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

PUBLIC FORUM: GENESEE COUNTY

PANEL DISCUSSION ON BATAVIA'S HEROIN EPIDEMIC

Batavia City Hall
1st Floor Conference Room
1 Batavia Center
Batavia, New York 14020

May 23, 2014
10:00 a.m. to 12:00 p.m.

PRESENT:

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

Senator Michael H. Ranzenhofer, Forum Moderator
Member of the Joint Task Force

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Colleen Babcock
Parent & Family Support Coordinator
Horizon Health Services

Dr. Bruce Baker
Medical Director
GCASA

John Bennett
Executive Director
GCASA

Mary Beth Bowen
Chief Nursing Officer and
Vice President of Nursing
United Memorial Medical Center

Lisa Glow
Program Director
Horizon Health Services

Shawn Heubusch
Chief of Police
Batavia Police Department

Timothy Lynch
Assistant U.S. Attorney
for the Western District
Chief of the Narcotics and
Violent Crime Division

Gary Maha
Sheriff
Genesee County

Donna Sherman
Substance-Abuse Treatment Program Manager
VA Western New York Health Care

Augusta Welsh
Director of Community Services
Genesee County Mental Health Services

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SENATOR RANZENHOFER: Good morning, everybody.

[Audience replies, "Good morning."]

SENATOR RANZENHOFER: Much better. Everybody's awake, that's great.

Before we begin, what I would like to do, and before we do introductions, I would just like to introduce Staff Sergeant Dennis Sensbaugh [ph.] who is with us today, who's going to lead us in the Pledge of Allegiance. And, the flag is to my right here.

[All present stand and recite, as follows:]

"I pledge allegiance to the flag of the United States of America and to the republic for which it stands, one nation under God, indivisible, with liberty and justice for all."

SENATOR RANZENHOFER: Thank you, Staff Sergeant Sensbaugh.

My name is Senator Mike Ranzenhofer. I'm joined here -- getting a little nod to move this over, but I'll give it back to you, Tim, when you speak.

My name is Senator Mike Ranzenhofer.

I'm joined today by Senator Phil Boyle.

And I want to thank everybody who is here in the audience and on the panel for joining us today.

I'm going to make a couple of opening remarks, then I'm going to turn it over to Senator Boyle.

But before I do, I want to just give a brief introduction.

Senator Boyle is actually joining us from Long Island.

And, to talk about his dedication, he was flying up last night, and he told me that his plane was delayed and didn't get up here until about two in the morning.

And, Senator Boyle has traveled the state, from Montauk to Buffalo, to Watertown, all the states [sic], conducting 17 hearings.

And I'm very privileged that he is able to join us today in Genesee County, here in the city of Batavia, this beautiful city hall.

Senator Boyle is the Chairman of the Senate Committee on Alcoholism and Drug Abuse, and he is the Chairman of the Joint Senate Task Force on Heroin and Opioid Addiction.

And there are two other vice chairs, Senator Carlucci and Senator Nozzolio.

But Senator Boyle has really been leading the effort and leading the charge, and I'm just very privileged that he found the time to join us today right before a long holiday weekend, to come up to our community and listen to this very, very serious problem.

So what I'd like to do is, I'm going to turn it over to Senator Boyle for a few remarks. Then we'll introduce the panel members that are up here.

And this is a -- you know, more of an informal than a formal process.

We'll hear from some of the panelists with respect to law enforcement, what they're seeing out in the community from; from the treatment perspective, in terms of what they're seeing; and then, certainly, you know, we want to hear from the folks that are on the other side of the dais here, in terms of their personal stories and what's happening in their lives.

So, with that, I'd like to turn it over to my good friend and colleague Senator Phil Boyle.

SENATOR BOYLE: Thank you, Mike.

I'd like to thank Senator Ranzenhofer for hosting this opioid forum, and this is the 14th of what has become 18 forums around the state.

And as Mike was saying, these are informal. They're not, technically, hearings. They're roundtable discussions, and we'd like to get input.

This is an incredibly distinguished panel, and I thank you all for participating, and for those of you in the audience.

However this heroin/opioid epidemic has affected your life, whether on a professional basis or a personal basis, we'd like to hear what you think we can do to fix it.

As I say each time, if you have an idea, whether your child's addicted or whether you're a health-care professional for years or a law-enforcement official, "If I could change a law, or a couple laws, to create one, or to get rid of one that isn't working," that's what we're here to do -- to learn about.

And, Mike, again, I thank you for hosting this, and I look forward to some good testimony.

SENATOR RANZENHOFER: Okay, well, great.

On the panel with us today, I'd like to introduce:

Lisa Glow, who is the program director at Horizon Health Services;

We have Colleen Babcock, a parent and family

support coordinator, also at Horizon;

We have Shawn Heubusch, Chief of Police from the Batavia Police Department. Thank you for joining us today;

We have Sheriff Gary Maha from Genesee County;

We have with us Timothy Lynch, Assistant U.S. Attorney for the Western District, who is the chief of the narcotics and violent-crime division.

We have Mary Beth Bowen, who's the chief nursing officer and vice president of nursing at United Memorial Medical Center;

We have John Bennett, who is the executive director of GCASA;

We have Dr. Bruce Baker, who is the medical director at GCASA;

We have Augusta Welsh, who's director of community services at Genesee County Mental Health Services;

And, also, finally, Donna Sherman, substance-abuse treatment program manager at the VA Western New York Health Care.

And I thought what we'd do, and I know it's done a little bit differently at every hearing, I'm

going to turn to my good friend and Sheriff of Genesee County, if you could just give us, you know, an idea of what you're seeing out in the community.

Obviously, your deputies are, you know, on the streets, patrolling, you know, every day.

You know, what are they seeing?

What are they reporting to you?

What's happening with respect to heroin use, and opioid abuse [sic] and abuse.

SHERIFF GARY MAHA: Thanks, Mike.

Good morning.

First, I'd like to thank Senator Boyle, Senator Ranzenhofer, and the New York State Senate, for hosting this event here this morning. It's an important event, which affects our community, public safety, and health of our community.

Genesee County is a small rural county between two large metropolitan areas, Buffalo and Rochester.

What we're seeing here in this county, is the majority of our drugs come out of the city of Rochester. That's been the case for several years.

This is not a Genesee County issue, it's not a state issue. It's a national issue.

Recently, in the "USA Today" April 17th

edition, there was a report that America's top law-enforcement officials reported that heroin and other opioid addiction is now claiming more lives in many communities than violent crime and car crashes.

So it is a national concern.

What we're seeing here is heroin being sold on the streets for, roughly, 10 to 20 dollars for a bag of heroin. It's cheaper than prescription pills being sold on the street.

We've had cases where addicts have gotten the Suboxone, sold that on the street for 20, 25 dollars, and then turn around and buy heroin with the proceeds of their sale.

About 50 percent of our drugs being purchased undercover with undercover buys are now heroin, according to our local drug task force.

You know, a few years ago, heroin was unheard of here in Genesee County. Now it's very prevalent and very available.

Many of our property crimes -- the burglaries, larcenies, shoplifting -- they can all be related to some type of an addiction.

Burglaries, for example, they steal your flat-screen TV or a firearm which are worth a lot of money in the city. 45 minutes after they steal it,

it shows up on the street of Rochester and stuff goes up their nose.

Local jails, the concern of -- with me, being a -- the Sheriff who is responsible for the operation of the county jail, we have seen, probably, 80 to 85 percent of our inmates addicted to some sort of substance, whether it be alcohol or drugs.

We have an opiate-withdrawal protocol in place, so if somebody does come in the jail and we know they're addicted to opiate, we have to follow a certain protocol.

And a couple of my concerns are, you know -- well, I'm going to talk a little bit about the Narcan program which I know you're familiar with. It's saved lives out there on an overdose of heroin.

The Genesee County Sheriff's Office is going to participate in that program. We've already sent officers to training.

In Suffolk County alone, and Senator Boyle probably knows this, that over 200 lives are saved by the Suffolk County PD using Narcan.

What has helped, in my mind, in my opinion:

Aggressive law enforcement: Specifically targeting dealers to help reduce the supply, because

it boils down to, again, supply and demand; and tough sentences for dealers, especially those who deal to our young children.

Drug Take-Back days: The DEA I know holds Drug Take-Back days at least once a year throughout Western New York. We've seen hundreds of pounds of prescription drugs being turned in and not available to those on the street. Again, trying to reduce the demand because those drugs are worth money on the street to the addicts.

Education: Education to the public, especially vulnerable populations, alerting them to the serious threat heroin poses to their health -- health and the health of the community.

And education must be done by local individuals. A person who's thinking about getting involved with drugs is not going to go out on a national website and look at the pitfalls with regards to the use of drugs.

Treatment: This is very important, I think, because we're in a vicious circle if these people don't get treated. We've seen generations of children being addicted because that's a way of life.

Treatment has to be affordable. And many

times we hear from parents who'd like to get their children treated, but they can't afford it.

So I think that's a major thing that should be overcome.

The I-STOP program has helped. Some of you are familiar with that. That's where these addicts can't do doctor shopping. If they go to one doctor to get a Suboxone, they can't go two weeks later to another one to get more, because they're just selling this stuff it onto the streets.

So, basically, that's what we're seeing here in Genesee County, Senator.

SENATOR RANZENHOFER: Thank you, Sheriff.

Chief, you're -- I mean, are you seeing the same things in your department?

POLICE CHIEF SHAWN HEUBUSCH: Ah, yes.

Good morning. Thank you for having us here today.

I would echo the Sheriff's sentiments.

We work closely with the Genesee County Drug Task Force. That's where we would be provided most of our information.

I would agree with the Sheriff, this is a growing problem. Being between Rochester and Buffalo, again, we see a lot of our influx from

Rochester. We see a lot of little guys set up shop for a couple days, a week, at a time before we can crack down on them and send them on their way, but, it's merely moving them around, so to speak.

I think one of the things that us small rural area lacks is the resources to really address this problem on a law-enforcement level.

We have a regional drug task force, as the Sheriff mentioned, that's comprised of members of the City of Batavia Police, Genesee County, and the Leroy Police Department.

Unfortunately, it's a small unit combating a large problem.

And one of the things that we have seen here in the city just arising, as the Sheriff mentioned, is the property crime. Some violent crime, as well, has gone up.

We had a series of robberies over this past winter that took place, that was a direct result of addiction.

So, I see an increase in that.

The education piece is large.

Again, it's a resource -- a matter of resources for us.

SENATOR RANZENHOFER: Okay, and, Tim, keeping

with the law-enforcement theme, I know you deal with this issue at the federal level.

What are you seeing on the federal level?

ASST. U.S. ATTY TIMOTHY LYNCH: Well, first of all, on behalf of the United States Attorney, Bill Hochul, you know, I want to thank you for hosting this forum. This is an important topic for the U.S. Attorney.

When he became the U.S. Attorney in 2010, it was, really, one of his initial initiatives was to address the growing prescription-pill problem that he and, you know, obviously, other people around this community and around the country, had noticed a growing increase of abuse by our young children, which, as law enforcement knows, often leads to heroin abuse.

So, this is an important topic for him, and I know he wishes he could be here today, but he's in Rochester attending to another matter.

I think when -- when I look at the problem, and I agree with the Sheriff's sentiments and the Chief's sentiments, it's not just an urban problem.

