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

PUBLIC FORUM: ONEIDA COUNTY

PANEL DISCUSSION ON ONEIDA COUNTY'S HEROIN EPIDEMIC

State Office Building
1st Floor Conference Room
207 Genesee Street
Utica, New York 13501

April 15, 2014
5:00 p.m. to 7:00 p.m.

PRESENT:

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

Senator Joseph Griffo, Forum Moderator

Senator David Valesky

PARTICIPATING PANELISTS:

Julie Barker-Nagle
Director of Services Administrator
Oneida County Jail, through Correctional Medical Care

Erin Bortel
Director of Prevention Services
ACR Health

Tara Costello
Director of Substance Abuse
Oneida County Department of Mental Health

Phyllis Ellis
Director
Oneida County Health Department

George Kozminski, M.D.
In charge of the medication-assisted program
Insight House

Robert Maciol
Sheriff
Oneida County, New York

Jeanna Marraffa, PharmD, DABT
Upstate Medical University at the
Upstate New York Poison Center

Scott McNamara
District Attorney
Oneida County District Attorney's Office

Cassandra Sheets
Chief Executive Officer
Center for Family Life & Recovery

Donna M. Vitagliano
President/CEO
Insight House

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SENATOR GRIFFO: Good evening -- well, good late afternoon.

Everyone, I want to thank you all for being here today.

This is -- I know the weather isn't cooperating, but it really is important, I think, that we all gather, and I really am thankful that all of you are here with us today.

My name is Joe Griffo. I represent the Oneida, Lewiston, and St. Lawrence county areas.

I'm a member of the Task Force, and I would, today, want to welcome here, Chairman Phil Boyle, who is the Chairman of the Senate Committee on Alcohol and Substance Abuse, and the head of the Senate Task Force, dealing with the heroin epidemic that is confronting and challenging our state.

And, Senator Boyle has taken upon himself to go across our state, and is holding a number of Task Force meetings, trying to talk to community leaders, as well as the public, in various regions across New York State, getting a firsthand opportunity to hear, and to interact, with various communities.

And we're hopeful, as a result of this statewide activity, that we, when we get back to

Albany, will be examining and evaluating all of the presentations and all of the information that has been gathered, in hopes that we will continue to deliberate and determine what will be best to help us as we fight this epidemic across the state, whether it be legislatively or with additional resources.

So what I'm gonna do, is ask everyone to identify themselves here at the -- the panelists that we've assembled.

You will find that we've brought people from a variety of disciplines here: from education, from the medical profession, from rehabilitative and treatment services, to law enforcement, the DA, and the Sheriff, as well as the Health Department of the county, the Mental Health Department of Oneida County.

And we want to thank County Executive Picente for his cooperation.

And, I'll let everyone introduce themselves from those various disciplines that are here, and then I'll turn it over to Senator Boyle to say a few words.

Senator Valesky will be joining us. He's on his way; he should be here very shortly.

And so we'll do an introduction. I'll turn it over to Senator Boyle.

I'd like to ask everyone here, I'd like you to take a few minutes as we -- after we introduce everyone, to just speak to the issue, for about five minutes or less, and then we'll begin this conversation here in the community, and then open it up to the public, too, and any of the press that may be in -- and present, also, because the idea is to have this as an interactive opportunity, if we're going to have the opportunity later to evaluate and examine the various dialogues and panel discussions that have taken place across the state.

So, Phyllis, I'll start at your end with introductions, and then we'll go all the way down, and then we'll come back to Senator Boyle.

PHYLLIS ELLIS: Okay, thank you, Senator.

My name is Phyllis Ellis, and I'm the Director of Public Health for Oneida County Health Department.

TARA COSTELLO: Tara Costello, Oneida County Department of Mental Health, Director of Substance Abuse Services.

SCOTT McNAMARA: Scott McNamara, the Oneida County District Attorney.

ERIN BORTEL: Erin Bortel, Director of Prevention Services at ACR Health.

DR. JEANNA MARRAFFA: Jeanna Marraffa. I'm a clinical toxicologist at Upstate Medical University at the Upstate New York Poison Center.

CASSANDRA SHEETS: Cassandra Sheets, CEO of Center for Family Life & Recovery.

JULIE BARKER-NAGEL: I'm Julie Barker-Nagle. I am the health services administrator at the Oneida County Jail, through Correctional Medical Care.

DONNA M. VITAGLIANO: Donna Vitagliano. I'm Executive Director of Insight House.

DR. GEORGE KOZMINSKI: Dr. George Kozminski. I'm in charge of the medication-assisted program at Insight House.

SENATOR GRIFFO: Again, I want to thank all of you.

And I know Sheriff Maciol is here, too.

Hopefully, he's not tending to a problem out there.

[Laughter.]

SENATOR GRIFFO: But, the Sheriff will be joining us shortly.

We also want to welcome Senator Dave Valesky,

who borders -- represents part of Oneida County and Onondaga County, and, Cayuga.

Did I get that right?

SENATOR VALESKY: No longer.

SENATOR GRIFFO: No longer.

SENATOR VALESKY: No.

SENATOR GRIFFO: Okay.

So I'm gonna turn it over to Senator Boyle first, and then ask Senator Valesky to offer a few comments, and then we're gonna go right to our panelists.

And, Senator Boyle, again, I want to thank you very much for your leadership on this issue, and for your willingness to really commit yourself to move across the state, to gauge public opinion, and to also talk to a number of experts across our state.

SENATOR BOYLE: Thank you, Senator.

And I'd like to thank Senator Griffo and Senator Valesky for their leadership, in not only the State Senate, but in hosting this forum.

And, this is the third of 12 forums that we're going to have with the Heroin Task Force, to try, as Senator Griffo said, to come up with ideas for legislation.

I think that we've been hearing some of the same concepts, but every time we have a forum, we get some new ideas, and that's exactly what we're looking for.

We're going to -- the idea of the Task Force is missioned to have a report due June 1st, and then we'll have about three weeks after that to get legislation passed, hopefully, in the Senate, certainly, and also in the Assembly, to combat this heroin epidemic.

And I can tell you that I'm interested to hear the numbers in the Oneida and the surrounding counties, because we're going from Suffolk County where I'm from, the numbers are staggering in terms of heroin use and overdoses; straight on out to, all the way in Western New York where the amount of overdoses have tripled in the last 2 1/2 years.

This is an interesting group that we've assembled, some experts.

And I thank Senator Griffo and Senator Valesky for bring these people together, and, look forward to getting some new ideas, and the interactions, and for -- when -- after we've had some group discussion here, from interaction with the people in the audience, to learn personal

experiences that you have.

Basically, if you've thought in your situation, whether you're law enforcement, a prevention expert, or a treatment provider, there ought to be a law, that this system is not working, and, whether you're a parent or an addict yourself, something that could change or a service we could provide, to combat this terrible scrouge in our community is what we're looking for.

And I thank you for attending.

SENATOR VALESKY: Thank you, Senator Griffo, for hosting this Task Force meeting.

Thank you Senator Boyle for being here.

I guess it's a little embarrassing when the Senator from Suffolk County gets here before the Senator from Syracuse.

But, I'm very happy to be here and to participate in this.

And appreciate, Phil, your leadership on a statewide perspective.

As Senator Boyle indicated, we're anxious, in the final eight weeks of the regular legislative session, to develop a comprehensive legislative package for approval before we adjourn in late June.

The only thing I would add, is that this is a

process that actually did begin as part of the state budget.

The Senate, initially, in the one house, and then advancing to the final budget that was adopted on the 31st of March, did include some resources for treatment.

So, we have -- we have taken the lead, from the legislative perspective already, and now is the opportunity to hear from the experts in the field, which is the point of these Task Force forums.

I would just add that, as we go forward, any additional information or comments or input that anyone would like to provide can certainly do so, through Senator Griffo, through myself, or Senator Boyle, as we move forward.

So, thank you very much.

SENATOR GRIFFO: And, Commissioner, our Commissioner of Health, we'll start with you; we'll start on that end.

And --

PHYLLIS ELLIS: Thank you, Senator.

Always first, huh?

I want to thank you again.

Thank you for inviting us, and thank you for coming, and thank you for allowing us to participate

in this very important endeavor.

We're happy to participate as the Oneida County Health Department, because this is definitely a public-health issue in our community.

We've obviously gotten involved through our partners in our county health and mental health, and substance abuse through our partners in the county, as well as our partners in the community.

As you heard from ACR, we've been participating with them in some of their new endeavors, as well.

So we're really excited to be part of this.

And, really, the only, probably, data that I could provide you, from a County Health Department perspective, is our medical examiner data.

We're fortunate this year to have data from our Onondaga County Medical Examiner, which is our contracted agency.

In the past, we did not have this type of program, so we don't have statistics to compare to.

But, I do have the data from our medical examiner for 2013, and we had 12 total deaths from heroin overdoses in Oneida County.

And that number reaches across our cities, as well as our towns and smaller communities, so

there's really no geographical spot that had the most.

So far, for 2014, which we don't have too much data yet, because there's a lot of pending information, we do have two deaths attributed to heroin overdoses.

I think what caught my attention, when we're working with the medical examiner, is that there really is no age-specific deaths in our county.

They ranged from, less than 20 years, to 60 years, or 59 years, so there's quite a variety of people utilizing this drug.

The other comment that we had in some of our toxicology, was many of these deaths also involved either over-the-counter drugs or elicit drugs, as well as heroin; so, there was a combination of drugs in our toxicology reports.

So, I think we're just happy to be participating.

We'll keep track of this. We'll work with our community partners in both our county government and health, as well as our community providers that provide care to our clients in the community.

Senator.

SENATOR GRIFFO: Thanks, Phyllis.

I'm gonna move over now to this side, and ask Donna Vitagliano or Dr. Kozminski.

DONNA M. VITAGLIANO: Thank you, Senators, for hosting this event.

We're thrilled to have the opportunity to present to you.

Insight House, just for your information, is in its 43rd year of operation.

We have a residential program which has 44 beds; day-treatment program, 60 patients; and outpatient clinic, 220-plus people.

Right now what we're seeing, in terms of heroin and opiate use, it's 27 percent of that total of patients.

So, it's a considerable increase in terms of numbers. I think up, about, almost 10 percent from last year.

