table Toolkit.

We need to locate additional resources such as these.

And I think I've hit all of the highlights, and you do have my written testimony.

Again, I thank you for this opportunity, and I look forward to continuing to work and to address this issue.

Thank you.

[Applause.]

SENATOR O'MARA: Thank you very much, Deb.

George.

GEORGE ROETS: Well, I have the auspicious position here to be the last speaker from the panels.

First of all, thank you, for everyone, for hanging in there.

The support in this community is tremendous.

I could repeat and say, ditto, about almost everything that's been said tonight.

We've heard about the agony.

I want to just counterbalance that with saying that the involvement of the community, with the coalition, and in efforts to really corral this epidemic, is just tremendous.

This is a great community that has come out and has stood up for change, and we certainly do need change.

We have a whole-world problem.

From a public-health point of view, it's a community problem which requires community solutions.

One of the things I want to suggest that I haven't heard -- I've heard allusions to it -- and that is we need to be able to offer you, and community members, in general, ways in which they can participate more fully, both in helping protect their children from the scourge of either mental illness or substance abuse, to help your children grow healthier, and to be stronger and more resilient.

The schools play a part in that, but every

family and every community plays a big part in that.

There are programs that are being sponsored across New York State, across the United States of America.

There's two great programs that, basically, begin to do that.

One is called "Mental Health First-Aid," which is really directed at adults, to learn about substance abuse, and mental illness, and what you can do as a family member, as a partner, as a sibling, as an employer, to really help somebody you see may be having a mental-health problem, or a substance-abuse problem.

It's training that can be offered to schools, offered to the community, offered to child-care organizations, and other organizations that work with adults, at all levels. It doesn't require a college degree.

But it does give skills to people, and it orients people to their role in having a healthy community.

The Youth Mental Health First-Aid program is specifically focused on youth.

We know that when we ask people who, in fact, are addicted, 90 percent of them say they started

while they were in school.

Did you hear that?

They started while they were in school.

They're the target for us.

You heard from the educators. You've heard from other people here.

Early identification, early prevention, is really a core.

They can't all be in school. They're in school a few hours.

They're home and in their neighborhoods the rest of their lives.

So we all need to be part of the solution.

We all need to be willing to step up and learn.

We all need to be willing to step up and find new ways for us to be involved, and to make a difference.

And I have a lot of other things I could mention.

We don't have enough treatment.

We don't have the right staff.

We need more prevention.

We have to look at early prevention, early identification.

We have to look at support for those who, in fact, are addicted, to protect them, and to support them in treatment, and give them the treatment they need. To help them change the environments, because they can't stay in the same environment as an addicted person. They need to be able to move beyond that.

So, that's where I'm going to stop.

But I'm going to say that there is a role for this community, and we really have to be invested with working towards giving people the tools so that we can move this army of people who now want to see a change forward and really do something in this community.

Thank you.

[Applause.]

SENATOR O'MARA: Thank you.

Now I'll turn it over to the Chair of our Task Force in the Senate, Senator Terrence Murphy.

SENATOR MURPHY: First of all, Senator O'Mara, it's an honor and a privilege for the invitation to come up here.

I come from Westchester County. It's just north of New York City.

This afternoon; I got in the car early, and

I met Senator Amedore in Albany, and him and I had traveled up to Oneonta to do a 12:00 Task Force meeting in Oneonta, and then out to here.

So, it's been a long day, but well worth it, I will tell you that.

To the panel of experts up here, thank you.

Thank you for all you do for your community.

Thank you for all you do for New York State.

You folks, right down there, Arianna, Devon, to sit on this stage and give your story, you are so far ahead of it.

You're doing a great, great job.

[Applause.]

SENATOR MURPHY: You keep it up.

You keep it up.

You should be damn proud of yourself, to be able to sit up on this stage and share with everybody.

That takes courage, and it takes guts.

And, Alexis, I don't even know where to start. My heart goes out to you.

You are so, so strong to be able to share that story with all of us up here.

It's, just, I got the chills when you were saying.

I leaned over to Senator Ortt and I said, This is unbelievable.

And I've been around New York State, and I've heard stories.

And, this, it's pretty deep.

And to be able to be here and share, I thank you.

And for everybody who is sitting in the audience, it's now 9:00 at night, and, you know what?

To still be here says something, to you, and how much you care about your community, and to listen to all the experts up here, because this is a team effort.

None of us have all the answers right here.

This is why we go around the state, and this is why we listen to everybody, to gather the information and to make educated decisions on what's the best for your community.

We don't know it unless you tell us.

Yes, we have the experts.

Who was it, Sheriff Spike over here.

You know what?

You're hiding behind closed doors?

No more. The stigma has got to go.

This has --

[Applause.]

SENATOR MURPHY: This has no boundaries.

It has no ethnicity.

It has no gender.

It has no religion.

It will shake down really, really, really good families.

And this is what communities are all about: It's to rally around and make sure we do the right thing, to care for our community, and make sure we can do the right thing.

I'll leave it off with, it has been an honor and a privilege to be able to be here tonight.

Whatever we could do as a panel up here, and, Senator O'Mara as your State Senator, we are behind him 1,000 percent.