I think a lot of times people thought that, you know, this is what occurs in the city of Buffalo, in the city of Rochester.

When I first started in the office, I handled terrorism cases for the first five or six years.

But in 2007, I had my first heroin prosecution, and I hadn't really done a lot of narcotics cases.

And what struck me most of all, was when I -- when all these individuals went to get sentenced, the individuals who were using the drugs and selling them, you know, I noticed that they all began their abuse with -- or they all began their substance abuse with the abuse of hydrocodone.

And for me it was eye-opening. I really had -- I'd never experienced that, obviously, as -- growing up. But it struck me that this was the entryway for these individuals into, obviously, the harder-core, more serious drug, that -- and the cheaper drug, unfortunately, heroin, that has devastated our streets and our communities.

So for us, it's not an urban problem. It's a countywide, it's a districtwide problem, and we've tried to address, in several ways, that problem.

One, in 2011, along with the State Attorney General, we hosted a prescription-pill summit at the University of Buffalo, where we brought together, again, like you

have today, members of -- across the board; not just law enforcement, but members of our substance-abuse community, treatment community, and tried to at least start to get the message out to everyone about this growing problem.

And I think it's continued to snowball, not just here in our district, but across the country, that, you know, we really need to take efforts to stop the abuse at the beginning stages.

And I think, certainly, we could arrest individuals. That's not going to solve the problem.

I think we have to take it to our -- the medical community, the doctors, make sure that they're properly educated.

You know, in -- while they're in medical school, are they getting sufficient amount of education pertaining to identifying prescription-pill abuse, opiate abuse?

And, making sure that they're taking the necessary steps to do the proper examinations prior to prescribing these highly addictive drugs.

In our cases, we've noticed doctors who are just simply not conducting what would be the required physical examinations prior to prescribing pills.

And we had a case, an egregious case, of a doctor exchanging prescription slips for gas grills, for paper products.

I mean, it's unbelievable what we've seen.

We've arrested nurses who were taking prescriptions from individuals who died in their care. Getting the unused pills and then selling them right out of her office.

So, you know, those are the egregious cases.

But even -- notwithstanding those, we know even prior to the I-STOP program, there was a lot of doctor shopping.

And I have not -- you know, it's still so early on, I don't know that we've necessarily seen the repercussions of it, or -- but I assume, over the next few years, we'll, hopefully, notice that, you know, that hasn't taken place.

But that's another avenue, you know, that we've seen.

The other thing that's really on the rise is the robberies and the burglaries of pharmacies.

And we've -- in my office, that's one of the cases now that we regularly, you know, try to take, so that, hopefully, looking for more harsher sentences in federal court to, hopefully, obviously,

deter other individuals from engaging in that kind of conduct.

So I -- you know, generally speaking, that's what we've seen.

I'm sure we'll talk about other topics, and I don't want to talk too much, as lawyers often do.

Okay?

SENATOR RANZENHOFER: Well, that was a good segue, Tim, to your comments about talking about the medical community, and, you know, what we really need to do on the education side, the prevention side, the treatment side.

My eyes go over to Lisa Glow and Colleen Babcock, and, perhaps, you can share some of your perspective and your stories.

Start with whoever wants to start.

Colleen?

COLLEEN BABCOCK: Well, actually, Senator, first, thank you for having me today.

But, although I'm a parent and family support coordinator for Horizon Health Services, I'm here today as a parent.

And, if it is okay, I have a statement that I put together, that I'd like to read.

SENATOR RANZENHOFER: Absolutely.

COLLEEN BABCOCK: Uhm, I am a parent and family support coordinator for Horizon Health Services, but before anything else, I'm a parent, and that's why I'm here today.

I have a wonderful and amazing 23-year-old son who suffers from addiction disease.

When my journey started with my son seven years ago, I, like many other parents, had no idea what I was dealing with.

The thought of addiction was the furthest thing from my mind, and heroin was even further.

Christopher suffers from a genetic defect called "neurofibromatosis," and he has two inoperable tumors in his brain.

Between the ages of 7 and 14, he underwent several brain surgeries.

As a parent, I couldn't have imagined that anything could get worse, but there was worse, far worse.

When he was a junior in high school, things started to change. Chris started to experiment with substances with other kids in school.

As Chris would put it, "From that point on, there was no turning back."

Doctors believed Chris, having addiction on

both sides of the family, and introduced to narcotics at a very young age, was predisposed to addictions.

Could things have been different if doctors would have talked to me about that during his surgeries?

Over the next several years, his addiction grew, and doctors who prescribed him an array of controlled substances for disorders he did not have only fueled that addiction.

By the time Christopher was 19, he had overdosed twice, and attempted suicide once.

I did not recognize my once happy child.

Trying to access treatment was a nightmare.

Doctors never recommended treatment, nor did they ever talk to me about addiction.

If you don't know the names of treatment facilities, how can you possibly find them?

There's no listing in the phone book, and there was no -- virtually, no help out there. There was no communication between doctors and substance-abuse providers.

By the grace of God, in 2011, Christopher was in the right place at the right time, and became eligible for a pilot program being introduced by

BlueCross and BlueShield for IV-opiate addiction at Horizon Village Sanborn long-term inpatient treatment facility, and insurance covered his care there.

That's when our lives began to change.

As our journey began, I became a sponge for information, wanting to understand the disease and learn as much as I could about addiction and recovery. And we were in the right place.

Christopher spent six months at Horizon Village on two separate occasions.

The program at Horizon Village not only saved Christopher's life, but mine as well. It helped me as a parent to understand that this is a disease and just stopping is not an option. We needed to work together.

Christopher has spent three years in recovery and is still linked with treatment. He has started college, and today life is good, but I don't think that that's a guarantee. The disease can change everything tomorrow, and Chris has to work at his recovery every day, forever.

My son's life was saved because he had access to treatment. This is not the case for many others.

I attribute his success to the long-term

treatment and education he received, education we both received, at Horizon Village.

His brain was given time to heal, and the tools and time he needed to learn how to manage this disease.

Yes, I was the driving force in the beginning, but now he works at his recovery for himself.

Unfortunately, not everybody is able to access these same treatment options.

Insurance companies demand failures first before they will allow the much needed long-term treatment programs. Then when failures are too many, they deny them treatment because they don't follow recommendations.

Are we forgetting that we're dealing with people who are sick?

We do not deny diabetics treatments because their sugar levels are high again.

Recovery takes time, especially with our youth whose underdeveloped brains have not matured yet. They are taking some of the most strongest narcotics on the planet known to man, at 20, 30, 40, even 50 times the recommended dosage and putting them in their brains.

How could we even imagine that this can be fixed in 30, 60, or even 90 days?

Outpatient programs are not working on the young-adult brain. 28 days is not long enough in inpatient. It takes 90 days or more for opiates to start to leave the system, when education can begin.

We put our young adults into short-term programs or incarcerate them just long enough to lower their tolerances without the crucial education and tools they need to be successful in recovery.

They are going back out onto the streets and using, in most cases, within hours or days, and many are dying.

Access to effective medications, such as Suboxone and methadone, for medically-managed recovery have waiting lists up to three months.

People are detoxing in treatment facilities with the use of Suboxone, and then being discharged to an outpatient with no access to Suboxone, and just put on another waiting list.

What do you think is happening in that three-week waiting period?

Today I work as a parent and family support coordinator, to help families better understand the seriousness of opioid addiction and the role in

their recovery, to help them navigate the limited resources that are available to them, and help prepare families for the letdowns along the way.

The family needs support as much as the person suffering from addiction disease.

Recovery is more than just the abstinence of the drugs. It's learning to change the behaviors and use the tools that are given in a long-term setting, and that takes a long time.

Quite frankly, that's harder; the hardest part of recovery.

I'm here today as a parent, to help spread the message that recovery is possible, but we need to make the resources available and a possibility.

We need everyone to come together to change the things and make the resources available for everyone.

Every child should have access to the same resources.

Today there's a waiting list at every treatment facility in Western New York.

Horizon Village, a long-term residential treatment program, has a waiting list of 90 to 120 young adults at any given time; the majority of our IV-heroin users, 18 to 27 years old.

Our youth are dying while they're waiting to get the help they so desperately need.

This is unacceptable, and things have to change.

Thank you.

SENATOR RANZENHOFER: Thank you, Colleen, for, not only your personal story, but your perspective as -- you know, in your position at Horizon.

Lisa, your perspective is a little different; you have a different title.

What do you see over there?

LISA GLOW: So I am the program director for our Batavia Horizon Health Services outpatient clinic.

At this point, over half of our population in treatment are opiate users. We've seen a drastic increase in the number of clients coming in for treatment using heroin and other opiates. The growing demographic being that teens-to-20s age bracket.

As a result of the drastic increase and the changing face of addiction, we've had to get creative with how to treat these clients because, as Colleen mentioned, so often, we'll make an inpatient

recommendation for a client, and hear back from the insurance company that, unfortunately, it's not medically necessary for them to go inpatient at that time, or, that they need to fail at the outpatient level.

SENATOR RANZENHOFER: Who makes that determination whether it's medically necessary?

LISA GLOW: The insurance company.

SENATOR RANZENHOFER: Okay.

LISA GLOW: We'll make the referral, and the insurance company comes back and says "not medically necessary," or, that they need to fail at outpatient first.

Unfortunately, what "failing at outpatient" means, is that client continues to use heroin and other opiates. And as we know, overdose is happening and clients are dying.

We have found some progress.

As a few have mentioned, the I-STOP legislation has helped. At least the scrips that are being written are being written to those that are using them responsibly.

We've been training clients, family members, community members; anyone who's interested in being trained on Narcan.

If you haven't heard, we -- this coming Wednesday, May 28th, we're doing a large community-wide training, numerous times of the day, open to the public, so that they're able to be trained on how to recognize an opiate overdose, and how to effectively respond using the Narcan kit.

Involving family members throughout the treatment process is imperative. If we're only treating the clients, we're only really treating half of what we could be.

And we've had to develop an opiate-specific track of treatment in order to really work with this unique demographic of individuals.

So I'm hopeful that, as a result of forums like this one, that we'll start to see some changes in terms of access to care and eliminating barriers to the clients that really, really need help.

Thank you.

SENATOR RANZENHOFER: Thanks, Lisa.

Let me just turn to this side.

You know, we've heard a lot about the law enforcement and the Horizon perspective.

I guess I'll start off with GCASA, because I'm very familiar with your organization.

Dr. Fisher and John Bennett, why don't you

share your perspective in terms of what you're seeing on this particular problem.

JOHN BENNETT: Thank you.

Thank you for having us here today.

And I certainly want to appreciate the Senate for convening a lot of these regional forums.

I think, you know, this does a lot to reduce, or at least take a look at, some of the stigmas associated with the work that we do.

So what I do is, I took a look at -- Sister's Hospital, back in 2001 and 2002, approached Genesee County, and I know, uhm -- they were looking to start a methadone program up here.

So I remember having to look up how many opiate-treatment patients we had in treatment. And that year, I think it was 2001-2002, we had three opiate-primary patients in treatment.

So, you know, we gave that information back to the County, the Community Services Board. And, eventually, there didn't seem to be a need for opiate-treatment service -- or, for methadone in this county.

So we roll the clock, you know, forward to 2014, we had -- we've had 483 admissions that are opiate-primary since 2008.

We started our program back in 2006-2007, when we started prescribing medication-assisted treatment, buprenorphine, for opiate-treatment patients.

