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

PUBLIC FORUM: SULLIVAN COUNTY

PANEL DISCUSSION ON MONTICELLO'S HEROIN EPIDEMIC

Sullivan County Government Center
LOB, 2nd Floor
100 North Street
Monticello, New York 12701

May 9, 2014
2:00 p.m. to 4:00 p.m.

PRESENT:

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

Senator John J. Bonacic, Forum Moderator
Member of the Joint Task Force

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Izetta Briggs-Bolling
Executive Director
The Recovery Center

Nolly Climes
Program Director
Rehabilitation Support Services

James Farrell
District Attorney
Sullivan County

Dr. Carlos Holden
Physician
Catskill Regional Medical Center
Also, Medical Director for
Mobile Medic EMS

Captain Jamie J. Kaminski
Zone Commander
New York State Police, Troop F

Peter Laizure
Parent

Nancy McGraw
Director
Sullivan County Public Health Department

Nick Roes
Executive Director
New Hope Manor

Michael Schiff
Sheriff
Sullivan County

Larry Thomas
District Superintendent
Sullivan County BOCES

Joseph Todora
Director
Sullivan County Community Services

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SENATOR BONACIC: Can you all hear me?

First of all, let me say, good afternoon.

I'm Senator Bonacic, and to my left is Senator Boyle who's Chairman of this Senate Task Force, to see what we can do to combat the rising epidemic of heroin use.

I want to thank our distinguished panelists that are here today.

This is an informal -- an informal meeting.

What I would like to do, is I'm going to let Senator Boyle make some preliminary remarks.

By the way, there are 17 of these statewide forums. This is Number 11.

And at the end of May, under the leadership of Senator Boyle, we hope to put forth some kind of comprehensive package, that might include legislation, that might include some infusion of money to be put in critical areas, to help combat the acceleration of the uses of heroin.

After Senator Boyle completes his remarks, I'm just going to ask the panelists to briefly introduce themselves, and then we're going to open it upper with questions to the panelists. They're going to share their experiences.

And then we're going to ask the audience if

you have anything to share or have a question of anyone here.

I will tell you that I consider myself a novice when it comes to the subject of heroin or its use, and what is to be done.

Quite frankly, I'm here to learn from the experts around this room.

So, Senator Boyle, would you like to share some remarks?

SENATOR BOYLE: Thank you, Senator.

SENATOR BONACIC: Let's make sure your thing is on [adjusts microphone].

SENATOR BOYLE: Thank you, Senator, and thank you for hosting this forum; and to this distinguished panelists from Sullivan County and the surrounding areas, and to everyone who came here today to share and to learn.

As Senator Bonacic said, this is the eleventh of 17 forums.

We're going to be wrapping it up probably next week.

And this includes, I'm from Suffolk County out on Long Island, all the way up to Western New York, where one of the upcoming ones is going to be in the Seneca Nation.

So this is -- this heroin and opioid epidemic is pervasive in all communities, all socioeconomic levels.

And, we're learning some more about it in the 10, now 11, forums that I've been to.

There are some similarities in each one, and something different in each one, and that's what we're trying to take away.

What I would suggest is, for our panelists and for the members of the audience, whether you're a treatment provider, prevention expert, a law-enforcement official, or a family member, or an addict themselves, if you are affected negatively, obviously, by this heroin epidemic and you say to yourself on a daily basis, "If I could just change a law or two to make it better, to help fight this epidemic, this is what I would change," that's what we want to hear about today.

Or if you know of a program that has been helpful for your family member, that has worked, tell us about it.

If there's one that hasn't worked, then say "This is a waste taxpayer money." Let us know about that, too.

We're trying to get as many -- as much

information as possible.

The idea for the Task Force, and, obviously, Senator Bonacic is an important member of that Task Force, is to report by June 1st, and then we're going to immediately introduce significant legislation in the days following, and get it passed in this Senate session, and hopefully passed into law, as well, to begin combating this heroin epidemic.

I appreciate Senator Bonacic again hosting it.

Thank you so much.

SENATOR BONACIC: Okay, so why don't we start with Jim Farrell, our good District Attorney from Sullivan County.

Jim.

DA JAMES FARRELL: Right here.

SENATOR BONACIC: Yeah, I can't see too well.

SENATOR BOYLE: He's blind.

[Laughter.]

SENATOR BONACIC: Yeah, no, introduce, just for the --

DA JAMES FARRELL: My name is Jim Farrell. I'm the Sullivan County DA. I've been the DA since 2010.

My career in law enforcement started here in Sullivan County in 1995, and as an assistant district attorney. And, then, finally being elected to DA in 2010.

I was reelected last year for another 4-year term.

JAMIE J. KAMINSKI: Jamie Kaminski. I'm the Captain, Zone Commander, for the New York State Police in Troop F, in charge of uniformed troopers in Sullivan County. It's about 60 members.

I've been in policing for 27 years.

JOSEPH TODORO: I'm Joe Todora. I'm the director of community services for Sullivan County, which is the mental-health director for the county.

We also are a provider of OASAS-licensed outpatient mental-health services, and are responsible for developing the local government plan for behavioral-health services to meet the needs of the community.

NANCY McGRAW: I'm Nancy McGraw. I'm the public-health director for Sullivan County for the last year, almost.

Before that, about eight years as deputy public-health director.

And I'm also a licensed clinical social

worker.

And in Public Health, one of our primary missions and goals is to prevent illness and disease.

PETER LAIZURE: My name is Peter Laizure. I'm the father of an addict who's experienced all phases of addiction, and tragically lost my son last October.

DR. CARLOS HOLDEN: My name is Carlos Holden. I'm a board-certified emergency physician.

I'm the medical director of the emergency department at Catskill Regional Medical Center.

I'm also the medical director for Mobile Medic EMS.

So, I'm involved in both the pre-hospital and in-hospital care for, you know, all emergency medical conditions.

SHERIFF MICHAEL SCHIFF: Mike Schiff, Sullivan County Sheriff. Retired from the State Police.

With my State Police time, and Sheriff, 36 years in law enforcement.

NOLLY CLIMES: Nolly Climes from Rehabilitation Support Services. I'm a program director serving both Sullivan and Orange county.

We provide residential programs for people with a history of mental illness, as well as care-management services.

We also have programs to serve families and their children, primarily to prevent placement out of the homes.

LAWRENCE THOMAS: I'm Larry Thomas. I'm the district superintendent for the Sullivan County BOCES.

I've been the BOCES District Superintendent for about 5 years, but I'm finishing up 40 years in education.

NICK ROES: My name is Nick Roes from New Hope Manor in Barryville.

We're an all-female residential substance-abuse treatment center, where I've been there for over 25 years now.

And I also teach for Brown University, their online addiction courses.

IZETTA BRIGGS-BOLLING: Hello, I am Izetta Briggs-Bolling, executive director for The Recovery Center.

We provide a comprehensive array of services, from detox services -- [grabs microphone].

We provide a comprehensive array of services,

from detox, to scattered-site housing throughout the community, which include residential treatment for men and women, outpatient day treatment services, prevention services, voc ed, and HIV services.

SENATOR BONACIC: Okay, let me start, I think I'm going to go to Mr. Pete Laizure.

Pete, tell us your story and your experience with your son, please.

And before you speak, thank you for your courage --

PETER LAIZURE: Thank you.

SENATOR BONACIC: -- for you being here to tell your story.

I know it's painful every time you have to do this.

PETER LAIZURE: Thanks.

Thank you.

I lost my son Ryan last October, 23 years old.

I went with Ryan, from some gateway drugs, alcohol and marijuana, graduating to prescription painkillers.

When that got too expensive, moving on to heroin. In the beginning, smoking and sniffing. And when that wasn't good enough, moved on to

IV-drug use.

This went on for four years, in and out of rehab facilities.

In the end, you know, 12 hours before he was going to go back into a detox facility and another rehab, he, what we believe tried to do, is get high one more time. And the drug dealer shot him in the head, and a couple days later he passed.

SENATOR BONACIC: Thank you, Peter.

We have no order in terms of who should speak on the panel.

You heard Senator Boyle say we're looking for suggestions.

Maybe those that treat heroin addicts, and the programs, could jump in and share some of your experiences with us to help educate us.

NICK ROES: I could start.

SENATOR BONACIC: Yes, please do.

NICK ROES: I see one of the main problems is that there's --

SENATOR BONACIC: I would get closer to the mic.

NICK ROES: I think one of the main problems is that there's three separate systems that are designed to help the heroin user, and so there's a

lot of duplication of effort and waste of money, and sometimes the systems work against each other instead of working for each other.

So depending on which system the person first presents themself to, if they present themselves, say, to the primary-care physician, they might be treated for falling down the steps, being in a car crash, cirrhosis of the liver, high blood pressure, anemia, a lot of other things, without ever treating the addiction that might be at the basis of that.

So that's one of the problems, is that we need a more integrated system of care.

And, also, in the substance-abuse treatment side, there's 11 different licenses that they have, so people can't really get continuity of care.

There's always changing to a new counselor or something like that.

So I think the problem is, we designed the system and the way we fund it on the basis of what we knew 50 years ago.

And now that we know better how to help people, we shouldn't keep with the system that was designed before we knew how to help people.

So, we need to reimburse for services that are really helpful, and not reimburse for some

services that aren't helpful.

SENATOR BONACIC: Thank you.

Maybe someone could talk about the effectiveness of Narcan.

I understand that, from the other forums and what I'm reading in the paper, that maybe this particular drug combats a heroin addiction immediately, someone that's going through withdrawals, perhaps it should be carried in a kit by EMS, by police cars.

Is it effective?

Can anybody share their experiences?

DR. CARLOS HOLDEN: Yeah, I'd be happy to address that.

Narcan, or the generic name is "naloxone," has been available for a long time. It's inexpensive.

It is very effective in treating opioid overdose.

So folks who have -- you know, are not breathing very well because of either heroin or an opiate-pill overdose, Narcan immediately reverses that.

It's safe. There's no problem giving to it somebody if they've overdosed on another drug.

It's widely available.

And recently there was an internasal formulation of it. It's, essentially, like a nasal spray, so you don't need any medical training to administer it.

It's just like, you know, a nasal spray that you might take for allergies, or something like that.

In Richmond County down in Staten Island, they actually have expanded the use of that. They're having, pretty much, every first responder carry it.

We do have it available here for our paramedic ambulances, but most of our BLS ambulances don't carry it, nor do law-enforcement officers.

I think wider availability of that medicine would be very helpful in terms of, you know, saving lives for acute opiate overdoses.

SENATOR BONACIC: Does anyone know the insurance practice, if a person tried heroin, had a withdrawal, and they wanted to access Narcan?

Does the insurance company pay right away, or must there be multiple utilizations?

DR. CARLOS HOLDEN: Narcan is not really for dependence. It's not for the long-term kind of

dependence. It's more for an acute overdoes.

There is another medicine, the brand name is "Suboxone," that you may be referring to. And that is, you know, more like long-term dependence treatment.

And probably some of the other panelists can better address that, that medicine, than I can.

SENATOR BOYLE: If I could, Doctor, that's one of the things we're finding in some of the other counties and other forums, is the disparate use of Narcan among -- like, for example, Suffolk County where I am, we hosted one, and I hosted one myself, a Narcan training session for laypeople.

You don't have to be a police officer, you don't have to be a first responder.

If you take this 40-minute class -- it's not three weeks, it's 40 minutes -- and you get home -- come home with a kit.

And it will, certainly -- Senator Bonacic will do something similar around here, to get it out as widely as possible.

