BEFORE THE NEW YORK STATE SENATE MAJORITY COALITION
JOINT TASK FORCE ON HEROIN AND OPIOID ADDICTION

PUBLIC FORUM: RENSSELAER COUNTY

PANEL DISCUSSION ON TROY'S HEROIN EPIDEMIC

Hudson Valley Community College
Bulmer Telecommunications Center Auditorium
80 Vandenburgh Avenue
Troy, New York 12180

April 23, 2014
9:30 a.m. to 12:30 p.m.

PRESENT:

Senator Philip M. Boyle, Task Force Chairman
Chairman of the Senate Committee on Alcoholism and Drug Abuse.

Senator Kathleen A. Marchione, Forum Moderator

Senator Joseph E. Robach

Assemblyman Steven F. McLaughlin

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SENATOR MARCHIONE: [Inaudible] here for today's forum.

I'm Senator Kathy Marchione, and I represent the 43rd Senate District, which is comprised of parts of Saratoga, Rensselaer, Washington County, and all of Columbia County.

We have a full lineup today of a terrific panel, so with your help, I would like to call our community forum to order and get underway.

I'd ask that you please stand and join me in the Pledge of Allegiance.

(All in attendance recite, as follows:)

"I pledge allegiance to the flag of the United States of America and to the republic for which it stands, one nation under God, indivisible, with liberty and justice for all."

SENATOR MARCHIONE: I'd ask that you continue standing for just a moment, for a moment of silence in memory of all those who have lost their lives to drug abuse.

(A moment of silence was observed.)

SENATOR MARCHIONE: Thank you.

Right now, I would like to introduce my colleague Senator Phil Boyle.

Senator Boyle represents the 4th Senate District, which is located in Long Island. And he chairs our Joint Senate Task Force on Heroin and Opioid Addiction, which I proudly serve on.

Senator Boyle also chairs the Alcohol and Substance Abuse Committee.

He is the driving force behind this Task Force, as well as other forums and hearings that are taking place statewide.

I want to commend Senator Boyle for having the foresight, the vision, and the compassion to make addressing this issue a priority.

Senator Boyle.

SENATOR BOYLE: Thank you, Senator.

And I, too, would like to thank Senator Kathy Marchione for hosting this forum, and the Hudson Valley Community College for hosting us.

And I also thank my colleague Senator Robach for joining us. Senator Robach is from Rochester.

Senator Marchione has been a leader in this fight since we discussed it.

As many of you know, this heroin epidemic and opioid epidemic is a statewide problem, and it speaks to what's going on right here.

I'm from Suffolk County out on Long Island.

We have Joe Robach from Rochester, Kathy Marchione from the Capitol Region.

And it is affecting lives, and costing lives, throughout the state, and throughout the country.

This is the fourth of what's going to be 14 forums around the state, and it's -- this -- I cannot think of a more distinguished panel than we have here today.

I'd like to thank all the panelists, and thank everyone coming here today. I look forward to a great exchange of ideas.

We've gotten some good ideas for legislation.

Basically, the Task Force is -- the mission of the Task Force is to report to the State Senate by June 1st with ideas for legislation. We'll then have about two or three weeks after that, before the end of session, to pass these bills. And we're focusing on prevention, treatment, and law enforcement, and any other ideas you can think of.

So please feel free, if you've had family tragedies, if you have a law-enforcement background, whatever you bring to the table, we need ideas for legislation.

Thank you again, Senator.

SENATOR MARCHIONE: You're welcome.

Senator?

SENATOR ROBACH: Yes, good morning.

We really want to hear from you, but let me just add, very briefly:

Thank Senator Boyle for putting these together. There will be 14 of these hearings across the state.

And, certainly, Senator Marchione for having it here.

It has been amazing, even to me, who -- I have worked in the public-safety arena before elected office. But would I just say this:

That this usage of the opioids turning into heroin usage, and the strength and the potency, as well as flooding the market with cheap heroin, has been amazing.

I'm learning about the rest of the state, but where I live in Rochester, and the Monroe County area, our fatalities went from 12, to 65. And that's with 101 people being saved from OD death through the usage of Narcan, or that number would even be higher.

And we're learning from these hearings that this is not isolated even just to one part of the

state. It is the whole state, it is really the whole country, we're finding out, as we go along.

So it's very important that we hear from everybody, and as Senator Boyle said, then take the appropriate action.

We're getting a lot of good ideas from different areas; but, certainly, we want to let people know, first and foremost, that this is a different, more powerful, potent drug than ever before on the streets anywhere. Number one.

And, number two: We're hearing from people that we need some different treatment modalities to try and, hopefully, make people be able to control that addiction a little bit better.

And then, lastly, I think we are gonna have to change some laws on distribution, and other things, to stop this flood.

And then, lastly, and I'll give Senator Boyle, you'll learn about this if you don't, the usage of Narcan, which for some people has been a little bit controversial, is really now going from EMTs, right into everyday people's homes, where you can save the life of your loved one or your neighbor in the case of a bad incident.

So, good things are happening from this

forum, and we're very anxious to see what's on your mind, too.

And, hopefully, at the end of this, really make and implement some changes that will be lifesaving, and save some people from this terrible hell and addiction.

Thank you.

SENATOR MARCHIONE: Thank you.

I'd like to give a special thank you to the Hudson Valley Community College President, Drew Matonak, and his professional staff. They have been absolutely amazing to work with. And, the beautiful refreshments. I don't know if you availed yourself of any, but we will have a break and you can go over.

But, just, thank you so much for everything you've done in order for us to hold this forum.

And I'd like to thank all of you for being here. And I'd like to thank the press for joining us today.

You know, today's forum is not about politics. It's a forum about hearing from experts that we have on the panel, and it's about hearing from all of you, and beginning an important conversation, to help find solutions.

Here are some facts and statistics about the rise of heroin and opioid use and addiction that show the scope and severity of this challenge.

A 2012 federal Survey on Drug Use and Health reported that the number of people who said they used heroin in the past 12 months rose from 373,000 people in 2007, to 669,000 people in 2012.

It was reported, the number of people dependent on heroin rose from 179,000 people in 2007, to 369,000 people in 2011.

In the Upstate Poison Control, reported heroin-related overdose calls in the Capital District alone in 2003 were 14.

Increased heroin and opioid use, abuse, and addiction are serious problems affecting real people. Behind each statistic is a real person, is a soul, who needs our help.

For the first half of today's forum, we will hear from our distinguished panel.

Once we come back from a short break, for the second part of today's forum, we will hear -- we will take questions and comments from the audience.

You can submit your question on a card -- on a 3x5 card. If you don't have one, my staff as available. You can just raise your hand at any time

and they'll be happy to bring you a card so you can do that.

Or, you can certainly come to the microphone. We have microphones set here and here, that you can come forward to and speak at.

It's my privilege to introduce the members of our expert panel.

What I'm going to do, to save time, is I'm going to introduce our first, which is my far left.

I'm going to ask our panel to please make their statement at this point pretty short and concise. We've left about 45 minutes for this period of our program.

And I'd like to start with Derek Pyle, Captain in the Rensselaer County Sheriff's Department.

CAPTAIN DEREK PYLE: Well, I have no problem making it short.

SENATOR BOYLE: We want to hear what you say, though.

CAPTAIN DEREK PYLE: We are on the same page I think, and I'm sure everybody in this room, with the problems that these issues are causing our communities.

So what I'd say I'm sure is gonna be

amplified and expanded upon by the experts farther down the line, but, I will say that I'm happy to be here.

And I see a lot of people in the room that the Sheriff's Office and myself have worked with in the past on just these issues.

So, I'm very much looking forward today to seeing what comes out of this, and hopefully hearing some new things, and, some resources that all of us can work on.

So, thank you very much.

LT. DANIEL JONES: Lieutenant Daniel Jones from Saratoga County.

I'd like to thank the Senator for inviting us here today.

In Saratoga County we've also noticed a rise in heroin over the last few years, and several deaths attributed to that.

And, we're happy to come down here and contribute to the cause, to help prevent this.

Thank you.

SHERIFF CRAIG APPLE: Good morning.

Craig Apple, Albany County Sheriff.

First of all, thank you to the electeds in the Assembly and the Senate for holding this forum,

and bringing to the forefront, basically, what's going on in the Capital District, and throughout the state.

You know, I focus mostly on Albany County, and where we've seen 78 percent increase from '12 to '13, and 62 percent increase from '13 to '14.

And right now we're on par to jump by another 100 percent in 2014.

So it's, uhm -- a lot of people have turned their heads to this, and I truly believe it is a public-health epidemic. I don't think it's, certainly, law enforcement's issue alone.

I also want to point out, we've been working closely with Dr. Daly (ph,) who's down in the front row, who took chances before the rest of the state would come out with Narcan and naloxone. And, he's been out pushing it to the law enforcement and to the medics in the area, to try to get this out there and save lives.

People have to pay attention to what's going on.

So, thank you for hosting this forum.

SHERIFF DAVID BARTLETT: My name is David Bartlett. I'm the Sheriff of Columbia County.

I'd like to thank, again, all of our elected

officials for having us; Senator Marchione.

Again, we have an epidemic going on here, folks.

And I would also like to thank Dr. Daly.

He's -- he laughed yesterday. He's laughing there in the front row now.

I called him a "rock star" yesterday, because he's getting this naloxone -- or the Narcan -- out into our hands.

And, we have to work together.

It's not just the EMS providers or the law enforcement or our elected officials. This has to be a coalition of everybody, working together, to make our streets safer.

And that's what we're here to do.

And I'm proud to say, down in Columbia County, we're starting to push the Narcan hard, and I'm sending as many deputies as I can.

And my ultimate goal is to get every police officer in Columbia County certified, to get out there and save some lives.

So, thank you for having us.

TONY JORDAN: Tony Jordan.

It's great to join my colleagues, on my left, in law enforcement.

And thanking my former colleagues, to my right, in hosting this very important forum.

And it's occurring statewide. It's not limited to New York.

And, it very much is a public-health risk.

It's a public-health risk for the users.

It's a public-health risk for their families, because of the challenges, emotionally, that they face.

But, also, you know, I think, unlike any drug we've seen, heroin attacks in such a unique and different way, that the public-health risk to the community at large is from the efforts someone who's addicted will go to gain access to the money necessary to buy the drug that demands their immediate attention.

And so, you know, this forum is so very important to keep the attention focused, to find the coalition, or, to develop the resources necessary, quite frankly, to address the problem from far more than just law enforcement; but from across all of those that are [unintelligible].

So, thank you.

ASSEMBLYMAN McLAUGHLIN: I'm Assemblyman Steve McLaughlin, from the

107th District; most of Rensselaer County, and a little bit of Washington and Columbia, as well.

And it's good to be here with my colleagues from the Senate: Senator Robach and Senator Boyle, and, certainly, Senator Marchione.

I want to Senator Marchione for putting this panel together.

And I'm certainly no expert on the topic, thank God, I guess, in a way, but I am a father of two teenage boys, and this scares the heck of me.

As a legislator, it's scary.

I know nothing, truthfully, about this world, but we've all been more and more exposed to it, and we're learning every day.

And just the other day, I read out in Syracuse, 5 overdoses in a 24-hour period, just in the city of Syracuse.

So, as a dad it scares me. As a legislator it scares me.

And, I want to thank all of you for being here, as well, so that we can all learn, and move forward together.

LISA WICKENS: Good morning.

My name is Lisa Wickens. I'm a registered nurse, and I'm a mom.

I actually have a few comments that I really think is important to go over.

It's been 10 years, right now, and my child is good today; so today is a good day.

I was also a public servant for 23 years, working for Albany County, and I was the deputy director of the Office of Health Systems Management in the Department of Health.

So, I fixed crisis. I was fixing; helping everyone in New York State.

But when it came to opioid addiction, I couldn't help my family. I lost a stepson. And, many times, my son actually overdosed.

So I'm gonna go over a few issues that happened in our lives, really quickly, very succinctly, and then tell you, I think, where I believe some of the gaps are.

So our pediatrician told us: At 16, it was my child's choice.

There was no adolescent addiction counselors, or at least at that time, in the area.

So, we actually started outpatient treatment, with group therapy, at 17, which was about 20 other kids in the same age group, all talking about something. So they would walk out and exchange

where they could actually go through and get the drugs.

So, what we thought we were doing in the right way, was actually putting them in touch with people that could actually get the drugs.

So then we actually -- we asked -- he asked for help. He asked for intense help.

The insurance would only cover outpatient therapy, so we continued with outpatient therapy. Then he -- then my child actually had his first overdose.

Then my child began Narcotics Anonymous, Alcoholics Anonymous; tried many times to stop drugging.

And, again, we asked for assistance. Again, denied.

Overdoses the second time. Asked for help again.

Insurance needs -- says to me: Your child needs to fail so many times within six months in outpatient therapy before you can get your child into inpatient therapy.

I said: Well, that's great, but, I'm gonna lose my child before you decide he can go in.

So then, thankfully, through working and

trying to educate, and learning from many different folks in the community, we learned about medication-assisted treatment; actually, Suboxone.

And, my child began -- starting to recover.

Stress and depression, as everyone may know, is part of addiction and recovery.

So, at that point, there was a relapse, and then a suicidal attempt.

Back -- my child comes and says: I need inpatient therapy. I need help.

"Denied."

Overdose number three.

Now, at this point, in the hospital, rubbing his sternum to keep him breathing so that he doesn't end up on a ventilator.

Finally, I leave public service, because I decide I need -- I don't have enough money, unfortunately, working in public service, to get any care.

So, I took a home-equity loan -- left public service as the deputy director for the Department of Health. Took a home equity loan, and moved my child out of state, and then to -- into recovery.

It's been a hard road, but I'm here to tell you, and to the parents and friends that have lost

friends, and parents that are struggling, it's just, every day, you just take it one day at a time.

So, I just gave you some of the highlights.

Obviously, I'm not gonna go through some of the trauma that my family has endured, including my grandparents and my parents.

But, there's some obvious gaps that are obvious as I go through this. Right?

The insurance is one of them. That's pretty obvious.

But, there's also some other points or ideas I want to put out there.

And I can tell you the Senate has been very active, and the Assembly, in looking for ideas that are more comprehensive, versus, having a one-fix or a Band-Aid so that there will be another problem in another area.

So, you know, there's been lots of media attention about the I-STOP bill, which is a great bill, but, one of the things people have said is, it caused an increase in heroin.

So, that's been one of the issues.

So, now, they're looking at a comprehensive program.

So, education, it's gotta be real.

You see those smoking commercials? They're scary. Right? Like, they're scary.

We need commercials and public announcements like that for heroin and opiates. Period.

We need insurance. There needs to be some parity between insurance.

I hear stories, people call me every single day, and say: I got to kick my kid out, get my kid on Medicaid, so I can get my kid into treatment.

Right?

And, so, some of the things:

There should be a standard of practice that all HMOs, Medicaid, Medicare...everyone looks at, so that the treatment is based on an individual outcome: An individual, versus, what's gonna get paid, and how it's gonna get paid.

So, that standard of practice is really, really important.

The other thing is, when people are looking to get into inpatient, if they're struggling with medication-assisted treatment in the community to get well, when they go into inpatient, 9 times out of 10, they're required to get off of that medication-assisted treatment, so when they come out, it's a high, high incidence of overdose and

death.

So, it's something that's, culturally, we have to work through.

And then the medical care.

I'm a nurse. I love physicians, sometimes.

And -- but the issue is: We gotta learn better how to prescribe. And then we also have to have more experts dealing with the kids as they're going through the most difficult transitions in their lives, to start to deal with this issue.

Group therapy and treating younger people, that are going through developmental stages, the same as we treat adults just doesn't work.

And the highest, the rate, is between 8 -- 16 and 24, there's more deaths than there are vehicular accidents now, from overdose.

And then, also, quality standards.

We need to hold -- we need to hold the providers for recovery services and treatment to a standard.

Now, we hold hospitals, we hold doctors, nurses, to standards.

We need to hold them to standards so that there's good-quality outcomes.

So those are just some of the things, that if

we put -- start to look at the package, will really work.

So, I'm sorry I look a little bit longer than everybody else, I apologize, but, this is something that I really believe in.

And for all the parents and friends that are out there struggling, or those of you who may be struggling yourselves, there is help. It's, just, take it one day at a time.

Thank you.

SENATOR MARCHIONE: Thank you.

And please don't apologize. What you had to say was so valuable to all of us sitting here and sitting out in the audience.

Please -- I know I said, you know, that we only have a few minutes.

Please don't tell us the stories that you've prepared to tell us, and the profession that you're bringing here, because of that.

That's critically important to us here today.

THEODORE J. ADAMS, JR.: Hi, everyone.

My name is Ted Adams. I am the department chair of the Human Services and Chemical Dependency Counseling curriculum programs here at Hudson Valley. And I'm very proud of those

programs.

I know -- just to inform you: We work very closely with OASAS (the Office of Alcoholism and Substance Abuse Services), to ensure that our students are getting the most current and updated information, to help educate them, so that they're prepared to go out in the field and do the work they need to do to be helpful.

Our faculty are so well-educated and immersed in the community, in the treatment centers -- running them, clinical supervisors, counselors -- so the students are getting the most current and recent information, and examples, on how they can be prepared to intervene, to be helpful to folks once they're out in the field.

I wrote a couple notes here.

They're also being educated in the most current evidence-based practices that are being used, to be helpful for folks who are dealing with all addictions, but also opiate and heroin addiction.

What did come to mind, is that these kinds of forums are amazingly wonderful opportunities for everyone.

And the solution is here, with everyone at

the panel and everybody in the audience, 'cause it's not something that anybody can do alone or in a small group.

It's important to come together as a community to address issues such as this, in order to find solutions.

Thank you.

DAN FARLEY: Good morning, everyone.

I'm Dan Farley.

Good morning my fellow panelists, and thank you for having me here.

I am probably the least-qualified person to be up here on the panel.

I am an assistant principal at the Ichabod Crane High School.

I've been in education for 25 years, and, I don't have a lot of expertise in terms of drug treatment, or anything like that, but I've seen a lot of things over the years.

And, recently, some of the things that I'm finding when I search kids for drugs in the schools, is I'm finding a lot of pills on them.

They've got a lot of pills in their possession that they didn't buy from someone on the street corner. They found it in their parents'

medicine chest. They found it at their grandparents' house. The pills are just hanging out, waiting for them to grab them.

And they'll take those pills, and sometimes they'll crush them up and they'll use them themselves, and sometimes they'll sell them so they can get better stuff.

We need to come up with a way to fix that.

The other side of things that I'm finding is, when I find a student that's got drugs in their possession in school, the tool that I have to work with is to suspend that student.

And so the student goes away for a time, and the other students in my building are protected from that student's influence, but, I haven't done a whole lot to solve that student's root problem.

I'm trying to build a house with just a hammer. I need more tools.

I'm hoping that we can work today, together, to get me some more tools.

DR. WILLIAM MURPHY: I'm Billy Murphy. I'm a family physician, practicing in Chatham and Hudson, New York.

And, my background:

I'm a father of four, mostly teenagers right

now, I guess;

And, a physician;

And a former school board member at Ichabod Crane;

And, also, a former medical director at the Catholic Charities Substance Abuse Program in Hudson, which is now part of Twin County's Recovery.

As a physician, practicing on a daily basis, we have too many challenges that relate to opiate dependence; not the least of which is trying to balance the humane treatment of pain conditions with the risk of a dependence on opiate medication.

And in addition to that, I'm hyperacute, I think, to that problem, because I also treat patients who are opiate-dependent, and have been doing so for more than 10 years in the office setting.

We have some new tools available to us to help these patients, and that's good, but this problem is very difficult to treat.

And our perspective on it, is to try to turn off the spigot of new cases of opiate-dependent persons.

And toward that goal, we've been invited by several school districts within our county to have

presenters -- or, have been invited to bring presenters, patients that I've treated, and others, for opiate dependence, to, essentially, tell their story. Not in a kind of preachy way or anything; just to simply tell students what happened to them.

