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

PUBLIC FORUM: CAYUGA COUNTY

PANEL DISCUSSION ON AUBURN'S HEROIN EPIDEMIC

Auburn City Hall Chambers
24 South Street
Auburn, New York 13021

May 8, 2014
1:00 p.m. to 3:00 p.m.

PRESENT:

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

Senator Michael Nozzolio, Task Force Forum Moderator
Member of the Joint Task Force

Senator Thomas O'Mara
Member of the Joint Task Force

Senator David Valesky
Member of the Joint Task Force

Assemblyman Gary Finch

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John Riccio
Chief Medical Officer
Auburn Community Hospital

Shakeel Usmani
Physician, Internal Medicine
and Emergency Medicine
Auburn Community Hospital

Ray Bizzari
Director
Cayuga County Mental Health Office

Kevin Hares
Executive Director
Confidential Help for Alcohol and Drugs, Inc.

Jon Budelmann
District Attorney
Cayuga County

David Gould
Sheriff
Cayuga County

Michael McKeon
Judge
Presiding over felony and misdemeanor drug courts
Auburn City Court

Brian Neagle
Police Chief
Auburn Police Department

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SENATOR NOZZOLIO: Good afternoon, ladies and gentlemen.

I'd like to call the meeting of the New York State Senate Heroin Task Force to order.

It's extremely an honor to be -- please come in, Doctor.

It's an honor for me to be here, and to sit with my colleagues who have worked tirelessly across the state over this last month.

Senator Boyle and I, for instance, were in Manhattan a week ago today, to take testimony on this very pervasive, yet extremely important issue.

Before I welcome my colleagues, I want to indicate to them who we have in this audience.

It is a tremendous group of people who are understanding of this problem, who have been dealing with those who have been addicted to heroin.

We have a wonderful contingent of medical professionals, law-enforcement professionals, provider professionals, who understand this issue extremely well.

And whether it's an emergency responder or a member of Sheriff Gould's task force or other law-enforcement officials, medical professionals, they will help us provide appropriate insights into

this problem.

Senators with me today have been involved in the Task Force deliberations, but I wanted to have them understand the impact of this very serious problem in a small city like Auburn, surrounded by a rural area; that heroin addiction is not just centered in the inner cities anymore.

And with that, I'd like to first let individuals know that this is not a public hearing. It is not a place to just stand and give five minutes, ten minutes of testimony.

This is a place, a forum, to interchange ideas and experiences, and, it will be freewheeling.

We'll try to manage it.

We want everyone to be able to voice their opinions and provide us insights.

But other than our first testifier, and I think you will understand why we asked this individual to testify -- I'll explain that a little later -- it will be freewheeling throughout that.

And with that, let me thank the person who had to travel here the furthest, our Chairman of the Task Force, Senator Phil Boyle.

Senator Boyle, thank you very, very much.

Along with him is -- to his right, is

Senator Tom O'Mara, represents much of the Southern Tier, the central Southern Tier, and the central Southern Finger Lakes;

And, of course, David Valesky, who, for many years, represented a portion of Cayuga County, and is an important member of our review panel.

Two Senators who could not be here today, I need to mention them:

Senator John DeFrancisco, who had intended to be here. He also represents a portion of Cayuga County. He could not be.

And, Senator Jim Seward, who had to attend a funeral of a military hero who was slain in the past few days in Afghanistan.

They extend their wishes and thanks for your participation.

I'd also like to thank Mayor Quill.

Thank you, Mayor, for the courtesies that you have extended the Task Force.

This is a lovely chamber, and thank you for allowing us to use your facility.

The Mayor has a meeting later, a City Council meeting later today, so, unless we wrap up by an appointed hour, we will be evicted.

Right, Mayor? Is that the --

[Laughter.]

SENATOR NOZZOLIO: With that, Chairman Boyle.

SENATOR BOYLE: Thank you, Senator Nozzolio.

I appreciate your hosting this forum.

And Mayor, as well, thank you so much; my colleagues in the Senate.

We have been traveling around the state.

I represent Suffolk County on Long Island, and all the way up to Buffalo and Western New York, and this heroin epidemic is a statewide epidemic, and it's a crisis.

I'm pleased to be here in Auburn.

Actually, I've been to Auburn many times, but it was years ago.

For those of you who remember former Congressman Frank Horton, I was his legislative director in Washington, so I came to Auburn quite a bit.

At that time, I didn't have any gray hair, and Mike was an Assemblyman, so that was a while ago.

But I wish I was here under different circumstances.

And, today, these forums, as Senator Nozzolio said, they're open.

We want answers from our panelists. Certainly, we have a distinguished panel here.

And, from people in the audience who have experienced the heroin epidemic in many different ways, whether a personal crisis, through law enforcement, or treatment, we want to hear what you have to say.

And the question I always put is, "If you could change a law or two to make this epidemic less stressful on you, get treatment that needs to be provided, and, law enforcement, what laws we can change to put the bad guys away that are dealing these drugs?" that's what we want to hear about.

Or, if you know of a law that's there, and you don't think it's good, we need to get rid of it, we'd like to hear that, as well.

So, Senator, thank you so much for hosting, and we look forward to a good discussion.

SENATOR NOZZOLIO: Thank you.

Senator O'Mara? Senator Valesky?

SENATOR BOYLE: Senator O'Mara?

SENATOR O'MARA: Good afternoon.

My name is Tom O'Mara, and I am from the Southern Tier, as Senator Nozzolio mentioned, just south of the Senator's district, spanning the

southern Finger Lakes, and the Southern Tier along the Pennsylvania border, from Ithaca to Hornell, including Penn Yan, Elmira, and Corning. So, it's a five-county district.

We have issues with the heroin problems across the district.

I myself have a background in law enforcement, having been a former district attorney in Chemung County, as well as an assistant district attorney in Manhattan.

So, my experience in the criminal justice area is wide, and I look with great interest on the input that we're getting at these forums across the state.

You know, Phil -- or Mike mentioned that Senator Seward couldn't be here today with us, unfortunately, for that incident.

But I was in his district just a week and a half ago, in Oneonta, for one of these forums. And we're doing the forums across the state.

So I thank Senator Boyle and Senator Nozzolio, Senator Valesky, for your leadership on this issue.

And, my pleasure to be here in Auburn with you today.

SENATOR VALESKY: Thank you, Mike, very much.

And I'm very pleased to be here, and pleased to be back, just as a personal aside.

As Senator Nozzolio indicated, I had the great opportunity and honor to represent part of the city of Auburn and a number of towns in Cayuga County before the last round of redistricting, so it's very, very nice to be home, and appreciate being here again.

I want to acknowledge Assemblyman Gary Finch who just joined us, as well, and will participate.

One other thing I would add, as I certainly thank Senator Boyle for traveling around the state, I believe this is one of 17 Task Force meetings, so that's a lot of traveling.

And I might add, that we are still in our legislative session.

So, I don't know how he spends any time at home these days, but we appreciate his -- the generosity of his time in leading these efforts.

And the final point:

You all know Senator Nozzolio as being, perhaps, your representative, depending on where you live here in the Finger Lakes.

But, you may or may not be aware that he has,

just this last legislative term, been chairing the Codes Committee in the State Senate.

And the reason why that is significant, this process will lead to -- these Task Force forums will lead to a package of bills that we intend to take up in the State Senate prior to the conclusion of the legislative session.

And Senator Nozzolio, as the head of the Codes Committee, will certainly play a very significant leadership role in that.

So we appreciate that, as well.

Thank you very much.

SENATOR NOZZOLIO: Thank you, Senator.

And as you indicated, we've been joined by Assemblyman Gary Finch.

Assemblyman Finch, we squeezed in a chair for you next to Chief Neagle, and I think that's a good place for you to be.

[Laughter.]

ASSEMBLYMAN FINCH: [Inaudible.]

SENATOR NOZZOLIO: But we greatly appreciate your participation, Assemblyman Finch, and you bring a unique perspective here.

Just at the table, I'd like everyone to note, on your left, my right, are professionals in the

health and mental-health field.

I'd like them to introduce themselves.

On my left, your right, are representatives of law enforcement who are here, and they have a very unique perspective, that we will be extracting information from them, both sides, in the upcoming minutes.

Also, there are a number of law-enforcement officials who are seated in the front row here to my left:

The District Attorney from Seneca County, Barry Porsch;

The Sheriff of Ontario County, Phil Povero;

The Sheriff of Seneca County, Jack Stenberg;

Other law-enforcement officials;

That I will ask them to introduce themselves during the course of this meeting.

But, thank you all for spending time.

If I could just ask you, beginning with the gentleman on my far right, just introduce yourself and your organization for everyone to know.

DR. JOHN RICCIO: My name is John Riccio. I'm a physician. I'm the chief medical officer at Auburn Community Hospital.

I am a pathologist by trade.

I'm the laboratory director, and I've been at Auburn Community Hospital for 15 years. About 10 years before that in Syracuse.

I brought with me a real doctor, Dr. Shakeel Usmani [ph.], who's an important lead physician in our new emergency medicine group at the hospital. He's board certified in emergency medicine.

Shakeel.

DR. SHAKEEL USMANI [ph.]: My name is Shakeel Usmani.

I graduated in 2008 from New York City. I did internal medicine and emergency medicine.

I'm practicing ER for the last five years now; for the last two years at Auburn Community Hospital.

So if you have any --

SENATOR NOZZOLIO: Thank you, Doctor.

We really appreciate your participation.

Ray.

RAY BIZZARI: I'm Ray Bizzari. I'm the director out at County Mental-Health Center.

We have some oversight responsibilities for things like this.

KEVIN HARES: Kevin Hares, the director of

the CHAD office (Confidential Help for Alcohol and Drugs), the local outpatient.

I've been there 37 years, so I have a fairly extensively opinion on this.

SENATOR NOZZOLIO: Jon.

DA JON BUDELMANN: Jon Budelmann, Cayuga County District Attorney.

I have one of my assistants, Diana Anstedt [ph.], who's been working with drug courts since it started here in our county.

I think Nate Darlin [ph.], another ADA of the drug court is here, as well.

We handle the prosecution of drug offenders, as well as some of the complications from drug overdose, and cases along those lines.

SENATOR NOZZOLIO: Thank you, Jon.

Sheriff.

SHERIFF DAVID GOULD: Dave Gould, Cayuga County Sheriff.

I have my Undersheriff, Jim Stole [ph.], in the back.

We have a heroin task force out of our Cayuga County Sheriff's Office, and I'm sure that we'll get into that a little later.

But thank you for coming.

JUDGE MICHAEL McKEON: I'm Judge Michael McKeon, Auburn City Court Judge. I preside over both the felony and misdemeanor drug court in Cayuga County.

POLICE CHIEF BRIAN NEAGLE: I'm Brian Neagle. I'm the Police Chief here in the city of Auburn.

SENATOR NOZZOLIO: Thank you all very much.

We first would like to set the table, talking about the nature of the problem, the scope of the problem, in the Finger Lakes region.

That this is a very sad day, because it's a sad anniversary date, of the death of a young woman from Auburn, Jessica Gentile.

And that our first testifier, on behalf of Jessica's family, is Kevin Jones.

Thank you, Kevin.

Please come to the podium.

And, Kevin, I know with you is Jessica's mom.

KEVIN JONES: Yes, this is Michele Gentile.

This is Jessica Gentile.

She graduated magna cum laude from Cortland University.

She was a good writer. She was brilliant. She was witty. She had every reason in the world to live.

She died by heroin overdose on May 8th of last year.

And, the gentleman that she was with didn't notify 911, and didn't tell anybody. You know, he waited three hours before he actually notified 911.

And if he had known about the Good Samaritan Law, there's a Good Samaritan Law that states that if you -- if you dial 911 for a medical emergency, then you're not liable for prosecution whatsoever.

So, if he had known about that law.

We have this fantastic law that can save lives, but nobody even knows about it.

So that would be one thing I would like to add as a law to be changed, is put some funds towards notifying people that the Good Samaritan Law exists, and, you know, maybe we can save some lives with that.

We tried to get Jessica treatment.

She was -- she started out -- she graduated, she was unable to find a job. She was depressed for a little while.

And she got to the point where she was so depressed that we entered her into the behavioral-health unit at the hospital.

Dr. Syed [ph.] recommended that she go to

intensive outpatient treatment because they discovered marijuana in her system.

She had no opiates at that point.

And once they -- they recommended that.

