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

PUBLIC FORUM: ORANGE COUNTY

PANEL DISCUSSION ON NEWBURGH'S HEROIN EPIDEMIC

Newburgh Armory Unity Center
321 South William Street
Newburgh, New York 12550

May 15, 2014
10:00 a.m. to 12:00 p.m.

PRESENT:

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

Senator William J. Larkin, Jr., Forum Moderator
Member of the Joint Task Force

Senator John J. Bonacic
Member of the Joint Task Force

PANELIST INTRODUCTIONS: PAGE 4

Paul Arteta
Lieutenant
Orange County Sheriff's Office

William Barbera
Chief
Rockland County Sheriff's Office

Anne Calajoe
Director of Alcohol and Substance Abuse Services
Rockland County Department of Mental Health

David Gerber
Director of Counseling and Shelter Services
St. Christopher's Inn, Garrison, New York

James Conklin
Executive Director
Alcoholism and Drug Abuse Council of Orange County

Michael Ferrara
Police Chief
Newburgh, New York

Greg Gaetano
Chief Criminal Investigator
Representing Sheriff Carl DuBois
Orange County Sheriff's Office

Dave Hoovler
District Attorney
Orange County

David Jolly
Chief Operating Officer
Jonnie Wesley-Krueger
Chief Advancement Officer
Greater Hudson Valley Family Health Center

Michael Kavanagh
Chief Narcotics Prosecutor
Ulster County District Attorney's Office

PANELIST INTRODUCTIONS (Continued):

Judy Kennedy
Mayor
Newburgh, New York

Darcie Miller
Commissioner of Mental Health
Orange County

Nancy Montgomery
Deputy Director of Grants for
Sean Patrick Maloney, and
Deputy Supervisor, Town of Phillipstown

Steve Neuhaus
County Executive
Orange County

Rob Ross
Chief Executive Officer
St. Luke's Cornwall Hospital

John Westerman, Jr.
Pharmacist, Previous owner of Ace Pharmacy
Newburgh, New York

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SENATOR LARKIN: Let's start from my right, and introduce yourself to those in the audience.

CHIEF WILLIAM BARBERA: Chief Bill Barbera, Rockland County Sheriff's Office.

JOHN WESTERMAN, JR.: John Westerman. I'm a community pharmacist, Newburgh, New York.

DAVID GERBER: David Gerber, director of counseling and shelter services at St. Christopher's Inn in Garrison, New York.

ANNE CALAJOE: Anne Calajoe, director of Alcohol and Substance Abuse Services, Rockland County.

DAVID JOLLY: David Jolly, Greater Hudson Valley Health Center.

JONNIE WESLEY-KRUEGER: Jonnie Wesley-Krueger, Greater Hudson Valley Family Health Center.

MAYOR JUDY KENNEDY: Mayor Kennedy, city of Newburgh.

Wow, that's a loud one.

MICHAEL KAVANAGH: Mike Kavanagh, chief narcotics prosecutor from the Ulster County DA's Office.

SENATOR BOYLE: Senator Phil Boyle, Chairman of the Heroin Task Force.

SENATOR LARKIN: Senator Bill Larkin.

SENATOR BONACIC: Senator John Bonacic.

STEVE NEUHAUS: County Executive Steve Neuhaus.

DA DAVID HOOVLER: District Attorney David Hoovler.

NANCY MONTGOMERY: Nancy Montgomery, deputy director of grants for Sean Patrick Maloney, and deputy supervisor with the Town of Phillipstown.

DARCIE MILLER: Darcie Miller, commissioner of Orange County Department of Mental Health.

ROBERT ROSS: Robert Ross, CEO, St. Luke's Cornwall Hospital.

CHIEF MICHAEL FERRARA: Mike Ferrara, Police Chief, here in the city of Newburgh.

JAMES CONKLIN: Jim Conklin, executive director of the Alcoholism and Drug Abuse Council of Orange County.

GREGORY GAETANO: Greg Gaetano, Orange County Sheriff's Office, representing Sheriff DuBois.

LT. PAUL ARTETA: Paul Arteta, Lieutenant, Orange County Sheriff's Office.

SENATOR LARKIN: Thank you all.

Good morning.

First of all, we'd all like to thank each and

every one of you for attending.

This is a very, very important subject, and we're here to discuss:

How did this take hold of our communities?

More importantly, what can we do, collectively, to address this issue, and return our communities to normalcy?

You can't turn on [sic] a newspaper today or you can't turn on a television or a radio without hearing about somebody OD'ing or something else.

We have a crisis in our communities, and we have to address it.

My good friend Phil Boyle, who's the Chairman of this for the State, has been going around the state on this subject.

Last week, my good friend John Bonacic had one in Monticello.

I've had people call me and saying to me, and John's told me the same thing, they didn't realize it was an issue in our communities.

I don't know what they've been reading, but, ladies and gentlemen, this is important.

Please don't walk away from here today and say, "Ah, we heard a big story, John." Or, "Phil, we heard a big story."

Listen, and participate with us.

If you're hearing something here that you don't understand, just stand up. There's a microphone right there.

And at this time, I'd like to turn it over to Phil Boyle, our Chairperson.

SENATOR BOYLE: Thank you so much, Senator.

And I couldn't thank Senator Larkin enough for hosting this Task Force forum.

This is the twelfth of 17 forums we're hosting around the state.

And we're hearing across the state some of the same problems in each community regarding the heroin and opioid epidemic, and some new issues.

And I'm looking forward to hearing from this distinguished panel and from the people in the audience.

What I usually start by saying is that, if you -- whatever area of the heroin epidemic you are facing, whether it's you're a law-enforcement official, a treatment provider, or a prevention expert, a family member, an addict yourself, and you say to yourself, "There's a law that I'd like to change to make this situation better," please, this is what we're looking for today; ideas for

legislation which we will be introducing in the coming weeks, and passing in the State Senate.

With your input, we are going to beat this serious crisis once and for all in our state.

And I'd like to thank again, Senator Larkin, for hosting.

And, Senator Bonacic, if you would like to say hello?

Senator Bonacic?

SENATOR BONACIC: This heroin epidemic transcends every neighborhood, whether you're rich or poor. I don't care about your ethnic persuasion. It affects everyone.

And we in government are going to try to do our best to get ahead of the curve, but we also need the input from community.

We need government and community to help us fight this epidemic.

Thank you.

SENATOR LARKIN: Go ahead.

SENATOR BOYLE: We -- these forums are very informal, and it's not really a -- testifying like an expert like in a normal hearing. It's a forum and roundtable.

And that's why we just ask everyone, if you

have some ideas, give us a couple of minutes of your input from your area of expertise, and then let's have an open exchange, an open dialogue, both with the panelists and with anybody in the audience.

Just raise your hand and we can get you a microphone.

Or, if you want to just write down your question or comment, we'll be happy to respond, as well.

We usually start out with the area of prevention.

Obviously, what's going on is our young people, and that the average age of a heroin user, an opioid user, is get younger and younger.

So, are there programs that you've seen for people that are in the -- whether you're in the prevention area or not, that you know of that are effective, that you've been using around here, or some that are not so effective?

Because we're looking, as part of this legislative package, for proposals on what to fund, and what to defund if it's not working.

Are there anybody from our panel that can give us some insights?

Don't all answer at once.

[Laughter.]

MAYOR JUDY KENNEDY: I know --

SENATOR BOYLE: Yes, Darcie?

MAYOR JUDY KENNEDY: Go ahead.

DARCIE MILLER: I don't understand the question.

SENATOR BOYLE: Oh, I'm sorry. The acoustics are a little questionable.

We're looking for some prevention programs that may have been used here that are effective, or not so effective.

Any insights you have on what you think is an effective prevention program to stop our kids from ever trying these drugs in the first place?

DARCIE MILLER: I'll start with that answer, and I'm sure Jim Conklin from ADAC will have a lot to add as well.

In Orange County, we recognize the epidemic proportions that we're dealing with with opioid addiction of both heroin and painkiller prescribed medications.

And with that, we put a task force together last year, completed some recommendations, which I have given copies to the Senator. The support of our County Executive, Steve Neuhaus; and

Dave Hoovler, our District Attorney; as well as our Sheriff; all have contributed to these recommendations that have been put forward in our county.

With that, we've begun implementation. We've had stakeholders, from prescribers, to hospitals, to prevention providers, treatment providers, schools, coming together to address this issue.

One of the greatest accomplishments we've had, is having all 18 school districts agree to use the Pride Survey in grades 8, 10, and 12, and collect that data that will help us to target our prevention strategies.

We've already begun to do community prevention outreach. We've' been in our schools. We've partnered with them to bring community together, to bring the adolescents, as well as to bring the parents together, to educate them about the risk of opiates; the impact it can have on our young people, understanding that adolescents' brains are still developing and they are particularly vulnerable to this kind of a brain disease.

We have seen that our treatment providers, the numbers of people entering treatment for opioid addiction has tripled since 2006.

We are outraged by those numbers, and are committed to working together to address these issues, through education, prevention, bring -- educating our prescribers in the best practices for when to prescribe and how much to prescribe; as well as our communities, to partner with them in developing coalitions, expanding peer supports; and being as effective as we can to prevent the need for treatment.

And I'm sure you'll get into discussion about treatment.

JAMES CONKLIN: Thank you, Darcie.

I guess we should probably start by saying --

SENATOR LARKIN: Speak up a little bit.

JAMES CONKLIN: Sorry. Yes, sir, Senator.