And that's been, I think, a very effective way to improve education, because, in my experience, everybody that -- every young person, anyway, that I treat will tell me outright, and if they don't, I'll actually ask them, I said, if you -- I ask:

If you knew, when you started taking pills on the weekends at parties, hydrocodone, oxycodone, that two years later you would be unable to go a day in your life without a syringe containing heroin in your arm, do you think you would have started?

They said: Absolutely not. I had no idea that this could have happened.

That's an incredibly powerful message, because that allows an opportunity for education.

Whenever there's a knowledge gap and we can fill it with education, we have the possibility to turn around outcomes, to change outcomes, before they even get down -- get on a bad road.

So this has been a tremendously uplifting experience for me to be a part of that. And these

kids are my heroes, really.

But, unless we can really stem the tide of new cases, we're really gonna be having a lot of trouble treating this problem on the back end.

So that's, essentially, been -- been, hopefully, my contribution up here: to bring that perspective of a working physician; not simply -- not treating only opiate-dependent patients, but having an important part of my practice devoted toward that.

And I'll welcome questions later on.

Thank you.

BETH SCHUSTER: Good morning.

Thank you for having me.

Beth Schuster, executive director of Twin County Recovery Services.

For those of you who don't travel south, Columbia and Green counties are south of Rensselaer and Albany county. And we're a very rural communities, so our problems may -- although they're very similar, we sometimes address in a different manner, because we actually have the opportunity to reach more people that are decision-makers in a shorter period of time.

I would be absolutely remiss if I didn't make

a statement here about the fact that State aid for treatment providers, which I represent, is going away.

Net-deficit funding that we used to receive because, as non-profits, we're obligated to treat people who have no means to pay for treatment.

We are still obligated to provide those services; however, the money that we used to get to subsidize that is now going away. And in some cases, it's gone.

I'm in a position now, where, although the heroin- and opiate- and many other substance-abuse problems are increasing in my two counties, I'm having to -- actually, yesterday I had to lay off a staff member, a counselor, because we can no longer afford to have the people employed for us that need to take care of these problems, because of a lack of State-aid funding, and because of the changes in insurance and decreasing revenue.

And I know that this is not a problem that I am suffering by myself as a provider. It's becoming increasingly difficult.

This is my 36th year with this agency, and have I never seen it so bleak, as far as trying to provide the quality treatment that Lisa mentioned,

that's so important, with less and less funds with which to do it.

So, enough about the money.

We also, along with what Lisa said, need to do something about the insurance coverage.

My staff struggles every day to try to get people to a higher level of care, and are told: I'm sorry, they're not sick enough yet.

Which, to me, is so antithetical, it's hard to even fathom that anyone could sit on a phone and say that to a parent or a provider; and, yet, there you have it.

In my counties, there is no public transportation, so what we require for people to show up, to really stay in touch, in order to give them the support they need is very, very difficult. There's no way to get to treatment frequently.

And I also have to say, though, that we are making what I would consider an incredible inroad, and I just need to take a minute to mention this because I'm very, very happy about it.

Despite all the negative things that I just mentioned, we have, in Columbia and Green counties, about a year-and-a-half-old, now, maybe, two years, a controlled-substance awareness task force.

The County's gotten tired of waiting for something else to happen. And as they should, kind of took the bull by the horns, and both counties are involved in an extremely active task force to deal specifically with the opiate problem.

At the core of this is Columbia Memorial Hospital, and all the providers that prescribe, they're trying to come up with a uniform protocol.

We have some doctors that don't want to prescribe anything. And we have some doctors that will prescribe anything. And then there are those on the spectrum.

We're trying to come up with a standard for them, so too much is not prescribed, and so people with real pain are not turned away because they can't get any medication.

Along with that, we have the Sheriff's Department. Mr. Bartlett is here today representing that. We're very happy to have him on hand.

We are involved with the District Attorney's Office, The Office for the Aging, the health departments, the mental-health departments, the treatment providers, and, just an incredible amount of people that meet on a regular basis to discuss

this, because what we've found out was, we were all trying to deal with this specific problem from our own perspective.

And there's no way we can deal with this with our own perspective. We need to get together to share it and to do it in a united way.

And, oddly enough, that's usually the way community problems get solved.

I would just like to finish by saying:

I've been absolutely honored to be here today, and to have a few minutes to make some statements.

I am hoping that the treatment world changes and that there's more availability for residential programs for people like this.

To have someone come in who is addicted to heroin, and try to treat them on an outpatient basis, especially, initially, as they're trying to stay off of it, is very, very difficult.

It's very difficult.

And as Lisa said, sometimes that's where they make the contacts for more and better drugs.

Residential programs, it's a little bit easier to control that type of thing.

I would ask for all your support, and,

please, get to your legislators about the incredible derth of financial support for these services.

Thank you.

KEITH STACK: Hello, my name is Keith Stack. I'm the executive director of the Addictions Care Center of Albany.

I want to thank Senator Marchione and the Task Force members for convening today's event.

You know, I think we need to rethink how we view addiction.

You know, what do we think about addiction?

Addiction is a disease. It's a chronic illness.

We don't treat it like a chronic illness.

Compare it to how we treat diabetes or hypertension, for example. You know, you go to your doctor. With those two diseases, you control them, you manage them. You're not cured of diabetes; you manage it. It's a lifetime of care.

With treating addiction, it's an acute -- we think about it as an acute one-time event: You go to treatment, you get a coin for successfully completing treatment, and you go home.

There's really no formal aftercare for addiction, and that's why you see high relapse

rates.

So, you know, we need to rethink how we view and treat addiction.

It's a lifetime of recovery.

You know, Lisa talked about that, Beth has talked about that.

And we have to, you know, in the primary-care doctor's office, the skills need to be in the primary-care physician's office, to recognize the signs of addiction. And there are basic training tools for, you know, nurses and doctors to do that.

So, the skills have to be there in the first place, and then the referrals have to be made to the right level of care for treatment.

And it's not necessarily always outpatient.

Depending upon the severity, it may need to be an intensive inpatient program. Then you step down to an outpatient setting, but you do need a lifetime of aftercare.

So, we need more recovery supports in the community.

I'm in recovery. I had multiple treatment experiences. I needed every one of them.

Actually, my last one was at Twin County's Recovery Services.

You know, and that's what you need: You know, access recovery supports in my community.

You know, in my work, you know, I deal with recovering addicts and alcoholics every day.

And our goal is to, you know, stop, you know, the use while they're in treatment, but that's really just the first step. Treatment is not -- you know, it's not recovery. It's arresting the disease of addiction, then, you know, setting people up for a lifetime of recovery.

And we need to connect them then, after their treatment experience, with aftercare, whether it be mental-health services, primary-care services, recovery-support services.

You know, we spend a lot of money on treatment right now.

I would say we'd treat less if we treated it properly in the beginning.

Thank you.

KATHERINE ALONGE-COONS: Good morning.

I'm Katherine Alonge-Coons, and I serve as the Commissioner of Mental Health in Rensselaer County.

And for this panel, I have prepared some remarks.

Rensselaer County Department of Mental Health has been committed to prevention, intervention, and treatment of substance abuse for 40 years.

Over the past three years, the department has received information from community members and providers of an upsurge in the abuse of opiates and heroin.

Of particular alarm to the community are the anecdotal reports of deaths due to overdose of heroin.

Also important to note is that Rensselaer County borders the states of Vermont and Massachusetts with governors who have declared heroin-addiction epidemics in their respective states.

The addiction crosses economic, education, gender, race, geographic, and age demographics.

The provider community and drug courts report many young adults with heroin addiction first abused opiates as adolescents, and have graduated to abusing heroin.

The provider community and treatment courts attribute the increase in heroin addiction as a result of increased affordability and supply.

Program recipients report paying

10 to 15 dollars for a bag of heroin, compared to 10 to 20 dollars per opioid pill, depending upon the type and strength.

The average amount of heroin used by an addict is three to five bags per day.

The average number of pills used by an addict is six to ten.

Heroin is clearly more affordable as a drug of choice, and recipients report heroin has become more available over the past year than it had been in the past.

Many addicts have progressed from pills to snorting East Coast powder heroin, to intravenous injection.

In August 2013, prescribers have been regulated to utilize the New York State Prescription Monitoring Program Registry to review the prescription history of patients being prescribed a controlled substance.

An intent of this effort has been to impact the abuse of prescription drugs through doctor shopping. Accordingly, the supply of prescription opioids on the street has been reduced, resulting in a higher price to be paid for the limited amount of pills now available.

Many addicts have switched to heroin because it is cheaper and provides the same euphoric high.

This increase in heroin as the drug of choice for those in treatment has been statistically tracked by substance-abuse providers in the county's network.

And in preparation for this morning, local treatment providers have shared prevalence data with our department.

The data is submitted to New York State OASAS by addiction-treatment providers in the county's network [unintelligible].

Admissions due to heroin addiction in Rensselaer County programs have increased by 23 percent, from 2012 to 2013.

And New York State OASAS reports a 53.4 percent increase in any opioid admissions in Rensselaer County, from 2008 to 2012.

Hudson Mohawk Recovery Center operates outpatient clinics in the county, as well as a residential program for women. And the agency reports a rise of 26 percent in admissions, with a primary or secondary diagnosis of heroin addiction from 2012 to 2013.

This agency does not offer

medication-assisted treatment which is the treatment of choice for many heroin addicts.

Heroin admissions in the first quarter of 2014 remain relatively equal to 2013.

St. Peter's health partners, including Seton Addictions and SPARC, reports its data, as follows:

With a dramatic increase in heroin admissions to detox at 14.2 percent between 2012 and 2013. And in the same time period, admissions for opioids, other than heroin, to detox remained relatively the same.

The same trend is evident for inpatient rehab and outpatient services.

Conifer Park operates an outpatient clinic in Troy, New York, and reports an increase of 56.5 percent of heroin admissions, from 2011 to 2013.

In the first quarter of 2014, Conifer reports 24.3 percent of their admissions are for heroin addiction, as compared to 10.7 in 2011, and 17 percent in 2013.

2014 saw, for the first time, the admissions for heroin addiction outnumbered the admissions for marijuana or hashish. And admissions due to heroin

addiction is now over those than for alcohol addiction.

This agency offers medication-assisted treatment of Suboxone which is the treatment of choice for many heroin addicts.

The Troy Regional Treatment Misdemeanor Drug Court is currently serving 23 people, 13 of whom used heroin and opiates as their drug of choice. The remaining 10 individuals' drug of choice is cocaine, followed by marijuana and alcohol.

Of the 13 individuals with heroin addiction, one is in their 40s, and the average age of the remainder is 24 years.

The prevalent population now seen in this court is young adults with heroin addiction.

This transition from opiate abuse to heroin abuse is the result of the affordability and availability of heroin.

Eight years ago, the treatment court tracked the drug of choice as cocaine, followed by marijuana and alcohol.

Heroin is more challenging to treat than these three substances due to the complex physical-addiction issues accompanying it.

For the population tracked by the court,

detox is not as an effective a treatment and is potentially dangerous, as individuals leaving detox are at risk of relapse and using at the same rate and dose as prior to detox, creating a situation of great risk of death due to heroin intoxication or overdose.

Rensselaer County Department of Mental Health employs a MICA coordinator -- that is one who works with individuals who have mental-illness and chemical-dependency issues -- and she is tasked with performing assessment and linkage to needed treatment for individuals who have both mental illness and chemical addiction, and are experiencing difficulty in linking to services, or are difficult to engage due to compliance issues.

Data reported continues to support the trend of opiates as the drug of choice.

Thus far, in 2014, 28 percent of those assessed report opiate or heroin abuse, as compared to 18 percent in 2013.

The department also employs a substance-abuse specialist located at Rensselaer County Department of Social Services' Public Assistance Office.

The job responsibilities include screening public-assistance applicants for any

substance-use-disorder treatment needs. This screening is simple and is not a full psychosocial as one might find in an OASAS facility.

In addition, the specialist works with the misdemeanor and felony drug courts.

Three years ago, the specialist trended an increase in opiate-use disorders among those being screened.

Prior to three years ago, a profile of a heroin addict was a male of Hispanic origin.

Now, the profile is of a young Caucasian, male or female, residing in a suburban or rural community.

Frequently, individuals using heroin report using at a rate of 10 bags of heroin per day.

In addition to the heroin abuse, the specialist notes instances of abuse of non-prescribed Suboxone.

Most of the individuals screened come to DSS seeking safety-net assistance.

Statistics for the first quarter of 2014 indicate, those screened who identify their drug of choice to be heroin as one of half the total of those in 2013.

Barriers to treatment do exist.

We have limited access to 28-day rehab due to difficulty in obtaining approval from payers or insurance companies for 28-day rehab admission, and geographic barriers in connecting with treatment providers due to difficulty for persons residing in rural areas to travel for treatment.

Methadone maintenance treatment has limited access in the Capital Region.

Whitney M. Young Health Center reports, as late as yesterday, 139 individuals on their wait list, 25 of whom are from Rensselaer County.

Suboxone treatment is limited, and can be misused or abused.

Suboxone can be prescribed as a standalone medical treatment.

There are limited opportunities for the prescribing of Suboxone, with no requirement for counseling or psychotherapy to address addictive behavior.

The Medicaid portal for the electronic application can delay Medicaid activation, with no in-person to contact for assistance; thus, creating a delay in obtaining coverage for needed treatment.

Shortage in residential treatment for females. There are only two programs in the area.

Lethality risk upon discharge from detox programs, which we noted earlier.

VIVITROL injection is very limited in availability and is of high cost. VIVITROL is an intramuscular long-acting preparation of naltrexone, a chemical antagonist of all opiates.

With this drug, an addict who attempts to use an opiate finds no euphorigenic effect; thus, a one-time slip by someone in recovery does not necessarily lead to relapse.

The early results of success for long-term abstinence with this agent are very promising.

We have some recommendations we'd like to share.

A response plan must include both prevention and treatment approaches.

Rensselaer County has developed effective prevention strategies for underaged drinking. This structure has taken the form of both school-based and community prevention strategies.

The same structure with targeted information regarding heroin could be employed.

Increased availability of VIVITROL injections, through both mental-health and OASAS-licensed treatment providers.

Though currently at a high cost, it is effective in decreasing the risk of relapse and sudden death through the prevention of euphoric effects of opiates, and unlike other methods for addiction-maintenance treatment, (a) it only requires only one-time-per-month compliance, and (b) can be monitored by third parties, such as families and courts.

The high cost of the drug itself is more than offset by the medical costs which active addicts would have otherwise incurred, and by the return to the pool of economically productive members of society, who, as using addicts, would otherwise have been economic drains.

The benefit of the productive lives saved is a societal good beyond calculation.

Increase -- naltrexone is an oral medication with the same effects as VIVITROL; however, it requires daily compliance in administration.

Increase availability of appropriately prescribed and monitored Suboxone for medication treatment, to suppress withdrawal symptoms and diminish cravings for opiates or heroin, with the requirement of counseling or psychotherapy.

Increase availability of methadone medication

treatment, with the requirement of counseling or psychotherapy.

We also recommend supporting Bills A-8637 and S-6477 through the Senate, and now in the Assembly, that would make Narcan more accessible.

Requiring insurance managed-care companies to make coverage and payment decisions using the judgment of a qualified health professional as designated by OASAS.

And we oppose the use of Zohydro pain drugs, which is a form of hydrocodone, available at 5 times the strength of currently prescribed hydrocodone, and could be lethal to new patients and children with just two capsules.

And this is a recommendation and an initiative set forth by Assemblyman McDonald.

We encourage the development of ambulatory detox and rehab facilities, and the development of MICA treatment and housing programs.

Thank you.

DAN ALMASI: Good morning, everyone.

My name is Dan Almasi. I am the dual recovery coordinator for Columbia County.

And it is my absolute pleasure to be here with you.

Like many of the panelists have said before, I want to thank you for attending, but on some level, I can't help but think that we're here preaching to the choir.

Some of you may have an interest, a curiosity, but I suspect that if you're here with us today, you have some understanding of this "epidemic," as it's been referred to.

And that word "epidemic" is not used lightly.

There have been many statistics put out today, one of which I'd like to put out to you is that, every 19 minutes, somebody in the United States dies of an opiate-related overdose.

Another statistic that I find very, very concerning, is that America makes up about, roughly, 5 percent of the world's population; yet, we use 80 percent of its opiates. 99 percent of the world's hydrocodone is consumed by America, the United States.

That alone should tell us something very, very scary, and that kind of puts this in perspective.

In my capacity as a dual recovery coordinator, I work, not so much with clients, I have in the past, but, currently, I work with

agencies, kind of as a go-between, as a liaison, doing education, cooperation, collaboration; helping the different philosophies see eye to eye in a closer-type perspective.

And I look at this problem in a slightly different way; the problem being the heroin and opiate epidemic.

I ask myself, why now?

What's prompting this demand?

What's going on in our society today that this is popping up at this time?

And I think we have to ask ourselves those important questions, because the origins of this epidemic, I think the answer lies in those questions.

For some, they may answer it with the fact that, you know, our economy is struggling. People are stressed. People are then turning to coping mechanisms that they wouldn't normally turn to.

So, when we look at how we're going to address this and treat this, I think it's important to remember that the problem kind of branches out and stems out in a very, very broad way, in a way that might not be as obvious.

In treatment there's a saying: That getting

sober or abstaining is one of the easiest parts of the recovery process.

And there is some truth to that.

The reality is, is if you take a heroin addict and you were to put them in detox, or, lock them in a room -- which I don't suggest anybody do -- they will withdraw, and they will no longer have that drug in their system.

But the secondary parts of the addiction are the emotional, psychological, spiritual, transformations that need to occur.

And I think we have to start looking at ourselves as a society, and take inventory of what is it about us, as an American culture, that we are drawn to a solution in the form of a powder; a liquid; a pill; a plant, like marijuana; and so on and so forth.

I think you see where I'm going with this.

Because it's very concerning.

I believe, you know, the answer to why we're in this epidemic lies in that question, you know, as to what's going on that there's such a draw at this point to these substances that are very, very effective?

And, the opiates especially, are, what? They

are pain killers.

So to me it's fairly obvious that we are a country in pain, and many people are finding a very, very effective but dangerous solution, in terms of the pain medications.

I also want to say a few words about the stigma.

I've worked in the mental-health field, I've worked in the substance-abuse field, and I've also worked in that capacity in a correctional facility, in my career.

If I had to rank it, I would say that it goes something like this:

A person would rather be mentally ill before they would be a substance abuser or an inmate;

Then, a person would probably rather be a substance abuser before they'd be an inmate;

And then, finally, an inmate.

We as a society have to, I think, take a look at ourselves, in how we see addiction, how we categorize what an addict or a mentally-ill person is, and what they look like, and incorporate that into where we put our priorities, and, ultimately, where we put our funding.

Several of the panelists spoke about the

withdrawal or the removal of funding sources.

To me that's not much of a surprise.

If we're struggling as a country, and as a nation, if we don't value something, that thing, or that topic, does not get funding.

That's the reality of it.

So, I am hopeful that we're here today talking about this, but, as a dual recovery coordinator, I'll be honest with all of you:

I attend many, many meetings. And when I tell my friends what I do for a living, part of it is, I tell them go to many meetings.

They say: Well, Dan, does anything get done at those meetings?

And we joke and we laugh, and I say, Sometimes yes, sometimes no.

So I hope this isn't one of those meetings and gatherings where nothing gets done.

I really hope, because people's lives are at stake, as we all agree and know.

I really hope some change comes out of this; either a mental shift, but I hope that mental shift translates into a financial shift, because these programs that currently exist cannot continue to exist at the rate they're going.

They need support, and they need that support in the form of dollars and cents.

It's that simple, as far as I'm concerned.

Thank you very much for listening.

