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

R0UNDTABLE DISCUSSION

TO EXAMINE THE ISSUES FACING COMMUNITIES

IN THE WAKE OF INCREASED HEROIN AND OPIOID ABUSE

Chenango Valley High School
221 Chenango Bridge Road
Binghamton NY

April 13, 2016
4:00 p.m. to 6:00 p.m.

PRESIDING:

Senator Frederick J. Akshar, II, Sponsor

Senator George A. Amedore, Jr., Chair (not present)

Senator Robert Ortt, Chair

Senator Terrence Murphy, Chair

SPEAKERS:

Lisa Bailey
Parent and Founder of Valley Addiction and Drug Education (ADE)

John Barry
Executive Director/Southern Tier AIDS Program (STAP)

Michael John Barton
President/Dreams Over Drugs Foundation

Stephen Cornwell, Jr.
Broome County District Attorney

Ernest Cutting, Jr.
Chenango County Sheriff

George Dermody
President & CEO/Children's Home

Patrick Garey
Captain/New York State Police, Troop C

Jill Alford-Hammitt
Substance Abuse Prevention Program Manager/Lourdes Youth Services

Gary Howard
Tioga County Sheriff

Art Johnson, CSW
President - New York Public Welfare Association/Commissioner - Broome County Departments of Social Services and Mental Health

Joseph McBride
Chenango County District Attorney

LuAnn Natyshak
Pastor/Inside Out

Kathleen Newcomb
Captain/Broome County Sheriff's Office

Dr. Keith Nichols
Family Medicine

SPEAKERS (Continued):

Honorable William Pelella
Binghamton City Court Judge

Carmela Pirich
Executive Director/Addiction Center of Broome County

Ruth Roberts, LCSW-R
Director of Community Services/Chenango County
Community Mental Hygiene Services

Dr. Christopher Ryan
Medical Director/Broome County Health Department

Barry Schecter, MSW, CASAC-R
Chronic Pain and Addictions Counselor/Keith Nichols
Family Care

Ray Serowik
Broome County EMS Coordinator

Penny Stringfield
Parent

Alan Wilmarth
UHS Administrative Director of Behavior Health

Joseph Zikuski
City of Binghamton Police Chief

SENATOR FREDRICK ASHKAR II: Okay, everyone, I think we'll get started. Good afternoon and thank you for joining us. I'm Senator Fred Akshar, and it is an honor and privilege to be here representing this great community in the New York State Senate, and I want to welcome you all to the Roundtable Forum of the New York State Senate Task Force on Heroin and Opioid addiction.

I would like to thank Superintendent David Gill. I'm not entirely sure if he's in attendance but -- there you are. Superintendent, thank you very much for your leadership in this community, and your steadfast friendship, quite frankly, when I was in law enforcement, and our friendship continues while I'm in the New York State Senate. I thank you for that. I promise you we'll do our best to be out of your here by 6:00 p.m.

As many of you know, this heroin epidemic is something that's near and dear to my heart. As a 15-year member of law enforcement, I spent a considerable amount of time working in the undercover narcotics world, and I have seen firsthand how this scourge has ruined loving families, and I myself admit that at one point in my career, I thought that enforcement was the key to

solving this solution.

But as I grew in my own career and educated myself, clearly we know that that's not important. I applaud the work that law enforcement does, quite frankly, on a daily basis.

The men and women in uniform work extremely hard to deal with this issue, but, it is clear to me that we need to do more by way of education, prevention, treatment and most importantly, support for families.

Even more importantly, I think is ensuring that folks who need treatment have proper access to treatment. I have said often, and many of you have probably heard me say that this is a community issue that requires community response. And parents, families, schools, law enforcement, treatment providers, and the government all have important roles to play.

I think it is important to say this now, that it is incumbent upon all of us sitting at this table and everybody who is involved in this community to set our political differences aside and our personalities aside. Because if we don't do that, we're going to stifle progress.

And it is critically important to the people

that we're trying to help that we don't allow that to happen. And that's quite frankly what brings us here today.

We have an outstanding panel of local stakeholders here to discuss their roles in combating this epidemic and I am pleased to be joined by two of our task force co-chairs, Senator Terrence Murphy, who is currently traveling. He'll join us as soon as he gets here from Westchester County. And Senator Rob Ortt from Western New York. Senator Ortt, thank you very much. And our good friend and neighbor from the west, Senator Tom O'Mara.

So today's forum, what we're trying to accomplish is three things, to explore what's working locally, in our battle against heroin, number two, to identify what gaps in service remain, and I think we all understand that there are gaps that need to be filled. And to discuss what we can do at this state level to help to reduce barriers to care and strengthen our approach at the state level to addiction.

Oral testimony is limited to those on the panel today. However, I recognize that there are a lot of people in the audience who have been touched

by this epidemic and are equally qualified to speak on the subject. There simply isn't enough time, nor is there enough room on this stage.

If you've prepared written remarks, please, do your best to put them in the box out front in the table that says written remarks. Also, you'll find the written remarks section here.

You can fill that out while you're here or take it home and mail it to my district office, or of course, you can visit our website, akshar.ny.senate.gov to provide your written testimony.

The only thing I ask is that if you're going to provide written testimony, you do so by April 20, because the members of the task force need some time to digest that and put it all together.

And, finally, if you would like to receive legislative updates as to what the task force is doing on a daily and weekly basis, I ask that if you don't put any written testimony, you simply put your contact information, and we'll ensure that you stay up to date.

Before we get started, I want to take a moment to recognize some special guests who are with us in the audience today. First and foremost, most

importantly, are the courageous men and women on my heroin advisory committee.

I thank you folks for your willingness to come and see me on a regular basis. Your willingness to share your stories, and the trials and tribulations that you have been faced with in your lives, because quite frankly, it continues to allow me an opportunity to educate myself, and it affords me an opportunity to craft my personal legislative agenda.

Assemblywoman Donna Lupardo, Assemblyman Clifford Crouch, City of Binghamton Mayor Rich David, County Executive Debbie Preston, members of the Broome and Tioga County Legislatures, including Tioga County Chair Marte Sauerbrey. Marte, thank you for being with us today. Chenango Valley's Yes Leaders and their adviser Matt Stanton, and leaders from the Tioga County Council on Alcoholism and Substance Abuse in the Broome Opioid Abuse Council. So I thank each of you for coming.

Without further ado, I want to introduce my colleagues from the New York State Senate. Senator Ortt, I'll start with you. Do you want to make some brief of opening remarks?

SENATOR ROBERT ORTT: Yeah, and I'll be very

brief, because we want to get to our panelists at our roundtable here.

But this is my seventh hearing or roundtable discussion that I have attended since being a member of the task force around the state. I've had one many my district, in Niagara County, I have been to Long Island just last week. I have been to Penn Yan, I have been to Rochester, Albany.

And while there are differences in each of those areas, sometimes significant, there are a lot of similarities and themes that you hear. In fact, it almost gets to the point for me that I couldn't tell you where I was, because you start to hear the same issues over and over and over again as it relates to this epidemic.

You hear the heartbreaking stories from moms and dads. You hear the challenges that law enforcement are facing every day trying to keep up with this epidemic. And you hear from -- a lot of times from the providers who are on the front lines of this, trying to get people -- they can't get people in fast enough. There's a waiting list. And there's a lot of challenges.

So as my colleague Senator Akshar said, who I want to thank, by the way, for doing this and

putting this together. Even though I have been around the state, we've done six or seven or eight, they haven't happened in every district.

And the fact of the matter is, there are certain Senators who have really made the push and focused on this and brought people in their community together to hear from them, and as he said, this helps us better represent you, and helps us craft real reform and real legislation that makes a difference.

And so I want to thank him for doing this. I want to thank my colleagues on the task force, Senator O'Mara for being here as well.

And you know, there's not one thing that we can do. I wish there was one thing that we could do tomorrow that would make it all better. And I realize, you know, depending on who you talk to, if you talk to law enforcement, there might be one or two things that they think you should do immediately.

If you talk to providers, there might be one or two things they think you should do talk to family. The bottom line is, it is going to take several reforms, both resources, and I'm proud to say we just secured an additional new $25 million in

the recently-enacted budget specifically focused to combating heroin and opioid abuse, specifically.

That is a part of 166 million overall funding in the budget that goes to combating substance abuse, heroin, opioids, alcohol and the like.

So were it not for these hearings, were it not for many of you in the audience, and were it not for my colleagues up here, that $25 million would not be in the budget this year. So we're clearly making strides, we're making progress.

It's a start. But there are things that we need to do beyond resources. You know, we need to make sure that access to treatment is a real priority. Almost treatment on demand. You know, if somebody comes and says I need treatment, I'm a heroin addict, I need treatment, you can't say come back in a month, because you're probably not going to see that person again.

And I also think we, on the law enforcement side, really zero in on the dealers who are using Fentanyl and cutting up the heroin with Fentanyl. Fentanyl, for those that don't know, is extremely lethal, and I'm sure we're going to hear about that after today. That is one of the biggest reasons you're seeing the amount of deaths that you're

seeing as it relates to this epidemic because of the Fentanyl. It is 40 times more lethal than heroin.

And there are dealers who are knowingly -- in fact, there was a dealer in Buffalo not far from where I represent, he actually had Fentanyl and he was cutting it up with heroin. In my opinion, that's akin to murder, the same as if he went up and shot somebody, because he darned well knows when he sells that bag of Fentanyl to somebody, it is highly likely you'll never see that person again.

So there's a lot of things we can do, and there's going to be some differences certainly as we go forward on the proper course. But I think if we come up with a comprehensive package of reforms, and I know we're going to do this session along with the resources we have in the budget, we're going to save lives, and we can really put a stop to this epidemic.

So I want to thank all of you who are here today for the courage, for taking ownership of it as a community, and I want to thank the folks who are up here as well.

SENATOR FREDRICK ASHKAR II: Thank you very much, Senator Ortt. Senator O'Mara.

SENATOR THOMAS O'MARA: Thank you, Fred, and

thank you for having this forum here today.

As Fred said, I represent the district of the immediate west of Tioga County. I include Chemung, Tomkins, Yates, Schuyler and Steuben Counties in my district, so it's wide ranging. It's suburban, it's small cities, it's rural.

And this issue of heroin abuse and addiction is affecting everybody. It's not just an urban problem, it's not a suburban problem, it's not a rural problem, it's not rich or a poor problem. It's affecting all socioeconomic classes like nothing I have ever seen before.

And the additional fund in this year's budget bringing our total spending up to $166 million towards addiction programming is very important. But as the Senators have said, money is not the whole answer. And it's going to take the whole community's involvement to work on this issue at all levels.

Not just with money, but with community involvement to tackle this from where we need to be, improving our methods on prevention, improving our treatment to access for detoxification and inpatient treatment beds that are woefully lacking across the state that we need to make improvements on, and I

really look forward to the input that we get from those on the panel here today and thank you all for participating. Thank all for coming and taking time out of your day to be here and get involved in this important issue.

You know, I am a former district attorney, where I worked as an Assistant DA in Manhattan, and as District Attorney in Chemung County, and I firmly believe that this is not an issue that we are going to arrest, prosecute and jail our way out of, no matter how strong and how good our law enforcement is on these issues. It's just -- it's an addiction problem, it's a health problem that we're going to need to deal with more than just the crime basis that by increasing improvement to access.

You know, I have three teenaged children, and this issue really scares the hell out of me in looking at my three kids that certainly, I think, are good kids.

But I've seen so many stories in these task forces that we have had around the state of mothers and fathers talking, sisters and brothers talking about individuals that have gotten wrapped up in this addiction so easily, and many times as a result of opioid pain killers given as a result of surgery

or other health problems that lead to this addiction and causes people to then turn to heroin, because frankly, it's cheaper and easier to get.

So you know, we have to look at the criminal problems, as I said, as a former District Attorney and firmly believe in increasing our ability to go after the dealers that peddle this scourge to our citizens, to increase penalties for that, particularly those where it involves a death.

Senator Ortt said, in going after that, and we've been pushing for legislation to do that and have passed that in the Senate last year and this year, and we will continue to work on trying to get that through the other house of the legislature and before the Governor.

But, really, it's a problem of prevention and treatment that we're all looking forward to your input here today, and thank you for having me here today, Fred.

SENATOR FREDRICK ASHKAR II: Senator O'Mara, thank you very much. What I would like to do in terms of making sure that everybody in the audience knows who everybody on the panel is, Dr. Ryan, if I could start with you, just simply introduce yourself, and, you know, title and who you're with,

and we'll work our way around the table and we'll start our discussion.

Dr. CHRISTOPHER RYAN: Great. I'm Chris Ryan, I'm the Medical Director at the Broome County Health Department.