So, right now, I think, Dr. Baker, we currently have about 175 active admitted patients who are opiate-primary.

I echo Lisa's statement, that more than half of our caseload right now is opiate-primary.

And, again, we've all had to get creative.

I think one of the big -- one of the big problems for us -- well, I think one of the things to understand, I mean, the 12-to-25-year-old bracket is the biggest --

SENATOR RANZENHOFER: "12" did you say?

JOHN BENNETT: -- 12- to 25-year old is the largest-growing number of opiate prescription pain medicine. Non-medically used prescription pain medicine.

And if you look at -- you know, if you've got a young person, that 12-to-17-year-old group, you know, they're taking medicine out of their grandma's, you know, medicine cabinet, and they're getting together on a Friday night and they're just having -- they think they're just having fun. You

know, they're, like, Let's just take a few pills.

And -- but what we know about opiate is that, you know, doing that for two or three weeks, and for some of these kids, you know, they're popping them every day, thinking this is no big deal. This is a prescription medication. My grandma uses it, my mother uses it...whatever.

And over a period of time now, they try to stop using, and now they start to get sick.

So, they're no longer necessarily looking for that high. Now they're just, you know, taking a pill to go -- before they go to school so that they don't get sick.

And that's how, sometimes, young people become addicted to these -- you know, these substances, by just kind of experimenting, playing around, and then, eventually, they start to -- they want to get off of them. They go through withdrawal, and they continue to use.

I think the I-STOP has been great. I mean, it's been a -- so I appreciate, you know, some of the legislation around that.

I think that the medication take-back has been wonderful in getting some of the drugs off the street. As the Sheriff indicated, though, it's

caused an increase in price in the prescription pills on the street, and a decrease in heroin. And heroin's become much more prevalent.

I'm disappointed to say that, you know, we have patients trying to sell heroin sometimes in our waiting room.

And -- you know, so that's a change for us, you know, trafficking drugs in our waiting room. We didn't have to deal with that, you know, five or six years ago. We didn't have to deal with people saying, you know, If you don't help me today, I'm going to vomit in your waiting room.

And, so, those are the types of changes in our treatment system.

Our counselors have to -- you know, they had to educate themselves.

We've had to do a lot of training on opioid addiction, because I think, as a field, you know, we were kind of behind the gun seven, eight years ago.

I think that one of the concerns for me in this community is that we have very few private practitioners who prescribe, and so it creates a backlog in our system.

We have two doctors who work for us. Each can prescribe up to 100.

Right now, we are -- you know, we are really at a max. They're both part-time physicians.

We need physicians in our community to take our patients who are doing well, who have been, you know, clean for eight months or a year, who are medication-compliant, who are on low doses of Suboxone, who will take our patients and not worry about.

I know some of the fears -- well, anecdotally, what they've told me was: I don't want to get those phone calls at two or three in the morning. I don't want to deal with patients in my waiting room, you know, arguing, frustrated, vomiting; whatever that is.

And we try to reassure them that the patients that we're dealing with, that we would refer to you, are doing well.

But I think, you know, physicians are afraid to take on this population.

So I think, you know, educating our local practices is a good thing.

And then I also think that there's a place for prevention in this.

We -- I don't know of any, and there might be, but, I talked with my prevention assistant

director yesterday, and I asked: Is there any evidence-based stuff out there right now for preventing opiate use?

And, so, she was looking into that. She didn't think there was.

So I think that, you know, we need some better prevention tools out there, because I think -- you know, I think that's where it's at with the young people, is to try to prevent this from happening.

And -- and -- and, so, thank you.

SENATOR RANZENHOFER: Thanks, John.

Dr. Baker, your perspective on the medical side?

DR. BRUCE BAKER: I'd like to go over one thing that you said, in educating medical students, educating doctors.

Before you do that, they have to -- you raised, Rochester. They created something called a "biopsychosocial concept of medical care."

Well, the "social" part is the part that's a big problem here.

And as a student or as a practitioner, they have to get inside their patients' heads and families and realize what the social situation is.

I was medical director at Hope Haven for 25 years. And I see, over the last five, six years, over half -- a third of my patients had no idea of what normal social behavior is.

So -- and at GCASA and at the hospital and Horizons, we put up with an awful lot. But, frequently, it just doesn't work because people can't accept it.

I'd just like to share what some of my patients have told me over the years.

The relief of pain or good feeling they get from using opiates is nothing compared to what they go through with withdrawal.

And, unfortunately, the opiates, once they get into them -- or, how do they get into them?

There's two main ways.

One is the diversion from legally prescribed drugs. Even some older people sell them. Get more, they want to sell them, or their kids sell them.

The other, although marijuana is not universally accepted as a gateway drug, my patients tell me that, as young people, even teenagers, they began using marijuana.

Well -- so marijuana is not necessarily directly responsible for opiates, but, when you

think about it, they're using marijuana in association with people who do use the hard drugs.

And, sure, "Well, try this, see how it works."

Well, once it begins working, they have to take more and more and more.

And just quickly to say how this buprenorphine, Suboxone, works, it -- buprenorphine is an opiate. And, uhm -- it -- it's accepted as an opiate by the receptors in the brain which are now chronically diseased. They don't work at all well.

But I'm not a scientist. For some reason, I don't -- I cannot explain, the buprenorphine opiate does not require escalation. We normally start with a dose of 8 milligrams a day, along with 2 milligrams of the Narcan you mentioned. And the reason this is put together is so that they can't get a buzz by snorting it or injecting it.

We do use something called "Subutex," which is just buprenorphine, for pregnant ladies, because we don't want the baby exposed to the naloxone. We don't want the baby exposed to the opiate either, but at least it's a small controlled drug. And when the baby is in the hospital, the nurses, the doctors, the hospitals, they know there's a problem

and they're prepared to treat any withdrawal, which is -- in my experience, has been very, very rare.

One time I saw -- I knew that mother was using lots more drugs.

So as a -- as -- what the Suboxone will do, it will replace the other opiates. It will maintain withdrawal without need for increasing the dose.

All right, now, they've got to get off this. It's still an opiate.

Well, we're looking forward, probably a year or two, before they get off. We gradually decrease the dosage.

The way we do it, is we'll go from 8 milligrams every other day, to 6 milligrams every other day, and do that for a period of time.

The receptors in the brain don't realize that they're getting less because they're gradually being reset.

The brain never forgets, because you're still an addictive person. And so the time they're off it, hopefully.

Now, unfortunately, some people relapse in spite of all the help they've gotten. And many people have to go through two, three, four times.

But I don't know of any other way we can do

this.

And I think, in my experience, going back many years, but just recently with GCASA, I think it -- I think it's worthwhile trying.

And as far as cost-effectiveness is a concern, it's a bargain.

SENATOR RANZENHOFER: Thank you. And, Doctor, I appreciate that, the medical perspective.

And you had alluded to, you know, the hospital setting, and what you're seeing there.

And I'm just going to turn to Mary Beth Bowen.

What are you seeing in United Memorial Medical Center with this problem?

What's happening in your emergency room?

What's happening, you know, in the hospital?

MARY BETH BOWEN: Thank you.

And thank you both for being here today.

It's certainly an important topic for the community, and a huge consumption of resources.

And, sadly, we don't do a good job medically treating people and getting them recovered. And that's a challenge in the acute-care setting and the hospital.

We see patients primarily in four venues:

In the emergency room, and this can be a variety of people coming in for acute treatment, overdoses, or alcohol-related.

We started looking and tracking our statistics after the bath-salts epidemic that we had in this community a few years ago. And the work of this group and other members of the community really were able to nip that in the butt, but it taught us some lessons.

And in our ER, from 2013, we saw a total of 62 overdose patients.

Year-to-date this year, we've seen a total of 130.

And, so, there's a significant increase.

That is not just opioids. That is also including alcohol. It could include other ingestion. So it's not truly that, but the change is remarkable.

So the impact is throughput of the ER.

I spoke with the ER physicians, and their frustrations center around appropriate and easily accessible treatment options, particularly for the mentally ill who have a chemical dependency. That is a challenge to get people into programs timely.

Other -- on the inpatient side we have

drug-seekers; people are who addicted who will come in for treatment. And we spend a tremendous resource doing workups to determine whether or not they have health issues that need to be treated, or whether they're just -- it's a mechanism and an access to the substances they require.

Our OB population, we do have a number of mothers who do come in addicted. We test every delivery that comes in for substance. We probably have a 25 percent positive rate.

Fortunate for us, we have very good working relationships with both Children's Hospital in Buffalo and Strong in Rochester, so we're able, not only to care for the moms, but also to treat -- transfer the babies to get them treated immediately.

And then our third --

SENATOR BOYLE: [Unintelligible.]

MARY BETH BOWEN: 25 percent.

SENATOR BOYLE: Of pregnant or delivering?

MARY BETH BOWEN: Delivering.

SENATOR BOYLE: Wow.

MARY BETH BOWEN: And then the fourth mechanism where we access, we have the -- a 28-day program, and it's a challenge.

Access to care, funding for care, delays in

the admissions, create variables. And, also, there's just a failure rate.

We don't have good medical management, and there's not standing -- I think that John and Lisa alluded to this, there are not necessarily best practices out there. There's not one recipe for success in doing this. And it's a challenge, because the families are tremendously frustrated. The resources aren't available.

And for the providers, they don't -- they don't feel successful. I mean, medical people want to help and cure people, and this is truly a challenge.

One other comment that our ER physicians asked that I make separate, is, uhm -- I said, "Do you have any other concerns that you'd like me to bring forward?"

And they said they have concerns around e-cigarettes. They see them as another mechanism for drug delivery in a creative population.

So they wanted to just bring that to the forefront.

SENATOR RANZENHOFER: Okay, now you had touched upon on the mental-health aspect, also, in combination with the drug aspect.

So I'm going to ask Augusta Welsh, how are these -- how are the two related?

I mean, obviously, you're mental-health services, but, I imagine a large component of that is also, you know, folks that are at some stage in their addiction to heroin or prescription medication or other illegal substances?

AUGUSTA WELSH: Thank you both, Senators, for inviting us today.

When we reviewed our system over the past decade or two, what we found were a couple patterns, and I think, mainly, there's some other providers here from the community that I'm sure have seen the same thing, is that, when mental illness starts in somebody, usually they aren't aware of it and they don't know what to do with the symptoms.

So the majority of people who really have not had the diagnosis of mental illness at that -- at this time really are trying to work with their own symptoms in any which way they can.

Well, one of the easiest ways is to self-medicate with alcohol and with other substances. The more readily available they are, the more you can get them.

We see that, especially now with our younger

population.

As everyone has attested to, you know, if you've been around long enough in the field, years ago, 25 years ago, a heroin user looked very different than a heroin user looks today.

They were few and far between, but, they were individuals who had been addicted for years and years and years, and really had gone through the whole spectrum of substances and kind of ended at heroin.

Now we have a couple of programs that I believe have identified people sooner. And, a couple who have jammed people up, like the I-STOP, for example.

You know, that we -- I can give you cases, where our psychiatrists have been able to look and see that somebody has already received a number of prescriptions for painkillers and opiates from other docs, so that they won't go in that direction, or, they will actually adjust some of their medications so that it doesn't exacerbate the problem.

We also, you know, are fans of the Take-Back program.