One thing I find, though, and it's interesting, because it depends on what your health commissioner of your county has a different procedure for each county.

I've gone to several of them, they have different rules.

So one of the things we're looking for is to make a unified system to say: This is who can use Narcan and naloxone, and these are not -- you can't.

You have to take the class. That's the only thing.

Yeah.

JOSEPH TODORO: And I do believe it would be very helpful to make it a little wider-spread availability. You know, family members, you know, the treatment facilities ourselves, as well as some of the other public-health facilities.

NANCY McGRAW: If I can address some of what we've done so far, in terms of the -- we have a local Sullivan County Prescription Drug-Abuse Prevention Task Force that has been in existence for at least a couple of years, and that's through Public Health, and through a -- sponsored by a grant we have through the State Office of Rural Health.

One of our primary goals is to reduce premature mortality in this county, which is one of the highest in the state.

And a significant portion of that is due to drug overdose and accidental and intentional

poisonings.

So, in terms of the Narcan training, we had worked with our task-force members, which includes many of the people who are sitting on this panel today, as well as some people in the audience, and we sponsored a training at The Recovery Center for 27 people. This was last August.

So, that was our initial attempt to get these kids, and get the training out there into the community.

We are currently working with the Sheriff's Office to identify some training opportunities for law enforcement, as well as with EMS.

So that's something that's high on our radar screen right now.

SENATOR BOYLE: Now, can you tell me, in terms of the first responders, do volunteer firefighters have Narcan on their trucks? Do you know?

UNKNOWN SPEAKER: [Off video.] No, I don't believe so.

UNKNOWN SPEAKER: [Off video.] Not yet, no.

SENATOR BOYLE: That would be a good place, too, because I'm one. We often to the get scene

before the ambulance does.

SENATOR BONACIC: I have a stupid question, because I told you I'm naive.

If there's an acute overdose of heroin, and they take Narcan, is it just gets them through that withdrawal period?

Does it diminish, in any way, the addiction?

UNKNOWN SPEAKER: [Off video.] No.

JOSEPH TODORO: No.

SENATOR BONACIC: It does not.

JOSEPH TODORO: What it is, is it's a neurotransmitter inhibitor.

So, when the Narcan is injected into the individual who is overdosing, what happens is, the -- it blocks the opiate from going into that neurotransmitter.

What happens with opiate overdose is that all of your autonomic nervous system shuts down, so you stop breathing, your heart stops.

And once the Narcan is injected, it freeze those systems up, and begin to work again.

SENATOR BONACIC: So what it does is, it gets them through the withdrawal period.

If they use it the time first time, it scares the heck out of them --

JOSEPH TODORO: No, it doesn't get them through --

SENATOR BONACIC: -- and they don't want to use it again?

JOSEPH TODORO: It doesn't get them through withdrawal. What it does is, it jump-starts them.

SENATOR BONACIC: It jump-starts.

JOSEPH TODORO: It brings them back.

It doesn't cure addition, it doesn't prohibit addiction. And it's definitely not used in terms of treatment.

Treatment, we would look at Suboxone or other type of neural blockers, too. And there are a couple of courses of treatment that's available to that.

Right now, the studies show that sometimes Suboxone alone is enough to assist somebody in recovery.

But, I think more -- my professional opinion is, more times than not, you should be having that type of a medication used with therapies.

SENATOR BOYLE: One question:

For those of you who are not familiar with Narcan, I'm a former EMT and I've seen it work, and it is truly a miracle drug.

You're talking about someone going from the brink of death, not breathing, just about gone, and [snaps fingers] awake, alert, and talking to you a minute later. Literally, a minute later.

It's truly amazing.

But you're right, it is a short-term thing. It gives them a second chance to get to the hospital, whatever the true medical thing.

But you mentioned, on Suboxone, the more longer-term drug.

What we're seeing in some areas is that it's almost being used -- now, you can become addicted to Suboxone; correct?

JOSEPH TODORO: It doesn't cure the addiction.

SENATOR BOYLE: Doesn't cure it.

So -- but people are using their Suboxone thing to sell for heroin in some areas.

JOSEPH TODORO: Yes.

SENATOR BOYLE: So it's a difficult thing.

I mean, as you mentioned, Doctor, that -- you need Suboxone with treatment, certainly.

And what about VIVITROL? Are you familiar with this --

JOSEPH TODORO: Yes, I'm familiar with that,

too.

I think the issue really is -- well, there are a couple of things.

One is, you know, if you took all the prescriptions that have been written for opiates, you know, recently in the United States, everybody in the United States would be high for an entire month, 24/7.

Okay?

So that's how much is out there in terms of the prescription stuff.

The other piece is that, you know, this is a disease that's treatable. Period.

It's treatable, and we need to remember that.

And I think that the real issue for us is access to treatment, and good treatment, as well as prescribing practices.

There's no reason in the world for anybody to get a 30-day supply of medication when all they did was strain their back.

You know, a 3-day supply, if you must, in terms of an opiate, at most.

But, we don't have those types of formularies set up for prescribers at this point in time.

DR. CARLOS HOLDEN: Well, actually, we do,

and that's been a recent, I think, policy success at the state level.

We now have something called the "Prescription Monitoring Program."

JOSEPH TODORO: "I-STOP."

DR. CARLOS HOLDEN: It's mandatory for a prescriber to consult that database and see what other medicines a patient is on before writing a prescription for a controlled substance.

This is to eliminate the practice of what's called "doctor shopping," where folks go to one doctor, they get a prescription for a bunch of meds. Then they go down the street to another doctor, tell the same story, get, you know, more meds, and more meds and more meds.

So with that statewide law, I think, you know, it's definitely helped deter abuse of the prescription products.

Unfortunately, one side effect of that is more folks are, you know, headed towards heroin now.

But I definitely think we've made great strides in terms of the prescription-drug abuse problem.

One other policy recommendation that I would have, regarding prescription meds, is we know that

there are some particular formulations of prescription meds that are vulnerable to abuse.

Several years ago, when Oxycontin first came out, it was referred to as "hillbilly heroin", because you could crush it, you could snort it.

It was just prepared in such a way that it was prone to abuse.

The manufacturer of that product subsequently did what I think was a very responsible thing, and chemically modified the drug so that you can't, you know, crush it up and snort it like that, which is really good.

Unfortunately, we had a recent FDA approval of a medicine called "Zohydro," against the advice of their own subcommittee that investigated this medicine. And similar to the initial formulation of Oxycontin, it's very, very prone to abuse.

There's no -- it's a product that one could crush and -- you know, and consume that way.

So I'm worried that we're going to start to see, you know, the same problems that we had with Oxycontin early on.

So one recommendation that I would have, if -- you know, for policy, is, if we're going to be marketing long-action prescription opiates, they

need to have some sort of an abuse-deterrent, you know, formulation inside them, like Oxycontin now has.

SENATOR BOYLE: Yeah, that's an excellent point.

And I, for the life of me, do not understand the FDA's decision there. Their own advisory board voted 9-to-2 against the idea of this; and, yet, they still allowed it.

And I think you're right, we may be seeing some overdoses in this area unless they change their mind very quickly.

SENATOR BONACIC: Just, I'd like to get a consensus with the panel.

If I used heroin for the first time, am I automatically addicted?

Or, it depends on my immune system and my health?

Or -- because people say that. They say, "one shot and I could be addicted."

Is -- can you share your knowledge on that question?

IZETTA BRIGGS-BOLLING: Well, I think that you could be, depending on your brain mechanism, because different substances affect the brain in

different ways.

So, heroin might be the substance that affects your brain. Cocaine could be the substance for someone else.

A lot of times it could be -- there are gateway drugs that people progress through, which --

I think your name is Peter?

PETER LAIZURE: Yes.

IZETTA BRIGGS-BOLLING: -- which I wanted to say thank you so much for sharing your story, because you took us through a timeline of a young adolescent who began experimenting with marijuana, and progressed all the way to IV-heroin, and overdosed at the age of 23.

And from a community perspective, I think the community needs to understand and recognize and address that the youth of our community are experimenting with these substances.

And sometimes we don't want to address it or we don't want to acknowledge it, but the progression -- the progression of the disease of addiction can happen very quickly.

So someone can begin at 16, and actually be -- their life be ended at the age of 23, and they have -- their life -- they have experienced the

entire progression of this disease.

So, it depends on the individual.

Someone could use one time and become addicted; and someone, their progression could develop over a lifetime; but they still could end up in the same place, which is death at the end.

So I really want to impress the importance of community involvement, and us addressing, not only our young people, but also our elderly individuals, who we're seeing a rise in their opiate and prescription use, as well.

Because you also expressed a progression from one substance, all the way to heroin, which is, a lot of people begin with prescription, which Joe was talking about.

You're prescribed a medication for 30 days for something that you may have only needed 3 to 5 days, but, you became physically dependent on the substance and you began to use it more readily.

And then the -- a problem was recognized somewhere down the road, and the medication was no longer available. So the next option is heroin, which we -- there's no way to determine what level of drug or substance the person may be injecting or ingesting into their body.

SENATOR BONACIC: Thank you.

NOLLY CLIMES: Just wanted to add, in terms of a recommendation, to keep in mind that --

SENATOR BONACIC: Keep close to the mic, Nolly.

NOLLY CLIMES: -- Mr. Laizure was talking about his son, that the -- one of the largest increase in heroin use, it seems to be in that age group, 18 to 25.

And that we need to -- any recommendations, we need to understand this group, and prioritize their needs, and how to reach them in terms of prevention and education, because this is an age where a lot of decisions are being made in terms of education, career, relationship, life plans, all of which are high risk or interrupted once a person starts to use heroin.

So I think that, as we discuss, and there are plans developed, we need to take into account that there is this special population that is really increased the use of heroin; and that's the 18 to 25.

SENATOR BOYLE: Okay.

Why don't we -- if I could just ask a question, for those of you in treatment:

A typical case we're hearing around the state is, say, a 19-year-old finds himself or herself addicted to heroin or another opiate, and finally says, "I want off, I'm ready to get clean."

They get into a detox.

And then, from the detox, in most parts of the state, it's a wait to get into rehabilitation, a recovery, a treatment center.

The insurance says, No, we're going give you four days, five days.

You know, what are you experiencing out here around Sullivan County?

JOSEPH TODORO: It's very similar.

What we find -- and I think that's the policy issue, really, that we need to grapple with, is access to appropriate levels of treatment.

Depending upon your insurer, depending upon your HMO, depending upon -- all of those things are a huge play.

And the issue that you're talking about, with a young person who may be able to go into a crisis bed, and, you know -- you know, be somewhat chemically-free, and then needs to go into a 30-day program, or things like that, they're quite often told, not just young people, also, that, No, you

need to try to kick this on an outpatient basis first.

And Izetta will tell you, we have professionals in our offices who can look at somebody, and go: This is not going to work on an outpatient basis.

Because it has a lot to do, also, with, you know, the person being in a willing environment, too.

You know, so it's not often that you have a drug addict who can go someplace and be safe and away from all those people who have influenced their drug use, too.

So that becomes an issue.

So, access to treatment is paramount.

We don't have enough treatment for adolescents and young people.

Because of some of the rules and regulations that, you know, adults can't -- you know, we can treat kids who are 19-plus, but we can't treat them who are, you know, down -- below the age of 18 in certain settings.

So, you know, access to treatment.

And, you know, quite frankly, through the recession, the prevention budget out of OASAS has

been cut dramatically.

UNKNOWN SPEAKER: [Off video.] Yes.

