



# Joint Senate Task Force on



## Heroin and Opioid Addiction

### Task Force Report: Solutions to New York's Heroin Epidemic



**Working Together to Save Lives and Prevent Tragedies**

**Senator Phil Boyle, Chairman**

Senator David Carlucci, Vice Chair • Senator Michael Nozzolio, Vice Chair



JOINT SENATE TASK FORCE  
ON  
**HEROIN AND  
OPIOID  
ADDICTION**

**Final Report and Legislative Recommendations**

SENATOR DEAN G. SKELOS  
Majority Coalition Leader

SENATOR JEFFREY D. KLEIN  
Majority Coalition Leader

SENATOR PHIL BOYLE  
Chair

SENATOR DAVID CARLUCCI  
Vice Co-Chair

SENATOR MICHAEL F. NOZZOLIO  
Vice Co-Chair

**May 2014**

**TASK FORCE MEMBERS**

Senator Greg Ball (40<sup>TH</sup> Senate District), Senator John J. Bonacic (42<sup>ND</sup> Senate District),  
Senator Simcha Felder (17<sup>TH</sup> Senate District), Senator Patrick M. Gallivan (59<sup>TH</sup> Senate District),  
Senator Martin J. Golden (22<sup>ND</sup> Senate District), Senator Joseph A. Griffo (47<sup>TH</sup> Senate District),  
Senator Kemp Hannon (6<sup>TH</sup> Senate District), Senator Andrew J. Lanza (24<sup>TH</sup> Senate District),  
Senator William J. Larkin Jr. (39<sup>TH</sup> Senate District), Senator Betty Little (45<sup>TH</sup> Senate District),  
Senator Carl L. Marcellino (5<sup>TH</sup> Senate District), Senator Kathleen A. Marchione (43<sup>RD</sup> Senate District),  
Senator Jack M. Martins (7<sup>TH</sup> Senate District), Senator George D. Maziarz (62<sup>ND</sup> Senate District),  
Senator Thomas F. O'Mara (58<sup>TH</sup> Senate District), Senator Michael H. Ranzenhofer (61<sup>ST</sup> Senate District),  
Senator Patty Ritchie (48<sup>TH</sup> Senate District), Senator Joseph E. Robach (56<sup>TH</sup> Senate District),  
Senator Diane J. Savino (23<sup>RD</sup> Senate District), Senator James L. Seward (51<sup>ST</sup> Senate District),  
Senator David J. Valesky (53<sup>RD</sup> Senate District), and Senator Catharine M. Young (57<sup>TH</sup> Senate District)

# TABLE OF CONTENTS

<b>Executive Summary</b> .....	1
<b>Heroin and Opioid Abuse in New York State</b> .....	3
<b>Recent Legislative Action</b> .....	5
<b>Joint Senate Task Force on Heroin and Opioid Abuse</b> .....	9
<b>Legislative Recommendations</b> .....	12
<b>Conclusion</b> .....	17
<b>Appendix A:</b> Task Force Hearing Schedule.....	i
<b>Appendix B:</b> Summaries of Testimony.....	iii
<b>Appendix C:</b> Sources.....	clv

## EXECUTIVE SUMMARY

In March 2014, the New York State Senate Majority Coalition created the Joint Senate Task Force on Heroin and Opioid Addiction to examine the alarming rise in use of heroin and opioids across New York State. Task Force members looked at the issues surrounding the increase in drug abuse, addiction, and drug related crimes; solicited input from experts and other stakeholders; and developed recommendations that were used to create legislation to address concerns that were raised.

Over a period of nine weeks, the Task Force traveled throughout the State of New York, from Western New York to Long Island, to conduct forums and hearings, bring experts and concerned New Yorkers together, and collect information in order to develop recommendations for legislative action. Traveling over 8,000 miles, speaking with more than 200 panelists, and listening to over 50 hours of testimony, Task Force members heard from:

- Parents who told their harrowing stories, pleading with State legislators to change laws that inhibited loved ones from receiving treatment;
- Law enforcement officials who testified that they need stronger tools to prevent criminals from putting more deadly drugs on the streets;
- Treatment and medical professionals who urged lawmakers to treat opioid addiction as a disease, and to make recovery services readily and widely available;
- Prevention groups and educators who focused on eliminating the stigma associated with addiction, and supported the creation of more programs to inform the public about the dangers of substance abuse; and
- Recovering addicts who advocated for more options, more beds, and more recovery time – before it was too late.

According to the National Institutes of Health (NIH), in 2011, 4.2 million Americans 12 years of age or older (or 1.6 percent) said they had used heroin at least once in their lives. NIH estimates that approximately 23 percent of individuals who use heroin become dependent on this highly addictive drug.

Regardless of social status, geographic location, age or personal wealth, this epidemic has touched the lives of people in every corner of the State. The comprehensive legislative package the Task Force proposes will benefit all residents of the State, no matter their personal circumstances.

Even prior to convening the Task Force, the Senate Majority worked to protect the well-being of people suffering due to the drug epidemic. In 2012, the State Legislature passed a bill sponsored by Senator Andrew Lanza and Senator Kemp Hannon (S.7637) that created the successful Internet System for Tracking Over-Prescribing (I-STOP), a real-time database for healthcare practitioners to consult prior to prescribing potentially addictive medicines such as oxycodone and hydrocodone.

In addition to acting to counter the widespread abuse of opioid painkillers, the Senate also targeted the recent rise in heroin use. This year, Senator Hannon, chair of the Senate Standing Committee on Health, worked tirelessly to pass legislation to increase the use of naloxone, which can be used to treat heroin overdoses onsite (S.6477-B). By authorizing health care professionals to issue non-patient specific prescriptions for such medication to certified training programs and pharmacies, this bill would increase the number of people who have naloxone when it is needed most.

However, during the 18 hearings conducted across the State of New York, Task Force members heard that still more action is needed. Testimony directed their focus to three key areas: Preventing drug abuse and overdoses; increasing the availability and efficacy of addiction treatment; and enhancing the tools provided to law enforcement to keep heroin off the streets. As a result, the Task Force developed 25 pieces of legislation for the Senate to consider during the 2014 Legislative Session.

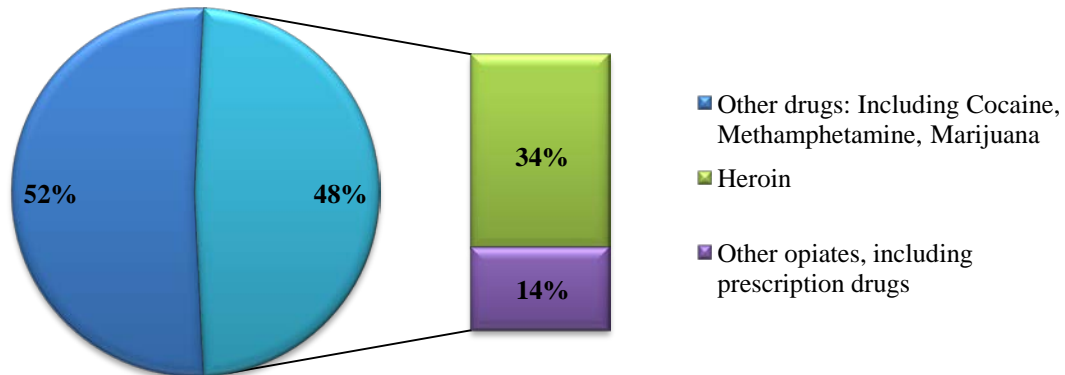
While members of the Task Force believe enactment of these proposals will help prevent and treat addiction within this State, such measures are not the end of the Majority Coalition's efforts. Members will remain diligent in their commitment to thwart all forms of addiction throughout New York State.

## HEROIN AND OPIOID ABUSE IN NEW YORK STATE

In recent years, heroin and prescription opioid abuse has plagued the nation. According to the National Institute on Drug Abuse (NIDA), in 2011, 4.2 million Americans reported using heroin at least once.<sup>i</sup> Further, a 2012 survey by the U.S. Department of Health and Human Services (HHS) Substance Abuse and Mental Health Services Administration (SAMHSA) found that 467 thousand Americans were addicted to the drug – approximately double the number of people from just 10 years earlier.<sup>ii</sup>

New York has not escaped this trend. The State Office of Alcoholism and Substance Abuse Services (OASAS) estimates that 1.8 million New Yorkers currently require assistance with chemical dependency – many due to opioid abuse.<sup>iii</sup> In fact, nearly half of drug treatment admissions in the State result from an addiction to heroin or prescription opioids.<sup>iv</sup>

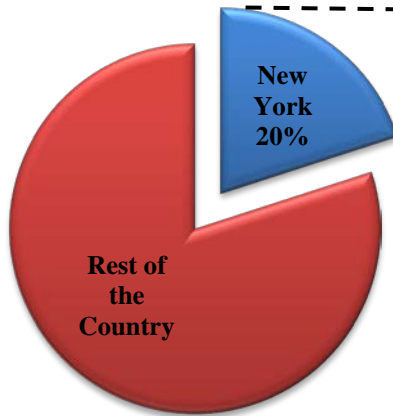
### Primary Reason for Admission: New York Substance Abuse Treatment 2011



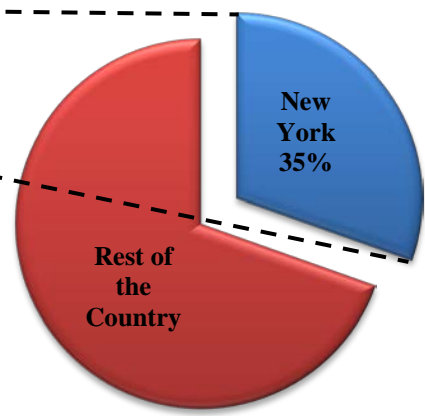
The term “opioid” technically refers to a broad category of drugs with similar psychoactive effects. Within that group are opiates (such as heroin), which are natural derivatives of the opium poppy plant, and opioids (such as oxycodone and hydrocodone), which are synthetic chemicals generally manufactured in pharmaceutical laboratories. However, despite their different origins, for many people, dependence on these substances is inextricably linked. A recent report by SAMHSA shows that those “who had used prescription pain relievers nonmedically were 19 times more likely to have initiated heroin use recently,” and that four out of five people who recently began using heroin had previously abused prescription pain relievers.<sup>v</sup>

In 2008, abuse of these substances resulted in 9,135 emergency department visits and 21,202 hospital admissions in the State<sup>vi</sup> – and this problem continues to worsen. In 2013, the U.S. Drug Enforcement Agency (DEA) reported that heroin seizures in New York rose 67 percent over the last four years, and that in-state seizures accounted for nearly 20 percent of the national total.<sup>vii</sup> This influx of opiates took a deadly toll, as municipalities reported record high heroin-related fatalities from Erie County to Long Island and Syracuse to New York City.<sup>viii</sup> The epidemic continues to spread as the State becomes a major distribution point for traffickers, with recent seizures in New York now comprising 35 percent of the total heroin intercepted by the DEA.<sup>ix</sup>

**National Heroin Seizures:**  
2013



**National Heroin Seizures:**  
October 2013 - May 2014



## RECENT LEGISLATIVE ACTION

According to the Centers for Disease Control and Prevention (CDC), more than 12 million people in the United States reported using prescription painkillers for non-medical reasons in 2010. The CDC also estimates that about three out of four prescription drug overdoses are caused by opioids.

As addiction to heroin and opioids in New York State has risen to crisis levels, the Majority Coalition has recognized the need for immediate action that is both creative and practical to stem the tide of access and abuse. Recently, the Majority Coalition passed a wide range of proposals to address this issue, including comprehensive new laws and budgetary actions to: pursue the establishment of appropriate public and professional education; engage providers to prevent inappropriate access to opioids; work with law enforcement to ensure public safety; and secure access to comprehensive treatment options.

This year, the Fiscal Year 2015 Enacted Budget included provisions to establish collaborative care clinics and allocate \$3.3 million to support substance abuse prevention and treatment services.

In 2013, the Senate also passed legislation to establish an opioid addiction treatment and hospital diversion demonstration program to create a new model of detoxification and transitional services that utilizes treatment protocols on an outpatient or non-medical residential short-term basis.

In 2012, the Senate was instrumental in enacting landmark legislation aimed at thwarting what had become wide-spread abuse of prescription opioids. The Internet System for Tracking Over-Prescribing Act (I-STOP) made strong inroads in combating doctor shopping, inappropriate prescribing practices, and easy access to prescription opioids for non-medical reasons.

Other recent legislative initiatives advanced by the Majority Coalition include the following.

### **Preventing Opioid Abuse and Overdoses**

- **PASSED SENATE 2013 – Limiting prescriptions for acute pain (S.2949-A, Hannon):** Limits the number of Schedule II and III controlled substances prescribed for acute pain to a 10-day supply to prevent excess pharmaceuticals from being dispensed, and therefore reduce the risk of diversion. This restriction would not apply to the treatment of cancer pain, chronic pain or palliative care. Further, the bill provides that only one co-payment may be charged for a 30-day supply.



- **ENACTED 2012 – Creating an Internet System for Tracking Over-Prescribing (Chapter 447, S.7637, Lanza & Hannon):** Established a proactive system to prevent doctor shopping and inappropriate access to controlled substances by supporting informed prescribing practices. This law required the Department of Health (DOH) to establish a real-time Prescription Monitoring Program (PMP) for physicians to consult prior to prescribing a controlled substance. Further, it rescheduled certain narcotics that pose a high risk of addiction to prevent over prescribing, required the Prescription Pain Medication Awareness Program work group to provide recommendations regarding continuing education requirements for practitioners and pharmacists, and created a safe disposal program to prevent unused pharmaceuticals from being diverted.

### **Increasing the Availability and Efficacy of Addiction Treatment**

- **ENACTED 2014 – Funding prevention, treatment and recovery services (Chapter 53, S.6353-E, Budget):** Recognizing the gravity of the need for prevention, treatment and recovery services, the Legislature appropriated \$3.3 million for heroin and opiate addiction prevention and treatment. This funding has not yet been specifically allocated, but will be used to support the legislative initiatives proposed by the Task Force.
- **ENACTED 2014 – Establishing Collaborative Care Clinics (Chapter 60, S.6914, Budget):** Created a model of clinical care that integrates physical health, emotional wellbeing, and substance abuse treatment. In doing so, this law provides comprehensive care, and increases the availability and frequency of screening for depression and substance use disorders.
- **PASSED BOTH HOUSES 2014 – Facilitating use of opioid antagonists (S.6477-B, Hannon):** Allows a doctor to prescribe, and pharmacist to distribute, opioid antagonists (such as naloxone) to a person at risk of an opioid-related overdose, their family member or friend, or any another person in a position to provide assistance. The intent of the proposal is to increase the availability of opioid antagonists, which effectively halt an opioid overdose, to those in the best position to timely respond to such an event.
- **PASSED 2013/2012 – Creating a new model of detoxification and transitional services (S.2948/S.7326, Hannon):** Establishes the Opioid Treatment and Hospital Diversion Demonstration Program, requiring the development of a new model of detoxification and transitional services for individuals seeking to recover from opioid addiction that reduces reliance on emergency room services.

### **Providing Additional Resources to Law Enforcement**

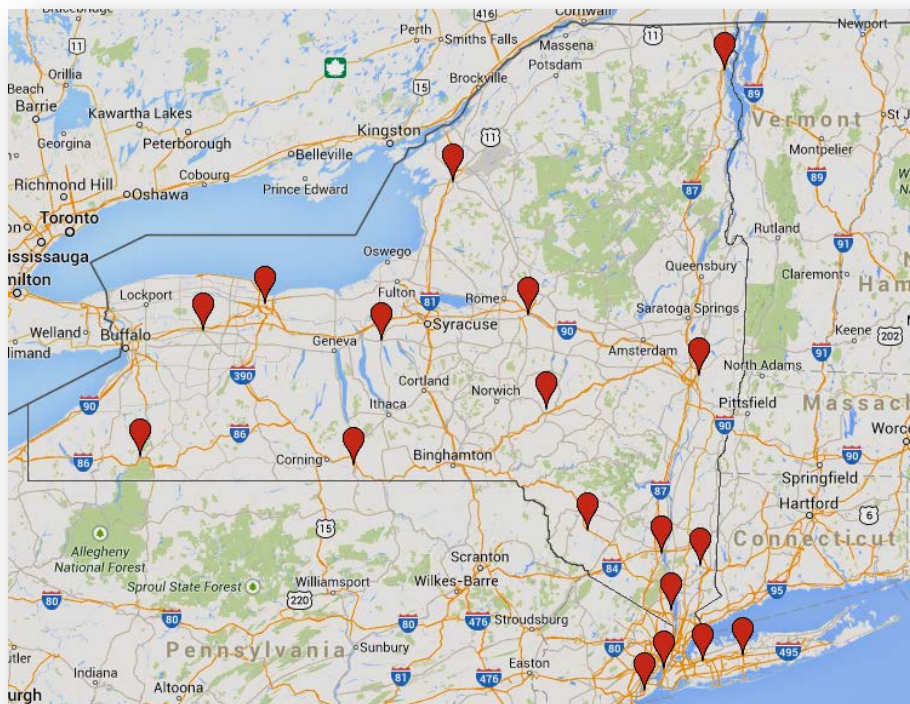
- **PASSED 2014/2013/2012 – Establishing an A-II felony for the sale of a controlled substance to a child (S.988-A//S.3210-B, Martins):** Makes the sale of a controlled substance by an adult to a child under the age of 14 an A-II felony. While existing law provides that a person over 21 years of age who sells drugs to a child under 17-years-old is guilty of a B felony, this bill seeks to address increased heroin and opioid use by middle school students by enhancing the penalty for selling drugs to young children.
- **PASSED 2014/2013/2012 – Increasing the penalties for unlawful sale of controlled substances by a practitioner or pharmacist (S.2941//S.6066, Hannon):** Provides for an enhanced penalty – a B felony – for practitioners and pharmacists who abuse the standards of their respective profession and violate the public trust by illegally selling controlled substances.
- **PASSED 2014/2013/2012 – Increasing the penalties for theft of controlled substances (S.2431//S.6725, Klein):** Adds new provisions regarding theft of controlled substances to the enumerated crimes of grand larceny to address the rash of pharmacy robberies that have resulted from the prescription drug abuse epidemic.
- **PASSED 2013 – Increasing the penalty sale of drugs in areas frequented by children (S.2173-A, Golden):** Adds parks and playgrounds to the section of law that currently provides enhanced penalties for drugs sales that occur at or near a child day care or school. This bill continues the effort to provide stiffer penalties against dealers that target children, and deter those that would otherwise endanger youths by conducting drug sales in their presence.
- **PASSED 2013 – Establishing the crime of criminal fortification of a drug house (S.3407-B, Klein):** Creates a new crime to prohibit individuals from fortifying a building where drugs are manufactured, processed or sold with the intent of impeding law enforcement officers. Violation of these provisions would be a D felony. Enactment of this legislation would increase the efficacy of police forces seeking to quickly enter properties before criminals dispose of drugs, and protects law enforcement officers from being injured breaching barricaded doors while executing a warrant.
- **PASSED 2013 – Prohibiting the use of fraud or deceit to obtaining a controlled substance (S.4064, Marcellino):** Provides that the use of fraud or deceit to obtain a controlled substance would be an A misdemeanor. The bill would also make possession of a false or forged prescription for a controlled substance, or another person’s prescription pad, presumptive evidence of his or her intent to illegally obtain a controlled substance.

Continuing the efforts launched with the creation of I-STOP, this bill would address the utilization of doctor shopping and forged prescriptions to obtain unnecessary pharmaceuticals.

- **PASSED 2013/2012 – Establishing the crime of criminal sale of a controlled substance upon the grounds of a drug or alcohol treatment center (S.1388/S.1827, Skelos):** Establishes a B felony for the sale of a controlled substance within 1,000 feet of a drug or alcohol treatment center or methadone clinic to prevent drug dealers from targeting individuals trying to adapt to sober living.
- **PASSED 2013/2012 – Establishing criminal penalties for the theft of blank official New York State prescription forms (S.2940/S.6743-A, Hannon):** Expands grand larceny in the fourth degree to include the theft of a blank official New York state prescription form. This bill would also redefine criminal possession of stolen property in the fourth degree to include the possession of a stolen New York State prescription form, and create an A misdemeanor of criminal possession of a prescription form. Since 2008, an estimated 1.4 million scripts were stolen from New York City hospitals alone. However, current law does not allow law enforcement to act based on the mere possession, and requires them to wait until prescription pads are sold.
- **PASSED 2013/2012 – Improving safety at judicial diversion programs (S.1879/S.3349-A, Bonacic):** Requires a court, in determining a defendant's eligibility for a judicial diversion program for alcohol or substance abuse treatment, to consider the underlying charges and the defendant's propensity for violent conduct. The bill also requires the facility treating defendant under this diversion program to notify local law enforcement of the defendant's placement and arrest record, and to submit a security plan to the Division of Criminal Justice Services (DCJS) to provide for the safety of staff, residents and the community. Finally, this bill allows a defendant to appear via video conference, and makes unauthorized departure from a rehabilitation facility a D felony. This legislation aims to ensure that those not suited for a judicial diversion program do not compromise the efforts of those participants who are determined to be successful.

## JOINT SENATE TASK FORCE ON HEROIN AND OPIOID ABUSE

Even with the Senate’s recent actions, members realized additional efforts were required to combat the heroin and opioid crisis plaguing the State. In April 2014, the Majority Coalition established the Joint Senate Task Force on Heroin and Opioid Abuse to respond to this need. More than 20 Senators immediately joined the effort, and the Task Force scheduled 18 forums to hear from residents across the state (see Appendix A for a schedule of the forums and public hearings). These events would provide valuable insights regarding the rising use of heroin and opioids, and inform the development of legislative recommendations regarding the prevention and treatment of addiction.



Members of the Majority Coalition spoke with more than 200 New York residents around the State during nine weeks of hearings and public forums.

People with a wide variety of expertise and experience assembled by the hundreds to share their thoughts with the Task Force. Treatment providers, government officials, law enforcement agencies, physicians, educators, recovering addicts, and family members provided over 50 hours of compelling testimony during the following nine weeks.

Despite the varying backgrounds of those that spoke, the recommendations of those who participated in the Task Force’s public hearings consistently called for reform in three important

areas: Preventing opioid abuse and overdoses, increasing the availability and efficacy of addiction treatment, and providing additional resources to law enforcement.

“This is an 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 to work together towards a common goal of fighting the war on drug use and addiction.”

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

### **Preventing Opioid Abuse and Overdoses**

Testimony across the State echoed the need for increased prevention – specifically reducing the likelihood of drug use through childhood education, countering the stigma associated with addiction by public information campaigns, and educating medical practitioners to ensure the incorporation of best practices for prescribing and treatment. At the Capital District Regional Forum, Stephen Acquario, Executive Director of the New York State Association of Counties, called for the expansion of school and community-based prevention services. Similarly, Julie Dostal, Executive Director of LEAF Council on Alcoholism and Addiction in Otsego County, voiced a need for programs educating parents on the dangers of drugs and addiction, and how to recognize the signs of a substance use disorder.

At the Task Force’s Western New York Forum, Erin Bortel, Director of Prevention Services at ARC Health was among the many testifiers statewide to support the passage of legislation to expand access to naloxone to prevent unnecessary overdose deaths. Finally, at every forum held, family members, law enforcement officials, and practitioners such as Dr. Michael W. Daily, who practices emergency medicine at Albany Medical Center, pleaded for programs to ensure that medical professionals stay abreast of best practices, and to provide for the safe disposal of unused prescription medicines.

### **Increasing the Availability and Efficacy of Addiction Treatment**

For the many already suffering from heroin or opioid addiction, participants including Vincent DeMarco – who was elected Suffolk County Sheriff after more than a decade of serving as Deputy Sheriff – called for a variety of treatment models to meet the different needs of recovering individuals.

While many reiterated the need for adequate facilities for those seeking treatment, discussions also addressed the care of individuals who may resist substance abuse programs. Local officials

including Ray Bizzari, Director of the Cayuga County Mental Health Office, and treatment specialists such as John M. Venza, Vice President of Adolescent Services for Outreach Development Corporation in Long Island, noted the importance of being able to help those who pose an imminent threat to themselves or others.

### **Providing Additional Resources to Law Enforcement**

Family members and law enforcement officers also sought additional tools to help reduce the supply of heroin and opioids around New York State. Many echoed the need for greater cooperation between all levels of law enforcement, while others stated that the penalties for transporting and selling deadly drugs must be increased to deter such behavior.

Detective Matthew Bell of the Plattsburgh City Police Department and the U.S. Drug Enforcement Agency (DEA) Adirondack Drug Task Force testified that targeting individuals who transport heroin for sale around the State would deter dealers – which could prevent New York from further becoming a hub for traffickers. Additionally, U.S. District Attorney William J. Hochul Jr. voiced support for laws that would hold drug dealers accountable for deaths caused by heroin overdoses.

Based on these concerns and recommendations, as well as the thousands of others (see Appendix B for a summary of testimony provided by the date of publication<sup>x</sup>) provided during the 18 hearings and public forums, the Task Force developed legislative recommendations to launch New York’s comprehensive efforts to combat heroin and opioid abuse.

## LEGISLATIVE RECOMMENDATIONS

After hearing from more than 200 recovering addicts, family members, law enforcement personnel, elected officials, educators, and addiction recovery specialists, the Task Force developed 25 legislative proposals to address New York State's heroin epidemic. These bills address three key areas consistently raised by constituents across the State: Preventing opioid abuse and overdoses; increasing the availability and efficacy of addiction treatment; and enhancing the tools provided to law enforcement to keep heroin off the streets.



### Preventing Opioid Abuse and Overdoses

- **Increasing public awareness (S.7654, Boyle):** Requires the Office of Alcoholism and Substance Abuse Services (OASAS) and the Department of Health (DOH) to establish the Heroin and Prescription Opioid Pain Medication Addiction Awareness and Education Program. The Program would utilize social and mass media to reduce the stigma associated with drug addiction, while increasing public's knowledge about the dangers of opioid and heroin abuse, the signs of addiction, and relevant programs and resources.
- **Establishing school drug prevention programs (S.7653, Martins):** Adds age-appropriate information about the dangers of illegal drug use to junior high school and high school health class curriculums.
- **Preventing opioid overdoses in schools (S.7661, Hannon):** Clarifies that school districts, Board of Cooperative Educational Services (B.O.C.E.S.) programs, charter schools, and other

educational entities may possess and administer naloxone to treat opioid overdoses, and will be protected by Good Samaritan laws.

- **Increasing the effectiveness of overdoses prevention (S.7649, Marchione):** Provides that naloxone kits distributed through an opioid overdose prevention program must include an informational card with instructions on steps to take following administration, as well as information on how to access addiction treatment and support services. Opioid overdose prevention programs provide those at risk of an overdose, their family members and their friends with Naloxone kits and training on proper administration.
- **Promoting pharmaceutical take-back events (S.6691, Boyle):** Requires OASAS to post guidelines and requirements for conducting a pharmaceutical collection event on its website. According to the Substance Abuse and Mental Health Service Administration (SAMHSA), nearly 70 percent of those who first abuse prescription drugs get the pills from a friend or relative.<sup>xi</sup> Facilitating proper and timely disposal of unused narcotics helps to reduce the danger of diversion.
- **Limiting prescriptions for acute pain (S.2949-A, Hannon):** Limits the number of Schedule II and III controlled substances prescribed for acute pain to a 10-day supply to prevent excess pharmaceuticals from being dispensed, and therefore reduce the risk of diversion. This restriction would not apply to the treatment of cancer pain, chronic pain or palliative care. Further, the bill provides that only one co-payment may be charged for a 30-day supply.
- **Ensuring prescribing practitioners stay abreast of best practices (S. 7660, Hannon & Maziarz):** Creates a continuing medical education program for practitioners with prescribing privileges. DOH and the State Education Department (SED) would establish standards for three hours of biennial instruction on topics including I-STOP requirements, pain management, appropriate prescribing, acute pain management, palliative medicine, addiction screening and treatment, and end of life care.

### **Increasing the Availability and Efficacy of Addiction Treatment**

- **Creating a new model of detoxification and transitional services (S.2948, Hannon):** Establishes the Opioid Treatment and Hospital Diversion Demonstration Program, requiring the development of a new model of detoxification and transitional services for individuals seeking to recover from opioid addiction that reduces reliance on emergency room services.
- **Establishing a relapse prevention demonstration program (S.7650, Carlucci):** Creates a Wraparound Services Demonstration Program, through which OASAS would provide case management or referral services for nine months to individuals who successfully complete



substance abuse treatment programs. These community supports, access to which is intended to prevent a relapse, include educational resources, peer to peer support groups, social services and family services and counseling, employment support and counseling transportation assistance, medical services, legal services, financial services, and childcare services.

- **Enabling parents to require children to undergo treatment (S.7652, Martins):** Provides that a parent or guardian may petition to have a minor child designated as a Person in Need of Supervision (PINS) due to a substance use disorder, and that a court may require a PINS child to undergo substance abuse treatment.
- **Establishing assisted outpatient treatment for substance use disorders (S.7651, Carlucci):** Enables a court to order assisted outpatient treatment (AOT) for an individual with a substance use disorder who, due to his or her addiction, poses a threat to him or herself or others.
- **Promoting the affordability of substance abuse services (S. 7662, Seward, Hannon, Martins & Ritchie):** Requires insurers to comply with federal substance abuse parity laws, strengthens and standardizes the utilization review process for determining insurance coverage for substance abuse treatment disorders, and requires insurers to continue to provide and reimburse for treatment throughout the appeals process.

### **Providing Additional Resources to Law Enforcement**

- **Studying the conversion of correctional facilities to treatment centers (S.7655-A, Nozzolio):** Directs OASAS and the Department of Corrections and Community Supervision (DOCCS) to study the feasibility of converting closed facilities to provide treatment for substance use disorders. Agencies would examine the feasibility of such centers offering both inpatient residential and outpatient care.
- **Restricting drug dealers from participating in the SHOCK incarceration program (S.7656, Nozzolio):** Holds drug dealers accountable by preventing participation in the SHOCK incarceration program – under which young adults receive substance abuse treatment, academic education, and other services to promote reintegration – by individuals convicted of a A-II felony drug offense, except if he or she tests positive for a controlled substance upon arraignment.
- **Improving safety at judicial diversion programs (S.1879, Bonacic):** Requires a court, in determining a defendant's eligibility for a judicial diversion program for alcohol or substance abuse treatment, to consider the underlying charges and the defendant's propensity for violent

conduct. The bill also requires the facility treating a defendant under this diversion program to notify the local law enforcement of the defendant's placement and arrest record, and to submit a security plan to the Division of Criminal Justice Services (DCJS) to provide for the safety of staff, residents and the community. Finally, this bill allows a defendant to appear via video conference, and makes unauthorized departure from a rehabilitation facility a D felony.

- **Reallocating funds from asset forfeitures (S.7658, Nozzolio):** Reduces the State share of certain asset forfeitures to increase allocations for the reimbursement of expenses incurred by localities for investigation and prosecution, and provides additional monies for the Chemical Dependence Service Fund.
- **Creating Drug Free Zones around treatment facilities (S.1388, Skelos):** Establishes a B felony for the sale of a controlled substance within 1,000 feet of a drug or alcohol treatment center or methadone clinic.
- **Expanding the crime of operating as a major trafficker (S.7663, Nozzolio):** Facilitates convictions for operating as a major trafficker by reducing the number of people that must have participated from four to three, and lowering the minimum required proceeds from the sale of controlled substances during a 12 month period from \$75,000 to \$25,000.
- **Establishing the crime of transporting an opioid controlled substance (S.7659, Boyle):** Allows prosecution for a new crime when an individual unlawfully transports an opioid any distance greater than five miles within the State, or from one county to another county within the state, to address diversion and distribution of heroin and prescription drugs.
- **Facilitating the conviction of drug dealers (S.7169, Boyle):** Provides that possession of 50 or more packages of a Schedule I opium derivative, or possession of \$300 or more worth of such drugs, is presumptive evidence of a person's intent to sell.
- **Establishing the crime of homicide by sale of an opioid controlled substance (S.7657, Robach):** Creates an A-I felony for the unlawful transportation or sale of an opioid that causes the death of another.
- **Preventing illegal drug sales by doctors and pharmacists (S.2941, Hannon):** Provides for an enhanced penalty – a B felony – for practitioners and pharmacists who abuse the standards of their respective profession and violate the public trust by illegally selling controlled substances.

- **Establishing criminal penalties for the theft of blank official New York State prescription forms (S.2940, Hannon):** Expands grand larceny in the fourth degree to include the theft of a blank official New York state prescription form. This bill would also redefine criminal possession of stolen property in the fourth degree to include the possession of a stolen New York State prescription form, and create an A misdemeanor of criminal possession of a prescription form.
- **Increasing the penalties for theft of controlled substances (S.2431, Klein, Passed Senate 3/24/2014):** Provides enhanced penalties for the theft of controlled substances, treating such crimes similarly to a theft of firearms, credit or debit cards, scientific secrets, or certain methamphetamine precursors.
- **Prosecuting acts by street gangs (S.4444-A, Golden):** Creates the Criminal Street Gang Enforcement and Prevention Act to provide a comprehensive approach to protecting the public from gang related crimes and violence, including those that relate to drug trafficking, and establishing the criminal street gang prevention fund.

## CONCLUSION

Having traveled around the State gathering valuable insight from constituents, the Joint Senate Task Force on Heroin and Opioid Abuse believes the legislative proposals developed in response to suggestions and concerns it heard represent a comprehensive starting point for addressing the heroin and opioid addiction crisis New York State currently faces. However, while it strongly urges enactment of its proposed bills, the Majority Coalition recognizes that this battle for the lives of New York citizens is far from over.

Members of the Task Force, and all Senators of the Majority Coalition, will remain dedicated to seeking community input and crafting bills based on the feedback they receive. Additionally, the Task Force plans to immediately consider how to best distribute the \$3.3 million allocated by the Legislature in the Fiscal Year 2015 Enacted Budget. In doing so, the Task Force will carefully weigh all of the testimony provided during the course of 18 statewide hearings, and balance the need for prevention, treatment and recovery services.

As the New York State Government maintains its focus on preventing opioid abuse and overdoses, increasing the availability and efficacy of addiction treatment, and enhancing the tools provided to law enforcement to keep heroin off the streets, the Task Force would like to thank the family members, law enforcement personnel, local officials, educators, addiction recovery specialists, and recovering addicts who are on the ground, battling drug addiction on a daily basis.

## **APPENDIX A:**

### 2014 Joint Senate Task Force on Heroin and Opioid Addiction Schedule

#### **Capital District**

April 23, 2014: 9 a.m. to 12 p.m.

Hudson Valley Community College, Bulmer Telecommunications Center Auditorium, 80 Vandenburg Avenue, Troy, Rensselaer County.

#### **Catskills**

May 9, 2014: 2 p.m. to 4 p.m.

Legislative Hearing Room, 2nd Floor, Sullivan County Government Center, 100 North Street, Monticello, Sullivan County.

#### **Central New York**

April 15, 2014: 5 p.m. to 7 p.m.

State Office Building, 207 Genesee Street, Utica, Oneida County.

May 8, 2014: 1 p.m. to 3 p.m.

Auburn City Hall Chambers, 24 South Street, Auburn, Cayuga County.

#### **Finger Lakes/Western New York**

April 15, 2014: 10 a.m. to 12 p.m.

Monroe County Office Building, 39 West Main Street, Rochester, Monroe County.

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

1 Batavia Center, 2nd Floor Board Room, Batavia, Genesee County.

#### **Hudson Valley**

April 24, 2014: 6 p.m.

Paladin Center Tactical Training Facility, 39 Seminary Hill Road, Carmel Hamlet, Putnam County.

May 15, 2014: 10 a.m. to 12 p.m.

Newburgh Armory Unity Center, 321 South William Street, Newburgh, Orange County.

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

Valley Cottage Library, 110 New York 303, Valley Cottage, Rockland County.

**Long Island**

April 8, 2014: 10 a.m. to 2 p.m.

Suffolk County Community College Brentwood Campus, Van Nostrand Theatre, 1001 Crooked Hill Road, Brentwood, Suffolk County.

April 8, 2014: 5 p.m. to 7 p.m.

Shelter Rock Public Library, 165 Seasingtown Road, Alberton, Nassau County.

**New York City**

May 1, 2014: 9:30 a.m. to 3 p.m.

Senate Hearing Room, 19<sup>TH</sup> Floor, 250 Broadway, Manhattan.

**North Country**

April 25, 2014: 10 a.m. to 1 p.m.

Clinton County Government Center, 137 Margaret Street, Plattsburgh, Clinton County.

April 25, 2014: 1 p.m.

State Office Building, 317 Washington Street, Watertown, Jefferson County.

**Seneca Nation**

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

Seneca Nation Indian Reservation

**Southern Tier**

April 28, 2014: 9:30 a.m.

SUNY Oneonta, 108 Ravine Parkway, Oneonta, Otsego County.

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

Elmira College, Hamilton Hall, 1 Park Place, Elmira, Chemung County.

**Staten Island**

May 2, 2014: 1 p.m. to 4 p.m.

Jewish Community Center of Staten Island Auditorium, 1297 Arthur Kill Road, Staten Island.

## APPENDIX B:

### Summaries of Testimony

#### HEROIN USE ON LONG ISLAND

Data released by *Newsday* reported that heroin “killed a record 121 people in Nassau and Suffolk Counties in 2012 and at least 120 last year -- the two highest totals ever recorded.”<sup>xii</sup>

“If you look at the overdose statistics on Long Island, they’ve continued to climb. At this point in Long Island we lose one person per day to a fatal overdose,” said Dr. Jeffery Reynolds of the Long Island Council for Alcohol and Drug Dependence.<sup>xiii</sup>

Nearly 500 people have died of heroin overdoses on Long Island since Natalie’s Law was passed in Nassau and Suffolk Counties in 2008, according to statistics provided by medical examiners in both counties. Natalie’s Law, named after Natalie Ciappa of Massapequa who fatally overdosed on heroin at a Seaford house party in 2008, created heroin arrest tracking websites to raise awareness of the opiate abuse epidemic.<sup>xiv</sup>

According to the Nassau County Police Department’s heroin arrest tracking website, they have made 152 arrests in 2014 (as of April 25).<sup>xv</sup> Suffolk County’s heroin arrest tracking website also shows hundreds of arrests this year.

According to a 2012 Grand Jury Report in Suffolk County:

- Between 2006 and 2010, Suffolk heroin arrests rose 170 percent, from 486 to 1,315.
- Suffolk County has seen 70 percent more prescriptions for oxycodone than the average for the state of New York overall.
- Between 2004 and 2011, the number of overdose victims with oxycodone in their blood increased by 266 percent. In the same time period, the number of overdose deaths attributed to opioids increased 69 percent.
- Between 1996 and 2011, the Suffolk County Drug Court treatment program saw a 425 percent increase in heroin abuse, and a 1,136 percent increase in opioid pill abuse.<sup>xvi</sup>

Treatment facilities also report a rise in numbers: Five years ago, the Long Island Council on Alcoholism and Drug Dependence was serving just under 100 families a month. In March of 2014, the council helped more than 850 families; 80 percent of that increase was due to opiate and heroin addiction.<sup>xvii</sup>

In a recent *The Island Now* OpEd piece authored by Senator Jack Martins, he stated that all indicators point to Long Island being the regional epicenter of a growing [heroin] epidemic.

Some of the statistics offered included: <sup>xviii</sup>

- Heroin killed 121 people in Nassau and Suffolk in 2012 and at least 120 last year -- the two highest totals ever recorded. (By comparison, there were 23 DWI deaths in Nassau County last year.)
- These numbers are just the heartbreaking fatalities. In Nassau County alone there were more than 821 non-fatal heroin and opiate overdoses in 2013.
- Worse still: Nassau police recorded 500 heroin arrests in 2013, more than double the 228 arrests in 2011.
- Long Island addiction experts are counseling users as young as 12 years old.



**Long Island Regional Forum**  
**April 8, 2014**  
**Van Norstrand Theater**  
**Suffolk County Community College**  
**Brentwood, NY**

Members Present:

Senator Phil M. Boyle  
Senator John J. Flanagan  
Senator Kemp Hannon  
Senator Carl L. Marcellino  
Senator Jack M. Martins

Speakers:

Kathleen Brown  
*Director of Chemical Dependence, Catholic Charities*

Richard Buckman  
*President, Long Island Recovery Association*

Vincent DeMarco  
*Suffolk County Sheriff*

Dr. James Dolan  
*Director of Mental Health, Chemical Dependency, and Developmental Disability Services for Nassau County*

Dr. Frank Dowling  
*Psychiatrist, Stony Brook University*

Robert Ewald  
*Chief, Narcotics Bureau, Suffolk County District Attorney's Office*

Rene Feitcher  
*Nassau County District Attorney's Office ADA; Chair, Nassau County Heroin Task Force*

Kym Laube  
*Executive Director, Suffolk Human Understanding and Growth Drug & Alcohol Prevention Services*

Dr. Steven Margolies

*Medical Director of the New York Region, Phoenix House*

Arthur and Denise Murr

*Parents of a child who had a fatal overdose, Garden City, Compassionate Friends*

Judith Raimondi

*President and Founder, Lindenhurst Community Cares Coalition or Lindy Cares*

Dr. Jeffrey Reynolds

*Executive Director, Long Island Council on Alcoholism and Drug Dependency*

Dr. Michael F. Ring

*Superintendent of Schools, Rocky Point School District*

Anthony Rizzuto

*Provider Relations Representative for Nassau and Suffolk at Seafield Center*

John M. Venza

*Vice President, Adolescent Services, Outreach Development Corporation*

Christopher R. Wilkins

*Founder and President Emeritus, Loyola Recovery Foundation; Consultant to Alkermes*

Tom Willdigg

*President, Nassau County Detectives Association*

Summary of Testimony:

**Kathleen Brown**

Kathleen Brown is currently the Director of Chemical Dependence Services for Catholic Charities Diocese in Rockville Center. She is a registered nurse and has held several clinical and supervisory positions. Ms. Brown is also a member of the Office of Alcoholism and Substance Abuse Services Nurse Advisory Panel.

- *Reduce the stigma associated with substance abuse.* The stigma posed by society prevents those with substance abuse disorders from admitting they have an addiction, and therefore is a barrier for seeking help and for family members to become educated on addiction.

- *Educate medical professionals on drug abuse and addiction.* With the high numbers of opioid pain relievers that are prescribed to New Yorkers, medical professionals, specifically prescribers, need to be aware of the high risk of addiction for prescription opioids and understand how to recognize signs of misuse and addiction.
- *Ensure that primary doctors have a list of referrals for substance abuse treatment programs.* Primary doctors are the most frequently visited type of doctor for an average patient. If they recognize a patient with a substance abuse problem, these doctors need to be adequately equipped to refer their patients to a specialist or a appropriate treatment program.

### **Richard Buckman**

Richard Buckman founded the Long Island Recovery Association (LIRA) in 2000 to advocate for the rights and needs of individuals in recovery and their family members. He has served 3 terms as President of LIRA and was the first ever elected President of Friends of Recovery New York. Friends of Recovery New York is a statewide recovery community association. In 2005, Mr. Buckman received the Advocate of the Year award from the Association of Addiction Professionals of New York State. He is also the recipient of the 2011 Social Worker of the Year award from the National Association of Social Workers on Long Island. Mr. Buckman is also a licensed clinical social worker, certified employee assistance professional, credentialed alcoholism and substance abuse counselor and level II certified experiential therapist. He has worked in addiction treatment for 25 years.