I guess we should start by saying that we're not going to have, you know, one bit of funding or one piece of legislation that's going to address this multifaceted issue. It's affecting every community, every neighborhood, every town, throughout the state of New York.

One of the things that I think in prevention we're looking at doing, and we've been doing it at the community level, and I'd like to continue and develop some programs that do it at the school

level, is taking the community-mobilization approach to prevention. And it shouldn't be directed or targeted.

Although we come together to address a specific epidemic today, our effort shouldn't be addressed at opiates. It should be addressed at changing the norms, accessibility, and availability to all substances of abuse in our communities, and to having a different mindset in how we address that; to having the message be correct and delivered by every adult.

One of my favorite soapboxes when it comes to substance-abuse prevention treatment, is it has so little to do with children and so much to do with adults.

Children are doing exactly what we should be expecting them to do, developmentally. They're pushing away from their family of origin, they're developing their peer group, they're establishing their own identity, and they're moving on to, you know, take their place in the adult world.

That's their role and goal through that stage of life.

We're creating the environment that they do that in. And as long as we have crack pipes on the

counters at Mobile Marts and Philly blunts all over the place, we're sending a message of tacit approval.

I think it's the adults in the community that need to learn --

[Applause.]

JAMES CONKLIN: Thank you.

I think it's the adults in community that need to learn the message and the science of prevention and implement it appropriately.

We have to do a better job for our kids.

Our prevention programming has always been, "Well, buy this curriculum." And the school district can spend ten, twenty, thirty thousand dollars on a curriculum, it doesn't address the entire strata of their school district; it doesn't address all their problems and needs.

So we're looking at make something changes in our prevention strategies at ADAC, and looking at it a little bit differently of how we approach the situation.

SENATOR BOYLE: That was an excellent point.

I'm sorry.

One of the things is that, we see that it's -- we shouldn't be just one forum for the

students, which they do once a year. It's got to be an ongoing thing.

Mayor.

MAYOR JUDY KENNEDY: I wanted to say that, I've been working with Team Newburgh.

And I see Martin Colavito [ph.] out there.

And one of the things that is happening there, we've got some legislation ready, that has to do with all of the drug paraphernalia that is available in bodegas and everywhere. And it's packaged for children, with sugar, and bright colors, and all kinds of interesting things.

It's packaged for children. And it's in right where candy and all that stuff is.

And I think that -- we're looking at it at a local level, but at least at a state level, can that be handled like cigarettes?

It's got to be up, behind the counters, you have to ask for it. And, it can't be really targeted towards children.

It's something we could do to make it lots harder to have the paraphernalia available.

And it's a small step, but it's a good step.

The really big issue that we have right now, that's kind of holding us up, is how do we enforce

that, and put some teeth in that law, so that, you know, our police officers and everybody else can really go after it?

So I think making it much more difficult would really help.

And I agree with the gentleman down there, we need to get our parents involved.

We have too many painkillers around home, we have everybody popping pills for whatever little ache and pain they've got, and the kids have access to that immediately.

We have got to do something to educate our parents about having the availability of all these painkillers that immediately jump to the opiate drugs.

SENATOR BOYLE: Does the local and -- law enforcement, or the city or municipalities, do a Shed The Meds or Drug Take-Backs in this community communities, and are they effective?

DA DAVID HOOVLER: I'm the District Attorney.

I think -- what I hear here, and what I see in the county, is showing a lot of trends:

First, I think the collaboration that we're undertaking in the District Attorney's Office, with ADAC, with mental health, Orange County Mental

Health, with our health-care providers, from a law-enforcement standpoint, we have to realize that enforcement alone is not the answer to any of the problems we have. It has to be a multifaceted approach, it has to have an educational component, so that people are aware of the signs and symptoms of addiction.

And it has to be a vigilance, with our parents, with our child-care providers, with our relatives. You have to see the problems as they're coming before you, and you have to understand that your social background, your ethnic background, your economic background, that anyone can fall victim to heroin, opioid addiction, and drugs in general.

The second aspect -- or that would be the first prong.

The second aspect has to be, that those individuals, those people, that are closest to those who are addicted, you have to empower them to somehow seek the treatment; to reach out, to get the treatment, and then force them, to the best you can, to go there and seek the treatment, understanding that the person that's addicted drives the ship, but have you to provide as much support as you can.

The third aspect, where my office becomes

involved, and while prosecutors, we are educators, we are advocates. At the end of the day, our job is to make the community safe.

The enforcement aspect, as a district attorney, the last thing I want to see is people being arrested. But when they denigrate the quality of life of the citizens of the county or the state, enforcement action has to be taken.

So I think that, under the umbrella of looking at the problem, as long as we always focus that there has to be a multifaceted approach, there has to be education, empowerment, and enforcement of, you know, these three prongs working together.

But just to talk -- to answer the question:

The scope of the problem in Orange County, and I will be very brief and tell you what we're up against.

This year alone, drug indictments, where a grand jury indicts somebody for narcotics, a felony-related offense, in this county this year, for the first quarter, through April 30th, drug indictments are up 75.5 percent.

Heroin indictments, for people, possession of heroin, felony weight, are up 100 percent from last year;

Cocaine indictments for people possessing felony-weight cocaine are up 53.8 percent.

Here's the staggering number that's coming:

The total number of drug-sale indictments, where someone has physically sold drugs primarily to an undercover police officer, someone that they do not know is a law-enforcement agent, these indictments have increased 217.6 percent.

Now some of that is because of our stepping up the enforcement aspect, but never in my years of law enforcement or in the criminal justice field or as a practicing attorney, have I seen increases like that; nor have people that have worked in the District Attorney's Office.

So that's what we're up against.

And I think the first step is having forums like this, and understanding that we do have a very serious problem. And then we must understand that that problem affects every one of us.

That the child or the adult who is addicted, it not only affects their family, it affects all of us, because it affects the insurance companies, it affects the providers.

There's a cascading effect that this epidemic has, that starts with the person that's addicted,

and ends up all the way through health care, our social -- our society, as well as our law-enforcement society.

And I think that's what we really have to start getting a grasp that the problem is much greater than we want to acknowledge.

SENATOR BOYLE: Mr. Kavanagh, we've seen similar numbers in Ulster County for arrests?

MICHAEL KAVANAGH: We are.

I don't have the statistics available, but I can tell you, having indicted a majority of the cases this year, and last year, involving narcotics, that we're seeing far more heroin and diverted-pharmaceutical indictments than we have in the past.

And just to add something: I think prevention that was addressed already should be the primary topic that we talk about here today, because, very often, when law enforcement gets involved, it's already too late. People are addicted, that bridge has already been crossed, and it's very difficult to go back and undo that.

What we like to do, I know in Ulster County, one of the things we focus on is, once law enforcement gets involved, we do try to encourage

treatment.

And when I say "encourage," I think it's more appropriate to say we threaten treatment, because, in my experience, once somebody becomes an addict, they are not going to seek treatment voluntarily. They need to have a gun at their head, so to speak. They need to hit rock bottom.

And that's how we can help in law enforcement. And we try to achieve that, with limited success. We have a drug court that's very successful.

I know that many county courts have a diversion program which is very successful.

So there is some hope, but, by and large, once we're involved, it's an uphill battle from there.

SENATOR BOYLE: Mr. County Executive?

STEVE NEUHAUS: Just following up on what the District Attorney said, one of the things that we've started doing this year, when we make arrests, is a three-pronged approach when we make the presentation to the public.

Number one --

[Microphone passed to speaker.]

STEVE NEUHAUS: Thank you, Senator.

The first thing we do is, the law enforcement explains to the public how the arrest was made.

Number two, the District Attorney talks about how the prosecution, and what the sentence they're looking at.

The third thing, which I think is a critical thing, and I think it's what everybody's alluding to and what's been mentioned so far, is the education process.

We have a picture of each individual on a screen behind us, and we say: This is somebody's husband, wife, mom, daughter, dad, cousin. Somebody knew they had an addiction, or somebody knew they had a problem.

And like it was just mentioned, somebody has to force them to get help.

And what we're trying to get the message out, is that we don't want to make the arrest. We don't want to endanger our public. We don't want to have the District Attorney busier than they are now.

But we have a million resources available in Orange County right now.

Darcie Miller just mentioned, from Mental Health, as well as the many other people here down this panel, if you get the awareness out there.

And one of the silver linings, if there is anything to Philip Seymour Hoffman's death, is that it brought widespread awareness of heroin and some of the impacts in society. It was a horrible thing, but it made the headlines that sometimes don't get the word out there.

So, the -- getting the awareness and the education out there is critical to really combating this.

So thank you, Senator.

SENATOR BOYLE: That's a wonderful program, and I think it should be used in more counties across the state.

It was mentioned, for those looking for treatment, that have hit rock bottom, they'll look for a detox and/or a referral to -- for rehabilitation, and inpatient treatment, perhaps, or outpatient treatment.

One of the problems we're seeing around the state is the coverage -- insurance coverage.

People are saying, "Okay, I'm ready to get off drugs, I'm ready to get clean." And, either their parents or themselves, they call the insurance company, and the medical -- and the insurer says, Well, it's not medically necessity.

So for any of the providers here -- the treatment providers, can you explain what you're experiencing in terms of coverage, and getting people in there and the help they need?

Yes.

ROBERT ROSS: Well, first of all, I have to thank Senators Larkin and Boyle for convening this. This is a very important topic.

We at St. Luke's Cornwall are kind of at the end of the stream here. We have seen, in the last year, a threefold increase in overdoses in our emergency department.

Think about that for one minute.