JOSEPH TODORO: We used to have quite a bit of ability to fund community-wide prevention services.

Now, not so much.

LAWRENCE THOMAS: From the BOCES standpoint, I mean, we have had great relationships and partnerships with county agencies.

And one of the things that we have witnessed over the short period of time, is that it's getting harder and harder to have those partnerships, and have some folks from some of those other agencies come into the schools, partially because those individuals aren't even available.

And, so, that is a concern for us.

I mean, we want to provide prevention services before students even get to the point where they -- where they may be forced to make a decision with regard to heroin.

And what we're finding is, it's difficult to have the manpower, to have the service providers -- prevention-service providers, even available to bring them into the schools.

Some of it is -- some of it is a financial

issue.

Some of it is community acceptance, too, in allowing us to go far enough down into the lower grades.

NICK ROES: There's at least a six-week wait to get into our program, and it's really heartbreaking to have to talk to parents whose daughters are really in trouble, and want -- we have to try to place them in shorter-term programs or crisis centers.

You feel almost like you're playing God, and it's a really horrible position to be in.

UNKNOWN SPEAKER: [Off video.] Yeah, no question.

PETER LAIZURE: I would just look to add that, my experience has been that the insurance companies will do that; just give you limited time, and the facilities have to continually call the insurance companies to get more time.

30 days is not enough.

30 days is not nearly enough for most addicts.

This is a very powerful addiction.

And you're right -- is it Larry? -- we got to get to these kids before they try it.

And I'm, you know, in a grassroots group called "Not One More," and we are trying to get into the schools.

We have plenty of people ready to volunteer, set up programs, and it's really difficult to get in.

SENATOR BONACIC: Yeah, I'd like to touch on that subject.

I know that, you know, there's TV ads on smoking. They show the horrific effects if you smoke, what happens to your lungs.

I know the State Police used to do -- come to the schools with crushed cars to show what happens if you drink and drive.

Do we have, number one, enough instructional material, education material, on the effects of heroin?

And, do you think it's an obstacle to get it in the schools as part of an education program?

I'm just throwing it out there.

PETER LAIZURE: From what I'm hearing from some of the schools, is they don't have the time, and they don't have the money in the budget, to have an ongoing program.

They're saying that a one-day assembly is

just not going to do it. It needs to be a consistent program over and over and over.

I understand, you know, the budgeting, but, there are a lot of people who have been affected, who are willing to step up and help up and do some volunteer work for these programs.

LAWRENCE THOMAS: Yeah, the one-time shots are just -- are, in fact, that; they're one-time shots.

And what we really need is a program that lasts a long period of time.

I'm not even just talking about a year.

I'm talking about years at different levels, and provides opportunities for students to really process the information that they get, to be placed in -- or have, perhaps, simulations or assignments, where they need to think about, you know, what kind of decisions they're going to make.

I mean, these decisions that they make are life skills, life-success decisions, and they certainly relate to whether or not I'm going to become -- I'm going to experiment with heroin, or not.

But they need to be placed in these kinds of decision-making opportunities frequently, and

practice that skill of positive decision-making.

SENATOR BONACIC: Do you think paid TV messages are a waste of time, or it's good?

LAWRENCE THOMAS: I think that they're good for themselves, but, again, they're a one-time shot. They're a very limited exposure. They don't go deep enough into the content.

They don't go deep enough into how it affects, not only you as an individual, but, also, how it affects your family; how does it affect your community?

And so, you know, as one layer, okay, but it's just one layer.

There needs to be a lot of other layers.

SENATOR BONACIC: Thank you, Larry.

NANCY McGRAW: I'd like to address, a little bit about, echoing the sentiments that have been said so far, about the need for funding for prevention services.

We as a task force have -- among many of these organizations, have pooled our resources for a number of years, and have met with the superintendents, and tried to scrape together materials, have offered volunteer time on our own time, to go in and provide presentations.

I think what we really need, on the prevention side, is just that; we need more funding.

All of our organizations and departments have been cut.

Public health has been cut.

Mental health has been cut.

Law enforcement has been cut.

The educational system has been cut in terms of mental-health resources.

And I think we really need more funding for prevention resources that are evidence-based.

IZETTA BRIGGS-BOLLING: Yes.

SENATOR BONACIC: If that happened, would it be -- and it was earmarked for heroin specifically, would there be an assurance that it would be used for that, and not for other things?

I mean, let's say we, generically --

JOSEPH TODORO: Well, typically, prevention isn't paid by insurance.

SENATOR BONACIC: -- gave more money into a budget.

JOSEPH TODORO: Prevention is rarely paid by insurance. It's usually --

SENATOR BONACIC: No, I don't mean insurance companies.

I mean --

NANCY McGRAW: For the purpose of heroin prevention.

SENATOR BONACIC: -- if the State gave more money to public health for this specific purpose of fighting heroin addiction, that it wouldn't be used for pamphlets to go vote, or something.

NANCY McGRAW: I -- you know, all of the grants and funding that we have through Public Health is earmarked for specific purposes.

SENATOR BONACIC: Okay.

NANCY McGRAW: And we have to demonstrate outcomes and evidence-based, you know, reports that we have used it for its intended purpose.

And I'm sure, as all of these other organizations do, research on what works.

And I think that we need to do more of that.

And in terms of preventing, specifically heroin addiction, what Larry was talking about was specific to teaching kids life skills, and teaching them how to cope with making decisions.

And that's what leads to, when they're faced with that peer pressure, making the decision not to use heroin, or something else.

JOSEPH TODORO: And, Senator, I would warn

against just going after the heroin addict, because as you've heard today, and many of the stories across the state, it starts with other things.

SENATOR BONACIC: Yeah, no, I got that.

JOSEPH TODORO: So I think providing prevention efforts and funding to look at, you know, addiction, to try to develop these pro-social skills in our young people, to be able to, you know, resist some of the peer pressure that goes along with being a teenager, or a 20-something, I think that's where your money is well spent.

You know, the treatment piece, access to treatment, is critically important, you know.

But, if you can separate the toxic agent from the willing host in the enabling environment, you know, you're going to be in a much better place.

And prevention dollars help us do that.

NOLLY CLIMES: Just wanted to emphasize that there is a direct correlation between reduction of funding on prevention program and the challenges that we face to meet the needs of the people that need the services.

So I think that, if through this Task Force, there could be an emphasis to say that, the outcome, the crisis, the challenges, directly relate to what

has happened in terms of funding for providers that know what to do, but there many other program has been reduced over the last few years.

SENATOR BONACIC: There's no question of that.

And prevention not only saves lives, it's a lot of bang for the buck --

UNKNOWN SPEAKER: [Off video.] Yes.

SENATOR BOYLE: -- when you look at the crimes that are committed by addicts to get the money for their drugs, and for putting them in prison.

Because, right now, a great percentage of our jail population, statewide, is -- are solely there because of their addictions, no doubt.

SENATOR BONACIC: I see last week there was an arrest in New Hampton. A car was stopped, with $12 million worth of heroin.

Do you think we need tougher drug laws, you know, legislation, against the people with heavy trafficking in heroin?

Or, does anyone on the law-enforcement end want to comment on what they're seeing, whether in prosecution or in arrests?

DA JAMES FARRELL: Well, I can address that.

One of the things that I think's important to note, is that, as Joe said, this is an evolution; and as the parent down on the panel said, as well, there is an evolution.

It starts with marijuana. Evolves to the next level; maybe a painkiller, an opiate, hydrocodone, and oxycodone. And then we're into heroin.

There really is no difference in the way the drug affects the body between heroin and synthetic.

It's a synthetic version of the street-drug heroin. It's what it is.

So -- and Sullivan County, New York, "Sullivan County, New York," leads the state in per-capita prescriptions for oxycodone.

399 per 1,000 Sullivan County residents have a prescription for oxycodone.

Now, what does that also tell you?

Now, these people are driving cars.

"They're driving cars."

And one of the things that's very difficult for law enforcement, extremely difficult for law enforcement, and I think a recommendation that I would urge, is that we have some sort of per se "driving while ability impaired by drugs," just like

we do with alcohol. We pick a number, .08, that's what it is.

Well, when someone's driving under the influence of prescription drugs, you know what they say? "I have a prescription for that. So my doctor told me I could use it."

IZETTA BRIGGS-BOLLING: Uh-huh, and they pull it out.

DA JAMES FARRELL: Of course, they ignore the label on the bottle that says, "Do not operate heavy machinery." They ignore that.

Well, I can do it; I can do it; I can do it.

We need to have a per se, because, otherwise, our police -- and when our police come up, they don't smell oxycodone, they don't smell hydrocodone.

We have to have a way to enforce that.

People are dying on our roads because of it.

And when I look at the autopsy reports, what do I see?

I see the prescription painkillers.

I see the THC.

And I see the three words "acute drug intoxication."

That's what I see.

[Applause.]

UNKNOWN SPEAKER: [Off video.] Beautiful.

DA JAMES FARRELL: So -- and I think the education piece, we're fooling ourselves if we think we can educate these kids, and at the same time, pass laws that legalize marijuana.

We cannot do that.

We cannot out of one side of our mouth say, "This is bad for you"; but, this is okay.

And we've got states that are doing it.

And the feds are against it.

And I hope the Legislature here in New York remains steadfast, because it is a gateway.

And when we see people who are in trouble with the law, people who are imprisoned now because of their actions, what do we see in their presentence reports that are filed with the court?

They started with marijuana.

It progressed to painkillers.

It led to cocaine.

It led to heroin.

That's what we see.

That's what we see.

So I think we're kidding ourselves if we send our kids a counterproductive message that one's okay, and one's not.

I really do.

IZETTA BRIGGS-BOLLING: And I'd like to just add that, even though New York State may say no, our youth have access to the world. They have the Internets, they have them on their cell phones.

So if it's okay in Colorado, Okay, mom and dad may say that it's not okay, New York State may say it's not okay, but if marijuana is available or any other substance is available, they have -- they already have identified a favorable attitude to, "It must be okay if other states are doing it. New York is just behind the times."

DA JAMES FARRELL: And the other thing is, these prescription pills, and when you see kids and you talk to them, and I have, they think they're safe because they're made by big pharma.

"Big pharma makes them and they got to be safe. My mom takes them, my dad takes them, my relative takes them. They must be safe. I can take them."

IZETTA BRIGGS-BOLLING: Yep. "And it's right in the medicine cabinet, so let me go get one."

SENATOR BOYLE: One of the other things we're seeing, and as amazing as it is, someone like me, you know, gray hair, I think of heroin, to 1970s,

inner city, with the needle.

A lot of these kids have never heard of heroin before.

They're addicted to the painkiller.

They go to their friend in school.

Like, on Long Island, for example, because of the I-STOP legislation, that unintended consequence, the price of oxycodone is $30 a pill now in Suffolk County. A bag of heroin is $6.

So their friend says to them, Hey, there's a new drug called "heroin." It's a lot cheaper and a lot stronger.

They never -- they don't -- they're not from the '70s. You know, they're thinking this is a new thing.

And that's what we're seeing.

So, prevention and education is going to be key, too.

SENATOR BONACIC: Just one thing: I'm going to take something out of order.

Lisa Wiles is the superintendent of the Ellenville School District.

We had asked her to be on the panel, but she said she could only give us one hour.

She has to leave, but she's indicated that

she would like to speak on the issue of education and heroin.

Lisa.

LISA WILES: Thank you very much, Senator Bonacic.

SENATOR BONACIC: Yeah, come on up.