I grew up with a generation of parents who kept everything. You know, the cotton balls in the

bottle, to the tin foils, to everything else.

Well, they also kept drugs.

And when my father passed away, and my mother was placed in a nursing home, we, literally, were able to take bushels to be destroyed; to be taken back. And many of them were painkillers.

Just as was mentioned before, kids are taking anything out of cabinets now that are just prescription, just to see what they will do.

It's, you know, called "fishing," and you can put it in a nice bowl, and whatever looks like a pretty color, that's what you're going to ingest.

And if you ingest it with alcohol, as a solvent, you're going to get the reactions much stronger, much faster, and it puts these kids at high risk.

What we find very difficult is, yes, we have seen our numbers go up. Our co-morbidity for substance abuse, and mental illness, in general, has increased, probably, from 40 to 50 percent over the last few years.

But what we see, and specific to heroin, is that heroin and these type of drugs has been the first time that our psychiatrists have been talking about, that that exposure, as has been mentioned by

Dr. Baker and other people, to the young brain really can lead to mental illness.

We always saw it as the symptoms of mental illness. Like I said, were being self-medicated.

What they're saying now is, truly, you have substances that you're using that can lead to a mental illness and problems later in life, in addition to the addiction.

And those have been some of our biggest concerns.

We'll say to one another at work, Do you know why you're here?

And it's not that -- or, to another provider, Why are you here? Do you realize what you're here for?

Not that they're questioning anybody going into early dementia.

What we're saying is, there's a reason that we're here right now, together; not only in this panel, but working in coalitions and looking at this problem.

Because I think this is a really important time, that we really need to intervene somehow and stop this, because if we've now made it, as Sheriff Maha said, so incredibly cheap to put these

substances on the street, you've opened a gateway to anybody trying it.

And I believe that, anecdotally, like Narcan, we have to teach our emergency workers because it's going to be more prevalent. We have to teach the community.

But I'm also wondering:

If you have an adolescent who is experimenting, what's going to be the impact?

Is that adolescent going to take into consideration that they may have an out because so many people have an antidote?

You know, are they going to be more willing to try it or to experiment if they know about that, too?

So it's a real tough balance right now for what's going on in the community.

And when I ask myself, "Why are we here?" I think Mrs. Babcock put it right on the table, that we definitely need to come together right at this moment, because I think it's crucial in what's happening out there.

SENATOR RANZENHOFER: Well, thank you.

And I was really kind of astonished to hear the different paradigm, in terms of the mental

illness leading to the drug abuse, the drugs actually cause causing mental illness.

And, you know, on your second point there, I mean, that's why we're having these hearings, is we hope, you know, very soon -- I mean, we're -- you know, we've had some hearings already, and we're working on legislation, but, very soon, to hope to announce some solutions, you know, to the problems, based on what we hear, here, and across the state.

And before we, you know, open it up to questions and comments from the audience, I'd just like to turn to Donna Sherman, and just hear your perspective in terms of what's happening with this issue, you know, from the VA perspective?

DONNA SHERMAN: Thanks again for inviting us here today. It's a real privilege to be able to get to speak for our veterans.

I guess we're not -- we are seeing an increase amongst veterans in opioid abuse and dependency, but not at quite the same rate as the community.

In our treatment programs, we're seeing about a third of our patients with opioid dependence.

When we speak about veterans, I think, in some ways, veterans can often roll up all kinds of

concerns into one package.

We hear from some veterans that, when they were soldiers, that they were injured in combat, prescribed opioids for the pain so that they could continue with their deployment.

And sort of unbeknownst to them, becoming more and more tolerant and dependent on prescription opioids, returning to the states and finding, you know, that they really had a habit that was getting expensive, and resorting to purchasing street heroin instead.

So I think, with veterans, they present, or they can, when they're in addiction or behavioral-health treatment, can present with certain co-morbidities that can make treatment a little bit more of a challenge, and needing for it to be a little bit more tailored.

So an example of some of the complexities can be:

The diagnosis of PTSD, which is an anxiety disorder. And, certainly, opioids can help with calming some of those symptoms.

Obviously, coming back with pain; so somebody who's going to be having chronic pain, but, yet, is also struggling with an addiction, how do we decide

how we're going to treat that?

Finally, traumatic brain injury can also be a factor. And many of our newer veterans coming back are on the younger side, being in their earlier to late 20s, and are feeling pretty powerful and not at risk. So, maybe being willing to take a little bit more risk than other groups.

So, we have a comprehensive treatment programs at VA. Right now, I have four different components of our substance-abuse services:

We have a 28-day residential treatment program;

A standard outpatient treatment program that branches to all of our CBOC locations.

"CBOC" stands for community-based outpatient clinic, so we deliver services for SUD through telehealth there;

We have tobacco-disorder services;

And, finally, a Suboxone program. We have two waivered providers.

Right now, we have about 100 cases in our Suboxone program, and offer a standard outpatient approach.

I think we also -- there's a number of very, I think, innovative initiatives that VA, as a whole,

has undertaken to address this problem.

One of them is the CPRS record, computerized record.

So, basically, we have records for veterans over the whole country. We can see what veterans are doing in any location; and, so, we're able to coordinate care, and keep track of what they're being prescribed, and whether those prescriptions are appropriate for what their disorders are.

Congress actually tracks our pharmacy numbers: How many opioid prescriptions are being written? What are the levels of those prescriptions?

And there are metrics that we're assigned that we have to make improvements on.

So, in other words, if there are too many opioid prescriptions being written at too high of dosage, then there's got to be a process by which we reduce that.

So, locally, we've got a couple of things that we're doing. One of them is the opiate review board.

This is a physician-provider board, where the numbers are run on the highest users of prescription opiates in the facility, and those cases are

clinically reviewed by a panel of physicians to determine whether the dosage is appropriate.

All our physicians also participate in I-STOP.

So, ideally, veterans are being very closely monitored for their prescriptions, both, within the VA system, and, are monitored for possible doctor shopping and pharmacy utilization in the community.

So I think that this is real innovative, and it's probably not without its flaws, so far. But -- and I won't say we're perfect, but, we're really committed to going all out to support our veterans in their recovery efforts.

Another program that I can talk about a little bit is our chronic-pain clinic, which is a place where, okay, so we know that veterans are going to have pain, and, you know, so what are we going to do about this?

I mean, legitimate pain is a separate issue from opioid addiction.

And, so, what we offer in the chronic-pain program, which is run by a pain-specialist provider and a licensed pain psychologist with a pain specialty, really, the pain is assessed there. Medical -- it has to be medically substantiated, and

then non-opioid strategies for the management of pain are taught through that clinic.

So on the prescription side, we really are doing a lot to assist veterans.

On the treatment side, we've got any number of services.

We have -- now, many of our veterans who are involved in opiates are going to have brushes with the law; and, so, we have a veterans justice outreach worker, who I think is here today. His name is John LaHood [ph.], and he's in the audience.

And he goes around and touches base with all of our courts, to make sure that we know who our veterans are and what help they need. And he helps link them to our services.

We also have two people on my staff who interact with the Buffalo Veterans Court and the Niagara County Veterans Court, to coordinate any care that we're delivering in substance abuse directly with that court.

We have a number of services, certainly, through our OEF, OIF, OND, which is sort of a fancy way of saying all the new wartime initiatives. That kind of captures those three: Afghanistan, Iraq, and New Dawn.

They provide case-management services, and help veterans get into the care at VA.

We have a huge mental-health clinic in Buffalo that also branches out to all of our CBOC locations to deliver mental-health services.

And, of course, our addiction services.

So, I think we're -- we're doing a lot, and we probably could do more.

Veterans are not immune from addiction, certainly; but, yet, substance abuse, and opiate use especially, tends to be highly stigmatized.

And, the desperation, described by John Bennett earlier, of some addicts, I think really makes it tough for people to have willingness to help this population at times.

One of our biggest challenges, and I'm hoping that other providers are going to agree with me, is the recruitment, retention, of approved providers who are willing to work with this population.

It's extremely labor-intensive, and takes a very, sort of, compassionate, yet tough, personality to be effective.

Our veterans are strong advocates for themselves, as well; and, so, you know, we have to be willing to reach an equalized compromise in our

decisions with them about treatment.

So, I guess -- you know, I'm based more in Erie County. That's where my office is.

We have a community program in Erie County called "Painkillers Kill More Than Pain."

That's been a really great public-awareness campaign. There's been billboards and video.

Certainly, WNED had a short shot that was let out for view over months, really discussing the dangers of opioid abuse and dependence.

So, thank you.

SENATOR RANZENHOFER: Well, thank you, Donna.

I appreciate your comments, and the allusion to veterans courts, and, you know, the special, you know, attention that needs to be on that particular issue.

I know we have some veterans in the audience. Perhaps we'll hear from them as we, you know, move into our second hour.

I know there are a number of people here that would like to speak and share their comments.

I know that our office had been in touch with one, Amber Mottser [ph.]. I'm not sure if she is here, or if she feels comfortable speaking.

But, certainly would like to hear from some

folks that are sitting in the audience, if you want to share your stories and situations with us, in terms of, you know, what needs to be done; what your suggestions are.

Whether it be law enforcement, whether it be intervention, whether it be treatment, whether it be education, if you're comfortable, stand up and speak.

Thank you, Amber.

AMBER MOTTSER [ph.]: Hello.

SENATOR RANZENHOFER: Good morning.

AMBER MOTTSER [ph.]: Thank you for letting -- or, asking me -- well, having my counselor at GCASA asking me to come and speak and share my story.

I'm actually pretty familiar with the format. I've spoken in Western New York, over in Buffalo, as a survivor of human trafficking.

Unfortunately, that's where my drug addiction had taken me.

I first used heroin at 16 years old.

My friends were users of heroin. I had already been experimenting with other substances, and it just came across my path. And at that point, honestly, that was my way out from my family home

life. I just had a really -- I suffered a lot at home. Alcoholic family, and things like that.

And I remember when I told my grandparents, when I was 20, that I was addicted to heroin, and they were just shocked, because they hadn't seen it since Vietnam, you know, and they just were unfamiliar with it.

And I remember having tears in my eyes and saying, "This is an epidemic."

Like, the face of heroin addiction has totally changed. You know, it's teenage girls in the suburbs. It's not, you know, junkies in the city -- in the inner city anymore. It's just not like that.

And I've been through inpatient four times.

One time, it took me all the way down to the Walter Hoving Home, which is a non-for-profit Christian organization in New York City -- right outside of New York City. And I stayed there for a month, and I came back, and I collected 11 months clean. Went through the GCASA program.

Unfortunately, back in January, I did have a relapse, because when I -- I think a lot of it had to do with, when I came back up from New York City, I decided I didn't need the Suboxone program. And,

eventually, it caught up with me, and I relapsed.

But now I'm currently on the Suboxone program.

I know a lot of people that are really successful with it.

And I know some people that aren't successful with it; and reason being for that is, they don't have long-term care, they don't have long-term treatments.

It's been my experience that it needs to be a whole lifestyle change. It's not just surface issues, it's not just underlying emotions. It's the whole five aspects of wellness: spiritual, emotional, physical, all of those things, mental, and caring for those.

That's what I've been doing in my recovery program, and it's been working pretty well for me.

Currently, I just finished a year at GCC. I'm going to -- I'm pursuing to be an addictions counselor. And, eventually, I'd like to work for a non-for-profit organization.

