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

PUBLIC FORUM: CHEMUNG COUNTY

PANEL DISCUSSION ON ELMIRA'S HEROIN EPIDEMIC

Elmira College
Hamilton Hall
1 Park Place
Elmira, New York 14901

May 16, 2014
10:00 a.m. to 12:00 p.m.

PRESENT:

Senator Thomas F. O'Mara, Forum Moderator
Member of the Joint Task Force

Senator Michael F. Nozzolio
Vice Chairman of the Joint Task Force

Assemblyman Chris Friend

Assemblyman Philip Palmesano

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Chris
Recovering Heroin Addict

Jim Allard
Undersheriff
Steuben County

Brooks Baker
District Attorney
Steuben County

Mike Ballard
Environmental-Prevention Specialist
Council on Alcoholism

Frank Bourke, Ph.D.
Executive Director
The Research and Recognition Project,
Corning, New York

Julie Charlanow
Director of Treatment and
Prevention Services
Trinity of Chemung County

Hollie Hall
Senior Director
Alfred State Health and Wellness Services

Laurel Headwell
Alcohol and Drug Education Coordinator
in Yates County Council on Alcoholism and
Addiction for the Finger Lakes

Susan Hewitt
Supervisor
Tioga County Alcohol and Drug Services

Joseph Kane
Captain
Elmira Police Department, currently assigned to
the detective bureau

PANELIST INTRODUCTIONS (Continued):

Helen Kaplan
LCSWR
Alcohol and Drug Council of Tompkins County

Debbie McCormick
Participant of Arbor Development

John McNelis
SRO
Canisteo Police Department

Jim Mulcahy
Employee
Arbor Housing and Development,
Maple Leaf community residence,
Hornell, New York

Wendy Recktenwald
Director of Human Resources
Alfred State College
Also, director of the CASAC program
Also, outpatient therapist at MATCH

Jim Ritter
SRO, Elmira City School District
Chemung County Sheriff's Office

Bill Rusen
CEO
Cayuga Addiction Recovery Services,
Ithaca, New York.

Sarah Salisbury
Clinical Program Director
Tioga County Mental Hygiene

Christie Speciale
Executive Director
Tioga County Council on
Alcoholism and Substance Abuse

John Thweatt
Chief Assistant District Attorney
Chemung County

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SENATOR O'MARA: Thank you.

Can everybody hear me okay?

Good morning, everyone, and welcome to our New York State Senate Joint Task Force on Heroin and Opioid Addictions.

The Chairman of this Senate Committee is Senator Phil Boyle from Long Island. He, unfortunately, is unable to be with us today.

We've had close to 20 of these forums across the state already, and he had a commitment in his district he had to be at.

We will be joined in a few minutes by Senator Mike Nozzolio, who is my colleague just to the north of my district. He has the northern part of the Finger Lakes, while I have the southern part of the Finger Lakes and the Southern Tier.

And it's a pleasure to get this forum on this very important topic, and this critical issue across our communities; urban, suburban, and rural.

It is not missing any aspect of our life here in the Southern Tier and Finger Lakes, as well as the larger cities in New York.

It's a devastating problem that we're seeing, which is why we saw the need to have these forums across the state, to look for ways from -- to build

awareness of the issue, which I think we've been doing very effectively, particularly with the media coverage that we have got across the state with these, to bring the attention to this matter; to talk about prevention, talk about treatment and recovery, talk about law-enforcement issues, and what tools we might be able to do to better provide law enforcement to go after the dealers, in particular, on these issues, and to work with our treatment providers on some of the barriers that we have from insurance, to cost, to be able to make these services available to those who are addicted to it.

So it's -- I will just kick it off with that.

We're going to go around and introduce everybody around the table here.

If you could just, please, we'll go in order.

I'll give Phil and --

Assemblyman Phil Palmesano and

Assemblyman Chris Friend, a chance to do some introductory remarks here, and then we'll go around and introduce everybody.

I want to thank Elmira College,

President Ron Champagne who's in the back here, with Mike Rogers [ph.] with him.

This beautiful facility that we have here, and they so often open their doors to us to have these community forums.

And, really, there's not much more of an impressive facility in all of my district to be able to host something like this.

It always reminds me of Harry Potter and Hogwarts.

[Laughter.]

SENATOR O'MARA: But I haven't seen any fly through here in all the forums we've done here.

But, good morning, and thank you for being here.

I'll start it out with Assemblyman Chris Friend, who represents Chemung County and Tioga County and part of Broome County.

ASSEMBLYMAN FRIEND: Thank you, Senator.

I'd like to thank Senator O'Mara and Senator Nozzolio for putting this panel together, and for traveling across this state and taking input to see where this epidemic is occurring, why it's occurring, and how we can best use the State resources to combat the problem and help out all of our state agencies and local partners to take care

of this issue.

So I'm looking forward to hearing your comments today, and hope we can have some productive conversations.

Thank you.

SENATOR O'MARA: Thank you, Chris.

Assemblyman Palmesano.

ASSEMBLYMAN PALMESANO: Good morning.

Thank you, Senator O'Mara.

And, again, to Senator O'Mara, Senator Nozzolio, and Senator Boyle, for having these hearings around the state.

And thank you to all of you for taking time out of your busy schedule to be here, to share your expertise, your stories, on an issue, and an epidemic, that's a major problem for our region and our state.

So I'm looking forward to hearing your opinions, your thoughts, and things we can do better at the State to help give you the tools and resources you need to address this major problem facing our state.

SENATOR O'MARA: Thanks, Phil.

And if we could just go around, at least the table here.

We'll start with you, Jim; and just introduce yourself and where you're from, and we'll just go around the horn.

JIM MULCAHY: Jim Mulcahy. I work for Arbor Housing and Development at our Maple Leaf community residence in Hornell, New York.

DEBBIE McCORMICK: Hi, I'm Debbie McCormick, and I'm representing Arbor Development as a participant.

DA BROOKS BAKER: I'm Brooks Baker, Steuben County District Attorney.

CHIEF ADA JOHN R. THWEATT: And I'm John Thweatt, the Chief Assistant District Attorney for Chemung County. I prosecute most of the felony-level drug crimes in the county.

SHERIFF WILLIAM YESSMAN, JR.: Bill Yessman, Schuyler County Sheriff.

JOHN McNELIS: John McNelis, Canisteo Police Department. I'm the SRO at their local district.

JIM RITTER: Jim Ritter from the County Sheriff's Office, SRO to EFA.

CHRISTIE SPECIALE: Christie Speciale, the executive director at Tioga County Council on Alcoholism and Substance Abuse.

FRANK BOURKE, Ph.D.: Dr. Frank Bourke,

executive director of The Research and Recognition Project in Corning.

HELEN KAPLAN: Helen Kaplan, LCSWR, from Alcohol and Drug Council of Tompkins County.

JULIE CHARLANOW: Julie Charlanow, director of treatment and prevention services at Trinity of Chemung County.

WENDY DRESSER-RECKTENWALD: I'm Wendy Recktenwald. I'm the director of human resources at Alfred State College.

I'm also the director of the CASAC program, where we teach drug and alcohol counselors.

And, I am also an outpatient therapist at MATCH.

HOLLIE HALL: Hollie Hall, senior director at Alfred State Health and Wellness Services.

MIKE BALLARD: Mike Ballard. I'm with the Council on Alcoholism. I am the environmental-prevention specialist there.

LAUREL HEADWELL: Laurel Headwell, Alcohol and Drug Education Coordinator in Yates County, for the Council on Alcoholism and Addictions for the Finger Lakes.

SARAH SALISBURY: Sarah Salisbury. I'm a clinical program director at Tioga County Mental

Hygiene.

SUSAN HEWITT: I'm Susan Hewitt, supervisor at Tioga County Alcohol and Drug Services.

CAPTAIN JOSEPH KANE: Captain Joseph Kane with the Elmira Police Department, currently assigned to the detective bureau.

And for four years, I was assigned as the commander of the drug enforcement unit.

CHRIS: Chris. I'm a recovering heroin addict.

WILLIAM RUSEN: I'm Bill Rusen. I'm the CEO of Cayuga Addiction Recovery Services located in Ithaca, New York.

SENATOR O'MARA: All right, well, thank you all for being here.

As you can tell, I think, going around here, the little closer you are to the microphone, maybe the little louder it is, so don't hesitate to pull it and drag it towards you when you want to address the forum.

I think the way we'll start out here this morning, is we want to hear a personal story from Chris, here, a recovering addict, to tell a little bit about where he got to where he is today, and what his direction is.

So, Chris, we very much appreciate you sharing your personal story with us.

CHRIS: Thank you, Senator.

Hello, everyone.

Thank you for having me, letting me share. It's a great honor.

I've been in recovery for almost a year now.

I just want to speak about what heroin has done to my life in its use.

It really changes the person you are, the person you think you are; your mind, everything about you.

It changed me completely.

I -- it basically threw all my morals and values away. Anything that I believed in, I didn't believe in it no more. My compassion, my care for other people went away.

It basically turned me into an evil person. I was willing to commit crimes, go to any length to get my next fix, my next use.

Uhm, and the hard part about it is, when it gets out of control like that, I have to resort to crime to support myself. I would have no job.

I'd be in the midst, I'd be sick at friends' houses, on the streets. I'd break into cars and

sleep in the cars at night, you know, just to have a place to live, because it would get so serious that I would be hurting my family. I would stealing from my family, stealing money. So they don't want me around, and I would use it to support my addiction.

And it's a really hard thing to come to terms with that, which is why I'm so grateful to be in recovery.

I feel like heroin personally gave me the tools to ruin every relationship I've ever been in with anybody, including family.

And recovery is helping me gain these tools back, which is what I love so much about recovery.

If it wasn't for CARS (Cayuga Addiction Recovery Services) and The Matrix Program, I wouldn't have control of my life. I wouldn't be here today. I'd be on the streets of any given county -- any given county in New York, wreaking havoc on the community, because that's how I grew up, that's what I knew, being involved with addiction and heroin and opiates.

Like I said earlier, it just completely changes who I am and my way of thinking.

Being sober today, I'm happy that I can communicate with people, I can have relationships,

and I can express what this addiction does to my mind as a person, and how I go from being somebody good to I feel like I'm somebody evil, and I feel like I'm not a part of the community.

But now, today, it's different, and it's the opposite. And I feel great.

And I'm very thankful to be here.

Thank you for letting me share my thoughts on heroin.

SENATOR O'MARA: Thank you, Chris, for sharing that.

And Chris's story is so similar to so many stories we've heard from these forums across the state, from individuals that have been willing to step up and talk about it personally, and the impact it's had on their lives.

Chris, I'd like to ask you a question or two, and if you could explain just how accessible heroin is in our communities. The difficulties, if any, you have in finding it, and what the cost is.

CHRIS: The accessibility is not a problem when you have the money. And usually, for me, it was resorting to crime.

It just seems like today you can -- in any populated area, you can walk down the street, past a

bar, and you can tell who the people are that do it. You know, most of them, they're nodding out. They look like they're half asleep. They're sick. And those are the people that you confront.

