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

PUBLIC FORUM: ROCKLAND COUNTY

PANEL DISCUSSION ON HEROIN EPIDEMIC
IN VALLEY COTTAGE AND SURROUNDING AREAS

Valley Cottage Library
110 Route 303
Valley Cottage, New York 10989

May 27, 2014
11:00 a.m. to 1:00 p.m.

PRESENT:

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

Senator David Carlucci, Task Force Vice Chairman
Forum Moderator

PANELIST INTRODUCTIONS: PAGE 5

Ruth Bowles
Executive Director
Rockland Council on Alcoholism &
Other Drug Dependence

Louis Falco III
Sheriff
Rockland County Sheriff's Office

Christopher Goldrick
Director, Rockland Drug Task Force
District Attorney's Office

Investigator Jeanne Horan
Field Intelligence Officer
Rockland Drug Task Force

Nelson Machado
Human Resources Director and
Public Information Officer
Rockland Paramedic Services

Dr. Carol Slattery
Vice President, Detox for Outpatient
and Clinical Services
Daytop

William Warren
Judge
Rockland Family Treatment Court

Lisa Wickens, R.N.
Vice President
WHO Government Relations

Michael Zall
Attorney in Rockland County
A Parent

START OF PANELIST PARTICIPATION PAGE 7

START OF AUDIENCE PARTICIPATION AND Q&A PAGE 62

---oOo---

SENATOR CARLUCCI: Thank you for coming today to the Senate Task Force on Heroin and Opiate Addiction.

I'm Senator David Carlucci, and we have a great panel here today.

We've been having these hearings throughout the state, to really get everybody in the same room to talk about the problems of opiate and heroin addiction, to make sure that we get all areas of the community on board to figuring out how we can solve this problem.

I have with me today the Chairman of the Task Force, Senator Boyle, who's from Long Island, has come up today.

And I'll have Senator Boyle talk to you all for a minute, and then we're going to have everybody introduce themselves, and then we're going to get into the specifics of what's happening right here in Rockland County.

Senator Boyle.

SENATOR BOYLE: Thank you, Senator Carlucci, and thank you for hosting this forum.

As David said, this is -- we're having 17 forums around the state, and they're very

informal.

As I asked today, we have a very distinguished panel of law-enforcement officials, treatment providers, some prevention experts, so we'd love to -- I'm looking to get information, and David as Vice Chair, as well, on the heroin and opioid problem in Rockland County and the surrounding communities. And also, from parents, community members.

What I say at the beginning of this usually is that, however this heroin epidemic has affected your life, whether you're law enforcement, treatment, a parent, an addict themselves, if you said, "If I could change the law, or change a couple laws, to make it better, to help us combat this problem, in my family and my community," that's what we're looking for idea -- today, ideas like that.

"This law would be great," or, "Right now the law doesn't work, we need to get rid of that one."

So any input we would truly appreciate.

And thank you again, Senator Carlucci, for hosting this forum.

SENATOR CARLUCCI: Great, thank you, Senator Boyle.

And we're going to also hand out some

index cards, if anybody would like to ask a question, or would like to come to the podium and speak and share your story, we would love to have you participate.

So with that, we're going quickly go through the panel. They're all going speak a little bit more at length later, but we want to make sure everybody knows who's here.

So, let's start, we'll start down all the way at the end, if we could introduce ourselves, just briefly, and say where you're from.

NELSON MACHADO: My name is Nelson Machado. I'm the human resources director and public-information officer for Rockland Paramedic Services.

LISA WICKENS, R.N.: Good morning.

My name is Lisa Wickens. I'm a registered nurse, and a parent of a child in recovery.

At this point, do you want my go through my notes, or you want to wait?

SENATOR CARLUCCI: A little bit later.

LISA WICKENS, R.N.: Okay.

SENATOR CARLUCCI: Thanks.

MICHAEL ZALL, ESQ.: My name is Michael Zall. I'm an attorney in the county. And my son died from

an overdose of prescription drugs.

CHRISTOPHER GOLDRICK: My name is Christopher Goldrick. I'm the director of the Rockland County Drug Task Force.

I've been with the District Attorney's Office for about 35 years now, and, you know, trying to fight this epidemic.

SENATOR BOYLE: Thanks, Chris.

JEANNE HORAN: My name is Investigator Horan. I'm with the Rockland Drug Force.

I've been employed by the Rockland Drug Task Force for approximately 26 years.

I started out as an undercover. And I have this new position as field intelligence officer.

RUTH BOWLES: Hi, good morning.

I'm Ruthie Bowles. I'm the executive director of the Rockland Council on Alcoholism and Other Drug Dependence.

DR. CAROL SLATTERY: Hi, I'm Dr. Carol Slattery. I am the vice president of Daytop for outpatient and clinical services.

JUDGE WILLIAM WARREN: Good morning.

My name is William Warren. I'm the Rockland County Family Court Judge who presides over the Rockland Family Treatment Court, which is the

court that takes care of child-neglect cases where there's use of alcohol and drugs, or abuse of alcohol and drugs.

And I've been a family court judge for 25 years, and I've had a lot of involvement with young adults who were involved with the use of, not only opiates, but other types of substances.

SHERIFF LOUIS FALCO III: My name is Louis Falco. I'm the Sheriff of Rockland County.

I've been in the Rockland County Sheriff's Office for 37 years, and I've never seen anything like this in my history, as far as prescription drugs and heroin in this county, around the state, or around the nation.

SENATOR CARLUCCI: Great.

And, now, to get right into it, why don't we start with Sheriff Falco, to give us some of the things that you're seeing in the county, and bring us up to date with some of the trends that you've seen.

SHERIFF LOUIS FALCO III: I would like to start off by saying, it's not only our county, but it's the surrounding counties, including New Jersey, and also Connecticut.

And, again, that's just because that's where

we are, but it's all over the nation.

Rockland County, last year, more than 12 overdose deaths;

Dutchess County, 19;

Broome County, 31;

Erie County, 31.

It is unbelievable.

And that doesn't even count for all the times that there were saves.

In Broome County, this year, there have been five Narcan saves.

Does everybody know what the "Narcan" is?

Okay, that's to stop exactly what's going on, and reverse the overdose at that time, which all the police officers in Rockland County now are being trained in, as well as my corrections staff, because, believe it or not, inmates are smuggling stuff in, secreting it, and trying to sell it and/or use it in our facilities.

So, you know, you wouldn't normally think that a nurse or one of my correction officers would have to have the wherewithal to do an overdose save in our correction facility.

But it's not only here. It's in every one in New York State.

It's not just the junkie that you saw in the '70s, with a needle in his arm, in an alleyway. It's the valedictorian of the class. It's the captain of the football team. It's the captain of the lacrosse team.

There's a statewide survey -- and in the back, when you leave, I put packets out for anybody that would be interested -- from a company called nova.com. And they do all the research nationwide.

Cleveland, Ohio; 195 overdoses, just in Cleveland.

In Connecticut, 10,183 people admitted for treatment and heroin and unlicensed programs in 2013. 174 deaths.

Bergen County, this year, 14 deaths, just till March 31st of this year. 14 deaths in our surrounding -- in our adjoining county, in Bergen County.

And in this -- and in this -- and, again, I'd like you to get it in the back of the room -- when you go to New York, here's how it reads:

New York: Heroin and prescription-painkiller investigations have doubled in Rockland County, New York, northwest of Manhattan.

Now, if that doesn't say it, nothing does.

We're so close to New York City.

And I have to take my hat off to Chris Goldrick who does a phenomenal job with the task force.

He and I went back about -- in 2010, which was one of the first prescription-drug cases that he did. And when we out and did our raids to scoop up the people doing the sales, one of first houses on the team that I went to, and I'm not going to give an exact name, but, it was Sally from New City, and her mother says, "You must be mistaken. She's up at UConn."

The second house we went to was Sam in Ramapo, and, "You got to be mistaken. He's out at Ohio State."

So these kids, their lives were being shattered at that time. Their parents just paid forty and fifty thousand dollars for a semester of school, who's -- also, their lives are being shattered, because they want the best for their children.

It's an epidemic here in Rockland County, and surrounding counties in New York State, and throughout the nation.

And I want to take my hat off, also, to

Senator Carlucci for starting these with fellow Senators around the state.

We have to get to the parents and we have to make them aware.

I also brought, for everybody's taking, it's a parent's guide to being aware of what's going on, when you're listening to your children, when you see things on their texts, when you're seeing things on their e-mails, the code words...things that are going on that you should be aware of.

Just in Bergen County, just recently, there was a mother that wrote an editorial into the "Bergen Record," where every night her son came home for dinner, her bedroom and his bedroom adjoined each other, she would listen, and everything else. And he died of an overdose of heroin.

So, it's here. Don't think it can't happen to you. And it starts with the prescription drugs.

And, again, my hat off to Chris Goldrick when we started this, taking back these prescription drugs.

We average, in Rockland County, 700 pounds of prescription drugs that are brought into the Sheriff's Office and all the police departments throughout Rockland County on an average of every

8 months. And we take them up to Dutchess County and we have them incinerated because we don't want them getting into our water system.

But I want you to think about it:

An Oxycontin pill in Rockland County, an average of $90 a pill. And we're taking in prescription drugs at 700 pounds every 8 months.

If that's not saying something, nothing is.

We got to keep taking these temptations.

You know, grandparents say, Well, what's the big deal?

Well, their grandchildren are coming in and going in their medicine cabinet, also.

When they're baby-sitting, they're going in that baby-sitter's medicine cabinet, the people they're baby-sitting for.

Their own parents.

And I would challenge anybody here, how many people carry -- count their pills after they take them in their prescription bottle?

I bet you nobody does.