We as a community, we as a society, are paying for the treatment of people when they've reached the worst moments in their lives, and not spending the money up front for prevention, for treatment, for interceding when necessary, for that.

We have shown that we can work collaboratively with government, with other providers, to make sure that we get in front of this situation and make sure that patients get the treatment that they need.

We find all the time that payment is a key issue here.

People come into our emergency department, we treat them at the moment, and send them back out into the community, but the funding isn't there to get them the right treatment.

Funding isn't there for appropriate outpatient treatment. Funding isn't there for appropriate inpatient treatment.

And what we find is, we'll see them back in our emergency department weeks or months later.

We have to decide, as a society, where we want to spend our health-care dollars.

And where it needs to be spent is on collaboration and treatment and funding up-front, and not at the back end when they show up in a crisis at our emergency department. That's not where it should be.

So, absolutely, funding and payment is a key issue. And we have to look at how we can put more funding into treatment, and less funding into handling it when it's a crisis at the end of the line.

Thank you.

[Applause.]

DAVID GERBER: Senator, thank you for turning the discussion in this direction.

At St. Christopher's Inn, just to give you an idea of the shift in our population, in 5 years, the number of people who come into our outpatient day rehabilitation program, the number of people who are heroin-primary, has grown 51 percent in the last 5 years.

That, while the average age of people, 18 to 25, has gone up 62 percent.

So we're seeing decreases in alcohol use, increases in heroin, and the population getting younger and younger and more complicated.

The problems that we're facing -- and St. Christopher's Inn is the largest provider of day rehabilitation services in the state. And what we're facing right now as a field, is that programs are closing, so access to care is dwindling. Rates are being cut.

At St. Christopher's Inn, the new implementation of the APG rates for outpatient treatment providers, we underwent a 13 percent cut in our rates. We've had to scale back services as a result.

And insurance companies are denying care, and limiting days of care to the point where they're, clinically, insufficient.

We have one insurance company that said: We don't authorize more than 14 days of treatment for anybody.

Well, for someone who's been a heroin addict for a year, 5 years, 10 years, you can imagine a chronic, debilitating, deadly disease, and an insurance company saying, We can only give you 14 days of treatment.

It's just, clinically, not enough.

JONNIE WESLEY-KRUEGER: And at the same time as we're talking about treatment, and some of the barriers to securing effective access to treatment, what we have at this moment in time, and some of my colleagues in the room will know and shudder as I say this, there is a massive overhaul at this same moment, in looking at the delivery of health care. There is an initiative right now, in terms of the redesign of Medicaid. And it is very much about shifting away from paying for services rendered to producing outcomes.

Well, in this regard, of course, we're all seeking, what are the very best outcomes that can be generated?

The obstacle and the immediate up-front, is how to make the transitions so that the systems are

coordinated, they are integrated, they are as comprehensive and effective as possible.

But, there is still a reality to the delivery of care, which, you know, by everybody's stretch of the imagination, recognizing the overall goal is about treating the healthiest [inaudible/someone coughing].

And there are certain dollar-and-cents realities about what that's going to mean.

And in our pursuit of this redesigned system that we want to see fully actualized by 2020, can we -- do we make sure that we can avoid creating further problems and difficulties, especially in the face of this onset of this epidemic that is impacting us in so many myriad ways.

The other thing that I had wanted to say, and I'd like to go back to, not on the grander scheme of the whole redesign of the system, and how do we drill it down to really being effective, and our addressing some of these issues on the treatment side.

And, of course, as we said earlier, by Dave Hoovler, in terms of the need for the comprehensive approach, one of the pieces of minutia that we're finding, as our center for recovery

continues to be the only opioid-treatment program here in the county, is -- and I say this with a tremendous degree of surprise, still is, drug dealers are incredibly entrepreneurial.

And one of the things we have discovered, is that drug dealers know the location of treatment facilities, recognize that this is a known customer base, and make a point of setting up business within the proximity of.

So, as we are struggling to work to ensure the success of our patients seeking treatment, we're also struggling and working collaboratively with law enforcement here in the city of Newburgh to identify how we create a safe environment, so that folks that are pursuing treatment can do so without the distractions of somebody standing there, going, "We got you covered."

SENATOR BOYLE: Yeah, that is actually one of the areas we're looking at in terms of the legislation, to increase penalties for dealing drugs in the vicinity of a treatment.

JONNIE WESLEY-KRUEGER: We vote yes.

MAYOR JUDY KENNEDY: The vicinity of schools, too.

SENATOR BOYLE: Without a doubt, without a

doubt.

JOHN WESTERMAN, JR.: Excuse me, if I could jump in? And I apologize for the -- there's a couple of bullet points that have been mentioned here this morning, that I would like to comment on.

As a pharmacist, I'm tending to look at things from the perspective of prescription-drug abuse. And I realize the primary focus of this forum is to identify, maybe, solutions to the heroin side.

But I think it's important to draw the parallel and the -- identify and recognize the pathway between what may start out as prescription-drug abuse in many households, and ultimately end up in the illicit market.

There has been recent legislation that was passed approximately a year ago in New York State, called "I-STOP," which is the Internet system for tracking of overprescribing.

And essentially what that has done, is it has created a database within the state that would allow physicians -- actually mandates that physicians or any prescriber check that database, to make sure that we're not -- their patients are not doctor shopping; using multiple prescribers and multiple

pharmacies to obtain prescription drugs.

So the net result of the I-STOP program is that it's been extremely effective.

I'm also licensed to practice pharmacy in the state of Florida, and they were about a year ahead of the curve on this situation, because they had an explosion of Oxycontin diversion, and they were known as the "Oxy capital of the country."

So, they really had to address this problem a little bit earlier on the time curve than New York State.

So I've had experience dealing with them in that location, as well.

And the bottom line is, that program has been extremely effective.

The unintended consequence of that, however, is that we still have addiction problems.

We still have a problem, where -- and someone mentioned earlier, prevention, prevention, prevention, and I couldn't agree more.

We need to stop it at the source, because someone gets in a situation where they become addicted to prescription narcotics, and, now, with I-STOP and other programs like this going on in multistate venues, it's becoming more and more

difficult for people to get larger quantities of these prescription drugs to support their addiction.

So you've got a problem where the addiction has occurred. Now you've got a patient that needs to satisfy this addiction.

In the past, they've been able to go to multiple physicians and pharmacies and obtain these drugs, often, sometimes using insurance. Obviously, they can get one bite of the apple with that, and then pay cash for the others, which is why they flew under the radar for so long.

But, now, this has become more difficult, if not impossible.

So to satisfy their addiction, they're now going to the illicit stream.

So now you've got people that are middle-class, upper-class, America -- the cheerleaders, the football players, everybody else -- people that have had chronic illness or some kind of disability that have just -- that have -- were taking these potent pain relievers, and then got into a vicious cycle where they became addicted.

You've got these people now that can't satisfy their needs, and they're going into the illicit market, and you're creating a whole other

host of problems associated with that now.

So, while the -- while I think what you're going to see, is probably a tightening of the prescription-drug diversion situation at the expense of the heroin and the illicit side.

And, again, to -- and I hate to belabor the point, but we talk about prevention, prevention.

We can't do enough to get involved at the early stages. We've got to get to our kids.

Mayor Kennedy, you pointed out the stockpiling of drugs being an issue and the Take-Back program. And I don't know if that was actually answered.

But I know there was one last -- what, I think April 26th. And I got a thing -- I'm a member of the National Association of Boards of Pharmacy. And they track these things. And it was the largest Take-Back event, ever. And I forget how many tons of controlled substances were returned, nationwide.

So it's a hugely successful program, I believe.

But as a community pharmacist, we have been trying to get the DEA to allow community pharmacies to accept unwanted, undesired controlled substances

back, for destruction, from our patients.

This has been languishing around at the DEA level for well over a year.

And in terms of a possible solution, I would ask the legislative -- our legislative members of this body, perhaps, reach out to their colleagues on the federal side, the members of Congress -- Senator Schumer, Senator Gillibrand -- let's see if we can urge the DEA to move forward on this pathway to get it legal, for the pharmacies and the pharmacists that choose to, to be able to take back these unwanted controlled substances from their patients for destruction.

Get them out of the medicine cabinets where our kids and other family members can get ahold of them.

That's a no-cost solution.

I mean, that's really a no-cost solution. It's is a fairly easy thing to do, and it comes at no charge to the taxpayer or anybody else.

I think it would be extremely effective.

And I'm sorry I monopolized a lot of time, but, thank you.

CHIEF WILLIAM BARBERA: Just to feed off of that a little bit: This is not an Orange County

issue, this is not a Rockland County issue. This is a national issue.

And I agree with my pharmacist friend here, we need to get that medicine out of the medicine cabinet.

In Rockland County, we did work with the DEA. Took Sheriff Falco well over a year to get the authorization.

But, 24 hours a day, you can come into the Sheriff's Office, and some of the local police departments, and drop off unused narcotics that you have in your medicine cabinets.

It's anonymous. You walk through the door, we don't even ask who you are. Come in. We have a mailbox secured to the floor. You anonymously throw it in there.

And, last month, we destroyed over 700 pounds of unused narcotics from the Rockland County area.

So far we've had -- in the past four months, we've had eight deaths associated with overdose in Rockland County.

Rockland is significantly smaller than Orange. That's two deaths per month. That's something we can't afford to have in our community.

So, I thank you all for being here.

Thank you.

SENATOR BOYLE: Thank you.

Yes.