I directly correlate with PATH organization which works out of Buffalo. We're opening a drop-in center for human trafficking.

A lot of these young girls -- I don't know if

you've connected these two points yet, but a lot of these young girls that are addicted to heroin are resorting to trafficking themselves on the Internet.

So, I mean, that's a huge issue that we're looking at over there.

But, I think it's really great that you guys have brought a light, and really brought an awareness to the community here, because it has changed.

I've only lived in Batavia in two years and I've seen dramatic change, even in the style of the groups that I attend at GCASA. And the kind of people that are coming there are becoming younger and younger. And, it's just not who you would expect.

And I know that there's people in my family that have been affected by this disease.

People I've gone to high school with have overdosed and died.

I mean, it's really sad that our young people are killing themselves.

So, I just want to say thank you, again, for letting me come up here and just share my experience.

SENATOR RANZENHOFER: Okay, let me ask you a

question.

For you, the 28-day -- you said you relapsed four times.

Were -- your treatments, 28 days, and then you had the outpatient, you said that worked for you to some degree.

But you said that, for others, it must be -- it needs to be a much longer treatment program?

AMBER MOTTSER [ph.]: Yes, because what I've noticed, I think, for my benefit, is that I just don't get along with my family and that background, so it was easy for me to break away from that situation.

Other people, what I've noticed, because I do go and speak at the alumni meeting Wednesday nights over at Hope Haven, and what I've noticed with people, is after the 28 days worth of treatment, if they get that long, because of their -- you know, the insurance company, they go home and they're back in the same circumstances, same exact situation, same exact people.

It's just -- it's a matter of time before it happens again, whether Suboxone or not.

So, uhm -- I don't know, I think there just needs to be more done.

I know for me personally, even when I was living on the streets, I tried to get into rehab multiple times. It took me almost six months to get into a rehab.

I went to ECMC, Stutzman. I got denied both places.

I called Syracuse Behavioral Health for 3 1/2 months. While being homeless, I could find a phone every day and try to call, because I really wanted the help.

And I think that that's a major aspect, too, is, are these people really wanting help?

And the sad part about it is, that those that do, is the help and the resources available?

SENATOR RANZENHOFER: Okay.

AMBER MOTTSER [ph.]: And sometimes it's not.

SENATOR RANZENHOFER: Okay, well, thank you. Thank you very much.

UNKNOWN SPEAKER: [Not on video.]

Amber, where do you live now?

AMBER MOTTSER [ph.]: I live here in Batavia.

UNKNOWN SPEAKER: [Not on video.]

Are you in supportive living?

AMBER MOTTSER [ph.]: No, I did not go through the supportive-living program.

I did spend three months at the Atwater House.

My personal opinion is, the co-sex thing that they have going on there, males and females, is not working.

UNKNOWN SPEAKER: [Not on video.]

But you did spend three months --

AMBER MOTTSER [ph.]: Three months there, yeah.

SENATOR RANZENHOFER: Are there some other people that would like to speak?

If you would -- this lady is right in front.

Just -- if you would, just identify who you are so we know who you are.

CHRISTINA AMABALAY [ph.]: My name is Christina Amabalay [ph.], and I'm a nurse practitioner for Horizon Health Services.

I do work with the chemically-dependent population.

One of my roles is to meet with people who are opiate-dependent and discuss their options.

I feel that, as a nurse practitioner, I have full prescription privileges, which means I can prescribe any medication on the market, with the exception of Suboxone. I can prescribe it off-label

for pain, but not for the addictions.

This is limiting the access to care and to medication-assisted treatment which is desperately needed right now for opiate dependence.

So, when I meet with clients to determine whether or not they would like to try medication-assisted treatment, and they're opiate-dependent, and they're still actively using, and I say to them, "These are the options that I think you have. Suboxone is a great option, but, we have a six- to eight-week waiting list," and they look at me and say, "So what am I supposed to do in the meantime"?

And in the meantime, they either:

Go through that tortuous withdrawal on their own;

They go to detox where they get a dose of Suboxone, but then are discharged and don't have a scrip for Suboxone;

Or they continue to use while they're on the waiting list for Suboxone.

So it's my feeling that some emergency legislation is needed, to allow a very important part of the medical community, which is nurse practitioners, to prescribe Suboxone. And

I think we need it very hastily.

So I would very much appreciate any authority that you might have to allow this legislation.

SENATOR RANZENHOFER: Senator Boyle had a comment.

SENATOR BOYLE: Yeah, you make an excellent point, and we've heard that in a number of forums.

The problem is, it's a federally regulated drug. And there's a cap on the number of patients that a doctor can have, but it's all federally regulated.

I think, as part of this legislative package, what we're going to do is, is either have a resolution or some force from New York State Legislature saying to Congress, Hey, get on the ball and change this.

But it's a federal situation with Suboxone, unfortunately.

CHRISTINA AMABALAY [ph.]: So what is the next step?

I want to be involved in the next step, because I feel that there's urgency about this and it's not being taken care of quickly enough. And as a result, people continue to use and overdose, and die.

SENATOR BOYLE: What I would recommend is, and this sounds corny, but write your Congress person or contact their office.

We will do, as state legislators, but your federal representatives, they need to know exactly what you're saying.

It makes perfect sense, and it should be this way, but we as state legislators do not have jurisdiction over Suboxone in particular.

CHRISTINA AMABALAY [ph.]: Okay. Thank you.

DR. BRUCE BAKER: Senator --

SENATOR BOYLE: Yeah.

DR. BRUCE BAKER: -- as a practicing physician, I'd like to say that I think the nurse practitioner is perhaps better qualified than the average physician, because the nurse practitioners are much better -- more aware of the social problems that people have.

SENATOR RANZENHOFER: Good, thank you.

DR. BRUCE BAKER: And I would endorse that 500 percent.

SENATOR RANZENHOFER: Just 500.

[Laughter.]

SENATOR RANZENHOFER: I know there was another hand in the back.

Yes, why don't you tell us who you are, and come to the microphone.

LAURIE CURRIER [ph.]: My name is Laurie Currier [ph.], and my daughter is a recovering heroin addict. She has been in recovery for the last two years.

And, everything that everyone had said this morning makes so much sense as far as not being able to find the help necessary.

So I'm very glad that you're having this talk this morning, because I think that, again, the stigma that goes with heroin addiction, you know, that they are the castoff people. That they're not your child, your sister or brother, your mother or father.

And, they truly are.

When we sought help for my daughter, we were told that there was a six-month waiting list.

We were also told by our insurance company that she needed to fail on the outpatient first.

With heroin addiction, I've discovered that without an inpatient piece, outpatient is reluctant to work.

We have gone through the gamut, as a family, trying to find help.

So I do think family is a huge piece.

There has been so many roadblocks along the way. And even when help was available, it was limited to 28 days.

There is a link between mental health and addiction.

And it took my daughter going out of state to a clinic that dealt with both mental health and drug addiction, together, in order to help get her on the right track.

She had -- when I told her I was coming today, she had said that, you know, the Narcan program, that, I don't know how much would, as Augusta had said, be an easy out for addicts.

Maybe for people that were experimenting the first time, but for the most part, an addict would rather be left alone and die than take Narcan because of the painful snap back to reality.

We are a typical middle-class family that are -- we're very involved in our children, their education. Drugs were not abused in our home.

And, yet, I am the parent of an addict.

So that I think there needs to be more out there, that when you are seeking help, that you can get the help when you need it.

That there shouldn't be someone at an insurance company, sitting behind a desk, saying, you know, Nope, she doesn't need that treatment; when, as a parent, and even her physician had said, and wrote letters, and appeals, saying, yes, she did.

It took, actually, a government member telling me, "Drop her off your insurance so that she can get Medicaid."

And, it was through Medicaid.

And there is a huge connection between law enforcement and the addicted population.

My daughter did things that she never would have done otherwise. Under the influence, anything was fair game.

I can't thank the Mental-Health Drug Court here in Batavia enough for the help that they provided my daughter.

Judge Balbick and Nichole Desmond were wonderful.

And, that, I think everyone needs to work together in order to make this a known problem. Not hide.

You know, it's very hard to get your children into a program; and, yet, no one talks about it.

This is the face of addiction. You know, that we are very typical people.

And I sincerely hope that we can give it a voice, give it a name, get more help in our community, because it's here, it's big, and people don't recognize it.

Thank you.

SENATOR RANZENHOFER: Well, thank you very much.

I know that Nichole and Judge Balbick do a very good job.

And we're going to get to a couple of people, but I just want to throw something out here, 'cause I hear a lot that you have to fail first before you get into a longer-term program.

So my question is: Does the 28-day program work in some cases, and that's why they make you go through it first?

I mean, if it fails in 100 percent of the cases, why would anybody ever do it?

So I don't know if anybody has any thoughts on that?

I guess we'll take a couple of comments here, and then we'll go back to some folks in the audience.

Donna, and then Colleen.

DONNA SHERMAN: I think it really comes down to making individualized assessment of each case that's coming in.

I think the earlier someone is in the addictive process, the better chance that a 28-day program will be adequate.

But, oftentimes, more supports are needed. And people can really run the gamut in terms of what their needs are.

You could have someone who has a lot of psychosocial support, a job, et cetera, and just has had some chronic pain and became addicted inadvertently. And someone like that could participate in Suboxone for a year, taper off, do a 28-day program, and be fine.

And others who have more psychosocial deficits, more mental-health or trauma-related issues, are going to need more and more intensive services over a longer period of time.

SENATOR RANZENHOFER: Okay, Colleen, do you want to comment on that?

COLLEEN BABCOCK: I do agree with what Donna says, but I think that, also, with the young-adult brain, you're dealing with a totally different face

of addiction. And the 28-day programs do not work.

I will tell you that the majority of your young-adult population, 12 to 27, repeat those programs over and over again, such as Amber.

Why not start with the long-term program, give them the solid foundation that they need to get on their feet. And then, if you have to refresh down the road with outpatient or 28-day program, you're at least appropriately targeting that young-adult brain, giving it time to heal, so that they can absorb and take in the tools that they need to be successful.

So, I think we really need to look at starting with long-term treatment before the 28-day program.

SENATOR RANZENHOFER: Right off the bat.

COLLEEN BABCOCK: Right, exactly.

SENATOR RANZENHOFER: Okay. Thank you.

I know there were two women in the front.

MARY BETH BOWEN: Senator, I would echo that.

I think that our experience with the 28-day, it's the exception versus the norm.

We have people who have gone through the program six, seven, eight, nine times, and seen at that point they have achieved sobriety.

The other challenges, it's a very difficult population to follow, because if the patients are not connected with a GCASA program or another program, they're home -- they're classified as "homeless" in our system and we can't access them to see where they are at.

AUGUSTA WELSH: Senator, in -- you know, in our historical addiction programs, we have always seen that, after somebody went through the 28-day program, the -- for whatever addiction, they did best when they had the most supports. Whether it was the halfway house, family was involved, they had resources.

When you have -- you know, we keep talking about these young adults.

When you have these young adults, they may still have the chance for the family being intact.

But a lot of times, with the 28-day program, it is, you -- you, literally -- you know, I'm a nurse, first and foremost. You literally have had changes physi- -- changes the physiology of their brain. This is not a quick adjustment.

And, you know, when I was talking before and I spoke, and it wasn't about Narcan not being a good thing.