LISA WILES: So, good afternoon, and I really applaud all of you for being here.

I just want to talk -- I think that your -- I think there's a lot of great ideas coming here.

I think there's two issues I see.

The first is one definitely prevention, and what best-practice prevention looks like in elementary schools, in middle schools, and high schools.

But before I get to that, I want to talk about the access to treatment programs.

And I've had -- I see a lot from my position, and I see a lot personally in my county.

And, unfortunately, thanks to law enforcement here, I've seen, like, a very big heroin bust in a small sleepy town in Sullivan County called "Woodridge," where I live, four blocks away, that I'm, like, floored that it could happen.

So it's all over. It's in Long Island, it's

in Westchester. My colleagues are talking about it.

It's not limited to just heroin. It does start earlier on and move its way up.

But, there needs to be better access.

I know of a family that had to wait three or four weeks to get into a program; for their daughter to get into a long-term program with an educational component.

You know, I worked at New Hope Manor many, many years ago.

Those types of programs that tout the skills; teaching, you know, addicts skills to reenter into society so that they have something when they're done.

But the prevention piece is huge.

So if you have a prevention council, we have one in Ulster County, and we work together to look at best practices that could be used.

In the schools we are taxed for time. With Common Core, everyone's worried about testing.

You know, these are the basics.

I keep saying we have to get back to the basics here.

And basics are basics; it's not okay to use drugs, and this is what happens. You know,

hearing -- hearing definite, you know, experiences.

With bullying, you know, we've brought in so -- I'm using that as an example, because we've brought in specialists, we've talked about how to handle this, how to have students understand it, how to react to it.

We need to do the same thing with drugs.

And it is, sometimes, a dirty little secret. We don't like talking about it.

We don't like that, you know, my school has it, your school.

All the schools have it.

And if anyone tells you they don't have it, they're not being forthcoming.

The schools that have -- that are poor, and that are high-needs, have it.

And if schools that have all the money in the world have it, maybe it's a different kind of drug.

But we need best practices, scientifically-based programs.

I don't have the time to go look at what works best.

Show us some programs.

And then we will need some funding. We're taxed.

But, we're open to working with volunteers coming into the building, also.

So I think on -- I'm not speaking for my colleagues, but I think that we definitely see a need for help, and I think it has to be a collaboration of law enforcement, you know, seeing that end of it, what the consequences are.

But before you even get there, you know, what do -- what is somebody who's recovering say about how bad it was to get off of it?

I know a family that's really struggling with a heroin-, you know, addicted child, and they could not get off -- she thought they could get off of it herself.

It's not -- you cannot -- we can't go there.

And there are people, there are kids, dying every day. And people are -- they don't put it in the papers, in the obituaries, because it's shameful to them.

And we have to get beyond that if we really want to try to help people and help our kids.

And it goes -- I agree wholeheartedly with you, District Attorney Farrell, it's not okay.

It's not okay that our kids drink when they're not allowed to drink, and it's not okay to

condone it.

I'm not popular sometimes with my kids and their friends, but, it's just the way it is.

And we all have to take a stand on it, but we need some best practices.

We set up drop-offs for prescriptions.

If you have oxycodone from surgery or something, we have something in Ellenville, I know we have them around the county, too, where you can drop off your prescriptions.

But how many people in the county know how important it is not to have it out?

More public-service announcements.

Our kids in Ellenville are developing them.

We have to work collaboratively and come up with you know, better best practices.

So I don't want to take your time, but I appreciate it very much, and we're open.

I know my colleagues are open.

We surely don't want to -- we didn't go into education to watch children suffer.

We want them to move ahead as far as they can, you know, in the future.

SENATOR BONACIC: Thank you, Lisa.

Does anyone from the panel want to conclude

with any remarks they'd like to share?

Because we're going to open it up to the audience, if they have any questions of the panel.

PETER LAIZURE: I just had a quote somebody gave me along the way.

"Addiction hates awareness, and recovery demands it."

SENATOR BONACIC: Beautiful.

[Applause.]

SENATOR BONACIC: Yes.

IZETTA BRIGGS-BOLLING: I just wanted to say, on my way here, an individual came into the crisis unit seeking services.

She had been -- this individual had been in withdrawal for seven days.

And when I asked, "Why did it take you so long to get here?" it was because there was no transportation.

They live at the far end, almost by Pennsylvania, and there was no way for the individual to get to treatment.

We do have transportation availability once a person is in a treatment program.

But there are people that may be dying, just because they don't have a way to get here, to get to

the treatment facility in Sullivan County.

And I just didn't want this to conclude without addressing the transportation issue.

SENATOR BONACIC: Thank you.

DR. CARLOS HOLDEN: Yeah, and I think it's impossible to overstate the magnitude of this crisis.

Ten years ago, the most common cause of death between the ages of, like, say, 15 to 45, was trauma. You know, that would be traumatic accidents, like car accidents, and stuff like that.

We've done better at treating trauma.

And this substance-abuse crisis has exploded, so that now the most common cause of death between the ages of 15 and 45 is substance abuse.

It's an epidemic. It's killing people right and left.

We're seeing it in the emergency department.

We're seeing it all around the community.

So this is a true public-health crisis, and we appreciate your help in addressing it.

NANCY McGRAW: And I'd just like to say one final thing, from a public-health perspective, and the drop-boxes that you mentioned, we have implemented, through the task force,

three drop-boxes.

And if everybody is not aware, they are at their local police stations. 24/7, people can drop off their unwanted prescription medications or any other drugs that you don't want: Fallsbury, Liberty, and Monticello.

And the last two Take-Back days alone, we collected over 500 pounds of unwanted medication and getting them out of people's homes.

So thanks to law enforcement for transporting them for us to the incinerator.

We're making some efforts, but we do need funding for comprehensive prevention strategies for treatment, getting people into treatment, and the elephant in the room, in terms of mental-health resources, that cause people to use drugs in the first place.

SENATOR BONACIC: Thank you.

Anyone else on the panel?

Yes, Sheriff.

SHERIFF MICHAEL SCHIFF: First, I'd like to thank both Senators for hosting this.

It's a complex problem; it's going to call for complex answers.

From law enforcement, I go along with Nancy,

everyone's budget has been slashed.

Law enforcement, nationwide, is having trouble coping with this problem.

We have to approach it on every level in a cooperative effort.

We need more law enforcement, and we need aid from the feds; from the State, meaning State Police; for more technological aid, whether that be eavesdropping, scoping out areas, doing our intelligence work.

And we really have to address the "dealing" problem heavily.

That being said, we also have to hit on every one of the other components.

We have a D.A.R.E. program. We're going to be trying to expand ours.

Hopefully, there will be programs like that in the schools that will start addressing the upper grades.

We have not been able to address that from our end. We're going to be working on that this fall.

The other problem is getting into, which has been discussed, long-term programs.

There aren't too many people anywhere who

aren't related to or know someone who has a problem with drugs.

One of my daughters has a heroin problem. She's an addict, and she happens to be in New Hope.

I lived through all the things you've talked about.

The short-term programs, just detoxing, not effective.

She's finally in New Hope, long-term program.

She had been in other programs, where she told me stuff got smuggled in.

Not in New Hope. They run a tight ship.

I think there may need to be more State monitoring of these programs.

But, to take a young person and want them to fail in an outpatient setting, three, four, five times, is courting disaster.

You need to go at the problem aggressively, and get them the best help in the beginning.

And I think the programs are reversed, so I think we need aid in that end.

Another component that I would bring up that wasn't discussed yet here:

My daughter was out in California for a while, and she got out of a short-term program. And

what she found was, after she got out of that program, there was all kinds of support.

Young people who met, like in AA or Al-Anon, they got together, they supported each other. They understood their problem in a way that none of us can.

And she found that to be very helpful; that the success rate after getting out of a rehab, that made all the difference.

She came back to Sullivan County.

She went to Ulster County to one meeting, went to a couple here, and found that there were mostly elderly people with alcohol problems. No one she could relate to.

And I think we need to work in the schools, but this goes beyond the schools.

A lot of these kids are going to be out of school.

I think once you get them out of a short-term or a long-term program, the key to success is, once you're back out on the street, who is there to help them?

And I think if there's any component we can walk away from this with, that is lacking, it would be that.

I mean, every aspect of this needs to be beefed up, but, I'm finding, locally, there is nothing. There is no support group.

And at the end of the day, anybody can learn to live within the environment of a rehab program or in a medical setting where they're being watched, but when you come out and you're allowed to make those decisions on your own again, you need someone who you can relate to; not somebody who's totally out of your age group and maybe having a totally different problem.

So I would advocate, these programs don't seem, in the rural areas, to be put together on their own.

There are a lot of dedicated people that do it, but there aren't yet a lot of young people.

I think we're going to have to figure out a mechanism, whether through mental health, health services, the schools. I think we have to figure out a mechanism to create that environment.

I don't think it's going to do it on its own.

So if there's anything I would bring to the table, that would be it.

SENATOR BONACIC: Yeah, buddy system, that makes sense.

DA JAMES FARRELL: Senator, I would also say one other thing --

SENATOR BONACIC: Sure.

DA JAMES FARRELL: -- I think it's important.

And Dr. Holden did a terrific presentation as part of the rural drug task force that we have here against prescription drugs.

I think we have to ensure responsible prescribing practices by physicians.

If you look at these numbers, and Dr. Galarneau was there, as well, from the hospital, and they're engaged, and we need our physicians to be engaged in this problem, but if you look at the sharp rise in opiate-overdose deaths nationwide -- and he brought the maps, and it's nationwide, it's all over -- it parallels the increase with the prescribing patterns of physicians.

So I think education, not just to the kids; obviously, we want to get through to them. And as Larry said life skills, life -- and these are life-altering decisions that they're going to make if they decide to get hooked.

"Life-altering." It could end their life.

But we also need to engage the folks who are prescribing these dangerous drugs, as well; and

that's our physicians.

SENATOR BOYLE: One of the proposals we're looking at is, is -- as part the continuing medical education every doctor has to go through, SBIRT; a program of treating people, screening, figuring out, what is an appropriate opioid.

Because we hear it statewide, I mean, it was talked about before, a wisdom tooth taken out, and 90 Vicodin is prescribed.

It's all crazy.

DA JAMES FARRELL: One of the things that Dr. Galarneau said, and he could probably speak better to it, is we treat pain.

We treat pain in America now. We don't treat the underlying cause.

So we have a bad appendix, it will bust and kill us if we're taking pain medication.

Doctor?

SENATOR BOYLE: Please, yeah.

Go ahead, please, yeah.

Do you have a microphone?

We just want to get it for the record, though. It needs to be on a microphone to record it.

Sorry.

DR. GERARAD GALARNEAU: I'm Dr. Galarneau. I'm the CEO of Catskill Regional Medical Center. I'm also a practicing urologist.

No, I agree; I think it's a shame that it takes a lot of training to be able to prescribe Suboxone and to treat addiction, but it actually takes no training, other than having your doctorate degree, to prescribe Oxycontin and addict people.

You know, the treatment of pain, if I -- you know, as a urologist, if someone comes to me with a kidney stone, I can treat them with pain medicine, make them feel great, but I'm not treating the underlying condition.

So, for the most part, treating pain with opiates is sort of a cop-out.

Other doctors might disagree with me.

But you could keep somebody going and actually never diagnose them with anything.

So I think that if we worked on -- I mean, the biggest thing, if I had one thing on my wish list, it would be to have very strict educational criteria to be -- to have your DEA to be able to write for a prescription.

Because I think a lot of doctors would relinquish that right. I think that would be great.