So it's a considerable -- it's a considerable problem, in terms of what we see in terms of treatment on a daily basis.

We know that the I-STOP program that has been in place for the past year or two has restricted the availability or -- prescribed opiates on the market.

So, in terms of people that have used opiates, they're now turning to heroin, which is

available, affordable, and very prevalent.

And, so, we're seeing people present every day with problems that are a result of their use.

We currently -- and I'll let Dr. Kozminski talk in terms of the Suboxone treatment that we are providing, but that is -- that is something that we have currently started making available to our patients.

And, we look for that -- those --

Bless you.

-- those numbers to increase in the future.

Right now, our suggestion: I think what we would like to see, probably, is education. Prevention and education.

We certainly know New York State isn't gonna build anymore prisons. It's not gonna go in that direction.

Treatment is available, but we know that education, like we have done in the past with smoking, seat belts, any kind of -- anything that's been productive in the past I think is what we need to focus on in terms of the heroin problem at the current time.

We currently also have a prevention unit that's in six school districts. And, unfortunately,

we don't reach students, to give them the information they need to make healthy choices, until junior high.

And, we really need to be doing that in elementary school.

We teach our children everything else imaginable. We start with sports, we start with music, art, anything. They're so computer savvy.

The unfortunate thing is, we don't do anything -- we don't do enough in terms of drug-and-alcohol education, and I think that's where we have to focus in the future.

And, the other thing we don't have locally, unfortunately, is a local detox.

People that are experiencing a problem here locally have to at least travel to Syracuse and look for help in terms of detox, there.

So, I think that is something we could use -- we could use on a local level in the future.

SENATOR VALESKY: Thank you very much.

SENATOR GRIFFO: Thank you, Donna.

DR. GEORGE KOZMINSKI: Hi. I have the advantage, or disadvantage, I've been working in addiction for about 12 years now, and I've seen the scourge of heroin expand itself in our sector also.

I work in private practice, and I also work as a consultant at Insight House.

And, I can tell you that, on a daily basis, when I see patients there, and "clients," "patients," whatever you want to call them, is the fact that it's very common that heroin is the major factor that brings them to Insight House at this time.

And, it's very common for me to hear from an individual that one or more friends of his or hers have passed because of this disease.

And, it is a scourge that really needs to be addressed in terms of education, and, also, the availability of treatment.

The availability of treatment is just not there yet.

And, it's getting there, in terms of a nudge, but we're way, way -- there's a lot more work to be done there.

And the education needs to be done in terms of, not just the patient, in terms of the availability of care, but, also, their parents, their friends.

The schools; the schools need to be more involved in this, also.

As well as law enforcement, which also is very involved, I understand it, because they deal with it on a daily basis.

But, we need to partner up.

And that's why I'm really appreciative of this forum, because we're finally partnering up to really address this issue.

Thank you.

SENATOR GRIFFO: Thank you.

I'm gonna go to Tara now, from the Oneida County Mental Health Department.

TARA COSTELLO: Thank you.

And, I want to thank everybody for being here tonight.

And thank you, Senator, for inviting me.

At the Oneida County Department of Mental Health, my role as the director of substance-abuse services is to do coordination and planning based on the needs in the community.

I have been tracking -- actually have been tracking this since 2011.

This was on our County plans since 2011, and we've looked at significant data, and we've seen -- and I'm not gonna -- I'm just gonna comment on what Donna mentioned, because some of her data is very

similar to mine -- we actually have seen a 25 percent increase of admissions for opiate, specifically, since 2011.

We also have seen a 20 percent increase in IV-drug use.

This year we -- which is very concerning when we talk about education and other chronic diseases that come with the use of using opiates.

We also have seen, since -- believe it or not, since 2011, we've seen there's a difference between the opiates that are being prescribed, and heroin.

And we've seen, as Dr. Kozminski mentioned, heroin being on the rise, and prescription drugs being on the low.

From the County's perspective, what we've worked with, is we have worked with all of our community providers, all of our outpatient providers, our inpatient providers, to look at increasing the doctor coverage for Suboxone, but that's just putting a Band-Aid on the problem.

As Donna had mentioned, prevention is key.

We are seeing a new face of addiction.

We're not seeing that typical -- you know, there's a stigma out there, and I think we need to

relook at what we're really seeing on the street.

I get calls frequently from the office on how to navigate the system. How to best get the services they need.

And if there's anything that we can see, from a systems perspective, is managed care is really dictating what we can do with individuals, which is very sad.

Yes, we need a detox; however, that is not encompassed in the changes that are coming with insurance.

Insurance is dictating what we can do for our patients.

Unfortunately, our outpatient providers have done the best they can with what they have, but, we really need to look at that system, and really look at what the needs are; and either provide a standardized tool for individuals to be able to get the services they need, based on their clinical need.

We are seeing -- and I know, Donna, you can comment on this -- we are seeing a lot of people that are being served in the outpatient setting that really need more intensive services.

And, unfortunately, there's a systemic

barrier that causes us to have to keep them in an outpatient setting, which creates more crime.

I'm not gonna steal your thunder, Sheriff.

[Laughter.]

TARA COSTELLO: But, it really -- it's a trickle effect.

And, I think that's a major area to comment on from a systems perspective.

Yes, it's great to have education, and get some fundamental understanding of what's out there, but, we also have to look, from a system, we put things in place to avoid people from seeking help. We make it more difficult.

Some other suggestions is, you know, we have a lot of rural areas in Oneida County.

I'm sure in other counties you see that as well: You know, there's a transportation issue, with people accessing services, to get to Insight House, or -- you know, all services are in Utica, or Cam- -- you know, that Camden, Rome, area, they lack services.

So those folks have to travel to Utica to get to those services.

So, we need more support in that area.

We in Oneida County have worked, actually,

recently, we hosted an opiate forum for the community back in January.

The Sheriff was present. Many of our providers were present, as well.

And, we had about 75 people that work with opiate individuals in the community, represented.

And what we did was, we identified some areas, which are just all have been mentioned here today, on what is needed in this community.

The County has partnered with the Sheriff's Department, UPD, and also our Rome PD, to talk about how we can better educate.

And we are continuing that conversation.

Actually, we have a meeting coming up on Tuesday, to continue that dialogue; to discuss what we can do as a community to spearhead this.

We have worked with our coalition partners, CFLR, to really spearhead some of this.

You know, we're really trying to work as a community to come up with a better way to handle this problem.

Because, yes, we are the experts, but we also need individuals like yourself to give us some ideas.

So, thank you.

SENATOR GRIFFO: Thank you, Tara.

I'm gonna ask Cassandra Sheets next to speak, from the Center for Family Life & Recovery.

Cassandra.

CASSANDRA SHEETS: Okay, thank you.

I first do want to thank everybody for coming today, and thank you, Senator, for inviting me as well.

Just a little bit about Center for Family Life & Recovery: Our whole vision is to create a community mindset to help sustain recovery.

So, to have a model in our community to look at, where we have issues with substance abuse: How do we create a community that embraces, to be able to not only get past that, prevent it, but also to maintain some recovery?

And, be able to have an opportunity to talk in how we are more of a clean community, rather than a community that's always struggling with issues coming into it; how do we embrace that?

And the way that CFLR really looks at it is, prevention is key.

Donna's right on top of it.

And the primary prevention is probably the one that we've left out the most.

The kid are the ones that, I don't know, we assume, maybe, they get it at home. We assume that it's coming from someplace else.

And it's -- you know, do you ever remember being told, like: It takes a village to raise a child?

And that hasn't changed; but, yet we've kind of changed that village.

And I think that we have to go back to that.

We have to go back and look at that primary prevention piece, and remember that, yeah, some of them get it at home, and some of them understand that information, but, we are teaching them -- my kids know more about diabetes than they do about drug use.

And our drug use is pretty high in this community.

So, it's important to know all that information.

So, prevention is key.

But, it's also important to have a mobilized community around that, because, they can be in a school -- let's use a child, for example: They can be in a school and they can hear this information, but they have to be able to go out to different

sectors in the community and hear the same information.

They have to learn to be more tolerant, we have to learn to be more tolerant, too, so that we can have a mission and have a statement to say: We want heroin to be lessened in our community, but how are we going to come together to do that?

And that's what's important.

That's what I hear, when we look at this.

One of the roles that CFLR plays in the community, is we spearhead the Suicide Prevention Coalition.

And, in 2013, there was 35 suicides, and 9 of them were drug-toxin-related. And then there's some that are pending as to the results of that.

And -- and that's really large, because are those ones that could be prevented?

They certainly could be.

So, how do we as a community begin to protect each other?

Common language is something that's very important, so one of the things that we do, is we work on training.

The medical profession is probably one that could work on being connected; like, we could all be

talking the same thing.

They talk about overprescribing-doctors, or doctors not talking with each other to know what's happening with their patients.

A specialist I was talking to the other day said: We're just -- managed care has created a whole specialist-type system, so there's the loss of the primary care.

That's kind of the one that can help focus where people get, and how they're maneuvering through the medical system. So, they tend to get lost, and then there's more issues that way.

Being able to talk; you know, Dr. Kozminski is in the field of addiction medicines, but, how many doctors really talk and ask their patients, you know: Do you have a problem with drugs and alcohol?

How many ask if they have any mental-health issues that may cause them to want to be able to have -- you know, take that medication?

And -- and that the prescription medication begins to go down, and then it's easier to get to the heroin.

And that's where the issue has become more of a community-wide problem.

So, from the CFLR standpoint, our role is to,

really, just mobilize the community in each sector.

You know, if you're not feeling safe in your home community, if you don't feel like you have a purpose, if you're not feeling healthy and you're not feeling comfortable, then -- you know, then the kind of behaviors that you're gonna partake in are gonna be the ones that are gonna continue to make that happen.

So, as a community, we have to mobilize that message to say: This isn't something we want to do. And, how can we, though, help people, and be more tolerant to that, to make that kind of change?

And I have to say that, the resources are a big piece.

With the change with the managed care -- I mean, I'm primarily prevention -- and with the managed-care piece of it, the public dollars dry up.

And, so, you get calls from schools to go and do some of this work, and you can't afford it, so now you're trying to cut corners to be able to provide at least a partial message.

But, the consistency of being able to follow through with a model, to be able to say, "This will really help and work for your kids," we -- we're not able to really make that long-term commitment.