And you're doing a great job.

And thank you for allowing me to be here tonight.

SENATOR O'MARA: Thank you, Terrence.

[Applause.]

SENATOR AMEDORE: Well, thank you, Senator O'Mara, and it is an honor to be in the 58th Senate District.

And for you to have a -- I think a most-outspoken State Senator that really is advocating for the needs of all of the district here.

I have served with Senator O'Mara in the Assembly, and now in the Senate, and, he's got your back, and he's trying very hard.

To Janet and to Alexis and to Gail, you know, losing a loved one or going through the trauma and the grief that you have gone through, and, to Gail, being able to have somewhat of a victory, you have all given so many much hope.

And to anyone who is going to try to limit and say that we can't is unfortunate, because the more we go around and do these Task Force meetings and have public-address meetings, the -- there's a lot of moving parts, and there's not one solution.

But I got to tell you, this -- it's evolving.

And where the State was, to where we are today, it has been the State Majority -- the State Senate Majority Conference that has really catapulted and thrusted so many of the ideas that the panelists have already brought up.

We know that there's gaps in the system.

We know that there is inefficiencies still

that needs to be addressed.

We know that we need to go and tackle big insurance companies and get them to pay more for longer treatment.

We know that we can do more on the law-enforcement side.

And we struggle every day in the State Senate to, how do we work through the -- that wall sometimes that's in the State Assembly, that a lot of times blocks a lot of these great ideas and initiatives that's already been mentioned here today: reforms to laws, to policies, to funding.

And we need to do -- everyone, together, collectively, needs to work together, as you are doing here, we need to work together on driving the message home to the New York State Assembly, because they have blocked a lot of great initiatives and advancements so that we could -- it could curtail or eradicate this crisis that we have.

Substance abuse is a huge problem, and I'm not just narrowing in on opiate or heroin addiction, even though that was the topic tonight.

But, substance abuse, and a wide spectrum of it, it grabs ahold of an individual, ahold of a family, ahold of a community, that is just

deteriorating the quality of life throughout the state of New York.

And we need to do everything possible, collectively, to fix this.

So, thank you so much.

God bless you all, and I appreciate the time and your stories.

[Applause.]

SENATOR O'MARA: Thank you, George.

Senator Rob Ortt.

SENATOR ORTT: Thank you, Senator O'Mara.

I want to thank you for hosting this event.

I want to thank all of you for being here tonight.

And I certainly want to thank the panel, and echo the comments that have been made by my colleagues already.

And, you know, I think, when you look at this panel up here, and this is my fourth or fifth hearing across the state, you will see a whole range of spectrums.

You have law enforcement.

You have family members.

You have legislators.

You have superintendents.

You have public-health officials.

You have service agencies.

And that shows you how complex, how dynamic, this issue is, but it also shows you that there is no one thing.

I wish there was one thing we could do that would fix this.

I wish there was one thing we could do that would save lives.

But, unfortunately, there's not just one thing.

We're going to have to do a lot of things, and after that, we're going to have to recalibrate and probably do a lot more things.

It's not just funding.

It's not just this or that.

It's going to be a lot of things.

It's going to have to be a comprehensive approach.

And that's one of reasons why we've done these hearings across the state, is to try and get a sense from the people who live this every day, from the survivors, to the families, to law-enforcement officials, what is going to work?

This has to be thought out.

This cannot be just a reaction.

This cannot be just, I need to get in the headline tomorrow.

Or this cannot be, something bad's happening so we need to do something.

We need to do something, but we need to do something that works.

And, you know, for these families over here, it does no good to them, and, for these guys sitting over here, who go out every day and put their lives on the line, it does no good to them, if what we're doing isn't effective, if what we're doing doesn't work, and if we don't take into account what they have to say.

I wanted to specifically mention Janet.

All of you gave very heartfelt and emotional stories.

But Janet talked about her son, and one of the things that resonated with me was, she said he was a veteran of Iraq.

And, I was a veteran of Afghanistan, and I know a lot of veterans who come out and who suffer from mental health-related issues.

And as Chair of the Mental Health Committee in the Senate, I see this all the time with

self-medicating. And, a lot of veterans are being struck by this very epidemic, this opioid and heroin epidemic.

These are men and women who served their country in combat, who wore a uniform, who wore the flag on their shoulder, who did amazing things; and, yet, they come back, and, it's not Iraq that gets them, it's not Afghanistan, it's not ISIS or the Taliban or some insurgent.

It's heroin, which I think is really tragic and ironic.

And on the good side, we've started the Joseph P. Dwyer program in Niagara County. It's a program that exists elsewhere in the state. It's a peer-to-peer support service.

And, basically, one of the things that they're going to start doing is going to the VA, working with the VA, when the veterans coming out, who have been there for heroin or drug treatment. They're going to be there to get these guys or these girls right when they come out, because that's one of the most vulnerable times, which we heard about, when they are discharged.

That 48-to-72-hour time frame is when you see a lot of relapses, and, actually, a lot of deaths.

But I just -- I know you'll probably remember your son in a lot of different ways.

I think you should remember him, certainly, as a soldier, and as a hero for the country.

And, last, but not least, I'll just say that, you know, we heard a lot tonight, too, about marijuana.

