

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

3 PUBLIC FORUM: WESTERN NEW YORK

4 PANEL DISCUSSION ON HEROIN EPIDEMIC IN THE SENECA
5 NATION AND SURROUNDING AREAS

6
7 Seneca Nation of Indians'
8 Cattaraugus County Reservation

9
10 June 4, 2014
1:00 p.m. to 3:00 p.m.

11
12 PRESENT:

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

15 Senator Catharine M. Young, Forum Moderator
16 Task Force Member

17 Senator Patrick M. Gallivan, Task Force Member

18 Senator George D. Maziarz, Task Force Member
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1 OPENING ADDRESS BY:

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2 Mike Kimelberg
3 Chief Operating Officer
4 Seneca Nation of Indians

5 Barry E. Snyder, Sr.
6 President
7 Seneca Nation of Indians

8 PANELIST INTRODUCTIONS:

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9 Jennifer Alessi, Detective
10 School Resource Officer,
11 Gowanda Central Schools
12 Gowanda Police Department

13 Jodie Altman
14 Campus Director
15 Renaissance Addiction Services, Inc.

16 Eric J. Balon
17 Captain
18 New York State Police

19 Arlene Bova
20 Tribal Councilor
21 Seneca Nation, Allegany Territory

22 Robert Breidenstein
23 Superintendent
24 Salamanca Schools

25 Ashley Carnes
26 Student
27 Southwestern Middle School

28 Laura Elliot-Engel
29 Executive Director
30 Council on Addiction Recovery Services
31 aka/ CARES

32 Dr. Lesley Farrell
33 Commissioner
34 Seneca Nation Social Services

35

1 PANELIST INTRODUCTIONS (Continued):

2 Dr. Judith Feld
3 Associate Medical Director of
4 Behavioral Health
Independent Health

5 Amanda Fero
6 In Recovery For Two Years
Support-Group Leader

7 Joseph Gerace
8 Sheriff
Chautauqua County

9 Jeffrey Gill
10 Tribal Councilor
Seneca Nation, Cattaraugus Territory

11 Sandra Hill
12 SNI Member, Allegheny Territory
Advocate for Victims of Drug Abuse and
13 Their Families

14 Joe Holtsley [ph.]
Student
Silver Creek Central Schools
15 Vince Horrigan
County Executive
16 Chautauqua County

17 Gabriella Hoose
18 Student
Southwestern Middle School

19 Avi Israel
20 President
Save the Michaels of the World

21 Dr. Henri Lamothe
22 Emergency Department Medical Director
Bradford Regional Medical Center
23 Also, Medical Director,
Cattaraugus County
24 Emergency Medical Services

25

1 PANELIST INTRODUCTIONS (Continued):

2
3 Dr. Kenneth Leonard
4 Director
5 University at Buffalo Research Institute
6 on Addictions

7 Daniel Ljiljanich
8 Superintendent
9 Silver Creek Central Schools

10 Wendy Luce
11 Division Director of Patient Care
12 TLC Health Network at Lake Shore Campus

13 Timothy Lynch
14 Assistant U.S. Attorney
15 Western District of New York
16 United States Attorney's Office

17 Bernie Masullo
18 Chief of Police
19 Town of Evans Police Department

20 Darlene Miller
21 Tribal Councilor
22 Seneca Nation, Allegany Territory

23 Brian Mohr
24 SNI Liaison
25 Erie County Sheriff's Office and
Cattaraugus County Sheriff's Office

Patricia Munson
Executive Director
Chautauqua Alcoholism and
Substance Abuse Council

Richard Nephew
Tribal Councilor
Seneca Nation, Cattaraugus Territory

Cheyenne Neubauer
Student
Silver Creek Central Schools

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PANELIST INTRODUCTIONS (Continued):

Daniel Pacos
Assistant Superintendent for
Administration of Finance
Lake Shore Central Schools

Timothy Pence
School Resource Officer,
Salamanca School
Cattaraugus County Sheriff's Office

Richard Rybicki
Principal
Southwestern Middle School

Mark Schultz
Principal
Pioneer Central High School

Taylor Seneca
Student
Lake Shore Central Schools

Michelle Spahn
Buffalo Office, Resident Agent in Charge
Drug Enforcement Agency

Douglas Tubinis
School Resource Officer,
Lake Shore Central Schools
Town of Evans Police Department

Tim Whitcomb
Sheriff
Cattaraugus County

Unknown Speaker 1
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Unknown Speaker 2
(no microphone/no visual name placard)

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1 MICHAEL KIMELBERG: My name is
2 Mike Kimelberg, Seneca Nation Chief Operating
3 Officer, and I welcome you to this historic event.

4 The New York State Senate and Seneca Nation
5 leadership understand that the drug issue knows no
6 boundaries.

7 And we welcome the State's Task Force to our
8 territory today, to work together on this matter of
9 mutual concern.

10 Today's joint forum reinforces the need to
11 tackle this community issue with cooperation,
12 collaboration, and commitment of all resources at
13 our disposal.

14 As is customary, we'll be starting today's
15 event with a traditional prayer.

16 I would like to introduce Seneca Nation
17 member Travis Stafford for today's [speaking native
18 language], which is -- kind of serves as a daily
19 reminder to appreciate and acknowledge all things.

20 Travis.

21 Oh, for media purposes, we don't videotape or
22 audiotape this portion. Thanks.

23 [Proceeding taken off video and audio.]

24 [The forum resumed, as follows:]

25 MICHAEL KIMELBERG: Thank you, Travis, for

1 those good words.

2 We have a robust program today.

3 I understand it departs a little bit from the
4 Senate's Task Force format in previous stops, that
5 it's been more of a hearing format.

6 Today we're going to do a panel discussion,
7 and it's really intended to be interactive, with
8 questions and discussion, and it's broken out by
9 various topics.

10 It's really heartening to see such a diverse
11 cross-section of the community here, as well, today;
12 in particular, so much representation from our
13 school districts.

14 Also, I want to recognize all of the elected
15 officials who have made time to be here.

16 From the Seneca Nation:

17 President Barry E. Snyder, Sr.;

18 Treasurer Rodney Pierce [ph.];

19 Tribal Councilor and member of the

20 Seneca Drug Task Force, Richard Nephew;

21 Tribal Councilor and task-force member

22 Arlene Bovay;

23 Tribal Councilor and task-force member

24 Jeff Gill;

25 Tribal Councilor and task-force member

1 Darlene Miller.

2 Also want to recognize the other tribal
3 councilors from the nation who are in attendance
4 today:

5 Councilor Linda Doxtator;

6 Councilor Christine [ph.] Jimerson;

7 Councilor Nicki Seneca;

8 Councilor Al George;

9 Councilor Travis Jimerson;

10 Councilor Brian Gonzalez;

11 And Councilor Tina Abrams.

12 Thank you.

13 Also, I want to welcome our friend, the mayor
14 of Salamanca, Carmen Vecchiarella.

15 And from New York State, I would like to give
16 a warm welcome to Senators Cathy Young, Phil Boyle,
17 Patrick Gallivan, and George Maziarz, as the
18 co-hosts of today's forum;

19 And, also, to all the professionals who are
20 participating on the forum, that are here today.

21 I think it's fair to say that the disease of
22 addiction affects us all in some way, directly or
23 indirectly, people that we know and care for.

24 So I wanted to take a moment of silence to
25 remember those who have lost their battle with

1 drugs, those who are struggling now, and comfort
2 those who have lost family and friends.

3 [A moment of silence is observed.]

4 MICHAEL KIMELBERG: Thank you.

5 It's now time to get started with the
6 program.

7 Before we delve into the panel discussions,
8 as I mentioned, which are going to be organized by
9 topic, I'd like to invite a few -- several key
10 community leaders to say a few words.

11 Our first speaker, in his 2014 State of
12 Nation Address, identified the drug issue, in
13 particular, as reaching a level of community crisis
14 here in our territories.

15 But he also recognized the complexity of that
16 issue, and dealing with it required a multi-faceted
17 approach. It's not just about enforcement, but,
18 awareness, education, community values, et cetera.

19 So, he's really worked hard with our tribal
20 council, with our drug task force that was assembled
21 shortly after that address; and really supporting a
22 lot of community programs to tackle this problem,
23 with community action; and also forging some unique
24 partnerships with our surrounding school districts
25 and law enforcement through the SRO program, to name

1 one.

2 With that, I'm pleased to introduce the
3 president of the Seneca Nation, Barry E. Snyder, Sr.

4 [Applause.]

5 MICHAEL KIMELBERG: It's a long walk.

6 BARRY E. SNYDER, SR.: I probably could have
7 stayed at the table.

8 It's good to see everybody here, I tell you.

9 Again, as I always say, [speaking native
10 language.]

11 Good morning, and welcome to the
12 Seneca Nation in a first joint anti-drug task-force
13 forum between New York State and the nation.

14 I'm honored to be here today, joining the
15 finest of our law-enforcement friends, educators,
16 health-care professionals, and leaders of New York
17 State and Seneca Nation, who are here, committed to
18 leading the fight against the addiction to drugs and
19 alcohol that is breaking down the fabric and
20 integrity of our communities.

21 I thank the members of the Seneca Nation
22 Anti-Drug Task Force and Seneca Strong campaign for
23 their leadership and commitment to creating positive
24 change in our territories towards prevention,
25 treatment, and recovery of alcohol and drug

1 addiction.

2 I send a personal thanks to you, our partners
3 from New York State, who also tirelessly work on
4 this lifesaving issue, and have taken on to crusade
5 to bring this type of forum to communities
6 throughout New York State;

7 The efforts of Senator Young, Senator Boyle,
8 Senator Maziarz, Senator Gallivan, and
9 County Executive Vince Horrigan are bringing to the
10 front an issue that can no longer be ignored.

11 Welcome to all the panelists who have come to
12 share their experiences, wisdom, and guidance as we
13 address difficult issues that are, quite simply,
14 destroying our families and our friends.

15 Also, thanks to all of the guests who are
16 here to participate in this discussion; all becoming
17 ambassadors, as we take this work and messages to
18 our people, and out into our communities.

19 Today we are coming to go to protect our
20 communities' young people that are being targeted
21 and drawn into the world of illegal-drug use.

22 The Seneca Nation is dealing with a situation
23 of epidemic proportions. There is no time to wait,
24 and hope that this invasion of illegal drugs into
25 the lives of our families will run its course and go

1 away.

2 It is something that we need to do together,
3 as a community, as friends, families, and neighbors,
4 to save the lives of all of our future generations.

5 Recently, the Seneca Nation Tribal Council
6 passed a resolution to establish the drug and
7 alcohol task force to develop a broad
8 community-based approach to addressing drug and
9 alcohol abuse, and aiding and reducing the negative
10 impact it has on our community.

11 This task force will work to support their
12 mission of the newly introduced Seneca Strong fight
13 against alcohol and drug campaign.

14 We also are very proud of our work,
15 established Seneca school -- Seneca resource
16 officers in our local schools, including Gowanda,
17 Silver Creek, Lake Shore, and Salamanca.

18 School-based policing has emerged in recent
19 years as an effective area of law enforcement.

20 I think it's effectiveness can, in large part,
21 be attributed to the program's collaborative nature
22 which combines efforts of police agencies,
23 educators, students, parents, and communities.

24 Collaboration and mutual respect are the
25 hallmarks of any successful community action, and

1 this program most recently attests to that.

2 Our kids are our future.

3 And I'll say it again, "Our kids are our
4 future."

5 Providing them with the safe and productive
6 learning environment gives them the key to thrive
7 and prosper.

8 The SRO program is making a significant
9 contribution and impact in this regard, providing
10 valuable resources to school staff, fostering a
11 positive relationship with our youth, and developing
12 strategies to resolve problems affecting our youth.

13 And most recently, we began to train our own
14 Seneca Nation marshals, as you'll see them over
15 here, and first responders, to carry Narcan, for the
16 purpose of treating overdose victims.

17 And all of those efforts, combined work of
18 the people here today, will send a message to the
19 good people of the Seneca Nation and the state of
20 New York that our communities are serious about a
21 fight against drugs.

22 I thank everyone involved for their
23 commitment and dedication to this very important
24 lifesaving initiative.

25 For our people, it is my heart-felt belief

1 that an issue of this magnitude can only be solved
2 by our communities.

3 In conclusion, I want to share a prayer with
4 you that I live by:

5 "This is the beginning of a new day. The
6 Creator has given us the day to use as we will. We
7 can waste it, or we can use it for good, but what we
8 do today is important because we are exchanging a
9 day of our lives for it."

10 I think something we need to talk about all
11 the time is, what we do today.

12 Did we do good today?

13 If we don't do good today, we can't go
14 tomorrow and look back on tomorrow what we should
15 have done.

16 We've run out of options.

17 There are no more options to what we have to
18 do.

19 We know what we have to do.

20 All we got to do is sit down, collaborate
21 together, and we got to get this work done.

22 It's our future, for all of our young people.

23 All of our young people.

24 Again, thank you for coming here today.

25 I know we're going to have a very productive

1 forum.

2 And [speaks native language] from the
3 President's Office, Tribal Council, from the
4 Seneca Nation people.

5 Again, thank you for coming.

6 [Applause.]

7 MICHAEL KIMELBERG: Thank you,
8 President Snyder.

9 Next speaker is a good friend of the
10 Seneca Nation. She works tirelessly for her
11 district on a wide variety of issues.

12 It's been a pleasure to work with her
13 throughout the years.

14 Senator Cathy young.

15 SENATOR YOUNG: Thank you.

16 [Applause.]

17 SENATOR YOUNG: Thank you, and good
18 afternoon.

19 I'd like to join President Barry Snyder in
20 welcoming everyone here today on this critically
21 important topic.

22 I especially want to thank President Snyder
23 for his leadership; the tribal councilors for all
24 that they're doing as leaders; and, also, all of the
25 members of the Seneca Nation for their hospitality,

1 for their friendship, and their partnership.

2 Today truly is a historic day.

3 Today is a day when the Seneca Nation and
4 New York State have joined together for the first
5 time, to tackle policy areas, and work together to
6 come up with solutions on a specific problem that is
7 facing all of us.

8 I also want to thank the panelists who are
9 here today.

10 As I look around, I see this great depth of
11 knowledge and expertise in each of your areas.

12 And today is bringing all of those pieces of
13 the puzzle together, because you're experts in what
14 you do every single day.

15 But, this is an extremely complex issue.
16 This is one that does not have a silver-bullet
17 solution.

18 And by working together, getting your input
19 today, we can come up -- come together, and put
20 together these pieces of the puzzle, so that we can
21 truly take this issue on.

22 The heroin and opioid problem is killing
23 people. It's wrecking lives, it's wrecking futures,
24 it's ripping apart families; and we need to do
25 something about it.

1 It's a difficult topic. It's an ugly, ugly
2 issue, and it's a tragic issue.

3 And it's always important to remember that
4 addiction is an illness. And that's why we have
5 people here today, from the health community, we
6 have educators, we have students, we have
7 law enforcement.

8 And, by having everyone around the table, it
9 provides us, as Senators, with very important data
10 that we'll take back to Albany.

11 I especially want to thank my colleagues from
12 the Senate who are here today.

13 Senator Phil Boyle comes from Suffolk County,
14 so he's from the far east. And, he had to travel a
15 great distance to be with us, to come do the far
16 west, because, as we know, Chautauqua County is the
17 furthest point west in New York State.

18 But I think it shows a level of commitment on
19 his part.

20 He can tell you about what he's been doing.

21 This is 18th forum that the Senate has held
22 through this Task Force across New York State.

23 We've been in every community, we've talked
24 to every different group, and we've come up with a
25 package of bills that he will speak to, and also

1 report.

2 And I also want to thank my colleagues,
3 Senator George Maziarz, Senator Patrick Gallivan,
4 for all that they do. They truly are leaders in
5 Albany.

6 And we appreciate the fact that they've taken
7 the time, because they know that this is an issue in
8 their communities, also.

9 You know, I also want to recognize,
10 Assemblyman Andy Goodell is here.

11 There's Andy Goodell [pointing].

12 And he's working in the Assembly on these
13 issues.

14 And I do want to thank my friend and
15 colleague, Chautauqua County Executive
16 Vince Horrigan.

17 Almost immediately after he took office,
18 about five months ago, he recognized that something
19 had to be done about this issue; and so he's held
20 several forums.

21 And he's sharing -- he will be sharing his
22 expertise today, too.

23 But when you look at Chautauqua County alone,
24 in particular, the issue is stark.

25 It's been reported by the New York State

1 Department of Health, based on 2010 data -- so this
2 is data from four years ago, and it underscores the
3 issue that we're facing -- then, in 2010, the rate
4 of newborns in hospitals that were discharged with
5 opiate-type drugs in their systems was 157 infants
6 per 10,000.

7 This is almost 150 percent higher than the
8 New York State average that was just 64 per 10,000.

9 And as I said, that's based on 4-year-old
10 data.

11 The problem of addiction, by all measures,
12 has grown exponentially since that time.

13 And so the goal of this roundtable today is
14 to hear firsthand how real and serious this
15 drug-addiction problem to opiates and heroin has
16 become, and to hear from those who have personal
17 experience, as victims of addiction themselves, as
18 family members of loved ones who have struggled with
19 it, and as community leaders in our schools,
20 assistance agencies, law-enforcement teams, and
21 government, how to address this program and identify
22 solutions.