PETER LACY: Hi, I'm Peter Lacy, Saratoga County Mental Health.

Thank you, Senators Marchione and Boyle, for your concern about this problem.

In Saratoga County, there's been a significant increase in the number of people entering treatment for opiate addictions in our programs.

2013, the number of people coming in for opiate addictions has doubled from the previous year.

The heroin addict is no longer part of an inner-city subculture of men. Now we're finding that more and more people are coming in younger, more females, and including young pregnant women.

I had a conversation with Dr. Brooks recently, the director of the Saratoga Hospital emergency department. He said that, 20 years ago, when he first came to the hospital, he saw one or two opiate problems per year. Now it's one or two per week.

Heroin and other opiates are the easiest to get addicted to, they're the easiest to overdose on, and the easiest to die on. And it's also the hardest to recover from, especially for the IV-heroin addict. The cravings, urges, and drug dreams can persist for years after the last use.

Many addicts we see today, when opiate pain pills are prescribed to them for legitimate pain conditions.

In some cases, pharmaceutical companies oversold the safety of these drugs and recommended their use for moderate chronic pain.

When patients develop tolerance, became addicted, they began to doctor shop or buy pills on the street.

The I-STOP program made doctor shopping almost impossible, and as an unintended consequence, many addicts turned to heroin. This transition was made easier by the fact that heroin is now cheaper and purer than ever before.

Many started using heroin by snorting or smoking, and eventually used the needle to get that immediate rush. This rush is very powerful. The user experiences an immediate warmth and extreme comfort. It makes all the problems go away.

As one addict put it: It's like mother wrapping her arms around me and telling me everything will be okay.

It's very seductive, it's very addictive, and that's what we're up against.

So what do we do?

No single approach is gonna solve the problem. We all have to work together.

Law enforcement and the court systems need to have resources necessary to combat the supply side.

Law enforcement and the court systems can also do a lot to stem the demand side.

Addicts in the throes of their addiction have very little insight and don't often voluntarily seek treatment. They just want more drugs.

Many enter treatment in order to avoid prison, but once in treatment, they begin to accept that they need help and work toward a successful recovery.

Statistically, mandated clients are just as successful in treatment as voluntary ones.

Alternatives to incarceration programs, such as TASC and drug-treatment courts, need to be funded and expanded. This carrot-and-stick approach works well for many people.

If the addict is arrested and merely sent to prison, we are contributing to a wasted life and taking away any hope.

In a managed-care environment, substance-abuse-treatment episodes are getting shorter and shorter.

Because opiate addiction is so insidious and enduring, treatment programs need to match up with the addiction, pound for pound. Treatment programs need to have adequate resources. They need to be more intensive, and be able to treat the opiate addict for longer periods of time.

Thank you.

STEPHEN ACQUARIO: Good morning, everyone.

I guess to conclude the panel's perspective:

My name is Stephen Acquario, and I'm the executive director of the New York State Association of Counties.

I would like to -- our organization has been here since 1925. We serve, exclusively, the elected county government officials, and the departments and agencies that they run across the state of New York, including the city of New York.

I would like to, at this point in time, in the few minutes that I have, thank

Senator Marchione.

There are many demands of a state lawmaker that are put before them: economic, social, business, community-based, needs.

The fact that Senator Marchione convened this forum in this region of the state speaks volumes.

It speaks volumes of the problem of this issue, and it speaks volumes of the character that she has.

I would also like to commend Senator Boyle, the Chairman of this Task Force, who traveled four to five hours to be with us here today, to dedicate his day;

Senator Robach, also, traveling from Rochester, four to five hours away, to spend time with this community, with all of us in this part of the state.

They are the lawmakers.

We're the local lawmakers.

They're the state lawmakers. They're in the best position to try to help all of us at the local-government level and the community-based level address this very serious problem.

So a very significant and sincere thank you to the State Senate, to

Assemblyman Steve McLaughlin, also contributing in the New York State Assembly, to bring attention to this in the State Assembly.

"USA Today" dateline, January 31, 2014: "Heroin Epidemic Seeping into our Suburbs."

The heroin epidemic claiming the lives of young adults locally and across the nation is continuing, despite a crackdown on suppliers and increased efforts to warn users of the drug's deadly effects.

This week, January of 2014, three -- this weekend, three deaths: Tommy, 23; Whitney, 28; Tyler, 19; all died of heroin overdoses.

"Dozens of area young men have died of heroin overdoses in the past few years, including four men from Putnam and Westchester county in late 2012," said Christopher Gold, the director of the Rockland County Narcotics Task Force.

Well over a dozen, if not more, overdosed in the past four years.

In western Pennsylvania, 17 deaths blamed on tainted heroin.

In Vermont, the governor dedicating his entire State of the State Address on January 8th, the entire address, to what he called

"Vermont's full-blown heroin crisis."

In Westchester County, a father quoted as saying, "Three kids in a week. When are they going to learn?" as this Croton-On-Hudson father, whose 24-year-old daughter, a recovering addict, was profiled by the newspaper.

The father contacted a reporter Friday, because he'd seen too many of his daughter's friends die from heroin. At the time, Christina [ph.] had already lost seven friends to heroin, including her 25-year-old best friend who overdosed while the newspaper was profiling her.

Quote, "Aren't they afraid of what's happening to their friends? It doesn't make any sense to me. Once they take the needle, stick it in their arm, don't they know it could be their last breath?"

Clearly, we're not doing enough that we can in the community to educate our children and schools on the deadly effects.

From one end of the state to the other, there is a heroin epidemic. I represent a statewide body of counties. There are 57 regions, 57 counties, of the state. 2,000 people die a year from heroin- and opiate-related deaths.

County agencies are extensively involved.

You've heard from many of them here today.

The county sheriffs at the point of arrests or education, the county youth bureaus, the county coroner in cases of fatal overdoses, county district attorneys.

And we've heard from Tony Jordan here today from Washington County, who prosecute those arrested, or move them to drug-treatment programs, or have county narcotics task forces.

Public defenders who defend those that cannot otherwise afford an attorney.

County jails, where there's no other place to go but behind bars, but where there may be treatment available.

Significantly, county probation departments, to make sure that those arrested and released from jail stay clean, or make every effort to stay clean.

Significantly, county departments of mental health and chemical dependency, and we've heard from them today.

County executives, county legislative boards.

And the judiciary who house alternative-to-incarceration programs and drug courts.

In Chautauqua County, our most furthest western New York county, one of the first acts of the new county executive, of all the acts that this man could have taken, he convenes a heroin summit, where more than 250 people from this very rural community of New York convened -- community members, family members, children whose parents are affected, counselors, police officers, health officials -- all involved in the prevention and treatment of heroin.

In Oneida County, where the city of Utica is housed, 11 people died from heroin last year.

Last month, 20 people arrested in Orange County; seized $8,000 in heroin.

Yates County: I'm on the phone yesterday with the Yates County Sheriff, responding to a call Sunday night. Heroin death; needle in the arm.

In January, New York City police officers seized $8 million of heroin.

As this panel knows, Long Island especially, in particular, over 1,000 arrests happening. 400, almost, so far in 2014.

There are too many deaths in these past few years. There are things that can be done.

You are doing your part as a Task Force.

The community that's with us here today can

help us shape those things.

A few final comments:

In talking with the Rensselaer County Commissioner just a few moments ago, one suggestion could be: Upon -- I've learned recently, that almost 80 percent of the jail county admissions have substance-abuse problems.

Perhaps we could look into, upon inmate discharge, providing prescriptions, so that Narcan and other necessary treatment can be provided to these inmates upon discharge, and in communities.

Anonymous tip lines through county district attorneys' office be can be expanded all across the state, centralized by the State.

There's a disproportionate number of individuals on Medicaid who are overdosing on opiates and heroin.

Perhaps using salient technology, with -- the State recently used to redesign the state's Medicaid program, we could dive deeper into Medicaid outliers and statistics where providers are providing certain medications.

There's a backlog of Narcan, I've come to understand.

Why is that, and what can be done about that?

Is I-STOP, the mandatory program that was passed a few years ago, being enforced? Are providers actually participating with this system?

Can, and should, we be expanding programs, such as the city of Buffalo's drug court, which is a nationally renowned model of alternative-to-incarceration programs?

Finally:

Working to form a partnership, through the leadership of the New York State Senate's Task Force, of community, social, government agencies, dedicated to reducing the demand for heroin;

To education: Educating our citizens of heroin problems, the signs and symptoms of addiction, the resources that are available;

Eliminating drug-related crimes through further education, advocacy, the media, law, and legislation; will all play a significant role.

Again, I commend you, Senator Marchione, for leading this Task Force in this region of the state.

Thank you.

SENATOR MARCHIONE: Thank you.

Thank you to all our panelists for sharing with us. It was very, very informative.

At this time, we're going to take the next 45 minutes to offer some questions related to heroin and opioid addiction, and I want any one of our panelists to feel free to answer any of the questions that we have.

And the first question will come from Senator Boyle.

SENATOR BOYLE: Thank you, Kathy.

We start out this part with the education perspective. As I say, we're gonna look through education, treatment, and then, finally, to law enforcement.

And, education, I guess to Dan from Ichabod Crane:

In terms of education, we had this discussion on Long Island forum.

I know you're assistant principal in a high school; right?

DAN FARLEY: Right.

SENATOR BOYLE: But what do you think is an age-appropriate grade level to start this education process? I mean, the younger the better?

Or, can you give us any idea?

Any programs that you guys have been doing in your district that you believe are effective?

DAN FARLEY: Age-appropriate, I think in elementary school: fifth grade, fourth grade.

And, you hate to scare little kids with this kind of information, but this is scary stuff.

I think I would rather have a kid be afraid of heroin and afraid of these drugs, than not, and then get exposed to them and die from them.

So, yeah, I guess earlier the better is probably the best thing.

In our district, as far as a program that we're doing, we have brought Dr. Murphy and his speakers into our district, and the kids had a very eye-opening presentation, where former addicts and recovering addicts spoke to them very candidly about their experiences.

Right now, one of the things that I'm doing, is we've got a task force in the district, that our superintendent, George Zinni, asked me to make happen.

I've invited Dan Almasi. He's been coming to our meetings.

And, in fact, I'll see you again this afternoon, Dan.

We've got teachers on that committee from all the different levels. We've got primary-school

teachers, elementary-school teachers, middle-school teachers, high school teachers, health teachers, regular-education teachers.

There's a lot of people involved, that are looking to solve the problem as best we can.

Right now, a lot of what we're doing is learning about the problem, which, as I understand it, is why we're here today: is to learn about the problem. Maybe develop some solutions.

Education is a big piece of that solution.

But a lot of what we know already about kids is, they're aware. They've been getting this information about the dangers of drugs, in their health classes, and in their -- in the presentations that we have brought to the school, right through -- right from early on in middle school.

But as Dan mentioned, as well, there's a pain that many people are looking to treat. And that treatment that they're choosing is cheap and it's very effective, but it's also very dangerous.

And, so, we've got to come up with a more effective way to stop it.

And that's why we're all here; is to learn more about what we can do together to solve this problem.

Thank you.

THEODORE J. ADAMS, JR.: I would like to say that research supports that the earlier we intervene with prevention with our youths, the more likelihood they are to not turn towards drugs and alcohol.

In addition to that, along with prevention, the more education youth have, it's more likely they're going to see symptoms in their family or neighbors or parents, and then they start questioning some of those things and/or asking for help, which may not come until much later in life if they don't have that information.

KATHERINE ALONGE-COONS: I'd like to add to that, that, in Rensselaer County, we have a student-assistance program, which is a prevention program that we have in 13 schools throughout the county, only one of which is an elementary school.

The student-assistance program is a prevention program. And in the -- at the elementary level, we use evidence-based curriculum to help the children, as early as pre-K, develop healthy emotional coping skills and skills of wellness.

Unfortunately, the prevention program has received no additional funding since 1992. We used to be in over 20 schools throughout the county, and

now we're in 13 schools. And we really try to stretch what we can do, to hit as many kids as possible.

But in the comments I made, I note how very important prevention is. And the earlier the better, to improve the skills that children have.

DAN ALMASI: If I may, I just want to add something that's going on in Columbia County.

I encourage Beth to help me out on this in case I get any of it wrong.

But, she mentioned the task force that was created between Columbia County and Greene County.

That particular task force is broken down into two specific subgroups. One of them is a prevention subgroup.

One of the things that we've done, is we've worked with Catholic Charities who is in Columbia County, at least, in charge of offering the prevention services within the schools.

In Greene County, it's Twin County Recovery Services.

Through the task force we've developed a toolkit that is being distributed, and it has already been distributed to all of the schools in Greene and Columbia county. And in that toolkit,

it's comprised of everything, from, a fast fact sheet that goes home to the parents about the opiate epidemic, the signs and symptoms of opiate addiction, so that they can have a little heads-up, and get a better understanding of what to look for in their child, or even in their child's friends.

In addition, there are lesson plans that have been created for Grades K through 12, so the teachers can voluntarily choose.

And from what I understand, you know, the reception to this toolkit has been phenomenal; so that's very encouraging. The teachers are buying into it, and starting to use it in the classrooms.

There's also something, like a poster contest, which we're encouraging the children, again, Grades K through 12, to work in their classrooms or the art departments, to come up with a poster that gives a message about treatment or about addiction, specifically with regards to the opiate addiction and the dangers of prescribed medication, narcotics.

And it's, again, an attempt to bring about awareness, to get kids involved, to help them learn in a creative way, so that they're comfortable talking about it, have a greater understanding of

it.

So that's something that we've tried to do with the schools.

And as people have said, it's never too early to offer prevention and education.

The more knowledge you have, knowledge is power, as we know. And you can use that power to help yourself and those around you.

Beth, did I leave anything out as far as that toolkit?

BETH SCHUSTER: Not that I'm aware.

DAN ALMASI: Okay.

Thank you.

KEITH STACK: At the Addictions Care Center, we have a prevention education program, and we have 3 1/2 prevention educators that go into the Albany County school districts. We're in virtually all of the school districts in the city of Albany, Cohoes, Watervliet, and -- and Ravena, which is experiencing, a very suburban area -- or, a rural area experiencing a very serious heroin and opiate epidemic.

But the fact is, is that prevention-education funding has been cut, and is continually cut, both at the federal and the state levels.

So, you know, our 3 1/2 educators are expected to do more with less. You know, the problems are growing, and they are getting more complex.

But what we do, we focus on Grades 4, 5, 6, and, you know, we give the facts about drugs, alcohol, and addiction. But, we really try to present information about healthy lifestyles and decision-making and choices.

So, you know, we need to do more prevention education.

I think what we really need to do, as well, is get -- we really need to expand our community-based education. You know, not necessarily just focus on the schools, but we have to get out into the communities; really get the information in the hands of parents, family members, you know, relatives. Everyone has to be, you know, educated and aware.

Narcan training is prevention. I mean, you're preventing death from overdose. You're turning around the effects of an overdose.

You know, we train all of our staff at the Addictions Care Center of Albany. I know other providers have been doing the same training.

We've actually been training our residents, prior to discharge, you know, because the fact of the matter is, is that they may well use again. But -- or they may be in an environment where other people are, so we want them to have the skills to address those problems that come up.

So, Narcan training is prevention education.

BETH SCHUSTER: I wanted to also add, as far as the prevention education goes, I think it's great if we can get into schools and do that.

In Greene County, we used to be in six school districts. We're now in two, because of funding cuts. But because of that, we can't just give up.

What we've been trying to do, and we've been pretty successful so far, is starting community volunteer groups, to get out and do some awareness, and raise some money, and try to get up some billboards, and try to get flyers around, and hold our own community forums in small towns all through there, because the schools can't do it. It's not just their responsibility. It's the parents and the community.

THEODORE J. ADAMS, JR.: I think two of the other things that just occurred to me, relate to our relationship with Sheriff Bartlett.

We've recently added an SRO program into our district, which keeps a deputy in the buildings all the time. So, we've got that additional resource available us.

We've also got some professional development coming up for our teachers, that the Sheriff's Department is facilitating for us, where they're going to show the teachers what these things look like; what drugs look like.

And these are incredibly valuable resources that I wanted, also, to make sure I mentioned.

SENATOR MARCHIONE: That's terrific.

SHERIFF DAVID BARTLETT: Another thing with that, as far as the SRDs or the SROs going out into the communities, I feel it's a great asset, getting into our schools, working in partnership with our school personnel and with the kids.

But, unfortunately, we get back to funding again.

Ichabod's helping me out. Taconic Hills is helping me out.

Any of the other deputies that I'm putting out, the board is calling it budget negative -- or, "budget neutral." And, basically, they aren't giving me any money towards this.

So I don't know if there's anything, as far as the State can do, going forward, you know, with financing any type of SRO program, or, as I like to say, the "school resource deputy," so I can get the best bang for my buck there.

But it would be beneficial, because it's a great program to have out there. And funding was cut back a while ago.

I know some other agencies had it, and they took it out.

But I feel it's very beneficial in our county, and that's why we're going forward doing that.

SENATOR MARCHIONE: Terrific.

Anyone else want to respond to that question?

AUDIENCE MEMBER: I just want to say, recently, I viewed two YouTube videos [inaudible].

SENATOR MARCHIONE: If you don't mind, we're gonna have an audience-participation section, ma'am, at 11:00.

AUDIENCE MEMBER: Oh, okay.

SENATOR MARCHIONE: If you -- go right ahead, you're at the microphone now.

But would I ask, that audience participation will begin after this portion of the program.

But go right ahead.

AUDIENCE MEMBER: Okay.

Recently, I viewed two videos -- YouTube videos on the neuroscience of the brain -- addicted brain, which I think was, amazingly, in educating anybody about what's actually going on when the brain becomes addicted.

And so I would highly recommend those for everybody to view.

And I sent them to your office, Kathy.

SENATOR MARCHIONE: Okay, thank you.

AUDIENCE MEMBER: Uh-huh. Thank you.

SENATOR MARCHIONE: Go ahead.

SENATOR BOYLE: Thank you very much for these comments on education prevention. It's very enlightening, and some good ideas.

In terms of the funding, I would say that, our recently passed state budget, we increased funding for that by 2.8 million.

So, we're getting there. It's not quite as much as it should be, but we're gonna continue to fight.

I know in our Senate budget, we actually added 5 million for prevention and treatment programs.

In terms of education and prevention, I can tell you that, as Chairman of the Alcohol and Drug Abuse Committee, I go to a lot of treatment centers around the state.

And it was mind-boggling to me, I didn't quite understand, as I'm talking to these young kids, just, literally, in high school, and a couple college-age, and I was saying -- I'm thinking: Really, heroin? You know, this is such a terrible drug.

And I didn't realize, and it reminded me of the [unintelligible] thing: Well, someone graduated high school this year, didn't know about this, that, and that.

To them, they don't remember the '70s heroin epidemic. Heroin is not some terrible drug. It's a new thing to them.

It's what their friend told them: Oh, we can't afford the oxycodone pill anymore. There's this new thing, $6 or $10 a bag. It's heroin.

They never heard of heroin before.

So that was truly enlightening.

And what I would say to them, and I often do, is: Remember, that about 1 out of every 4 people who try heroin get addicted to it.

Would you get in a car or get in a plane if you had a one in chance -- 1 in 4 chance of getting in an accident that's gonna ruin your life?

Well, that's what they're looking at when they try heroin.

And I think that we need to get that word out to the young kids, as well.

SENATOR MARCHIONE: Terrific. Thank you, Senator.

Our second question will come from Senator Robach.

SENATOR ROBACH: Yeah, we're trying to, you know, cover the spectrum here. And, certainly, once people go down that road, we want to do addiction education, preventably.

I'm kind of shifting gears a little bit.

In some of the earlier comments we've had at these forums, I wanted to ask District Attorney Jordan, one of the things we heard time and time again, since we've gone through the Rockefeller drug laws, we now know that this heroin that's out there now is the most potent ever.