Okay?

After you have a knee operation and you got Percocet, Vicodin, oxycodone, right, you wouldn't think your kids are going to -- do you count them

after you take each pill? I don't think so.

And the senior citizens, most importantly, they pay for it, it's a high amount of money that they're paying for that; and, therefore, they don't want to give it up, they don't want to destroy it. And it's sitting in their medicine cabinet; only, that it's being picked on by their grandchildren and others alike.

So I say to everybody: If you don't need your drugs, please turn them in and we will destroy them properly.

And don't think that it won't happen to you.

It will happen to you.

Thank you very much.

[Applause.]

SENATOR CARLUCCI: Thank you, Sheriff.

And just to -- I know that we probably have a lot of questions for the Sheriff, but I also want to start the dialogue.

We with us a few parents that are here, that are brave to share their story.

And we want to thank you for being with us.

We have Lisa Wilkens [sic], and Michael who's here, as well.

And if -- maybe if you guys want to talk to

us a little bit about your experiences, that would really be helpful to us.

Michael, would you start?

MICHAEL ZALL, ESQ.: Sure.

I have some prepared remarks, because sometimes I get very emotional about this.

Whenever I write or talk on the topic of drug addiction, I give my credentials.

I wasn't supposed to do this.

My son Jeremy died a little over a year ago of a drug overdose from prescription drugs. My family suffered for close to 20 years with his addiction.

During these years, I have written about the disease, and thought about it extensively.

I've reached several conclusions that I believe are relevant to the panel discussion.

Substance abuse causes, yearly, more deaths in the United States than caused by the 9-Year War and Vietnam War.

Every year more people die of substance abuse than die in auto accidents.

These numbers do not begin to quantify the suffering and damage to the family and friends of addicts.

Although heroin has grabbed the headlines in recent months, as said previously, it is only the tip of the iceberg.

Feeding the heroin market are the vast number of addicts addicted to prescription drugs, such as Xanax, Clonopin, Valium, Oxycontin, Percocet, Demerol, codeine, Adderall, and Ritalin.

Only some of these addicts turn to heroin because it is less expensive and easily obtained.

A quote from an article:

In 2010, there were 38,329 drug-overdose deaths nationwide, and, medicines, mostly prescription drugs, were involved in nearly 60 percent of the overdose deaths.

Opioid drugs, such as Oxycontin and Vicodin, were the biggest problem, contributing to 3 out of 4 medication overdoses.

My son Jeremy did not die from an injection of overdose -- an injection of heroin. He died of a cocktail of prescription drugs legally manufactured and sold by pharmaceutical companies.

Like the tobacco industry, it's time for the pharmaceutical industry to start contributing to the prevention and treatment of drug addiction.

The pharma industry makes billions of dollars

from addictive drugs.

Purdue Pharma sells Oxycontin. Sales of this drug are 2.5 to 3 billion dollars a year. They've made over $27 billion since the FDA approved them, I believe, in 1995.

This is only one of the numerous addictive drugs sold.

Each drug has sales of hundreds of millions or billions of dollars every year. A large portion of these sales are sold to our children to feed their addiction.

Several days ago, a lawsuit was filed in Orange County, California, by two California counties against five pharmaceutical companies for hiding the addictive effects of opioid painkillers.

Hopefully, this is the beginning of a groundswell to hold the drug companies accountable for the devastation they have brought upon our children.

Such actions are needed by New York State.

Hopefully, such lawsuits, combined with legislation, obtain commitments from the pharmaceutical industry to finance drug-treatment programs, develop non-addictive versions of their addictive drugs, and to contribute to prevention

programs through impactful advertisements and school programs.

As demonstrated by the tobacco industry, dramatic and impactful advertisements can go a long way in preventing addiction.

With advertisements that show the horrible effects of smoking, we teach our children not to smoke.

It seems to be working.

We need similar ads and education programs directed to the addiction problem.

My final point, is that addiction needs to come out of the closet.

I realize there is a tremendous stigma attached to having an addict in your family or as a friend; however, those affected by the disease need to openly discuss addiction.

When I read an obituary that says, "She put up a brave and valiant fight against cancer," I think about how many of our sons and daughters also put up a fight against their drug addiction, and have lost that battle.

Just do not see this in an obituary. It is kept hidden.

The public, and more importantly, those that

have the power to change the addiction landscape, need to know that tens of thousands of our children are dying every year from addiction, and millions are plagued by the problems surrounding addiction.

Similar to HIV and AIDS, a disease that had a terrible stigma attached to it, we need the addiction runs, the addiction walks, and the addiction marathons, and the celebrity sponsors.

We need this public attention, not only to raise money, to focus attention to the disease, so that, like AIDS, treatment and prevention programs can be put in place so that our sons and daughters do not continue to die.

We wear, and put on our cars, the pink-ribbon logos and wear pink to show that we care about breast cancer.

We now need an addiction logo, a big "A," to wear, and put on our cars, to tell the people: We are affected by addiction. You can talk to me about it, and I care about this issue.

Those affected by addiction, whether a family member or the addicted, need to come out of the closet.

Thank you.

[Applause.]

LISA WICKENS, R.N.: My name is Lisa Wickens. I'm a registered nurse, and a mom. And I have spent 23 years in public service.

I spent 14 years working for Albany County, as a registered nurse, and then 8 years at the Department of Health as the deputy director for the Office of Health Systems Management.

My job was helping others. My job was crisis intervention for hospitals, nursing homes. Being there after 9/11, setting up the bioterrorism units across the state.

And, so, I worked for the Commissioner of Health. And I could help all of those people, and I could fix problems, but I couldn't help my own child.

The reason I wanted to speak to everyone today, and I want to just give you a few highlights of what we've gone through, is really to highlight some of the gaps in the system, so that, maybe, with all of the information that the Senate Task Force is gathering, this can be used as, possibly, some of the solutions.

I also want to add another point, which is, you know, we've heard a lot about prescription-drug abuse so far today, this morning.

And, fortunately, or unfortunately, this has been one of my battles for a long time. I take it personally now.

I'm hoping that a lot of families will hear those of you that have been affected, this will help, you don't feel like you're alone.

And, also, that it's not just prescription drugs.

I-STOP law passed, and has been in effect.

And basically what it does, is that people that are looking for prescription drugs, if they can't find them in the cabinet, they go to different doctors to try to get the drugs they need.

What happened after I-STOP, is some of those folks that were doctor shopping went to heroin.

The cost of a prescription pill out on the street is, I can't believe, up to $90.

And, a bag of heroin's anywhere between 6 to 10 dollars on the street, and easy to get, and kids aren't -- are comfortable with snorting it.

So, I just wanted to make that point, that it's not just prescription drugs. There's a lot of heroin out there.

And I'm hearing a lot of young people that are just starting right with heroin.

So, this is just some highlights.

Almost ten years ago, my child demonstrated potential signs of alcohol and drug use.

My pediatrician said: It's a phase. Give him some room. He's 16.

One year later, at 17, my child exhibited worsening symptoms of addiction, and I put him into an outpatient treatment program.

There, he learned about opiates, he learned about methadone, and there were pills for sale.

He got them.

The outpatient counselor, that was only a few years older, said: You'll be back, you're not done with this yet. You'll be back.

And my child said: This is how they actually talk to people? Is that allowed? Don't you deal with that in the department?

At that point we asked -- I asked for inpatient treatment.

The insurance company said: Denied. Needs to fail first.

All right.

My child graduated with honors from high school.

College: Went away to college. Two weeks

in, long story short, he came home, he asked for inpatient treatment.

Denied.

Started the local college. Overdose number one.

"Miss Wickens, which hospital would you like your child to go to? He's not breathing."

I was actually in Albany, working, dealing with one of the Senators, actually.

Asked for inpatient treatment.

Denied.

We start medication-assisted treatment through a local practitioner in Albany, successfully.

Medication-assisted treatment is methadone, VIVITROL, Suboxone.

Starts doing well.

M.D. says it's too difficult to work in this state. They leave; goes back to Connecticut.

There's no more doctors around Albany County that will -- that actually prescribe Suboxone.

Overdose number two.

Then family suicide. My stepson shot himself in the mouth, at 25, after not being able to get assistance for his addiction, that I didn't know

about.

And, I didn't share this at my previous testimony, but they asked me to bring a ski cap with me to go identify his body.

My child, in April, begs for inpatient.

Denied.

Finishes classes, finishes finals.

Begs for detox.

Denied.

I paid for two days. That's all they would give him.

Finishes out that semester on President's List.

Asked for inpatient.

Denied.

Reason: It's been nine months since his outpatient.

Starts back on medication-assisted treatment, counseling, Narcotics Anonymous, Alcoholics Anonymous. We're all going to counseling.

Things are -- I can't even explain the amount of stress on my family, and my friends, and my colleagues, and the people that I was going to in the Legislature that were listening.

I left the Department of Health, because I couldn't afford, with the best insurance, working for the state government, they would not get my son help.

He relapses and gets kicked off of Suboxone, first time.

Overdose number three.

That's just a glimpse; a glimpse of what it's like.

So where are the gaps?

Public-service announcements, I agree with Michael completely.

I drove my son to Pennsylvania, after getting the money, and quitting government service, where I thought I was doing a really good job, so I had enough money to get my son inpatient treatment.

On the way to Pennsylvania, I saw billboards that were saying: Prescription drugs, addicted, just as bad.

And that they're really powerful, just billboard signs.

I come back and I called my friend Senator Hannon from Long Island, and said: What is going on with us? We've got some really scary tobacco/smoking commercials.

You guys have all seen them, where she takes her teeth out and puts her wig down, and all that stuff.

Right?

We need those for this.

That was three, four years ago.