23 So, again, I commend the Seneca Nation of
24 Indians for all that they're doing.

25 And I want to let you know, they've taken

1 very proactive steps already.

2 I commend them for their funding of, for
3 example, school resource officers who are working
4 with our youth.

5 But they're doing many, many things.

6 Seneca Strong is a very exciting program, and
7 by having that community participation, I know that
8 we will make a difference.

9 So at this time, I would like to introduce my
10 colleague Senator Phil Boyle, who is the Chair of
11 the Senate Task Force on Heroin and Opioid
12 Addiction.

13 As I said, he's traveled around the state,
14 and he'd like to share some thoughts today.

15 SENATOR BOYLE: Thank you, Senator Young, and
16 my Senate colleagues.

17 I, too, would like to thank President Snyder,
18 the Seneca Nation Tribal Council, and all the
19 members of the Seneca Nation Alcohol and Drug Abuse
20 Task Force, and all the members of the nation for
21 hosting this forum.

22 It truly a historic forum, as was said.

23 And I can tell you that, of the 18 forums
24 around the state of the Senate Task Force, I have
25 been able to personally appear at 15 of them.

1 It started in my home county of
2 Suffolk County, and, this is the final one of Senate
3 Task Force. It's the first day, historically. It's
4 the last one for the Senate Task Force.

5 But looking at this distinguished panel,
6 I think I can honestly say we may have saved the
7 best for last.

8 The experts here today, and the different
9 viewpoints we're going to hear, whether it's
10 education, prevention, treatment, and
11 law enforcement, is going to come back with some
12 ideas that we're going to pass into law.

13 And we're not talking about doing this
14 six months or two years down the road.

15 What they're going to talk about, passing
16 laws in the next couple weeks.

17 And with the technology we have, if you see
18 me looking down and texting, it's not because I'm
19 checking the sports scores, or something like that.
20 I'm, literally, texting my staff in Albany, to
21 modify language of legislation that we're going to
22 be passing in the next couple weeks.

23 It's going to be immediate, because there's
24 no more serious issue than heroin/opioid abuse.

25 As was said, we are losing children, we are

1 losing people of all ages, in the territory, and in
2 New York State, on a daily and weekly basis. And we
3 cannot afford to lose one more.

4 I thank the Seneca Nation for partnering with
5 us.

6 And we're going to get answers today, to save
7 lives, and bring families together.

8 Thank you, Senator.

9 SENATOR YOUNG: Thank you.

10 [Applause.]

11 SENATOR YOUNG: I think we'd like to go
12 around the table.

13 Now, the great news is, that we have so many
14 people here today.

15 But the bad news is, that we have so many
16 people here today.

17 So I'm going to ask you to be brief, but if
18 you could please say your name, so that the people
19 in the audience can know is here, also, and what
20 your title is.

21 So, Charlie, why don't we start with you.

22 UNKNOWN SPEAKER: [Inaudible/no microphone.]

23 SENATOR YOUNG: Yep, and if you could pass
24 the microphone, too, so everyone can hear.

25 UNKNOWN SPEAKER: [Inaudible/no microphone.]

1 TAYLOR SENECA: I'm Taylor Seneca. I'm a
2 student at Lake Shore.

3 DOUG TUBINIS: I'm Doug Tubinis. I'm the
4 school resource officer with Lake Shore Schools.

5 DANIEL PACOS: I'm Dan Pacos. I'm the
6 assistant superintendent for administration of
7 finance at Lake Shore Schools.

8 DANIEL LJILJANICH: Daniel Ljiljanich,
9 superintendent of Silver Creek Schools.

10 CHEYANNE NEUBAUER: Cheyanne Neubauer, at
11 Silver Creek.

12 JOE HOLTSLEY [ph.]: Joe Holtsley [ph.] of
13 Silver creek.

14 DET. JENNIFER ALESSI: Jen Alessi, school
15 resource officer for Gowanda Central Schools.

16 MARK SCHULTZ: Mark Schultz, the principal of
17 Pioneer High School.

18 BRIAN MOHR: Brian Mohr, Erie County and
19 Cattaraugus County Sheriffs' Office.

20 SHERIFF TIMOTHY WHITCOMB: Tim Whitcomb,
21 Sheriff, Cattaraugus County.

22 SHERIFF JOSEPH GERACE: Joe Gerace, Sheriff,
23 Chautauqua County.

24 CAPTAIN ERIC J. BALON: Captain Eric Balon of
25 the New York State Police.

1 ASST. U.S. ATTY TIMOTHY LYNCH: Timothy Lynch
2 from the United States Attorney's Office.

3 MICHELLE SPAHN: Michelle Spahn, the resident
4 agent in charge of the Drug Enforcement
5 Administration, Buffalo Office.

6 POLICE CHIEF BERNIE MASULLO: Bernie Masullo,
7 Chief of Police of the Town of Evans Police
8 Department.

9 And we just recently entered into a great
10 relationship with the Seneca Nation, where they're
11 sponsoring a school resource officer.

12 And we're going to help to get a handle on
13 this very bad situation.

14 VINCE HERRIGAN: Vince Horrigan,
15 County Executive, Chautauqua.

16 SENATOR MAZIARZ: George Maziarz, New York
17 State Senator.

18 SENATOR GALLIVAN: Senator Pat Gallivan.

19 RICHARD NEPHEW: I'm Richard Nephew, member
20 of the Seneca Nation Council.

21 DR. LESLEY FARRELL: Lesley Farrell,
22 Social Services Commissioner for the Seneca Nation.

23 ARLENE BOVA: [Speaking native language.]
24 Arlene Bova, Seneca Nation Tribal Councilor.

25 I'm also an [unintelligible] grandmother of

1 seven, mother of five, and community member.

2 So I have some experience, and a passion to
3 see things resolved.

4 [Speaking native language.]

5 JEFFREY GILL: Jeffrey Gill, tribal
6 councilor.

7 DARLENE MILLER: [Speaking native language.]

8 Darlene Miller, tribal councilor,
9 Allegheny territory.

10 AVI ISRAEL: Avi Israel, president of
11 Save the Michaels of the World.

12 I lost my son Michael, at 20 years old,
13 3 years ago today.

14 AMANDA FERRO: Amanda Fero, support-group
15 leader, and recovering addict.

16 LAURA ELLIOTT-ENGEL: Laura Elliot-Engle,
17 person in long-term recovery; executive director of
18 the Council on Addiction Recovery Services.

19 SANDRA HILL: Sandra Hill, community member
20 Allegheny territory, and member of the
21 Seneca Nation.

22 DR. HENRI LAMOTHE: I'm Dr. Henri Lamothe.
23 I'm a medical director at Bradford Regional Medical
24 Center. I work at Olean General Hospital in the
25 emergency department.

1 I'm also the medical director of
2 Catt County Emergency Medical Services.

3 DR. KENNETH LEONARD: I'm Ken Leonard. I'm
4 the director of the Research Institute on Addictions
5 at the University of Buffalo.

6 WENDY LUCE: I'm Wendy Luce. I'm the
7 division director of patient care at TLC Health
8 Network at Lake Shore Campus.

9 PATRICIA MUNSON: I'm Pat Munson. I'm
10 director of the Chautauqua Alcoholism and Substance
11 Abuse Council.

12 JODIE ALTMAN: I'm Jodie Altman. I'm the
13 campus director of Renaissance Addiction Services.

14 DR. JUDITH FELD: I'm Dr. Judith Feld,
15 medical director of behavioral health at
16 Independent Health.

17 RICHARD RYBICKI: Richard Rybicki, principal
18 at Southwestern Middle School.

19 ASHLEY CARNES: Ashley Carnes, student at
20 Southwestern School.

21 GABRIELLA HOOSE: Gabriella Hoose, student at
22 Southwestern School.

23 ROBERT BREIDENSTEIN: Bob Breidenstein,
24 superintendent of Salamanca Schools.

25 TIMOTHY PENCE: Tim Pence, Cattaraugus County

1 Sheriff's Office, SRO of Salamanca School.

2 SENATOR YOUNG: Great, thank you very much.

3 So, let's kick things off.

4 We do have people whose lives have been
5 personally affected by addiction.

6 And, today we have joining us, she introduced
7 herself, Amanda Fero.

8 Amanda is a young woman in her 20s, and
9 she's been in recovery for two years.

10 She was a resident at the
11 Intensive Residential Women's Service in Gowanda,
12 which, unfortunately, is now closed.

13 She is pursuing her college education, and
14 she's a recovery coach.

15 So, congratulations to you, Amanda, for
16 turning things around.

17 And we'd like to hear today your personal
18 story so that we can fully understand what happened
19 to you.

20 AMANDA FERRO: Okay, my name is Amanda Fero,
21 and I've been in recovery for 18 months, actually.

22 I grew up in an alcoholic and addicted
23 family, and, basically, I thought that it was okay
24 to be that way.

25 When I was about 18, I started to use opiate

1 drugs. And when I was 22, is when I realized that
2 I couldn't live without them; that I had to use them
3 to feel normal.

4 I was in a lot of trouble due to my
5 addiction.

6 And when I actually told on myself, to get
7 help, I went to a detox center, and they told me
8 that because I was three days not using, that
9 I didn't need help.

10 So, I actually went out and overdosed, and
11 I had to get court-mandated to get treatment.

12 I went through a 28-day program after that,
13 and I still thought that I may need more intensive
14 treatment. And, they told me that I was okay to do
15 outpatient.

16 Again, my addiction went at its worst, and
17 I started to do heroin.

18 And, thankfully, actually, I got arrested
19 again, and my probation officer and the judge made a
20 plan with me to get intensive.

21 So, again, it had to be court-mandated
22 because there was no other way that I was going to
23 get the treatment.

24 I did eight months' inpatient at the Gowanda
25 TLC, and it saved my life. It help me turn my life

1 around.

2 So...

3 SENATOR YOUNG: Thank you, Amanda.

4 I know that you grew up in a home that had
5 addiction problems.

6 But, were there friends -- or, how did you
7 first become introduced to drugs?

8 Was it through school? through friends?

9 How did that happen to you?

10 AMANDA FERRO: It was through friends, that
11 I started to drink with friends, and then it turned
12 into other drugs, like marijuana.

13 And around 18 is when I started to do
14 prescription medication. And that was through my
15 friends who had them, who were selling them on the
16 streets.

17 SENATOR YOUNG: And when you got into heroin,
18 how did that happen?

19 Where did you get the heroin from, basically?
20 Or, how -- was it easily accessible?

21 AMANDA FERRO: Yes.

22 The same people that I was doing prescription
23 medication with, when that was all gone, that was
24 the last option, was heroin. And that's why
25 I started to do heroin, because I was -- I was sick

1 and I felt like my body needed it.

2 So, that's why I started to do heroin after
3 that.

4 SENATOR YOUNG: Uh-huh.

5 Did you want to ask?

6 SENATOR BOYLE: That's quite a common story,
7 unfortunately, around the state. But -- but I'm
8 glad that you saw it and got the recovery.

9 One of things we've seen is the fact that
10 people actually have to get arrested and go into the
11 criminal justice system just to get the treatment
12 they need.

13 And that's one of the things we're looking to
14 change.

15 SENATOR YOUNG: Any other questions?

16 I want to thank you, Amanda, for being here
17 today to share your story, because it's very
18 positive from the standpoint that, by sharing your
19 story, you can give us great direction as to what
20 needs to be changed.

21 And, I want to thank you for your courage,
22 and thank you for your participation today, because
23 it really, really is very, very helpful.

24 So, thank you for that.

25 AMANDA FERRO: Thank you.

1 [Applause.]

2 SENATOR MAZIARZ: Thank you very much.

3 Senator Maziarz, again.

4 I just want to take this opportunity to
5 introduce our next speaker who I've become very,
6 very close with.

7 As Avi Israel stated earlier, Avi and his
8 wife, Julie, who is also here today, lost their son
9 Michael three years ago on this very day as a result
10 of addiction to prescription painkillers.

11 And Avi has worked very closely with
12 Senator Young, Senator Gallivan, myself,
13 Senator Grisanti, and Senator Ranzenhofer, from
14 Western New York, to pass I-STOP legislation, but
15 that was only the first step.

16 And, Avi, we know you have given the rest of
17 your life to -- to this particular challenge, and we
18 thank you very much for being here.

19 AVI ISRAEL: Thank you, Senator Maziarz.

20 I want to thank everybody that's here.

21 I want to thank you, President Snyder, for
22 holding this forum.

23 Three years ago today, 10:05 a.m., after
24 repeatedly asking for help, my boy Michael went into
25 the back bedroom, put a shotgun under his chin, and

1 took his life.

2 There's nothing -- there's no pain like it in
3 this world, there's nothing that can compare -- to
4 the pain of holding your son while he's taking his
5 last breath.

6 But the questions that I think we want to get
7 to over here, is really:

8 How did Michael get there?

9 How did Michael ended up with no choices but
10 to take his life?

11 So I'll tell you.

12 Michael was prescribed into addiction by
13 doctors who are just like every doctor in this
14 country, are really uneducated when it comes to
15 painkillers.

16 You can go see a dentist, and he'll give you
17 30 pills.

18 You can go see a general practitioners, and
19 he'll give you 90 pills.

20 And so on and so on.

21 And people will -- may not use all of them,
22 leave them into a medicine cabinet. And the next
23 thing, the kids grab them, and have a skittles
24 party.

25 This epidemic, whether we want to admit it or

1 not, has started with the medical community.

2 Somewhere down the line, a doctor, a prescriber,
3 wrote a prescription for painkillers.

4 And, we cannot arrest our way out of this, we
5 cannot treat our way out of this, until we start
6 educating everybody involved.

7 And by that I mean, we have to start with
8 prescribers.

9 We have to make sure that every prescriber
10 who prescribes opiates, know the consequences of
11 those pills, knows how to recognize addiction; not
12 eight months down the road. We want it to be
13 recognized early.

14 We don't have enough facilities to treat the
15 people who get addicted. There's nowhere.

16 Nobody is going to -- nobody is going to
17 invest in facilities because there's no profit in
18 there, so everything falls into the hands of us, the
19 citizens and the State.

20 Very simple things:

21 We have legislation to educate doctors.

22 The next thing we need to do is do what we
23 did in Western New York over here, and educate our
24 young ones.

25 This is a school curriculum which was

1 developed by Blue Cross and Blue Shield, and WNED.

2 It tells you about opiates;

3 It tells you the consequences of opiates;

4 It tells you how to avoid some of them;

5 And it tells parents how to recognize, and
6 teachers how to recognize, the problem.

7 Blue Cross and Blue Shield, with the help of
8 every TV station and every media outlet in the
9 Buffalo area, has ran a three-months campaign, which
10 I'm sure some of you have saw the billboards and saw
11 the commercials on TV.

12 What drove them into it was not me going in
13 there and banging on the table that you didn't treat
14 my son.

15 What drove them into it is the fact that
16 there's so many young kids who are dying, and
17 something has had to be done.

18 Every day -- and this is not my words.

19 These are -- this is a survey that was taken
20 by Blue Cross and Blue Shield.

21 Every day in this country, 2,000 kids take
22 prescription pills.

23 Every day in this country, 100 people die of
24 overdose.

25 Every day in this country, 16,600 die.

1 That's a small village that disappears every
2 year.

3 In 4 years of war -- and 10 years of war,
4 I should say, in Iraq, we lost a little over
5 10,000 people.

6 We quadruple that every year in this country.

7 We passed a great legislation two years ago
8 called "I-STOP." It slowed down the
9 overprescribing, but, unfortunately, some doctors
10 are still feel like: I don't want you to call me
11 over the weekend so I'm going prescribe you 30 pills
12 to take home for a root canal.

13 In that I-STOP, we have two provisions that
14 have never been mandated.

15 One of them is doctor education.

16 That has to be.

17 In order for us to treat the millions of
18 people who are in the pipeline, we have to stop the
19 flow of new addicts into this pipeline.

20 We can only do that by education.

21 You cannot arrest a kid that has a
22 prescription bottle in his pocket, that is
23 prescribed to him. There's nothing in the law that
24 says he can't take it.

25 But as a moral obligation by doctors who

1 should know what happens with this prescription.

2 There's the moral obligations for every
3 prescriber.

4 There's the moral obligations for insurance
5 companies to provide for insurance.

6 And there's the moral obligations for all of
7 us sitting in this room, to participate and make
8 sure that we don't lose, like the president said,
9 our next generation.

10 We lose the next generation, we are going to
11 lose our future.

12 Nothing is going to bring my son back.

13 Nothing.

14 There's a hole that Julie and I and my
15 daughter Rachel will have to live with for the rest
16 of our life.

17 What we can do here is make sure that there's
18 no more Michaels.

19 Thank you.

20 [Applause.]

21 SENATOR YOUNG: Thank you very much.

22 SANDRA HILL: My name is Sandra Hill, and I'm
23 a member of the Seneca Nation of Indians.

24 And I'm here to talk about my daughter
25 Michelle. She was a heroin addict.

1 And, actually, you know, I always thought it
2 was something that I did wrong.

3 And -- this is difficult.

4 And it's just, you know, like Avi, there's a
5 lot of pain for a parent, when they have to wait
6 every day for that phone call to come, and to worry
7 every night that -- that the end is going to come
8 soon.

