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

PUBLIC FORUM: WESTERN NEW YORK

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

Seneca Nation of Indians'
Cattaraugus County Reservation

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

PRESENT:

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

Senator Catharine M. Young, Forum Moderator
Task Force Member

Senator Patrick M. Gallivan, Task Force Member

Senator George D. Maziarz, Task Force Member

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Mike Kimelberg
Chief Operating Officer
Seneca Nation of Indians

Barry E. Snyder, Sr.
President
Seneca Nation of Indians

PANELIST INTRODUCTIONS: PAGE 22

Jennifer Alessi, Detective
School Resource Officer,
Gowanda Central Schools
Gowanda Police Department

Jodie Altman
Campus Director
Renaissance Addiction Services, Inc.

Eric J. Balon
Captain
New York State Police

Arlene Bova
Tribal Councilor
Seneca Nation, Allegany Territory

Robert Breidenstein
Superintendent
Salamanca Schools

Ashley Carnes
Student
Southwestern Middle School

Laura Elliot-Engel
Executive Director
Council on Addiction Recovery Services
aka/ CAReS

Dr. Lesley Farrell
Commissioner
Seneca Nation Social Services

PANELIST INTRODUCTIONS (Continued):

Dr. Judith Feld
Associate Medical Director of
Behavioral Health
Independent Health

Amanda Fero
In Recovery For Two Years
Support-Group Leader

Joseph Gerace
Sheriff
Chautauqua County

Jeffrey Gill
Tribal Councilor
Seneca Nation, Cattaraugus Territory

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

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

Gabriella Hoose
Student
Southwestern Middle School

Avi Israel
President
Save the Michaels of the World

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

PANELIST INTRODUCTIONS (Continued):

Dr. Kenneth Leonard
Director
University at Buffalo Research Institute
on Addictions

Daniel Ljiljanich
Superintendent
Silver Creek Central Schools

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

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

Bernie Masullo
Chief of Police
Town of Evans Police Department

Darlene Miller
Tribal Councilor
Seneca Nation, Allegany Territory

Brian Mohr
SNI Liaison
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

Cheyanne Neubauer
Student
Silver Creek Central Schools

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

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

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

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

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

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

Travis.

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

[Proceeding taken off video and audio.]

[The forum resumed, as follows:]

MICHAEL KIMELBERG: Thank you, Travis, for

those good words.

We have a robust program today.

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

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

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

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

From the Seneca Nation:

President Barry E. Snyder, Sr.;

Treasurer Rodney Pierce [ph.];

Tribal Councilor and member of the Seneca Drug Task Force, Richard Nephew;

Tribal Councilor and task-force member Arlene Bovay;

Tribal Councilor and task-force member Jeff Gill;

Tribal Councilor and task-force member

Darlene Miller.

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

Councilor Linda Doxtator;

Councilor Christine [ph.] Jimerson;

Councilor Nicki Seneca;

Councilor Al George;

Councilor Travis Jimerson;

Councilor Brian Gonzalez;

And Councilor Tina Abrams.

Thank you.

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

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

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

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

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

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

[A moment of silence is observed.)

MICHAEL KIMELBERG: Thank you.

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

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

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

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

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

one.

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

[Applause.]

MICHAEL KIMELBERG: It's a long walk.

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

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

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

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

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

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

addiction.

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

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

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

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

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

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

away.

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

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

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

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

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

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

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

this program most recently attests to that.

Our kids are our future.

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

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

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

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

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

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

For our people, it is my heart-felt belief

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

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

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

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

Did we do good today?

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

We've run out of options.

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

We know what we have to do.

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

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

All of our young people.

Again, thank you for coming here today.

I know we're going to have a very productive

forum.

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

Again, thank you for coming.

[Applause.]

MICHAEL KIMELBERG: Thank you, President Snyder.

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

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

Senator Cathy young.

SENATOR YOUNG: Thank you.

[Applause.]

SENATOR YOUNG: Thank you, and good afternoon.

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

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

for their friendship, and their partnership.

Today truly is a historic day.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

report.

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

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

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

There's Andy Goodell [pointing].

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

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

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

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

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

It's been reported by the New York State

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

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

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

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

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

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

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

very proactive steps already.

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

But they're doing many, many things.

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

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

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

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

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

It truly a historic forum, as was said.

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

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

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

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

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

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

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

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

As was said, we are losing children, we are

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

I thank the Seneca Nation for partnering with us.

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

Thank you, Senator.

SENATOR YOUNG: Thank you.

[Applause.]

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

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

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

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

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

UNKNOWN SPEAKER: [Inaudible/no microphone.]

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

UNKNOWN SPEAKER: [Inaudible/no microphone.]

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

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

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

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

CHEYANNE NEUBAUER: Cheyanne Neubauer, at Silver Creek.

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

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

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

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

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

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

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

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

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

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

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

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

VINCE HORRIGAN: Vince Horrigan, County Executive, Chautauqua.

SENATOR MAZIARZ: George Maziarz, New York State Senator.

SENATOR GALLIVAN: Senator Pat Gallivan.

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

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

ARLENE BOVA: [Speaking native language.]

Arlene Bova, Seneca Nation Tribal Councilor.

I'm also an [unintelligible] grandmother of

seven, mother of five, and community member.

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

[Speaking native language.]

JEFFREY GILL: Jeffrey Gill, tribal councilor.

DARLENE MILLER: [Speaking native language.]

Darlene Miller, tribal councilor, Allegheny territory.

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

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

AMANDA FERO: Amanda Fero, support-group leader, and recovering addict.

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

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

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

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

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

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

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

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

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

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

ASHLEY CARNES: Ashley Carnes, student at Southwestern School.

GABRIELLA HOOSE: Gabriella Hoose, student at Southwestern School.

ROBERT BREIDENSTEIN: Bob Breidenstein, superintendent of Salamanca Schools.

TIMOTHY PENCE: Tim Pence, Cattaraugus County

Sheriff's Office, SRO of Salamanca School.

SENATOR YOUNG: Great, thank you very much.

So, let's kick things off.

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

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

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

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

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

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

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

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

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

When I was about 18, I started to use opiate

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

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

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

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

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

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

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

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

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

around.

So...

SENATOR YOUNG: Thank you, Amanda.

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

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

Was it through school? through friends?

How did that happen to you?

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

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

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

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

AMANDA FERO: Yes.