DAVID JOLLY: So one of the issues we noticed, too, at the Greater Hudson Valley Health Center, our center for recovery, which does, methadone maintenance, is our primary role, is that our waiting list today has reached 80.

So a person in need of treatment today is not going to get access very quickly, which presents a -- as we all know in the field of recovery, when a person reaches a certain point and they're ready to take that step towards recovery, we have to have access perfect for that patient to get in the next day.

If they're not in quickly, by the way, the opportunities exist for them to go back, and to wait.

And we also agree with the District Attorney, by the way, that the law enforcement and the prosecution, mandated treatment works. It gets people in the door.

When a person's in the door, it's our job to keep them there. And we're good at that.

So, we can't say enough about the effect of

law enforcement and mandated treatment through the courts.

SENATOR BOYLE: Just to follow up with that question: Are there sufficient detox beds in the area of Orange, Ulster, Rockland, before you go to treatment?

I mean -- and what kind of delay are we looking at? Are we talking, a couple of days? a couple of weeks?

Because some areas of the state, for those who can get to detox, they have to wait 14 days or more to get into the treatment. And, obviously, they're overdosing when they get back out.

DAVID JOLLY: Experts, right here.

ANNE CALAJOE: Well, I'm from Rockland, but, most of the time, people that are going to the ERs in Rockland are being denied admission, because opiate is not considered a medical necessity.

So what happens, is that there are beds available, but people aren't getting admitted.

And what's happening, is when people are turned away, they just go back out on the street and they just keep using more heroin, which, really, it increases the potential of overdose because people

are trying to avoid withdrawal.

So, people are just going back out after they're at the point of being ready to go into a hospital and to go into detox, and then they're being told, No, we can't admit you.

So it's a very frustrating process for everyone.

For families, families are like really to the point where, like, What do we really do?

This isn't like -- as far as their child, it is a medical necessity.

It's -- and people don't understand, you know, like, why they're not being admitted when they're ready.

One of the other things is that -- we're finding, is that when people continue to use heroin, they're out there with their friends, with their -- out in the community. And what's happening is, people are overdosing all over.

And one of the things that we have found to be effective in Rockland is, Blaisdell, our inpatient rehab program, has been, basically, training all their patients, families, staff, the community, on the overdose-prevention kit.

So when people come into their treatment

program, if you're a patient or if you're a family member, you can receive the training for the Narcan, to reverse the withdrawal -- the opiate overdose.

So that has been very effective in spreading that throughout the community, and that's happening there for at least two years.

But one of the other things that we've done just recently is, in the beginning of April, we started to work with the Rockland paramedics. And the Clarkstown Police Department was the first police department to be trained to administer the nasal-spray Narcan, which has been very effective in the community, as well.

And we're going to continue to train all the police departments in Rockland County, to help with that process.

So that has been helpful in our community.

The other thing that we're trying to do, as Nyack Hospital is opening -- has been working on doing an ambulatory detox, because of all the people that are being denied access.

But the only -- it's not really a perfect solution because that's for mild to moderate withdrawal, so you can't be using and in severe withdrawal.

So, it's really not the total fix to the problem, but it's an attempt.

But we're supposed to have sometime, probably June or July, we'll probably add that service in Nyack.

SENATOR BOYLE: One second.

Does -- Chief, did you want to comment on that?

CHIEF WILLIAM BARBERA: Just one more piece, on Narcan, we're going to use that in Rockland County.

What it is, the first person on the scene is usually a police officer.

And you have seconds. When someone's overdosing, you only have seconds, if not minutes, to save their life.

Narcan is a medicine that immediately reverses the effects of an overdose. It's actually a spray that the officer can put spray into -- in the person's nose.

As the Chief of Police, I did not want this. I was very afraid of my officers administering medicine.

But speaking to the Rockland paramedics, they assured us it has zero effect on anyone who doesn't

have any opiates in their system.

"Zero effect." Nothing. Can't harm a person at all.

It will immediately reverse the effects of a persons who's overdosing; so, therefore -- and, actually, the good news, I spoke to one of my colleagues, the Chief of Newburgh, they're going use it here in Orange County, as well.

We're going to use it in Rockland. And here in Orange, as well.

DAVID GERBER: Senator, [unintelligible] when you talk about the availability of detox beds, how moot a point that is if you follow the money, because the reality is, come next year, when fee-for-service Medicaid ends and all Medicaid becomes managed care, all of the funding is calling for incentivizing decreased detoxification inpatient, decreased emergency room visits.

And, unfortunately, you know, many of us are already seeing limits and decreases in outpatient care, as well.

At St. Christopher's Inn, we're getting calls every day from family members that don't know what to do with their kids, trying to get them off the street, being denied at a detox or an inpatient

rehab by an insurance company.

And we came up with the idea to create a crisis respite center, and it gained a bit of traction.

Office of Mental Health asked to us write up a proposal.

And, after we submitted the proposal, they said: No, thanks. We want to focus more on mental-health issues.

So, you know, we have the capacity, in a very unique setting, to provide an inpatient-like program, but there is no funding for it currently, and nobody willing to fund it, unless we move for a private-pay model.

So, you know, the availability -- we have an ambulatory detox license. We're one of the few outpatient providers that has actually held on to an ambulatory detox license, and we've done so because our unique shelter setting allows people to stay inpatient; and, yet, be treated for ambulatory detox; and, yet, we've gotten one referral in the past year.

Westchester County, I believe, has 72 detox beds. They're generally full, without much of a waiting list.

There is zero beds in Putnam County.

So, I don't know if that answers your question.

JOHN WESTERMAN, JR.: I'd just like to add one comment to the discussion around the Narcan, which is naloxone.

Some of you may be aware that there's been a product that's been made available within the last 30 days, and it's call "EVZIO," E-V-Z-I-O. It is, basically, a consumer-, layperson-based product.

For those of who have ever used an EpiPen, or carried an EpiPen, to reverse allergic symptoms, it's an epinephrine pen, for yourself or your child, this is, basically, a similar packaging of the naloxone, brand name "Narcan," that's been referred to by Bill and others.

It immediately reverses the effects of opiate, the respiratory depression, the CNS depression; all of the classic things, the killers.

But the advantage of this product -- and I'm not a paid endorser of this -- but the advantage of this product is, it is a -- in a self-injector format.

The advantage of it being an injection, if the person is really out, totally out, nasal spray

may not be effective.

So the advantage of this product is, it actually -- when you remove the cap, it actually gives you an audio message as to how to proceed.

It will tell you: Remove cap. Remove this. Put this -- place this on this part of the body for X number of times. Whatever.

It's very, very user-friendly, and it's designed to be used by a layperson.

It's just been out within the last 30 days.

The problem is, it requires a prescription.

And I believe there's legislation that was passed, I believe by both the Assembly and the Senate in New York State, last week, awaiting the Governor's signature.

And as of last week it had not been signed, but, maybe someone at this table knows the answer.

But, it would allow that product to be prescribed by a physician, and available to anybody.

A parent in a household, or if you had a family member that was at risk, you could actually obtain this product and have it on your person.

Because, as Bill mentioned, time is of the essence. If you have an overdose, you haven't got 10, 20 minutes to fool around. You've got to give

this immediately.

So this has to be, first responders, definitely, should all have it. But I think the families should also, for those people who have family members at risk, they should have this available to them.

And I would go one step further, it might even be considered that we have some kind of ability for maybe the State health commissioner or the County health commissioner to have a standing order, for instance, in place for this, so that you wouldn't even need a prescription. You could get it anonymously at the pharmacy, if you chose to have it.

Because it has zero abuse potential, as Bill said. It can only be of benefit. And it's a lifesaver.

SENATOR BOYLE: Yeah, and the mechanism you're referring to is kind of like an EpiPen for Narcan; right?

JOHN WESTERMAN, JR.: Correct.

SENATOR BOYLE: It's a great thing.

For those of you who have not taken the training for Narcan, it's not a big, long course. It's, literally, a 45-minute class you can take.

And, save a life, God forbid, if you ever have to, of a neighbor or a loved one.

Darcie?

DARCIE MILLER: Yes, thank you, Senator.

I just want to speak about the capacity here in Orange County, and I would say shame on us if one of our detox beds is vacant.

With the proportion of the issue that we're dealing with, there shouldn't be a single bed vacant in this county.

Unfortunately, there are times when they are for all the reasons that have been already been mentioned by our neighboring counties.

When someone goes to the emergency room, asking for help, looking for treatment, if they're not sick enough, if they haven't failed out of enough outpatient services, they are turned away and told to come back later.

That is just unacceptable, considering the depth of this issue and the addiction, and the need for services to help them recover.

We are 100 percent supportive of your bill to require insurance companies to pay for the level of care that's recommended by the clinical provider who's doing the assessment.

And we thank you for that effort and moving it forward.

I also want to say that it's on the service-provider system to ensure that we're providing best-practice intervention to support people through their recovery process, using things like motivational interviewing, and cognitive behavioral therapy, and trauma-informed care.

We also need to take away some of the stigma that's connected with the medical medication support that helps people in their recovery.

We haven't talked today about the stigma.

And the reason why so many people don't come forward to get help, because most of them accidentally become addicted. They start taking opiate painkillers, and before they know it, they're addicted, and they're shocked that they're now shooting up heroin.

And for us in this region, it's even more dangerous, because our young people are shooting heroin and they're not educated about the use of heroin.

In New York City, it's been around much longer than in our communities. And our young people are not using heroin in safe ways.

No one uses it in safe ways, but our young people aren't aware of the risks. And that's why the education is so important for them.