- *Support inpatient rehabilitation for 28 days.* Stays at a inpatient rehabilitation facility increases the likelihood for sobriety. Inpatient rehabilitation is successful by placing the patients under 24 hour monitoring and removing the patient from the environment and stimuli which enable risky behavior.
- *Creation and investment in Recovery High Schools.* Recovery High Schools are safe havens for high school students recovering from addiction and are valuable in giving recovery support in a school environment. If a young person in high school goes to treatment and returns to the same high school they came from, 90 percent of those kids will relapse, and 80 percent of them will relapse within less than 30 days. If they go to a recovery high school, the attendance is over 90 percent, and more than 70 percent of them graduate, clean and sober.
- *Reduce the stigma associated with substance abuse.* The stigma posed by society prevents those with substance abuse disorders from admitting they have an addiction, and therefore is a barrier for seeking help and for family members to become educated on addiction.
- *Support for involuntary treatment laws for substance abuse.* Twelve states already have involuntary treatment laws. Under New York State law, a patient is able to self-discharge at will. New York State's current Assisted Outpatient Treatment (AOT) law applies to a person who is a danger to themselves or others and via court petition is mandated to

attend treatment. AOT applies only to mental illness and not to addiction or chemical dependency.

### **Vincent F. DeMarco**

In 1994, Vincent DeMarco began his distinguished career as a Suffolk County Deputy Sheriff. Sheriff DeMarco was elected in November 2005 to the position of Suffolk County Sheriff, becoming the first uniformed member of the Sheriff's Office to be elected to the position and one of the youngest Sheriff's in Suffolk County's history. Throughout his tenure, he has made working with children and teens a priority and even created a Sheriff's Youth Reentry Task Force. Through education and working with community leaders, he hopes to tackle inmate recidivism.

- *Expansion of all types of recovery treatment.* Every path to recovery is different. Some regions may need increased access to detoxification beds, inpatient beds in residential facilities, and outpatient treatment.
- *Expansion of drug courts and increased participation in diversion programs for those with substance abuse disorders.* Drug courts were created to differentiate between those with substance abuse disorders and drug dealers selling for profit. Drug courts are a valuable tool in ensuring that those with substance abuse disorders receive necessary treatment when their addiction was the motivating factor for a non-violent crime.

### **James R. Dolan Jr.**

Dr. Dolan is a licensed clinical social worker and has worked for the Nassau County Office of Mental Health, Chemical Dependency and Developmental Disabilities Services for almost 30 years. He currently serves as the Director of Community Services. In this position, he formulates policy, initiates planning, develops and oversees budget and monitors the implementation of programs for the community-based system of care. He is also currently the Chief Executive Officer for the Nassau County Local Government Unit. Dr. Dolan has served as the Director of Treatment Services in which he was responsible for planning and oversight of all government supported Nassau County agencies that serve adults and children with mental illness and drug or alcohol use disorders.

- *Integrated treatment approach for addiction and mental health issues.* It is common for those with substance abuse disorders to also have mental health issues. Substance abuse disorders cannot be separated from mental health disorders and the two need to be addressed simultaneously. Additionally, the resources between the Office of Alcoholism and Substance Abuse Services (OASAS) and Office of Mental Health (OMH) should be shared when appropriate.
- *Increase sober living options.* Recovering addicts need a safe environment to acclimate into the community. The chance of relapse significantly increases when an addict is placed in the same circumstances as when their addictions began.

- *Support for involuntary treatment laws for substance abuse.* Twelve states already have involuntary treatment laws. Under New York State law, a patient is able to self-discharge at will. New York State's current Assisted Outpatient Treatment (AOT) law applies to a person who is a danger to themselves or others and via court petition is mandated to attend treatment. AOT applies only to mental illness and not to addiction or chemical dependency.
- *Fund social workers so they are able to provide prevention services in schools.* Many school districts already have social workers on staff to help students through difficult situations. Social workers can provide additional educational services to help prevent drug abuse.
- *Comprehensive mental health and drug court system.* Since many individual with chemical dependency also have mental health issues, it would be valuable to have one court to address all of these issues. Mental health courts often do not give toxicology exams on a regular basis and drug courts do not often complete comprehensive mental health examinations. As part of an integrated system, both exams could be given as part of one court and addressed in one court.

**Frank Dowling, M.D.**

Dr. Dowling is a Clinical Associate Professor of Psychiatry at SUNY Stony Brook and the Medical Advisor to the Police Organization Providing Peer Assistance Program (POPPA). POPPA is an independent, confidential, non-departmental voluntary assistance program for the New York City Police Department (NYPD). Dr. Dowling has served as the Co-Chair of the Addiction and Psychiatric Medicine Committee and the Chair of the Task Force on Alcohol and Health. Dr. Dowling currently serves as the Commissioner for Public Health and Science for the Medical Society of the State of New York and formerly served on the Department of Health Bureau of Narcotic Enforcement I-STOP Advisory Committee. He was recently asked to serve on the New York State Department of Health Promote Mental Health Prevention of Substance Abuse Work Group.

- *Expansion of school and community-based prevention services.* Provide access to qualified licensed health professionals to speak with students and young adults about the dangers of drugs and addiction.
- *Educational programs for parents on the dangers of drugs, addiction and recognizing addiction.* Parents often have the most contact with children and young adults . With proper education, parents can recognize drug addiction at an early stage.
- *Educate medical professionals on drug abuse and addiction.* With the high numbers of opioid pain relievers that are prescribed to New Yorkers, medical professionals, specifically prescribers, need to be aware of the high risk of addiction for prescription opioids and understand how to recognize signs of misuse and addiction.

- *Expansion of all types of recovery treatment.* Every path to recovery is different. Some regions may need increased access to detoxification beds, inpatient beds in residential facilities, and outpatient treatment.
- *Support of S.6477-B (Hannon)/S.8637-B (Dinowitz).* This bill allows for the prescribing, dispensing and distribution of an opioid antagonist by a non-patient specific order. This bill would provide for expansion of Naloxone training and use to communities, families and peers. Naloxone is a prescription medicine that may reverse opioid overdoses if administered quickly during an overdose.
- *Integrated treatment approach for addiction and mental health issues.* It is common for those with substance abuse disorders to also have mental health issues. Substance abuse disorders cannot be separated from mental health disorders and the two need to be addressed simultaneously. Additionally, the resources between the Office of Alcoholism and Substance Abuse Services (OASAS) and Office of Mental Health (OMH) should be shared when appropriate.
- *Supportive housing for chronic psychiatric illnesses should not require patients to be drug free for 6 months since recovering addicts frequently require ongoing drug treatment.* Since many patients with mental health issues also have substance abuse disorders, these issues need to be addressed concurrently. An individual having completed treatment should be able to go directly into housing funded by the Office of Mental Health without being clean for 6 months.

### **Robert F. Ewald**

Robert Ewald is the Chief of the Narcotics Bureau at the Suffolk County District Attorney's Office. As the Chief he oversees all investigations, prosecutions and training by a staff of 13 attorneys. In 2009, an investigation in conjunction with the New York State Police resulted in the largest seizure of pure powder-form heroin in which all defendants were convicted. The same year, Chief Ewald was recognized for his investigative and prosecutorial commitment and excellence by the Drug Enforcement Administration, Long Island Regional Office. Chief Ewald recently supervised and co-counseled a six month investigation into the diversion of prescription controlled substances. In 2012, a Grand Jury report was issued with recommendations for legislative and executive action.

- *Expansion of school and community-based prevention services.* Provide access to qualified licensed health professionals to speak with students and young adults about the dangers of drugs and addiction.

### **René P. Fiechter**

René Fiechter works as an Assistant District Attorney in the Nassau County District Attorney's Office. He chairs Nassau County's Heroin Prevention Task Force. Mr. Fiechter headed the development of New York's Treatment Alternatives to Street Crime (TASC) programs.

Nationally, he was a founder and served as Chief Counsel of the National Association of TASC Agencies. His projects have won recognition from the Bar Association of Nassau County, National Association of Counties and the President of the United States.

- *Expansion of drug courts and increased participation in diversion programs for those with substance abuse disorders.* Drug courts were created to differentiate between those with substance abuse disorders and drug dealers selling for profit. Drug courts are a valuable tool in ensuring that those with substance abuse disorders receive necessary treatment when their addiction was the motivating factor for a non-violent crime.
- *Expansion of school and community-based prevention services.* Provide access to qualified licensed health professionals to speak with students and young adults about the dangers of drugs and addiction.
- *Allow health care professionals to make decisions related to addiction treatment insurance coverage instead of insurance companies.* The type and length of treatment coverage should be determined by health care professionals. Many individuals are denied coverage under the current managed care system. Under managed care systems, insurance companies, rather than the patient's own doctor, determine whether a patient receives addiction treatment services and the length of services .
- *Support of S.6477-B (Hannon)/S.8637-B (Dinowitz).* This bill allows for the prescribing, dispensing and distribution of an opioid antagonist by a non-patient specific order. This bill would provide for expansion of Naloxone training and use to communities, families and peers. Naloxone is a prescription medicine that may reverse opioid overdoses if administered quickly during an overdose.

### **Kym Laube**

Kym Laube is the Executive Director at Human Understanding & Growth Services, Inc. (HUGS), a not for profit organization that serves the youth and communities of Suffolk County providing prevention education strategies for high risk behaviors among youth and fostering positive attitudes. HUGS signature program, Long Island Teen Institute, provides education, workshops, and referral services pertaining to substance abuse and prevention. Ms. Laube is the President of the National Association of Teen Institutes and Quality Consortium of Suffolk County. She is also a member of the New York State Association of Substance Abuse Professionals, Prevention Committee, Suffolk County Partners in Prevention and the East End Prevention and Awareness Committee.

- *Expansion of school and community-based prevention services.* Provide access to qualified licensed health professionals to speak with students and young adults about the dangers of drugs and addiction.
- *Educational programs for parents on the dangers of drugs, addiction and recognizing addiction.* Parents often have the most contact with children and young adults . With proper education, parents can recognize drug addiction at an early stage.

- *Public awareness campaign on opioid and heroin addiction.* Educating the public is key to prevention. A broad public awareness campaign will reach sectors of the community that other prevention programs sometimes miss.

### **Steve Margolies, M.D.**

Dr. Margolies is the Vice President of Clinical and Medical Services and Medical Director of Phoenix House New York. Phoenix House is a not-for-profit drug and alcohol rehabilitation organization with several residential and outpatient programs throughout the United States. Dr. Margolies is board certified in addiction medicine. Prior to working with Phoenix House, Dr. Margolies oversaw state-certified medical clinics and supervised an opiate treatment program.

- *Expansion of school and community-based prevention services.* Provide access to qualified licensed health professionals to speak with students and young adults about the dangers of drugs and addiction.
- *Educate medical professionals on drug abuse and addiction.* With the high numbers of opioid pain relievers that are prescribed to New Yorkers, medical professionals, specifically prescribers, need to be aware of the high risk of addiction for prescription opioids and understand how to recognize signs of misuse and addiction.
- *Reduce the stigma associated with substance abuse.* The stigma posed by society prevents those with substance abuse disorders from admitting they have an addiction, and therefore is a barrier for seeking help and for family members to become educated on addiction.
- *Bring screening and treatment for substance abuse into primary-care clinics, schools and hospitals.* Screening and treatment for substance abuse should be the norm. We can reduce the stigma associated with seeking and receiving treatment for substance abuse and increase the number of people receiving treatment.
- *Increase sober living options.* Recovering addicts need a safe environment to acclimate into the community. The chance of relapse significantly increases when an addict is placed in the same circumstances as when their addictions began.
- *Regulation and licensure of sober homes.* Currently sober homes do not have any oversight or regulation. The type of programs and services they have vary from home to home. Sober homes should be standardized so that certain requirements and standards are met and you know exactly what to expect when being referred to a sober home.
- *Home care services for certain treatment programs.* Office of Mental Health and Office of People with Developmental Disabilities have provisions to provide for case management or services in the home or field. However, treatment for chemical dependency does not have that option. Substance abuse treatment in the field could be valuable addition to outpatient treatment services.

### **Art and Denise Murr**

Denise and Art Murr are the parents of Matthew Murr. At 25 years old, Matthew Murr died as a



result of an overdose in February 2011. Matthew battled with heroin and opioid addiction for 7 years and had overdosed once before. Mr. & Mrs. Murr are members of the organization Compassionate Friends and have dedicated themselves to raising awareness and educating people about addiction and to reduce the stigma associated with the disease.

- *Expansion of school and community-based prevention services.* Provide access to qualified licensed health professionals to speak with students and young adults about the dangers of drugs and addiction.
- *Reduce the stigma associated with substance abuse.* The stigma posed by society prevents those with substance abuse disorders from admitting they have an addiction, and therefore is a barrier for seeking help and for family members to become educated on addiction.
- *Allow health care professionals to make decisions related to addiction treatment insurance coverage instead of insurance companies.* The type and length of treatment coverage should be determined by health care professionals. Many individuals are denied coverage under the current managed care system. Under managed care systems, insurance companies, rather than the patient's own doctor, determine whether a patient receives addiction treatment services and the length of services .
- *Support of S.6477-B (Hannon)/S.8637-B (Dinowitz).* This bill allows for the prescribing, dispensing and distribution of an opioid antagonist by a non-patient specific order. This bill would provide for expansion of Naloxone training and use to communities, families and peers. Naloxone is a prescription medicine that may reverse opioid overdoses if administered quickly during an overdose.

### **Judith Raimondi**

Judith Raimondi is the co-founder of Lindenhurst Community Cares Coalition (Lindy Cares or LCC). LCC works with residents, parents, youths, educators, politicians, organizations and businesses to educate and increase awareness to prevent underage drinking and substance abuse in the community. LCC hopes to change the perception of stigmas from substance abuse and find appropriate strategies for treatment and coping skills.

- *Expansion of school and community-based prevention services.* Provide access to qualified licensed health professionals to speak with students and young adults about the dangers of drugs and addiction.
- *Educational programs for parents on the dangers of drugs, addiction and recognizing addiction.* Parents often have the most contact with children and young adults . With proper education, parents can recognize drug addiction at an early stage.
- *Public awareness campaign on opioid and heroin addiction.* Educating the public is key to prevention. A broad public awareness campaign will reach sectors of the community that other prevention programs sometimes miss.
- *Support of S.6477-B (Hannon)/S.8637-B (Dinowitz).* This bill allows for the prescribing, dispensing and distribution of an opioid antagonist by a non-patient specific order. This

bill would provide for expansion of Naloxone training and use to communities, families and peers. Naloxone is a prescription medicine that may reverse opioid overdoses if administered quickly during an overdose.

**Jeffrey L. Reynolds, P.H.D.**

Dr. Reynolds is the Executive Director of the Long Island Council on Alcoholism and Drug Dependence (LICADD). LICADD provides screening, brief intervention and referrals to treatment as well as professionally-facilitated family interventions, and relapse prevention services to adults and adolescents. Under Dr. Reynolds leadership, LICADD has pioneered the launch of “Too Good for Drugs,” an evidence-based K-12 substance abuse prevention program in several Long Island schools. Dr. Reynolds is a member of the Executive Committee of the Nassau County Heroin Prevention Task Force, Drug Enforcement Administration’s Long Island Prescription Drug Working Group and the co-chair of Suffolk County’s Sober Home Oversight Board. In the past, he chaired Suffolk County’s Heroin/Opiate Epidemic Advisory Panel and served as a consultant and grant reviewer for the federal Substance Abuse and Mental Health Services Administration (SAMHSA). In January 2013, Dr. Reynolds received the Distinguished Professional Award from Caron Treatment Centers.

- *Expansion of school and community-based prevention services.* Provide access to qualified licensed health professionals to speak with students and young adults about the dangers of drugs and addiction.
- *Allow health care professionals to make decisions related to addiction treatment insurance coverage instead of insurance companies.* The type and length of treatment coverage should be determined by health care professionals. Many individuals are denied coverage under the current managed care system. Under managed care systems, insurance companies, rather than the patient’s own doctor, determine whether a patient receives addiction treatment services and the length of services .
- *Creation and investment in Recovery High Schools.* Recovery High Schools are safe havens for high school students recovering from addiction and are valuable in giving recovery support in a school environment. Ninety percent of students recovering from addiction will relapse if they return to their previous environment. Eighty percent of those students relapse in 30 days. Seventy percent of students who attend recovery high schools graduate clean and sober.
- *Educational programs for parents on the dangers of drugs, addiction and recognizing addiction.* Parents often have the most contact with children and young adults . With proper education, parents can recognize drug addiction at an early stage.
- *Increase sober living options.* Recovering addicts need a safe environment to acclimate into the community. The chance of relapse significantly increases when an addict is placed in the same circumstances as when their addictions began.
- *Increase inpatient detoxification facilities for heroin/opioids.* Detoxification beds are often reserved for alcohol and cocaine detoxification. Heroin/opioid detoxification is not

considered medically necessary because it is not immediately life threatening. Heroin and opioid detoxification is extremely painful. Some addicts would rather continue their addiction than experience withdrawal. Facing withdrawal alone without a medical professional is not considered reasonable for any other chemical dependency. Heroin/opioid addicts need access to detoxification beds if they are to overcome their addiction.

- *Expansion of all types of recovery treatment.* Every path to recovery is different. Some regions may need increased access to detoxification beds, inpatient beds in residential facilities, and outpatient treatment.
- *Regulation and licensure of sober homes.* Currently sober homes do not have any oversight or regulation. The type of programs and services they have vary from home to home. Sober homes should be standardized so that certain requirements and standards are met and you know exactly what to expect when being referred to a sober home.
- *Reduce the time for the OASAS approval process for expanding and building new treatment facilities.* It can take 3 to 5 years to go through the licensure process to open a new facility in New York. Due to the high demand for treatment, this process could be streamlined so we may increase treatment capacity and availability.

### **Michael Ring, P.H.D.**

Dr. Ring is the Superintendent of the Rocky Point School District. Inspired by Dr. Ring's suggestion at a roundtable discussion, in March 2014, Rocky Point School District in conjunction with County Executive Steve Bellone launched a drug awareness pilot program. This program will integrate substance abuse programs into K-12 curriculum, encompassing prevention and intervention. Every student in K-12 receives 30 to 40 minutes of health lessons a week. The program also includes access to a substance abuse counselor, mentoring programs and the "Too Good for Drugs" program.

- *Expansion of school and community-based prevention services.* Provide access to qualified licensed health professionals to speak with students and young adults about the dangers of drugs and addiction.
- *Increase counseling services for those with substance abuse disorders.* Counseling in combination with addiction treatment and continued after treatment can reduce the chances of relapse. Counseling helps those recovering from addiction stay sober.
- *Educational programs for parents on the dangers of drugs, addiction and recognizing addiction.* Parents often have the most contact with children and young adults. With proper education, parents can recognize drug addiction at an early stage.

### **Anthony Rizzuto**

Anthony Rizzuto is the Providers Relations Representative for Long Island Seafield Center as well as the Program Supervisor for the Power and Control Program. He is a credentialed Alcohol and Substance Abuse Counselor and currently pursuing a Masters in Social Work. He has been

working in the Substance Abuse Treatment field for 12 years. Mr. Rizzuto is the founder of the grass roots movement Families in Support of Treatment (F.I.S.T.) which advocates to the legislature for increased access to treatment. Mr. Rizzuto is the member of the Suffolk County's Sober Home Oversight Board, the Nassau County Heroin Task Force and the Nassau County Substance Abuse Task Force.

- *Reduce the stigma associated with substance abuse.* The stigma posed by society prevents those with substance abuse disorders from admitting they have an addiction, and therefore is a barrier for seeking help and for family members to become educated on addiction.
- *Regulation and licensure of sober homes.* Currently sober homes do not have any oversight or regulation. The type of programs and services they have vary from home to home. Sober homes should be standardized so that certain requirements and standards are met and you know exactly what to expect when being referred to a sober home.
- *Educational programs for parents on the dangers of drugs, addiction and recognizing addiction.* Parents often have the most contact with children and young adults . With proper education, parents can recognize drug addiction at an early stage.
- *Expansion of school and community-based prevention services.* Provide access to qualified licensed health professionals to speak with students and young adults about the dangers of drugs and addiction.

### **John M. Venza**

John Venza is the Vice President of Adolescent Services for Outreach Development Corporation. In this capacity, he provides clinical and administrative oversight to the largest residential adolescent substance abuse treatment programs in downstate New York. Mr. Venza is a licensed Clinical Social Worker and a licensed Mental Health Counselor who has worked with children, adolescents and families for over 30 years. His focus for treatment has centered around adolescents and young adults.

- *Educational programs for parents on the dangers of drugs, addiction and recognizing addiction.* Parents often have the most contact with children and young adults . With proper education, parents can recognize drug addiction at an early stage.
- *Regulation and licensure of sober homes.* Currently sober homes do not have any oversight or regulation. The type of programs and services they have vary from home to home. Sober homes should be standardized so that certain requirements and standards are met and you know exactly what to expect when being referred to a sober home.
- *Expansion of school and community-based prevention services.* Provide access to qualified licensed health professionals to speak with students and young adults about the dangers of drugs and addiction.
- *Support for involuntary treatment laws for substance abuse.* Twelve states already have involuntary treatment laws. Under New York State law, a patient is able to self-discharge at will. New York State's current Assisted Outpatient Treatment (AOT) law applies to a

person who is a danger to themselves or others and via court petition is mandated to attend treatment. AOT applies only to mental illness and not to addiction or chemical dependency.

**Thomas R. Willdigg**

Thomas Willdigg is a former law enforcement professional. He retired as a senior detective for the Nassau County Police Department and later served as the President of the Nassau County Detectives Association and the President of the National State Associations of Police Benevolent Association. In his position as President of the Nassau County Detective Associations, he was a regular contributor to County Legislative meetings to keep legislators apprised of key issues, including the heroin epidemic.

- *Expansion of school and community-based prevention services.* Provide access to qualified licensed health professionals to speak with students and young adults about the dangers of drugs and addiction.

## HEROIN USE IN WESTERN NEW YORK

**Western New York** - Orleans County, Genesee County, Wyoming County, Cattaraugus County, Erie County, Niagara County and Chautauqua County

### Heroin Overdoses

The *Niagara Gazette* indicates that law enforcement agencies across the country are reporting sharp increases in heroin abuse. Opioid overdoses killed over 2,000 New Yorkers statewide in 2011, more than double the number killed in 2004.<sup>xxix</sup>

Heroin-related calls to Upstate University Hospital's poison control center (Upstate Poison Center) surged by 417% from 29 calls in 2009 to 150 calls in 2013.<sup>xxx</sup> Upstate Poison Center is responsible for taking calls for 54 of the 62 counties within New York State.<sup>xxxi</sup>

Upstate Poison Center reported 17 heroin-related overdose calls in Western New York alone in 2013. (NOTE: These are only the calls received by Upstate Poison Center, no other entity.)<sup>xxxii</sup>

A breakdown of the calls, by county, is as follows:

Cattaraugus	1
Chautauqua	6
Erie	5
Genesee	1
Niagara	2
Orleans	1
Wyoming	1

### Heroin Use in Western New York:

Erie County Department of Health is aware of increased cases of heroin overdose in the community. For the last quarter of 2013, the Medical Examiner's Office has identified twenty (20) deaths involving heroine and/or fentanyl.<sup>xxxiii</sup>

The number of Erie County residents who died in 2013 as a result of a heroin overdose showed a significant increase from 2012 to 2013.<sup>xxxiv</sup>

Erie County Health Commissioner Dr. Gale Burstein reported there were 20 heroin-related deaths in 2012 in Erie County alone, and there were 37 heroin-related deaths in 2013 – an 85% increase.<sup>xxxv</sup>

As of a February 26, 2014 *Buffalo News* report, there had been eight heroin overdose deaths in Erie County, and a ninth from another drug, already this year.<sup>xxvi</sup>

According to the *Buffalo News*, local addiction-treatment experts and families who have lost loved ones to opiate overdoses say [Zohydro] will contribute to the deadly heroin and pain pill epidemic. For them, a new prescription opiate is the last thing needed on the shelves of drugstores.<sup>xxvii</sup>

“The sheriffs across New York state are fully committed to training all their deputies (to administer naloxone),” said Niagara County Sheriff Jim Voutour. “It’s very sad that in 2014 we have to carry around drugs, but it’s reality. (Heroin addiction is) an epidemic. We are responding to more and more overdoses and we’ll do what we can to save lives.”<sup>xxviii</sup>

### **County Community Health Assessments**

The Community Health Assessment and Community Health Improvement Plan for Cattaraugus County identified Promoting Mental Health and Preventing Substance Abuse as one of its top three priorities.<sup>xxix</sup>

The Chautauqua County Community Health Planning Team, which consisted of representatives from the Chautauqua County Department of Health & Human Services, the four hospitals, the Chautauqua County Department of Mental Hygiene, the Chautauqua County Health Network, the Chautauqua Center, and P2 of Western New York identified promoting mental health and preventing substance abuse as one of its top three priority areas.<sup>xxx</sup>

The results of the Community Health Assessment Survey issued in 2013 for Genesee, Orleans & Wyoming Counties describe the many diverse health problems and issues residents experience. The data suggests the greatest health improvement needs in the three counties are in the areas of mental health, stress, and substance abuse issues, as well as the prevention of chronic diseases including diabetes, heart disease, and other co-morbidities.<sup>xxxi</sup>

According to the 2014-2017 Niagara County Community Health Assessment, at any given time, almost one in five young people in the U.S. is affected by mental, emotional or behavioral disorders such as conduct disorders, depression or substance abuse.<sup>xxxii</sup>

**Western New York Regional Forum**  
**April 15, 2014**  
**Monroe County Office Building**  
**39 West Main Street**  
**Rochester, NY**

Members Present:

Senator Phil M. Boyle  
Senator Joseph E. Robach  
Assembly Member Mark C. Johns

Speakers:

Jeanne Beno, PhD.  
*Chief Toxicologist, Monroe County Medical Examiner's Office*

Dr. Jeremy T. Cushman  
*EMS Medical Director, University of Rochester*

Theresa DeLone  
*Parent of recovering heroin addict, Henrietta, NY resident*

Sandra Doorley  
*Monroe County District Attorney*

Lori Drescher  
*Parent of Jonathan Drescher, City of Rochester, NY resident*

Jennifer Faringer  
*Director, National Council on Alcoholism & Drug Dependency, Rochester Area*

Dr. Michael Foster  
*M.D., Clinical Director of Chemical Dependency, Unity Health Systems*

William J. Hochul, Jr.  
*U.S. District Attorney*

Avi Israel  
*President, Save the Michaels of the World*



Paige Prentice

*VP Operations at Horizon Health Services*

William Sanborn

*Monroe County Undersheriff*

Jessica Sherman

*Program Director, Face 2 Face*

Lisa Thompson

*Parent of recovering heroin addict, Chili, NY resident*

James Wesley

*Drug Chemistry Supervisor, Monroe County Crime Lab*

Summary of Testimony:

**Dr. Jeremy T. Cushman**

Dr. Cushman is Board Certified in Emergency Medicine and Emergency Medical Services and is an Associate Professor of Emergency Medicine and Chief of the Division of Pre-hospital Medicine, Department of Emergency Medicine at the University of Rochester. He has completed an Emergency Medical Services Fellowship and a Master of Science in Emergency Health Services and Disaster Management from the University of Maryland. Dr. Cushman remains a certified Paramedic and is Medical Director for the Monroe-Livingston Region, Monroe County, and dozens of fire, law enforcement, EMS agencies. In addition to administrative medical direction, he provides medical support and scene response for all law enforcement, fire department, and special operations teams in the City of Rochester and Monroe County.

- *Expansion of Naloxone training and use to all first responders.* Naloxone is a prescription medicine that may reverse opioid overdoses if administered at first signs of an overdose. New York State should expand the training and use of Naloxone to all first responders including, but not limited to, Emergency Medical Technicians, fire departments, and law enforcement officers.
- *Model Naloxone overdose prevention programs on Automated External Defibrillators and Epinephrine Auto-Injectors programs; and extend Good Samaritan laws to those who render assistance.* With physician oversight of the program and proper training, this model would not restrict access to Naloxone to a particular first responder and allows for wide availability of Naloxone in communities.

## **Theresa DeLone**

Theresa DeLone has a son who is battling heroin addiction. Testifying was a major step for Ms. DeLone as she chose to share her experiences facing the heroin addiction of a loved one. She is employed full time as a Quality Assurance Manager at Skillsoft.

- *Expansion of school and community-based prevention services.* Provide access to qualified licensed health professionals to speak with students and young adults about the dangers of drugs and addiction.
- *Educational programs for parents on the dangers of drugs, addiction and recognizing addiction.* Parents often have the most contact with children and young adults . With proper education, parents can recognize drug addiction at an early stage.
- *Remove dealers from the streets.* Dealers are all too prevalent on the streets of New York. Access to dealers needs to reduce drastically to combat this scourge.
- *Allow health care professionals to make decisions related to addiction treatment insurance coverage instead of insurance companies.* The type and length of treatment coverage should be determined by health care professionals. Many individuals are denied coverage under the current managed care system. Under managed care systems, insurance companies, rather than the patient’s own doctor, determine whether a patient receives addiction treatment services and the length of services.
- *Expansion of all types of recovery treatment.* Every path to recovery is different. Some regions may need increased access to detoxification beds, inpatient beds in residential facilities, and outpatient treatment.
- *Treat addiction as a medical disease.*
- *Increase availability of medically assisted detoxification and treatment.* Use of buprenorphine (Suboxone) has shown to substantially increase the likelihood for overcoming heroin/opioid dependence in combination with other non-medical treatment.
- *Increase inpatient detoxification facilities for heroin/opioids.* Detoxification beds are often reserved for alcohol and cocaine detoxification. Heroin/opioid detoxification is not considered medically necessary because it is not immediately life threatening. Heroin and opioid detoxification is extremely painful. Some addicts would rather continue their addiction than experience withdrawal. Facing withdrawal alone without a medical professional is not considered reasonable for any other chemical dependency. Heroin/opioid addicts need access to detoxification beds if they are to overcome their addiction.
- *Invest in relapse prevention strategies.* Require that anyone discharged from inpatient detoxification has a discussed a plan of action with a medical professional to stay clean and in recovery.
- *Increase sober living options.* Recovering addicts need a safe environment to acclimate into the community. The chance of relapse significantly increases when an addict is placed in the same circumstances as when their addictions began.

- *Expansion of Naloxone training and use to all first responders.* Naloxone is a prescription medicine that may reverse opioid overdoses if administered at first signs of an overdose. New York State should expand the training and use of Naloxone to all first responders including, but not limited to, Emergency Medical Technicians, fire departments, and law enforcement officers.
- *Facilitate communication and inpatient services between emergency rooms, hospitals and treatment providers similar to services offered by home care providers.* Hospitals and emergency rooms are sources of last resort for those seeking addiction treatment. Hospitals and emergency rooms are in a unique position to facilitate contact for admitted patients with treatment providers.
- *Educate medical professionals on drug abuse and addiction.* With the high numbers of opioid pain relievers that are prescribed to New Yorkers, medical professionals, specifically prescribers, need to be aware of the high risk of addiction for prescription opioids and understand how to recognize signs of misuse and addiction.
- *Increase restrictions for prescribing opioids.* The United States constitutes 4.6% of the world's population, yet consumes 80% of the global opiate supply and 99% of the world's hydrocodone supply. Although I-STOP has greatly reduced the overprescribing of prescription opioids and the ability to doctor/pharmacy shop, prescription opioids are still prescribed in high numbers.
- *Explore alternatives to prescription opioids and substitute with alternative treatments for pain.* For certain types of pain, other treatment options other than prescription opioids may be just as effective and less addictive.

### **Sandra Doorley**

Elected in 2011, Ms. Doorley is the first female District Attorney in Monroe County history. Prior to assuming office, Ms. Doorley served the District Attorney's Office with distinction for nearly twenty years, successfully prosecuting thousands of high profile criminal cases and compiling an impressive record of victories. Ms. Doorley is recognized as a leader in the prosecution of cold cases using DNA evidence and has successfully obtained indictments and convictions in such cases, including the 1976 murder of a young girl in Rochester and the conviction of a serial sex offender for murder and sexual assault. In addition to her duties as District Attorney, Ms. Doorley continues to assume the role of lead prosecutor on several current and pending homicide and criminal cases. She also serves on the Board of Directors of the Huther Doyle agency, an addiction treatment center in the City of Rochester.

- *Increase restrictions for prescribing opioids.* The United States constitutes 4.6% of the world's population, yet consumes 80% of the global opiate supply and 99% of the world's hydrocodone supply. Although I-STOP has greatly reduced the overprescribing of prescription opioids and the ability to doctor/pharmacy shop, prescription opioids are still prescribed in high numbers.

- *Explore alternatives to prescription opioids and substitute with alternative treatments for pain.* For certain types of pain, other treatment options other than prescription opioids may be just as effective and less addictive.
- *Amend the penal law to make the sale or dispensing of a controlled substance which results in a death a manslaughter offense.* This would give prosecutors a new tool in holding drug dealers accountable for an overdose death. Current law states that prosecutors may only charge drug dealers with the sale of a controlled substance.

### **Lori Drescher**

Ms. Drescher has raised two children, ages 23 and 30 in the Rochester, NY area. Ms. Drescher is an Organization Development Consultant and has a career history that includes executive development, coaching, organization culture change, team building, employee engagement and personal assessment. She also spent 6 years as a senior executive at a publicly traded company headquartered in Rochester. Ms. Drescher's personal history with substance abuse has been primarily focused on saving her 23 year old son who has battled opioid and heroin addiction since 2008. She has dealt with many aspects of the epidemic including inpatient and outpatient services, law enforcement, probation and the court system, health insurance, medical services and providers, medical treatment options, and the shame, guilt and loss associated with the disease. Ms. Drescher provides a face, a family, and a story to this debilitating disease and hopes to become a voice for the many families with teenagers and young adults who struggle every day with this disease. Her mission is to help remove the stigma and shame associated with opioid and heroin addiction and generate awareness, education, compassion, funding and attention before more families lose their children to this too familiar and frequent battle.

- *Increase inpatient detoxification facilities for heroin/opioids.* Detoxification beds are often reserved for alcohol and cocaine detoxification. Heroin/opioid detoxification is not considered medically necessary because it is not immediately life threatening. Heroin and opioid detoxification is extremely painful. Some addicts would rather continue their addiction than experience withdrawal. Facing withdrawal alone without a medical professional is not considered reasonable for any other chemical dependency. Heroin/opioid addicts need access to detoxification beds if they are to overcome their addiction.
- *Broad and free access to addiction prevention and treatment services paid by the state.* The cost for individuals seeking treatment creates a significant barrier to addressing heroin and opioid addiction recovery.
- *Integrated treatment approach for addiction and mental health issues.* It is common for those with substance abuse disorders to also have mental health issues. Substance abuse disorders cannot be separated from mental health disorders and the two need to be addressed simultaneously. Additionally, the resources between the Office of Alcoholism and Substance Abuse Services (OASAS) and Office of Mental Health (OMH) should be shared when appropriate.

- *Expansion of drug courts and increased participation in diversion programs for those with substance abuse disorders.* Drug courts were created to differentiate between those with substance abuse disorders and drug dealers selling for profit. Drug courts are a valuable tool in ensuring that those with substance abuse disorders receive necessary treatment when their addiction was the motivating factor for a non-violent crime.
- *More monitoring for buprenorphine (Suboxone) treatments by prescribers.* Buprenorphine is one of the most effective drugs prescribed for addiction recovery, but without close monitoring it has abuse potential. Buprenorphine has best results in addiction when used in conjunction with treatment and counseling. Because Buprenorphine prevents withdrawal symptoms, it has a high market value on the streets.
- *Utilizing social media to find drug dealers.* Social media including Facebook and Twitter allow for those with substance abuse disorders to easily find a dealer. Police should utilize the internet in the same manner to track down dealers.
- *Restrictions on pawn shops for addicts.* Commonly, people with substance abuse disorders will turn to pawn shops to sell household items and jewelry in order to fuel their addiction. Restrictions on pawn shops from selling to those with substance abuse disorders can reduce the financial ability of addicts to buy prescription pills/heroin.

### **Jennifer Faringer**

Ms. Faringer has worked in the field of substance abuse prevention education for over 25 years. She has been involved in the development of education and awareness training for communities and schools and was instrumental in the development and subsequent expansion of continuing educational opportunities and a comprehensive counselor preparatory program for professionals working the field of addictions. Ms. Faringer is the director of the National Council on Alcoholism and Drug Dependence-Rochester Area and was appointed to the Monroe County Community Services Board, chairing the Substance Abuse Sub-Committee. She is Past President of the Council on Addictions of New York State, is currently on the Executive Committee of the Finger Lakes Consortium of Alcoholism and Substance Abuse Services as well as the Steering Committee of the New York State Alcohol Policy Alliance. Ms. Faringer has long chaired the Methamphetamine and Other Drug Task Force, working closely with multiple sector partners (ie. criminal justice, education, treatment, and community). Ms. Faringer received her Bachelor's from Syracuse University and her Masters in Health Education from SUNY Brockport. Ms. Faringer also holds the NYS OASAS Credential for Prevention Professionals, with a sub-specialty in problem gambling prevention. She was awarded in the 2011 Prevention Practitioner of the Year from NYS OASAS. She has presented both locally and at statewide conferences, community, school and university settings on a wide variety of substance abuse related topics to include: Fetal Alcohol Spectrum Disorder, Environmental Prevention, Synthetic Drugs of Abuse, Methamphetamine: Impact on Community, Current Trends in Substance Abuse, Problem Gambling, and many other addiction related topics.

- *Increase the frequency of drug take back/safe disposal programs.* Prescription pills require safe, environmentally friendly disposal. Without the means to properly dispose of prescription pills, they often remain in home medicine cabinets and frequently get into the wrong hands. The federal Substance Abuse and Mental Health Services Administration (SAMHSA) estimates that 70-80% of nonmedical use of prescription pain relievers begins by raiding the medicine cabinet at home. Drug take back programs help prevent this diversion of prescription pills.
- *Support full implementation of I-STOP to curb overprescribing, doctor/pharmacy shopping, potential diversion.*
- *Public awareness campaign on opioid and heroin addiction.* Educating the public is key to prevention. A broad public awareness campaign will reach sectors of the community that other prevention programs sometimes miss.
- *Educational programs for parents on the dangers of drugs, addiction and recognizing addiction.* Parents often have the most contact with children and young adults. With proper education, parents can recognize drug addiction at an early stage.
- *Target physicians and pharmacists and link them to community-based prevention experts*
- *Support of S.6477-B (Hannon)/S.8637-B (Dinowitz).* This bill allows for the prescribing, dispensing and distribution of an opioid antagonist by a non-patient specific order. This bill would provide for expansion of Naloxone training and use to communities, families and peers. Naloxone is a prescription medicine that may reverse opioid overdoses if administered quickly during an overdose.

**Michael Foster**

M.D., Clinical Director of Chemical Dependency, Unity Health Systems.

- *Increase availability of medically assisted detoxification and treatment.* Use of buprenorphine (Suboxone) has shown to substantially increase the likelihood for overcoming heroin/opioid dependence in combination with other non-medical treatment.
- *Urge the federal government to increase the cap on how many patients a doctor may treat with buprenorphine or buprenorphine-Naloxone or increase the limit for those working in addiction treatment facilities.* Use of buprenorphine (Suboxone) has shown to have substantially increase likelihood for overcoming heroin/opioid dependence in combination with other non-medical treatment. However, those with substance abuse disorders are severely limited by the few doctors who are authorized by the federal government to prescribe buprenorphine and the few number of patients they may work with at one time.

**William J. Hochul, Jr.**

U.S. District Attorney

- *Amend the penal law to make the sale or dispensing of a controlled substance which results in a death a manslaughter offense.* This would give prosecutors a new tool in

holding drug dealers accountable for an overdose death. Current law states that prosecutors may only charge drug dealers with the sale of a controlled substance.

### **Avi Israel**

President, Save the Michaels of the World

- *Educate medical professionals on drug abuse and addiction.* With the high numbers of opioid pain relievers that are prescribed to New Yorkers, medical professionals, specifically prescribers, need to be aware of the high risk of addiction for prescription opioids and understand how to recognize signs of misuse and addiction.
- *Educate pharmacists on drug abuse and addiction.* Pharmacists may be the last barrier to someone with a substance abuse disorder obtaining prescription opioids. Pharmacists need to be able to recognize drug abuse and addiction to prevent these highly addictive opioids from getting into the wrong hands.
- *Public awareness campaign on opioid and heroin addiction.* Educating the public is key to prevention. A broad public awareness campaign will reach sectors of the community that other prevention programs sometimes miss.
- *Integrated treatment approach for addiction and mental health issues.* It is common for those with substance abuse disorders to also have mental health issues. Substance abuse disorders cannot be separated from mental health disorders and the two need to be addressed simultaneously. Additionally, the resources between the Office of Alcoholism and Substance Abuse Services (OASAS) and Office of Mental Health (OMH) should be shared when appropriate.

### **Paige Prentice**

Ms. Prentice is Vice President of Operations for Horizon Health Services. She has been with Horizon for 19 years and is responsible for administrative and operational oversight for programs across the corporation, including Horizon Village residential campus, Horizon Village Terrace House (detox and inpatient programs), outpatient chemical dependency services, and psychiatric services. Ms. Prentice is a Credentialed Alcoholism and Substance Abuse Counselor and has provided direct care to clients needing counseling services.

She is an active member of the New York State Association of Alcoholism and Substance Abuse Professionals and volunteers her time to assist with public policy issues impacting the field of addiction. She is a graduate of Leadership Buffalo, Class of 2010, and was selected as a member of a national Women's Addiction Services Leadership Institute in 2010.

- *Increase treatment bed capacity in New York State to treat individuals with chronic addiction.* The availability of treatment beds is far behind the demand for treatment beds. Inpatient treatment is one of the most reliable ways to overcome substance abuse disorders however facilities often do not have the capacity or funding to take in new admissions.