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

and I felt like my body needed it.

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

SENATOR YOUNG: Uh-huh.

Did you want to ask?

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

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

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

SENATOR YOUNG: Any other questions?

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

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

So, thank you for that.

AMANDA FERO: Thank you.

[Applause.]

SENATOR MAZIARZ: Thank you very much.

Senator Maziarz, again.

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

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

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

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

AVI ISRAEL: Thank you, Senator Maziarz.

I want to thank everybody that's here.

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

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

took his life.

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

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

How did Michael get there?

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

So I'll tell you.

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

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

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

And so on and so on.

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

This epidemic, whether we want to admit it or

not, has started with the medical community. Somewhere down the line, a doctor, a prescriber, wrote a prescription for painkillers.

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

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

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

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

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

Very simple things:

We have legislation to educate doctors.

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

This is a school curriculum which was

developed by Blue Cross and Blue Shield, and WNED.

It tells you about opiates;

It tells you the consequences of opiates;

It tells you how to avoid some of them;

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

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

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

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

Every day -- and this is not my words.

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

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

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

Every day in this country, 16,600 die.

That's a small village that disappears every year.

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

We quadruple that every year in this country.

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

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

One of them is doctor education.

That has to be.

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

We can only do that by education.

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

But as a moral obligation by doctors who

should know what happens with this prescription.

There's the moral obligations for every prescriber.

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

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

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

Nothing is going to bring my son back.

Nothing.

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

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

Thank you.

[Applause.]

SENATOR YOUNG: Thank you very much.

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

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

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

And -- this is difficult.

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

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

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

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

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

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

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

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

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

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

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

And she did it.

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

And I tried to do the tough-love thing.

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

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

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

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

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

And I didn't do that.

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

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

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

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

"Oh, come back in two weeks."

"Oh, fill out these medical forms."

Or, do this and do that.

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

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

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

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

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

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

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

And, so, that's what I did.

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

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

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

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

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

And it was very tragic of what happened to her.

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

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

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

And we spent the whole day together.

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

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

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

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

And I was, like, Okay.

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

But what had happened is that, somehow, there

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

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

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

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

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

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

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

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

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

And somebody has to take a stand on this.

I don't know what the answer is.

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

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

I will do anything to help another kid.

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

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

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

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

[Applause.].

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

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

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

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

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

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

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

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

Pat.

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

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

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

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

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

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

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

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

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

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

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

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

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

Red Cliff Wellness school curriculum.

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

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

Media: looking at media with critical messages.

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

idea. Or the beer.

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

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

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

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

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

So --

SENATOR YOUNG: Thanks, Pat.

SENATOR BOYLE: Thank you very much.

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

They were talking about education prevention in the schools.

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

What are you experiencing in the schools?

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

And, what works?

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

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

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

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

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

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

just kind of like an extracurricular program.

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

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

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

SENATOR YOUNG: Thank you.

Any of the other students want to say anything?

That's okay.

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

Do you want me to start over?

Okay.

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

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

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

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

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

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

So --

SENATOR YOUNG: Good, good. Thank you.

Okay, anybody else?

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

My bad.

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

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

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

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

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

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

SENATOR YOUNG: Good, great. Thank you.

Thank you.

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

And I want to thank the students for contributing.

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

help people who are addicted?

Yes.

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

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

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

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

January of 2016, that may cease to exist.

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

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

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

The other piece is that, I agree with Avi,

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

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

[Applause.]

JODIE ALTMAN: Thanks.

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

It's a real tough pill to swallow.

So, thank you.

SENATOR YOUNG: Thank you very much.

Anyone else?

Dr. Lamothe?

Oh, I'm sorry.

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

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

LAURA ELLIOT-ENGEL: Thank you.

And thank you for the opportunity to be here.

SENATOR YOUNG: Closer.

LAURA ELLIOTT-ENGEL: Closer?

SENATOR YOUNG: Yep.

LAURA ELLIOTT-ENGEL: How am I now?

SENATOR YOUNG: Yes, that's better.

LAURA ELLIOT-ENGEL: She shines.

The opportunity to be here is really important.

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

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

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

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

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

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

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

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

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

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

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

So let's be smart.

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

state level shrink and shrink and shrink.

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

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

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

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

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

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

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

changes, too.

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

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

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

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

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

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

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

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

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

Prevention begins with awareness.

Awareness begins with some openness.

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

Thank you.

[Applause.]

SENATOR BOYLE: Thank you, Laura.

And, Laura --

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

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

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

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

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

Three years ago, nobody has said anything.

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

Today it's a reality.

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

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

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

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

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

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

[Applause.]

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

what my son wanted in the first place?

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

And that's what we need to do.

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

You know what? Michael was ashamed of being addicted.

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

Bullshit!

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

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

Nobody does.

Nobody abuses drug until they get addicted.

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

Nobody abuses anything until they get addicted.

You know?

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

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

I-STOP is a great legislation.

I-STOP has slowed down the prescription drug.

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

They're not going into crack.

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

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

It's the same thing.

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

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

We started with I-STOP.

We need to educate the doctors.

We need to educate the public.

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

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

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

And we need to keep that in mind.

[Applause.]

SENATOR BOYLE: Thank you, Avi.

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

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

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

No shame involved whatsoever.

AVI ISRAEL: That would help great.

That would be a great help.

SENATOR BOYLE: No question.

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

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

[Applause.]

SENATOR BOYLE: One of the things we've

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

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

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

I think that's very important.

And thank you for your insights on that.

[Applause.]

SENATOR YOUNG: Dr. Lamothe.

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

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

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

However, over the last several years, there's

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

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

That helps us stop it at the ED level.

In addition to that, we have developed pain policies.

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

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

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

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

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

prescribing medications over and over again.

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

We see it in the emergency department.

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

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

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

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

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

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

There are ways in which we can educate physicians.

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

need to have your license renewed.

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

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

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

That's what we have at entry level.

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

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

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

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

providers.

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

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

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

SENATOR YOUNG: Thank you, Doctor.

Thank you very much.

Yes.

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

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

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

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

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

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

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

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

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

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

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

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

And what we're talking about is a

population-health problem, a population-health crisis.

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

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

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

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

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

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

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

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

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

and it's very well-attended.

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

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

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

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

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

There is so much need out there.

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

They leave, they go back.

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

How do we stop this?