So, in my earlier days in public safety, if you found heroin, it was 10, 15 percent pure. That was the average or high.

This what they're selling now is 50 percent.

And, Phil, you're gonna have to help me: What is the opioid they cut it with?

I can never --

LISA WICKENS: Fentanyl.

SENATOR ROBACH: Fentanyl, which makes this so, just so, so powerful, so addicting, and so damaging.

Yet, the people that are selling this, knowing they're flooding the market, it can do a lot of damage oftentimes, is overdosing people, even killing them, the penalties and the weights are very -- I think our laws in New York are lax compared to federal statutes.

Do you think -- and I know Senator Boyle's been working on some legislation, and given testimony.

Do you think you have the tools to put the people away adequately, under New York State law, right now?

TONY JORDAN: Thanks, Senator.

I think, you know, one of the challenges that we're seeing, is there needs to be a distinction drawn in our sentencing guidelines, between users and dealers.

And the heart -- it's easy on the edges to identify the difference between the two.

When you get closer to the center, with most things, it gets more difficult.

I am going to take a little liberty, because I -- so I won't come back to it, but, in terms of incarceration, imprisonment, you know, one of the things, it's interesting to note, in 2014, it was 20 years ago now that Kings County started the twelfth drug-treatment court program in the country.

10 years later, in 2004, I was fairly active in the Washington County treatment-court program, that had two treatment coordinators, and, really, in an era that was so very different than today.

Ten years later, no one would question that the problems that we face today are so much worse than they were in 2004; yet, to continue the earlier theme, funding has been dramatically cut, where we have one coordinator, to the point where someone said to me the other day: Perhaps we should reconsider putting alcoholics in our drug-treatment court program to make room for the heroin addicts.

And I don't think that's a public-safety choice we should be making.

So I think that is really very much a

challenge that we face.

In terms of incarceration, sentencing guidelines are being looked at today.

I will tell you this: Sitting at all of our task force meetings on the drug-interdiction effort, it is debilitating to our law enforcement to see someone in my office, or in neighboring counties, sentence a known dealer, who has come to our area for the sole reason of selling drugs and addicting our youth, be sentenced to 8, 9, 10 years determinate in state prison, and then be rearrested; "rearrested" for selling 11 months later.

That, I think would shock anybody in here into saying, That's not right.

And these are not the people who are the sentimental -- or, the -- your -- the people you have compassion for, in the sense that they're trying to support a habit.

They look with disdain at the users they sell to because they recognize the horrors of the drug.

You talk about fentanyl.

I mean, our heroin -- you do hear statistics that our heroin is far more pure, but it's not. It is laced with, you know, fentanyl.

I think fentanyl is the one that's used --

authorized for use on equine only.

12 pounds of it were seized --

That's not it, is it?

No, but --

AUDIENCE MEMBER: That's actually acetyl fentanyl [inaudible.]

TONY JORDAN: Oh, okay.

But, I'm gonna get it wrong, but, 12 pounds of an equine drug was seized, you know, being brought into the United States illegally in California, and its destination was New York City, which is the source of our heroin here.

They lace it, they use it solely for the addictive quality and the impact the drug has.

So, back to your original question, though, Senator: You know, I think that the issue is twofold at the law enforcement end.

One, we need to greatly improve our alternatives to incarceration.

And, sadly, and an important ingredient, that is funding. Funding for the treatment centers, funding for the court personnel, to manage.

Secondly, as we look at sentencing guidelines, I would encourage you all to be very careful in your works with the Department of

Corrections, to make sure that our dealers, you know, the source of the drugs, are appropriately punished and kept off the streets.

SENATOR ROBACH: I think, just for clarification, what we're looking at very seriously -- and maybe I should let Senator Boyle chime in because he's sort of the one that opened the door -- but I concur 100 percent that, I think if you sell this in any volume and it results in a death, I think that should be a different and separate statute for that dealer personally.

I feel that that would give law enforcement a better tool, or district attorneys a better tool.

They have the federal statute. I think New York should have it. And I think, then, that might also send a message to the people right now who seem, as you say, very comfortable selling this very deadly drug with no fear of long-term sentencing, currently so.

We may get back to you and the District Attorneys Association before we introduce that legislation.

TONY JORDAN: That would be great, because they do -- I mean, the true dealers do understand that their length of time in prison is going to be

short, and they'll be right back in their former neighborhoods selling once again.

SENATOR BOYLE: Yeah, Tony, if you could, the -- and it's great to see my former colleagues here, in the Assembly. I served there for many years before the Senate.

One of the things, and we saw this in Suffolk County, and they arrested a guy down there with 864 bags of heroin, and they could only charge him with a misdemeanor.

Now, this is -- and I'm not a prosecutor, you know, and -- but the way they read the law, as it's written.

And now I have a bill currently, to say: If you're caught with 50 bags or more, it would be a felony.

We can argue about the number. And I realize that Philip Seymour Hoffman had 77 bags himself, and, obviously, Philip Seymour Hoffman was not a drug dealer. And -- but, we're realizing that we're starting from a negotiating standpoint. And, whatever legislation we're gonna introduce here is also gonna have to get past the Assembly at the same time, a different mindset, perhaps, on a lot of these issues.

So, it's a negotiating thing, but we look forward to getting your expertise as we go along.

TONY JORDAN: And I think these forums are important because, our -- and I think my colleagues that really are on the front line, the law enforcement, we don't want to have to address this problem, in the sense of, we would rather it be stopped with prevention and education, and we're here to clean up what gets missed.

But we would rather not be -- we would rather not be needed in this problem, but we certainly are here.

SENATOR MARCHIONE: Thank you very much.

Our third question will come from Assemblyman McLaughlin.

ASSEMBLYMAN McLAUGHLIN: Thank you, Senator.

My question would be for Sheriff Apple and Sheriff Bartlett, maybe kind of a two-part question that you both could certainly chime in on.

The question I would have is, you know, the source. It's coming from somewhere. And as Tony has said, largely, it's New York City.

And I guess I'm wondering: How's the interaction between you?

At the sheriffs' level, the State Police, and

the feds, how is that interaction going?

Is there a lot of interplay between the agencies?

What could be done better, that's not being done? Or, you know, where are we seeing success?

That's one part of the question.

The other part would be, this is back before any of us were in public service: But back in the '70s there was a huge heroin problem. And it was, largely, kind of stomped out, and kind of driven back, if you will.

How did we do that then?

And what can we do now to really achieve the same thing?

SHERIFF DAVID BARTLETT: As far as our partnership with other agencies, we work very close with the State Police.

I actually have a -- one of my investigators that's assigned to the DEA Task Force.

So, all of us work to their to fight this problem.

We do joint raids. We do joint operations.

There's -- as far as intelligence gathering, we share it with our neighboring counties. And especially with Columbia County, where we are, we

border Massachusetts and Connecticut, so we also work with Litchfield County, we also work with Berkshire County, and because, let's face it, they go back across county lines.

And, so, we do work very close with all our different partners.

SHERIFF CRAIG APPLE: Assemblyman, we have a very good relationship with the federal authorities, as well as the State.

We've got deputies and investigators on numerous task forces, and we're trying to combat it as hard as we can.

Unfortunately, the flow is, it's prevalent. It's, you know, easy to target New York City. And I do believe a large percentage of it is coming up from New York City. And then, in Albany, we're at the crossroads. But I think we are getting it, also, from our bordering states.

It's not an inner-city issue. It's a rural issue.

I've had as many overdoses in the rural areas of the county as I've had in upper middle-class suburban areas and inner city.

You know, the bottom line is, I can probably go out in the parking lot and find somebody to sell

them to me in uniform. I mean, that's how prevalent it is.

People are just looking to score. You've got addicts out there trying to score.

We've had -- we've broken up sex rings in area hotels. We've had a runaway girl taken from the Southern Tier, who was being told to -- for a lousy three bags of heroin a day, which equates to about $15, to sell her body in a local motel.

I mean, we're getting calls constantly.

We're taking thousands and thousands of bags of heroin, but, unfortunately, our jails are getting full and the resources are getting slim.

And it's easy to say that, yes, we do need more money. I'm always looking for more money, to do more programs, and to try to be more creative.

But, you know, I tell a story that:

Addictions Care Center in Albany, we have a very close relationship with. And, you know, it does touch everybody.

I had a family who I've coached their son for years, all the way through Babe Ruth, reach out for me to tell me that their son was a heroin addict.

Upper middle-class White family, not in my family, not in my backyard; sure as anything, he was

addicted.

But to get help, it was gonna take weeks, and the problem is, is that we can't wait weeks. This kid would have been dead in days.

Now, fortunately, because of who I was, I firmly believe he was able to get help sooner.

But it shouldn't have to be that way.

Anybody should be able to pick up the call and be able to get their kid or a family member or a friend assistance that they need. And it's not happening.

We've tried in a lot of different programs.

We can -- you know, I've got 850 people in my jail. We have one of the largest jails in Upstate New York. Of that, 25 percent are in there directly related for drugs.

Of the other 75 percent, I'd probably say, 80 to 90 percent of that are in there because of trying to steal or rob or kill to get their drugs.

So, almost everything out there today is related to some sort of opiate crime.

To say it's an epidemic is an understatement. Everything that's occurring out there, crime-related, has got a nexus to heroin.

And that's what's going on.

So, it's great to participate in the task forces, but -- and I've been on a couple of them. We have some great thoughts, but we seem to be stuck in the mud, our wheels really aren't turning much, because I think it's gonna come back to, we need money from the State.

And I'm not blaming the electeds here.

I think it's a national issue, it's a state issue, and we need to do something, and we need to do it quickly.

[Applause.]

ASSEMBLYMAN McLAUGHLIN: Thank you.

SENATOR MARCHIONE: Anyone want to respond to that before we move on?

Okay, I have a question.

From a treatment and recovery perspective, how far have we come, if at all, in understanding the complexity and difficulty of recovery?

BETH SCHUSTER: I think one of the biggest successes we've had over the last, probably 10 years, is, as someone mentioned earlier, I think it was Keith, actually, that we have stopped looking at addiction as this thing, where you go in one door and come out the other, and you should be okay now.

And I say that as a field that's working with

this, that it is a chronic illness. And it is sometimes relapsing and remitting, like other illnesses.

I think the problem is, that we are still not seeing that [unintelligible] by most of society. I think we are still seeing with a lot of stigma, with a lot of ignorance, about what truly, truly an addict is.

And I thank whoever it was that talked about the YouTube videos on, you know, the brain's change.

I don't think people have any idea what really goes on, physiologically, with someone who becomes addicted.

So that's just my own aside thing.

But I think the fact that we're starting to look at it, at least in the medical field, like a chronic illness is very helpful, because what that means is that, like other illnesses that are chronic and relapsing and remitting, we should not have the difficulty with treating this, knowing that people are going to come back to us for "tune-ups" -- for adjustments in medication, for adjustments in therapy -- for all the things that other chronic illnesses have the ability to do, such as, you know, people with diabetes and other -- cardiac problems.

And it was interesting, I was at a conference a couple years ago.

And I think -- I apologize to doctors ahead of time if I -- if you think this is at all insulting.

But, I do have to say there's lot of medical doctors that don't necessarily understand this concept, and don't really see and want to treat this as a disease.

But I was at a conference in DC a few years ago, and there was a doctor there from the midwest, speaking, who deals exclusively with this problem.

And we asked him: What is the biggest pushback you get from other doctors on why they don't want to treat people with addiction problems?

And he said: They always tell me that they're non-cooperative. "They don't follow my instructions. I tell them to do this, and they don't do it. They argue with me. They lie to me. I don't like to work with those kinds of patients."

And the doctor that was speaking, said back to this physician who was, you know, saying why he did not like working with addicts: How many compliant diabetic patients do you have? How many compliant cardiac clients do you have?

When you say, "I want to you exercise, cut back on your fat, take your medicine as prescribed, cut back on your alcohol consumption, et cetera, et cetera, are they all doing that?"

"Well, no, not all of them."

"And do they ever lie about the amount that they drink or the food that they eat?"

"Well, of course they do."

And it was -- it became very obvious to me that this is really an approach that all of us need to take to look at this.

I will also make a comment: That we were asked by someone who e-mailed us, asking for comments yesterday, I believe. I can't remember who it was. I think it was a reporter.

At any rate, he asked for comments, and just a brief comment.

And my comment was: That if any other illness or issue was making the impact on our communities and families, any other disease, people would be screaming from the rooftops to make this stop.

But I have yet to see the CDC come out with anything calling this an epidemic, and do a general treatment recommendation.

We hear very little from the federal government.

We are now hearing things from our state government. I can't tell you how happy I am about that.

I'm very happy about this today.

I'm very happy that the Governor's paying attention, and getting I-STOP in place. Although, again, that's the beginning of an issue.

But, think about it.

If this is truly the illness that it is, and I totally believe it is, addiction was identified as an illness by at the AMA in 1955.

Do you know how long ago that was?

And even the medical profession still doesn't look at it that way.

So if they're not gonna look at it that way, why would the community look at it that way?

So, we have a lot of work to do, but I do say that we are going in that direction, and that's a success.

The other comment I'd like to make is that, as quickly as the treatment field can come out with new ways to treat something, or new ways to figure something out, the people out there that are doing

the using and the selling, et cetera, are right on the bandwagon, and they are so clever and resourceful, and they're so good at coming up with ways to convolute that.

You know, things like urine drug screening, et cetera, very, very important to do.

Are there ways to get around it? Absolutely.

And the minute you come up with a way to stop that one, another one comes along.

It's like playing Whac-A-Mole. I mean, it is really, really, a very difficult thing to do.

And I don't say that to make light of it, but it's a challenge, on a daily basis, to try to stay ahead of this problem.

DR. WILLIAM MURPHY: Thanks, Beth.

Those are really very good comments.

And the identification of addiction as a chronic illness is really important. And its similarities to other illnesses are very important, as well.

Patient engagement is sort of the sine qua non for effective treatment of an illness.

But this one really is problematic, because the patient often doesn't really appreciate just how bad the disease has gotten, and how bad shape the

disease has gotten them into.

So -- so, it's challenging.

There are -- as I mentioned earlier, there are some tools that we have at our disposal for treating this on the -- as I said, on the back end.

And I have to reiterate the importance of prevention and stemming the tide here.

But there are some important tools.

Physicians can become trained in the use of buprenorphine/naloxone, which is marketed as Suboxone, and other brand names.

This drug was approved by the federal government for use in this regard in the year 2000, and has helped a lot of patients stay in counseling.

It's disturbing to me, though, that I've encountered a lot of patients who have come to me for Suboxone, from other providers, that had no counseling requirements whatsoever, although they were being prescribed Suboxone.

As I mentioned to -- every patient that I have sign a contract for treatment with this drug.

The treatment for the disease is the counseling. The drug helps them stay in that treatment. And this is not a replacement, and it's certainly not a pathway to an easy fix at all.

The hard work takes place in programs, like Beth's at Twin County Recovery Services.

So -- so some enforcement in that regard, to make sure that this drug is properly used by those who become certified to use it. You actually have to apply for a special DEA license to prescribe it.

Unfortunately, I sense, anyway, that at least some minority of prescribers are not using the drug in the way that it's supposed to. And it's, in some regards, become merely a buffer to support their practices.

I don't know how you solve that problem, but it's -- in my experience, that that is a concern.

So, in conclusion of these comments, anyway:

The treatment is improving. It's still very challenging. And, prevention of new cases is critically important.

And just to pick up on just one last thing, I'm sorry, on the 1970s epidemic: I actually have patients who became addicted to heroin in the 1970s, and sort of traversed the -- I guess, the area of time where it was perceived that heroin was not a problem.

But heroin really always has been a problem, actually.

There are -- I've recently read an editorial from 100 years ago, in the "Journal of the American Medical Association," that -- that -- it showed how, even back then, in the early part of the last century, that America was really outpacing the rest of the world in the use of addictive drugs.

Somewhat concerning.

And that picks up on the comments of Dan earlier, about the -- sort of the national character, and sort of how we see ourselves.

So that's a big part of the treatment of this problem, as well.

I think it's gonna take a real self-examination, as a society, about how we wish to perceive ourselves.

Thanks.

KEITH STACK: Yeah, you know, I think we've learned a lot about addiction, and we're doing a much better job.

You know, the fact that we're talking about addiction medicines that weren't available five years ago is very significant. And they do help recovery.

However, as Dr. Murphy says, they have to be used in conjunction with treatment: with group

treatment, with individual treatment sessions.

That's how it works; otherwise, you're just taking medication, but you're not changing the behaviors that may lead you back to drug use or alcohol use.

But we have physicians here, you know, apparently, and obviously -- I shouldn't say apparently -- obviously, very knowledgeable about addiction and the science of addiction.

And, you know, there are a lot of different treatment modalities, but we have to remember that one size doesn't fit all, and that when we're making, you know, the decision about treatment, you know, we can't assume that you need to just go to, you know, a couple days of outpatient, and that will be enough.

You have to make a decision, it may require long-term residential care. And, you know, the insurance companies have to be willing to make that decision, rather than start at the lowest common denominator, allow any number of failures before a person gets the treatment that they truly need.

And as Dr. Murphy pointed out, it really is a relationship between -- much like diabetes or other illnesses.

You know, if you have sleep problems, you go to your primary-care physician, he recommends that you go to a specialist.

You go to the specialist, you receive your treatment there, and then you get referred back to your primary-care physician.

You know, addiction is like that. You know, it needs to be recognized at the primary level, and decisions made, in conjunction with addiction experts. What is -- whats the right level of care for that person?

And then you follow that continuum.

And recovery is -- I'm in recovery today, I'll be in recovery tomorrow; so it's a lifetime experience for me.

It's hard to -- you know, initially, it's very, very hard, but today it's not so hard, because I have the -- you know, the supports that I need.

And that's true of everybody.

That's true of diabetics. It's true of people with, you know, I'm gonna say sleep problems, again. I don't have one.

But -- you know, but those are illnesses that -- arthritis. You know, you're watching TV, there's any number of different medications that you

can take for these other health conditions.

You know, and addiction is a health condition. It's a chronic illness. We need to accept that as a society.

And I think we really are beginning to.

This forum is testament to that.

But, we have to get better at it, and, you know, our health-care system, the payer system, whether it's Medicaid or private insurance, needs to view it that way, as well.

BETH SCHUSTER: I just wanted to add one thing, that Keith reminded me of when he was speaking, and it has to do with the whole thing about looking at this as a chronic illness, and insurance coverage, and, you know, how many people, how many doctors, would call to try to cover someone with high sugar or with pneumonia, and be told: No, I'm sorry, we can't cover that person until they develop COPD. Or, we can't cover that person until they become an insulin-dependent diabetic. They have to get worse.

KATHERINE ALONGE-COONS: I'd also like to add that we found, on the mental-health side of behavioral health, with a great deal of success in integrated-care opportunities, with having licensed

mental-health professionals in -- located in primary-care practices, to assist physicians in identifying mental-health issues early on, and providing care in this natural setting for individuals.

And I'd really like to encourage the development of integrated-care opportunities for addiction, to come alongside primary-care practices and pediatric practitioners, having addiction counselors located in the practices, to assist them in identification, and providing care early on, and having the payment structures to allow that to happen.

LISA WICKENS: I just -- I want to jump in before I miss my turn.

So, I wanted to make a couple of points.

Listening to Keith and to Dr. Murphy, and some of the other panelists:

Again, as a parent, I wanted to mention to some of those out there, that are kind of, not necessarily looking for answers, but I don't want anyone to walk away thinking, like, Suboxone, or Narcan, or some of these drugs, in and of themselves, are going to be a treatment.

I think you've heard Dr. Murphy mention, it

has to be in combination with programming and support. Sometimes it takes inpatient, sometimes it takes outpatient.

But, if anything, when you leave here today, I don't want you to, you know, look -- you know, go seeking that.