- *Standardize criteria for substance abuse treatment coverage by insurance companies.* Each insurance company has different criteria when it comes to determining coverage for specific treatment and the length of that treatment.
- *Keep deductibles and co-pays at manageable levels for insurance coverage.*
- *Advocate to the federal government to allow physician extenders to prescribe buprenorphine.* Physician extenders (nurse practitioners and physician assistants) are not able to prescribe buprenorphine. We need to increase access to this vital medication by increasing the number of medical providers that can prescribe this medication.
- *Educate medical professionals on drug abuse and addiction.* With the high numbers of opioid pain relievers that are prescribed to New Yorkers, medical professionals, specifically prescribers, need to be aware of the high risk of addiction for prescription opioids and understand how to recognize signs of misuse and addiction.
- *Increase the frequency of drug take back/safe disposal programs.* Prescription pills require safe, environmentally friendly disposal. Without the means to properly dispose of prescription pills, they often remain in home medicine cabinets and frequently get into the wrong hands. The federal Substance Abuse and Mental Health Services Administration (SAMHSA) estimates that 70-80% of nonmedical use of prescription pain relievers begins by raiding the medicine cabinet at home. Drug take back programs help prevent this diversion of prescription pills.
- *Expansion of Naloxone training and use to all first responders.* Naloxone is a prescription medicine that may reverse opioid overdoses if administered at first signs of an overdose. New York State should expand the training and use of Naloxone to all first responders including, but not limited to, Emergency Medical Technicians, fire departments, and law enforcement officers.
- *Support of S.6477-B (Hannon)/S.8637-B (Dinowitz).* This bill allows for the prescribing, dispensing and distribution of an opioid antagonist by a non-patient specific order. This bill would provide for expansion of Naloxone training and use to communities, families and peers. Naloxone is a prescription medicine that may reverse opioid overdoses if administered quickly during an overdose.
- *Promote and increase the prevalence and accessibility of community medication drop boxes.*

### **William Sanborn**

Undersheriff Sanborn began his career with the Monroe County Sheriff's Office in 1989. He worked through the ranks of the Police Bureau and in 2010 was appointed Undersheriff by Sheriff Patrick O'Flynn. While working with the Sheriff in oversight of the agency's 1,200 employees and the operations of the Police, Court, Jail, and Civil Bureaus which encompass all aspects of the criminal justice system, he has seen firsthand the multiple and complex issues associated with drug use and addiction. Undersheriff Sanborn attended SUNY Brockport where he earned his Masters in Public Administration with an emphasis in public safety, as well as



Associates and Bachelors degrees in Criminal Justice. He is a graduate of the FBI National Academy.

- *Conduct studies to identify current and emerging trends relative to opioids and heroin*
- *Expansion of Naloxone training and use to all first responders.* Naloxone is a prescription medicine that may reverse opioid overdoses if administered at first signs of an overdose. New York State should expand the training and use of Naloxone to all first responders including, but not limited to, Emergency Medical Technicians, fire departments, and law enforcement officers.
- *Cooperation and shared communications between law enforcement, public health department, medical examiner's office, non-profit organizations, schools, law enforcement partners, district attorney's offices and the courts*
- *Public awareness campaign on opioid and heroin addiction.* Educating the public is key to prevention. A broad public awareness campaign will reach sectors of the community that other prevention programs sometimes miss.

### **Jessica Sherman**

Program Director, Face 2 Face.

- *Reduce the stigma associated with substance abuse.* The stigma posed by society prevents those with substance abuse disorders from admitting they have an addiction, and therefore is a barrier for seeking help and for family members to become educated on addiction.
- *Expansion of school and community-based prevention services.* Provide access to qualified licensed health professionals to speak with students and young adults about the dangers of drugs and addiction.
- *Educational programs for parents on the dangers of drugs, addiction and recognizing addiction.* Parents often have the most contact with children and young adults . With proper education, parents can recognize drug addiction at an early stage.
- *Embrace long term intensive treatment programs.* Due to the highly addictive nature of opioids, 28 day treatment programs are not always effective. Adolescents especially need longer treatment programs to prevent relapses and the potentially deadly overdoses that occur when treatment has been inadequate.

### **Lisa Thompson**

Ms. Thompson lives in North Chili, a suburb of Rochester, New York. She is a mother of two boys. Her eldest son has been addicted to opiates, including heroin, for 10 years and is now 2 years clean. She has been a hair stylist for 30 years and owns her own salon. She formerly worked at United Airlines for the past 16 years.

- *Expansion of school and community-based prevention services.* Provide access to qualified licensed health professionals to speak with students and young adults about the dangers of drugs and addiction.

- *Educational programs for parents on the dangers of drugs, addiction and recognizing addiction.* Parents often have the most contact with children and young adults . With proper education, parents can recognize drug addiction at an early stage.
- *Increase treatment bed capacity in New York State to treat individuals with chronic addiction.* The availability of treatment beds is far behind the demand for treatment beds. Inpatient treatment is one of the most reliable ways to overcome substance abuse disorders however facilities often do not have the capacity or funding to take in new admissions.
- *Increase inpatient detoxification facilities for heroin/opioids.* Detoxification beds are often reserved for alcohol and cocaine detoxification. Heroin/opioid detoxification is not considered medically necessary because it is not immediately life threatening. Heroin and opioid detoxification is extremely painful. Some addicts would rather continue their addiction than experience withdrawal. Facing withdrawal alone without a medical professional is not considered reasonable for any other chemical dependency. Heroin/opioid addicts need access to detoxification beds if they are to overcome their addiction.
- *Increase counseling services for those with substance abuse disorders.* Counseling in combination with addiction treatment and continued after treatment can reduce the chances of relapse. Counseling helps those recovering from addiction stay sober.
- *Allow health care professionals to make decisions related to addiction treatment insurance coverage instead of insurance companies.* The type and length of treatment coverage should be determined by health care professionals. Many individuals are denied coverage under the current managed care system. Under managed care systems, insurance companies, rather than the patient’s own doctor, determine whether a patient receives addiction treatment services and the length of services.

## **HEROIN USE IN CENTRAL NEW YORK**

**Central New York:** Cayuga, Cortland, Herkimer, Madison, Oneida, Onondaga, Oswego Counties

### **Heroin Overdoses:**

Heroin-related calls to Upstate University Hospital's poison control center (Upstate Poison Center) surged by 417 percent from 29 in 2009 to 150 in 2013.<sup>xxxiii</sup> Upstate Poison Center represents 54 Counties in New York State.<sup>xxxiv</sup>

The following represents the calls for heroin overdoses that Upstate Poison Center received in 2013 for CNY<sup>xxxv</sup>:

- Cayuga County – 1
- Cortland County – 9
- Herkimer County - 1
- Madison County - 1
- Oneida County – 14 (one fatal)
- Onondaga County – 84 (two fatal)
- Oswego County – 2

### **Heroin Use Reported by Counties:**

Oneida County reports opiate use as one of its most common used illegal drugs. Outpatient admissions in Oneida County for users reporting opioids as their primary drug of choice increased from 312 in 2011 to 443 in 2012.<sup>xxxvi</sup>

Oneida County Drug Court has had a 25-35 percent increase in heroin users over the last couple of years. Out of 90 people in the program in November 2013, 70 of them were addicted to prescription pain medication or heroin.<sup>xxxvii</sup>

Police in the city of Rome (Oneida County) report that arrests have skyrocketed. In 2013 they responded to more than 40 overdoses. Rome Police also report a ripple effect of users shop lifting to support their habit.<sup>xxxviii</sup>

The Cayuga County District Attorney reports that in 2012 about half the cases for drug dealers in his office involved heroin.<sup>xxxix</sup> The County Sheriff's Department has developed a heroin tip line and public education campaign to combat the epidemic.<sup>xl</sup>

Treatment centers in central New York State have reported they're running out of room to treat heroin addicted patients, as a doctor can only prescribe suboxone for up to 100 patients at a time.<sup>xli</sup>

The Insight House, a treatment center in Oneida County, reported in November 2013 that of its 60 day program patients, half are opiate and heroin dependent. The center's out-patient clinic reported serving approximately 200 people, one third of whom were heroin and opiate users.<sup>xlii</sup>

Farnham Family Services, a treatment center in Oswego County, has reported their admission rate from 2012 to 2013 has doubled for people seeking treatment who list heroin as their primary drug of choice. It is estimated that 13,352 residents in Oswego County, approximately 13% of the population, age 12 years and above, need chemical dependency service. Among the 13,352, 92% are adults and 8% are adolescents (age 12-17 years old).<sup>xliii</sup>

### **Heroin-Addicted Babies:**

Onondaga County has the highest percentage of babies born addicted to heroin in New York State. Approximately 26 in every 1,000 newborns have some form of drug dependency; about half of those are addicted to opiates like heroin.<sup>xliv</sup> The County has begun programs that include developing policies, procedures, and educational messages to improve local efforts to prevent, identify, and treat substance abuse among pregnant and parenting women.<sup>xlv</sup>

Onondaga County's rate of drug addicted newborns is four times higher than the state rate. "90% of the babies are born to women who are on Medicaid," says Onondaga County Health Commissioner Dr. Cynthia Morrow. "Meaning that the taxpayer is footing that bill ... If you look at the cost of a baby that's born through normal delivery... and you look at a baby who's born addicted to drugs who requires time in the intensive care unit, you're talking \$8,000 versus \$50,000 for one baby."<sup>xlvi</sup>

Oswego County's rate of drug addicted newborns has risen to 137.3 per 10,000 discharges. By comparison, the NYS rate is 72.6 per 10,000 discharges and the Central New York rate is 130.5 per 10,000 discharges.<sup>xlvii</sup>

Neonatal abstinence syndrome (NAS) is one of the most concerning drug related discharges in newborns, according to the 2013 Onondaga County Community Health Assessment Report. NAS is defined as the presence of withdrawal symptoms in newborns caused by prenatal maternal use of illicit drugs and is primarily caused by maternal opiate use. Babies born with NAS have low birth weight and increased morbidity; withdrawal symptoms included not eating or not tolerating formula or breast milk, seizures, vomiting, and respiratory distress.<sup>xlviii</sup>

**Central New York Regional Forum**  
**April 15, 2014**  
**1<sup>st</sup> Floor Conference Room**  
**State Office Building, 207 Genesee Street,**  
**Utica NY**

Members Present:

Senator Phil M. Boyle  
Senator Joseph A. Griffo  
Senator David J. Valesky

Speakers:

Erin Bortel  
*Director of Prevention Service, ACR Health*

Taralyn Costello  
*Director of Substance Abuse, Oneida County Department of Mental Health*

Phyllis Ellis  
*Director, Oneida County Health Department*

Dr. George Kozminski  
*M.D., Insight House*

Robert Maciol  
*Sheriff, Oneida County Sherriff's Office*

Dr. Jeanna Marraffa  
*PharmD, DABT - Upstate Medical University*

Scott McNamara  
*District Attorney, Oneida County District Attorney's Office*

Cassandra Sheets  
*Chief Executive Officer, Center for Family Life & Recovery*

Donna M. Vitagliano  
*President and Chief Executive Officer, Insight House*

Summary of Testimony:

**Erin Bortel**

Erin E. Bortel, MSW, is the Director of Prevention Services at ACR Health. ACR Health is a not-for-profit, community-based organization providing a broad scope of support services to individuals with chronic diseases including HIV/AIDS, diabetes, heart disease, obesity, asthma, substance use disorders, and serious mental illnesses with the goal of positive health outcomes. Ms. Bortel completed her undergraduate studies at Syracuse University (BSW, 2006), and is a 2008 alum of University of Kansas School of Social Welfare, where she spent her graduate studies focusing on public policy and nonprofit administration. Ms. Bortel is a 2012 graduate of Leadership Greater Syracuse.

- *Support and fund harm reduction programs.* Harm reduction seeks to reduce and prevent negative by-products associated with drug use and encourage non-risky behavior. Harm reduction programs seek to ensure that the drug use is as safe as possible to reduce the transmission of diseases and prevent overdose. The most notable harm reduction programs are syringe exchange programs and opioid overdose prevention programs.
- *Expansion of Naloxone training and use to all first responders.* Naloxone is a prescription medicine that may reverse opioid overdoses if administered at first signs of an overdose. New York State should expand the training and use of Naloxone to all first responders including, but not limited to, Emergency Medical Technicians, fire departments, and law enforcement officers.
- *Support of S.6477-B (Hannon)/S.8637-B (Dinowitz).* This bill allows for the prescribing, dispensing and distribution of an opioid antagonist by a non-patient specific order. This bill would provide for expansion of Naloxone training and use to communities, families and peers. Naloxone is a prescription medicine that may reverse opioid overdoses if administered quickly during an overdose.

**Taralyn Costello**

Ms. Costello graduated from Mohawk Valley Community College's Chemical Dependency degree program. Ms. Costello then went on to pursue her education at Utica College and completed her first internship at Insight House. Upon graduating from Utica College with a bachelors degree in Psychology, Ms. Costello took a position at Rome Memorial Hospital's Community Recovery Center as a therapist from 2001-2008. In November of 2008, Ms. Costello became the Director of Substance Abuse Services with the Oneida County Department of Mental Health. As Director of Substance Abuse Services, she no longer provides direct care services to clients but advocates on their behalf. She is responsible for the coordination, planning and oversight of OASAS licensed Substance Abuse Programs.

- *Urge the federal government to increase the cap on how many patients a doctor may treat with buprenorphine or buprenorphine-Naloxone or increase the limit for those working in addiction treatment facilities.* Use of buprenorphine (Suboxone) has shown to

have substantially increase likelihood for overcoming heroin/opioid dependence in combination with other non-medical treatment. However, those with substance abuse disorders are severely limited by the few doctors who are authorized by the federal government to prescribe buprenorphine and the few number of patients they may work with at one time.

- *Reduce the stigma associated with substance abuse.* The stigma posed by society prevents those with substance abuse disorders from admitting they have an addiction, and therefore is a barrier for seeking help and for family members to become educated on addiction.
- *Standardize criteria for substance abuse treatment coverage by insurance companies.* Each insurance company has different criteria when it comes to determining coverage for specific treatment and the length of that treatment.
- *Allow health care professionals to make decisions related to addiction treatment insurance coverage instead of insurance companies.* The type and length of treatment coverage should be determined by health care professionals. Many individuals are denied coverage under the current managed care system. Under managed care systems, insurance companies, rather than the patient's own doctor, determine whether a patient receives addiction treatment services and the length of services.
- *Increase transportation options for those in treatment programs.* One of the barriers to treatment is physically accessing treatment. Some people, specifically those in rural areas, do not have access to transportation, public or private, that can take them to treatment services.

### **Dr. George Kozminski**

Dr. Kozminski received his doctorate at the Academy of Medicine in Warsaw, Poland in 1979. He earlier received a bachelor of arts degree from Queens Borough College, Bayside, in 1971. His medical experience includes internships in medical and surgery in Poland and in pulmonary medicine in the Bronx. Dr. Kozminski practices internal medicine and emergency room medicine at St. Elizabeth Medical Center and also has staff privileges at Faxon-St. Luke's Medical Center. In addition to his private practice, he's been a consulting physician in addiction medicine at Insight House since 2010 and a practitioner in buprenorphine and office-based treatment of opioid dependence since 2004.

- *Expansion of school and community-based prevention services.* Provide access to qualified licensed health professionals to speak with students and young adults about the dangers of drugs and addiction.
- *Educational programs for parents on the dangers of drugs, addiction and recognizing addiction.* Parents often have the most contact with children and young adults . With proper education, parents can recognize drug addiction at an early stage.
- *Increase treatment bed capacity in New York State to treat individuals with chronic addiction.* The availability of treatment beds is far behind the demand for treatment beds.

Inpatient treatment is one of the most reliable ways to overcome substance abuse disorders however facilities often do not have the capacity or funding to take in new admissions.

- *Expansion of all types of recovery treatment.* Every path to recovery is different. Some regions may need increased access to detoxification beds, inpatient beds in residential facilities, and outpatient treatment.
- *Allow health care professionals to make decisions related to addiction treatment insurance coverage instead of insurance companies.* The type and length of treatment coverage should be determined by health care professionals. Many individuals are denied coverage under the current managed care system. Under managed care systems, insurance companies, rather than the patient's own doctor, determine whether a patient receives addiction treatment services and the length of services.

### **Robert Maciol**

Robert M. Maciol was elected Sheriff of Oneida County, New York, and assumed office on January 1, 2011. During his police career, Sheriff Maciol was trained and certified in numerous areas of law enforcement. He also served as a D.A.R.E. Officer for six years within the Whitesboro Central School District. Sheriff Maciol is honored to have received numerous awards throughout his police career. Sheriff Maciol returned the Sheriff's Office as members of the Oneida County Drug Task Force, the NYS Operation IMPACT program, and most recently helped create the Oneida County Burglary Task Force. The Sheriff is also currently serving 7 schools within the county with School Resource Officers.

- *Expansion of drug courts and increased participation in diversion programs for those with substance abuse disorders.* Drug courts were created to differentiate between those with substance abuse disorders and drug dealers selling for profit. Drug courts are a valuable tool in ensuring that those with substance abuse disorders receive necessary treatment when their addiction was the motivating factor for a non-violent crime.
- *Allow health care professionals to make decisions related to addiction treatment insurance coverage instead of insurance companies.* The type and length of treatment coverage should be determined by health care professionals. Many individuals are denied coverage under the current managed care system. Under managed care systems, insurance companies, rather than the patient's own doctor, determine whether a patient receives addiction treatment services and the length of services.
- *Expansion of school and community-based prevention services.* Provide access to qualified licensed health professionals to speak with students and young adults about the dangers of drugs and addiction.
- *Public awareness campaign on opioid and heroin addiction.* Educating the public is key to prevention. A broad public awareness campaign will reach sectors of the community that other prevention programs sometimes miss.



### **Dr. Jeanna Marraffa**

Dr. Marraffa has been the assistant clinical director at the Upstate New York Poison Center at SUNY Upstate Medical University since 2010. She also presently serves as clinical toxicologist and director of quality services at the center, a role she occupied from 2004-2011. Dr. Marraffa holds several teaching positions at New York colleges, including SUNY Upstate, SUNY Buffalo, Union University and Wilkes University and has lectured on trends in drug abuse, toxicology, poisoned heroin, antidotes, medical errors, drug interactions, and many other topics.

- *Concerns about Zohydro ER.* Zohydro ER is an extended release single-entity hydrocodone. It was recently approved by the federal Food and Drug Administration (FDA) against the FDA Advisory Council's recommendation. It is estimated to be ten times stronger than Vicodin but lacking the tamper-proof safeguards that other prescription opioid pills have.
- *Support of S.6477-B (Hannon)/S.8637-B (Dinowitz).* This bill allows for the prescribing, dispensing and distribution of an opioid antagonist by a non-patient specific order. This bill would provide for expansion of Naloxone training and use to communities, families and peers. Naloxone is a prescription medicine that may reverse opioid overdoses if administered quickly during an overdose.

### **Scott McNamara**

Scott McNamara attended Vermont Law School, graduating cum laude in 1991. On July 20, 1992, Mr. McNamara became an Oneida County Assistant District Attorney. As an Assistant District Attorney, he handled thousands of cases with a concentration in narcotic and homicide prosecutions. Mr. McNamara was the Bureau Chief of the Narcotics Unit for 12 years, previously he was also the First Assistant District Attorney for 6 years. During his years in the District Attorney's Office, Mr. McNamara was a member and the lead prosecutor assigned to the Oneida County Drug Task Force. In 2007, Mr. McNamara became the Oneida County District Attorney.

- *Expansion of school and community-based prevention services.* Provide access to qualified licensed health professionals to speak with students and young adults about the dangers of drugs and addiction.
- *Public awareness campaign on opioid and heroin addiction.* Educating the public is key to prevention. A broad public awareness campaign will reach sectors of the community that other prevention programs sometimes miss.
- *Do not return to Rockefeller drug laws.* Although New York has formerly had some of the toughest drug laws in the country, these criminal penalties did not decrease the demand for drugs or the reduce the numbers of dealers.

### **Cassandra Sheets**

Ms. Sheets, LMSW, has provided leadership to Center for Family Life and Recovery, Inc. (CFLR, Inc.) for over three years. CFLR, Inc. is a human service agency whose mission is "to

transform the lives of individuals and families by providing help and hope through advocacy, prevention, counseling and training” services. She prides herself on directionally moving forward an agency that is committed to “creating a community mindset where individuals and families embrace sustained recovery from mental health, substance use and behavioral issues.” Ms. Sheets was honored as recipient of Executive of the Year Award, as a non-profit executive in 2012, for exhibiting leadership, planning skills, strong staff growth, board development, solid fiscal management, and increased fundraising. She graduated in 1991 with a bachelor’s degree in psychology and a minor in social work, and then received her master’s degree in occupational social work from Syracuse University in 1995.

- *Expansion of school and community-based prevention services.* Provide access to qualified licensed health professionals to speak with students and young adults about the dangers of drugs and addiction.
- *Educational programs for parents on the dangers of drugs, addiction and recognizing addiction.* Parents often have the most contact with children and young adults . With proper education, parents can recognize drug addiction at an early stage.
- *Educate medical professionals on drug abuse and addiction.* With the high numbers of opioid pain relievers that are prescribed to New Yorkers, medical professionals, specifically prescribers, need to be aware of the high risk of addiction for prescription opioids and understand how to recognize signs of misuse and addiction.
- *Bring screening and treatment for substance abuse into primary-care clinics, schools and hospitals.* Screening and treatment for substance abuse should be the norm. We can reduce the stigma associated with seeking and receiving treatment for substance abuse and increase the number of people receiving treatment.
- *Integrated treatment approach for addiction and mental health issues.* It is common for those with substance abuse disorders to also have mental health issues. Substance abuse disorders cannot be separated from mental health disorders and the two need to be addressed simultaneously. Additionally, the resources between the Office of Alcoholism and Substance Abuse Services (OASAS) and Office of Mental Health (OMH) should be shared when appropriate.

**Donna M. Vitagliano – President/CEO - Insight House**

Ms. Vitagliano has been president and chief executive officer of Insight House since September 1998. Insight House is the leading provider in Upstate New York for rehabilitative alcohol and substance abuse services, including a medically-supervised outpatient program; 44-bed drug free residential area; intensive outpatient and day treatment programs; community-based prevention and intervention unit; and a certified in-servicing training site. Her career started in 1968 at the Oneida County Adult Probation Department. Vitagliano is a member of the Oneida County Committee Services Board, Alcohol and Substance Abuse Sub-Committee; the Alcohol Crisis Center Rescue Mission Advisory Board; Oneida County Tier II committee; Central New York Drug/Alcohol Provider’s Association; Oneida County Traffic Safety Advisory Board; Kiwanis

Club of Utica; and the Oneida County Alternatives to Incarceration Advisory Board. She was an Oneida County STOP-DWI community service honoree, a New York State Senate “Woman of Distinction,” a YMCA “outstanding woman,” and winner of the Wilbur-Blackshear Humanitarian Award.

- *Public awareness campaign on opioid and heroin addiction.* Educating the public is key to prevention. A broad public awareness campaign will reach sectors of the community that other prevention programs sometimes miss.
- *Expansion of school and community-based prevention services.* Provide access to qualified licensed health professionals to speak with students and young adults about the dangers of drugs and addiction.
- *Support of S.6477-B (Hannon)/S.8637-B (Dinowitz).* This bill allows for the prescribing, dispensing and distribution of an opioid antagonist by a non-patient specific order. This bill would provide for expansion of Naloxone training and use to communities, families and peers. Naloxone is a prescription medicine that may reverse opioid overdoses if administered quickly during an overdose.

## HEROIN USE IN THE CAPITAL DISTRICT

**Capital District** - Rensselaer County, Columbia County, Warren County, Fulton County, Saratoga County, Washington County, Montgomery County, Schoharie County, Schenectady County, Albany County

### Heroin Overdoses

The Niagara Gazette indicates that law enforcement agencies across the country are reporting sharp increases in heroin abuse. Opioid overdoses killed over 2,000 New Yorkers statewide in 2011, more than double the number killed in 2004.<sup>xlix</sup>

Heroin-related calls to Upstate University Hospital's Poison Control Center (Upstate Poison Center) surged by 417% from 29 in 2009 to 150 in 2013.<sup>1</sup> Upstate Poison Center is responsible for taking calls for 54 of the 62 counties within New York State.<sup>li</sup>

Upstate Poison Center reported 14 heroin-related overdose calls in the Capital District alone in 2013. (NOTE: These are only the calls received by Upstate Poison Center, no other entity.<sup>lii</sup>

\*Indicates that Upstate Poison Center did not receive a heroin-related overdose call from within the County.)

A breakdown of the calls, by county, is as follows:

Albany	5
Columbia	*
Fulton	4
Montgomery	2
Rensselaer	*
Saratoga	*
Schenectady	1
Schoharie	1
Warren	1
Washington	*

### Heroin Use in the Capital District:

A 2009 New York High Intensity Drug Trafficking Area Report showed that heroin posed the greatest threat to upstate communities and was becoming the primary drug in the greater Albany area.<sup>liii</sup>

In the Capital Region, hospitals are experiencing a growing number of heroin-related visits to emergency rooms. Treatment centers are also witnessing the surge in heroin's renewed popularity: In 2000, addiction to heroin and other opiates accounted for just 5% of admissions to treatment centers in Albany County. In 2013, heroin and other opiates were responsible for 23% of admissions.<sup>liv</sup>

“People are dying on the South American heroin,” Saratoga County District Attorney James Murphy III said. “It’s way too strong for them.”<sup>lv</sup>

In December (2013), a 17-year-old Clifton Park resident was charged with injecting a fellow Shenendehowa High School student with heroin — with the student’s permission. It was the first reported case of the drug’s presence in a Saratoga County school. But it seems to be everywhere.<sup>lvi</sup>

“Heroin doesn't care how rich you are, how poor you are, what your gender is, what your ethnicity is,” said Albany County Sheriff Craig D. Apple, Sr. “It's hitting everybody. We're seeing it in the hill towns, Medusa, in the cities, the suburbs, it's everywhere and unfortunately, it's obvious it's been in our schools. We've heard about Shenendehowa, we've heard about Averill Park, it's everywhere. The message [on March 31, 2014] in Poestenkill was that heroin is everywhere, reaching into every community in America. Even in tiny, rural Poestenkill, young people are experimenting with opiates, they're getting hooked, and they're dying.”

### **County Community Health Assessments**

New York’s overdose death rate now exceeds its motor-vehicle-death rate. The New York Association of Alcoholism and Substance Abuse Providers Inc. recommends a comprehensive plan that includes sound policy, programs that work and the involvement of our families and communities to prevent the [prescription pain medication & heroin] epidemic from continuing.<sup>lvii</sup>

The Adirondack Rural Health Network (ARHN) serves the rural New York Counties of Essex, Franklin, Fulton, Hamilton, Saratoga, Warren and Washington. In the most recent ARHN survey, respondents identified mental health and substance abuse as a top emerging health issue, particularly in Warren County.<sup>lviii</sup>

The Montgomery County Community Health Assessment & Community Health Improvement Plan indicated that promoting mental health and preventing substance abuse is the number one priority area for the county.<sup>lix</sup>

According to the Schenectady County Community Health Assessment, a troubling item regarding substance abuse is the growing newborn drug-related hospitalization rate. Not only is

Schenectady's rate the highest in the Capital Region and more than double the State average, the rate has nearly quadrupled over the past five years. The report placed mental health and substance abuse in the highest priority level largely because of concerns about possible future access limitations.<sup>lx</sup>

In a 2013 report of Public Health Data for Albany, Rensselaer and Schenectady Counties, preventing and reducing the burden of substance abuse was among their top three priority areas.<sup>lxi</sup> Furthermore, substance abuse indicators also reflect the growing problem in the Capital District. Drug-related hospitalization and newborn drug-related hospitalization rates were higher than the rest of the state, with increasing trends.<sup>lxii</sup>

**Capitol District Regional Forum**  
**April 23, 2014**  
**Bulmer Telecommunications Center Auditorium**  
**Hudson Valley Community College**  
**Troy, NY**

Members Present:

Senator Phil M. Boyle  
Senator Kathleen A. Marchione  
Senator Joseph E. Robach  
Assembly Member Steve McLaughlin

Speakers:

Stephen Acquario  
*Executive Director, New York State Association of Counties*

Theodore J. Adams, Jr.  
*Department Chair of the Human Services and Chemical Dependency Counseling Curriculum programs, Hudson Valley Community College*

Dan Almasi  
*Dual Recovery Coordinator, Columbia County Department of Human Services*

Katherine G. Alonge-Coons  
*Commissioner, Rensselaer County Mental Health*

Craig Apple  
*Sheriff, Albany County*

David Bartlett  
*Sheriff, Columbia County*

Daniel Farley  
*Assistant Principal, Ichabod Crane High School*

Daniel Jones  
*Lieutenant, Saratoga County Sheriff's Department*

Tony Jordan  
*District Attorney, Washington County*

Peter Lacy  
*Acting Coordinator, Saratoga County Mental Health Center*

William Murphy, M.D.  
*Family Physician, Chatham Family Care Center*

Derek Pyle  
*Captain, Rensselaer County Sheriff's Department*

Beth Schuster  
*Executive Director, Twin County Recovery Services, Inc.*

Keith Stack  
*Executive Director, Alcoholism & Substance Abuse Providers of New York State, Inc.*

Lisa Wickens  
*Registered Nurse, and a parent*

Summary of Testimony:

**Stephen Acquario**

Executive Director, New York State Association of Counties

- *Expansion of school and community-based prevention services.* Provide access to qualified licensed health professionals to speak with students and young adults about the dangers of drugs and addiction.
- *Expansion of drug courts and increased participation in diversion programs for those with substance abuse disorders.* Drug courts were created to differentiate between those with substance abuse disorders and drug dealers selling for profit. Drug courts are a valuable tool in ensuring that those with substance abuse disorders receive necessary treatment when their addiction was the motivating factor for a non-violent crime.
- *Invest in relapse prevention strategies.* Require that anyone discharged from inpatient detoxification has a discussed a plan of action with a medical professional to stay clean and in recovery.
- *Educational programs for parents on the dangers of drugs, addiction and recognizing addiction.* Parents often have the most contact with children and young adults . With proper education, parents can recognize drug addiction at an early stage.
- *Public awareness campaign on opioid and heroin addiction.* Educating the public is key to prevention. A broad public awareness campaign will reach sectors of the community that other prevention programs sometimes miss.



- *Partnerships between jails and treatment programs.* Make certain jail space available and create an internal therapeutic facility for those with substance dependency. In Westchester, there is a special housing unit in the jail which is targeted towards drug treatment. Create outpatient drug treatment options for the jail community.

**Theodore J. Adams, Jr.**

Theodore (Ted) J. Adams Jr. MS, IMH, CAP was appointed as Department Chair of the Human Services and Chemical Dependency Counseling programs at Hudson Valley community college and started his position in January of 2014. Mr. Adams has two Master's Degree in Human Services from Springfield college with concentrations in Organizational Management and Leadership as well as License Mental Health Counseling. He has twenty years of experience in the field of addictions with roles ranging from direct care to counseling to director of services. He has eight years of teaching at the college level with an emphasis on addiction studies. Mr. Adams has also provided an array of trainings through the years in various venues within the recovery community.

- *Expansion of school and community-based prevention services.* Provide access to qualified licensed health professionals to speak with students and young adults about the dangers of drugs and addiction.
- *Educational programs for parents on the dangers of drugs, addiction and recognizing addiction.* Parents often have the most contact with children and young adults . With proper education, parents can recognize drug addiction at an early stage.
- *Support of S.6477-B (Hannon)/S.8637-B (Dinowitz).* This bill allows for the prescribing, dispensing and distribution of an opioid antagonist by a non-patient specific order. This bill would provide for expansion of Naloxone training and use to communities, families and peers. Naloxone is a prescription medicine that may reverse opioid overdoses if administered quickly during an overdose.
- *Allow for school nurses to administer Naloxone.* Currently, school nurses cannot administer Naloxone in their official capacity. Laws preventing this should be changed to allow school nurses to administer Naloxone to an overdose victim in the school
- *Support and fund harm reduction programs.* Harm reduction seeks to reduce and prevent negative by-products associated with drug use and encourage non-risky behavior. Harm reduction programs seek to ensure that the drug use is as safe as possible to reduce the transmission of diseases and prevent overdose. The most notable harm reduction programs are syringe exchange programs and opioid overdose prevention programs.
- *Educate medical professionals on drug abuse and addiction.* With the high numbers of opioid pain relievers that are prescribed to New Yorkers, medical professionals, specifically prescribers, need to be aware of the high risk of addiction for prescription opioids and understand how to recognize signs of misuse and addiction.

**Dan Almasi**

Mr. Almasi has worked in the Behavioral Health field for over 15 years. He has worked with various populations but the majority of his career has been focused on working with adults and children who are dually diagnosed. Mr. Almasi graduated from Marist College in Poughkeepsie, NY with a Bachelor's in Social Work. He went on to complete his graduate education at Fordham University with a specialization in substance use disorders.

As a student his internships included working in a Methadone Maintenance Program as well as an outpatient mental health program serving adults. After completing his graduate work Mr. Almasi went on to work at Ulster County Mental Health Department in Kingston, NY.

Mr. Almasi started his social work career as a Chemical Dependency Specialist in an Intensive Outpatient Program. After several years he accepted a promotion and worked as a Clinical Supervisor. Most recently Mr. Almasi took a position working for the New York State Office of Mental Health in a prison based program which served dually diagnosed offenders. Mr. Almasi now works for the Columbia County Department of Human Services as their Dual Recovery Coordinator. He works with local agencies and behavioral health providers to assist them in offering the most applicable and integrated serves possible. Other roles include acting as a liaison to the Columbia County Regional Adult, Juvenile and Family Treatment Courts as well as a member of the Columbia Greene County Controlled Substance Awareness Task Force. As a member of the task force, Mr. Almasi has worked collaboratively with local law enforcement to set up local medication disposal boxes in Columbia and Greene Counties. Mr. Almasi was a panelist along with filmmaker Greg Williams of the documentary The Anonymous People on topics related to the Recovery Movement in New York State.

- *Expansion of school and community-based prevention services.* Provide access to qualified licensed health professionals to speak with students and young adults about the dangers of drugs and addiction.
- *Reduce the stigma associated with substance abuse.* The stigma posed by society prevents those with substance abuse disorders from admitting they have an addiction, and therefore is a barrier for seeking help and for family members to become educated on addiction.
- *Standardize criteria for substance abuse treatment coverage by insurance companies.* Each insurance company has different criteria when it comes to determining coverage for specific treatment and the length of that treatment.
- *Allow health care professionals to make decisions related to addiction treatment insurance coverage instead of insurance companies.* The type and length of treatment coverage should be determined by health care professionals. Many individuals are denied coverage under the current managed care system. Under managed care systems, insurance companies, rather than the patient's own doctor, determine whether a patient receives addiction treatment services and the length of services.

### **Katherine G. Alonge-Coons**

Katherine G. Alonge-Coons LCSWR (Kathy Coons) serves as the Commissioner of Mental Health in Rensselaer County, Troy, N.Y. She was appointed to serve as the Commissioner in January 2013 after working in the Rensselaer County Department of Mental Health since 1987, where she worked as the Director of Children's Services, Intensive Case Manager for Children and Youth and a clinician in the children's outpatient clinic. In her capacity as the Director of Children's Services, Ms. Alonge-Coons took on the role of Director of Program Operations for the county operated Mental Health services, which included oversight of: the Department's Management Information System Unit and the launching of electronic health records; corporate compliance program development and implementation, as well as direct services of case management and outpatient clinic services.

Ms. Alonge-Coons has been active in the development of the health home serving adults in Rensselaer County. She was recently elected by the NYS Conference of local Mental Hygiene Directors to serve as the chairperson of the Child and Family Subcommittee which works to provide advocacy and input re: the behavioral health system serving children and youth in NYS.

- *Allow health care professionals to make decisions related to addiction treatment insurance coverage instead of insurance companies.* The type and length of treatment coverage should be determined by health care professionals. Many individuals are denied coverage under the current managed care system. Under managed care systems, insurance companies, rather than the patient's own doctor, determine whether a patient receives addiction treatment services and the length of services.
- *Increase availability of medically assisted detoxification and treatment.* Use of buprenorphine (Suboxone) has shown to substantially increase the likelihood for overcoming heroin/opioid dependence in combination with other non-medical treatment. *Expansion of school and community-based prevention services.* Provide access to qualified licensed health professionals to speak with students and young adults about the dangers of drugs and addiction.
- *Support of S.6477-B (Hannon)/S.8637-B (Dinowitz).* This bill allows for the prescribing, dispensing and distribution of an opioid antagonist by a non-patient specific order. This bill would provide for expansion of Naloxone training and use to communities, families and peers. Naloxone is a prescription medicine that may reverse opioid overdoses if administered quickly during an overdose.
- *Concerns about Zohydro ER.* Zohydro ER is an extended release single-entity hydrocodone. It was recently approved by the federal Food and Drug Administration (FDA) against the FDA Advisory Council's recommendation. It is estimated to be ten times stronger than Vicodin but lacking the tamper-proof safeguards that other prescription opioid pills have.

- *Expansion of all types of recovery treatment.* Every path to recovery is different. Some regions may need increased access to detoxification beds, inpatient beds in residential facilities, and outpatient treatment.
- *Increase sober living options.* Recovering addicts need a safe environment to acclimate into the community. The chance of relapse significantly increases when an addict is placed in the same circumstances as when their addictions began.
- *Increase inpatient detoxification facilities for heroin/opioids.* Detoxification beds are often reserved for alcohol and cocaine detoxification. Heroin/opioid detoxification is not considered medically necessary because it is not immediately life threatening. Heroin and opioid detoxification is extremely painful. Some addicts would rather continue their addiction than experience withdrawal. Facing withdrawal alone without a medical professional is not considered reasonable for any other chemical dependency. Heroin/opioid addicts need access to detoxification beds if they are to overcome their addiction.
- *Integrated treatment approach for addiction and mental health issues.* It is common for those with substance abuse disorders to also have mental health issues. Substance abuse disorders cannot be separated from mental health disorders and the two need to be addressed simultaneously. Additionally, the resources between the Office of Alcoholism and Substance Abuse Services (OASAS) and Office of Mental Health (OMH) should be shared when appropriate.

### **Craig Apple**

Sheriff, Albany County

- *Expansion of Naloxone training and use to all first responders.* Naloxone is a prescription medicine that may reverse opioid overdoses if administered at first signs of an overdose. New York State should expand the training and use of Naloxone to all first responders including, but not limited to, Emergency Medical Technicians, fire departments, and law enforcement officers.
- *Increase treatment bed capacity in New York State to treat individuals with chronic addiction.* The availability of treatment beds is far behind the demand for treatment beds. Inpatient treatment is one of the most reliable ways to overcome substance abuse disorders however facilities often do not have the capacity or funding to take in new admissions.
- *Increase the frequency of drug take back/safe disposal programs.* Prescription pills require safe, environmentally friendly disposal. Without the means to properly dispose of prescription pills, they often remain in home medicine cabinets and frequently get into the wrong hands. The federal Substance Abuse and Mental Health Services Administration (SAMHSA) estimates that 70-80% of nonmedical use of prescription pain relievers begins by raiding the medicine cabinet at home. Drug take back programs help prevent this diversion of prescription pills.

- *Support of SBIRT.* Screening, Brief Intervention, Referral to Treatment(SBIRT) Program has been defined by the Office of Alcoholism and Substance Abuse Services (OASAS) as an evidence-based approach for identifying patients who use alcohol and other drugs at risky levels with the goal of reducing and preventing related health consequences, disease, accidents and injuries. This program has been widely accepted by the medical community to go beyond just screening. SBIRT provides a plan of action for doctors to identify and help patients with substance abuse.
- *Expansion of school and community-based prevention services.* Provide access to qualified licensed health professionals to speak with students and young adults about the dangers of drugs and addiction.
- *Educational programs for parents on the dangers of drugs, addiction and recognizing addiction.* Parents often have the most contact with children and young adults . With proper education, parents can recognize drug addiction at an early stage.
- *Expansion of drug courts and increased participation in diversion programs for those with substance abuse disorders.* Drug courts were created to differentiate between those with substance abuse disorders and drug dealers selling for profit. Drug courts are a valuable tool in ensuring that those with substance abuse disorders receive necessary treatment when their addiction was the motivating factor for a non-violent crime.

### **David Bartlett**

Sheriff, Columbia County

- *Expansion of Naloxone training and use to all first responders.* Naloxone is a prescription medicine that may reverse opioid overdoses if administered at first signs of an overdose. New York State should expand the training and use of Naloxone to all first responders including, but not limited to, Emergency Medical Technicians, fire departments, and law enforcement officers.
- *Expansion of school and community-based prevention services.* Provide access to qualified licensed health professionals to speak with students and young adults about the dangers of drugs and addiction.
- *Increase the frequency of drug take back/safe disposal programs.* Prescription pills require safe, environmentally friendly disposal. Without the means to properly dispose of prescription pills, they often remain in home medicine cabinets and frequently get into the wrong hands. The federal Substance Abuse and Mental Health Services Administration (SAMHSA) estimates that 70-80% of nonmedical use of prescription pain relievers begins by raiding the medicine cabinet at home. Drug take back programs help prevent this diversion of prescription pills.

### **Daniel Farley**

Assistant Principal, Ichabod Crane High School

- *Expansion of school and community-based prevention services.* Provide access to qualified licensed health professionals to speak with students and young adults about the dangers of drugs and addiction.
- *Bring screening and treatment for substance abuse into primary-care clinics, schools and hospitals.* Screening and treatment for substance abuse should be the norm. We can reduce the stigma associated with seeking and receiving treatment for substance abuse and increase the number of people receiving treatment.

### **Tony Jordan**

District Attorney, Washington County

- *Expansion of drug courts and increased participation in diversion programs for those with substance abuse disorders.* Drug courts were created to differentiate between those with substance abuse disorders and drug dealers selling for profit. Drug courts are a valuable tool in ensuring that those with substance abuse disorders receive necessary treatment when their addiction was the motivating factor for a non-violent crime.
- *Expansion of all types of recovery treatment.* Every path to recovery is different. Some regions may need increased access to detoxification beds, inpatient beds in residential facilities, and outpatient treatment.
- *Amend the penal law to make the sale or dispensing of a controlled substance which results in a death a manslaughter offense.* This would give prosecutors a new tool in holding drug dealers accountable for an overdose death. Current law states that prosecutors may only charge drug dealers with the sale of a controlled substance.
- *Expansion of school and community-based prevention services.* Provide access to qualified licensed health professionals to speak with students and young adults about the dangers of drugs and addiction.
- *Increase the frequency of drug take back/safe disposal programs.* Prescription pills require safe, environmentally friendly disposal. Without the means to properly dispose of prescription pills, they often remain in home medicine cabinets and frequently get into the wrong hands. The federal Substance Abuse and Mental Health Services Administration (SAMHSA) estimates that 70-80% of nonmedical use of prescription pain relievers begins by raiding the medicine cabinet at home. Drug take back programs help prevent this diversion of prescription pills.
- *Educational programs for parents on the dangers of drugs, addiction and recognizing addiction.* Parents often have the most contact with children and young adults . With proper education, parents can recognize drug addiction at an early stage.

### **Peter Lacy**

Peter Lacy has 40 years of experience in direct care, program management, and administration in the substance abuse and mental health fields. He is currently the Acting Coordinator, Saratoga County Mental Health Center

- *Expansion of drug courts and increased participation in diversion programs for those with substance abuse disorders.* Drug courts were created to differentiate between those with substance abuse disorders and drug dealers selling for profit. Drug courts are a valuable tool in ensuring that those with substance abuse disorders receive necessary treatment when their addiction was the motivating factor for a non-violent crime.
- *Expansion of all types of recovery treatment.* Every path to recovery is different. Some regions may need increased access to detoxification beds, inpatient beds in residential facilities, and outpatient treatment.

### **William Murphy, M.D.**

Dr. Murphy is currently a family physician at Chatham Family Care Center. He is the formal medical director at Catholic Charities Substance Abuse Program in Hudson, which is now part of Twin County's Recovery, and a former school board member at Ichabod Crane.