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

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

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

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

That people may come from trauma backgrounds.

That our veterans are coming with all sorts of problems.

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

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

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

people on a long, longitudinal basis.

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

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

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

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

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

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

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

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

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

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

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

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

So, again --

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

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

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

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

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

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

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

Sheriff Whitcomb.

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

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

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

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

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

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

In law enforcement, we protect and serve.

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

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

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

We have a 150-bed facility.

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

All right, 142 inmates.

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

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

Of that 80 percent, 50 percent are noncustodial parents.

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

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

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

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

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

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

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

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

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

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

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

assist them.

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

And their response was much better than our offer.

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

And I believe that knowledge is power.

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

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

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

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

Now, our inmate population at our jail, as

I mentioned, we had 142 inmates.

28 to 30 percent of them are Native American.

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

That's a significant percentage.

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

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

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

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

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

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

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

SENATOR YOUNG: Thank you, Sheriff.

Anyone else?

[Applause.]

SHERIFF JOSEPH GERACE: Senator, thank you.

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

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

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

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

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

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

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

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

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

across the state, because we are smaller jails.

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

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

[Applause.]

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

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

What types of programs?

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

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

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

SENATOR GALLIVAN: But what programs would help?

SHERIFF JOSEPH GERACE: Well, I am not --

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

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

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

"There is no money."

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

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

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

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

And that presents some challenges to us, obviously.

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

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

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

To get back to answer some of the other questions:

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

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

Other than that, what resources, specifically?

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

All the psychiatric institutes have closed.

Our mentally-ill inmate population has also spiked.

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

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

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

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

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

[Applause.]

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

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

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

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

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

SENATOR YOUNG: Thank you.

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

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

I'll just slide over.

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

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

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

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

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

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

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

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

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

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

SENATOR YOUNG: That's a great idea.

[Applause.]

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

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

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

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

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

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

But we also have to be able to guide them

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

SENATOR YOUNG: Thank you.

Counselor Bova.

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

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

I believe the strong message is "no addicts."

That's what we need.

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

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

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

The Captain just referred to pamphlets.

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

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

You know, this put her in the arena where

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

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

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

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

What's with that?

What is with a community not saying something about that?

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

And, this is very emotional for me.

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

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

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

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

You know, what's it going to take?

My boy is 15.

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

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

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

He threatened suicide one day.

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

They were there.

He went to WCA.

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

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

Our marshals check on our youth.

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

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

So please support them.

Support the teachers with the funding and the

resources that they need.

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

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

[Applause.]

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

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

MICHELLE SPAHN: Can everyone hear me okay?

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

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

And thank you for inviting us here today.

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

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

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

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

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

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

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

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

and, of course, safe manner.

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

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

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

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

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

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

But I can also tell you that a huge part of

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

This program actually was instituted in Buffalo.

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

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

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

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

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

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

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

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

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

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

So, thank you again.

[Applause.]

SENATOR BOYLE: Thank you very much.

Thank you, Agent Spahn.

And thank you all.

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

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

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

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

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

Thank you so much.

We're going to win this fight together.

[Applause.]

SENATOR YOUNG: Thank you, Senator Boyle.

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

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

speaking engagements. She did all the talking for me.

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

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

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

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

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

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

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

to their kids about it.

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

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

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

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

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

SENATOR YOUNG: Thank you very much.

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

MICHELLE SPAHN: Our major source city in

Western New York is actually New York City.

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

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

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

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

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

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

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

SENATOR YOUNG: Thank you.

Chief Masullo, you wanted to say something.

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

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

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

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

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

And you talk about constantly keeping the message fresh.

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

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

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

As Tim said, strong family.

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

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

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

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

We have a counseling in Derby, New York.

We work with Lake Shore Behavioral Health.

We work with Spectrum.

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

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

Has this been around when I was a kid?

It was Robitussin medicine. It was sniffing glue.

Again, the strong family.

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

You have to constantly give the message.

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

I don't have an answer.

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

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

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

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

My officers are trained every day.

How do we get in touch with the kids?

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

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

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

We refer them to the counseling.

First touch, when they get arrested, family court.

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

I've been in law enforcement for 36 years:

patrol, detective, and chief.

I said strong message early?

They get slapped on the wrist, go back home.

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

That's the way I was brought up.

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

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

Our kids are our future.

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

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

We have to constantly give the message.

Thank you.

SENATOR YOUNG: Thank you, Chief.

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

[Applause.]

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

So thank you very much for that.

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

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

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

And, I see Dr. Tony Evans.

DR. TONY EVANS: Thank you.

Senators, good to see you again.

Mr. Goodell, good to see you.

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

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

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

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

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

"1.5 million."

When I started my job 15 years ago, the State allocated to county youth bureaus, $6.50, times 26,000. That was the money that we were to take, and our resource allocation that we would support the city of Olean Youth Bureau, the city of Salamanca Youth Bureau, the parks and recreation programs, that are vital for the kids' welfare in the non-school and out-of-school hours, because we know that every kid who has more than two or three hours of unstructured, unsupervised time is a kid at risk, and are vulnerable to the things you've been talking about.

This past year, in the current state budget, we were allocated $1.69 per child.

So that drop, precipitous drop, in State funding, to help youth bureaus look after kids, I think there's a correlation to what we see happening here.

And I don't think you need to be a genius to figure that out.

So, support your youth bureaus -- your county youth bureaus, your municipal youth bureaus -- who do so much for our kids.

Sandy.

SENATOR YOUNG: Thank you.

SANDY BRUNDAGE: Thank you.

My name is Sandy Brundage, again, and I'm the City of Salamanca Youth Bureau Director.

I've only lived there about 22 years or so, so I feel like I'm still new.

But I can tell you that, every day, we have between 50 and 60 kids. The school buses come, drop off three or four bus loads of kids, and, we are left to deal with kids who are hungry, kids who are addicted already.

Last week we had a conversation with our kids about pills they were getting from Rite-Aid; pills that they were taking to get high.

One young man said to me: Hey, I almost fell over in school this morning because I was still high from last night.

So it is prevalent.

I don't care if you're purple, pink, Black, White, Native American, Caucasian, from Mars, we really need to help our kids. We really need to

work together. We need to own our kids. We need to buy into our communities.

That is the only way that we really, my opinion, are going to fix the problem.

It starts with the little kids.