Now, we do have money. We put money in budget for PSAs.

The problem is, who watches TV now?

They're watching Netflix. They're watching stuff on -- they're not watching -- they're not watching television, so we've missed that opportunity.

There's no billboards. They're not there.

Next gap: Insurance.

I had great insurance. I worked for the Commissioner of Health. I oversaw every hospital, nursing home, and home-care agency in the state. They reported up to us.

But, yet, I couldn't get help for my kid, because the insurance denied him.

So he had -- and the other thing is, you're going to deny him? What's "failure"? Death?

Because that's what happens.

So how much more money does it have -- if he

doesn't actually die, what -- how much more Medicaid or money does it cost if the child doesn't die and ends up on the ventilator for life?

You have to pay that.

Another gap, huge gap, because a lot of families will tell you: I had to kick my son or daughter out so they could get put on Medicaid, then they'll get into some treatment.

Another gap: Doctors, pediatricians.

I went to my pediatrician.

I tried to find somebody that actually, you know, knew how to help.

I worked in the Department of Health. I knew every doctor.

I had the Office of Professional Medical Conduct that also reports to me.

I actually had the Bureau of Narcotics Enforcement in my division.

And I couldn't get help.

The pediatricians don't know how to deal with it. They send them to another counselor.

They go to counselor, and the counselor treats them like an adult. Or, they put them in outpatient treatment.

Well, I'd love if my son could tell you about

outpatient treatment.

Outpatient treatment meant, I learned about better drugs, better outcomes, easier ways to get it, how to crush, how to snort it, how to inject it, before heroin.

And, the counselors who are supposed to be experts --

No offense and no disrespect to anyone that's in this field because I have the utmost respect for you.

-- but this counselor, this one individual, my son came back and was, like: What is this about? Like, this is -- this is -- this is okay?

Another gap: There's no -- there's no -- there's lots of doctors out there that are certified in medication-assisted treatment, but they don't prescribe, because they don't want the addicts in their patient waiting rooms.

Or that's what people -- some parents have told me.

I will tell you, that's not completely the truth.

The truth of the matter is, they don't get reimbursed enough money to get someone started on medication-assisted treatment, because you're not

just dealing with, you know, one disease. You're dealing with a disease that affects all elements of a person's life.

Their social skills, their activities of daily living, how they learn, how they grow, how they develop.

If they start at age 16, they stop developing at age 16 if they start using then.

So then you stick them in a group, with people that are 19, 20, 22, and you want them to all talk about what's going on.

How many kids do you know, teenagers, are going to sit there and talk about their feelings in front of a group of people?

They're not -- it's not going to happen.

That's the solution.

Then, when you do actually get some treatment, and you save the money, or you get a home-equity loan, to put your kid in another state, their days are like, this:

Get up, make your bed. Go to a group meeting. Have breakfast. Go to a group meeting. Free time for about an hour and half, where you walk the grounds. Then you go back to a group, a town hall meeting. And then you all go out on a bus and

you go to an NA or AA meeting.

And they get paid for that.

So, the gaps, I mean, I can go on; the list, I could go on forever.

You know, the schools, the education.

You know, getting parents involved, and saying: Well, I live in an upper-class or middle-class suburban school.

So did I.

I'm a nurse. My kids knew about AIDS before they went to preschool. They knew about how to wash their hands, don't touch blood. They knew -- they know it.

My one son's actually in his fifth year of pharmacy school; so, trust me, I get it.

What I'm hoping from today is you'll hear some of these gaps, and that we'll get some solutions that will really start to attack this problem.

This problem is not new. It's been around for ten years.

It started with prescription drugs, it's heroin, and, it's just -- it's gotten worse.

So I'm hope something people will actually hear some of these things today, and not feel alone.

Some of you will actually know kind of where you can go.

And I'm always available to talk.

And that we'll get some solutions from the government, that's going to help and make some of the changes happen.

Thank you.

[Applause.]

SENATOR CARLUCCI: Thank you, Lisa.

Now let's hear from Judge William Warren.

And then, maybe, Carol and Ruth, if you guys want to jump in with the work that you do, if we could, that would be great.

JUDGE WILLIAM WARREN: Thank you, Senator.

I'll just give you a little background.

In Rockland County, I started the Rockland Family Treatment Court in the year 2001, because I had parents in treatment, in the courts, involved with child-neglect cases, who, during the course of their being in treatment, during the course of they're being in the courts, actually died as a result of their disease.

At the time it was alcoholism and crack cocaine. That's what was going on.

More recently, obviously, it's shifted a lot,

and now we see a tremendous amount of abuse of the prescription medications.

I've got a couple of key points that I thought I wanted to make today.

One is, I think it's so important that the education of this problem start at a young age. That the schools really begin to attack it in a much more proactive way than what I think has been going on up to now.

I think the kids need to know at a very early age, what the potential risks are, what the problems are.

And I think that's part of what may help in this area.

I think, I've seen in the courts so many situations, where doctors are prescribing medications for kids without, I think, the understanding of the potential risks of prescribing those medications.

And, I've seen so many kids who become addicted to these medications, partly because they're getting them illegally from their parents or their grandparents, as was mentioned before. But also because, they're prescribed by physicians for them far too easily --

Pardon me.

-- in my view, far too easily.

AUDIENCE MEMBER: Say it again.

JUDGE WILLIAM WARREN: So many --

AUDIENCE MEMBER: Say it again.

JUDGE WILLIAM WARREN: So many of the individuals who I see started out innocently enough, because they had a problem, a back problem, this problem, and they start out by getting prescription medications from physicians, who may be well-intentioned, but I don't necessarily think they have enough education in the field of addiction to properly prescribe these medications.

[Applause.]

JUDGE WILLIAM WARREN: More recently, I attempted to find out, in Rockland County, whether we had doctors who are actually certified as addiction specialists.

And, actually, Dr. Slattery, who's sitting alongside of me, and I had some correspondence about that.

And I was actually only able to locate two physicians who work in Rockland County who have certification as an addiction specialist. And one is affiliated with Nyack Hospital, and one is

affiliated with Blaisdell.

But in the general practice of physicians in Rockland County, this certification doesn't exist.

So if you want to go to someone for neurology or for surgery, you will often want to see it as board-certified physician in that field.

If you have a problem in terms of addiction, it is very, very difficult to find a board-certified physician in the field of addiction.

And what I've been told by people who have gone through medical school, is that in your ordinary medical education, you really don't get any significant experience or education with regard to the problems of addiction.

Now, addiction was recognized probably 50 years ago by the American Medical Association as a disease.

Nonetheless, there are very few physicians who actually have the level of education necessary to treat the many, many thousands of people who walk in their doors these days with addiction problems.

So that's another area I think that needs to be looked at: More physicians who specialize in the field of addiction.

The availability of treatment is a common

problem.

What the woman at the other end explained here, I see all the time.

We try to get people into various types of treatment in my court, and, oftentimes, insurance denies.

They have to go back to outpatient again. They have to try again, they have to fail again, before they're eligible to go into a higher level of care.

So that's another problem that really needs to be looked at.

The pharmaceutical industry, as Mike Zall said before, they profit enormously from these medications. They absolutely must make billions of dollars from these medications.

Where's the responsibility for the education; to provide the community education?

To put some money into helping prevent the problems that these medications are causing?

Someone mentioned the smoking ads, which are, I think, excellent. Hopefully, they do deter people.

Something similar should be done with regard to this problem.

And, lastly, I guess what I would like to mention is that, there is a stigma with this, this disease. There's a terrible stigma.

And it was back, I think it was in the -- probably the late '80s, when there was a terrible, terrible stigma with the HIV and the AIDS problem.

And the community involved there came out and said: We're not going keep it quiet anymore. We're not going have it behind closed doors.

And they came out, and they marched, and they demanded. And our legislators responded to that and provided lots of assistance to deal with that problem.

I think something similar has to happen today with regard to the addiction epidemic.

And that's what it is: It's an epidemic that we're experiencing.

[Applause.]

SENATOR CARLUCCI: Great, thank you, Judge Warren.

Dr. Slattery, do you want to go?

DR. CAROL SLATTERY: Yes.

I want to actually first start off talking about statistics, what outpatient has been looking at since 2008.

So, in 2008, we had almost 12 percent of our population coming in for admissions with heroin or opiates. And it was mostly opiates, not heroin. The primary substance was alcohol and marijuana.

From 2012 to current, although alcohol and marijuana still is a primary problem, the primary substance coming in, 34 percent was heroin.

Opiates, in 2012, was the main admission.

So in outpatient, with the regulations, you know, from OASAS, and looking at, you know, clinically, what needs to get done, there was a change that was mandated through SAMHSA, through OASAS, saying that we need to really look at addiction differently, and we need to make sure that outpatient programs are using outcomes, are using evidence-based practice.

And just recently, they're really, full force, asking the programs to change, and to really, actually mandate it.

So you as a family member or a referent have the right to ask what the outpatient program is doing clinically.

What type of groups?

Are we looking at mental health and addiction separately, and combining if they need to be

combined?

And if so, mandate something to be done.

So I agree with outpatient, and what you were saying, that it has been a struggle.

When I first came to Daytop three-plus years ago, I saw that -- you know, that therapeutic community model was not really going to effectively help your heroin-addicted individuals, or even anyone is a dependent on a substance.

And we've been trying.

So outpatient is evolving in that end.

Another area that needs to be looked at is managed care.

A year ago I was in Albany, and we were at a lot of forums there with ASAP. And we had all the treatment providers and prevention.

And we were told that, because of managed care, the smaller providers are no longer going to be existing. That because managed care is changing, and APG rates are changing, and deficit funding that helps our programs survive, is with -- by 2016, is going to be a totally different world.