- *Expansion of school and community-based prevention services.* Provide access to qualified licensed health professionals to speak with students and young adults about the dangers of drugs and addiction.
- *Increase availability of medically assisted detoxification and treatment.* Use of buprenorphine (Suboxone) has shown to substantially increase the likelihood for overcoming heroin/opioid dependence in combination with other non-medical treatment.
- *Bring screening and treatment for substance abuse into primary-care clinics, schools and hospitals.* Screening and treatment for substance abuse should be the norm. We can reduce the stigma associated with seeking and receiving treatment for substance abuse and increase the number of people receiving treatment.
- *Educate medical professionals on drug abuse and addiction.* With the high numbers of opioid pain relievers that are prescribed to New Yorkers, medical professionals, specifically prescribers, need to be aware of the high risk of addiction for prescription opioids and understand how to recognize signs of misuse and addiction.
- *Increase restrictions for prescribing opioids.* The United States constitutes 4.6% of the world's population, yet consumes 80% of the global opiate supply and 99% of the world's hydrocodone supply. Although I-STOP has greatly reduced the overprescribing of prescription opioids and the ability to doctor/pharmacy shop, prescription opioids are still prescribed in high numbers.
- *Educational programs for parents on the dangers of drugs, addiction and recognizing addiction.* Parents often have the most contact with children and young adults . With proper education, parents can recognize drug addiction at an early stage.

### **Derek Pyle**

Captain, Rensselaer County Sheriff's Department

- *Increase the frequency of drug take back/safe disposal programs.* Prescription pills require safe, environmentally friendly disposal. Without the means to properly dispose of prescription pills, they often remain in home medicine cabinets and frequently get into the wrong hands. The federal Substance Abuse and Mental Health Services Administration (SAMHSA) estimates that 70-80% of nonmedical use of prescription pain relievers begins by raiding the medicine cabinet at home. Drug take back programs help prevent this diversion of prescription pills.

### **Beth Schuster**

Ms. Schuster, BS,CASAC is the Executive Director of Twin County Recovery Services, Inc. located in Hudson and Catskill, NY where she has worked for over 36 years. She attended SUNY Brockport and Rutgers Summer School of Addiction Studies. Twin County Recovery Services, Inc. provides services throughout patient clinics (adolescent and adult), community residences, prevention programming, and Drinking Driver Programming. Ms. Schuster is a 2005 graduate of the National Leadership Institute and a 2009 graduate of the Advanced National Leadership Institute (sponsored by SAMHSA). She is currently President of the Board of Directors of the Columbia County Healthcare consortium, and also serves on the rural heal Network Board of Greene County, the Columbia County Community Services Board, and the Columbia-Greene Controlled Substance Awareness Task Force, addressing the prescribed opiate epidemic in our communities and its impact on heroin use and addiction.

- *Increase treatment bed capacity in New York State to treat individuals with chronic addiction.* The availability of treatment beds is far behind the demand for treatment beds. Inpatient treatment is one of the most reliable ways to overcome substance abuse disorders however facilities often do not have the capacity or funding to take in new admissions.
- *Allow health care professionals to make decisions related to addiction treatment insurance coverage instead of insurance companies.* The type and length of treatment coverage should be determined by health care professionals. Many individuals are denied coverage under the current managed care system. Under managed care systems, insurance companies, rather than the patient's own doctor, determine whether a patient receives addiction treatment services and the length of services.
- *Prescriber guidelines recommending specific doses of certain prescriptions for pain.* Standardized guidelines for prescribing opiates would reduce the amount of "leftover" pills that fill many medicine cabinets. While each patient may experience different levels of pain, these guidelines would help prescribers identify a typical and appropriate amount of opioid painkillers to prescribe in common situations.



- *Expansion of school and community-based prevention services.* Provide access to qualified licensed health professionals to speak with students and young adults about the dangers of drugs and addiction.
- *Educational programs for parents on the dangers of drugs, addiction and recognizing addiction.* Parents often have the most contact with children and young adults . With proper education, parents can recognize drug addiction at an early stage.
- *Reduce the stigma associated with substance abuse.* The stigma posed by society prevents those with substance abuse disorders from admitting they have an addiction, and therefore is a barrier for seeking help and for family members to become educated on addiction.
- *Invest in relapse prevention strategies.* Require that anyone discharged from inpatient detoxification has a discussed a plan of action with a medical professional to stay clean and in recovery.
- *Public awareness campaign on opioid and heroin addiction.* Educating the public is key to prevention. A broad public awareness campaign will reach sectors of the community that other prevention programs sometimes miss.
- *Educate medical professionals on drug abuse and addiction.* With the high numbers of opioid pain relievers that are prescribed to New Yorkers, medical professionals, specifically prescribers, need to be aware of the high risk of addiction for prescription opioids and understand how to recognize signs of misuse and addiction.
- *Keep co-pays and deductibles manageable for treatment services.* When insurance companies approve treatment, the co-pays and deductibles may be cost prohibitive. Affordability is often a barrier to treatment and prevents those with drug dependency from receiving treatment.

### **Keith Stack**

Since February 2009, Mr. Stack has served as the Chief Executive Officer of the Addictions Care Center of Albany, Inc. He holds a MA in Business and Policy Studies and is a Certified Addictions Recovery Coach (CARC), and a Certified Recovery Peer Advocate (CRPA). The Addictions Care Center of Albany has provided substance use disorder treatment, housing and recovery services in the Capital District since 1967. The Addictions Care Center of Albany is a leading provider of school and community-based addictions prevention education, as well as training and continuing education for addictions treatment professionals.

- *Expansion of all types of recovery treatment.* Every path to recovery is different. Some regions may need increased access to detoxification beds, inpatient beds in residential facilities, and outpatient treatment.
- *Invest in relapse prevention strategies.* Require that anyone discharged from inpatient detoxification has a discussed a plan of action with a medical professional to stay clean and in recovery.

- *Bring screening and treatment for substance abuse into primary-care clinics, schools and hospitals.* Screening and treatment for substance abuse should be the norm. We can reduce the stigma associated with seeking and receiving treatment for substance abuse and increase the number of people receiving treatment.
- *Expansion of school and community-based prevention services.* Provide access to qualified licensed health professionals to speak with students and young adults about the dangers of drugs and addiction.
- *Support of S.6477-B (Hannon)/S.8637-B (Dinowitz).* This bill allows for the prescribing, dispensing and distribution of an opioid antagonist by a non-patient specific order. This bill would provide for expansion of Naloxone training and use to communities, families and peers. Naloxone is a prescription medicine that may reverse opioid overdoses if administered quickly during an overdose.
- *Expansion of all types of recovery treatment.* Every path to recovery is different. Some regions may need increased access to detoxification beds, inpatient beds in residential facilities, and outpatient treatment.
- *Educate medical professionals on drug abuse and addiction.* With the high numbers of opioid pain relievers that are prescribed to New Yorkers, medical professionals, specifically prescribers, need to be aware of the high risk of addiction for prescription opioids and understand how to recognize signs of misuse and addiction.
- *Bring screening and treatment for substance abuse into primary-care clinics, schools and hospitals.* Screening and treatment for substance abuse should be the norm. We can reduce the stigma associated with seeking and receiving treatment for substance abuse and increase the number of people receiving treatment.
- *Increase availability of medically assisted detoxification and treatment.* Use of buprenorphine (Suboxone) has shown to substantially increase the likelihood for overcoming heroin/opioid dependence in combination with other non-medical treatment.
- *Support of SBIRT.* Screening, Brief Intervention, Referral to Treatment(SBIRT) Program has been defined by the Office of Alcoholism and Substance Abuse Services (OASAS) as an evidence-based approach for identifying patients who use alcohol and other drugs at risky levels with the goal of reducing and preventing related health consequences, disease, accidents and injuries. This program has been widely accepted by the medical community to go beyond just screening. SBIRT provides a plan of action for doctors to identify and help patients with substance abuse.

### **Lisa Wickens**

Lisa Wickens is a clinician by background, and is currently Vice-President of Government Relations for WOH Government solutions. She has held several positions within Albany County Nursing Home before joining New York State Department Of Health, and has 26 years of experience in both public and private sector health care service delivery at the State and County levels. Ms. Wickens has a family member now in recovery who received inpatient and outpatient

services in New York State. Her family made a decision to use out of state treatment services because of issues with inpatient services available in New York.

- *Allow health care professionals to make decisions related to addiction treatment insurance coverage instead of insurance companies.* The type and length of treatment coverage should be determined by health care professionals. Many individuals are denied coverage under the current managed care system. Under managed care systems, insurance companies, rather than the patient's own doctor, determine whether a patient receives addiction treatment services and the length of services.
- *Increase availability of medically assisted detoxification and treatment.* Use of buprenorphine (Suboxone) has shown to substantially increase the likelihood for overcoming heroin/opioid dependence in combination with other non-medical treatment.
- *Expansion of school and community-based prevention services.* Provide access to qualified licensed health professionals to speak with students and young adults about the dangers of drugs and addiction.
- *Public awareness campaign on opioid and heroin addiction.* Educating the public is key to prevention. A broad public awareness campaign will reach sectors of the community that other prevention programs sometimes miss.
- *Standardize criteria for substance abuse treatment coverage by insurance companies.* Each insurance company has different criteria when it comes to determining coverage for specific treatment and the length of that treatment.
- *Educate medical professionals on drug abuse and addiction.* With the high numbers of opioid pain relievers that are prescribed to New Yorkers, medical professionals, specifically prescribers, need to be aware of the high risk of addiction for prescription opioids and understand how to recognize signs of misuse and addiction.
- *Supportive housing for chronic psychiatric illnesses should not require patients to be drug free for 6 months since recovering addicts frequently require ongoing drug treatment.* Since many patients with mental health issues also have substance abuse disorders, these issues need to be addressed concurrently. An individual having completed treatment should be able to go directly into housing funded by the Office of Mental Health without being clean for 6 months.
- *Expansion of all types of recovery treatment.* Every path to recovery is different. Some regions may need increased access to detoxification beds, inpatient beds in residential facilities, and outpatient treatment.
- *Support of S.6477-B (Hannon)/S.8637-B (Dinowitz).* This bill allows for the prescribing, dispensing and distribution of an opioid antagonist by a non-patient specific order. This bill would provide for expansion of Naloxone training and use to communities, families and peers. Naloxone is a prescription medicine that may reverse opioid overdoses if administered quickly during an overdose.

- *Allow for school nurses to administer Naloxone.* Currently, school nurses cannot administer Naloxone in their official capacity. Laws preventing this should be changed to allow school nurses to administer Naloxone to an overdose victim in the school

## HEROIN USE IN THE HUDSON VALLEY

**Hudson Valley:** Dutchess, Orange, Putnam, Rockland, Sullivan, Ulster, Westchester Counties

### Heroin Overdoses:

Heroin-related calls to Upstate University Hospital's Poison Control Center (Upstate Poison Center) surged by 417 percent from 29 in 2009 to 150 in 2013.<sup>lxiii</sup> Upstate Poison Center represents 54 Counties in New York State.<sup>lxiv</sup>

The following represents the calls for heroin overdoses that Upstate Poison Center received in 2013 for the Hudson Valley. *Please note: If a county in the region is not listed, the Center didn't receive any calls for that county.*<sup>lxv</sup>:

- Dutchess County – 5
- Orange County – 10
- Rockland County – 1
- Sullivan County – 3
- Ulster County – 5

### Heroin Use Reported by Counties:

Officials say heroin-related deaths in the Hudson Valley have nearly doubled in the past four years and most of the deaths account for people under 30.<sup>lxvi</sup>

In Dutchess County, hospital admissions for substance abuse rose 100% from 2008 to 2012, according to its 2013-2017 Community Health Assessment Report. This is directly associated with increased use of opioids, such as prescription painkillers and heroin.<sup>lxvii</sup>

In Dutchess County, 57 people died from drug overdoses in 2012; 14 of those confirmed as caused by heroin and three possibly related to heroin.<sup>lxviii</sup>

The Dutchess Undercover Drug Task Force reports its cases involving heroin have grown from approximately 25% in 2008 to 60% in 2014. In January, three men in Poughkeepsie were arrested for the sale of heroin; police seized 477 bags. Authorities attribute the increase in fatal and non-fatal overdoses to the increase of heroin in the community.<sup>lxix</sup>

Police in Orange County arrested 30 people in January and another 20 in March of 2014 and seized a collective 300 decks of heroin, a bag of heroin containing enough drugs for another 100 decks, as well as cocaine, oxycodone and \$8,500 in cash. Officials put the street value of the heroin at \$8,000.<sup>lxx</sup>

The Orange County Medical Examiner's Office estimates eight out of 100 of its residents' deaths are drug-related and in Sullivan County, a coroner estimates 25% of the deaths there are drug-related.<sup>lxxi</sup>

Orange County District Attorney David Hoovler reports that the number of hard drug arrests in the first three months of 2014 has doubled over the same period last year – from 40 to 81. In Ulster County, nearly 70 percent of all drug arrests are for heroin or opioids, compared to about 30 percent a few years ago.<sup>lxxii</sup>

Prescription painkillers are the gateway to heroin use, as they have the same chemical make up as heroin. Nearly one out of 12 Orange County high school seniors have used Vicodin for non medical purposes. 1 in 20 reported using Oxycontin. Statistics for heroin use are not yet available; the Alcohol and Drug Abuse Council of Orange County will compile them next year.<sup>lxxiii</sup>

There were 53 deaths from drug overdoses in Orange County in 2012; 7 heroin related overdoses and two deaths in Ulster County in 2013.<sup>lxxiv</sup>

In February 2014, heroin paraphernalia and empty bags were found in a faculty bathroom of an elementary school in Orange County. The second such incident since December 2013.<sup>lxxv</sup>

The Putnam County Sheriff's Department's Narcotics Enforcement Unit seized three times the amount of heroin within the county in 2013 than it did in 2011.<sup>lxxvi</sup>

Sullivan County had 44 drug related hospitalizations per 10,000 in 2013, the third highest rate in the state, behind the Bronx (60 per 10,000) and Staten Island (47). Orange County had 28; Ulster County had 27.<sup>lxxvii</sup>

The Ulster Regional Gang Enforcement Narcotics Team, or U.R.G.E.N.T., has arrested more than three dozen people (as of April 9, 2014) during a seven-month-long undercover investigation into drug sales dubbed "Operation Spring Cleaning." According to the Ulster County Sheriff's Office, undercover officers made over 100 drug buys during the investigation, and recovered more than 1,000 bags of heroin, several ounces of cocaine, and over 500 diverted pharmaceuticals and they expect more arrests to be made.<sup>lxxviii</sup>

The Guidance Center in New Rochelle, Westchester's only free-standing methadone clinic, sees 249 patients a day, a recent and significant increase.<sup>lxxix</sup>

Hudson Valley Police have ordered 356 heroin antidote (Naloxone) kits, including 228 in Ulster County and 86 in Westchester County, since the NY AG began its program (as of April 15, 2014).<sup>lxxx</sup>

**Hudson Valley Regional Forum**  
**April 24, 2014**  
**Paladin Center Tactical Training Facility**  
**Carmel Hamlet, NY**

Members Present:

Senator Greg Ball  
Senator Phil M. Boyle  
Senator David Carlucci

Speakers:

Carl Albano  
*Chairman, Putnam County Legislature*

Joanna Biaggi  
*Guidance Counselor, Brewster Central Schools*

Lorraine Bixler  
*In Recovery, In the process of becoming certified for drug treatment*

Carol Christiansen  
*Co-Founder, Drug Crisis In Our Back Yard*

Karina Christiansen  
*Co-Founder, Drug Crisis In Our Back Yard*

Bob Cohen  
*Parent, Ossening Church Youth Counselor*

Peter Convery  
*Undersheriff, Putnam County*

Michael W. Daily, M.D., FACEP  
*Emergency Services, Albany Medical Center*

Andrew Falk  
*Local Political Candidate, Putnam County*



Keith Fennelly

*Retired Chief, Westchester County Career Fire Chiefs Association*

Meghan Fialkoff

*Northeast Executive Director, Foundation For A Drug-Free World*

Hugh Fox

*Former Firefighter, City of Yonkers Chair, Senator Ball's Public Safety and Fire Safety Advisory Board*

Sherry Gover

*Department of Community & Family Services, Dutchess County*

Maureen Guido

*EMT, Carmel Volunteer Ambulance Corps*

Buck Heller

*Executive Vice President, Peers Influence Peers Partnership*

Connie Hussey

*Resident, Putnam County*

Jack Mack

*Resident, Croton-On-Hudson*

Tom Manko

*Superintendent, Mahopac Central School*

Bill Matthews, P.A.

*Harm Reduction Coalition, New York City*

Fran McCarthy

*Retired Nurse from Putnam Hospital Center; EMT Volunteer with the Carmel Volunteer Ambulance Corps, and the Lake Carmel Fire Department*

Kristin McConnell

*Director, National Council on Alcoholism and Drug Dependence Putnam County*

Dr. Terrence Murphy

*Councilman, Town of Yorktown*

Ginny Nacerino

*Putnam County Legislator, District 4*

Mike Nattle [ph.]

*Detective Sergeant, Town of [unintelligible] Police Department*

Michael Nesheiwat, M.D.

*Chief Coroner, Putnam County; Medical Director, Putnam County Correctional Facility*

Sam Oliverio

*Putnam County Legislator, District Number 2; Chairman of the Health Committee, Putnam County; Assistant Principal, Putnam Valley High School*

Daphne Olson

*Director for the Hudson Valley, Foundation For A Drug-Free World*

Elaine Pawlowski

*South Salem Parent, Volunteer for Shatterproof*

Frank Pelligrino

*Assistant Clinical Director, St. Christopher's Inn*

Dorothy Petrie

*Nurse, Cadence Pharmaceuticals*

Mike Piazza

*Commissioner, Putnam County departments of Mental Health, Social Services, and the Youth Bureau*

Frank Reale

*President, Peers Influence Peers Partnership*

John Regan

*Genesis House Addiction Treatment Center*

Amy Sucich

*Assistant Clinical Director, St. Christopher's Inn*

Steve Salomone

*Co-Founder, Drug Crisis In Our Back Yard*

Susan Salomone

*Co-Founder, Drug Crisis In Our Back Yard*

Danielle Sullivan

*Assistant Principal, Brewster High School*

Robert Tendy

*Supervisor, Town of Putnam Valley*

David Tidman

*Main Speaker for schools, YMCAs, and police explorer groups in five-boroughs area,  
Foundation For A Drug-Free World*

Steven Valicho

*Vice President, Peers Influence Peers Partnership*

Alonzo West

*President of Westchester Corrections Officers' Benevolent Association; Executive Board  
Member of Lexington Center For Recovery*

Don Williams

*In Recovery, Sponsor of people in 12-step recovery program*

Robert Willis

*Captain, New York State Police, Troop K*

Kevin Wright

*Retired District Attorney of Putnam County and Mahopac County Legislator*

Summary of Testimony:

**Carl Albano**

Chairman, Putnam County Legislature

- *Limit or prohibit certain prescriptions to children under a certain age.* Children are a particularly vulnerable population which deserved increased protections.

### **Carol Christiansen**

Co-Founder, Drug Crisis In Our Back Yard

- *Educate medical professionals on drug abuse and addiction.* With the high numbers of opioid pain relievers that are prescribed to New Yorkers, medical professionals, specifically prescribers, need to be aware of the high risk of addiction for prescription opioids and understand how to recognize signs of misuse and addiction.

### **Karina Christiansen**

Co-Founder, Drug Crisis In Our Back Yard

- *Educate medical professionals on drug abuse and addiction.* With the high numbers of opioid pain relievers that are prescribed to New Yorkers, medical professionals, specifically prescribers, need to be aware of the high risk of addiction for prescription opioids and understand how to recognize signs of misuse and addiction.
- *Increase restrictions for prescribing opioids.* The United States constitutes 4.6% of the world's population, yet consumes 80% of the global opiate supply and 99% of the world's hydrocodone supply. Although I-STOP has greatly reduced the overprescribing of prescription opioids and the ability to doctor/pharmacy shop, prescription opioids are still prescribed in high numbers.

### **Peter Convery**

Undersheriff, Putnam County

- *Integrated treatment approach for addiction and mental health issues.* It is common for those with substance abuse disorders to also have mental health issues. Substance abuse disorders cannot be separated from mental health disorders and the two need to be addressed simultaneously. Additionally, the resources between the Office of Alcoholism and Substance Abuse Services (OASAS) and Office of Mental Health (OMH) should be shared when appropriate.
- *Increase the frequency of drug take back/safe disposal programs.* Prescription pills require safe, environmentally friendly disposal. Without the means to properly dispose of prescription pills, they often remain in home medicine cabinets and frequently get into the wrong hands. The federal Substance Abuse and Mental Health Services Administration (SAMHSA) estimates that 70-80% of nonmedical use of prescription pain relievers begins by raiding the medicine cabinet at home. Drug take back programs help prevent this diversion of prescription pills.
- *Expansion of Naloxone training and use to all first responders.* Naloxone is a prescription medicine that may reverse opioid overdoses if administered at first signs of an overdose. New York State should expand the training and use of Naloxone to all first responders including, but not limited to, Emergency Medical Technicians, fire departments, and law enforcement officers.

**Michael W. Daily, M.D., FACEP**

Emergency Services, Albany Medical Center

- *Educate medical professionals on drug abuse and addiction.* With the high numbers of opioid pain relievers that are prescribed to New Yorkers, medical professionals, specifically prescribers, need to be aware of the high risk of addiction for prescription opioids and understand how to recognize signs of misuse and addiction.
- *Increase restrictions for prescribing opioids.* The United States constitutes 4.6% of the world's population, yet consumes 80% of the global opiate supply and 99% of the world's hydrocodone supply. Although I-STOP has greatly reduced the overprescribing of prescription opioids and the ability to doctor/pharmacy shop, prescription opioids are still prescribed in high numbers.
- *Explore alternatives to prescription opioids and substitute with alternative treatments for pain.* For certain types of pain, other treatment options other than prescription opioids may be just as effective and less addictive.
- *Increase the frequency of drug take back/safe disposal programs.* Prescription pills require safe, environmentally friendly disposal. Without the means to properly dispose of prescription pills, they often remain in home medicine cabinets and frequently get into the wrong hands. The federal Substance Abuse and Mental Health Services Administration (SAMHSA) estimates that 70-80% of nonmedical use of prescription pain relievers begins by raiding the medicine cabinet at home. Drug take back programs help prevent this diversion of prescription pills.
- *Expansion of Naloxone training and use to all first responders.* Naloxone is a prescription medicine that may reverse opioid overdoses if administered at first signs of an overdose. New York State should expand the training and use of Naloxone to all first responders including, but not limited to, Emergency Medical Technicians, fire departments, and law enforcement officers.
- *Model Naloxone overdose prevention programs on Automated External Defibrillators and Epinephrine Auto-Injectors programs; and extend Good Samaritan laws to those who render assistance.* With physician oversight of the program and proper training, this model would not restrict access to Naloxone to a particular first responder and allows for wide availability of Naloxone in communities.
- *Prescriber guidelines recommending specific doses of certain prescriptions for pain.* Standardized guidelines for prescribing opiates would reduce the amount of “leftover” pills that fill many medicine cabinets. While each patient may experience different levels of pain, these guidelines would help prescribers identify a typical and appropriate amount of opioid painkillers to prescribe in common situations.

**Andrew Falk**

Concerned Citizen, Putnam County

- *Educational programs for parents on the dangers of drugs, addiction and recognizing addiction.* Parents often have the most contact with children and young adults . With proper education, parents can recognize drug addiction at an early stage.

**Meghan Fialkoff**

Northeast Executive Director, Foundation For A Drug-Free World

- *Public awareness campaign on opioid and heroin addiction.* Educating the public is key to prevention. A broad public awareness campaign will reach sectors of the community that other prevention programs sometimes miss.

**Tom Manko**

Superintendent, Mahopac Central School

- *Educational programs for parents on the dangers of drugs, addiction and recognizing addiction.* Parents often have the most contact with children and young adults . With proper education, parents can recognize drug addiction at an early stage.
- *Fund social workers so they are able to provide prevention services in schools.* Many school districts already have social workers on staff to help students through difficult situations. Social workers can provide additional educational services to help prevent drug abuse.
- *Expansion of school and community-based prevention services.* Provide access to qualified licensed health professionals to speak with students and young adults about the dangers of drugs and addiction.

**Bill Matthews, P.A.**

Harm Reduction Coalition, New York City

- *Expansion of Naloxone training and use to all first responders.* Naloxone is a prescription medicine that may reverse opioid overdoses if administered at first signs of an overdose. New York State should expand the training and use of Naloxone to all first responders including, but not limited to, Emergency Medical Technicians, fire departments, and law enforcement officers.
- *Model Naloxone overdose prevention programs on Automated External Defibrillators and Epinephrine Auto-Injectors programs; and extend Good Samaritan laws to those who render assistance.* With physician oversight of the program and proper training, this model would not restrict access to Naloxone to a particular first responder and allows for wide availability of Naloxone in communities.
- *Support of S.6477-B (Hannon)/S.8637-B (Dinowitz).* This bill allows for the prescribing, dispensing and distribution of an opioid antagonist by a non-patient specific order. This

bill would provide for expansion of Naloxone training and use to communities, families and peers. Naloxone is a prescription medicine that may reverse opioid overdoses if administered quickly during an overdose.

**Dr. Terrence Murphy**

Councilman, Town of Yorktown

- *Creation of a Narcotics unit.* Yorktown currently lacks a dedicated narcotics unit to investigate drug related crimes.

**Sam Oliverio**

Putnam County Legislator, District Number 2; Chairman of the Health Committee, Putnam County; Assistant Principal, Putnam Valley High School

- *Expansion of school and community-based prevention services.* Provide access to qualified licensed health professionals to speak with students and young adults about the dangers of drugs and addiction.
- *Educational programs for parents on the dangers of drugs, addiction and recognizing addiction.* Parents often have the most contact with children and young adults . With proper education, parents can recognize drug addiction at an early stage.
- *Fund social workers so they are able to provide prevention services in schools.* Many school districts already have social workers on staff to help students through difficult situations. Social workers can provide additional educational services to help prevent drug abuse.
- *Fund school resource officers.* School resource officers provide education and outreach to students at a young age. They are often local police officers who educate students, teachers, and parents about risky behaviors such as drug abuse.

**Elaine Pawlowski**

South Salem Parent, Volunteer for Shatterproof

- *Reduce the stigma associated with substance abuse.* The stigma posed by society prevents those with substance abuse disorders from admitting they have an addiction, and therefore is a barrier for seeking help and for family members to become educated on addiction.
- *Create a law enforcement referral to treatment system.* When law enforcement responds to a scene where someone is exhibiting signs of drug use but no crime is being committed, there is currently no mechanism in place to provide help and/or treatment.
- *Expansion of school and community-based prevention services.* Provide access to qualified licensed health professionals to speak with students and young adults about the dangers of drugs and addiction.

### **Frank Pelligrino**

Assistant Clinical Director, St. Christopher's Inn

- *Keep co-pays and deductibles manageable for treatment services.* When insurance companies approve treatment, the co-pays and deductibles may be cost prohibitive. Affordability is often a barrier to treatment and prevents those with drug dependency from receiving treatment.
- *Embrace long term intensive treatment programs.* Due to the highly addictive nature of opioids, 28 day treatment programs are not always effective. Adolescents especially need longer treatment programs to prevent relapses and the potentially deadly overdoses that occur when treatment has been inadequate.
- *Support inpatient rehabilitation for 28 days.* Stays at a inpatient rehabilitation facility increases the likelihood for sobriety. Inpatient rehabilitation is successful by placing the patients under 24 hour monitoring and removing the patient from the environment and stimuli which enable risky behavior.
- *Standardize criteria for substance abuse treatment coverage by insurance companies.* Each insurance company has different criteria when it comes to determining coverage for specific treatment and the length of that treatment.

### **Mike Piazza**

Commissioner, Putnam County Department of Mental Health, Department of Social Services, and the Youth Bureau

- *Expansion of all types of recovery treatment.* Every path to recovery is different. Some regions may need increased access to detoxification beds, inpatient beds in residential facilities, and outpatient treatment.
- *Increase inpatient detoxification facilities for heroin/opioids.* Detoxification beds are often reserved for alcohol and cocaine detoxification. Heroin/opioid detoxification is not considered medically necessary because it is not immediately life threatening. Heroin and opioid detoxification is extremely painful. Some addicts would rather continue their addiction than experience withdrawal. Facing withdrawal alone without a medical professional is not considered reasonable for any other chemical dependency. Heroin/opioid addicts need access to detoxification beds if they are to overcome their addiction.

### **Frank Reale**

President, Peers Influence Peers Partnership

- *Expansion of school and community-based prevention services.* Provide access to qualified licensed health professionals to speak with students and young adults about the dangers of drugs and addiction.



**Amy Sucich**

Assistant Clinical Director, St. Christopher's Inn

- *Expansion of all types of recovery treatment.* Every path to recovery is different. Some regions may need increased access to detoxification beds, inpatient beds in residential facilities, and outpatient treatment.

**Steve Salomone**

Co-Founder, Drug Crisis In Our Back

- *Broad and free access to addiction prevention and treatment services paid by the state.* The cost for individuals seeking treatment creates a significant barrier to addressing heroin and opioid addiction recovery.
- *Standardize criteria for substance abuse treatment coverage by insurance companies.* Each insurance company has different criteria when it comes to determining coverage for specific treatment and the length of that treatment.
- *Keep co-pays and deductibles manageable for treatment services.* When insurance companies approve treatment, the co-pays and deductibles may be cost prohibitive. Affordability is often a barrier to treatment and prevents those with drug dependency from receiving treatment.

**Danielle Sullivan**

Assistant Principal, Brewster High School

- *Expansion of school and community-based prevention services.* Provide access to qualified licensed health professionals to speak with students and young adults about the dangers of drugs and addiction.
- *Educational programs for parents on the dangers of drugs, addiction and recognizing addiction.* Parents often have the most contact with children and young adults . With proper education, parents can recognize drug addiction at an early stage.

**Robert Tendy**

Supervisor, Town of Putnam Valley

- *Elevate multiple misdemeanor crimes to a felony level charge.* For individuals who are repeatedly charged with possession misdemeanors, the charge should be elevated to a felony.

**David Tidman**

Main Speaker for schools, YMCAs, and police explorer groups in five-boroughs area, Foundation For A Drug-Free World

- *Expansion of school and community-based prevention services.* Provide access to qualified licensed health professionals to speak with students and young adults about the dangers of drugs and addiction.
- *Educational programs for parents on the dangers of drugs, addiction and recognizing addiction.* Parents often have the most contact with children and young adults . With proper education, parents can recognize drug addiction at an early stage.
- *Fund social workers so they are able to provide prevention services in schools.* Many school districts already have social workers on staff to help students through difficult situations. Social workers can provide additional educational services to help prevent drug abuse.
- *Fund school resource officers.* School resource officers provide education and outreach to students at a young age. They are often local police officers who educate students, teachers, and parents about risky behaviors such as drug abuse.

### **Don Williams**

In Recovery, Sponsor of people in 12-step recovery program

- *Expansion of school and community-based prevention services.* Provide access to qualified licensed health professionals to speak with students and young adults about the dangers of drugs and addiction.

### **Robert Willis**

Captain, New York State Police, Troop K

- *Increase the frequency of drug take back/safe disposal programs.* Prescription pills require safe, environmentally friendly disposal. Without the means to properly dispose of prescription pills, they often remain in home medicine cabinets and frequently get into the wrong hands. The federal Substance Abuse and Mental Health Services Administration (SAMHSA) estimates that 70-80% of nonmedical use of prescription pain relievers begins by raiding the medicine cabinet at home. Drug take back programs help prevent this diversion of prescription pills.
- *Expansion of school and community-based prevention services.* Provide access to qualified licensed health professionals to speak with students and young adults about the dangers of drugs and addiction.
- *Expansion of Naloxone training and use to all first responders.* Naloxone is a prescription medicine that may reverse opioid overdoses if administered at first signs of an overdose. New York State should expand the training and use of Naloxone to all first responders including, but not limited to, Emergency Medical Technicians, fire departments, and law enforcement officers.

## **HEROIN USE IN THE NORTH COUNTRY**

**North Country:** Clinton, Essex, Franklin, Hamilton, Jefferson, Lewis, St. Lawrence Counties

### **Heroin Overdoses:**

Heroin-related calls to Upstate University Hospital's Poison Control Center (Upstate Poison Center) surged by 417 percent from 29 in 2009 to 150 in 2013.<sup>lxxxix</sup> Upstate Poison Center represents 54 Counties in New York State.<sup>lxxxii</sup>

The following represents the calls for heroin overdoses that Upstate Poison Center received in 2013 for the North Country:

- Jefferson- 10
- St. Lawrence- 3

*Please note: If a county in the region is not listed, the Center didn't receive any calls for that county.*<sup>lxxxiii</sup>

### **Heroin Use Reported by Counties:**

Clinton County law enforcement arrested 61 people on drug charges in December 2013, 70% of those were charged with heroin or cocaine possession.<sup>lxxxiv</sup> Police seized 260 bags of heroin during the investigation.<sup>lxxxv</sup>

The Essex County Community Health Improvement Plan lists preventing substance abuse including the “non-medical use of prescription medications and associated accidents and hospitalizations” as a top priority.<sup>lxxxvi</sup>

At a March 21, 2014 public forum in Saranac Lake (Franklin County), the village police chief noted heroin use is on the rise as are accidental overdoses, including a recent fatal overdose.<sup>lxxxvii</sup>

ACR Health, or Access Care and Resources, is advocating for a program to put Narcan (a brand name for Naloxone<sup>lxxxviii</sup>) in addicts' homes and to teach people how to use the heroin antidote because of the rise in heroin use in the North Country. ACR Health has offices in Watertown and Canton.<sup>lxxxix</sup>

Credo Community Center, an addiction treatment center in Watertown, NY, reported the number of people seeking treatment for heroin jumped to 21.5% in 2013 from 13% in 2012.<sup>xc</sup>

The Metro-Jefferson Drug Task Force reported it had prosecuted 42 heroin-related cases, representing 27 percent of its caseload during the first three quarters of 2013. In 2012, the Task Force prosecuted 58 heroin-related cases, representing 23 percent of its total cases — nearly

twice what it was seeing just a few years ago. In 2008 and 2009, the most recent available historical data, the share of its caseload related to heroin was only 11 and 12 percent, respectively.<sup>xci</sup>

Overdose deaths in Jefferson County have doubled over the last two years, according to figures provided in 2013 by the office of the Jefferson County Medical Examiner. In 2011, there were 18 overdose deaths, 15 of those from opiates, including two from heroin and four from morphine. In 2012, there were 16 overdose deaths, 12 of which were from opiates, including three from heroin and three from morphine. In September of 2013, the Medical Examiner's Office reported six overdose deaths that year, five related to opiates and three to morphine.<sup>xcii</sup>

St. Lawrence County heroin cases jumped from 15 cases in 2012 to 57 cases in 2013, according to law enforcement.<sup>xciii</sup>

84.1% of respondents to the 2014 St. Lawrence County Community Assessment stated drug use/abuse of prescriptions or illegal drugs is a problem in their community; 70.4% stated access to behavioral health care for drug abuse is a problem in their community. The County's Community Health Improvement Plan lists preventing substance abuse as one of its top priorities.<sup>xciv</sup>

**North Country Regional Forum**  
**April 25, 2014**  
**Clinton County Government Center**  
**Plattsburgh, NY**

Members Present:

Senator Phil M. Boyle  
Senator Betty Little

Speakers:

Peter Bacel  
*Counselor, Friends of Recovery New York*

Detective Matthew Bell  
*Plattsburgh City Police Department; D.E.A. Adirondack Drug Task Force*

Dr. Kathleen Camelo, MD  
*Director, Center for Student Health and Psychological Services*

Derek Champagne  
*District Attorney, Franklin County District Attorney's Office*

Dr. Charles Everly  
*Medical Director of the Emergency Room at CVPH*

Michael Kettle, RN, BSN, CASAC  
*Director of Regional Services, Conifer Park*

Joseph LaCoppola  
*CASAC, Conifer Park*

Beth Lawyer  
*Director, North Star Behavioral Health Services Citizen Advocates, Inc.*

Shawn \*wishes his full name not be used  
*In recovery, Resident of Plattsburgh*

Dr. John Schenkel, MD  
*Clinton County Addiction Treatment Services*

Kenneth Thayer

*Nursing Director, Emergency Care Center, CVPH Medical Center*

Connie Wille, Executive Director

*Executive Director, Champlain Valley Family Center*

Andrew Wylie

*District Attorney, Clinton County District Attorney's Office*

Summary of Testimony:

**Peter Bacel**

Peter N. Bacel has an Associates in Arts Degree from Alfred Tech, a Bachelors of Science Degree from the University of Rochester, and is a New York State Credentialed Alcoholism and Substance Abuse Counselor (CASAC). He is currently a counselor in the Detox Unit at Crouse Hospital. Previous employers include Eastman Kodak, Saint Joseph's Villa, Park Ridge Hospital, and Syracuse Behavioral Health. Mr Bacel is a member of Central New York Recovery Coach Community, Board Member of FOR-NY, and is a member of the advisory board at Hope Connections in Syracuse. He is a volunteer firefighter. Mr. Bacel has been sober for 27 years.

- *Expansion of all types of recovery treatment.* Every path to recovery is different. Some regions may need increased access to detoxification beds, inpatient beds in residential facilities, and outpatient treatment.
- *Allow health care professionals to make decisions related to addiction treatment insurance coverage instead of insurance companies.* The type and length of treatment coverage should be determined by health care professionals. Many individuals are denied coverage under the current managed care system. Under managed care systems, insurance companies, rather than the patient's own doctor, determine whether a patient receives addiction treatment services and the length of services.
- *Embrace long term intensive treatment programs.* Due to the highly addictive nature of opioids, 28 day treatment programs are not always effective. Adolescents especially need longer treatment programs to prevent relapses and the potentially deadly overdoses that occur when treatment has been inadequate.
- *Concerns about Zohydro ER.* Zohydro ER is an extended release single-entity hydrocodone. It was recently approved by the federal Food and Drug Administration (FDA) against the FDA Advisory Council's recommendation. It is estimated to be ten times stronger than Vicodin but lacking the tamper-proof safeguards that other prescription opioid pills have.

**Detective Matthew Bell**

Plattsburgh City Police Department; D.E.A. Adirondack Drug Task Force

- *Increased penalties for traveling long distances with intent to sell.* This legislation would deter dealers with the sole purpose of selling heroin from traveling long distances for increased profits.

**Dr. Kathleen Camelo, MD**

Director, Center for Student Health and Psychological Services

- *Invest in Alcohol and Drug Campus Task Forces and Coordinators.* SUNY Plattsburgh uses targeted prevention programs and social marketing campaigns to address areas of greatest use and abuse.
- *Train residence hall staff at colleges.* Staff should be able to recognize abuse and use in their peers and refer patients to treatment and counseling.
- *Expansion of Naloxone training and use to all first responders.* Naloxone is a prescription medicine that may reverse opioid overdoses if administered at first signs of an overdose. New York State should expand the training and use of Naloxone to all first responders including, but not limited to, Emergency Medical Technicians, fire departments, and law enforcement officers.
- *Comprehensive campus centers.* SUNY Plattsburgh Center combines health, mental health, and alcohol and substance abuse services in one center. The SUNY Plattsburgh Center communicates with university police and proactively reaches out to students who have been transported to the local hospital because of alcohol intoxication or suspected drug overdose. SUNY Plattsburgh also works with community treatment providers to bring services to campus.
- *Expansion of school and community-based prevention services.* Provide access to qualified licensed health professionals to speak with students and young adults about the dangers of drugs and addiction.

**Derek Champagne**

Prior to serving as District Attorney, Mr. Champagne was a United States Customs Officer, served as the Village Attorney in Malone, New York, and was an Assistant District Attorney and later the Chief A.D.A. for Franklin County. He currently serves as the Chairman of the Board of the New York State District Attorney's Association, as Vice-Chair of New York State Sentencing Commission, as a member of the New York State Justice Task force and also as a member of the Chief Judge's Advisory Committee on Criminal Procedure and Criminal Law. He previously served as the President of the New York State District Attorney's Association. D.A. Champagne is a graduate of St. Bonaventure University and Franklin Pierce Law School at the University of New Hampshire.

- *Expansion of school and community-based prevention services.* Provide access to qualified licensed health professionals to speak with students and young adults about the dangers of drugs and addiction.

- *Create a law enforcement referral to treatment system.* When law enforcement responds to a scene where someone is exhibiting signs of drug use but no crime is being committed, there is currently no mechanism in place to provide help and/or treatment.
- *Provide law enforcement with funding for confidential informants.* Law enforcement could provide monetary incentives for reliable citizens to become confidential informants to assist in arresting dealers.
- *Creation of a tracking system for overdoses and overdose deaths.* This information would be extremely valuable for the public, state agencies and law enforcement.
- *Expansion of funding to the Department of Criminal Justice Services or the New York State Police for intelligence centers in each geographical area.* This funding would establish additional crime-analysis centers and is critical to understanding trends, patterns, creating quicker responses and a coordinated approach for law enforcement.
- *Embrace long term intensive treatment programs.* Due to the highly addictive nature of opioids, 28 day treatment programs are not always effective. Adolescents especially need longer treatment programs to prevent relapses and the potentially deadly overdoses that occur when treatment has been inadequate.
- *Allow health care professionals to make decisions related to addiction treatment insurance coverage instead of insurance companies.* The type and length of treatment coverage should be determined by health care professionals. Many individuals are denied coverage under the current managed care system. Under managed care systems, insurance companies, rather than the patient's own doctor, determine whether a patient receives addiction treatment services and the length of services.
- *Provide probation departments with funds for testing.* Defendants are often required to pay for their own drug tests often as a condition of probation. Probation officers may be reluctant to request a drug test, when a defendant has financial difficulties.

### **Dr. Charles Everly**

Charles Everly, MD is an emergency medicine doctor licensed to practice emergency medicine in Illinois and Arizona. Dr. Everly specializes in emergency medicine and holds medical degrees at University Of Illinois College of Medicine, in 1993 and University Of Illinois. Presently, he is the Medical Director of the Emergency Room at Champlain Valley Physicians Hospital (CVPH).

- *Prescriber guidelines recommending specific doses of certain prescriptions for pain.* Standardized guidelines for prescribing opiates would reduce the amount of “leftover” pills that fill many medicine cabinets. While each patient may experience different levels of pain, these guidelines would help prescribers identify a typical and appropriate amount of opioid painkillers to prescribe in common situations.

### **Michael Kettle, RN, BSN, CASAC**

Michael Kettle is currently the Director of Regional Services at Conifer Park. Conifer Park is a 225 bed Alcohol and Drug Treatment facility located in Glenville NY and has been providing



services to those who suffer from addiction and their families for over 30 years. Conifer Park provides medically supervised detoxification for adults as well as inpatient rehabilitation for adults and adolescents between the ages of 12-18. Conifer Park operates 6 outpatient clinics across the upstate area including Plattsburgh. Prior to this, Mr. Kettle served as a Community Service Coordinator at the New Horizons Alcohol Substance abuse program. Before serving as a Community Service Coordinator, he was an emergency room nurse at United Health Services.