And I think that's what -- that's really the frustration on our part of it.

So, I want to see families get involved.

I want to see us do more training in the medical profession on a consistent basis.

I want the medical, mental-health, and substance-abuse providers to be talking the same language that will really mobilize people to get the support that they need.

And, to look at freeing up some public dollars for prevention, it's key, including the health department, and a more holistic focus, is -- is right on track with moving this forward.

And we will, actually, I know we will, create a community that will sustain recovery.

SENATOR GRIFFO: Thank you.

We'll turn to the District Attorney.

SCOTT McNAMARA: Thank you, Senator.

I would like to thank:

Thank you, Senator Griffo, I'd also like to thank Senator Boyle and Senator Valesky, for being on the Committee; but more importantly, for coming to Utica, and showing your presence here, and listening to our community.

Heroin addiction, and deaths resulting from

heroin, are nothing new, and it's really -- it hasn't left our community without being touched.

Some of the more notable things that have happened recently in our community:

Stephanie Bon Jovi almost died. She overdosed on heroin while at Hamilton College.

That case received some national attention because of an exception in the law, where her -- because help was called for, she couldn't be prosecuted.

Last year, a baby came up missing. The father of that baby, after the baby was missing, was hanging around people that were using heroin heavily, and he became involved in dealing heroin.

So, those are just two cases that happened locally.

And then, if we just think back in time, and I kind of scanned the audience, I see a lot of you are about my age, so some of these names you will remember: Jim Morrison, Janice Joplin, and John Belushi.

So, heroin addiction and heroin abuse, and death as a result of the abuse of heroin, is nothing new.

What I can say I have seen in my 21 years

while working at the District Attorney's Office, is this:

In 1992, when I started, I would say, 1 out of every 10 cases that we would handle that was a drug case, would be heroin.

And they stuck out because they were the exception and not the norm.

Crack cocaine was the norm.

Today, as recently as today, when I spoke to the Utica Police Department, it's about 50 percent now.

So every case that they do, and execute a search warrant, or that they're trying to buy drugs undercover, about 50 percent of it is heroin.

And, so, then we kind of go back and you look at: What has changed recently? And, what do I think the contributing factors are?

I'm not gonna talk about the decrease in the Rockefeller drug laws. I really don't have a problem with that, and I understand that.

Some people make the argument that, you know, we're not putting enough effort on putting drug dealers away.

I don't really agree with that. I think that we continue to fight from that angle.

But, what we're talking about here with heroin, is we're talking about: What we see locally is, approximately, 80 percent of the people that we encounter -- and there are studies out there that support that number -- start off abusing prescription medicine, and then turn to heroin.

So when you look at, how do we -- you know, "How do we solve the problem?" we have to go back and figure out where the water's coming from that's coming over the dam.

And what I believe's happening is, we've got to look at the prescription-drug abuse, because we see a lot of that, and it starts at a very young age.

And, when you look at whether it's Oxycontin or hydrocodones, and the way that they're being prescribed, there was a philosophy years ago that those drugs were not addictive; and, therefore, they prescribed them. And they still do.

I mean, as recently as this year, my daughter had some teeth pulled, and she got a prescription for 20 Oxycontins.

She took two.

Now we've got 18 Oxycontins laying around.

That overprescribing puts these drugs out

there, and not everyone's the DA's daughter, who the DA makes her get rid of the drugs the right way.

So, you know, those are -- that's where I see the problem.

And what we see locally is, what happens is, when the people can no longer get the prescription drug that they've now become addicted to, they turn to heroin, because, heroin, the average price of a hit of heroin is about $10.

The average price of an Oxy or a hydro on the street is $20.

So, you're talking about two for one.

So, it's pure economics on the street for these people.

And then, plus, the heroin, especially when they start shooting it up, is a much more powerful and lasting high.

So that's what we're seeing.

And, you know, and I really think if we could address some attention into, "How can we stop the abuse of the prescription drugs?" I think we would ultimately see a reduction in the number of heroin addictions, and heroin deaths.

So that's -- that would be what I would hope that you would look at.

Thank you, Senators.

SENATOR GRIFFO: Thanks, Scott. I appreciate that.

And we'll continue with law enforcement now.

Sheriff, I know you're here, and you have someone with you, too.

SHERIFF ROBERT MACIOL: Yes.

Thank you, Senator.

Again, to echo the words of the DA: Thank you to Senator Griffo, Valesky, and Boyle, for taking the time to address this important issue.

You know, when you look at the law-enforcement perspective, the first thing that comes to mind, obviously, is the stuff that the police officers and deputies and troopers are dealing with on the street.

Certainly, whether it be the officer or deputy that's doing a traffic stop, who sometimes can encounter the illegal substance; whether it's our partnership; and, again, none of us can do this job alone, and I think this panel proves it.

You know, the walls are all down when it comes to barriers of jurisdiction, if you want to call it that.

When there's a problem, this area has always

been known to come together, so we can look at it from all angles.

But, again, like I said, on the cooperative approach, whether it be our involvement, all the law-enforcement agencies' involvement, under the lead of the DA, with the drug task force, I mean, we have to continue to be tough with those who are dealing in these drugs.

So, we deal with it on that approach.

Then the educational approach, from the law-enforcement community, just about each and every school district in the entire county, with the exception of a couple, have school-resource officers in them.

The Sheriff's Office, specifically, we're in 6 of the 11 or 12 districts in Oneida County.

Obviously, they deal with a whole realm of different things, but one of their jobs is to educate.

Certainly, one officer in a large school district isn't gonna be able to reach to every -- reach everyone.

But I think, again, going back to partnerships, I know our County Probation Department has probation officers in several schools.

So, again, we're partnering with that educational message, and I think that's where the community comes into play; whether it be the parents, or the media.

I mean, when we dealt with a bath-salt issue here a year or two ago, the media did a fabulous job of constantly putting it in the headlines, the first story, you know, telling these tragic things that have occurred when people have taken bath salts.

And I think that's important that the media, you know, like I said, remain a strong partner with us. And they've always been there when it comes to these important things.

But, we have to reach out. We have to think outside the box.

We have to -- certainly, we're dealing with the issue at hand right now, but we have to reach these people before they start taking the drugs, before they start overdosing on the prescription drugs, before they -- you know, whether -- you know, we could talk all kinds of drugs.

Obviously, the one we're focusing on here tonight is heroin, but think I we need to stop it at the early stages, and that comes from a strong educational program, that we reach out to everybody.

And, you know, the unique perspective of the Sheriff's Office, not only are we dealing with it on the street, whether it be our -- like I said, our uniform or our undercover people, but on the corrections side of this issue.

Here in Oneida County, we have a 632-bed jail. It's one of the larger jails in the state. And, we struggle with this issue each and every day.

And that's why, you know, I wanted to take a little different approach, and, tonight, I brought with me our health-services administrator who oversees the medical unit in the Oneida County Jail. And, she's got some staggering statistics.

I mean, it's scary when -- what you'll hear her speak in a moment. But, again, that's the issue that we deal with on the other side.

Not are we and all the other law-enforcement agencies dealing with that on the street, but then we bring them into the correctional facility.

And, again, that opens up a whole nother array of various things we have to deal with when we're treating these individuals and housing them.

And to backpedal just a little bit, before I turn it over to our administrator, but Tara had mentioned, you know, the decrease in services.

And the more we continue to -- to -- whether it be through the insurance, of not providing the coverage for these inpatient services, or, we -- you know, if we continue to cut programs or close facilities, these people, you know, these individuals, when they end up on the street, and they have no other alternative but to steal, or whatever the case may be, they end up in our facility. And that's not always the best place for these people to be.

Let's be honest about that: Many of them don't belong with us, because they need treatment.

And by being inside a correctional facility, we're dealing with them daily, but, again, we're not giving them the treatment that they really need.

So, with that, I'd like to turn this over to Julie Barker-Nagle, our health-services administrator for CMC, which is the medical provider at the Oneida County Jail.

Julie?

JULIE BARKER-NAGEL: Thank you, Sheriff.

And thank you, Senators, for inviting us today.

When I talked to Sheriff on Friday, and was asked to speak on this panel, gathering statistics

for 2013 and first quarter 2014, it was all a manual review of charts, because we never really thought about keeping those statistics specific to heroin.

So, in 2013, if it gives you any idea: We had approximately 5700 inmates come through Oneida County Jail.

Whether they were there for 10 minutes, or county-long terms, 5700 inmates is a lot of folks.

On the average, last year, in 2013, our monthly statistic showed about 476 inmates per month that we had within our population.

And our first-quarter average is keeping right about there for 2014, as well; and that's about 464 inmates.

So, our monthly population, of course, is fairly significant.

So what I did is, I looked at the total heroin use for the time period of 2013 and the first quarter of 2014, to try to compare and contrast what our inmates are sharing with us.

And, of course, when the inmates come in, it may not necessarily be a drug charge or anything related. It could be a robbery.

But when you sit down and you talk with them from a nurse's standpoint, they admit to robbing

somebody's house because they needed the money to support their heroin problem.

So, when we took a look at the statistics, surprisingly, males are double females as far as usage.

And I'm saying "admitted usage," because maybe not everybody admits to us that they have used a heroin substance.

So we're looking at, for that time period, 161 men and 82 women.

Now, breaking down even further is, age ranges.

Out of all those folks that we had, those 243 people in that time frame, we had one teenager, a 19-year-old.

But, alarmingly, out of that population, there was 96 "20-year-olds," and 116 "30-year-olds," when we broke it down even further.

And then, of course, we had some minor numbers in the 40s, 50s, and even 60s, as far as the heroin use.

Digging in even further, what was more astonishing, is to look to see if there really is an increase in usage of heroin.

And, the first-quarter comparison from 2013

and '14 showed, actually, a 39 percent increase.

So, January, February, March of last year, compared to January and February and March of this year, we saw a 39 percent increase in heroin usage.

And that's, again, "admitted."

So, January to January, 60 percent increase.

And when we looked at February, specifically, was 27, and March was 58, percent increase as compared to last year.

So the heroin usage and admittance to heroin usage is really on the rise.

When these inmates come in to us, it presents a unique problem, because we don't have a true infirmary. We have a medical-observation unit.