RUTH ROBERTS, LCSW-R: I'm Ruth Roberts. I'm the Director of Community Services in Chenango County, responsible for the planning and oversight of the three disabilities, mental health, developmental disabilities, and substance abuse.

JOSEPH McBRIDE: My name is Joe McBride, I'm the Chenango County District Attorney.

STEPHEN CORNELL, JR.: I'm Steve Cornell, Broome County District Attorney.

HON. WILLIAM PELELLA: William Pelella, presiding judge of the treatment drug court -- Drug Treatment Court Program for Broome County, as well as the Veterans Treatment Court Program for Broome County.

CARMELA PIRICH: Carmella Pirich, Executive Director of the Addiction Center of Broome County.

JOHN BARRY: John Barry, the Executive Director of the Southern Tier AIDS Program. We operate syringe exchange programs, so I'm the voice of harm reduction on the committee.

JILL ALFORD-HAMMITT: Jill Alford-Hammitt, with Lourdes Student Assistance Program. I'm the Program Manager.

ALAN WILMARTH: Alan Wilmarth. I'm the Administrative Director of Behavioral Health for United Health Services System.

ART JOHNSON, CSW: Art Johnson, Broome County Mental Health and Social Services Commissioner. I've worked in the chemical dependency treatment field for 37 years.

LISA BAILEY: I am Lisa Bailey. I am the parent of a child with an addiction problem. I'm also the founder of Valley Addiction and Drug Education.

MICHAEL JOHN BARTON: I'm Michael Barton. I'm Founder and President of Dreams Over Drugs Foundation.

LuANN NATYSHAK: I'm LuAnn Natyshak, I'm a pastor with Inside Out Ministries doing jail ministry.

PENNY STRINGFIELD: I'm Penny Stringfield. I am a parent who lost a child to a heroin overdose. I'm also the co-president of the Addiction Center of Broome County Board, and a board member of Truth Farm.

Dr. KEITH NICHOLS: Keith Nichols, I have been practicing family medicine in Owego for about 35 years.

BARRY SCHECTER, MSW-CASAC-R: My name is Barry Schecter. And I'm a clinical social worker, and I work with Dr. Nichols.

GEORGE DERMODY: I'm George Dermody, the Chief Executive Officer of the Children's Home, Wyoming conference.

CAPTAIN PATRICK GAREY: I'm Pat Garey. I'm a Captain with the New York State Police, Troop C.

JOSEPH ZIKUSKI: Joe Zikuski. I'm the Police Chief for the City of Binghamton, and along with the Sheriff's Department, we have a narcotics task force that consists of 15 investigators along with our street crimes unit and additional seven officers which are trying to fight this battle on our side.

CAPTAIN KATHLEEN NEWCOMB: Good afternoon. My name is Kate Newcomb. I'm the Captain with the Broome County Sheriff's Office.

SHERIFF GARY HOWARD: Gary Howard, Sheriff, Tioga County.

ERNEST CUTTING, JR.: I'm Ernie Cutting, Sheriff, Chenango County.

RAY SCROWIK: Ray Serowik, I'm the Emergency

Medical Services Coordinator for Broome County in the Office of Emergency Services.

SENATOR FREDRICK ASHKAR II: Well, again, to everybody, I say thank you for your willingness to come here today and take time out of your busy schedules and partake in this roundtable discussion.

With that said, Penny, if you would be so kind to start the discussion and to everybody on the panel, I want this to be as interactive of a conversation as possible. So I'll try to lead the conversation the best that I can, but as issues arise, if you have something to say about a particular issue that we're discussing, please, just chime in and, Penny, you hold a very special place in my heart, and I would love for you to discuss this -- or excuse me, start this discussion.

PENNY STRINGFIELD: Thank you. As you hold a very special part in my heart as well.

My son died in February of 2015, and he had begun a group called I'm Dope Without Dope, and was trying to work with and help people who were struggling with the same addiction that he was.

When he died, I decided that the only thing that I could do at that point was to continue his voice. And I spoke at a forum at SUNY Broome, and

the next time I spoke, it was at a BOAC meeting, and Senator Akshar asked me as a parent if there were two things that I could accomplish by what I was doing with my voice, I said it would be that I would end the stigma of addiction and that I would do everything in my power to make sure that we had the proper treatment in our area that we need.

I think we've come a long way with the stigma. And I think one of the reasons for that is because the heroin face is very personal now. Almost everyone knows someone who's been affected by this.

I feel privileged that I have a voice as a parent, and I have shared Johnnie's story for many, many months to anyone who would listen. So if I could have a minute, I have just three very short stories of other parents who have lost their children.

My son battled his opioid addiction for ten years that started with a prescription for Oxycontin for a football knee injury in high school. He graduated college and was a successful chef. He was charismatic and had an enormous heart.

He entered sobriety in jail in 2013 and maintained it when he got out, living his life in

preparation to care for his son he was trying to establish paternity of through family court. When the baby was eight months old, the judge finally ordered DNA tests. Two days later, the baby died. My son lost his son and six months later my son lost his life to a heroin overdose.

After a long struggle with opiate addiction, Katie lost her battle. Katie was a passionate, fearless and unconditional lover of those less fortunate, always rooting for the underdog. Katie loved the City of Binghamton. She was intelligent, witty and complex. She had a special way with words, and her favorite past time was sharing her views and opinions on Facebook. Katie, you deserved more, and the world was a better place with you in it. You were one of a kind.

I don't need to read the last story because it's Johnnie's. Johnnie was also compassionate, loving, kind, he sang in the church choir. He preached every Sunday on youth Sunday. He loved his grandmother. He loved his sister and he loved his dad. He loved me. He played sports. And he struggled for five years with addiction, also after having his acl replaced when he was a sophomore in high school and became addicted to pain pills.

For many years, we worked tirelessly to get Johnnie into rehab, and he would get into rehabs over and over and over again, for three weeks, two weeks, one week, outpatient. There was never enough treatment and there was never local treatment, comprehensive treatment for him.

I truly believe that some of our people who are addicted probably are better if they can leave their community. They need to get away from everything. I don't think that about my son.

He also struggled with depression and anxiety, and he needed his family, and his friends and his church. And every time we sent him away, he became more anxious and more depressed.

And what I'm asking right now over and over and over and over again is, please, help us to get the services that we need.

When I talk to parents that spend days and weeks on the telephone calling places, begging insurances, it's wrong. It's wrong. And the longer that we don't do something about this, the more of our children we're going to lose. Thank you.

SENATOR FREDRICK ASHKAR II: Penny, thank you very much.

Lisa, if you wouldn't mind, as a parent,

speaking a little bit now.

LISA BAILEY: Sure. I tend to talk too much, so I had to write it down to keep me quiet a little bit.

Over two years ago, my husband and I started up a community group called Valley ADE. Our group provides support, information, education, and referrals for families and addicts. We started it because we know every emotion that comes with being the parent of an addict. We know the loneliness, the fear, the guilt, the sadness, the heart breaking and heart wrenching emotions. We live it daily.

You see, we have a son who battles addiction. We were the good parents, the present ones, the tight-knit family. We had the white picket fence.

My son was very smart, top of his class, basketball star. Unfortunately, that basketball star status got him many concussions because he was quite aggressive. His last concussion was labeled as a traumatic brain injury. That's where the initial drug use started.

His headaches were severe and the pain medications were prescribed. Everything when downhill from there and it spiraled out of control. Things got bad, we were scared. My husband and I

would take turns sleeping out of fear. We lived in disgrace, embarrassment and total guilt. We didn't talk. You didn't tell anybody your problems.

At this point it was two years -- or it was his senior year, and it was two days after his high school graduation. 1:00 a.m. in the morning, we find my son non-responsive and blue. My husband grabbed him, held him, and begged him not to leave us.

They found rat poison in his system. They believe that his drugs were laced with rat poison. He had total heart failure, kidney failure, lung failure and was on life support. We were told to say our good-byes to our only son.

However, he survived the unthinkable. That's when I found out I had no clue what to do. I didn't have the answers. I was the mom. I was supposed to know what to do.

He walked out of that hospital with a follow-up appointment for his heart and that was all. No information on addiction, no information on rehab, no information on detox, absolutely nothing. We didn't know where to turn.

Countless hours at the computer with tears streaming down our faces. Four overdoses later, a

family torn apart, a drained savings account, and countless stolen -- or stolen money and family heirlooms, here we are.

He has attempted inpatient, outpatient, vivitrol, Suboxone, but every time he comes home, the addiction is too strong for him.

During a tough time of addiction for my son, I heard a very special speaker say to think about your family in a boat. It's the parent's responsibility to keep that boat calm. It's the addict that wants to rock the boat and turn it upside down.

She said sometimes, you have to protect your family, and to do that, you have to throw your addicted child out of the boat. I hated that boat story, and I hated it that night. It goes against my enabling personality. It goes against everything a mom is supposed to do.

We got home that evening after we heard that story to find our son passed out with his drug paraphernalia beside him. I heard my husband screaming. I took a couple of deep breaths and went upstairs. My son finally came around, and I told him very calmly and simply, to get out. I was done, and I wanted my boat, I wanted my family back.

He is now in rehab in Florida. He's been there a little over two months. Does he still try to rock my boat? Absolutely. But my boat is not going to tip anymore. I'm attempting to let go without ever giving up on my son, without ever giving up his hope.

But daily we fight addiction, and the stigma and the demons associated with it. You've heard that drugs do not discriminate. No child wants to grow up to be that drug addict. Every addict is somebody's child, somebody's brother, somebody's sister, somebody's loved one.

I think one of the hardest things was giving up who my child was. Giving up the hopes and dreams I had for him, giving up that sweet innocent boy who loved his basketball.

Our group over the past two years has helped nearly 25 people get into rehab, referred countless families to different counselors, and done a variety of community services. We hold support groups for families. But we need help. We are just volunteers helping each other in our community.

We need to provide access to treatment and long-term effective treatment options. We need to provide information, resources, and education.

Drug addiction is an illness, and I think that we are missing out on treatment opportunities and options, especially for the families in our area. There's treatment for all other diseases. When you are discharged from the hospital, you're given appointments and follow-up care for all diseases, except addiction. When you walk out of a hospital, after you have had an overdose, you walk out.

We are missing the boat here. I'm so very proud of our accomplishments. I am so very proud of the group that we have here. I am so very proud to live in New York State where we have people that care about heroin addiction. But I still can't beat my son's addiction for him.

I have learned ways to take care of myself and my family. I reach out for help. I talk a lot. I cry. And I pray. Drugs, again, do not discriminate. Addiction happens in the white picket fence families. And drugs affect not only the addict, the mom, the dad, the grandparents and the whole community.

But as a community, we need to pull together because you can't just come to these forums and you can't just listen to people speak, you have to do

something, and something is better than nothing. Thank you.

SENATOR FREDRICK ASHKAR II: Thank you, Lisa. I want to hit just a couple of things that were brought up and then I'll move to Jill and Michael, if I could, about community outreach.

But, Dr. Ryan, could you speak specifically about maybe some statistical data about prescribed prescription medication, specifically in our district here that I represent? And I know that we've probably had some type of conversation before about that. The numbers are quite startling, are they not?

Dr. CHRISTOPHER RYAN: I don't have any data readily available on, say, for example, numbers of prescriptions in our county -- you know, that's just kind of recently begun to be monitored with the I-STOP program.

SENATOR FREDRICK ASHKAR II: Art, can you weigh in on the statistics?

ART JOHNSON, CSW: Yes, I can. This was actually the first thing on my list to talk about. If New York State doesn't further reduce the unnecessary narcotics prescribed by doctors, dentists and other practitioners, we are never going

to see this problem go down.

Last year, in Broome County alone, Medicaid paid for over $900,000 doses of narcotics prescribed by doctors, dentists and other prescribers. If you add private insurance to this, there could have been three million doses, pills, shots, patches, everything together prescribed in Broome County.

If we could get a ten percent reduction, that would be 300 doses of unnecessary narcotics out of people's medicine cabinets. Every time I bring this up, people in the room say, yes, you know, I have a tooth extraction and the doctor gave me a month's supply of Percocet. I only used up with day's worth. Or I had a minor orthopedic procedure, and I really did not want any medicine, and the doctor gave me a month's supply of Vicodin.

New York State could also strengthen I-STOP. This is a state regulation that requires doctors and other prescribers to look up a patient in a database to see if someone else is prescribing then narcotics. I think that this is the single most important intervention New York State has done to reduce the number of new addicts coming up. But, we need to do more.

Before I-STOP, before the I-STOP program, you

would have addicts getting prescriptions for narcotics from three, four, five, six different doctors.