And, for me, I could just go up to these people and ask them, and there's a good chance that they'll be, like, Hey, and I know where to find it.

It's all just a matter of just asking, it seems like. It's like asking a simple favor.

And -- what was the other question?

SENATOR O'MARA: Cost.

CHRIS: Cost.

Cost, it can vary.

Heavy populated areas, cities, it's very cheap to get. You -- typical drug dealers like to sell bags at certain amounts, like, 5, 10, 15, 20 dollars, like that.

So whatever you have in your pocket, these drug dealers are so greedy for the money, that they'll take anything you have. You don't -- it doesn't even have to be money.

For me, when I was in my criminal ways, stealing, it was all a matter of even just asking for an item. "What do you want and I'll steal it for you" type of deal.

So accessibility was never a problem. It's everywhere.

SENATOR O'MARA: What have you found, difficulty-wise, as part of the recovery process, and any difficulties in accessing the treatment?

I mean, obviously, I think, first, you've got to come to the realization that you want to make a change for yourself.

But then what do you find -- what have you found, in your, you know, going through the process of getting to the right contacts and the right services to help you with -- through this process?

CHRIS: For me on that aspect, New York State Parole was a great reference for me.

I did get caught up in my addiction pretty bad, and I had gone to prison. And, uhm, as a matter of getting out of prison and continue to violate parole, they noticed that I had a problem.

And, it was just as simple as saying, "I have a problem and I need help." And they were willing to really go through the research for me, and as to how I found CARS. And the judge let me get involved with it.

And it was so welcoming. They just took me right on, CARS.

Any rehabilitation service I had talked to, even like sitting in jail, like, it's so welcoming, they make you feel welcome. And they give you the great story of how you can get better.

And at the time, being sick, it's not believable.

But once I got into the process, I was more open to it. I was willing to open up and speak; and I have to speak from my heart to get my message across.

And the treatment that I've been going through, it's just been so welcoming and so great. And I'm so grateful for the life that I have because of it.

SENATOR O'MARA: Thank you.

Well, again, thank you sharing with us.

Bill, you're here with Chris today.

If you'd like to talk a little bit about the Cayuga Addiction Recovery Services (CARS), and what issues you see in, really, access to treatment for the addicts?

WILLIAM RUSEN: Sure.

Well, first, again, I want to thank everybody, the Task Force and all the hosts here, for offering this opportunity. I'm really grateful

for it; so, thank you.

I'm also really grateful for Chris.

Chris and I drove down today, and believe it or not, we had a very extensive conversation about Joseph Campbell's "The Hero's Journey" and "The Hero With A Thousand Faces."

And I think that's one of the things I always find, the more time I spend with men and women in recovery, is that once things start to clear up, these are your sons and your nephews and your brothers and your fathers, and all those people.

That's exactly who they are.

And sometimes it's safe and pleasant to think, Well, that doesn't happen here, and that's not in my family, and I don't have to worry about that.

And that helps us in some -- sometimes, a defensive way, to feel like, Well, that could never happen to me, and that couldn't be my son or my brother or anybody else.

And that's just not true.

One of the biggest changes I've seen over the last year or so, is I have never gotten, ever, gotten as many phone calls from men who -- and young men, like Chris, who I -- I had three calls in the

last two weeks, of a young fellow who knew me from -- I do some programming in our residential program. We do a group on the seven habits of highly effective people -- who called me up, a young fellow named, we'll call him "Steve," and he said, "Bill," he said, "I'm a mess. I'm really doing bad. I need" --

And until the heroin epidemic really hit, I never got phone calls like that.

And people were -- obviously, had their challenges, and were going up and down and having relapses. But there's something really different about this that makes the addicted men -- and I always connect with men, and I assume that's because of -- you know, that, my gray hair, and my two boys are 35 years old, so -- but they always connect with me.

I've never had those phone calls before this started about a year or so ago.

It's just stunning to me, to have an addicted man who's using, young man, call you up and say, "Hey, man, I'm a mess. I got to get in someplace. I got to get help because this is not working anymore."

So, I just wanted to share that personal

part.

So, again, I want to thank everyone here for giving me the opportunity to speak.

I just want to offer something.

I've been doing this kind of work for 35 years in four different states, from Pennsylvania to Washington to New Hampshire to here.

And I haven't just done substance-abuse work. I've worked in mental and primary health care.

So, I've helped a lot of people access a lot of services in a lot of different places, so I think I'm pretty sure I know an epidemic when I see it.

And I thought the Task Force use of that word was not in anyway, hyperbole. I thought it was really appropriate to use that word.

We run an intensive residential rehab program, a 6-month program, basically, where we have 53 hours a week of programming. And that serves 25 counties that stretch from Rochester to the Pennsylvania border, to Utica, to, like, out in Jamestown.

And so I think we can make some pretty fair judgments about what Upstate New York looks like.

And if you could look at the statistics that happened between 2007 and 2012 that we looked at,

you would be stunned how, in such a compressed period of time, you could have such a transformation in the demographic group of people you're serving.

And the biggest one I'll share with you is, in 2007, 13 percent of the people who came into our residential program were -- their primary addiction was to heroin or opiates.

Okay? So I want you to keep that in mind, "13 percent."

In 2012, 5 years later --

And all of you, to the sociologists, because we're in a college here, right, you know if any phenomena happens in a compressed period of time, that's a significant issue.

-- in 5 years, it went to 48 percent.

So imagine what that does to a system, when you start to think about that.

The answer I think is self-evident.

I just want you to know, the other people I'm here to speak for -- and Chris did a really good job of speaking for himself, and, in a sense, for others in recovery, so I'm going to speak for the people that aren't here, or to some -- I shouldn't say, that there are people here that are actually doing the work.

The system and the good, hard-working people who believe in transformation rehabilitation stand almost, literally, in the breach.

I always think of the corps of trees at Gettysburg, and how close we came to the -- to Pickett's Charge succeeding. And it was only because of a couple dedicated men who refused to give up in the breach.

And that's what the people who do this work are like, as wave after wave of this epidemic throws itself upon the meager fortifications that dedication, knowledge, experience, and, yes, even love, have built up over the years.

However, those meager defenses, which never were stout, nor, never were robust, cannot hold up against the kind of epidemic and the kind of assault that occurs to this care system that is built to do the work that it's presently trying to do.

And I just want you to know that there are times that we are -- that the -- we recognize our fortifications are inadequate, and we are overwhelmed by the cunning, vicious, and patient foe we now face; and that's heroin.

So, you know, I think it was Teddy Roosevelt said, you know: If you have a problem and you don't

offer any solutions, well, then all you're doing is whining.

And I don't want to whine.

So, here's two big things I'd like somebody to consider, to look at:

First is the issue of access to care.

Treatment services must be sanctioned by OASAS and Medicaid to be allowed to be delivered outside of OASAS-licensed facilities.

Presently, the only way we can get paid, or even count the services, that's amazing.

If we do a service outside of a OASAS-licensed facility, not only do we not get paid for it, according to the State of New York, it didn't happen, it didn't count, in terms of our activity.

This one change would allow treatment services to spread and proliferate into counties and out of buildings to places where the clients and the need is. This would be a worthwhile, far-reaching effort that can fundamentally change substance-use-disorder work, and change it from a marginal service to a mainstream one that is much more easily integrated into overall patient care and well-being.

Sub suggestion: Suboxone treatment must be made more widely available.

It appears obvious that this form of chemotherapy is a long-term rather than a short-term intervention, that perhaps can be best be thought of in a similar way to the long use -- long-term use of modern antidepressants rather than a short-term intervention, such as a two-week course of antibiotics.

The present limitations have resulted in long waits and very limited opportunities throughout the central -- throughout central New York and the Southern Tier.

And these stories have appeared in the Syracuse paper, and the significant challenges in that way.

The second recommendation I would ask for consideration, is to build a foundation and much-needed infrastructure within the substance-use-disorder care system itself.

The average age of a credentialed alcoholism- and substance-abuse counselor in New York State is 55 years old.

So you know we're in a -- we have a group of people that are going to age out, and there's nobody

taking their place.

The field desperately needs an infusion of energy and talent by motivated individuals ready to do the work of transformation.

I believe this is very doable, given that this credential was designed to allow the non-traditional paraprofessional to become the nontraditional professional.

This field will appeal not only to the young person, but also those in mid career who are considering a change.

I believe this offers many opportunities to many segments of the state's workforce.

Resource enhancement to build skills and capital, both financial and human, of organizations' individuals that work within them to deal with the demands of this epidemic.

For example, a focus on the role of trauma, and what it might -- what it may be -- what -- it -- it may be its key role in causing and exacerbating both the onset and treatment-resistant nature of addiction, in general; and heroin addiction, in particular.

And, finally, I would ask that, although good work continues in this area, to break down the

silos, once and for all, between the Offices of Mental Health and the Offices of Alcoholism and Substance Abuse, because I think there's a great deal of benefit to be done in that way.

And my hope is that the resources and expertise can be respected and augmented so that much-needed synergy can build while, improving the care of our clients, and unleashing the potential of our staff in the improvement of treatment and clinical outcomes that will benefit our families and communities.

So, again, thank you for the opportunity to speak.

And, uhm -- thank you.

SENATOR O'MARA: Thank you, Bill.

And thank you for those -- some of statistics.

You know, as I see the heroin epidemic that we have right now, it seems to me, even though I was quite young in the early '60s and early '70s, the heroin epidemic of today seems to be much larger and more pervasive than the drug problems we had in that, really, I guess what is considered kind of our "Hippie Era," and drugs being used during that late Vietnam Era, and that.

But, you know, a couple thing jumped to mind when you mentioned the stats of the last five years, and the issues that you're seeing, growing from 17 percent of your case load, to 48 percent, in 5 years.

You know, back in the early '70s, New York State enacted what was called the "Rockefeller drug laws," and that cracked down a lot on the major drug activity that was going on during those times.

And now when you mention, 5 years, and great increase you've seen, I have to look and say that, in 2009, the New York State Legislature and the governor enacted so-called "Rockefeller drug-law reforms" that substantially retracted from the criminal penalties for drug dealing, drug possession.

And we've seen that just in this short time, these five years. And I think that that has something to do with it, and that we -- basically, drug dealers, who we really should be targeting with our criminal prosecutions, should be harshly treated within our criminal justice system.

Another aspect that I think that has helped influence this growth in heroin, is some legislation

that has worked in New York State, but I think it's helping to contribute to the heroin epidemic; and that's the I-STOP program that was enacted just two years ago, which required the tracking of prescriptions by physicians and pharmacists to opioid-based painkillers.

And there was -- I think, it was either the last year or the year before, there was 22 million prescriptions for painkillers in New York State.

Now, we only have a population of about 19 million people.

That's pretty outstanding.

Now what has happened with I-STOP, and, actually, we did some legislation that was effective, it cracked down on these prescriptions being issued, and doctor shopping by the patients, and getting multiple prescriptions and selling those opioid drugs on the street.

Now it has taken those individuals that were addicted to those painkillers and forced them to find other alternatives, which turns out to be cheaper, and I think just as prevalent, in heroin.