Because you could make an argument that the health of this county would be better if no doctor showed up to work tomorrow.

[Laughter.]

DR. GERARAD GALARNEAU: I mean, that is a provocative thing to say, but, you could make that argument.

So, you know, decreasing the ability for physicians to write those pain medicines, in some sort of legislation, and requiring specific criteria before they can, I think that would go a long way.

SENATOR BOYLE: What was it you said, the "DEA"? Is that a --

JOSEPH TODORO: Your DEA number for -- to be able to write controlled substances --

SENATOR BOYLE: Oh, on the scrip? Like -- okay.

Thank you.

SENATOR BONACIC: Thank you, Doctor, very much.

SHERIFF MICHAEL SCHIFF: Senator --

SENATOR BONACIC: Any of the panel want to share any other thoughts?

We'll open it up to the public, but if anybody wants say something --

SHERIFF MICHAEL SCHIFF: Senator, one other thing I would like to add --

SENATOR BONACIC: Sure.

SHERIFF MICHAEL SCHIFF: -- I think Jim mentioned it before, we don't want to focus on opiates, we don't want to focus on heroin.

This is an ever-changing -- everything we do changes the landscape.

And when we went into Afghanistan, the Taliban used to cut your hands off if you grew poppies.

Now the Taliban has pushed back, I believe there was a United Nations study, 80 to be 90 percent of the heroin coming into this country will be from Afghanistan.

When we did the I-STOP, people went from the prescription pills, it became harder to get, more expensive, they went to heroin.

If law enforcement changes and we do some other things, and heroin becomes hard to get, becomes expensive, it's like going to a farmers' market. These people are going to buy what's available to them at the farmers' market.

And we can't focus on any one type of drug. It's got to be a broad, comprehensive view, because,

six months from now, heroin may dry up to some extent, and it may be something else that's available.

So, if we do earmark, it's just got to be for drug addiction and illegal drugs, and have that broad shotgun approach to what might be.

Or like Jim always brings up, synthetic stuff that's not even on the books yet.

DA JAMES FARRELL: It is in Sullivan County.

SHERIFF MICHAEL SCHIFF: Yes.

[Laughter.]

NANCY McGRAW: Senator, I would just like to add, in terms of these -- legislation for -- or doing something about all these energy drinks, these 5-Hour shots that are available to kids in the grocery store, that's a gateway drug.

Do we know what's in those? Kids are using those all the time.

So that's part of the issue, as well.

And, overprescribing, let's not forget the dentists.

I got a 20-day prescription for something I didn't need.

So, it happens every day.

We have women coming into our clinics with

newborn babies, who are on Oxycontin and they can't take care of their kids because they had a C-section.

They don't need that. They need Tylenol.

So, overprescribing, absolutely.

JOSEPH TODORO: And I would just like to emphasize that, you know, the way that we tackle addiction, and the way that we prevent things in our community, are a wide and varied thing.

You're not going to find one -- you know, "one size fits all" in your attempts to look at this.

I think that it would behoove the State to look at the localities, engage the localities, and have the localities say, yes, this is where our efforts should be.

You know, at one point in time we were very, very married to our local BOCES to do prevention programs in all of our school districts. And, unfortunately, that got pull away from us.

It was not my local decision; understand that, okay, because that becomes the critical mass.

You know, if you write something that's in general, and you don't rely on the localities to make a decision in where those resources need to go,

that's a mistake.

DR. CARLOS HOLDEN: Senators, I wanted to thank you very much for inviting me.

I, unfortunately, am going to have to excuse myself.

But my colleague, Dr. Galarneau, I'm sure, can address any questions that come up regarding the hospital treatment for these.

So, thank you very much.

SENATOR BOYLE: Well, thank you for being here.

DR. CARLOS HOLDEN: I appreciate it.

[Applause.]

SENATOR BONACIC: I think there's a series of questions that have been given to MJ, so why don't you read the question, MJ.

MJ: This question is from Lisa.

The question is: What is local law enforcement doing to target underaged drinking and drug use at parties?

SENATOR BONACIC: Did they hear the question?

MJ: Did you hear the question?

DA JAMES FARRELL: Yep.

SENATOR BONACIC: Why don't we just respond.

DA JAMES FARRELL: We have a local law that

we passed, that holds people who host these types of parties, with underaged drinking or drug usage occurs, responsible.

We have had -- unfortunately, we haven't had that many arrests under the law.

We did have one in Fallsburg.

But we are actively enforcing the law, should we come across that type of event.

Obviously, with prom season and graduation season upon us, those things will become more prevalent.

What our local police officers, all of them -- Liberty police, Fallsburg police, our Monticello police, and our Sheriff's Office -- have given us a commitment to enforce that local law; which unlike the state law, which requires the person to provide the alcohol, the local law only requires that the person allow the consumption of it on their premises.

So it's a little bit different standard, and that's one of the things that we have in our quiver, so to speak, to combat that.

We have to be consistent with our children.

And I think sometimes when we get inconsistent, as we have seen in Colorado and in

other states, it screws things up.

And I think we need to be consistent in our message that these things are not okay.

We know from studies, with respect to alcohol, and we'll start there, that on the adolescent brain it causes enormous damage.

Now, not so much on an adult brain because it's already grown and it's gotten to its position.

SENATOR BONACIC: [Unintelligible.]

[Laughter.]

DA JAMES FARRELL: But on a growing brain, it's life-altering.

Again, go back to what Larry is saying about life -- you know, life events, and you're talking about altering your life forever when you consume alcohol, when your brain is growing.

So we have to be consistent; we have to have a consistent message.

We can't say one's okay, and one's not, because then we confuse them, and we send mixed messages. And I believe that's counterproductive.

JOSEPH TODORO: And if I could just add, with regard to the parents who host, the statute that we've passed locally, if you're aware of that stuff is going on, call the police.

DA JAMES FARRELL: Absolutely.

JOSEPH TODORO: Otherwise, you're an enabler.

IZETTA BRIGGS-BOLLING: Right.

DA JAMES FARRELL: Correct.

Correct.

[Applause.].

SENATOR BONACIC: Lisa, are you satisfied with the answer?

If you have a follow-up question, you know, please continue, or else we'll go to the next question.

Are you okay?

Okay, MJ, the second question.

MJ: This is from Cora Edwards.

Cora, are you here?

Okay.

SENATOR BONACIC: Yeah.

MJ: Cora asks: How has heroin become so accessible in this area?

CORA EDWARDS: [Off video.] "In this era?"

MJ: "In this era?"

I'm sorry.

SENATOR BONACIC: Okay. You know, I didn't hear the question.

MJ, could you step in front of the podium and

you say it louder?

MJ: Sure. Sure, yes.

"How has heroin become so accessible in this era?"

SENATOR BONACIC: Okay.

MJ: From Cora.

SENATOR BONACIC: All right, thanks, MJ.

Does anybody --

JOSEPH TODORO: I think it's always been accessible, but I also do believe that it's really the overprescribing that's occurred, you know, across the nation, in terms of managing pain.

And once we start to, you know, limit the availability of those pain medications, then heroin's a pretty easy choice for somebody. Instead of a $30 pill, I can get a $6 bag of heroin.

And I think that's why it is.

And, it's the new flavor, apparently, you know, but, it's really accessible.

Just ask, you know, our DA and the State Trooper here, they'll tell you, that they bring it up the Hudson, drop it off in Newburgh, and they've got, you know, both the Thruway and 84 to distribute from.

NOLLY CLIMES: It's also the price, that it

costs less now, and that makes it a lot easier in an alternative choice.

SENATOR BONACIC: On something of a macro scale, too, the cartels, the drug cartels, they're evil people, but they're very smart. And they realize that we've got an American generation addicted to opioids, painkillers overprescribed, and say: Well, when they pass these laws to stop the prescription drugs from going, they're going to still be a addicted to opioids, because they're not doing anything about that.

And, so, they put heroin out very cheaply.

And one important thing is, we used to get the heroin from the Golden Triangle of Afghanistan, stuff like that. Now it's only about 20 percent coming in.

Most of it's coming from Mexico; being manufactured and grown in Mexico. So it is a lot cheaper, obviously, just in terms of transportation.

They bring it from Mexico, up to New York City, Philadelphia, Newburgh, and out to here.

DA JAMES FARRELL: And I think people --

SHERIFF MICHAEL SCHIFF: I think, also, on that subject --

DA JAMES FARRELL: I think people are also using it, they're snorting it, as opposed to using in it needles; whereas, years ago, it was used in a needle.

But even now, you have individuals who are not afraid of the needle.

You know, AIDS is kind of like, and HIV is kind of like, off the map. We've got great treatment for that. People can live with it for years and years and years, so people are not afraid.

SHERIFF MICHAEL SCHIFF: I was going to basically say the same thing.

In the '80s, they had to market the heroin to snort it because it was a very negative connotation.

If you used the needle, you were an addict.

If you didn't use the needle, it was recreational drugs.

I'm not seeing any stigma, I don't know think anyone else is, with a needle.

It's become so acceptable for someone to have a needle and use it, and I think that's part of the huge change which has put heroin where it is, in addition to the cost.

NOLLY CLIMES: I think it is, also, there is a misunderstanding that snorting heroin is safer

than injecting, when we're talking about the same thing.

SENATOR BONACIC: Well, I remember that if you used a needle, you could catch AIDS.

NOLLY CLIMES: Right.

SENATOR BONACIC: So, you know, you didn't want to try a needle that could be infected, that leads us to AIDS.

NOLLY CLIMES: Right.

I'm talking about for younger people who think that there is a difference between a pure form of heroin versus a less-pure form, in terms of the drug per se.

SENATOR BONACIC: Yeah, okay.

Next question, MJ.

MJ: "TV media is not allowed to do ads about liquor. In Europe certain products are not allowed to be advertised.

"Can we, you, the government, stop ads for pharmaceuticals?"

[Laughter.]

[Applause.]

SENATOR BONACIC: A constitutional issue.

SENATOR BOYLE: Yeah, I think there's a constitutional issue there.

I think -- well, we have seen a change in the advertising.

If you watch a typical drug commercial now, the side effects are longer than the normal part of the commercial.

So we're coming away, but I think we're going to be constitutionally off-kilter by trying to ban them completely.

DA JAMES FARRELL: But I do think that the question raises a good point.

I mean, look at smoking in America.

Look at how smoking, how everybody came together and drove that down to levels we've never seen before.

It's at its low point.

And a lot of that was done through legislation, with respect to the big tobacco companies.

And I think that maybe if you look at some of the strategies that were used with tobacco, because tobacco kills you, it's addictive, it's highly addictive, may not be as acute, but it certainly has the same end result, we might use some of those strategies in this fight.

MJ: I have Alan Sorensen, Legislative

District 9, who had asked to speak.

SENATOR BONACIC: Hi, Alan.

Welcome. Thank you for stopping in.

ALAN SORENSEN: Thank you, Senator.

I just want to follow up on the same topic.

In the -- the United States -- there's only two countries in world that allow direct-to-consumer advertising of pharmaceutical products; it's the United States and New Zealand.

And in the United States, it wasn't until 1997 that there was Congressional legislation that really expanded what pharmaceutical companies could advertise.

And to follow up on Jim's point, I think that is the crux of a lot of the problem that our -- where children getting addicted to opiates.

If you look at the advertisements that they're placed, they're targeted to children.

They not only identify the symptoms, but they give, in the advertisement, a list of the symptoms.

And at the end of the advertisement, they say: Go see your doctor and tell him you have these symptoms, and he'll give you the drugs that you want him to prescribe.