We heard -- I forget who it was who talked about five previous unlawful marijuana possessions.

And I met a family in Niagara County whose daughter passed away late last year, and they came up to me and they told me that their daughter, who was 22 at the time, told them that this all started when she started with marijuana.

And I know there's a lot of different opinions on this across the country, but all I can say is, most of these folks here whose loved ones are either recovering or are not here, I guarantee you, they didn't start with heroin.

They started somewhere with something else, and that led to heroin.

So, I think we have to be very realistic that it's not always a victimless crime. That there are such things as gateway drugs, and there are such things as entry-level drugs, that lead to something

a lot more -- a lot more significant.

And while substance abuse is very serious, this heroin epidemic is very lethal.

You don't come back from this one, you know, for very long.

And I think that everyone up here gets it.

We're all trying -- we're trying to find a solution.

But there's an ownership that's a part of this as well, and I want to thank all of you, because you're owning it.

By being here tonight, you're owning it, because if you think that it doesn't happen in your community, you're wrong.

If you think it doesn't happen in your family, you're wrong.

And if you think that it's just going to go away by itself, you're wrong.

So I want to thank you all for being here, and I want to thank my colleagues for being here as well.

[Applause.]

SENATOR O'MARA: Thank you, Rob.

Next we'll go to our colleague in the Assembly, who is, fortunate for me, to serve in my

Senate District, which includes Yates County, Schuyler County, Steuben County, part of Chemung County, and Seneca County, for -- Phil.

But before we get to Phil, we do want to get to whoever in the audience would like to speak.

So if you could move over by the microphone and line up against the wall, we'll get to you as soon as Phil is done.

But, Phil.

ASSEMBLYMAN PALMESANO: Thank you for listening.

Certainly, the members of panel who are up here, offering your expertise.

But most importantly, the six of you at the end of the table, for having the courage to share your personal stories.

You put a human face and human side to this growing epidemic that's affecting every community throughout the state.

And as you heard, and as we all know, this doesn't matter what color you are, whether you're rich or poor, upstate or downstate.

This issue knows no boundaries.

And to have you come out and take the time to share that with all of us, should give us all

motivation to try to solve this problem.

So, thank you again.

I did just want to say, just to my colleagues here in the Senate, that -- and the members of the community, our Assembly Minority did actually have hearings around the state last fall, and we just wanted to make sure we presented that with you.

You know, we think there are good ideas, a lot of that we heard about today, that, as you guys go forward, and as we look for legislation, we have some good ideas and blueprints in there to move forward, and we certainly have to act.

You know, we do these forums and we get this input, but it's imperative for us to act, and it has to be a comprehensive approach, from prevention, to rehab, to detox, to recovery, to education, to help with law enforcement.

And, certainly, again, we need to take the stigma off this, and treat this disease, and not be afraid to tell the insurance companies they have to be a part of the solution.

But we have to do it together, it has to be a community effort.

And I think the people at this table signify their commitment to make this a community effort.

You being here signifies that you want to be a part of this community effort to solve this problem.

And we just want you to know that we want to be a part of the solution and help as much as we can as well.

So, I thank you for coming out.

We appreciated your testimony, and we look forward to hearing from the audience as well.

So thank you very, very much for being here tonight.

Appreciate it.

SENATOR O'MARA: Thank you, Phil.

[Applause.]

SENATOR O'MARA: We'll begin with you at the microphone.

If you could please state your name, and if you're with an organization, state that, or, otherwise, just state what your hometown is so we have an idea where you're from.

And out of respect for those that are in line behind you, so that we get to everybody, please keep it to a couple minutes.

And, we look forward to -- and thank you for standing up and addressing us here tonight.

REV. RYAN SMITH: Hello. My name is Reverend Ryan Smith. I'm from Penn Yan.

First of all, I'd like to thank our State Legislature for coming down to address this issue.

As a clergy member, and a freshman in high school, a lot of students approach me with their problems.

And, out of all the things that I've heard, drugs is one of the number-one things that I heard.

And I want to stress that we need to be teaching children, our students, that we are on the front line. We're the ones who are interacting with the kids who are doing these drugs and who are being exposed to these things.

So, you know, things like Natural Helpers, and other groups, that teach students to help other students, their peers, who are struggling with this issue.

I hear it all the time.

And it's -- I think our students really need to step up, because we're the ones who are on the front line.

We're the ones who are being -- when it comes to the schools, the number-one people who are being affected by this, our families, and are being

exposed to this.

And so I really think students need to learn how to stand up and talk with their peers about this issue.

SENATOR O'MARA: Thank you very much.

[Applause.]

CHRISTINA CLEVELAND: Hi.

I'm Christina Cleveland.

I'm the mother of Miranda Cleveland.

She was a 17-year-old who died unexpectedly November 9, 2015, from a heroin overdose.

She was a senior at Dundee school.

Her death is being treated as if she was another junky off the street.

The New York State trooper that is investigating the case has made some very inappropriate comments two days after her death.

He said, "There was one way off heroin, and she just took that exit."

He has also made accusations, assumptions, took her character from a family that didn't know her, where she was doing the drug activity, where the OD took place, instead of her loving family of almost 18 years.