And then she went to CHAD. There's a two-week waiting period before you even get an intake at CHAD.

There's almost a nine-month period before you can get into a rehab around here.

And if you don't have the proper insurance, there's only one rehab that you can go to in New York State, and that's Dick Van Dyke, because that's the only one that will accept you without insurance.

That's another thing I'd like to -- law I would like to address, is we don't have enough rehabs in the area.

And -- okay.

And then the next part is, we went, and CHAD recommended the same thing, you know, intensive outpatient.

We got a letter from the insurance company, OASAS, saying that, "We don't think they need that."

And so she never got the chance.

They offered -- CHAD offered us, to pay $75 a

day, 3 days a week, for as long as it took, which would have been at least 6 months.

And I offered to trade in my retirement fund to take care of that, but Jessica wouldn't have us do that.

And, she died shortly after that.

So, the insurance companies overrode what a doctor said, they overrode what a drug professional said. And, they're just not doing their part.

And I understand this takes money.

I understand it takes a lot of money for treatment and things like that, but we're paying for it in our jails, we're paying for it in our prisons, we're paying for it in our hospitals, anyways.

So -- so I would like some funds for that type of stuff.

And, you know, you guys are doing a great job.

I've seen more about heroin over the past year than I've ever seen in my life.

And we're really thankful for this Task Force.

And, you know, we're never going to be over the loss of Jessica, but nobody has to suffer like we did.

Would you like to?

MICHELE GENTILE: Yes, I would just like to say a few words.

I, as her mother, I never, ever, would like a mother to have to go through what we've endured this last year.

Last year at this time we were in the ER finding the news out.

But, I mean, we will do whatever we can to help.

I want to do that in her name, because as a mother, that is your job, to take care of your children.

And you feel look a failure.

We didn't find out until the night before, that she was using heroin.

She called me at work to tell me that somebody was going to say that she was using heroin, and it clicked in.

And I said, "I think you are."

So we -- my sister texted her and said, "You're going to rehab tomorrow."

And she said, "Okay."

And then she went and had her last hurrah.

But -- so we, literally, found out the night

before, what the behaviors were, her distance. She was definitely acting different. She was never, ever home.

A couple posts on Instagram that my family sent me came at, like, eleven at night, and she totally looked torn up.

And I was, like: I know she smokes pot, but this just can't be normal.

And I, like, texted her and yelled at her. I said, "What are you doing?"

And, I mean, she definitely denied it.

She was always against it.

That fooled me.

So there's -- I think we need, definitely, prevention. We need more rehabs.

And we definitely need Narcan, immediately, here in Cayuga County to at least save lives.

That's just the Band-Aid to save their life, which would be -- that's the blessing.

But, we also need, we definitely need it.

And I think the rehab for this is, definitely, it's not 20 days, it's not 30 days. It's longer.

And there needs to be, definitely, intensive outpatient.

This drug is way too addicting.

And that's all I -- and thank you for having us speak.

We appreciate that.

[Applause.]

SENATOR NOZZOLIO: Kevin and Michele, we wish to thank you for your courage, and for coming here to share what I know must be an anguished memory.

You've given us wonderful suggestions.

Kevin and I have talked a few times already.

We will continue our dialogue.

And I hope you can, Kevin, particularly Michele, if you could stay throughout the forum to help us in this focus.

But thank you very much.

I think this is as good a time as any to ask our law-enforcement officials and providers to help the Task Force understand what you're seeing each and every day, and, the nature and extent of the problem, as you see it, here in the central Finger Lakes.

And let's start out with Jon and Sheriff Budelmann.

Jon, Sheriff Gould and you are, I know, very much involved with this.

Would you start, at least giving us an outline.

SHERIFF DAVID GOULD: Thank you, Senator, I will start.

We do have a task force, I mentioned this earlier, the Sheriff's Department in Cayuga County. It's made up of several members: uniformed members and plain-clothes detectives.

We do intervention.

We stop cars, legally stop cars, when we can, and, certainly, our main focus is to search for heroin and ask about heroin.

We've made numerous arrests and received numerous tips since we started.

We actually started back in February.

The Undersheriff came up with this great idea, and ran it by me, and we certainly both agreed, and we talked to our membership.

And I think it's been very successful, working hand-in-hand with the Finger Lakes Drug Task Force with Auburn PD.

Several of those cases were turned over to our task force. Some of those names were already known; others were not.

We have had numerous investigations.

Our NARCTIP: We have a NARCTIP, N-A-R-C-T-I-P, line that rings right into the Sheriff's Department with tips. It is anonymous.

We receive several, several tips, with family members not wanting their names known to other family members, neighbors, co-workers, telling us about this terrible, terrible heroin epidemic.

And it is.

As the Senator said, it truly is.

Those tips have turned in a lot of arrests, a lot of investigations, a lot of helping.

I'm certainly not going to take, you know, Ray's thunder over and CHAD's thunder over. They will certainly talk about the help, but these individuals truly, truly do need help.

A lot of times they're coming to our jail and -- for crimes that they committed to get money to buy this heroin, even though it is very, very inexpensive. And I'm sure someone else will go into that.

But, they're sitting in our jail, coming down from heroin, which is an awful, awful, awful thing to watch, and to do.

It's very addictive and very hard to come off of.

SENATOR NOZZOLIO: Sheriff and Mr. District Attorney, what growth?

You say "numerous."

What is the extent of the growth of these cases in our area, David?

SHERIFF DAVID GOULD: That's hard to determine, Mr. Senator, because we haven't anything to compare from the past.

This kind of hit us starting a year ago, I think, and it just -- it came on so quickly.

When some of us were growing up years and years ago, heroin was used by a very few amount of people, and we thought that was the terrible thing back then.

And now it's used by so many because of the cost and the availability.

It's just -- it's unbelievable how available it is.

SENATOR NOZZOLIO: Are the sheriffs from Ontario County and Seneca County and the Police Chief from Seneca Falls, are you seeing growth, as well, in this area of cases?

UNKNOWN SPEAKER: [No microphone used.]

Absolutely.

Yes, absolutely.

And like Dave said, a year ago, a year and a half ago, they were doing the Coke, and they were doing the things of that nature.

Now it's the majority of our [inaudible].

SENATOR NOZZOLIO: Yes, Chief.

POLICE CHIEF BRIAN NEAGLE: In 2010, the drug task force -- the Finger Lakes Drug Task Force, at that time, they had 2 heroin buys that year.

In 2011, it went to 9 heroin buys.

In 2012, we went up to 31 buys of heroin.

And back down -- in 2013, it went down to 18 buys. But what happened there was, in February of 2013, we had a sting -- well, not a sting -- we had a roundup, where we arrested 13 heroin dealers in the area.

Obviously, that took a big -- big -- put a big dent into the sales.

But as of this year, we're up to about 11, as far as buys.

So, you know, you probably say, on an average, we're probably going to at least reach where we were last year.

So it's -- we've seen a steady increase since 2010.

SENATOR NOZZOLIO: What has the prosecution

been, though, Jon?

DA JON BUDELMANN: Thank you, Senator.

I've been prosecuting drug crimes here in Cayuga County since '95, and for most of that time, cocaine has been our primary problem.

In the last five years or so, we've seen a rise in the prescription drugs.

And as the Chief has put out the statistics, I would say that heroin used to be about 2 percent of our cases, maybe less.

We do probably 100 to 150 drug cases a year, and 2 or 3 or 5, at the most, per year were heroin. It was kind of an outlier.

Within the last year and a half, two years, as you've heard, it's exponentially grown.

I would estimate it's probably higher than the 31 cases, countywide, but those are controlled buys, versus, possession, where a car is stopped or a house is searched and drugs are picked up.

I estimate it's closer to 40 percent of our illegal-drug cases now.

I think there are a couple of factors, if I might, that lend to that, one of which, is we saw a rise the prescription drugs, particularly the opiate painkillers became quite a problem.

We'd see scrips for 180 oxycodone pills per month, and, it's getting on the street. And then, all of a sudden, that sort of dried up.

The physicians aren't writing those scrips anymore, and now there's a pure, inexpensive heroin, another opiate, on the market that's taken over.

My recollection, when I was young, was the vision of a heroin addict who's some person -- a homeless person in a gutter with a needle.

And that's just not the case.

It crosses all socioeconomic lines now, as we see from Jessica's case, and many others.

And we're seeing headlines.

This was in "The Post" the other day. Five overdoses in a 24-hour period, one of which resulted in the death of a young woman.

And that's not an unusual headline anymore, which is frightening.

So it's really, in the last year and a half or so, come on full bore.

I think some of the things we're doing, like your discussions, are bringing attention to it, and I think that's actually cutting down on the number of people.

I think people are remembering just how

lethal and dangerous heroin can be.

SENATOR NOZZOLIO: We'll come back to law enforcement, and I'd also like the Chief from Seneca Falls, and Barry Porsch from Seneca County, also, to be part of the discussions, and think about the tools you need.

I'd also like a report to the Task Force from Judge McKeon, to talk about the drug court and other items of judicial review.

But let's go -- we'll come back to that.

Let's go to the direct health focus with hospital, mental health, and immediate provision of services.

Doctor.

DR. JOHN RICCIO: Thank you very much, Senator.

The District Attorney has made some very, very good points that mirror our experience here in Cayuga County on the health-care side, as well.

Historically, most heroin came from Afghanistan. But, we had that war going on over there, which, to some degree, disrupted the supply chain, which is probably a good thing.

But, unfortunately, in nature, whenever there's a void, it rapidly fills.

And in this case, the area that filled it was Mexico, unfortunately.

Mexico is now the number two producer of heroin in the world.

And, obviously, you just have to look at a map, Mexico is much closer to the United States than Afghanistan is.

So it's flooded the illicit market with cheap, variable-grade heroin, which is cut with all sorts of substances. And it's a nightmare for the people taking care of these folks.

Here in Cayuga County, at our hospital, we were able to go back and look at our overdose numbers back into 1989.

We've always had overdoses of all sorts of drugs, of course, but we really didn't start seeing heroin until the mid to late '90s.

It increased until about, 2006, it peaked at about one a month, and then it went back down.

But in the last three years, it has risen again beyond that peak.

The first quarter of this year, we've seen five or six heroin overdoses.

That puts us on track to see twenty five this year if that progresses and continues the way it has

been, which is an outrageous number for a small hospital.

And it's --

SENATOR NOZZOLIO: And, Doctor, thank you.

And just to put that in perspective:

The Task Force heard last week from the New York County, Manhattan health-care providers.

They said about 500, was it, of overdoses per year for a city of 8 million people.

Here for a city of 30,000 people, you do the math, but it's as a proportional problem here as it is anywhere.

DR. JOHN RICCIO: Exactly.

And, you know, we're fully equipped to handle these overdoses in the ER, but one of the biggest problems is, getting the patient from the point of where it happened to the ER.

And, you know, how much time does that take?

What condition is the patient in?

When were they reported?

How were they found?

These are the things that save lives.

You know, if you find a patient and he's too far gone, it doesn't matter how good our ER is and how good our providers are, it's too late.

Heroin is a very, very powerful opioid, of course, and it suppresses -- it's a depressant -- and it suppresses respirations, and that's how it kills.

Simply, it depresses respirations.

There's a respiratory center in the brain stem, and heroin causes a depression of our urge to breathe.

When we sleep, obviously, we breathe.

When we pass out, we breathe.

But under the influence of heroin, we stop breathing.

Slowly, but surely, we stop breathing, and that's how you die from a heroin overdose.

The long-term effects, of course, are much more difficult, including things like endocarditis, which is an infection inside the heart.

That can be from the different chemicals and powders and things that they use to cut the heroin.

New users, of course, do not have tolerance, so they get the euphoric effects of heroin rather quickly.

But every time you use heroin, your tolerance goes up and up and up; you need more and more from a source that you have no idea what the purity of the

heroin is; What is the concentration of the heroin? What is it cut with?

So, it causes all sorts of complications and all sorts of difficulties.

Once the patient gets into the ER, of course, we can do significant treatment and, most times, save their lives.

SENATOR NOZZOLIO: Is the availability of the antidote now pretty regular among our hospitals in the upstate area?

DR. SHAKEEL USMANI [ph.]: Yes, we do have.

We have -- when the patient presents to ER with any opiates, narcotics, overdose, it's sometimes quite serious, a very serious medical condition, because as the doctor -- as Dr. Riccio mentioned, it primarily suppresses your CNS and respiratory center. There's no drive to breathe.