9 And I really want to commend President Snyder
10 for taking a stand and saying enough is enough.

11 We're going to do Seneca Strong. And I've
12 waited for that for 4 years, because she passed away
13 on May 21st of 2010 at the age of 37 years old.

14 She was a really wonderful girl. She was
15 intelligent. She was college-educated. She was
16 bright. She was bubbly. And everybody loved her.

17 And she couldn't -- and, again, like Avi, she
18 started out with prescription medication.

19 She had an abscessed tooth, and she got
20 three months of painkillers.

21 And, of course, and I said: What are you
22 going to do with all that?

23 She goes: Oh, I'm not taking them.

24 But she did, because also with that, she was
25 using marijuana.

1 So -- in her later years, she met a guy, and
2 she was madly in love with this guy. And he, too,
3 was a heroin addict.

4 And one day he said: You want to feel even
5 better, take this needle.

6 And she did it.

7 And ever since then, it was a world of hell
8 for her, her family, and her friends.

9 And I tried to do the tough-love thing.

10 It did not work, because -- and it's just,
11 like, you can never give up on your child.

12 And even considering coming here, it's, like,
13 am I going to exploit her, or am I going to be
14 helpful by telling her story?

15 And I thought -- and the reason I say that is
16 because, shortly after her passing, I got a call
17 from Suzette Brown, who is Katie Couric's executive
18 producer, and she asked me if I was willing to talk
19 about what happened, because she saw my daughter on
20 the news, and she saw me on the news.

21 And because -- and I said, Well, let me think
22 about it.

23 And I thought, Well, I don't want to exploit
24 her to the world on a television program, but they
25 wanted to talk about the mother's pain.

1 And I didn't do that.

2 And even asking to come here today,
3 I thought, Well, I don't want to exploit her.

4 But, through her heroin addiction,
5 I started -- I quit supporting her. And I thought,
6 Well, maybe that will help.

7 It did not help, so I bring her back. We
8 sent her to five rehabs.

9 And, like, if you want -- if a person is
10 saying, "Okay, I'm ready today. I will get help
11 today," and you go try to seek help, you can't get
12 it today.

13 "Oh, come back in two weeks."

14 "Oh, fill out these medical forms."

15 Or, do this and do that.

16 And it's just -- and it's just, like -- it's
17 just a runaround.

18 And then, two days later, they're back on the
19 streets, back using.

20 She was a beautiful girl, and she ended up on
21 the streets of Buffalo in a Puerto Rican section so
22 she could get her drugs.

23 And then because she didn't have the money,
24 she couldn't work, she couldn't do anything, she
25 started stealing.

1 So in the end, she became the notorious
2 person that was robbing churches. So that was all
3 over the media in Buffalo, that she was stealing
4 from churches.

5 And on the news, they had a video of her from
6 a convenience store. And I thought, Oh, my God,
7 that's my daughter.

8 And I thought: Well, maybe this is chance to
9 save her. Maybe this is the chance that I need to
10 turn her in, and she will go to prison, and she will
11 get clean, and everything will be fine.

12 And, so, that's what I did.

13 And with the help of Brian Mohr, we did take
14 her in, and then I hired an attorney.

15 And I hired this attorney, not to get her
16 out, but to keep her in there so she could be able
17 to dry out, and then later go to drug court and get
18 some help.

19 And, so, we went through the whole nine yards
20 there.

21 And then after they did send her to drug
22 court, she did get out. And she just couldn't --
23 I guess she just couldn't make it, and she just left
24 the rehabilitation center that they sent her to, and
25 she just disappeared.

1 She says, "Mom, I am never going back to
2 prison again."

3 And it was very tragic of what happened to
4 her.

5 On the 21st -- on her -- her birthday was on
6 May 17th. And I told her, I says, Come and talk to
7 me.

8 She says, I don't want to go back to prison.

9 I said, you don't have to. Just come and
10 talk to me.

11 And we spent the whole day together.

12 And then -- and then -- that was on a
13 Thursday.

14 And then the next day, I got the phone call,
15 and they said: Your daughter had an accident.

16 And I thought, Oh, no, what had happened to
17 her?

18 And, actually, it was a Cattaraugus County
19 sheriff. He was very rude. He was very -- he said:
20 Well, you'll have to call the marshals. They'll
21 tell you.

22 And I was, like, Okay.

23 So I called the marshals, and they were very
24 helpful.

25 But what had happened is that, somehow, there

1 was -- on the west side of Buffalo, she was hit by a
2 train, and it really brutalized her, and it really
3 tore her to pieces.

4 Even when we brought her home, there was
5 hardly anything left of her.

6 And, it was a terrible experience for a
7 mother to go through this. As with Avi, you can't
8 imagine the pain and the hurt.

9 And so, again, and even at that time, I said:
10 Why doesn't somebody do something about this? Why
11 doesn't someone be there to help?

12 And that's why I commend the president for
13 taking a stand.

14 And I am glad he said, "I am declaring a war
15 on drugs and alcohol," because we have needed this
16 for a long time, because it's not going to get
17 better. It's going to get worse.

18 It's a big business. Heroin is only \$5 for a
19 little hit.

20 And all the kids just -- they have \$5, they
21 will do it.

22 In Salamanca, I understand there was
23 three overdoses in the past few weeks.

24 And somebody has to take a stand on this.

25 I don't know what the answer is.

1 And, again, we need treatment centers, and we
2 need aftercare centers, which we don't have.

3 And being this, and helping with this, I am a
4 strong advocate to help end this heroin and opiate
5 addiction.

6 I will do anything to help another kid.

7 And, you know, I'm doing it for my daughter.

8 And, actually, I'm doing it for my peace of
9 mind, also.

10 I couldn't save her, but maybe I can save
11 someone else.

12 And I thank you for allowing me to tell my
13 story, and to be here.

14 [Applause.].

15 SENATOR BOYLE: Thank you very much, Sandy,
16 for sharing. We truly appreciate it very, very
17 much.

18 As you can see, we have color-coding around
19 the table, and, we have different experts in
20 different topic areas, and the first has to deal
21 with health treatment.

22 I feel that the first three speakers gave
23 excellent lead-ins into talking about some of the
24 health issues, and so I'd like to have the experts
25 chime in, and I have a lead-in question:

1 The health-care's role in addressing this
2 epidemic is vital to discuss.

3 Families are struggling, as we've heard, to
4 find a place for their loved ones in treatment
5 facilities, and often run into issues with insurance
6 companies providing the resources needed to afford
7 these services.

8 Hospitals, EMS providers, and recovery
9 services all have seen significant spikes in demand
10 for these services.

11 And so to the providers who are here today,
12 what can we do to help these families?

13 And, you know, I'd just open it up. Anyone
14 who feels like sharing, just grab the microphone and
15 let's begin the discussion.

16 Pat.

17 PATRICIA MUNSON: Pat Munson,
18 Chautauqua Alcohol and Substance Abuse Council.

19 We're a prevention agency through OASAS, and
20 I firmly believe prevention will help address those
21 problems, with the hospital having fewer people come
22 for the services.

23 But looking at prevention over the
24 30-some years I've been in the field, right now, I'm
25 most hopeful, looking at the evidenced-based

1 prevention practices that are targeted to audiences
2 and have been tested to show that they work. And
3 there are a variety of strategies that could be
4 used.

5 But I'm a big believer in getting the
6 prevention efforts out there in the schools and the
7 communities and the families.

8 You can't just do prevention in the schools
9 with the students. You need to have -- I envision
10 this big ball with everything inside of it, because
11 everything affects everything.

12 The families, the youth, the schools, working
13 with the elders, working with the traditions, that's
14 all part of getting prevention going, and then
15 moving into other areas.

16 So, prevention will help with the hospitals
17 and health, but, I can't speak to some of the other
18 things with that.

19 SENATOR YOUNG: Pat, when you talk about
20 evidenced-based prevention, what are the types of
21 activities or approaches that seem to work?

22 PAT MUNSON: There is a list on SAMHSA, and
23 NREP (National Repository of Evidenced-Based
24 Programs), that talk about what the target group is
25 and what this program does.

1 I did -- just as an example, in our agency,
2 we use life-skills training and a few other ones
3 that have impact for what we're doing in early
4 prevention.

5 I did look at something on the Internet
6 yesterday, and an example from NREP is
7 Family Spirit. It's a culturally-tailored
8 home-program intervention for Native American
9 teenage mothers who experience high rates of
10 substance use and school dropout.

11 Another one is not on tobacco, school-based
12 smoking cessation.

13 Red Cliff Wellness school curriculum.

14 And, Say It Straight communication program
15 designed to help students and empower communication
16 skills.

17 Because, prevention education isn't just
18 saying no. It's providing a rounding of services,
19 especially with the youth, to teach them things like
20 social-skills.

21 Media: looking at media with critical
22 messages.

23 What's the media telling you when you see
24 vodka, with all these beautiful women saying this is
25 the best vodka, and giving to youth, that's a good

1 idea. Or the beer.

2 So, there are a number of tailored programs
3 that you want to look at, based on your target
4 audience.

5 And that's the critical wording: your target
6 audience, and what the problem is.

7 You don't want to do a program that doesn't
8 address the target audience: their age group, their
9 culture. You have to look at it all in one package
10 to get what's been proven to be best.

11 And it's 20 years of research, so I firmly
12 believe in that, because I've been at this job since
13 1986 and I've seen it all come and go; Just Say No,
14 all of those other things.

15 But this is the one; the evidenced-based
16 programs I feel are the best.

17 So --

18 SENATOR YOUNG: Thanks, Pat.

19 SENATOR BOYLE: Thank you very much.

20 That leads me to ask a question of the
21 students here.

22 They were talking about education prevention
23 in the schools.

24 What -- any of the students, please chime in.

25 What are you experiencing in the schools?

1 What kind of programs have you gotten, if
2 any, antidrug and anti-addiction, in your classes?

3 And, what works?

4 We've heard different, around the state,
5 peer-to-peer is good. Someone holding -- getting a
6 lesson from someone your own age or around your own
7 age.

8 And if you'd like to comment, we'd truly
9 appreciate it.

10 SENATOR YOUNG: Any -- okay, let's -- could
11 we get you closer to the mic? Because we really
12 want to hear what you have to say.

13 ASHLEY CARNES: Early in our middle-school
14 career we had D.A.R.E., and that was helpful. But
15 at that age, we weren't really aware of what was
16 really happening, and how it would actually occur
17 when we were older, to people that we know and
18 people in our community.

19 And I feel like we should have more programs
20 as we go further in our education, such as in
21 high school.

22 We do have programs, such as S.A.D.D., like,
23 Students Against Drunk Driving, but we don't really
24 have any of the drug-prevention programs or
25 education programs that are required, as S.A.D.D. is

1 just kind of like an extracurricular program.

2 SENATOR YOUNG: Does it work when students
3 talk to other students about these issues? What --
4 or is it when adults give you guidance?

5 Or, how -- what works best, do you feel, in
6 the schools?

7 GABRIELLA HOOSE: I feel that having students
8 talk to other students works better than having
9 adults talk to the students, because the students
10 can relate better to their students, like, their
11 peers.

12 SENATOR YOUNG: Thank you.

13 Any of the other students want to say
14 anything?

15 That's okay.

16 A STUDENT (name unknown): This year I took
17 health, and we had someone from Kids Escaping Drugs
18 come to --

19 Do you want me to start over?

20 Okay.

21 This year I took health, and we had someone
22 from Kids Escaping Drugs come to our thing -- our
23 class. And, like, we had people who were, like,
24 addicted, and, like, got over their things, come and
25 talk to us.

1 And I thought that was helpful, because it
2 was, like -- I don't know what to say -- because --
3 there's so much pressure.

4 SENATOR YOUNG: You could relate better to
5 other students; right?

6 A STUDENT (name unknown): Yeah, because,
7 like, when -- I know what I was going to say now.

8 Because, when the teachers are, like, telling
9 you not to do it, like, you're, like, Well, you
10 never did it, and anything like that.

11 But when these come and tell you, like, what
12 was going on with their lives, and everything, and
13 then it just makes you, like, not want to have to go
14 down through all their -- what they were going
15 through.

16 So --

17 SENATOR YOUNG: Good, good. Thank you.

18 Okay, anybody else?

19 CHEYANNE NEUBAUER: I don't know, like --
20 okay.

21 My bad.

22 Like, yeah, we had people, like, come into
23 our school and do, like -- like, go in the
24 auditorium and, like, do, like, speeches, and tell
25 us, like, how bad drugs were.

1 But in my opinion, like, I don't feel like
2 that actually helps us.

3 Like, yeah, talking to other students does
4 make effect on people, because, for me, like, if
5 I was to talk to someone, like, they would be, like,
6 Yeah, I want to help you. And, like, they went and
7 told, like, a teacher, and then the teacher would
8 talk to me. And it would, like, get in my head that
9 people actually do care.

10 Like -- I don't know, it's weird. Like,
11 having someone care really, like, shows that, like,
12 they're trying to help you.

13 So, like, to me, that's -- I feel that
14 teachers and other, like, adults that you talk to
15 actually want to help you, unlike other people.

16 So it's, like -- I don't know, it's like
17 in between there.

18 SENATOR YOUNG: Good, great. Thank you.

19 Thank you.

20 Just to follow up, then, with the health
21 people --

22 And I want to thank the students for
23 contributing.

24 -- to the providers of the treatment
25 services, you know, again, what else can we do to

1 help people who are addicted?

2 Yes.

3 JODIE ALTMAN: I'm Jodie Altman. I'm from
4 Renaissance Addiction Services.

5 And, thank you, because we are Kids Escaping
6 Drugs.

7 Things that I know and I've said at -- in
8 Batavia, when Senator Boyle was there, was the issue
9 with Medicaid.

10 Right now, our kids are carved out of
11 Medicaid, which means Medicaid will cover their
12 treatment.

13 January of 2016, that may cease to exist.

14 What will then happen is that it will,
15 effectively, shut down our treatment, because a
16 15-year-old who puts needles in his arms every day
17 will be given seven days of treatment versus the
18 five to six months of treatment that they get right
19 now.

20 It will shut down treatment, it will kill our
21 kids.

22 So that's the one big issue, from a provider
23 perspective, that anybody that will listen to me,
24 I will say.

25 The other piece is that, I agree with Avi,

1 that our docs need to know, from the get-go, they
2 don't need to be prescribing these kids 30 pills
3 because they get their wisdom teeth out.

4 And the third thing, from a treatment
5 perspective, and our facility is 12- to
6 20-year-olds, and it's residential, is that we have
7 no detox for the 12- to 17-year-olds who are using
8 just as much heroin or opiate prescription pills as
9 the 50-year-olds, but can't get the medical services
10 because somebody somewhere says they don't need
11 them.

12 [Applause.]

13 JODIE ALTMAN: Thanks.

14 I can say, I've been doing this 27 years, we
15 have buried kids. And there's nothing worse than to
16 see a kid that we couldn't help, because they were
17 so violently ill from withdrawal, and I couldn't
18 send them anywhere, and said, "Well, you got to go
19 home, ride it out, and then come back," end up dead.

20 It's a real tough pill to swallow.

21 So, thank you.

22 SENATOR YOUNG: Thank you very much.

23 Anyone else?

24 Dr. Lamothe?

25 Oh, I'm sorry.

1 LAURA ELLIOTT-ENGEL: Unintended
2 consequences, I think that, really --

3 SENATOR YOUNG: This is Laura Elliot-Engel
4 from the Addiction Recovery Services in
5 Cattaraugus County.

6 LAURA ELLIOT-ENGEL: Thank you.
7 And thank you for the opportunity to be here.

8 SENATOR YOUNG: Closer.

9 LAURA ELLIOTT-ENGEL: Closer?

10 SENATOR YOUNG: Yep.

11 LAURA ELLIOTT-ENGEL: How am I now?

12 SENATOR YOUNG: Yes, that's better.

13 LAURA ELLIOT-ENGEL: She shines.

14 The opportunity to be here is really
15 important.

16 And many of us across the state truly
17 appreciate the effort that you put into effect,
18 Senator Boyle.

19 The I-STOP legislation had some unintended
20 consequences, which we all know; which is, that it
21 made access to legal opiates much more difficult and
22 it drove people to the streets.

23 So I really encourage people to take a look
24 at that lack of closure.

25 And if that's in the works, then, halleluiah!

1 In terms of addicted families, the best
2 prevention is when recovery enters into a family
3 system.

4 So if you have both parents in recovery, then
5 they're raising their children differently.

6 And so that raises the question: Well, how
7 do people get to that place called "recovery"?

8 The truly wise and real and bottom line for
9 folks who are seeking help is what Sandy's told us,
10 and that is, when someone is ready, there has to be
11 a place for people to be able to get the help they
12 need.

13 To have to meet level-of-care criteria
14 established by somebody outside of the profession is
15 morally and reprehensibly wrong.

16 So I'm very encouraged about what's going on
17 with access to treatment with qualified health
18 professional, addiction specialists, who can make
19 some of those determinations.

20 We're in a tough struggle with managed care
21 because we know that's the way the dollars are going
22 to drive this.

23 So let's be smart.

24 The reality that's happened within
25 New York State with financial commitments from the

1 state level shrink and shrink and shrink.