And that's part of the reason for the growth and the epidemic that we have today.

So if we could turn it a little bit to the

enforcement, the criminal aspects of this, and then we'll get back to the addiction-recovery services.

And that if we can open it up to our district attorneys that are here, to our law-enforcement sheriffs that are here.

And we have been joined, since we started, by Undersheriff Jim Allard from Steuben County.

Thank you being here, Undersheriff.

And I don't know if anybody wants to volunteer to kick it off on this kind of focus?

DA BROOKS BAKER: Senator, I would be happy to start.

One, I want to thank you and the Assemblymen for being here today.

I think recognizing this as an epidemic is truly accurate.

I don't have the same level of stats that Mr. Rusen does, but I have a very scary stat from Steuben County; that in the last 12 months we've lost 10 people to drug overdoses. People from 6 months old -- I'm sorry, 6 hours old, to 48 years; people who should be alive but for heroin, opiates, and bath salts.

And in that same time frame, we've had one murder and we've had one vehicular homicide.

That, to me, bespeaks what the most dangerous thing in our county is right now, and that's drugs.

We have worked hard to deal with drunk drivers, and that's how we end up with one vehicular homicide. That person's in prison and is going to stay there for a very long time.

The murder -- the people facing the murder charges are in jail, pending trial in October. They're looking at 25 years to life.

The people who sold the drugs, gave the drugs, provided the drugs, for those 10 people that died, cannot be prosecuted under New York State law.

There's nothing can I do with them, and that's a very frustrating thing for us.

I don't understand how and why we face a situation, where, if you drink and you drive and you kill someone, you commit manslaughter, and, the state prison system keeps you in for the maximum time frame.

Where, if you sell drugs and the person dies, you can't be prosecuted for manslaughter.

If you are prosecuted, the state system pushes you out as fast as humanly possible.

It doesn't make sense.

I think you hit the nail on the head with the

Rockefeller reform situation.

You know, five years ago, there was a prediction made by district attorneys -- District Attorney Fazzary is here -- by members like yourself, who understood the realities of drug sales, that if we do this; if we reform our drug laws, and within five years we're going to have an epidemic because our dealers will be back on the street and we will emasculate our ability to prosecute those folks.

And that's come true.

It's not -- unfortunately, we're not in a situation where "I told you so" works. Now we have to do something about it.

And, you know, there are different things we can do.

From a prevention point of view, there's not much we can do in law enforcement, except, stop people from selling drugs. And that means increasing penalties. Give us a statute to punish people for killing people by selling drugs.

Fund our drug courts. That's the one thing we can do, so we can help folks like Chris.

There are people out there who commit crimes because they're addicted to drugs.

And our drug-court programs are fantastic.

Those were started seven or eight years ago. They were a tough sell for prosecutors, but, quite frankly, I'm sold; they work.

However, in the last couple years, Albany has seen fit to defund those.

We've lost our coordinators. We lost one of our drug-court participants in the city of Corning to a heroin overdose not a month ago.

If we'd had the level of supervision we used to have, we might not have lost him.

So that's another reality, is, even some of the good programs we have that can help people aren't being funded the way they should.

So I guess that's where I would start.

But I thank you for recognizing the problem, and I hope you can help us put the teeth back in, and also help the folks that we've created a system designed to help.

SENATOR O'MARA: Thank you, Brooks.

Anyone else want to add on to that from the law-enforcement perspective?

I will note that we have been joined by Joe Fazzary, the Schuyler County DA.

And a couple of rows back from him,

Weeden Wetmore, the Chemung County District Attorney.

Thank you for being here, Weeden.

Bill?

SHERIFF WILLIAM YESSMAN, JR.: Thanks, Senator.

And thanks, Chris, for sharing your story with us.

This is a problem that goes beyond just drug possession, drug use, drug sales. It's filling up our jails with other crimes; burglary, robberies, larcenies, assaults.

You know, you read in the paper every day these shootings that are taking place.

Yesterday I Googled just "heroin arrests," just to see what I got. And I had, like, five in our region in the last three weeks that were major arrests involving heroin.

And, you know, a couple years ago, if you saw heroin, it was, like, Wow!

I mean, it's not impacting us in Schuyler County greatly right now. We haven't seen a lot of it, but we know the people from our county are going into Ithaca, they've going -- coming down to Elmira, they're going down into Corning, other

areas, to get the heroin and use it.

The Drug-Back days, we're -- Take-Back days we're doing with the DEA. We have a permanent collection box in our lobby for prescription medications, and that fills up every two weeks. And it's a large mailbox.

That's helped cut down on our prescription-drug abuse we've seen, but, this is filling up our addiction-counseling agencies, our rehabs. There's waiting lists to get in.

I see this from our people.

We're also seeing, where people are being sentenced to, you know, three to five years, they're back out in the street in six to eight months. They're going into drug treatment, and they're right back out on the street again.

And, you know, I don't think they're necessarily dealing with their issues like they should be. You can't cure someone in six months.

So, this is the things we're dealing with.

We just had a local young woman in our county overdose down here in Elmira, and she's fighting for her life right now because of this problem.

So it's something that we have address.

You know, we're -- my 30 years in

law enforcement, we're seeing now where we're outfitting our officers with Narcan to help fight overdoses.

I've never seen law enforcement have to take this approach, to where we have to, you know, supply and train our officers to fight drug overdoses.

And, you know, our thing is to save lives, and that's what we're doing. We're working with the Attorney General's Office right now to outfit my staff with Narcan, so they have it.

But I want to thank you for the opportunity to speak.

SENATOR O'MARA: Thank you, Bill.

Thank you, Bill.

And the Narcan, we'll get into that a little bit further.

We had hoped today, to have part of our forum be a Narcan training session, and have some kits available, but due to some of the programs at the State right now, we weren't able to get ahold of any Narcan kits because they're moving out the door and they are being distributed.

And, you know, everybody that's -- that I've talked to about the Narcan kits, it's just -- it's like a miracle when it's utilized.

But it is important that we get those into hands of law enforcement, into the hands of our first responders -- our EMTs, our ambulances, our fire departments -- who are first on the scene, because that drug, really, for a pretty low cost, is clearly saving lives.

But, we need to follow up after we save that life to make sure that they're not going to need Narcan again.

I think there was an article I read just last week, or maybe it was this week, an individual that had been revived by Narcan, I think, three or four times. It's just -- it's incredible.

And that -- that -- that, I think, sets a tone pretty clear on just how powerful that addiction is; that you're going to be revived, and then go back and do it again.

We've been joined by Senator Mike Nozzolio, who is a Co-Chairman of this Task Force going around the state.

Mike, thank you for coming down today to be with us. And, we've had a productive conversation so far.

So, thank you.

SENATOR NOZZOLIO: And if I could just say,

thank you, Senator O'Mara, for setting up this forum. That this is a series of forums across the state.

Senator O'Mara's been a participant, an active participant, in those forums.

I thank Assemblyman Palmesano and Assemblyman Friend for being with us.

That, Narcan, at one of our prior hearings and forums in the upstate area, I -- we asked a first responder how many times they had administered Narcan, and he said, "four."

And I said, "Well, over what period of time was that?"

And he said, "Within the last month."

And that just -- Sheriff, that just gives kind of the scope of the problem upstate; not just downstate.

Thank you, Senator O'Mara, for setting up this forum.

SENATOR O'MARA: Thank you.

John McNelis. Attention!

[Laughter.]

SENATOR O'MARA: I'd like to get your perspective, as a School Resource Officer, and what you're seeing in our schools. Maybe recommendations

on what we can do on awareness and prevention activities with our youth, to, hopefully, avoid getting involved in this in the first place.

JOHN McNELIS: Yeah, I think that's a key component, is prevention.

And the irony, is that it requires, you know, money and resources.

But on the flip side --

SENATOR O'MARA: Pull the mic just a little bit closer.

JOHN McNELIS: That requires money and resources, you know, for the schools. But, you know, the flip side of that is, obviously, it will pay off exponentially down the road in terms of money and resources.

You know, one of the things I think the schools would like to see is more -- you know, when you face these budgetary constraints, you know, one of the first things you cut is nonessential services, and sometimes guidance counselors and stuff like that are becoming nonessential.

And, you know, again, the irony there is, when you face a complex problem like this, they become more essential.

And that's where we should be. You know,

those resources can really help. You know, social workers, more guidance counselors, because, you know, obviously, the addictive nature of some of these drugs we didn't see 25, 30 years ago, the variety of some of these drugs, and it complicates the problem, and it requires more complicated solutions.

And, you know, like I said before, the irony of that is, you need more. Where we should be adding, we're cutting.

And I think if we add more, obviously, we're going to -- it will pay off down the line.

I mean, one example in the Hornell area is, unfortunately, we lost, you know, the psych unit at St. James.

And, you know, that -- the ramifications of that there, you know, obviously, more -- you know, more pressure on law enforcement, prosecutors.

And, I mean, even right down to the fire department, you know, the fire department is now transporting patients 40, 50, 60 miles, to see if they can -- you know, just to see if they can be evaluated and admitted.

So it's kind of a vicious cycle.

And, you know, obviously, all the people

here, like I say, I think if we can throw a little bit more time and money and resources, it's going to pay off exponentially down the road.

SENATOR O'MARA: I think you make a great point with the psych unit at St. James closing down, and the limited number of psych beds or psychiatric mental-health facilities that we have here, which was certainly a major issue that we've dealt with over the last year here with the threatened closure of the inpatient beds at the Elmira Psychiatric Center.

And I think there's, at least from my research, a strong relationship between mental-health issues and addictions and drug use.

So, maybe we can spin it back over to the other side of the table now, to our treatment providers that are here, to talk about what you're seeing in your communities.

You know, if John is seeing this in Canisteo-Greenwood, not exactly the urban center of New York State, it's clear that it's everywhere.

So, if anybody over here on this side want to get the discussion started on the treatment aspects, access, the process involved in it?

I know we've talked in the past a lot about

insurance issues, and concerns with lack of access because of insurance rejections, and the treatment process, in general.

Don't be shy.

Bill, yeah, you can go.

WILLIAM RUSEN: I think one of the main challenges for the substance-use-disorder treatment system is every other health system, which is, as people transfer into Medicaid managed care, which is going to look a lot more like talking to an insurance company, what we always say at CARS is this:

If an insurance company authorizes, let's say 20 visits, and you get to the 19th visit and you'd like to have a few more, you call the insurance company and say, I'd like to have a few more visits.

And all they have to do to win the game is not return the call, because the default is, the answer is no, until you get a yes.

So, you know, we've had -- I mean, the number of people, just in the last five years, you know, support-service people, and their time that we've had to direct at just getting a yes, and getting a return phone call, has significantly increased.

Now -- and, again, remember, we exist in this

sort of pie, if you think of our budget as a pie, and the more you take up with support services, that doesn't mean you get an extra pie.

And, so, the amount you have left over for other things, like, you know, salaries and treatment and charity care, goes down.

So I think this is going to be a big challenge as we move forward, and more and more of our services look like talking to the typical insurance company versus what was a more easily accessed system that we had been using with Medicaid.