What I was speaking about is some anecdotal things that came back through some of our therapists, that, literally, they have said kids have wondered about this, you know, saying, Okay, maybe I'd be more apt to try.

We also have a number of youngful [sic] -- young clients that we see, that are beginning to get into more of crimes on a minor basis, because some of their comments have been:

"Well, they won't hold me accountable. I'm still a youthful offender."

"They won't hold me accountable" if they're 17 or 18 "because the jail's full."

So they're looking to see how to manipulate their environment.

But in regard to the treatment of this, the longer that you have, the more that you can taper the supports, the better chance you're going to have the first time out.

And I would definitely defer to Jodie from Renaissance House, next, to explain that.

SENATOR RANZENHOFER: We're going to take the woman in the black, who raised her hand.

Yes, you.

So you want to make a comment?

AUDIENCE MEMBER: [Inaudible/no microphone used.]

SENATOR RANZENHOFER: Use the microphone.

And then the woman in the gray will go after her.

And does anybody else -- well, the gentleman in the back will be next.

SHERRY PLASIC [ph.]: Well, I just wanted to tell a little bit about my son Daniel.

My name is Sheryl Plasic [ph.]. I'm here with my son Dan. We're from Niagara Falls, New York.

My son was a veteran. He came home. He was a journeyman plumber. Bought his own home at 23. Was doing extremely well.

And, he hurt his back at work, and was prescribed by a large pain-management facility here in Western New York, he was prescribed large amounts of Lortab.

We didn't realize he was addicted until he came to us and said he wanted to stop taking them and he couldn't do it on his own.

And we started at ECMC.

We went to Lakeshore.

On to the VA.

But I think talking about the facilities and a places for people to go when they are addicted is so important. We need more facilities built in our area.

The one at Horizon, which they're trying to get going, I can't believe that they even have to have a problem getting that built.

My son, finally, after begging the VA to get him in there, he hung himself the first night he was there.

So I guess, along with what everybody else has said about the stigma attached to it, and how the new face of addiction is these days, it is.

This is what the new face of addiction is [pointing to picture being held up].

I just hope we can get that facility built in Sanborn because I really think we need more. A lot more.

Thank you.

SENATOR RANZENHOFER: Thank you, Sheryl [ph.].

I'm very sorry about the loss of your son.

And the braveness that you showed in coming here today and sharing that with us, I appreciate that.

SHERRY PLASIC [ph.]: [No microphone used.]

Thank you.

We were a big part of getting the I-STOP, along with Saving Michaels of the World.

And our PSA is on through Painkillers Kill More Than Pain. And one of those three are my husband and I, putting up my son's picture, trying to educate people about what addiction is.

SENATOR RANZENHOFER: I remember dealing with, you know, families like yours, when we were dealing with the I-STOP program, and, you know, the tragedies that occurred, you know, that led up to the implementation of that program.

The woman in the -- well, you know who you are because you're already standing up.

[Laughter.]

JODIE ALTMAN: I do because I'm antsy.

Hi, I'm Jodie Altman. I'm the director of the Renaissance Campus in West Seneca, and we're a 62-bed campus for adolescents, ages 12 to 20.

70 percent of our kids are addicted to heroin, 90 percent to pills.

Our problem is twofold.

The ones that are under 18, there's nowhere to send them for detox, because people think they

don't need detox, and so we lose them from treatment.

Bigger than that, when you talked about Medicaid, and getting your child off of health insurance to get them on Medicaid, right now, our kids are carved out of the managed Medicaid until 2015.

If they are not kept carved out, treatment as we know it for these 13, 14, 15, 16, and up, kids will no longer exist, because, then, like the insurance companies, Medicaid will say, We'll treat them in 7 days.

You don't treat an addict -- an opiate addict, and a 12-year-old opiate addict, in 7 days.

So our issue right now, that we need help from -- from everybody, but also, you know, specifically from this Committee, is we need to keep this carve-out. We need to not allow managed care to affect our adolescents, or else our program and programs like us, which there are none in Western New York, will close.

So that's our issue.

SENATOR RANZENHOFER: Okay. Thank you.

I just turned to Senator Boyle.

He said that that's an issue that's come up

at a number of hearings, this carve-out issue.

Because I wasn't sure if it was a state or federal.

He said that is an issue that we can deal with.

SENATOR BOYLE: We have some input on that.

SENATOR RANZENHOFER: Okay, great.

There was a gentleman in the back.

And then -- why don't you come on up, and walk to the microphone.

And then the gentlemen in the black shirt, with the white, you'll follow him.

Okay.

NICHOLAS BURKE [ph.]: Yes, my name is Nicholas Burke [ph.]. I'm the school security officer for the Batavia City School District.

And I work closely, and I, you know, want to thank the City of Batavia Police Department, because I work with them, you know, regularly throughout the year.

One of the things that I wanted to mention was, you know, and so far, a lot of people have mentioned about the treatment and the recovery from drug addiction.

But I've been in my position at the school

since 2001. And I would say, within the last three or four years, probably since 2010, the general drug culture at every school in Genesee County has increased tremendously. And I'm not just speaking for Batavia.

I've gone to forums at -- you know, talked to the officer at BOCES, and at every school, there's just a significant increase in drug culture.

And I think that we need to try to find a way to educate kids, as early as elementary school, middle school, about the dangers of, not only heroin and opiate addiction, and -- and, you know, the harder drugs, but, also, you know, marijuana, et cetera.

Just a brief story:

I coach. I coach track and field, and football, for Batavia.

And I was at a track meet this winter, and I had a girl on the team that I coach, like, you know, in a public setting, pleading with her mom to buy her a vape. An e-cigarette.

And, you know, pleading: Mom, mom, everyone is using these e-cigarettes. You know, all my friends, they got them. We -- they vape all the time.

And the problem is, is that there's no -- at this stage, there is very little or no state regulations on e-cigarettes, but what these kids have found is, they can take marijuana oil, hemp oil, which is 90 percent potent, and they can put it in their vaporizer and they can use it.

And it doesn't smell like pot. So, like, you know, when I'm at school, I can't sense it or smell it when I -- you know, whatever.

You know, and it's very accessible.

And so what we have is, we have these kids whom, culturally, you know, because of, that's just the way, you know, it is right now, who think that, you know, vaporizing, vaping, is okay.

You know, and I think Dr. Baker mentioned about the correlation between, you know, whether marijuana is a gateway drug or not.

But -- but I just see this heightened drug culture in the last few years. And I think that that's partly to, you know, explain some of the increase in the heroin and opiate addictions, and, you know, the troubles in rehab, et cetera.

So if I could just recommend some -- you know, one thing, it would be, you know, dealing with the treatment. And the rehab is, obviously, a huge

undertaking and trying to solve that.

But I think that we also, because that's so difficult, need to focus on the education, and trying to prevent, and to -- to, you know, lessen this drug culture before it starts.

You know, this girl that was talking to her mom is a 97-average student at our school, who's had zero referrals for discipline. She's not a bad kid, and she thinks it's okay.

You know?

The other thing with the vaporizers, as far as the, uhm, you know, state regulations, or starting to do this, you know, come up with some sort of regulations for them.

The nicotine oil that you can buy comes in flavors. It smells like cherry, smells like blueberry.

And, you know, a 5-year-old kid, and, you know, you can buy them in town. And, you know, I see 16-, 15-year-old kids with them, you know, regularly.

It's nicotine. You know, it's the equivalent of putting, I don't know, 100 nicotine patches on your skin.

And a mom or dad can leave that nicotine oil

sitting on their table, and it smells like cherry. And a 5-year-old kid can go and put pick that bottle up and squirt it in their mouth, and it will kill them.

You know?

And, so, you know, in regards to, kind of getting off the subject a little bit, the heroin and the opiate addiction, and trying to solve that problem or educate, I think that we need to look at trying to educate kids, and trying to regulate some of the things that are the gateway to leading to the stronger drugs.

So -- so, thank you.

SENATOR BOYLE: Thank you very much.

SENATOR RANZENHOFER: Thank you.

Thank you, Nicholas.

The gentleman in the black shirt.

JASON NORTON: Good morning.

Can you hear me?

Okay.

I'm Jason Norton, and I currently am employed at the YMCA, and my wife and I co-pastor at EFF Church in the YMCA.

I didn't think I would come here today and speak, but there was a short story that I wanted to

share with you.

I also have a history of drug addiction and alcoholism, and it sums back many years, and has crept back into my life later.

I'm sober now, obviously.

But, I came here today to tell a quick story about my brother.

My younger brother is, as of last night at 10:00, had six days clean, on heroin.

I haven't spoken to him yet today. He works the B shift.

He is just now coming to his four days off with the holiday, and got paid, so I'm hoping that he maintains his sobriety.

But he himself had trouble trying to get into GCASA. And one of the reasons also was, he's working. That's one thing he didn't lose yet.

But the whole Suboxone issue, with the doctors, he couldn't -- you know, you got to see a certain doctor in order to get the Suboxone.

He's been trying to quit for two months.

You know, unfortunately, we're all busy people, and we can't walk with people, hand in hand. I can't be with him 24 hours a day to make sure that he makes the right choices, or doesn't go hang out

with somebody that he's been using it with.

And a lot of us know, and we sit around worrying, like, Well, how they are doing?

But, he himself also had two overdoses.

And another bit of awareness I want to bring is, he was a marijuana smoker.

I can't remember if he got in trouble with the law, or how it happened. He probably ended up in a program. But, somebody had prescribed him Suboxone to get off marijuana.

Because of that, he ended up on street heroin. You know, he was an intravenous-user.

And so he's been struggling, and this has been going on for 20 years.

He was sober.

And, of course, the same story that we've been hearing here today.

He fell off a motorcycle, got back on pain pills, which led back to heroin. For the last nine months, he's been running, of course, to Rochester, or wherever he can get it.

So I wanted to just bring an awareness, I think that the education part, as far as the -- medically, you know, what we're prescribing.

And I just want to echo what I'm hearing, is

our lack of being able to prescribe the medications to help people get off the opiates.

But, also, the overprescribing of the opiates and the heroins and the painkiller -- not heroin, but the painkillers that is leading to this problem.

And I just wanted to put one more note in there.

There are -- I think programs are starting to rise up that maybe some of us are not aware of.

Total Freedom is a faith-based program in Darien, that is an eight-month program, minimum.

And if the people are willing to work it, they're pretty strict out there.

They also help them get back on their feet. They help them get work. Make them -- you know, get them to be a better, you know, success in the community, or whatever, and in society.

So that's just something that I wanted to throw out there.

But, you know, I think the difficulties and all the red tape of the insurances and trying to get into some of these programs, and then, of course, the prescriptions, and -- I think leads to these street drugs that, then, people just find themselves stuck on.

But, again, addiction crosses all cultural lines, whether you're making six-figures or sleeping behind the dumpster at Wendy's. I mean, it's -- it's in our face.

So, I wanted to say thank you to everybody that's here, and all of you guys for bringing all this awareness.

So, thank you very much.

SENATOR RANZENHOFER: Well, thank you, Jason.

DONNA SHERMAN: Senator, I wanted to bring to this group's attention that there is a SAMHSA report called the "DAWN Report" (Drug-Abuse Warning Network).

And what it -- there's a report called "The Drug-Related Mortality."

And what they do is, they track the responses of participating communities, on the incidence, causes, and demographics related to drug overdoses.

Not all counties in New York State are participating in this data-collection effort.