He's not asked anyone.

When I do call him, I've never met the man face-to-face, so I have to call him, when he decides to call me back, days, he acts as if he has no time for me.

"I have a case overload. I'm too busy."

I do believe we need more, and we need more officers.

I'm being treated -- I couldn't tell you the last time I even talked to him. I can't tell you where her case is at.

All I hear is, "We're waiting. We're waiting."

Thank you.

[Applause.]

SENATOR O'MARA: Thank you.

Thank you very much for sharing that with us, and our heartfelt condolences for your loss.

CARRIE AHEARN (ph.): Good evening, and I invite anybody who's a note-taker to get their pen ready.

I know a lot of people have tucked them away.

My name is Carrie Ahern, and I am a village resident here in Penn Yan, and I have been inspired by all of the members of YSAC, whether I'm an acquaintance of theirs or a personal friend of

theirs.

And, I just wanted to share with everybody here in our community that I am working with the Penn Yan United Methodist Church.

We are going bring a program to Penn Yan called "Celebrate Recovery."

This program is a crisis-center recovery group, but it is for anybody and everybody, to include addicts, but also to include people who are codependent, or if they have an anxiety behavior that they are covering and masking with an addiction, whether it's substance abuse or behavioral-based.

And for more information, we're going to have a public-information meeting at the Methodist church on Sunday, March 20th, at 6:00 p.m., in their basement fellowship hall.

Thank you.

[Applause.]

SENATOR O'MARA: Thank you.

PAMELA FINGER (ph.): Good evening.

My name is Pamela Finger, and I'm a member of YSAC, and I've also been an educator in the New York State education system since 1993.

In my 23 years in education, I've come in

contact with a countless amount of youth in the Steuben and Yates county areas.

Lately, I've talked to several former students who are, and have been, affected by this heroin problem, and they've all told me the same thing: We need more education past fifth grade.

I'm asking that we listen to these young people, and figure out how to get more education out to all students earlier, rather than later, before it's too late, because I don't need to go to -- I don't like to go to another forum and have a former student come up to me and say: Mrs. Finger, we need help, and we need help now.

Thank you.

[Applause.]

SENATOR O'MARA: Thank you.

PATTY O'KELLEY (ph.): Okay. This is going to be the strangest of all.

I've been here about two months.

I grew up in Elmira as a small child.

I moved, Boston, New York, Ohio, Kentucky, Florida, Georgia, Illinois, and Colorado.

My mother just passed away, so I decided to come home, and this is what I call "home."

I will tell you that the cities that you're

referring to, less than 1 percent are enjoying, if they have, a community center.

So the rural isn't necessarily it.

And forgive me for not thanking you all, but we all know we're out of time.

You guys are doing your jobs.

You guys are doing your jobs.

But here's where I'm coming from, and this has been ignored for the last 2 1/2 years.

There is no presidential candidate right now that's going to address any of this.

We don't know whether it's going to get better or worse.

The state has no money.

The government has no money.

The schools have no money.

There's a side of this that doesn't need money.

I'm thrilled that, first, two church members came up here.

One of the reasons I came back to a small town is that I need a family.

I am on the streets and I'm already running into people I know.

Dennis, one of our superintendents, has

already heard my story a bit.

But, a legislation or an idea or an understanding needs to pass that is free, and that is, to let the people know, who know, these -- if you can't find an NA meeting, I have news for you, you're the ones starting it.

Where am I coming from?

I'm from a generation back in the day.

My father died of alcoholism, many of us had the same situation, but I suffered from that. And I went to Adult Children, Women Who Love Too Much, and those -- I mean, everything out there, and I finally barged into an AA meeting and lied for 17 years about not being an alcoholic.

Rare, but, that group of men had the secret, and it was free. It was a dollar in the basket for the coffee.

What I'm saying is, is that if this is a small town and we have churches coming together, I have been to two of them. I'm trying to make my way to all of them. I heard the best words I ever heard, which one of them said, "all the churches are coming together."

We need the churches.

But as far as the schools and getting better

education, why is this gentleman not telling his story?

I have a story to tell, but because I'm not all these certifications, the certified people can assist. But if you don't use the people who have been there, done that, this mother said, "I knew nothing."

Guess what?

She knows what this mother may need to know tomorrow.

This entire community can answer the phone when she calls and says "I need help."

And we can sit there with coffee in a lobby somewhere until the help gets there, because if we just put 92 things on your desk that said, Give us money, this is a community.

I have a picture in my phone, when we were this big, on this lake.

We don't need $600 condos.

We need some canoes.

There was ten of our kids, all together, meaning our friends, and I said, No wonder we were happy. We had ten kids, and we were all in bathing suits.

I'm going to say something that's going to

really upset people, but please understand I am aspiring to go to University of Pennsylvania for my master's in positive psychology, which is, get these kids off of drugs, and I'm talking about the little ones.

I went a middle-school band tour, and there was this many drugs for our children.

It isn't the pot that got them stuck on it.

It's that we did not teach them how to get over anxiety, and we didn't teach them how to get over depression, and we didn't teach them how to deal with some of these issues.