But when we talk about using Suboxone or using methadone, methadone, for example, Greater Hudson Valley Family Health Care Center has 400 slots for us here in this county.

The New York State Office of Alcoholism and Substance Abuse said our need is for more like 800 slots.

That leaves us 400 less shots than what we need to provide the care that our community members need.

We also have to look at Suboxone as a supportive treatment, and naloxone.

When people talk about using those medications to support people in their recovery, there's some stigma even among our own system of providers saying, we're replacing one drug with another.

That may be true, for example, with methadone. But it is a controlled treatment, sanctioned supportive response, to help somebody stay off of a street drug that has taken away the quality of their lives, and leading to the death for

so many.

One in nine -- one person dies every 19 minutes in our country due to drug overdose.

Using the medications that can assist them, and having quality lives, remaining with their families, staying in their communities, having employment, we should all speak strongly for support of that kind of treatment.

Whether it's done in a detox setting, in an inpatient rehab, or, as we are now allowed to do, in our outpatient settings, to provide that support.

CHIEF MICHAEL FERRARA: If I may chime in?

As the Police Chief here in the city of Newburgh -- I think you can hear me -- I've said this before: As far as law enforcement is concerned, it should be the last part of the chain, when it comes to the epidemic of heroin and the drug addiction that's related to it.

Legislation, education, training, and especially for the young people, is very important, not just Newburgh, but for the entire Hudson Valley, and the entire state. It's in epidemic proportions.

I grew up in the '60s, and it was never as bad as it is now.

As far as law enforcement is concerned,

heroin, especially, is a hard -- it's a hard crime to tackle.

Unlike a lot of the drug markets, from my notes, that predominate the entire Hudson Valley, those running heroin are mostly independent and they deal in some quantities.

Narcotics officers have indicated to me that dealers and buyers tend to be even more suspicious of outsiders that they don't know.

That complicates law enforcement, as far as making arrests when it comes to heroin, for those two reasons; mostly, because the police department has a problem conducting the sort of buy-bust operations that are the baseline for most of our narcotics work, and always has been for years.

These are the inherent challenges:

Most heroin gets to Newburgh by car. It's delivered that way by dealers who crisscross our neighborhoods. They're not coming down with a kilo. They're coming down and getting an ounce, and then they're splitting it up and spreading it out that way.

We've seen indications that some suspects known for mostly selling crack and marijuana are switching now to heroin where the true profits are.

Just recently, in the past couple months, in the city of Newburgh, we've made about 60 arrests, and we've seized about 1200 grams of marijuana, 60 grams of heroin, 82 grams of PCP, 75 pills, 40 to 50 handguns.

It's all combined. It's not as organized as you think, but it's a systemic problem that's spreading, not only in Newburgh, but it has to be dealt with.

I'm looking forward, as the Police Chief, to distribute the Narcan. That's a great idea.

As police officers, if we can do anything, we are first responders.

I happened to be a first responder, just the other night. We had a heroin overdose in the city of Newburgh, up on Gidney Avenue. I was one of the first law officers that arrived at the scene.

It was too late, even if I had the Narcan with me.

But I hope, in the very near future, we will have the training, the policies, and the Narcan for distribution by all officers; and, hopefully, that will save lives.

I support the idea.

It should come from the New York State

Chiefs, downward through all the other police chiefs, which they can spread through their officers.

That's it, that I have.

GREGORY GAETANO: Thank you.

Greg Gaetano from the Sheriff's Office.

Just to follow up on what Chief Ferrara had mentioned, our deputies, in our first stipend training, received special training on criminal interdiction, and picking up that -- those drugs as they're floating around Orange County.

The Sheriff is committed to narcotics enforcement, be it at a street level, working with different local agencies, working with the District Attorney's Office.

I have our commander of our narcotics unit with us today.

And, enforcement is important, yes.

Education is important, yes.

And I think, when we take this multifaceted approach, we're looking at thinking outside the box. It's called a "paradigm shift."

And I think that's why it's important for audience members, also, to have an idea of a suggestion. Like a brainstorming session.

It might sound crazy, it might sound weird, but it can't hurt.

So I've got some ideas that I want to just discuss with the DA and the Senators, in terms of legislation.

It might be out there a little bit, but I think it's worth a shot.

And as we think outside the box, and continue to think further outside the box, our office is involved in the Operation Safe Scrip.

We accept drugs, unwanted prescription medicine, Monday through Friday, 9 to 5.

We have special pickups, four times a year.

We're going to be setting up in September over at the rec park, picking up hazardous waste and prescription medications.

Lieutenant Arteta was recently trained on the use of this Narcan.

So these are all good, progressive ideas, in terms of tackling this.

But from that multifaceted approach, and thinking outside the box, I think is a collaboration, the dais and the community, we can go forward with fresh ideas.

Thank you.

CHIEF MICHAEL FERRARA: If I could add one more thing?

I've always said, from what we've found out, you know, in law enforcement locally, and over the past few years, of all the drug dealers that we find, it's nothing compared to what grandma has in her medicine cabinet, and what's available.

It's prescription medication that the kids get ahold of. And it's just completely -- it's not protected, and it gets into the hands of the -- of young people throughout the city, the county, the state.

That's a major issue, and that is -- that's something that should be considered at any given time.

[Applause.]

JAMES CONKLIN: Actually, 56 percent of the individuals who start with prescription medications, start with it from a friend or family member for free. It's not some deep, dark stranger in some alley who's exposing them. It's a free source. It's friends, family; it's people that they know and care about.

It makes it a lot easier when grandma's name is on the bottle.

SENATOR BOYLE: Thank you very much.

Now -- oh, I'm sorry.

Mayor?

MAYOR JUDY KENNEDY: I think we're probably getting ready to wrap up.

Two thoughts that have been stirring around in my mind for, actually, quite a long time, and it doesn't apply at the local level.

This problem is not a local problem. It's not a state problem. It's probably not even just a national problem.

It's an international problem; and there's so many factors involved with it.

And so the two things that I'm thinking about, one of them is a national policy, and the other one may be a national policy in how we deal with it. So, I don't know exactly what we can do as a state.

But, you know, the issue of the prescription drugs that come out, and so many of it -- so many of these things start with our young people and getting hooked on the prescription for various reasons: The football player that has the injury. The operation. The hurt, whatever it is.

I just had a hip replacement about six,

seven weeks ago, and I was encouraged to take as much pain medicine as I wanted.

It was, "Don't feel anything."

I happen to be one who says, "I want to feel it. I want the know what's going on. I want to understand what my body is doing."

That's not a very common practice today in that idea. Everybody takes a pill for everything.

So I think there's a cultural problem that we have to deal with.

But the prescription companies, let's talk about how to pay for a few things.

The companies that make opiate drugs, how about a national policy, that there's a fund that every one of these drug companies need to contribute to for treatment of these drug overdoses?

[Applause.]

MAYOR JUDY KENNEDY: They're part of the problem, and they need to be part of the solution.

And we -- the insurances, that just drives up all of our insurance.

But those drug companies, they're making a fortune on this, and they need to be putting into the pot to fix it.

And the other policy, and it may sound

strange, is our farm policies.

I happen to travel internationally, and I have a son that lives in Mexico.

And one of the things is, I've really studied the Mexican agriculture.

Our farm policies actually killed the Mexican corn farmers' crops, and their ability to sell, because they could not compete with our subsidized corn crops.

And so what did they turn to? Something we can't grow.

Guess what? There's your source of heroin.

And, so, our farm policies have actually driven foreign countries into producing the plants that create the opiate drugs.

We have got to start looking at the very source of what's going on. Those are national policies, but they've got to be looked at.

SENATOR BOYLE: Thank you very much, Mayor.

We're going to open it up to comments and questions from the audience in just a couple of minutes.

I'd just like to touch on, for the law-enforcement officials here, prosecutors, and police officers:

In the various forums we've had so far, we've heard from different DAs and police chiefs about whether the laws are sufficient in terms of prosecution.

Generally speaking, I'd say, downstate, they don't think the laws are sufficient enough. Upstate, further upstate, they think they are.

What are you feeling in these communities here, Mr. District Attorney, in terms of the current criminal penalties?

Can they be increased? And if so, and how would you do it?

DA DAVID HOOVLER: I think, in general, what we see here in Orange County, is we see a lot of drug sellers and drug dealers flee from Pennsylvania and come over the border here and make sales in New York, because our drugs are -- our laws are a little more lax.

I personally, my opinion, is that I think those who sell drugs, the penalty should be harsher because of the aspect of the selling.

But, obviously, in every circumstance, the facts and circumstance of every case, discretion has to be applied.

But, in general, I believe they should be

harsher, I believe, the penalties.

I came through the system as a young prosecutor years ago when the penalties were much harsher. They've been relaxed.

I think that this epidemic, there has to be harsher penalties for what is happening.

We are seeing more and more repeat offenders who just go through the system, come right back out, and we have to deal with them again.

But once again, it's a -- there has to be a global approach.

It has to be global; it has to be education, prevention.

But I just want to say one thing that Darcie Miller hit on:

When people go and they try to seek treatment in an emergency room, and they're turned away, and they haven't met all the requirements that are needed to get into a long-term treatment facility, that is when they are at their weakest; that is when they commit other crimes.

And I can tell you that, in Orange County, 80 percent of the crimes that we prosecute have some connection to either drug or alcohol abuse.

And that is a staggering fact that we have to

live with, because it's a cost that we all pay.