2 I had ten prevention staff specialists in
3 2008. I now have four.

4 Pat from Chautauqua is struggling with the
5 same thing. I mean, we could just go agency by
6 agency.

7 And, finally, something that we just have not
8 done at all well in New York State is a real, clear,
9 identified investment in community-based
10 recovery-support services.

11 What that means is, that you may have a
12 recovery coach, which Amanda has just trained to
13 become, available at a drug court, to walk with
14 somebody out of that place and to a safe harbor,
15 like a coffee shop. Right?

16 Or, walking out of Cattaraugus County Jail
17 connected with somebody who's going to help them
18 bridge.

19 Filling gaps between when we don't have a bed
20 for treatment, but you've got somebody in the
21 community who's there to walk with that person and
22 help them identify their own goals.

23 We can learn something from our partner
24 agency, OMH, because they have stood up recovery
25 community centers. And I know that's going through

1 changes, too.

2 But let's look at what's happening at that
3 level, as well.

4 There's a brass-tacks policy academy with a
5 white paper coming out at the end of 2014, where
6 we've cross-walked mental health and addictions, to
7 take a look at what we can do together about peer
8 supports.

9 And so I'm very hopeful about what that may
10 give us in terms of information.

11 And finally I would say that -- and I've
12 known -- I mean, I've been in my own personal
13 recovery, actually, was 39 years ago yesterday.

14 And because of that foundation, I've been
15 able to achieve a few things, not the least of which
16 is being the parent to two wonderful children who
17 have been raised in recovery.

18 And since the time that I first asked for
19 help, one thing I know, is that physicians still
20 only get about five hours of addiction education, in
21 quotes, in a four-year medical-degree program.

22 So then we say they should know something
23 better about what they're doing when they're in the
24 office.

25 Well -- so we have something there that we--

1 I don't know if this is something we can address.

2 Prevention begins with awareness.

3 Awareness begins with some openness.

4 And we have to have availability to
5 information, and multiple ways to repeat the message
6 for it to take hold.

7 Thank you.

8 [Applause.]

9 SENATOR BOYLE: Thank you, Laura.

10 And, Laura --

11 AVI ISRAEL: Can I say something from a
12 parent point of view, please?

13 When Michael told us that he was addicted, my
14 wife and I had no clue what he was talking about.

15 And I'm going back again to the point of
16 education.

17 And the same thing with the young folks,
18 we've been going into schools, and I find that a lot
19 of the young folks relate better to somebody younger
20 who have been through it.

21 But to get back to the parents, you know,
22 three years ago, nobody talked about addiction.

23 Three years ago, nobody has said anything.

24 Three years ago, if you said you're addicted
25 to pills, that was a myth.

1 Today it's a reality.

2 When we -- when it comes to education and
3 providing services, I have -- I was -- I found,
4 three years ago, that I was a complete idiot. I had
5 no clue what to look for. And I could not find a
6 place for Michael to go into. Nothing.

7 And when -- on his last day, when he was
8 begging for help, this is knowing -- this is
9 knowing -- his councilor knowing that this kid had
10 Chron's Disease, weighed 107 pounds, and had an
11 ileostomy bag, did not provide him anything, so his
12 only way out was to take his life.

13 What we need to look at, really, is when it
14 comes to education, we need to educate the public as
15 a whole, and we need to educate the parents, as to
16 what to look for and what to go to.

17 We need agencies, you know, that a parent can
18 go and say: Please, I think my son is addicted.
19 What do I do?

20 We had so many conflicting reports about:
21 You need to change the locks in the house. You need
22 to give the kid tough love.

23 You know what? And pardon me, that's all BS.

24 [Applause.]

25 AVI ISRAEL: It's all BS, because, you know

1 what my son wanted in the first place?

2 He wanted a hug. He wanted somebody to hold
3 him and said, I love you Michael, and I'm there with
4 you.

5 And that's what we need to do.

6 We can't push this kids out into the street
7 and says, That you're bad.

8 You know what? Michael was ashamed of being
9 addicted.

10 There's a shame that goes, there's a myth
11 that goes, on that, you know, what? You got
12 yourself into this, you get yourself out.

13 Bullshit!

14 We don't get ourselves -- nobody gets up in
15 the morning and says, Today I'm going to be an
16 addict.

17 No kid gets up and goes to school and says,
18 My career is going to be an addict.

19 Nobody does.

20 Nobody abuses drug until they get addicted.

21 That's another God damn word that I had,
22 there's "abusing."

23 Nobody abuses anything until they get
24 addicted.

25 You know?

1 You know, as for I-STOP, I want to tell you
2 something.

3 I've heard a lot of reports about I-STOP.

4 I-STOP is a great legislation.

5 I-STOP has slowed down the prescription drug.

6 I want you all to keep in mind what this kids
7 are going into.

8 They're not going into crack.

9 They're not going into heroin -- to, uhm
10 cocaine.

11 They're using the same kind of drug: an
12 opiate.

13 It's the same thing.

14 And you know why? It's cheaper, you know.

15 In order to build a house, you have to lay a
16 good foundation down, you know.

17 We started with I-STOP.

18 We need to educate the doctors.

19 We need to educate the public.

20 We need to provide support for every parents
21 who's asking for -- for help.

22 We need to provide help for this kids,
23 because the window of opportunity is so small.

24 And in my case, it took 5 minutes and
25 40 seconds between "Help!" and a shotgun going off.

1 And we need to keep that in mind.

2 [Applause.]

3 SENATOR BOYLE: Thank you, Avi.

4 And I would simply remark that, part of the
5 things we're trying to get out of these forums is to
6 change the stigma of addiction.

7 And through things like the visionary
8 leadership of President Snyder in holding these
9 forums, we can say that, as a parent, you might say
10 "My child has cancer," and what's the reaction?
11 "Oh, my God, how can I help?"

12 Well, we'd like to see, after these forums,
13 that a parent says, "My child is addicted," "Oh, my
14 God, how can I do to help?"

15 No shame involved whatsoever.

16 AVI ISRAEL: That would help great.

17 That would be a great help.

18 SENATOR BOYLE: No question.

19 Quickly, regarding the insurance issue, we
20 are going to address this, without a doubt.

21 We're going to take the decision-making out
22 of the insurance companies' hands and leave it in
23 the hands of --

24 [Applause.]

25 SENATOR BOYLE: One of the things we've

1 found, is that we're not going to have anymore
2 "fail first," and then come -- then get in
3 treatment.

4 Because, failure, in many of these cases, God
5 forbid, is the loss of a life. We've seen it over
6 and over again.

7 And another one is an expedited appeals
8 process in the insurance. And while the appeals
9 process is going on, treatment will still be
10 provided.

11 I think that's very important.

12 And thank you for your insights on that.

13 [Applause.]

14 SENATOR YOUNG: Dr. Lamothe.

15 DR. HENRI LAMOTHE: Thank you very much,
16 Mr. Snyder and company, and all the Senators, and
17 everybody here at the table.

18 I'm an emergency room physician, and
19 I represent a window of opportunity for an entire
20 county to come to my ER door and say: I need more
21 pain medicine. You know, I ran out. Or, I don't
22 have enough. Or, I still hurt.

23 So we prescribe a lot of pain medications
24 when we think it's warranted.

25 However, over the last several years, there's

1 been some significant change that has helped curbed
2 the individual that seeks more pain medication.

3 For instance, every physician in the
4 emergency room has access now to a database that
5 tells us whether the Patient A went to Dr. X
6 yesterday, Emergency Room Y three hours ago, and
7 what medication were prescribed.

8 That helps us stop it at the ED level.

9 In addition to that, we have developed pain
10 policies.

11 We will not give you more than three or
12 four tablets.

13 We will not give you more than three or
14 four tablets. And repeated visits will make it such
15 that we will not give you anymore narcotics if we
16 see that you've been here 17 times over the last
17 week, or two weeks, or three months, or through
18 several hospitals.

19 So we have made significant stride at curbing
20 the propagation of prescribing opiates.

21 As a matter of fact, what we prescribe is
22 medication to keep them from going through
23 withdrawals.

24 You are right, there are opportunities out
25 there, where physicians need to be educated about

1 prescribing medications over and over again.

2 You are absolutely correct, there needs to be
3 more education on the doctors' part.

4 We see it in the emergency department.

5 The primary-care sector needs to be more
6 educated. And there's some potential answers for
7 that.

8 I saw a lady who came to the emergency room,
9 citing that she had neck pain and she was disabled
10 since she was age 20. She was, at that time, 40.

11 She took, based on her, quote/unquote,
12 prescription, 350 milligrams of morphine a day.

13 I looked at her and I said: You're going to
14 withdraw. We don't have enough in this emergency
15 department to satisfy you on a Sunday morning.

16 So we sent her out with withdrawal
17 medications, because she will withdraw if she
18 doesn't get her fix, quote/unquote.

19 Unfortunately, abuse, addiction, also
20 dovetails into mental-health issues, which we
21 haven't talked about. But it's a significant part
22 what have we see in the emergency department.

23 There are ways in which we can educate
24 physicians.

25 Every two years, in the city of New York, you

1 need to have your license renewed.

2 In order to do that, we already impose on the
3 physicians that they need to go through an
4 infectious-disease education program.

5 Similar legislation on drug abuse:
6 Recognizing the pattern and substance abuse may help
7 educate all physicians.

8 Make it mandatory, so that their licenses
9 should be renewed upon that education program.

10 That's what we have at entry level.

11 The second way of entry level is at the
12 pharmacy level.

13 The pharmacy gives out the pills; not the
14 emergency room, not the private physicians.

15 The pharmacy should warn about the use and
16 abuse of these medication, at least on paper,
17 because those are potentially addicting drugs,
18 whether it's your first broken arm, or your
19 40th time that you went back to get it because you
20 like the way it feels, across the board.

21 So, the pharmacies, an entryway of handling
22 that problem, as well as the physician-education
23 program like we do for infectious disease every
24 two years during licensure, we should do for
25 addiction and mental-health recognition for all

1 providers.

2 That should be part of your physical health,
3 your mental health, and your behavioral health. We
4 should handle all three of those components of the
5 human being.

6 Unfortunately, the insurance program does not
7 allow for these programs to become reimbursable,
8 even though a life is at stake.

9 And those are just as important as whether or
10 not the mole on your back is a cancer or not.

11 SENATOR YOUNG: Thank you, Doctor.

12 Thank you very much.

13 Yes.

14 DR. JUDITH FELD: Hi, I'm Dr. Judith Feld,
15 and I'm medical director of behavioral health at
16 Independent Health.

17 The first thing I want to do is thank you for
18 the opportunity to be here, and to hear from
19 everyone.

20 And, also, to recognize the courage of those
21 who have dealt with this: been in recovery,
22 struggled with this and lost loved ones.

23 Before I came to Independent Health as
24 medical director, I was a provider in the community
25 for over 20 years; so I've worked with families,

1 I've worked with people who have suffered from
2 addiction -- husbands, wives, daughters, parents.
3 And it's tragic.

4 And one thing that really, really spurred me
5 was, why can't we really -- really take care of this
6 problem? Why can't we answer it in a better way?

7 And there really were a lot of obstacles to
8 care. And as time has gone on, we've become a lot
9 more enlightened.

10 I have fought the stigma personally on
11 behavioral health and mental health for many years,
12 as well as addictions.

13 And Timothy's Act came along, and then parity
14 came along, and health reform; and this was a very
15 exciting time.

16 I decided, I'm going to leave practice and
17 I am going to really try to do this on a
18 population-health level.

19 I went and got my master's in public health,
20 and had a whole new way of thinking.

21 As a physician, every physician should have
22 that kind of training, because we don't -- we only
23 treat what's in front of us, and you don't treat a
24 population.

25 And what we're talking about is a

1 population-health problem, a population-health
2 crisis.

3 And, President Snyder, I really appreciate
4 your stating this is a community issue.

5 There's not one individual, not one
6 institution, not one area, where this -- there's a
7 real problem that has to be solved.

8 We all have to come together, because we all
9 can do better.

10 And, so, this was a wonderful time to get
11 into managed care; into really understanding how
12 health plans can change and support this.

13 Right now, we are working on an integration
14 project in primary care, to bring these kinds of
15 services within the primary-care and pediatric
16 offices so physicians can recognize this.

17 I really want to applaud all the discussion
18 today here about education. It's extremely
19 important.

20 We have to educate parents. We have to
21 educate our providers.

22 We're trying to do our part, as well, at
23 Independent Health.

24 We do have a yearly pain-management and
25 opioid-prescription forum that we put on every year,

1 and it's very well-attended.

2 And we have lots of primary-care physicians
3 coming up to us and saying: This is amazing.
4 I can't believe the consequences of what my
5 prescribing has done.

6 Let's get the dental profession on board, as
7 well. We really need to get our dentists to
8 understand.

9 I just came back from a health-care
10 transformation forum in Minnesota, and they're
11 actually now working with dentists. And that was
12 pretty exciting for us.

13 In terms of treatment, I understand what you
14 are saying about, it's -- sometimes we get turned
15 away from facilities. It's really hard, and it is
16 difficult.

17 And we have a team that looks at this, and we
18 do have level-of-care criteria, because there -- we
19 can't -- there's so much need out there.

20 There is so much need out there.

21 And from a population-health level, when we
22 take a look at some of the problems that happen,
23 some of the individuals who are -- who go into rehab
24 centers, go into inpatient treatment, they're not
25 ready for it.

1 They leave, they go back.

2 They go back in, they leave, they go back.

3 How do we stop this?

4 How do we really, really do the right thing
5 for patients?

6 And what I've learned from doing this work,
7 coming from an individual- to a population-health
8 level, I've learned that patients are very
9 individual.

10 That what works for you may not work for the
11 other individual.

12 That if someone has depression or
13 Attention Deficit Disorder, they're going to have
14 other problems along with their addiction.

15 That people may come from trauma backgrounds.

16 That our veterans are coming with all sorts
17 of problems.

18 So it's a very individual piece, and not one
19 treatment intervention does it for everybody.

20 And so, as clinicians, we have to really be
21 smart about what we're advising people to do,
22 recognizing, as the American Society of Addiction
23 Medicine will say, this is a chronic illness.

24 We almost have to anticipate that there's
25 going to be relapses, and that we have to work with

1 people on a long, longitudinal basis.

2 It's not an episodic illness. It's not like
3 a pneumonia.

4 So, we have to be sure to understand that
5 this is a long treatment planning, and that
6 engagement on longer term usually is more
7 successful.

8 And we have to be careful about, what works
9 for someone may not work for someone else.

10 The American Psychiatric Association,
11 psychiatric services, just came out with an article
12 this month, June 2014. They had done an extensive
13 literature review, and actually saw that intensive
14 outpatient services (IOPs), which we really need
15 more of, and which we would be very happy to pay
16 for, we just need more of those services, they are
17 as effective for most individuals as inpatient.

18 And I think the reason behind that, is that
19 the addicted individual gets to practice their
20 skills within the community they have to live in.

21 And one of the challenges that I've watched
22 over the years is that, when individuals get taken
23 out of their communities, they can't practice the
24 self-management skills that are so incredibly
25 important for recovery from addiction.

1 That's so significant in people's lives to be
2 able to do that.

3 That is the success of peer-support groups,
4 of AA. It's that practice; it's that going back.

5 And that's what's extremely important. Those
6 intensive outpatient services really serve that.

7 And getting better in your community is
8 really what recovery is all about.

9 Going outside the community, going outside
10 the state, you come back to the same environment.
11 And we know, biologically, that those environmental
12 cues really put you at very high risk for relapse,
13 because you're talking about changes that happen in
14 the brain over time.

15 And it takes, not just months, it takes
16 years, to really have recovery happen. And you do
17 that best within your community.

18 So, again --

19 SENATOR YOUNG: Well, I want to thank you for
20 that, very much. And it sounds like you have a lot
21 of great information.

22 If you would like to send it to me, also, so
23 that we can include some of that in the report.

24 And I want to open that up to all the panel
25 members today who are here, if you have some more

1 specific information you would like to give to us in
2 written form, we would really appreciate that.

3 At this point, I'd like to turn to
4 law enforcement, because they've been waiting
5 patiently and sitting quietly, and we'd like to get
6 their perspective on what they've been doing to
7 address this issue: What works? What doesn't work?
8 And how can we tackle this?

9 Because, there's a health impact, there's an
10 educational impact, but, also, there's a criminal
11 impact from the standpoint that, oftentimes, there
12 are not just people on the streets selling these
13 drugs, but people robbing, stealing, do other
14 crimes, in order to support their habits.

15 So, if we could hear from law enforcement at
16 this point, that would be great.

17 Sheriff Whitcomb.

18 SHERIFF TIMOTHY WHITCOMB: Well, thank you,
19 and thank you for the invitation to be here.

20 It's important to point out, I think, from my
21 perspective, that, this is my 25th year in law
22 enforcement, and this is my second term as Sheriff,
23 so I'm currently in my fifth year as Sheriff.

24 Prior to that, the majority of my career was
25 spent, not as an administrator, but feet on the

1 ground, and doing a variety of things in law
2 enforcement.

3 And I don't think I ran into heroin during
4 the first decade of my career. It was nonexistent.

5 And I agree with some of the other people
6 that have spoken here at what fostered its growth,
7 and it was the overprescription of painkilling pills
8 and people became addicted. And heroin has had an
9 opportunity to have a resurgence that's been
10 frightening at its pace.