- *Allow health care professionals to make decisions related to addiction treatment insurance coverage instead of insurance companies.* The type and length of treatment coverage should be determined by health care professionals. Many individuals are denied coverage under the current managed care system. Under managed care systems, insurance companies, rather than the patient's own doctor, determine whether a patient receives addiction treatment services and the length of services.
- *Increase availability of medically assisted detoxification and treatment.* Use of buprenorphine (Suboxone) has shown to substantially increase the likelihood for overcoming heroin/opioid dependence in combination with other non-medical treatment.
- *Standardize criteria for substance abuse treatment coverage by insurance companies.* Each insurance company has different criteria when it comes to determining coverage for specific treatment and the length of that treatment.
- *Collaborative initiative to bring hospitals and primary care practices together with alcohol and drug treatment providers.* A program which would allow hospitals to have a limited number of staff who are licensed to prescribe buprenorphine.
- *Support of SBIRT.* Screening, Brief Intervention, Referral to Treatment(SBIRT) Program has been defined by the Office of Alcoholism and Substance Abuse Services (OASAS) as an evidence-based approach for identifying patients who use alcohol and other drugs at risky levels with the goal of reducing and preventing related health consequences, disease, accidents and injuries. This program has been widely accepted by the medical community to go beyond just screening. SBIRT provides a plan of action for doctors to identify and help patients with substance abuse.
- *Support of S.6477-B (Hannon)/S.8637-B (Dinowitz).* This bill allows for the prescribing, dispensing and distribution of an opioid antagonist by a non-patient specific order. This bill would provide for expansion of Naloxone training and use to communities, families and peers. Naloxone is a prescription medicine that may reverse opioid overdoses if administered quickly during an overdose.

### **Joseph LaCoppola**

Certified Alcohol and Substance Abuse Counselor, Conifer Park

- *Increase availability of medically assisted detoxification and treatment.* Use of buprenorphine (Suboxone) has shown to substantially increase the likelihood for overcoming heroin/opioid dependence in combination with other non-medical treatment.

- *Support and fund harm reduction programs.* Harm reduction seeks to reduce and prevent negative by-products associated with drug use and encourage non-risky behavior. Harm reduction programs seek to ensure that the drug use is as safe as possible to reduce the transmission of diseases and prevent overdose. The most notable harm reduction programs are syringe exchange programs and opioid overdose prevention programs.
- *Require drug court coordinators and judges to allow a participant to receive medically assisted treatment.* Many drug court coordinators and judges require drug court participants to stop their medically assisted treatment before becoming a part of the drug court program. The benefits of medically assisted treatment can be tremendous and it is counterproductive to have a patient stop their prescribed treatment medication. Medically assisted treatment also will help prevent relapses.
- *Eliminate census capacity for methadone treatment programs.* Currently, a limited number of patients in each methadone clinic can receive treatment. Individuals seeking treatment frequently must stay on a waiting list until another patient leaves the program. Programs have a lengthy application and review process to increase their capacity.
- *Require DOH and OASAS to agree on an adequate insurance reimbursement rate for doctors who prescribe buprenorphine.* This would incentivize doctors to acquire the DEA waiver required to prescribe buprenorphine, and therefore increase the availability of treatment.
- *Allow OASAS accreditation to be satisfied by federal reviews.* Providers are required by both state and federal law to undergo regular review processes. Currently those reviews are duplicative and redundant and should be reviewed to eliminate redundancy and cost.

### **Beth Lawyer**

Director, North Star Behavioral Health Services Citizen Advocates, Inc.

- *Increase availability of medically assisted detoxification and treatment.* Use of buprenorphine (Suboxone) has shown to substantially increase the likelihood for overcoming heroin/opioid dependence in combination with other non-medical treatment.
- *Integrated treatment approach for addiction and mental health issues.* It is common for those with substance abuse disorders to also have mental health issues. Substance abuse disorders cannot be separated from mental health disorders and the two need to be addressed simultaneously. Additionally, the resources between the Office of Alcoholism and Substance Abuse Services (OASAS) and Office of Mental Health (OMH) should be shared when appropriate.
- *Expansion of school and community-based prevention services.* Provide access to qualified licensed health professionals to speak with students and young adults about the dangers of drugs and addiction.
- *Public awareness campaign on opioid and heroin addiction.* Educating the public is key to prevention. A broad public awareness campaign will reach sectors of the community that other prevention programs sometimes miss.

- *Allow health care professionals to make decisions related to addiction treatment insurance coverage instead of insurance companies.* The type and length of treatment coverage should be determined by health care professionals. Many individuals are denied coverage under the current managed care system. Under managed care systems, insurance companies, rather than the patient's own doctor, determine whether a patient receives addiction treatment services and the length of services.
- *Keep co-pays and deductibles manageable for treatment services.* When insurance companies approve treatment, the co-pays and deductibles may be cost prohibitive. Affordability is often a barrier to treatment and prevents those with drug dependency from receiving treatment.
- *Expansion of all types of recovery treatment.* Every path to recovery is different. Some regions may need increased access to detoxification beds, inpatient beds in residential facilities, and outpatient treatment.
- *Advocate to the federal government to allow physician extenders to prescribe buprenorphine.* Physician extenders (nurse practitioners and physician assistants) are not able to prescribe buprenorphine. We need to increase access to this vital medication by increasing the number of medical providers that can prescribe this medication.
- *Decrease the number of regulations or simplify regulations for the creation of treatment programs.* Decreasing these barriers will result in greater access to treatment.

### **Shawn**

#### **In Recovery**

- *Create inpatient treatment programs and increase capacity for outpatient services in the North Country.*

### **Dr. John Schenkel, MD**

#### **Clinton County Addiction Treatment Services**

- *Increase availability of medically assisted detoxification and treatment.* Use of buprenorphine (Suboxone) has shown to substantially increase the likelihood for overcoming heroin/opioid dependence in combination with other non-medical treatment.
- *Allow health care professionals to make decisions related to addiction treatment insurance coverage instead of insurance companies.* The type and length of treatment coverage should be determined by health care professionals. Many individuals are denied coverage under the current managed care system. Under managed care systems, insurance companies, rather than the patient's own doctor, determine whether a patient receives addiction treatment services and the length of services.
- *Reduce amount of paperwork for workers in addiction services.* Much of a clinician's time is currently spent filling out paperwork required by the state. The required paperwork decreases the amount of time spent with patients.

**Kenneth Thayer**

Nursing Director, Emergency Care Center, CVPH Medical Center

- *Creation of a tracking system for overdoses and overdose deaths.* This information would be extremely valuable for the public, state agencies and law enforcement.
- *Allow health care professionals to make decisions related to addiction treatment insurance coverage instead of insurance companies.* The type and length of treatment coverage should be determined by health care professionals. Many individuals are denied coverage under the current managed care system. Under managed care systems, insurance companies, rather than the patient’s own doctor, determine whether a patient receives addiction treatment services and the length of services.
- *Prescriber guidelines recommending specific doses of certain prescriptions for pain.* Standardized guidelines for prescribing opiates would reduce the amount of “leftover” pills that fill many medicine cabinets. While each patient may experience different levels of pain, these guidelines would help prescribers identify a typical and appropriate amount of opioid painkillers to prescribe in common situations.
- *Expansion of Naloxone training and use to all first responders.* Naloxone is a prescription medicine that may reverse opioid overdoses if administered at first signs of an overdose. New York State should expand the training and use of Naloxone to all first responders including, but not limited to, Emergency Medical Technicians, fire departments, and law enforcement officers.
- *Increase the frequency of drug take back/safe disposal programs.* Prescription pills require safe, environmentally friendly disposal. Without the means to properly dispose of prescription pills, they often remain in home medicine cabinets and frequently get into the wrong hands. The federal Substance Abuse and Mental Health Services Administration (SAMHSA) estimates that 70-80% of nonmedical use of prescription pain relievers begins by raiding the medicine cabinet at home. Drug take back programs help prevent this diversion of prescription pills.
- *Keep co-pays and deductibles manageable for treatment services.* When insurance companies approve treatment, the co-pays and deductibles may be cost prohibitive. Affordability is often a barrier to treatment and prevents those with drug dependency from receiving treatment.

**Connie Wille, Executive Director**

Executive Director, Champlain Valley Family Center

- *Expansion of school and community-based prevention services.* Provide access to qualified licensed health professionals to speak with students and young adults about the dangers of drugs and addiction.
- *Create a law enforcement referral to treatment system.* When law enforcement responds to a scene where someone is exhibiting signs of drug use but no crime is being committed, there is currently no mechanism in place to provide help and/or treatment.

- *Expansion of drug courts and increased participation in diversion programs for those with substance abuse disorders.* Drug courts were created to differentiate between those with substance abuse disorders and drug dealers selling for profit. Drug courts are a valuable tool in ensuring that those with substance abuse disorders receive necessary treatment when their addiction was the motivating factor for a non-violent crime.
- *Keep co-pays and deductibles manageable for treatment services.* When insurance companies approve treatment, the co-pays and deductibles may be cost prohibitive. Affordability is often a barrier to treatment and prevents those with drug dependency from receiving treatment.
- *Increase the Cost of Living Adjustment for the not-for-profit employees.* There has not been a COLA for not-for-profit employees for several years. This leads to a high turnover in staff and shortage of trained professionals in the field.
- *Increase sober living options.* Recovering addicts need a safe environment to acclimate into the community. The chance of relapse significantly increases when an addict is placed in the same circumstances as when their addictions began.

### **Andrew Wylie**

On December 30, 2005, Andrew J. Wylie was sworn in as the 35th District Attorney for Clinton County. Prior to being elected, District Attorney Wylie was a criminal defense attorney in the County for 17 years. Robert P. Wylie. Since taking office on January 1, 2006, District Attorney Wylie has successfully prosecuted several homicide and drug cases during his first term. District The office has furthered its relationship with the Domestic Violence Task Force and the Adirondack Drug Task Force. D.A. Wylie has assigned his five Assistant District Attorneys to specific assignments for the prosecution of children sex abuse cases, domestic violence cases, drug cases, prison cases and D.W.I. cases, as well as for Drug and Mental Health Courts. District Attorney Wylie is a life-long resident of Clinton County and has served on several Boards and leadership positions of numerous professional, civil and local school organizations.

- *Raise the penalties for sale of a controlled substance.* The penalties currently are too weak to deter solely for profit dealers from selling heroin. The stiffer penalties should be increased to show the illegal sale of any controlled substance will not be tolerated.
- *Embrace long term intensive treatment programs.* Due to the highly addictive nature of opioids, 28 day treatment programs are not always effective. Adolescents especially need longer treatment programs to prevent relapses and the potentially deadly overdoses that occur when treatment has been inadequate.
- *Expansion of all types of recovery treatment.* Every path to recovery is different. Some regions may need increased access to detoxification beds, inpatient beds in residential facilities, and outpatient treatment.
- *Increased penalties for traveling long distances with intent to sell.* This legislation would deter dealers with the sole purpose of selling heroin from traveling long distances for increased profits.



## HEROIN USE IN WATERTOWN

### Jefferson County Heroin Overdoses

Heroin-related calls to Upstate University Hospital's Poison Control Center (Upstate Poison Center) surged by 417% from 29 in 2009 to 150 in 2013.<sup>xcv</sup> Upstate Poison Center is responsible for taking calls for 54 of the 62 counties within New York State.<sup>xcvi</sup>

Upstate Poison Center reported 10 heroin-related overdose calls in Jefferson County in 2013. (NOTE: These are only the calls received by Upstate Poison Center, no other entity.<sup>xcvii</sup>)

### Heroin Use in Jefferson County:

ACR Health, or Access Care and Resources, is advocating for a program to put Narcan (a brand name for Naloxone<sup>xcviii</sup>) in addicts' homes and to teach people how to use the heroin antidote because of the rise in heroin use in the North Country. ACR Health has offices in Watertown and Canton.<sup>xcix</sup>

Credo Community Center, an addiction treatment center in Watertown, NY, reported the number of people seeking treatment for heroin jumped to 21.5% in 2013 from 13% in 2012.<sup>c</sup>

The Metro-Jefferson Drug Task Force reported it had prosecuted 42 heroin-related cases, representing 27 percent of its caseload during the first three quarters of 2013. In 2012, the Task Force prosecuted 58 heroin-related cases, representing 23 percent of its total cases — nearly twice what it was seeing just a few years ago. In 2008 and 2009, the most recent available historical data, the share of its caseload related to heroin was only 11 and 12 percent, respectively.<sup>ci</sup>

Overdose deaths in Jefferson County have doubled over the last two years, according to figures provided in 2013 by the office of the Jefferson County Medical Examiner. In 2011, there were 18 overdose deaths, 15 of those from opiates, including two from heroin and four from morphine. In 2012, there were 16 overdose deaths, 12 of which were from opiates, including three from heroin and three from morphine. In September of 2013, the Medical Examiner's Office reported six overdose deaths that year, five related to opiates and three to morphine.<sup>cii</sup>

**Watertown Forum**  
**April 25, 2014**  
**State Office Building**  
**317 Washington Street**  
**Watertown, NY**

Members Present:

Senator Patricia Ritchie

Speakers:

Adam Bullock

*RN, Director of Behavioral Health Services, Canton Potsdam Hospital*

Cindy Intschert

*Jefferson County District Attorney*

Steve Jennings

*Jefferson County Public Health Planner; Watertown Councilman*

Mark Koester

*Parent of individual with chemical dependency, Madison County*

Dr. Charlie Moehs

*Health care practitioner, Watertown*

Cherie Moore

*Parent of individual with chemical dependency, Lewis County*

Penny Morley

*Prevention Director, Farnham Family Services*

Chelsea Mulchany

*Significant other of individual with chemical dependency, Oswego County*

Sean O'Brien

*St. Lawrence County Sheriff's Department*

Jim Scordo

*Executive Director, Credo Community Center*



Anita Seefried-Brown

*Program Director, Jefferson County Alcohol and Substance Abuse Council*

Nichole Smith

*In recovery, Jefferson County*

Reuel Todd

*Oswego County Sheriff*

Jeanne Weaver

*Parent of individual with chemical dependency, Jefferson County*

Summary of Testimony:

**Adam Bullock , RN**

Director of Behavioral Health Services, Canton Potsdam Hospital

- *Increase inpatient detoxification facilities for heroin/opioids.* Detoxification beds are often reserved for alcohol and cocaine detoxification. Heroin/opioid detoxification is not considered medically necessary because it is not immediately life threatening. Heroin and opioid detoxification is extremely painful. Some addicts would rather continue their addiction than experience withdrawal. Facing withdrawal alone without a medical professional is not considered reasonable for any other chemical dependency. Heroin/opioid addicts need access to detoxification beds if they are to overcome their addiction.

**Cindy Intschert**

Jefferson County District Attorney

- *Expansion of drug courts and increased participation in diversion programs for those with substance abuse disorders.* Drug courts were created to differentiate between those with substance abuse disorders and drug dealers selling for profit. Drug courts are a valuable tool in ensuring that those with substance abuse disorders receive necessary treatment when their addiction was the motivating factor for a non-violent crime.
- *Prevent repeat drug dealers from entering drug court diversion programs.* To avoid abuse of the diversion system, drug dealers who have multiple, separate convictions should not be allowed into drug court treatment programs. The programs are meant to help users get into treatment they need.

**Steve Jennings**

Jefferson County Public Health Planner; Watertown Councilman

- *Support of S.6477-B (Hannon)/S.8637-B (Dinowitz).* This bill allows for the prescribing, dispensing and distribution of an opioid antagonist by a non-patient specific order. This bill would provide for expansion of Naloxone training and use to communities, families and peers. Naloxone is a prescription medicine that may reverse opioid overdoses if administered quickly during an overdose.

### **Mark Koester**

Parent of an individual with chemical dependency, Madison County

- *Expansion of all types of recovery treatment.* Every path to recovery is different. Some regions may need increased access to detoxification beds, inpatient beds in residential facilities, and outpatient treatment.
- *Invest in relapse prevention strategies.* Require that anyone discharged from inpatient detoxification has a discussed a plan of action with a medical professional to stay clean and in recovery.
- *Raise the penalties for sale of a controlled substance.* The penalties currently are too weak to deter solely for profit dealers from selling heroin. The stiffer penalties should be increased to show the illegal sale of any controlled substance will not be tolerated.

### **Dr. Charlie Moehs**

Dr. Charlie Moehs is a 30-year practitioner who previously worked at the Cape Vincent correctional facility. He is the only physician in Jefferson County who is authorized to prescribe Suboxone.

- *Increase inpatient detoxification facilities for heroin/opioids.* Detoxification beds are often reserved for alcohol and cocaine detoxification. Heroin/opioid detoxification is not considered medically necessary because it is not immediately life threatening. Heroin and opioid detoxification is extremely painful. Some addicts would rather continue their addiction than experience withdrawal. Facing withdrawal alone without a medical professional is not considered reasonable for any other chemical dependency. Heroin/opioid addicts need access to detoxification beds if they are to overcome their addiction.
- *Allow health care professionals to make decisions related to addiction treatment insurance coverage instead of insurance companies.* The type and length of treatment coverage should be determined by health care professionals. Many individuals are denied coverage under the current managed care system. Under managed care systems, insurance companies, rather than the patient's own doctor, determine whether a patient receives addiction treatment services and the length of services.

**Penny Morley**

Prevention Director, Farnham Family Services

- *Expansion of school and community-based prevention services.* Provide access to qualified licensed health professionals to speak with students and young adults about the dangers of drugs and addiction.
- *Increase inpatient detoxification facilities for heroin/opioids.* Detoxification beds are often reserved for alcohol and cocaine detoxification. Heroin/opioid detoxification is not considered medically necessary because it is not immediately life threatening. Heroin and opioid detoxification is extremely painful. Some addicts would rather continue their addiction than experience withdrawal. Facing withdrawal alone without a medical professional is not considered reasonable for any other chemical dependency. Heroin/opioid addicts need access to detoxification beds if they are to overcome their addiction.
- *Increase availability of medically assisted detoxification and treatment.* Use of buprenorphine (Suboxone) has shown to substantially increase the likelihood for overcoming heroin/opioid dependence in combination with other non-medical treatment.

**Chelsea Mulchany**

Significant other of individual with chemical dependency, Oswego County

- *Allow health care professionals to make decisions related to addiction treatment insurance coverage instead of insurance companies.* The type and length of treatment coverage should be determined by health care professionals. Many individuals are denied coverage under the current managed care system. Under managed care systems, insurance companies, rather than the patient's own doctor, determine whether a patient receives addiction treatment services and the length of services.

**Sean O'Brien**

St. Lawrence County Sheriff's Department

- *Promote interagency cooperation for law enforcement agencies.* With the staggering rise in drug related arrests, there is a need for cooperation on all levels of law enforcement from the local, state, and federal levels.
- *Increase funding to investigate heroin related crimes.* Increased law enforcement funding would allow additional investigations related to controlled substances. This increase would also help facilitate investigations between sheriffs' offices.

**Jim Scordo**

Executive Director, Credo Community Center

- *Expansion of school and community-based prevention services.* Provide access to qualified licensed health professionals to speak with students and young adults about the dangers of drugs and addiction.

- *Invest in relapse prevention strategies.* Require that anyone discharged from inpatient detoxification has a discussed a plan of action with a medical professional to stay clean and in recovery.
- *Expansion of all types of recovery treatment.* Every path to recovery is different. Some regions may need increased access to detoxification beds, inpatient beds in residential facilities, and outpatient treatment.

### **Anita Seefried-Brown**

Program Director, Jefferson County Alcohol and Substance Abuse Council

- *Expansion of school and community-based prevention services.* Provide access to qualified licensed health professionals to speak with students and young adults about the dangers of drugs and addiction.
- *Reduce the stigma associated with substance abuse.* The stigma posed by society prevents those with substance abuse disorders from admitting they have an addiction, and therefore is a barrier for seeking help and for family members to become educated on addiction.

### **Reuel Todd**

Oswego County Sheriff

- *Raise the penalties for sale of a controlled substance.* The penalties currently are too weak to deter solely for profit dealers from selling heroin. The stiffer penalties should be increased to show the illegal sale of any controlled substance will not be tolerated.

### **Jeanne Weaver**

Parent of individual with chemical dependency, Jefferson County

- *Invest in relapse prevention strategies.* Require that anyone discharged from inpatient detoxification has a discussed a plan of action with a medical professional to stay clean and in recovery.
- *Increase transportation options for those in treatment programs.* One of the barriers to treatment is physically accessing treatment. Some people, specifically those in rural areas, do not have access to transportation, public or private, that can take them to treatment services.
- *Allow health care professionals to make decisions related to addiction treatment insurance coverage instead of insurance companies.* The type and length of treatment coverage should be determined by health care professionals. Many individuals are denied coverage under the current managed care system. Under managed care systems, insurance companies, rather than the patient's own doctor, determine whether a patient receives addiction treatment services and the length of services.
- *Work with county level jails to provide treatment and support services.* For drug related non-violent crimes, there is an opportunity to provide educational and recovery support

services to individuals with addictions while they are incarcerated. These services could ultimately prevent relapse and prevent future drug related crimes.

- *Educate medical professionals on drug abuse and addiction.* With the high numbers of opioid pain relievers that are prescribed to New Yorkers, medical professionals, specifically prescribers, need to be aware of the high risk of addiction for prescription opioids and understand how to recognize signs of misuse and addiction.
- *Increase restrictions for prescribing opioids.* The United States constitutes 4.6% of the world's population, yet consumes 80% of the global opiate supply and 99% of the world's hydrocodone supply. Although I-STOP has greatly reduced the overprescribing of prescription opioids and the ability to doctor/pharmacy shop, prescription opioids are still prescribed in high numbers.

## HEROIN USE IN THE SOUTHERN TIER

**Southern Tier** – Broome County, Chemung County, Chenango County, Delaware County, Schuyler County, Steuben County, Tioga County, Tompkins County, Otsego County, Schoharie County.

### Heroin Overdoses

Heroin-related calls to Upstate University Hospital’s Poison Control Center (Upstate Poison Center) surged by 417% from 29 in 2009 to 150 in 2013.<sup>ciii</sup> Upstate Poison Center is responsible for taking calls for 54 of the 62 counties within New York State.<sup>civ</sup>

Upstate Poison Center reported 23 heroin-related overdose calls in the Southern Tier alone in 2013.

A breakdown of the calls, by county, is as follows:

Broome	9
Chemung	1
Chenango	*
Delaware	1
Otsego	2
Schoharie	1
Schuyler	1
Steuben	*
Tioga	*
Tompkins	8

(NOTE: These are only the calls received by Upstate Poison Center, no other entity.<sup>cv</sup>

\*Indicates that Upstate Poison Center did not receive a heroin-related overdose call from within the County.)

### Heroin Use in the Southern Tier:

“Over the last six months, we have investigated four heroin overdoses. If [the Naloxone kits] can save one life and they are provided by the state for free, it is something we should take advantage of,” said Chemung County Sheriff Christopher J. Moss.<sup>cvi</sup>

Recognizing the seriousness of the heroin epidemic, James Eisel, Chairman of the Delaware County Board of Supervisors, recently announced a confidential hotline to inform law enforcement of possible drug situations.

Binghamton Police Chief Joseph Zikuski said there's a growing heroin epidemic in the city. Earlier this month, a drug bust produced 730 packets of heroin. Zikuski says the heroin problem stems from a prescription drug crackdown. It's becoming more difficult to get prescription drugs from doctors, so people are going to the street to purchase heroin.<sup>cvii</sup>

Bangs Ambulance paramedics (servicing Cayuga & Tompkins Counties) have responded to 20 overdoses in 2014. During 2013, Bangs responded to 94 heroin overdoses, a more than 13-fold increase from the seven overdoses that Bangs paramedics saw in 2003.<sup>cviii</sup>

“Heroin overdose was not a very common thing that we would see,” Cayuga Medical Center Dr. David Evelyn said. “More recently, the entire country, and Tompkins County, as well, has seen a resurgence of inexpensive, easy-to-acquire heroin.”<sup>cxix</sup>

“Heroin is much more devastating than other drugs simply because when you go from recreational use to addiction to destruction, that cycle rears its ugly head much faster and with much more intensity than other drugs,” said Jamie Williamson, public information officer for the Ithaca Police.

Otsego County Addiction Recovery Services reports that from February 1 to April 15, 2013, about 26 percent of the patients the agency saw had problems with heroin. But for the same period this year, more than 38 percent were affected by the drug.<sup>cx</sup>

According to its 2013 County Health Assessment, Otsego County has experienced an increase in adult drug-related hospital hospitalizations from 7.8 in 2001 to a high of 31.4 in 2009. The figures for 2010 are nearly five times greater than what they were in 2000.<sup>cxii</sup>

Twenty percent of respondents to the Otsego County Health Department’s Stakeholder Survey selected mental health and substance abuse as their top priority, with 94% of all respondents selecting the category as “very important or important.”<sup>cxiii</sup>

In April 2014, a major heroin operation was shut down by Otsego County law enforcement and the DEA. “The heroin threat is significant and our team is committed to protect our public and combine our investigative resources to dismantle organizations profiting from the sale of poison in our communities,” said Crowell.<sup>cxiiii</sup>

Investigators arrested 18 individuals, including a drug kingpin, and seized over \$20,000, about 1,000 packets of heroin, drug packaging materials, drug paraphernalia, electronic scales, small amounts of marijuana and crack cocaine and personal electronic devices during an investigation in December 2013. The three-year investigation, called “Operation Dial Tone,” was conducted by members of the Otsego County Sheriff’s Office Criminal Investigation Division, the Albany DEA and Oneonta Police Department Detective Bureau.<sup>cxv</sup>

In the first six months of 2012, Otsego County recorded nine fatal overdoses due to opioid analgesics. In 2011, there were a total of 11 deaths as a result of drug and/or alcohol toxicity.<sup>cxvi</sup>

Since 2010, the number of heroin cases locally has quadrupled, said Bonnie Post, head of Community Services for the county in 2013.<sup>cxvi</sup>

### **County Community Health Assessments**

The Delaware County Community Health Assessment reported that “The number of individuals admitted to the Delaware County OASIS program for heroin and other opiate usage has been increasing and opiate use appears to have doubled from 2010 –2012.” The County also reports that “opiate use in general has risen with heroin becoming a primary opiate of choice. Approximately 36% percent of individuals seen by Delaware County Drug and Alcohol Abuse Services use opiates.”<sup>cxvii</sup>

Tioga County’s Community Health Assessment reported that of the newborn drug-related hospitalization rate, per 10,000 newborn discharges, Tioga County’s rate was 134.7 compared to State’s rate of 72.6 and Upstate New York’s of 89.6. The County indicated they need to reach out to these women to get them to stop using drugs before getting pregnant.<sup>cxviii</sup> Preventing substance abuse was listed as the County’s second highest priority area.<sup>cxix</sup>

The Tompkins County Community Health Assessment reported a 33.8% increase in non-medical prescription drug use among high school seniors from 2008-2012. Substance abuse emerged as an important and multifaceted concern.<sup>cxx</sup>



**Southern Tier Regional Forum**  
**April 28, 2014**  
**SUNY Oneonta, Hunt Union**  
**108 Ravine Parkway**  
**Oneonta, NY**

Members Present:

Senator Phil M. Boyle  
Senator James Seward  
Senator Thomas O'Mara

Speakers:

Joe Biviano  
*Administrator, Take Back Chenango*

Joseph Boan  
*Director of Student Services, Otsego Northern Catskills BOCES*

Robert Clipston  
*Co-founder, Take Back Chenango*

Ernie Cutting  
*Sheriff, Chenango County*

Tony Desmond  
*Sheriff, Schoharie County*

Richard Devlin  
*Sheriff, Otsego County*

Julie Dostal  
*Executive Director, LEAF Council on Alcoholism and Addictions in Otsego County*

Craig DuMond  
*Undersheriff, Delaware County*

Steve Graham, M.D.  
*Obstetrician/Gynecologist, Bassett Healthcare Network*

Norine Hodges

*Executive Director, Schoharie County Council on Alcoholism and Substance Abuse*

Christopher Kemp

*Chemical Dependency Program Director, Delaware County Alcohol and Drug Abuse Services*

Gary Leahy

*Sergeant, Assistant Zone Commander, New York State Police, Troop C*

Dr. August J. Leinhart

*Chief of Emergency and Trauma Services, Bassett Healthcare Network*

Mike MacInerney

*Senior Investigator, BCI, New York State Police, Troop C*

Joe McBride

*District Attorney, Chenango County District Attorney*

Thomas Mills

*Sheriff, Delaware County*

Richard Northrup

*District Attorney, Delaware County*

Nancy Ortner

*Chemical Dependency Program Manager, Schoharie County Chemical Dependency Unit*

Dave Ramsey

*Executive Director, Delaware County Alcohol and Drug Abuse Council*

Kelly Robinson, M.D.

*Medical Director of the Emergency Department, A.O. Fox, Oneonta*

James Sacket

*District Attorney, Schoharie County*

Nicholas Savin

*District Superintendent, Otsego Northern Catskills BOCES*

Joe Sellers, M.D.

*Internist and pediatrician, Bassett Healthcare Network; Secretary of the State Medical Society*

Justin Thalheimer

*Chemical Dependency Program Manager, Otsego County Addiction Recovery Services*

Jeanette Tolson

*Executive Director, Friends of Recovery of Delaware and Otsego counties*

Dr. Judy Weinstock

*Primary-Care Physician, Bassett Healthcare Network*

Summary of Testimony:

**Joe Biviano**

Administrator, Take Back Chenango

- *Expansion of school and community-based prevention services.* Provide access to qualified licensed health professionals to speak with students and young adults about the dangers of drugs and addiction.
- *Support and fund harm reduction programs.* Harm reduction seeks to reduce and prevent negative by-products associated with drug use and encourage non-risky behavior. Harm reduction programs seek to ensure that the drug use is as safe as possible to reduce the transmission of diseases and prevent overdose. The most notable harm reduction programs are syringe exchange programs and opioid overdose prevention programs.
- *Embrace long term intensive treatment programs.* Due to the highly addictive nature of opioids, 28 day treatment programs are not always effective. Adolescents especially need longer treatment programs to prevent relapses and the potentially deadly overdoses that occur when treatment has been inadequate.
- *Expansion of all types of recovery treatment.* Every path to recovery is different. Some regions may need increased access to detoxification beds, inpatient beds in residential facilities, and outpatient treatment.

**Joseph Boon**

Director of Student Services, Otsego Northern Catskills BOCES

- *Expansion of school and community-based prevention services.* Provide access to qualified licensed health professionals to speak with students and young adults about the dangers of drugs and addiction.

**Robert Clipston**

Co-founder, Take Back Chenango

- *Expansion of school and community-based prevention services.* Provide access to qualified licensed health professionals to speak with students and young adults about the dangers of drugs and addiction.
- *Educational programs for parents on the dangers of drugs, addiction and recognizing addiction.* Parents often have the most contact with children and young adults . With proper education, parents can recognize drug addiction at an early stage.
- *Embrace long term intensive treatment programs.* Due to the highly addictive nature of opioids, 28 day treatment programs are not always effective. Adolescents especially need longer treatment programs to prevent relapses and the potentially deadly overdoses that occur when treatment has been inadequate.
- *Expansion of all types of recovery treatment.* Every path to recovery is different. Some regions may need increased access to detoxification beds, inpatient beds in residential facilities, and outpatient treatment.

### **Ernie Cutting**

Sheriff, Chenango County

- *Expansion of school and community-based prevention services.* Provide access to qualified licensed health professionals to speak with students and young adults about the dangers of drugs and addiction.

### **Tony Desmond**

Sheriff, Schoharie County

- *Increase funding to investigate heroin related crimes.* Increased law enforcement funding would allow additional investigations related to controlled substances. This increase would also help facilitate investigations between sheriffs' offices.

### **Richard Devlin**

Sheriff, Otsego County

- *Train law enforcement professionals to deal with withdrawal symptoms and underlying addiction medical conditions.* As a result of heroin related crimes, police officers are frequently in situations with individuals suffering from withdrawal without the proper resources or training to handle these situations.

### **Julie Dostal**

Executive Director, LEAF Council on Alcoholism and Addictions in Otsego County

- *Expansion of school and community-based prevention services.* Provide access to qualified licensed health professionals to speak with students and young adults about the dangers of drugs and addiction.
- *Allow health care professionals to make decisions related to addiction treatment insurance coverage instead of insurance companies.* The type and length of treatment

coverage should be determined by health care professionals. Many individuals are denied coverage under the current managed care system. Under managed care systems, insurance companies, rather than the patient's own doctor, determine whether a patient receives addiction treatment services and the length of services.

- *Educational programs for parents on the dangers of drugs, addiction and recognizing addiction.* Parents often have the most contact with children and young adults . With proper education, parents can recognize drug addiction at an early stage.
- *Increase the frequency of drug take back/safe disposal programs.* Prescription pills require safe, environmentally friendly disposal. Without the means to properly dispose of prescription pills, they often remain in home medicine cabinets and frequently get into the wrong hands. The federal Substance Abuse and Mental Health Services Administration (SAMHSA) estimates that 70-80% of nonmedical use of prescription pain relievers begins by raiding the medicine cabinet at home. Drug take back programs help prevent this diversion of prescription pills.
- *Increase restrictions for prescribing opioids.* The United States constitutes 4.6% of the world's population, yet consumes 80% of the global opiate supply and 99% of the world's hydrocodone supply. Although I-STOP has greatly reduced the overprescribing of prescription opioids and the ability to doctor/pharmacy shop, prescription opioids are still prescribed in high numbers.
- *Public awareness campaign on opioid and heroin addiction.* Educating the public is key to prevention. A broad public awareness campaign will reach sectors of the community that other prevention programs sometimes miss.
- *Support of S.6477-B (Hannon)/S.8637-B (Dinowitz).* This bill allows for the prescribing, dispensing and distribution of an opioid antagonist by a non-patient specific order. This bill would provide for expansion of Naloxone training and use to communities, families and peers. Naloxone is a prescription medicine that may reverse opioid overdoses if administered quickly during an overdose.

### **Craig DuMond**

Undersheriff, Delaware County

- *Expansion of school and community-based prevention services.* Provide access to qualified licensed health professionals to speak with students and young adults about the dangers of drugs and addiction.

### **Steve Graham, M.D.**

Obstetrician/Gynecologist, Bassett Healthcare Network

- *Reduce the stigma associated with substance abuse.* The stigma posed by society prevents those with substance abuse disorders from admitting they have an addiction, and therefore is a barrier for seeking help and for family members to become educated on addiction.

- *Increase availability of medically assisted detoxification and treatment.* Use of buprenorphine (Suboxone) has shown to substantially increase the likelihood for overcoming heroin/opioid dependence in combination with other non-medical treatment.

### **Norine Hodges**

Executive Director, Schoharie County Council on Alcoholism and Substance Abuse

- *Create Drug Court peer support groups.* These groups would be educational, provide additional support to those new to drug court, and help prevent relapse.
- *Increase the frequency of drug take back/safe disposal programs.* Prescription pills require safe, environmentally friendly disposal. Without the means to properly dispose of prescription pills, they often remain in home medicine cabinets and frequently get into the wrong hands. The federal Substance Abuse and Mental Health Services Administration (SAMHSA) estimates that 70-80% of nonmedical use of prescription pain relievers begins by raiding the medicine cabinet at home. Drug take back programs help prevent this diversion of prescription pills.
- *Expansion of school and community-based prevention services.* Provide access to qualified licensed health professionals to speak with students and young adults about the dangers of drugs and addiction.

### **Christopher Kemp**

Chemical Dependency Program Director, Delaware County Alcohol and Drug Abuse Services

- *Expansion of drug courts and increased participation in diversion programs for those with substance abuse disorders.* Drug courts were created to differentiate between those with substance abuse disorders and drug dealers selling for profit. Drug courts are a valuable tool in ensuring that those with substance abuse disorders receive necessary treatment when their addiction was the motivating factor for a non-violent crime.
- *Work with county level jails to provide treatment and support services.* For drug related non-violent crimes, there is an opportunity to provide educational and recovery support services to individuals with addictions while they are incarcerated. These services could ultimately prevent relapse and prevent future drug related crimes.
- *Allow health care professionals to make decisions related to addiction treatment insurance coverage instead of insurance companies.* The type and length of treatment coverage should be determined by health care professionals. Many individuals are denied coverage under the current managed care system. Under managed care systems, insurance companies, rather than the patient's own doctor, determine whether a patient receives addiction treatment services and the length of services.
- *Advocate to the federal government to allow physician extenders to prescribe buprenorphine.* Physician extenders (nurse practitioners and physician assistants) are not able to prescribe buprenorphine. We need to increase access to this vital medication by increasing the number of medical providers that can prescribe this medication.

### **Dr. August J. Leinhart**

Dr. Leinhart is the Chief of Emergency and Trauma Services at Bassett Healthcare Network. He is a board-certified emergency physician and a member of the New York Chapter of the American College of Emergency Physicians. He is also the Chairman of the Regional Advisory Committee of the Adirondack Appalachian Regional EMS Council and a member of the New York State Emergency Medical Advisory Committee, the CMAC.

- *Include relevant information with Naloxone kits.* Informational packets should be included so that anyone who administers Naloxone knows what steps to take afterwards. These steps may include contacting first responders/911 and contact information for detoxification and treatment facilities.
- *Establish a 1-800 information hotline for opioid counseling and rehabilitation services throughout the state.* This hotline would increase access to care for individuals with chemical dependency.
- *Model Naloxone overdose prevention programs on Automated External Defibrillators and Epinephrine Auto-Injectors programs; and extend Good Samaritan laws to those who render assistance.* With physician oversight of the program and proper training, this model would not restrict access to Naloxone to a particular first responder and allows for wide availability of Naloxone in communities.
- *Support of S.6477-B (Hannon)/S.8637-B (Dinowitz).* This bill allows for the prescribing, dispensing and distribution of an opioid antagonist by a non-patient specific order. This bill would provide for expansion of Naloxone training and use to communities, families and peers. Naloxone is a prescription medicine that may reverse opioid overdoses if administered quickly during an overdose.

### **Mike MacInerney**

Senior Investigator, BCI, New York State Police, Troop C

- *Promote interagency cooperation for law enforcement agencies.* With the staggering rise in drug related arrests, there is a need for cooperation on all levels of law enforcement from the local, state, and federal levels.

### **Joe McBride**

District Attorney, Chenango County District Attorney

- *Expansion of school and community-based prevention services.* Provide access to qualified licensed health professionals to speak with students and young adults about the dangers of drugs and addiction.
- *Expansion of drug courts and increased participation in diversion programs for those with substance abuse disorders.* Drug courts were created to differentiate between those with substance abuse disorders and drug dealers selling for profit. Drug courts are a

valuable tool in ensuring that those with substance abuse disorders receive necessary treatment when their addiction was the motivating factor for a non-violent crime.

**Thomas Mills**

Sheriff, Delaware County

- *Expansion of school and community-based prevention services.* Provide access to qualified licensed health professionals to speak with students and young adults about the dangers of drugs and addiction.
- *Expansion of all types of recovery treatment.* Every path to recovery is different. Some regions may need increased access to detoxification beds, inpatient beds in residential facilities, and outpatient treatment.

**Richard Northrup**

District Attorney, Delaware County

- *Increase inpatient detoxification facilities for heroin/opioids.* Detoxification beds are often reserved for alcohol and cocaine detoxification. Heroin/opioid detoxification is not considered medically necessary because it is not immediately life threatening. Heroin and opioid detoxification is extremely painful. Some addicts would rather continue their addiction than experience withdrawal. Facing withdrawal alone without a medical professional is not considered reasonable for any other chemical dependency. Heroin/opioid addicts need access to detoxification beds if they are to overcome their addiction.
- *Expansion of all types of recovery treatment.* Every path to recovery is different. Some regions may need increased access to detoxification beds, inpatient beds in residential facilities, and outpatient treatment.

**Nancy Ortner**

Chemical Dependency Program Manager, Schoharie County Chemical Dependency Unit

- *Expansion of all types of recovery treatment.* Every path to recovery is different. Some regions may need increased access to detoxification beds, inpatient beds in residential facilities, and outpatient treatment.

**Dave Ramsey**

Executive Director, Delaware County Alcohol and Drug Abuse Council

- *Increase inpatient detoxification facilities for heroin/opioids.* Detoxification beds are often reserved for alcohol and cocaine detoxification. Heroin/opioid detoxification is not considered medically necessary because it is not immediately life threatening. Heroin and opioid detoxification is extremely painful. Some addicts would rather continue their addiction than experience withdrawal. Facing withdrawal alone without a medical professional is not considered reasonable for any other chemical dependency.



Heroin/opioid addicts need access to detoxification beds if they are to overcome their addiction.

- *Allow health care professionals to make decisions related to addiction treatment insurance coverage instead of insurance companies.* The type and length of treatment coverage should be determined by health care professionals. Many individuals are denied coverage under the current managed care system. Under managed care systems, insurance companies, rather than the patient's own doctor, determine whether a patient receives addiction treatment services and the length of services.
- *Invest in relapse prevention strategies.* Require that anyone discharged from inpatient detoxification has a discussed a plan of action with a medical professional to stay clean and in recovery.
- *Work with county level jails to provide treatment and support services.* For drug related non-violent crimes, there is an opportunity to provide educational and recovery support services to individuals with addictions while they are incarcerated. These services could ultimately prevent relapse and prevent future drug related crimes.

**Kelly Robinson, M.D.**

Medical Director of the Emergency Department, A.O. Fox, Oneonta

- *Increase inpatient detoxification facilities for heroin/opioids.* Detoxification beds are often reserved for alcohol and cocaine detoxification. Heroin/opioid detoxification is not considered medically necessary because it is not immediately life threatening. Heroin and opioid detoxification is extremely painful. Some addicts would rather continue their addiction than experience withdrawal. Facing withdrawal alone without a medical professional is not considered reasonable for any other chemical dependency. Heroin/opioid addicts need access to detoxification beds if they are to overcome their addiction.
- *Expansion of Naloxone training and use to all first responders.* Naloxone is a prescription medicine that may reverse opioid overdoses if administered at first signs of an overdose. New York State should expand the training and use of Naloxone to all first responders including, but not limited to, Emergency Medical Technicians, fire departments, and law enforcement officers.
- *Support of S.6477-B (Hannon)/S.8637-B (Dinowitz).* This bill allows for the prescribing, dispensing and distribution of an opioid antagonist by a non-patient specific order. This bill would provide for expansion of Naloxone training and use to communities, families and peers. Naloxone is a prescription medicine that may reverse opioid overdoses if administered quickly during an overdose.
- *Increase restrictions for prescribing opioids.* The United States constitutes 4.6% of the world's population, yet consumes 80% of the global opiate supply and 99% of the world's hydrocodone supply. Although I-STOP has greatly reduced the overprescribing

of prescription opioids and the ability to doctor/pharmacy shop, prescription opioids are still prescribed in high numbers.

- *Increase the frequency of drug take back/safe disposal programs.* Prescription pills require safe, environmentally friendly disposal. Without the means to properly dispose of prescription pills, they often remain in home medicine cabinets and frequently get into the wrong hands. The federal Substance Abuse and Mental Health Services Administration (SAMHSA) estimates that 70-80% of nonmedical use of prescription pain relievers begins by raiding the medicine cabinet at home. Drug take back programs help prevent this diversion of prescription pills.