If the body lacks oxygen, it affects most multi organs of the body.

SENATOR NOZZOLIO: One of the measures that was enacted this week, in response to, I believe, the energy put into this issue over the last few months, and Senator Boyle might want to comment on it, but it's the -- and my colleagues -- the measure passed both the Assembly and the Senate, to make it

as a prescription basis, the antidote.

DR. SHAKEEL USMANI [ph.]: Right.

DR. JOHN RICCIO: One of the things, from the point of view of the physicians and the health-care providers is: Can we get help to these patients quicker?

Some states have done just that, by putting Narcan, which is an antagonist drug, which you probably -- most of you are probably familiar with, in the hands of first responders, including police officers and EMT providers.

Narcan is a wonderful drug in terms of combating this.

However, it's short-acting, but it does work immediately for opioid-induced coma.

It's remarkable.

If you've not seen it, patients come in, they're completely obliterated.

You give them Narcan, they wake right up.

It is short-lived, however. The half-life of Narcan is about one hour.

There are some newer preparations that have longer half-lives.

But the good thing about this drug is that, you almost can't go wrong giving it, because it only

works against opioid substances.

It won't work against other drugs, and it has few, if any, side effects.

So, the police officer or the EMT provider who actually administers Narcan at the scene, if they were able to do that, really can't go wrong doing it, because if they give it in error, there's no side effect, nothing goes wrong.

We just keep working on the patient and find out exactly what it was they did take.

SENATOR NOZZOLIO: Are there any other comments from our health-care-provider table?

Ray, any insights you can provide in terms of the scope of the problem here in Cayuga County and central Finger Lakes?

RAY BIZZARI: Yes, thanks, Senator.

SENATOR NOZZOLIO: Pull the microphone in.

RAY BIZZARI: [Microphone turned off.]

So, you know, Jim Stole was mentioned earlier by Dave. He's the chair of the drug and alcohol subcommittee.

We have these planning responsibilities, and we're supposed to design a system that meets --

SENATOR NOZZOLIO: Ray, excuse me.

Please, the microphone didn't pick up.

RAY BIZZARI: We're supposed to design a system that meets everybody's needs, and the subcommittees and the community services boards are the planning parts of this.

So, when Jim chaired -- Jim chaired this.

And, so, the agencies that provide treatment report to the subcommittee, and then there's legislative appointees that talk about this.

So we first started talking about synthetic-marijuana use, and this was something that was very concerning in the community. And there's such a tremendous amount of abuse of this particular drug.

And so we did some stuff with the drug task force, we did some stuff with the agencies, and that sort of led us into some other sorts of conversations, and we wound our way towards prescription-drug abuse and heroin abuse.

And, you know, I-STOP is program that was sort of implemented as a law, that doctors and pharmacies have to sort of look up to see -- people doctor shop. They got a lot of medication from a lot of different places.

That got shut down.

I think -- we think that's what drove a lot

of people towards heroin. It's cheaper, it's more available.

You have a real hard time, you know, finding narcotics nowadays, unless you buy them on the streets.

So, I hear from people in a number of different ways.

I get a lot of calls from families that talk about their kids, adult children, parents who are older who have become addicted, and they look for us to do some sort of -- some sort of help, because we're able to do certain things on the mental-health side.

We don't have any of these tools on the [unintelligible]. We can't order people, compel people, in their treatment, and that sort of stuff.

So we hear from families, and that's pretty disturbing.

We did some surveys in the schools last year, where we asked kids about what they think about drug abuse and alcohol abuse and bullying.

And you would be shocked to know that there's a significant percentage of kids who think that prescription-drug abuse isn't a bad thing because they're prescribed.

So we have to change the way -- we've got kids who are growing up, who are thinking, this isn't such a bad thing.

You've got folks who've moved off of prescription painkillers, into heroin, both in their 20s and 30s.

And we have them as older folk, as well, too.

So I think that -- that's what we see.

It's very disturbing.

These guys were at the subcommittee yesterday, with some other folks, and told their stories. Heartbreaking stuff.

I appreciate that you're putting this sort of conversation together for communities, because we are not -- and Kevin can really talk about this because he's on the front lines -- but we are not equipped.

We're far from being equipped to do what really needs -- even to begin to do what really needs to be done in this area.

So, that's the beginning of that.

SENATOR NOZZOLIO: Ray, Assemblyman Finch had a question.

ASSEMBLYMAN FINCH: [Not using a microphone.]

Ray, there's a movement in this country to

legalize marijuana.

It was mentioned earlier that that may play a part in this whole process.

I'd like to get your opinion about legalizing marijuana, medically speaking, or otherwise.

And if it does, in fact, have an effect, is it a gateway drug?

Is this something that we should be very concerned about, or is this something that is a non-issue?

Would you address that for me, please?

RAY BIZZARI: I think that we should do a much better job of talking to kids in elementary and middle school about alcohol abuse.

That's the drug that folks -- like, when you look at what kids talk about, things that they're exposed to, that's what they talk about.

Alcohol is a great dis-inhibiter of folks. They tend to do things that they wouldn't do if they weren't intoxicated.

So, I mean, I don't really -- the medical-marijuana thing and treatment, and all that, it's better for doctors to decide, I think, before we have that conversation about whether or not marijuana gets legalized.

We have to do something in the schools around.

[Unintelligible] communities restricting access to alcohol and tobacco, and those kinds of things, because you take a look at everybody and that's sort of where they start.

ASSEMBLYMAN FINCH: [Not using a microphone.] Thank you, Ray.

Could we just redirect that question to the doctor? [Inaudible.]

DR. JOHN RICCIO: I must be honest, I don't have a real strong opinion about that.

There are -- there are studies out there that you can quote either way, saying that:

Yes, it is an entry -- cannabinoids, or marijuana, are an entry point for illicit use of other stronger drugs.

And then there's probably just as many studies saying that that's not true.

I think that THC and cannabinoids are kind of a different class of drugs. They're not quite as dangerous as what we see in the opioids, and specifically heroin.

Whether or not they're as addictive, once again, you can get opinions on both sides, but

they're certainly not as dangerous.

They don't suppress respirations. They don't kill like heroin kills.

SENATOR NOZZOLIO: Kevin.

KEVIN HARES: Okay.

No.

SENATOR NOZZOLIO: I'm not asking you to answer Assemblyman Finch's question.

I think what -- we're here to talk about heroine.

And it -- just as an aside, I agree with the doctor very much.

Senator Boyle and I were in New York last week. We asked a recovering addict -- a heroin addict, 20-year-old young man, prime of his life, strong, getting away from it -- we asked him why he did what he did. Why did he fall off into that use?

And he said, "Marijuana."

Now, I'm sure there are 10,000 stories from each individual who does become addicted.

And that's really -- our focus here is -- will be on the prevention part, as well, but before that, Kevin, could you just give us a scope of the problem from what you have to deal with?

Explain your organization, and briefly give

us your unsights into where we are.

KEVIN HARES: Senator, we're a licensed outpatient agency; have been for over 40 years.

What we've seen is, in my tenure there, 1 in 100 admissions, maybe 5, 6 years ago might have been a heroin base.

Now, 1 out of every 2 is.

You know, and one of the big things that we all have to wrestle with, that clearly is -- those who work in the field, and many of them are here, will, you know, applaud this -- but, our attitudes have to change.

We do not accept treatment.

We do not accept recovery.

We do not see it as a positive.

We need to look at it as a health condition, as a disease, and provide the proper treatment for it.

I feel like we're second-class citizens when it comes to funding, and we've kind of been left to run a business, to provide the service, and the State aid, since I started, has decreased quite enormously over the years.

And what we're dealing with is, in my opinion, and I guess this is where I'm really angry,

I have over 37 years of experience, but I have someone in an insurance agency telling me when somebody should go someplace and how severe their problem is.

I didn't know that not getting -- you know, not knowing what I know, and getting people to want to get help, and then being told "no" on another line, and saying to you: Well, you can talk to our doctor.

I've not won a doctor's argument in 25 years.

Okay?

But what it boils down to is, we have dismantled the system that worked. We have taken away long-term rehab, which was spoken to here.

You need the ability to put people in the programs that could last up to a year, because some people's disease is that strong.

You need immediate access.

SENATOR NOZZOLIO: Kevin, let me just have you emphasize that part.

In your experience, which I know is considerable, what would you recommend?

I know it's individual, but, what is a minimum stay?

KEVIN HARES: If you want to look at a system

of care, with opiates especially, and heroin, the first step is, is let's remove ourselves from the argument that there is no over -- you know, no detox from heroin.

Everybody I talk to that has a heroin addiction is afraid of the withdrawal.

So what is our problem in putting them in a setting in which they can withdraw safely and feel like there's somebody supporting them?

So that's detox, okay, or something similar to that.

The second step is, I used to be able to put people from detox straight into inpatient.

I can't to that now.

You have to fail like 16 different things before you can even go there.

People die in between.

The big thing is that, you could go from detox to inpatient.

If that does not work, then you should go to long-term care.

If inpatient does hit the bell, come back to us for intensive outpatient.

But, clearly, the system is not functioning well because we're not being allowed to run our

system.

And I think the thing that's hugely important is, I've seen a trend to try to save money in health care.

I cannot imagine what you're spending on the other side of this that is in law enforcement, prosecution.

I mean, those folks would like to be out of business in this, I guarantee you that.

But I think it's time that we step up and really start to get angry, and tell the insurance companies -- you know, I'm going to get in a lot of trouble for this -- but, to let us make the call.

I don't get any money to send somebody to rehab. There's no vested interest in me to send somebody away.

What it is, is, when that level of care is necessary, it should be accessible and it should be quick.

When somebody talked about going inpatient, to be able to get somebody inpatient in one day is a miracle.

It's an average of three failed outpatients and six months of waiting.

So it's -- I've got white hair now, that

I don't know if it's my age or this drug, but, clearly, we have to respond, because this is where you guys hold the keys, to me, because treatment works, but we're handicapped.

And if anybody's handicapped, you know that you can't do all that you need to do.

And then I think the best way to also look at it is, and there's the other hat, prevention.

We have to get out to the communities.

We have to have a vehicle to talk to parents.

We have to have a vehicle to educate this crowd, and more, to -- so families can know what their daughters or sons might be messing around with.

And, clearly, we don't have that.

And, you know, the smaller the county, the less resources you're going to have.

SENATOR NOZZOLIO: And we're finding, again, that the Task Force is hitting it on three levels:

The first and foremost is the prevention;

The second is the treatment;

And, thirdly, is appropriate prosecution, and dealing with the law enforcement.

I'm going put you all on hold.

I want everybody to think of questions to ask

members of the panel, but before we do that, I just want one more speaker.

He's one of my favorite EMTs.

He's very shy. He doesn't like to speak very much, but I'm going to ask Lon Furcano [ph.] to come up.

And Lon has extensive experience in this endeavor.

I'd like him just to tell us what it's like on the front lines as you respond to emergencies, Lon.

LON FURCANO [ph.]: First, I'd like to offer my condolences to Jessica's family. I share in your grief. I worked on Jessica that morning.

So she's with me as well, and all of us who were there.

I hope you listen to what Kevin just said, because he hit the nail right on the head.

Drug addiction, and the treatment of drug addiction, labors under the stigma of drug addiction, as though those who are addicted to drugs are somehow bad people; they're evil in some way, they're criminals.

They're not.

They're somebody's mother, somebody's

daughter, somebody's son.

In the old days, when we would come to an unconscious young person, the first thing we would try to rule out was a drug or alcohol overdose.

If we came to an unconscious older person, we'd be looking for a heart attack or a stroke.

Today, every unconscious person we come to, the very first thing we look for is a drug overdose.

60-, 65-year-old people with fentanyl patches stuck on the roof of their mouth, overdosing from prescription medications.

Young people who got addicted with prescription medications, and as has been pointed out now, turned to heroin to avoid their morbid fear of withdrawal.

And there are drugs and people who can help them.

We have a wonderful physician in our community, Dr. Donelo [ph.], who does this every day, working with CHAD and other agencies, trying to help people.

The treatment works.

The piece that's really missing, from my perspective, is outreach.

People -- these people are sick. They have

an illness. They don't think straight. They're living in a different reality than you and I.

And someone has to go out there, in many cases, and get them, and hang on to them, and bring them in, and help them get into the system, and advocate for them; because, one part of our system is trying to help them, and the other part of our system is trying to put them in jail.