So, I just wanted to -- that's my commentary about insurance.

SENATOR O'MARA: Thank you, Bill.

Yes.

HELEN KAPLAN: To add to what Bill said, one of the things that we're seeing in Tompkins County, and I'm sure it's true in other counties, as well, is that when you're trying to get somebody inpatient and they have insurance, like Medicaid, they have to fail repeatedly; meaning, not succeed, not keep sober, repeatedly, before their insurance will pay for them to go to a 24-hour facility, a 28-day program.

So the ramifications of a person failing repeatedly before they get the care that's needed have ripple effects on the whole community, in the form of crime, in the form of homelessness, you know, in the form of all kinds of problems, at -- both, at the clinic, and I'm sure at the police level, we see.

And that's a problem, to make a person have to fail so many times before they get the care they need.

JULIE CHARLANOW: And I know this has already been touched on, I just want to stress the importance, and I'm sure you've heard it all throughout the state, the issue with not having enough doctors able to provide and prescribe medication-assisted treatments, like Suboxone.

We have one doctor, our medical director in our facility, which is a very large outpatient substance-abuse clinic here in Elmira.

On any given day, we have approximately 350, 360 active clients in our programs.

The last check, which is pretty consistent across all three of our clinics here in Elmira, and two of our offices in Livingston County, roughly, 14 to 15 percent of our clients have a primary

opiate addiction.

So, with only one doctor able to prescribe, you know, a limited amount of Suboxone, we are in a bind of having to choose who we're able to put into our Suboxone programs.

So, having more, having more of that resource available, would certainly help keep people in the outpatient setting, too.

We're at a -- you know, at a crossroads, where we can't get people into inpatient residential settings as much as we would like to, so we're trying harder to make them succeed, help them succeed, in the outpatient setting, but we have limited resources there, as well.

So, I'm sure you've heard it everywhere else, but, it is, it's truly a very big issue.

SENATOR O'MARA: We have heard it other places, but it's critically important that we continue to hear it, and that certainly helps us do the job that we need to do, as legislators, to focus programs in the right direction.

And that -- and to -- certainly, it helps continuing to bang the drum on public awareness and just the extent of the issues that we're dealing with.

SENATOR NOZZOLIO: If I may add, that Senator O'Mara probably said this already, but the focus of the Task Force is to look at prevention, treatment, and then, of course, prosecution; and look at the three equally. And that those three series of issues are going to be the key to stopping this problem.

One of the issues we've been dealing with is how, adding insult to injury, our Medicaid dollars are actually being stolen from us by the organized-crime elements of our society; paying individuals in homeless shelters to give their Medicaid card away, sell it away for $20, and then have that card be used for phoney prescriptions for Oxycontin, at a $30-per-pill street value.

And two cases in New York City alone, that we've been privy to, resulted in a billion dollars, "a billion dollars," worth of illegal obtaining the medicine, and, in effect, obtaining it, insult to injury, with taxpayers' dollars.

One of the issues the Task Force is dealing with, is trying to figure out if we should change the percentages of seizure.

Right now, the law-enforcement agency that has the responsibility for seizure of illicit-drug

trade, in effect, keeps a portion of that.

A portion goes to treatment at the OASAS level, or funding to OASAS at the state level.

And, then, a portion of it goes to the Attorney General, whether or not the Attorney General is involved in the case or not.

We're looking at changing that, and increasing the treatment dollar.

What is law enforcement and treatments' opinion of that potential change?

SHERIFF WILLIAM YESSMAN, JR.: I think it would help.

You know, the problem is, we have to get to the underlying factor, and that's the addiction. And, you know, because, without doing that, our business increases in law enforcement.

If we can get to these people and deal with their issues on that level, I think it would help immensely with our issues.

SENATOR NOZZOLIO: Treatment side?

CAPTAIN JOSEPH KANE: If I can go back to the law-enforcement side of this, I did four years in the drug-enforcement unit, and when I first started that unit, even four years ago, heroin wasn't the issues that it is; and heroin, opiates, that entire

category.

Just since I left in November, we've seen prices just cut in half, which is putting more product out to users.

The issue is, it's not a police problem.

Statistics show that people who end up in jail come out and they're not cured. It's not a cure; jail's not a cure.

But I'm not saying we should back off the people who are selling.

But from a user standpoint, the people who are locked up, such as Chris, for stealing, you know, phones, money, it's a community issue for each and every one of us, if we have not already been affected by it.

A few things:

Many people have prescription medications in their medicine cabinets. They end up in kids' hands, or who knows whose hands. Each of those events tends to -- it has more of an effect on somebody who is a user, and it creates users.

The -- back when -- in November, when we were buying heroin, we could buy 10 bags of heroin. It's called "a bundle." And we were -- the best price that we could get when we were buying it was $170.

I just saw in the last two weeks that they bought 10 bags of heroin for 75. So that's even greater than a 50 percent reduction in cost, and it's just flooding -- flooding our society with heroin.

When we dealt with CIs before, the "confidential informants," before this heroin came to the scale it is now, we didn't always worry that our confidential informants weren't going to be around.

Now it's a huge concern.

We often have to -- you know, we work with somebody, and from a law enforcement, we don't always offer that treatment, but, in my opinion, it's a treatment issue.

Again, jail doesn't cure people from addiction. It can keep you away from it for some time, but statistics show that people who are released from, you know, a short jail stay are going right back to the issue.

Again, as a community, people who are leaving cars unlocked, or even pills within cars, we have people going around, nearly nightly, going into vehicles, taking whatever that they can, whether it's money, electronics equipment, and/or pills.

If somebody leaves the pills, you're just asking for to be the victim of a crime.

We need to get rid of those.

We just had a conversation in our department this morning about what we can do take those back, the opiates that are, you know, all the pain pills that are, out in our community, because, again, they will end up in the wrong hands.

As long as we have users, we're going have dealers.

I think it's, again, a treatment issue.

I don't think -- you know, locking up the dealers, we're going have another dealer that comes.

Back some time ago, when we had -- when I was involved in the narcotics, we would purchase a bag -- a single bag of heroin in the city of Elmira for 20 to 25 dollars. But in, say, Harrisburg, Philadelphia, they were going for $6 a bag. In New York City it was about $7 a bag.

So the markup was huge in our area.

We -- I spoke with a member of the Watkins Glen community, and they were getting, like, $35 a bag.

So, the dealers are making a fortune of off this.

And, again, like somebody said earlier, they will take orders. If somebody wants a TV, they'll go steal a TV, and then end up with product.

Narcan, I think we see that as an issue with somebody who overdoses. And that's not the only issue we're going to deal with, as far as the police or anybody else in our community.

Somebody is going to come running to a police officer with a 2-year-old child who has accidentally ingested pills from a medicine cabinet that is just, basically, sitting around.

And those are the people that we may leave out sometimes.

We're looking at the person who has an addiction that's actually using, but there's other people that are affected in each and every one of our families.

A couple examples of people who I've seen:

When somebody comes to us and has been arrested, one of the first questions I always ask was, "How did you get injured?" because there was usually a story behind it.

We've dealt with somebody, a member of our military, jumped out of an airplane, parachuting, as part of his military duty. Injured his back, ends

up a pain medication; subsequently, heroin, and he died of an overdose, I think, two months ago.

Another example: We had a female who was a Division 1 track star and athlete, and she had a knee injury, ACL/MCL.

She ends up -- her coach, obviously, wants her to perform. Provides her these, you know, Oxy opiate pain pills. She ends up addicted, and now she's in our system, and just recently got arrested.

So, it's good people who are addicted to heroin, and I think we need to focus on the treatment side of it.

And I think that's a great idea, with the money that we sometimes take in, that we may focus on jails, that we look toward a treatment side.

ASSEMBLYMAN PALMESANO: Captain, and Mr. District Attorney, are you sending any of these, who have broken the law because of drugs, otherwise would not have broken the law, are any being sentenced to Willard?

DA BROOKS BAKER: Yes. We use Willard a lot.

You know, in our office the process is, and we utilize our drug-court people for this a lot, and drug and alcohol evaluations during the presentence process, to make these determinations.

And, so, there are two sets of people.

There are sets -- there are people who commit crimes that are drug crimes. People who sell drugs, but are not addicted to drugs;

And there are those folks who commit crimes because they are addicted to drugs.

We try to treat those folks very differently.

Willard is a great avenue for those folks who commit crimes because they're addicted to drugs, and we use that.

We also use our drug courts a lot for that.

I just wanted to touch on the funding thing very briefly.

Increasing the percentage that would go to OASAS would be a fantastic thing.

I think, right now, about 30 cents on every dollar goes directly to OASAS out of our forfeitures.

The problem is, in rural counties, our forfeiture numbers are small. I would bet that, probably, are 30 percent. And we aggressively pursue forfeiture in Steuben County, the drug-seizure money.

Probably, that 30 percent every year might fund 1 or 2 people for a 28-day stay in an inpatient

program. That's not going to be enough to move the ball to handle treatment.

I think there is an example of a program that was started right here by Senator Smith, in Chemung County, that dealt with prosecution, education, treatment, and prevention, the Stop DWI program, where the offender pays a price.

There is no minimum fine for drug offenses right now.

In the DWI world, you -- you impose a minimum fine. That fine goes right back into prosecution, treatment, and enforcement.

That kind of a model could really help us and not put this burden back on the taxpayer.

SENATOR O'MARA: How do you deal, Brooks -- I think most individuals, when they get addicted, they lose their job, they lose their family, they lose any means of support.

How are you going to impose fines on those individuals, I guess?

DA BROOKS BAKER: Again, that's always going to be in the discretion of when to impose a fine.

There is no minimum fine required.

Now, a lot of people who are drunk-drivers have those same realities, and they pay their fines.

That's a price of being involved in another addictive substance and putting the community at risk.

That may just be a price associated with it.

However, a lot of folks who are involved in drug crimes are not addicts. There are a lot of people involved in drug crimes who are simply sellers, and those folks could certainly foot that bill.

CHRISTIE SPECIALE: Can I touch on the prevention piece of this aspect?

SENATOR O'MARA: Yes.

CHRISTIE SPECIALE: We're all here because there is obviously a problem, and we're dealing with it the best that we can.

But, on a prevention standpoint, you know, these -- this costs our nation over $600 billion a year, and, what are we doing to prevent this?

You know, I have a staff of three that covers Tioga County, and it's very difficult to do the work that we do to provide our evidence-based programs that are shown to decrease this behavior.

It's among the most, you know, high -- the most costly health problem in the United States.

And, you know, investing in prevention is,

definitely, it makes great economic sense.

According to a new study conducted by Washington State University: Communities will reap substantial savings by using effective drug-abuse violence-prevention programs.

Among the most dramatic findings was one that they used, a program that we use, called "Life Skills." And it produced a $50 benefit for every $1 invested into these prevention programs.

You know, and our funding just continuously gets cut.

And we have studies that are showing that, for every $50 invested into this, it's -- or every, I'm sorry, $50 produced every, you know, dollar is invested as the outcome with this.

So prevention programs are definitely, I think, a must in our communities.

SENATOR O'MARA: Thank you.