### **James Sacket**

District Attorney, Schoharie County

- *Expansion of drug courts and increased participation in diversion programs for those with substance abuse disorders.* Drug courts were created to differentiate between those with substance abuse disorders and drug dealers selling for profit. Drug courts are a valuable tool in ensuring that those with substance abuse disorders receive necessary treatment when their addiction was the motivating factor for a non-violent crime.
- *Expansion of all types of recovery treatment.* Every path to recovery is different. Some regions may need increased access to detoxification beds, inpatient beds in residential facilities, and outpatient treatment.
- *Invest in relapse prevention strategies.* Require that anyone discharged from inpatient detoxification has a discussed a plan of action with a medical professional to stay clean and in recovery.
- *Embrace long term intensive treatment programs.* Due to the highly addictive nature of opioids, 28 day treatment programs are not always effective. Adolescents especially need longer treatment programs to prevent relapses and the potentially deadly overdoses that occur when treatment has been inadequate.

### **Joe Sellers, M.D.**

Internist and pediatrician, Bassett Healthcare Network; Secretary of the State Medical Society

- *Expansion of school and community-based prevention services.* Provide access to qualified licensed health professionals to speak with students and young adults about the dangers of drugs and addiction.
- *Increase restrictions for prescribing opioids.* The United States constitutes 4.6% of the world's population, yet consumes 80% of the global opiate supply and 99% of the world's hydrocodone supply. Although I-STOP has greatly reduced the overprescribing of prescription opioids and the ability to doctor/pharmacy shop, prescription opioids are still prescribed in high numbers.
- *Support of S.6477-B (Hannon)/S.8637-B (Dinowitz).* This bill allows for the prescribing, dispensing and distribution of an opioid antagonist by a non-patient specific order. This

bill would provide for expansion of Naloxone training and use to communities, families and peers. Naloxone is a prescription medicine that may reverse opioid overdoses if administered quickly during an overdose.

- *Allow health care professionals to make decisions related to addiction treatment insurance coverage instead of insurance companies.* The type and length of treatment coverage should be determined by health care professionals. Many individuals are denied coverage under the current managed care system. Under managed care systems, insurance companies, rather than the patient's own doctor, determine whether a patient receives addiction treatment services and the length of services.
- *Expansion of all types of recovery treatment.* Every path to recovery is different. Some regions may need increased access to detoxification beds, inpatient beds in residential facilities, and outpatient treatment.
- *Create a law enforcement referral to treatment system.* When law enforcement responds to a scene where someone is exhibiting signs of drug use but no crime is being committed, there is currently no mechanism in place to provide help and/or treatment.
- *Educate medical professionals on drug abuse and addiction.* With the high numbers of opioid pain relievers that are prescribed to New Yorkers, medical professionals, specifically prescribers, need to be aware of the high risk of addiction for prescription opioids and understand how to recognize signs of misuse and addiction.
- *Prescriber guidelines recommending specific doses of certain prescriptions for pain.* Standardized guidelines for prescribing opiates would reduce the amount of "leftover" pills that fill many medicine cabinets. While each patient may experience different levels of pain, these guidelines would help prescribers identify a typical and appropriate amount of opioid painkillers to prescribe in common situations.

### **Justin Thalheimer**

Chemical Dependency Program Manager, Otsego County Addiction Recovery Services

- *Expansion of drug courts and increased participation in diversion programs for those with substance abuse disorders.* Drug courts were created to differentiate between those with substance abuse disorders and drug dealers selling for profit. Drug courts are a valuable tool in ensuring that those with substance abuse disorders receive necessary treatment when their addiction was the motivating factor for a non-violent crime.
- *After successful completion of drug court treatment, the record should be expunged.* Expunging the record for individuals who complete drug court would allow for easier integration back into society.
- *More monitoring for buprenorphine (Suboxone) treatments by prescribers.* Buprenorphine is one of the most effective drugs prescribed for addiction recovery, but without close monitoring it has abuse potential. Buprenorphine has best results in addiction when used in conjunction with treatment and counseling. Because Buprenorphine prevents withdrawal symptoms, it has a high market value on the streets.

- *Increase inpatient detoxification facilities for heroin/opioids.* Detoxification beds are often reserved for alcohol and cocaine detoxification. Heroin/opioid detoxification is not considered medically necessary because it is not immediately life threatening. Heroin and opioid detoxification is extremely painful. Some addicts would rather continue their addiction than experience withdrawal. Facing withdrawal alone without a medical professional is not considered reasonable for any other chemical dependency. Heroin/opioid addicts need access to detoxification beds if they are to overcome their addiction.

### **Jeanette Tolson**

Executive Director, Friends of Recovery of Delaware and Otsego counties

- *Invest in relapse prevention strategies.* Require that anyone discharged from inpatient detoxification has a discussed a plan of action with a medical professional to stay clean and in recovery.
- *Incentivize employers to hire people in recovery.* The stability of a job is crucial in helping individuals in recovery maintain sobriety. By providing incentives to employers, more people in recovery will be hired and the stigma concerning addiction will be reduced.
- *Reduce the stigma associated with substance abuse.* The stigma posed by society prevents those with substance abuse disorders from admitting they have an addiction, and therefore is a barrier for seeking help and for family members to become educated on addiction.

### **Dr. Judy Weinstock**

Primary-Care Physician, Bassett Healthcare Network

- *Integrated treatment approach for addiction and mental health issues.* It is common for those with substance abuse disorders to also have mental health issues. Substance abuse disorders cannot be separated from mental health disorders and the two need to be addressed simultaneously. Additionally, the resources between the Office of Alcoholism and Substance Abuse Services (OASAS) and Office of Mental Health (OMH) should be shared when appropriate.
- *Increase inpatient detoxification facilities for heroin/opioids.* Detoxification beds are often reserved for alcohol and cocaine detoxification. Heroin/opioid detoxification is not considered medically necessary because it is not immediately life threatening. Heroin and opioid detoxification is extremely painful. Some addicts would rather continue their addiction than experience withdrawal. Facing withdrawal alone without a medical professional is not considered reasonable for any other chemical dependency. Heroin/opioid addicts need access to detoxification beds if they are to overcome their addiction.

- *Expansion of school and community-based prevention services.* Provide access to qualified licensed health professionals to speak with students and young adults about the dangers of drugs and addiction.
- *Prescriber guidelines recommending specific doses of certain prescriptions for pain.* Standardized guidelines for prescribing opiates would reduce the amount of “leftover” pills that fill many medicine cabinets. While each patient may experience different levels of pain, these guidelines would help prescribers identify a typical and appropriate amount of opioid painkillers to prescribe in common situations.

## HEROIN USE IN NEW YORK CITY

### Heroin Use and Overdose Statistics:

Between 2000 and 2010, heroin overdose deaths decreased by 47% in New York City; however, from 2010 to 2013, the rate of heroin overdose deaths increased by 71%, to the highest level since 2006. Additionally, unintentional opioid analgesic overdose deaths more than tripled in New York City between 2000 and 2012.<sup>cxxi</sup>

From 2005 to 2011, according to city health statistics, as fatalities from overdosing on drugs decreased citywide, the death rate from opioid overdoses on Staten Island nearly quadrupled, leaving it more than three times that of the Bronx.<sup>cxxii</sup>

The NYC health department says three times more people overdose from painkillers on Staten Island than in the rest of the city.<sup>cxxiii</sup>

In New York City, several sources including the NYC Department of Health & Mental Hygiene, the NY Times and CNN reported that heroin-related overdose deaths increased 84 percent from 2010 to 2012. In February 2014, CNN reported that heroin-related deaths involved 52% of all overdose deaths in 2012 in the City, according to the city's Department of Health and Mental Hygiene.<sup>cxxiv</sup>

The USA Today reports that in New York City, the 730 drug overdose fatalities in 2012 — with half of those estimated to be related to heroin and prescription opiates — were nearly double the number of homicides.<sup>cxxv</sup>

According to the NYC Department of Health:

- In 2011, 2.7% of NYC high school students reported having used heroin one or more times in their life.
- In 2009, the rate for heroin emergency department related visits was about 153 for every 100,000 New Yorkers.
- Heroin was involved in 46% of unintentional drug poisoning deaths from 2005 to 2010.
- From 2005 to 2010, New Yorkers ages 45-54 had the highest rate of heroin-related poisoning deaths; rates were also higher among males.<sup>cxxvi</sup>

### Treatment & Counseling Services Information:

In 2012, 54.4% of all non-crisis treatment admissions in NYC were for heroin, according to the Mayor's Task Force on Prescription Painkiller Abuse 2013 report.<sup>cxxvii</sup>

A new, federally funded NYPD pilot program provides Naloxone to officers from one precinct in each of the five boroughs. By the end of May, training and Naloxone kits will be provided to officers in all four of the borough's precincts.<sup>cxxviii</sup>

FDNY paramedics have been carrying Naloxone since the department's merger with EMS in 1996, and EMS had used the medicine for several decades before then. In 2013, officials said, FDNY paramedics used the remedy more than 2,800 times citywide, and through the first four months of 2014, paramedics from FDNY Division 5 on Staten Island have used Naloxone more than 80 times.<sup>cxxix</sup>

### **Heroin Arrests & Seizures:**

The amount of heroin seized by the DEA has increased 67 percent between 2009, when officials recovered 86 kilograms (190 pounds) of heroin, and 2013, when 144 kilograms (317 pounds) was seized, the vast majority of it coming from the city.<sup>cxxx</sup>

Recently, the NYPD busted a heroin mill in Williamsburg, Brooklyn, that had been supplying much of the city and Long Island. The ring is estimated to have sold as many of 360,000 bags of heroin, with a street value of about \$3.6 million.<sup>cxxxi</sup>

**Manhattan Regional Forum**  
**May 1, 2014**  
**Senate Hearing Room**  
**250 Broadway, 19<sup>th</sup> Floor**  
**New York, NY**

Members Present:

Senator Phil M. Boyle  
Senator David Carlucci  
Senator Martin J. Golden  
Senator Michael Nozzolio  
Senator Simcha Felder

Speakers:

Henry Bartlett  
*Executive Director, Committee of Methadone Program Administrators of New York State (COMPA)*

Gary Butchen  
*Executive Director, Bridge Back to Life Center*

Karen Carlini  
*Associate Director, Dynamic Youth Community; Co-Chair, Association of Substance-Abuse Providers, Adolescent and Young Adult Committee for NYS*

Ruchama Clapman  
*Founder, and Executive Director, Mothers and Fathers Aligned Saving Kids*

Rabbi Simcha Feuerman  
*Director of Operations, OHEL Children's Home; President of NEFESH (International Network of Orthodox Jewish Mental-Health Professionals)*

William Fusco  
*Executive Director, Dynamic Youth Community*

Dr. Bradford Goff  
*Psychiatrist, Lutheran Medical Center*



James Hollywood

*Assistant Vice President, Residential Services, Samaritan Village*

Dr. Andrew Kolodny

*Chief Medical Officer, Phoenix House Foundation; President, Physicians for Responsible Opioid Prescribing*

Dr. Hillary Kunins

*Acting Executive Deputy Commissioner, NYC Department of Health and Mental Hygiene*

William McGoldrick, Esq.

*Attorney At Law; Retired Detective Sergeant, New York State Police*

Linda Sarsour

*Executive Director, Arab-American Association of New York*

"The Detective"

*Representative, NYC District Attorney's Office & undercover investigator*

Summary of Testimony:

**Henry Bartlett**

Henry Bartlett is the Executive Director of the Committee of Methadone Program Administrators (COMPA) of New York State. This organization represents the interests of the Methadone treatment providers in New York State. Collectively these providers serve more than 42,000 patients. Mr. Bartlett has held this position since September of 2001. Prior to that Mr. Bartlett spent more than 24 years employed by the New York State Office of Alcoholism and Substance Abuse Services (OASAS). In his last position at OASAS, Mr. Bartlett was the Director of Costing and Revenue Development. He had overall responsibility for overseeing a third party revenue system that generated in excess of \$300 million for alcohol and substance abuse treatment. Mr. Bartlett has extensive experience in rate setting, Medicaid management, cost analysis, revenue projection, fiscal oversight and management, and revenue maximization techniques.

- *Increase availability of medically assisted detoxification and treatment.* Use of buprenorphine (Suboxone) has shown to substantially increase the likelihood for overcoming heroin/opioid dependence in combination with other non-medical treatment.
- *Require drug court coordinators and judges to allow a participant to receive medically assisted treatment.* Many drug court coordinators and judges require drug court participants to stop their medically assisted treatment before becoming a part of the drug court program. The benefits of medically assisted treatment can be tremendous and it is

counterproductive to have a patient stop their prescribed treatment medication. Medically assisted treatment also will help prevent relapses.

### **Gary Butchen**

Gary Butchen has worked in behavioral healthcare for over 20 years. He is a frequent teacher and lecturer locally and nationally on addictions, ethics, and numerous other behavioral health related topics. He has advanced training and degrees in addiction counseling.

Since 1991, Mr. Butchen has been the Executive Director of Bridge Back to Life Center. Under his tutelage, Bridge Back to Life has become one of NYC's premiere chemical dependency outpatient treatment networks, providing the full spectrum of addiction treatment services to thousands of patients each year. In 1997, he founded Bridge Back Recovery Homes, Inc. a transitional housing component which, based on the Oxford Model, provides peer-run, peer-supported sober housing for formerly homeless addicted men and women. In 2004 he founded Bridge Back Adolescent Services, an alternative high school program for at-risk adolescents which is a collaborative effort with the NYC Board of Education Offsite Educational Services Department.

He is currently on the Clinical Advisory Board of the Brooklyn Drug Treatment Court; Kingsborough Community College Substance Abuse Counseling Program; and the Nassau County Heroin Prevention Task Force. He served for seven years on the Governor's Advisory Council on Alcoholism and Substance Abuse Services. He was a founding Board Member and is the Past-President of the Board of Directors for the Addiction Treatment Providers Association of New York State.

- *Allow health care professionals to make decisions related to addiction treatment insurance coverage instead of insurance companies.* The type and length of treatment coverage should be determined by health care professionals. Many individuals are denied coverage under the current managed care system. Under managed care systems, insurance companies, rather than the patient's own doctor, determine whether a patient receives addiction treatment services and the length of services.

### **Karen Carlini**

Karen J. Carlini, CASAC, is the Associate Director of Dynamic Youth Community, Inc., a New York State licensed and funded adolescent drug rehabilitation program dedicated to the comprehensive treatment of adolescent alcohol and substance abusers. DYC was founded in 1970 and Ms. Carlini, a credentialed alcohol and substance abuse counselor, has been with the organization since 1974. Under the oversight of the Executive Director, Ms. Carlini is responsible for agency programming, fiscal and clinical policy development, external communications and the overall representation and functioning of the agency. She is responsible for supervising clinical staff performance, reporting to the Board of Directors, and along with

DYC's Executive Director, a vital link between the agency and New York State Office of Alcohol and Substance Abuse Services (OASAS). Ms. Carlini is affiliated with several outside entities in the field. She is a board member of Therapeutic Communities Association of New York (TCA), New York State Association of Substance Abuse Providers (NYSASAP), and The Coalition for Community Services, an alliance of New York community-based substance abuse agencies. She is the co-chair of the NYSASAP's Adolescent/Youth Committee. Ms. Carlini is co-author of Chapter 10, "Dynamic Youth Community, Inc.: A Multiphase, Step-Down Therapeutic Community for Adolescents and Young Adults" part of *Adolescent Substance Abuse Treatment In The United States: Exemplary Models From A National Study* (Haworth Press, 2003)

- *Allow health care professionals to make decisions related to addiction treatment insurance coverage instead of insurance companies.* The type and length of treatment coverage should be determined by health care professionals. Many individuals are denied coverage under the current managed care system. Under managed care systems, insurance companies, rather than the patient's own doctor, determine whether a patient receives addiction treatment services and the length of services.
- *Embrace long term intensive treatment programs.* Due to the highly addictive nature of opioids, 28 day treatment programs are not always effective. Adolescents especially need longer treatment programs to prevent relapses and the potentially deadly overdoses that occur when treatment has been inadequate.
- *Keep co-pays and deductibles manageable for treatment services.* When insurance companies approve treatment, the co-pays and deductibles may be cost prohibitive. Affordability is often a barrier to treatment and prevents those with drug dependency from receiving treatment.
- *Expansion of school and community-based prevention services.* Provide access to qualified licensed health professionals to speak with students and young adults about the dangers of drugs and addiction.

### **Ruchama Clapman**

Founder, and Executive Director, Mothers and Fathers Aligned Saving Kids

- *Embrace long term intensive treatment programs.* Due to the highly addictive nature of opioids, 28 day treatment programs are not always effective. Adolescents especially need longer treatment programs to prevent relapses and the potentially deadly overdoses that occur when treatment has been inadequate.
- *Expansion of school and community-based prevention services.* Provide access to qualified licensed health professionals to speak with students and young adults about the dangers of drugs and addiction.
- *Educational programs for parents on the dangers of drugs, addiction and recognizing addiction.* Parents often have the most contact with children and young adults . With proper education, parents can recognize drug addiction at an early stage.

### **Rabbi Simcha Feuerman**

Director of Operations, OHEL Children's Home; President of NEFESH (International Network of Orthodox Jewish Mental-Health Professionals)

- *Expansion of school and community-based prevention services.* Provide access to qualified licensed health professionals to speak with students and young adults about the dangers of drugs and addiction.
- *Reduce the stigma associated with substance abuse.* The stigma posed by society prevents those with substance abuse disorders from admitting they have an addiction, and therefore is a barrier for seeking help and for family members to become educated on addiction.

### **William Fusco**

William A. Fusco is a founder and Executive Director of Dynamic Youth Community, Inc., with the responsibility for agency programming, fiscal and clinical policy development, external communications and the overall representation and functioning of the agency. Mr. Fusco is also Executive Director of Dynamite Youth Center Foundation, Inc., founded in 1970. With over forty years spent in the field of chemical dependence treatment, Mr. Fusco specializes in substance abuse counseling services to adolescents, young adults and their families. He remains an advocate to those in need of treatment by serving on various government and professional coalitions, panels, committees. Mr. Fusco is immediate past Chairman of the Coalition for Community Services, an alliance of New York community-based substance abuse agencies. He is on the Executive Board of Therapeutic Communities Association of New York and is a Board Member of the NYS Association of Substance Abuse Providers.

Mr. Fusco became interested in the field of substance abuse treatment after himself completing a long-term treatment program at Phoenix House. Mr. Fusco is co-author of Chapter 10, “Dynamic Youth Community, Inc.: A Multiphase, Step-Down Therapeutic Community for Adolescents and Young Adults” part of *Adolescent Substance Abuse Treatment In The United States: Exemplary Models From A National Study* (Haworth Press, 2003).

- *Embrace long term intensive treatment programs.* Due to the highly addictive nature of opioids, 28 day treatment programs are not always effective. Adolescents especially need longer treatment programs to prevent relapses and the potentially deadly overdoses that occur when treatment has been inadequate.

### **Dr. Bradford Goff**

Psychiatrist, Lutheran Medical Center

- *Increase availability of medically assisted detoxification and treatment.* Use of buprenorphine (Suboxone) has shown to substantially increase the likelihood for overcoming heroin/opioid dependence in combination with other non-medical treatment.

- *Educate medical professionals on drug abuse and addiction.* With the high numbers of opioid pain relievers that are prescribed to New Yorkers, medical professionals, specifically prescribers, need to be aware of the high risk of addiction for prescription opioids and understand how to recognize signs of misuse and addiction.
- *Support of S.6477-B (Hannon)/S.8637-B (Dinowitz).* This bill allows for the prescribing, dispensing and distribution of an opioid antagonist by a non-patient specific order. This bill would provide for expansion of Naloxone training and use to communities, families and peers. Naloxone is a prescription medicine that may reverse opioid overdoses if administered quickly during an overdose.
- *Expansion of Naloxone training and use to all first responders.* Naloxone is a prescription medicine that may reverse opioid overdoses if administered at first signs of an overdose. New York State should expand the training and use of Naloxone to all first responders including, but not limited to, Emergency Medical Technicians, fire departments, and law enforcement officers.

### **James Hollywood**

James Hollywood, LSCW, is Assistant Vice President for Residential Services at Samaritan Village. He provides clinical leadership and management to five residential substance abuse treatment programs serving over 700 clients. With more than 20 years of experience working in the fields of substance abuse, mental health and homeless services, Mr. Hollywood is charged with developing and enhancing the agency's use of evidence based practices in treatment programs. Mr. Hollywood has worked to develop skills among the counseling staff in delivering motivational interviewing and cognitive behavior based therapies. He is also working on the expansion of Samaritan's use of medically assisted recovery and withdrawal management.

Prior to joining Samaritan, Mr. Hollywood worked at Palladia, a New York City based social service agency, where he successfully implemented enhancements to address co-occurring mental health and substance use. Mr. Hollywood also helped develop "Let's Get Organized," a program to help clients improve organization and time management skills to facilitate successful reentry into community life. This intervention was recognized by U.S. Department of Health and Human Services' Agency for Healthcare Research and Quality as an innovative practice.

- *Embrace long term intensive treatment programs.* Due to the highly addictive nature of opioids, 28 day treatment programs are not always effective. Adolescents especially need longer treatment programs to prevent relapses and the potentially deadly overdoses that occur when treatment has been inadequate.
- *Invest in relapse prevention strategies.* Require that anyone discharged from inpatient detoxification has a discussed a plan of action with a medical professional to stay clean and in recovery.

- *Increase availability of medically assisted detoxification and treatment.* Use of buprenorphine (Suboxone) has shown to substantially increase the likelihood for overcoming heroin/opioid dependence in combination with other non-medical treatment.
- *Expansion of school and community-based prevention services.* Provide access to qualified licensed health professionals to speak with students and young adults about the dangers of drugs and addiction.
- *Educational programs for parents on the dangers of drugs, addiction and recognizing addiction.* Parents often have the most contact with children and young adults . With proper education, parents can recognize drug addiction at an early stage.
- *Support of S.6477-B (Hannon)/S.8637-B (Dinowitz).* This bill allows for the prescribing, dispensing and distribution of an opioid antagonist by a non-patient specific order. This bill would provide for expansion of Naloxone training and use to communities, families and peers. Naloxone is a prescription medicine that may reverse opioid overdoses if administered quickly during an overdose.
- *Expansion of Naloxone training and use to all first responders.* Naloxone is a prescription medicine that may reverse opioid overdoses if administered at first signs of an overdose. New York State should expand the training and use of Naloxone to all first responders including, but not limited to, Emergency Medical Technicians, fire departments, and law enforcement officers.
- *Expansion of drug courts and increased participation in diversion programs for those with substance abuse disorders.* Drug courts were created to differentiate between those with substance abuse disorders and drug dealers selling for profit. Drug courts are a valuable tool in ensuring that those with substance abuse disorders receive necessary treatment when their addiction was the motivating factor for a non-violent crime.

### **Dr. Andrew Kolodny**

Andrew Kolodny, M.D., Phoenix House’s chief medical officer, started his career with a keen interest in public health and a passion for helping those who are suffering from addiction. Prior to joining Phoenix House, Dr. Kolodny served as Chair of Psychiatry at Maimonides Medical Center in Brooklyn, New York. In that role, he provided clinical and administrative oversight of psychiatric services and a residency-training program for one of the largest community teaching hospitals in the country. During his tenure, Dr. Kolodny demonstrated a hands-on approach to improving quality of care, integrating health and mental health services, and developing new services and programs to meet changing community needs.

Dr. Kolodny previously worked as Medical Director for Special Projects in the Office of the Executive Deputy Commissioner for the New York City Department of Health and Mental Hygiene. Tasked with decreasing overdose deaths, Dr. Kolodny helped expand access to opioid addiction treatment. He also developed and implemented citywide programs to improve New Yorkers’ health and save lives, including Naloxone overdose prevention programs and

emergency room-based screening, brief intervention, and referral to treatment (SBIRT) programs for drug and alcohol misuse. To combat this crisis, Dr. Kolodny co-founded Physicians for Responsible Opioid Prescribing, now a program of Phoenix House.

- *Embrace long term intensive treatment programs.* Due to the highly addictive nature of opioids, 28 day treatment programs are not always effective. Adolescents especially need longer treatment programs to prevent relapses and the potentially deadly overdoses that occur when treatment has been inadequate.
- *Increase availability of medically assisted detoxification and treatment.* Use of buprenorphine (Suboxone) has shown to substantially increase the likelihood for overcoming heroin/opioid dependence in combination with other non-medical treatment.
- *Prescriber guidelines recommending specific doses of certain prescriptions for pain.* Standardized guidelines for prescribing opiates would reduce the amount of “leftover” pills that fill many medicine cabinets. While each patient may experience different levels of pain, these guidelines would help prescribers identify a typical and appropriate amount of opioid painkillers to prescribe in common situations.
- *Educate medical professionals on drug abuse and addiction.* With the high numbers of opioid pain relievers that are prescribed to New Yorkers, medical professionals, specifically prescribers, need to be aware of the high risk of addiction for prescription opioids and understand how to recognize signs of misuse and addiction.
- *The State Medical Board should utilize I-STOP to notify and investigate doctors who are prescribing opioids in high dosages.* State medical boards should proactively use I-STOP data to prevent doctors from overprescribing.
- *Require doctors with multiple patients on long term opioids to be trained in prescribing buprenorphine.* Due to the highly addictive nature of opioids, when a doctor has multiple patients on long term opioids, there is a chance that one or more of those patients has an addiction. If such doctors were trained to prescribe buprenorphine, patients would have increased access to treatment.
- *Expansion of school and community-based prevention services.* Provide access to qualified licensed health professionals to speak with students and young adults about the dangers of drugs and addiction.
- *Support and fund harm reduction programs.* Harm reduction seeks to reduce and prevent negative by-products associated with drug use and encourage non-risky behavior. Harm reduction programs seek to ensure that the drug use is as safe as possible to reduce the transmission of diseases and prevent overdose. The most notable harm reduction programs are syringe exchange programs and opioid overdose prevention programs.

### **Dr. Hillary Kunins**

Dr. Hillary Kunins is the Acting Executive Deputy Commissioner for Mental Hygiene and the Assistant Commissioner for the Bureau of Alcohol and Drug Use at the Department of Health and Mental Hygiene (DOHMH). Since 2012, when Dr. Kunins joined the Department as

Assistant Commissioner, she has led DOHMH efforts to address prescription opioid misuse, promote best practices and improvements in addressing substance use in both the primary and specialty care systems serving New Yorkers, and surveillance and reporting on drug use and associated morbidity and mortality.

Dr. Kunins is a physician, board certified in both internal medicine and addiction medicine. Before joining DOHMH, she directed the residency program in primary care/social internal medicine at Montefiore Medical Center/Albert Einstein College of Medicine, conducted research in substance use services and medical education, and provided primary and addiction-related care to patients in both community health centers and in substance abuse treatment programs.

- *Increase availability of medically assisted detoxification and treatment.* Use of buprenorphine (Suboxone) has shown to substantially increase the likelihood for overcoming heroin/opioid dependence in combination with other non-medical treatment.
- *Support of S.6477-B (Hannon)/S.8637-B (Dinowitz).* This bill allows for the prescribing, dispensing and distribution of an opioid antagonist by a non-patient specific order. This bill would provide for expansion of Naloxone training and use to communities, families and peers. Naloxone is a prescription medicine that may reverse opioid overdoses if administered quickly during an overdose.
- *Expansion of Naloxone training and use to all first responders.* Naloxone is a prescription medicine that may reverse opioid overdoses if administered at first signs of an overdose. New York State should expand the training and use of Naloxone to all first responders including, but not limited to, Emergency Medical Technicians, fire departments, and law enforcement officers.
- *Model Naloxone overdose prevention programs on Automated External Defibrillators and Epinephrine Auto-Injectors programs; and extend Good Samaritan laws to those who render assistance.* With physician oversight of the program and proper training, this model would not restrict access to Naloxone to a particular first responder and allows for wide availability of Naloxone in communities.
- *Public awareness campaign on opioid and heroin addiction.* Educating the public is key to prevention. A broad public awareness campaign will reach sectors of the community that other prevention programs sometimes miss.
- *Expansion of school and community-based prevention services.* Provide access to qualified licensed health professionals to speak with students and young adults about the dangers of drugs and addiction.
- *Educational programs for parents on the dangers of drugs, addiction and recognizing addiction.* Parents often have the most contact with children and young adults . With proper education, parents can recognize drug addiction at an early stage.
- *Educate medical professionals on drug abuse and addiction.* With the high numbers of opioid pain relievers that are prescribed to New Yorkers, medical professionals,



specifically prescribers, need to be aware of the high risk of addiction for prescription opioids and understand how to recognize signs of misuse and addiction.

- *Support and fund harm reduction programs.* Harm reduction seeks to reduce and prevent negative by-products associated with drug use and encourage non-risky behavior. Harm reduction programs seek to ensure that the drug use is as safe as possible to reduce the transmission of diseases and prevent overdose. The most notable harm reduction programs are syringe exchange programs and opioid overdose prevention programs.

### **William McGoldrick, Esq.**

Attorney At Law; Retired Detective Sergeant, New York State Police

- *Expansion of school and community-based prevention services.* Provide access to qualified licensed health professionals to speak with students and young adults about the dangers of drugs and addiction.
- *Educational programs for parents on the dangers of drugs, addiction and recognizing addiction.* Parents often have the most contact with children and young adults . With proper education, parents can recognize drug addiction at an early stage.

### **Linda Sarsour**

- Linda Sarsour is a community activist, a mother of three, and a Palestinian Muslim American. Currently she is the National Advocacy Director for the National Network for Arab American Communities (NNAAC) and locally serving as the Executive Director of the Arab American Association of New York, a social service agency serving the Arab community in NYC. Ms. Sarsour is an alumna of NYU Wagner's Women of Color Policy Network's Women Leading the Way, American Muslim Civic Leadership Institute (AMCLI), Women's Media Center Progressive Women's Voices, and the Rockwood Leadership Institute. Ms. Sarsour has been recognized and honored across the country but most notably by the White House in 2011 as a "Champion of Change" and received the 2010 Brooklyn Do-Gooder Award from the Brooklyn Community Foundation. She is also a board member of the New York Immigration Coalition and Network of Arab American Professionals-NY Chapter. Ms. Sarsour is most recently known for her work to reform the NYPD's discriminatory surveillance practices of New York City's Muslim community.
- *Educational programs for parents on the dangers of drugs, addiction and recognizing addiction.* Parents often have the most contact with children and young adults . With proper education, parents can recognize drug addiction at an early stage.
- *Expansion of school and community-based prevention services.* Provide access to qualified licensed health professionals to speak with students and young adults about the dangers of drugs and addiction.
- *Reduce the stigma associated with substance abuse.* The stigma posed by society prevents those with substance abuse disorders from admitting they have an addiction, and

therefore is a barrier for seeking help and for family members to become educated on addiction.

**"The Detective"**

Representative, NYC District Attorney's Office & undercover investigator

- *Public awareness campaign on opioid and heroin addiction.* Educating the public is key to prevention. A broad public awareness campaign will reach sectors of the community that other prevention programs sometimes miss.

## **HEROIN USE ON STATEN ISLAND**

### **Heroin Use and Overdose Statistics:**

Fatal heroin overdoses more than doubled on Staten Island between 2010 and 2012 with 34 heroin overdose deaths in 2012 compared to 14 in 2010.<sup>cxxxii</sup>

Staten Island District Attorney Dan Donovan recently reported that in 2013, Staten Island saw 37 drug-related deaths. In 2012, 73 people died of heroin and painkiller overdoses on the Island.<sup>cxxxiii</sup> That's roughly one person dying every five days from either a heroin or painkiller (AKA opioid analgesic) overdose.<sup>cxxxiv</sup>

From 2005 to 2011, according to city health statistics, as fatalities from overdosing on drugs decreased citywide, the death rate from opioid overdose on Staten Island nearly quadrupled, leaving it more than three times that of the Bronx.<sup>cxxxv</sup>

The NYC health department says three times more people overdose from painkillers on Staten Island than in the rest of the city.<sup>cxxxvi</sup> Staten Island has 10.2 fatal heroin overdoses per 100,000 people. The Bronx follows, with 8.1 deaths per 100,000, then Manhattan, Brooklyn and Queens, with 4.8, 4.2 and 2.3 respectively.<sup>cxxxvii</sup>

The Staten Island Advance reported that city data shows the heroin death rate was higher in 2011 and 2012 on the Mid-Island and South Shore than in any other neighborhood in the city, save for Hunts Point and Mott Haven in the Bronx.<sup>cxxxviii</sup>

### **Information from Counseling Services:**

In 2010, 6 percent of patients going to the Y.M.C.A. Counseling Service entered the program because they were addicted to heroin. In 2013, that figure rose to 20 percent.<sup>cxxxix</sup>

In 2012, about 4 percent of new admissions to Camelot's residential program on Staten Island came in with heroin as their primary addiction. In 2013, that number spiked to 16.5 percent - more than four times the previous year's number.<sup>cxli</sup>

### **Naloxone Use & Training:**

Staten Island police officers will be equipped with Naloxone by May of this year as part of a federally funded pilot program.<sup>cxlii</sup> Staten Island District Attorney, Daniel M. Donovan Jr., said

he helped to secure \$50,000 in federal funds to give the Police Department roughly 1,000 doses of naloxone for use on Staten Island.<sup>cxlii</sup>

FDNY paramedics have been carrying naloxone since the department's merger with EMS in 1996, and EMS had used the medicine for several decades before then. In 2013, officials said, FDNY paramedics used the remedy more than 2,800 times citywide, and through the first four months of 2014, paramedics from FDNY Division 5 on Staten Island have used naloxone more than 80 times.<sup>cxliii</sup>

**Staten Island Forum**  
**May 2, 2014**  
**Jewish Community Center of Staten Island Auditorium**  
**1297 Arthur Kill Road**  
**Staten Island, New York**

Members Present:

Senator Phil Boyle  
Senator Andrew J. Lanza  
Senator Diane J. Savino  
Assemblyman Michael Cusick

Speakers:

Adrienne Abbate  
*Executive Director, Staten Island Partnership for Community Wellness, and Project Director for the Tackling Youth Substance Abuse Initiative*

Diane Arnett  
*President and CEO, Community Health Action of Staten Island*

Gary Butchen  
*President and CEO, Bridge Back to Life Center*

Candace and Barry Crupi  
*Parents*

Edward Delatorre  
*Assistant Chief, Commanding Officer of the Uniformed Force, NYPD, Staten Island*

Dominick Dorazio  
*Captain, Commanding Officer, Staten Island Narcotics*

Tony Ferreri  
*President and CEO, Staten Island University Hospital*

Jacqueline Fiore  
*Executive Director, YMCA Counseling Service*

James Fiore

*Resident of Dongan Hills, Staten Island; Resident of Community Health Action Outpatient, Student of CSI*

Brian Hunt

*Parent, Resident of Princes Bay*

James J. Hunt

*Acting Special Agent in charge of New York Field Division, Drug Enforcement Administration*

Dr. Russell Joffe

*Chair of Psychiatry, Staten Island University Hospital*

Dr. Hillary Kunins

*Acting Executive Director Commissioner for Mental Hygiene; New York City Department of Health and Mental Hygiene*

Dr. Daniel Messina

*President and CEO, Richmond University Medical Center*

Luke Nasta

*Executive Director, Camelot Counseling*

Boris Natzen

*Owner, Nate's Pharmacy*

Karen Varriale

*Assistant District Attorney; Representing Dan Donovan and the Richmond County District Attorney's Office*

Summary of Testimony:

**Adrienne Abbate**

Executive Director, Staten Island Partnership for Community Wellness, and Project Director for the Tackling Youth Substance Abuse Initiative

- *Expansion of school and community-based prevention services.* Provide access to qualified licensed health professionals to speak with students and young adults about the dangers of drugs and addiction.

- *Educational programs for parents on the dangers of drugs, addiction and recognizing addiction.* Parents often have the most contact with children and young adults . With proper education, parents can recognize drug addiction at an early stage.

### **Diane Arnett**

President and CEO, Community Health Action of Staten Island

- *Support of S.6477-B (Hannon)/S.8637-B (Dinowitz).* This bill allows for the prescribing, dispensing and distribution of an opioid antagonist by a non-patient specific order. This bill would provide for expansion of Naloxone training and use to communities, families and peers. Naloxone is a prescription medicine that may reverse opioid overdoses if administered quickly during an overdose.

### **Candace Crupi**

Parent

- *Concerns about Zohydro ER.* Zohydro ER is an extended release single-entity hydrocodone. It was recently approved by the federal Food and Drug Administration (FDA) against the FDA Advisory Council’s recommendation. It is estimated to be ten times stronger than Vicodin but lacking the tamper-proof safeguards that other prescription opioid pills have.
- *Reduce the stigma associated with substance abuse.* The stigma posed by society prevents those with substance abuse disorders from admitting they have an addiction, and therefore is a barrier for seeking help and for family members to become educated on addiction.

### **Gary Butchen**

Gary Butchen has worked in behavioral healthcare for over 20 years. He is a frequent teacher and lecturer locally and nationally on addictions, ethics, and numerous other behavioral health related topics. He has advanced training and degrees in addiction counseling.

Since 1991, Mr. Butchen has been the Executive Director of Bridge Back to Life Center. Under his tutelage, Bridge Back to Life has become one of NYC’s premiere chemical dependency outpatient treatment networks, providing the full spectrum of addiction treatment services to thousands of patients each year. In 1997, he founded Bridge Back Recovery Homes, Inc. a transitional housing component which, based on the Oxford Model, provides peer-run, peer-supported sober housing for formerly homeless addicted men and women. In 2004 he founded Bridge Back Adolescent Services, an alternative high school program for at-risk adolescents which is a collaborative effort with the NYC Board of Education Offsite Educational Services Department.

He is currently on the Clinical Advisory Board of the Brooklyn Drug Treatment Court; Kingsborough Community College Substance Abuse Counseling Program; and the Nassau County Heroin Prevention Task Force. He served for seven years on the Governor's Advisory Council on Alcoholism and Substance Abuse Services. He was a founding Board Member and is the Past-President of the Board of Directors for the Addiction Treatment Providers Association of New York State.

- *Allow health care professionals to make decisions related to addiction treatment insurance coverage instead of insurance companies.* The type and length of treatment coverage should be determined by health care professionals. Many individuals are denied coverage under the current managed care system. Under managed care systems, insurance companies, rather than the patient's own doctor, determine whether a patient receives addiction treatment services and the length of services.
- *Standardize criteria for substance abuse treatment coverage by insurance companies.* Each insurance company has different criteria when it comes to determining coverage for specific treatment and the length of that treatment.

### **Edward Delatorre**

Assistant Chief, Commanding Officer of the Uniformed Force, NYPD, Staten Island

- *Expansion of school and community-based prevention services.* Provide access to qualified licensed health professionals to speak with students and young adults about the dangers of drugs and addiction.
- *Educational programs for parents on the dangers of drugs, addiction and recognizing addiction.* Parents often have the most contact with children and young adults . With proper education, parents can recognize drug addiction at an early stage.
- *Expansion of Naloxone training and use to all first responders.* Naloxone is a prescription medicine that may reverse opioid overdoses if administered at first signs of an overdose. New York State should expand the training and use of Naloxone to all first responders including, but not limited to, Emergency Medical Technicians, fire departments, and law enforcement officers.

### **Dominick Dorazio**

Captain, Commanding Officer, Staten Island Narcotics

- *Increase funding to investigate heroin related crimes.* Increased law enforcement funding would allow additional investigations related to controlled substances. This increase would also help facilitate investigations between sheriffs' offices.
- *Increase restrictions for prescribing opioids.* The United States constitutes 4.6% of the world's population, yet consumes 80% of the global opiate supply and 99% of the world's hydrocodone supply. Although I-STOP has greatly reduced the overprescribing of prescription opioids and the ability to doctor/pharmacy shop, prescription opioids are still prescribed in high numbers.



- *Increase restrictions for prescribing opioids.* The United States constitutes 4.6% of the world's population, yet consumes 80% of the global opiate supply and 99% of the world's hydrocodone supply. Although I-STOP has greatly reduced the overprescribing of prescription opioids and the ability to doctor/pharmacy shop, prescription opioids are still prescribed in high numbers.
- *Explore alternatives to prescription opioids and substitute with alternative treatments for pain.* For certain types of pain, other treatment options other than prescription opioids may be just as effective and less addictive.

**Anthony C. Ferreri**

President and CEO, Staten Island University Hospital

- *Expansion of school and community-based prevention services.* Provide access to qualified licensed health professionals to speak with students and young adults about the dangers of drugs and addiction.
- *Expansion of all types of recovery treatment.* Every path to recovery is different. Some regions may need increased access to detoxification beds, inpatient beds in residential facilities, and outpatient treatment.

**Jacqueline Fiore**

Executive Director, YMCA Counseling Service

- *Expansion of school and community-based prevention services.* Provide access to qualified licensed health professionals to speak with students and young adults about the dangers of drugs and addiction.
- *Educational programs for parents on the dangers of drugs, addiction and recognizing addiction.* Parents often have the most contact with children and young adults . With proper education, parents can recognize drug addiction at an early stage.
- *Allow health care professionals to make decisions related to addiction treatment insurance coverage instead of insurance companies.* The type and length of treatment coverage should be determined by health care professionals. Many individuals are denied coverage under the current managed care system. Under managed care systems, insurance companies, rather than the patient's own doctor, determine whether a patient receives addiction treatment services and the length of services.
- *Standardize criteria for substance abuse treatment coverage by insurance companies.* Each insurance company has different criteria when it comes to determining coverage for specific treatment and the length of that treatment.

**James Fiori**

Resident of Dongan Hills, Staten Island; Resident of Community Health Action Outpatient, Student of CSI

- *Increase availability of medically assisted detoxification and treatment.* Use of buprenorphine (Suboxone) has shown to substantially increase the likelihood for overcoming heroin/opioid dependence in combination with other non-medical treatment.
- *Expansion of school and community-based prevention services.* Provide access to qualified licensed health professionals to speak with students and young adults about the dangers of drugs and addiction.
- *Expansion of all types of recovery treatment.* Every path to recovery is different. Some regions may need increased access to detoxification beds, inpatient beds in residential facilities, and outpatient treatment.
- *Require drug court coordinators and judges to allow a participant to receive medically assisted treatment.* Many drug court coordinators and judges require drug court participants to stop their medically assisted treatment before becoming a part of the drug court program. The benefits of medically assisted treatment can be tremendous and it is counterproductive to have a patient stop their prescribed treatment medication. Medically assisted treatment also will help prevent relapses.
- *Educate medical professionals on drug abuse and addiction.* With the high numbers of opioid pain relievers that are prescribed to New Yorkers, medical professionals, specifically prescribers, need to be aware of the high risk of addiction for prescription opioids and understand how to recognize signs of misuse and addiction.
- *Explore alternatives to prescription opioids and substitute with alternative treatments for pain.* For certain types of pain, other treatment options other than prescription opioids may be just as effective and less addictive.