Right? We all see it.

So, you know, you can watch 10 minutes of CNN and you're seeing pharmaceutical commercial after pharmaceutical commercial for every imaginable symptom out there.

If you're having trouble sleeping, take Lunesta.

There's a whole variety of other products that are out there.

UNKNOWN SPEAKER: [Inaudible.]

ALAN SORENSEN: Exactly.

And so they're conditioning our children.

And I do see this as no different than the attack that the big tobacco companies put on our children back in the '70s and '80s.

We did, after people making -- connecting the dots, passed Congressional legislation to prohibit the tobacco companies from targeting our children.

And I think the time is long overdue for the -- for our leaders to get after the big pharma to stop targeting our children with these advertisements that are definitely targeted to our children.

That is part of the reason that there is such a high rate of addiction in this country.

And, you know, when that law passed in 1997,

the amount of pharmaceutical advertising in this country went from a few hundred million, to over 2 billion, within a matter of a year or two, so there's no question that's part of the problem.

And I think we need -- I would recommend two actions:

One, to pursue legislation that would dramatically limit the ability of pharmaceutical companies to do direct consumer advertising in the United States of America;

And, two, that similar to the tobacco settlement, where the big tobacco companies were required to pay into a fund to offset and to help address the high cancer rates as a result of tobacco smoking, that we need someone, whether -- I don't know what group out there, but there's got to be an attorney out there in the U.S. who wants to pursue a class-action settlement, to go after the big pharmaceutical companies who are targeting our children with this direct consumer advertising.

And there should be a pharmaceutical tobacco -- or, settlement fund that's set up to help pay for some of these things that our municipalities are having to fund.

[Applause.]

ALAN SORENSEN: So, you know, it's -- I can't help but get emotional about it, because I do think it's an intentional selling of this product to our children, from the time they're born, and watching any advertisements on TV, they're being told that if you have any type of symptom, there's a pharmaceutical "magic pill" to solve your problem, and that's not the message we should be sending to our children.

SENATOR BONACIC: Thank you, Alan.

ALAN SORENSEN: Thank you.

SENATOR BONACIC: I just want to react a little bit.

It's an excellent point, Alan. I think it parallels what you said about the smoking industry and tobacco.

I think it has to be done on a national level. That's where the pressure has to come.

And, you know, special interests that may pay money to try to block something like that in the Congress, but, it's something that has to get traction in every state, with messages sent to the Congressional delegation, to take that point up.

It was a good point.

Thank you, Alan.

MJ: I have, next question, is Dr. Salsberg.

His question is: How can we expand treatment programs in Sullivan County?

SENATOR BONACIC: More money.

MJ: Do you want to expand?

DR. SALSBERG: Hi, I'm Dr. Salsberg.

I have a conflict of interest.

I'm the medical director of The Recovery --

SENATOR BONACIC: Can you speak louder, please.

DR. SALSBERG: I'm Dr. Salsberg.

I have a conflict of interest.

I'm the medical director of The Recovery Center, one of the treatment programs represented by Ms. Bolling.

About a month or two ago, they actually stopped The Recovery Center from taking in patients.

Now, The Recovery Center was the last treatment program in the county.

The hospital doesn't have a program anymore.

I've been doing this for 20 years here.

And there's been three or four programs in the county that have just disappeared.

So if we want to deal with a program, we need availability here to treat people.

So I think I'd like to you address that, if there's any funding, or something we can do for this?

SENATOR BOYLE: In the most recent budget, we did get another $1.8 million to go towards treatment and prevention.

But tell me, did they give -- what's the reason?

Was it just funding that they are shutting it down?

DR. SALSBERG: Well, they closed The Recovery Center for -- it's back open now.

SENATOR BOYLE: Oh, okay.

DR. SALSBERG: But there was a few, like, very bureaucrat things, and it put a great strain on our whole county, since this was the last treatment program we had.

So instead of, like, talking about it, we need some action, we need some programs here.

SENATOR BOYLE: Thank you.

SENATOR BONACIC: Thank you.

Okay, MJ, next one.

MJ: Thank you, sir.

Okay, I have Carol Shepherd [ph.] asks: What are the -- the county pays money for people to

receive treatment outside of the county.

"Are there similar plans?"

Is that your question?

CAROL SHEPHERD [ph.]: [Inaudible.]

MJ: Can you stand up?

SENATOR BONACIC: Let her come up.

MJ: Can you stand up?

SENATOR BONACIC: Let her come up and take the mic. Go to the podium.

Yeah, and let her come forward.

CAROL SHEPHERD [ph.]: I know, I've worked with clients who have a history of heroin addiction. And they're -- they've received methadone. And the county pays a lot of money for these people to be transported down to Newburgh.

With the increased problem of heroin addiction in the county, are there going to be any arrangements for them to receive treatment locally?

And what are the local options for people, for heroin?

I mean, you go to The Recovery Center for alcohol, but what about heroin?

JOSEPH TODORO: Well, Carol, at one point, there wasn't an overarching need to really work with opiate addictions, and it was felt that, regionally,

we could address the folks who were on methadone maintenance with that clinic in Newburgh.

As we've seen the increased need for opiate treatment, you know, there are a number of physicians who prescribe Suboxone, which is different, but a similar kind of medication to be used with somebody who has an opiate addiction.

I have yet to see somebody come, at least to the Department of Community Services, with a request to open a methadone clinic here.

But, I would entertain a request.

CAROL SHEPHERD [ph.]: Are there any plans to expand the license at The Recovery Center to deal with folks that are addicted to heroin?

IZETTA BRIGGS-BOLLING: We do provide Suboxone treatment for individuals, and we have two different programs.

We have the 822, mild-to-moderate withdrawal, and we have a residential crisis unit, where Suboxone treatment is administered.

And their residential program has been in existence since about 2007. And the newer one opened in 2013.

JOSEPH TODORO: Yeah, and in our outpatient clinic, we now have some treatment groups that are

working with those people who are on Suboxone maintenance, or trying to come off of Suboxone.

So, we've opened that up.

We've actually let the prescribers know that that's a service that's available through our clinic at this point.

So, yes, we're trying to address some of the local need.

SENATOR BOYLE: What's the average length of time your patients stay on Suboxone?

JOSEPH TODORO: Again, I think it depends upon the person.

But, to detox somebody is usually a week. And some people are able to go that week, and then get into a treatment program and do just fine.

The people who are unsuccessful, they may be taking a maintenance dosage of Suboxone for the rest of their life.

Because one thing that we do know about this disease of addictions, is that it's chronic; and, so, you live with it.

It's like diabetes; you learn to live with it, you learn to manage your recovery from that disease, from the day that you admit that you have that problem, to the day that you die.

SENATOR BONACIC: Okay, MJ?

MJ: Jennifer Brian [ph.], did you want to come up and ask your question?

JENNIFER BRIAN pph: Hi, my name is Jennifer Brian, and I work for the Mid-Hudson Prevention Resource Center. We're located in Goshen, out of the Alcoholism and Drug-Abuse Council.

And what I heard a lot today was about evidence-based programs in schools, and the prevention programs, and things like that, which are phenomenal and fantastic, and we definitely need them.

But what I want to ask about is, community-based prevention, which is changing the norms; making it so, that way, the prescription drugs are not something that's considered safe for everybody.

And, so, what kind of things can be done in order to support the community coalitions? Which I know they have them in Sullivan County, because we work with them.

So what can be done to help support them, both funding- and non-funding-wise, in terms of the government?

And, what kind of things can we, hopefully, see from you guys to help them make that community-based change, that we need to match the evidence-based programs that happens in the schools?

IZETTA BRIGGS-BOLLING: Well, The Recovery Center is supportive of your statement, because environmental strategies are very important to making that change occur.

And every time an RFP comes out, we have people in the back that are always writing for them.

JOSEPH TODORO: The other thing that I'm sure, that we would both invite our community to come out and participate in our planning and implementation of prevention programs in our community.

We have attempted to do some community development around that.

We had caught fire at one point in time, and had a countywide committee, and then we had a few smaller committees in different communities, but, it kind of petered out, as did some of the funding.

But, you know, we would both invite the community to come out.

If you're interested, if you want to participate, if -- you know, then come -- you know,

give Izetta a call, and we'll get you participating.

JENNIFER BRIAN pph: Thank you for those answers, but I also want to know, maybe from the Senators, what kind of things can we see from the federal government and our state government that will help to support these initiatives that are really necessary in order to make this change?

SENATOR BOYLE: Well, that's exactly one of the things we're looking for in these forums.

As I say, we did put a few million dollars in, and we'll probably be putting more in, towards prevention and treatment; primarily, towards prevention, and to see which one are base.

Of the 17 forums, we've heard some very good programs. We've heard some not-so-good programs.

So, we will have answers for you in a couple weeks on that.

JENNIFER BRIAN pph: Thank you.

SENATOR BONACIC: Thank you.

MJ?

MJ: Speaker? Come, sir.

Dr. Thomas.

DR. THOMAS: Hi, good afternoon, everybody.

SENATOR BONACIC: Good afternoon, Doc.

DR. THOMAS: I'm not an expert, but I've been

prescribing Suboxone and dealing with addiction for the last 12 years.

SENATOR BONACIC: I don't think we can hear that you well, Doctor. You've got to speak louder.

DR. THOMAS: I'm not an expert, but I've been a physician for almost 40 years, and the last 12 years I've been dealing with addiction.

And it's very -- probably the best satisfaction, as a physician, is when a parent comes to you and hugs you, and tells you, "Thank you for giving me back my son."

I've been able to turn some lives in my life, and it's very sad when some -- [unintelligible] anybody over 40 years old -- below 40 years old, because I'm going to be 70 soon. And, they come in with a good intention of getting rid of this disease.

We write the prescription for the medication.

We do what we call an "induction," so that we know how much Suboxone he needs.

We know how much he needs, we write a prescription.

The insurance company says "no."

So I go to the pharmacy and I write a prescription for 120 Oxycontins, oxycodones, and

they immediately approve it.

And I have here proof of it:

The letters of denial;

With the prescription for the oxycodone, signed by me, for 120 tablets;

And the receipt from the pharmacy for the 120 tablets of oxycodone.

So, I think that New York State is giving money to drug dealers, because these are drug dealers, these insurance companies.

[Applause.]

DR. THOMAS: These insurance companies have been contracted to run Medicaid in this state, and this is a shame.

And this is at least one every week. Every single week.

Yesterday I had another one. One week waiting for the approval. Still, they didn't have it.

I called them and I said: Let me speak with the medical director. Who's your medical director?

No name, no telephone number.

I even left them my cell phone number, because the medical director was going to call me.

So before they closed the pharmacy, I went to

the pharmacy, I called them again.

"Oh, still it's not approved."

So I wrote a prescription for 120 Percocets.

Immediately approved.

So I call them back and I say, "You don't want to give the medication? You already gave the 120 Percocets just a while ago."

In 10 minutes they called me, "The medication has been approved," because I told them, "This is going to be in the newspapers tomorrow morning."

So, I think New York State has to do something with all these insurance companies, because we're trying to solve a problem, and they are creating the problem.

That's one of the things that I wanted to say.

The other thing, I got some of the questions and things that they say here.

Opiate addiction is a chronic disease, and it's categorized as a "chronic disease."

Diabetes mellitus is a chronic disease.

Hypertension is a chronic disease.

We have some physicians here. Which of you take the insulin off a diabetic because it's expensive?

It's a crime.