11 In law enforcement, we protect and serve.

12 And the interesting thing about the sheriffs
13 to my left and myself is, our office as Sheriff, we
14 don't just protect and serve the community, but we
15 also house county jails. We have to also take care
16 of our incarcerated inmates that get sentenced.

17 And at some point, our justice system has a
18 battle with when we identify people on the street
19 that are using drugs or dealing drugs. And there's
20 a difference between the two.

21 In my five years as a sheriff, I can say to
22 you, conservatively, I've put some numbers together
23 to try to give you a snapshot of what I've seen in
24 five years:

25 We have a 150-bed facility.

1 Yesterday, when I took our numbers, we had
2 142 inmates. And for all intents and purposes, that
3 means the hotel is full.

4 All right, 142 inmates.

5 Of those inmates, 23 were female, which is a
6 high number for us. The maximum number of females
7 we can house is 28.

8 Of the 23 female-inmate population, we have,
9 80 percent are dependent upon opiate.

10 Of that 80 percent, 50 percent are
11 noncustodial parents.

12 All of the 80 percent are under the
13 age of 30.

14 Slowly, in my time as an administrator, I've
15 seen the county jail become a place of a
16 correctional institution for people who have
17 committed crimes or violent crimes that need to be
18 segregated and protected from society, into a
19 treatment facility, which is not what it's intended
20 to do.

21 And we do not have the resources to match
22 this resurgence of epidemic of heroin.

23 When I became Sheriff, we had one
24 mental-health nurse, one medical-health nurse, and
25 two part-time medical-health nurses.

1 We are currently struggling with our
2 legislative body to fill additional roles so that we
3 can satisfy the mental-health needs and the
4 dependent -- abusive dependent problems that our
5 inmates are presenting every day. And it's a
6 struggle.

7 Last year, for example, another statistic
8 would -- which I would share with you, that seven of
9 the female inmate dependent on opiates that we
10 housed were pregnant.

11 Immediately, those are a very high-risk
12 inmate for to us take care of.

13 And, quite frankly, in many cases, that we
14 have been, historically, ill-equipped to take care
15 of.

16 And the interesting thing is, is when you
17 talk to people who have made recovery, oftentimes
18 they point to the point of arrest at being the
19 catalyst that got them into the treatment that they
20 needed.

21 And, so, I think we're an important cog.

22 I take my hat off to the Seneca Nation
23 because, in my first term, they approached me, as
24 they identified a problem on reservation
25 territories, and wanted to know what we could do to

1 assist them.

2 And I will tell you that our initial offer to
3 them was: Why don't you help us pay for an
4 undercover investigator to help us fight the war.

5 And their response was much better than our
6 offer.

7 Their response was: We don't want to just be
8 reactive to the people that are addicted and to be
9 reactive against the people that are dealing, but we
10 want to help educate.

11 And I believe that knowledge is power.

12 I agree with -- again, with some of the
13 things that other people have said.

14 And because of that meeting, we have
15 two school resource officers in Gowanda and
16 Salamanca, from Cattaraugus County.

17 And we also have funding that helps us
18 allocate towards reactive roles in
19 Cattaraugus County, that we have started seeing the
20 benefits from. And I report to the council
21 quarterly.

22 I take my hat off to them because they
23 identified a problem, they brought it to us, they
24 helped us identify resources to attack it.

25 Now, our inmate population at our jail, as

1 I mentioned, we had 142 inmates.

2 28 to 30 percent of them are Native American.

3 Of our females, 12 to 15 percent of them,
4 historically, are Native American.

5 That's a significant percentage.

6 The Seneca Nation has an investment in
7 helping us, and they've reached out.

8 And we've -- not only did we take their hand,
9 but we've also will taken their other hand now.

10 We have a partnership that I expect to
11 continue that's going to work very well together.

12 They've taken an initiative to help us get
13 resources.

14 Law enforcement is an important role,
15 specifically sheriffs' offices, because we have an
16 inmate population that's going to go through
17 withdrawal, they're going to get clear-eyed. We're
18 going to have a moment of time to make an impact on
19 them.

20 And, quite frankly, we need the resources to
21 help us do that.

22 And we need to tap into other resources that
23 aren't necessarily there right now; in my opinion.

24 SENATOR YOUNG: Thank you, Sheriff.

25 Anyone else?

1 [Applause.]

2 SHERIFF JOSEPH GERACE: Senator, thank you.

3 I want to praise Sheriff Whitcomb for what he
4 has said.

5 And, also, we're in the same boat.

6 Our facility is a little bigger. We can
7 hold 303. We see the same statistics.

8 But what we are frustrated by, is we are
9 regulated by the State in operation of the jail in
10 every way we turn.

11 But we now need the State to help us fund
12 these programs.

13 We are working hard on the supply-and-demand
14 issue of heroin. And there is a high demand; thus,
15 there will be a supply.

16 And we have, no pun intended, a captive
17 audience, but we don't have the resources, in some
18 cases the space, to provide the services to these
19 people that they want.

20 And we're not opposed to bringing in outside
21 agencies to assist us, but many times that's
22 difficult because they're strapped for resources as
23 well.

24 So I would ask the Senators that are here to
25 consider looking at a program that could help jails

1 across the state, because we are smaller jails.

2 You go to Suffolk where they hold
3 1500 inmates, their problem has to be off the
4 charts.

5 But we definitely are strapped for finances,
6 and need assistance to treat these individuals who
7 are in our facilities.

8 [Applause.]

9 SENATOR GALLIVAN: Either sheriff -- first,
10 I applaud both your efforts. And had the pleasure
11 of working with you and others in your department
12 during my law-enforcement career.

13 But can you be more specific about the
14 programs where you need the help, the types of
15 programs?

16 What types of programs?

17 SHERIFF JOSEPH GERACE: Well, let me just --
18 I've got to continue to refer to "Sheriff Gallivan."
19 Old habit.

20 But, we have no program, other than a
21 mild-medication regimen. And that's what we do with
22 our inmates: we help them come off their -- you
23 know, get them through withdrawal.

24 And that's it, in our facility. That is our
25 treatment program.

1 SENATOR GALLIVAN: But what programs would
2 help?

3 SHERIFF JOSEPH GERACE: Well, I am not --

4 SENATOR GALLIVAN: You need funding for
5 programs, but, what would you put in there?

6 SHERIFF JOSEPH GERACE: I would go to the
7 experts, some of which are here, to talk about, what
8 is the most effective? what's evidenced-based?

9 And -- but if I went to my legislature now
10 and asked for money to do those kinds of things,
11 I know, pretty much, what the answer would be:

12 "There is no money."

13 SENATOR GALLIVAN: Can I also ask, and your
14 statistics might be similar: The difference in your
15 jail population, between those that are sentenced
16 versus not sentenced?

17 SHERIFF JOSEPH GERACE: Let me just speak to
18 that quickly.

19 I can tell you, because we looked at this
20 just a short period of time ago.

21 Right now, we have almost 85 percent of the
22 inmates in our facility are presentenced. They're
23 awaiting some function of the system.

24 And that presents some challenges to us,
25 obviously.

1 SENATOR YOUNG: One of the pieces of
2 legislation, just so you know, that we proposed in
3 the Senate, would be to reduce the State's share of
4 certain assets for forfeitures, so that more money
5 could go into law enforcement, but also different
6 chemical-dependency programs.

7 That that may be a resource for you, to help
8 you with some of the funding needs.

9 SHERIFF TIMOTHY WHITCOMB: We'd certainly
10 embrace and support that.

11 To get back to answer some of the other
12 questions:

13 I think the only stat that might be
14 significantly different between Chautauqua County
15 and Cattaraugus County, you know, we house
16 three areas of sovereign territory in
17 Cattaraugus County; whereas, that's not as much in
18 Chautauqua County.

19 So our inmate -- our native inmate population
20 is probably higher.

21 Other than that, what resources,
22 specifically?

23 You also have to realize and take into effect
24 that our inmate population has also spiked from an
25 Axis 1 and Axis 2, DSM 5 -- I'm lacking the word.

1 All the psychiatric institutes have closed.
2 Our mentally-ill inmate population has also
3 spiked.

4 We need better -- in Cattaraugus County, we
5 need better medical, and additional, medical
6 support, mental-health support, to deal with the
7 inmates that are going to be with us.

8 And we're struggling to do that right now
9 with the existing resources.

10 In addition to that, it's my belief that
11 there needs to be -- we have excellent cooperation
12 with the Cattaraugus County, with our
13 District Attorney's Office, with the State Police,
14 the Sheriffs' Office, with the city PDs, and the
15 drug courts.

16 But I think we need to be a little bit better
17 at recognizing a drug user versus drug dealer.

18 And I've got plenty of room, in any cell, any
19 day of the week, for somebody who's dealing. And
20 that includes doctors that are overprescribing or
21 abusively prescribing.

22 [Applause.]

23 SHERIFF TIMOTHY WHITCOMB: But somebody who
24 is using doesn't necessarily need to sit in our
25 county jail.

1 And we're part of the process, and they're
2 going to be there, but some of those other programs
3 that could be available.

4 I recognize that there was a seat for our
5 probation director today. He's -- unfortunately,
6 he's not here to answer this.

7 But, programs like electronic monitoring, or,
8 some type of a master's-trained counselor, or,
9 vocational trade person, who can assist us with
10 helping inmates who have substance-abuse issues
11 transition into a successful life when they come
12 out.

13 As Sheriff Gerace said, we have a captive
14 audience. They're clear-eyed, they're sober; it's
15 an opportunity. And we don't have the resources to
16 make the impact that we would like to.

17 SENATOR YOUNG: Thank you.

18 Captain Balon, did you want to say anything,
19 New York State Police?

20 CAPTAIN ERIC J. BALON: I, obviously, don't
21 have the same problems as the sheriffs do. I don't
22 have --

23 I'll just slide over.

24 I don't have the same problems. I don't have
25 inmates, I don't have prisoners.

1 But what we do have is road patrols, and the
2 sheriffs do, too, that encounter people every day.

3 Right now, if a crime hasn't been committed,
4 we just pack up and go.

5 If we do see somebody who needs help, I don't
6 know what -- you know, if I was on the road,
7 I wouldn't know what resources to refer them to.

8 I think the best thing that we can do is just
9 educate the troopers, educate the deputies, educate
10 the patrolmen, on what resources are available, and
11 how these people can go about getting that help.

12 Like I said, I can speak for my road troopers
13 right now.

14 If they encounter somebody who needs help, we
15 don't know who to refer them to.

16 You know, maybe we can refer them to an
17 agency, or something.

18 But it would be better if we had a packet of,
19 "Here's numbers you can call," instead of just
20 saying, you know, Call the county, call somebody
21 else.

22 Give us numbers. You know, let us know who
23 we can send these people to.

24 SENATOR YOUNG: That's a great idea.

25 [Applause.]

1 SHERIFF JOSEPH GERACE: If you don't mind,
2 Senator?

3 One of the other things I feel that we
4 have -- we're missing an opportunity, is the reality
5 is, and I mentioned 85 percent of our inmates are
6 presentenced.

7 So, at any given time, if somebody shows up
8 at our door with bail, they're gone. We have no
9 control over them.

10 So I feel that we need to support our
11 probation departments to a much greater level, so
12 those people can use "RUS," or, release under
13 supervision, of probation as a mechanism to, not
14 only leave jail early -- as Sheriff Whitcomb said,
15 they don't belong there, they need treatment -- but
16 to have somebody that they're -- they have to report
17 to to get released, that does continue to aid them,
18 assist them, and direct them once they walk out that
19 door.

20 Because, as long as someone comes up with the
21 bail money, it could be three in the morning, we
22 open the door and let them go.

23 Yes, I want to treat them in the jail.
24 I want a better system of doing that.

25 But we also have to be able to guide them

1 once they leave the facility, or they'll go right
2 back to the same people, places, and things.

3 SENATOR YOUNG: Thank you.

4 Counselor Bova.

5 ARLENE BOVA: Yes. [Speaking in native
6 language.]

7 Just, sort of, I want to reaffirm a few of
8 the comments that were given today.

9 I believe the strong message is "no addicts."
10 That's what we need.

11 And I [speaking in native language] for your
12 very direct message on that. And I hope everyone
13 heard that.

14 But to our youth, what I've heard from them
15 is to say: Communicate to us.

16 And I believe we need to communicate in the
17 way they communicate today; that is technology.

18 The Captain just referred to pamphlets.

19 Our youth, and our, I'd say, young under 30,
20 they use their phones. There are so many, now, ways
21 to match up their phones with information, that
22 could be on there to hand out.

23 Amanda stepped out, but what I heard her say
24 is that she participated in underaged drinking.

25 You know, this put her in the arena where

1 there were drugs. There were people pushing those
2 drugs on her.

3 She made a choice. She has paid some
4 consequences for that.

5 I believe parents and the community need to
6 pay consequences when they facilitate and they allow
7 underaged drinking.

8 It is now graduation season, prom, and, you
9 see parents host or look the other way.

10 What's with that?

11 What is with a community not saying something
12 about that?

13 You know, the message is about "no addicts."

14 And, this is very emotional for me.

15 In the last six months, I've seen somebody
16 under 50 buried every month, and it's pretty much
17 due to drugs, all of them.

18 Whether the drugs, diabetes; when they become
19 diabetic, they get addicted to various things.

20 We've seen it. We live that every day.

21 I've seen two babies under 5, gone, because
22 of the situation they had been around with alcohol
23 and drugs.

24 You know, what's it going to take?

25 My boy is 15.

1 When he was 13, I was fortunate, I could send
2 him to North Carolina to live with his brother,
3 because he could not make some of the right choices.

4 People were asking him to steal. They were
5 asking him to move things; drugs.

6 I'm very thankful for the sheriffs that were
7 there to assist, and told me what to do.

8 He threatened suicide one day.

9 Hardest thing you do is call and say
10 "my son."

11 They were there.

12 He went to WCA.

13 Unfortunately, there was no follow-up from
14 his provider -- I mean, his addiction counselor.

15 But I was fortunate that, when we saw the
16 sheriffs on the road, they would check. They'd
17 check on our youth.

18 Our marshals check on our youth.

19 I'm also going to beg the schools, from the
20 superintendents, down, help your teachers.

21 When your teachers say they need help, you
22 help them. They have my children longer than I do
23 in a day.

24 So please support them.

25 Support the teachers with the funding and the

1 resources that they need.

2 We can all network, we can make things
3 happen. But it's going to take everyone.

4 And it's "no addicts." That's what we want.

5 [Applause.]

6 SENATOR YOUNG: I know we have some federal
7 agents here today, federal representatives, and
8 I know they're working very hard to interdict the
9 drugs that are coming in.

10 So, I don't know if they wanted to contribute
11 some ideas of what they're working on?

12 MICHELLE SPAHN: Can everyone hear me okay?

13 Hi, I'm Michelle Spahn from the
14 Drug Enforcement Administration out of Buffalo.

15 I have to say that it's great to see everyone
16 here today, and the participation that we've seen,
17 really, across the state.

18 And thank you for inviting us here today.

19 What I can tell you is that, I've been in
20 this position since October of 2013. But I was a
21 supervisor of the task force here in Buffalo for the
22 last five years.

23 Just over the last three years, you know, in
24 our position with conducting investigations,
25 targeting the highest-level traffickers, we have

1 seen almost a 400 percent increase in the number of
2 heroin seizures that we've had just over the last
3 three years.

4 Part of that, I believe, is really a
5 testament to the I-STOP program, because we saw a
6 significant increase between the heroin seizures
7 from 2012 to 2013. And we did see a decrease in the
8 number of opiate and opioid seizures between those
9 years.

10 So, you know, I can tell you that we've seen
11 a huge increase in the number of heroin seizures, as
12 well as the number of heroin arrests.

13 We've worked closely with the U.S. Attorney's
14 Office, Bill Hochul and Tim Lynch, to prosecute
15 those that chose to divert pharmaceuticals and sell
16 those drugs on the streets.

17 We've had some very successful investigations
18 of rogue doctors, as well as other health-care
19 professionals, who have, obviously, diverted these
20 chemicals on to the street. Doctors who have
21 operated pill-mills, and who have really operated,
22 of course, outside of normal medical procedure.

23 And I have to say that those individuals are
24 rogue, because the majority of the members of our
25 health-care profession do practice in an ethical

1 and, of course, safe manner.

2 I also have to say that, last year, in
3 Erie County, I have to comment to Erie County, that
4 the number of overdose deaths due to chemical
5 intoxication was 124.

6 About 60 percent of those were related to
7 heroin, fentanyl, and other opiates, which is huge.

8 I can also tell you that, this year,
9 according to the Erie Crime Analysis Center, between
10 January 1st of this year, up to April 9th, there
11 were 48 total chemical-overdose deaths --
12 chemical-intoxication overdose deaths.

13 And half of those, almost, 21 of those, were
14 heroin or heroin-fentanyl related, which is an
15 alarming statistic that we're seeing as a trend for
16 this year, for 2014. And I only see it increasing
17 from there.

18 What I can tell you is that DEA has been
19 reactive, because that's the nature of our job.

20 That's the nature of any law-enforcement
21 department or agency, is to be reactive. To, you
22 know, arrest drug traffickers and prosecute them,
23 with the assistance of the U.S. Attorney's Office,
24 to the fullest extent.