### **Brian Hunt**

Parent, Resident of Princes Bay

- *Expansion of school and community-based prevention services.* Provide access to qualified licensed health professionals to speak with students and young adults about the dangers of drugs and addiction.
- *Educational programs for parents on the dangers of drugs, addiction and recognizing addiction.* Parents often have the most contact with children and young adults . With proper education, parents can recognize drug addiction at an early stage.
- *Expansion of all types of recovery treatment.* Every path to recovery is different. Some regions may need increased access to detoxification beds, inpatient beds in residential facilities, and outpatient treatment.
- *Allow health care professionals to make decisions related to addiction treatment insurance coverage instead of insurance companies.* The type and length of treatment coverage should be determined by health care professionals. Many individuals are denied coverage under the current managed care system. Under managed care systems, insurance companies, rather than the patient's own doctor, determine whether a patient receives addiction treatment services and the length of services.

- *Public awareness campaign on opioid and heroin addiction.* Educating the public is key to prevention. A broad public awareness campaign will reach sectors of the community that other prevention programs sometimes miss.
- *Raise the penalties for sale of a controlled substance.* The penalties currently are too weak to deter solely for profit dealers from selling heroin. The stiffer penalties should be increased to show the illegal sale of any controlled substance will not be tolerated.

### **James J. Hunt**

Acting Special Agent in charge of New York Field Division, Drug Enforcement Administration

- *Expansion of school and community-based prevention services.* Provide access to qualified licensed health professionals to speak with students and young adults about the dangers of drugs and addiction.
- *Educational programs for parents on the dangers of drugs, addiction and recognizing addiction.* Parents often have the most contact with children and young adults . With proper education, parents can recognize drug addiction at an early stage.

### **Dr. Russell Joffe**

Chair of Psychiatry, Staten Island University Hospital

- *Allow health care professionals to make decisions related to addiction treatment insurance coverage instead of insurance companies.* The type and length of treatment coverage should be determined by health care professionals. Many individuals are denied coverage under the current managed care system. Under managed care systems, insurance companies, rather than the patient's own doctor, determine whether a patient receives addiction treatment services and the length of services.

### **Dr. Hillary Kunins**

Dr. Hillary Kunins is the Acting Executive Deputy Commissioner for Mental Hygiene and the Assistant Commissioner for the Bureau of Alcohol and Drug Use at the Department of Health and Mental Hygiene (DOHMH). Since 2012, when Dr. Kunins joined the Department as Assistant Commissioner, she has led DOHMH efforts to address prescription opioid misuse, promote best practices and improvements in addressing substance use in both the primary and specialty care systems serving New Yorkers, and surveillance and reporting on drug use and associated morbidity and mortality.

Dr. Kunins is a physician, board certified in both internal medicine and addiction medicine. Before joining DOHMH, she directed the residency program in primary care/social internal medicine at Montefiore Medical Center/Albert Einstein College of Medicine, conducted research in substance use services and medical education, and provided primary and addiction-related care to patients in both community health centers and in substance abuse treatment programs.

- *Reduce the stigma associated with substance abuse.* The stigma posed by society prevents those with substance abuse disorders from admitting they have an addiction, and therefore is a barrier for seeking help and for family members to become educated on addiction.
- *Expansion of Naloxone training and use to all first responders.* Naloxone is a prescription medicine that may reverse opioid overdoses if administered at first signs of an overdose. New York State should expand the training and use of Naloxone to all first responders including, but not limited to, Emergency Medical Technicians, fire departments, and law enforcement officers.
- *Support of S.6477-B (Hannon)/S.8637-B (Dinowitz).* This bill allows for the prescribing, dispensing and distribution of an opioid antagonist by a non-patient specific order. This bill would provide for expansion of Naloxone training and use to communities, families and peers. Naloxone is a prescription medicine that may reverse opioid overdoses if administered quickly during an overdose.
- *Educate medical professionals on drug abuse and addiction.* With the high numbers of opioid pain relievers that are prescribed to New Yorkers, medical professionals, specifically prescribers, need to be aware of the high risk of addiction for prescription opioids and understand how to recognize signs of misuse and addiction.
- *Explore alternatives to prescription opioids and substitute with alternative treatments for pain.* For certain types of pain, other treatment options other than prescription opioids may be just as effective and less addictive.
- *Public awareness campaign on opioid and heroin addiction.* Educating the public is key to prevention. A broad public awareness campaign will reach sectors of the community that other prevention programs sometimes miss.
- *Expansion of all types of recovery treatment.* Every path to recovery is different. Some regions may need increased access to detoxification beds, inpatient beds in residential facilities, and outpatient treatment.
- *Increase availability of medically assisted detoxification and treatment.* Use of buprenorphine (Suboxone) has shown to substantially increase the likelihood for overcoming heroin/opioid dependence in combination with other non-medical treatment.

**Dr. Daniel J. Messina**

President and CEO, Richmond University Medical Center

- *Expansion of Naloxone training and use to all first responders.* Naloxone is a prescription medicine that may reverse opioid overdoses if administered at first signs of an overdose. New York State should expand the training and use of Naloxone to all first responders including, but not limited to, Emergency Medical Technicians, fire departments, and law enforcement officers.

**Luke Nasta**

Executive Director, Camelot Counseling

- *Expansion of school and community-based prevention services.* Provide access to qualified licensed health professionals to speak with students and young adults about the dangers of drugs and addiction.
- *Educational programs for parents on the dangers of drugs, addiction and recognizing addiction.* Parents often have the most contact with children and young adults . With proper education, parents can recognize drug addiction at an early stage.
- *Redistribute OASAS treatment funding to areas with the greatest demand.* If there are funds for OASAS inpatient beds that remain open for more than 60 days should be redirected to areas with greater demand.

**Boris Natzen:**

Owner, Nate's Pharmacy

- *Create restrictions for mail order pharmacy deliveries in relation to controlled substances.* Controlled substances should not be allowed to be left on an individual's doorstep when a mail order pharmacy delivers. A signature should be required upon delivery.
- *Work with neighboring states to make I-STOP an interstate program.* I-STOP has helped thwart doctor shopping in New York State. The I-STOP program could be enhanced by working with neighboring states to create an interstate I-STOP program.

**Karen Varriale**

Assistant District Attorney; Representing Dan Donovan and the Richmond County District Attorney's Office

- *Expansion of drug courts and increased participation in diversion programs for those with substance abuse disorders.* Drug courts were created to differentiate between those with substance abuse disorders and drug dealers selling for profit. Drug courts are a valuable tool in ensuring that those with substance abuse disorders receive necessary treatment when their addiction was the motivating factor for a non-violent crime.

## HEROIN USE IN THE FINGER LAKES REGION

**Central New York:** Cayuga, Cortland, Herkimer, Madison, Oneida, Onondaga, Oswego, Tomkins Counties

*Also included:* Seneca, Wayne, Monroe, Ontario Counties

### **Heroin Overdoses:**

Heroin-related calls to Upstate University Hospital's Poison Control Center (Upstate Poison Center) surged by 417 percent from 29 in 2009 to 150 in 2013.<sup>cxliv</sup> Upstate Poison Center represents 54 Counties in New York State.<sup>cxlv</sup>

The following represents the calls for heroin overdoses that Upstate Poison Center received in 2013 for CNY and for counties within Senator Nozzolio's district<sup>cxlvi</sup>:

- Cayuga County – 1
- Cortland County – 9
- Herkimer County - 1
- Madison County – 1
- Monroe County– 30 (one fatal)
- Oneida County – 14 (one fatal)
- Onondaga County – 84 (two fatal)
- Ontario County – 4
- Oswego County – 2
- Seneca County - 0
- Tomkins County – 8
- Wayne County – 2

### **Heroin Use Reported by Counties:**

The Cayuga County District Attorney reported that in 2012 about half the cases for drug dealers in his office involved heroin.<sup>cxlvii</sup> The County Sheriff's Department has developed a heroin tip line and public education campaign to combat the epidemic.<sup>cxlviii</sup>

The Monroe County Medical Examiner's Office reported that fatal overdoses in the region surged five-fold between 2011 and 2013, fueled by an abundance of cheap and impure heroin. Four out of five victims were white men whose average age was 35.<sup>cxlix</sup>

Craig Johnson, a counselor at the Monroe County Correctional Facility, reported in October 2013 that the number of heroin addicts in the Chemical Dependency Program has skyrocketed, "we're seeing more and more individuals from the suburbs, we're seeing more people that are middle class, more people from working or middle class families, professionals," said Johnson.<sup>cl</sup>

Law enforcement seizures of heroin in the Rochester region increased more than 700 percent between 2011 and 2013, according to the Monroe County Crime Laboratory, which analyzes police evidence in criminal drug cases. Last year, the lab analyzed 1,877 decks of heroin, compared with 227 two years earlier.<sup>cli</sup>

According to a report by the Rochester Democrat & Chronicle, the majority of heroin buyers are from the city's suburbs and rural towns throughout Monroe County. Its users are increasingly middle class, young, white males born in the 1980s & 1990s.<sup>clii</sup>

The Ontario County Sheriff's department reported that on March 28, April 1, and April 2, the Ontario County 911 Center received calls from Victor and the City of Geneva that individuals had stopped breathing due to heroin use. In all three cases, communications officers provided CPR instruction, saving the victims' lives. The Department will soon be equipped with Naloxone to combat the county's rising number heroin overdoses.<sup>cliii</sup>

Bangs Ambulance paramedics (servicing Cayuga & Tompkins Counties) have responded to 20 overdoses in 2014. During 2013, Bangs responded to 94 heroin overdoses, a more than 13-fold increase from the seven overdoses that Bangs paramedics saw in 2003.<sup>cliv</sup>

"Heroin overdose was not a very common thing that we would see," Cayuga Medical Center Dr. David Evelyn said. "More recently, the entire country, and Tompkins County, as well, has seen a resurgence of inexpensive, easy-to-acquire heroin."<sup>clv</sup>

An April 2014 Op-Ed from the Times of Wayne County notes that the recent increase of heroin-related arrests points to a rising heroin epidemic in Wayne County<sup>clvi</sup>.

Oneida County reports opiate use as one of its most commonly used illegal drugs. Outpatient admissions in Oneida County for users reporting opioids as their primary drug of choice increased from 312 in 2011 to 443 in 2012.<sup>clvii</sup>

Oneida County Drug Court has had a 25-35 percent increase in heroin users over the last couple of years. Out of 90 people in the program in November 2013, 70 of them were addicted to prescription pain medication or heroin.<sup>clviii</sup>

Police in the City of Rome (Oneida County) report that arrests have skyrocketed. In 2013 they responded to more than 40 overdoses. Rome Police also report a ripple effect of users shop lifting to support their habit.<sup>clix</sup>

Treatment centers in the Finger Lakes region have reported they're running out of room to treat heroin addicted patients, as a doctor can only prescribe buprenorphine for up to 100 patients at a time.<sup>clx</sup>

The Insight House, a treatment center in Oneida County, reported in November 2013 that of its 60 day program patients, half are opiate and heroin dependent. The center's out-patient clinic reported serving approximately 200 people, 1/3 of those were heroin and opiate users.<sup>clxi</sup>

Farnham Family Services, a treatment center in Oswego County, has reported their admission rate from 2012 to 2013 has doubled for people seeking treatment who list heroin as their primary drug of choice. This increase in the use of heroin has caused the center to create an opiate tract of substance abuse services.<sup>clxii</sup>

### **Heroin-Addicted Babies:**

Neonatal abstinence syndrome (NAS) is one of the most concerning drug related discharges in newborns, according to the 2013 Onondaga County Community Health Assessment Report. NAS is defined as the presence of withdrawal symptoms in newborns caused by prenatal maternal use of illicit drugs and is primarily caused by maternal opiate use. Babies born with NAS have low birth weight and increased morbidity; withdrawal symptoms include not eating or not tolerating formula or breast milk, seizures, vomiting, and respiratory distress.<sup>clxiii</sup>

Onondaga County has the highest percentage of babies born addicted to heroin in New York State. Approximately 26 in every 1,000 newborns have some form of drug dependency; about half of those are addicted to opiates.<sup>clxiv</sup> The County has begun programs that include developing policies, procedures, and educational messages to improve local efforts to prevent, identify, and treat substance abuse among pregnant and parenting women.<sup>clxv</sup>

Onondaga County's rate of drug addicted newborns is four times higher than the state rate. Oswego County's rate of drug addicted newborns has risen to 137.3 per 10,000 discharges. By comparison, the NYS rate is 72.6 per 10,000 discharges and the Central New York rate is 130.5 per 10,000 discharges.<sup>clxvi</sup>



**Finger Lakes Regional Forum**  
**May 8, 2014**  
**Auburn City Hall**  
**24 South Street**  
**Auburn, NY**

Members Present:

Senator Phil M. Boyle  
Senator Michael Nozzolio  
Senator Thomas O'Mara  
Senator David Valesky  
Assembly Member Gary Finch

Speakers:

Ray Bizzari  
*Director, Cayuga County Mental Health Office*

Jon Budelmann  
*District Attorney, Cayuga County*

David Gould  
*Sheriff, Cayuga County*

Kevin Hares  
*Executive Director, Confidential Help for Alcohol and Drugs, Inc.*

Michael McKeon  
*Judge, Presiding over felony and misdemeanor drug courts, Auburn City Court*

Brian Neagle  
*Police Chief, Auburn Police Department*

John Riccio  
*Chief Medical Officer, Auburn Community Hospital*

Shakeel Usmani  
*Physician, Internal Medicine and Emergency Medicine, Auburn Community Hospital*

Summary of Testimony:

**Ray Bizzari**

Director, Cayuga County Mental Health Office

- *Support for involuntary treatment laws for substance abuse.* Twelve states already have involuntary treatment laws. Under New York State law, a patient is able to self-discharge at will. New York State's current Assisted Outpatient Treatment (AOT) law applies to a person who is a danger to themselves or others and via court petition is mandated to attend treatment. AOT applies only to mental illness and not to addiction or chemical dependency.
- *Expansion of school and community-based prevention services.* Provide access to qualified licensed health professionals to speak with students and young adults about the dangers of drugs and addiction.

**Jon Budelmann**

District Attorney, Cayuga County

- *Expansion of school and community-based prevention services.* Provide access to qualified licensed health professionals to speak with students and young adults about the dangers of drugs and addiction.
- *Fund school resource officers.* School resource officers provide education and outreach to students at a young age. They are often local police officers who educate students, teachers, and parents about risky behaviors such as drug abuse.
- *Expansion of drug courts and increased participation in diversion programs for those with substance abuse disorders.* Drug courts were created to differentiate between those with substance abuse disorders and drug dealers selling for profit. Drug courts are a valuable tool in ensuring that those with substance abuse disorders receive necessary treatment when their addiction was the motivating factor for a non-violent crime.
- *Public awareness campaign on opioid and heroin addiction.* Educating the public is key to prevention. A broad public awareness campaign will reach sectors of the community that other prevention programs sometimes miss.
- *Require the District Attorney's consent before allowing an individual into diversion programs.* After the 2009 reforms, the consent of the District Attorney was not required to allow an individual to participate in drug court. It is currently the judge's discretion. District Attorneys often are better able to identify for-profit dealers and addicts, thereby ensuring that for-profit dealers do not take advantage of the diversion system.

**David Gould**

Sheriff, Cayuga County

- *Expansion of Naloxone training and use to all first responders.* Naloxone is a prescription medicine that may reverse opioid overdoses if administered at first signs of

an overdose. New York State should expand the training and use of Naloxone to all first responders including, but not limited to, Emergency Medical Technicians, fire departments, and law enforcement officers.

### **Kevin Hares**

Executive Director, Confidential Help for Alcohol and Drugs, Inc.

- *Allow health care professionals to make decisions related to addiction treatment insurance coverage instead of insurance companies.* The type and length of treatment coverage should be determined by health care professionals. Many individuals are denied coverage under the current managed care system. Under managed care systems, insurance companies, rather than the patient's own doctor, determine whether a patient receives addiction treatment services and the length of services.
- *Embrace long term intensive treatment programs.* Due to the highly addictive nature of opioids, 28 day treatment programs are not always effective. Adolescents especially need longer treatment programs to prevent relapses and the potentially deadly overdoses that occur when treatment has been inadequate.
- *Increase inpatient detoxification facilities for heroin/opioids.* Detoxification beds are often reserved for alcohol and cocaine detoxification. Heroin/opioid detoxification is not considered medically necessary because it is not immediately life threatening. Heroin and opioid detoxification is extremely painful. Some addicts would rather continue their addiction than experience withdrawal. Facing withdrawal alone without a medical professional is not considered reasonable for any other chemical dependency. Heroin/opioid addicts need access to detoxification beds if they are to overcome their addiction.
- *Expansion of school and community-based prevention services.* Provide access to qualified licensed health professionals to speak with students and young adults about the dangers of drugs and addiction.

### **Michael McKeon**

Judge, Presiding over felony and misdemeanor drug courts, Auburn City Court

- *Expansion of drug courts and increased participation in diversion programs for those with substance abuse disorders.* Drug courts were created to differentiate between those with substance abuse disorders and drug dealers selling for profit. Drug courts are a valuable tool in ensuring that those with substance abuse disorders receive necessary treatment when their addiction was the motivating factor for a non-violent crime.
- *Allow health care professionals to make decisions related to addiction treatment insurance coverage instead of insurance companies.* The type and length of treatment coverage should be determined by health care professionals. Many individuals are denied coverage under the current managed care system. Under managed care systems,

insurance companies, rather than the patient's own doctor, determine whether a patient receives addiction treatment services and the length of services.

- *Expansion of all types of recovery treatment.* Every path to recovery is different. Some regions may need increased access to detoxification beds, inpatient beds in residential facilities, and outpatient treatment.
- *Integrated treatment approach for addiction and mental health issues.* It is common for those with substance abuse disorders to also have mental health issues. Substance abuse disorders cannot be separated from mental health disorders and the two need to be addressed simultaneously. Additionally, the resources between the Office of Alcoholism and Substance Abuse Services (OASAS) and Office of Mental Health (OMH) should be shared when appropriate.
- *Increase inpatient detoxification facilities for heroin/opioids.* Detoxification beds are often reserved for alcohol and cocaine detoxification. Heroin/opioid detoxification is not considered medically necessary because it is not immediately life threatening. Heroin and opioid detoxification is extremely painful. Some addicts would rather continue their addiction than experience withdrawal. Facing withdrawal alone without a medical professional is not considered reasonable for any other chemical dependency. Heroin/opioid addicts need access to detoxification beds if they are to overcome their addiction.

### **John Riccio**

Chief Medical Officer, Auburn Community Hospital

- *Expansion of Naloxone training and use to all first responders.* Naloxone is a prescription medicine that may reverse opioid overdoses if administered at first signs of an overdose. New York State should expand the training and use of Naloxone to all first responders including, but not limited to, Emergency Medical Technicians, fire departments, and law enforcement officers.
- *Increase inpatient detoxification facilities for heroin/opioids.* Detoxification beds are often reserved for alcohol and cocaine detoxification. Heroin/opioid detoxification is not considered medically necessary because it is not immediately life threatening. Heroin and opioid detoxification is extremely painful. Some addicts would rather continue their addiction than experience withdrawal. Facing withdrawal alone without a medical professional is not considered reasonable for any other chemical dependency. Heroin/opioid addicts need access to detoxification beds if they are to overcome their addiction.

## **HEROIN USE IN MONTICELLO, NEW YORK**

### **Monticello, New York, Sullivan County**

#### **Heroin Use in Sullivan County:**

Respondents to the Sullivan County Health Assessment Survey were asked to identify the most important health issue(s) facing Sullivan County. According to 54.8% of respondents, drug abuse (prescription and illegal) is the key health issue in the area.<sup>clxvii</sup>

During its May 15, 2014 meeting, the Sullivan County Legislature passed a resolution requesting Congress ban direct-to-consumer marketing of pharmaceuticals as a way to combat the county's prescription drug abuse and heroin epidemic.<sup>clxviii</sup>

Sullivan County Sheriff Michael Schiff, whom has more than 30 years of experience in law enforcement, has stated he's seen an uptick in heroin use in recent years, partly due to its low cost.<sup>clxix</sup>

In Sullivan County, a coroner estimates 25% of the deaths there are drug-related.<sup>clxx</sup>

Sullivan County had 44 drug related hospitalizations per 10,000 in 2013, the third highest rate in the state, behind the Bronx (60 per 10,000) and Staten Island (47).<sup>clxxi</sup>

#### **Heroin Use in Monticello, NY:**

The Monticello police department has experienced a dramatic increase in copper related burglaries. Between May 2012 to May 2013, they had just 5 reports but between May 2013 and May 2014, there have been 23. Police state this is due to the growing heroin epidemic.<sup>clxxii</sup>

**Monticello Forum**  
**May 9, 2014**  
**Sullivan County Government Center**  
**100 North Street**  
**Monticello, NY**

Members Present:

Senator John J. Bonacic  
Senator Phil M. Boyle

Speakers:

Izetta Briggs-Bolling  
*Executive Director, The Recovery Center*

Nolly Climes  
*Program Director, Rehabilitation Support Services*

James Farrell  
*District Attorney, Sullivan County*

Dr. Carlos Holden  
*Physician, Catskill Regional Medical Center; Medical Director for Mobile Medic EMS*

Captain Jamie J. Kaminski  
*Zone Commander, New York State Police, Troop F*

Peter Lazier  
*Parent*

Nancy McGraw  
*Director, Sullivan County Public Health Department*

Nick Roes, Ph.D.  
*Executive Director, New Hope Manor*

Michael Schiff  
*Sheriff, Sullivan County*

Larry Thomas

*District Superintendent, Sullivan County BOCES*

Joseph Todora

*Director, Sullivan County Community Services*

Summary of Testimony:

**Izetta Briggs-Bolling**

Izetta Briggs-Bolling has worked in the addiction field for over 20 years. She has worked in both the public & private sector, in for-profit & non-profit organizations; state-operated, hospital based & community-based programs. Ms. Briggs-Bolling began her career in this field working as a counselor at St. Clare's Hospital in New York City while pursuing undergraduate degree.

She later worked with the Correctional Services Corporation, providing substance abuse and vocational counseling for inmates participating in work-release, and later became the Asst. Facility Director. After attaining a Master's in Organizational Leadership, Ms. Briggs-Bolling began working with Pius XII as a counselor, ultimately becoming the Clinic Director. She later obtained a Master's degree in Business Administration and received her certification as a Credentialed Alcoholism and Substance Abuse Counselor (CASAC ).

She has served as a Community Residence Director, Clinical Director of Outpatient Services and Chief Clinical Officer at the Recovery Center. Ms. Briggs-Bolling became the Chief Executive Officer and oversees the development and maintenance of a comprehensive array of addiction, prevention, intervention, treatment and recovery support services.

- *Expansion of school and community-based prevention services.* Provide access to qualified licensed health professionals to speak with students and young adults about the dangers of drugs and addiction.
- *Increase transportation options for those in treatment programs.* One of the barriers to treatment is physically accessing treatment. Some people, specifically those in rural areas, do not have access to transportation, public or private, that can take them to treatment services.

**Nolly Climes**

Nolly Climes works in Orange and Sullivan Counties as a Program Director for Rehabilitation Support Services, Inc., a not for profit mental health agency. He is a Licensed Mental Health Counselor with many years of mental health experience. Mr. Climes is the President of the Joint Membership of Health and Community Agencies (JMCA), a federation of human service agencies in Orange County. He serves on community Boards such as The People for People Fund, Cornell Cooperative Extension and he is a Commissioner for the Orange County Human

Rights Commission. He is also an Assistant Professor in the Behavioral Sciences Department at SUNY Orange.

- *Expansion of school and community-based prevention services.* Provide access to qualified licensed health professionals to speak with students and young adults about the dangers of drugs and addiction.

### **James Farrell**

James Farrell is the District Attorney of Sullivan County. Mr. Farrell has been a prosecutor for Sullivan County since 1995, and has handled a wide range of cases including, homicides, arsons, drug crimes, child sexual abuse and white collar crimes. Prior to being elected he was an adjunct instructor at Sullivan County Community College teaching criminal law. He was recognized in 2001 by the Drug Enforcement Agency for his outstanding contributions in the field of drug law enforcement and in 2002 by the Sullivan County Arson Task Force for his dedication to the prosecution of Arson cases.

- *Expansion of school and community-based prevention services.* Provide access to qualified licensed health professionals to speak with students and young adults about the dangers of drugs and addiction.
- *Create the crime of driving while under the influence of prescription drugs.* Although prescription bottles are required to notify the user to avoid operating heavy machinery, many individuals drive cars while under the influence of prescription opioids. A prescription does not and should not authorize individuals to drive while their ability is impaired by prescription drugs.
- *Educate medical professionals on drug abuse and addiction.* With the high numbers of opioid pain relievers that are prescribed to New Yorkers, medical professionals, specifically prescribers, need to be aware of the high risk of addiction for prescription opioids and understand how to recognize signs of misuse and addiction.

### **Dr. Carlos Holden**

Dr. Holden is the Medical Director of the Emergency Department at Catskill Regional Medical Center and Medical Director of Mobile Medic EMS. He also served as a physician in the United States Army in Operation Enduring Freedom and is a Major in the Army Reserve.

- *Expansion of Naloxone training and use to all first responders.* Naloxone is a prescription medicine that may reverse opioid overdoses if administered at first signs of an overdose. New York State should expand the training and use of Naloxone to all first responders including, but not limited to, Emergency Medical Technicians, fire departments, and law enforcement officers.
- *Concerns about Zohydro ER.* Zohydro ER is an extended release single-entity hydrocodone. It was recently approved by the federal Food and Drug Administration (FDA) against the FDA Advisory Council's recommendation. It is estimated to be ten



times stronger than Vicodin but lacking the tamper-proof safeguards that other prescription opioid pills have.

- *Require all marketed long action prescription opioids to be formulated with an abuse-deterrent.* When the prescription drug abuse epidemic began, prescription opioids were not formulated with abuse-deterrent technology. This led to the widespread abuse of these prescriptions being crushed and snorted or injected. As a requirement for marketing in New York State, drug manufacturers should be forced to use abuse-deterrent technologies to avoid widespread abuse.

### **Peter Lazier**

Parent

- *Expansion of school and community-based prevention services.* Provide access to qualified licensed health professionals to speak with students and young adults about the dangers of drugs and addiction.
- *Embrace long term intensive treatment programs.* Due to the highly addictive nature of opioids, 28 day treatment programs are not always effective. Adolescents especially need longer treatment programs to prevent relapses and the potentially deadly overdoses that occur when treatment has been inadequate.
- *Public awareness campaign on opioid and heroin addiction.* Educating the public is key to prevention. A broad public awareness campaign will reach sectors of the community that other prevention programs sometimes miss.

### **Nancy McGraw**

Nancy McGraw, LCSW-R, MBA, serves as the Public Health Director in Sullivan County. Prior to that she served as the Deputy Public Health Director in both Sullivan and Broome County for a combined 11 years. Ms. McGraw was also employed for NY-PENN Health Systems Agency in Binghamton and worked on coordinating a Ryan White HIV Care Network serving Broome, Tioga and Chenango Counties.

She holds a Master's Degree in HealthCare Administration and a Master's Degree in Clinical Social Work. Prior to working in Public Health, Ms. McGraw worked in the mental health field as a clinical social worker for 12 years. Her work in community health planning and health education around mental health and substance abuse issues as an increasing public health concern spans over 25 years.

As the current Chair of the Sullivan County Rural Health Network's Task Force on Prescription Drug Abuse Prevention, Ms. McGraw has worked with community organizations, hospital staff and law enforcement to purchase and install 24/7 drug drop boxes at 3 area police stations, to sponsor drug community wide Drug Take-Back days, and to organize and coordinate community awareness and educational presentations.

- *Support of S.6477-B (Hannon)/S.8637-B (Dinowitz).* This bill allows for the prescribing, dispensing and distribution of an opioid antagonist by a non-patient specific order. This bill would provide for expansion of Naloxone training and use to communities, families and peers. Naloxone is a prescription medicine that may reverse opioid overdoses if administered quickly during an overdose.
- *Expansion of Naloxone training and use to all first responders.* Naloxone is a prescription medicine that may reverse opioid overdoses if administered at first signs of an overdose. New York State should expand the training and use of Naloxone to all first responders including, but not limited to, Emergency Medical Technicians, fire departments, and law enforcement officers.
- *Expansion of school and community-based prevention services.* Provide access to qualified licensed health professionals to speak with students and young adults about the dangers of drugs and addiction.
- *Increase the frequency of drug take back/safe disposal programs.* Prescription pills require safe, environmentally friendly disposal. Without the means to properly dispose of prescription pills, they often remain in home medicine cabinets and frequently get into the wrong hands. The federal Substance Abuse and Mental Health Services Administration (SAMHSA) estimates that 70-80% of nonmedical use of prescription pain relievers begins by raiding the medicine cabinet at home. Drug take back programs help prevent this diversion of prescription pills.
- *Educate medical professionals on drug abuse and addiction.* With the high numbers of opioid pain relievers that are prescribed to New Yorkers, medical professionals, specifically prescribers, need to be aware of the high risk of addiction for prescription opioids and understand how to recognize signs of misuse and addiction.

**Nick Roes, Ph.D.**

Nick Roes is the Executive Director of New Hope Manor, an all female residential substance abuse treatment center in Barryville, New York. He is also an Instructor for Brown University's online addiction program, an adjunct Instructor for Marist College, and a frequent presenter of workshops and trainings for addiction professionals.

Mr. Roes writes a magazine column, "Road to Recovery", that appears in each issue of Addiction Professional magazine, and he is author of Solutions for the "Treatment-Resistant" Client (Haworth Press, 2002). He has his Ph.D. in Addictions Counseling. Mr. Roes is a Credentialed Alcoholism and Substance Abuse Counselor (CASAC ), a Criminal Justice Counselor (CJC). He is also certified as a American Psychotherapy Association Diplomate, an Affiliate Member of the American Philosophical Practitioners Association (APPA), and International Academy of Behavioral Medicine, Counseling, and Psychotherapy (IABMCP) Professional Counseling Diplomate.

- *Educate medical professionals on drug abuse and addiction.* With the high numbers of opioid pain relievers that are prescribed to New Yorkers, medical professionals, specifically prescribers, need to be aware of the high risk of addiction for prescription opioids and understand how to recognize signs of misuse and addiction.
- *Fund evidence based services and un-fund services that are not effective.* There are several different models of care for addiction. New York State should only fund treatment which is evidence-based.
- *Promote a comprehensive license system of care among substance abuse employees.* There are 11 different licenses that substance abuse treatment professionals can have, some of which are duplicative. An integrated license system would provide a continuity of care for individuals with chemical dependency.

### **Sheriff Michael Schiff**

Sheriff Michael A. Schiff serves as the Sullivan County Sheriff. He is a 28 year veteran of the New York State Police, having served as a k-9 handler and firearms instructor.

- *Increase funding to investigate heroin related crimes.* Increased law enforcement funding would allow additional investigations related to controlled substances. This increase would also help facilitate investigations between sheriffs' offices.
- *Expansion of school and community-based prevention services.* Provide access to qualified licensed health professionals to speak with students and young adults about the dangers of drugs and addiction.
- *Embrace long term intensive treatment programs.* Due to the highly addictive nature of opioids, 28 day treatment programs are not always effective. Adolescents especially need longer treatment programs to prevent relapses and the potentially deadly overdoses that occur when treatment has been inadequate.
- *Allow health care professionals to make decisions related to addiction treatment insurance coverage instead of insurance companies.* The type and length of treatment coverage should be determined by health care professionals. Many individuals are denied coverage under the current managed care system. Under managed care systems, insurance companies, rather than the patient's own doctor, determine whether a patient receives addiction treatment services and the length of services.
- *Increase state monitoring of inpatient treatment programs.* In order for patients to overcome addiction, treatment centers need to provide a safe, drug free environment. Through stricter oversight of treatment programs, the state could help prevent the smuggling of drugs into treatment centers.
- *Invest in relapse prevention strategies.* Require that anyone discharged from inpatient detoxification has a discussed a plan of action with a medical professional to stay clean and in recovery.

### **Larry Thomas**

Larry Thomas serves as the District Superintendent at the Sullivan Board of Cooperative Educational Services. In this role, he provides oversight and leadership of all agency operations including instructional programs, program support, adult education, management services, and personnel. Mr. Thomas was formerly the Superintendent of Schools for the Otselic Valley Central School District and previously the Elementary Principal at Appleby Elementary School in the Marathon Central School District.

- *Expansion of school and community-based prevention services.* Provide access to qualified licensed health professionals to speak with students and young adults about the dangers of drugs and addiction.

### **Joseph Todora**

Joseph A. Todora is the Director of the Sullivan County Department of Community Services. He provides oversight and accountability of local and state resources that invests in the county's network of services for mental health, developmental disabilities, alcoholism and substance abuse rehabilitation.

Mr. Todora is actively involved in the New York State Conference of Local Mental Hygiene Directors and serves on the statewide planning committee for the NYS Offices of Mental Health, Alcohol and Substance Abuse and Persons with Developmental Disabilities. He is the Chairman of the New York State Association of Counties standing Public Health/Mental Health resolutions committee. Mr. Todora also served as a Tri-Chairman in the NYS Office of Mental Health Hudson Valley Regional Centers of Excellence committee as the County Local Government Unit representative.

- *Support of S.6477-B (Hannon)/S.8637-B (Dinowitz).* This bill allows for the prescribing, dispensing and distribution of an opioid antagonist by a non-patient specific order. This bill would provide for expansion of Naloxone training and use to communities, families and peers. Naloxone is a prescription medicine that may reverse opioid overdoses if administered quickly during an overdose.
- *Increase availability of medically assisted detoxification and treatment.* Use of buprenorphine (Suboxone) has shown to substantially increase the likelihood for overcoming heroin/opioid dependence in combination with other non-medical treatment.
- *Increase restrictions for prescribing opioids.* The United States constitutes 4.6% of the world's population, yet consumes 80% of the global opiate supply and 99% of the world's hydrocodone supply. Although I-STOP has greatly reduced the overprescribing of prescription opioids and the ability to doctor/pharmacy shop, prescription opioids are still prescribed in high numbers.
- *Prescriber guidelines recommending specific doses of certain prescriptions for pain.* Standardized guidelines for prescribing opiates would reduce the amount of "leftover" pills that fill many medicine cabinets. While each patient may experience different levels

of pain, these guidelines would help prescribers identify a typical and appropriate amount of opioid painkillers to prescribe in common situations.

- *Allow health care professionals to make decisions related to addiction treatment insurance coverage instead of insurance companies.* The type and length of treatment coverage should be determined by health care professionals. Many individuals are denied coverage under the current managed care system. Under managed care systems, insurance companies, rather than the patient's own doctor, determine whether a patient receives addiction treatment services and the length of services.
- *Expansion of all types of recovery treatment.* Every path to recovery is different. Some regions may need increased access to detoxification beds, inpatient beds in residential facilities, and outpatient treatment.

## **HEROIN USE IN NEWBURGH, NEW YORK**

### **Newburgh, New York, Orange County**

#### **Heroin Use in Orange County:**

Police in Orange County arrested 30 people in January and another 20 in March of 2014 and seized a collective 300 decks of heroin, a bag of heroin containing enough drugs for another 100 decks, as well as cocaine, oxycodone and \$8,500 in cash. Officials put the street value of the heroin at \$8,000.<sup>clxxiii</sup>

According to a May 2014 Record Online article, 13 people in Orange County have died from overdoses so far this year, compared to 20 in all of 2013. Heroin admissions for people between 18 and 34 more than doubled from 2006 to 2013.<sup>clxxiv</sup>

Felony drug indictments are up 75 percent through April and heroin indictments are up 100 percent, according to Orange County District Attorney Dave Hoovler.<sup>clxxv</sup>

The Orange County Medical Examiner's Office estimates eight out of 100 of its residents' deaths are drug-related.<sup>clxxvi</sup>

Police in Orange County seized more than 26 pounds of heroin during a routine traffic stop on I-84 in Wawayanda in April. The heroin had an estimated street value of \$12 million.<sup>clxxvii</sup>

#### **Heroin Use in Newburgh, NY:**

According to a New York State Police press release, in January 2014, two individuals were charged in separate indictments with selling heroin or cocaine to undercover police officers while they were within 1000 feet of a school. It is alleged that these sales occurred in the vicinity of the Balmville Elementary School in the Town of Newburgh, and Bishop Dunn Elementary School in the City of Newburgh. Each defendant faces up to 9 years in State Prison if convicted.<sup>clxxviii</sup>

**Newburgh Forum**  
**May 15, 2014**  
**Newburgh Armory Unity Center**  
**321 South William Steet**  
**Newburgh, NY**

Members Present:

Senator John J. Bonacic  
Senator Phil Boyle  
Senator William J. Larkin, Jr.

Speakers:

Paul Arteta  
*Lieutenant, Orange County Sheriff's Office*

William Barbera  
*Chief, Rockland County Sheriff's Office*

Anne Calajoe  
*Director of Alcohol and Substance Abuse Services, Rockland County Department of Mental Health*

David Gerber  
*Director of Counseling and Shelter Services, St. Christopher's Inn, Garrison, New York*

James Conklin  
*Executive Director, Alcoholism and Drug Abuse Council of Orange County*

Michael Ferrara  
*Police Chief, City of Newburgh, New York*

Greg Gaetano  
*Chief Criminal Investigator, Representing Sheriff Carl DuBois, Orange County Sheriff's Office*

Dave Hoovler  
*District Attorney, Orange County*

David Jolly  
*Chief Operating Officer, Greater Hudson Valley Family Health Center*

Michael Kavanagh

*Chief Narcotics Prosecutor, Ulster County District Attorney's Office*

Judy Kennedy

*Mayor, Newburgh, New York*

Darcie Miller

*Commissioner of Mental Health, Orange County*

Nancy Montgomery

*Deputy Director of Grants for Sean Patrick Maloney; Deputy Supervisor, Town of Phillipstown*

Steve Neuhaus

*County Executive, Orange County*

Rob Ross

*Chief Executive Officer, St. Luke's Cornwall Hospital*

Jonnie Wesley-Krueger

*Chief Advancement Officer, Greater Hudson Valley Family Health Center*

John Westerman, Jr.

*Pharmacist, Previous owner of Ace Pharmacy, Newburgh, New York*

Summary of Testimony:

**William Barbera**

Chief, Rockland County Sheriff's Office

- *Increase the frequency of drug take back/safe disposal programs.* Prescription pills require safe, environmentally friendly disposal. Without the means to properly dispose of prescription pills, they often remain in home medicine cabinets and frequently get into the wrong hands. The federal Substance Abuse and Mental Health Services Administration (SAMHSA) estimates that 70-80% of nonmedical use of prescription pain relievers begins by raiding the medicine cabinet at home. Drug take back programs help prevent this diversion of prescription pills.
- *Expansion of Naloxone training and use to all first responders.* Naloxone is a prescription medicine that may reverse opioid overdoses if administered at first signs of an overdose. New York State should expand the training and use of Naloxone to all first responders including, but not limited to, Emergency Medical Technicians, fire departments, and law enforcement officers.



### **Anne Calajoe**

Anna Calajoe is currently the Director of Alcohol and Substance Abuse Services at Rockland County Department of Mental Health. She holds certifications and licenses as a mental health counselor, certified supervised counselor, and a certified alcoholism and substance abuse counselor. Ms. Calajoe has worked in the chemical dependency field treatment field for over 30 years in various out-patient programs.

- *Standardize criteria for substance abuse treatment coverage by insurance companies.* Each insurance company has different criteria when it comes to determining coverage for specific treatment and the length of that treatment.
- *Increase inpatient detoxification facilities for heroin/opioids.* Detoxification beds are often reserved for alcohol and cocaine detoxification. Heroin/opioid detoxification is not considered medically necessary because it is not immediately life threatening. Heroin and opioid detoxification is extremely painful. Some addicts would rather continue their addiction than experience withdrawal. Facing withdrawal alone without a medical professional is not considered reasonable for any other chemical dependency. Heroin/opioid addicts need access to detoxification beds if they are to overcome their addiction.
- *Support of S.6477-B (Hannon)/S.8637-B (Dinowitz).* This bill allows for the prescribing, dispensing and distribution of an opioid antagonist by a non-patient specific order. This bill would provide for expansion of Naloxone training and use to communities, families and peers. Naloxone is a prescription medicine that may reverse opioid overdoses if administered quickly during an overdose.
- *Expansion of Naloxone training and use to all first responders.* Naloxone is a prescription medicine that may reverse opioid overdoses if administered at first signs of an overdose. New York State should expand the training and use of Naloxone to all first responders including, but not limited to, Emergency Medical Technicians, fire departments, and law enforcement officers.

### **David Gerber**

Director of Counseling and Shelter Services, St. Christopher's Inn, Garrison, New York

- *Expansion of all types of recovery treatment.* Every path to recovery is different. Some regions may need increased access to detoxification beds, inpatient beds in residential facilities, and outpatient treatment.
- *Allow health care professionals to make decisions related to addiction treatment insurance coverage instead of insurance companies.* The type and length of treatment coverage should be determined by health care professionals. Many individuals are denied coverage under the current managed care system. Under managed care systems, insurance companies, rather than the patient's own doctor, determine whether a patient receives addiction treatment services and the length of services.

- *Increase inpatient detoxification facilities for heroin/opioids.* Detoxification beds are often reserved for alcohol and cocaine detoxification. Heroin/opioid detoxification is not considered medically necessary because it is not immediately life threatening. Heroin and opioid detoxification is extremely painful. Some addicts would rather continue their addiction than experience withdrawal. Facing withdrawal alone without a medical professional is not considered reasonable for any other chemical dependency. Heroin/opioid addicts need access to detoxification beds if they are to overcome their addiction.

### **James Conklin**

Executive Director, Alcoholism and Drug Abuse Council of Orange County

- *Expansion of school and community-based prevention services.* Provide access to qualified licensed health professionals to speak with students and young adults about the dangers of drugs and addiction.
- *Educational programs for parents on the dangers of drugs, addiction and recognizing addiction.* Parents often have the most contact with children and young adults . With proper education, can recognize drug addiction at an early stage.

### **Michael Ferrara**

Chief Michael D. Ferrara joined the City of Newburgh Police Department as a police officer in 1972 at the age of 20. He graduated from Dutchess Community College with an AAS in criminal justice, attended Marist College and graduated from Nyack College with a Bachelor of Science degree in Organizational Management. He progressed through the department from patrolman to detective in 1975 and has held command rank since being promoted to a lieutenant in 1989, a captain in 1992 and Deputy Chief of Operations in 1994. Chief Ferrara was sworn in as Police Chief on December 22, 2010. Most of Chief Ferrara's career has been spent in uniform as a part of the patrol division. Some of his other assignments include the Accident-reconstruction / investigation unit, SCUBA team, SWAT team, Motor cycle unit, Internal affairs unit and as a Certified police instructor.

- *Expansion of school and community-based prevention services.* Provide access to qualified licensed health professionals to speak with students and young adults about the dangers of drugs and addiction.
- *Expansion of Naloxone training and use to all first responders.* Naloxone is a prescription medicine that may reverse opioid overdoses if administered at first signs of an overdose. New York State should expand the training and use of Naloxone to all first responders including, but not limited to, Emergency Medical Technicians, fire departments, and law enforcement officers.