And we do our best, that anybody who's even said that they've touched heroin within a certain amount of time or admitting current use, we put them right on a protocol right away, because we want to make sure that we monitor them, from the time they walk through the building, until the time our medical doctor gives them that final blessing to say, Yes, they're kind of through that withdrawal period.

The pharmacy cost isn't -- isn't as bad as I thought. It's about $4 per inmate.

But as you can see, last year we spent a total of $783 just on heroin-withdrawal treatment alone within the jail setting.

That's just within the jail setting.

That doesn't include the inmates that we've had to send to the hospital for further evaluation, for further treatment.

In this year, we're already at a 30 percent of that number from last year.

So the rise is, definitely, definitely significant as far as the heroin usage.

We have treated pregnant females who have been on methadone, which is very tricky and scary for us within the jail system.

We don't like anybody pregnant, in jail.

And now to add that methadone, because of the heroin addiction, keeping them on a regimen.

We oftentimes see violent withdrawals when these folks are withdrawing from medication.

And a lot of them admit that they had been on a -- some type of opioid, the hydros, or whatever the case is, and they couldn't afford it anymore, or, they couldn't get another doctor to prescribe it. And so, now, they turn to heroin, which we've heard is much, much cheaper.

So the statistics I think, you know, if this trend continues, we're gonna see numbers quadruple by the end of the year.

So, it really -- it's really something, Senators, that need to be looked at.

And, thank you.

SENATOR GRIFFO: Thank you.

Dr. Marraffa.

DR. JEANNA MARRAFFA: Hi.

Thank you, Senators, for -- for, really, I think, bringing light to this issue in your efforts across the state.

Obviously, with everyone sitting here on a Tuesday night, I think it highlights, really, the problem that we're having.

I'm a clinical toxicologist at the poison center. And the poison center is physically located in Syracuse, but, just to give you an idea:

The Upstate New York Poison Center covers, pretty much, all of Upstate New York.

So our catchment area is, everything -- all of the counties in Upstate New York, with the exception -- or, in New York State, excuse me, with the exception of Westchester County, the five boroughs of Manhattan, and Long Island.

So, our population served is 7.4 million people.

And with that being said, I echo what everybody has said here today: That we are seeing that rise in both, heroin, as well as prescription-opioid use.

To give you an idea of some numbers, just to orient you a little bit:

Last year, in 2013, the calls to the poison center regarding heroin, in our catchment area, was 243 calls.

And that could be a range from, anywhere of an information call, to someone who is experiencing toxicity.

And to break those numbers down a little bit more, because I think it's even more compelling when you look it just more in the Central New York region:

In 2013, we had 150 calls, really, when you pare down those numbers, into the Central New York.

And to compare that, for example, in 2009, we only had 29 calls from Central New York.

2012, we had 89 calls.

2013, 150 calls.

So you can see a dramatic increase in numbers

called in to the poison center.

Year-to-date this year, across our catchment area, we have 77 calls regarding heroin.

And then if you just pare it down just to Oneida, Onondaga, and Madison counties, it's about 33 calls.

So, a significant number of calls that we have experienced.

And, a little bit about poison centers:

People call poison centers when they're having a problem.

So we know that, just that -- even though we're showing that rapid increase in numbers, it really is an underrepresentation of the real problem that exists out there.

And I echo, really, what District Attorney McNamara said, because this really did -- the prescription-opioid problem that we face, both in this community and nationally, is a significant problem.

And I think that we're seeing all of this sequelae of that.

According to CDC, unintentional poisoning deaths -- so, predominantly, not people who are trying to hurts themselves, but, usually, just the

face of addiction -- unintentional poisoning deaths are the leading cause of death in the United States in 2013. And those are, predominantly, opioid deaths.

And when you look at that, and break that down even further, women are at a high likelihood of dying.

And I think that that echos what everybody has said, is that the face of addiction is now different. The demographics is different.

It crosses all socioeconomic statuses. It crosses all age range. It's equal among sexes.

And that's consistent with what we're seeing at the poison center as well.

Another staggering statistic that I think is very important, as you mentioned: pregnant women.

In Onondaga County, in particular, we have a huge problem of babies being born to drug-addicted mothers, who then are in the neonatal ICU for withdrawal symptoms.

And this actually is a -- it really is -- when I say "Onondaga County," it really is a trickledown effect of even Oneida County, because the neonatal ICU is a referral center for all of Central New York.

And, Onondaga County has the highest rates of babies born that have neonatal withdrawal in the state of New York. "The highest rates."

So this is, I think, a big problem.

This, of course, heroin is a significant problem.

But I agree with you, I think prescription opioids is a large, large problem.

I think I-STOP has helped tremendously, but I think we have new battles to face.

There was a recent drug that was just approved by the FDA, called "Zohydro," that's extended-release hydrocodone that can be up to 50 milligrams.

That was approved by the FDA. It is going to be out there.

And, it has so much hydrocodone that, one pill, accidentally, in a 2-year-old is enough to cause that 2-year-old to die.

So, while we're combating these heroin issues, I think, I agree, we have to talk about the prescription-opioid epidemic that we're faced with, and, really, the public-health risk and concern that all of us are dealing with on a daily basis.

So, thank you for organizing this and

bringing light to these issues.

SENATOR GRIFFO: Thank you, Jeanna.

Okay, Erin, we're gonna let you close this component of the panel decision.

ERIN BORTEL: Thank you so much, Senators, and community members, for coming tonight, and for the invitation to speak this evening.

I'm really here to represent the public-health perspective.

ACR Health has a deep history in the community.

We've provided HIV services over -- for over 30 years in both, Oneida County, as well as Onondaga County, and seven other counties in New York State.

So, to give you some more statistics, and my apologies if you've been burned out:

A 2005 survey conducted in the city of Utica, by -- the Utica Neighborhood Survey, indicated that over 55 percent of youths who responded to the survey actually observed drugs being sold in their communities.

Jumping into public-health data, one concern about injecting drugs is the shared use of needles and other equipment.

And once you start sharing equipment, you have exposure to things like HIV, as well as hepatitis C. And hepatitis C is actually killing more people now than HIV is.

So, these are imminent public-health threats that we're facing.

At the end of 2010, in Oneida County, over 50 percent of newly diagnosed HIV cases among males were directly because of injection-drug use. The rate for females was 29 percent.

Statewide, our injection-drug-use transmission category is only 4 percent.

So you can see the significant disparities that this region is suffering.

Similarly, the 3-year average of newborn drug-related hospitalizations -- so those are babies who are being born into hospitals, that are then admitted for drug-withdrawal symptoms -- has increased every year since 2006 in Oneida County.

So, we're now seeing a pattern of drug-babies.

This opioid-conversion conversation is really significant.

And what that is, is people who start with prescription drugs, and, for whatever reason, decide

to migrate towards heroin.

ACR Health has run a syringe-exchange program since 2011. We currently have over 700 consumers enrolled in that service.

85 percent of them are within Onondaga County.

The other 15 percent come from all over our region, including Oneida County, so, we have people traveling up to an hour to receive education services from us, as well as the access to clean needles.

I would say that over 90 percent of the folks that we see; so, over 90 percent of those 700 consumers, are using heroin today because they started with prescription drugs.

That's significant.

So we're here to help propose some solutions and offer ideas.

The founding philosophy of ACR Health was harm-reduction approach.

The World Health Organization has stated that attempts to reduce drug use can't overlook the prevention efforts addressing HIV, AIDS, and now hepatitis C.

Harm reduction supports a comprehensive

approach in helping instead of punishing users.

And it's -- really, the approach is anything that helps to reduce the risk of injury, whether or not the individual is able to control or abstain from risky behavior.

Harm reduction accepts that some harm inevitable; whereas, the idea of zero tolerance is almost impossible, and it excludes all compromise and sets impossible goals for people to achieve.

Harm reduction doesn't preclude abstinence.

That's always the goal of the program: We always want to see users stop using.

However, it suggests that professionals treat patients and provide lifesaving education and opportunities, with respect, and without judgment.

Programs and services rooted in the harm-reduction philosophy include:

Syringe-exchange programs which were established over 20 years ago in New York State;

They include the Expanded Syringe Access Program which was enacted in 2000 in New York State;

And the Opioid Overdose Prevention Program enacted in Public Health Law in New York State in 2006.

These services are typically characterized by

flexibility and fluidity, and are tailored to the unique needs of each individual.

Syringe-exchange programs create a viable access point for substance users to enter care, including substance-treatment services, and, reduce the risks of users contracting HIV, hepatitis C, other sexually transmitted infections, and, certainly, improving the overall wellbeing, so, they're connected to insurance, they're connected to medical care for the first time; as well as other wraparound services that agencies, such as ours, and the other panelists, can offer.

Wraparound services for chemically addicted have been shown to improve the overall wellbeing of substance users, including housing, nutrition, mental health, and substance treatment, leading to more pro-social behaviors and improved health outcomes for these participants.

SEP programs (syringe-exchange programs) have helped reduce needle-stick injuries among public-works employees.

So, the people that are collecting our garbage and trash, among police officers and other first responders in the field, as the community's cleaner, these professionals are facing less risks

as they respond to emergencies in the community.

And then, also, just to touch briefly on the opioid-overdose program or service: That overdose is the most frequent cause of death among injection-drug users.

And, there is a viable option to help people be trained in the administration of Narcan, or, Naloxone.

Tens of thousands of lives have already been saved because of Narcan training and the education that goes along with it.

In the United States, over 53,000 people have already received this training, and, have saved more than 10,000 lives because of it.

So ACR Health recently received a certificate from Department of Health to offer this service, and we're in the process of rolling that out.

We're also trying to expand syringe-exchange programs into places like Watertown and Utica, so that the service is more immediately available to users in the community.

SENATOR GRIFFO: Thank you, Erin.

What we're like to do now is, just, maybe have a few questions asked right here at the panel, and then open it up also to the public that are

here, if you have some questions or suggestions that you with like to present.

I would like to start, just based on what Erin had said, and we had -- we were talking about this earlier:

With the opportunity to have Naloxone available right now, I'm asking some of the treatment professionals, whether or not you believe that actually gives a false sense to the abuser; that there is this opportunity to have something overcome the potential threat to their lives?

So if they're now realizing that this exists, and they are using and abusing the drug, will this contribute to further abuse, knowing that there is something out there that "can save me, ultimately," so this is not a potential death sentence?