I was a college recruiter for 10 years, and I had a gentleman come to tell me he was the only one in his school who had not been on Adderall.

The drug laws for our children in school needs to be change now, that it's not every kid has ADD.

I know the educators. I know people --

[Applause.]

PATTY O'KELLEY (ph.): -- they come out and they are used to being given a tool to deal with what they're going through.

I will give my card to all of you guys.

I will give my card to you guys.

You guys are all doing great jobs.

But the educators, let us in.

Let us in who can help your kids.

Why can't we -- when I was in psychology, you all heard of arachnophobia?

Okay. We studied it in a book. We looked at it in a piece of paper.

But it wasn't until we saw the video of the true guy in the corner, sweating, shaking, and vomiting, that we realized what it really was, and it isn't just, he's afraid of spiders.

And it's the same with heroin.

He can't come in like this and just tell kids, Don't do it, and posters and all that, nothing.

But he can come in with some serious video and go back to the world of scared straight.

[Applause.]

PATTY O'KELLEY (ph.): You know, "Breaking Bad" romanced this, and I mean romanced it.

That was a great show as far as dialogue.

But as far as when they were laying sick and vomiting, man, you just kind of looked past that.

It romanced it.

But until that's the picture these kids see

in fifth grade, sixth grade, seventh grade, eighth grade, ninth grade, tenth grade. It can't be an auditorium like this, because the kids are going to giggle over here.

You need to get small groups and get these people in to help.

But as a community, now that I am back, I'm back because it is a small town, and we need to start having some phone people that answer phones when people need.

I have gone through a lot in my life, depression, all of that. But when I pick the phone up and say "Help," I get, "Well, what did you want? Well, she can't call you back for two years."

I have offered to volunteer at several places, in schools, in committees.

I have not had one phone call.

I have been through this, family-wise, kid-wise.

I was recruiting juniors and seniors for 10 years.

That's why I do this, and all I did was get their heads turned around, changed their grades, and get them out of college.

It doesn't take all your money that you don't

have, and all these things.

We need the church basements.

We need the auditoriums.

We need some canoes, and we need some fishing poles.

And we need some things to get these kids out of that depression, and we need to understand.

And if you have funding to send me to U Penn for positive psychology, I'll come back and do it all.

So, that's all I've got.

[Applause.]

SENATOR O'MARA: Thank you.

Could you give us your name for the record, please.

I'm sorry.

PATTY O'KELLEY (ph.): They all know it.

Somehow they all know me.

Patty O'Kelley.

SENATOR O'MARA: Thank you, Patty.

STEPHANIE CAMPBELL: Good evening.

My name is Stephanie Campbell, and I'm the director of policy for Friends of Recovery New York.

I just want to express my gratitude to my Senators who I've been speaking with, and having

conversations with, and a new Assembly friend.

Thank you. That's awesome to meet you.

I also worked with the Assembly Minority on that task force, and it was fantastic, and there's some great things in it.

I also, though, want to say that, my name is Stephanie Campbell and I'm a person in long-term recovery. And what that means is --

[Applause.]

STEPHANIE CAMPBELL: Thank you.

-- what that means is, I haven't used drugs or alcohol for 15 years.

And what that's allowed me to do, is it's allowed me to be a mother of two beautiful children, one who turned 21 today. It's allowed me to be a wife. It's allowed me to be an employed person.

Prior to my coming into recovery, I must have cost New York State taxpayers a couple millions of dollars, maybe.

So I've saved you guys a lot of money.

[Laughter.]

STEPHANIE CAMPBELL: And, I hope that Devon and Adrianna --

Is it Adrianna?

-- Arianna, continue on this journey. And,

let's stay connected, let's get connected.

Alexis, you are amazing. Just blew my socks off. I'm sitting over there, going, Who is this woman?

Just really powerful.

And I loved what the last speaker said, "We know recovery."

And, you know, we know the problem of addiction.

It's horrible.

It's horrific.

It's not just heroin.

That's the drug du jour right now.

But it was crack in the '80s. And the Rockefeller drug laws did not make that situation better, I'm sorry to say.

What I can say to you is that, as a person in long-term recovery, I know that, you know, I'm an expert in this field, because I'm doing it, because I have battled addiction, and because, you know, I'm here as living proof that recovery works.

And, so, in the conversation that we've been having, you know, which is incredible, that we're now talking about we can't incarcerate our way out of this. Right?

We need treatment.

We need education.

We need prevention.

But we need recovery.

Someone comes out of crisis and they leave treatment, and they go back into a drug-infested housing project, you know, a system which offers no supports, there's no recovery community organization, there's no recovery community centers, there's no recovery coaches, there's no family navigators.

We're setting them up to fail, and we have to stop doing that, and we do have to invest in the solution of recovery.

So, I just want to, you know, reiterate, last month in Buffalo there were 23 overdoses, in one month.

It's not getting any better, and we know that.

But there is a solution, and we're calling on our representatives in the Legislature to put more money.

We're asking for $50 million.

That's a drop in the bucket.

We need $50 million for recovery supports in

the community, so that we can do recovery, so that don't have to go and visit our friends over here, so they don't have to wreak havoc and tornado through life, and possibly die, and leave their children, you know, parentless.