But for the most part, those that are addicted to opiates, when they are turned away is when they are most likely to commit some other collateral crime; a larceny, a forged check, a theft. And we see more and more of that.

And I think, when it comes to this problem, the insurance issue looms so large in this room, that I hope that, somewhere down the road, with the legislators that we have, with our Senators, with our Assembly members, that something can be done in that area, because I think that would help dramatically.

SENATOR BOYLE: Thank you very much.

And we are seeing that, too.

In terms of the cost, you're looking at jail versus treatment, and jail is much more expensive wherever -- in any part of the state.

I would like to open it up to the audience now, and ask Mr. Matthew Turnbull, a County legislator here in Orange County, to say a few words.

MATTHEW TURNBULL: Yeah, my name is Matt Turnbull. I'm a County legislator. I'm also a recovered addict.

I was just thinking, while I was sitting there, listening to this panel --

And, by the way, I want to thank the Senators.

I want to thank the Senators for this very timely and necessary forum. You know, it is really important that we address this problem, you know, and do it aggressively. And there's just so many things that have been said, that makes it clear to me that the problem is understood, you know, and the importance of doing something is really on the table at this point.

So I want to speak to something I really haven't heard much of, you know.

You know, I'm still reluctant to talk about this problem of being an addict, you know, because, you know, there's still that sense that, you know:

What's wrong with me?

You know, why was I that way?

Why was I different?

Why was I not able to control it?

You know, I had a father who used to listen to German marching music. And, you know, to him, it was all about willpower.

And that did not work for me.

You know, it wasn't until I kind of bought into the disease concept that I started to have success.

But, you know, I used all the different drugs.

One of my strategies, to keep from getting in trouble, was to go from one drug to another.

So when I got addicted to using alcohol, then I would go to barbiturates. And then I would go to using crystal meth intravenously.

You know, one thing to another; one drug to another drug.

In the '60s -- we all know what happened in the 60s -- made that very possible. Not only possible, but all those drugs were very available back then.

At the point I made a decision to get sober, to get drug-free, six years went by from the point that I made that decision, to when I finally got sober.

I was in Rockland County. I went to Pomona several times. Went to Rockland State Hospital.

I probably lost count.

And I went away to a program up here in Sullivan County called "New Horizons," and I was

there for a year.

I left that program, came back to Rockland County, and I lasted about another year before I picked up again.

So my point is, I didn't just decide to get sober and I got sober. It took about six years.

The reason I finally got sober was, again, the acceptance that this thing that I was dealing with was going to kill me, unless I made it the most important thing in my life.

And, amazingly, it's remained that way for 33 years.

[Applause.]

MATTHEW TURNBULL: The number one important thing in my life is to stay sober and drug-free one day at a time.

I continue to do that, and my wife continues to help me to do that.

It's kept me very involved in helping others.

And, you know, we've all heard the statistic, 35 out of 36 addicts die from the disease.

"35 out of 36."

So the point that was made, that once a person is addicted, it's really -- you know, it's not likely that they're going to recover.

However, there is an environment that's successful.

The environment that I found, it's called the "12-step program." And that's where I got sober.

Amazingly, after all these different programs and places that I went to, which all helped, I got information, but, where I finally did get sober was down in Manhattan. Came out of a hospital after a short period of detoxification, and I went into a room, and I stayed in that room. You know, every day of the week, you know, I worked. I went to meetings.

And it's been that way ever since, and now I've gotten to have a life. You know, everything just worked.

I was terrified that my two children, you know, would be genetically available to the disease, and I was sure that was going to happen.

I guess they heard my story loud and clear.

My son didn't drink his first beer until his junior year in college, you know.

And my daughter is in her final stages -- just came back from Nigeria, of all places -- in her final stages of completing her doctorate from Brown University.

You know, and my point is, that the prevention is super-important, that these -- our children, our most important resource, doesn't start down this road.

But once somebody is addicted, they need to know there is a way.

You know, we see people come into the rooms and they're mandated. That's a good thing.

Most of these mandated people that come into the rooms stay off drugs, you know, because they accept it's an ongoing thing.

They need it. They need that daily reprieve, you know.

If they don't have that, it's very unlikely that they're going to stay sober.

Thank you.

[Applause.]

VIRGINIA: [Not using a microphone.]

Good morning.

My name is Virginia.

SENATOR BOYLE: Can you use the microphone, because it's being recorded.

Thank you.

VIRGINIA: Hello.

Is that good?

UNKNOWN SPEAKER: Turn it on.

SENATOR LARKIN: A little louder.

SENATOR BOYLE: That's good. You're good.

VIRGINIA: Okay.

Hello, good morning.

My name is Virginia. I am a health educator.

And, I'm not going to take time to go over my resume.

So, I wanted to say, first of all, thank you, thank you, thank you very much, for doing this forum.

I do think that this is important.

And I do think that every single person on this panel should be congratulated for doing this type of work.

One of the first things that you said when you started this discussion, was about involving the community.

I am very disappointed that this is what we consider our community, because, Newburgh, the community of Newburgh, would actually have this filled up and lines outside the door.

I found out about this forum quite by accident, because I happened to talk to Jim, the director of the Armory, about another program

I wanted to do here.

And he said: Did you know?

And then I went to the website, and I found out about it. And I only spoke to two other people who knew about this program.

So -- and I -- I get tons of e-mails every day, and I send out tons of e-mails, and this was not promoted in any way, that I could see, among the community activists of the city of Newburgh.

So that's my one criticism.

My second one is, that we need to really focus on, and you did talk about prevention.

And other than Jim, I don't see a real force.

And I know you all understand the role of intervention, but I don't see a real force because, the team of -- Team Newburgh, which provides prevention programs, and I don't mean treatment programs, but has a significant -- we hit the streets twice a month, every two weeks, and -- and have a major activity going on here, was not invited to be on this panel.

Why Team Newburgh was not invited to be on this panel really perplexes me.

Another question I have is: There are three treatment facilities in the city of Newburgh:

Restorative, the Center for Recovery, and Catholic Charities.

Now, I know the Greater Hudson Valley Family Health Center is here, but nobody's here from the Center for Recovery, nobody is here from Catholic Charities, and nobody is here from Restorative.

Why are they not here?

Blaisdell, major, wonderful program. I've referred so many people, and did aftercare for so many people.

But we need more people on the front lines, in the forefront, that do this work, to be able to advise us all on what's the best way to get this work done.

Who's here from the medical field? Again, the Greater Hudson Valley Family Health Center.

And I can tell you, right now, that anybody goes to the Greater Hudson Valley Family Health Center to do doctor shopping, they're going to hit a stop sign, because the Greater Hudson Valley Family Health Center does not allow doctor shopping. Will not just give out opiates indiscriminately.

I can't say that for other practices in Newburgh.

Okay?

So where are all the medical facilities that -- that -- that function here in Newburgh, and treat all our patients, and get a majority -- start that whole ball rolling in a lot of the cases?

They're not being addressed here.

Anybody here from the school district?

Anybody here from the drug courts?

I understand the need to make laws.

And I agree, that when comes to drug trafficking, we need legislation, we need hard laws. We shouldn't allow people to completely come into our communities and destroy it.

I agree 100 percent.

But if you really want to solve this problem of drug addiction in a little community like mine that I care about the most, you have to address the hearts and minds of people.

You to have the actual people who are really being affected by this on a day-to-day level, come here and tell you what their life is like, and what they need.

And until we can hear what people need, we won't be able to begin the healing process.

Until we can empower the people who really

need the help, so that they can get off of drugs and off of substances, then we won't really make an impact in the community.

Thank you.

[Applause.]

SENATOR BOYLE: Thank you, Virginia.

I will say that this is not an end.

This is -- obviously, we're limited in terms of space for the people today.

But any of these groups, any of the groups that you know of, that can contact my office, we're going to be taking testimony.

This is wide open. They can e-mail me, call me, call my office, and we're going to use their testimony.

UNKNOWN SPEAKER: [Inaudible.]

SENATOR BOYLE: Please.

AUDIENCE MEMBER: Hello.

SENATOR BOYLE: You can just keep talking, it will pick up.

Just keep talking.

AUDIENCE MEMBER: [Inaudible.]

SENATOR BOYLE: No, turn it back on.

AUDIENCE MEMBER: [Inaudible] for the drug court in Rockland, but I live in Orange County.

And I just want to -- I feel like if I went home and didn't say this, I would be feeling bad tonight: I agree with Darcie, what we need is the ability to get these people the help when they're ready.

I can't tell you how many times I have directed somebody to go to a detox, or even a detox that wouldn't take them because they didn't meet this certain criteria, or they get to the point where they're going to go into a 28-day program and they're rejected because they hadn't failed an outpatient program in a certain period of time.

That really is very scary, because these people are finally getting to the point where they are accepting help, want help, and we're not able to give it to them.

And I just want to say, also, I do agree with the law enforcement dictating them to go to treatment, because I've seen it. I've been working there for 15 years, and it works. It really does.

So I just felt, like, you asked us what we need?

We need help with the insurance companies and the hospitals to get these people the help.

Thank you.

[Applause.]

SENATOR BOYLE: Thank you very much.

One of the things I will say --

Please, come on up.

-- regarding the requirement of failing, in terms of outpatient, before they're admitted to inpatient, that is one of the areas we're looking at in terms of our legislation, with the issue of "medical necessity."

We can't have it.

And we've heard it countless times across the state, about parents who try to get their child into treatment and they were told: No, it's not medically necessary. They have to fail at outpatient a few times.