We are working with our friends from CAReS. Currently, we're doing an anti-drinking and -drugging campaign called "What's It Worth To You?"

And we have 5- and 6-year-old kids who are drawing posters about beer, and they're very specific in the branding already of the kinds of beer that they're putting in their posters.

It's probably not spelled correctly, but they know what it is.

And so, my opinion, we start even younger, preschool-age children, on up through.

Thank you very much.

SENATOR YOUNG: Thank you, Sandy.

[Applause.]

DR. TONY EVANS: We all say kids are our future, but we have to have a behavioral commitment and a financial commitment to what we say we believe.

Thank you.

[Applause.]

SENATOR YOUNG: Thank you.

UNKNOWN SPEAKER: I serve on the Chautauqua County Youth Bureau Board, and I second what they're saying about the lack of funding, and how it's affected our ability in Chautauqua County to provide services.

SENATOR YOUNG: I agree. Thank you.

ANDY O'BRIEN [ph.]: Hi, my name is Andy O'Brien from WCA Hospital in Jamestown, director of mental-health and chemical-dependency services.

Just a brief statement.

First of all, to echo what Jodi and Laura said about the insurance issues, and the impact of moving everything into managed care, that's going to be a serious concern in a couple of years' time.

But I do have a simple suggestion that can address you some of the things that Avi was talking about; and he was talking about, in general, access to services on a timely basis.

What I hear in my profession mostly is from family members who are desperate today to get some help. And they don't want to wait until tomorrow, they don't want to wait until next week.

One of the problems is, access when people

need it.

We have a system where families are totally lost, trying to navigate through the system, as to find out where can they go to get some help.

And, often, they're faced with a series of telephone numbers, and they have to call around 20 or 30 places, often to find out that there's nobody there, they get an answering machine, and they don't know what to do.

I've suggested to the New York State Office of Alcohol and Substance Services, on several occasions, and, also, the Office of Mental Health, that a simple solution is to have a live website that tells you the name of a facility that has an open bed today.

I still don't understand why that hasn't been developed, but that's the solution.

Thank you.

[Applause.]

SENATOR YOUNG: Thank you.

JESSICA SHERMAN: Good afternoon.

My name is Jessica Sherman. I also work for Kids Escaping Drugs.

We spoke briefly today about the peer-to-peer program that we offer for our youth. That's our

face-to-face program.

I wanted to make it known to everybody here that we also have a parent-to-parent component of that program, and we have a component where we will educate educators, about the dangers, the consequences, the ever-changing signs, symptoms, and trends that are so prevalent in adolescent substance abuse.

All three of those components of that face-to-face program are offered free of charge to any community in any school district in all of Western New York.

So if you're not aware of those services, we are very willing to come out to you, and to educate your students, your educational professionals, and your parents about these ever-changing things they need to be very, very aware of.

So I just wanted to make sure that everyone here knew that that was available, not only in the schools, but in community organizations as well.

Thank you.

[Applause.]

SENATOR YOUNG: Thank you.

Mayor Vecchiarella.

MAYOR CARMEN VECCHIARELLA: My name is

Carmen Vecchiarella. I'm mayor of the city of Salamanca.

99 percent of the city of Salamanca is located on Allegany territory.

We have to partner together.

The Seneca Nation, I applaud them.

I was there with Sheriff Whitcomb when they helped the county legislator.

I was the legislator previously.

We have to do something because, in Salamanca right now, we've probably had four people that died in the last month and a half.

Two the other day from ODs.

We had an overdose last night.

I mean, we don't have a hospital there. We don't have an urgent-care center there.

We have to transport to Olean, 2 1/2 hours to come back, if we have anybody with a heart attack, or that.

I mean, right now, I have a proposal in front with the Seneca Nation, talking to them, on, we need resources, basically.

They know we only have a couple police on at night.

The drug dealers and the people from out of

town, years ago, like with Arlene was talking about, or Darlene, or the counselors, you could walk down the streets, we knew everybody.

Now we don't know anybody.

We get 12, 13, 14 of them going at it at once. The drug dealers are coming in, they're following the money. They know what's happening, and it's a situation.

I know the District Attorney, Lori Rehman, we're really over-buried.

We got to really pull together.

Either get some resources from the State, or something, because, you know, we're mandated on a lot of these programs, but the idea is, we don't have the law enforcement to handle it.

I mean, we've got, the Southern Tier Drug Task Force does an excellent job, but they're spread pretty thin.

And in Salamanca, every time there's an arrest, there's White and Natives altogether.

And we get so many people from Buffalo.

And the idea is, the heroin is the biggest thing.

I mean, when you have five or six deaths, result in ODs, in the last month and a half in a

little town like Salamanca, that's something wrong.

And we're having, definitely, plenty of, and I'm talking ODs, that are dead. I'm not talking people who survived.

We've probably had eight or nine that OD'd, that did survive.

But, you know, they're coming in from all over.

So we definitely got to partner somehow, and we definitely got to address it; but we have to address it now, or we're not going to have a future.

Thank you.

SENATOR YOUNG: Thank you, Mayor.

[Applause.]

SENATOR YOUNG: DA Foley.

DAVID FOLLEY: Good afternoon, everyone.

David Foley, Chautauqua County District Attorney.

I congratulate all of you for coming and sitting here, and giving your ideas.

And at least, as District Attorney for Chautauqua County, I've been a real strong proponent of the drug-treatment courts, and sending those that are addicted to different substances into these programs, to try and get help.

And I congratulate the sheriffs from both counties.

I know that I work very closely with Sheriff Gerace, in trying to designate those people that are in the jail, to get them out, to get them services.

But we also have people out there that are dealing drugs, that are in the business of dealing drugs. And there has been two substantial changes in the drug-sentencing laws.

The most recent one was in 2009, and that, effectively, took a lot of power out of the District Attorney's hands and our ability to get stiff sentencing against individuals.

I'll give you an example: A second-time drug felon seller automatically get to apply to diversion and get into drug-treatment courts.

It's like giving the kid the keys to the candy store, and he goes in there.

And legitimate people who are addicted and are trying to get better.

And they're out, and they get an automatic reduction to the crime and they never see any state prison term.

Handing over to the Department of Corrections

the ability for individuals to enroll in the Willard program multiple times, and getting out in a matter of months, when we're trying to get state prison terms against them, effectively, has taken the teeth out of prosecution in regards to drug sentencings.