This policy, again, more than anything else, is preventing new people from becoming addicts. And emergency departments, I think, should be required to review -- to work with this database. They are currently excluded, I believe. And I'm not sure that anyone from the state is reviewing this database, because I recently heard from an addiction treatment provider that when they look up their patients in the system, they can see that some of the people had three, four narcotics and maybe a Benzodiazepine like valium or some other tranquilizer-type medication prescribed to them.

SENATOR FREDRICK ASHKAR II: Thank you. Jill, can we -- just a little bit off topic, could we talk about stigma and reducing that? Right, Penny? I mean, that was one of the biggest things that we try to accomplish especially --

PENNY STRINGFIELD: Can I just quickly say something about that? I think that I one of the things that we're seeing, and the second story I read was actually a local recent obituary.

When Johnnie died, we made a decision as a

family not to say that he had died unexpectedly. We said that he had died from an overdose, and we asked that as a legacy to him, that people reach out to those around them that were struggling with the same addiction.

And I think that the more that we do that, the more that we talk to people, the more that we're all honest, that is helping to lift the stigma, because it's not another person, it's usually someone that's very close to you and in your own life.

SENATOR FREDRICK ASHKAR II: Very good point.

And I think in terms of helping to reduce that stigma, it's -- I think we have a concerted effort with -- in terms of community outreach. And I think that as a community --

PENNY STRINGFIELD: Yes.

SENATOR FREDRICK ASHKAR II: As a community, I think we have done fairly good job at that. And, Jill, I'll ask you to speak a little bit about what you're doing and some of the activities that you've been partaking in, some of the groups you're working with. And, Michael, maybe you specifically can talk about Dreams Over Drugs and what you have been able to accomplish since you're been working in this

arena. So, Jill, would you talk a little bit about that.

JILL ALFORD-HAMMITT: Sure. Thank you. Over the past 14, 15 months, through the Broome Opioid Abuse Council and Lourdes Student Assistance Program, we have provided about 15 or 16 heroin awareness events. A lot of them are made up of a panel, much smaller than this. But we've also done some different things. A roundtable format for school personnel, out in Deposit. We have done roundtable formats for parents and some of the local school districts.

And we're looking at doing a debate-type project between panel members and students to try to pull students' interest into this subject.

I think that what we have done is we've done is we've gotten people talking. I just came from a meeting this afternoon with a gentleman from Endwell who was incredibly moved by the heroin awareness event that happened in Maine-Endwell. And he's come up with an idea.

I have met with a member of the Endwell rotary Monday who was also very moved and wanted to learn more about this topic. And that's what I'm hearing people say. They're talking about it,

they're finding out about other people who are affected, and they want to know what they are talking about.

I think as a community, we're working very, very hard to reduce this stigma, and by getting those conversations out there, with accurate information, we can really, really make a dent in reducing the stigma, educating the community, and hopefully, get parents talking to their kids.

Additionally, the Community Education Committee of the Broome Opioid Abuse Council is putting out wallet cards that have fast facts for parents as well as questions that they can ask providers to address the issue of overprescribing of medications.

SENATOR FREDRICK ASHKAR II: Thank you, Jill.

Michael?

MICHAEL JOHN BARTON: So when I introduced myself a moment ago, I introduced myself as the founder and President of Dreams Over Drugs Foundation. What I neglected to mention is that I'm also a recovering heroin addict, nine years.

[Applause]

MICHAEL JOHN BARTON: Thank you. When I was using, I never thought that it could possibly get

any worse, that the problem could ever get any bigger. And I was definitely wrong.

But through my recovery, you know, I couldn't help but take notice to all the families that were suffering, and, you know, all of the young people that we were losing.

It seemed like every week, you know, you see something in the news or in the newspaper, and what myself and a couple of my colleagues did, we got together, and pretty much we came up with this idea that we were going to go into some of our local schools and talk to the kids and kind of share our experiences with them. And, you know, take it from there.

And, you know, we started out, we went to Union Endicott first. And it kind of just grew from there. So we've been going from school to school, doing presentations in health classes and even in auditoriums like this. I've actually done a presentation in this auditorium before. So it's been really good. The students are really receptive to what we tell them.

And I think the majority of them probably know someone or have a loved one that is addicted or was addicted. So they really see the need to kind

of learn about it. And we're just getting really, really good feedback, really positive feedback, you know, doing these presentations. So I would like to thank you for having me, and --

SENATOR FREDRICK ASHKAR II: It's an absolute pleasure, Michael.

MICHAEL JOHN BARTON: Thank you, sir.

SENATOR FREDRICK ASHKAR II: I applaud you for your efforts and your sobriety. So Penny and Lisa, do you -- from a parent's perspective, do you think that these community events are helping reduce the stigma surrounding this issue?

LISA BAILEY: I absolutely do. I mean, we've done -- I've done quite a few different panels, and the people that come up and talk afterwards, you get the community talking to you.

And I remember one panel that we did, and I'm sorry, I don't remember the place, but the mother came up to me and she was so excited, and she had her two sons with her. And she said, I remember you from the first time you spoke, she said, and my son was sitting right there. She said and now, I'm bringing my second son to hear you speak, and she said, you know what? When my third son gets a little bit older, he will be coming to one of these

panels, so they're really opening up. And I think it's really opening up the conversation with the children as well.

SENATOR FREDRICK ASHKAR II: Great. Penny?

PENNY STRINGFIELD: I certainly agree with that as well. I also think that people who may never have thought about this or dreamed that they would be involved in working on this, because of our voice and our advocacy are. Jill spoke about the Endwell Rotary.

I had Carmella come to the Binghamton Rotary to speak, and that spurred an interest in someone from Rotary to look at a Rotary international grant to help with some additional funds and treatment here. I know as I was struggling with what I was struggling through with Johnnie, I had that fear constantly that people in my professional life would find out what was going on, what a mess my family was.

And when it all finally fell apart, a client that I had worked with for over 30 years came to me and said, I had no idea, and I also had no idea what a terrible epidemic this was in our community, and he has since become very actively involved.

So, yes, I do think that all of these forums,

all of these workshop, all of these voices are making a difference in the stigma.

This past Monday, the Guardian, which is an international newspaper, printed an article about two families who lost their children, mine was one and also a family that was very much affected by addiction. And I was amazed at the people who reached out to me. So, yes, I think our voices are helping lift the stigma.

SENATOR FREDRICK ASHKAR II: Strength in numbers, right? I think that's clear.

George, could you talk very briefly about what you're doing over at the Children's Home in terms of prevention, and I know the last time you and I spoke, you talked about a new program that you were going to spin up. So could you talk about that a little bit?

GEORGE DERMODY: Certainly. Thank you, Senator. I know one of the thoughts coming here was, what's working or what we need to do, and I think really what you're evidencing here is collaboration. And I'm really excited.

As you know, I've only been at the Children's Home for a short period of time, and one of the things that I have heard is that, some of our

children who would normally come into a facility like the Children's Home, but also had substance abuse issues or challenges were having to go outside the community to receive the services they need. So, they were away from family, away from friends, away from the positive aspects of their life.

So in trying to address that issue, we really saw the best way was a partnership, and I think what we're evidencing here. I'm really pleased and proud to announce that with Commissioner Johnson's support, that Carmella, through an ACBC and the Children's Home, are joining in a partnership to make a small contribution.

And that is that we're going to have some adolescent treatment options available for -- initially for young people being served by the Children's Home. Some of them in our community programs and some of those that are in our residential programs, and I think we'll be able to keep a few more young people closer to their supports.

And that's just a small thing, but it's also a model. I think it's a model that, you know, in terms of this forum, that the more we collaborate, the stronger that we are. The more we work

together.

And if I could just add, while I'm speaking, Senator, one of things I think I would hope the legislature would remember, is the toll that addiction takes on children and other caregivers, and not just immediate, but the legacy. And I think I can best explain that with two very quick stories of things that have happened to me.

I was working with a ten-year-old boy recently who wasn't in class. And I said, "It's math class, why don't you go in? Math can be fun." And he looked at me and said, "You know, I really can't go in right now, I found out this morning that my mom is going back to jail," dealing with her addiction and her substance abuse.

And so that issue was on him, and that was math. His ability to grow, his ability to learn. And there was a young woman, 13 years old, within the last two weeks who just came into our care, who on a phone call, with people that are supporting her said, "You know, mom, you need to either choose the needles or me."

And those stories, I know, for many people on the panel are quite common and they are in aware of them. But the issue and the challenges, that the

affect this trauma has on those young people, on their brain development, on their ability to leadership, their ability to feel joy, their ability to form supportive and trusting relationships. So I think there's a lot that we need to continue to do to make sure that the services and supports are there for children, and if I could also put in a plug for parents.

Many times grandparents and relatives who are caring for children while, you know, a primary parent is dealing with addiction that grandparents who are parenting again need all of the support that we can provide. They need the access to services so that we could help children grow and develop, because if through the trauma of this addiction, if we don't help the children recover so that they can grow, they can learn, and they can form relationships, we're just going to recycle an issue.

So I would hope that the task force would look for any ways that they can to provide those additional supports to children affected by this.

SENATOR FREDRICK ASHKAR II: Thank you very much, George. I wanted to kind of change gears a little bit, if we could.

And John, I think I'll allow you to start

this portion of the conversation about harm reduction, what we're doing. If you could speak specifically about Narcan in the community, and needle exchange and then, Ray, if you'd be so kind to talk about the deployment of Narcan from an EMS and fire and law enforcement perspective.

And once we're through with that, I think we'll change gears once again and start to talk from a law enforcement and a prosecution standpoint and what we're doing. So, John.

JOHN BARRY: Wonderful. Last year, the staff at the Southern Tier AIDS Program distributed 1500 Narcan kits. That's just in our local area.

According to the New York State Department of Health, Naloxone was administered during 11,992 emergency medical service calls in 2014. This was a 57% increase from the previous year. This is a good thing. Those are lives that have been saved.

Let's go back to harm reduction. A lot of people don't know what harm reduction is. That's what syringe exchanges do. And the easiest way to nutshell it is, we're trying to keep people alive long enough to quit using drugs.

We know that even in the midst of active addiction, we can prevent some of the harm that

arises from drug use. This is why your personal doctor agrees to continue seeing you even while you are smoking, drinking alcohol, eating cheese burgers, all of those things that we all do but we know that we shouldn't.

She knows that continuing to treat you is more effective than abandoning you and waiting for you to, I'll put this in quotes "hit bottom." The bottom for some people is death. And we can reach people before they get there.

So what is working locally in our battle against heroin addiction? Well, the syringe exchange programs are working. They are preventing HIV, Hep C, abscesses, heart infections, and serving as an entry point to get people into substance use treatment.

Our syringe exchange programs, for people who don't know this, have dedicated staff that all they do is put people into treatment, all day, every day.

Very soon, we'll be providing the services of a physician and a registered nurse in our Ithaca Syringe Exchange Program to prescribe Suboxone, wound care, and teach people proper injection techniques. Again, to avoid infections.

These interventions are going to reduce

medical costs, keep people out of emergency rooms and hospitals. I heard someone mention earlier people go into the ERs, and nothing being done if they leave against medical advice.

And you should know that Alan and I have been having some discussions recently about those folks who don't have to get nothing when they leave. They can be referred to the syringe exchange programs or perhaps, you know, my staff can even come out and meet the person before they leave. That would be ideal.

So it's not a perfect solution, it's not treatment, but again, hopefully it would keep the person alive so that they could rejoin their family and get clean eventually.

If I was going to ask for a wish list, I think that probably some more money for medical services in the syringe exchange programs would be helpful. Again, in the hopes of keeping people alive and funneling them into treatment.

These services should probably be expanded. Within the last several weeks, I've been fielding calls from Elmira, Delhi, Hancock, Walton, and other small towns, from people asking me if we can bring the syringe exchange van to their locality and offer

our services.

Currently, we do not have the staffing to do that. But it would certainly be helpful, it seems, if people are making the calls to me.

I'm a big fan of medication takeback days. I don't think that we have enough of those available for folks, and we've been doing some research on it up in Chenango County. There's a very active group there. I've talked to some folks lately who say when they do these, they get garbage, like 32 gallon garbage cans full of prescriptions. That sounds like a ridiculous amount, but go home tonight and look to your own medicine cabinet. I think you'll be shocked what is kicking arm in there. We all just look past it when we go to get the toothpaste, but there is probably some things in there.

And also I would certainly like to make a plug for an expansion of Medicaid, medication assisted treatment, like Suboxone and methadone. Thank you.

SENATOR FREDRICK ASHKAR II: Senator O'Mara has a couple of questions.

SENATOR THOMAS O'MARA: I would just point out, in this year's budget, in addition to the $165 million we've got in there for addiction services,

there is an extra million in there to help to set up more permanent drug collection sites in communities so that it's on a more regular basis and you don't have to wait or, you know, have to see the notice of the event, so I think it's going be helpful in that regard.