So, you know, there's a conflict there.

And we need -- back in the old days, I was funded by New York State as a street-worker.

"Worker," not "walker."

It makes a difference.

[Laughter.]

LON FURCANO [ph.]: My job was -- back when the Rockefeller drug laws went into effect, was to go behind schools, go into alleys, engage street gangs; find where the drugs were coming from, and get those kids to come in to a drop-in center, where they could begin to be treated, where they could begin to get counseling, begin to get support services.

And I was at risk for being arrested just to be with them in those days.

If you were standing in the crowd, you were a

criminal.

So, we've come a long way from that, but there's no outreach going on.

Somebody has to go -- when a family says, "You know, I think something's wrong" with my daughter, or my son, someone who knows what's going on needs to go out there, find them on the streets, because, by now, they probably don't have a driver's license anymore, probably lost their job, probably committing petty crimes for their habit. They're not thinking straight.

You know, it gets very complicated, and we don't have a mechanism to reach out there, grab onto those people -- those good people, family people -- and bring them in so people like Kevin can fix them.

SENATOR NOZZOLIO: Lon, tell us about the types of response.

I had -- we had an EMT talk to us this week from Ithaca; just our neighbor to the south, 27,000 people, a city smaller than Auburn.

I asked him how many antidotes did he have to give recently?

He said, within the last month, he had four calls where the patient was ready to expire.

Four in April.

And, what type of levels are we seeing here in Cayuga County?

LON FURCANO [ph.]: We're treating several of those a week.

SENATOR NOZZOLIO: Several.

LON FURCANO [ph.]: But I want to make a point that we bypassed, which is, there are a lot more people who are functioning, that they haven't reached that acute overdose point.

They're out there, on the streets, in families, in homes, who are a walking army of this close [indicating] to overdosing.

They're addicted, they're using the drugs.

And it's just -- when a miscalculation happens, that's when we see them in the acute phase.

When they stop breathing, someone calls us. We go in, we use Narcan.

We've had Narcan for 35 years.

It works, as the doctor pointed out, that fast [snaps fingers].

But we're using it every day, and it's not just heroin. It's opioids of all kinds. And we're giving this stuff out like candy, like no one should ever have a pain again in their life.

A little pain's good for you.

Those of you who are elected officials know that.

[Laughter.]

SENATOR NOZZOLIO: Lon, thank you very much.

LON FURCANO [ph.]: Thanks for the opportunity, Senator.

SENATOR NOZZOLIO: Very good to see you again.

LON FURCANO [ph.]: Thank you.

[Applause.]

SENATOR NOZZOLIO: We have about an hour.

We'd like to open up the forum to questions: questions of the people up here, questions of your own selves, in terms of providers.

Who wants to begin?

You know, the only thing that we ask, there's some ground rules.

You have to come up to the podium, because those are the only two places that have microphones.

You might have to knock that camera out of there to do so.

And, state your name and where you're from.

That's it.

Come on up.

SUPERSTAR: So, god, I'm doing this

keynote-speaking thing tonight, and I hope to God audience doesn't as spriteful [ph.] and scary as you guys.

Oh, my God.

So, my name is Superstar.

Some of you have heard of my work.

I've legally changed my name to raise awareness to addiction issues; right?

And I travel the country.

I'm kind of in a different and unique position, because I get to see the heroin epidemic in every state across the country.

That's my main gig.

I travel, right, and influence teens to open up and engage in crucial conversations with their parents or with the people in the schools that they trust.

But the pattern that I'm seeing, I'd have to be a dimwit to not know what this pattern is, is that the teens in school feel like no one really cares about them.

They feel like -- many of those teens would rather be in school than even go home at night because of what's going on in their homes.

Right?

So as I travel to the schools in Upstate New York here, I think what's been crucial, and what's been helping others --

SENATOR NOZZOLIO: Excuse me, Mr. Superstar?

SUPERSTAR: Yeah.

You can call me Mr. Star.

[Laughter.]

SENATOR NOZZOLIO: We want to make this available to everybody.

SUPERSTAR: I know, I agree.

I love to talk.

SENATOR NOZZOLIO: So we would love you to ask your question.

SUPERSTAR: Yeah, here's my question:

Is there any possible way that -- teens that don't feel safe going up to adults in the community and ratting out their friends who are the drug dealers, is there anything that we could do to get into the schools, to put up a banner, an 800 number, that says: Hey, here, call this number to safely rat out your friend who's a dealer?

Something like that.

SENATOR NOZZOLIO: I guess that's a question to our district attorneys.

DA JON BUDELMANN: Well, certainly, we would

encourage, and the school resource officers have been great in this regard, of nurturing a relationship with the students and law enforcement.

There are tip lines, like the Sheriff's tip line, where they could anonymously report those.

I think we're fitting into the big part of education, the outreach, reaching the younger people, letting them know what options are out there.

But we would certainly love to have them help us stop the distribution of narcotics in our communities, absolutely.

MARGIE TABER: I'd just like to add one thing --

SENATOR NOZZOLIO: Your name?

MARGIE TABER: I'm Margie Taber, and I work with Monroe County Youth and Family Partnership, and the Rock Star Superstar project.

The one thing that we see consistently is, these kids are dying -- young kids; seventh, eighth, ninth, tenth, eleventh grade -- to talk to somebody, to have crucial conversations, to open up.

So the people that have advocated and spoken out about the outreach and the prevention, I can just say, from our perspective, and that sometimes

the kids -- we need to focus on creating opportunities for these kids to be heard.

And we just see it.

And I don't have the magic answer for it, but I just know, too many people are dying.

And it's sad.

Anyway.

SENATOR NOZZOLIO: The points are raised about, certainly, education.

And, I know all the law-enforcement officers here have been very involved with the D.A.R.E. programs, the education programs.

We're trying -- we've heard those programs being praised, and vilified, during the course of these discussions; and either that they've worked or they haven't.

And that -- in terms of those types of prevention.

And I guess this is as good a time as any, also to talk about diversion.

And, Judge McKeon, in terms of your drug experience with the drug courts, what are we seeing that as a -- is it a positive situation?

Where are we with those types of deliberations?

And, if there are necessary tools that are omitted, what should we look to replace them with?

JUDGE MICHAEL McKEON: Thank you, Senator.

I've been running the Auburn City Drug-Treatment Court since 2003. And when we first started out in our first couple years, our population, in terms of heroin, opiate, was 2 percent.

It is now 50 percent of our population that comes into our drug courts: opiates and heroin users.

And, it's a huge jump. And, really, in the last two or three years, this has really happened.

And that's what we're seeing.

I'd echo what Kevin said; one of our big frustrations is the inability to get people into inpatient, running through the hoops that the insurance companies put us through.

And sometimes it's -- you know, it's to the detriment to the person in the program, that there's not an access, quickly, to inpatient treatment.

It's a long, involved process, and we've had people waiting months and months. And sometimes we lose people in the program because of it.

So that's a significant problem.

The lack of long-term-care facilities in New York is a significant problem.

There are very few long-term programs. And that's doubly difficult to get someone admitted and paid for by insurance in a long-term-care program.

I think what can be lost in the process here, in terms of, again, looking at numbers, is the mental-health side of all this.

I mean, probably 70 percent of all people who are opiate and heroin users have mental illness; co-occurring disorders.

And there's a lack of inpatient programs for co-occurring disorders.

It's very rare that the person who's addicted to opiates and heroin does not also have some mental health involved with it, and you need to treat both at the same time.

It's an ongoing controversy, I know, but, there's a lack of those facilities in New York, which impacts everyone who is involved with this population.

Again, it's frustrating, where I'll issue an order for the person to go into inpatient, and, you know, they simply ignore it.

Again, I'm not trying to blame the insurance

companies for all of the ills, but, treatment does work, as has been said time and time again.

And good treatment, consistent treatment, does work. And we've had great successes in the drug court with opiates- and heroin-addicted individuals; though, they are probably our toughest population to deal with, and, involve a lot of intensive work to get someone into recovery.

It's a long process.

And, again, the person who's addicted doesn't think of the consequences of what their actions that they take.

They're just thinking about the next fix.

And so, again, I echo everybody, in terms of, we need more treatment in New York.

We need more beds available.

There's a lack of medical detox beds, which is another big issue.

There are very few of them in New York, or at least in this area.

Crisis centers, again, used for people who are addicted, for a short period of time, before they move into, you know, the program, a shortness of those facilities in New York, as well, especially in this community, and surrounding counties in the

Finger Lakes.

So, I think we would have a much better success rate.

And, we do have a very good success rate for people in drug courts. They do work. A very inexpensive alternative to incarceration.

But I think we'd do a better job, and would be more successful, if we were able to get people into the programs that CHAD recommends, quicker, and to the right program that will effectively address the needs of that particular client.

SENATOR BOYLE: Your Honor, a quick question:

On -- for the patients that come in front of you, and defendants, do you have a rule against any other drugs: Suboxone, or anything like that?

Because some counties seem -- county court drug courts seem to have that rule, and others don't.

JUDGE MICHAEL McKEON: We don't.

SENATOR BOYLE: You don't.

JUDGE MICHAEL McKEON: We allow people to go on Suboxone, yes, we do.

And we allow people to be in a methadone clinic, as well.

SENATOR BOYLE: And one quick question for

the District Attorney: How you make a decision.

We've heard different stories from different counties about who gets to go to drug court.

Obviously, we want to get the bad guys, the true drug dealers, out of there. And those that are maybe selling to support their habit, and treat them in a different way.

DA JON BUDELMANN: Thank you for the question, Senator.

I always believed that there was a two-part approach that needed to be followed.

The first was, to prosecute drug dealers; to limit the supply of the drugs into our community, to limit the number of addicts we're creating, by doing that.

The second part was the treatment.

You needed the resources there to try to treat addicts to reduce the demand.

I think there's a third part that Lon Furcano has mentioned, and I think we've heard it here from Superstar here, as well, which is, we need to educate before we get the addicts.

That stigma that was there when I was a young man, about the needle in the arm, isn't there anymore. It's been glamorized, or somehow otherwise

made.

And it figures into a big-picture question versus small question.

Obviously, treatment costs a lot of money, but drugs are the locomotive that drive our crime train.

There's -- the offenses that are caught, that are committed by the drug dealers: violent offenses, guns, assaults, shootings.

There are offenses committed by addicts, to try to get money to buy drugs: the theft, the fraud, the identity theft.

There are offenses that are committed while people are under the influences of these substances.

And, you're right, we have to investigate them with our police.

We have to prosecute them.

We defend most of them as indigent defendants.

Our courts are consumed.

Our jails are consumed.

So, if we can spend some of the money that we would otherwise have to spend to do all of that, to try to treat people and reduce the human suffering, I think that would go a long way.

In terms of the issues that are -- in responding to your question, I apologize, Senator for delaying on it -- we look at who is a -- what I would call a "true drug dealer."

And I haven't done this for 20 years, I've sort of classified people:

You have for-profit drug dealers. People that are, essentially, doing it as a lifestyle, as a money-maker, as a way of getting access to young women, or whatever it is that their motivation is.

Then we have people, what I call "addict-dealers," or "facilitators," are more likely a good description of them. Someone that is addicted themselves, and rather than stealing to support their addiction, they are turning to dealing to support their adduction. They are spreading the misery that the dealers are, but they also have somewhat of an excuse. I guess it's not just purely profit-driven.

What I would call a "true dealer" should not be in a drug court, should not be in a diversion. Should be in prison, where they belong.

Someone that is an addict, dealer, facilitator dealer, more of a middleman, that's where we get into the kind of critical questions.

Someone that's a low level, that's kind of -- doesn't even hold themselves to drugs. They have to take the money from the addict, to go meet the dealer, get the drugs, go back to the addict, that's a low-level person.

They're suffering probably as much as the addict. That's a person that we might want to put into a drug court, in a community-supervision situation.

Someone that has, you know, 50 doses of heroin on them, even if they're an addict, I still think they need to go to prison.

So that's sort of the way I'm looking at it. I'm trying to classify them in the seriousness of their dealing.

But one of the things that we've sort of turned the clocks back, as you know, the prison population has gone down about 20,000 in the last 8 or so years. And a lot of that has to do with the drug-law changes.

We had the Paterson drug laws of 2009, which, one, removed mandatory prison.

We had a -- prosecutors had the discretion to require a plea to a sale third that would require prison.

Now, that is not a required sentence for that.