So I would ask some of the treatment people if they're feeling if that is a factor?

And then I have a question for law enforcement.

Then I'll ask my colleagues, also.

DONNA M. VITAGLIANO: I don't know that that would encourage people. You know, I don't know that new people would continue to use.

But, I think you have to have it available in

the event, you know, if it is a family member or somebody that you're concerned about.

How would you say no?

How would you say no to somebody that was unconscious, or on the verge of that, to say, "I have this available but I'm not gonna administer it"?

I don't think, as a treatment provider, we could say that.

Correct?

DR. GEORGE KOZMINSKI: No.

It's almost like denying a person who wants to take a walk in the woods who's allergic to bees.

I mean, would you deny them a bee-sting kit?

Would you deny a diabetic access to different types of medicine?

It's the same thing.

SENATOR GRIFFO: It's not so much denying.

The question isn't whether or not you would --

DR. GEORGE KOZMINSKI: It's not encouraging drug use.

SENATOR GRIFFO: Do you believe that a user or an abuser now sees something out there that exists, that could save them, ultimately, and -- as

opposed to knowing that this potentially is a death sentence, "If I take this drug, I could die"?

You heard the statistics that were used.

I mean, do you believe that anybody out there gets false sense of --

DONNA M. VITAGLIANO: Security?

DR. GEORGE KOZMINSKI: Security?

SENATOR GRIFFO: -- of security?

Not -- I'm not discussing the availability options.

DR. GEORGE KOZMINSKI: Right, right.

SENATOR GRIFFO: I think we all agree there, that if you have an antidote that's available, it needs to be used.

But I'm asking any of the -- from a mental-health perspective, or --

JULIE BARKER-NAGEL: Senator, I would like to chime in a little bit on that.

Do I believe that -- Narcan is other name for that drug -- that maybe family members who knowingly have people at home who are addicted to heroin, should have that available? Yes, I do.

As far as the users go, where my mind goes with that, is the morning-after pill.

That, now, are we really doing anything to

prevent unwanted pregnancy? No, because there's a cure-all the next morning if you don't want to keep it.

So, my emotions are kind of mixed as far as that goes.

Do I believe it should be available to first responders, family members of known drug abusers? Absolutely.

But as far as the drug user themself, I don't know, I think you'd really have to weigh the options.

SENATOR GRIFFO: Dr. Marraffa?

DR. JEANNA MARRAFFA: So I think -- I'll comment. I have a little bit of a different sense of that.

We have used Narcan, or, Naloxone, both pre-hospital and in hospitals for years.

This antidote has been around, it's effective. It's certainly not without its own risks, but, certainly, we know that it's effective.

And, you know, in reality, when we think about these people who are using and addicted to heroin, they're dying, not because -- it really is unintentional.

So, they're using either a higher dose of

heroin or any other opioid that they normally used. They're getting -- they get a different batch of heroin, so there's a lot more of contamination and other different potencies, and things, that are now in heroin. And they use what they believe to be their regular dose, and stop breathing relatively quickly.

And, you know, depending on where you live, pre-hospital providers can get there relatively rapidly.

But, if you're not breathing for 6, 7, or 8 minutes, that's a very long time.

And when I see patients, particularly when they hit our emergency department -- in addition to being the poison center, I also see patients at Upstate Medical University -- it's devastating to see people that maybe you could have got to early, and now they're on a respirator. They, perhaps, maybe are brain-dead, and now they're in the hospital for days, and their family has to face -- be faced with very difficult decisions, and -- in something that's very preventible.

So, I am on the other end of things, and really say, and thinking, that while abuse is a huge problem, and we have to speak to the bigger issue of

abuse, and try to help people that are addicted, and speak to their mental-health issues and why they're abusing things, making this antidote available to a mom of a 19-year-old who is drug-addicted, who has already been on a respirator three times, the next time, probably, isn't gonna be -- is probably not gonna get her to the hospital.

And if we can save that one person, I think that there's some value in that, recognizing some of the inherent problems with Narcan.

So, that's my experience.

JULIE BARKER-NAGEL: And I a hundred percent agree with you.

And being in the medical field, a critical-care nurse here, a nurse for 25 years, I've used, I've seen it.

But, also, the disadvantages, that the Narcan half-life is very short. So, oftentimes, patients immediately relapse back to the condition in which you gave it in the first place.

So, there would have to be an immense amount of education if that is made available to the public, versus, again, health-care professionals and first responders.

TARA COSTELLO: And I would like to comment

on the mental-health side, because I think that one of the things we're missing here, is that a lot of these individuals are using, not just to use. Some of them from using because they have to, because now they're at that point where they're self-medicating to avoid the withdrawal, which we talked about earlier today.

But at the same token, when you take that substance away, there are a lot more underlying issues that they are facing that they're not able to face.

And, sometimes, when you allow for them to -- sometimes they're sick and tired of being sick and tired, and that could be the opportunity for them to actually seek the help that they need.

I worked very diligently with ACR, and I know that they've had a great deal of experience with working with the street-folks outreach, and sometimes that's where they capture them.

When they're ready to stop, they're gonna stop, but, they may not be ready when we want them to be ready, unfortunately.

But, it's an opportunity to get them to get to that point.

So from a mental-health perspective, as well,

we want to keep that mindful, because there is some other stuff going on with that individual, not just the addiction.

Because, let's be real here: I mean, there's brain chemistry that's changing, so, these folks, depending upon how long they've been using, there's some other issues that they definitely are encountering at that present moment.

So, I would have to say, that I think it's a great, you know, opportunity to educate, and get our folks kind of on board with that.

But I think, again, there needs to be a lot of education. And I think family needs to be part of that conversation, as well.

SENATOR BOYLE: Thank you for your insights on this, and I'm certainly not the expert; you guys are.

I would say, although I'm an active volunteer firefighter, and I was an EMT for six years, and have seen Narcan used, and, personally, it truly is a miracle drug, in my opinion.

But, in terms of the mind of an addict, not that I can get in there, but I can tell you that, having seen it a few times, and heard countless stories, actually, of my colleague who are EMTs,

that the user is actually -- wakes up with the Narcan administered, and they're mad.

They're -- the old line, "They came up swinging."

They're not happy you saved their life, so I don't think that they're saying: Well, I got the Narcan now, so I'll be fine.

They're thinking, they want the drug, they need it, and they're, quite frankly, pissed that you use it on them. Even though you can say, "Hey, pal, I just saved your life," it doesn't make a difference to them.

ERIN BORTEL: I do have one study, if you're interested?

So, a study of a San Francisco program that implemented an overdose-training initiative, trained 24 participants who were active injection-drug users.

In a six month period, those 24 participants used their kits 20 times, resulting in a successful reversal, overdose reversal, each time.

And six months later, when they were reassessed for their usage, their heroin usage had actually decreased.

So, there is some promising data out there.

There was also a really good 4-year study done by New York City Department of Health and Mental Hygiene, that determined a 27 percent reduction of overdoses in New York City after the implementation of this program.

CASSANDRA SHEETS: And just to add a real quick piece to that: With the -- you know, you've gotta to look at it, too, then, from the system perspective, you know, so you can look at lessening the overdose.

But then the education piece, too; keeping the family.

So how do we keep them from them continuing to use? You know, sort of make the treatment actually work?

So, it's more -- it's education, but it's, like, on every level.

So, getting the families involved, yeah, they come up swinging, but, how do you keep them from, and then wanting them to continue to stay?

But if you send them back to the same situation, they're just gonna keep using.

So we as a community have to change our message, and be consistent with it, too.

SENATOR GRIFFO: Law-enforcement perspective;

just, we heard about some of the changes in the drug laws.

What kind of profits can a dealer see from heroin?

Is it a significant profit for those who are selling?

And do you think those sellers have any fear of the system?

SCOTT McNAMARA: Two questions there.

There's a lot of profit, and, it depends.

Like, for example, in Utica, heroin is a little bit cheaper than it is in Rome.

So, even in a very small world, if I was to become involved in dealing heroin, I could come here and buy a bundle for, say, like 80 to 90 dollars, and go to Rome and sell it for 140 to 150.

Likewise, to some of the more rural areas of the county.

So, you know, as you go farther towards the source of heroin, which, you know, locally, many of our drugs come from the New York City area, you know, it's a lot cheaper there, and then they bring it up here.

So, definitely, the people do it, and there's a huge profit margin.

And depending on different drug dealers that we've debriefed, some of them make more money in a year than I do.

So, I mean, there's -- you know, that's -- that is the problem with drug dealing, is it's a very, very profitable thing to get into.

Your second question was about, Do they fear us?

SENATOR GRIFFO: Yeah, is there a requirement?

And we talked about how some of the laws changed.

I mean, is this a situation where we target something specifically, legislatively, to go after these dealers who are selling this specific type of drug that has become such a scourge?

SCOTT McNAMARA: That's a tough -- that's a tough question to answer, because it's a unique -- the one thing I've seen, and before I was the DA, as some of you know, I was a narcotics prosecutor here.

Most drug dealers believe that they're not gonna get caught.

So, it's like the young kid that engages in risky behavior, they don't think they're the one that's gonna get killed in the risky behalf.

The drug dealers think the same way: I'm not the one that's going to get caught.

So, I often think about that, like, how tough do you make the laws?

And, honestly, before the Pataki reforms, and then before the Paterson reforms, we had some of the toughest drug-dealing laws in the country, and we really weren't seeing any -- we weren't seeing it stop drug dealing.

So, you know -- and, right now, I mean, we continue to put people away, we continue to put a lot of attention on it.

One of the things that we do see, which is unique, and I'm not quite sure I know the answer to this, but, for some reason, when we do -- especially when we do wire taps or eavesdropping warrants in cases involving heroin, most of the people involved speak Spanish.

And I'm not quite sure if that's where the drug comes from; and, therefore, it basically filters up the chain.

But I know that is one thing, that we see a lot of the "heroin wires," as we call them, we have to get Spanish interpreters.

So, you know -- but I don't really know if

that has an effect, because there's just that mentality amongst the drug dealer, that, if there's two drug dealers sitting next to each other, "It's gonna be him, not me." That's the mentality that they have.

So, I don't know how tough we could make our laws and make them think that.

I just don't think they think like that.

SENATOR GRIFFO: Why do we think this is so readily available, though?