And I would really encourage you, on the other end of this, besides looking at addicted individuals and helping them, look at these drug-sentencing laws.

I mean, if you can go in and you can soften the drug sentencings, let's say, for marijuana, certainly, you can go in and take a look at such an awful drug like heroin and say, We really need to address what we're going to do with those individuals that come into our towns for the sole purpose of setting up sales.

And we need to be able to effectively terminate them, and not see them back out on the street in five or six months like we've done repeatedly and repeatedly and repeatedly.

I know it's very frustrating for the Southern Tier Regional Drug Task Force.

It's very frustrating for my office.

And I'm sure I speak, probably, on behalf of

most of the district attorneys in New York State.

Thank you.

[Applause.]

SENATOR YOUNG: Thank you, DA.

David, just to let you know, there's several law-enforcement initiatives in our package, that I'd like to send to you for your response.

One of them is to not allow drug dealers to be in shock programs, such as Willard.

Another one, is to establish the crime of operating as a major trafficker.

Establishing the crime of transporting an opioid controlled substance.

And, facilitating the conviction of drug dealers.

And I hope all of those things would be helpful to you and other DAs all across the state.

POLICE CHIEF TIM WALSH: Good afternoon, Senator, and everyone else.

My name is Tim Walsh. I'm the chief of police in Wellsville, New York. And I've been in law enforcement for the past 37 years.

When I first started, the drug problem in the Southern Tier was pretty much marijuana.

Today, as I am coming to the closure of my

career, we have a barn fire with the heroin and opiate issues.

Drug diversion is a huge problem in my community, and we are working diligently with the people from the Southern Tier Regional Drug Task Force, CNET, and, also, we have some things going on with the DEA.

We are using every resource that we have available to us, to our best use.

Several years ago we had resources to have a youth officer. We had resources to have an officer assigned to the drug task force.

With the way the system is with the state taxes now, and everything, we just don't have the ability to fund those positions.

My thought is that, if we want a safe New York, we take a look at putting some of the funding back into relieving local tax issues so we have the resources to successfully restaff those positions and get after this matter as it should be.

I might also suggest that as one of the things that we can do to help the problem, especially with drug diversion, is to equip every police facility in New York State, or any other type of facility where there's security, with the drug

drop-boxes, so people that have opiates in their homes that have been overly-prescribed, because, after just participating in the recent pill drop, it's just unbelievable the pills that are brought into that.

But I think that would also help with this issue, if we could get these secure drop-boxes so people can -- don't have to wait for the official drops.

SENATOR YOUNG: Thank you, Chief.

POLICE CHIEF TIM WALSH: Thank you.

[Applause.]

SENATOR YOUNG: DA Rehman.

DA LORI REHMAN: Hi. I'm Lori Rehman. I'm the Cattaraugus County District Attorney.

And I just wanted to buttress on, I totally agree with everything that District Attorney Foley said.

But I would also add something on what Sheriff Whitcomb and Sheriff Gerace addressed, is that our probation departments do not have the resources.

And, for a first-time offender, a lot of -- as a prosecutor, we have very few tools with drug addicts, because they're selling, a lot of times, to

support their addiction. So they're sellers also, but, then, we have sellers.

I mean, in my 13-year career, there are people I have sent to prison four or five times, and they're back out on the street within six, seven months, especially with Willard, and they're dealing.

All they have to do is convince the judge that they're an addict.

But you look at their record, and I argue and argue until I'm blue in the face, and repeatedly say "I told you so," because they're back.

But we have -- there's a distinction between somebody who sells to support their habit and somebody sell sells to make money.

And we have a large amount of people who get the drugs from other people and sell them to support their habit; and those are our local kids. Those are the people that didn't come to sell. They're not making money. Most of them, a lot of them, are living on the streets. But when we arrest them, it's going to be a felony because it's selling.

We have very few resources, besides jail.

We send them to jail, and they have to come down when -- we have to do these in roundups,

because we have to surprise them and we have to protect our informants, so they all go to jail on a Superior Court warrant.

We try to set reasonable bail. We try to do release under supervision. But we have nothing.

We try to get them into treatment.

We have nothing to do with these people except incarcerate them, to make sure they're not using, and to make sure they show up for court.

So I feel like we need more treatment options for the jail, for probation.

And the other thing is, if it's a felony and we end up with a felony disposition, and it's their first offense, they should get probation. But a lot of them, because of the seriousness of their addictions, they can't comply, and we'll put them back in jail.

And I know -- I don't think it's very easy to break down, but I think a large number of our inmates right now are violations of probation and violations of release under supervision.

And a lot of times parolees who don't have enough resources when they get out, either, but, we just -- there's nothing we can do except incarcerate them.

And we -- you know, it's very frustrating, because that's my option. I have to keep the streets safe, also. And we also will have to protect these people from themselves.

And with the pregnant women, I'd rather they sit in jail as a high-risk pregnancy than be out on the street using while they're pregnant.

But what do we do? We have nothing -- nowhere to send these people. We have no good treatment facilities. They're overworked, they're overburdened, and no money to send them, either.

Most of our people in Cattaraugus County that we deal with are below poverty level. They're on all kinds of funding to begin with, but some of them are on nothing. And we have nothing we can do with them.

It's very -- and it's -- especially, I think the Native-American population is highly overrepresented for those issues.

And I think part of it is also with the casino and the money coming in.

As Mayor Vecchiarella said, the drugs are going to follow the money, and they might make more money there, but we don't have the resources to deal with the effects of it.

And, I mean, every year my budget gets cut, or it doesn't grow as it should, same with the sheriffs, because of all these mandates that -- and these tax caps. Our legislator has the same pot they have to divide bigger and bigger. And it's really hurting us to not have resources or places to send people. And it cuts probation's budget a lot.

It cuts everybody.

Everybody that deals in providing services, we're all cut further and further.

And there's never more money for district attorneys' office or sheriffs' departments or probation departments.

And that's the frustrating thing, I see, is we have no options, and we have no money to do anything anyway.

SENATOR YOUNG: Thank you.

[Applause.]

SENATOR YOUNG: Thank you very much.

DANIEL LJILJANICH: Senator?

SENATOR YOUNG: Yes.

DANIEL LJILJANICH: I'm sorry.

Just as a representative of the schools, we often get asked by parents, What can I do to keep my kid away from drugs?