So, you have to really be mindful, and look at the programs, and see what's going happen in the next couple of years, because it is very scary to

see.

Another thing that I'm noticing, when I'm looking at the young adults in the adolescent population, is mandations with families and with courts.

We have a school program in Rockland County. We also have an adolescent program.

We're taking children at 12 years old with addiction.

Although they're not coming in primarily with heroin and opiates, they are, you know, down the road, start experimenting.

Our young adult population is really looking at the heroin situation and the epidemic.

What's concerning me is, the collaboration with a treatment provider and schools, it's not happening.

Our schools really need to come aboard, and say: We have a serious problem.

And they're the first point of access, along with the families.

Because, we -- we have this huge epidemic that we're talking about, but our admissions has not increased so significantly.

We had a 12 percent increase from a year ago.

So where are these individuals going for help?

So, as long as, you know, courts are tied and they can't help the mandation through the adolescent, and schools aren't mandating, the treatment provider gets tied, their hands.

And, with the insurance company, I have seen that they want five denials.

And to piggyback on what you were saying is, with that denials, you have to be in a program for some longevity. You can't show up at outpatient, stop a month from now, consider that treatment, and then ask for inpatient.

They want you to be in level of care.

So they want you in an intensive outpatient program for about six weeks, which you're coming almost every day, you know, a minimum of nine hours a week. Then they want you to drop down to your regular groups, or individual counseling sessions.

They want you to relapse, and I -- at least five times.

Unless you have mental health, or you're mixing a benzodiazepine with alcohol and it's medically going to be a problem, we have a very hard time getting individuals in.

And as an outpatient provider, we are very savvy in how we're trying to speak about this client, and we try to personalize it.

The insurance -- the private insurance companies, very rigid.

And I have to agree, it's something that needs to be looked at.

So as an outpatient provider, what we do is, we try very hard to look at them individually, put them in different programs, try to see what the person needs, and really work with the insurance companies, which is a struggle.

With I-STOP, I have seen a big increase in helping with the doctor shopping in the last six months.

Since July of least year, we have been able to really cut down on individuals when we're prescribing.

And as I -- Judge Warren and I spoke about, I am very passionate that our psychiatrists be specialists in addiction medicine.

And what we do is, before we even prescribe a client, we are mandated; we run that I-STOP to see if they bought a prescription somewhere else.

And if they do, we do not prescribe.

And if we have a release to talk to that doctor, we call the doctor who's prescribing.

We are very serious on that, because it is becoming a problem.

Pain management: Individuals coming in with pain management is on the rise.

It is -- it is egregious to the individuals coming in, on their medication, and when they know that they're in an outpatient program, they still are prescribing.

It's really not helpful at all.

But I-STOP is helping, so everybody needs to know, in New York.

Obviously, if our clients what to go to Connecticut or New Jersey, we're limited on that end.

And, toxicologies, you know, making sure that we're toxing on a regular basis to see, if we are prescribing maintenance, that they actually are taking it.

So that's really, pretty much, where outpatient is at, clinically, and also medically.

SENATOR CARLUCCI: Great. Thank you, Dr. Slattery.

[Applause.]

RUTH BOWLES: The Rockland Council on Alcoholism and Other Drug Dependence is part of a network.

First of all, we belong to the Council on Addictions in New York State. We're 36 councils across the state of New York.

And we're also members of the Association of Substance Abuse Providers of New York State.

The Rockland Council is also a network of the National Council on Alcoholism and Other Drug Dependence, which are 98 councils across the United States of America.

And, though we're talking today about the heroin- and opiate-addiction epidemic, we've seen -- the councils across the United States, and the state of New York, have seen this escalate since the 1990s.

This is not new.

When I was a council -- when I worked for a council in Orange County, beginning in 1999, we saw influx of this happening.

I made a lot of points that I wanted to talk about, but most of them have been covered.

And I'll talk about our role as prevention agency in Rockland County, across the state, and

across the United States.

Funding opportunities are greatly needed for school-based prevention programs; however, as of right now, school districts across Rockland, across New York State, are being asked to leave the school-based prevention that we're doing because of Common Core. There's no room in school districts anymore for drug prevention.

And I've been in the prevention field for over 20 years now.

The other piece that I want to bring up is, that we also do family support, and we see families.

And you've heard the compelling testimonies of two family members.

They are in intense fear. They are completely frustrated.

I can't even begin to imagine what it's like.

We hear every day at the council, people who come to us, ask for a referral of treatment, and get denied.

These denials are death sentences.

And I want to talk about the -- we do recovery services, as well.

I am a woman in long-term recovery. I am the end result of many years of abstinence.

I have gone through intense stigma, discrimination, because I am a woman in long-term recovery.

But this is, addiction recovery is a lot different from active addiction. And people need to see the faces of addiction recovery.

That's why I'm very up front with my recovery.

It is a long process.

I am a White woman. I was wealthy. I was a vice president of a bank, a large bank. I had my home -- my house, my car, my keys, my money, and it was still extremely difficult for me to recover.

It's a long process. It is a person-centered process.

And when our people are coming out of comprehensive -- what we would hope is comprehensive treatment, there's no safe or healthy environments for them to go.

In Rockland County, we have 1 halfway house, that has 12 beds for women, and I think 18 beds for men.

We have constant calls, for those people coming out of short-term treatment, for halfway houses.

There are very few halfway houses across New York State.

And, I also want to talk about the inequality.

We've been fighting, and I've been fighting, for treatment parity; the inequality between treating other medical diseases and addiction disease.

We've heard that today.

But the stigma and discrimination against those who suffer from substance abuse continues to prevent effective people from getting the help they need.

I know, and I respect the fact that the New York Senate right now are doing these Task Force across the state of New York. And I have been part of them, I've listened to them.

I know we've received countless testimonies, countless statistics, and data, related to sales, to overdoses, and to deaths.

But I've heard testimony from all the sectors of the community; the most compelling being those families who have lost their loved ones to this disease.

So, I hear these Task Force hearings.

I hope that the testimony and the data will be utilized to rebuild and to restore our communities that have been so violently ravaged by heroin and opiate addiction since the late 1990s.

As the executive director of the Rockland Council, I have a responsibility to the community to listen to these needs.

And we are a very small agency, who have seen the escalation of families; these families who just do not know what to do.

And I've heard, you know, compelling testimony across the state.

So -- and, again, in order to get back into our school-prevention programs, we're going to need, you know, some -- some funding and opportunities to be able to circumvent Common Core.

SENATOR CARLUCCI: Well, Ruth, thank you so much.

[Applause.]

SENATOR CARLUCCI: We're going to shift over to our law-enforcement side.

And to kick that off, we'll hear from Sheriff Lou Falco.

And then we're going to have questions from anybody here, and have some people with some

statements from the audience that's here.

Sheriff Falco.

SHERIFF LOUIS FALCO III: Yeah, a couple of things.

I just want to touch on, I'll jump off from where she ended.

I personally believe D.A.R.E. is a good thing, but I also believe D.A.R.E. is done -- it should be done a second time, in the eighth and ninth grade, because I don't think, when it's in fourth and fifth grade, the kids are impressionable, and they look at the police officer and they like the uniform and they make an attachment to us.

But then, they go off, under the peer pressure, and everything else that's happening.

And I honestly believe that a different form of D.A.R.E. in an education process, not only for the children, but for the parents, should happen in the eighth and ninth grade.

And I'd really like to push something down the road for that, because of the awareness piece that you're speaking of --

RUTH BOWLES: Yeah, Sheriff, I just want to let you know that there's evidence-based programs that provide a continuum of prevention services,

from Head Start, all the way up to, you know, senior high school.

However, there's been absolutely no funding for prevention programs, and no ability to get in the school districts.

[Applause.]

SHERIFF LOUIS FALCO III: But that piece has to include the parents, too, because the parents have to have --

RUTH BOWLES: Absolutely.

SHERIFF LOUIS FALCO III: You know, when I listen to the nurse down at the far end -- and I'm sorry, I don't remember your name -- with all the passions that she put into her own family, as well as coming from where her profession is, she was willing to pay on her own, but she couldn't get them in.

We have to get the parents involved.

You know, in our correction facility -- and I do a lot of gauging from that, also, since I became Sheriff -- 52 to 55 percent of our inmates have a drug or alcohol dependency, okay, which creates that recidivism, that they just keep coming back and coming back.

And in New York State -- and this is no shot

at government -- but in New York State, we've shut down so many mental-health facilities and so many other avenues for people to get help at, that it becomes the correction facilities -- the county correction facilities throughout the state are becoming those facilities.

And, either way, the taxpayer is paying.

They're either paying in our local jail, or they're paying for an outpatient or inpatient mental-health facility. And it just keeps going over and over again.

And some of the questions I have my correction officers ask, when somebody comes in and they were arrested on drugs, we get to, you know, know, "What makes you do it?"

And their answer always is: We're always chasing the first high.

"We're chasing the first high."

But nobody's there to stop anything to happen after that first high.

We can only do so much in local government. You can only do so much in state government. You can only do so much.

But I think there has to be a coordinated effort between all governments -- state, local, and

federal -- for us to beat this problem, because this problem is not going to go away, like, crack evolved into -- crack evolved into prescription drugs, and now our kids are at $5 bag of heroin.

And it's just -- it's just not -- I don't see it going away anytime soon.

So, I'm passionate about it.

I know, and I won't speak for Chris Goldrick, I know he is, the District Attorney is, the police chiefs in Rockland County are.

We're one county in a big nation, and in a big state.

I also think that the penalties for people selling drugs, that are causing this to happen to our children, should be increased.

And I believe that's a legislative issue that we should continue to speak about.

The penalties have to be increased, as a deterrent.