With regard to the syringe exchange and those programs, and this increase in the heroin epidemic that we've had, are you seeing -- and maybe not just you, but anybody here in the health community, increases in the incidence of AIDS or Hep C or those types of health issues as a result of reusing syringes?

JOHN BARRY: You're not, no. As a matter of fact, we have very good data from the Department of Health.

If you look back at the AIDS epidemic, in the early 1980s, about 52% of HIV infections were due to people sharing injection equipment. That number now is 3% of HIV infections every year are due to people sharing injection equipment. So that is an unqualified public health slam dunk of a success.

SENATOR THOMAS O'MARA: My district includes the City of Ithaca, which has come out with a proposal for pursuing heroin injection site in the

city for addicts to come in and actually shoot up heroin on the site.

I think that speaks to really the extent of the problem that we're having here. I don't personally agree with that. Frankly, I was quite taken aback by that proposal when I first heard of it. But, since this is your area of expertise, do you have any thoughts on that type of a program?

JOHN BARRY: Certainly, I do. These type of facilities are operated in 66 different cities, in ten different countries, and they have been operated in those cities and countries for decades. There are literally hundreds of studies about what happens at these facilities.

And if you look at the research, what it says is that they reduce overdose deaths, they do not encourage drug use, they provide treatment, they reduce risky injecting and transmission of infectious diseases, they improve the public order by reducing discarded syringes and public injecting. They reduce crime, and they're cost effective. So that's a quote, of course.

But what that all means is, you don't have people doing things like injecting in the bathrooms of local businesses, you don't have people

discarding syringes. The one that operates in Vancouver, you have a detox right upstairs, so that when people decide they've had enough, they can just literally go upstairs and begin the treatment process.

So I understand that these ideas are difficult for some people, and that's okay to struggle with these ideas. They are radical proposals. But I think we're at a place where perhaps we need to entertain doing something radical.

SENATOR THOMAS O'MARA: All right, well, thank you for your perspective on that. You know, I do have trouble wrapping my arms around it, for sure.

JOHN BARRY: You're not alone.

SENATOR THOMAS O'MARA: But certainly what I think it really highlights, you know, just the extent of the problem that we have that we're even considering measures such as that. But, I do appreciate your input on that.

SENATOR FREDRICK ASHKAR II: What about in Chenango County in terms of Hep C, HIV, Ruth, what are you seeing? Let Ruth talk real quick.

RUTH ROBERTS, LCSW-R: Actually, it was the

Hep C numbers that were climbing that caught our attention before we even started paying attention to the heroin use and epidemic.

And that came to our attention through our public health, and then that began the conversation, and it was actually in that, that we were able to pull some folks together that were the beginning of a substance abuse prevention coalition that initially was focusing entirely on this heroin epidemic in Chenango County.

The AIDS numbers have always been quite low, and I don't -- I don't believe that there has been any movement in those numbers, but the Hep C was definitely catching our attention, and we continue to monitor that.

SENATOR FREDRICK ASHKAR II: John, very briefly. I know last time I was in your company, you talked about the cost associated with Hepatitis C.

Could you hit that for the group out here, and for those on the panel. How expensive it is to treat that?

JOHN BARRY: Sure. There are some very new and effective medications that a 12-week course of treatment is anywhere from 60 to $90,000, depending

on the medication that your doctor prescribes.

There was a recent report on Medicaid, and I think it was saying that for the third quarter of 2015, 10% of total Medicaid pharmaceutical costs were due to Hepatitis C drugs. So that's just the medications. That's not the full course of treatment. That's the meds. And then on top of that, you have lab work, doctor's fees, those sorts of things. So it can easily reach $100,000 per case.

SENATOR FREDRICK ASHKAR II: Alan, what about in the UHS system, are you seeing an increase in Hep C and the like?

ALAN WILMARTH: In the Hepatitis C area, we are, particular in the methadone clinic where, you know, probably 87, 88% of the people admitted are using IV. And as John said, we have seen very, very little HIV change with this, but we have seen Hepatitis C.

The other thing relative to the cost of Hepatitis C treatment, prior to the advent of these newer medications, the treatment of Hepatitis C was with medications that would enhance profound levels of depression in many of our patients, and so treatment, attempts to treat, Hep C resulted in

substantial relapses into substance use, which then starts the cycle all over again.

So there's an interplay between treatment of Hepatitis C and relapses with substance abuse. We're not seeing it as much with the newer medications, but it has been a long-standing issue.

SENATOR FREDRICK ASHKAR II: Thank you.

So let's go back to Narcan. Ray, could you hit on what you've been focused on in your efforts in terms of first responders, law enforcement, and the like?

RAY SCROWIK: Certainly, Senator. In early February of 2014, I was approached by Sheriff David Harder, and then Captain Fred Akshar, his law enforcement commander, for assistance in establishing a program to train and equip law enforcement officers with Naloxone, which was a medication very familiar to me. We've used it in emergency medical services for decades.

We quickly got that program up and running. Folks at the New York State Department of Health AIDS Institute which administered the regulations at the state level, told us it was one of the very first programs in New York State to train and equip law enforcement officers.

We quickly got that program up and running, and the first case was successfully treated the following month in March, rather famously now.

Since that time, we've been joined in the effort by virtually all of the municipal police departments in the county, law enforcement agencies at Binghamton University and SUNY Broome Community College, the County Security Division, and unfortunately, when we started this program, we were seeing on near fatal overdoses in this county at the rate of one, two, maybe three a week.

I can tell you now, sadly, it is an everyday, often several times a day occurrence in this county. What I can tell you is that we are prepared to handle these overdoses. If we are called and are called in time before it becomes irreversibly fatal, we can predictably, reliably resuscitate these overdoses.

Naloxone, of course, does not cure addiction. It merely provides another opportunity for the individual to address the addiction problem. Going forward, again, parallel programs have equipped emergency medical services and fire service responders with Naloxone as well, and we're well equipped to treat the overdoses when they come.

That's the underlying problem that has yet to be solved.

SENATOR FREDRICK ASHKAR II: I don't mean to put you on the spot, but do you have any statistical data since we began distributing it in terms of how many lives we've saved? I know you're clearly going to speak about Broome, but since we started to distributing it to the masses, if you will, law enforcement, EMS, fire.

ALAN WILMARTH: Well, I can speak to the law enforcement program, because they report directly to Dr. Ryan as the Clinical Director of the program and myself. And there's been 64 cases since the program began in 2014 involving five law enforcement agencies here in Broome County that have actually administered it.

In many cases, the Naloxone is administered by fire, EMS responders, and they have a separate reporting system. So certainly, their use of Naloxone has surged over this time period as well.

So again, it's an everyday occurrence, but if we're called in time, we have, in all cases, really been able to reverse these overdoses.

SENATOR FREDRICK ASHKAR II: What about in terms of funding for Narcan? I guess I'll ask all

three of you, John, Dr. Ryan and Ray, are a lot of agencies self-funding these programs? I know that AG Schneiderman put up some money, but, you know, that money is used and gone, so is there something that we can do, my colleagues and I, to ensure that?

ALAN WILMARTH: A sustained source of funding, specifically for emergency responders to -- in addition to the replacement of Naloxone actually used on patients there, of course, is the fact that this is a pharmaceutical with an expiration date, typically about 18 months by the time it gets to the end user, and it needs to be replaced periodically, which is really the major part of the cost.

SENATOR FREDRICK ASHKAR II: Okay. Thank you. John, is there some talk about a syringe exchange in Chenango County?

JOHN BARRY: That is under discussion. We've certainly ruled that out in the substance abuse coalition, and I think that many people in the community are on board with the idea. It's not an idea that you will ever get 100% of the committee on board with and that's okay.

We have sent out letters to the state level representatives, because that's the last step that the AIDS institute has asked us to take at this

point, to see if there are any concerns or objections.

SENATOR FREDRICK ASHKAR II: So let's talk specifically -- let's change gears and let's go to law enforcement and prosecution, if we could, and let's focus our energy right now on Chenango County, so I would ask Sheriff Cutting and DA McBride to weigh in on issues that you're being faced with in your particular jurisdiction, and again, where my colleagues and I can be helpful, and then we'll move to Tioga and Broome and talk about some of the things we're doing there from a law enforcement and a prosecution standpoint if that's okay.

JOSEPH McBRIDE: Sheriff, please go.

ERNEST CUTTING, JR.: Sure. I guess I'm going to go back to probably about seven years ago, how it started for us. I was in a local restaurant with my son, he was then, I think, seven or eight years old. We had gone if in for breakfast. The girls had gone shop. You know, life was good.

And we walked in and I sat down, and pretty soon I was inundated by people in this community, small community, part-time police department, and their concern with the drug problem that they had in that community. And it got so bad, it was a pretty

contentious point, and I made a commitment to them, you know, look, my son is here, I will be back Monday morning. This was a Saturday morning. And I'll meet with the business leaders in that community and we'll address this issue is.

And going forward we addressed that. And then we really started taking a hard look at what was going on, and we assigned people specifically to narcotics investigations, and in that next two years, we probably made over 200 arrests specifically related to heroin in Chenango County.

Some of the issues and problems we have in Chenango County, it is a very rural county. Again, resources, we have 23 people, including undersheriff and myself in law enforcement specific him. We rely heavily on the public that gives us information. We have several ways the public can get us information anonymously. We continue a lot of those investigations.

Many of those people come into the jail. They go through a terrible time, detoxing from drugs, heroin specifically. One of the things we're talking about now is having a door-to-door type thing. Once they come in, they're detoxed. Prior what we would do is release inmates back out on

street and many of them who had no resource, nothing, they are going back to the same problems, the same issues they came from.

And they would fall right back, and it is a revolving door, and they turn around and come right back into the jail, you know. Sometimes within a day or two.

What we're trying to put together now working with mental health, DSS and a lot of the service drug court and drug -- drug and alcohol in Chenango County is when those people are there, we have them detoxed and they'll interview the inmates, and see who seriously wants to get into treatment. Who wants help.

You're going to have the people that are going to give you lip service, or not going to really want help and then you're going to have those people that do. We're going to look for those people that sincerely want help, and try to get them a door-to-door -- once they are released the from incarceration, that we can take them right to a treatment facility, so that they can get help.

We feel that that's the best time we're going to have in the public safety system, when we have them, to get then help. One of the things we're

seeing now is, we have a big mass change in heroin. It's changing now to meth. And the one-pot method. We're seeing a tremendous influx now of meth.

We have probably made close to 40 arrests in the last year related to meth in the one-pot method. It's extremely toxic. The chemicals that they use, individually by themselves, and they combine them together, to create this, and they're just disposing of these chemicals all over.

We find them in State property, State land, communities, parks, so we're now shifting gears little bit from heroin. Heroin, while it's still extremely prevalent in Chenango County, we're not getting the large dealers like we did initially.

We pretty much attacked that head on. We're getting a lot of smaller dealers that are using to supply their own habits, and they carry a very small amount, so they can't be, you know, caught with a lot. They have stash houses and that type of thing. Moving forward, public education, I think, is extremely important. Again, we're not going arrest our way out of this problem.

It's going to take a lot of different organizations coming together, to address this issue. And I think, you know, these forums are

great to allow us to build the capacity, and direction that we're going to need to address this.

SENATOR FREDRICK ASHKAR II: Thank you, Sheriff. DA?

JOSEPH McBRIDE: Thank you, and thank you, everyone, for giving me the opportunity to speak.

Chenango County is a small rural county in upstate New York. And we're a history of farm communities, and this is a very strange problem to have in our community. And a problem that didn't develop overnight.

We've always had a touch of heroin over the last 30 years, but over the last ten years or so, we've had a tremendous problem. One of the ways that I was introduced to the heroin problem is by covering -- I'm the DA, so I do the felony cases and do the murder cases, but every once in a while, I have to cover the justice courts in every small towns.

And the small town of Sherburne, I was covering a case, and there was a kid there with a John Deere hat, looked like he just got done haying, and he was in front of the judge. And he was there for possession of heroin. I couldn't believe it, that this had come to our town, and this is the face

of heroin now.

Now, as we know, over the past five to seven years, heroin has come -- it is not only in Chenango County, it is all over. But, in our small little county, I get to see the people that have grown up, that were on my little league team and that I have seen.

There are two that come to mind in the last year. One of them had an overdose and was actually brought back from Narcan, and he's doing very well. He's completed his treatment. He's completed his treatment court, and he's done very well on his road to recovery.

Another gentleman, who was from City of Norwich, had been battling with heroin for a long time, and he lost his life to his addiction. So we have seen it all. And it affects the family, it affects everybody in our community, and it is not just a poor person's or rich person, everyone is susceptible.