And one father told us that he said to them: You mean by "failure," you mean my son overdosing, is what you're really talking about.

And that's exactly what happened.

Sure.

MARTIN COLOVITO [ph.]: My name is Martin Colovito, and I do work with Team Newburgh.

I want to echo what Jim started with before, in regard to prevention, and kind of add to that in regard to communities.

And I would ask everybody here to look at each and every community almost like they would look at a person that suffered trauma, that suffered depression, that suffer a whole lot of issues, that make them unique.

All right?

And consider that in regard to whatever we come up here today, because, I want to speak for Newburgh, because that's where I work, that's where my heart is. All right?

When I look at Newburgh, and I look at the kids that we deal with all the time, the constant thread is hopelessness.

Where do we go from here?

Why should I stay in school?

There are no jobs. There aren't this, there aren't that.

And the collateral issues that feed the problems need to be addressed, because if they're not addressed, the problems aren't going to go away.

We are conditioned to react to crisis.

As a culture, as a society, we are conditioned to react to crisis.

We need to start thinking preventively.

I know we talked about that before.

And everybody since Jim talked, talked about the kids, the kids, the kids, the kids.

Well, if I'm dealing with parents who say, "Thank God my kid's smoking weed, they're not shooting dope," you know -- you know, the perception that the parents have feed the kids.

All right?

And so, from a treatment perspective, which I worked in for about 30 years, and I'm in prevention for about 5 years, from a treatment prevention, we treat the individual.

We take that individual, we embrace them, and, hopefully, it's a compassionate and encouraging environment, and we provide a venue for change.

From a prevention perspective, we do the same thing with communities, and with our children and adults.

And if we forget the adults, the children are not going to be addressed.

So really what I wanted to kind of bring up here is, is the one thing is to recognize the differences in community.

How in Port Jervis, being in the tri-states, has an effect on them that doesn't have on Newburgh, but the personality or the culture of Newburgh is

different than Port Jervis.

But don't forget, if Newburgh goes, Port Jervis goes.

You know, if Warwick goes, Newburgh goes.

We have to address it collectively, but we have to remember, you know, the individuality of each community.

So, I don't want to take any more of your time, but have a good day.

SENATOR BOYLE: A great point.

Thank you very much.

[Applause.]

JACK MACK: [Microphone turned off.]

My name is Jack Mack from across the river.

[Microphone turned on.]

JACK MACK: Better?

Elected officials, members of the general public, my name is Jack Mack. I'm from across the river in Croton-On-Hudson, in Westchester County, where this Task Force is not holding a public meeting.

I have a dog in this fight, because my 24-year-old son Casey died of a heroin overdose on Labor Day 2012.

Since I only have a couple of minutes, I'll

be blunt.

What I think you need to hear and do is this: Follow the money.

I don't mean the two-bit, small-time drug dealers on the streets.

I don't even mean the drug kingpins who we've been hearing about for the last 45 years.

I'm talking about the big money.

Ask yourself: Who's making a profit from this opioid-overdose crisis?

Yes, Mayor [pointing].

My son didn't get his opioid addiction from heroin. He got it from painkillers.

20 years ago, you could hardly get a painkiller.

Now, it's the most widely used prescription drug in America.

What happened?

Did we become a nation of weaklings unable to endure any ache or pain? No.

What happened, was the drug companies sold us a bill of goods. They spent money, persuading us and our doctors that we didn't have to suffer anymore.

Even more deceitful, they told us we didn't

have to worry about getting addicted to painkillers.

And they have been raking in the profits ever since.

If they were selling us poison, you would do something to stop them.

But what they are doing is more profitable than poisoning us, because we keep coming back for more.

Please, don't cooperate with them.

Regulate them.

Don't let their experts tell you how much the world needs painkillers; rather, have their experts explain how they're going to bring my son back to life.

[Applause.]

SENATOR BOYLE: Do you want to go?

Go ahead.

ROSEANNE SULLIVAN: Hi, my name is Roseanne Sullivan. I'm an Orange County legislator, and I'm also a school board member in the Pine Bush Central School District.

I really would like to thank the Senators for sponsoring this today.

I am so thrilled that you are putting this at the forefront of your agenda and on your priority

list.

I have served on a committee with Darcie Miller, the Painkiller Prescription Safety Task Force. And, I found it to be so educating.

I had the opportunity to listen to all of the concerns from so many professionals who sat on that committee, and it really confirmed what I was hearing in my community the whole time.

I'm speaking today, not only on behalf of my family, but on behalf of dozens of families who live in my district.

There are so many cries for help, and they are looking towards us, they're looking towards you, for the help.

I'm appalled when I hear families tell me that their children, or their parents, or their grandparents, sought help for addiction and were turned away because they were told that they haven't failed yet.

That is appalling.

And I'm hoping, that if you take anything away with you today, that this is what you take away.

I have been to too many funerals, too many wakes, for people of all ages and people of all

demographics.

I'm also going to tell you a personal story which is going to come from a different perspective that you may not have heard yet.

So almost a year ago, my family and I were involved in a head-on collision.

The person who was driving the car was also transporting her 6-month-old grandchild in the car.

There were complaints made about her driving from at least 15 miles away.

After the accident, she was flown to Westchester Hospital.

When she got to the hospital, she refused medical attention and walked away.

It was later found that she was in possession of drugs. It could not be proven, though, that she was under the influence.

I fractured my back in two different places in that car accident.

My husband was injured, and so was my 15-year-old daughter.

When I tell this story, I tell people how important it is to wear your seatbelts, because I'm telling you right now, those seatbelts were the only thing that saved my life.

But the system is broken. And this is a perfect example how the system is broken.

I was told that there is a fault in the system that prevented the officer from getting a court order to arrest this person at the hospital.

What a shame that this woman got away with this.

And what's even worse, and as a school-board member for 17 years, and volunteering in the education field, I have to tell you, and as a mandated reporter, I have to tell you, that I am absolutely disgusted, and so sad, that this woman still has the opportunity to be a caregiver for this child.

And it is no one else's fault but our own.

So I'm not here to point fingers at anybody.

What I'm here is to give you an example of how the system is failing the people who are crying out for help.

And if we don't make this a top priority immediately, you will see more examples of this.

Many times I sit and wonder, why did this happen to me?

And then I think, Well, you know what? Maybe there's some spiritual reason for it. Maybe the car

behind me had small 3- and 4-years old in the car. Maybe they didn't have their seatbelts on.

So maybe I was able to save their lives.

It's a really good way to look at it when you don't have any other answers.

And it's a really good way to look at it when you look at a very personal case that absolutely fell between the rocks.

And, so, I want to you take this with you today.

And please know, that if you ever need my support in any of this, I will be your advocate.

I am here to help you.

And I really just encourage each and every one of you, I don't know what I could do to help you, but please reach out to me. I'll be there for you, for any help you need.

Thank you.

SENATOR BOYLE: Thank you very much.

[Applause.]

WENDY ROSARIO: Morning. My name is Wendy Rosario.

And I do want to thank you very much.

I'm moved by everything that's happened here today. I tend to get very motional.

I work for the New York State Department of Corrections and Community Supervision. And I work in an alcohol- and substance-abuse treatment program.

I provide treatment to inmates who are chemically dependent: alcohol, drugs, whatever.

One of you made a comment about, 85 percent of your arrests, there was a statistic, that they're drug-addicted.

I believe I'm correct in what I had said.

I sit in these groups with 20 inmates, in a small room, and most of them do not think that they're drug- or alcohol-dependent. And they are.

It's very frustrating, it's very scary for me. And I do the best I can as a credentialed -- the CASAC-credentialed alcohol- and substance-abuse treatment counselor and -- and a corrections worker.

I coordinate this program, and I try my very best to help these inmates.

On one hand, I get very frustrated, because I believe, yes, they need to be in prison. And more people, when you are making the arrests, should do time.

And I'm almost becoming a little cynical, in that you should really throw the book at them and

keep them in prison for a very long time, to keep our communities safe, and, hopefully, they'll come to the point where they realize that they need treatment.

On the other hand, I look at treatment in prison, and I do see that it does help, and that men do get clean and sober, and they go out and they continue to get ongoing help.

But there's so many of them that don't. The minute they come home, they forget where they were, and they're right back on that road to destruction.

I'm a native Newburgher, born and raised here, and I love my community.

I left here for many years, and I'm back because I love Newburgh.

I had two late-life babies, twins. They're 12, and I worry. They go to South Middle School. And, there's a lot of problems throughout the community of Newburgh.

I talked to Mr. Ragusa [ph.], the principal.

And being a prison worker, I offered the program that we have there, where these kids who are very troubled can come in, similar to the Scared-Straight Program, which I'm sure you're all familiar with, and let them see what prison life is.

But, again, I know in my heart that you're not ready, unfortunately, until you've hit a deep, dark abyss, that bottom, that only the addict can explain.

So I don't know where I'm going with this, other than I will say I'm a little selfish right now. I worry about my 12-year-old twins.

They're good kids, and good kids become addicted.

They're involved in every activity I can possibly keep them in as a single mom. And I know that these kids, still, oftentimes, end up on that road.

I wasn't going to disclose this, but I'm 24 years clean and sober, and my life is what it is because of AA and NA.

[Applause.]

WENDY ROSARIO: Thank you.

I've also attend CODA meetings, Al-Anon meetings...every meeting you can talk about. And I've been to the Chit Chat, the family program, which turned my life around.

So, I am proud of what I have done, and I do what I do for a living because I believe that people can change.