Because, if not, New Jersey, if you -- if there's a nexus between you selling somebody heroin and them dying, you go to jail.

In New York State, that's not the case.

And I've given that legislation to Senator -- I mean, Assemblyman Zebrowski, which I'm sure, at

some point, he will share with his fellow colleagues in both the Senate and the Assembly.

We have a very liberal state.

We have to get away from that mindset if we're going the save our children.

And our children are the future. I can't stress that enough.

So I say, I'm willing to come out and speak at any forum. I'm willing to come out and speak at any PTA meeting, any school district, any town-board meeting.

And I'm sure my colleagues in law enforcement will do the same.

We have to drive this home: It's got to be a partnership between government, law enforcement, and the parents in every community in order to be successful.

SENATOR CARLUCCI: Thank you, Sheriff.

[Applause.]

SENATOR CARLUCCI: Yes, and we also have Chris Goldrick and Officer Horan from the Rockland County Task Force.

CHRISTOPHER GOLDRICK: Thank you, Senator.

You know, just going back, I started in -- at the drug task force back in 1979, and I was

undercover for 4 years.

And, then I went back to the drug task force after serving the District Attorney back then in the main office. I went back to narcotics in 1988, and I've been there ever since.

In 1988, you had that huge crack-cocaine epidemic, and our numbers were astronomical back then. And it -- you know, it went on for quite a few years.

When I took over the drug task force about four years ago, I enlisted some more federal and state agencies to come on board with us.

So now we're working more and more with the Drug Enforcement Administration, their diversionary unit, where all they do is go after and investigate doctors and pain-management doctors and pharmacies.

We're working with Homeland Security more and more.

We basically do street-level cases, and we're seeing a lot of them. A lot of prescription drugs. I'm seeing more prescription drugs in Rockland than I ever have.

We're seeing more prescription drugs, but we're starting to see that surge of heroin coming through with our street-level buys.

Prescription buys, street-level buys, are happening in open-air markets; and I mean that by, our strip malls, our malls, in the county.

Back when I was -- back when I was an undercover, and even after that, in '88, when we went back and we were locking up a lot of guys for the crack cocaine, you had everybody standing on corners.

Nobody stands on corners anymore. We don't see it. Society doesn't see it.

Everybody is communicating by phone, they're texting.

There's huge networks out there, and that's what we go after; that's what our task force is about: To go after the networks, get these people out.

We work a lot with the street-crime units in Clarkstown, Orangetown, and Haverstraw. We work with them almost on a daily basis.

There are a lot of users that are just running to street corners, and we're picking up those users, and they're going to drug court, they're getting treatment, because that's where they belong. They don't belong in jail.

But, you got some serious drug dealers out

there that have elevated themselves, from selling the crack cocaine and the network that they had with crack cocaine, now they have a network that is all prescription drugs. And they're coming into the communities of Orangetown, Clarkstown, Ramapo, Suffern, where they weren't before.

Now they're there. They're in the schools.

And like I said, it's a network. It's technology.

It's another huge piece to our investigative means and how we do things. And we enlist the help of our federal agencies to supply us with technology, which they had, they do have money.

And we try to, you know, glean from them: What do they see in other areas? What are they seeing in Nassau, Suffolk county, Westchester County.

We're seeing it here in Rockland, more and more than ever. And it's very alarming.

I don't want to take -- I can go on and on, but I don't want to take up everybody's time. I know there's -- there may be some questions out there.

SENATOR BOYLE: Officer Horan, did you want to add to that?

JEANNE HORAN: I, too, was an undercover. For about five years, I was out on the streets years. That was back, primarily, it was crack cocaine.

And, back then, it was easy to buy drugs on the street, quite honestly. And then, slowly, it became increasingly more difficult, more dangerous, you know, where people were coming at you, and people on the streets were starting to know you.

And then the tide kind of turned. And in, like, 2009 and '10, we did a substantial pill case, where we arrested many individuals, from all walks of life, from all ages.

And, it basically came down to, again, pill shopping, doctor shopping, all over the county.

You know, we tried to narrow it down. It branched out to all areas in the city, New Jersey, and like I said, we took these people down.

But, again, the uptick has been unbelievable, where it's become a common drug -- prescription drugs, heroin, that's what we seem to be buying, across the board. We don't see the crack and the cocaine as much as we used to.

And, now, these are our cases. This is what we're battling with.

And, unfortunately, as the Director said, you know, our staffing isn't where it should be, and we're seeking out help from federal agencies, just to help us out, so we're able to kind of get these cases off the ground and running, and we're able to combat, and possibly get to the source.

You know, there's minor victories throughout, with DEA and us and other agencies; but, again, it's just the small nip in the big problem. And, like I said, we're combating it daily.

And, you know, we've been trying to make public awareness another part of our mission, where we go out to public -- the communities. Try to get together with the SROs in the schools, try to keep them on track with what we're learning, what we're seeing. And, hopefully, we get that feedback, as well.

So, again, it's an ongoing problem, and we hope to, you know, hopefully, make some substantial cases where we're able to combat the problem and, hopefully, do away with some of the sources.

So, thank you.

SENATOR CARLUCCI: Thank you.

[Applause.]

LISA WICKENS, R.N.: I just have a comment,

I guess -- two comments I wanted to make.

One comment is about, you know, learning.

I've actually had to make myself learn a lot about this, because I'm one of those people that was a complete nerd growing up and I was afraid to get in trouble.

So, I really spent a lot of time with young people, trying to figure out "why?" And why are they doing this?

And then when you -- when they tell you, "I want to get well. I don't want to do this," the drug is making them very, very sick. Without it, though, they're sicker.

So, they stop really going after the high. They're just -- they're just now trying to find, to maintain.

Without it, they can't get out of bed. They're throwing up. Their family is looking at them, they're not making it to school.

And these are, generally, you know, a lot of people I've talked to are high-achievers. And they just -- they -- you know, that's not something -- that's one point.

The other point is that, you know -- actually there's two.

The other point is, you know, I, luckily, or thankfully, grew up with one of -- Albany County Sheriff. And every -- a lot of my friends in Albany know that.

And one of the things that he mentioned, there were three or four different people from different sheriffs' office, and we were at Hudson Valley, and what Craig said was is very real, and I think it's just down-on-the-ground real; is that, they can arrest a dealer.

Right?

They can arrest that dealer, but there is someone right there that's going to step in, because they can actually deal and not be so sick, and make the money to do it.

So we can keep trying to arrest people and fill up the jails, but that's not the solution.

So, one of the points I think that I've tried to make when I'm talking to parents, there's no quick fix.

Okay?

But, is that -- as we attack this, as a society, as parents, as legislators, is it's got to be comprehensive.

One of the things that I used to always fight

with, with hospitals and nursing homes when there was a problem, is don't just stick a Band-Aid on it.

Because, you fix it here -- it's like a leaky roof. You fix this here, and it leaks over there.

Right?

If we don't really have a full package of legislation that starts with all the good points that we've heard.

You know, starting young, starting with schools;

Getting involved, educating the parents;

Putting up those scary ads where the kids will see them;

You know, having the treatment, having education;

Doctors making sure that they understand, when they're prescribing, what are the ramifications, and what are the risk factors, and next steps?

Having better outcomes, and holding people accountable.

In hospitals and nursing homes, if you don't have a good outcome, you don't get paid.

Why is it different for addiction? It isn't.

They just keep -- it's a volume. They just

keep getting people in and out.

So, it's got to be a comprehensive package.

And so I think it's really important.

Everything we've heard is so important, it's critical, but, you know, we're not going to fix the problem if we keep waiting, and it's not -- and if it's not comprehensive.

My son, there's hope.

I had dinner last night with my son and his wife.

There's -- there is hope. It's just one day at a time.

SENATOR CARLUCCI: Great.

Thank you, Lisa.

[Applause.]

SENATOR CARLUCCI: We also have with us Nelson Macrado [sic] who's from the Rockland EMS.

And maybe you want to talk to us about what you're seeing? And, the use of Narcan, how that's been successful, or the challenges?

NELSON MACHADO: I can tell you that I'm, actually, also still a field provider. I still work on the streets, and I've seen the volume of heroin overdoses increase over time.

From the very start of my career, to current

day, it's staggering.

And, as many people here have already testified, you're not looking at the stereotypical street junkie anymore.

You're showing up at the homes of parents who have found their child unresponsive, and don't seem to know what's going on. They don't understand what's going on, and it's very scary for them.

In some cases, I was actually telling Mr. Zall a story about a call that I went on, that involved a father in a suburban home, a well-kept home, who couldn't stay awake, and he didn't understand why.

And after doing a little bit of a patient assessment and some history checking, we discovered that we was on opiate medication for a very long period of time.

And in order to resolve the dependency issues, the doctor just kept scaling it up for him to deal with his back pain.

We resolved that case, you know, with some treatment, and taking him to the hospital.

I'm not sure what type of treatment he received afterwards.

At the end of the day, I don't know that

I know the simple answer.

We're all here fighting for our society and for our children.

And I think this forum is a step in the right direction.

I can tell you, for Rockland Paramedics' part, we are a registered opioid-prevention program.

We've trained the Clarkstown Police Department, and they've since deployed Narcan. And I believe they've successfully used it one time so far.

And we're here to support the system because, at the end of the day, these tragic stories aren't stories that we want repeated.

And I want to thank the two Senators for holding this forum, and for at least looking at every possible avenue to help improve the state of our public-health system.

Hopefully, we'll get to the end result and resolve this problem.

SENATOR CARLUCCI: Thank you, Nelson.

[Applause.]

SENATOR CARLUCCI: Now we'd like to hear from the audience that's here, and we'll have ask people just come to the podium.