Another thing I just want to make a point of is:

There's a lot of physicians in New York State that are certified to actually be Suboxone prescribers. And they're all across the state, and they're everywhere. They're in clinics, but they're also primary-care physicians.

And one of the problems is, many of them, as you've heard, don't want to prescribe. And we've heard a couple of the reasons.

I've also heard that physicians don't want to be dealing with addicts.

They've actually said that. They don't want them in their waiting room.

The other issue is, when you get someone started, it takes a while, because you have to actually talk to the person and understand what all the different life circumstances that are happening, as they're coming and seeking treatment.

So a lot of those physicians aren't actually prescribing, so that's another issue.

And, hopefully, if we can try to take the stigma away, some of the physicians will actually not be as uncomfortable. And, if we can improve the reimbursement for that.

Another issue, just one other point, is that we've heard addicts are really, really smart.

You know, look it, the disease is driving them to get that drug, not for a high. But, actually, when they start using, it's just to feel normal and not to feel sick. So they're -- you know, at a certain point, they're not using it for the high.

So they also, though -- now there's also a market to get Suboxone and methadone, which is a medication-assisted treatment. Right?

But there are ways, again, as we're looking at comprehensive plans, that we start to look: Okay, so this is something that does works for a lot of folks, but, maybe we should be tracking that. Maybe we should make sure that people, if they are on Suboxone, they're followed up and they're accountable for it in the system.

Again, that hasn't been really dealt with in

New York State yet, so, it's something we could actually work on. It makes a lot of sense, because they're always five steps ahead.

So I just wanted to leave you with some of those points.

Thanks.

SENATOR MARCHIONE: Thank you very much.

At this time, we're going to stop this portion of the program, because we really do want to hear what you have to say, the ideas you have; the comments, the questions.

And, we're gonna take, if you would, just a 5- or 10-minute break; allow you to stand up.

If you want to do it by question, you want to write it down, please get one, and we'll be back here in 10 minutes.

(A recess was taken.)

(The forum resumed, as follows:)

SENATOR MARCHIONE: As people entered today -- I'd like to ask that we could start, please.

As people entered here today, we took down the names of those people who are elected officials, or department heads in the mental-health profession, or worked for the State Police, and we have

three pages of names. And I really want to leave more time for questions, because we have a tremendous amount of questions.

So, I would just like to thank them all for being here with us as part of our group today, and really appreciate their attendance, as well as, of course, everyone else's.

How we're going to do this section, is I'm going to have a speaker come to the microphone, and then I'm going to use a question from a card; so, we will go back and forth.

I have told Father Peter Young that he can be our first speaker here today, and I would like to ask him to come to the microphone.

And welcome you, Father.

SENATOR ROBACH: He gets to go first because he does the prayer in the Legislature.

[Applause.]

SENATOR MARCHIONE: Yeah, Father Young, very often, leads us in prayer in the Legislature; opens us up in prayer. And we're very thankful that he is there and asking for divine intervention for all of us.

FATHER PETER YOUNG: Thank you, Joe, for the plug.

I've been Senate chaplain for 55 years; so, been there and done that, have a chance to meet-and-greet.

And it's that kind of history that I'm trying, if I can, to bring out and talk about.

I can grab it later.

I just wanted to mention, this is offering me a tremendous amount of hope, because, 55 years ago, I was sitting, having lunch with Governor Rockefeller, Harry Albright, Bobby Douglas. And while I had lunch, the Governor said -- turned to me and he said: You know, Father --

He had been visiting our program at that time, coming down, looking at what was going on in the south end of Albany.

And he said: You know, father, what are we gonna do about the Harlem problem?

I said: Governor, what do you mean by "the Harlem problem"?

He said: It's that new drug they've got down there that they're using. It's called "heroin." What are we gonna do about that?

I said: The Harlem problem? That's a drug problem. That's a very common drug right here on Green Street.

And he said: Well, isn't it just a Black problem?

And I'm saying: It's not just a Black.

And that's why I'm looking to you, and I'm saying: Unbelievable, to see 92, 94 percent, 98 percent, White people here, because White people have power. Black people do not have power.

And if we have power here, we're gonna see the legislators, Joe, Steve, and Phil, do something about the things that the need to be done.

We're no longer now powerless in the inner city. We're no longer powerless in the community.

The suburban power has the chance to get out and vote, and with that kind of vote, they're going to make a difference. We're gonna see something done about the problem, because the power is only then given to the legislators, so the legislators will speak adequately for us.

So we empower these people to be elected representatives, and they know now that they are now accountable to a White population which gives them a tremendous amount of power.

There was a lot of denial for years and years and years. In the 55 years of trying to get the word out about addiction, we couldn't get it out.

We couldn't hear it, we didn't hear it. We never got it communicated to the people that were the powerbrokers.

Now we are today.

My thought is -- trying, if I can, to look at a few things here.

And I apologize to Joe Robach, especially, because we're pulling out, and he was a member [unintelligible] kind of friend of mine. And he supported me in putting programs in Buffalo -- I mean, Rochester. And then, we're pulling out of Buffalo, Rochester, Syracuse, Troy...we're pulling out of many locations all over the state.

We're pulling out -- we serve over 5,000 people a day in 117 sites.

We're pulling them out, because we can't get funding; and, basically, one of the big reasons are, we're pulling them out because of the Medicaid kind of problem that I have with my dear friend Steve, that he knows about, that I've been trying to work with for a long time, representing the state counties, because the counties are talking about now, their duty and their responsibility is to the county.

Block-grant funding will tell me, that if

I try to take a client -- and, you know, I'm sure Katherine knows more about this than I do -- if I take a county [sic] across the river, and he comes over here, I'm not really appropriate to serve; and, yet, they cross county lines.

If I take anyone from Saratoga crossing over the Mohawk River, I'm guilty for taking a person, because they don't have a facility of that type in Saratoga. That guy is given a bus ticket and sent down to me, and they wind up on our doorstep, pending.

And it's the "pending" I'm caught with.

And I'm pending-caught, and I have sympathy.

I meet the person, I talk with them; I try to find out if they have the third tradition or desire to recover. And with that desire, I say, "Okay, come on in the program," and we try to offer them help.

But I'm looking at the kind of problem we've had.

As a result of that "pending," I'm being brought before a grand jury on Monday, because I have violated the state law of taking people that I'm not qualified to serve, because I'm out of the county that they're from, and they don't have the

CMU, the approval, that goes with it.

And I'm sure Beth and others will speak to that better, more adequately, than I.

But I know that we're caught by the founding of this kind of thing, block-grant funding, and it's divided our counties, it's divided our state.

If I, God forbid, take anyone from Vermont that keep running over to me, knocking on the door for help, I'm in deep trouble, because I violated the idea of where they're coming from, and then I'm giving tax money that is from this county to those people who don't deserve it; but, yet, they're in pain.

And that's certainly something I'm kind of worried about.

What are we gonna do about that?

How we gonna handle that?

How we gonna do what need be done to try to serve the people that are seeking recovery?

I just worry about a few things of that type, but I'm aware that -- and 19 -- well, over the years, I saw two friends here, having a coffee break with me, they were with me on the staff at Mount McGregor.

We had 896 people there in that prison for a

great time. In 10 years, we did a study.

In 10 years, by the State School of Graduate Studies, in the criminal justice, we had with the idea of founding a program in the prison system, and then offering them treatment, housing, and employment afterwards.

Those inmates that were there, 896 for 10 years: 8 percent were reincarcerated. 92 percent never went back into prison.

I think, you know, that's the kind of program we need.

I saw McGregor in its heyday. I was in charge after the -- I founded the program for the alcohol and drug substance-abuse programs, and I had 41,000 clients on my caseload when I retired from DOCS.

And we need to reinstitute the foundation that we can with those men that are incarcerated.

We need to again get the counties to put pods in there, so that they can reeducate the kind of guy that we know, or the kind of gal that we know, who wants to get into recovery.

If we can do that, we can turn this around, because those people are the people that will convert the other people to better identity and

better idea of how to surrender, and how to be a better person in our society, and become a taxpayer.

So we gotta make them taxpayers.

Therefore, our mission statement has been for 55 years, of becoming a taxpayer.

How do we get to become a taxpayer?

And that's our mission statement today?

I thank you very much, and I'm eager to respond to any questions.

[Applause.]

SENATOR MARCHIONE: Any questions for Father Young?

Father, I would just like to thank you for the services that you have provided for 55 years to the community.

This is a man who doesn't just do the talk; he walks the walk.

And I tell the story of one that I heard of him: That a drug addict came in to him, and didn't have shoes. And father walked out without his shoes, in the snow.

Amazing man.

Thank you, Father.

STEPHEN ACQUARIO: Senator, may I add something --

SENATOR MARCHIONE: Sure.

STEPHEN ACQUARIO: -- to what Father has brought up?

I've recently learned, in Westchester County, they are -- have also integrated, through the Sheriff's Office, and certain jail administrators around the state, but, in Westchester, they have established a partnership to create treatment programs within the jail itself.

So I encourage the Task Force here to look at that.

In particular, in Westchester, they use the Yonkers General Hospital, which is now St. John's Riverside, partnered with the jail, in order to make certain jail space available and create an internal therapeutic facility.

And when the County renovated its jail, it created a special housing unit targeted towards drug treatment.

And, if we could look at, and perhaps consult with our -- of course, consult with our sheriffs, to provide outpatient treatment options, including Narcotics Anonymous, within our jail community, I think that what Father Young said would be constructive towards what we're talking about.

SENATOR MARCHIONE: Thank you.

Yes, Father.

FATHER PETER YOUNG: [Inaudible.]

SENATOR MARCHIONE: One of the questions -- we're gonna have to bring you a microphone.

We are taping this, so everyone who speaks needs to either have a microphone brought to them or has to come to a microphone to speak.

FATHER PETER YOUNG: Thank you.

Thank you very much.

Steve, in regard to the idea of the block-grant funding, we have to be able to cross over state lines, but we have to do it within the institution, too.

We, for years, and years, and years, are wandering around, trying what we could to find out why this is a statewide program.

The County itself has to be strong in its recovery effort. And you begin in the pod in the jail, but then you have to have a continuity of care. You have to have the networking opportunity of where you give safe, clean, sober housing. And then you have to have an opportunity of training for employment, and then placement.

And that's where the dead end happened.

We've tried for years to get to serve Westchester County. We have been invited there to do everything by way of the programs, and we couldn't afford it, because the price of what we get is well below the cost of operation.

When you try to buy anything in Westchester County, wow, you can't do it.

Therefore, it doesn't -- I can build in Buffalo, I can put programs in Buffalo quite easily, and upstate, but you can't put programs in Westchester County.

So, they have to get their act together and be able to give a little kicker in to try to help that happen.

SENATOR MARCHIONE: Thank you, Father.

The next question we have is from Patty Hoffman [ph.]. She's a field representative from Congressman Chris Gibson.

She would like to speak.

She said: The Congressman has held a recent summit on a heroin crisis, and wants to report the results and his initiatives.

PATTY HOFFMAN [ph.]: Thank you.

Yes, the Congressman, Chris Gibson, just held a recent summit in Dutchess County, and he brought

together agencies -- the police agencies, district attorneys, county executives, assemblymen, and senators -- to come and discuss the problem, to see where Washington can help.

So as a direct result of that summit, he is working on a couple of initiatives.

One is, putting more money into the cops grants, so that there is more cops and surveillance on the streets. You know, we need to tackle this problem at the source.

Another initiative is, changing the language in the mental-hygiene and mental-health programs.

There are money -- there is money available; however, the language is so archaic that it doesn't really address the problem that we're dealing with.

So if we can change that language and make it more accessible for organizations and agencies to access funding, that would be helpful.

Addressing the standard of recovery: We know that there are statistics, that a heroin addict -- the brain in a heroin addict is -- the cells are destroyed. And it takes 90 to 100 days just for the brain to start recovering, to start healing.

However, the reimbursement really drives the treatment.

And, we really need that 21 days of reimbursement changed to 90, to 100 days.

That, of course, you know, takes a lot of work.

And he -- we in Dutchess County --

I represent mostly Dutchess County in his 11 districts -- counties in his district.

-- we have a real problem, in that, the first couple of months in 2014, we had 150 overdoses, resulting in 4 deaths.

And -- and even though this is such a huge problem that we all know, the community still is unaware of this epidemic. And we need more education.

That was the result, again, of the summit: more education.

You know, what do the parents look for? What are the signs in their kids?

We have to really teach them.

So, the Congressman stands ready to assist your panel.

And thank you, Senator Marchione and Senator Boyle, for all that you're doing.

And, we'd like to help in your endeavors.

Thank you.

SENATOR MARCHIONE: Patty, thank you.

Do you think that you could put that in writing to us --

PATTY HOFFMAN [ph.]: Absolutely.

SENATOR MARCHIONE: -- and send it to us, so we have it to refer to?

PATTY HOFFMAN [ph.]: Sure. I have a report from the summit that I will forward to you.

SENATOR MARCHIONE: Thank you very much.

The next person who would like to come to the microphone is Henry Bartlett, who's the executive director of the Committee of Methadone Program Administrators.

HENRY BARTLETT: Thank you, Senator.

Senator Boyle, Senator Marchione, we really, deeply appreciate the work that you're doing, and bringing attention to this problem.

There are times we sort of feel like we're not being paid attention to in the treatment field.

And, I also want to talk, specifically, to congratulate Senator Boyle about hosting a training session, just last night, in Long Island, about overdose prevention. You had over 100 people trained, and left certified, and left with kits for overdose prevention.

I've had this training. It takes about two hours.

You know, I'm certainly not a trained clinician, but I carry a Narcan kit with me wherever I go. And if I'm unfortunate enough to come across somebody who's overdosing, I feel good that I'm going to have a shot at least out of saving their life, keeping them alive, until the medical professionals can arrive.

This training is readily available.

If you don't know how to get it, I would say, you can contact me. You could certainly contact Senator Boyle, and he can tell you how to get the training.

And I'm amazed, the number of people who are in the addiction-treatment field who don't have this kit, and don't carry it, and don't know how to use it.

There's kind of no excuse for that, from my perspective.

Beyond prevention, we have to know how to treat addiction appropriately, and, I want to make a pitch for evidence-based treatment.

I was really encouraged to hear on the panel, you know, a very enlightened approach to

evidence-based treatment.

I wish I could say that I hear that universally across the state.

The evidence on successful treatment for opioid addiction is pretty overwhelming, and it's been known for a long time.

In 1997, the National Institutes on Health published a consensus panel. Dozens of doctors and addiction professionals around the country reviewed hundreds of research articles; peer-reviewed, outcome-based articles, published in scholarly journals.

Not anecdotes, not testimony, not philosophy.

"Data."

And it concluded that the most effective way of treating chronic, long-term opioid addiction, is to use an appropriate addiction medicine in conjunction with a comprehensive treatment approach.

Now, this was 14 years ago.

There were reports published before this.

But the most striking thing about this, is not that we had a consensus on this issue 14 years ago, but that, since then, not one major study has been published that in any way contradicts this.

In fact, beyond that, there are

two additional studies out, just in late 2013.

One -- this is in a series called "Assessing the Evidence of Treatment": One on the efficacy of methadone. Another on the efficacy of buprenorphine.

This was a review of existing studies.

So if you look on the tables inside, it cites dozens of other peer-reviewed studies published in scholarly journals that completely supports what was said first in 1997.

And I made copies of those available to Senator Marchione.

They're available electronically. I couldn't bring enough for everyone, but if you want to reach me, I can tell you how to get those reports electronically.

But, do we see that evidence embraced across the treatment system? And the answer is no.

We still see lots of treatment programs treating chronic, long-term opiate addicts, insisting that they do it in an entirely drug-free fashion, insisting that they leave treatment without the benefit of addiction medicines.

We see extraordinarily high levels of relapse.

We don't see the volumes -- and I could, literally, produce hundreds of studies for you -- we don't see the volumes of reports that claim that that's an effective way of treating people.

The drug courts are a mixed bag. Some of them are wonderful. Some of them are right out of the Middle Ages.

We've had drug courts say to us that, you know: We will not allow somebody in our drug court who's using an addiction medicine. We want to treat somebody with chronic, long-term opioid addiction; and, yet, we're not gonna use the approach that is demonstrated to have the highest likelihood of success.

I had a drug-court judge say to me: You know, Henry, I'm not opposed to addiction medicine, you know. It's just that we have a philosophy of recovery.

I pointed out to him that "philosophy" was a Greek word, and that it had its roots in two other Greek words, "philos" and "sophia": love of wisdom.

So I don't know how you can love wisdom and reject science.

So we have an approach to treatment here that works. We need more funding for it.

But we don't need just blind funding from the Legislature. We need it to be tied to a requirement that the funding is spent to expand evidence-based treatment.

So that's what I would want to say.

Thank you.

[Applause.]

SENATOR MARCHIONE: Thank you very much.

LISA WICKENS: You know, I think that's a good point.

One of the things that I -- someone just mentioned on break, that I think is important, you know, may of us have talked about the Narcan certification. I think it's critical; I think everyone should go do it.

The issue is, does anyone realize that the nurses in school districts don't actually, can't actually, give Narcan?

SENATOR BOYLE: That's one of the things we're looking at.

LISA WICKENS: So one of the problems is, here we have some of the kids in college, and in nurse -- no, not nursing homes, oh, my gosh -- and in high schools, and the nurses can't give the Narcan.

So, it's something that I believe the Senate's addressing, hopefully, with the State Education Department.

So...

THEODORE ADAMS: But, yes, I would also say, from an educational perspective, it is important to get that training out there so folks have access to save lives, because, in saving lives, then there's an opportunity for recovery. Number one.

Number two: Traditionally, treatment facilities have really been focused and based on an abstinence-based model.

When we're looking at heroin and opioid addiction, we're looking more at a harm-reduction model, and, where, when they're in treatment -- the folks are in treatment, we have seen that folks get kicked out, or there's a punitive approach.

I know that there's been a shift with that over time, but we need to all be on the same page so that that can change, so other folks have an opportunity for recovery.

SENATOR BOYLE: That is correct, this is -- the idea of Narcan and naloxone, it really is an immediacy issue.

And I can tell you that, for those of you who

have not seen how it works, I'm a former EMT, and it is truly a miracle drug, Narcan.

To see a young man go from, on death's door -- lips are blue, not breathing -- give them the Narcan and he is awake, alert, and speaking to you in a normal tone and conversation in a minute and a half.

I mean, most of us think of drugs, taking once, or sometimes years, to fix a situation.

It is immediate, but it gives you a second chance, and it gives the addict a second chance.

As has been said, treatment is the answer after that.

SENATOR MARCHIONE: And I will tell you I will be hosting a Narcan training session in the very near future, so, we'll let you know that.

Next, who would like to speak, is Dr. Ishmael [ph.].

Doctor.

DR. ISHMAEL [ph.]: Thank you very much, Senator. That's great.

I was not expecting that you will have this much crowd.

I would like to have first, comment, and then I would like to have request.

The comment is, that, yes, the treatment should start from the home, from the parents, before they are introduced, before they have used any opiate.

Once they use the opiate, that's it. Then it becomes a continuous problem of relapse.

The best thing is -- many times I have seen, I mean.

When I treat a patient -- I have been in addiction for a long time. Me and Kristen Hanson [ph.], we are -- she is the manager of the program at St. Mary's Hospital. We have 30-beds hospital: 20 rehab, 10 detox.

When I treat a patient, I get surprised many times. Many times they have been drinking alcohol too much.

Simple question: What age you started drinking?

You will surprise, actually, the answer I get: 5, 6, 10.

"At the age of 5, how come you started drinking?"

"Oh, I was sitting on my dad's lap and he gave me the sip. And after that, I become -- I know where I find it."

That's ready to start.

Marijuana: Many times we take it as a -- it's common, it's available, and it's going to be legal, so that's fine, they can use it.

No, that's not fine. I think that's the gateway. Once they start using the marijuana, that's the gateway. And then they progress on slowly to the cocaine, heroin.