So we do ask that this disease of addiction is treated as a chronic illness, not as a moral deficiency.

And we need that funding now.

Thank you.

[Applause.]

YANA KHASHPER: Hi, good evening.

I'm a little short.

My name is Yana Khashper, and I'm the co-founder of ROCovery Fitness. We're a brand new nonprofit here in Rochester.

And I just want to say, thank you, to all the panelists, all the people who spoke, the room full of people that are here to talk about recovery, talk about addiction and recovery.

I'm also a licensed clinical social worker, and I've been working in the field for about a decade.

I received a graduate degree from NYU, and I had a 4.0 in the height of my addiction.

I was not dumb. I was not lacking willpower.

I had a chronic disease, and that chronic disease took everything from me.

But I'm here to tell that you recovery is possible.

As Stephanie mentioned, we know what the problem is.

You don't need me to tell you what the problem is.

We don't need all you folks to tell us what the problem is.

We can look in the news, we can see all the deaths.

You know, and -- I'm a little nervous.

And like Stephanie mentioned, we have a solution, a solution that we've seen work.

The Rockefeller drug laws that targeted low-level criminals with mandatory minimums probably didn't take away the money from the schools, and they're probably not the solution that we have today.

The problem that we have today is a chronic illness, which is addiction.

And a lot of folks talked about cancer being a chronic illness.

I don't know about you guys, but I haven't seen anyone get sick from cancer, and people look at them and say, Oh, your vomit is repulsive.

But I've seen people go through withdrawal and have that same reaction.

And that is the problem that we face.

As Stephanie talked about, we need more money.

We need more money for services.

Absolutely, we need more supports.

The Rochester-area detox generally has 100-person wait list.

Think about that.

100-person wait list in Rochester, New York.

That is unacceptable.

We could increase incarceration stays.

We could increase substance abuse -- substance-program stays. They would have a benefit.

But you leave these people and drop them right back into those communities, and then what?

You set them up to fail.

What we're asking for is recovery community organization. Peer-support programs.

What ROCovery Fitness is, is a nonprofit in Rochester, based around sober peers committed to

leading physically-active lifestyles.

We have a live network of supports.

The Gloucester department, the ANGELS they talk about, the recovery coaches, that's what we need money for.

The treatment services, absolutely, all that stuff is important, but we have a low-cost alternative to death: peer support.

Our programs cost nothing.

Our average hikes yield about 40 people in recovery.

We have touched over 500 individuals since inception in September.

Those are some big numbers.

And we need your help.

We need your help to reach more people.

There needs to be an atmosphere of recovery, and there needs to be less stigma. We need to shatter that stigma.

And that's what ROCovery Fitness aims to do.

We have three initiatives under ROCovery.

One is the community of sober peers that help and guide one another.

Another is the outreach. We talk to treatment centers. We talk to anyone that will

listen, parole, probation.

And the last one is education.

To get into the schools, give them presentations, talk about recovery, talk about what it looks like; not just say, Stop using drugs and alcohol, and here you go, live freely.

It talks about what you do when you stop using drugs and alcohol.

And that's really the miracle of this.

I lost my entire life to addiction, and I gained it back in recovery, and I live a life beyond my wildest dreams.

And that's possible.

And that's the atmosphere we need to put out there: Recovery is possible.

Thank you so much for having me up here.

Sorry I took your time.

SENATOR O'MARA: Thank you.

[Applause.]

JIM OHBROSKI (ph.): Hi. My name is Jim Ohbroski (ph.).

I'm a New York State taxpayer, and a common citizen.

I just look at things pragmatically.

First, what really irks me are dealers

themselves and the sociopathic nature they have. They don't care about anybody.

And what I find interesting, there are avenues, is to take the profit out of drug trafficking.

And I also question, just to bring up the aspect of Afghanistan, which supplies 60 percent of America's heroin now, three times what it did back before 9/11, and, where is the federal role in this?

You know, if we don't have the substance, we can't start the addiction.

And I know it's a long process, and I know there's many factors, and I won't address that.

And the other thing is, Tom Brokaw wrote a book called "The Greatest Generation."

I think we've lost that.

And I think that one of the root causes of addiction and the crisis problems we have is, we've kind of lost hope. Is the American Dream there anymore?

If I were 18 years old today, I'd be scared.

I started out as an electrician, and 30 years ago, I would make as much as I do today; and, yet, the price of a car has escalated six to eight times that. The cost of a house is out of reach.

All the things that I was brought up on, I'm a second-generation American. My grandparents came from Europe, they were poor.

I actually went back to the areas they were, and people don't realize they're still driving oxcarts in Russia.

That's part of family.

They're still doing that today.

And they came, my grandparents came, and he-- and he was in this country, what, eight years, and he owned a house, he owned property.

That was unheard of in Europe.

Unheard of.

But where is that today for an 18-year-old?

What does an 18-year-old -- I think Devon, what he talked about, and I'm saying, Would I be disillusioned?

Would I seek another thing that would make me feel good?

You know, cost of education is outrageous.

I could go -- in my time, I could go to Rutgers, which was an Ivy League school, for $400 a semester.

That's out of the question for a community college today.