LAUREL HEADWELL: I'd like to comment on that also.

Sorry.

I work for the Council on Alcoholism and Addictions for Yates County in the Finger Lakes, and I'm their education coordinator for Yates County.

And I'm finding that I'm needed in a lot more

schools than doing prevention counseling, but, the funding isn't there, also.

I work with the risk and at-risk youth for providing the life skills, as she talked about, anger management, parenting programs; however, they're not being covered, they're not being there enough, because there's just a lack of funding.

We just lost some of our funding, and eliminating a peer-prevention program.

So, that would be nice to have more funding to get those types of programs back into the community.

Also, mandating programs, we're finding that a lot of people are being pushed towards coming to us, but then they can decide and say, "No, I don't want to come visit you. I don't want to do this anymore," so they leave; or they don't have to fulfill those requirements.

We have a program for -- it's called "AD PEP" [ph.]. It's a drug- and alcohol-awareness program. It's a 3-session, 6-hour program.

I just had one, actually, last night, and it's where they're mandated to come. They have to serve that time, and then they leave, and, hopefully, learn from what we have tried to prevent

them and give them the information on.

Another thing is, going into colleges and doing a drug training for RAs and RDs, presenting the colleges with what issues they might be seeing or coming in contact with.

I mean, I know it's a critical problem.

I go into Cayuga College and do training sometimes for their RAs and RDs, but there could always be more.

So, that would be great if we could get more funding in that sense.

SENATOR O'MARA: Thank you.

SARAH SALISBURY: Senator, I just wanted to speak, too.

I'm from Owego. We're Tioga County Alcohol and Drug Services. We're locate between Binghamton and Elmira.

And, I hear the term "treatment issue" coming up a lot. And, you know, the thought that comes to mind for me is that addiction recovery really isn't time-limited.

You know, you spoke about, uhm, maybe having to use the Narcan three, four, five times on one individual, and, you know, recovery can take one, two, three, or ten times for any individual.

So, you know, what I found to be successful is working with law enforcement, drug courts, and having probation involved, parole, that mandates patients to stay in treatment, because that's one of the big barriers we run into, is keeping them in the clinic. Or, you know, they decide to max out their time in the jail so that they don't have to come back to treatment and talk about, you know, those uncomfortable things that they don't want to talk about.

Some of the other barriers we've already touched on today are, obviously, the authorizations, the insurance.

We're getting so many denials, and, you know, we've got people that are withdrawing, you know, right in our offices, and, you know, detoxing.

And we've got an insurance company on the phone, saying: Well, you know, they're not detoxing enough.

You know, not really sure how much worse it could get at that point for them.

The other thing is lack of bed availability and, you know, crisis centers. You know, safe places for them to go while they're waiting for an inpatient bed.

You know, obviously, they can come to outpatient treatment in the interim, but, you know, where are they going when they go home at night, you know? Right back to that environment.

So we're left wondering if they'll even show back up the next day, and hoping for that.

And then adolescents is a whole nother problem altogether, because you can't send an adolescent to detox. We have to, you know, tell the parent to take them to an emergency room, and, hopefully, they will follow through on that.

But, there's not really a lot of places for them to go, in general.

SENATOR O'MARA: What do -- can anybody speak to the Southern Tier, the southern Finger Lakes region, as to -- as what's available for detox centers?

SARAH SALISBURY: The Addictions Crisis Center is in Binghamton, but I don't think that they have that many beds. And, you know, they'll keep them for 14 days.

But that's about it, in the Binghamton area.

SENATOR O'MARA: And the next closest to Elmira, does anybody know where that would be?

MIKE BALLARD: I think Schuyler -- I work in

Schuyler County some of the time. I think a lot of times when they see problems there, they -- we contact FLACRA, but I think the crisis center is in Clifton Springs. So, I think that was, you know, one of our only choices to send people to.

SENATOR NOZZOLIO: How about Dick Van Dyke?

MIKE BALLARD: We do utilize Dick Van Dyke sometimes. I think the choices there are a little bit limited there sometimes, from our standpoint.

I don't know -- our educators, more or less, contact the people. I don't work directly with those people.

But, yeah, I think it's an option, but not a well-utilized one.

HELEN KAPLAN: And you should know that, in Ithaca, we don't have a crisis or detox center, so we send our people to Elmira, and all the other counties, and Medicaid has to foot the bill on transporting them long distances.

And as one of my fellow panel members has alluded to, it's difficult to get that person to the facility when they're living, many of them, in county-subsidized drug houses.

So that's something I think is really important to touch upon today, is that we have a

housing crisis that's serious, at least in Tompkins County. I'm sure in other counties as well.

If I want to get somebody into safe sober housing, I don't really have options that my clients can afford.

And when we go to the Department of Social Services, what we find is that they're collaborating with slum Lords who will happily fleece their pockets and put our clients in these substandard situations.

I think that, you know, the dogs and cats at the SPCA live more comfortably than individuals who are trying to recover from opiate addiction.

And I'm glad that the cats and dogs are comfortable, but I think that people with, you know, heroin addictions deserve to be in the kind of housing that you or I or anybody who may not be in recovery would like to live in.

CHRISTIE SPECIALLE: And then a lot of these houses I know are located in areas that are the least desirable to put these people back into the community. You're putting them into a community of other users.

SENATOR O'MARA: Maybe we can get up here to

Jim and Deb with Arbor Housing, on this angle, from housing, and what you're seeing in your communities where you serve.

JIM MULCAHY: My name is Jim Mulcahy. I work for Arbor Housing and Development. I work at a community residence that deals with addiction in Hornell, New York.

One thing that I've kind of been hearing a little bit of, and it's something I've thought about recently, is, you know, as we speak of the funding that's going to be available or not be available:

I've worked in this field for about 10 years, and it's not to minimize anything from 5 years ago, 7 years ago.

More typically, we dealt with other drugs, alcoholism, through our facility, which is just one facet of what Arbor does.

More recently, it's become the heroin, the opiate, addiction that's in the Hornell area. Canisteo-Greenwood.

I live in Cohocton, which is a tiny little community. It's there.

And what I find alarming, I guess, in the sense that, you know, from talking to other people in the agency that handle more of the funding that

we get through Medicaid that keeps our doors open, or through state grants, government grants, that that funding is less and less.

But, we're facing new challenges with new people coming in with heroin addiction or opiate, which presents a whole new set of challenges in trying to help that person in, like, a therapeutic environment, to give them a place to live.

You know, I don't like to use the term "group home," but they come out of a, say, MATCH inpatient program, which is a 28-day inpatient program, we still keep them linked up to the MATCH program on outpatient services or Steuben County Mental Health, Steuben County substance-abuse services, and we kind of help them on a different level, and still keep them linked with the services.

And then to -- come to find out, well, they don't -- they're not going to be able to go to SCASAS, the Steuben County substance-abuse program, anymore. They won't pay for it.

It presents new sets of challenges for us.

How do we help this individual?

I mean, we're helping them as best as we can, from our standpoint, and providing them a place to stay, meals, and on top of, you know, trying to

reteach them life skills; how we can move them up a set of programs that are in the Hornell area, from our place, to an apartment program, to a supportive-living program.

All that can't be done if the funding's not there.

And then we hear: Oh, well, we have this opiate/heroin addiction in the area. Oh, by the way, the funding's not there, so, your doors might close.

Then we can't help anybody, you know?

So, I mean, those are things that I find alarming, you know, as a professional in this field. Like, how are we going to continue to help people, facing the new challenges we face right now?

And, you know, and it's -- I've heard it several times here.

Heroin, it's gotten into our area, and it's cheap. You know, people can get it for 5, 7 dollars a bag.

Yep, they couldn't get the pain pills anymore. Medicaid wouldn't pay for that. "Well, I can get heroin for 5 bucks a bag."

You know, and -- so we get those people into a rehabilitation program, and then into our program.

And as we try to give them the skills and give them the assistance they need to be sober, face their addictions, get past their addictions, and live a better life in the community again, reintroduce them to the community; and, again, you know, not to re-spin the wheel, but, we can't do that if the funding is not available.

So, I mean, those are just kind of the challenges we face immediately, right now.

SENATOR O'MARA: Deb, do you want to add anything?

DEBBIE McCORMICK: Yes.

I'd like to add that I have been a heroin addict for 30 years. And, I was lucky enough to have access to wonderful treatment, both physical and emotional.

I lost my son when he returned from Iraq. He overdosed on fentanyl patches, and my life just spiraled out of control. And I ended up getting arrested for committing crimes to support my habit.

And, my recovery has just been amazing, from the beginning to end.

I started out going to MATCH for a 28-day program. I did notice during that time that a lot of my peers had to leave after two weeks because of

their insurance.

I was then transported to Newark, New York, to a place called HANAC Hall, which is SOSHA [ph.].

And then I stepped down to a supportive-living house in Geneva, FLACRA.

And then to an Arbor Development apartment.

I'm also a member of drug court.

And, I just can't say enough about the care that I received.

SENATOR O'MARA: Thank you for sharing that.

If we could segue into your comments on your son, in returning from Iraq, and his service, Dr. Bourke, at the end down there, is a longtime friend of mine, is involved with treatment of veterans, is a psychologist.

And, Frank, if you could talk a little bit about your work in Corning, and The Research and Recognition Project that you're involved with, and how this kind of relates to the drug addictions and the combination of things that really are affecting our veterans that are returning.

FRANK BOURKE, Ph.D.: And I imagine you were a little surprised to see me walk in this morning.

SENATOR O'MARA: Never surprised to see you anywhere.

[Laughter.]

FRANK BOURKE, Ph.D.: In the sense that, the last 10 years, I've been working with posttraumatic stress disorder, which, of course, is the big hit on veterans coming back.

What Tom doesn't know, is that I came today because I ran a storefront in Harlem in the '60s.

At the same time that I was finishing up my graduate work, my first cousin came to me.

Actually, my aunt, saying, "You've got to help your cousin. He's addicted to heroin."

So I wound up, in addition to running the storefront in Harlem, which was a community devastated by heroin at the time.

You could sit on the third or fourth floor of any of the apartment buildings then, and look out the back windows during lunch, and identify five or six apartments being robbed by people going up the back fire escapes. Any lunch, any day of the week.

You couldn't walk the streets safely.

It was a community devastated by heroin.

And in the middle-class community where I was born, in Brooklyn, it was also being devastated much more quietly in the same way that Harlem was.

I wound up running a small

drug-rehabilitation program in a house given to me by the New York State Diocese, for three years.

So I learned about heroin in a very up-front fashion. Without being an agency, we did preliminary intakes, cold turkey.

And those of you who work with heroin know what those first two or three days look like.

I worked with 16 fellows in the course of my time there. None of them lived past 45.

I'm 71 now.

Those were all people to me.

When I saw "heroin" on the agenda here, Tom, the word has a different connotation than recreational drugs; than the kids smoking pot behind the school.

This is an epidemic because the drug itself has a set of properties.

I live on a farm up in Hornby, above Corning.

And as an -- just an interest last night, I asked my two daughters who are in their 30s and were raised in Corning, about heroin. And they don't differentiate between heroin and recreational drugs.