The heroin will not come all of a sudden. They will go for the prescription drug.

Many times they will have the prescription drug from the physician. They may have some injury, fracture. They may get for a month, two month.

Once they get more than a month, then it becomes difficult for them to stop or cut down.

When they cut down, they feel as if they're sick; they are getting flu, or anything like that. And they will try to look, and they will go to the physician and insist that they are having pain, and they want more.

They will continue for three or four months. And when the physician stop giving them, they will like to buy from the street.

When they know that the prescription drug is very costly, they will switch to the heroin.

Earlier I heard the comment about a physician that -- who did not like the non-compliance of the patient.

I think one has to be very polite with them.

I think we have to take that they are the patient. They are human being. They need help. They are just like a diabetic, just like a hypertensive patient.

But we have to be -- I never -- I will hear many times, that, "How many bags you use?"

20, 30. Many times, 40.

I say: My God, 40, that's too much.

But I will not be very critical. I will be polite. I will encourage them. Actually, motivational interviewing. That I will motivate them towards their recovery, even though knowing that they have some problem, even knowing that I don't like that kind of problem, but, it doesn't mean, this is not my likeliness.

I'm treating a patient, I'm looking at the patient; and that's my patient. And I have to treat, politely, just like any other patient.

And that's how I maintain my relation with the patient, and then he will listen to me.

Unfortunately, we do come across many

problems in this situation.

Opiate is looked down by the insurance companies.

If [unintelligible] comes, some may get seizure. That becomes dangerous. Sometimes end up in the ICU.

Opiate, many times, is not dangerous when they stop. They will suffer.

Many times when they are put in jail, they don't get any medicine. They suffer for a week or two weeks, and they are clean.

But what it mean that, of course, detox is not too dangerous, but, they are carrying this lifelong, and, some -- and somewhere they overdose.

That's the major problem.

Insurance company don't realize that.

Insurance company will not accept, except for a day or two at the most. They may not provide the inpatient rehab.

And that's where I would like to have the -- first, to all of you, please, that we would like to have that kind of help from you, if it can get the insurance to provide the help.

We are all working to help them. I know many times their personalities, totally different, but,

I've to accept, as a physician; and as they are my patient.

Thank you very much.

SENATOR MARCHIONE: Thank you, Doctor. Appreciate it.

Next question is from Beth Lane [ph.], and says: What are the steps to make the changes suggested here today within the health-insurance system regarding coverage, et cetera?

This system is currently flawed, and powerful; most resistant to interference and change.

SENATOR BOYLE: Yeah, for those of you who are not familiar, there's a bill in the Senate, by Senator Kemp Hannon, which would, in essence, mandate insurance coverage of treatment for addiction services.

And this is a convoluted area, because it also -- we have to look at what ObamaCare is gonna cover. That's one of the -- addiction treatment is one of the 10 areas that are mandated.

So, it's an influx issue, but we are well aware of it, as the doctor said, and has been best said.

We have situations where insurance companies are, people get out of detox and they want to go --

we want to go get treatment. And they go to their insurance company and they say: We'll give you three days.

And no one's getting off of heroin in three days, obviously.

So, I think what we're heading towards, also, is legislation.

And one of the issues, if I can get some comment from the treatment providers, perhaps, or some of the audience, about the definition of "medical necessity," because we have had testimony in different hearings on what --

[Applause.]

SENATOR BOYLE: -- people go to their insurance company and they are told that your treatment you need is not medically necessary.

And there is a list of 9, 10, or 12 items that you need to get for "medical necessity."

No one in the world is meeting all twelve, so they're not covered, according to that insurance company.

We're gonna sit down in the coming weeks with health-care providers, treatment providers, and insurance officials, to say: Let's get one universal definition of "medical necessity," so

we're all agreeing on this, what is needed to help people get through these addictions, get the addiction treatment they need.

And that is gonna be a big thing.

The mandate I'd like to see happen.

I don't know if it can happen legislatively, but, "medical necessity," I think that we can get legislation done. That's going to be worked on in the coming weeks.

SENATOR MARCHIONE: Thank you.

Go ahead.

Please feel free.

LISA WICKENS: No, it's okay.

I'm just, like, Hooray!

[Laughter.]

SENATOR MARCHIONE: Is there anyone from the audience that would like to speak in the microphone?

Yes, please feel free.

DAN ALMASI: If I may, I'd like to make a quick comment about the insurance piece, and it's not gonna speak directly to the insurance companies, but I feel -- I'm gonna allude to the comment that I made earlier this morning, in terms of a shift of consciousness.

Insurance companies, as we know, are a

business, and they're in that business to make money.

What I feel, and this is my personal opinion, is that they've been allowed to get away with viewing chemical-dependency issues, and up until recently, mental-health issues, as well, in a very stigmatized, negative, derogatory way; therefore, the insurance companies have not drawn a parallel between something like a medical condition, like diabetes, which has come up numerous times today, and addiction.

They've been allowed to get away with that.

They've been allowed to not reimburse equally, not cover equally, there hasn't been parity, because, again, the consciousness is, you know: This group over here deserves our sympathy and empathy. This group over here -- and I'm speaking about, in this case, the addicts -- deserve blame, shame, guilt; Why don't you pull yourself up by your bootstraps?

That type of an attitude, and that's pervasive.

And until we shift that consciousness on an individual basis, as well as a business-type philosophy, and that's where I think the insurance

companies need to make a shift, but, I wonder and I question, whether they would ever do that, unless they were forced to do that, because, right now, nobody's forcing them to do that.

And I don't think they will change until they are forced to do that.

Because it is cruel, in terms of turning somebody away, because they don't meet or jump through all of those hoops requiring the medical-necessity expectations, which are virtually impossible to meet all of those.

So, I think it comes down to how we interpret addiction, as a group, as a society, as a business, and as an individual.

Thank you.

BETH SCHUSTER: Kathy, could I just add one thing, also?

We're talking about insurance here, and there's nobody more than me in the room that agrees with everything that's been said.

My concern is for those people who end up, whether it's through ObamaCare or not, with phenomenally high deductibles and co-pays that they can't possibly pay.

What do we do for those people?

Because, technically, they have insurance. And even if insurance approves treatment for them, they can't afford it.

[Applause.]

SENATOR MARCHIONE: Did you have a comment, as well?

THEODORE ADAMS: Well, I mean, one piece in the discussions that may come up is, I know in our programs, we have a large recovering population of folks. But, also, there's a huge recovering community out there.

And so, once people do recover, they become productive members of society, and they are working, and they do have insurance, and they are paying into the system, as Father Young was saying.

And that may be an argument to make to the insurance companies when you're talking because, on the back end, they are getting some of that money back.

SENATOR MARCHIONE: Would you mind stating your name, please.

LOU DESSAU [ph.]: I would, sure.

I'm Lou Dessau [ph.]. I serve this county as a deputy commissioner for mental health.

And, I'm really happy that you folks are here

today in our county, and in my town. I'm a resident of North Greenbush.

You know, when I heard that this was happening, I was so excited, because what we're seeing in our county, as our commissioner has already said, there's a dramatic increase in heroin use.

And, you know, I've been -- before a commissioner, I was in the addiction field for 28 or 29 years, and I've seen a lot of people get well, but I've seen many more not get well.

You know, we're in the epidemic, a heroin epidemic, at the moment, but we've always had something going on, you know.

The number one drug of choice has always been alcohol. That's been our main problem.

In the '70s, we had the heroin problem, as the Senator mentioned.

In the '90s -- early '90s, we had the crack epidemic.

And now we have a heroin epidemic.

I think the difference with this epidemic, though, is that people are dying quicker. People are dying quicker, and it's heartbreaking.

I just want to say, quickly, you know, I --

you know, just my own personal experience:

Two years ago, a young boy that I coached in Little League died from an overdose of heroin.

Last year, a young lady who lives about three blocks from me died from an overdose of heroin.

But I guess the most disheartening one that I think about, is a young lady, with two small children, 2 and 1, that we put in a rehab about 7 weeks ago. Got out of rehab, and was found a week later with a needle in her arm, and dead.

It's heartbreaking.

And -- so I've been watching this. I've been watching this for many years, but now I'm watching it more closely. Okay?

And a lot of things have been said here today that I believe are really accurate.

The gentleman from Saratoga I think talked about treatment being -- needed to be longer.

I believe that.

You know, I believe, if we take someone away from their drug of choice, if we take someone away from the neighborhood where they get their drugs, if we take someone away from that area that's really killing them, for a period of time, they have a

better shot. And the longer we can take them away, the better their shot.

So, I want to talk about four young men that I've worked with, who are heroin addicts, over the last three years.

All four of them are clean and sober and working today.

All four of them started at a rehab, went to a halfway house for three to six months, some, maybe nine, then came back, and went into outpatient treatment, and they're all clean today.

I have a loved one -- we're talking about medicated -- medical-assisted treatment -- medication-assisted treatment.

I have a loved one who's very close to me, who's in -- eight months clean now, using Suboxone.

Now, her life, and her family's life, are much better than it was nine months ago, believe me, but I sit back and I wonder: Is she gonna get hooked on Suboxone?

That's a concern I have.

Now, I -- the gentleman talked about medical-assisted [sic] treatment for long-term heroin addicts, and he's right.

But we have a lot of short-term heroin and

pill addicts today.

And I think that Suboxone and the medication that we're talking about can help them get a start in recovery, but in my opinion, it has to be time-limited.

And I know -- I don't know, everyone's gonna have a different time, but my opinion, it has to be time-limited.

The only other thing I wanted to say, that hasn't been talked about much too much, is: I think we need to embrace the recovering community, embrace the peer support, that -- to help in this process.

Now, I'm not sure exactly how we do that, but I think that, one, not only is it cost-effective, it's highly effective.

One addict reaching out to another addict is highly effective.

And, finally, I want to talk to my -- to the law-enforcement folks, because I think that we need to embrace law enforcement more readily in this process, as well.

You know, it's been my experience that when someone has something hanging over their head, what we call a "treatment mandate," whether it be from law enforcement, it could be a parent; the four

fellows I talked about, two had legal mandates, and two had parent mandates.

But, no one wakes up on a bright sunny morning and say: Hey, I'm a heroin addict. I'm gonna go get clean.

That just doesn't happen.

Everyone had -- most people are mandated in for treatment.

And -- so I think we have to find a way to embrace law enforcement more in the process, in the front of the process, and I think we have to find how to embrace the self-help community in the end of the process, or at the back end of the process.

Thank you.

SENATOR MARCHIONE: Thank you, Lou. We appreciate that.

[Applause.]

LISA WICKENS: One comment?

I actually agree with everything.

I just want to make -- one point, is that: Medication-assisted treatment, I think, has to always be individualized.

So, I think just a -- you know, a line in the sand that this has to be time-limited doesn't work for everybody.

Another comment: In regards to peer support, the State has recognized that the peers really do -- really assist.

And I think Keith actually will know about this, too.

There's actually a program for certification for recovery coaches, or, peer recovery coaches, that they can actually work, and have a job, doing just that.

So, that is something that the State's already looked at.

KEITH STACK: Yeah, the concept of peer support, recovery coaches, certified recovery peer advocates, is a relatively new concept. We've started to develop training for recovery coaches in New York State.

The Office of Alcoholism and Substance Abuse Services, the state regulatory agency, just created a credential for recovery peer advocates. And, you know, right now, the curriculum is being developed for that.

ACCA received a small mini grant from OASAS earlier this year, and it's a pilot project.

What we're going to is, we train -- we're gonna train 20 recovery coaches; some from the

community.

Deb Rose [ph.] is here from Albany County Mental Health. She's gonna be taking the training.

And, then, 15 people around ACCA -- former clients, non-clinical staff, and some alumni -- and we're gonna to hire -- we're going to hire six recovery coaches, and start connecting them with our clients when they're in what we call "Track 3" of their treatment experience.

So they're -- they've begun Track 3. They're -- you know, we're starting to talk about life after treatment, about their discharge, you know, employment, housing...those types of things.

And we want to connect them up with a peer support at that point, that then they can leave treatment with.

So, we've made this, you know, aftercare connection for them.

And, you know, the training is -- you know, it's not clinical in nature, but it's very practical in nature. They -- you know, it's really -- it's a resource for the individual leaving treatment.

This person will help them, you know, navigate, you know, getting back in the community: Primary care. Mental health care, if they need it.

You know, dental work.

Whatever it might be, just, help them make those connections that, you know, we've really been talking about before. Kind of coordinating -- well, care coordination.

So that really is starting to happen.

The insurance companies, certainly, Medicaid, the Medicaid system, you know, is looking to start reimbursing that, to a degree, next year.

And that's why, you know, the training is important. It's not just some random, you know, connection between people. It's, you know, someone trained in the -- kind of the spirit of recovery: What it takes. You know, what it's like. And, what a person in recovery is going to need immediately after treatment.

SENATOR MARCHIONE: Okay.

The next question --

AUDIENCE MEMBER: Oh, ma'am?

SENATOR MARCHIONE: Yes?

AUDIENCE MEMBER: [Inaudible.]

SENATOR MARCHIONE: Okay, be we -- sure.

What we're going to do: One question from people who wrote, and then one from the microphone.

But, if you would like to go?

AUDIENCE MEMBER: Oh, okay.

Sure, go ahead.

SENATOR MARCHIONE: Oh, thank you.

It's a quick question.

It says: What's the responsibility of a landlord if he has drug dealers on his property?

If anyone can answer that?

[Laughter.]

SENATOR MARCHIONE: Can you answer that?

SENATOR ROBACH: You know, it's a tough question, but, you know, I'll just take it.

It's different from jurisdiction to jurisdiction.

So, literally, in the city of Rochester, the drug situation has gotten so bad in certain areas, that the city itself has come up with a code for landlords, that even though you're not the one doing the crime, that if you have a certain amount of incidents and reports, that house will become unoccupied, and the landlord will lose money; trying to put a little bit of onus on everybody to try and clean it up.

Now, it's made it a little bit better, but it certainly hasn't been the panacea.

So the answer is: Anything.

And I'm going to say this, too:

So, I go to a lot of neighborhood meetings, a lot of crime prevention. A lot of PAC-TAC, where we walk.

People in the neighborhood have to turn the information over to the police.

A lot of people don't want to do that. They think they're gonna stumble upon it. They're not.

The people buying drugs are not gonna be the ones to tell them where the drug dealers are.

It has to be the law-abiding people, or the other people in the neighborhood.

And then, certainly, arrests will also make that apartment or that facility empty and not occupied.

So, you could do it 100 different ways, but, you know, this is what it's all about: We're trying to get the whole thing. It's supply, demand treatment; all of it.

But, yeah, I'm kind of in that camp.

I just think it's -- I drive around the city I live in. I know where they are, I see them.

I see them on the corner. I see them on the porch. I see them in their house.

I think we gotta really go after that side of

it, too.

ASSEMBLYMAN McLAUGHLIN: There's, also -- we had a pretty heated debate on the Assembly floor not too long ago about this.

There's a very strong push, largely, I will say, from the New York City legislators that are all about tenant rights. And sometimes this gets in the way of trying to do what we need to do to protect the public.

So there's a -- it's just an ongoing battle I think that we face down there in the Legislature.

SENATOR MARCHIONE: Well, thank you very much.

Sir, it's your turn.

Would you give us your name, please.

RICHARD NOELLE [ph.]: Sure.

Richard Noelle [ph.]

I live right down the road here in Wynantskill.

I've got a, kind of, combination of comments and questions here, so I'll just kind of lay it all out. A lot of it you all have spoken about before.

And I do want to thank you all for being here.

I've learned an awful lot today, probably

more than I ever wanted to know about heroin addiction, but, unfortunately, that's the way life is at the moment.

But, you know, I think, through your efforts, we're gonna get over this.

Okay, the -- it has been mentioned by a couple of you all on the panel about learning from your peers. And Lou mentioned it, and a couple of other folks. And I think it's a really good way to do things. Very often we do learn better from our peers.

And I'm thinking now, specifically, and this has been addressed a couple of times already, for recovering -- especially kids, recovering or recovered addicts to speak to their peers. And they're already in school. It's not gonna really cost a lot of money. You just need to, somehow, get those kids to present, appropriately, I guess is probably a good word, to their peers.

You know, and the impression I'm getting here today is, we got kids in grammar school that are already hooked.

And, you know, so that's the way to do it.

You know, from -- that I would think so. I would, you know, definitely promote that one.

The other thing is: Can primary-care physicians, and maybe even pharmaceutical companies, get more involved?

And I'm thinking, kind of now, maybe -- and I don't know if this is even possible, because it's a medical thing, maybe some of these prescriptions of opiates, and I guess there's a lot of them out there, do they have to be as strong as doctors currently prescribe them? And do they have to last as long? Maybe the dosage could be less?

I don't honestly know that.

That might be something that could be investigated by folks in the medical field, you know, with regard to certain illnesses.

The -- also, the community programs I think would be a very good idea, you know, to prevent this from happening, rather than trying to treat it.

Because, for one thing, that's gonna be a lot cheaper.

You know, there's an old saying, and I'm sure you all have heard it, quite a few have, at least: An ounce of prevention is worth a pound of cure.

And in this case that could apply. And it would be cheaper, because I've heard a lot of discussion today, and I understand, because I know

money is always at the bottom, perhaps it would be a way to not be so concerned about the money that can go into these programs.

You know, if the community programs and volunteers, and I think people, you know, are becoming more aware of this problem, would be certainly willing to, you know, jump in there and partake.

And this I think is -- I guess is more of a question. I don't know if any of the statements I made are questions, but, this thought just occurred to me while I was listening to you all talk. And I know it's been, and is on the agenda with this State, to legalize recreational marijuana.

Now, we have medical marijuana. And other states have been legalizing, and we're getting reports every once in a while about what's going on in various states with recreational marijuana.

Do you think that if we legalized recreational marijuana, and I'm thinking now, somehow, and I don't know how legal or illegal this would be, maybe somewhat promoting this as an alternative to heroin addiction?

Because I know some heroin addicts just start taking heroin. They don't have to necessarily have

been on opiates before. Right? They can just start shooting up.

And, you know, maybe that's a possibility.

Would that potentially reduce the use of heroin?

Because I know marijuana is not addictive.

I mean, I've smoked grass for a few years myself, and --

(Mixed audience reaction vocalized.)

RICHARD NOELLE [ph.]: So -- and I know it's a very touchy subject, just that whole idea of legalizing marijuana.

But, it does give you a good feeling, and, you know, it doesn't make it, to me -- I know -- it looks like nobody likes that idea, but, it's an option.

[Laughter.]

SENATOR ROBACH: Let's go Yankees!

[Applause.]

UNKNOWN SPEAKER: We definitely respect your --

RICHARD NOELLE [ph.]: The Sox are winning tonight, I hate to tell you.

[Laughter.]

SENATOR BOYLE: Well, thank you very much for

your --

RICHARD NOELLE [ph.]: It's going to be a very good year.

Thank you.

SENATOR BOYLE: Thank you for your comments.

And regarding your one question, very quickly: Obviously, Colorado, Washington State, and some other states, have legalized recreational use.

I do not see that happening in New York State for years to come.

[Applause.]

RICHARD NOELLE [ph.]: It was just a thought.

SENATOR ROBACH: Could I just chime in?

And, you know, one of the things that you said is already going on.

The Medical Society and other people are doing a lot of training, to make sure that doctors aren't overprescribing, and trying to take out prescriptions where people have, you know, 60- or 90-day supply of these pills who really don't need them maybe that much.

And we've had other testimony.

There was one story reported, where these people that were addicted to the opiates were, literally, making appointments, even though they had

no intention of buying homes of the elderly people, so the woman could occupy the real-estate agent while the other partner went through the medicine cabinets, trying to see what they had, to take.

It's at that desperate level.

So, there is a real concerted effort to try and shrink that part, which I think you mentioned, which is already happening, and a good idea.