So I look at root causes, and ask you people, and the people who have gone through the experience of seeking some other source: Is there a future for the American youth today?

And with the universality of labor, China, other jobs, I'm not blaming other countries. It's just an evolution process. We're becoming more global. Political borders are going to change, geographic borders are going to change.

They're going to become economic borders in the near future, and I say within 20 years.

Our whole system is going through a massive change, and we need to factor that in.

And where drugs fits in, is fulfilling some kind of need that we can't get, that we would rather have, like having a home, having security, things that today just are not present.

And I'm not blaming anybody.

I think it's an evolution process, as well as other things.

And we need to factor that in.

What is the hope for the future in this country?

Thank you.

[Applause.]

SENATOR O'MARA: Thank you.

MICHAEL CHRISTIANSEN (ph.): Good evening.

SENATOR O'MARA: Good evening.

MICHAEL CHRISTIANSEN (ph.): I'm Michael Christiansen (ph.), lifelong resident here in the village of Penn Yan.

Before I get into a lot of my background, I have a question.

I've seen -- or, I've heard tonight a lot of reference to funding.

And one issue that came to light weeks ago to me, in the media, I saw it once, and I haven't seen it since, and I don't know if it's true or not, especially seeing as how I got it from the media.

But, I was with the Sheriff's Office, worked with Sheriff Spike for 31 years. We were in the back of a beat-up old green vans down on Route 14, stumbling around back in the day.

But, in the mid-'80s, a program was initiated, where the federal government would sponsor a seizure if you had a defendant, whether they had a vehicle, whether they had a residence, that the federal government, as long as local law enforcement did the paperwork, proved their case, and took it to the U.S. Attorney up in Rochester,

they would pursue a seizure for the funds that these drug dealers.

And we've talked about funding today, we've heard increased funding enough times, so I'm trying to get to the crux of things here.

But it was a great program, wherein the U.S. Attorney's Office would handle the seizure of -- it could be a home, it could be a car, it could be the cash money that was taken during the arrest. And for 20 percent of the net, they would handle it, and local law enforcement got the other 80 percent, and it had to be used for increased drug enforcement, drug programs, anything involved in the drug issue.

And it's my understanding now, and I'm not pointing the finger at you gentlemen, because it's my understanding that it's at the national level, the U.S. Department of Justice, and I heard the reference earlier today that this is a nationwide crisis, which, if anybody reads the paper, you recognized that this heroin issue is not just in Yates County.

So, anyways, my question is: Is that true?

Has that program been nixed?

And who's is responsible for that?

SENATOR O'MARA: Yeah, there has been a recent change in that.

I would defer to the table over here on the specifics of that.

SHERIFF RONALD G. SPIKE: Yeah, the U.S. Department of Justice has put an end to that program.

If you remember the DAG 71 form?

MICHAEL CHRISTIANSEN (ph.): Yes, I do.

SHERIFF RONALD G. SPIKE: No longer available to us, and they've stopped it.

So any asset forfeiture through the feds, through the DEA, is stopped.

MICHAEL CHRISTIANSEN (ph.): Now, who made that decision?

SENATOR O'MARA: Not us.

MICHAEL CHRISTIANSEN (ph.): I know you didn't.

[Laughter.]

MICHAEL CHRISTIANSEN (ph.): I prefaced my question with that. I know you guys didn't.

But is that the Obama Administration?

SENATOR ORTT: Former-U.S. Attorney Eric Holder.

MICHAEL CHRISTIANSEN (ph.): Eric Holder.

And who does he get his marching orders from?

I'm not trying to --

SENATOR ORTT: Well, today, probably just Mrs. Holder.

But back in the day, it was President Obama.

MICHAEL CHRISTIANSEN (ph.): Okay. And I'm not politicizing things, but if anybody, and I defer to the sheriffs here and the District Attorney's Office, and Judge Falvey, who was a former district attorney, I believe, back in the '80s when we were dealing with this, that that program initiated a lot of money.

And all I've heard today from everybody here is increased funding.

And there is -- it's gone out the window.

This week, up in Rochester, 18 pounds of cocaine.

Now, those of you that aren't involved in drug enforcement might not recognize, that's a lot of coke. 300-and-some-odd-thousand dollars, a BMW.

And now that's not getting seized?

And all I heard about tonight is how much more money we need.

I implore on our political leaders to get to the bottom of that issue and put a hammer on.

With this epidemic, and that's what it's been referred to here today, a national crisis, an epidemic, that we need more funding.

There it is.

There it is, and it's just gone up in smoke in the last week.

And how many here tonight had heard about that?

Not a lot.

Never.

DA VALERIE G. GARDNER: If I could just address that over here.

Valerie.

Woo-hoo.

Hi.

MICHAEL CHRISTIANSEN (ph.): Hi.

DA VALERIE G. GARDNER: While there are some serious restrictions for the federal forfeiture procedures, they are still available, in a very limited way, if the federal prosecution started as a federal investigation.