So what are we doing about it? We're working as a group to try to get the word out, and one of the groups that the Sheriff spoke of, and I'm sure that my -- the head of our alcohol and drug services is going to speak to today, is we're trying to work

together to see what we can do for prevention.

And what we need to do and even being here today, we need to instead of the groups that are going out to the schools, that's great. But right now, this has been about a ten-year problem. We have to change the programs that are in the schools. It shouldn't be just myself and everybody else who can -- to make the time in their day to get that done. It is a health crisis.

When I was a young man, they started health class, and we talked about it. It was to teach us all about the things that they thought we knew in the 1970s, right now, we need that mandatory education about the involvement of drugs and specifically, heroin because as we all know, heroin is different, it is a lot worse.

When we were growing up, we knew that you could do a lot of bad things in life, but if you used heroin, you would die. Our kids don't know that. And whether it starts with the pills, mostly does, we need to do something about that.

The next thing that we need to do is, and I spend a lot of my time, and Steven will tell you, we put people to jail. And in the beginning when I did this, I was really against putting little kids to

jail. Young kids.

But, to be honest, I believe at least initially for those five days, seven days, and we're saving their lives. But what we need to do is be able to get treatment for those kids so that we have a place to put them, so if we decide that we want to make sure that they are supervised and they have a place to go, that we could do that right away. That is impossible right now.

One of the real problems is, that in our county and throughout the State of New York, the people right next to me who are the experts, in alcohol and drug services, their hands are tied. If I am a drug -- heroin addict, and I need help and I go to them, they don't have the ability to assess me right away. And they have to send me down the road for an appointment two to three weeks.

And then, not only that, but they can't refer me to all of the open beds that are available in New York, because they are not allowed to do that unless they have a full assessment themselves.

We need to change the rules and regulations, we have to let them do their job, and we allow them to send people to beds that are available in our state, so our kids don't have to go to Florida and

everywhere else to get the services that they need.

Once again, it is an ongoing problem. We get the prevention and education in the school system. And two, get the services for the people that need it.

One last thing, everyone in jail right now, when they are released from jail, no matter whether it is two months, three months, four months, when they were on crack, when they were on cocaine, they had at least a good period of time to change their life.

My experience is that we're letting these people out without the services there. A lot of them are dying of overdoses almost immediately, because they are taking the drugs that they took beforehand, their bodies aren't used to it, and we're losing bodies all the time.

We can't continue at this rate, especially by regulations, by the Senate, by the government, to allow the people in alcohol and drug to get these people in right away. And it is a crisis situation. To get these people in right away. And it is a crisis situation. And that's my request.

SENATOR FREDRICK ASHKAR II: So I know we're going to --

[Applause]

We're going to continue down the law enforcement track but, allow me to digress, and Ruth, can you speak to that, because I need to be educated on the hurdles that you're faced with as the DA spoke.

RUTH ROBERTS, LCSW-R: Sure, I would be glad to, thank you. I was hoping we could talk about treatment, too, in all of this as well. So, thanks for the segue, Joe.

What Joe is referring to is, and by the way, in Chenango County we have a county-operated outpatient, we have an outpatient clinic that serves individuals who have chemical dependency needs. That clinic is now co-located with our outpatient mental health clinic, so we're actually positioned to better serve individuals who really need services from both clinics.

But we're a county-operated clinic. We're the only OASAS and OMH licensed outpatient clinic in a small rural county. The first thing I would say that we struggle with is relative to the regulations that we're faced with in order to deliver services. And I have to admit to you today, I'm a clinician, but on a day-to-day basis, I'm not actually doing

the work that I'm asking my clinical staff to carry out.

And when I stop and listen to what is required by OASAS in terms of the Part 82 Outpatient Clinic Regulations, what's required by Medicaid, what's required by commercial insurance products, what's required by managed care organizations, just to be able to get people the level of care that they need, the amount of care that they need, it makes my head hurt.

And I just keep thinking there's got to be a more efficient, effective way to do this. I have people lined up and ready, willing, trained, experts who want to help people.

And we have to think like criminals sometimes, to try to figure out how to maneuver all that's in front of us in order to get the services that those individuals need. It comes down to -- and the heroin epidemic has really blown this out of the water, because we have to act fast. People's lives are on the line.

With other drug addictions, we had some time. We could usually -- we weren't looking at life and death situations. This is different, this heroin epidemic. And so it comes down to access. It comes

down to timely access. It comes down to being able to move people to the level of care of treatment they need.

There have been some, you know, improvements recently with the new locator tool that OASAS has given us. It has provided us a common language, so that when we're on the phone talking with another provider on the other part of the state, we're speaking the same language.

So there are some small improvements, but, you know, if I can ask anything, I would ask that our State agency that regulates these outpatient programs, I would just ask that they be willing to come to the table, and really look at what is getting in the way of actually helping people. So regulatory relief.

We run into it with our prevention programs as well. We are really very limited into what we can do, and we need prevention. And I don't believe that it should just be OASAS doing prevention. I think it was mentioned earlier, this needs to be a collective impact. I really believe that.

I think that we, as a community, need to start talking about prevention in primary care, pediatric sites. I think we need to be talking with

parents, prenatally talking about prevention. That message needs to follow in through the schools and all of the medical community and throughout all of the community itself.

The faith community, it certainly has a role in that. But that message needs to be delivered throughout. And we're really talking about changing social norms. And that takes time. And that also takes a collective impact. So regulatory relief. And we've talked a little bit about the forensic services or what I refer to as forensic. Those services in the jail.

I believe we are missing many opportunities at that stage, and I'll describe it sometimes as a "come to Jesus moment." Sometimes, you know, they are in jail, and they realize they need to change their lives and they want to -- there's some level of motivation. That is the time that we need to take every opportunity to engage individuals.

We have started in Chenango County to do what we're calling transitional supports, working with our sheriff. And where we're -- we have a case manager-type position and a peer advocate. Someone who's been there and done that and is in recovery.

They team up and they engage an individual

before they leave the county jail, and they really come up with what's the plan. And it might be how to access treatment, but it might also be where are you going to live? And how are you going to support yourself? And what's the plan to apply for Medicaid?

So all of that gets worked on before the individual actually walks out of the county jail. So we just started doing that in January, and I'm hoping that will help in some of the, you know, the round door turning door that we see often with -- particularly this young population.

But you have to understand again, almost 80 percent of the individuals currently sitting in the county jail have some history of substance use or abuse in this their story. And a lot of that is based on self report, so the number might actually be higher.

Our State agency, OASAS, gives us no dollars, no funding for those services in the jail. I do that work in the jail with my OMH dollars. I also have a full-time forensic person that's in the jail. I'm using those OMH dollars to provide services for this 80-plus percent of individuals who have substance abuse needs in -- or substance abuse

treatment needs who are currently in the county jail.

So I think it is time for OASAS to wake up and say, you know, we need to look at this opportunity, and also, you know, put some money behind it because this -- I look at the forensic population as an area where there is great opportunity.

And let me also say, we talked about the stigma. You know, oftentimes in these communities, this group of people is considered by the public as the least deserving. You have individuals who are addicts, they have a history of criminal behavior, they are in the county jail, or they have been in and out of the county jail, and it is difficult for the public to see them as deserving any help or services.

And we have to turn that around, too. And I think one way to turn it around is to get our own New York State agency to recognize that this is a valuable opportunity.

SENATOR FREDRICK ASHKAR II: It is pretty amazing. I was part of the budget negotiation process in the mental hygiene budget subcommittee and to talk to the commissioners and ask specific

questions about funding. They would argue that we have plenty of money, and you know, we don't need additional money, but we all know that that's not true.

So you know my love is for law enforcement, but can we stay on the treatment piece and then we'll move to law enforcement. I think that would make the most sense.

So Carmella, do you want to weigh in on what you're doing and what your agency is doing? Ask Alan to weigh in as well, and Dr. Nichols, we'll come down to you and the program that you're involved with in Tioga County, and then we'll come back to law enforcement.

CARMELA PIRICH: I would just totally echo that there are really regulatory barriers that do not allow us to provide services the way that we need to. And the heroin epidemic is just a huge game changer. You know, sometimes we will have clients even with lots of treatment, lots of support, and they're extremely difficult to help them stabilize.

So even, you know, the day after they successfully complete their long-term treatment, after the inpatient, after, you know, nine months of

outpatient, we'll see a relapse, so it's very, very hard to stabilize.

So I think that we do need more research to figure out what actually is really, really going to help. Because, you know, even sometimes with lots of services, you know, people are just really struggling.

From 1997 to 2008, I worked in Baltimore and if you watch Drugs, Inc., supposedly Baltimore is the heroin capital of the country. But, you know, in that space, in the City of Baltimore, we had five outpatient detoxes. We haven't had a detox here since 2010, so ACBC in November, one of my colleagues that I used to work with in Baltimore, pretty much gave me everything, all the protocols.

And we're ready. You know, we're ready to start some demolition and kind of prepare the space. I've been working with my landlord, and we have the floor plans. So we're looking for startup, and that's not a silver bullet, but it might be a buck shot.

You know, if we can get ten people a week properly detoxed so they will actually feel okay, to do some treatment, inpatient or outpatient or whatever, I think that it would help.

Because we see a lot of people, maybe 10 to 15 a week that they are not going to make that referral to Conifer Park. We're not going to get this them that bed at Syracuse Behavioral Health. They are not medicated at the ACC, so we can put forth our very best effort to provide them timely access, and they're not going to make it. You know, it is just not going to help to stabilize them.

And I also will echo Ruth's sentiment about the collective impact model. I think we're at the point where we have communicated a lot. We have done a lot of forums, but we need a framework. We need a structure and we need a plan, because literally, like, last night, I got my kid and drove her to ACBC to the clinic because my janitor found needles in the bathroom.

And I can't -- let somebody come in the morning and like, it's just there. It's every day we're literally just putting out fires, putting out the next fire, and you know, just not seeing people stabilize the way that we want to, even with being in treatment.

And also, you know, like the demand has increased so much, you know, like there's not enough room anymore. You know, like, we would expand

services but where? You know, like you run out of space, and you have got vacant positions, and I don't have an office for people, you know, like, it's hard to co-locate clinicians in an office because obviously you need some privacy.

You can't have two clients and two counselors, you know, in a room at the same time. So -- and I think that the state, like they need to come to Jesus. No offense. I'm seriously, the regulations. It's bad.

SENATOR FREDRICK ASHKAR II: We will -- my staff and I will circle back with the treatment providers and talk specifically about the regulatory reform that needs to happen and then I'll communicate that to the co-chairs of the task force and hopefully we can put pen to paper and help with that.

And one thing that I have learned in Albany is that, there's a great deal of bureaucracy, and things --

[Laughter]

There's a lot of personality in Albany, and there's a ton of bureaucracy and things don't move nearly as fast, but I want you to know that I'm advocating very strongly and as hard as I can to get

you that startup money that you need to expand your services.

So I'm working diligently on that, and if I had my way, we'd have the money today. But again, there's just so much bureaucracy, it doesn't happen that quick. So we're working on that.

CARMELA PIRICH: Thank you.

SENATOR FREDRICK ASHKAR II: Dr. Nichols, can you speak to your program and Mr. Schecter?

Dr. KEITH NICHOLS: Yes. I'm humbled to be up here with all of these people, particularly with people who have lost children and other loved ones to the problem. I feel I'm not up to the level of commitment, the loss that they've gone through, but in any case, to treat this problem, because I'm one of the people that treats it, requires a comprehensive, biological, psychological and social approach to the drug addiction and to the related but very distinct problem of chronic pain management, which is actually in many ways even more challenging medically speaking.

And I think that Barry and I have, over the last ten or so years that we worked in the same office, evolved an efficient and for the most part, effective approach to the problem.

Generally, I try to provide comprehensive primary care services to anyone that we're treating with Suboxone, vivitrol or any other medical treatment for addiction, and similarly, with chronic pain management. And there are a lot of challenges, we're very busy. But, it's not really particularly lucrative. That's one.

I think by virtue of my training, I am very well qualified to undertake this medical and psychological treatment approach, and I think that, family medicine doctors in general are the best people to do it because, frankly, psychiatrists often don't have the medical, the biological medical background to feel comfortable using a lot of the powerful drugs that are required, opiates and so forth.

And unfortunately, I see very little, if any, support for family practitioners in this area to pursue this treatment. Very little support coming from the healthcare institutions that dominate the healthcare in the area. A lot of -- I think I-STOP is good. That's where you have to check on the computer to see if somebody is doctor shopping and so forth, but we've been pilloried for little technical glitches and so forth by I-STOP personnel.

That's anxiety producing and upsetting, but I understand. DEA has been in the office looking over the records, fine. No problems. But, again, it doesn't happen with any other part of my practice that you got the guys with the suits in there looking over things, page-by-page, and asking all sorts of questions.