So, if we thought someone belonged in prison, we would require the plea or trial on a sale third.

Now, we can't force that.

If we didn't think they deserved prison, we could reduce the charge and get away from mandatory prison.

The second part of that is what we call "diversion," which, essentially, pulls the prosecution, the law enforcement, out of the equation.

It puts it entirely in the courts' hands, which I think is a violation of the separation of powers, but it's another situation. We haven't gotten into an appeals on that yet.

That I have a real issue with, because, the Court, as an arbiter, is not supposed to be investigating, or talking to one side versus the other. And it's, essentially, pulling it right out of our hands.

So, again, my two-part, now three-part approach, is prosecution and treatment.

If we're taking away the prosecution, we're going to end up back where we were in the

Rockefeller Era when we got the Rockefeller drug laws, which is, the number of addicts is going to go sky high, and we're going to be working decades to try to bring that number down, and the amount of human suffering that's going to happen because of that is incalculable.

So, I don't know if that answered your question, round about?

SUPERSTAR: We're going step down over here. All right?

SENATOR O'MARA: Well, I was going to get -- I wanted to get a question for you, so I'm glad you're still standing up there.

SUPERSTAR: Oh, okay. Good.

SENATOR O'MARA: You mentioned you traveled in different states, and, you work in Monroe County, and about programs in schools, to provide an outlet for those that might want to, so-called, narc on somebody to do that.

What have you seen, in your experience, that has been productive, or has worked, in areas that you've seen?

MARGIE TABER: Well, I think when we travel, this topic, it's across the United States.

We hear it from rural communities.

I know I'm preaching to the choir here.

But I think one of the things that we see is, there's so many layers with this.

And when we go into a school, and Superstar does his presentation, it opens the door for conversations.

And then what we try to do is align the providers and the school people that are working, to piggyback and be there to engage in the conversations, and help kind of disseminate the kids to the appropriate people so that the conversations can continue to increase awareness.

It's -- you know, it's not just going in, giving a message, and going on our way and saying, Okay, it's over with.

We all have to work together, and we have to collaborate.

So -- you know, and there's just so many layers to this that's affecting kids and families, that it's just crazy.

So I think, for me, it's all of us coming together, pooling our strength, and building upon opportunities to engage kids in conversations.

We were just in a school in Saratoga County last week. Thirty kids came up afterwards, each of

them with different topics of things they wanted to talk about, from, I'm worried about my brother who's in the military in Afghanistan, and his drinking, to, what's going on in the homes.

And it just keeps speaking to me that these kids need opportunities.

They're crying out in so many ways, to be able to talk.

And whether they're not seeing what's there in front of them, I don't know.

But --

SENATOR O'MARA: How are your programs funded, to allow you to go around and do this?

MARGIE TABER: It depends.

When we go into a school, sometimes coalitions pay for them, sometimes.

We were just in Seneca County a year and a half ago. We were in all the schools in Seneca County, and that was funded by their coalition. The council provided some funding.

Sometimes the schools cover it themselves.

And with us, it's about collaborating wherever we're going, to partner --

SENATOR NOZZOLIO: Excuse me.

MARGIE TABER: I'm sorry.

SENATOR NOZZOLIO: What do you mean by "coalition"?

When you say "coalition," who --

MARGIE TABER: The coalition might be a group of, whether it's providers, prevention organizations. Stop DWI programs.

SENATOR NOZZOLIO: You were in Seneca County. That was kind of a combination of a different -- of a number of different sources of funding?

AUDIENCE MEMBER: [Inaudible.]

SENATOR NOZZOLIO: Please.

MARGIE TABER: Substance-abuse coalitions.

I'm sorry.

AUDIENCE MEMBER: [Not using a microphone.] Seneca County Substance-Abuse Coalition, about 65 providers are working on it [inaudible].

SENATOR NOZZOLIO: They come together and do this sort of educational outreach, I mean, I think that's great.

It's something we need to look at, in terms of how we can maybe help structure this better, to keep these types of educational programs going.

Thank you very much.

MARGIE TABER: Thank you.

SENATOR NOZZOLIO: Appreciate your work.

[Applause.]

SUPERSTAR: Narcan did save my life.

I just wanted to let you guys know that.

[Unintelligible]. Narcan saved my life.

You know what? Pot also led me straight to heroin.

I just wanted to add that.

Thanks.

SENATOR NOZZOLIO: Thank you.

[Applause.]

SENATOR NOZZOLIO: While we've got Seneca County, I just want to hit -- I didn't -- is Ms. Wilkinson here from Tompkins County?

I didn't want to miss -- she's in the -- a district attorney there.

Okay.

So, Barry, same types of things that Jon has, you have east, west, of here?

DA BARRY PORSCH: Do you want me to stand up here, Senator?

SENATOR NOZZOLIO: Sure.

DA BARRY PORSCH: Same type of things that Jon mentioned, and also Sheriff Gould mentioned.

We really were able to crack down on prescription-drug abuse, and from what I see, it

just shifted everybody to heroin. And from what I understand, heroin is cheaper than the pills.

We have an epidemic in Seneca County.

And I know my sheriff, Sheriff Stenberg, he can talk on that a little bit more, but we have quite a few overdoses recently on heroin.

We're one of the smallest counties in the state, and we have an epidemic in our county with regards to heroin.

I was in a town court last week. I had four felony hearings in one morning.

All four defendants, none of them were charged with heroin possession. They were all heroin addicts, though, and they were committing other crimes. That's why they were there.

So it's more than just possession of drugs or selling drugs. It's all the other crimes that go with it, and it's really swamped our court system, too.

And I also work in drug court in Seneca County.

And like Kevin said, a lot of those people need inpatient treatment.

It's just not available, unfortunately, because they don't have insurance. They're not

working. And, they come from family -- broken families, a lot of them, so they don't have access to that.

We probably could use more of that.

We really don't have an option there.

But I'll speak -- the Assemblyman mentioned about marijuana. I'll speak on that; I have an opinion on that.

And I'd like to tell the Governor, we do not need to legalize marijuana in the state. Even medical marijuana, that's a joke.

You go out there in California and where that's been enacted, that's the same thing as legalizing marijuana.

We're trying to stop one drug. We don't need to legalize another one.

And people who use heroin also use marijuana.

The people who sell heroin, sell marijuana.

Those cartels in Mexico that are importing heroin, they're importing marijuana in this country.

We can't legalize it in New York.

Thank you.

[Applause.]

SENATOR BOYLE: Can I just follow up with a question?

I think the debate that's going on in Albany now about medical marijuana is not a California model. It's more like a New Jersey, very restrictive.

We're never going to see a California model here.

Regarding -- and please tell me, from your county, and I hear from different counties: How do you prosecute the dealers with the amount of heroin they have?

I mean, we have a case -- I have a bill now that says, 50 bags, and that's a felony. Okay?

We have cases on Long Island, where, literally, had 800 bags, and they were a misdemeanor.

I mean -- and, yet, I talk to DAs upstate and they say: No, we've got plenty of --

Are the laws strict enough now? Or, is it just an enforcement matter?

How do you feel about that?

DA BARRY PORSCH: I believe it's strict enough.

Everybody that gets arrested in Seneca County either possessing or selling heroin, it's a felony, they get prosecuted as a felony. I don't reduce any

to a misdemeanor.

It doesn't mean, because they're convicted of a felony, they're going to state prison.

Very few people actually go to state prison, in Seneca County.

All these people that are selling heroine are also users.

We don't have any cities in Seneca County.

The people that are selling heroin, they're almost all users. They go to Rochester, get their heroin, they come back. They use half of it, they sell the other half so they can keep they are habit going.

We don't have any of the dealers that you have in the cities.

SENATOR NOZZOLIO: Barry -- Chief Peenstra and Sheriff Stenberg here, what type of additions do you have to offer, Sheriff and Chief, about what smaller units of law enforcement have to deal with in this [unintelligible]?

SHERIFF JACK STENBERG: We have a couple of issues.

First of all, a check through our 911 system, dealing with overdoses that were reported through them, this year alone we've had seven, of which

three have died.

That's just in Seneca County, and that's just ones we know about that have gone through law-enforcement system.

Unknown how many may have gone directly to hospitals, what have you.

What you're talking -- what Barry was talking about, some of our interdictions for heroin, where we know people are going to Rochester, where we stop them on the way back, many, many times we've got people that come back from Rochester with 100 bags, and 20 of them will be tore open and used by the driver of the car.

If he gets down to 40 or 50, he's going to have enough to sell, to make enough money to go out and buy another 100, and, again, like what we've already been saying, take care of himself.

Another issue, as the Sheriff and the other sheriffs I know will agree with me:

A crisis that we have is, people need to understand, our jails are not a dumping grounds for addicts and mental-health people.

I started 1968.

We had a fantastic facility, Willard State Hospital, in our county.

We took people to Willard that needed to go to Willard.

Today those people are in my jail.

It's wrong every way in the world you can look at it.

They can't function in jail.

They're not getting any better in jail.

They're not getting treatment they need.

They're committing crimes, and they don't even have a concept of what they're doing.

That's got to turn around.

We are not -- we are not the least bit qualified to take care of overdoses, take care of people detoxing, coming down off heroin or any other drug, including alcohol.

But we're tasked with that because we're the only facility available to put these people.

That's, in our opinion, I know sheriffs across the state, that's a crisis situation that needs to be addressed some way or another.

SENATOR NOZZOLIO: Thank you, Sheriff.

Thank you, Chief.

[Applause.]

SENATOR NOZZOLIO: Thank you, Barry.

Yes. Ladies first.

TERRI WASILENKO: Hi. I'm Terri Wasilenko from the National Alliance on Mental Illness here in Cayuga County.

You know, we've been talking about many pieces of the puzzle.

My belief, and my question is, since mental illness and addiction goes hand in hand, where's our funding for dual-diagnosis programs?

You know, I have tons of --

[Applause.]

TERRI WASILENKO: Thank you.

-- I have things to leave for Senators to read, but, you know -- so, I guess that's my question: Where us our money to help these individuals recover their lives?

Anybody want to start?

[Laughter.]

SENATOR O'MARA: Well, I'd like to -- well, where's the money? There's a lot of people asking that question all over the state, for a variety of different reasons.

And that's part of the reason for these task forces, is to figure out where to put the money as it may become available.

I guess what I'd like to ask, I've been

thinking about it here, from yourself, as well as the other providers here, and law enforcement, probably the sheriffs in particular, the differential between the cost of incarceration versus the cost of treatment on a 6-month to year basis, if we can kind quantify where we're spending our money.

TERRI WASILENKO: Well, I think our money needs to be spent in treatment.

SENATOR O'MARA: No, I understand your perspective, but what's the cost?

What are we -- I know there's a societal cost.

That's not what I'm talking about.

I'm talking about the actual dollars and cents of jail versus treatment that might actually work.

DA JON BUDELMANN: Senator, if I might respond?

SENATOR O'MARA: Yes.

DA JON BUDELMANN: We talked about kind of the global picture.

You have to look at the big picture on these things.

Thing like drug court are extremely

expensive, per person, to supervise in the community.

The trick is, and the answer here, lies in not the daily cost to incarcerate someone versus treat them with a number professionals, but the long-term cost.

If we get them so their addiction is under control and they're not suffering, we don't have to continue to incarcerate them.

If we just continue to incarcerate them, we will always have to incarcerate them because we won't be hitting their addiction.

So it's a short-term cost that's exceeding the short-term cost to incarcerate, but it's a long-term cost to incarcerate that grossly exceeds.

Also, as Sheriff Stenberg pointed out, it's not the right place for them.

We have no other place for them right now to prevent them from committing other crimes, killing other people on the roads, and so on, creating other addicts, spreading the poison.

At the same point, it's not the appropriate place for them.

There's a better place, we just need to reach it.

SENATOR O'MARA: Don't perceive from my question that I'm suggesting that we choose jail over treatment.

That's not the point of my question.

I'm just trying to get an idea of what the actual -- how much more expensive it is to --

SENATOR NOZZOLIO: And I think -- if I may, I think it's a very good question, a very relevant question. And, Sheriff Stenberg mentioned Willard.

Now, all of you who may or may not be familiar with Willard, was a psych center for many years, that it was closed under the past Governor Cuomo.

I predate all the Senators here.

We converted that.

I was Chairman of the Crime -- Victims Crime and Corrections Committee.

We created the first drug-treatment prison in the history of the state, where someone incarcerated would actually get treatment, would get it in a very expedited way. It was a 90-day, in effect, intensive program to be effective.