So I'm going to end this with: I just hope that my children are going to be okay, and it's not just about Wendy Rosario's children. It's about all the children in the community of Newburgh where I live that I see hurt and suffer and struggle.

And I hate to see this, because I've been down that road.

I pray my children don't go down that road.

And I thank you all for every possible thing you can do.

[Applause.]

SENATOR BOYLE: Thank you.

MARYANN McDONOUGH: Good morning.

Is it working yet?

SENATOR BOYLE: We just have -- this is a last comment, but I appreciate it very much.

Please.

MARYANN McDONOUGH: Oh, thank you.

Thank you for letting me speak.

My name is Maryanne McDonough. I'm a former County employee. I was the managed-care director at Orange County Social Services.

Dave Jolly was my boss at the time before my retirement.

In the meantime, I've become a very big

community activist.

And, Mr. Boyle, I guess I'm speaking more directly to you, because I think you're going to be able to take this --

Are you talking to me?

SENATOR LARKIN: No, no. Go ahead.

MARYANN McDONOUGH: Oh, I thought were you motioning to me.

Anyway, I hope you can take some of this information back that I'm going to suggest.

Just like the woman that spoke before me, I think there's some key people who are not here today and who need to hear this message.

And one of those --

I feel like I'm being sidetracked.

Uhm, one of the key people -- some of the key people who are not here are the doctors, because the doctors out there are giving out drugs like they're candy.

I know of a particular individual who went to a doctor and said, "I'm an addict. Please don't give me painkillers."

And the doctor's famous last words were, "Don't worry, I'll wean you off."

The doctors need to be apprised of what the

consequences are for addicts.

I don't know if you need to send them to AA meetings or Al-Anon meetings or Nar-Anon meetings, but you need to send them somewhere.

This is not something that you can go on and off if you have the disease, as Mr. Turnbull said, of being an addict.

Other groups I think you should be reaching out to are Al-Anon and Nar-Anon, because those groups are families of addicts, and they would be very happy to hear from you about what they can do to help their families.

Because I'm telling you, out there I do a lot of volunteer work. There are families that are hitting their heads against the wall.

They are showing up at detoxes and being told: Your family member is not sick enough. They are not in extreme enough withdrawal to get any kind of services.

And, lastly, there isn't treatment.

If you have insurance, there isn't treatment because the insurance company won't pay for it.

If you don't have insurance, then there's no treatment because there's no one to pay for it.

These people are suffering out there.

And someone on your panel, I don't remember who, said it's not just the addict that's suffering, it's the family member; ultimately, it's the community.

And what I would like to know, as a result of this meeting, I'm hoping that this meeting, the meeting you had in Sullivan County, the meeting you're having across the state, that these are not flash-in-the-pan kind of meetings, where you're doing a requirement, and you're going to have people come, and you can, you know, meet your statistics.

I'm hoping that there is follow-up to this meeting; that the people who need to be involved, the people who should be involved -- the doctors, the patients, the family members -- that there's going to be something that will follow this meeting, and not just a report.

Thank you.

[Applause.]

SENATOR BOYLE: Maryann, I can assure you that that is not going to be the case. We're going to follow up with legislation.

MARYANN McDONOUGH: [Inaudible.]

SENATOR BOYLE: We're going to have significant legislation as a result of these

hearings. This is not just a report to sit on a shelf someplace.

Make it brief.

We have last comments, but can you just make a brief comment.

AUDIENCE MEMBER: This is going to be brief, I promise.

I am a parent of one of the addicts. And I come from Middletown, New York, up here in Orange County.

I know we're in Newburgh, and I thank you for the forum that we're having here in Newburgh, but we also have to address all around Orange County.

It's not just here.

We also have to address, not only -- that I am addressing, also, to what she just said, the young lady said here, in reference to the doctors.

There are some doctors that are good doctors, not all, that are willing to help our youngsters, our young adults, and our future communities.

But, unfortunately, there is health insurance that do not communicate with these doctors or do not help.

In other words, I have a perfect example.

I have a doctor here, that had a patient that

was doing very well on his treatment. And because he was doing very well on his treatment, after the insurance came and told him they can no longer give him the treatment, after he was doing very well, and the doctor went: Okay, I'm going to prove you a point.

He went and put a prescription for Percocet, oxycodone, and right away, this prescription was filled.

But for the Suboxone, they weren't filled.

Why? We do not know.

We must address these insurance companies, also, that we must help our community, and also help those doctors that are willing, and willing to help the communities.

And that's what I'm addressing.

Because, my son was denied, also, for -- I went from Rockland, I went from Port Jervis, I went all over the place, and because he wasn't sick enough, he was denied help.

I had to put him in Middletown MAC.

Has any of you been to MAC?

It is ridiculous. It is disgusting. Abandoned buildings all over.

Why don't we use that area? Why don't we put

our monies into that area to educate our future?

Okay, they have a disease, but if we educate them, and we take those buildings and put other alternatives for them, they're willing to learn. They're willing to go out there and be a good human being in society.

This is our future. Not us; they are.

That's what I'm addressing.

Help them, also.

Take that area.

MAC is -- you go at nighttime, go at nighttime, how -- in Middletown MAC looks like.

Would you like to leave your kids there?

I sure didn't, I really didn't. But did I have another choice? No, I didn't, because he had to go to detox there. He had to go there first before I can take him to RC Ward.

And that's how we was accepted to RC Ward.

Is he doing great now? Yes, he has. He's going to be two months clean, and he's only 18 years old.

[Applause.]

AUDIENCE MEMBER: "18."

And I expect that we can do something.

Since we're here in the forum, maybe we can

address Middletown. Maybe we can address Newburgh. We can address Port Jervis.

We have all Orange County infested with heroin and opiate addiction.

It's just not here.

We must educate our kids.

We must go to the schools, too, and tell them how sick they can get if they get on these drugs. How sick, what could happen to them.

This is not being addressed totally and educated in that specific manner.

Take our teenagers that have been addicted to all these drugs, take them to educate, and do something positive in the community, to educate the younger generation.

That would help, also.

So just look into that fact.

I'm a parent of concern.

I'm a parent of the community.

I've also been an advocate for all young adults, and older adults, as well. It's not just that.

So, listen, as some doctors are willing to help. They're not saying they're not willing to help. They are.

I have one specific one that is willing, and has helped my son very dearly, while others turned away; while insurances didn't cover him.

And mind you, they're from Orange County.

And that's my point.

Thank you very much for listening.

[Applause.]

SENATOR BOYLE: Thank you very much.

Thank you.

Senator Bonacic?

SENATOR BONACIC: First of all, let me thank our distinguished panelists for sharing their experiences.

We had a forum last week in Sullivan County, and I can tell you that the experience and concerns that we heard today are similar to what we heard in Sullivan County.

I want to thank the audience members who spoke.

I want to thank Pete Lasier [ph.] who's here, who didn't speak, who lost his son to heroin experiences, who's been a strong advocate, and a partner with us, in trying to push back this heroin epidemic.

Two thoughts that I'd like to share with you,

that Chairman Boyle and Senator Larkin know about.

Number one: Drug cartels are very intelligent.

Heroin has been around for 40 years.

The reason everybody is embracing it, because it's cheap, and we've squeezed the pharmacists and the physicians for excessive prescriptions for opiates.

So what we're trying to do at the state level, is to have a holistic approach to be ready if, next year, there's a synthetic drug that's cheap than heroin, and something else comes at us, and we're ready.

The second point that I would like to make, is that the Sheriff of Sullivan County came out and said, "My daughter is a heroin addict."

It's extremely important, that if a family member is addicted to heroin, that you don't keep it a secret.

And I congratulate those people that have come forward, because if we had a member that had cancer in our family, we would say "our family member has cancer."

It's not something to run away from.

It's something to get out there, to admit it,

so we can face the problem and try to get help for members of those families.

I thank you all for being here.

Thank you.

[Applause.]

SENATOR BOYLE: Thank you, Senator Bonacic.

And I would like to also --

Oh, yes. These officials have to run.

Just, very briefly:

Thank you all for coming.

Thank you for the panelists, for tremendous information.

And, thank you, we've also been joined by Lee Redfern [ph.]. She was a clerk on our Drug and Alcoholism Senate Task Force in Albany, and was at the beginning of these forums.

Thank you.

Now she's come to Newburgh to go to nursing school, and help in another way.

But I do want to thank all of you.

We had great information.

This is not the end, as I said.

Please, contact our office.

If you think of something tonight that you forgot to say, please contact us. It's B-O-Y-L-E.

You can Google it.

And, again, thank you so much, Senator Larkin, for hosting this wonderful forum.

[Applause.]

SENATOR LARKIN: I don't want to be repetitive, but John covered everything that we've been looking at.

And as you heard from Senator Boyle, we hope to have something done, we will be, before the end of June.

But the most important thing is, don't leave here today and say: They're going to take care of it.

We can't take care of it if you don't come to us. You're in the communities, you know it.

The panelists here explained of how they address it.

Some people would love to speak today, but they don't like to do it in public.

Send us your message.

Make sure that what we put in writing and makes it law, it's something that you know and understand.

This is the biggest incident. It's bigger than Ukraine, it's bigger than Africa, it's bigger

than this.

This is something that affects America 100 percent.

Please help us, because we will then be able to help you and your families.

Thank you.

[Applause.]

SENATOR BOYLE: Thank you, Bill.

[Applause.]

(Whereupon, at approximately 11:41 a.m., the forum held before the New York State Joint Task Force on Heroin and Opioid Addiction concluded, and adjourned.)

---oOo---