We are, in terms of prevention, in need of a widespread and quick education program, much like

you see smokers on television, drunk-driving, et cetera.

I don't think that we as a state community are aware of the danger.

I was in the last epidemic on the streets, with people. It was an epidemic. It was devastating.

It has something to do with the nature of the addiction process itself with these particular drugs. I think that needs to be gotten out.

The second piece I'd like to go to is, after I left Cornell University, I built a management -- a psychiatric management company, which did very well.

I opened and ran 12 psychiatric centers, 6 of which had alcohol- and drug-rehab centers in conjunction with them. They're mostly in the south and the midwest.

All of those are either closed or half the size that they were 15 years ago.

The insurance companies have withdrawn from the support for inpatient care because of the economic strain it puts upon them.

And I wanted to ask you a question at this point, Tom, Senator Nozzolio: Is there a mechanism for pushing these insurance back to taking

responsibility for inpatient psychiatric and alcohol and drug care?

SENATOR O'MARA: Well, it's certainly a focus of this Task Force, and part of what's been coming out loud and clear through the nearly 20 of these events we've had across the state, and will continue, that it's going to lead us to, hopefully, a package of reform legislation to deal with the issues.

And insurance is something that has been brought up repetitively, and it's something we're going to be looking at, because, obviously, we hear a lot about unfunded mandates at all levels.

And insurance companies consider any mandate we put on them to be unfunded, and that's passed along to rate payers.

And it's a matter of doing it the right way, setting what our priorities are, and being very careful about such mandates, because they do lead to increased expenses. It's going to pop out somewhere, the expense.

But that's certainly an aspect of what we're all about here today.

FRANK BOURKE, Ph.D.: Okay. And I --

SENATOR NOZZOLIO: I think of all the

suggestions made across the state, and yours is, Doctor, very timely, very important, it's going to be an extremely difficult fight for us to recognize and realize what you're suggesting, and what's been suggested up here, I think Mr. Rusen said it also, that we need to have public support for this.

And, it's something that certainly is on the agenda of the Task Force, will be considered.

But if it's proposed, it's certainly going to have to have a lot of citizen support for it to be realized.

FRANK BOURKE, Ph.D.: I think that getting the word out on the virulence of the epidemic, and the economic, and cross-support, cross-cultural, cross-helping agency problems, the strains that this puts on the entire system.

You could go into any of the emergency rooms in Harlem or the Bronx in the '60s, and the rooms would be clogged. You couldn't get care because of the drug-addiction problems that were sitting in the emergency rooms, untreated, on a regular revolving basis.

That's translatable. I can give you all the numbers to support this, Tom, in terms of the effect in dollars and cents.

CHRISTIE SPECIALE: [Not on video.]

Over $600 billion.

FRANK BOURKE, Ph.D.: On the system, yeah.

I'm dealing with PTSD. It's an $18-billion problem coming.

You could bet, I would bet, that you could multiply that figure by 100, in terms of the proportion of harm that a heroin epidemic will produce.

Anything I can do to help, Tom, you can count on me, from this point on.

SENATOR NOZZOLIO: Thank you.

SENATOR O'MARA: Thank you, Doctor.

Susan.

SUSAN HEWITT: Yeah, thank you.

Thank you for giving me the opportunity to be here.

I purposely wanted to speak to the insurance issue today, and a couple people have mentioned it.

And, you know, especially with heroin, one of the things most of the drug companies -- or, excuse me, insurance companies are requiring is a failed outpatient, as was mentioned earlier.

And, you know, with heroin, that's a particularly dangerous, and often fatal,

requirement.

Heroin users, if you can get them in a place where they're someplace safe, you need to really act at that point.

Failing at outpatient, when you lose them, you lose them.

It's a different thing than somebody -- obviously, there are different stages of alcoholism, and whatnot, and I'm not trying to minimize that at all, but, you know, if you have an alcoholic who picks up a drink, drinks for even a couple of days, you can often grab the -- you know, bring them back in. And if they're in outpatient treatment, you can get them back.

Heroin users are gone.

We have lost, I know at least five -- we've had at least five heroin overdoses in little rural Tioga County since the first of year. There may be more, but there's five that I know about.

By the way, one of those could have been saved by Narcan if it had been available to the police.

But --

SENATOR NOZZOLIO: Did they all result in death?

SUSAN HEWITT: We had the five deaths, yes.

SENATOR NOZZOLIO: Five?

SUSAN HEWITT: Yes, five deaths in Tioga County --

SENATOR NOZZOLIO: The first four were --

SUSAN HEWITT: -- since the first of the year, yeah. Yes.

And I don't know the circumstances around most of those. One, I do know, could have been saved by Narcan. He was found in his home by his mother. Died in the hospital.

If it had been available either in the home or in the ambulance, he would have lived.

He was a 24-year-old, with a lot of potential, from a very -- you know, I don't want to say good background, because I don't -- I don't want to kind of rate one family over another.

But, you know, and that's exactly who we're seeing, and who are dying, are the 20-somethings from responsible, respectable backgrounds.

And it was said here, you know, these are our family members, and no different than anybody here in this room. And, it's just so sad.

I've been with Tioga County for 20 years, and I've never seen the deaths.

I was in the Waverly office, working through the meth epidemic back a few years ago, which, of course, is doing its own little resurgence. And that's -- you know, our office was a half mile over the state border from Bradford County, which was -- I think it was, was it "Time Magazine" that reported that as the meth capital at the time.

And there was a lot of devastating things that happened, certainly, but, I didn't see the deaths.

And we have the deaths going.

And, you know, the thing with heroin is, if you're away from it, you know, you build up a tolerance and they use quite a bit.

But as it -- and some other people could certainly speak to this better than I can, but, if you go back to using after being clean, your tolerance is extremely decreased, and that's when we see a lot of the overdoses.

And if you have a person in outpatient treatment and they pick up, and you try to get them inpatient, and you can't, or even if you know they need inpatient right from the beginning, if they're clean for a while, then they pick up again, we're liable to lose them.

And what a loss. You know, we're losing a lot of really great, great people.

And it's my understanding that there is a bill, an open -- a bill open in the Senate, that would require insurance companies to pay for inpatient treatment if it's recommended by a qualified health professional.

And I would have to urge passage of that, if possible.

And thank you for letting me speak.

SENATOR O'MARA: Thank you.

We're going to open it up in just a couple of minutes to anybody from the audience out there that would like to make a statement or comment, ask a question.

There's a podium over to the right for anybody that would like to speak, so, keep that in mind for the next couple of minutes.

We've got about a half hour in our time slot to continue here.

And, Susan, I think your comments on, you know, this isn't just a problem for, you know, a certain class of people that you think would be associated with it.

We had a hearing of this Task Force in Auburn

last week, in Mike's district, and we heard from the mother of a daughter who died of an overdose a year ago. She graduated from Cortland University, magna cum laude. Was having trouble finding the right employment and work, getting depressed, and started using heroin.

Her mother found out about it, confronted her on the telephone about it. She basically admitted it, and the mother was going to get her the next day. She overdosed that night.

It's just how tragic and how quick.

It was just such an incredible example of that.

So, is there anybody else on the panel here that would like to add anything before we open it up to --

Yes.

NAN WOODWORTH SHAW: Yes, hi.

Nan Woodworth Shaw from Watkins Glen Schools.

And what I've heard Dr. Bourke say, I can't stress enough the need to really look at inter-agencies and systems.

And I haven't really heard the devastation to families. And in the schools, we're seeing the impact on young children, in particular.

And it's at a crisis level.

In other words, if somebody is arrested or gets the treatment that they need, the impact on their families and very young children is really phenomenal right now.

So, we need our systems working together so that we're right there for those kids, you know, and the families left behind.

So there's so much permeating aside from this.

In Schuyler County, that's -- what's come mostly to our attention, is meth at this point. But, I've heard, especially with some young adults that were just mentioned, too, there is a heroin impact, as well.

But -- but like I say, in the schools, the real direct impact is these very young children.

SENATOR O'MARA: Thank you.

UNDERSHERIFF JAMES ALLARD: If I could?

SENATOR O'MARA: Yeah.

UNDERSHERIFF JAMES ALLARD: One thing we haven't talked about is the county-jail aspect; the impact, and the opportunity for treatment.

Currently, I know in the Steuben County Jail, we're typically around 160 to 180 inmates that are

there, usually from three to nine months. And, probably 80 percent of them have some sort of mental-health treatable issue, that the underlying issue is substance abuse.

We have two full-time mental-health counselors who focus almost completely on suicide prevention.

We have no treatment counselors for heroin or opioid abuse because the resources aren't there.

And it seems like this would be an incredible opportunity for treatment within the county jails across the state, especially as the psychiatric treatment centers reduce and close. Again, those folks that are so desperate to seek on their addiction, will do anything to get and meet that addiction, they end up with us.

And we expend tremendous resources, not just on the constant watch which accompanies their withdrawal when they're first in our facility, but also for the treatment as they continue to seek, and all of the disciplinary issues we experience as they attempt to find a way to seek those drugs even while they're locked up.

So it's a huge impact on our budget, but it's, also, I feel, a huge opportunity for treatment

that has been virtually unexplored.

NAN WOODWORTH SHAW: And finding appropriate treatments for the dual-diagnosis is very, very difficult, you know, and very difficult to get through insurance companies, again.

SENATOR NOZZOLIO: What's happening now, Sheriff, at our local jails?

We've heard from other custodians, like yourself, such as yourself, they feel grossly inadequate to be able to deal with the issue. Their officers aren't trained in the issue.

UNDERSHERIFF JAMES ALLARD: Right.

SENATOR NOZZOLIO: They don't have professionals in the situation to do that.

UNDERSHERIFF JAMES ALLARD: Right.

A lot of our -- again, there's no training within the DCS curriculum, anywhere.

SENATOR NOZZOLIO: Local.

UNDERSHERIFF JAMES ALLARD: Even statewide, there's no training to be given to the correction officers to teach them how to interact with an opioid or heroin addict.

There is, on the mental-health side, they're so overworked. Again, you've got 2 folks treating 150 mental-health patients on any given day, that

they simply don't have the time and resources to engage in any kind of substance -- substantive substance-abuse treatment. They just don't have the time.

SENATOR NOZZOLIO: What type of programs would you suggest?

UNDERSHERIFF JAMES ALLARD: Any kind of addiction-based program that we can get in there.

And, again, even if we can affect 10 percent of our population, that's a tremendous opportunity.

And the ones that are there, some are going to respond, some are not going to respond, but to have it available, if we can get some sort of addiction-based that is not just for alcohol.

That's all we have currently is alcohol treatment, but we don't have anything for the opioid-based addiction.

And the other side that we're seeing, also, is the mixture of the heroin with bath salts and methamphetamine use. We've seen a tremendous increase in that, where, because the meth -- or the heroin is so much less expensive than some of the prescription drugs they used to mix with, to ease the coming down from the bath salts or the methamphetamine, now they're using heroin as that

supplement to ease it, and which seems to be a much more addictive way to go.

But, again, it's because the price is so low.