And Terri's so right, that it is a terrible choice.

Unfortunately, I believe that we've seen that

path turn, and so that Willard is not as effective as it could be, in part, because there is a reluctance to sentence the appropriate individual.

They might be dealing, sort of the model Jon said, and the District Attorney in the discussion has veto power -- not Jon has veto power -- every district attorney in the state can decide whether to send an inmate, or potential inmate, to Willard, but, they've been reluctant to do so for a variety of reasons.

And a very important question, one we're searching for, we're searching for answers of questions of, "What's effective?" What will prevent?

I mean, I like Mr. Superstar.

I like the kind of, maybe, different, less structured-type programs that make sense and are relevant to young people.

That's a first step, and we're trying to figure out what we can help these coalitions, to put the cost together, how we can do that in an appropriate way.

More ideas about prevention?

Anybody else want to talk about prevention?

Sir.

Thank you, Terri.

TERRI WASILENKO: Thank you.

BRAD FINN: Thank you.

My name is Brad Finn. My profession is prevention, and I work in Onondaga County, but collaborated a lot with Cayuga County on an ongoing basis.

I have three succinct questions, not to take any more time than necessary question.

Question Number 1: Certainly, on the treatment side, I know we have these wonderful Narcan kits out there.

Why don't we pass some type of legislation that requires that every one of these kits have information for family members and for the addict, about where they can get some help, whether that is formal treatment or 12-steps.

We get a lot of calls from parents who want to know "What can we do?" and those parents are very concerned.

When we bring someone back from death with one of these kits, that's wonderful.

But why don't we have something in those kits that's required for the family member, loved ones, as well as the addicted person?

I want to back it up a little bit more.

We talked about intervention; early intervention.

Why don't we look at a model that's been proven through SAMHSA.

It's an evidence-based model called "SBIRT" (Screening Brief Intervention Referral To Treatment).

And this model, which is engaged by all the medical community, it's a real quick, down-and-dirty screening. And if a screen pops up the potential or possibility of an addiction, a brief intervention is done right there.

The beauty of SBIRT is that, if a physician's office, a clinic, a hospital-based service, uses this, they can bill for SBIRT.

And last week, on Thursday, my colleagues met with Senator Valesky and talked about this issue.

And to back it up one more, my third question is: We talked about coalitions.

Coalitions are an extremely important answer to communities.

Coalitions: Why don't we put money to fund a position to coordinate counties.

We all work together, but we need one central

mass to help lead communities when we come across issues like this.

That way, we have a system in place, because once we knock down this demon, there's another one that's going to pop up.

And if we have built coalitions, solution-based in communities, we will have an opportunity to address the next issue, as well.

Thank you.

SENATOR BOYLE: Thank you very much.

It's --

[Applause.]

SENATOR BOYLE: Those are excellent suggestions.

And the Narcan thing, that's a great idea.

We're definitely going to take you -- follow you up on that.

As far as SBIRT, I actually have legislation now, a bill, that would mandate, as part of the continuing medical education for physicians, to do SBIRT training.

SENATOR NOZZOLIO: Who else wants to talk about prevention or treatment?

Yes.

ERICA TURNER: Good afternoon.

My name is Erica Turner, and I work with AIT Laboratories, which is a forensics laboratory in Indianapolis, Indiana.

We have recently worked with the Indiana legislators to create the bitter-pill policy, which -- in regards to how prescribers are writing these prescriptions for opiates and for narcotics.

What does the State have in place to monitor those prescriptions once they leave the door?

I understand that we have the prescription-drug monitoring program, the New York State I-STOP, but there are loopholes with that, as well.

From what I understand, methadone clinics do not have to log the methadone prescriptions that are going in through there.

So, if that patient were to show up in their primary-care physician's office with back pain, neck pain, leg pain, they could be getting an opiate on top of that.

So I wonder, has there been any attention paid to how New York State can crack down on prescribers that are writing these narcotics, and how they plan to monitor those narcotics once they leave the doors?

SENATOR NOZZOLIO: Certainly, I-STOP was the first step.

We are deliberating what, if any, recommendations we should make about changing I-STOP.

That's something that's certainly on the table: changing it, helping it, expanding it.

One thing we heard last week in New York City was mind-boggling -- and I'd like it if any county has any idea -- that adding insult to injury in this problem, is the fact that your tax dollars, through Medicaid, are being used by unscrupulous people to, basically, pay people in homeless shelters to use their Medicaid card, take it to getting a phony prescription, and doing this thousands and thousands and thousands of times, hundreds times, anyway, in the city.

The pharmacies are being fraudulently -- there are fraudulent pharmacies, in the city of New York, particularly.

There are fraudulent individuals who are using the Medicaid system to gain.

And this is where it gets real: What could treatment and prevention do with a billion dollars a year?

"A billion dollars a year," that's the money that's being stolen from our taxpayers now in this process.

Law enforcement informed us last week -- and it was mind-boggling to me, Mr. Chairman -- it was mind-boggling on how the organized crime is, basically, taking over the Medicaid system, on taking, particularly Oxycontin, those opiates, and taking them and setting up a whole new on-the-street market for these products.

And it's not the small dealer.

You know, even though the small dealer has debts, it starts in taking a multi-billion-dollar theft from the taxpayers of the state.

SENATOR BOYLE: And that was only two cases.

We had two cases, of a billion dollars; $500 million each.

ERICA TURNER: I believe that.

I work throughout New York State, and I go into many addiction centers.

I have New York State in its entirety as my territory, but I also have the state of Vermont, and Vermont is going through the same thing.

How does the State get involved to help?

And I encourage you all, if you get a moment,

to check out last month's issue of "Rolling Stone" magazine.

They had an amazing article about heroin addiction and opioid addiction, and how law enforcement and state regulations, and even the side of the addict, all played into this article.

It's really a great article.

SENATOR NOZZOLIO: Thank you very much.

ERICA TURNER: Thank you.

SENATOR NOZZOLIO: Other questions?

Keep them coming.

SENATOR BOYLE: I just recognize Maryann Marshall.

SENATOR NOZZOLIO: Maryann Marshall? Is she here?

MARYANN MARSHALL: Good afternoon.

My name is Maryann Marshall, and I'm from Rochester, New York, and I just wanted to share my brief story with you.

My son Jonathan [ph.], who is 26 years old, is a heroin addict. This happened six years prior, and he has devastated and attacked our whole family.

There's no drug there out on the streets that's more deadly than heroin.

We have to come up with an action plan that

will encompass us all to try and combat this growing epidemic that is destroying and killing off our family members.

The addiction has engulfed my son's whole life. It's all about the drug, and how to get it, and get the money to support the habit.

These addicts will turn to stealing and robbing from their families, and committing crimes out to the streets.

While my son has taken the route of committing petty larcenies, and has landed himself in our local jail several times.

And each and every time he goes to jail, and I try to get him rehab help, it's like hitting a brick wall, because he'll lose his insurance, and, we have to start the whole process over once he's gone to jail.

And the last time, he spent nine months in jail, and got out and overdosed within a week.

So, obviously, jail isn't the way to go with this.

We need long-term -- I have to agree with Kevin, long-term addiction centers that can nourish these people back to their self.

Okay?

It just destroys their whole life.

And, we have no funding for this.

The detox in the jail I feel is inhumane, because they'll throw them in jail, they have nothing to help them come off of this, and it's a very dangerous situation.

They can go into a coma.

They can have seizures.

They can go into cardiac arrest.

So we really have to come together and, you know, try to get long-term rehab for these addicts and bring them back to their normal self.

SENATOR NOZZOLIO: Even in Monroe County it's difficult to find providers giving any kind of assistance.

MARYANN MARSHALL: Monroe County I feel is the worst. We can't -- and these judges are not going with the drug courts.

You know, some of them are against -- I live in Greece, New York, and the judges out there are not for the drug courts.

SENATOR NOZZOLIO: Well, thank you very much --

MARYANN MARSHALL: Thank you.

SENATOR NOZZOLIO: -- for presenting this.

[Applause.]

Jon.

DA JON BUDELMANN: Thank you, Senator.

You touched on a point with the prescription fraud, the Medicaid fraud, that we've seen here locally, and it's where I mentioned the 180 oxycodones a month.

The statistics are something like, less 30 percent of the people who prescribed those types of drugs are actually using them when they are blood-tested or drug-tested for that.

Perhaps that would be an important part of a monitoring, to require drug tests, to make sure that they're actually using what they're being given for free at taxpayer expense, that is then ending up on the market causing overdoses, causing sales, causing -- and attack the problem kind of in a smart way.

The other point, if I could make one, I think the -- excellent: Trying to reach the young people in whatever way we can reach them is I think what we have to do.

Whether it's D.A.R.E., which I thought was very successful, but, whether it's young people, like Superstar, going out and talking to them at

their level, Lon going into alleys and finding where they are to try to reach them.

Outreach.

But, the ounce of prevention is worth pounds of cure.

Whether it be incarceration or the heavy cost of treatment, if we can avoid that misery, if we can avoid the loss of life, and the consumption of resources, by spending a little bit up front to avoid it, I think we'd be very smart to do that.

And I know we're not talking about legalization of marijuana or other drugs here this morning, but I think we are, because the message that's sent is important.

The young people are watching, they're looking, they're listening.

If we legalize certain drugs, we had the synthetic marijuana, and what they called "bath salts," which was another synthetic-drug problem a few years ago, and the young people are using it.

They were bringing it to school.

They thought, Well, if it's legal, it's safe. We can use it.

And it couldn't be further from the truth.

Prescription drugs, well, if doctors give them out, it must be safe.

Not so, unless it's prescribed for them under medical supervision.

So, too, if you say, "Well, marijuana is legal," the number of people legally using marijuana is going to go through the roof, particularly young people.

And the heroin addiction has hit our young people, ages 18 to 25, the hardest.

That's who's getting hit, that's who's overdosing, that's who's dying. That's who we really have to worry about.

And I think it all plays into the same message, which is: They're not safe drugs. Whether you want to call it a gateway drug, or you want to date yourself, it's a progressive.

You start with smoking something like marijuana, which is an illegal, illicit substance. You then move to smoking or snorting something like heroin.

And it's not a huge -- once you've decided you're going to start down illegal drugs, and smoking things other than, you know, nothing, you're taking a step.

And if we say it's okay to take this step, we're sending a very strong message to young people.

And I would be very surprised to hear that our numbers of other drug use don't go through the roof, also.

SENATOR NOZZOLIO: Thank you, Jon.

Nelson.

NELSON ACQUILANO: My name is Nelson Acquilano. I'm the director of the Council on Alcoholism and Addictions of the Finger Lakes.

We serve the five-county central Finger Lakes region of Ontario, Wayne, Seneca, Schuyler, and Yates counties.

We are designated by the State as a prevention agency, so we do go into the schools.

Last year we had over 7,500 prevention activities, over 1,000 classroom presentations.

And I wanted to say, what I passed out to you is about 20 recommendations on this issue.

I'm only going on cover three, and I would like to just -- I'll phrase it in the form off a question.

The first one, though, is -- well, before I begin, I want to say, my observation of this is, I think we're on the beginning of the epidemic of

heroin.

I'm seeing things in the community, and nationally, that's saying that this is the start of that epidemic. And if we don't jump on it right away, we're going to be back here in two or three years, or talking about putting more people in prison, and it's just going to absolutely destroy us.

So, number one, I want to say thank you; thank you for this critical thing.

And I have much gratitude for all of you, and for everything you've done to bring this to light.

I'm going to skip over my preliminary remarks, but I just wanted to say, out of all the recommendations, there's three.

Okay?

The first one, we talked about, is the budget.

Now, with the consolidation of DSAS and DAAA, we lost at least a third of our funding.

Then in 1995, Governor Pataki cut us another 10 percent to drug abuse.

And then we were held stagnant.

And then when Governor Cuomo came in, he cut us another 10 percent.

So what's going on with all these cuts?

We have been held so low, we haven't had time and energy and resources to do what we need to do to address all of these problems.

Margie talked about youth-counseling services.

I have a school-based youth-counseling program in Yates County and in Schuyler County, all right, but youth-counseling services are dying out throughout the state.

The other one, Brad mentioned SBIRT.

We had a program and it was highly successful. It was called "HIS" (Hospital Intervention Services).

It was great.

It lost its funding, and it died out.

Hospital-based, and it died out throughout the state.