They are doing this with our patients, with our [unintelligible] patients.

And in my practice, my experience, they come in dirty, not shaved, nothing. Arrogance.

And the next day, they are a completely different person.

And I'm very, very proud of all of them.

We also have another problem that we are going to talk about here, at least what we calling in medicine, "endorphin deficiency syndrome."

I believe that everybody remembers from high school what word "endorphins."

It's a substance that we have in our brains that make us happy.

Okay?

The word "endorphins" is a compound word.

"Endo," that means built by our own body. And we are left with morphine.

So we have, our body produces morphine.

So some kids are never happy. If you have low endorphin, you're never happy.

And these kids have been diagnosed of depression. They go to the psychiatrist, and they give them one medication.

No results.

Add -- increase the dosage.

No results.

Give another medication. No results.

Because they're not treating the problem that the kid has.

And usually this kid is in his house, his mother is always telling him, "Pick up your room."

He never picks it.

The father tells him, "Mow the lawn."

He doesn't mow it.

He goes to the dentist, he gets some Vicodin or some kind of with codeine.

The mother tells him, "Pick up your room," and in 5 minutes, the room is picked up, because he had a morphine substance a little bit more in his brain now. Now he is functioning normal.

Then when we sit at the table at night with him, we as parents tell him: Why can't you be like this? You see how nice it was today? I just asked you and you did it right away. Why can't you be like this?

And then this kid says: Wow, when I take this pill, I get along better with my dad and my mom. I get along better with my teacher in school.

I perform better.

And it's true, he's doing everything better.

So he needs a boost on his endorphin.

So Suboxone is going to give him that boost because he needs morphine-like substance.

But then we have, what are we going give him?

Heroin? Morphine? Oxycodone?

What are we going to give him?

We have to give him the safest one. That's the only alternative we have now.

It's the only alternative we have, or he's going to live, like, depressed all his life.

It's the same thing as if, you don't produce insulin, you're diabetic. And you need some insulin.

So if you don't have endorphin, you need to have some endorphin.

That's why this is a disease, and that's the way to treat it.

I'm talking about Suboxone and the insurance companies.

They are forcing us to lower the dosage on the patients and to get them off the Suboxone.

We have to make prior authorizations for the Suboxone. And on the prior authorizations, I have

to write when I'm going to lower his dosage, and when I'm going to get him off the medication, like if you're telling me, "Your diabetic patient, when are you going to lower the insulin, and when are you going to get right of -- get him off the insulin?"

It's the same thing.

SENATOR BOYLE: Doctor, could I just ask you, your license, you started with 30 Suboxone patients, and then you can go to 100 after a year? Is that correct?

DR. THOMAS: Yes, sir.

SENATOR BOYLE: You're at 100 now?

DR. THOMAS: Not yet.

SENATOR BOYLE: Not yet. Okay, okay.

DR. THOMAS: I'm very choosy.

They come to play games, they don't fit in my practice.

SENATOR BOYLE: Okay.

Well, thank you very much.

SENATOR BONACIC: Doctor, we're not here to cut you short, but we have others that we have to get through.

So if you could conclude, we would appreciate it.

DR. THOMAS: Okay, so, I just want to make

sure that everybody understands that this is a disease, and that the insurance companies are not helping us.

They want these kids in the narcotics, because Suboxone is $8 a dose, and the oxycodone is 5 cents a dose. And we cannot [unintelligible] economics against health.

Okay?

Health is first.

Thank you.

SENATOR BONACIC: Thank you, Doctor.

[Applause.]

IZETTA BRIGGS-BOLLING: I just quickly wanted to say that Suboxone used to be -- you could get it, across the board, with Medicaid.

Now Medicaid clients are all required to be in an HMO. And different HMOs, it will take much longer for clients that are in need of Suboxone to get it. And sometimes it can take up to a week, which is what he was saying.

SENATOR BONACIC: Okay, MJ?

MJ: I have a comment here from Dr. Roux [ph.], and I'll just start it briefly.

We do have an event coming up in a little while, so we'll ask any comments to be as condensed

as they can.

"With the gravity and the extent of the epidemic, what are your thoughts on in-service trainings for judges and other legal professionals?"

Is that the general consense [ph.] of the question?

MR. ROUX [ph.]: [Not using a microphone.] I'll keep it short.

First, I just wanted to say I'm a doctor, and I don't want to pretend to be.

MJ: I'm sorry.

MR. ROUX [ph.]: That's okay.

I'm a licensed mental-health counselor, and a credentialed alcoholism- and substance-abuse counselor, in private practice in Monticello.

The only other partner I have in the practice is my wife, Carmen Roux [ph.], who's the office manager.

We have a very busy day, though, all day long. There is no shortage of people who are seeking treatment.

I want to thank the Senators and the State of New York for their interest in the panel discussions, and all the panelists.

I heard very little disagreement from among

the panelists on hardly any point, which I think is notable.

What I wanted to point out, though, to emphasize, to accentuate, is the access-to-treatment issue.

The last speaker spoke at length about the access to Suboxone.

And, Joe Todora, I really appreciated what you pointed out, that some people need a detox protocol to get off of heroin.

Suboxone works wonderfully for that.

Some people need to stay on it for years or for life.

And it's approved by the FDA for maintenance.

If it's prescribed by a medical doctor, there's nothing wrong with that.

It's a health-care decision, and it should be left between the medical doctor and the patient.

And that's a point that was raised in my question, is that I get concerned sometimes, when I see the criminal justice system expressing reservations about the medical care that people are receiving from their doctors who prescribe, for example, Suboxone. Maybe methadone, as well.

I see people who are on probation, people who

are on parole, who are told they have to get off of that. Or when they're sentenced, are told that they must stop taking their Suboxone because that would be a violation of the terms of their sentence.

I think that needs some -- a careful look.

And I would respectfully suggest that consideration be given to training judges and law enforcement, in terms of the people who supervise the officers of the court who supervise people under the direction of the judges.

Biopsychosocial treatment, counseling, is limited in some ways.

And I think this is a law that could be addressed. I think it would come under the social-service law.

If someone has SSI or SSD, their managed-care Medicaid does not cover any sort of substance-abuse treatment.

It reverts to straight Medicaid. It's called a "carved-out benefit."

What that means is, that the most disabled people, the people who are most in need of help, because of their mental-health condition or their concurrent physical disabilities that have qualified them for SSI or SSD, have the hardest time finding

providers who can give them treatment.

I cannot be reimbursed by Hudson Health or Fidelis if a person has SSI or SSD. And I know that it's not just me in my licensed capacity.

It really makes it much more difficult because of that carved-out provision.

I would like to see that eliminated. I would like to see the disease of addiction treated like -- treated by managed-care Medicaid treated like any other disease.

Getting approval for levels care is also a big issue that's been mentioned -- a big problem that's been mentioned here.

We need to have what's called "failed attempts at outpatient."

Multiple failed attempts at outpatient treatment for heroin addiction can be fatal.

And, also, I wanted to emphasize, I think the point that's been made, is that there's too much of a sharp line drawn between mental health and substance-abuse treatment.

There's -- and when you look -- when I see a person, I see a person; I see a human being; I see a whole package.

I don't see half of you is an addict and half

of you is bipolar, and today I'm going to treat the bipolar half, and come back next week and we'll talk about heroin.

It needs to be treated together.

And I'm not suggesting that OMH and OASAS should be merged.

I retired from OASAS in October, and I've been full-time in the private -- Office of Alcoholism and Substance Abuse Services. I've been in private practice full-time since then.

But I do think that the two agencies need to blur their boundaries a bit. And, respectfully, the local clinics, work more hand in hand.

We need to treat people as people, and not as diagnoses.

Thank you.

SENATOR BONACIC: Thank you very much.

SENATOR BOYLE: Thank you very much.

[Applause.]

MJ: I have our next comment from Deborah Fuchs Nadu [ph.].

Is Deborah here?

I'll ask if you can keep them, if you can, as brief as possible.

DEBORAH FUCHS NADU [ph.]: It's very hard for

me, but I'll try.

Hi, thanks.

Thanks for being here today, and I want to thank everybody for what they've presented.

I have a lot of colleagues on this panel, and people, that we have worked on this for the last 25 to 30 years, so I'm having some what have a deja vu moment.

I'm thinking back, and, Joe, you will remember this, and I don't know who else was here with us:

We sat in this room, maybe not with the Senators, but with Steve Lungen [ph.], Frank La Budda [ph.], and a lot of old names, and had drug task-force committees -- in 1985?

JOSEPH TODORO: Yeah, I'd say.

DEBORAH FUCHS NADU [ph.]: Yeah.

-- addressing some of the same issues.

The drug of choice this week might be different, but we have addressed the same issues.

We had a very, very strong prevention presence in this county. And I can speak to that because I was that presence.

I was, in my previous life, before I became the clinical director of BOCES, I was the director

of prevention services, and worked with all the community agencies that worked really hard on a shoestring, and with all the school districts, to provide prevention programming.

So I've heard lots of great things today, but it's the same old story for me. I've heard the same things over and over again.

We were minimally funded in this county back in 1985.

We started on a $30,000 grant to provide services to all the schools and work with the community.

10, 15 years later, it was 45,000, Joe? 46,000? And then it was pulled away.

"It was pulled away."

We talk about what works in prevention? We've known that for years.

I've been a prevention researcher for the last 25 years.

And they -- all you have to go is to the federal websites and you will see what works in prevention.

We can Google those things.

Same kinds of things that work in drug prevention, by the way, work for violence

prevention, work for bullying prevention, work for -- prevention is prevention.

Somebody coined it with "life skills" earlier?

That's what we're teaching: people to be people.

Yes, we're torn between what happens, Common Core in education, time constraints for what comes first, but we miss -- we've missed many opportunities.

And I'm trying to rush, but I have a couple more points. Sorry.

So we do know what works. We've been looking at that for years. We've been promoting that for years.

We do know -- not to disrespect anybody in what they're doing -- crash-cars do not work.

Those of us that read the research know that.

It's a nice addition to things, but they do not work.

There are comprehensive programs and strategies.

It's a science, folks.

We've been out there and we've been doing this work.

I just want to address a couple of things.

In the 1970s and 1980s --

You can chop me off in a second.

In the 1970s and 1980s, you could get a bag of heroin for $10.

It's an old story. It's nothing new.

You take away one thing.

We had methadone.

We're talking about Suboxone?

How long has methadone been around?

JOSEPH TODORO: Oh, how long's heroin been around?

DEBORAH FUCHS NADU [ph.]: Yeah, okay.

So, thank you.

So it's there.

It's, what are we going to do about it?

The answers are out there.

And this community, this county, had worked very, very hard with The Recovery Center, with New Hope, with the schools, with law enforcement, with Public Health, with community services.

We have had many different prevention task forces.

Now we need the fiscal support to have that happen again for us.

Thank you.

SENATOR BOYLE: Thank you.

[Applause.]

MJ: I have Eric Alleva [ph.], who said he had a lot to say, but I have asked him to keep it to the fine points.

Okay, sir?

ERIC ALLEVA [ph.]: My name's Eric Alleva.

I've been a drug addict for 53 years.

I'm 65 years old.

UNKNOWN SPEAKER: Hold it up. We can't hear you.

ERIC ALLEVA [ph.]: I've been a drug addict for 53 years.

I'm 65 years old.

Back in, I don't know, my chronologic clock is broke, so back, I guess it was in '70s, the State Police, the Sheriff's Department, and myself were successful in arresting 23 -- we got arrested and convicted 23 drug dealers.