RICHARD NOELLE [ph.]: Well, that's great. Thanks, that's good to know.

BETH SCHUSTER: I wanted to commend you on your bravery for bringing up that last item.

[Laughter.]

SENATOR MARCHIONE: One of the articles that I've recently read really confirms what's being said, is that: When someone now is coming in to rob your home, they're not only taking what you would perceive as your valuables, but they're actually going through your medicine cabinets and looking for your drugs.

So, another program that I personally am gonna be looking at is, you can have a "Drug Collection Day"; that when you're through with your drugs, you can bring your drugs and have them collected.

So that's something else that we will be doing through our office, as well.

TONY JORDAN: On that end, just, Saturday is Take-Back Day, which is great, but it's also telling of the very real problem.

Try to establish in your own community the ability to have a Take-Back Day, and you will encounter significant pushback and challenges.

So I think one thing that our Legislature could probably help with, is to ask DEC and DOH to establish simple, easy guidelines.

Because, if you live in rural New York, where I certainly do, and many do, it's not easy to get rid of the drugs.

We all say, "Get them out of your house, get them out of your house, but don't throw them in the garbage, don't burn them, and don't flush them down the toilet." But, you don't have a local police that has the ability.

So, I think we need to make it easier to do, because people want to. They just need to be able to do it when they think of it; not on this Saturday, which is one of three this year.

SENATOR MARCHIONE: Now, Tony, where is it going to be? Just in case anyone wants to know.

TONY JORDAN: Various law-enforcement agencies. I think probably every county sheriff's department will be taking part.

SHERIFF CRAIG APPLE: Yes.

SHERIFF DAVID BARTLETT: Yes.

SENATOR MARCHIONE: Terrific.

UNKNOWN SPEAKER: Hoosick Falls.

TONY JORDAN: Local cities.

SENATOR MARCHIONE: Hoosick Falls? Good.

TONY JORDAN: But, it just needs to be easier, so that when I'm done with the Oxycontin prescription, I can walk out my door, go to somebody and hand it to them, and be done with it; rather than try to remember to do it.

CAPTAIN DEREK PYLE: I'll just say, at least in Rensselaer County, I can't speak for the others, there's six drop-off locations.

And, I have a listing. I'll put it on the front table as soon as we're done.

SENATOR MARCHIONE: I also know the Senate does run another program called "Shed The Meds."

And as you say, because it's even three times a year, there's always a need to run a program to help people in the community.

So, thank you very much.

Next we have a question from a student, Martha Mahoney.

Number one: Is this Task Force working with -- sharing data, feedback, resources, et cetera -- with the AG's Office; specifically, the community overdose program?

And, Question 2: What is Senator Boyle's bill numbers that relate to the convictions of persons with 50 bags-plus of opioids as a felony?

SENATOR BOYLE: I'm not very good with numbers. That's why I'm a lawyer.

But, you can find out the bill number, just talk to Dianna [ph.], my staff person there. She can -- we do have the bill. I'm just not sure of the number.

It beings with an "S," I know that much.

[Laughter.]

SENATOR BOYLE: And regarding, working with the Attorney General's Office, we are certainly going to be working with the Attorney General's Office.

Once this report is filed June 1st, we're gonna be dealing with the Governor's staff, obviously, the AG, and the Assembly in getting these pieces of legislation passed, and discussing ways

that we can work together.

I know Attorney General Schneiderman has been a leader on the Narcan issue, statewide, and we look forward to working with him on that, as well.

SENATOR MARCHIONE: Next person actually wants to come to the microphone. Her name is Cassandra Martell [ph.], and she wants to share her experience of her husband's struggle.

SHERIFF DAVID BARTLETT: Senator, if I could just jump in real quick, DEA.org will give you all the Take-Back locations in your areas, if you need to locate that.

CASSANDRA MARTELL [ph.]: Hi. My husband, Daniel Martell, passed away in November of 2012 from acute heroin intoxication.

His addiction came to light when he actually got arrested for possession of cocaine, which, until that point, I had no idea that my husband was an addict.

He came home every night. He was a good man. He worked. He was normal.

I don't know where I got my perception from -- of addiction from, but I viewed a heroin addict as somebody who's homeless, had no job, and, no feelings.

I was wrong.

My husband was addicted to cocaine and heroin.

The process of trying to get him help was awful. Treatment was not available.

He was -- I'm sorry, this is hard.

I was also pregnant at the time, and he didn't make it to meet our son.

But he wanted the help, and we started with detox. One day was covered through private insurance.

"One day."

They released him with nothing. No follow-up care. Nothing.

The staff at the detox center, which was local, was extremely unprofessional to myself and to my husband. Treated him as if he was not a person, to the point where I had to say to the manager: You know, you're acting very unprofessionally, and I do not appreciate it.

Which didn't help at all, anyway.

He -- after that, he relapsed, which was good, because he failed that outpatient, so then he got back into detox, which, you need to be high to get into detox.

And then, from there, he got into a 30-day program, which he was approved for 17 days.

Two weeks later, he died.

He was doing well. And, he was offered heroin from somebody he went to treatment with.

He was found in a public restroom in a gas station.

There's so many points, there are so many things that are broken.

I was clueless.

And, you really don't know, until you have to walk through those steps, to realize how broken it is.

And, the stigma is awful.

The way people view me and my son, because my husband had a disease, is unacceptable.

But I did it myself, too, because there's a lack of knowledge. There's a lack of education.

There's -- education is needed just as much for adults as children, to break the stigma.

When you hear the word "addict," nothing warm and fuzzy comes to mind. You think of law enforcement. You think of people stealing. You think the worst. You think of the people not as people.

One of the things that I've been trying to do is not say the word "addict," but to put the person first.

So, instead of saying "my husband was an addict," I'll say, "My husband, Dan, struggles with addiction," which breaks that stigma, at least for me.

My husband did, before detox, when I didn't know he was using, he was on the Suboxone program; which I found out after his death. And, he received no counseling requirements with that.

And I do believe that a lot of people who have addiction have a core, a reason, why they are coping with these drugs. And that's, in my opinion, not focused on.

A lot of times it's abuse, trauma, mental illness.

And, it's not a one-sided disease. There's other components that need to be looked into, and the person needs to be treated as a whole, to figure it out.

Thank you.

[Applause.]

SENATOR BOYLE: Thank you so much for sharing that.

And I can tell you that one thing that I would like to take out of this Task Force, and I can speak for my colleagues as well, is to change the stigma involved with this.

I think that you should have the same reaction when you tell about how your husband passed, as if he had died of cancer or any other disease, because it was a disease.

And we're sorry for your loss.

SENATOR MARCHIONE: Absolutely.

Thank you.

[Applause.]

SENATOR MARCHIONE: Well, we did use a card, but she came to the microphone.

Is there someone else who would like to speak?

Please go ahead.

LEANNE [ph.]: Hi. My name is Leanne, and I, also, am a mom of a 20-year-old heroin addict; however, I'm not here for that, 'cause, thank you to Twin Counties. They helped me a lot, and they accept my insurance, which is nothing towards the addiction world.

I'm not up here for this.

I'm up here for what we're supposed to be

here for today, which is, maybe, some kind of program: an intervention, with prevention.

So when you implement a program, it starts with our children, because all of us need to understand what this woman just said.

And a mother, and another mother, we all do not know the signs and symptoms.

Yes, we see it.

Yes, we say, but who wants to look at your 11-year-old and say, "Oh, my God, he's an addict"?

So, we close our eyes, and we don't want to open it.

And, yes, we see the letters that come home, but you know what I do with the letters? They go in the garbage.

Whose fault? Everybody's.

And, so, when I went to Ichabod and said, "My son's an addict," gave him my son's cell phone, what happens? Nothing.

What can happen? Nothing.

My son's already addicted.

Who am I helping? Maybe a whole mess of other mothers, parents, I don't know.

But, as a new grad, I just graduated with my MSW, and I'm gonna think out of the box here: Let's

take our D.A.R.E. program, and we start implementing that in kindergarten.

We do not do that in fifth grade.

In fifth grade, these kids already know what a joint is, what the smell of crack is.

Let me tell you what; when I did my internship down at Twin Counties, these kids already knew what crack smelled like.

I did not know.

Why didn't I know? I'm the mother of a heroin addict.

I was taught by all these addicts. I was taught by Twin Counties.

And, I am here maybe to teach Ichabod Crane, the cops: Bring your D.A.R.E. program into kindergarten, and then we do a continuum. And you get your social workers in there, and you educate the social workers how to become KSACs [ph.], and you do the prevention, which is, every year these kids get a program of some sort; some kind of drug education. And it's not implemented once with the D.A.R.E. program.

Because what are we saying to our children?

That you're gonna get it one time in fifth grade, and we don't care about the matter

anymore? Is that what we're saying?

We're saying that to the parents.

No. We need to do it every day. It's got to be part of their education. It's gotta go right through.

And then the intervention part, the social worker's right there, and she can start doing all of the treatment as far as counseling, and then, even, family counseling.

And that's another thing that we don't do in any of our outpatient treatment. We don't implement family. It's always individualized.

And I get that.

And I -- you know, being very well-educated now, I get it's individualized, but it's also individualized with the parents, and sisters and brothers, because it doesn't affect just the addict. It affects all of us.

And when I see somebody else cry, and, my son was put into an ambulance and given this Narcan twice in one week, what can anybody say to me? Nothing.

Okay? Nothing.

But you know what I can say to all of you, as a mom, as a new grad? Get it into our schools, into

kindergarten. Get your MSWs, your counselors; KSAC; get them to learn what OASAS wants us to learn, and not be, you know, this is what it is.

Every addict is individualized.

You need dialectic therapy.

We need to make our families involved.

We need -- you know, thank you to the, you know, cops who bring in the D.A.R.E., and start that at kindergarten, and we educate right through.

And, maybe, that is the best intervention, and prevention.

[Applause.]

SENATOR MARCHIONE: Thank you.

Our program was supposed to end, but we do have a lot of questions, so, we're gonna take some more. We're gonna stay till about one, and try to get through as many questions as we can.

I'd ask our panelists if they would keep their comments back as, you know, answering, but as succinct as possible, so we can answer as many of these questions as we've got today.

Here is -- it's about the D.A.R.E. program. It was from Jessica Tobin [ph.], and she wanted to see if we could go back to having the D.A.R.E. program.

"What happened to the D.A.R.E. programs in the school?

"People are turning to drugs because of the way the economy is. Kids, teens, are turning 'cause there is nothing for them to do, for them these days, but hang out on the streets."

So I think we've really -- we've talked about the D.A.R.E. program, but thank you for your question.

We'll take another one.

This is from a mom of an addict:

"How expensive is VIVITROL?

"How can a family monitor this?

"There is a wait list to see a doctor with a license for Suboxone.

"For funding, why not put a line on the IT-201 New York State tax return, which is a voluntary contribution, allowing that contribution to go to the taxpayer's county?"

So, does anyone want to talk about the expense off --

KEITH STACK: I can address the VIVITROL issue.

We have a psychiatrist, who's our medical director, and we prescribe VIVITROL to clients who,

you know, fit the criteria for it.

It's -- oh, let's see, it just went up.

$1,039 for an injection. It's a one-month injection, so it's not like you're taking a pill every day, which makes it, actually -- you know, people tend to stick with that regimen if it's an injection.

People are hesitant to get an injection, and you do have to be careful with heroin addicts, when you start talking about, you know, needles and injections, because, you know, honestly, that could be a trigger to them.

But, it's reimbursable through Medicaid, and at least in this area, CDPHP. We pay for it up front, and then we get reimbursed for it.

So, it's not cheap, but it -- we're finding that it is effective.

It's not -- and I think we have to continue to stress this: You can't give an addiction medicine alone without treatment. I mean, they have to be coupled.

And even when a person leaves treatment, you know, they leave with a prescription of VIVITROL. You know, what we try to do is, we find them a doctor who will continue to prescribe it, but, you

know, the recommendation really is, is that they still continue to receive some type of behavioral-health treatment.

And, you know, that's the great thing about having these recovery peer supports, because you can make that connection as well.

But, you know, that really -- so it's an expensive product. It reduces the craving for the drug. It makes them more open to the actual treatment.

I took naltrexone when I was in treatment, and that's a -- you know, it's a pill form of VIVITROL.

And, you know, I guess the way I describe it is: As opposed to sitting on my hands for an hour, looking at the clock, you know, waiting to get out of the -- you know, the treatment session, I actually was, you know, paying more attention to what was happening in the treatment section -- session.

You know, it took me a while to realize that that actually was the result of the medication; but, it was. It made me, you know, crave the drug less, focus more. And that's really what it is.

It's not a silver bullet. It doesn't, you

know, magically lift, you know, an addiction problem.

You know, recovery is lifetime; it's ongoing.

But definitely is a helpful tool, and it should be readily available, both in treatment programs and primary-care offices.

And, emergency rooms and hospitals need to at least be aware of it, and consider making that a recommendation for future care.

SENATOR MARCHIONE: Thank you.

State your name, please.

MARTHA MAHONEY: Hi, thank you.

I'm Martha Mahoney [ph.]. I'm a student at SUNY Albany.

And, I was just wondering if you could elaborate a little bit on your answer for collaboration with the Attorney General's Office, in regard to their community overdose-prevention program that was just announced in early April?

So, are you working with the AG's Office before the -- your report is published, or, you're waiting until after the report is published?

SENATOR BOYLE: Probably after, because we have to get our proposals together in a legislative form, and, certainly, getting -- get the input from

the Attorney General on it.

We're -- likely talk to him about the possible, especially when it comes to law enforcement and those programs.

And I know a -- Narcan, he's been going around the state, talking about that program, as well.

But, we'll make his office aware of our legislative proposals, but then work with him on the passage of it.

MARTHA MAHONEY: Okay.

And then, a -- same with, senator Schumer, in early March, he announced an initiative called "DrugStat," which would be an electronic monitoring system of opioid overdose in New York State.

And have you -- has the Task Force worked at all with the Senator's office?

SENATOR BOYLE: We have not, but I did read about that program. I think it's a good one. And, if we can help with some funding in that, we'd be happy to try.

MARTHA MAHONEY: Okay. Thank you.

SENATOR BOYLE: Thank you.

SENATOR MARCHIONE: The next card is from James Houlihan [ph.], who's a retired pastor.

He says: Given the climate of stress that leads to addiction, and the susceptibility of youth to peer pressure, what's the [unintelligible] programs for youth are available, or could be implemented, for all youth, as normal peer-support groups?

TONY JORDAN: Sure, I'll jump in.

As a father of four, I always do this to my kids at Sunday School.

How many -- there's a lot of adults in here: all adults, many parents.

How many are afraid of talking to their kids about drugs because they're afraid that that will then make them experiment? (Raising hand.)

Am I the only one?

[Laughter.]

TONY JORDAN: I don't think that's correct, because I think the reason we don't see it in schools, is because teachers are afraid to talk about it.

Parents are afraid to talk about it.

If you ask teachers, we need to implement a program in your classroom, how many teachers, the first response would be: Where am I gonna find the time?

I think, from my perspective, we don't have time. And I think a lot of it is, you have to talk about it.

The woman who said bring it into kindergarten is 100 percent correct. We have to talk about it.

Parents have a huge responsibility here.

Because your child is prescribed Percocet for pain doesn't mean they have to take the full allotted prescription.

It's not just the doctors that are prescribing; it's the patients that are taking.

And I think we have to own a certain amount of that responsibility.

I think, as parents, we have a greater responsibility to our kids than our communities do to our kids.

The mom said earlier, you said: Parents have to be involved. We have to be in school.

The wife said: Don't diminish the person.

Senator Boyle said it perfectly.

So I get -- I bristle at the notion that the community has to solve the problem.

We have to hold our families accountable.

Our communities have to support our families.

Where families aren't, or can't, then the

communities have to be brave, and walk into schools and volunteer.

Don't be afraid to talk to your kids about, if you see -- the overdose in a public bathroom, that's a public-health issue, because addicts are using single-locked stalls.

They have -- these people who have the addiction have to go someplace, and will. We can't stop that.

We can try to help them, but we have to educate everyone to realize that this is the reality of that person's life. It doesn't diminish them as a person.

I just -- I guess I get -- I want to emphasize, with all of us, don't be afraid to talk to your own kids, your neighbor's kids, the next-door neighbor's child, the child you see on the street; just to stop and talk to them.

Because they will laugh at you, just like we would have laughed at that adult, but one of them might listen.

And I think when we talk age-appropriate, let's not have adults design it, because I haven't a clue what will grasp a 6-year-old, a 12-year-old, a 15-year-old, or an 18-year-old's mind; but they do.

So I think that's the real challenge, is, because they're doing it, they know about it. We're naive if we think they don't.

But I would ask again, in your own mind, raise your hand if you're afraid to talk to your neighbor's kid about drugs, because I think most of us are.

SENATOR MARCHIONE: Thank you, Tony.

I'm not sure which one of you was first, but --

DAN FARLEY: Can I respond to that last one?

SENATOR MARCHIONE: Oh, okay. If you just could do it as quickly as you can?

DAN FARLEY: I'll keep it as quick as I can.

SENATOR MARCHIONE: Thank you.

DAN FARLEY: I think that one of the things -- and I'm talking as -- also, as a father of six, and all of mine are from 10 to 18 right now, so, particularly scary time.

And one of the things I use as a parent is horror stories. I don't have a problem with scaring my own children.

I don't have a problem with scaring other people's children in the school day. That's kind of what I do all day.

We need to do that, but we need to be aware of what is involved in these horror stories. We need to listen to these people that have lived the trauma in their lives.

The other piece of that is, we've -- most of the teachers in my building don't have any experience with knowing what these drug signs are, and what the indicators are, that somebody's using drugs.

We know that, when someone stops being involved in sports, stops being involved in their extracurricular activities, stops being involved in family activities, those are indicators for us that there's a real problem here.

Sometimes that problem is related to drug use, sometimes it's related to other things. And we have to deal with those problems immediately.

SENATOR MARCHIONE: Thank you.

That's okay.

If any of our panelists need to leave, I absolutely understand that.

We're gonna go just till one. It's twenty-five of.

If you would like to ask your question?

KAREN HALL: My name is Karen Hall. I'm a nurse practitioner. I'm also a 12-year veteran, and a 20-year student of academics.

And a lot of the points that have been brought up today have been really valid.

I'd like to pull in a couple of other points.

As a provider in primary care and emergency medicine, it's extremely frustrating as a provider to see those patients who come to the ER begging for assistance for withdrawal treatment.

"I can't offer it to you. The State says I can't, you don't qualify. The hospital says you don't qualify. The insurance company says you don't qualify. I cannot offer it to you."

It's a frustration for providers.

It's a frustration, as well, to see parents bring their children.

And, understanding, we need to teach parents, we need to teach providers. Providers need to know, quite frankly.

I get lots of education on treating diabetes, hypertension, congestive heart failure.

Ask your primary providers how much education they get on addiction, behavior-modification therapies, proper prescribing practices for these

controlled substances.

12- to 18-year-olds, 80 percent of them people have tried an opioid. Most of them have got it from a parent, a family, a loved one.

"My kid had a headache. I gave him my Loratab [sic]."

We have to educate our prescribers on who and where and why they're prescribing.

We have to educate our parents on: I understand you don't want your children to be in pain. I don't want them to, either. But a sprained ankle and an earache doesn't warrant Percocet and morphine.

And I'm seeing providers give this to 12-year-olds, to 15-year-olds. I've seen 3-year-olds getting this.

These things need to be better educated for all parties involved. We are all responsible.

They say it takes a community to run a village, to raise a child?

It takes a whole society.

We expect law enforcement to clean up the mess once we've made it.

We have to start owning what we do, how we do, when we do.

My question is for academics.

We've had [unintelligible] staff here. We have physicians here. We have human services here.

What are we doing, from an academic standpoint, for our medical professionals, and even our teachers?

We talked about bringing it to the school.