We'll keep it brief.

And anybody on the panel that wants to jump in, very informal.

And just to highlight again, what we've talked about here today, and what we've heard, are so many different issues, from different areas of the state, different responsible parties.

I chair the Mental Health Committee in the New York State Senate.

Senator Boyle chairs Alcohol and Substance Abuse.

And what we've talked about before is, we've got to break down these silos, that, if you're suffering with addiction, that it transcends into mental health, it transcends into corrections, into our health department.

And that's the idea to hear: To break down those silos, get everybody working together, a comprehensive package, to make sure we're addressing these issues.

So, please, just state your name, and let's try to keep it brief so we can get to some more people.

JUDY ROSENTHAL: Sure, sure.

Thank you, Senator Carlucci.

Judy Rosenthal from the District Attorney's Office. I'm one of those people who lives in multiple silos.

So, District Attorney Zugibe is very clear on breaking down those silos.

I work in both the criminal justice world and the treatment world, behavioral health; whether it is addictions or mental health.

One of the comments that I'd like to make is about the fact that, and Dr. Goldrick did mention before, drug court.

We have a number of Alternative To Incarceration programs.

When these folks are getting arrested, what do we do with them?

We've now taken them off the street, what do we do?

We want to be able to put them in treatment.

We have Alternative To Incarceration programs, but the State has cut back.

They -- a few years ago, they ended the Road to Recovery, the Steps Road to Recovery, funding.

They have reduced funding, at least in the Ninth Judicial District, funding for drug courts,

for staffing, as well as for supplies, like drug-testing supplies, which are needed.

We're going to be ending a federal grant for a mental-health Alternative To Incarceration program, where, about 85 percent of the participants are also substance users.

So, we are looking at the funding for these folks.

And, again, it also goes to the insurance piece.

We talk about parity.

Would we take somebody who is a diabetic or a cardiac patient and say, "You have to fail first?"

That's not parity.

And that is a bigger discussion, as has been said, for a federal discussion.

So I wanted to put both those two issues on the table.

Thank you.

[Applause.]

SENATOR CARLUCCI: Thank you, Judy.

CAROL LEIMUS [ph.]: Good morning.

Thank you, Senator Carlucci.

My name is Carol Leimus [ph.]. I am a lifelong resident here in Rockland County.

I've also spent the past 30 years working in HIV and drug use.

And I'm speaking primarily as a county resident, but also somebody who has been to numerous funerals, has saved somebody with Narcan, ran the largest syringe-exchange program in New York City.

And, I sit and listen to today, there are a number of things come up for me.

Number one, I work in the county. I see -- I go to the collaboratives all over county.

I'm concerned when I don't see those faces here. They're working with youth.

There's a complete disconnect.

This is seen as a very separate problem. It's seen as a problem, primarily, from a legal point of view or a moral point of view. And it's a public-health problem.

If we talk about prevention, we know, with youth, that just information alone is not going to help.

We need to fund programs that do -- are focused on youth development, that really look at giving young people the skills that they need to succeed in life, as opposed to the tunnel-vision focus of "we have to prevent substance use."

There are so many risks that youth encounter. This is one of them.

And by doing youth development, it's been shown through numerous studies that youth are more likely to avoid substance use.

In terms of overdose death, and we kind of got away from that, but I think it's a very important issue, it's completely preventible.

I'm concerned that only -- we have -- you only mentioned Clarkstown Police.

I live in Orangetown. I'd like to see those police trained.

I can't believe that not every police person in this county is carrying Narcan.

Every single staff member that worked at our syringe exchange was prescribed Narcan personally, to have it in case we needed it when we saw somebody who was in overdose.

It's completely preventible.

Suboxone, it's not being promoted enough.

It's a very effective alternative to heroin and opioid use.

It's very difficult to get, but up -- contrary to methadone, it doesn't create an addiction. It maintains people in a way that blocks

the effect of the drug, so they can't get high if they're trying to.

These are all alternatives that are available.

And as long as we continue to see substance use from the point of view of legality or morality, we're not going to solve this problem.

The other thing that I would say, if this county is seeing such a rise in heroin use, we need in Rockland County a syringe-exchange program.

HIV is preventible. Hepatitis can be preventible.

And we do not need to get to the point where we have an explosion in this county of hepatitis and HIV.

So those are my comments, and thank you very much.

[Applause.]

SENATOR CARLUCCI: Well, thank you, Carol.

DR. CAROL SLATTERY: Senator?

SENATOR CARLUCCI: Oh, yeah. And just -- did you want to address the --

DR. CAROL SLATTERY: I just wanted to address a couple of things.

OASAS has asked treatment providers to

actually get certified in the Narcan, which we currently are doing. So that is going to be happening.

And your outpatient programs within Rockland County do have Suboxone as part of a maintenance, with -- as long as they're in treatment. You can't just be going there for the Suboxone.

So we -- there is -- as treatment providers, there is answers for you on that end.

SENATOR CARLUCCI: And, Nelson, did you want to speak about the training of local law enforcement?

NELSON MACHADO: I did.

Excuse me for a moment.

When I spoke -- Chief Murphy is our chief of operations. He's currently spearheading the Narcan-prevention initiative of law enforcement in our county.

Clarkstown was the first department trained by our organization.

Other departments are on the list, as well.

He did tell me that this morning.

SENATOR CARLUCCI: Right, and we're working with Sheriff Falco, as well, to make sure all

law enforcement is going through the training.

There has been funding aside by the State to make sure that that happens.

LISA WICKENS, R.N.: I just -- for parents and friends, and to citizens, I'm actually certified.

I work out of the largest law firms in Albany, and I got 18 of the attorneys and people there certified.

You can do it.

If you -- if you're interested, if you have someone, a loved one in your family or close network, that -- you know, that -- that -- that is using and is active, I suggest doing it.

It takes half an hour to get certified.

There's a nasal spray for people that are afraid of the needles.

And -- you know, and works. It gives you time to get them -- you know, to get 911 there.

SENATOR CARLUCCI: And if I could just add to that, we're planning on doing a training here in the county for everybody; for residents that are interested in it.

And right now, currently, the work is underway to make sure that law enforcement go

through the training.

And I know Sheriff Falco is heavily involved in that.

But we're also looking to put together a program, that anybody that's interested, like Lisa said, would have that opportunity.

So as soon as we get that planned and off the ground, we'll make sure that everybody that's in this room knows about it.

And we'll also try to get message out, as well, so everybody has an opportunity to do that.

JUDGE WILLIAM WARREN: Senator, can I just make one other comment?

There was, in the beginning of your presentation, you talked about the need for collaboration amongst various organizations in the county. And you didn't see a lot of folks here who you saw at other places.

About two months ago, I went to a program that was presented by a group known as the "Hills Valley Coalition" in Bergen County. It consisted of about five school districts.

And they, through the leadership of the counselors at the schools, put together this coalition.

And I had a presentation the evening that I was, there which included law enforcement, it include treatment providers, it included parents.

It was attended by four or five hundred people in the community.

And it was -- it showed to me an excellent collaboration amongst the people in that area.

Now, I'm not familiar whether the schools in Rockland -- there are eight school districts in Rockland County -- do anything like that.

And I think it would be a great idea if, somehow, they could come together with law enforcement, perhaps under the leadership of the Senator who could get this thing going, to form a larger coalitions. Get the schools more involved. Get them working with people like Sheriff Falco, who I'm sure would be anxious to be there in the schools and help more of a collaboration, which I think will be helpful.

SENATOR CARLUCCI: Great, thank you.

RUTH BOWLES: Could I just bring up that, in Rockland County, we do have a Drug-Free Schools Coalition that meets once a month. And it does have all sectors in the community involved in that coalition; however, the numbers are low.

So...

SENATOR CARLUCCI: Thanks, Ruth.

JOE RIVERA: My name is Joe Rivera. I'm from Parents Helping Parents. It's a self-help parents support group.

We used to be Tough-Love International. That went out of business.

And since 2005, my wife and I founded this group.

What we need, really, is a coordinator or an advocate that parents can get in touch with, to cut all this red tape to get our kids treatment.

Our kids are being turned away from ERs, from rehabs.

I don't see anybody from the insurance company showing up here.

That's one of our biggest problems.

[Applause.]

JOE RIVERA: Addiction, especially to opiates and heroin, it's a long-term treatment.

We had -- years ago, we had a young lady who went through Daytop and drug court.

It took her five months to get the picture.

And now she has two children, she's thriving.

We have to deal with these things right now.

If a person was on a bridge, ready to jump, you're not going to give them a card and say, I'll see you next week.

You're going to do it right then and there.

We have to really get these kids and young men and women into treatment, and find a way of keeping them into the treatment, because it's not going to go away.

Some people it works with the outpatient.

My concern is that, the first-time addicts, when they go to any kind of treatment, it's only an 8 percent recovery. That's all that can get something out of it.

So we have to find a way of giving the parents some tools, and to make it long-term.

Thank you very much.

[Applause.]

UNKNOWN SPEAKER: Thanks, Joe.

SENATOR BOYLE: Mr. Rivera, I would just point out that, in the 15 forums that we've had so far, we have not had insurance-company executives and officials on this side; however, they're always in the audience, and they're always watching.

And I can tell you that they know. They're very concerned.

And one of the things we do in the Legislature is mandate insurance coverage on a lot of different areas.

And, we're going to increase coverage and availability and access.

And the insurance companies have contacted us to say: We're willing to talk about this.

They understand the situation.

There's some bad insurance people out there, but there's some very good insurance people out there.

And I think that our legislative package, we're going to be have -- have is going to increase availability and access.

But thank you very much.

[Applause.]

JUDGE CHARLES APOTHEKER: Good morning, Senators. Thank you for allowing me to speak.