### **Greg Gaetano**

Chief Criminal Investigator, Representing Sheriff Carl DuBois, Orange County Sheriff's Office

- *Increase the frequency of drug take back/safe disposal programs.* Prescription pills require safe, environmentally friendly disposal. Without the means to properly dispose of prescription pills, they often remain in home medicine cabinets and frequently get into the wrong hands. The federal Substance Abuse and Mental Health Services Administration (SAMHSA) estimates that 70-80% of nonmedical use of prescription pain relievers begins by raiding the medicine cabinet at home. Drug take back programs help prevent this diversion of prescription pills.
- *Expansion of school and community-based prevention services.* Provide access to qualified licensed health professionals to speak with students and young adults about the dangers of drugs and addiction.

### **Dave Hoovler**

David M. Hoovler, the elected District Attorney of Orange County, oversees an office staff consisting of 42 assistant district attorneys, 11 investigators, and 19 support personnel. The District Attorney's Office is responsible for prosecuting over 22,000 criminal cases each year. District Attorney Hoovler is a former police detective in Prince George's County, Maryland, and a former Department of Justice Trial Attorney within the Criminal Division, who specialized in electronic surveillance-related issues, wiretapping, and complex narcotics conspiracy cases. District Attorney Hoovler has also worked as an assistant district attorney in both the Bronx and Orange counties. While in the Orange County District Attorney's Office as an assistant district attorney, Hoovler handled complex and high-profile cases under former District Attorney Frank Phillips. District Attorney Hoovler's professional efforts have resulted in a series of honors, including the FBI Award of Merit – Newburgh-based BBK Gang Prosecution, the Federal Executive Board Teamwork Award for Narcotics and Gang Prosecution, and the New York City Police Department Organized Crime Control Bureau Award of Merit.

- *Expansion of school and community-based prevention services.* Provide access to qualified licensed health professionals to speak with students and young adults about the dangers of drugs and addiction.
- *Educational programs for parents on the dangers of drugs, addiction and recognizing addiction.* Parents often have the most contact with children and young adults. With proper education, can recognize drug addiction at an early stage.
- *Raise the penalties for sale of a controlled substance.* The penalties currently are too weak to deter solely for profit dealers from selling heroin. The stiffer penalties should be increased to show the illegal sale of any controlled substance will not be tolerated.

### **David Jolly**

David Jolly is the Chief Operating Officer at Greater Hudson Valley Family Health Center. Prior to that, he served as Commissioner of the Department of Social Services of Orange County for 8 years. Mr. Jolly began his professional career as a secondary education teacher for the New York City Public Schools. Following his teaching experience, he worked for Youth Advocate Programs as mentor for at-risk children in the community. Mr. Jolly holds a Master's Degree in Social Work from the State University of New York at Albany and is a graduate of Dominican College in Rockland County.

- *Increase availability of medically assisted detoxification and treatment.* Use of buprenorphine (Suboxone) has shown to substantially increase the likelihood for overcoming heroin/opioid dependence in combination with other non-medical treatment.
- *Expansion of drug courts and increased participation in diversion programs for those with substance abuse disorders.* Drug courts were created to differentiate between those with substance abuse disorders and drug dealers selling for profit. Drug courts are a valuable tool in ensuring that those with substance abuse disorders receive necessary treatment when their addiction was the motivating factor for a non-violent crime.

### **Michael Kavanagh**

Michael Kavanagh is currently the Chief Narcotics Prosecutor of Ulster County District Attorney's Office. He is responsible for prosecuting drug offenses at the felony level. In this position, he works closely with local law enforcement agencies to investigate and prosecute drug offenders throughout Ulster County. Mr. Kavanagh is also assigned to the URGENT Task Force which is a multi-agency law enforcement unit that focuses on gang and narcotic-related investigations. He also works directly with the City of Kingston Police Department's Special Investigations Unit that concentrates on gang and narcotic investigations, as well as major felony offenses.

- *Expansion of school and community-based prevention services.* Provide access to qualified licensed health professionals to speak with students and young adults about the dangers of drugs and addiction.
- *Expansion of drug courts and increased participation in diversion programs for those with substance abuse disorders.* Drug courts were created to differentiate between those with substance abuse disorders and drug dealers selling for profit. Drug courts are a valuable tool in ensuring that those with substance abuse disorders receive necessary treatment when their addiction was the motivating factor for a non-violent crime.

### **Judy Kennedy**

Mayor, Newburgh, New York

- *Require drug paraphernalia to be behind counters at pharmacies, convenience stores and bodegas.* Drug paraphernalia should be treated similarly to cigarettes which must be requested. Advertisements should not target children and paraphernalia should not be in plain view.

- *Educational programs for parents on the dangers of drugs, addiction and recognizing addiction.* Parents often have the most contact with children and young adults . With proper education, can recognize drug addiction at an early stage.

### **Darcie Miller**

Commissioner Darcie Miller, LCSW-R (Licensed Clinical Social Worker), holds the top spot at the Orange County Department of Mental Health, a position to which she was appointed in March 2012. Prior to that, she served as the department’s Deputy Commissioner for seven years and has been part of the County’s mental health team for more than a decade. As Commissioner, Ms. Miller oversees Orange County’s planning, development, and coordination of services in the fields of mental health, developmental disabilities, and chemical dependency. Nearly 7,000 Orange County residents with a mental illness, developmental disability, or substance abuse problems are served by the Department of Mental Health each day. The Department coordinates programs with numerous private and not-for-profit partners in the County. Commissioner Miller is passionate about infusing the system of care with trauma informed, culturally competent, and recovery orientated values, and practices. She is the Treasurer of the New York State Conference of Local Mental Hygiene Directors, Inc. (CLMHD), and was recently selected as a member of the planning committee for the Hudson River Regional Centers for Excellence Team.

Commissioner Miller received her Master’s in Social Work and her Bachelors of Science degrees from the State University of New York at Buffalo.

- *Expansion of school and community-based prevention services.* Provide access to qualified licensed health professionals to speak with students and young adults about the dangers of drugs and addiction.
- *Allow health care professionals to make decisions related to addiction treatment insurance coverage instead of insurance companies.* The type and length of treatment coverage should be determined by health care professionals. Many individuals are denied coverage under the current managed care system. Under managed care systems, insurance companies, rather than the patient’s own doctor, determine whether a patient receives addiction treatment services and the length of services.
- *Reduce the stigma associated with substance abuse.* The stigma posed by society prevents those with substance abuse disorders from admitting they have an addiction, and therefore is a barrier for seeking help and for family members to become educated on addiction.
- *Expansion of all types of recovery treatment.* Every path to recovery is different. Some regions may need increased access to detoxification beds, inpatient beds in residential facilities, and outpatient treatment.

### **Steve Neuhaus**

Steve was first elected to the Chester Town Board in 2003, was re-elected for a second term in 2005, and elected Chester Town Supervisor in 2007; in 2009 and 2011, he was re-elected to the position without opposition. Steve is experienced in management of governments of all sizes. He has worked successfully in Village, Town, City, and State government. He currently serves as VP of the Orange County Association of Town Supervisors and Mayors, and was a past Treasurer. A graduate of Leadership Orange, Steve served on the Board of Directors for the Orange County Land Trust. Prior to his election as Chester Town Supervisor, Steve gained valuable management experience in both the public and private sector. He worked in the City Manager's Office in the City of Newburgh, in the Village Manger's Office for the Village of Walden, and VP of Special Projects for Taylor Recycling in Montgomery. Steve is also a licensed insurance agent and broker.

- *Public awareness campaign on opioid and heroin addiction.* Educating the public is key to prevention. A broad public awareness campaign will reach sectors of the community that other prevention programs sometimes miss.
- *Expansion of school and community-based prevention services.* Provide access to qualified licensed health professionals to speak with students and young adults about the dangers of drugs and addiction.

### **Rob Ross**

Mr. Ross, with more than 20 years of leadership experience, has been with St. Luke's Cornwall Hospital since 2001. As President, he oversees all areas of hospital operations, clinical services and strategic planning initiatives. Mr. Ross has played a major role in positioning the physician community for the future and the evolving health care environment, and led the most recent facility expansions of St. Luke's Cornwall Hospital, including the Cardiac Catheterization Laboratory, Patient Unit Renovations, Parking Garage and the Littman Cancer Center. Mr. Ross received the 2011 American College of Healthcare Regent's award for Senior Level Executives. Prior to his leadership role with St. Luke's Cornwall Hospital, Mr. Ross held the position of Senior Director, Administration at John Hopkins Bayview Medical Center in Baltimore, MD. He received a Master's of Health Services Administration from George Washington University and a Bachelor of Science degree in Computer and Information Science from Brooklyn College. He is a fellow in the American College of Healthcare Executives and serves as a Board member of the Orange County Partnership.

- *Expansion of school and community-based prevention services.* Provide access to qualified licensed health professionals to speak with students and young adults about the dangers of drugs and addiction.
- *Expansion of all types of recovery treatment.* Every path to recovery is different. Some regions may need increased access to detoxification beds, inpatient beds in residential facilities, and outpatient treatment.

### **John Westerman, Jr.**

John Westerman, Jr. is a pharmacist and has practiced pharmacy for over 35 years. Mr. Westerman previously owned Ace Drugs and Hudson View Pharmacy at the Family Health Center in Newburgh, NY. Mr. Westerman is a member of the New York State Board of Pharmacy. Formerly, he was the President of the Pharmacists Society of the State of New York and the President of the Pharmacists Society of Orange County.

- *Increase the frequency of drug take back/safe disposal programs.* Prescription pills require safe, environmentally friendly disposal. Without the means to properly dispose of prescription pills, they often remain in home medicine cabinets and frequently get into the wrong hands. The federal Substance Abuse and Mental Health Services Administration (SAMHSA) estimates that 70-80% of nonmedical use of prescription pain relievers begins by raiding the medicine cabinet at home. Drug take back programs help prevent this diversion of prescription pills.
- *Support of S.6477-B (Hannon)/S.8637-B (Dinowitz).* This bill allows for the prescribing, dispensing and distribution of an opioid antagonist by a non-patient specific order. This bill would provide for expansion of Naloxone training and use to communities, families and peers. Naloxone is a prescription medicine that may reverse opioid overdoses if administered quickly during an overdose.

### **Jonnie Wesley-Krueger**

Jonnie Wesley-Krueger is the Chief Advancement Officer at the Greater Hudson Valley Family Health Center (GHVFHC). As a member of the GHVFHC Executive team, Ms. Wesley-Krueger oversees multiple departments including: Marketing, Grants, Outreach, Health Education, and New Business Initiatives. She is the health center's chief spokesperson and lobbyist, and is instrumental in executing the strategic vision of the health center, as well as, shaping the future growth and direction of the health center. Wesley-Krueger has nearly 30 years of experience in the health care industry, previously working as Director of Training, Education, and Development for Orange Regional Medical Center (ORMC) since 1995. As Director of Training, Education, and Development, Wesley-Krueger created education services and training programs for over 3,600 staff, monitored all non-clinical regulatory requirements, started development programs for ORMC's leadership, and coordinated electronic health records training for thousands of ORMC employees

- *Criminalize the sale of a controlled substance in the vicinity of a drug treatment facility.* Patients should not be harassed by drug dealers outside the treatment centers they visit to recover from addiction. The state needs to ensure a safe environment for people in treatment.

## APPENDIX C:

### Sources

- <sup>i</sup> <http://www.drugabuse.gov/publications/drugfacts/heroin>
- <sup>ii</sup> <http://www.samhsa.gov/data/NSDUH/2012SummNatFindDetTables/NationalFindings/NSDUHresults2012.htm#ch7.1>
- <sup>iii</sup> <https://www.health.ny.gov/publications/1075/>
- <sup>iv</sup> [http://www.whitehouse.gov/sites/default/files/docs/state\\_profile\\_-\\_new\\_york\\_0.pdf](http://www.whitehouse.gov/sites/default/files/docs/state_profile_-_new_york_0.pdf)
- <sup>v</sup> <http://www.samhsa.gov/newsroom/advisories/1308215815.aspx>
- <sup>vi</sup> [http://www.health.ny.gov/diseases/aids/providers/prevention/harm\\_reduction/opioidprevention/](http://www.health.ny.gov/diseases/aids/providers/prevention/harm_reduction/opioidprevention/)
- <sup>vii</sup> [http://www.nytimes.com/2014/02/04/nyregion/hoffmans-heroin-points-to-surge-in-grim-trade.html?\\_r=0](http://www.nytimes.com/2014/02/04/nyregion/hoffmans-heroin-points-to-surge-in-grim-trade.html?_r=0)
- <sup>viii</sup> <http://www.buffalonews.com/city-region/heroin-deadly-highs-recent-deaths-underscore-growing-peril-for-users-20140201>, <http://www.newsday.com/long-island/heroin-becomes-an-increasing-problem-on-li-1.6878889>, [http://www.syracuse.com/news/index.ssf/2014/02/inside\\_central\\_new\\_yorks\\_war\\_on\\_heroin\\_deadly\\_resurgence.html](http://www.syracuse.com/news/index.ssf/2014/02/inside_central_new_yorks_war_on_heroin_deadly_resurgence.html), <http://www.nytimes.com/2014/02/04/nyregion/hoffmans-heroin-points-to-surge-in-grim-trade.html>.
- <sup>ix</sup> <http://news.yahoo.com/york-heroin-seizures-mark-surg-ing-epidemic-suburban-users-213657279.html>
- <sup>x</sup> Note that, as of the date of publication, two forums had not yet occurred. Summaries will be made public after these events take place.
- <sup>xi</sup> <http://www.whitehouse.gov/blog/2012/04/25/friends-and-family-are-primary-sources-abused-prescription-drugs>
- <sup>xii</sup> <http://www.newsday.com/long-island/heroin-becomes-an-increasing-problem-on-li-1.6878889> 1/25/14
- <sup>xiii</sup> <http://pix11.com/2014/02/03/growing-heroin-epidemic-on-long-island-stealing-young-lives-at-alarming-rate/#ixzz2ZuTF28U1> 2/3/14
- <sup>xiv</sup> <http://www.longislandpress.com/2014/04/18/how-long-island-is-losing-its-war-on-heroin/> 4/18/14
- <sup>xv</sup> <http://www.police.co.nassau.ny.us/pdf/2014%20Heroin%20Arrests%20Map%20and%20List.pdf> 4/25/14
- <sup>xvi</sup> [http://abclocal.go.com/wabc/story?section=news/local/long\\_island&id=8674940](http://abclocal.go.com/wabc/story?section=news/local/long_island&id=8674940) 5/24/12
- <sup>xvii</sup> [http://www.huffingtonpost.com/2014/04/06/heroin-effects-us\\_n\\_5100082.html](http://www.huffingtonpost.com/2014/04/06/heroin-effects-us_n_5100082.html) 4/6/2014
- <sup>xviii</sup> [http://www.theislandnow.com/opinions/the-heroin-highway-on-long-island/article\\_8ae27b1e-cbc5-11e3-abb5-001a4bcf887a.html](http://www.theislandnow.com/opinions/the-heroin-highway-on-long-island/article_8ae27b1e-cbc5-11e3-abb5-001a4bcf887a.html), 4/24/14
- <sup>xix</sup> The Niagara Gazette, Deputies Set to Get Overdose Training, April 9, 2014
- <sup>xx</sup> Syracuse.com, Heroin: Central New York Wages War on Killer, February 6, 2014
- <sup>xxi</sup> <http://www.upstate.edu/poison/>
- <sup>xxii</sup> T. Michele Caliva RN BS CSPI, Administrative Director, Upstate New York Poison Center, April 2014
- <sup>xxiii</sup> Erie County Department of Health, Health Advisory #314 Heroin/Fentanyl, February 13, 2014
- <sup>xxiv</sup> Erie County Department of Health, Press Release, February 3, 2014
- <sup>xxv</sup> ABC Ch. 7 WKBW, Interview with Dr. Gale Burstein re: heroin abuse and antidote roll-out, April 1, 2014
- <sup>xxvi</sup> The Buffalo News, Communities Should Follow Buffalo and Equip Police with Overdose Antidote, February 26, 2014
- <sup>xxvii</sup> The Buffalo News, Impending Debut of Potent Prescription Painkiller Zohydro Fuels Debate Over Dangers, March 5, 2014
- <sup>xxviii</sup> The Niagara Gazette, Deputies Set to Get Overdose Training, April 9, 2014
- <sup>xxix</sup> Cattaraugus Community Health Assessment, 2014-2017, pg 89
- <sup>xxx</sup> Community Health Assessment – Chautauqua County, press release, December 17, 2013
- <sup>xxxi</sup> Community Health Assessment – Genesee, Orleans & Wyoming Counties, 2013-2017, pgs 25, 28, 31
- <sup>xxxii</sup> Niagara County Community Health Assessment, 2014-2017, pg 3
- <sup>xxxiii</sup> [http://www.syracuse.com/news/index.ssf/2014/02/inside\\_central\\_new\\_yorks\\_war\\_on\\_heroin\\_deadly\\_resurgenc](http://www.syracuse.com/news/index.ssf/2014/02/inside_central_new_yorks_war_on_heroin_deadly_resurgenc)e.html Syracuse.com, 2/6/2014
- <sup>xxxiv</sup> <http://www.upstate.edu/poison/>
- <sup>xxxv</sup> T. Michele Caliva RN BS CSPI, Administrative Director, Upstate New York Poison Center, April 2014
- <sup>xxxvi</sup> [http://www.ocgov.net/sites/default/files/health/CommunityHealthAssessment/2014/CHA%20Oneida%20County](http://www.ocgov.net/sites/default/files/health/CommunityHealthAssessment/2014/CHA%20Oneida%20County.pdf).pdf Onondaga Community Health Assessment 2014, page 95
- <sup>xxxvii</sup> <http://www.wktv.com/news/top-stories/Heroin-use-on-the-rise-in-Oneida-County-233702441.html> WKTv, 11/27/2013
- <sup>xxxviii</sup> <http://www.wktv.com/news/top-stories/Police-in-City-of-Rome-tackle-heroin-epidemic-239708661.html>, WKTv, 1/10/2014



- <sup>xxxix</sup> [http://auburnpub.com/news/local/we-have-an-epidemic-cayuga-county-not-immune-to-escalation/article\\_6977f1f0-17ca-58c5-a042-27b3df9af991.html](http://auburnpub.com/news/local/we-have-an-epidemic-cayuga-county-not-immune-to-escalation/article_6977f1f0-17ca-58c5-a042-27b3df9af991.html), auburnpub.com, 2/14/14
- <sup>xl</sup> <http://www.wsy.com/articles/wsy-local-news-125739/cayuga-county-to-crack-down-on-12056293/> 2/11/14
- <sup>xli</sup> [http://www.cnycentral.com/news/story.aspx?list=190258&id=1011410#.U0Vfj\\_IdUj4](http://www.cnycentral.com/news/story.aspx?list=190258&id=1011410#.U0Vfj_IdUj4) CNY Central, 2/24/2014
- <sup>xlii</sup> <http://www.wktv.com/news/top-stories/Heroin-use-on-the-rise-in-Oneida-County-233702441.html> WKTV, 11/27/2013
- <sup>xliii</sup> <http://oswegocounty.com/health/assessment.pdf> Oswego County Community Health Assessment 2013-17, page 32
- <sup>xliiv</sup> [http://www.syracuse.com/news/index.ssf/2014/02/why\\_syracuse\\_doctors\\_will\\_stage\\_heroin\\_interventions\\_for\\_pregnant\\_women\\_who\\_have.html](http://www.syracuse.com/news/index.ssf/2014/02/why_syracuse_doctors_will_stage_heroin_interventions_for_pregnant_women_who_have.html) Syracuse.com, 2/24/2014
- <sup>xliv</sup> <http://ongov.net/health/documents/OnondagaCounty2013CommunityHealthAssessment.pdf> pages 58-62
- <sup>xlvi</sup> <http://www.cnycentral.com/news/story.aspx?list=190258&id=1014814#.U0VkdflDuj4> Laura Hand, CNY Today 3/24/2014
- <sup>xlvii</sup> <http://oswegocounty.com/health/assessment.pdf> Oswego County Community Health Assessment 2013-17, page 31
- <sup>xlviii</sup> <http://ongov.net/health/documents/OnondagaCounty2013CommunityHealthAssessment.pdf> Onondaga County Community Health Assessment 2014, page 58
- <sup>xlix</sup> The Niagara Gazette, Deputies Set to Get Overdose Training, April 9, 2014
- <sup>l</sup> Syracuse.com, Heroin: Central New York Wages War on Killer, February 6, 2014
- <sup>li</sup> <http://www.upstate.edu/poison/>
- <sup>lii</sup> T. Michele Caliva RN BS CSPI, Administrative Director, Upstate New York Poison Center, April 2014
- <sup>liii</sup> The Evening Tribune, Police Will Have Heroin Antidote, April 8, 2014
- <sup>liv</sup> New York NonProfit Press, Capital Region Agencies Come Together to Fight Heroin & Prescription Drug Abuse, Mar. 12, 2014
- <sup>lv</sup> Saratogian News, Officials Battling Heroin Epidemic, Mar. 29, 2014
- <sup>lvi</sup> Saratogian News, Officials Battling Heroin Epidemic, Mar. 29, 2014
- <sup>lvii</sup> The Press Republican, Op., In My Opinion, Follow Vt. Lead on Prescription Drugs, John Coppola, Mar. 12, 2014
- <sup>lviii</sup> Warren County Community Health Needs Assessment, 2013, pg. 15
- <sup>lix</sup> Montgomery County Community Health Assessment & Community Health Improvement Plan, 2014-2017, pg. 138
- <sup>lx</sup> Schenectady County Community Health Needs Assessment, 2013, pg. 21-22
- <sup>lxi</sup> Community Health Needs Assessment, 2013, pg. 3
- <sup>lxii</sup> Community Health Needs Assessment, 2013, pg. 12
- <sup>lxiii</sup> [http://www.syracuse.com/news/index.ssf/2014/02/inside\\_central\\_new\\_yorks\\_war\\_on\\_heroin\\_deadly\\_resurgence.html](http://www.syracuse.com/news/index.ssf/2014/02/inside_central_new_yorks_war_on_heroin_deadly_resurgence.html) Syracuse.com, 2/6/2014
- <sup>lxiv</sup> <http://www.upstate.edu/poison/>
- <sup>lxv</sup> T. Michele Caliva RN BS CSPI, Administrative Director, Upstate New York Poison Center, April 2014
- <sup>lxvi</sup> <http://westchester.news12.com/news/news-12-special-report-hooked-on-heroin-part-2-1.7355789>, 3/11/14
- <sup>lxvii</sup> [http://www.co.dutchess.ny.us/CountyGov/Departments/Health/Publications/DutchessCounty\\_CHA\\_2013\\_2017.pdf](http://www.co.dutchess.ny.us/CountyGov/Departments/Health/Publications/DutchessCounty_CHA_2013_2017.pdf), pages 160-164
- <sup>lxviii</sup> [http://www.poughkeepsiejournal.com/apps/pbcs.dll/article?AID=2014304150012&nclick\\_check=1](http://www.poughkeepsiejournal.com/apps/pbcs.dll/article?AID=2014304150012&nclick_check=1) 4/15/14
- <sup>lxix</sup> <http://hudsonvalleyreporter.com/dutchess/2014/01/schumer-calls-for-federal-involvement-as-dutchess-county-heroin-problem-grows/>, 1/27/14
- <sup>lxx</sup> <http://www.recordonline.com/apps/pbcs.dll/article?AID=/20140321/NEWS/403210340/-1/rss01>, 3/21/14
- <sup>lxxi</sup> <http://www.recordonline.com/apps/pbcs.dll/article?AID=/20140413/NEWS/140419950> 4/13/14
- <sup>lxxii</sup> <http://www.recordonline.com/apps/pbcs.dll/article?AID=/20140413/NEWS/140419950> 4/13/14
- <sup>lxxiii</sup> <http://www.recordonline.com/apps/pbcs.dll/article?AID=/20140413/NEWS/140419950> 4/13/14
- <sup>lxxiv</sup> <http://www.recordonline.com/apps/pbcs.dll/article?AID=/20140413/NEWS/140419950> 4/13/14
- <sup>lxxv</sup> <http://armonk.dailyvoice.com/police-fire/heroin-found-hudson-valley-elementary-school-bathroom> 2/18/14
- <sup>lxxvi</sup> <http://hudsonvalleyreporter.com/putnam/2014/03/sheriffs-department-heroin-seizures-tripled-in-putnam-county-in-past-two-years/> 3/18/14
- <sup>lxxvii</sup> <http://www.recordonline.com/apps/pbcs.dll/article?AID=/20140413/NEWS/140419950> 4/13/14
- <sup>lxxviii</sup> <http://www.watershedpost.com/2014/operation-spring-cleaning-nets-dozens-drug-arrests-ulster-county> 4/9/14
- <sup>lxxix</sup> <http://westchester.news12.com/news/news-12-special-report-hooked-on-heroin-part-2-1.7355789> 3/11/14

- <sup>lxxx</sup> [http://www.poughkeepsiejournal.com/apps/pbcs.dll/article?AID=2014304150012&nclck\\_check=1](http://www.poughkeepsiejournal.com/apps/pbcs.dll/article?AID=2014304150012&nclck_check=1) 3/15/14
- <sup>lxxxi</sup> [http://www.syracuse.com/news/index.ssf/2014/02/inside\\_central\\_new\\_yorks\\_war\\_on\\_heroin\\_s\\_deadly\\_resurgenc](http://www.syracuse.com/news/index.ssf/2014/02/inside_central_new_yorks_war_on_heroin_s_deadly_resurgenc)  
e.html Syracuse.com, 2/6/2014
- <sup>lxxxii</sup> <http://www.upstate.edu/poison/>
- <sup>lxxxiii</sup> T. Michele Caliva RN BS CSPI, Administrative Director, Upstate New York Poison Center, April 2014
- <sup>lxxxiv</sup> <http://www.mychamplainvalley.com/story/61-people-charged-in-clinton-county-ny-drug-bust/d/story/h-0jo45Bo0afuNbo7zDyRw>, 12/18/13
- <sup>lxxxv</sup> <http://www.wptz.com/news/vermont-new-york/plattsburgh/major-clinton-county-drug-sweep/23553588>,  
12/19/13
- <sup>lxxxvi</sup> [http://www.co.essex.ny.us/EssexCountyPublicHealth/pdf\\_files/Essex%20County%20CHIP%202013%20Final.pdf](http://www.co.essex.ny.us/EssexCountyPublicHealth/pdf_files/Essex%20County%20CHIP%202013%20Final.pdf),  
page 25
- <sup>lxxxvii</sup> <http://adironackdailyenterprise.com/page/content.detail/id/542030/Heroin-use-on-the-rise.html?nav=5008>,  
3/21/14
- <sup>lxxxviii</sup> <http://www.rxlist.com/narcan-drug/indications-dosage.htm>
- <sup>lxxxix</sup> <http://www.wnnytv.com/news/local/Putting-a-Life-Saving-Drug-in-the-Hands-of-the-Community-251793521.html>, 3/23/14
- <sup>xc</sup> <http://www.wnnytv.com/features/interviews/Credo-Sees-Alarming-Rise-In-Heroin-Use-244300441.html>, 2/7/14
- <sup>xc1</sup> <http://www.watertowndailytimes.com/article/20130922/NEWS03/709229866>, 9/22/13
- <sup>xcii</sup> <http://www.watertowndailytimes.com/article/20130922/NEWS03/709229866>, 9/22/13
- <sup>xciii</sup> <http://northcountrynow.com/news/heroin-seizures-recoveries-st-lawrence-county-jumped-nearly-300-percent-between-2012-and-2013-0>, 3/19/14
- <sup>xciv</sup> [http://www.co.stlawrence.ny.us/data/files/Departments/PublicHealth/St\\_%20Lawrence%20County\\_CHA\\_CHIP\\_2013.pdf](http://www.co.stlawrence.ny.us/data/files/Departments/PublicHealth/St_%20Lawrence%20County_CHA_CHIP_2013.pdf), pages 81, 82, 114
- <sup>xcv</sup> Syracuse.com, Heroin: Central New York Wages War on Killer, February 6, 2014
- <sup>xcvi</sup> <http://www.upstate.edu/poison/>
- <sup>xcvii</sup> T. Michele Caliva RN BS CSPI, Administrative Director, Upstate New York Poison Center, April 2014
- <sup>xcviii</sup> <http://www.rxlist.com/narcan-drug/indications-dosage.htm>
- <sup>xcix</sup> <http://www.wnnytv.com/news/local/Putting-a-Life-Saving-Drug-in-the-Hands-of-the-Community-251793521.html>, 3/23/14
- <sup>c</sup> <http://www.wnnytv.com/features/interviews/Credo-Sees-Alarming-Rise-In-Heroin-Use-244300441.html>, 2/7/14
- <sup>ci</sup> <http://www.watertowndailytimes.com/article/20130922/NEWS03/709229866>, 9/22/13
- <sup>cii</sup> <http://www.watertowndailytimes.com/article/20130922/NEWS03/709229866>, 9/22/13
- <sup>ciii</sup> Syracuse.com, Heroin: Central New York Wages War on Killer, February 6, 2014
- <sup>civ</sup> <http://www.upstate.edu/poison/>
- <sup>cv</sup> T. Michele Caliva RN BS CSPI, Administrative Director, Upstate New York Poison Center, April 2014
- <sup>cvi</sup> The Star Gazette, Chemung County Deputies to Carry Heroin OD Antidotes, April 18, 2014
- <sup>cvii</sup> WBNG CBS News, Binghamton, Binghamton Police Chief: City in Drug Epidemic, March 17, 2014
- <sup>cviii</sup> Press Connects, Two Tompkins Police Agencies Seek Heroin Overdose Kits, April 16, 2014
- <sup>cix</sup> Press Connects, Two Tompkins Police Agencies Seek Heroin Overdose Kits, April 16, 2014
- <sup>cx</sup> Local Forum to Focus on Heroin Epidemic, The Daily Star, April 16, 2014
- <sup>cx1</sup> <http://www.otsegocounty.com/depts/doh/documents/CHA2014.pdf> page 84
- <sup>cxii</sup> <http://www.otsegocounty.com/depts/doh/documents/CHA2014.pdf> pages 126, 127
- <sup>cxiii</sup> <http://www.wbng.com/news/local/Investigators-heroin-threat-significant-in-Otsego-County-201498511.html>,  
WBNG, 4/8/14
- <sup>cxiv</sup> <http://www.cnycentral.com/news/story.aspx?id=980354#.U110TfldUj4> 12/6/13
- <sup>cxv</sup> <http://www.thedailystar.com/localnews/x730424432/Experts-Area-drug-addiction-up/print>, 1/4/13
- <sup>cxvi</sup> <http://www.timesjournalonline.com/details.asp?id=87336> 11/26/13
- <sup>cxvii</sup> Delaware County Community Health Assessment, 2013-2017, pgs. 50, 51
- <sup>cxviii</sup> Tioga County Community Health Assessment, 2014-2017, pg. 110
- <sup>cxix</sup> Tioga County Community Health Assessment, 2014-2017, pg. 117
- <sup>cxx</sup> Tompkins County Community Health Assessment, 2013-2017, pgs. 15, 20
- <sup>cxxi</sup> [http://www.nyc.gov/html/cjc/downloads/pdf/rx\\_stat\\_september\\_2013\\_report.pdf](http://www.nyc.gov/html/cjc/downloads/pdf/rx_stat_september_2013_report.pdf), page 4
- <sup>cxixii</sup> [http://www.nytimes.com/2014/02/16/nyregion/addicted-to-drugs-on-staten-island.html?\\_r=0](http://www.nytimes.com/2014/02/16/nyregion/addicted-to-drugs-on-staten-island.html?_r=0) 2/16/14
- <sup>cxixiii</sup> <http://www.wnyc.org/story/staten-island-drug-hotspot/> 2/5/14

- <sup>cxxiv</sup> [http://www.nytimes.com/2014/02/04/nyregion/hoffmans-heroin-points-to-surge-in-grim-trade.html?\\_r=0](http://www.nytimes.com/2014/02/04/nyregion/hoffmans-heroin-points-to-surge-in-grim-trade.html?_r=0), 2/4/14
- <http://www.cnn.com/2014/02/10/health/heroin-epidemic-naloxone/> 2/10/14
- <sup>cxv</sup> <http://www.usatoday.com/story/news/nation/2014/04/16/heroin-overdose-addiction-threat/7785549/> 2/16/14
- <sup>cxvi</sup> <http://www.nyc.gov/html/doh/html/mental/drug-heroin.shtml>
- <sup>cxvii</sup> [http://www.nyc.gov/html/cjc/downloads/pdf/rx\\_stat\\_september\\_2013\\_report.pdf](http://www.nyc.gov/html/cjc/downloads/pdf/rx_stat_september_2013_report.pdf) page 15
- <sup>cxviii</sup> [http://www.silive.com/news/index.ssf/2014/04/nypd\\_officer\\_describes\\_saving.html](http://www.silive.com/news/index.ssf/2014/04/nypd_officer_describes_saving.html) 4/17/14
- <sup>cxix</sup> [http://www.silive.com/news/index.ssf/2014/04/nypd\\_officer\\_describes\\_saving.html](http://www.silive.com/news/index.ssf/2014/04/nypd_officer_describes_saving.html) 4/17/14
- <sup>cxix</sup> <http://nypost.com/2014/04/07/heroin-use-explodes-in-new-york-city/>, 4/7/14
- <sup>cxix</sup> <http://nypost.com/2014/04/07/heroin-use-explodes-in-new-york-city/>, 4/7/14
- <sup>cxix</sup> [http://www.silive.com/news/index.ssf/2014/02/heroin\\_abuse\\_on\\_staten\\_island.html](http://www.silive.com/news/index.ssf/2014/02/heroin_abuse_on_staten_island.html) 2/11/14
- <sup>cxix</sup> <http://www.nydailynews.com/blogs/theshack/breathe-easy-staten-island-cops-life-saving-heroin-overdose-antidote-blog-entry-1.1761680#ixzz2zjxBIC3A> 4/18/14
- <sup>cxix</sup> [http://www.silive.com/news/index.ssf/2013/10/as\\_painkillers\\_become\\_harder\\_t.html](http://www.silive.com/news/index.ssf/2013/10/as_painkillers_become_harder_t.html) 10/9/13
- <sup>cxix</sup> [http://www.nytimes.com/2014/02/16/nyregion/addicted-to-drugs-on-staten-island.html?\\_r=0](http://www.nytimes.com/2014/02/16/nyregion/addicted-to-drugs-on-staten-island.html?_r=0) 2/16/14
- <sup>cxix</sup> <http://www.wnyc.org/story/staten-island-drug-hotspot/> 2/5/14
- <sup>cxix</sup> [http://www.silive.com/news/index.ssf/2013/10/as\\_painkillers\\_become\\_harder\\_t.html](http://www.silive.com/news/index.ssf/2013/10/as_painkillers_become_harder_t.html) 10/9/13
- <sup>cxix</sup> [http://www.silive.com/news/index.ssf/2013/10/as\\_painkillers\\_become\\_harder\\_t.html](http://www.silive.com/news/index.ssf/2013/10/as_painkillers_become_harder_t.html) 10/9/13
- <sup>cxix</sup> [http://www.nytimes.com/2014/02/16/nyregion/addicted-to-drugs-on-staten-island.html?\\_r=0](http://www.nytimes.com/2014/02/16/nyregion/addicted-to-drugs-on-staten-island.html?_r=0) 2/16/14
- <sup>cxix</sup> [http://www.silive.com/news/index.ssf/2014/02/heroin\\_abuse\\_on\\_staten\\_island.html](http://www.silive.com/news/index.ssf/2014/02/heroin_abuse_on_staten_island.html) 2/11/14
- <sup>cxix</sup> <http://www.nydailynews.com/blogs/theshack/breathe-easy-staten-island-cops-life-saving-heroin-overdose-antidote-blog-entry-1.1761680n> 4/18/14
- <sup>cxix</sup> [http://www.nytimes.com/2014/04/18/nyregion/staten-island-officers-will-carry-heroin-antidote.html?\\_r=0](http://www.nytimes.com/2014/04/18/nyregion/staten-island-officers-will-carry-heroin-antidote.html?_r=0) 4/18/14
- <sup>cxix</sup> [http://www.silive.com/news/index.ssf/2014/04/nypd\\_officer\\_describes\\_saving.html](http://www.silive.com/news/index.ssf/2014/04/nypd_officer_describes_saving.html) 4/17/2014
- <sup>cxix</sup> [http://www.syracuse.com/news/index.ssf/2014/02/inside\\_central\\_new\\_yorks\\_war\\_on\\_heroin\\_deadly\\_resurgence.html](http://www.syracuse.com/news/index.ssf/2014/02/inside_central_new_yorks_war_on_heroin_deadly_resurgence.html) Syracuse.com, 2/6/2014
- <sup>cxix</sup> <http://www.upstate.edu/poison/>
- <sup>cxix</sup> T. Michele Caliva RN BS CSPI, Administrative Director, Upstate New York Poison Center, April 2014
- <sup>cxix</sup> [http://auburnpub.com/news/local/we-have-an-epidemic-cayuga-county-not-immune-to-escalation/article\\_6977f1f0-17ca-58c5-a042-27b3df9af991.html](http://auburnpub.com/news/local/we-have-an-epidemic-cayuga-county-not-immune-to-escalation/article_6977f1f0-17ca-58c5-a042-27b3df9af991.html), auburnpub.com, 2/14/14
- <sup>cxix</sup> <http://www.wsyr.com/articles/wsyr-local-news-125739/cayuga-county-to-crack-down-on-12056293/> 2/11/14
- <sup>cxix</sup> <http://www.democratandchronicle.com/story/news/local/2014/02/09/heroin-reaching-into-suburbs/5318659/>, Rochester Democrat & Chronicle, 2/9/14
- <sup>cl</sup> <http://www.rochesterhomepage.net/story/experts-report-rise-in-heroin-use-in-rochester-suburbs/d/story/brEssEdSv022f07QGfHxSQRochesterhomepage.net>, 10/13/13
- <sup>cli</sup> <http://www.democratandchronicle.com/story/news/local/2014/02/09/heroin-reaching-into-suburbs/5318659/> 2/9/14
- <sup>clii</sup> <http://www.democratandchronicle.com/story/news/local/2014/02/09/heroin-reaching-into-suburbs/5318659/> 2/9/14
- <sup>cliii</sup> <http://www.waynepost.com/article/20140505/NEWS/140509803/?Start=1&refresh=true> 5/5/14
- <sup>cliv</sup> Two Tompkins Police Agencies Seek Heroin Overdose Kits, Press Connects, 4/16/14
- <sup>clv</sup> Two Tompkins Police Agencies Seek Heroin Overdose Kits, Press Connects, 4/16/14
- <sup>clvi</sup> <http://www.waynetimes.com/columns/heroin/>, Wayne Times, 4/12/14
- <sup>clvii</sup> <http://www.ocgov.net/sites/default/files/health/CommunityHealthAssessment/2014/CHA%20Oneida%20County.pdf> Onondaga Community Health Assessment 2014, page 95
- <sup>clviii</sup> <http://www.wktv.com/news/top-stories/Heroin-use-on-the-rise-in-Oneida-County-233702441.html> WKTV, 11/27/2013
- <sup>clix</sup> <http://www.wktv.com/news/top-stories/Police-in-City-of-Rome-tackle-heroin-epidemic-239708661.html>, WKTV, 1/10/2014
- <sup>clx</sup> [http://www.cnycentral.com/news/story.aspx?list=190258&id=1011410#.U0Vfj\\_IdUj4](http://www.cnycentral.com/news/story.aspx?list=190258&id=1011410#.U0Vfj_IdUj4) CNY Central, 2/24/2014
- <sup>clxi</sup> <http://www.wktv.com/news/top-stories/Heroin-use-on-the-rise-in-Oneida-County-233702441.html> WKTV, 11/27/2013
- <sup>clxii</sup> <http://oswegocounty.com/health/assessment.pdf> Oswego County Community Health Assessment 2013-17, page 32

- <sup>clxiii</sup> <http://ongov.net/health/documents/OnondagaCounty2013CommunityHealthAssessment.pdf> Onondaga County Community Health Assessment 2014, page 58
- <sup>clxiv</sup> [http://www.syracuse.com/news/index.ssf/2014/02/why\\_syracuse\\_doctors\\_will\\_stage\\_heroin\\_interventions\\_for\\_pregnant\\_women\\_who\\_have.html](http://www.syracuse.com/news/index.ssf/2014/02/why_syracuse_doctors_will_stage_heroin_interventions_for_pregnant_women_who_have.html) Syracuse.com, 2/24/2014
- <sup>clxv</sup> <http://ongov.net/health/documents/OnondagaCounty2013CommunityHealthAssessment.pdf> pages 58-62
- <sup>clxvi</sup> <http://oswegocounty.com/health/assessment.pdf> Oswego County Community Health Assessment 2013-17, page 31
- <sup>clxvii</sup> [http://webapps.co.sullivan.ny.us/docs/phs/healthinfo/2013-2017\\_Community\\_Health\\_Assessment.pdf](http://webapps.co.sullivan.ny.us/docs/phs/healthinfo/2013-2017_Community_Health_Assessment.pdf) 2013-2017 Sullivan County Health Assessment
- <sup>clxviii</sup> <http://www.riverreporter.com/news/4302/2014/05/21/two-messages-washington> 5/21/14
- <sup>clxix</sup> <http://hudsonvalley.twcnews.com/content/search/739424/forum-on-heroin-and-opioid-addiction-held-in-sullivan-county/#sthash.JIdbPdpQ.dpuf> 5/9/14
- <sup>clxx</sup> <http://www.recordonline.com/apps/pbcs.dll/article?AID=/20140413/NEWS/140419950> 4/13/14
- <sup>clxxi</sup> <http://www.recordonline.com/apps/pbcs.dll/article?AID=/20140413/NEWS/140419950> 4/13/14
- <sup>clxxii</sup> <http://hudsonvalley.twcnews.com/content/search/740522/village-of-monticello-sees-dramatic-increase-in-copper-related-theft/#sthash.BqJVDQ9Y.dpuf> 5/14/14
- <sup>clxxiii</sup> <http://www.recordonline.com/apps/pbcs.dll/article?AID=/20140321/NEWS/403210340/-1/rss01>, 3/21/14
- <sup>clxxiv</sup> <http://www.recordonline.com/apps/pbcs.dll/article?AID=/20140516/NEWS/405160343/-1/NEWS> 5/16/14
- <sup>clxxv</sup> <http://www.recordonline.com/apps/pbcs.dll/article?AID=/20140516/NEWS/405160343/-1/NEWS> 5/16/14
- <sup>clxxvi</sup> <http://www.recordonline.com/apps/pbcs.dll/article?AID=/20140413/NEWS/140419950> 4/13/14
- <sup>clxxvii</sup> <http://hudsonvalley.news12.com/news/enrique-mendoza-joaquin-hernandez-arrested-charged-after-major-heroin-bust-during-routine-traffic-stop-in-wawayanda-1.7755200> 4/18/14
- <sup>clxxviii</sup> [https://www.nyspnews.com/article\\_display.cfm?article\\_id=35749](https://www.nyspnews.com/article_display.cfm?article_id=35749) 1/31/14