And insurances are not helpful in the least. The opposite to try to get them to pay for drug testing and urine drug screens and everything is just a constant fight, frustrating.

The transition of the patients between different levels of care, it is terrible. If they need higher levels of care, we have to basically plead and cry and spend hours begging people to take them and get the insurances to pay for it. Just really frustrating.

So -- but anyway our system works. I actually like it. It may sound like I don't with all of these complaints, but, we get along well, and I think we do a good job, and I think it could be a model for other family doctors to do it, if they are interested.

Family practitioners are perfectly trained to do this or family nurse practitioners also. They

have the psychiatric and the medical training that you need to do this. Especially chronic pain management. Pain management doctors aren't necessarily set up to do addiction treatment. Anyway.

SENATOR FREDRICK ASHKAR II: Doctor, let me weigh in here. After speaking with you and gleaning some information at Senator Seward's heroin roundtable, I authored a letter to United States Senator Charles Schumer, and Kirsten Gillibrand in an effort to get them to move on the Treat Act, which would allow others to participate in the prescribing of Suboxone, and we urged them to move on that.

Dr. KEITH NICHOLS: Non-physicians.

SENATOR FREDRICK ASHKAR II: To make it more readily available.

Dr. KEITH NICHOLS: Good idea. That would really help.

SENATOR FREDRICK ASHKAR II: Yeah. And again, we gleaned that from our conversation that you and I had and hearing from another doctor in Oneonta, so we're hopeful that there will be some movement on that. But, again, there's even more bureaucracy in Washington than there is Albany.

Dr. KEITH NICHOLS: Again, I appreciate that.

SENATOR FREDRICK ASHKAR II: Barry, thanks. Yes, please.

BARRY SCHECTER, MSW-CASAC-R: Yes, thank you, thank you very much. I wrote some notes.

First thing, first comment when Senator Ortt introduced himself, the words that I heard, treatment on demand, they just go to my core, because that's probably the best thing that could happen. It doesn't exist right now.

I wrote some notes so that I didn't go too tangential. So the first thing I wrote was what are the roadblocks to treatment and recovery? And the first thing that I thought of was stigma. And that's what I have heard us talk about here. How could we normalize treatment?

I see people every day, many people, that have addiction problems. I have a list right now, probably, probably for our office in Tioga County, 120 people waiting for care. Why is that? Why is that? Well, because Dr. Nichols can only prescribe medicine for 100 people. That's the law. That's -- now, there's no such law for how many patients can get prescribed opiates or opioids.

Every primary care doctor that has a DEA

number can do that. But not every primary -- not every doctor who has a DEA number can prescribe Buprenorphine, nor, going along with stigma, do they want to. Because let's be very clear:

My patients tell me, I'm talking about people that have been stable, ten years, grandfathers, people with positive, good careers, that when they go to the pharmacy, and they get a prescription for Suboxone, pharmacy tech might look at them and roll their eyes. What do you think that makes a person feel like that actually has a good life?

I just -- I just needed to say that, but I think that if we could somehow normalize treatment, take the fear of criminality out of addiction. I understand, I understand we've got all the law enforcement people here.

What I'm saying, is for a person that's addicted to opiates, by their very existence, they are committing a criminal act. That makes them at risk to be incarcerated. That means not having their drug, that means withdrawal. That means more anxiety. That means more use of drugs. It's a very vicious cycle. How can we do that?

I think we could -- if we treated it like any other healthcare issue, if we used -- utilized

medication counsel, peer counseling. I made a note, the ICRC which regulates CSAC now has a credential for peer counseling. It is, frankly, not as rigorous as a CSAC, but it's what people need.

People don't always believe what I say as a professional, I look -- at least on the surface, I look better to some of my patients. But they do listen to other people that are going through this recovery process. And I think that's essential.

If we could get into NDAC, another national organization, and the National Alliance of Methadone Advocates, NAMA, also offer peer credentials. I think we need to close the loop that's going on. When I send someone to the Addiction Crisis Center, and I discussed this with Art, Art Johnson, when somebody goes to the ACC and they have opiate addiction, heroin addiction, then probably they are not going to stay more than a day. Because the next day, they are in withdrawal. And they just leave. They have to leave.

Could we not? And I was pleasantly surprised that loop might be closed. We can prescribe Suboxone at places like ACC. After a thorough biopsychosocial evaluation is completed, I'll go even one step further. Perhaps we could use that in

the jail. Wouldn't it make -- a person who is in jail, I get it. They're in jail. But isn't it a burden on the Sheriff's Department, on the medical staff to treat people, somehow keep them there while they're going through withdrawal?

Think about that. I don't think that -- I just don't think that -- I think we could do it. I think we could make strides together.

This is a wonderful group. Thank you for letting me be here.

SENATOR FREDRICK ASHKAR II: Thank you, Barry. LuAnn, could you speak about your program from -- your faith-based perspective and then we're going to move on to law enforcement.

LuANN NATYSHAK: Yes. Thank you, Senator, for asking me to be on this panel. I don't take it lightly.

Five years ago, I began ministering in Broome County Jail, specifically to the women. And my eyes were opened very quickly that -- I'm glad somebody said that, it was 80%. I think it was 99% heroin addiction in there, and the reason they were there.

I've seen the spectrum of three generational drug addicts, actually in there one time, and one of them was pregnant, so there was four generations of

this family in there. And then I've seen college graduates, I've seen women that had one semester away from her degree at Penn State, and her life was gone and done because of heroin.

I conduct chapel services for them. And I came across the revolving door, the revolving door, and I said, this is not -- this ought not to be. I had a parent of one of the girls say to her, this is the poor man's rehab. And I thought to myself, if this is a rehab, I need to make a difference in here.

So I started doing non-contact visits with each of these women, trying to get them to think right thoughts, make right choices, and so then I was able to do, once a week, the door opened for me to do classes on recovery, every Tuesday. And I will give them weekly homework. And let me tell you, they love it. They love getting their homework. They love doing it.

But I'm only allowed a half an hour, a half an hour out of seven days a week to do that class time. Then I began one-on-one mentoring. And, at this point, Broome County Jail has been so cooperative with me, I'm able to go right into the pods, sit down with a girl one-on-one, and we talk,

and it's -- it is a coaching. I'm coaching them in their mind, spirit and body.

So I saw that there was the revolving door, and I wanted to make a difference on that. So my second goal was an exit interview, and what I do is I sit down with the girls and I say, where are you going to live? What kind of recovery do you need? And what church do you think you're going to go to when you leave here?

And I now have a team of 12 women who are volunteers, who will, at a phone call, pick up those girls, take them for coffee, take them to a meeting, and just encourage them, and there's some meetings, you know, faith-based meetings in this community, Free in Christ, Celebrate Recovery, and Brand New.

And I will pick up a girl, we will pick up girls and take them to meetings. I am seeing success, after five years. I have girls, women that have completed their GEDs, working towards their college degrees. They are successful in the workplace. And most importantly, I'm seeing restorations of families. Moving forward, I would love to have more class time in there. Ruth, you've got the answer.

We've got to spend more time inside there

and -- I didn't see -- Barry, yes. Broome County Jail is the poor man's rehab. Let's make it a good one. I'm willing to do it. I volunteer my time. I have 12 members that volunteer, inside and out. We want to see heart changes from the inside out, and we need to help them on the inside and out.

I need -- we need to stop the revolving door. We need to stop the deaths. And, that is my vision to be successful in this program. This is such a complex issue. This is my piece of the issue that I'm willing to go to bat for, for these women, and ultimately, I'm going to start a program for the men.

So, thank you for having me here. It's been very enlightening.

[Applause]

SENATOR FREDRICK ASHKAR II: LuAnn, thank you. I think you're very inspirational. I think it's important moving forward that we keep faith-based leaders on the forefront of this issue and we do a better job as a community of ensuring that faith-based leaders are part of the conversation that we have.

LuANN NATYSHAK: Thank you.

SENATOR FREDRICK ASHKAR II: You're welcome.

Changing gear as little bit, DA Cornwell, can you just speak about the things that you're seeing, the program that you're running, and then your involvement with Judge Pelella, and we'll segue into drug court in Broome County and how you've expanded that program?

STEPHEN CORNELL, JR.: Great, thank you. You know, we've taken a perspective that it's -- there's a supply side component and a demand side component.

The supply side component are the drug dealers and the suppliers, and the demand side are the users. So it made that very clear. On the supply side, I haven't given up on the supply side. I know we can't arrest our way out of the problem, but I can arrest enough people to clean up Broome County. That is my goal.

So we have increased by -- we have three times as many indictments this year for drug dealers as we did last year. We don't plea bargain with drug dealers. They have to plea to the charge or go to the Judge and ask for a sentence or go to trial. So that's how we've been very aggressive.

We're being smarter about and it not harder. We've created intelligent-based system with the help of all of our local police chiefs and the sheriff

and the National Guard to come in and help really put our finger on who the targets are, the people that we want to go after, and we're going to make their life as miserable as possible.

Go after them at DSS, go after them if they are cheating on welfare, which a lot of them are, go after them in family court, go after them, you know, any way that we can to make their lives as miserable as possible. That's my goal, to make it as uncomfortable in Broome County for drug dealers as I can.

That includes working with authorities in New York City, so that's the supply side. The aggressive DA side that -- the prosecution that I think we have to do and recommit to that, and we are doing it, we're seeing results rights away moving cases quickly into indictment and prosecuting them very aggressively.

As you can tell, I don't mince words. That's what I'm doing is, and drug dealers are starting to get that message.

On the demand side, there are two types of demand side cases. You have people that are charged with crimes and people that aren't charged with crimes. If they're charged with crimes, and they're

not violent crimes, they're sex offender crimes, things of that nature, we are referring them to drug treatment court to Judge Pelella, and we've increased the incentives so people shouldn't be stigmatized with a felony for the rest of their lives.

They complete drug court and they stay clean, felony should be gone off their record. If they are misdemeanor crimes, they should get in and we need to catch them early. It wasn't always the case. Now, I have expanded that, catch them early with misdemeanor cases, wipe out their record, their misdemeanor record if they succeed.

There's a million dollars of income in difference of someone that has a criminal record as an 18-year-old versus no criminal record. They'll lose a million dollars over the course of their life in income because they're saddled with this record.

Well, if they clean up their problem and they take care of things, they and get on straight and narrow, then they don't need a criminal record. We have done our job, we have corrected the behavior, and we don't have to worry about the future crimes and the increase in crimes.

I've also, on the demand side, if anybody

calls my office and they say that they're a heroin addict and they want to go to treatment, they go to treatment. I can tell you right now, we started our program Operation Safe two months ago, and it took a lot of grief from our DAs saying why are you involved in this? This is not the District Attorney's job to send people to treatment. It is. Because if people are in treatment and they're off the streets, they're not committing crimes and they are not dying. So we're saving people's lives.

[Applause]

So that's why I have made it a focus. That's how I'll help to keep Broome County safe. Our numbers are far above all of the neighboring counties. We're in the top ten in every bad category you could be in, so we're about -- out of 62 counties in New York State, we have the highest number of property crimes, because drug addicts steal to feed their addiction. We're second highest in overall crime rate, ninth in violent crimes and tenth in drugs. And these include New York City, the five counties in New York City.

So out of 62 counties, we're in the top ten in everything, and it is not the good top ten, it is the bad top ten. So, I figure we'd have to get

people off the streets and into treatment and it is not available in our area. So we send people to treatment.

I can tell you the last update we had was we sent in two months, 70 people were placed in treatment facilities.

[Applause]

And that's -- and that's no cost to taxpayers. And what we do is do it the old fashioned way. People come in, then help, we pick up the phone and we call people. And there are beds in New York State. There are beds every day available in New York State. Not many, but they're available and the website that the State has, it doesn't work. It is not accurate. It's a joke, to be perfectly honest.

There was a press conference website. It doesn't work. Our volunteers will call around to all of these facilities, so they had nine beds open, three beds open, no, we haven't had beds open in two weeks. So the website doesn't work.

If the website worked, it would save hundreds of phone calls for our volunteers, calling around to get people in. So if there are beds, we get people in, and we get people in, we're teamed up with some

other facilities, and our treatment plan is that they call us, we get them into treatment.

We have a doctor that we've -- we're going to work with that will provide Suboxone or vivitrol, basically guarantees -- it doesn't guarantee, but it's -- part of the treatment process is to help them to get into treatment.

But we get people in treatment between one and 15 days. We have 19 people that are going to treatment on the 1st. So we'll go from 70 to plus 19 so long as they hang on that long, but we lose people along the way, sometimes because they go and use, and there really isn't anything available for them immediately in our area.