And one of the things that's been touched on by some of the non-school entities here, is getting them involved in other activities.

My push to parents every single day, is to make sure your students are involved in the co-curricular activities.

We have many offered in our school district. All the school districts around, do.

Unfortunately, we've certainly had some of those cut in recent years, but we still provide many opportunities for our kids.

If somebody said on a preventative -- on the preventive front, "What can we do?" it's get them involved in positive things early.

Our middle school and high school students they're going to be doing something. They're going to be involved in something after school.

We want to make sure that they're possible things.

SENATOR YOUNG: Thank you. Excellent point.

Thank you.

Okay, maybe two or three more.

And then, if people have more information to share, we welcome it, and we would ask that you either contact me or one of the other senators so

that we can include that information in the task force.

I know County Executive Horrigan has come up with a lot of good data, that we're looking forward to having him share with us, also.

So, maybe three more speakers.

DR. MICHAEL KALSMAN: Great, thank you. I'll try to be brief.

Dr. Michael Kalsman. I'm the medical director of the Seneca Nation Health System.

I practice on the Allegany territory. I'm a primary-care physician.

And, being a former pharmacist, and now a physician, I've been on the front line of this for quite a while.

And, honestly, today, I kind of feel like I'm the bad guy.

But, you know, I'd like to say that I -- you know, practicing in a rural area, I don't have much access to specialists, so I have to deal with chronic-pain treatment every day, and addiction every day. And, I've taken it upon myself to become as educated as I can.

We're currently in the process of rolling out new policies at our health department regarding

this, to hold the -- not only the providers more accountable, but patients more accountable.

I agree that physicians need to be more educated about this. Absolutely.

I am a little concerned about how that goes -- how that is taken, if it's legislated or not.

My fear, because I've already seen this a little bit with I-STOP, is -- and trust me, I think I-STOP's a wonderful program.

But my fear is that physicians will just simply say, Fine, I'm not going to prescribe pain medications at all.

Now, I treat a lot of chronic-pain patients.

And what medical evidence will show you is that less than 10 percent of chronic-pain patients begin to abuse or misuse chronic-pain meds.

So we need -- as being an advocate for some of those chronic-pain patients, we need to do this in a careful way.

That's my first comment.

The second comment is simply that, and I know this has already been said, but it really begins at home.

What I see every, every day is complacency

towards entry-level abuse, such as alcohol and marijuana.

Marijuana is not even considered a drug when I talk to people.

More than 50 percent of my prenatal patients are positive for marijuana when we do screens at their first prenatal visit, because it's not considered a drug.

The community really -- parents and the community really have to address this issue.

It begins at home.

So, thank you.

SENATOR YOUNG: Thank you very much.

[Applause.]

SENATOR YOUNG: We have a young person who wants to contribute.

TUCKER JAMISON [ph.]: Hello. My name is Tucker Jamison. I am a senior at Gowanda Central Schools.

Most of you had actually made a good -- I agree with what most of you have said, that the programs for the kids have been -- being set up.

But one thing that I think that should be said is -- or, should be done, is that it should be started at a younger age. And, also, that the

parents get involved with these activities.

Because, me, as myself, I look up to my parents. And they had actually helped me get through a lot. And having my parents come up to me and asking if I am doing drugs or anything actually gives me the reassurance that they care.

And having that feeling of that caringness -- caring from my parents is key, because it feels that you can trust other adults that can help you, such as counselors, because, throughout high school, I didn't really trust my counselor at all. And I didn't come to her until pretty recently to talk to her, in general.

And when there are some students that are struggling with alcohol or drug use, as well as any other household problems in the house.

And it's just -- I just have to say, just, thank you for coming out here to do this, because this is really awesome that this is being done.

SENATOR YOUNG: Good job. Thank you.

[Applause.]

SENATOR YOUNG: Ben Spitzer.

BEN SPITZER: Hello, Senator Young.

SENATOR YOUNG: Hello.

BEN SPITZER: I want to, first of all, thank

the Seneca Nation for making this opportunity available to everybody.

I really don't have a question. I just wanted to stand up after sitting in those bleachers.

[Laughter.]

BEN SPITZER: No, I do.

But before I speak, I wanted to have a couple of my young people who came with me from the Chautauqua Lake Central School District to speak at the microphone.

SENATOR YOUNG: Thank you.

ABIGAIL YANZI [ph.]: Hi, my name's Abigail Yanzi [ph.] and this is Ashley Crandall [ph.]. We're both juniors at Chautauqua Lake High School.

We just wanted to touch on what a couple of people have mentioned before about, like, healthy activities, and, like, the kids who are at risk are the ones that don't really have much to do after school.

And, we want to talk about something.

We both have been involved in 4-H since we were young. And that's one of the programs in New York State that's been cut.

[Applause.]

ABIGAIL YANZI [ph.]: And with budget cuts on certain programs like that, that limits what we can do.

ASHLEY CRANDALL [ph.]: A lot of people in our school don't really even know what 4-H is about.

And that's a lot of things that we need to stop, because even if it was more prevalent in schools, more people knew: How do I even join it? What is it? How do I get involved? How does this affect what time I have to spend free?

Because this means that, even though it's, like, going to be in schools, what we need to do is not just in schools, because, most of the time, when people are getting involved with bad things, it's not anything to do with school. It's always out of school.

So, we need to make sure that parents, too, are willing to invest in their kids, because I know that's what my parents did with me, and they were very prevalent in my life. They wanted me to be involved in positive things so I wouldn't have free time to get mixed up with the bad stuff.

SENATOR YOUNG: We agree with you, 4-H is a great program.

Thank you.

BEN SPITZER: Real quick, Ben Spitzer, Superintendent of Chautauqua Lake Central School District. Also, the president of the Far West Council of School Superintendents in Chautauqua County.

And I just wanted to make a very quick and short pitch for consideration to bring back the "school resource officer" program for all of our schools.

I'm aware that the program is in some schools.

And like so many other things, where we think about school districts, I think we need to think about equity.

I know that, you know, that's been a word that's been quite prevalent this year, in terms of the budget discussions.

But when we're talking about children and safety and bullying and these issues with drugs, I had the opportunity to have a school resource officer in my school district. And it was, you know, a very reassuring feeling, but it was also an opportunity for students to connect with law enforcement in a way that made significant difference.

So, if you could give consideration to that.