For Buffalo and Niagara, and the last report was in 2010, and it showed, I think about -- and I'm going to get the numbers a little bit wrong, but they're pretty close ballpark -- around 85 drug-related mortality cases.

In Buffalo-Niagara, 34 of those overdose deaths occurred in health-care facilities.

I'm really moved by a lot of the parent and provider testimony that I'm hearing today, because addiction really causes sorrow in all of us. And we struggle when our family members are caught up.

For us at the VA, we -- our heart goes out to our veterans who served their countries, and came back to face addiction-related issues on opioids.

We work as hard as we possibly can at VA to help any veteran who comes to us.

We have no waiting list, and we have capacity to treat any veteran who has opioid or other drug problems.

SENATOR RANZENHOFER: Well, I think the comment, but for the grace of God, it could be anybody. You know, it's not defined by, you know, where you live, who your family is, you know, how much you make, what your job is.

I mean, it is just out there everywhere.

And, you know, it could be my family. It could be your family. It could be your nextdoor neighbor's family.

You just -- you know, you just don't know.

No one is immune from this situation.

I did see a couple of other people's hands up there.

Why don't we take a couple of the comments from here.

John.

JOHN BENNETT: Yeah, I guess, I -- you know, I've heard a lot of testimony today, and especially around the lack of beds in Western New York.

And I want to say that, you know, that Terence O'Leary, who's the director of Bureau of Narcotics, was up here last year. He spoke at the regional consortium.

He said that New York and -- Western New York and Long Island were the two trouble spots in New York.

I think he said that the rates of prescription medications were seven times that of the rest of the state, or something like that. It was close to that.

So we've known for a while, that Western New York.

And I do appreciate that we did get 25 new beds in Western New York, but you can see that 25 beds really has made just -- you know, it's a drop on the head of a pin.

And I know Amanda spoke about -- you know, we run a 17-bed community residence.

We've talked for a long time about having a male and a female residence.

And so we have a co-ed, because we want to be able to offer services to women.

It used to be an all-male facility.

And there are struggles with having a co-ed facility, for staff and for patients.

And it's very difficult, depending on your background, when you come into a co-ed facility, to maintain your sobriety in there.

So, I just want to put a -- you know, put a plug in for beds in this region.

I mean, that's -- it's a huge need in this region, and we've known it for a while.

So, I mean, the data is out there.

So, that's all. I just wanted to --

SENATOR RANZENHOFER: Thanks, John.

COLLEEN BABCOCK: If I could just interject on that a moment, we did get approved for the 25 beds, but we don't have them yet. We're waiting for the young-adult treatment facility to be built in Sanborn, which is going --

SENATOR RANZENHOFER: That was the comment,

yeah.

COLLEEN BABCOCK: Yeah.

-- which is going to be -- or is designed to meet the needs of the young-adult opiate-addicted brain, 18 to 25.

We drastically need that facility to open.

And it was supposed to start in the fall of this year. And I know that it's been pushed off a little bit more.

But, again, any input that you can have in getting that moved along would really, really help our community.

We have, as I said earlier, 90 to 120 young adults, 18 to 27, waiting on that list to get into Horizon Village.

SENATOR BOYLE: Was that a funding issue or a zoning issue?

Or do you know what the holdup is?

COLLEEN BABCOCK: I don't know exactly what the holdup is.

AUGUSTA WELSH: I think it's a red-tape issue with people who need to --

SENATOR RANZENHOFER: Sounds familiar.

AUGUSTA WELSH: -- with people who need to approve the facility.

It's not for lack of wanting to get it going.

SENATOR BOYLE: By "the people," you talking about OASAS, on the state level? Or the --

AUGUSTA WELSH: [Nods head.] Uh-huh.

SENATOR BOYLE: Really?

Okay.

SENATOR RANZENHOFER: Okay.

Well, that's something that we can easily take a look at.

SENATOR BOYLE: Uh-huh.

SENATOR RANZENHOFER: A couple of ladies, two or three back there.

We can go for about another, maybe 15, 20 minutes, maybe even a little longer.

But why don't we -- the people that want to speak, why don't you actually all kind of migrate over to the microphone.

ROSEMARY CHRISTIAN [ph.]: Thank you very much.

I am Rosemary Christian [ph.]

I want to thank you. This was very educational to me.

I want to say there are men and women that have served our country. Thank you.

But this has happened for years and years.

Ever since the Vietnam war, my friends have come back addicted.

Education, we need it, from second grade, on.

We need family structure. No doubt about it.

I want and I need an answer, as to why our Governor or this state is possibly going to pass marijuana?

Tell me, how can we?

SENATOR RANZENHOFER: Well, I appreciate your comments.

We're not going to get into a -- you know, a discussion.

ROSEMARY CHRISTIAN [ph.]: I'm trying to --

SENATOR RANZENHOFER: I understand what you're say.

ROSEMARY CHRISTIAN [ph.]: But the thing of it is, here's our state representatives that are possibly passing it for medical purposes, fine.

But it doesn't lead just to medical purposes.

Look at Colorado and what's happening there.

SENATOR RANZENHOFER: Yeah, and I understand, actually, that's an issue that's being discussed with the Legislature.

And we've had meeting rooms like this filled with 300 people, saying that their babies need these

medical oils to cut their seizures from 150 a day, down to 2. And they have a very, very compelling story to tell, also, that they suffer every single day, watching their kids go through these seizures, any of which can kill them.

So, it's a complicated issue which is being discussed right now.

I'm not sure what the resolution of that is going to be.

You know, I've listened, and I know Senator Boyle has listened, to both sides of the story. And, you know, it's a very, very tough issue that we are going to be dealing with. Not the recreational use of it, but, medical use, and whether there should be limited medical use for children, you know, to stop their seizures.

So it's an issue, I appreciate your bringing that up. And, again, it's something that's on our minds every day as we're dealing with this issue, as well.

ROSEMARY CHRISTIAN [ph.]: Like I said, Senator, I can understand the medical issues of it.

But the fact that the recreational, no, I can't. And it should have been stopped.

It just, apparently, seems like some of our

state legislators just don't have the balls to do anything properly.

Thank you.

SENATOR BOYLE: We're not going to legalize marijuana for recreational purposes, I can tell you that.

SENATOR RANZENHOFER: That's not going to happen.

Thank you, Rosemary.

Yes, ma'am.

CINDY B.: My name is Cindy B., and we lost our son a year ago to heroin-fentanyl overdose.

I just wanted to speak about three different things:

One, the education of physicians. They need to know conditions, such as ADD, predispose people to addiction.

The marijuana issue: My son was out of jail and clean. He smoked marijuana with a friend. It lowered his inhibitions. He came home and found some pills he had stashed, and OD'd. We did not have Narcan. We were able to save him that time.

We have insurance. It covered any program we could have got him into. Fought tooth and nail to get him in rehab several times.

Finally, we did get him into a couple different programs.

Once, again, when he came out, there isn't the support afterwards. You come out of rehab and, there you are.

So, we also had him end up back in jail again.

And after doing, I believe it was, like, six months, and he was sober, and he did want rehab.

Unfortunately, he didn't have an active addiction at that time.

So rehab, at a point in time when he was clear and level-headed, that may have worked for him because he was going into it willingly with a clear mind.

It wasn't an option for him because he didn't have a current addiction.

So I would like to see laws where, crimes that are addiction-generated, they have a component, after jail, where they do have to go to rehab, where they can learn the skills to continue their lives drug-free.

Thank you.

SENATOR RANZENHOFER: Well, thank you, Cindy.

MARY PHILLIPY [ph.]: Hello, my name is

Mary Phillipy [ph.].

I'm here is a parent. I have five sons, two of which are addicts.

My oldest son Anthony told me his first time smoking marijuana was when he turned 11, in the first month of being 11 years old.

By the time he was 15, he was addicted to heroin.

At the age of 22, he had already had three overdoses.

I sent him to a rehab.

After five days of calling around and trying to find anyplace that he could get into in Western New York, and I ended up taking him to a place in Louisiana. It cost me $40,000 of our life's savings.

He was there for 7 1/2 months.

In the first hour of leaving that bubble, he was dropped off at the airport, to come home, and his anxiety hit the roof so much that he went to the bar with the $10 that they gave him.

So he relapsed within the first hour.

There was no recommendation of any counseling, except for, that there was an open line to them forever, if he needed to call.

Unfortunately, I wasn't -- still wasn't educated enough to understand fully. And I feel I should have been, because I lost my mother to addiction. My brother is in the hospital dying right now from liver disease to his heroin addiction and alcoholism.

I have an 18-year-old who's addicted to marijuana and alcohol.

Uhm, the gateway, marijuana, in my eyes, it is a gateway. It's just that start of leading up to more dangerous drugs.

When Anthony relapsed, I did the same thing that I did the first time, only I -- instead of calling around Western New York, I drove between Western New York and Pennsylvania, for 48 hours, trying to find him a place to go, because he asked for help again.

Couldn't find a place to go.

I took him home, and his withdrawal was so overwhelming for him, that he took off. Stole keys took off, and he stole a dirt bike from our land.

I had to put him in jail.

I put him in jail.

And while he was in jail, I called the insurance company, begging them to let him go

somewhere.

As a result of that, I took him out on his 23rd birthday. I took him to a 28-day rehab which, again, was out of state. Not in state. It was in Pennsylvania.

Within a week and a half of him being home, he relapsed again to alcohol.

Four days ago he tested positive for heroin and cocaine.

In the past month, he's lost 30 pounds, and I'm at my wit's end. I don't know where to go from there, because there is no place for -- I mean, there's places to go, but they don't have the help.

28 days doesn't work.

And when you talk about the 28 days and failing, you have to fail at outpatient before you even get 28 days.

I had to fight for that over and over and over again, and by the grace of God, I got him the 28 days; only, now, he's right back in the same situation he was before, because the drugs are not the problem for the addict. Reality is the problem for the addict. It's the anxiety. It's the brain damage that's caused by the heroin, or the other drugs done before they get to the heroin.

He already had a mental disorder, the anxiety and depression. And after doing the heroin, now he's got an added brain disorder: brain damage.

So we do need a huge change.

I brought two readings that he wrote, so that you can hear from the addict's point of view, from someone who's in pain.

The first one he wrote in full addiction while he was high. And the second one he wrote just after he entered rehab and he was clean.

"Lord, tell me, will I ever be forgiven for this life I'm living?

"It's so hard to see the sun from the bottom of the grave.

"Will my eyes ever perceive Him?

"By demons I have always been driven. I've run these tracks for so long, you know I've lost my way. I've cut the flesh, the bone, the tendons, but will I ever find redemption?

"Lost my soul so long ago, how will I carry on?

"Although my hand the snake has bitten, I no longer want to be my own victim."

This one he wrote after being clean.

"I'm feeling horribly sick. I'm sick of all

these feelings. They creep up from the floor and crawl across the ceiling. They feed upon my soul and my soul is depleting.

"My wrist forever scarred, my heart forever bleeding, oh, so long ago I dug my trenches, and now I don't care much for the body cleanses.

"I can walk a million miles, I may dig a thousand feet, but will I ever find the happiness that's right in front of me?

"Oh, so many times I've passed my trials, for I'm still walking strong at a million miles, but my feet are blistered raw and they're bloody to the bone, and every step I take takes me further from my home.