This budget is the number one thing that we do have to address, and I have some statistics in there to look at it.

But, please, it is budget.

Without the resources, there is very little that the community, treatment especially, when you have long waiting lists and you can't hire more

counselors, we can't respond.

The second item I want to talk about is the health-insurance coverage.

Do you know the best resource we had in the Finger Lakes was the detoxification program at Geneva General Hospital?

They treated over 10,000 addicts over a 25-year period.

But guess what? Health insurance killed that program.

Okay?

You have to -- oh, "not medically necessary," I think that's the term that they use now.

So I would support legislation that gives the directive back to the physician or the health-care provider that makes the recommendation for treatment.

Take it away from health-insurance companies because it's a conflict of interest.

And my board of directors has asked me to come here and to tell you, we need that detox program at Geneva General Hospital, Finger Lakes Health.

We need that program back, but it's not going to happen.

SENATOR NOZZOLIO: Excuse me, Nelson.

Is there, at Auburn Community Hospital, any type of similar program?

DR. JOHN RICCIO: No, we don't have a program.

I mean, it sounds like it would be perfect for some of the initiatives that we're looking at with the community.

We're working with Mr. Bizzari, and a few of the other people in the community, as well.

The only thing we have right now in Auburn, to my knowledge, is CHAD, which is remarkable, and it's worked quite well, but it is limited.

SENATOR NOZZOLIO: Thank you.

NELSON ACQUILANO: And then the third one, and this is going to be the challenge, all right? -- councils on alcoholism often receive calls for help from parents, or from a husband regarding the wife, the wife regarding the husband, and they don't want to come in for help. They don't want to accept a referral.

So, did you know 38 states have some form of a civil commitment, an involuntary commitment, into treatment?

38 states have some form of that.

Okay?

Florida has the Marchman Act.

Other states I think have the Casey Act, or perhaps a variation of the Baker Act.

What I would propose is legislation that would not -- not criminal, okay. And sometimes I tell people, have them arrested.

We get them, unfortunately, into the criminal justice system where they will get treatment, go through a drug court, and so forth, but that then turns a person who has a disease into a criminal.

I don't want to do that anymore.

Let's have a civil commitment for people and help them to get the treatment they can.

If you do believe it's a disease, a disease of insanity, where your cognitive faculties are affected, then this will help.

So please review that.

If there's anything else I can do --

SENATOR NOZZOLIO: Excellent points, Nelson.

Thank you very much.

[Applause.]

SENATOR BOYLE: Nelson, really quickly, those are excellent points. And thank you for all your suggestions.

Maybe we just take your cover off and put ours on it and we'll say it's our ideas.

[Laughter.]

SENATOR BOYLE: But in terms of "medical necessity," that's definitely part of the legislation we're looking at.

And the civil confinement, it's a tough issue, obviously, but we have cases on Long Island and upstate, we've talked to, treatment providers advising families how to have their children arrested just so they get off the streets.

It's not a great system.

We need to change it, without a doubt.

SENATOR NOZZOLIO: Other questions?

Yes.

TERRI WHITT [ph.]: Hello, gentlemen.

My name is Terri Whitt [ph.], and I'm the central region prevention resource director.

And I just want to piggyback on something that Brad had said, and also what one of the gentlemen up here said, regarding an ounce of prevention is worth a pound of cure.

I just wanted you to be aware that the State, through OASAS, already has prevention resource centers. We're regionalized across the state.

And our mission is really to mentor and to guide community coalitions.

We use data-driven, so it's based on local data.

We use a prevention planning process, a strategic plan, so that there is a good, solid, logical roadway to run on.

We use environmental strategies, so they're population-level changes, such as in regulations, laws, things of that nature.

Other environmental strategies might be, I think we were talking about social norms; changing the way that the community thinks about drugs and their perception of harm.

And, finally, in implementing the strategies, it takes the whole community.

We use all the sectors of the community, and they actually evaluate the results.

And these are implemented throughout the state, but there's very little funding for this.

And as Brad mentioned, if we had a key person in the different communities and counties, that would be relatively little money spent on prevention, so that, down the road, we don't have these stories of heartache, and the money that is

spent in time and resources and money.

SENATOR NOZZOLIO: Thank you.

Thank you very much.

[Applause.]

SENATOR NOZZOLIO: The Senators have to get on the road in a few minutes. We have no more than ten.

Let's start with Sheriff Povero, and then just flip your question as fast as possible, and we'll get them on the road.

Sheriff.

SHERIFF PHIL POVERO: Thank you, Senator.

Thank you for the opportunity to be here today, and thank you all for taking time out to listen to these -- this great information.

And I don't want to be repetitive. Just would like to take a minute to, perhaps, amplify some of the points that we've heard, and some of the issues that we're seeing in Ontario County, and specifically within the Ontario County Sheriff's Office.

Within the past month, our emergency 911 dispatchers have, literally, saved the lives of four persons that have overdosed on heroin.

Our dispatchers receive calls throughout the

evening from people that, fortunately, you know, whether they're aware of the Good Samaritan Law, or not, are calling.

And that, as an aside, is something that I agree needs to be publicized more; that that program, that that law, is out there and people need to call.

But the callers call in.

The story is, basically, that, my boyfriend, girlfriend, my friend, there's a needle sticking out of his or her leg, they've overdosed.

And we are very fortunate in the county that, in recent years, we purchased emergency medical dispatch information, which our dispatchers are trained on, and which is readily available; is there next to them on the phone.

SENATOR NOZZOLIO: Excuse me, Sheriff.

Is that the way it is in Cayuga County, too?

SHERIFF DAVID GOULD: That's under the different direction of the sheriff.

SENATOR NOZZOLIO: You do -- do not -- you 911 --

Is our 911 director here?

SHERIFF DAVID GOULD: I believe she's here.

SENATOR NOZZOLIO: But it's similar in

Cayuga County as in Ontario.

Thank you.

Excuse me, Sheriff.

SHERIFF PHIL POVERO: That's all right.

And this program is out there. It's available from several vendors.

They were able to give CPR instructions.

And, again, as we go on, a lot of this discussion reverts back to funding.

But, again, as a particular suggestion, you know, looking at 911 centers in our state, seeing if our dispatchers are trained in emergency-medical dispatching.

And if not, perhaps making sure that funding is available so that those localities, municipalities, can purchase this equipment so their dispatchers, as ours have, can save lives over the telephone.

As we speak, the chiefs and the sheriffs that are here with me are colleagues, also on our Finger Lakes Law Enforcement Academy, which I know the Senator is aware of.

And at this time, we're very fortunate to have the Department of Criminal Justice Services from the state come to our training facility in

Canandaigua.

And we're hosting the entire region right now, as we speak, with a trained -- the trainer session on police administering Narcan.

These individual trainers will go back to their police departments.

And we've reached out from as far away as Oswego, to Batavia, to Elmira, and go back and train their officers on the proper use of Narcan.

My request on this is that, this type of training not only continue, but there are no programs now -- there are programs now out there available, making the Narcan available to law enforcement.

We appreciate that.

We need that to continue at low cost, if not no cost.

It's been working well, as has been pointed out from the emergency-medical community for years.

On Long Island, and in Rensselaer County, law enforcement has been experimenting with this and --

SENATOR NOZZOLIO: State Police just have -- excuse me again, Sheriff.

Do you have -- our two counties represented,

do you have -- three counties, I'm sorry.

Do either of the three counties have any funding for those antidote kits?

SHERIFF DAVID GOULD: Yes, Senator.

We have already received a grant and got accepted, so we will be training very soon, and all our deputies will have them.

SENATOR NOZZOLIO: How about Seneca County?

SHERIFF JACK STENBERG: [Speaking without a microphone/inaudible.]

SENATOR NOZZOLIO: Sheriff Povero?

SHERIFF PHIL POVERO: Yes, sir, we've applied with the State, and our grant is in.

SENATOR NOZZOLIO: The pool of funds are out there, but you're still waiting, whether or not you receive them?

SHERIFF DAVID GOULD: We've already received it. We will be training very quickly.

SHERIFF PHIL POVERO: So that training is going on now. We're very grateful that the State has brought that to our area, one of the first to provide it regionally, and we're grateful for that.

On the topic of going back to, as Mr. Superstar and others have mentioned, about children and students relating to people, there are

many adults and role models in our school system today that I'm sure, if were driven to it and were committed to it, and had the passion to work with children, I know that we would find our children would be eager to confide in them.

The -- that individual in that program that's particularly passionate to me, is the school-resource-officer program.

Again, there's a lot of -- some misconception about the role of the school-resource-officer program as primarily a law-enforcement official.

It really needs to be clarified that that role is often dwarfed by the other roles of, not only teacher, but counselor.

And in schools where we have school resource officers, we can vouch, as can our district attorneys, of the numerous disclosures that are made to trained police officers that student build positive rapports in, for the purpose of, you know, reporting suspicious incidents, or just coming and talking about being a victim of something, either in school or out of school.

It's a tremendous program.

I've been around a long time, seen a lot of law-enforcement programs come and go.

This one is truly successful, and it's something that is universally accepted, but the question continues to be: That's great, but who's going to pay for it?

And that's just my suggestion for that.

Final, on the sheriffs' side, as operators of our jails, and we've pointed out we're seeing so many of the issues, in April of this year, we admitted 198 persons to the Ontario County Jail.

In interviewing these people in subsequent medical discussions with them, that they're admitting, 118 have some sort of substance-abuse issue that they're involved in their lives. 13 actually admitted a they were heroin addicts that were being admitted.

So the -- my whole point is to say that, the heroin issue, from a sheriffs' standpoint, is impacting our entire operation.

And, collectively, we are trying to do what we can. And we appreciate your efforts to hear our concerns.

Thank you.

SENATOR NOZZOLIO: Thank you, Sheriff.

[Applause.]

PASTOR DALE ANDREWS: My name is

Dale Andrews. I'm a pastor from Geneva.

I come at this at a different angle.

Obviously, you know, there's a government. You know, you feel it's a government problem, you feel it's a law-enforcement problem, and you feel it's a health problem.

And all of you are correct.

But I see it as a church problem.

What I have experienced, I work at the Seneca County Jail. I go out and do some ministry there.

What I've learned from that experience, and I've asked the question -- I like to know what the root of problems are.

That's one reason why I feel it's a church problem, and this is my opinion:

I don't see them as drug addicts.

I don't see them as alcoholics.

It's a sin addiction, is what it is; and, so, I go at it with that angle, and I'm able to reach in.

But I've asked the question: Why are you on these drugs? What is it that's causing this?

And the root of the problem really is, for the vast majority of them, it's a coping issue.

They don't know how to cope with the things that they've had to deal with in life.

And so when we're talking about our school programs and counseling, and things like that, really what these young children need, and young adults, and different ones, they've lost loved ones, they're from broken homes, their parents are addicts or in jail. Many of them have been abused.

And the vast majority have told me personally, the reason why they've turned to that is because it's how they hide their pain. It's how they've learned to cope.

And, so, as we're counseling to them as young people, keep that in mind.

You know, they need a positive role model.

They need somebody that's going to love them, and show them how to respond when life gets hard, because it gets hard for all of us.

Now, on the prevention side of it, I can encourage the whole room here -- there's 100 people here.

I'm assuming I'm not the only person that goes to church.

Right? [Raises hand.]

[Laughter.]

PASTOR DALE ANDREWS: I feel it's safe to assume.

My church, last September, started what's a -- "Celebrate Recovery Program." It's 12-step Christ-centered recovery program.

12-step programs work.

And what I would ask every person in this room to do, is go back to your community, find a church.

If there is no church in your community offering a Christ-centered 12-step program, start one.

You be the catalyst. Take part in it.

We're all asking, you know, these gentlemen up here, you know, What are you going to do for us?

Well, what are we going to do for them?

Okay?

So we can all take part.

It costs my church less than $500 to start this program.

What church can't afford $500 to reach out to the community?

Amen?

So, anyway, I thank you.

SENATOR NOZZOLIO: Thank you.

[Applause.]

PASTOR DALE ANDREWS: I'm sorry, one more thing, and this is just an observation again.

When it comes to funding and money and programs that's going on, and this is just a personal opinion, I know of a -- there's a clean-needle program that takes place, helping heroin addicts get their clean needles.

And what I've seen and I have experienced, and I've had testimony also from people that take part in that program, really what that is, is a substitute for the heroin.

And, so, rather than helping them in a program to get them off the heroin, they're just substituting that addiction for another.