SENATOR O'MARA: What percentage of your inmates, would you say, have an addiction issue, and what percentage have mental-health issues, in your jails?

UNDERSHERIFF JAMES ALLARD: They're so tied together.

NAN WOODWORTH SHAW: Yeah.

UNDERSHERIFF JAMES ALLARD: I mean, I would say the majority of the mental-health issues have underlying substance-abuse issues. It's a -- it would be a very high number.

DEBBIE McCORMICK: Senator, may I speak?

SENATOR O'MARA: Yes.

DEBBIE McCORMICK: I would just like to share my experience with you, for jail.

I've been in jail four or five times since the death of my son.

Uhm, basically, you are in a cell, detoxing, with no supervision.

I've been told that that's too bad for me, because I did it myself, to myself.

There's not much -- the church -- going to

church was the best thing that could I have done when I was in jail, and AA meetings.

But, basically, you're being punished, and detoxing, and being very sick, with no relief.

SENATOR O'MARA: Yes.

ASSEMBLYMAN PALMESANO: This, uhm -- Undersheriff Allard, I know Mr. Rusen, you asked [unintelligible], I didn't know -- because you said there's no availability, because of the resources, to offer the drug -- the treatment, the counseling, in the jails, because of resources.

And you mentioned that there's some restrictions to go outside of a state facility, like an OASAS or a licensed facility.

Is that something that, where a facility or a jail might not have the resources, but they could partner with a treatment facility to go into those?

Because -- is that something that's even feasible if those restrictions were released?

WILLIAM RUSEN: Let me say, you know, from my perspective, this is all about -- I worked in the community health-center system out in Washington State. And anytime you can put a system together in which you put the care out there, I can remember seeing 200 kids in Basin City, Washington,

lined up to get vaccinations.

Okay?

And so from that, I'm the first guy to stand up and say, "Me" [raises hand].

If we can have an arrangement where at least I could cover my costs.

I don't think it's really fair for me to do it in a way that's going to make me close down the rest of my organization.

So I'm the first guy -- if we can work out -- if we can work out a way that at least my costs could be covered, I'll be in his jail tomorrow. Okay?

I mean, that's the -- that's -- what we've done. And I'm not in a safe facility. I'm a small not-for-profit organization.

And when I say an "OASAS-licensed facility," I mean my building, which is inspected by OASAS and given a license, then I can provide services there.

But I can't go outside that building. I, literally, can't do it on the street. I, literally, can't walk across the street and do it.

I mean, I could do it, but, (a) I'm not going to get paid, (b) it's not going to count, and

(c) I could get in trouble.

Okay?

So from that perspective, if we could get -- you know, being able to provide these services in non-traditional, non-licensed buildings, because that's what you're talking about, would, just, in the same way, put those services into where the people are and out of buildings.

And both things can happen: They can still be in the buildings, but they can also be out there.

And, again, I use the example of, when I worked out in La Clinica in Pasco, Washington, we vaccinized [sic] 200 kids.

Those 200 kids didn't come to Pasco, Washington. We went out to Basin City, which, believe me, is about two buildings, and we lined up 200 kids. And we didn't ask what their immigration status is. We didn't ask any of those questions.

All we did is, we vaccinated those kids because they needed to be vaccinated.

And -- now, did we save some money? I'd like to think we did, because those kids didn't get sick.

I don't know.

All I'm saying is, that's the only way to get the services out there.

I worked in community mental health for many, many years. And the most effective stuff you can do, I've done it in schools, is get out there and do the work in the places it's needed.

CHRISTIE SPECIALLE: We are an OASAS-funded organization, but being a prevention agency, we are not licensed under OASAS. We are able to go into the jails and into the schools to provide our services. It is not treatment-based. It is education-based.

However, in the treatment programs, I know that they provide a lot of education.

Our problem is, our Tioga County Jail has been more than, you know, open to having us come in and provide education services.

It's the lack of staff that we have to meet our community needs.

Once all the heroin happened, the deaths in Tioga County, our phone wouldn't stop ringing with, What can you do? What can you do?

And being such a small organization, with our funding continuously getting cut, we are able to go into the jails, into the schools, and into the community, which is what we do, with a very limited number of staff.

SENATOR O'MARA: At this time, we'll open it up for anybody in the audience. Just raise your hand if you would like to --

Yes, you in the front, if you could go over to the podium and use the microphone.

And, sir, you can be second.

DEB DiBARTOLO [ph.]: Hi, my name's Deb DiBartolo [ph.]. I'm a family nurse practitioner in Tompkins County. I do work at the Tompkins County Jail, but I'm not representing the jail. I'm representing my own opinions here.

One thing that I'd like to suggest, as far as the Suboxone-treatment program goes, is, right now, that's just opened for physicians to prescribe. It's not available for a nurse practitioner to prescribe.

And as we see changes in health care, nurse practitioners are going to be our front line in primary care.

Considering opening up that privilege to nurse practitioners so we have that available to more clients, to provide more treatment, might be an opportunity we might want to take a look at as a community.

I'd also like to make a comment about the

importance to meet somebody who's withdrawing from their heroin or opiate, particularly when the opportunity arises.

So many of my patients that I see, both in my community practice and at the jail, there comes a time in your addiction you're not using anymore to get high or to have fun. You're using so you don't get sick.

And we miss huge opportunities, both in the hospital and at the jail, and even at the clinic level, not because we don't care, but because we don't have the funding to manage this.

And, in fact, if I have somebody coming in dopesick, I have nothing to offer them except some clonidine, which is, essentially, not very effective.

If I have any opportunity to get them to treatment from where I live, I usually have to send them to Syracuse for an inpatient treatment.

Hospitals generally do not admit patients for opiate withdrawal. It is not considered a life-threatening event. But, we miss a huge opportunity.

And if we miss that opportunity, we're sending these folks back out on the street to use

again, just to prevent being dopesick. And laying and puking and having leg cramps and bone pain and diarrhea and sweats and chills for four or five or six days is an immiserating, immiserating experience. And no one wants to go through that.

And that does happen in the jails, as well, unfortunately, and I have seen it at every jail I've worked at, from Rikers Island, right straight up through Upstate New York.

So intervention, at some point, whether we do a temporary Suboxone taper, have that available in the jail, or some other humane way to help these folks, and not miss this opportunity to bring them into treatment and let them know we're on their side, instead of just constantly shutting doors.

When we shut doors and we say, "This problem is your problem," we wouldn't say that to a diabetic coming into a hospital with hyperglycemia.

I don't know why we're saying that to our substance-abusers who are coming into, trying to seek my help and my care.

And I think it's just very shameful of us, as a society, that we're doing that to other members.

I'd like to say, about the I-STOP program, I think it's been very effective.

Just in the past nine months I've been using it in private practice, I have seen a significant decrease in the number of patients coming into my clinic seeking opiate medications.

It, uhm -- it's not the panacea, obviously. People that are getting drugs in Pennsylvania, and stuff, are getting prescriptions still down there, I can't search them down. But I have seen a significant decrease in the number of clients I'm seeing.

Where I do see we still have a problem, though, HIPAA, a good idea gone bad.

The nature of substance-abuse disorder itself is secrecy. And, the fact that I can't share information freely, even though it does protect people's rights, sometimes does prevent me from getting what I need to assure that I'm not enabling an addiction, as well.

So, HIPAA, good idea gone bad. Maybe something we need to work on in the future as far as substance-abuse treatment.

The other thing, one more thing I'd like to say is, life-skills treatment in the jail I think would be very effective.

Monroe County Jail, there's actually

published literature, evidence-based published literature, on the program that they're doing there, where they do a transitional-care program.

They start in the jail, transition to the community, and then go back for re-enforcement after people graduate from that program, has been shown to be effective.

As far as I know, it's only the Monroe County Jail that's using that model for their treatment for folks that are being released.

But it's a good opportunity, with evidence-based practice to support it, that we might want to look at in the future.

Thank you.

And you guys rock. Thanks for doing a good job.

SENATOR O'MARA: Thank you.

Thank you for being here.

Yes, sir.

KEN: Hello, my name is Ken, and I'm a patient at Trinity of Chemung County.

And a few things I want to touch on that you guys talked about, the Assemblyman here, he was very correct that OASAS needs to lift some of its restrictions to allow people to practice off of

site.

I know at the jails, I've been there a few times myself, and the thing about jail is, when there's a few people that are trying to do right and go to these AA programs, and stuff, you are then put back in a population with a lot of people that are not; that don't want to do that, don't want to get clean and sober.

And the mentality you end up leaving jail with is not a positive one.

If the jailers, I mean, if it was possible to separate the people who were trying to do this and put them on a different block, I believe that would help a lot.

I know it would have helped me a lot when I was there, from the people that are just talking about getting out and wanting to use again.

A few other things I wrote down here while you guys were speaking:

The prosecutors: I know that, when I got into trouble, it was very easy to talk my way into a short sentence.

Even though it was my fourth or fifth time caught stealing for drugs, I was -- very easily could talk my way into a 60-day sentence. I was

back out on the street in 40 days.

I believe that if we gave longer sentences, with probation on the back end of it, with mandatory AA meetings and NA meetings, it's the greatest resource I have today, is AA and NA meetings. It's what really keeps me sober, and they're completely free.

Just, I don't believe 40 days is enough for -- to break a habit. Longer sentences are critical, I believe.

I know they're talking about it, but drug-testing people on social services is huge.

A lot of these addicts, they live for free off the State. And all the money they have, they spend on drugs.

I mean, if they're not able to pass a drug test, I don't believe that their rent should be paid.

I know I lost a job. And it wasn't until I lost everything in my life: my family, my house, my job.

Uhm, I lived in a tent for a long time in Ithaca, and, in order just to keep using.

But, I mean, encourage family members of people who are using to cut them off.

I mean, it sounds harsh, but it's the only thing that gets to people, is when you have nothing left, is only when you will recover.

Just a few more things.

I know that there's a -- some of these drug houses, the landlords, they know what's going on.

In particularly, I know there's a house down on Gray Street, and the landlord, she only allows drug dealers to manage the house, you know, because they pay her, and, you know, she ends up with larger pockets because of it.

And I believe there should be stiffer penalties, not only on people that know people are dealing drugs out of their house, but if they know people are using drugs in the house, and they're not getting them out of the house.

I'm in the current process, I'm going to be closing on a house next week, on Third Street. And I plan on putting in all my leases, that if there's any drugs or alcohol on the premises, that you will be immediately evicted within 10 days, because that's the quickest time I can do it by law.

Because I do believe there needs to be more sober-living houses in the community that are not run by treatment facilities or anything like that.

Like, these landlords have the ability to make sure there are not drugs in these houses. They just have to get up, you know, and go check on the houses every now and then, and they'll see, the activity is clear.

If the house is not clean, and stuff like that, you know that people are not living correctly.

And I know that needle-exchanges cost money, but, if we could make it so that the local pharmacies, they just send a list to the sheriff's department of people buying needles, you know, I believe it will give law enforcement a much clearer statement on, you know, who the drug users are -- in the community are, and make a it better available for them to crack down on them.

That's all I have.

Thank you.

SENATOR O'MARA: Thank you very much.