25 But I can also tell you that a huge part of

1 what we do is, really, to get out into the
2 community, to provide awareness, education.

3 I know we've brought this up so many times
4 here today, because that's a huge part of what we
5 do. We want to bridge that gap between
6 law enforcement and community.

7 Also, as a national event, DEA has held
8 pill take-back events.

9 Since 2011, in this area in Western New York,
10 since the inception of the National Pill Take-Back
11 Program, we've collected over 74,000 pounds of
12 unused and unwanted prescription medications, which
13 is really a true testament to the involvement of the
14 community, that participation, and the awareness of
15 the community in this effort, but, also, to the
16 amount of prescription drugs that are being
17 prescribed; because, really, that's just a fraction
18 of what's making it on to the street or in the hands
19 of patients and those that do have an addiction
20 problem, unfortunately.

21 I can tell you that, just in the last event
22 that we held, which was in October of -- I'm sorry,
23 our last was April of 2014, of this year, we
24 collected 11,929 pounds from Western New York in
25 about 30 site -- 40 sites. I'm sorry.

1 So I can tell you that the pill take-back
2 program is working.

3 We also have a program that we started about
4 three years ago called "Game-Changers."

5 This is a program -- the reason I'm bringing
6 it up here, is because this is a program that really
7 provides at-risk youth an opportunity to stay off
8 the streets on Friday nights, to participate, and
9 learn basketball skills; but, also, learn the team
10 concept.

11 We also bring in guest speakers, motivational
12 speakers, professional sports players, as well as
13 prominent members of the community, who provide
14 life lessons.

15 They receive lessons on resume building, and
16 character building. You know, they also -- we have
17 guest speakers from Kids Escaping Drugs.

18 And thank you, Jodi, for being here, and
19 thank you for your efforts.

20 And to Robin Clouden [ph.], as well.

21 But we have an individual that has been very
22 instrumental to really making an impact in this
23 program, who comes in as a guest speaker on each of
24 those -- or, one of those Friday nights, I should
25 say, to really tell his or her story. And they are

1 recovering addicts, these individuals, and really
2 make an impact to the kids.

3 This program is meant for boys and girls,
4 ages 9 to 18. And this is our way of reaching out
5 to kids, you know, almost before it's too late.

6 It really starts -- we really have to start
7 young with our children.

8 This program actually was instituted in
9 Buffalo.

10 And we currently have a site, also, in
11 Niagara Falls that's scheduled to kick off tomorrow.
12 It's from 6 to 9 p.m on Friday nights, usually
13 during the summer, usually an eight-week program.

14 But I offer it to any city or any town that
15 feels they can benefit from this program.

16 We usually couple with the
17 U.S. Attorney's Office, as well as the city and the
18 mayor's office that the program is conducted in, as
19 well as the local police department and our local
20 community partners.

21 And, really, this program has been hugely
22 successful, with over 100 students who have
23 participated at each site.

24 I can tell you that we've also gotten out
25 into schools recently, just in the last couple of

1 years. We have agents and task-force officers who
2 have conducted presentations, drug-awareness
3 presentations, at various colleges, high schools,
4 middle schools; both, as part of our Red Ribbon
5 Campaign in October, but, also, as part of just a
6 general drug-awareness program.

7 We've also been involved with a great project
8 that Avi Israel heads up, with WNED, Channel 17,
9 John Craig, which has been really instrumental in
10 really providing that awareness.

11 And congrats to Avi in getting that program,
12 and helping that program kick off.

13 That program does travel around to different
14 high schools, and, elementary schools, I believe, if
15 it was needed, to really put out that drug-awareness
16 message.

17 So, to us, you know, we're really committed
18 to being involved in this, with our local law
19 enforcement partners, as well as our treatment and
20 health-care providers, to really make an impact and
21 provide that awareness.

22 So, thank you again.

23 [Applause.]

24 SENATOR BOYLE: Thank you very much.

25 Thank you, Agent Spahn.

1 And thank you all.

2 I have to run, to catch a plane, but, I can
3 tell you that Senator Young, obviously, and the
4 other Senators are going to stay, and increase the
5 dialogue even more.

6 I will say, though, due to technology, I will
7 be sitting at home, watching the rest of this forum
8 online tonight.

9 And, I want to thank again, my colleagues in
10 the Senate, President Snyder and the Seneca Nation,
11 for hosting this forum.

12 It has been invaluable. We've gotten very
13 good ideas.

14 And, again, we're going to be seeing
15 legislation passed, not in the coming months or
16 years, but in the coming weeks, on what we've
17 learned today.

18 Thank you so much.

19 We're going to win this fight together.

20 [Applause.]

21 SENATOR YOUNG: Thank you, Senator Boyle.

22 I didn't know if Assistant U.S. Attorney
23 Timothy Lynch would like to say something today?

24 ASST. U.S. ATTY TIMOTHY LYNCH: No -- well,
25 Senator, I should bring Michelle to most of my

1 speaking engagements. She did all the talking for
2 me.

3 She touched on, really, all the major points
4 that I would have talked about.

5 And, one, I think a lot of credit goes to the
6 DEA. They've certainly made it their highest
7 priority to bring cases to our office involving
8 doctors who are overprescribing, illegally
9 prescribing, medications, as well as nurses who've
10 done so, other people in the medical field, people
11 who work at pharmacies.

12 They're out there, hitting the streets,
13 making contacts with their local partners, to bring
14 these cases to our office.

15 So I really appreciate, really, the effort
16 that Michelle has put into it.

17 The only other thing I want to comment on is
18 a personal experience. This addiction is near and
19 dear to my heart.

20 When I grew up, my family was -- I grew up in
21 an addictive, abusive environment.

22 And I think it was Pat that talked about it
23 originally, but, you know, it's so important to have
24 parental involvement. Having parents who are
25 knowledgeable in the area, who are willing to talk

1 to their kids about it.

2 I was lucky. My mom did that, from an early
3 age.

4 And I can honestly say that, from the
5 beginning of my life, teenage life, it was very
6 evident to me, and to my brothers and sisters, to
7 stay away from drugs and alcohol.

8 And it was because of my mother not being
9 afraid to tell us that, hey, if we want to go talk
10 to a doctor, if we want to go talk to a group
11 setting, we should do that, so we can avoid falling
12 into the same pitfalls that my father did.

13 So, I appreciate all the work that all of
14 the -- our service providers do, Kids Escaping
15 Drugs.

16 And I think that that really has to be an
17 important component, getting that information out to
18 parents, whether it be through the school system
19 that they can do it, so they can have that knowledge
20 base, and they can pass it on to their kids.

21 SENATOR YOUNG: Thank you very much.

22 And I just had one quick question: Where
23 does most of the heroin come from in
24 Western New York?

25 MICHELLE SPAHN: Our major source city in

1 Western New York is actually New York City.

2 20 percent of all of the heroin that's --
3 actually comes from Mexico, gets distributed in
4 New York City. And then usually what happens is,
5 the heroin travels down the pipeline to cities like
6 Buffalo and Rochester.

7 We have other source cities, as well, other
8 source states. But the majority of our heroin does
9 come from New York City.

10 SENATOR YOUNG: Do they transport it in cars?
11 Or how do they get it here?

12 MICHELLE SPAHN: Typically, that's the way
13 that it's transported.

14 Sometimes we do see it in bulk quantities,
15 like in kilogram quantities.

16 But, typically, there are, you know,
17 "heroin mills" is what they call them, where they
18 actually break down the heroin in New York City, so
19 it travels in smaller quantities, typically, to
20 Buffalo.

21 But sometimes we have seen, as in the case of
22 2013, we had a large heroin seizure that was in
23 kilogram quantity, so...

24 SENATOR YOUNG: Thank you.

25 Chief Masullo, you wanted to say something.

1 POLICE CHIEF BERNIE MASULLO: I'd' just like
2 to give a perspective on what the police officers go
3 through with this situation.

4 Like the Sheriff from Cattaraugus County
5 said, I have a department of 29 police officers.
6 We're a third-ring suburb of Buffalo.

7 And everything everybody says here, we deal
8 with on a daily basis.

9 As Mr. Snyder said, the president, kids are
10 our future.

11 Growing up, and a thing that's not really
12 important -- it is important, but not important, is
13 to talk about trash. People used to throw trash out
14 their window.

15 And you talk about constantly keeping the
16 message fresh.

17 And, we got rid of littering, because we
18 constantly kept the message fresh.

19 That's what you have to do here: you have to
20 keep the message fresh.

21 You have to start early, you have to start
22 young, and you have to stay on it.

23 As Tim said, strong family.

24 Every day, today, before I came here, I had a
25 grandmother come in, whose daughter, a heroin

1 addict, who finally got put in jail, who lost her
2 child to a boyfriend who's also a drug addict, who,
3 the family court gave him the child.

4 Grandparents have very little parental
5 rights. They come to us every day.

6 My guys are counselors, they're doctors,
7 they're lawyers.

8 We have a counseling in Derby, New York.

9 We work with Lake Shore Behavioral Health.

10 We work with Spectrum.

11 My officers just went through a
12 critical-incident training, to deal with
13 mentally-ill people, due to drug and alcohol.

14 We are trying to do everything we can do to
15 handle this.

16 Has this been around when I was a kid?

17 It was Robitussin medicine. It was sniffing
18 glue.

19 Again, the strong family.

20 Listening to the kids, they want their own
21 people to tell them.

22 You have to constantly give the message.

23 This is a problem that's been around forever.
24 We have to try to get a handle on it.

25 I don't have an answer.

1 I don't know if anybody has an answer how to
2 get a handle on it.

3 My messages to the kids in school, we lost
4 our D.A.R.E. officer. We had him for 19 years.

5 Again, thank you to the nation. We have a
6 school resource officer. He's going to Pittsburgh,
7 Pennsylvania, to school very shortly.

8 When he comes back, we're going to develop a
9 plan. We're going to -- the message is going to be
10 every day.

11 My officers are trained every day.

12 How do we get in touch with the kids?

13 In our program and our computer system, we
14 have a thing called "Master Name."

15 And anybody that's been in law enforcement
16 here, we start seeing the kids.

17 We start seeing little Johnny, once, twice,
18 three times. The parents call. Little Johnny gets
19 in trouble. Parents come to us, What can we do?

20 We refer them to the counseling.

21 First touch, when they get arrested, family
22 court.

23 I have an issue with family court;
24 New York State family court.

25 I've been in law enforcement for 36 years:

1 patrol, detective, and chief.

2 I said strong message early?

3 They get slapped on the wrist, go back home.

4 I'm a firm believer, you touch the burning
5 stove, you're not going to touch it again.

6 That's the way I was brought up.

7 Thank God, my kids were brought up the same
8 way; I've been fortunate.

9 But you have to be strong with your kids, you
10 have to deliver the message constantly, to get a
11 handle on this.

12 Our kids are our future.

13 We have kids and we have adults that are in
14 it now. We have to try to control that. We have to
15 try to keep them under control.

16 But, the kids now that are coming up, the
17 kids that are 5 years old, 6 years old,
18 10 years old, those are our future.

19 We have to constantly give the message.

20 Thank you.

21 SENATOR YOUNG: Thank you, Chief.

22 And thank you for bringing up
23 Lake Shore Hospital and the behavioral-health
24 program.

25 [Applause.]

1 SENATOR YOUNG: And as you know, we're
2 working very hard and we need everyone's support to
3 keep, not only behavioral health going, because we
4 have such a need for more treatment programs, but,
5 also, to keep that hospital going.

6 So thank you very much for that.

7 At this point, we'd like to open it up to the
8 audience.

9 And, if anyone has any statement they would
10 like to make, or have any question for members of
11 the panel, I would invite you forward.

12 So, there's a microphone that you can see
13 down front.

14 And, I see Dr. Tony Evans.

15 DR. TONY EVANS: Thank you.

16 Senators, good to see you again.

17 Mr. Goodell, good to see you.

18 The real experts in youth development and
19 delinquency prevention are the youth-bureau
20 personnel throughout New York State, on a county and
21 municipal level.

22 Standing with me is city of Salamanca Youth
23 Bureau Director, Sandy Brundage.

24 She represents the only youth bureau on
25 territory, Native-American territory, in Salamanca.

1 I'm the incoming president of the State Youth
2 Bureau Association.

3 And, every day, we deal with 1.5 million kids
4 throughout New York State.

5 "1.5 million."

6 When I started my job 15 years ago, the State
7 allocated to county youth bureaus, \$6.50, times
8 26,000. That was the money that we were to take,
9 and our resource allocation that we would support
10 the city of Olean Youth Bureau, the city of
11 Salamanca Youth Bureau, the parks and recreation
12 programs, that are vital for the kids' welfare in
13 the non-school and out-of-school hours, because we
14 know that every kid who has more than two or
15 three hours of unstructured, unsupervised time is a
16 kid at risk, and are vulnerable to the things you've
17 been talking about.

18 This past year, in the current state budget,
19 we were allocated \$1.69 per child.

20 So that drop, precipitous drop, in State
21 funding, to help youth bureaus look after kids,
22 I think there's a correlation to what we see
23 happening here.

24 And I don't think you need to be a genius to
25 figure that out.

1 So, support your youth bureaus -- your county
2 youth bureaus, your municipal youth bureaus -- who
3 do so much for our kids.

4 Sandy.

5 SENATOR YOUNG: Thank you.

6 SANDY BRUNDAGE: Thank you.

7 My name is Sandy Brundage, again, and I'm the
8 City of Salamanca Youth Bureau Director.

9 I've only lived there about 22 years or so,
10 so I feel like I'm still new.

11 But I can tell you that, every day, we have
12 between 50 and 60 kids. The school buses come, drop
13 off three or four bus loads of kids, and, we are
14 left to deal with kids who are hungry, kids who are
15 addicted already.

16 Last week we had a conversation with our kids
17 about pills they were getting from Rite-Aid; pills
18 that they were taking to get high.

19 One young man said to me: Hey, I almost fell
20 over in school this morning because I was still high
21 from last night.

22 So it is prevalent.

23 I don't care if you're purple, pink, Black,
24 White, Native American, Caucasian, from Mars, we
25 really need to help our kids. We really need to

1 work together. We need to own our kids. We need to
2 buy into our communities.

3 That is the only way that we really, my
4 opinion, are going to fix the problem.

5 It starts with the little kids.

6 We are working with our friends from
7 CARES. Currently, we're doing an anti-drinking and
8 -drugging campaign called "What's It Worth To You?"

9 And we have 5- and 6-year-old kids who are
10 drawing posters about beer, and they're very
11 specific in the branding already of the kinds of
12 beer that they're putting in their posters.

13 It's probably not spelled correctly, but
14 they know what it is.

15 And so, my opinion, we start even younger,
16 preschool-age children, on up through.

17 Thank you very much.

18 SENATOR YOUNG: Thank you, Sandy.

19 [Applause.]

20 DR. TONY EVANS: We all say kids are our
21 future, but we have to have a behavioral commitment
22 and a financial commitment to what we say we
23 believe.

24 Thank you.

25 [Applause.]

1 SENATOR YOUNG: Thank you.

2 UNKNOWN SPEAKER: I serve on the
3 Chautauqua County Youth Bureau Board, and I second
4 what they're saying about the lack of funding, and
5 how it's affected our ability in Chautauqua County
6 to provide services.

7 SENATOR YOUNG: I agree. Thank you.

8 ANDY O'BRIEN [ph.]: Hi, my name is
9 Andy O'Brien from WCA Hospital in Jamestown,
10 director of mental-health and chemical-dependency
11 services.

12 Just a brief statement.

13 First of all, to echo what Jodi and Laura
14 said about the insurance issues, and the impact of
15 moving everything into managed care, that's going to
16 be a serious concern in a couple of years' time.

17 But I do have a simple suggestion that can
18 address you some of the things that Avi was talking
19 about; and he was talking about, in general, access
20 to services on a timely basis.

21 What I hear in my profession mostly is from
22 family members who are desperate today to get some
23 help. And they don't want to wait until tomorrow,
24 they don't want to wait until next week.

25 One of the problems is, access when people

1 need it.

2 We have a system where families are totally
3 lost, trying to navigate through the system, as to
4 find out where can they go to get some help.

5 And, often, they're faced with a series of
6 telephone numbers, and they have to call around
7 20 or 30 places, often to find out that there's
8 nobody there, they get an answering machine, and
9 they don't know what to do.

10 I've suggested to the New York State Office
11 of Alcohol and Substance Services, on several
12 occasions, and, also, the Office of Mental Health,
13 that a simple solution is to have a live website
14 that tells you the name of a facility that has an
15 open bed today.

16 I still don't understand why that hasn't been
17 developed, but that's the solution.

18 Thank you.

19 [Applause.]

20 SENATOR YOUNG: Thank you.

21 JESSICA SHERMAN: Good afternoon.

22 My name is Jessica Sherman. I also work for
23 Kids Escaping Drugs.

24 We spoke briefly today about the peer-to-peer
25 program that we offer for our youth. That's our

1 face-to-face program.

2 I wanted to make it known to everybody here
3 that we also have a parent-to-parent component of
4 that program, and we have a component where we will
5 educate educators, about the dangers, the
6 consequences, the ever-changing signs, symptoms, and
7 trends that are so prevalent in adolescent substance
8 abuse.