I can stand here with an open face and tell you that because, hopefully, nobody in this room is going to recognize me, since that was in the '70s.

Why can't, from the beginning, there's the arrest. Whether it's in the Sheriff's Department's

car or in the State Police car, it's an arrest on a drug dealer.

Why can't that picture be posted in Fallsburg on their screen? In Monticello on their screen?

Why can't that picture be printed out and that police officer take that picture home?

He may know that person, whether that person be a male or a female, and say, Wow, I recognize that person. That person was just arrested in drugs this afternoon.

That may be a help. That may be a key to opening the door, to finding out where that person got the drugs and stop that.

It's very easy.

You go to High Street, the same street that, in the '70s, is still selling drugs today.

The same street.

And it's now, it's not called "Moon Manor," but the same place. Moon Manor, is the same -- not the same apartment, but the same place is still selling drugs today.

And you want to know why the insurance companies won't pay?

It's because the amount of -- they ratio to how many failures and successes.

Here's the insurance company willing to put out money, but how many failures do you have?

You see, when I was in recovery, when I was in the Veritas Villa, two men are walking down the street and these church bells go off, and the bells ringing, ringing, and ringing, and the other guy says: Listen, I didn't hear what you were saying. I was listening to those bells, those stupid bells.

And the guy said, What stupid bells? I was listening to the music. It was beautiful music.

See, one guy heard the music; the other guy heard the noise.

The police officers themselves can determine, they can see the difference, between the guy's who's got an attitude, who doesn't want help, who just wants to -- who just needs -- thank God, there's a jail for him; and the people that need help, because there are people.

And if you can be more selective in picking the people that really need the help, and put those people in a program, then maybe the insurance companies will say, Wow, look at the amount of success we've got in the programs.

And whether you're a good parent or a bad parent, you can't take responsibility for having a

good kid.

I've got five good kids, and I was never a good parent.

And you can be a lousy parent and have great kids.

And you can be greatest parent and have miserable kids.

It's, just, that's the way God made us.

SENATOR BONACIC: Okay. I want to thank you for your comments.

We have three more speakers.

We're going to ask that they limit their remarks to two minutes.

We have to be out of here by four.

Our panelists have obligations, and so do we. And there's going to be a County State of the State, I understand, here after we leave.

So, MJ, you have the next speaker?

Okay, yes.

Go ahead, tell us your name.

CAROL RYAN: Hi.

Is this working?

Yes.

My name is Carol Ryan. I'm the past public-health director before Nancy McGraw.

I just retired in July.

So, we're very instrumental in starting the Prescription Drug-Abuse Task Force in this county.

And I'm also personally affected by a family member that's been impacted by mental-health and substance-abuse issues.

So I see this from two perspectives.

I just have a couple of suggestions. I'm not going to be long-winded.

But in thinking about this, I think the I-STOP law was a great start, but it did have unintended consequences.

One thing, it's driving people to heroin, as you heard.

And I think that there were some things that need to be set in place, along with the I-STOP law, that you might want to consider.

Maybe some of these exist and I just don't know it.

I think that when people get turned away, at that moment, from getting a prescription, there's a big lack in what happens then, and there needs to be some kind of support system set up.

I mean, there should be, maybe -- you know how we have the I-Quit line for smoking? "New York

Quits?" -- we should have a line like that for addicts.

We should have a 24-hour hotline, I think, for addicts; but not just for addicts, for counseling.

It should be three-prong.

I would suggest that, one, it be for the addicts, and you should have trained mental-health and addiction-treatment personnel on it, not operators.

Okay?

Also, it can serve the pharmacists who are dealing with some of these people.

And they're also dealing -- you haven't heard from anybody, this huge amount of increased robberies and violent crimes against -- in pharmacies.

So, to help the pharmacists know how to deal with addicts who show up, and it's something they have no idea what to do with.

And, also, to help to be a consultation for physicians.

I also think that hotline, the person serving on it, the people should have access to an up-to-date database of available treatment beds

right now, so that -- because, right now, what I think happens, unless it's changed, is they're calling around, maybe from the emergency room, or wherever, place after place after place, trying to find a bed.

There's -- I don't think there's any available, uhm -- a consolidated database where you can just call and say, I've got somebody here.

The doctor can call. He looks on I-STOP. He can't prescribe this kid Percodan [sic], or this adult.

The person, they break down, they say, "Okay, I'm an addict. I need help. What do I do now?" what does that doctor do?

There is nothing.

So if they could pick up the phone and say, Where's a bed?

Pick up, call this hotline, say, "Where's a bed right now? I have somebody who needs help."

That does not exist.

Okay?

So I suggest that there be something like that.

I also suggest required training in addiction recognition and screening for all physicians, nurse

practitioners, and physician assistants, maybe in conjunction with renewing their licenses; just like we have now child-abuse training that's required.

This should be required, so you can stop this problem at the beginning where it often starts, which is when writing the prescription.

And then, not just in recognizing addiction, but training, and what kind of interventions that they can suggest for these patients who show up and need help, because these people are sick.

They're not criminals.

They become criminals when they are desperate and they have to find ways to get drugs.

And two more things, that's all.

More affordable substance-abuse treatment facilities.

If you put money into that, you're going to lower prison costs.

People go to prison because they commit crimes, because they need drugs.

And the last thing is: Please, please, do something to require insurance companies to cover immediate inpatient admission, rather than requiring a failed trial as an outpatient first, which is dangerous and unrealistic.

[Applause.]

SENATOR BONACIC: I want to thank you very much.

They were very excellent suggestions.

Thank you.

UNKNOWN SPEAKER: [Off video.] There is an OASAS helpline that operates 24/7, that maybe is a resource people should know about.

I'm sorry I don't have the number, but they would have access into where beds are available.

MJ: Okay, next?

KITTY VETTER: Kitty Vetter.

I am a nurse by career, an R.N., and I dealt with health issues like this for a long time.

And I'm presently one of the County legislators.

I would strongly support what Alan is suggesting as far as prevention.

Prevention is the main modality in any kind of nursing intervention.

So I would suggest to you, as the legislators of our state, to move forward to stop the present form of pharmaceuticals that are out there in the media, that are out there on the TV.

We stopped Joe Camel many years ago.

We can stop this now, and I think that's the main way to go.

Endomorphins are a reality.

The other thing is encouraging kids to exercise.

I don't mean doing jumping jacks.

Anybody who did anything with a runner's high, which is kicking in your own Endomorphins, kids are not being physically active so they are being depressed, because they don't have the physical activity. And many of the schools are slowing down on that.

So physical activity for the children, and stopping the commercials on the TV.

SENATOR BONACIC: Thank you, Kitty.

[Applause.]

KITTY VETTER: You're welcome.

SENATOR BONACIC: The last speaker is who, MJ?

MJ: We have time for one more?

Laurie Rotolo [ph.].

Is Laurie here?

LAURIE ROTOLO [ph.]: Thank you.

Hi, my name is Laurie Rotolo.

I work with Ulster Prevention Council in

Ulster County.

I also am a part of the prescription-drug task force.

And we are working really strongly with the medical community on prescribing practices.

One of our -- one of our physicians in Ulster County is starting a prescription for wellness, which is something that they're trying to institute in their clinics as an alternative to -- as an alternative to prescription -- for painkillers, to -- just to piggyback on what the person before me just said, to encourage more proactive, health-oriented exercise and alternative medicines.

And so my other question is: What can we do to support alternative insurance coverage for alternative treatment for people with addictions and other problems as an alternative to the medication?

And, also, to also say about the prescription drugs that the pharmaceutical companies, I agree with everything that was said about the pharmaceutical companies.

In Ulster County, we did get a $6,000 check from a pharmaceutical company, in terms -- so that we could purchase more medication drop-boxes.

And, so, we're recommending that everyone reach out to your pharmaceutical companies and ask them to help clean up the mess by making sure that these medication boxes are installed all over the sheriffs and police stations and -- in all the counties.

That basically was it.

SENATOR BONACIC: Thank you very much.

I think we're going to conclude this forum.

Do you have another person that would like to say something?

MJ: Can we fit one in, Senator?

SENATOR BONACIC: Yeah, sure. Go ahead.

Come up on.

MJ: Priscilla, come on up.

Thank you, Priscilla.

PRISCILLA BASSETT: Priscilla Bassett from the Sullivan County SLAC, which is the Senior Legislative Action Committee.

I was up in Albany on Tuesday and I picked up the "Legislative Gazette."

The headline on the second page, and the whole page, said, "Senate Dems Unveil Bill Package To Fight Heroin Epidemic."

There was also reference to something in the

Senate, a single bill that was mentioned.

I just want to urge the Legislature to set aside these problems of cooperation between the Senate and the Assembly, between the Democrats and the --

Oh, I don't know what that other Democratic group is called.

[Laughter.]

PRISCILLA BASSETT: I don't mean to make a joke.

-- between the Democrats and the Republicans.

These laws -- these proposed laws, legislations, are vital to moving ahead.

And I hope that you can all work together in the spirit that we're all here today, to do something as quickly and as sensibly as possible.

Good debate, yes.

But action, too.

SENATOR BONACIC: Thank you, Priscilla.

[Applause.]

SENATOR BOYLE: Without a doubt, this is a non-partisan issue.

We're here to save lives.

And I don't think you were forgetting the Republicans.

It was the IDC, the Independent Democratic Conference, which is the other group.

But we have members of that on our -- of the IDC on our task force.

And I read the proposals by the Senate -- regular Senate Democrats, and they got very good ideas, and we're definitely going to incorporate whatever we can.

We're going to work together on it.

SENATOR BONACIC: Do you want to close?

SENATOR BOYLE: I'd like to thank, certainly, Senator Bonacic for hosting this great forum.

We got wonderful ideas.

Our panelists, thank you so much for all your unsights.

And for the audience members who participated, and those who came to listen and learn, I appreciate it very much.

Realize that this is not the end.

If you come up sometime tonight and you say, "Oh, I forgot to say something," contact my office.

It's, "Senator Boyle," just Google it. And we've got staff people working on this till -- for the next couple weeks, and thereafter, as well.

And I would like just to mention, in closing,

that we do realize, and one of the things I really want to get out of these 17 forums, is the stigma involved.

We have so many people that are ashamed about talking about family members that are addicted or themselves being addicted, and we still heard such courageous stories here today.

It's not a shame.

We're going to get rid of the stigma.

This is a perfect start, and to learn that, when someone walks up to you and they say, "Oh, my child has cancer," the reaction you'll have, we want to have it so, when you walk up and say, My child is a drug addict, or heroin addict, you're going to have that same exact reaction.

And we're going to work together to end this heroin epidemic.

Thank you so much for allowing me to be here.

[Applause.]

SENATOR BONACIC: Again, to everyone that's here -- our panelists, our audience -- government does not have a magic cure for the problems that we're facing with heroin.

One of the things that I thought was very helpful, is that the flavor of the drug may change

from one decade to the other, and that point was made over and over again.

We need everyone involved: government, community, the experts, law enforcement.

We must cure this epidemic as best we can.

And as Senator Boyle said, everybody in Albany, both sides of the aisle -- three sides of the aisle, want to attack this problem, because it pervades every area of our society, regardless of our race, regardless of our economic strata.

So thank you for coming, and you will keep your eye on this.

We're going to work very hard to get this done before the end of session, and that's the third week in June.

Thank you all for coming.

[Applause.]

(Whereupon, at approximately 3:56 p.m., the forum held before the New York State Joint Task Force on Heroin and Opioid Addiction concluded, and adjourned.)

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