My name is Charles Apotheker. I preside over the Rockland County Drug Court, and have for, I guess, 9 out of the past 14 years.

I'm here to speak about a life-and-death problem, because, everyone, everyone here in this room, knows a family that's lost a child to drug overdose.

I know of, personally, three families.

One, a son of a very high official in the court system;

One, a brother of a prosecutor in an adjoining state;

And, Mike and Lynn's son, as well.

And, so -- besides the rare occasion when we've lost people in drug court to overdose. This hasn't happened too often, but it has happened.

I have had a lot of contact with opiate users, especially lately. They generally start, as everybody has said, with the pills that they find in their parents, grandparents, babysitting. And when they run out, because they get to be very expensive on the street, they switch to something very cheap, and that's heroin.

And although this is anecdotal, I believe that the recent rise in heroin addiction might be as a result, the unintended consequence, of tightening up of prescriptions for opiate use.

The pharmacists now, the doctors now, there's a -- it's being scrutinized, and very heavily scrutinized. And it is a great thing to do. It has definitely changed the way doctors are writing prescriptions.

But I have a feeling that that might have led to this movement to heroin because it's a lot easier to get.

So what should families do?

The families come in here and they look for answers.

And I wish I had something more to tell them, other than, if they can get their child into treatment, great.

But, a lot of the people that are in active use are resistant to treatment. They don't want to -- they know what it is to withdraw from drugs. They don't want to do it again. They avoid that.

And, so, if all else fails, and I know this isn't easy for any parent to do, if you find drugs in their room, call the police.

We have, and have had, police officers at our drug-court graduations. I have invited them to come, occasionally they do come, because that is the person that is responsible for saving that person's life. That arrest makes all the difference in the world.

And, again, this is not easy for parents to do, but we are talking about life and death.

And, you'd much rather put him in the system

or her in the system where they have a chance of recovery, than make arrangements for their funerals.

We've had great success with our outcomes in drug court.

And drug courts all over this country, in the past 25 years, have had great success, more than any other thing that's been tried.

Most of our participants get clean, and they stay clean.

Yes, they see jail, and they see jail quite a lot, for their lying, and trying to get over. But after a while, you see the lightbulb go off, and they start to get it, and they start to get healthy again.

It's amazing what you see right -- happening right in front of your eyes.

But for those who don't get it, state prison is in their future.

They plead guilty to a felony, they subject themselves to state prison.

And when I promise that they get state prison for failing out of drug court, they get state prison.

And I tell parents, I've said this many times to parents: I would rather see you visit your child

in state prison than make arrangements for their funeral. This is life and death.

And as long as we can understand that, maybe we can move to some sense of making this, quote, war on drugs effective.

It is not effective only to fight the supply.

We have to increase -- or, decrease the demand. That's really the only way this is going to have any effect.

Decrease -- we could have all the supply you would want, but if nobody is using it, it doesn't matter.

And when we increase -- or, we fight the supply and we make it scarcer for people to buy drugs, what happens? The price goes up. Just like it does with any other commodity.

We need to do that.

We need to attack this on all levels: supply and demand.

But, really, we won't make a difference until we attack the demand.

And what can legislation do?

We've talked about this, everybody has mentioned this, and I'll mention it:

You know how difficult it is for us to place

people in treatment, dealing with the insurance companies.

Where do they get off being the experts in addiction? I don't understand that.

[Applause.]

JUDGE CHARLES APOTHEKER: If anything, there should be legislation requiring some kind of independent panel, made up of people who know about addiction, to review these declinations of treatment to people that don't fit into the insurance companies' issues.

And at least have some way of appealing these decisions, so that people who are in need of treatment can get it.

And that's all have I to say.

Thank you.

SENATOR CARLUCCI: Great. Thank you.

[Applause.]

ANDREW BARRETT: Hi, good afternoon, everybody.

My name is Andrew Barrett. I'm from Clarkstown Pharmacy in West Nyack and in New City.

And, I've been asked today to speak by Senator Carlucci.

And the first thing I'd like to say, there's

a lot of moving parts in all of this, and there's no simple or easy solutions to any of it.

But one of the things I'm grateful for is that you asked me to come today, but I've been the owner of Clarkstown Pharmacy since 1991. And never has anybody in government come to me, to ask me about any opinion with prescription drugs, controlled substances, laws, insurance company.

Nobody has ever come to me.

And that seems to be a problem here.

We have task forces out there.

We have insurance companies.

We have judges.

We have a sheriff.

But I'm in this community, and there's a big problem, and I've never been asked my opinion on how we could combat this.

And I hope in the future I will be included, and other pharmacists will be included.

I'm a pharmacist.

I've been a pharmacist since 1981, and I've seen crack cocaine. I've seen the rise in oxycodone, Oxycontin.

I'm not that familiar with the heroin situation now, but what I can tell you, back in the

late '70s and early '80s, some of you can remember that there was a huge problem with Valium.

Valium was "the" drug, and people were abusing Valium.

And what did the State do?

They limited how many Valium tablets you can get in a prescription. It was 100 tablets or a 30-day supply, whichever is less.

There is no law like that anymore. That was taken away.

I'm getting prescriptions for Oxycodone, 360 at a time; 2 every 4 hours.

Okay?

Has anybody ever thought, maybe, if the person really needs it, they don't need 360 at one time?

I mean, common sense has to be looked at here.

But these things are not being looked at.

Senator Boyle, I have to disagree with you 100 percent. If the insurance companies, if there were some good insurance companies, they would have acted already on this, rather than sit and wait for a task force.

Why are they waiting? Because they're still

making a ton of money.

They're denying coverage.

They're denying Suboxone.

Okay?

There are insurance companies out there, I go to fill their Suboxone for a patient, it's not covered. They have to spend $200.

Okay?

These people don't have $200 to spend, unless they're selling the oxycodone to pay for the Suboxone.

[Laughter.]

[Applause.]

ANDREW BARRETT: But these are the things I see as a pharmacist, that nobody asks.

Okay?

I sent Senator Carlucci an e-mail, with an article from "Drug Topics," regarding CVS-Caremark.

CVS owns Caremark.

I'm sure all of you know who Caremark is.

Caremark is the insurance company who denies all the prescriptions that you really feel you need to take.

Okay?

And now CVS owns Caremark.

Well, CVS has been filling narcotic prescriptions, as that article pointed out, without DEA numbers from doctors. And it's being paid through Caremark.

When I go to fill a prescription and I don't put a DEA number in, that prescription is denied.

But CVS was being paid for it.

The DEA is currently looking into this.

If that was me, I would have been shut down last week.

CVS is still going strong.

CVS, they'll end up paying a billion-dollar fine after they made $20 billion.

There's something really wrong, when you're having these task forces and you don't include someone like me. You don't include a physician, okay, who can prescribe Suboxone, here.

Another thing, pain-management doctors, they're all over the place. They're all writing for these prescriptions.

What is the requirement to have a pain-management clinic?

Does anybody know?

Okay?

It gives them a license to fill

prescriptions -- to write prescriptions for oxycodone, Oxycontin, Vicodin, and have these people come in and pay cash to the doctor, so this way, they get paid a good sum of money to write these prescriptions.

Maybe the State needs to say: If you're going to be a pain-management doctor and you're going to write these prescriptions, well, then, you should also figure out a way to get these people off the prescriptions.

And maybe have them be Suboxone doctors, because there are so few.

But these are all the things that are going on, from my perspective, where I think things can be done.

You know, the parents, and God help all the parents who have this problem.

I have three children, and, I think, because you can never be sure, that none of them use drugs.

But I do know people who, you know, their son has died or daughter has died. And, it's a horrific thing.

It's a horrific thing.

Another thing, Dr. Slattery mentioned, all of these managed care, that they're going to eliminate

the small people: the small doctor, the small pharmacist.

I have patients come in, say to me: If my daughter comes in with a prescription for a narcotic, please call me. Don't fill it. Okay? They're under treatment.

Do you think if they go to a CVS or Walgreen's they're going to be able to do that?

Okay?

I-STOP is a great thing, okay, but there is a certain personal issue that needs to be addressed, everywhere.

Okay?

And we're losing that.

Governor Cuomo did a great thing to save money for the state. He moved all of Medicaid into managed care a couple years ago.

But what he did was, he moved it into managed care, and now CVS-Caremark runs the managed care. They run 80 percent of all the managed care for prescriptions in the state.

Okay?

Where is the conflict of interest here?

There's a big conflict of interest.

These are the things I think you, as

Senators, you need to address, and say -- you know, take a step back and say: How can we help people?

Okay?

How can we force these insurance companies to give our patients what they need?

Okay?

Because it's costing a lot more money to have them go through the hospital stay than to give them a prescription for Suboxone. I can guarantee you that.

There's a lot of great drugs out there today that can help today, but the insurance company doesn't want to pay for it, because they get paid a percentage.

And if they have to pay for the drug, it cuts into the percentage they make.

And these are some of the things.

I would hope, when you go around the state, and I don't know how many more of these you have, you might include some pharmacists, like myself, some doctors who do prescribe Suboxone, where they can give you some of the experiences, rather than -- and require insurance companies to show up.

Instead of ask them, why not require it?

You're giving them billions of dollars. You

can't have them on the panel?

I don't understand.

I don't understand where they are; why they do what they do; and how they're allowed to get away with what they do.

[Applause.]

AUDIENCE MEMBER: Good afternoon.

Thank you so much for being here and listening to the citizens. It's amazing that -- you know.

I'm sorry that we have this problem, I really am, because it couldn't be sadder, to see people lose their children.

And a very wise man once said, "An ounce of prevention is worth a pound of cure."