And so from my perspective, that's what we've done. But, you know, the website's not helpful. It doesn't work. It also doesn't help that in Broome County you cannot get a drug assessment at the jail unless you want to pay for it yourself.

So the fact that five years ago we had somebody full time that worked for the County that did drug assessments and now we don't have anybody, and we haven't for a long time. Right now, there's been nobody at the jail doing drug assessments since October or November of last year. 80% of the people

there are drug addicts, and we don't have anyone in the jail to assess them. If they did that, it would be volunteer.

They pass the information on to the defense attorney, and I'm not going the speak for all of the DAs but, you know, if we have people that have been placed into treatment or started taking Suboxone, you know, and addressing the problem, let's get them out of jail.

I mean, that problem is the drug addict's and that's why they're committing crimes. We're not talking about dealers, we're talking about all of addicts, but you can't get somebody assessed. You have to pay. When I was in private practice, we would have to pay 300, 400, $500 to get anybody assessed. Normal people can't afford that.

You know, and you're paying more in the back end, because you're paying for the free attorneys, and you're paying for the jail staff and the overtime and all that.

So really, I mean, it's quite simply, if somebody comes to us and they want treatment, we get them into treatment. And right now, I can tell you that we have 100% of people in treatment, and I didn't want to give out that figure for the first

couple of months, because I knew it would change, so I thought, but, we have placed 100% of the people.

Every person that came in to my office or called my office and said they wanted to go to treatment was placed in treatment. So it can be done. But, it has been outside of Broome County and outside of New York State.

And we have facilities that take people for free because other states have stepped up and have been doing things far in advance of what New York State is doing. So, you know, you have to hit them hard and be aggressive on the drug dealer side, and find people treatment.

80% of my cases, 80% of my cases are related to heroin. You know, I have 18 Assistant District Attorneys, and I have 14,000 active cases, criminal cases. 1700 felonies. And there are 13 of those people prosecuting felonies. 80% of our cases are related to heroin. And most of our violent crimes are all related to heroin as well. So obviously, the property crimes, but it's a violent crime, and that's what we've seen, and we've seen our violent crime rate is skyrocketing, and the numbers that will come out soon will be startling.

But that's what we're seeing. So from my

perspective, hit them hard on the supply side, and then, if -- I mean, demand side, if they have not been charged, they go into voluntary program where they'll see a doctor, and have the opportunity for vivitrol or Suboxone and they go to treatment.

Our minimum facility now that we team up with is 90 days. That's the minimum, and we'll team up with a different facility, six months is their minimum. See, when somebody comes in for treatment, it shouldn't be give them a slip, they come back in two weeks and they come back and start outpatient.

If you fail outpatient, you can get in for a couple of weeks. If you fail that, you can get in for a month. If you fail that, you can get in for three months and that's absolute -- it doesn't work. I mean --

[Applause]

So how about the first time they come in, they get six months of treatment. Those are the numbers that we should be talking at, and the facilities we work with have very high success rates because they are minimum programs, 90 days, but they're telling us they're going to keep people for 18 or 24 months, and when they come back out, then they -- if it is determined that they need Suboxone

when they exit the program, or vivitrol when they exit the program, that's what they do, and it helps to transition when they get back home in the area they came from.

So, it doesn't seem that difficult to me to mandate that insurance companies pay for a 90-day minimum program the first time somebody needs help. You'll save that money in the long run, I think. You know, everybody in the business, so to speak, knows that. So that's what we're doing.

That's just basically my few ideas that I apologize for taking so much time. But obviously we're passionate about it and that's what we're working on.

SENATOR FREDRICK ASHKAR II: Thank you for your work on that and for the audience and everyone else on the panel. We have a colleague Senator Patty Richie from the north country who sponsored a Bill that would require 90 days of treatment, and the three of us are co-sponsors on that Bill. So we're --

[Applause]

Probably one of the things that we have heard most about a reasonable amount of time for somebody to get treatment, and hopefully we can move that

Bill in the Senate. And, again, I have said this, and I know my colleagues have, this is such a non-partisan issue, the Assembly should take it up. I would encourage my colleague from the assembly to help us to push that on that side of the building, and hopefully the Governor would sign that.

So DA McBride and then Judge Pelella and then I'm going to my friends from law enforcement.

Sorry.

JOSEPH McBRIDE: Judge, I don't mean to jump in front of you. One other issue that we have that's going on that is very important is hypodermics in New York State are still illegal, but there is a provision that if you obtain them lawfully, then, in fact, that they're lawful.

But, there's no way for law enforcement to prove that. It's creating a big problem in law enforcement about whether or not they're legal or illegal hypodermic instruments.

If state wants to --

SENATOR FREDRICK ASHKAR II: You have to have card, right, John?

JOHN BARRY: They should if they're in the syringe exchange program. But they're also legal to buy it from a pharmacy.

JOSEPH McBRIDE: Exactly. When you buy it from a pharmacy, and John, you can correct me if I'm wrong, you don't get a card, and there's no way for them to know.

Now, that being said, there seems to be a move in New York State to legalize that. If that's going to happen, it's going to make my job, the sheriff's job and every law enforcement officer's job a lot easier. If we're either going to say that it is legal or we're going to say it is illegal. If we legalize it, then it's easier for people like John to get needles to people.

If we decriminalize it, we can't give a mixed message, because it is not fair to the officers who are out there on the streets and trying to figure out who has them legally and who has them illegally.

But now, if whatever the State decides to do, the last issue is, and I'll hand the mic over, is, there's a lot of needles on the streets, not only in Chenango County but in Broome County, and throughout New York State because of this problem.

What I would like to see, is not only that we resolve the issue about who can have them legally, but make it a more serious offense to dispose of them illegally. Not only are you creating a health

hazard for everyone in your community, you're putting your kids at risk, and in parks, parking areas, and every other place. We need to make sure that while we're fixing the heroin problem, we also fix the needle problem that's occurring in all of the communities in our area.

JOHN BARRY: I'm going to politely suggest that if people were not being prosecuted for possessing them, maybe they wouldn't be tossing them away.

JOSEPH McBRIDE: Maybe you're right, and if that's the case, we can solve that problem, but there is a problem with needles in our community.

SENATOR FREDRICK ASHKAR II: We are about five minutes before 6:00, so I'm going to ask Judge Pelella to speak about the drug court system in Broome County. We'll finish up with our friends in law enforcement and then, everybody will be on their way. Judge Pelella.

HON. WILLIAM PELELLA: Thank you, Senator. I have been involved in the criminal justice system for 35 years. I have been a prosecutor, a defense attorney, and for the last 11 years a judge.

And I have had the honor and privilege of presiding over the drug treatment court for the

last -- eleven years and for the last year presiding over the veterans treatment court program as well.

The goal of those programs is to break the vicious cycle of addiction. We have talked about a little bit here today where someone uses, they get arrested, they go to jail. They get out of jail, they do it all over again and keep doing it until a couple of things happen. Either they're in prison for a very long time, or they're dead from an overdose. And so what drug court tries to do is with the cooperation of our partners in the community, to try to break that vicious cycle of addiction.

By treating the person, the entire person, we deal with their health needs, we deal with their educational needs, we deal with their employment needs, and we deal with their addiction.

I have partners such as ACBC, New Horizons, the YMCA, the YWCA, the Salvation Army, the District Attorney, the halfway house, the public defender, private attorneys such as Paul Battisti who is here today who really want to look at the bigger picture and try to help people who are involved in the criminal justice system.

And what we do is, I have that whole team of

professionals helping me, assisting the court and trying to treat the person and make them whole again and take them from being someone who is in jail, costing the taxpayers a lot of money, to making them a productive citizen.

And over the years, I have been able to look into the eyes of my participants, and I have seen the tremendous grip that a drug such as heroin has on a person. You can see it in their eyes.

I can see it on their face. The despair, the lack of hope, the giving up. Just wanting to survive for another day. We have also seen the face of recovery. I have seen someone who has been able to complete our program, and for the most part, our program lasts a year and a half to two and a half years. It's not an easy program. It's a program where I have to balance the needs of the participant with the rule of law. And I have to make sure that they're held accountable, and that they're responsible.

But by doing that, we really can make a difference in their life. And I walk to work every day, and recently I had a car pull up on Riverside Drive, and somebody got out, and first as a judge, you're always -- what's going on? But it was a

graduate of my program, and I could just see on her face hope, the happiness, she's got her kids back. She's working. She's doing something in her life. She has hopes and dreams.

So our program is one of hope, not despair. It is one of life, not death. And really, we're talking about life and death, we're not talking about criminal cases. And I'm really -- it is the most rewarding work that I have done in the criminal justice system, but at the same time, it's the most difficult work that I have done.

But, I think that it is an example when we come together as a community, particularly when we take hard working professionals in the treatment, along with the professionals in the criminal justice system, and combine them and work together to help these people that are in our program, it really can make a difference. And I have seen it.

SENATOR FREDRICK ASHKAR II: On behalf of the community, I thank you for your ongoing commitment.

[Applause]

To my friends in law enforcement, Captain maybe we'll start with you and go down the line. You know, I think in terms of maybe talk about the things that you're seeing from a law enforcement

perspective and then quite frankly, I would like to know where the legislature can be helpful from a law enforcement perspective.

CAPTAIN PATRICK GAREY: First of all, thank you, Senator. Thank you for holding the hearings here, or the roundtable here and thank you to everybody on the panel.

All of the main points have been touched. From a law enforcement perspective, this is taxing our resources unbelievably. Everything from low-level petty crimes right up through.

I think I can speak for all of us. Any time we get a report of a robbery, almost the first instinct is what heroin addict is it? I think from a law enforcement perspective, we're coming to realize that, addiction is a disease.

I think like you, years ago, we all thought that we were the solution. I don't -- now I can absolutely say this is not a law enforcement problem.

We deal with some of the problems related to it, but it is absolutely a community problem. Where this is coming from, and as you know, I spent 15 years with the State Police Community Narcotics Enforcement Team, and one of things that I had that

people who worked for me do is interview anybody we arrested or any informants that had any sort of an addiction. And almost to a person, they've all started with pills.

There are a few who started out with marijuana and other drugs and progressed up through. But, most of them, and many of them were legitimate pill users, who before they even realized it, they were addicted to drugs and also many of, you know, who have been to panels before, I personally have dealt with this, my niece was an addict who is now two years recovered.

But I spent 15 years in charge of a narcotics unit, and for a long time, I didn't know my niece was addicted. I didn't recognize the signs. I didn't ask myself the hard questions. And so what I would put out is, prevention and awareness are the key critical components of this, and certainly, treatment is the third part of that.

And just to dispel any myths, in case they're out there, from a law enforcement perspective, we don't target users, ever. We would eat up our resources in a matter of really minutes if -- I think all of us could walk out today and target 25 or 30 users without even thinking about it. We

focus solely on dealers, and primarily on dealers who are profiteers looking to make money off of it.

There are certainly people who are dealing out there, to support their habit. We do arrest them, they are committing crimes. And we do arrest them. But I just wanted to make sure that that's known, that it's really not even a consideration of ours to go out and look for people who are actively using.

And generally when that occurs, or people are arrested for possession, it is one of two things. It is either a patrolman who has come across the drugs while they were in the course of their duties one way or another, or, the arrest is the result of possession with intent to sell, but we've targeted them as dealers.

SENATOR FREDRICK ASHKAR II: Thank you, Captain. Chief Zikuski, thank you for being with us today.

JOSEPH ZIKUSKI: Thank you, Senator. I'm glad you left us to last, because you did not have much time, and nobody could better represent us than you, knowing what our needs are.

SENATOR FREDRICK ASHKAR II: Thank you.

CAPTAIN JOSEPH ZIKUSKI: Just coming from the

front lines and working closely with you. I can't agree more with the Captain. You know from our task force we don't target users. The few times we do is to get to the dealer themselves. And that's not too often. Patrolmen have their jobs that they have to do.

From what you can do from us, I hear Ray's figures, and he said 64 in the county. You know, we buy our own Suboxone, and I think our stats are a little separate from yours.

In city alone, in the 14 or 15, we administered 78, just the police department. And we're funded that ourselves, so we need a little help there. It's not a huge amount of money.

The resources, as the Captain spoke about, I don't have to tell you all the manpower we have addressed to this, you know, and what we're doing, and as far as taking some of the burden off of the local community, you know, some money for overtime because everybody is asking for cops, and you don't know what they're doing. Can I have this position, but maybe, you know, some funding where it is a narcotics investigation where we can prove this is what the money is being used for, because I don't have to tell you about funding positions and how

they get used and things like that.

So, you know, just so everybody knows, you know, I'm not going to bore with you any figures but from state registry, opiate deaths in Broome County, there were 31 of them in 2014. And in 2015, there was 27, 12 being City of Binghamton.