ANDY DRAKE: My name's Andy Drake. I'm also a Trinity of Chemung County.

Uhm, I believe one of the biggest things is, like, they said it's hard to get Suboxone doctors around here, but, like, my addiction started because of painkillers.

I can go to the emergency room and tell them

I have a toothache or a backache, and they throw a prescription at me.

Like, actually, I don't see how it's so hard to give medicine that is helping people get out of addiction, but, the addictive medicines themselves are so easy to get.

And, also, like, with the hospitals, I went to St. Joe's for detox. They kept me there for 2 1/2 days, didn't give me any medicine, and then just let me go.

And before I could get into a -- I went to Dick Van Dyke. I had about a week in between where I was just out on the streets. I ended up using again.

Fortunately, I knew where to find Suboxone on the street so I wasn't using heroin. But, like, it just seems like everywhere around here.

Like, you can -- I can walk down the street, still, and find heroin in probably a half hour. Like, that's definitely, it's all over.

Unfortunately, Elmira, too, is in the middle of every major city. Philly, all of them, like, you can drive two hours, each way, and get it. But, like, it's definitely everywhere around here.

Besides that, Ken pretty much said everything

else.

But, uhm -- like, definitely, the detox, like, centers, like, there's nowhere around here to really go for that.

And, Suboxone, that's just, like, I know three or four people that died from heroin, that were trying to get into Trinity, but the Suboxone doctor couldn't take on anymore clients.

So, like, that's all I have.

Thanks.

SENATOR O'MARA: Thank you very much.

JOHN BARRY: Good morning. My name is -- oh, that's loud.

My name is John Barry. I'm the executive director of the Southern Tier AIDS Program.

We actually operate two syringe-exchange programs. We cover an 8-county area, and we have syringe-exchange programs in Broome County, and also in Tompkins County.

First of all, I wanted to let the elected officials know that I'm going to break from the herd here. I'm not going to ask you for any money.

[Laughter.]

JOHN BARRY: I would only ask for permission to offer the lifesaving services that we offer.

I also want to give you my thanks for recently passing legislation so that you can have a standing order, and people -- community-based agencies, like ours, can pass out Narcan and Naloxone kits to people, to prevent overdoses.

Now, if you could do me one additional small favor, and get the Governor to sign that --

[Laughter.]

JOHN BARRY: -- so that we can actually pass them out more readily, I would be eternally grateful.

I have one in my hand, one of those kits. The Department of Health supplies these to us.

Had our medical practitioner been available today, you would all be receiving that training.

So, again, my apologies for that, Senator and Assembly people.

But, again, please speak to the Governor on that matter and I would be eternally grateful.

We see here [unintelligible] users every day.

Our programs were begun to prevent HIV and hepatitis C, and we saved the taxpayers of New York a lot of money because of that. Okay?

So much money, and our programs have been found to be so effective, that, actually,

New York State has submitted paperwork to the federal government to make our services Medicaid-reimbursable.

Don't take my word for it. Look at the actions of New York State.

In addition to preventing those infections, we take infected injection equipment off the street and dispose of it appropriately.

We don't want the trash collectors to get stuck.

We certainly don't want our law-enforcement officers to be stuck with a used needle while they're searching somebody.

We provide opioid-overdose kits, as I pointed out, containing Narcan; train people how to use them appropriately to save a life.

We refer people to treatment, and we assure that they get there. It's one of the most important services we offer, in our opinion.

And we're there every day when people come in, to say: Have you had enough yet? Is it time to go to treatment? We can make that happen.

And, finally, this is a cost-effective intervention.

If we can prevent two people a year from

becoming hepatitis C-positive, we can pay for both of our syringe-exchange programs, all the staffing, all the supplies, all the disposal fees...all of it; the whole shebang.

Now, I know there's some controversy around what we do, and I accept that as a piece of my job, but, I think that this thing has gotten so out of hand, that we probably need to reach out and take the help of anybody who wants to offer it.

Thank you.

SENATOR O'MARA: Thank you.

RICK HUGHEY [ph.]: Good morning. I'm Rick Hughey [ph.]. I live in Schuyler County.

I'm a retired correction officer with New York State. I worked 20 years at Monterey Shock, which was a drug-treatment program.

The State's slowly dismantling it.

There's 600 beds there, capable of putting 600 guys through that program.

Saved a lot of lives. I gave people a lot of discipline, a lot of motivation.

I've heard today: Drug epidemic. Crime epidemic.

We're going to have an epidemic of needing treatment programs and correctional facilities

again, so, why New York State's chosen to close one of the finest, that the Governor referred to as "groundbreaking" on the 25th anniversary a couple of years ago, I don't understand it.

It's there, it's ready to go.

In 2 1/2 months, it will be surplus property sold.

And I think it's just wrong.

They had one of the finest treatment teams in this region, and it's going to be gone if we don't save it.

And you guys in Albany I know have been making the case.

And we could be proactive and keep ahead of this heroin and opiate epidemic, let alone meth and everything else, by keeping this treatment program going.

Thanks.

SENATOR O'MARA: Thank you.

Thank you for your continued advocacy of Monterey.

As you know, we've worked hand-in-hand against the closure of that, and we continue our efforts, and will continue.

Everyone on this panel, and more in Albany,

understands the value and the importance of that program, and certainly the usefulness of Monterey in what could be very effective programs in our corrections department, to continue.

So our work is not done in that regard, and we will continue that effort.

Thank you.

KEN: Thank you, gentlemen.

DA JOSEPH FAZZARY: I think it's still morning.

Good morning.

My name's Joe Fazzary. I'm the Schuyler County District Attorney. I've been in that position now for over 16 years.

We've talked about education, prevention, prosecution.

I happen to work on all three of those fronts.

My question really, today, is for Chris.

Because, one of the things that I've done for the last 16 years, is go into every school district in Schuyler County, I've also done this at Corning Community College and Elmira College; going into the schools and talking to the kids about the really bad things that can happen with drug abuse.

My question to Chris is: If you had somebody like me, or some of the other educators that are here, that got to you either in the middle school or in the early part of high school, would that have prevented you from getting into this addictive habit of heroin?

CHRIS: I think that would have been a big help.

DA JOSEPH FAZZARY: All right.

And I guess my next question is: Instead of having somebody like me standing there, trying to --

And our biggest problem is methamphetamine, and so I try to tell the children: This is what you're putting in your body. This is what goes into making methamphetamine, and, the battery strips -- the lithium-battery strips, the Coleman fuel...all of that stuff.

Would it be better if, as educators, we were able to bring somebody like you, somebody like these two guys, into the schools, and be able to say, "This is what happened to me. This is what happened to my life," would that have helped you more than just having somebody like me talk to you and show you on a projector, "These are the things that you're putting in your body?"

CHRIS: Absolutely. The story is written on the person. You can see it.

DA JOSEPH FAZZARY: Right?

I mean -- so I think that the point, Senator, is, we have throughout the state these education programs, but I think that we probably need some greater resources to be able to get to these kids earlier.

And I'm not sure what the age is. I don't know when we should start.

I've gone as low as fourth grade, talking about drug abuse.

And I've had a classroom of elementary-school kids raise their hands and say that they knew what marijuana was, and that they had seen marijuana in their household.

About 100 kids, having about 5 that said they didn't.

Now, did they all raise their hands because everybody else was raising their hands? I don't know, but, numerous kids knew what marijuana was.

And I went -- I took it a step farther, and asked: Has anybody ever seen cocaine in their house?

I probably had 10 kids say that they had seen

cocaine.

So, I'm about the education.

I've done the education, I've done the drug-treatment court, and I've done the prosecution.

The prosecution, to me, is the last resort. That's for the people that, you know, we've tried to educate and weren't able to treat; or, you know, maybe they're just not ready to be treated.

But -- so I throw that out for the people who that the education, and ask for your thoughts:

When do we start, and what do we need to do?

How do we get guys like Chris and these two gentlemen to come and help us? Because they're the living examples.

CHRISTIE SPECIALLE: We can start our programs as low as in preschool.

When we work with the lower-age range, we're focusing more on life skills, making good decisions, and things like that, before we actually get into touching on drugs or harder substances.

But we can start, absolutely, at the preschool level.

As far as getting, you know, people in recovery, we do; we have people that reach out to us offering that service.

Then we have to be careful, bringing that into the school. A lot of times, we have to have background checks in order for educators to come into the school.

And we also need to make sure that, you know, these people have been in recovery for a decent amount of time before we're bringing somebody to talk.

Furthermore, it's a very slippery slope when we are doing that, because we don't want to send the impression that, Well, this person turned out okay.

So it is -- and we've used it before. Colleen has used First Stop DWI; somebody who has suffered consequences.

And I do think that it can be good. It just is, it needs -- we need to be careful with the way we use it.

SENATOR NOZZOLIO: My frustration, is that all of us have supported the D.A.R.E. program. The officers have been throughout our sheriffs' departments. The district attorneys have been supportive of an educational program.

I think, Mr. District Attorney, you hit it on the head. We're hearing this time and again, that the only education really of value, apparently, on

this subject, is peer-to-peer. And that when peer-to-peer is saying, "This is okay," then we have a very, very difficult process.

We, as part of this Task Force, are going to try to help reevaluate all the drug-education programs.

As good as they have been, I think the statistics certainly bear out, they have not worked regarding this heroin epidemic.

And, that, I asked a young man about Chris's age in our New York City hearing, "Why did you turn to heroin?"

And he indicated that -- and here's a young man of -- from a upper middle-class family, who had no real -- none of the real pressures of economics or other involvement -- he just said he was experimenting, and that one use of one medicine or drug led to another.

And, how we stop that experimentation process, we certainly would welcome you.

I praise you for what you do in trying to educate our young people.

But, we need to find alternative ways that are, frankly, more effective in this area.

And thank you for raising the issue.

Thank you for your work.

DA JOSEPH FAZZARY: Thank you.

WILLIAM RUSEN: [Inaudible] we've actually done this at the Dryden School, Trumansburg, and Spencer Van Ettan.

And I'll be glad to volunteer and go up to Watkins Glen. All we have to do is set up a time.

There's a lot -- there's is a great place that's -- I stand second to none in my belief in evidence-based practices.

I also believe there are some other things that we can do, from time to time, that are helpful in augmenting evidence-based practice.

CHRISTIE SPECIALLE: OASAS is cracking down and getting more strict upon the use of us using evidence-based programs and practices, too.

SENATOR O'MARA: All right, well, thank you all very much.

We've exceeded our allotted time.

I thank everybody for their participation in this very important issue, and look forward to our completing these forums around the state, with Mike Nozzolio and Senator Phil Boyle's leadership on this Committee, to come up with a package of proposals that will, hopefully, help all of us in

our various aspects of this epidemic we're facing.

And, thank you all for coming here today.

SENATOR NOZZOLIO: Thank you, Senator O'Mara, and all of you for your participation. It's very, very helpful.

SENATOR O'MARA: Have a great day.

(Whereupon, at approximately 12:01 p.m., the forum held before the New York State Joint Task Force on Heroin and Opioid Addiction concluded, and adjourned.)

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