9 All three of those components of that
10 face-to-face program are offered free of charge to
11 any community in any school district in all of
12 Western New York.

13 So if you're not aware of those services, we
14 are very willing to come out to you, and to educate
15 your students, your educational professionals, and
16 your parents about these ever-changing things they
17 need to be very, very aware of.

18 So I just wanted to make sure that everyone
19 here knew that that was available, not only in the
20 schools, but in community organizations as well.

21 Thank you.

22 [Applause.]

23 SENATOR YOUNG: Thank you.

24 Mayor Vecchiarella.

25 MAYOR CARMEN VECCHIARELLA: My name is

1 Carmen Vecchiarella. I'm mayor of the city of
2 Salamanca.

3 99 percent of the city of Salamanca is
4 located on Allegany territory.

5 We have to partner together.

6 The Seneca Nation, I applaud them.

7 I was there with Sheriff Whitcomb when they
8 helped the county legislator.

9 I was the legislator previously.

10 We have to do something because, in Salamanca
11 right now, we've probably had four people that died
12 in the last month and a half.

13 Two the other day from ODs.

14 We had an overdose last night.

15 I mean, we don't have a hospital there. We
16 don't have an urgent-care center there.

17 We have to transport to Olean, 2 1/2 hours to
18 come back, if we have anybody with a heart attack,
19 or that.

20 I mean, right now, I have a proposal in front
21 with the Seneca Nation, talking to them, on, we need
22 resources, basically.

23 They know we only have a couple police on at
24 night.

25 The drug dealers and the people from out of

1 town, years ago, like with Arlene was talking about,
2 or Darlene, or the counselors, you could walk down
3 the streets, we knew everybody.

4 Now we don't know anybody.

5 We get 12, 13, 14 of them going at it at
6 once. The drug dealers are coming in, they're
7 following the money. They know what's happening,
8 and it's a situation.

9 I know the District Attorney, Lori Rehman,
10 we're really over-buried.

11 We got to really pull together.

12 Either get some resources from the State, or
13 something, because, you know, we're mandated on a
14 lot of these programs, but the idea is, we don't
15 have the law enforcement to handle it.

16 I mean, we've got, the Southern Tier Drug
17 Task Force does an excellent job, but they're spread
18 pretty thin.

19 And in Salamanca, every time there's an
20 arrest, there's White and Natives altogether.

21 And we get so many people from Buffalo.

22 And the idea is, the heroin is the biggest
23 thing.

24 I mean, when you have five or six deaths,
25 result in ODs, in the last month and a half in a

1 little town like Salamanca, that's something wrong.

2 And we're having, definitely, plenty of, and
3 I'm talking ODs, that are dead. I'm not talking
4 people who survived.

5 We've probably had eight or nine that OD'd,
6 that did survive.

7 But, you know, they're coming in from all
8 over.

9 So we definitely got to partner somehow, and
10 we definitely got to address it; but we have to
11 address it now, or we're not going to have a future.

12 Thank you.

13 SENATOR YOUNG: Thank you, Mayor.

14 [Applause.]

15 SENATOR YOUNG: DA Foley.

16 DAVID FOLLEY: Good afternoon, everyone.

17 David Foley, Chautauqua County
18 District Attorney.

19 I congratulate all of you for coming and
20 sitting here, and giving your ideas.

21 And at least, as District Attorney for
22 Chautauqua County, I've been a real strong proponent
23 of the drug-treatment courts, and sending those that
24 are addicted to different substances into these
25 programs, to try and get help.

1 And I congratulate the sheriffs from both
2 counties.

3 I know that I work very closely with
4 Sheriff Gerace, in trying to designate those people
5 that are in the jail, to get them out, to get them
6 services.

7 But we also have people out there that are
8 dealing drugs, that are in the business of dealing
9 drugs. And there has been two substantial changes
10 in the drug-sentencing laws.

11 The most recent one was in 2009, and that,
12 effectively, took a lot of power out of the
13 District Attorney's hands and our ability to get
14 stiff sentencing against individuals.

15 I'll give you an example: A second-time drug
16 felon seller automatically get to apply to diversion
17 and get into drug-treatment courts.

18 It's like giving the kid the keys to the
19 candy store, and he goes in there.

20 And legitimate people who are addicted and
21 are trying to get better.

22 And they're out, and they get an automatic
23 reduction to the crime and they never see any state
24 prison term.

25 Handing over to the Department of Corrections

1 the ability for individuals to enroll in the
2 Willard program multiple times, and getting out in a
3 matter of months, when we're trying to get state
4 prison terms against them, effectively, has taken
5 the teeth out of prosecution in regards to drug
6 sentencings.

7 And I would really encourage you, on the
8 other end of this, besides looking at addicted
9 individuals and helping them, look at these
10 drug-sentencing laws.

11 I mean, if you can go in and you can soften
12 the drug sentencings, let's say, for marijuana,
13 certainly, you can go in and take a look at such an
14 awful drug like heroin and say, We really need to
15 address what we're going to do with those
16 individuals that come into our towns for the sole
17 purpose of setting up sales.

18 And we need to be able to effectively
19 terminate them, and not see them back out on the
20 street in five or six months like we've done
21 repeatedly and repeatedly and repeatedly.

22 I know it's very frustrating for the
23 Southern Tier Regional Drug Task Force.

24 It's very frustrating for my office.

25 And I'm sure I speak, probably, on behalf of

1 most of the district attorneys in New York State.

2 Thank you.

3 [Applause.]

4 SENATOR YOUNG: Thank you, DA.

5 David, just to let you know, there's several
6 law-enforcement initiatives in our package, that I'd
7 like to send to you for your response.

8 One of them is to not allow drug dealers to
9 be in shock programs, such as Willard.

10 Another one, is to establish the crime of
11 operating as a major trafficker.

12 Establishing the crime of transporting an
13 opioid controlled substance.

14 And, facilitating the conviction of drug
15 dealers.

16 And I hope all of those things would be
17 helpful to you and other DAs all across the state.

18 POLICE CHIEF TIM WALSH: Good afternoon,
19 Senator, and everyone else.

20 My name is Tim Walsh. I'm the chief of
21 police in Wellsville, New York. And I've been in
22 law enforcement for the past 37 years.

23 When I first started, the drug problem in the
24 Southern Tier was pretty much marijuana.

25 Today, as I am coming to the closure of my

1 career, we have a barn fire with the heroin and
2 opiate issues.

3 Drug diversion is a huge problem in my
4 community, and we are working diligently with the
5 people from the Southern Tier Regional Drug Task
6 Force, CNET, and, also, we have some things going on
7 with the DEA.

8 We are using every resource that we have
9 available to us, to our best use.

10 Several years ago we had resources to have a
11 youth officer. We had resources to have an officer
12 assigned to the drug task force.

13 With the way the system is with the state
14 taxes now, and everything, we just don't have the
15 ability to fund those positions.

16 My thought is that, if we want a safe
17 New York, we take a look at putting some of the
18 funding back into relieving local tax issues so we
19 have the resources to successfully restaff those
20 positions and get after this matter as it should be.

21 I might also suggest that as one of the
22 things that we can do to help the problem,
23 especially with drug diversion, is to equip every
24 police facility in New York State, or any other type
25 of facility where there's security, with the drug

1 drop-boxes, so people that have opiates in their
2 homes that have been overly-prescribed, because,
3 after just participating in the recent pill drop,
4 it's just unbelievable the pills that are brought
5 into that.

6 But I think that would also help with this
7 issue, if we could get these secure drop-boxes so
8 people can -- don't have to wait for the official
9 drops.

10 SENATOR YOUNG: Thank you, Chief.

11 POLICE CHIEF TIM WALSH: Thank you.

12 [Applause.]

13 SENATOR YOUNG: DA Rehman.

14 DA LORI REHMAN: Hi. I'm Lori Rehman. I'm
15 the Cattaraugus County District Attorney.

16 And I just wanted to buttress on, I totally
17 agree with everything that District Attorney Foley
18 said.

19 But I would also add something on what
20 Sheriff Whitcomb and Sheriff Gerace addressed, is
21 that our probation departments do not have the
22 resources.

23 And, for a first-time offender, a lot of --
24 as a prosecutor, we have very few tools with drug
25 addicts, because they're selling, a lot of times, to

1 support their addiction. So they're sellers also,
2 but, then, we have sellers.

3 I mean, in my 13-year career, there are
4 people I have sent to prison four or five times, and
5 they're back out on the street within six,
6 seven months, especially with Willard, and they're
7 dealing.

8 All they have to do is convince the judge
9 that they're an addict.

10 But you look at their record, and I argue and
11 argue until I'm blue in the face, and repeatedly say
12 "I told you so," because they're back.

13 But we have -- there's a distinction between
14 somebody who sells to support their habit and
15 somebody sell sells to make money.

16 And we have a large amount of people who get
17 the drugs from other people and sell them to support
18 their habit; and those are our local kids. Those
19 are the people that didn't come to sell. They're
20 not making money. Most of them, a lot of them, are
21 living on the streets. But when we arrest them,
22 it's going to be a felony because it's selling.

23 We have very few resources, besides jail.

24 We send them to jail, and they have to come
25 down when -- we have to do these in roundups,

1 because we have to surprise them and we have to
2 protect our informants, so they all go to jail on a
3 Superior Court warrant.

4 We try to set reasonable bail. We try to do
5 release under supervision. But we have nothing.

6 We try to get them into treatment.

7 We have nothing to do with these people
8 except incarcerate them, to make sure they're not
9 using, and to make sure they show up for court.

10 So I feel like we need more treatment options
11 for the jail, for probation.

12 And the other thing is, if it's a felony and
13 we end up with a felony disposition, and it's their
14 first offense, they should get probation. But a lot
15 of them, because of the seriousness of their
16 addictions, they can't comply, and we'll put them
17 back in jail.

18 And I know -- I don't think it's very easy to
19 break down, but I think a large number of our
20 inmates right now are violations of probation and
21 violations of release under supervision.

22 And a lot of times parolees who don't have
23 enough resources when they get out, either, but, we
24 just -- there's nothing we can do except incarcerate
25 them.

1 And we -- you know, it's very frustrating,
2 because that's my option. I have to keep the
3 streets safe, also. And we also will have to
4 protect these people from themselves.

5 And with the pregnant women, I'd rather they
6 sit in jail as a high-risk pregnancy than be out on
7 the street using while they're pregnant.

8 But what do we do? We have nothing --
9 nowhere to send these people. We have no good
10 treatment facilities. They're overworked, they're
11 overburdened, and no money to send them, either.

12 Most of our people in Cattaraugus County that
13 we deal with are below poverty level. They're on
14 all kinds of funding to begin with, but some of them
15 are on nothing. And we have nothing we can do with
16 them.

17 It's very -- and it's -- especially, I think
18 the Native-American population is highly
19 overrepresented for those issues.

20 And I think part of it is also with the
21 casino and the money coming in.

22 As Mayor Vecchiarella said, the drugs are
23 going to follow the money, and they might make more
24 money there, but we don't have the resources to deal
25 with the effects of it.

1 And, I mean, every year my budget gets cut,
2 or it doesn't grow as it should, same with the
3 sheriffs, because of all these mandates that -- and
4 these tax caps. Our legislator has the same pot
5 they have to divide bigger and bigger. And it's
6 really hurting us to not have resources or places to
7 send people. And it cuts probation's budget a lot.

8 It cuts everybody.

9 Everybody that deals in providing services,
10 we're all cut further and further.

11 And there's never more money for
12 district attorneys' office or sheriffs' departments
13 or probation departments.

14 And that's the frustrating thing, I see, is
15 we have no options, and we have no money to do
16 anything anyway.

17 SENATOR YOUNG: Thank you.

18 [Applause.]

19 SENATOR YOUNG: Thank you very much.

20 DANIEL LJILJANICH: Senator?

21 SENATOR YOUNG: Yes.

22 DANIEL LJILJANICH: I'm sorry.

23 Just as a representative of the schools, we
24 often get asked by parents, What can I do to keep my
25 kid away from drugs?

1 And one of the things that's been touched on
2 by some of the non-school entities here, is getting
3 them involved in other activities.

4 My push to parents every single day, is to
5 make sure your students are involved in the
6 co-curricular activities.

7 We have many offered in our school district.
8 All the school districts around, do.

9 Unfortunately, we've certainly had some of
10 those cut in recent years, but we still provide many
11 opportunities for our kids.

12 If somebody said on a preventative -- on the
13 preventive front, "What can we do?" it's get them
14 involved in positive things early.

15 Our middle school and high school students
16 they're going to be doing something. They're going
17 to be involved in something after school.

18 We want to make sure that they're possible
19 things.

20 SENATOR YOUNG: Thank you. Excellent point.

21 Thank you.

22 Okay, maybe two or three more.

23 And then, if people have more information to
24 share, we welcome it, and we would ask that you
25 either contact me or one of the other senators so

1 that we can include that information in the
2 task force.

3 I know County Executive Horrigan has come up
4 with a lot of good data, that we're looking forward
5 to having him share with us, also.

6 So, maybe three more speakers.

7 DR. MICHAEL KALSMAN: Great, thank you. I'll
8 try to be brief.

9 Dr. Michael Kalsman. I'm the medical
10 director of the Seneca Nation Health System.

11 I practice on the Allegany territory. I'm a
12 primary-care physician.

13 And, being a former pharmacist, and now a
14 physician, I've been on the front line of this for
15 quite a while.

16 And, honestly, today, I kind of feel like I'm
17 the bad guy.

18 But, you know, I'd like to say that I -- you
19 know, practicing in a rural area, I don't have much
20 access to specialists, so I have to deal with
21 chronic-pain treatment every day, and addiction
22 every day. And, I've taken it upon myself to become
23 as educated as I can.

24 We're currently in the process of rolling out
25 new policies at our health department regarding

1 this, to hold the -- not only the providers more
2 accountable, but patients more accountable.

3 I agree that physicians need to be more
4 educated about this. Absolutely.

5 I am a little concerned about how that
6 goes -- how that is taken, if it's legislated or
7 not.

8 My fear, because I've already seen this a
9 little bit with I-STOP, is -- and trust me, I think
10 I-STOP's a wonderful program.

11 But my fear is that physicians will just
12 simply say, Fine, I'm not going to prescribe pain
13 medications at all.

14 Now, I treat a lot of chronic-pain patients.

15 And what medical evidence will show you is
16 that less than 10 percent of chronic-pain patients
17 begin to abuse or misuse chronic-pain meds.

18 So we need -- as being an advocate for some
19 of those chronic-pain patients, we need to do this
20 in a careful way.

21 That's my first comment.

22 The second comment is simply that, and I know
23 this has already been said, but it really begins at
24 home.

25 What I see every, every day is complacency

1 towards entry-level abuse, such as alcohol and
2 marijuana.

3 Marijuana is not even considered a drug when
4 I talk to people.

5 More than 50 percent of my prenatal patients
6 are positive for marijuana when we do screens at
7 their first prenatal visit, because it's not
8 considered a drug.

9 The community really -- parents and the
10 community really have to address this issue.

11 It begins at home.

12 So, thank you.

13 SENATOR YOUNG: Thank you very much.

14 [Applause.]

15 SENATOR YOUNG: We have a young person who
16 wants to contribute.

17 TUCKER JAMISON [ph.]: Hello. My name is
18 Tucker Jamison. I am a senior at Gowanda Central
19 Schools.

20 Most of you had actually made a good --
21 I agree with what most of you have said, that the
22 programs for the kids have been -- being set up.

23 But one thing that I think that should be
24 said is -- or, should be done, is that it should be
25 started at a younger age. And, also, that the

1 parents get involved with these activities.

2 Because, me, as myself, I look up to my
3 parents. And they had actually helped me get
4 through a lot. And having my parents come up to me
5 and asking if I am doing drugs or anything actually
6 gives me the reassurance that they care.

7 And having that feeling of that caringness --
8 caring from my parents is key, because it feels that
9 you can trust other adults that can help you, such
10 as counselors, because, throughout high school,
11 I didn't really trust my counselor at all. And
12 I didn't come to her until pretty recently to talk
13 to her, in general.

14 And when there are some students that are
15 struggling with alcohol or drug use, as well as any
16 other household problems in the house.

17 And it's just -- I just have to say, just,
18 thank you for coming out here to do this, because
19 this is really awesome that this is being done.

20 SENATOR YOUNG: Good job. Thank you.

21 [Applause.]

22 SENATOR YOUNG: Ben Spitzer.

23 BEN SPITZER: Hello, Senator Young.

24 SENATOR YOUNG: Hello.

25 BEN SPITZER: I want to, first of all, thank

1 the Seneca Nation for making this opportunity
2 available to everybody.

3 I really don't have a question. I just
4 wanted to stand up after sitting in those bleachers.

5 [Laughter.]

6 BEN SPITZER: No, I do.

7 But before I speak, I wanted to have a couple
8 of my young people who came with me from the
9 Chautauqua Lake Central School District to speak at
10 the microphone.

11 SENATOR YOUNG: Thank you.

12 ABIGAIL YANZI [ph.]: Hi, my name's
13 Abigail Yanzi [ph.] and this is
14 Ashley Crandall [ph.]. We're both juniors at
15 Chautauqua Lake High School.