What we do have, though, available through our state law and our state seizure asset-forfeiture provisions, is the ability to -- and we've done this over the last two years, it's one of the things that

I've instituted -- is done some asset forfeiture. So you're looking at vehicles, some cash, and that gets disbursed to, a percentage to the law-enforcement agency, a percentage to OASAS, which is the state substance-abuse agencies, and a smaller percent to the DA's Office. And that gets used specifically to fund law enforcement-related activities, such as training, et cetera.

MICHAEL CHRISTIANSEN (ph.): Right, and I --

DA VALERIE G. GARDNER: So those funds, by statute, it's very strictly regulated as to what we can spend that kind of money on.

But make no mistake, I mean, we're really not seeing -- the primary dealing that you're talking about, where people have bundles of cash, isn't really happening here.

MICHAEL CHRISTIANSEN (ph.): Right, but there's still vehicles and there's still homes.

And I'm familiar with the program that you're talking about at the state level.

Unfortunately, the State, they got such a huge hunk of the pie, that there's none for local law enforcement.

DA VALERIE G. GARDNER: It's over 40 percent that goes to OASAS.

MICHAEL CHRISTIANSEN (ph.): Exactly.

DA VALERIE G. GARDNER: It's almost 30 percent that goes to the local law enforcement agency --

MICHAEL CHRISTIANSEN (ph.): 30 percent.

DA VALERIE G. GARDNER: -- and the rest into the DA's Office to go on law enforcement.

MICHAEL CHRISTIANSEN (ph.): Right, and that's my concern.

With this federal program, 80 percent went back to local law enforcement, and the feds kept 20 percent for their problem.

And now that's gone.

So that question being answered, I also have to reflect on my experiences, as I mentioned earlier, with Sheriff Spike, I go back 30-plus years, and was actively involved in drug enforcement.

And, I don't have to tell a lot of people, here, but you would think that this is something new after what you've heard tonight.

This has been going on for a while.

And, I keep hearing, once again, increased funding.

I think we need to take another look at what

we've been doing for the last 30 years, that hasn't been working, and whether it's the Rockefeller laws that shouldn't have been changed, whether it's this Good Samaritan law, that really concerns me.

I mean, we need to hold people accountable.

Gail spoke about just being concerned with the marijuana laws.

But we have somebody that goes into an overdose, and because they call for help, the gloves are off.

Now, how would that work as far as enforcement of our DWI laws, if somebody goes off the road and hits a telephone pole, and they get on the phone and call for help?

Do they get a free ride for their DWI because they called for help? No.

We wouldn't have good enforcement if that was the case.

So I think we need to take a look at the laws that we're already using, that aren't being effective.

We need to look at the treatment programs.

I served on both the village board and the school board with Dr. Dennis, and I've heard all this talk about, we have to get into the schools.

We've been getting into the schools.

Okay?

I think maybe what we need to do is to get into the families.

We need two parents back in the household.

We need some parents taking responsibility.

We need to get into the families to get this dealt with.

[Applause.]

MICHAEL CHRISTIANSEN (ph.): Asking the government for more funding, for more programs, I think it's time to take a step back and say, Wait a minute, what have we been doing with the funding we were already spending?

I apologize for my delivery.

My wife often tells me, Mike, it's not your message, it's your delivery.

So, I apologize for that, and thanks for your time.

[Applause.]

SENATOR O'MARA: Michael, thank you very much.

Michael was last, and certainly not least.

Thank you for wrapping things up for us in good fashion.

Alexis has something she would like to say down here regarding Truth Pharm.

ALEXIS PLEUS: Thank you so much for letting me do that.

A lot of people spoke tonight about the community getting involved.

And I agree with the Senators, they've put a lot of good legislation out last year, and the Assembly failed to pass, I believe, every single measure that you put in place, aside from maybe one.

Truth Pharm is taking trips to Albany, February 25th, March 1st, March 15th, and March 16th.

Any community member is welcome to join us, and we're going to visit Assemblymen and Senators in Albany, and we really -- we really, really, really need community support.

We need more people to join us, more people to go to Albany and talk to our political leaders, and tell them the things that you're all talking about tonight.

We need to go to Albany and talk to them face-to-face. They need to hear from us.

So you can find our information our on website, www.truthpharm, spelled with a "ph," .org,

or you can find us on our Facebook.

And we'd love to have anybody that would like to go with us, join us.

SENATOR O'MARA: Thank you, Alexis.

[Applause.]

SENATOR O'MARA: Okay. I want to -- it's almost 10:00. We're going to wrap it up.

I want to thank Penn Yan school system for the use of this beautiful auditorium here this evening.

I want to thank all of our panelists for your time, your input on this; my colleagues for coming from all across the state to be here; for all of you for coming and attending and being so attentive for this.

It shows the extent of the concern that this community has for this problem.

And I agree with what all of our speakers said here this evening with regards to, this needs to be a whole community approach to this, and it's not just about money.

We do look at refocusing our programs, but we have a $145 billion budget we're considering in Albany right now.

We ought to be able to find the appropriate

resources, or reshift resources, to focus more intensely on this.

But it is going to take the community at large to really fight this, through our churches, through our community organizations, all of these groups to do that.

So thank you, all, and please be active in your community.

(Whereupon, at approximately 9:51 p.m., the public hearing held before the New York State Joint Senate Task Force on Heroin and Opioid Addiction, concluded.)

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