I wouldn't want it to have a school resource officer in one school, and not another school.

All the kids in all the schools should be able to benefit from that program.

Thank you.

[Applause.]

SENATOR GALLIVAN: Thank you, Superintendent.

I -- on the "school resource officer" point, I have long been an advocate for it.

The Senate was able to secure some funding in this year's budget to be made available for grants for school resource officers.

My office is actually involved in putting the program together, with the Senate finance people.

And within the next several weeks, we'll be getting information out to all of the schools.

It will go through the various Senate offices, but our hope is, that we can make grant money available to any school that wants to utilize it for a school resource officer.

BEN SPITZER: Outstanding. Thank you.

RICK HUBER [ph.]: My name is Rick Huber [ph.]. I'm the director of the only real peer-run mental-health association in the state of

New York. We're from Chautauqua County.

What that means is, everyone in my organization, including myself, has a mental-health diagnosis, and is a recovered addict, and also has college education in the field.

Some of the things I've heard today, you know, I could spend the whole afternoon commenting on them because we encounter it. We face this problem every day.

If you come to my place tomorrow, you would see group after group, with 40 and 50 recovering addicts in it. That's the kind of problem that we have.

And the answer to the father's question about "Who do you call?" I give me cell phone number out over the radio all the time. Parents can call us 24/7. Our phone number at our office runs right into our cell phones, and we answer it.

But the thing I wanted to say today, is that I want to put a little positive spin on it.

We are now going into our fourth meeting we'll be having July 23rd.

My addicts -- I call them "mine," because they are, they're like family to me -- I've never seen that much hope in their faces, because of the

things that have been done, and the forums that are being held in Chautauqua County. And now this.

And it's great to see. And we're actually making some progress on this.

We've already trained 30-some parents in Narcan, that they have in their homes now.

And, all kinds of things are going on over there, because of the original forums.

And I think this is great. And that's why I said I wanted to kind of give a positive note to it, that this will work.

Thank you.

[Applause.]

SENATOR YOUNG: Thank you very much.

Well, we have our two health-department directors for the counties of Chautauqua and Cattaraugus.

Hi, Christine.

Hi, Dr. Watkins.

DR. KEVIN WATKINS: Hi.

Senator Young, and to all the representatives on the panel, I just want to say, we're just going to continue to advocate for resources within our community, as we know that it is the resources that are unavailable in order to help treat some of these

addicts that we're seeing in our community.

Resources for education, resources for intervention, it's vastly needed.

In addition, Mayor Vecchiarella said some very alarming statistics that should have shaken, you know, the feet of a lot of us, that we're losing a lot of these addicts. And it's all unnecessary.

I want to advocate for Narcan for all of our law-enforcement agents who are, primarily, the first responders to a lot of these scenes.

And if they can administer the Narcan to a lot of these addicts, that would truly help reduce some of the mortalities that we're seeing within our community.

In addition to the mortality that we're seeing, we've seen an increase in HIV, an increase in hepatitis B and hepatitis C. And we also want to advocate for assistance in that area as well.

And, so, I just want to end with that, and I'll introduce you to the Chautauqua County Health Director.

CHRISTINE SCHUYLER: Hi.

Thank you, Senator Young, for talking about our unfortunate statistics with our babies with positive tox screens at birth.

And that's just an indication of a very parallel track that we're seeing because of the substance-abuse issues in our child welfare.

There is some great new CPS legislation at the state level. Many thanks to Erie County for that.

But, what we're seeing in substance abuse directly impacts child welfare, when you're talking child abuse and neglect.

We have a whole new generation of parents who are addicts. These are these very, very young parents with infants, toddlers, and children, who are having them removed because they themselves are the addicts.

So when we talk about educating parents, there's a whole nother subset of these very young parents that we also need to deal with.

And I ask for your remembrance of that when we're talking about the stretch on the health and the mental-health systems; but, also, the tremendous burden that we're seeing right now in our child-welfare system.

So, I'm also the social services commissioner for Chautauqua County, so, I'm seeing this on both ends.

And as far as our jail medical services, at one time, if the jail medical services were run underneath the local health department, it was eligible for 36 percent State aid under Article 6.

That was eliminated by the State.

That was the only source of any such reimbursement.

All jail medical and mental-health services are completely funded by local-taxpayer dollars.

There is no reimbursement. There's no ability to bill insurance or Medicaid. All coverage stops the day the person enters the jail.

So I think when you have the captive audience, as Sheriff Gerace said, we've got to be able to, somehow, put some resources in there to get the help and the services into that jail that we can.

We can't put that on the backs of local taxpayers anymore.

And, if this is the way we're going to have the populations in the jail, by being so many people that are pregnant and are drug-addicted and have mental-health issues, then we better decide that we're going to treat them appropriately while they're there.

And we ask for your help with that.

SENATOR YOUNG: Thank you, Commissioner.

Thank you very much.

[Applause.]

SENATOR YOUNG: Senator Gallivan's pointing out that we have done some things in the Senate to address that.

We need the Assembly, however, to come along.

And I know Assemblyman Goodell is very supportive, but we need the Assembly Speaker and leadership to support this legislation that we've put forward.

I just want to say, sincerely, thank you to everyone for sharing, for contributing their ideas, their own experiences here, today.

This type of input is extremely beneficial, and so very valuable, because, in Albany, sometimes people are making decisions, that don't truly understand what is happening in our school districts, in our communities, in our jails, with our law enforcement, with our educators, with our health professionals.

And, so, with the information that you gave us today, it really and truly is going to make a difference.

We came up -- we wrote down a lot of notes.

The -- we have a 25-bill package that we're passing in the Senate.

I suspect that there will be even more bills that will be introduced, based on the testimony that we've heard.

So I want to thank you.

And I want to turn this over to Michael Kimelberg from the Seneca Nation of Indians.

But, truly, thank you to the nation, to President Snyder, to the Tribal Councilors, and everyone who made this happen today.

This is unprecedented.

And, our work is just beginning.

So this is a great conversation to have, but, as Chief Masullo said, we need to pay attention to this every single day.

And that's what we will strive to do.

So, thank you, everyone.

[Applause.]

MICHAEL KIMELBERG: Thank you, Senator Young.

I would just echo your sentiments of gratitude to everyone in this room for spending three hours out of your day.

This was a very productive dialogue.

And, you know, really, I think there's some very specific comments, suggestions, and recommendations peppered throughout the discussion.