And that's where we're at right now.

We can't cure something that's so heavy like this with 800 moving parts.

It really comes down to the law, and who's affected by the law, and who's, you know -- because I think it's more on the user.

If the user had stricter laws, they wouldn't be doing it.

And if the dealers had stricter laws, which I'm not even going to get into, but that would be

great. If someone could catch whoever is putting this into our community, that would be awesome.

Thank you.

[Applause.]

WENDY BLANCARD [ph.]: Good afternoon, and thank you, Senator, and for the panel, for all of this invaluable information.

My name is Wendy Blanchard, and I am in addiction recovery and mental-illness recovery.

I have been in recovery for almost 14 months.

I was abusing prescription drugs: opiates and Xanax. Mostly codeine, down that road.

I don't know much about the heroin epidemic; only what I hear.

But, the doctor that I was seeing was an addiction psychiatrist. And I went to him, I believe it was in '99 or 2000, for help to get off of the codeine, which I had tried to wean off of myself.

And rather than getting the help that I needed for the mental illness that I suffered from, which was depression since I was a child, and PTSD. I had suffered trauma as a child, and all throughout my life.

And, addiction, I became more addicted.

Prescriptions were being written for me, just for the codeine, between five and eight hundred pills at a time. As the pharmacist was just talking about, it was a ridiculous amount.

And 10 days later, I would go to -- among other controlled substances. He was giving me anything that I needed or wanted for a lot of pain that I had. I have medical issues that he was treating me for.

These -- this became such -- my own epidemic, throughout my family -- let me back up.

The codeine was being prescribed. Percocet, all of the other opiates.

And I started to -- I had a complete break with reality. I guess it started about three years ago.

And that addiction and mental illness that was never treated by this addiction psychiatrist, this professional, really ruined my life. And I'm just now beginning to start over.

I'm still in recovery, I'm still struggling. And I'm trying desperately, to not only recover myself, but I have a family who's in crisis as well.

I have three children. Two of my three children suffer from addiction and alcoholism.

My parents: My mother wasn't an addict, but she used pills to make her feel better. My father was an alcoholic.

I was married to two people that also have problems.

I can't get away from it.

I want to help everyone.

I want to change public perception out there.

There is a stigma attached to people like me.

You guys were talking about it before, we have a vision in our minds about what an addict looks like.

I'm sure you don't picture me and my story when you think of an addict.

But, I'm an intelligent woman, I'm educated, I'm a good person. I just got very lost and disconnected from reality, because of these drugs, and a mental illness that wasn't treated.

And I think, in my opinion, doctors need to be educated.

I don't think this doctor set out to kill me. I don't think that.

I just don't think he realized the ramifications of what was about to happen, and the amounts he was prescribing, and never saying no to

me.

I ask that you allow me, somehow, to be a part of a panel, a part of this solution that you're all talking about.

I'm very passionate about this. It's very close to my heart, not only for myself, but for my family.

I have a daughter who's very sick.

Talking about the health insurance:

I had an intervention for her in January. And after the intervention, she agreed to go to inpatient help.

And the insurance company said no. She has to have an outpatient failure first.

In February -- and I have a granddaughter.

In February she relapsed, but she was somehow able to get over on the outpatient program that she goes to.

I didn't have any choice, and I had to, because of my granddaughter who's only -- she'll be 6 on June 3rd, she was in danger. And I had to do what I had to do for my granddaughter, and call CPS.

My daughter was able to pull one over on them, as well, because nothing's been done.

My granddaughter is still with my daughter.

My daughter is very sick. She has mental illness, as well.

And my hands are tied.

She should have been able to go to inpatient treatment, and this would not have happened.

So I ask that you allow me to be part of whatever it is that I can do as a piece of this solution for this epidemic that's affecting so many people.

Thanks.

[Applause.]

JOHN SAVIANI [ph.]: Hello, folks. My name is John Saviani from [unintelligible]. I'm a resident of Rockland, 1981.

I'm semi-retired. I'm an adjunct professor at Long Island University, in counselor education.

I thank you guys for -- and ladies, for being here.

I don't think could I top the previous speaker.

God bless you.

I just -- I wanted to say what she had to say.

She already said it.

As some people know, I do some advocacy.

I'm semi-retired. I'm a volunteer.

I'm here, so let me know. And Ruth can contact me.

But, I think it's hard to -- you know, I think we're used to judging people.

Okay?

And I think we have the finest police force here. I'm not -- I'm a town of Ramapo person. I think we have great services all around.

However, there are people that are addicted to alcohol, drugs, you name it, whatever they get, they get. They go from pills, then something cheaper comes along, heroin comes along.

These -- you know, where people are involved, labels don't fit.

Okay?

And this lady just said that.

I'm kind of losing my track of thought here a little bit.

But, I appreciate your help, but this is something, all right, I'm not a young person. I lived through this in the '70s.

Okay?

You had kids in the '70s. I was a kid in the '70s.

You have them now. Let's not lose another generation.

Okay?

It's all well -- primary prevention is the thing, we know that.

As an educator, we know that.

However, the bottom line is, that the people who need it can't get it.

Not everybody refuses help. They want help, they can't get a bed.

"Come back tomorrow, maybe we'll have something for you. Maybe."

This is people. Come on!

"Come back tomorrow"? "Maybe next week"?

I had a chance to go to St. John's Riverside Hospital, try to get somebody in.

Forget it.

They're waiting outside. They're waiting all day.

"Come here at 6:00, maybe we'll have a bed for you."

"No."

"No."

Is this treatment by insurance or treatment on demand?

You want your kid treated?

Well, if you have good insurance, great.

If you got nothing -- sorry, I'm getting a little adamant.

UNKNOWN SPEAKER: No, there are no beds for anybody.

JOHN SAVIANI [ph.]: There are none.

UNKNOWN SPEAKER: None.

JOHN SAVIANI [ph.]: There's no beds for anybody.

UNKNOWN SPEAKER: Not in Rockland County.

Zero.

JOHN SAVIANI [ph.]: Where can you go?

You wait at Nyack. These people go, they wait, they're turned away.

What do you -- come on!

These -- not everybody doesn't want help. Not everybody wants to stay high.

No, people want help.

I've worked with kids for 35 years.

Kids know what they're doing. They know they can put it over on mom and dad and me and you, but they want help. They don't want it -- you know. They don't want it.

I'm sorry if I get upset. I'm adamant about

this.

I got time. Any way I can help, Ruth knows me.

So, God bless you for trying.

Thank you.

[Applause.]

SENATOR CARLUCCI: One more speaker, and then we'll wrap it up.

AUDIENCE MEMBER: Thank you very much for coming, and putting this on.

Rockland County is a great place to live.

I want to thank you for coming.

Listen, prescription drugs; prescription, and drugs, we've got to do something. It's way too easy to get them out.

When I listen to my family and my neighbors and my friends, all of these kids that are getting on these drugs, when did we all become mentally ill?

I don't -- this is really -- it's a problem.

Lisa, by the way, your story was very moving, and I want to thank you for bringing it to the community.

My suggestion, perhaps something towards a holistic movement based on health, instead of poison.

It's a problem.

And thank you for coming, again.

[Applause.]

SENATOR CARLUCCI: Great.

So, really, we just want to thank everybody for participating today. This has been so powerful and so helpful, to make sure that all of these issues are addressed.

And we've heard a wide array of different issues that need to get tackled.

And I think we can sum it up, in saying, that it's not going to be a silver bullet that helps to alleviate this problem, but it's going to be a comprehensive package of legislation, and working with all members of the community, to make sure we're addressing this issue.

So, I really just want to thank everybody for sharing your stories.

I know, in many cases, it's not easy, but that's what it takes.

And I think what we need to do here in Rockland is to continue to stay focused; focus like a laser, in ways that we can help make sure that these gaps are eliminated. That people aren't waiting for treatment. They're not being denied

medications they need or treatment that they need.

And we have invited the insurance industries to participate with us; and, unfortunately, they haven't.

But we're going to really make sure that they hear us loud and clear, that we are -- we're done with people getting denied treatment that they need.

So, I want to thank all the members of the panel.

[Applause.]

SENATOR CARLUCCI: And, particularly, I want to thank Senator Boyle, who is the Chairman of Alcohol and Substance Abuse in the State Senate, has led up this task force. Has been to hearings around the state, and has heard a little -- you know, some of the same issues at many of the hearings, but with different tints in different ways.

And that's what's been so valuable: your input.

And we're going to be putting together a report, and I just encourage everybody to read through that.

It's going to be a collection of the input that was gathered here today, and other hearings around the state.

But any ideas that you have further, this conversation doesn't end today. You can always e-mail us. Send us your stories, send us your suggestions, and that will be part of the solution.

So with that, to close, we'll have, Senator Boyle, do you want to wrap it up?

SENATOR BOYLE: Thank you so much, Senator Carlucci.

And thank you for hosting this.

I'd like to thank the panelists, who's -- wonderful information; all the audience members for coming.

And as David said, this is going to be a comprehensive package of legislation.

It's not the end of the fight, but it's the beginning of the end of the fight, against this heroin epidemic.

We had such tremendous testimony and ideas today.

And can I tell you, as I said recently, this is not one of those things where we're going to do a report, it's going to come out in six months, and then, maybe, next year.

With the technology we have, we've, literally, been texting information to Albany, and

they're drafting legislation as we got information today.

So -- and we're going to be passing these pieces of legislation, I believe, in the next couple of weeks. We have about three or four weeks left of session, and we're going to win the fight.

Thank you so much.

[Applause.]

(Whereupon, at approximately 12:41 p.m., the forum held before the New York State Joint Task Force on Heroin and Opioid Addiction concluded, and adjourned.)

---oOo---