And, so, if we could look into that particular clean-needle program and find out, you know, would our money be better spent, perhaps, at CHAD or someplace where they're actually getting off of these things, versus just substituting.

Thank you.

[Applause.]

JACKIE MORELLE [ph.]: Hi. My name is Jackie Morelle [ph.], and I'm a credentialed alcohol- and substance-abuse counselor, and I am a

counselor over at CHAD.

We run into the problem all the time.

We have opiate users and heroin users coming in every single day.

I'm sure Kevin gets a call two, three times a day of what parents, family, friends, can do with these people.

And, unfortunately, when they come in, they'll say, You know, I'm using this much, I'm using a bundle a day.

And, we have no place to send them.

There's not enough detox programs.

There's SBH [unintelligible] over in Syracuse and SBH in Rochester, and they have long waiting lists. And for people who don't have insurance, that's costly.

So the first place to get these people who want the help immediately is detox, and we just don't have them.

And then, when they're in detox, a lot of times they come back to the community, where, now, they're coming back to where they were, and they don't have the coping skills and the tools that they need to be able to stabilize themselves back in that community so soon.

So, then, for detox programs to be able to refer them to the inpatient programs where they are able to stabilize, and get -- and educate themselves and gather the tools and the coping skills they need to be able to come back home if that's where they choose to go.

So I guess, on the treatment side, we're seeing a lot of frustrations with getting the heroin users, opiate users, into detox first, because inpatient programs won't take them because they need to go to detox first, so we get the runaround.

Okay?

Well, you can't take them, and they can't get to detox because there's such a long wait list, and then we lose them.

So that's like the frustration we have.

We use Van Dyke often. And a lot of times Suzanne's, like, Well, they have to go to detox --

SENATOR NOZZOLIO: Is Van Dyke full?

JACKIE MORELLE [ph.]: Yeah, they're full.

And they only -- they have very few female beds. That's the thing that we run into a lot.

There's not many inpatient programs that have many women beds available.

A lot of them are for the men.

So we'll call Van Dyke to try to get a client in there, and they can't take them because they need detox first.

And we don't have the resources to send these people to detox because there's not enough of them out there.

SENATOR NOZZOLIO: The Chairman and I are just bouncing an idea around.

What about taking the assets seized from the criminals who are fraudulently taking taxpayers' dollars through illegal sale and distribution of Vicodin and other -- Oxycontin, rather, and other prescription medicines or other drugs themselves, heroin itself, raw heroin, and taking that and seizing it to use for treatment?

It would be a treatment facilities, either to help the coalitions, to help Dick Van Dyke, expand, and other types of drug-treatment providers to have places to go.

CHAD doesn't have a place to go. It direct people to go there. Right? It's that kind of a deal?

Okay.

So the thing is to have, as you indicated, having places to go, and for treatment.

And I don't think it's been fully explored.

We will explore it, to see if we can do it, but, to take that seizure and use it for treatment.

Yes.

Wait, wait.

Sheriff.

UNKNOWN SPEAKER: [Not using a microphone.] (Unintelligible) think it's 40 percent of the seizures.

UNKNOWN SPEAKER: To OASAS already.

SENATOR NOZZOLIO: And the fact is, that 40 percent going to the general fund, it is taxpayer money.

But let's take a portion of that, if not all of it, and use it for treatment.

That would, in fact, stop the supply chain, wouldn't it?

Yes, Miss.

Thank you very much.

[Applause.]

ELIZABETH TOOMEY: Hi. My name is Elizabeth Toomey, and I work for Prevention Network in Onondaga County.

But I have been blessed, the last 3 years out of 15, to be working with youth across Onondaga,

Cayuga, and Oswego counties.

One of the things that I have seen in the last 15 years is the shrinkage of dollars for youth -- direct youth services in the community level, not at the school-based level, because we go into schools. But, at the community level where kids want to be engaged after school, we're not seeing that. Those dollars have shrank.

And, kids really want a place, a safe place, that they can come, they can talk and have a voice.

And I just urge you to look at those -- look at prevention, because if we have young people who are resilient and learn these life skills when they're the 18- and 25-year-olds that are headed off to college, and more into that drug culture, that if they have the skills they need, we can prevent them from this.

So, the prevention dollars is where we really -- along with the treatment dollars, is where we need to be looking to build successful young people.

SENATOR NOZZOLIO: Thank you very much.

[Applause.]

SENATOR NOZZOLIO: As Speaker, I just want to remind everyone that the Chairman has to get on the

road by 3:00, so, let's focus.

PASTOR FLOYD MARSH: I'll be brief.

My name is Pastor Floyd Marsh. I'm the pastor of the Harvest Field Baptist Church in Fayette, New York.

And I appreciate this time that you've given to me today, to just -- I'm not going to share my personal story, but our home has been hit with the heroin-addiction problem.

And our son, 23, is going through an addiction program right now.

He was arrested and placed in the Seneca County Jail.

And, actually, the young lady Caitlin [ph.] that works there intervened, and she diagnosed him with the heroin addiction. And then he was sent from there to Dick Van Dyke.

And from Dick Van Dyke, after he completed that program, he went to CARS, which is Cayuga Addiction Recovery Services.

But my point that I want to make, and he's doing real well, but he's now faced with long-term prison because of the crime that he's been implicated in committing.

But what I wanted to address was the fact

that he was homeschooled. He was raised in a home where there wasn't any alcohol whatsoever, no cigarettes, no R-rated movies. Just a little bit of dancing between myself and my wife.

But this is such a pervasive problem.

And I was just -- when Alex was arrested, and I went to the police department in Seneca Falls, I was dumbfounded to begin with that he was even implicated in a crime.

And then when I was there, the police officer encouraged him to share with me that he had a heroin addiction.

So it was like a double whammy that evening.

And we've been devastated ever since.

In fact, there hasn't been a day that hasn't gone by that we've wept for our son.

And this problem is so pervasive.

And, I look at it on a grand scale.

We've been looking at locally, which we need to have local programs to take care of this heroin epidemic and the opioids.

In fact, Alex, he began with the prescription opioids, and then he was introduced to the heroin after that, and his downward spiral was rapid.

It was only a matter of months before he was

arrested as a result of his heroin addiction.

But I see this as a greater problem that we have.

In fact, early on in the discussion, it was said that a majority of the heroin is making its way across the Mexican border.

Not only that, but what I've read, 25 percent is coming from Afghanistan. Another 75 percent is coming across the Mexican border.

What we need to do, as a state, is encourage the federal government to do something about our borders to protect us from the heroin.

And if we could reduce the amount that is coming across the borders, maybe we could reduce the problem locally, as well.

[Applause.]

PASTOR FLOYD MARSH: Normally people say "Amen" after that.

[Laughter.]

PASTOR FLOYD MARSH: But in all seriousness, I was reading an article after -- because I was dumbfounded that my son would be a heroin addict.

I was dumbfounded that he would be implicated in a crime and be arrested.

We were just flabbergasted.

So I began doing some research, and I found that, with that 25 percent that is coming from Afghanistan, I started looking into how terrorism is actually supported. And it's through the drugs.

And our government, and I can't remember the year, but our government gave the Afghani government $250 million to build a hydroelectric plant.

What have they used that hydroelectric plant for? To irrigate their poppy fields.

Not only that, but we allow the borders to be open for the Mexican cartels to bring the drugs across.

In fact, I was reading an article that was in the "New York Times," I believe, and one of the sheriffs said: "There's a very, very big opposition to calling these organizations what they really are, 'narco terrorists.'"

He said, "When you label them as 'narco terrorists,' we can pursue and target them under the Patriot Act.

"This is one of the major things that we need to do because of the level of sophistication they have.

"We have a saying on the border, 'If it gets by us today, it's going to be your problem

tomorrow.'"

And it's our problem today, right at this moment.

And I believe that our honorable Senators, State Senators, our State Legislature, needs to solicit our national government to do something about this problem.

[Applause.]

PASTOR FLOYD MARSH: Because, personally, it's my problem.

And if it could be my problem, it could be anyone's problem.

We need to do something.

Not just talk, but we need to do something as a country.

Thank you.

SENATOR NOZZOLIO: Thank you, Floyd.

[Applause.]

SENATOR NOZZOLIO: We -- I apologize.

I put everybody on notice, 3:00.

I think this will be our last word.

TIMOTHY DONAVAN: Thank you, Senator.

My name is Timothy Donovan, local resident.

I am a community advocate.

I want to share about the walk, but, first,

I want to echo -- first, we do have a meeting in Auburn. It's a spiritual meeting.

It's every Saturday morning at St. Mary's Church over here on Clark Street. It's a 12-step program, and they got two wonderful facilitators, and the numbers have grown.

And they've been -- they're there. Something's driving them there.

It's the word.

I tried to share with that, but they're coming. And it's a wonderful 12-step program.

I just wanted to share what the pastor said.

You know, I do meetings.

I'm in recovery. I'm a recovering alcoholic.

And I see it as a spiritual program. That's what's kept me sober.

I do meetings at the jail on Tuesday and Thursday nights. I try to provide a meeting for the inmates at the county jail.

And I do go into -- I'll just say a pod example, the women's pod, and, we'll bring up a topic, and usually family comes up.

And I have to share what he said.

They are hurting. They don't know how to cope. They're in such pain.

They tell me, "We can't wait to get out there and use again."

They share about their broken homes.

The messages we see on TV --

SENATOR NOZZOLIO: Do you have an event coming up, that you had mentioned to me?

TIMOTHY DONAVAN: Yes, yes.

SENATOR NOZZOLIO: Would you let people know about it.

TIMOTHY DONAVAN: Yes.

I just had to share to that: spirituality can help.

Thank you.

I'm so glad some of the families are here. A few other families are here that lost some loved ones.

I'm just happy to note, we are having a Community Suicide-Awareness Memory Walk.

It will be here Saturday, June 7th, at 12 noon.

We're going to kick it off here at the Auburn City Hall steps, and it will proceed down West Genesee Street, cross over, come back. We're going to go around downtown.

It's an awareness walk.

And awareness is critical to one's community.

There are a lot of individuals out there that don't know what's going on in our community, and no fault of their own.

But, I just want to make the announcement: This will be one of the shirts.

We have some other creativity things planned.

And I invite you, Senator, and everybody to come back and walk with us on that day, as, again, awareness is critical.

And this is in memory, if I can say, of Jessica, Christopher Wilkes [ph.], Trish Maharve [ph.], and Christopher Sosci [ph.].

So, thank you.

SENATOR NOZZOLIO: Thank you very much.

[Applause.]

SENATOR NOZZOLIO: Senator O'Mara.

SENATOR O'MARA: Yes, we're on closing remarks.

Thank you very much for being here today, and sharing with us this information.

I just wanted to close by saying, those of you that are from the southern Finger Lakes area, like Pastor Marsh, I believe you said you're from Bath, we are having a similar forum to this next

Friday in Elmira, at Elmira College, from ten to noon.

And, certainly, notices are going out about that. Had some great coverage in the local newspapers down that way today.

And I'm looking forward to input from that region, as well.

But thank you for your input today.

SENATOR BOYLE: Thank you, Senator.

And thank you, Senator Valesky and Senator Nozzolio, for hosting this forum, and for all the panelists and for all of the input.

It was just what we needed: the type of information, the suggestions, and recommendations.

I can tell you, without a doubt, we've got some good ideas today.

It's going to be in our final report.

It's going to be in legislation, which is going to be passed.

And, for Jessica, and all the other victims, we're going to make sure that this epidemic is brought under control.

Thanks so much.

Thanks for allowing me to be here.

[Applause.]

SENATOR NOZZOLIO: I just want to thank everyone for being here. You did a marvelous job.

We have great input.

You stimulated a number of ideas.

I wish we could be here two hours longer.

But, we certainly have our doors, our ears, our e-mails, open to any suggestion that you may have, that you'd like to follow up through. My contact information is available.

And that if you'd like to share with any of the other Senators, as well, I'd be glad to do so.

I want to thank our panel for their participation. You've really made this an excellent forum. Thank you very much for being here.

Last, but certainly not least, I want to thank Michele and Kevin for your courage and your support.

And, we have a lot of work to do, and you just made us more incentive to do so.

Thank you very, very much.

[Applause.]

(Whereupon, at approximately 3:03 p.m., the forum held before the New York State Joint Task Force on Heroin and Opioid Addiction concluded, and adjourned.)