Do we have an idea why this drug is so accessible and readily available?

I mean, beyond, is it access and price?

UNKNOWN SPEAKER: And price. Absolutely, it's the price.

SCOTT McNAMARA: You know, it's -- you know, I'm just speaking from my experience.

If there's a demand, there will be a supply.

UNKNOWN SPEAKER: Yeah.

SCOTT McNAMARA: I mean, that's just the way it goes.

And, you know, so, regardless, if there's a demand for weed, there's gonna be a supply for weed.

If there's a demand for heroin...

Like I said, in 1992, when I started in the

DA's office, heroin was typically shot up. It was not that popular.

Crack cocaine was very popular.

It was almost unheard of that heroin was snorted back then.

And then what happened was, the people that were smuggling cocaine in figured out: Hey, wait a second, we can smuggle heroin in, too.

Then the heroin was coming into the United States, and it was coming in in larger supplies.

So, therefore, when people used it, they weren't using heroin that's like 2 or 3 percent heroin; and, therefore, you had to get it in your vein to get high. They were, you know, snorting heroin that was, maybe, 40 or 50 percent, and they could actually snort it and get high.

So, you know, a lot of these things, if you look at what has happened, you know, because it's more readily available, and because it -- and as was alluded to, when we see the overdoses, from the law-enforcement perspective, a lot of times what we start doing immediately, is trying to figure out who the dealer is, because a lot of times, it's the same heroin batch that's killing everybody.

Because it's either -- it's either very potent or there's something in it that's also affecting the people, and what had been their normal dosage is now killing them.

And so, you know, it's not uncommon for us to see a couple -- two, sometimes three, sometimes it's even worse, number of people die from or become very, very sick. And, you know, ultimately, their lives will be saved at different times from a certain batch of heroin.

SENATOR GRIFFO: We have a question out there.

Go ahead.

AUDIENCE MEMBER: (No microphone used.)

I would like to thank having this forum.

When you're talking about this issue, it always seems to come up, is the pharmaceutical industry. And people tend to talk about the drug dealer.

Where is the accountability, exactly, for the doctors who are overprescribing these pills, and giving them out to the society?

And, also, the banking: Growing up in Utica, HSBC was a popular bank around here. They were found guilty of laundering over $500 million of drug

money, and no one was prosecuted or went to jail. Then they packed up and left the area.

How do we confront these corporate entities that seem to put us in this situation, and create this demand, and create such a dire situation, especially in our city, and other cities of all upstate are suffering from these issues?

That, it seems that we're unable to confront them.

So, maybe there's a solution in what the Governor's saying, who I really think is a great guy, [unintelligible], possibly, reforming the marijuana laws, for treatment.

And, I'm not saying, I just -- you know, I wish there would be more of a debate, maybe toward the legalization of marijuana, where one market might kill another market, and there could be a free-market solution instead of -- because we're already having budget problems, we're already having a lot of -- you know, I would hate to see another drug lord unleashed on people.

And, maybe it's time to go toward a different direction, a more progressive one.

But my main -- my main -- my main thing I want to get out there is, I've seen a lot, growing

up in Utica, especially my generation. I'm 31 years old.

I've seen the drug war.

I've seen two wars, Iraq and Afghanistan.

I've seen guys my age leave, you know, happy. One of the guys leave, go to war, come back, and serious problems, mental problems.

I mean, I've been at somewhat of a loss.

It's despair that has -- [unintelligible], it's been here for a long time, not just heroin, but, people go back to crack and all these things, and foreclosures, and into situations that are creating this situation of where people want to escape.

And, I'm hoping for maybe a more progressive solution.

And, if not, there's no accountability for any of these pharmaceutical industries or banking industries.

Maybe it's time for us to just go out on our own and look to other markets that could bring about a state of peace, basically.

Because I feel, like, there is some sort of state of war that we're in right now, that we can't -- we seem to be trapped in.

But, maybe there's a free-market solution, like Ron Paul said, you know, that we could go about.

And if you look at Colorado, the first day of legalizing marijuana, it created over $33 million just generated in the communities.

And the people circulating amongst the people. Not sent to China, but within the state.

There's other communities that are attacking this, and they're mainly legalizing it -- the reason they legalized it was to combat the crystal-meth epidemic, which is West Coast -- which is more of a West Coast drug.

And, I just -- you know, I hope for more progressive solutions, in general, you know.

SENATOR GRIFFO: Thank you.

From a clinical standpoint, and I guess, Doc, you're here: How does the medical profession work, so that you can do what you've heard here tonight: Get a quarterback, so to speak, when you have a number of physicians prescribing drugs relative to whatever the patient is coming in for, and the way the system continues to evolve?

I mean, now you have nurse practitioners as an entry point sometimes, as opposed to general

practitioners, because you see more specialization.

What can be done in the medical and the clinical arena to try to coordinate and communicate better, so that we can -- and when you talk about I-STOP, and what I-STOP has done, or can do, but --

DR. GEORGE KOZMINSKI: I can tell you, in the short time that I-STOP has been in existence, it's done a lot. It's done a great deal.

I can see that some of the clients, patients, that I see are turning to heroin because their doctor cut them off.

"Cut them off."

But I do agree there should be greater accountability from the standpoint in the medical profession.

Unfortunately, I don't think there is enough of a check-and-balance at this point, at this time.

UNKNOWN SPEAKER: I agree.

DR. GEORGE KOZMINSKI: And I think there really -- that really needs to be implemented.

SENATOR BOYLE: I think -- just to follow up on that, I think that I-STOP has been very effective, and one of the unintended consequences of that is the move to heroin.

And some of the law enforcement were talking

about the difference in price of pills: $20 for Oxycodone, and $10 a bag.

Well, in Suffolk County where I'm from, Oxycodone is $30 a tab, and, a bag of heroin is $6.

So you know where these kids are gonna go.

And -- but one of the questions I have, for some -- from -- for the treatment providers, is what we've been hearing in different forums, is the need, obviously, for more treatment, more beds, and for insurance coverage.

Right now, we have a situation where the insuring -- insurers -- and not to bad-mouth insurers. There are very good insurance companies out there who do wonderful stuff. -- but, they're the ones making the decision on what is "medically necessary" treatment.

And I hear from many parents, and addicts themselves, to say: My kid went, we sat there, and the insurance company said, We'll give you three days in the facility, then you gotta get out.

And no one, of course, is getting over heroin in three days.

But, do you see any way we could possibly change the laws, in your mind, to help in this situation, to get the people the treatment they

need?

DR. GEORGE KOZMINSKI: Well, they did implement a law, where there -- there's now parity between mental-health treatment and, also, regular medical treatment. That's helping a lot, also, but that's also gonna take time, because the insurance companies are not willing to give up the money, unfortunately.

And access is the key.

Education access is the key.

SENATOR BOYLE: Well, I can tell you that, as a former member of the Insurance Committee in the Assembly, the insurance company never wants to give up the money, but a lot of times, we mandate that we do. And this might be a case here.

SENATOR GRIFFO: Gentleman in the back first, right there. You had your hand up, yeah.

Then we'll come up to the --

AUDIENCE MEMBER: (No microphone used.)

I want to thank you, Senators, and the health-care representatives. I really appreciate what you do, and I'm happy that you're doing that.

I guess what I'm feeling is, that we need to even move upstream further.

So, I grew up in this area. I left for

15 years to get my Ph.D., and came back, and now I teach at Utica College.

And, I'm happy to be back in this area.

What I am concerned about, is some of the young people who are not -- maybe don't have mental-health issues, who end up, uhm, what is the phrase, "Idle hands make the devil's playground," or something like that?

And, I know that this may be too far upstream for this group, except for the Senators: You really need to think about jobs in this area.

I am teaching at Utica College. I teach students who have the privilege of going to college, and I feel happy to be there.

And I feel bad for those students, because, even with a college degree these days, there's not a lot available.

And, so, before they turn to the drugs, it is very -- there's a lot of disparity. Like this gentleman said, there's a lot of disparity here.

And it's -- it's gotten worse, and this is when the temptation to start doing drugs for, maybe, folks that wouldn't normally do them, and then they get in trouble.

I know that's upstream, and it's maybe a step

before prevention and before education; and that is, we need to have hope and opportunity in this community, in the Central New York area.

And we don't have that.

Young people who are vulnerable to choosing drugs as a way to escape or to deal with problems, I think that's one of the reasons you see increases that you've seen over the last ten years.

Drugs have been around forever; and, yet, we have this increase and problem with heroin.

So, it's a very complex problem, but I really think, you know, I don't want to be too Pollyannish, but, there needs to be opportunity and hope for young people beyond minimum-wage jobs, or I think we'll see it increase even more.

Thank you.

SENATOR GRIFFO: Thank you, Professor.

SENATOR BOYLE: [Unintelligible], and that's exactly -- Senator Griffo has brought that -- and Senator Valesky, both brought that very issue up in our Conference in the Senate, and it is a key thing to look at.

AUDIENCE MEMBER: (No microphone used.)

I really appreciate you coming here.

SENATOR GRIFFO: Thank you.

We're gonna go here, Ma'am.

Then come to you.

In the pink?

AUDIENCE MEMBER: (No microphone.)

Hi.

Thanks for having this conversation.

[Unintelligible] situation, that this -- addiction is an illness.

And, the economic situation, if you're prone to addiction, you're going to do things. You know, you're gonna get addicted, you know, if you're prone to it.

The economic situation in Utica, or this area, has a lot to do with it.

There was -- the new drug that just came out, the opiate, the Committee did not recommend the -- that the FDA approve that drug, and they approved it anyway.

That's -- it's the government that did that.

Limitations on practice: When we see -- I'm a nurse practitioner that used to work at Chubs [ph.], which is a mental-health facility [unintelligible] area. And then I also did -- I did the health care.

Well, we have 15 minutes a patient, so, how

do we ask them about mental-health problems? about their opiate addiction?

You know, how do we get the time to treat them?

You know, and you just don't have the time.

And when they initiated this new prescription model, what did you expect?

I mean, if you can't get them prescriptions, they're gonna turn to alternatives.

You know, that should have been overseen, in the future, you know, because, if they're not gonna get it from their doctor, they're gonna get it someplace.

So -- and, also, when I used to practice, I used to be able to call the pharmacy, and other doctors, to see if they would give medications, opiates, from other people.