16 We just wanted to touch on what a couple of
17 people have mentioned before about, like, healthy
18 activities, and, like, the kids who are at risk are
19 the ones that don't really have much to do after
20 school.

21 And, we want to talk about something.

22 We both have been involved in 4-H since we
23 were young. And that's one of the programs in
24 New York State that's been cut.

25 [Applause.]

1 ABIGAIL YANZI [ph.]: And with budget cuts on
2 certain programs like that, that limits what we can
3 do.

4 ASHLEY CRANDALL [ph.]: A lot of people in
5 our school don't really even know what 4-H is about.

6 And that's a lot of things that we need to
7 stop, because even if it was more prevalent in
8 schools, more people knew: How do I even join it?
9 What is it? How do I get involved? How does this
10 affect what time I have to spend free?

11 Because this means that, even though it's,
12 like, going to be in schools, what we need to do is
13 not just in schools, because, most of the time, when
14 people are getting involved with bad things, it's
15 not anything to do with school. It's always out of
16 school.

17 So, we need to make sure that parents, too,
18 are willing to invest in their kids, because I know
19 that's what my parents did with me, and they were
20 very prevalent in my life. They wanted me to be
21 involved in positive things so I wouldn't have free
22 time to get mixed up with the bad stuff.

23 SENATOR YOUNG: We agree with you, 4-H is a
24 great program.

25 Thank you.

1 BEN SPITZER: Real quick, Ben Spitzer,
2 Superintendent of Chautauqua Lake Central School
3 District. Also, the president of the Far West
4 Council of School Superintendents in
5 Chautauqua County.

6 And I just wanted to make a very quick and
7 short pitch for consideration to bring back the
8 "school resource officer" program for all of our
9 schools.

10 I'm aware that the program is in some
11 schools.

12 And like so many other things, where we think
13 about school districts, I think we need to think
14 about equity.

15 I know that, you know, that's been a word
16 that's been quite prevalent this year, in terms of
17 the budget discussions.

18 But when we're talking about children and
19 safety and bullying and these issues with drugs,
20 I had the opportunity to have a school resource
21 officer in my school district. And it was, you
22 know, a very reassuring feeling, but it was also an
23 opportunity for students to connect with
24 law enforcement in a way that made significant
25 difference.

1 So, if you could give consideration to that.

2 I wouldn't want it to have a school resource
3 officer in one school, and not another school.

4 All the kids in all the schools should be
5 able to benefit from that program.

6 Thank you.

7 [Applause.]

8 SENATOR GALLIVAN: Thank you, Superintendent.

9 I -- on the "school resource officer" point,
10 I have long been an advocate for it.

11 The Senate was able to secure some funding in
12 this year's budget to be made available for grants
13 for school resource officers.

14 My office is actually involved in putting the
15 program together, with the Senate finance people.

16 And within the next several weeks, we'll be
17 getting information out to all of the schools.

18 It will go through the various Senate
19 offices, but our hope is, that we can make grant
20 money available to any school that wants to utilize
21 it for a school resource officer.

22 BEN SPITZER: Outstanding. Thank you.

23 RICK HUBER [ph.]: My name is
24 Rick Huber [ph.]. I'm the director of the only real
25 peer-run mental-health association in the state of

1 New York. We're from Chautauqua County.

2 What that means is, everyone in my
3 organization, including myself, has a mental-health
4 diagnosis, and is a recovered addict, and also has
5 college education in the field.

6 Some of the things I've heard today, you
7 know, I could spend the whole afternoon commenting
8 on them because we encounter it. We face this
9 problem every day.

10 If you come to my place tomorrow, you would
11 see group after group, with 40 and 50 recovering
12 addicts in it. That's the kind of problem that we
13 have.

14 And the answer to the father's question about
15 "Who do you call?" I give me cell phone number out
16 over the radio all the time. Parents can call us
17 24/7. Our phone number at our office runs right
18 into our cell phones, and we answer it.

19 But the thing I wanted to say today, is that
20 I want to put a little positive spin on it.

21 We are now going into our fourth meeting
22 we'll be having July 23rd.

23 My addicts -- I call them "mine," because
24 they are, they're like family to me -- I've never
25 seen that much hope in their faces, because of the

1 things that have been done, and the forums that are
2 being held in Chautauqua County. And now this.

3 And it's great to see. And we're actually
4 making some progress on this.

5 We've already trained 30-some parents in
6 Narcan, that they have in their homes now.

7 And, all kinds of things are going on over
8 there, because of the original forums.

9 And I think this is great. And that's why
10 I said I wanted to kind of give a positive note to
11 it, that this will work.

12 Thank you.

13 [Applause.]

14 SENATOR YOUNG: Thank you very much.

15 Well, we have our two health-department
16 directors for the counties of Chautauqua and
17 Cattaraugus.

18 Hi, Christine.

19 Hi, Dr. Watkins.

20 DR. KEVIN WATKINS: Hi.

21 Senator Young, and to all the representatives
22 on the panel, I just want to say, we're just going
23 to continue to advocate for resources within our
24 community, as we know that it is the resources that
25 are unavailable in order to help treat some of these

1 addicts that we're seeing in our community.

2 Resources for education, resources for
3 intervention, it's vastly needed.

4 In addition, Mayor Vecchiarella said some
5 very alarming statistics that should have shaken,
6 you know, the feet of a lot of us, that we're losing
7 a lot of these addicts. And it's all unnecessary.

8 I want to advocate for Narcan for all of our
9 law-enforcement agents who are, primarily, the first
10 responders to a lot of these scenes.

11 And if they can administer the Narcan to a
12 lot of these addicts, that would truly help reduce
13 some of the mortalities that we're seeing within our
14 community.

15 In addition to the mortality that we're
16 seeing, we've seen an increase in HIV, an increase
17 in hepatitis B and hepatitis C. And we also want to
18 advocate for assistance in that area as well.

19 And, so, I just want to end with that, and
20 I'll introduce you to the Chautauqua County Health
21 Director.

22 CHRISTINE SCHUYLER: Hi.

23 Thank you, Senator Young, for talking about
24 our unfortunate statistics with our babies with
25 positive tox screens at birth.

1 And that's just an indication of a very
2 parallel track that we're seeing because of the
3 substance-abuse issues in our child welfare.

4 There is some great new CPS legislation at
5 the state level. Many thanks to Erie County for
6 that.

7 But, what we're seeing in substance abuse
8 directly impacts child welfare, when you're talking
9 child abuse and neglect.

10 We have a whole new generation of parents who
11 are addicts. These are these very, very young
12 parents with infants, toddlers, and children, who
13 are having them removed because they themselves are
14 the addicts.

15 So when we talk about educating parents,
16 there's a whole nother subset of these very young
17 parents that we also need to deal with.

18 And I ask for your remembrance of that when
19 we're talking about the stretch on the health and
20 the mental-health systems; but, also, the tremendous
21 burden that we're seeing right now in our
22 child-welfare system.

23 So, I'm also the social services commissioner
24 for Chautauqua County, so, I'm seeing this on both
25 ends.

1 And as far as our jail medical services, at
2 one time, if the jail medical services were run
3 underneath the local health department, it was
4 eligible for 36 percent State aid under Article 6.

5 That was eliminated by the State.

6 That was the only source of any such
7 reimbursement.

8 All jail medical and mental-health services
9 are completely funded by local-taxpayer dollars.

10 There is no reimbursement. There's no
11 ability to bill insurance or Medicaid. All coverage
12 stops the day the person enters the jail.

13 So I think when you have the captive
14 audience, as Sheriff Gerace said, we've got to be
15 able to, somehow, put some resources in there to get
16 the help and the services into that jail that we
17 can.

18 We can't put that on the backs of local
19 taxpayers anymore.

20 And, if this is the way we're going to have
21 the populations in the jail, by being so many people
22 that are pregnant and are drug-addicted and have
23 mental-health issues, then we better decide that
24 we're going to treat them appropriately while
25 they're there.

1 And we ask for your help with that.

2 SENATOR YOUNG: Thank you, Commissioner.

3 Thank you very much.

4 [Applause.]

5 SENATOR YOUNG: Senator Gallivan's pointing
6 out that we have done some things in the Senate to
7 address that.

8 We need the Assembly, however, to come along.

9 And I know Assemblyman Goodell is very
10 supportive, but we need the Assembly Speaker and
11 leadership to support this legislation that we've
12 put forward.

13 I just want to say, sincerely, thank you to
14 everyone for sharing, for contributing their ideas,
15 their own experiences here, today.

16 This type of input is extremely beneficial,
17 and so very valuable, because, in Albany, sometimes
18 people are making decisions, that don't truly
19 understand what is happening in our school
20 districts, in our communities, in our jails, with
21 our law enforcement, with our educators, with our
22 health professionals.

23 And, so, with the information that you gave
24 us today, it really and truly is going to make a
25 difference.

1 We came up -- we wrote down a lot of notes.

2 The -- we have a 25-bill package that we're
3 passing in the Senate.

4 I suspect that there will be even more bills
5 that will be introduced, based on the testimony that
6 we've heard.

7 So I want to thank you.

8 And I want to turn this over to
9 Michael Kimelberg from the Seneca Nation of Indians.

10 But, truly, thank you to the nation, to
11 President Snyder, to the Tribal Councilors, and
12 everyone who made this happen today.

13 This is unprecedented.

14 And, our work is just beginning.

15 So this is a great conversation to have, but,
16 as Chief Masullo said, we need to pay attention to
17 this every single day.

18 And that's what we will strive to do.

19 So, thank you, everyone.

20 [Applause.]

21 MICHAEL KIMELBERG: Thank you, Senator Young.

22 I would just echo your sentiments of
23 gratitude to everyone in this room for spending
24 three hours out of your day.

25 This was a very productive dialogue.

1 And, you know, really, I think there's some
2 very specific comments, suggestions, and
3 recommendations peppered throughout the discussion.

4 But sort of a major takeaway for me is the
5 wealth of skilled and determined and compassionate
6 individuals and groups tackling this issue on a
7 daily basis, through many different facets and very
8 different approaches to it.

9 And really a key, I think for the region,
10 is -- and certainly from the government's
11 standpoint, is: How does legislation, insurance
12 reform, and funding efficiently and effectively
13 support the work of the individuals and the groups
14 who are doing the -- really, the hard work every
15 day?

16 So to that end, the question is, What's next?

17 This is a terrific forum, but there's some
18 real opportunities for meaningful and substantive
19 follow up.

20 One, we'll certainly be eager to see the
21 legislation that emerges from the forums that have
22 been held over the last few months.

23 But, two, I think from the nation's
24 perspective, we've really been able to recognize
25 some potential partners and people that we can

1 follow up with on more specific and focused issues
2 within the larger, you know, drug problem.

3 And it's that community dialogue, that
4 continued dialogue, moving towards solutions, which
5 is where we really want to focus our efforts.

6 So I think, you know, we've taken a lot of
7 notes. I've written down a lot of names, in terms
8 of follow up with specific some folks here.

9 And we really look forward to continuing that
10 dialogue.

11 I just want to give the opportunity to some
12 of our drug task-force members for any concluding
13 thoughts, if you want to chime in.

14 RICHARD NEPHEW: I'd also like to thank
15 everyone for coming today.

16 Our issues are the same, our struggles are
17 the same.

18 We're trying hard to deal with what we can
19 get our hands around here within the Seneca Nation.

20 We're doing a lot of good things.

21 This beautiful building we're meeting in
22 today is part of our response to provide our people,
23 young and old, an alternative, a healthy
24 alternative, a place to go, for recreation, sports,
25 activities.

1 We also have another program called "Food Is
2 Our Medicine," to bring back to -- a message to our
3 people to eat healthy.

4 We can provide these things, but they do no
5 good if no one comes.

6 The food does no good if nobody eats them.

7 Our young people need to know that they have
8 very much control over their lives and to make good
9 decisions.

10 Life is about choices and decisions.

11 And that's part of the challenge that
12 I believe we have here at the Seneca Nation, is to
13 teach our children the difference.

14 And it's a challenge.

15 We can't make our kids come here.

16 We can provide an opportunity.

17 We can't make them change their diet.

18 We can provide them the opportunity to learn
19 about it.

20 It's never going to end, because we're --
21 I've done a lot of thinking about this over the
22 years that we've struggled with this here.

23 And we're dealing with human nature: the
24 human nature to seek pleasure, and to avoid pain.

25 And that's what these substances do for many

1 people.

2 So there needs to be, again, healthier
3 choices, different choices, than what we're used to.

4 And it's a change of culture, and that's what
5 I was going to -- a change in our society;
6 Seneca society and American society, it's really
7 going to make a difference.

8 This issue is never going to end, but good
9 people need to stand up and take up that issue.

10 And I'm glad to see so many good people show
11 up here today and join us in talking about it.

12 So, thank you.

13 [Applause.]

14 JEFFREY GILL: Just as a very short follow-up
15 for everybody that traveled to come here today:

16 First of all, some of you have heard
17 "gononia" [ph.] for the first time, as Travis spoke
18 to us earlier.

19 And the same thing goes along with your trip
20 home, is that, you know, your travel is safe.

21 For those of you who visited the territory
22 for the first time, you know, we appreciate you
23 coming and walking through.

24 There's no barriers at the territory line.

25 There are no barriers at the county line, the

1 village line, the township, the state.

2 As we heard from the DA, heroin travels up
3 the 90 from New York City, coming from out of the
4 country.

5 It doesn't stop. There's nothing there to
6 stop it, other than a community coming together.

7 And when we reference "community," that's
8 everybody sitting at this table and everybody that's
9 willing to listen to what was said today.

10 If you look at it, and you look around, and
11 you see somebody that you haven't seen or you met
12 for the first time, take the time to shake their
13 hand today, and you say to yourself: When will we
14 see one another again?

15 Well, this has come all the way across the
16 state. We're the last one to come together as a
17 forum, but not last one to meet, or meet one
18 another.

19 Until we see one another again, that's our
20 phrase: Not goodbye, but we will see one another
21 again.

22 Thank you.

23 SENATOR YOUNG: [Applause.]

24 DARLENE MILLER: Councilor Gill is correct,
25 of our paths will cross again.

1 And I think today, what I -- the message
2 I hear is, keep the message healthy.

3 And, yes, we have a lot of community members
4 and resources available, but it's our communities
5 who have to take ownership. We're not in this
6 alone.

7 And it feels good to have everyone here today
8 who's concerned, and we all share.

9 There are no borders. There are -- every --
10 drugs doesn't care who it is.

11 So, we're all in a same canoe this time,
12 paddling together. And we can do this. And we have
13 to keep each other strong. We have to lift each
14 other up.

15 And even though our backpack feels heavy
16 today, and it does right now, but seeing all of your
17 faces and knowing all of you who care.

18 The young man said, Show somebody you care.

19 That's the message.

20 That's a message; take it back to the
21 community, to the families.

22 We went to a -- recently, we had a conference
23 on how to make a healthy nation, and we learned
24 about the jellybean-method approach.

25 And we're all jellybeans. We're all

1 connected. We should all be able to recognize who
2 to go to, when to go to, and use the resources.

3 So I applaud everyone here, and I commend
4 everyone who stayed to listen.

5 And [speaking native language] this week.

6 Thank you for coming.

7 [Applause.]

8 ARLENE BOVA: I just want to say [speaking
9 native language] to everyone.

10 And, I feel a lot of passion in this room.

11 And as we've all spoke, share that.

12 To be able to communicate, you must listen,
13 and you must speak.

14 Our Seneca word for "seeing you again" is
15 "esgogae" [ph.].

16 SENATOR YOUNG: And, finally,
17 County Executive Vince Horrigan would like to say
18 just a couple of things.

19 VINCE HERRIGAN: Thank you very much.

20 It is very encouraging to see everyone here,
21 and I thank everybody here for the leadership.

22 In Chautauqua County, we're on a mission.

23 And the substance-abuse problem, the heroin
24 problem, is a premier problem in Chautauqua County.

25 And that's why, as County Executive, I've

1 taken on kind of a 5-part task.

2 One is, our media, the message; not only from
3 the media, but the message to the kids.

4 I think we need to be open to the kids in the
5 high schools, and find out what messages are going
6 to work.

7 Number two is, education and prevention.

8 I think we need to look at additional ways,
9 in addition to what we're doing, to refresh that
10 message and make it relevant to our communities
11 today where we have so many single parents and we
12 have challenges in our community.

13 Number three is, our court system, our
14 probation, and our law enforcement.

15 Those three areas critically play across the
16 lines in this, and we need to have a specific focus
17 on those areas.

18 The fourth, of course, is the treatment, the
19 access to treatment.

20 And, finally, advocacy.

21 And if your county executive or your
22 leadership is not fully engaged, get them fully
23 engaged. And I think that is where we make the
24 difference.

25 When you, as ordinary citizens, raise your

1 voices and say: Enough! We need to get this
2 problem under control. And we're mad as hell, and
3 we're not going to take it anymore.

4 I encourage that.

5 Thank you.

6 [Applause.]

7 SENATOR YOUNG: Thank you.

8 Thank you, everyone, for being here today.

9
10 (Whereupon, at approximately 3:42 p.m.,
11 the forum held before the New York State Joint
12 Task Force on Heroin and Opioid Addiction
13 concluded, and adjourned.)

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