But sort of a major takeaway for me is the wealth of skilled and determined and compassionate individuals and groups tackling this issue on a daily basis, through many different facets and very different approaches to it.

And really a key, I think for the region, is -- and certainly from the government's standpoint, is: How does legislation, insurance reform, and funding efficiently and effectively support the work of the individuals and the groups who are doing the -- really, the hard work every day?

So to that end, the question is, What's next?

This is a terrific forum, but there's some real opportunities for meaningful and substantive follow up.

One, we'll certainly be eager to see the legislation that emerges from the forums that have been held over the last few months.

But, two, I think from the nation's perspective, we've really been able to recognize some potential partners and people that we can

follow up with on more specific and focused issues within the larger, you know, drug problem.

And it's that community dialogue, that continued dialogue, moving towards solutions, which is where we really want to focus our efforts.

So I think, you know, we've taken a lot of notes. I've written down a lot of names, in terms of follow up with specific some folks here.

And we really look forward to continuing that dialogue.

I just want to give the opportunity to some of our drug task-force members for any concluding thoughts, if you want to chime in.

RICHARD NEPHEW: I'd also like to thank everyone for coming today.

Our issues are the same, our struggles are the same.

We're trying hard to deal with what we can get our hands around here within the Seneca Nation.

We're doing a lot of good things.

This beautiful building we're meeting in today is part of our response to provide our people, young and old, an alternative, a healthy alternative, a place to go, for recreation, sports, activities.

We also have another program called "Food Is Our Medicine," to bring back to -- a message to our people to eat healthy.

We can provide these things, but they do no good if no one comes.

The food does no good if nobody eats them.

Our young people need to know that they have very much control over their lives and to make good decisions.

Life is about choices and decisions.

And that's part of the challenge that I believe we have here at the Seneca Nation, is to teach our children the difference.

And it's a challenge.

We can't make our kids come here.

We can provide an opportunity.

We can't make them change their diet.

We can provide them the opportunity to learn about it.

It's never going to end, because we're -- I've done a lot of thinking about this over the years that we've struggled with this here.

And we're dealing with human nature: the human nature to seek pleasure, and to avoid pain.

And that's what these substances do for many

people.

So there needs to be, again, healthier choices, different choices, than what we're used to.

And it's a change of culture, and that's what I was going to -- a change in our society; Seneca society and American society, it's really going to make a difference.

This issue is never going to end, but good people need to stand up and take up that issue.

And I'm glad to see so many good people show up here today and join us in talking about it.

So, thank you.

[Applause.]

JEFFREY GILL: Just as a very short follow-up for everybody that traveled to come here today:

First of all, some of you have heard "gononia" [ph.] for the first time, as Travis spoke to us earlier.

And the same thing goes along with your trip home, is that, you know, your travel is safe.

For those of you who visited the territory for the first time, you know, we appreciate you coming and walking through.

There's no barriers at the territory line. There are no barriers at the county line, the

village line, the township, the state.

As we heard from the DA, heroin travels up the 90 from New York City, coming from out of the country.

It doesn't stop. There's nothing there to stop it, other than a community coming together.

And when we reference "community," that's everybody sitting at this table and everybody that's willing to listen to what was said today.

If you look at it, and you look around, and you see somebody that you haven't seen or you met for the first time, take the time to shake their hand today, and you say to yourself: When will we see one another again?

Well, this has come all the way across the state. We're the last one to come together as a forum, but not last one to meet, or meet one another.

Until we see one another again, that's our phrase: Not goodbye, but we will see one another again.

Thank you.

SENATOR YOUNG: [Applause.]

DARLENE MILLER: Councilor Gill is correct, of our paths will cross again.

And I think today, what I -- the message I hear is, keep the message healthy.

And, yes, we have a lot of community members and resources available, but it's our communities who have to take ownership. We're not in this alone.

And it feels good to have everyone here today who's concerned, and we all share.

There are no borders. There are -- every -- drugs doesn't care who it is.

So, we're all in a same canoe this time, paddling together. And we can do this. And we have to keep each other strong. We have to lift each other up.

And even though our backpack feels heavy today, and it does right now, but seeing all of your faces and knowing all of you who care.

The young man said, Show somebody you care.

That's the message.

That's a message; take it back to the community, to the families.

We went to a -- recently, we had a conference on how to make a healthy nation, and we learned about the jellybean-method approach.

And we're all jellybeans. We're all

connected. We should all be able to recognize who to go to, when to go to, and use the resources.

So I applaud everyone here, and I commend everyone who stayed to listen.

And [speaking native language] this week.

Thank you for coming.

[Applause.]

ARLENE BOVA: I just want to say [speaking native language] to everyone.

And, I feel a lot of passion in this room.

And as we've all spoke, share that.

To be able to communicate, you must listen, and you must speak.

Our Seneca word for "seeing you again" is "esgogeae" [ph.].

SENATOR YOUNG: And, finally, County Executive Vince Horrigan would like to say just a couple of things.

VINCE HORRIGAN: Thank you very much.

It is very encouraging to see everyone here, and I thank everybody here for the leadership.

In Chautauqua County, we're on a mission.

And the substance-abuse problem, the heroin problem, is a premier problem in Chautauqua County.

And that's why, as County Executive, I've

taken on kind of a 5-part task.

One is, our media, the message; not only from the media, but the message to the kids.

I think we need to be open to the kids in the high schools, and find out what messages are going to work.

Number two is, education and prevention.

I think we need to look at additional ways, in addition to what we're doing, to refresh that message and make it relevant to our communities today where we have so many single parents and we have challenges in our community.

Number three is, our court system, our probation, and our law enforcement.

Those three areas critically play across the lines in this, and we need to have a specific focus on those areas.

The fourth, of course, is the treatment, the access to treatment.

And, finally, advocacy.

And if your county executive or your leadership is not fully engaged, get them fully engaged. And I think that is where we make the difference.

When you, as ordinary citizens, raise your

voices and say: Enough! We need to get this problem under control. And we're mad as hell, and we're not going to take it anymore.

I encourage that.

Thank you.

[Applause.]

SENATOR YOUNG: Thank you.

Thank you, everyone, for being here today.

(Whereupon, at approximately 3:42 p.m., the forum held before the New York State Joint Task Force on Heroin and Opioid Addiction concluded, and adjourned.)

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