Now I can't, because of the HIPAA laws, you can't call the pharmacy, you can't call another doctor, because that's all limited.

So you want to coordinate services, but you can't.

So, there's a few thoughts.

SENATOR GRIFFO: Thank you. Excellent points.

I'm gonna come over to the lady right here, and then come over to you.

AUDIENCE MEMBER: (No microphone used.) [Unintelligible.]

[Applause.]

AUDIENCE MEMBER: [Unintelligible].

I personally, [unintelligible].

Thank you for being here, and inviting the community in here [unintelligible].

Because I've heard a lot of great things about Narcan, I want to ask: How many family members do you know that sit there while they're shooting up?

UNKNOWN SPEAKER: Not many.

AUDIENCE MEMBER: [Unintelligible].

They need to have more training, and they need to get Narcan out there.

And as far as the treatment is concerned, I have been through [unintelligible], I've have through Chubs, I have been through each and every [unintelligible]. I have been through facility available.

And the approach that wasn't taken with me, is the mental health mixed with drugs.

I personally am [unintelligible]. I have

four months clean.

And, I had to say that, in my opinion, and then, what I see broke in myself, is that this treating drug addiction doesn't work. Just treating mental health doesn't work.

I have two issues.

And I know, from my partners in crime, whether it be addiction, or whatever, that most of us have mental-health issues.

My problem is, that it wasn't addressed as a child. Nobody saw that I had a problem.

So as I grew older, my first marijuana, I wanted to escape. I felt better. I don't have to deal with it, and nothing bothered me. I was no longer afraid.

I had mental-health issues that wasn't being addressed.

So today I have to say that I'm benefiting.

I don't know if it's right or not for me to say where I'm going, but I'm gonna be [unintelligible] Center. And I'm benefiting from [unintelligible] approach, which is mental health and drug addiction.

This is not just a one-thing problem.

You know, I never did heroin in my life.

The last time I went out, I wanted that 30 percent increase.

I tried heroin for the first time in my life. I'm 48 years old, you know. And, uhm -- I'm a little nervous.

And I don't have that [unintelligible], and I don't have the higher education, you know, but what I have is hands-on experience for what you guys are trying to work with.

You know, and I have to say that, you know, I could probably -- what I see, with me, [unintelligible] with me, is that I need more treatment, yeah.

But sometimes I don't get along with, like, [unintelligible] said, I don't belong in jail.

And I have committed many crimes, and I have been in jail many times, you know, but they were all the direct result of my mental health and my drug abuse.

And putting me in jail did not help.

Putting me in jail allowed me to come back out and be angrier at the system, and do it all over again.

The last time I committed a crime, the judge allowed me [unintelligible].

I'm on [unintelligible]. That's not lifesaving to me.

[Unintelligible], because I lost one of my best friends to the addiction of heroin. She also had mental-health issues [unintelligible].

With that said, [unintelligible].

SENATOR GRIFFO: Thank you.

[Applause.]

SENATOR GRIFFO: Sir.

AUDIENCE MEMBER: (No microphone used.)

I appreciate everybody meeting here, and [unintelligible] I appreciate your story.

I was in the field of addiction for 31 years, so I recognize a great deal of what I'm hearing here.

I'm concerned about the amount of heroin addicts that we have just everywhere here.

And I think, as we look at evidence-based methods of dealing with it, you will see medication-assisted treatment being the better ways to approach the problem of dealing with all these addicts.

And, we only have one medication-assisted treatment in this county, which is Suboxone, but what we really should have is a methadone program,

as well.

In the 31 years I spent in the world of treatment, it seems to me that access to treatment was diminished mostly at the end of my career.

At the beginning of my career, it was completely different.

Our outreach [unintelligible] would bring the drugs over from Plattsburgh. We'd give them alcohol on the way to keep them out of withdrawal.

[Unintelligible], we'd call up the psych center, and the psych center took the person into their med-surge ward and they did detox.

They sent their outpatients -- they sent their inpatients over to us so they could have day-treatment addiction treatment.

In 1979, there was no conversation about money.

It cost you [unintelligible] money.

If we were to look at that venue, why don't we consider dedicating a tax on alcohol, [unintelligible], and treat the substance abusers that we have.

Statistically speaking, we know that 15 percent of the people consume 85 percent of the booze.

So then that should work, and there should be enough left over for treating the drug addicts that we have, as well.

We need to do this, and it needs to include everything I've heard here: Prevention to stop future addicts. Our reduction to get people into treatment. Treatment providers working together.

Absolutely [unintelligible]. That's proven.

A methadone treatment center would help a great deal for the addict who has to get up every morning to go out and commit crimes to get drugs to get high.

If you're in inpatient treatment, you're not gonna go and get arrested. You're not gonna go and use drugs.

There's a lot of unemployed people and a lot of [unintelligible] people, and a lot of space.

We should be able to find a way to increase capacity so that we have what I always dreamt of, which was treatment on demand.

Now, [unintelligible] schedule your admission, [unintelligible]. But when you were ready for treatment, we used to be able to [unintelligible]. We lost staff due to the insurance world.

Thank you all for listening.

[Applause.].

SENATOR GRIFFO: Thank you.

AUDIENCE MEMBER: (No microphone used.)

[Unintelligible.]

[Unintelligible.]

[Unintelligible], treatment programs, [unintelligible].

My concern is, that none of the treatment programs that he was in, [unintelligible].

[Unintelligible] he fell, uhm, after about four months, because he had cut himself.

He had mental-health issues. He had cut himself.

I mean, when they kicked him out, they put him in jail.

This is a child. He was 17 years old, put him in jail.

And, then, that just led to more problems for him.

And, I'm really concerned about, you know, people who are facing this disease of addiction.

In treatment programs, where they're being treated like prisoners, in some ways, not completely. I mean, it's better than jail, for

sure.

But. It still is almost -- it seems to be kind of a shame-based kind of approach.

And, when people are feeling ashamed, they're more anxious and more likely to use.

And, so, it seems as though he's struggled, and he really -- everybody says: You don't want to get clean.

He wanted to get clean. He tried really hard to get clean.

And then he was -- he was caught, and he had to go back to jail [unintelligible].

[Unintelligible] another program after a long period of time, and, he wasn't able to get the Suboxone that he had been prescribed.

And so because of that, he ended back using heroin, and got caught with a small amount of heroin, and had to go to the county jail again.

Now he's in jail for almost four months, clean.

We fought to get him out of Rochester. He wanted to? He wanted to start all over, and he wanted to start fresh.

[Unintelligible] day treatment, [unintelligible] workers [unintelligible].

And he was.

He was with us for two weeks, and we were with him almost all the time. Almost all the time.

And he was able to meet somebody here in Oneida County. And in two weeks -- less than two weeks, he was able to meet someone by using my computer.

I had no idea he was able to connect.

And his reason, and how he was able to do that, was to look for people selling marijuana, because then he could get marijuana; that he would know somebody else that could get him something more.

And that's what he did.

He met some young people; young people that delivered it to our house like a pizza.

So, you know, getting away from people, places and things, did not work.

There's a network of them.

And, of course, we didn't even know anything about Narcan.

This was November 5th that he died.

But, his grandfather found him, and we tried to resuscitate him.

I'm sorry.

SENATOR GRIFFO: Okay.

AUDIENCE MEMBER: But what families go through, too, [unintelligible].

My grandson had a great support system.

He was not -- this was a kid who was the only child. Till he was 12 years old, he was the only grandchild on both sides of the family. And if he was playing trumpet in school, the whole family went. He had all kinds of people who were following him. We were all supportive of this kid.

He ended up with mental-health issues, that he never, ever had complete -- he was never completely diagnosed with, because he was using.

And, then, we lost him.

And we don't want anybody else to go through this. And we don't want families to have to go through what we've been through.

And, so, we just are very thankful that you're here, and we're hoping something will come from this.

Thank you for listening.

SENATOR GRIFFO: Thank you for sharing, and our condolences.

Thank you very much.

SENATOR BOYLE: Yeah, thank you very much.

I am very sorry for your loss.

I do want to say that, one of the things that have come out in our hearing in Suffolk County was about stigma and the shame.

And, I believe that one thing that we'd like to see come out of this Task Force, as well as legislation on treatment prevention and law enforcement, is to stop the stigma.

I mean, if someone said, My grandchild has cancer, or a brain tumor, or something like that, it would be a huge outflow of support and sympathy and compassion and help.

But if it's, My grandson or my son is an addict, it's, Hold on a second.

And most people are ashamed to say it if they learn about it.

That must stop in New York State, and I think we're gonna play an important role in that as part of this Task Force.

SENATOR GRIFFO: Thank you.

AUDIENCE MEMBER: [Unintelligible.]

SENATOR GRIFFO: Well, that's the other point, Tara, with you here.

One of the overriding factors that we hear, not only when we're dealing with issues such as

confronting this scourge of heroin, but some of the other crimes that we hear across the nation, some of the horrific violence, we really need to do better with a mental-health component.

We need to --

[Applause.]

SENATOR GRIFFO: -- you hear so much of a debate, nationally, about everything else, except the mental-health system.

And I think that is imperative.

So we can start, maybe in New York, hopefully, to really make that emphasis, and to look at a number of components, from resources, funding, identification, treatment.

You know, this is something that I just cannot believe, as a nation, that we really don't emphasize and focus on the problems facing our communities across this country from a mental-health perspective.

So I'm gonna let Tara speak, and then we will come back to the crowd.

TARA COSTELLO: On behalf of the Department of Mental Health, I have to say --

Can you hear me?

-- I have to say that, you know, as

I mentioned earlier, the addict isn't using because they want to use. There's something underlying going on.

And when we talk about prevention, you know, we are very -- in Oneida County, I'll speak for Oneida County, we are savvy in providing the service at the most restrictive, versus the least restrictive.

We are a reactive community.

So when there's an issue, we like to react, versus try to be proactive. As this gentleman in the audience had mentioned, to be more progressive.

I'm not gonna name the number of tragedies that have occurred locally, along with, you know, nationwide, but, we really need to look at the mental-health laws on a number of levels.

And I could go on for hours, but I will speak to a couple.

You know, HIPAA, this lady mentioned HIPAA, in the audience, that is a huge issue for people who are working in the mental-health field, trying to access information on people who are violent or have issues in the community.