How many teachers are forced to go through drug awareness-courses to understand, what are the street names that kids are using today for the drugs that they're -- because I don't know. I hear it from my students.

The signs are not readily available until they're well down the path of addiction.

My patients don't come in and say: Yeah, I use crack and heroin four times a day.

They might say: Yeah, I take my Percocet a little more than I should. And, yeah, I'm smoking marijuana every three to four hours.

But, they're not forthcoming with these other addictions.

We don't know about it, we can't treat it, we can't address it. But we also don't ask about it.

Most people don't ask about: How often are you taking this? Why are you taking that? How long

have you been on this?

The Suboxone treatments, much like methadone, I understand it's a long-term treatment plan, but I have 26-year-olds who have been on Suboxone for 8 years.

I don't think that's how it was intended to be used.

Most of them get a monthly, or weekly, meeting with their provider.

"Here's your prescription. How you doing? Everything okay?"

Maybe a drug test.

"I'll see you next month."

I have physicians who meet their patients in McDonald's and Dunkin Donuts for their Suboxone meetings, because, "Well, hey, it's easier for them to get to me here."

You're a street dealer who's legalized.

Where's the counseling?

Where's the therapy?

Where's the behavior modification?

I own this, I'm passionate about it. I'm doing a dissertation on this topic for New York State, because I'm pissed, as a provider, how much we're owning it.

[Applause.]

KAREN HALL: I would also like to point out, based on the statistics for drug addiction, we've got a few users in here.

It's not the Black problem. It's not the poor problem.

I have physicians who are addicted.

We have professionals who we talk to every day. We have no clue, until they're found in the bathroom somewhere, or their family finds them. And they're mothers, they're parents, they're nieces, they're professionals.

It's a huge problem.

We all have to take a holistic look at this.

And I'm just curious: Academic-wise, what are we doing to train our professionals?

Are we teaching students in med school more about addiction, behavior, how to proper prescribe, how to be accountable?

I-STOP is great. Love it.

Love it!

It's not mandated use at this point in most states.

Can anybody tell me, what are we gonna do to change that?

THEODORE J. ADAMS, JR.: I have some limits here to Hudson Valley Community College, and we don't train doctors here, unfortunately.

KAREN HALL: Nurses. Train nurses.

THEODORE J. ADAMS, JR.: Nurses. Well, that's a good piece, and I could talk to the department chair.

KAREN HALL: They can advocate for their patients.

THEODORE J. ADAMS, JR.: I'm sorry?

KAREN HALL: They can advocate for their patients.

THEODORE J. ADAMS, JR.: Absolutely. No, that is a good point. And that's a piece where I may have some control over, and I can talk to the department chair about that, and see what kind of addiction piece she has in her curriculum for her program.

And that's a place where I can have a change, or try to provide a change.

As a -- I have 20 years of experience in the field of addictions, as well. And I would, as a director, go into some primary-care physicians and provide in-house trainings during lunch, to provide some information to the nurses, the nurse

practitioners, to the doctors, at times. And I would reach out to the community.

Because I, too, am passionate about this topic, as well.

I think one of the lax -- what's lacking in our medical society, is there is not an educational component when they're working on their M.D.

And I do not know the answer of where that gets addressed, or how that should be started.

I've only tried to do it how and when I could.

SENATOR BOYLE: I can say that, I think it's certainly a good idea for our medical schools.

But we -- as part of this legislative package coming out of this Task Force, we are going to have legislation, mandating that, with continuing medical education, that doctors need screening, prevention treatment.

Ideas will be part of that, and looking at addiction, and how they may overprescribing and causing the problem.

KAREN HALL: If I may to that?

SENATOR BOYLE: Yeah.

LISA WICKENS: There are millions of CMA opportunities for providers. It's all elective.

You choose what you want to train.

If I'm a provider that doesn't want to treat addicts, I'm not going to that CMA for addiction, because I'm gonna go to the CHF one, because that's what I treat.

"Prescribing" education has to be mandated, or started at the academic level.

Just a suggestion.

SENATOR BOYLE: Understood. Thank you.

SENATOR MARCHIONE: Thank you very much.

DR. WILLIAM MURPHY: Yeah, I was just going to comment on that, from a practicing physician's viewpoint.

I agree, as well, that -- that, you know, New York State is a tough place for mandates, obviously. But, I think this is an area that really has to be recognized as a point of intervention.

For -- it was probably starting about 20, or 25 years ago, the treatment of pain became a major issue in medicine. We were kind of beaten over the head and shoulders about -- about not, you know, treating the common problems of pain in our patients.

And I think -- I don't have any data to support this statement, but my guess is that, is

that our opiate problem today is, essentially, the chickens coming home to roost in the -- in this push toward answering patients' requirement for better pain management.

That having been said, I think there -- I just want to raise, again, the equipoise that it takes to properly and responsibly prescribe.

And I want to -- I do a lot of reading, actually, on this subject, and I'm unaware of any, you know, articles that go out broadly to physicians, about: How long do you need to treat acute pain following a knee-replacement operation?

Fill in the blank.

You know, how long do you need to treat the pain from a laceration?

You know, what have you.

You know, we really don't have a lot of research in this regard.

And when you've kind of been beaten over the head about not prescribing, or answering, your patient's pain needs, the answer is, unfortunately for our society, was to overprescribe.

And, in fact, absolutely, many children, and probably the vast majority, really -- or, a majority, anyway, that start out using opiates, get

them right from their home or from their friend's home.

So, it's really -- it's education, really, across the board, is what we really need.

We need to educate parents. We need to educate children. We need to educate physicians. And we need to educate medical consumers, as well.

So -- but I think, practically speaking, what the Senators can take from this, is that -- is that, a mandate, with respect to proper prescribing of opiates, would probably be a good one.

Just as I think that the I-STOP mandate in New York State, although it was met with, I heard a lot of grumbling from my colleagues about this, I think it's a very good thing.

The unintended consequence of raising the profile of heroin in the community is unfortunate, but -- but that's manageable.

I think this is a step in the right direction.

KEITH STACK: You know, there is an evidence-based practice. It's SBIRT.

It's called "SBIRT": Screening, Brief Intervention, Referral to Treatment.

And it's targeted, or intended, primarily,

for primary-care physicians, emergency room doctors, nurses, physicians' assistants.

And Dr. Stanley Glick at Albany Medical Center is a real advocate of SBIRT training. And, you know, he's been running programs, at least in the medical college, and training students in that technique.

I know the Albany Police Department -- the City of Albany Police Department has taken SBIRT trainings.

And, Sheriff Apple's director of Stop DWI, Marty, has taken the SBIRT training, as well.

And it's a 4-hour training. And what it really does, it gives the individual the ability to, you know, recognize the early signs of abuse. And, it also is a -- you know, kind of a casual approach to it, that opens up individual to talk more freely about -- you know, about his use, whether alcohol or drugs.

But, you know, it's -- you know, it's short; it takes about 15 minutes, to administer SBIRT.

And, the end result, you know, frequently, is a recognition that this person should be referred to treatment.

But, it's a very early intervention.

So that -- you know, that's the training that's out there.

I'll make that available to the Task Force.

SENATOR BOYLE: That's actually the legislation we have, is to mandate the SBIRT programs.

SENATOR MARCHIONE: Okay. Thank you.

Next question is, "What can I do?" from someone in the audience.

You can take a Narcan class.

You can talk to your kids, as the District Attorney said. You can talk to your neighbors kids.

You can be an advocate.

You can -- once our program comes out -- our proposal comes out, please be an advocate of that program if you agree with it. You know, call other Assemblymen and Senators; help us move this through.

Does anyone else have anything else?

Sir.

MIKE: Good afternoon.

I really appreciate your coming together, and bringing the community together.

My name is Mike. I'm from East Greenbush. And, I'm the father of a heroin addict.

And, I just want to share with you, I guess, a few words in my ordinary day, and my family's ordinary day, before November of last year, were: Family, health, and finances.

But now I have words that we struggle with, my wife, my daughter, and myself, along with my son, that are in addition to those three words:

Shattered.

Shock.

Addiction times two, because his girlfriend is also addicted.

Granddaughter; a 2-year-old granddaughter, who was neglected by both parents.

The word "custody."

My wife and I have custody of our granddaughter, along with my daughter.

Lies.

Theft.

Relationship.

Career went down the drain.

He was in union as a second-year apprentice. Down the toilet.

Employment. Can't find employment now.

Jail.

Legal.

Landlord. I'm their landlord, and they are tenants.

Now, jail went away, hopefully, for the long term, and forever.

But all these words, and I'm sure I'm not the only one that's sharing this, continue to slowly kill us every day.

Now, you graciously gave us some statistics, but one thing that bothers me the most is that one you told me earlier: That 80 percent of the drugs --

Drugs, or heroin?

DAN ALMASI: 80 percent of the opiates, nationwide, are used by America --

MIKE: Worldwide.

DAN ALMASI: -- which makes up 5 percent of the global population.

MIKE: Okay.

That bothers me.

So that's a weapon of mass destruction, is it not?

So it's not an epidemic. This is a war.

And, Sheriff Apple, you started with it earlier.

We had minimal discussion about federal.

It's got to go to the federal.

And I apologize for my being upset.

Thank you.

[Applause.]

SENATOR MARCHIONE: Thank you so much for sharing.

You know, a person who's living it can really give us the insight on what it's like to be living with a heroin addict.

And, it compels those of us who are sitting up here to want to do even more.

Very sorry for where you are.

We have Ruth Clements [ph.]. She wrote a card, but wanted to speak.

Is she still here?

Okay.

And -- oh, she has a question, though.

"To Dan Farrell [sic], or anyone else on the panel: What further can community members and state agencies do, SED, to help the schools, particularly middle and high school?

"Mr. Farrell [sic] already mentioned committees.

"How do school personnel identify the students in need?

"Is there any information reported, available, on violent and disruptive incident reports regarding this?

"And what should we do to get more funding?"

So I think we've answered a lot of that, but if there's anything we haven't, I'd ask that you address it.

SHERIFF CRAIG APPLE: Senator?

SENATOR MARCHIONE: Yes.

SHERIFF CRAIG APPLE: Just, real quick, I know everybody's in a hurry, but --

SENATOR MARCHIONE: No, no.

SHERIFF CRAIG APPLE: -- one point of interest, is that State Ed really needs to get to the table, because we still have schools in Albany County that will turn their head, that don't think there's even marijuana in their schools.

So they're just fooling themselves.

We are constantly battling, trying to get into schools, to check schools, to talk to people.

But you really -- and, you really need to create that paradigm.

You really need to -- the stigmatism's there. You just gotta kind of get through it, and realize that, Hey, it's here. It's not going anywhere,

unless we deal with it.

A lot of the school districts in Albany County turn their head. They're, like, We don't have any drugs in here.

And, unfortunately, what's gonna happen, is we're gonna find a dead student.

And, we're constantly battling with them, to let us get in there.

We've talked about D.A.R.E.

Again, the schools don't really want it. They don't want to draw attention to it.

So it really needs -- in my belief, is that State Ed needs to get involved, and mandate.

I love the idea of getting every grade. Just have a quick, even if it's half a year, just something, integrated with health class, or something. That's only a half-a-year course.

Integrate it in there, just to draw more attention to it.

Because I do -- I believe -- I think she's absolutely correct: Where, you hit them quick in fifth grade, you're done for the rest of your high school, and college, everything. Move on.

But we're seeing more and more youth addicted to the heroin.

And until the State gets in and mandates something, and they're pretty good at it, you know, the mandate portion, anyway.

[Laughter.]

SENATOR MARCHIONE: Don't let Kathy [unintelligible] know you're saying that.

[Laughter.]

SHERIFF CRAIG APPLE: Until they do get involved with that.

And that's not something that's gonna cost a lot of money. I mean, that's something that they can integrate into their curriculum, and get out there, and make the kids go home and ask questions, and have the parents ask questions; and now you've got true community involvement, you've got family involvement, because the kids are gonna ask.

If there's one good thing they're at -- that they're good at, is asking questions.

SENATOR MARCHIONE: You know, if the forum like this would draw this crowd at 9:00 in the morning, what would a school draw --

SHERIFF CRAIG APPLE: Exactly.

SENATOR MARCHIONE: -- if they went out and said: We're gonna give you some education for the parents, and the students, and have an evening

program?

SHERIFF DAVID BARTLETT: Let me answer that.

We've actually done forums before, and this is one big thing that you have to get across to everyone in the community: Get out and get involved.

Because we've done forums before, and it's been the panel, and about four people that would show up.

SENATOR MARCHIONE: Really? Wow.

SHERIFF DAVID BARTLETT: Their thing's great.

We still run it down in Columbia County. We can only do it in fifth grade. We tried to do it in eighth. It comes down to money for me, and, I only have so many deputy sheriffs.

But, do me a favor, keep pushing it. I love it.

SENATOR MARCHIONE: Well, the best that I can -- if any of you here have forums and you need a little bit of advertisement, the best that I can, we're willing to help, I'm willing to help, within my district.

Sir, you have your hand --

AUDIENCE MEMBER: While you guys are on this, [unintelligible], this just popped into my mind:

What about --

SENATOR MARCHIONE: Oh, he's not on a microphone.

Sir, you're gonna have to wait. I'm sorry.

We've had people waiting.

If you don't mind, we'll be -- and I'm really gonna have to tell you how sorry I am that we're not gonna get to all questions, either.

I mean, thank you so much. The participation has been amazing today.

But if we could, I'd like to come to you.

DAVID BURNS [ph.]: Actually, I'd just like to thank everybody.

My name is David Burns.

I work for St. Mary's Hospital in Amsterdam. I'm a substance-abuse counselor.

There were so many good things said here.

You know, and I got to be honest: On my way, I was going, Oh, it's going to be a blah blah blah blah blah.

[Laughter.]

DAVID BURNS [ph.]: But it wasn't. It was great, you know?

SENATOR MARCHIONE: Thank you.

DAVID BURNS [ph.]: I mean, I've been in this

field for a long time. I'm a former heroin addict.

I am a heroin addict; I'm just not active. I've been sober about 30 years.

[Applause.]

DAVID BURNS [ph.]: I see everybody here, and, please, please, go after these insurance companies.

You know, there's nothing worse in my field than to have to go to somebody and say: I can't help you, pal.

You know what I mean?

And I was listening to the lady down there about the detox statistics.

They are poor, but they're poor because we can't get the people help.

You know, and somebody else said it.

I call insurance companies, and they give me three or four days, you know.

And I'm not here telling my story, but you know what? When I got help, in three or four days, I didn't even know my name yet.

And, you know, and they're sending these people out the door.

And, you know, I respect these guys.

Mr. Apple, I see him all the time on TV. He

seems to be aware of what's going with the drug situation.

And -- and -- but, please, again, thank you very much.

And, please, somebody, where do we go?

Where do we go?

Do you -- does anybody have any answers?

Do I go to my legislator?

Where do I go?

Someone?

I just got a statistic.

I belong to this thing, it's called "Join Together."

If anybody's -- it gives you all the drug news, and all, blah blah blah, what's going on on the streets, and everything.

It's a great web site.

And, I just read something from the Attorney General, where they went after a major insurance company in the Capital District. They were only approving 14 percent of -- of -- you know, where's the other 86 percent?

And, last year, in the United States, over a million -- over 12 million people applied for treatment, and less than a million got it.

Something's wrong. You know what I mean?

We got to straighten this out with this insurance industry. They're killing people.

Thanks again for coming.

[Applause.]

SENATOR MARCHIONE: Thank you very much.

I'm going to -- it is three minutes to one.

You've been standing there, so I don't want to not take your question. It will be the last question of the forum.

But, please, go ahead.

JAMES COOPER: All right.

My name's James Cooper. I'm from Averill Park.

As far as the funding for rehab:

I mean, you have guaranteed loans for students.

Why can't they have guaranteed loans for people to go to the bank and borrow money to put their kids in treatment?

Or -- I mean, I'm sure a lot of people are willing to pay for treatment, I mean, if they get access to the money.

And then, as far as taking the drug dealers off the street, I mean, if you go out and take all

the drug dealers off the street, all these people that are gonna be left without drugs, are gonna need a place to go.

They all rush to the hospital, who's gonna take care of them? You gonna turn them all away?

I mean, you's gotta be able to do something about that.

SHERIFF CRAIG APPLE: The problem is, when you take the drug dealers off the street --

JAMES COOPER: I guess that's probably why you don't take them off the street.

SHERIFF CRAIG APPLE: When you take the drug dealers off the street, the users become drug dealers. And it just is a constant vicious, vicious --

JAMES COOPER: Or you drive down the street in Troy, you know, you stop at a red light, people walk up to your car and they try to sell you something. I mean, there's cops all over the place.

Why are those people allowed [unintelligible]?

SHERIFF CRAIG APPLE: Well, I trust -- I'm not gonna speak for every other agency, but, I mean, we're out every day, getting search warrants signed.

Every single day, getting warrants signed,

and hitting houses, and hitting houses.

But, again, you can't just focus on the low level. We need the big fish in order to even make a dent, the slightest dent.

We took two people off, consecutively, three weeks ago, with over 2500 bags a piece -- 2500 bags, each, with heroin. That's 5,000 bags of heroin that would have been distributed through the Capital District.

The next day, we were hitting houses again, because it's just a vicious cycle.

That, problem is, with these low-level dealers, if you don't get them any treatment and just throw them in jail, when they get right back out, that's what keeps your recidivism going, because they just reoffend. They go back out and they find more, and then I get them back in.

I mean, there was times last year -- or, two years ago, where I had a grandfather, a father, and a son in our jail. That's pretty sad.

Where do you think the next generation's going, until you can break that cycle?

And that's why I'm saying, it's one thing just to lock them all up.

They did this with the mental health.

When they closed mental-health facilities, we had to add an $11 million expansion for mental-health inmates.

They don't belong in there. All right? They belong, getting treatment somewhere else.

It's no different than a drug user. They need to be getting treatment somewhere; otherwise, we're just going to spend more money, your money, sitting in our county jail for 23 1/2 hours a day in a cell. And then when they get out for that half an hour, they come up with different ways with how to get their drugs when they get back out.

I mean, I've been seeing it for 27 years.

And until we start to do something more actively with treatment providers, I'm gonna see it for -- well, I don't know about another 27 -- but I'm gonna see it for a couple.

So, trust me, sir, we're trying. We're fighting the war.

You know, we don't fight the war. We fight a battle at a time. And, you know, some battles we win, some battles we lose.

But, every day, it's in the rural areas, it's in the suburban areas, it's in the inner city, we're trying to fight.

But you know what? There wouldn't be -- the population would diminish if I had them all in the jail, trust me. But then those users become dealers, because they gotta feed their habit. So they go out and sell three bags in order for them to use three bags.

So we're trying, I assure you.

SENATOR MARCHIONE: Thank you very much.

Thank you for your questions.

I'd like to turn it over to Senator Boyle for a wrap-up.

SENATOR BOYLE: I'd just like to thank you, Senator Marchione, and my colleagues Senator Robach and Assemblyman McLaughlin, and all the panelists, for your comments, and your good insights;

And all the people in the audience, questions, comments. And just your support for being here.

We got some good information out of today's forum. It was a great exchange.

And I can tell you that, undoubtedly, some of the comments that we got today will be in our report, and viewed towards future legislation to finally combat and win this heroin epidemic.

Thank you.

SENATOR MARCHIONE: Thank you.

I'd also like to thank, again, Hudson Valley Community College, President Drew Matonak.

Amazing.

Thank you for your facility, to his wonderful staff.

And I want to thank my staff for all the wonderful work they've done on this forum.

And as Senator Boyle said, this is not the last word. This is just the beginning, and you can count on us to move forward on this issue.

Thank you all for coming.

[Applause.]

(Whereupon, at approximately 1:09 p.m., the forum held before the New York State Joint Task Force on Heroin and Opioid Addiction concluded, and adjourned.)

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