"Oh, so many times I've drowned my sorrows, but tonight I wonder if I'll see tomorrow.

"Will the sun refuse to shine?

"Will I open my eyes?

"Will I see the light of day and will I still feel all of this pain?"

SENATOR RANZENHOFER: Thank you, Mary, for sharing that information.

Thank you.

How old is your son?

MARY PHILLIPY [ph.]: Twenty-three.

SENATOR RANZENHOFER: Thank you.

MARY PHILLIPY [ph.]: Thank you.

JEFFREY GRAY [ph.]: My name is Jeffrey Gray. I'm a counselor at GCASA.

And, first, I'd like to thank you, Senators, for being here for the forum today.

I guess what I've heard is, I don't know if any new laws are going to help or change.

I think maybe regulation, insurance-company regulations.

I echo the sentiments of previous speakers that sometimes it just seems impossible to get somebody into treatment. They have to fail at outpatient. And sometimes failing for our people means that they're dead.

I think Mr. Bennett mentioned we need more Suboxone providers.

I think the regulations with insurance companies need to change, where we can get somebody into a long-term residential program, because it seems to be what works best for opiate people.

I was sitting there, thinking, I remember, I've been -- I've been with GCASA for a total of 10 years. And I think the first person that I encountered that was an opiate addict, was a young

man, 18 years old, from Warsaw, New York.

And I don't even think I worked at GCASA. I think I was just doing my internship through Genesee Community College.

And I was just flabbergasted that this 18-year-old kid from a small little town, Warsaw, New York, was addicted to heroin.

And I had many conversations with him, trying to figure out did this -- you know, Where did you start? And, you know, how did you end up being addicted to heroin, from Warsaw?

It wasn't Buffalo or Rochester or New York City. It was this tiny little town.

Ten years later, I have to tell you, I'm not shocked anymore when I have conversations.

And that stinks, that I'm not shocked anymore that there's 18-year-old kids from small little hamlets in the middle of nowhere that are addicted to heroin.

Again, sir, I just echo the statements, that I think three things that we need are:

Better regulations with insurance companies so that we can get somebody into long-term care;

More Suboxone providers;

And I think, more beds. We need more

long-term residential beds to treat these people.

Thank you.

SENATOR RANZENHOFER: Thank you, Jeffrey.

MIKE: Hi, my name is Mike, and I'm an alcoholic.

Oh, I'm sorry. Wrong meeting.

[Laughter.]

AUDIENCE MEMBER: Hi, Mike.

[Laughter.]

SENATOR RANZENHOFER: That was pretty funny.

MIKE: Just a couple things I want to mention.

I got straight in 1972 in Buffalo, New York.

And, I had a conversation with a guy who worked in Gary's profession, and he encouraged me to get some help.

And I ended up talking to a guy named Dick Gallagher [ph.]. And Dick Gallagher sent me to see David Mahoney, who was an attorney.

And David Mahoney put me in front of Judge Doerr.

And, Judge Doerr sent me to a Presbyterian minister, who ended up being my therapist.

And all of these people did one thing: they talked to each other.

I couldn't lie to one and run to the other one and lie to them.

In case you don't know it, addicts lie.

And I couldn't play anybody off against anybody. Everybody talked.

Law enforcement has a real tough job. They have to deal with my relapses.

Treatment providers have a hard job because they have to find out what's the truth and what's not the truth.

And it's a difficult job dealing with addicts.

I just want to emphasize again, I'm a recovering addict.

Law enforcement has a hard job; a real hard job. I wouldn't want their job.

The other thing I want to mention to you, just briefly, is that I noticed that when we stood up and faced the flag, we said "under God." We all did this morning.

Try to find the "G" word in treatment anymore.

Try and find it.

You won't see it.

If you read the early literature of

Alcoholics Anonymous and Narcotics Anonymous, the "G" word is through the whole book.

If you want to know why relapses are so bad, go back to the original literature.

Faith has a great deal to do with recovery.

"Faith has a great deal to do with recovery."

I would encourage people -- and by the way I'm not a pastor.

I would encourage everybody -- law enforcement, Senators, everybody -- to look at the early history of the recovery movement in the United States. It was faith-based.

Faith has a lot to do with making people well.

And, once again, we started the meeting today with "under God."

Thanks a lot, guys.

SENATOR RANZENHOFER: Thank you, Mike.

A couple of final thoughts from the panel, and then we'll wrap up.

I know that Senator Boyle has got to catch a plane.

So, anybody want to add some final thoughts?

Sheriff.

SHERIFF GARY MAHA: Senator, just a comment

on the e-cigarettes.

I know one gentleman brought it up. I think I heard it from one of the panel people.

I talked to Senator Gallivan about this back in January because of the concerns we've had on this same issue with, you know, dealing with e-cigarettes. And this is the fad nowadays of young kids.

If you go into these smoke shops on the reservation, they have all kinds of flavors of oil they can vaporize, and they're putting drugs in there.

So I think there's something there that we need to address as far as regulation of e-cigarettes.

SENATOR RANZENHOFER: Thanks.

Any comments, Doc?

DR. BRUCE BAKER: I do.

It is difficult to get people in treatment.

But what is very frustrating, is some people will get right there, but they just -- no matter what you do, no matter what you say, they refuse treatment.

And that is one of the most difficult things to deal with.

Isn't that right, Mike?

COLLEEN BABCOCK: I will kind of interject on that.

My son, my 19-year-old son, didn't go into treatment willingly. He did not think he had a problem. He thought life was fine.

And I was the driving force behind that for a long time. But, we got to a point in our relationship where we were able to set some clear boundaries. And I have never, ever veered from those boundaries.

And my son's clean today, for three years. There's been ups and downs, but, somewhere along that journey something clicked. Something clicked with why he was there; why he was working that recovery; with his faith. His faith changed and grew.

You cannot expect -- and I'll say this a thousand times over. I'll go to my grave with it. -- you cannot expect a young adult, especially in active addiction, to make a rational decision.

As a parent or a support, you need to make those decisions for them. And you need to be that driving force. And then you need to pray and hope that something does click, because you're always

going to have people that are going to choose to stay in addiction. They're going to choose to never, ever change.

That's been through the course of history.

But you're also going to have those success stories, like my son, who decided that life could be different.

SENATOR RANZENHOFER: Thanks, Colleen.

JOHN BENNETT: Yeah, Colleen, I just want to say, I mean, I agree with that.

I think that, on a huge level, you know, people who are coerced into treatment do very well. In fact, probably do better in long-term care; and, because, something happens while they're in treatment.

COLLEEN BABCOCK: Uh-huh.

JOHN BENNETT: And that's where the longer stays help, because it's very difficult to -- you know, to get it early on.

I mean, we know that denial is part of this illness; and, so, it is just hugely important to have people in longer treatment stays.

You know, we're all worried about the whole redesign, the Medicaid redesign, which I know is coming. And I think there's some opportunities for

us, hopefully.

But we all, we just don't know where that's going to fall for our patients.

And so, I mean, I know that's been talked about already today, some of the Medicaid stuff.

And so, hopefully, you know, all of these types of facilities and types of treatments will still be available a year or two years or five years from now, I mean, because it's a continuum of care, and we need all of them, so...

ASST. U.S. ATTY TIMOTHY LYNCH: Mike, I just want to share one story.

You know, at the federal level, we're so often focused on the major suppliers who bring heroin into our area, and the doctors, and the people who divert the drugs.

But in one instance, I had one of the prosecutors in my office come to me and say: Hey, I've got this witness, it's a young girl. She can be a vital witness on this case that I have.

It's not somebody we would normally charge, but, you know, he said to me, "She's got this serious heroin addiction."

And she couldn't get the resources that were needed for her to overcome her addiction.

So we eventually agreed, although we wouldn't have charged her originally, we charged her just so we could get her into treatment.

And, you know, it's not something we would normally want to do, but we really saw it as the only option.

And, you know, I know from -- I know some people -- and I haven't heard it here, but some people look at law enforcement as the problem -- you know, one of the problems sometimes, or, we're trying to arrest people, arrest our way out of the problem. And I don't think that's the case.

You know, we -- in our system, you know, we often send a lot of people to treatment programs.

We're not looking to incarcerate, you know, the individuals who are addicts, but there really sometimes is that forced or coerced treatment that's necessary.

So...

COLLEEN BABCOCK: I commend you.

SENATOR RANZENHOFER: I think what we'll do is, I'm going to just have Senator Boyle make a few comments, and then I'll make comments.

And a number of us will be around for a while, if there's anybody that wants to come up and

say anything or talk to us.

Although I know Senator Boyle has a plane to catch, but I'll be here, and maybe some of the panel members will, also.

So, Senator.

SENATOR BOYLE: Thank you, Senator Ranzenhofer.

And thank all of you.

Just quickly, a comment about what Tim was saying: We've heard that around the state, where parents have actually been put in a position where they had their children arrested, just because -- just so they could get them the treatment that they needed.

That is a system that truly needs reform, and that's exactly what we're going to do here.

I do want to say that, I thank everyone.

The parents who have lost children, and those that are in recovery, I give you my prayers and best wishes.

And thank you for sharing your stories, because this is going to make a difference, from the panel today, from the audience.

I know we talk about, you come to a thing like this and you think, Well, maybe a year from

now, or a couple years from now, it's going to change.

I can tell you, with technology, that's not the case, because as we were talking today, I was texting my staff in Albany about ideas. And they ran the ideas by the counsel in the last two hours, and they actually drafted the bill and sent them back to me a couple minutes ago.

So we actually have bills that are going to be introduced next week, based on what was said here today.

I thank you all.

Mike, I cannot thank you enough. This was a wonderful forum.

Appreciate it.

SENATOR RANZENHOFER: Well, Senator Boyle, I want to thank you for, you know, traveling here from Long Island, and, you know, getting here at two in the morning.

And, you know, I know that you've traveled extensively across the state, from -- you know, from Buffalo to Batavia, to Rochester, to Syracuse, to, you know, all over the state.

And, you know, your advocacy and your patience in helping to craft solutions to the very

serious problems that we kind of know about, but you really don't appreciate until you hear about it, not only from, you know, the members of the panel that are up here, with law enforcement and with treatment and with education.

You know, but for the folks that are sitting on the other side of the dais, and, you know, I mean, the courage that you have, and the bravery that you have, to come up at a public forum and talk about your -- you know, your personal tragedies and your personal life stories, I don't know if it's something that could I do.

So I want to thank each and every one of you that have come here today and shared that with us.

Because, the objective is to try to do -- from a legislative standpoint, to try to provide, you know, some benefit, some solutions, to a very humanistic problem, where, you know, you don't -- you know, is there a law that you can pass that will make a difference?

Well, hopefully, there is.

But, can a law solve everybody's problems?

Probably not.

But, you know, to listen to what we have heard here today is going to be helpful.

You know, I know that Senator Boyle has been working on the legislation. It's been a work in progress.

And, you know, I know we wanted to hear from everybody here, not only on the panel, but in the audience, about how it's affected Batavia and Genesee County, you know, Leroy, Pembroke, you know, but our local community here.

So, thank you, Senator, for joining us here today.

Thank you panel members for agreeing to take time out of your very busy schedules and lives to be here.

And, again, for everybody that has sat in the audience, and either spoken or not spoken, you know, thank you for being here today and sharing your story with your presence, and then with your words if you chose to speak.

So, thanks very much.

[Applause.]

(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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