Another one, AOT Court orders, where individuals that are accessing our emergency rooms,

that are being stabilized, for mental-health concerns that could be drug-induced, sometimes, the process for that, in our department, is horrific to get somebody Court-ordered.

We have to spend months to get court documentation, just to bring them to court, so that they can be medicated, over objection of these individuals.

Let's -- how can they make their own decisions if they are mentally unstable?

They're not gonna sign release forms. There are systemic barriers that avoid us trying to get them the help that they need.

They can't make the proper decisions because they're not able to.

And it could be substance-induced, for that matter.

We can't mandate substance abuse, folks, but as we know, there are a lot of folks that have mental-health issues.

So under the AOT Law, if you look at that, the barriers of getting somebody Court-ordered really is an issue.

And, just to speak to some of the tragedies that we've heard, you know, nationally, some of

those people could have been put on an order, but, the system kind of fails that.

I -- I don't want to be negative, but, I mean, it's reality.

So that's one area that I have to mention.

But, when we're talking about mental health, and a lot of people -- I'm gonna echo a lot of what you all mentioned -- is that, we don't get enough time to spend in the mental clinics with these patients. And, psychiatrists are trying to see as many people as possible.

And then we put regulations in place to serve the most needy, which then puts those others on the back burner that might not reach that level.

So then we have those folks that aren't able to access the service because our clinics are all full, and they're doing the best they can, but -- and they're trying to survive.

I can tell you, when I worked at the department, I started in 2011, our budget has reduced immensely, as a result, and it's all mental health.

All of the OMH dollars has gone away.

And we're seeing -- it's like this [indicating], we're seeing, you know, a rise, but

the funding isn't there.

And, again, we have to rely on insurances to, obviously, get the reimbursement. And we just -- there's just not enough.

So, that's my comment in that retrospect.

SENATOR GRIFFO: Thank you, Tara.

Now, where did I -- in the back.

AUDIENCE MEMBER: (No microphone used.)

I'm (inaudible). I am an addict. [Unintelligible.] I don't want to be, but I don't have insurance.

And, I know I'm breaking the law, but I don't have any choices.

I mean, I know you guys, like, everybody is trying to crack down on the dealers.

Now, have you guys heard of "crocodile"?

Now, that's what happened when they cracked down on dealers in Russia, or when there was -- there was no heroin in Russia, so they created this stuff.

And that's what addicts do.

I mean, we will find a way.

There was one time, Oxycontins, everybody remembers the Oxycontin epidemic, and they changed the pill. Right?

And I remember calling this kid, and he's immediately, like, Yeah, I think it's mostly.

I'm, like, Yeah, but you can't shoot it up.

And he's like, Oh, yeah, you can.

Okay, you stick them in a microwave, a freezer, in the oven, and back and forth, shave them down.

And addicts figured this out.

That they will find a way.

I don't know what to do, I don't know where to go.

I don't have insurance.

I don't have choices.

It's just not available.

And [unintelligible] crack down on the dealers, but that's not gonna help us.

We will find a way.

UNKNOWN SPEAKER: Bath salts.

AUDIENCE MEMBER: Yeah, bath salts.

But, anyway, [unintelligible], but people will find a way.

UNKNOWN SPEAKER: [Unintelligible.]

AUDIENCE MEMBER: And then I'm left in limbo.

I have a great support system. And I know I've had a 10-year habit, that I just don't see.

I mean, I try every day, and every day it's a failure.

And you can only get so sick before you're just not gonna -- you're just not gonna be sick anymore. You're just gonna be like, Okay, I'll just solve this problem, because it just hurts too much.

And the Suboxone, so now I get -- sometimes I'll get black-market Suboxone, but that's only available so often.

So then you -- and now you're taking away somebody else's solution.

I don't know, I feel like a lot of us are in this gray area that doesn't get any attention or any help.

And, like, the funding, instead of going to rehabs and to mental health, and, et cetera, is going toward police, and to crack down, which is -- it isn't gonna help us.

If I don't get in trouble with the law, there's nobody.

Like, I don't know what to do.

Walk up with a bag of dope to an officer and be, like, "Please"?

AUDIENCE MEMBER: (No microphone used.)

Mr. Griffo, is there any way to just

[unintelligible] to just end the whole war on drugs and focus on the health-care issues, [unintelligible]?

[Unintelligible], and try to help these people make this [unintelligible]?

DONNA M. VITAGLIANO: We can -- Insight House can you take you, with no -- you don't have to have insurance.

Have you tried that locally?

I'm -- just a suggestion.

I mean, you don't have to have insurance.

SENATOR GRIFFO: Maybe what we can do is, Donna, somebody, could speak to you.

We appreciate you coming tonight, because that shows that you obviously have an interest and a concern to take care of yourself.

And I think there are people here, hopefully, that can talk to you tonight.

And you're right, we need to look at this from a health perspective. It has to be looked at from a number of ways, but health is not an area that a lot of people initially start from, and they should, because as you looked at the various elements from a public-health perspective, particularly the mental-health system.

I'm gonna continue to go back to the mental-health system, because I think that is really where we're having some issues here right now.

But -- and I'm gonna turn to the former Commissioner of Mental Health, who is here, right now, who was my Commissioner of Mental Health when I was in Oneida County: Commissioner Bramzic [ph.]

FORMER-COMMISSIONER BRAMZIC [ph.]: (No microphone used.)

Just to follow up on Tara: The State has been systematically defunding the mental-health and substance-abuse system for about the last 15 years.

When I first started, a long time ago --

[Laughter.]

FORMER-COMMISSIONER BRAMZIC [ph.]: -- there was the mental health [unintelligible]. They're all one unit of the Department of Mental Hygiene, so people could talk.

Then it went into the Office of Substance Abuse, Office of Alcoholism, Office of Mental Health.

It took, oh, probably 20 years to have alcohol and substance abuse to be recognized by the State as being one.

So, now there's OASAS, but, the two can't

talk.

We started about, oh, 15, 20 years ago, a dual-diagnosis committee.

The State went rampant, until they [unintelligible].

We had mental health and substance abuse and alcohol people sitting in the same room, talking.

When Oneida County Mental Health had clinics, out alcoholism-office waiting room had to be separate from our mental-health waiting room. We had to have separate entrances.

So what we were doing is creating barriers to do just what we need here.

I think Oneida County has come a long way.

We're -- we were looked as one of the premier counties on dual diagnosis [unintelligible].

HIPAA regulations, it needs tweaking, because we don't need to reinvent the wheel. What we need to do is, make it round again.

And I just thought -- I appreciate this, and I think that you being here is just giving us the -- knowing that there's gonna be some discussion in Albany about, What are the needs of the state, at the community level, and not necessarily at the state level?

Thank you.

[Applause.]

CASSANDRA SHEETS: Can I just make a -- can I just add a comment to that?

Being a non-profit, we spend a lot of time having to report to the State on the services that we're providing, and it's incredibly difficult to make those reports, when each of those, like, the OMH and OASAS, are so separate, that it's more time.

You know, if you look at the amount of time that we spend making these reports, it takes away from the ability to provide to the community.

And so it's -- and it continues to get worse, and primarily because the State systems just have -- they've even gotten worse. It's really pulled apart even more.

And so you never know, I get the funding from both sides, and what the left and the right hand are doing are which hand they are.

That's the one part that they -- I know that it's -- it's a dual issue. It has been for a long time.

And what came first isn't really the matter, whether it was the mental health or the addiction. It's treating the person wholly.

But, it's also looking at it from a community perspective, to say, that every individual who struggles with mental illness, behavioral issues, addiction, have the right for services, and they have the right to be heard. And they have the right to be -- to have us to be more tolerant in understanding that.

And that's where it comes to creating a community that's about recovery, because, if we can embrace that people can get well, and they can be productive, then we can really be more successful.

And that's where it comes with the progressive and the proactive kinds of ways.

We react all the time.

Somebody gets hurt. All of a sudden, we have a mental-health issue.

Somebody dies from heroin, we have a heroin issue.

That's -- it's there. The availability is there.

Whether they get it by finding someone who sells marijuana, they're going to find it.

But how is we, the community, to say: No, we don't want to tolerate that anymore.

What we want to do is, tolerate the kind of

help and hope that we can provide.

And, I truly feel that that is something that you've inspired today, and I want to thank you.

SENATOR GRIFFO: I want to thank everyone for coming out here this evening.

And I know Senator Boyle has been traveling, as I indicated, from Buffalo to Rochester, and he's on his way to Albany.

So, we're gonna continue this. This is a beginning for us.

And I think it was very important that all of you came out tonight, even with the weather as it was.

It shows that you really care.

And, we need you involved, and we need to have that input.

I want to thank the members of the panel that have come together tonight, because I think it also shows that they have a great concern for their community, and they really want to continue to develop a partnership in order to make things better.

So, I'll let Senator Boyle close here, and ask Senator Valesky if he wants to add anything.

And then...

SENATOR BOYLE: I would again like to thank Senator Griffo for hosting this forum.

And thank, Senator Valesky for his support, and the panelists for your insights, and everyone in the audience for coming this evening.

I can tell you that, when we envisioned these forums for the Heroin Task Force, this is exactly the type of open exchange that we were hoping for and expected.

And the ideas that we got this evening, I thought of, you know, three or four different bills, I'm sure, that will be included in the report, and potential pieces of legislation, to get treatment for those who truly need it, and for prevention purposes, and some law enforcement, as well.

I can say that, this is not the end, as Senator Griffo said.

If you have any other ideas; if you're thinking tonight, Oh, I didn't want to say that 'cause I'm shy, or, I just came up with a new idea, you can contact my office, for the Task Force in Albany. It's Senator Boyle.

And just Google -- Deanna [ph.] is in our -- and Susan are in our office there.

So just -- I'll give you -- Google the number, and look it up, and they can give us ideas, and say: What about doing this? What about doing that?

And we'll be happy to include it in the final report.

Thank you again for coming.

Thank you, Senator Griffo, and Valesky.

And thank you to the panelists.

SENATOR GRIFFO: Thank you all.

[Applause.]

(Whereupon, at approximately 6:46 p.m., the forum held before the New York State Joint Task Force on Heroin and Opioid Addiction concluded, and adjourned.)

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