We responded last year to 101 overdoses that the police department and sometimes the fire department goes, so that's just what we're dealing with. But you know, we can't arrest our way out of this, you know that. And we can't incarcerate our way out of this.

This is a community problem, and I couldn't agree more with the Captain that we are just a little part of the solution at the bottom. Everybody in this room is a solution.

You know, just close up with -- it's almost embarrassing to say. A good friend's son just recently had a problem. And they were at their wits end, and I said have him arrested. And, you know, turn them over to Judge Pelella, because I have a lot of respect for him and his program. He saved a lot of people. This is a kid, his parents have a lot of money. And they're at their wits end, and he stole his father's credit card and ran up thousands

and thousands of dollars. His grandfather didn't even know it. Stole everything out of the house. And I said, you know, it is unfortunate that's where we're at.

They are calling me and calling my wife and have him arrested. And let the judge have a shot at him. So I think we need funding. Any way that you can help his program, or any of these other programs here, you know, that's how we're going to get out of this situation.

SENATOR FREDRICK ASHKAR II: Thank you, Chief. Captain.

CAPTAIN KATHLEEN NEWCOMB: Thank you very much. Thank you, Chair. You know, I've heard the statement here several times today that we can't arrest our way out of this problem.

However, I want to make it perfectly clear that law enforcement has a clear job to do, and that is to arrest the drug dealers. As I think Captain Garey referred to, that is our job. And we're going to continue to do that. And I'm proud of the numbers and the arrests that our drug task force have done in conjunction with the Binghamton Police Department, as well as the Johnson City Police Department and the Endicott Police Department.

They work very, very hard, tirelessly, to arrest the drug dealers in this community. With that being said, I also am proud of the job that the law enforcement community has done over the last couple of years with turning around, you know, Penny spoke about the stigma and turning around the stigma that the law enforcement community has. The law enforcement community can be a very jaded group of people. And they have turned that around as far as awareness, as far as being on the front lines and starting the Narcan program, saving many, many lives. The programs that we have in our correctional facility. I think that law enforcement has done a very good job and I think that in recent years, they have had the opinion where they could arrest their way out of it, and with that being said, I think that they have turned it around where we have become much more aware of the problem, much more sensitive to the problem. So I think that the law enforcement community is doing a very good job there. A few of the other programs that we've implemented is, we're working with UHS as well as Fairview Recovery, trying to help the addicts to get to the beds available in our community here locally. We have I think somebody had touched on this earlier but we have the drug dropoff boxes. If I could speak on behalf of

Sheriff Howard, we try very, very hard to implement these new programs, and to do everything that we possibly can to help the community. So it is very multi-faceted, I think, from a law enforcement perspective. We're involved in a lot of different ways. Whether it is through the correctional facility, whether it is arresting the drug dealer, or whether it is assisting the addict to get to the bed at the ACC here locally in City of Binghamton. So I just want to make that clear that, you know, law enforcement has a pretty big lift. While it is probably not as big as the treatment and the treatment options and some of the struggles that these folks deal with, you know, we're doing the best that we can too.

SENATOR FREDRICK ASHKAR II: I think that -- yes.

[Applause]

I think everybody would agree that it is certainly a very important tenet in dealing with the issue. And Penny, I think I recall having one of our first conversations about law enforcement having a jaded view about this particular issue.

PENNY STRINGFIELD: Can I say something about that a minute, is that all right?

SENATOR FREDRICK ASHKAR II: Yes, please.

PENNY STRINGFIELD: My son's teacher called and told me that she had witnessed someone overdosing and she had called for the police. And when they came, they were able to administer Narcan and were able to revive the young man. Unfortunately, the two law enforcement officers who cared for him at that time turned to each other in front of her and said, "Yippee, saved another junky today." That was a pretty devastating thing to hear. And it was pretty much how I felt about law enforcement officers, honestly. Probably one of best things that happened for me was that I spoke about that at a BOAC meeting, and Senator Akshar who was undersheriff at the time stopped the meeting, and apologized for all of his peers.

I have to say that when my son overdosed, the people that came from EMS, and the police department, worked tirelessly, tirelessly for an hour to try to bring him back. So, yes, there are -- we've come a long, long way I think as far as stigma in our law enforcement, but we have a ways to go.

CAPTAIN KATHLEEN NEWCOMB: Absolutely.

PENNY STRINGFIELD: One of the things that I have a deep concern about is Narcan and where Narcan

is available. I think Narcan should be available in our schools. I think Narcan should be available at any living facility where someone is coming after jail or treatment because it is a misperception to think that because it is there, people are going to use. If they are going to use, they're going to use, and we should be able to save their lives if we can. And thank you for all the times that you have.

CAPTAIN KATHLEEN NEWCOMB: Thank you, Penny, for pointing that out.

SENATOR FREDRICK ASHKAR II: Last but not least, my very good friend from Tioga County, Sheriff Howard. Thank you, Senator. I'll make it really quick. I'm just shy of my 40 years with the sheriff's office, and I have seen this wave come through every so often. And Captain Garey will agree with me the methamphetamine problem that came up in about the 2002, 2003, 2004, was huge, and during that time, I was asked to go to Washington and testify before the House Science Committee to get some laws changed. Then I came back, I went to Albany and I testified there to a task force. We got some laws changed. Senator O'Mara was standing next to me down in Elmira when Governor Pataki signed some new laws in. So now you go to the drug

store to get Sudafed and you have to show your license, and everything is tracked that way. That was cutting the head off the snake. It is coming back. And that's a different problem that we're dealing with now. I agree with the captain when he said that this is a community problem. We can't solve this like we did with the methamphetamine by get something laws changed, and having some control. I have a relatively small jail. Probably half of my inmates have some type of addiction. It is a huge strain not just on my corrections officers, but my medical staff and the community because they are the ones that pay for the addiction problems when they go into detox and when we have to get them into the hospital for infections and all of those other issues that come with it. It is a community problem. A day doesn't go by that -- we have a tip line on my website, anonymous tip line -- that we don't get a tip about some drug use, or drugs being sold. And I agree with the chief and the captains, we're not out to get the users. We need to cut the head off that snake and those are the dealers. And it is time consuming, and it is very expensive.

SHERIFF GARY HOWARD: And just one short

story. My son is a deputy sheriff in Oregon. And when he was growing up, he said "What would you do if you caught me with drugs?" I said "I would arrest you and send you to jail." And that has changed. Now I have a grandson who asked me the same thing. And I told him, "I would take the drugs from you, and get you some help." That's all I have.

SENATOR FREDRICK ASHKAR II: Thank you, sheriff.

[Applause]

CAPTAIN PATRICK GAREY: Senator, if I could just add one suggestion for you to think about with the legislature. And the chief and captain and sheriff have all kind of touched on it in different ways. But when the methamphetamine epidemic started, one of the pieces of legislation that went in was that law enforcement agencies had to send a message to Albany indicating where a lab was, and it gave us a tracking of what was occurring, where the trends were, where the labs were coming and what type they were. And one of the things that I have found in dealing with this over the last year or so is that we all have our own statistics with regard to overdoses and when Narcan was used and when it

wasn't. And I know there are some things reported to the state, but I would just suggest maybe looking into all law enforcement, fire department, EMS, and healthcare personnel, all being required when there is an overdose of any kind, not just an opiate, but any overdose, that that goes into some central database where we get real numbers that we can track what drugs are trending at that point and what is causing overdoses.

SENATOR FREDRICK ASHKAR II: Thank you, captain. Well we have clearly run over our time, SSuperintendent Gill, again, thank you for your hospitality. I'm sorry we went over 15 minutes. I want to thank everybody on this panel for fighting the good fight on the front line. I know it is a huge lift, but it is clear to me that there are many people in this community who care. And, you know, I think the biggest thing, and I said it when we started is that, we as leaders need to ensure that we're setting personalities, and we're setting political differences aside, and we're moving together as one. I think that's the most important thing because if we're not doing that, I think that the only people that we're harming are the people who so desperately need our help. So I would

encourage everybody to stay together, as tough as it may be, but we all have ideas and plans, none are more important than the next. Just important that we move forward together as a team. So with that said, Senator Ortt, do you have some closing remarks?

SENATOR ROBERT ORTT: Not really. It is hard to after that great discussion and great panel here that you put together. I want to thank everyone for being here as well. And I wanted to sort of clarify, earlier I said you heard sort of similar themes, but that doesn't mean you don't hear new ideas, or new, very worthy suggestions from each discussion. And this is no different. And I can assure you that I am going to be having, I know Senator Amedore was not here today. Senator Amedore along with being a co-chair of the Heroin Task Force is also the chairman of the OASAS subcommittee, and I know he would be very interested to hear some of the issues because that was -- that's a little bit more nuanced or specific than I have heard after six or seven hearings. I will be having a phone call with OASAS, probably in the next week or two, much to their chagrin because they generally don't like to hear from me. But that's okay. So you know, we

heard some different suggestions, and like I said, the plan is, this session, now that we're passed the bill, you'll see some comprehensive legislative reform package that's going to include a lot of things. I'm not going be disingenuous. It is probably not going to include everything that everybody thinks should happen, but I think it is going to include a lot of things that we can all agree with good things. Does that mean there won't be still challenges and battles? I think you heard from the law enforcement, this is kind of an insidious epidemic. It sort of moves, just when you do this, you do I-STOP and then all of a sudden, heroin pops up. Everything you try to do, it is sort it sort of adapts a little bit, so we'll keep fighting the fight and try to I think the best solutions come from the bottom up. They certainly do not start in Washington or in Albany. But you already know that. They start on the ground level. They start with in place just like this, they start with everybody here who is on the front lines, they start with people who have lost loved ones, and who have the courage to turn that into something positive. They start with people who are nine years sober, who are leading the fight and setting good

examples. It is not these three people in the middle here. It is everyone else up on this dais. So I want to thank you for what you're doing. You help us to be better legislatorss and you'll help lead the reform efforts, and when we get some positive reforms and every time we save another life, it is because of the people on this stage, and it is not because of anybody in the middle here. It is all of you, so thank you for what you're doing.

SENATOR FREDRICK ASHKAR II: Thank you.

[Applause]

SENATOR FREDRICK ASHKAR II: Thank you, Senator Ortt. Senator O'Mara.

SENATOR THOMAS O'MARA: Yes, thank you, Fred, for putting this together, and I thank all of you for coming out and sitting in and listening and showing your concern of what's going on in our communities. It is vital that we all work together. We ave heard from our panelists here and certainly thank you to all of our panelists for taking time out and expressing your ideas to this as Sheriff Howard said back when I was in the State Assembly, in 2005 and we still had Governor Pataki, we pushed for, with Sheriff Howard's leadership, a lot of changes under the methamphetamine laws. And we had

a similar task force to this that I was on in the assembly going around the state that led to a lot of the positive changes that came out of it. Methamphetamine still continues to be a problem. And no matter what package of legislation we come out of this year, this heroin will continue to be a problem. We've just got to get a better grasp of it.

I've been on this committee now in the Senate, this task force in the Senate for three or four years. In 2014, we did rounds of hearings across the state. I participated in one in Elmira in my district that we had, and that led to a package of legislation that is a constant progression. I guess is my point that we're working on and we'll always be working to perfect this, the access to treatment, the availability of treatment, and just to deal with this real, real problem that we have in our society. But thank you all for being a part of this solution here.

SENATOR FREDRICK ASHKAR II: Thank you, Senator O'Mara.

[Applause]

So Ruth, we'll make it a point, my staff and I, to follow up with you and the others associated

with treatment in terms of regulatory reform, and then I'm going to get that information back to Senator Ortt and the other co-chairs so hopefully we can put our heads together and move on something like that again. I would encourage everyone in the audience, if you want to submit written testimony to please do so before you leave. To everybody who is streaming this live at home, please, visit my website, ashkar.ny.senate.gov and we'll accept your written testimony there as well. Again, thank you all on the panel for participating. I pledged accessibility when I ran for the New York State Senate, and I want everyone to know not only on this panel, people who are watching at home, people in this community, that I meant what I said. My door is open to your ideas, your suggestions, your issues, and where I can be helpful, I need to know that, and I encourage everybody to come knocking because I stand ready to fight the good fight for you, and I have a remarkable staff that I have to thank for putting this on. Please, a round of applause.

[Applause]

There was so much more than simply setting up tables and putting some nice red skirting around the

front of it. So I have them to thank for making this happen, and it was a huge lift, and I'm eternally grateful to each of you who made that happen. And to the men in the back of the room, in uniform, thank you very much for providing security. We appreciate it very much.

[Applause]

So again, thank you all for participating and coming out, and I wish you all a blessed evening.

(Whereupon, the public hearing held before the New York State Joint Senate Task Force on Heroin and Opioid Addiction concluded.)

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