

1 NEW YORK STATE JOINT SENATE TASK FORCE  
2 ON HEROIN AND OPIOID ADDICTION  
-----

3 TO EXAMINE THE ISSUES FACING COMMUNITIES  
4 IN THE WAKE OF INCREASED HEROIN AND OPIOID ABUSE  
5  
6 -----

7 Penn Yan Middle School Auditorium  
8 515 Liberty Street  
9 Penn Yan, New York 14527

10 February 23, 2016  
11 6:30 p.m. to 9:30 p.m.

12 PRESIDING:

13 Senator Thomas F. O'Mara, Sponsor

14 Senator Terrence Murphy, Chair

15 Senator George Amedore, Jr., Co-Chair

16 Senator Robert Ortt, Co-Chair

17  
18 ALSO PRESENT:

19 Senator Rich Funke

20 Assemblyman Phil Palmesano  
21  
22  
23  
24  
25

SPEAKERS:

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PANEL I

8

Joseph G. Fazzary  
District Attorney  
Schuyler County District Attorney's Office

Ronald G. Spike  
Sheriff  
Yates County Sheriff's Department

William E. Yessman, Jr.  
Sheriff  
Schuyler County Sheriff's Department

Thomas Dunham  
Investigator  
Penn Yan Village Police Department

Valerie G. Gardner  
District Attorney  
Yates County District Attorney's Office

Jason Cook  
Assistant District Attorney  
Chemung County District Attorney's Office

PANEL II

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W. Patrick Falvey  
County Court Judge  
Yates County

Matthew Conlon  
Village Justice  
Penn Yan Village

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32	Council on Alcoholism and Addictions	
33	of the Finger Lakes	

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1           SENATOR O'MARA: Okay. I think we're good to  
2 go. We're just about on time.

3           I thank you all for coming out.

4           We have a great panel here.

5           I'm not going to belabor the length of time  
6 that we have here this evening by taking it up by  
7 going through introductions.

8           We'll get to that with each panel that we get  
9 through.

10          We've got it separated into different  
11 subject-matter areas, to hear from each group  
12 individually. And if the groups can kind coordinate  
13 amongst yourselves as we're talking here, and then  
14 we want to make sure we have some time to have some  
15 questions and answers with the audience, and some  
16 discussion with the audience, of issues that come  
17 up.

18          Obviously, the issue of heroin and opioid  
19 addiction is something that's significant, it's very  
20 real, and it's hitting us here locally in our  
21 communities here, but across the state.

22          We have from the Legislature here with us who  
23 I will introduce is:

24          Senator Funke, Rich Funke, from the Rochester  
25 area, second to my right;

1           Senator George Amedore from the Schenectady  
2 region of New York;

3           Senator Terrence Murphy from Westchester;

4           Senator Rob Ortt from Niagara;

5           And we have Assemblyman Phil Palmesano, who  
6 represents us here in Yates, and Steuben, Seneca,  
7 and Schuyler counties.

8           So, you know, in the interest of time, we're  
9 going to keep it short on introductions.

10          As I said, these are critically important  
11 issues that we're dealing with. We want to make  
12 sure we get input from a variety of factors.

13          We know other communities across the state  
14 and across the country are grappling with this  
15 crisis of heroin.

16          We've seen all too many tragedies in our  
17 hometowns, and read about it in the news all the  
18 time. It seems to be getting worse and worse.

19          And there are issues that we need to address,  
20 and do a better job of, from prevention, to  
21 treatment, to law enforcement and the crime aspects  
22 of this as well.

23          But it's got to be a community-wide-based  
24 approach from our local leaders, local community  
25 organizations, our local governments, our school

1 districts, law enforcement and district attorneys  
2 that are here, the court system, right up to our  
3 state government and our federal government, because  
4 this is a nationwide crisis that we are dealing  
5 with.

6 So, I thank you all for showing your interest  
7 and coming out here to, hopefully, be able to share  
8 some of your experiences with you -- with us, and to  
9 learn some things about what we're doing, because  
10 we're here to learn ideas on how and what we should  
11 be doing in Albany, moving forward.

12 We have -- we're in the budget process right  
13 now in Albany.

14 And in the budget proposal that's out there  
15 now, I think it's about \$140 million that's proposed  
16 in the budget for "heroin and opioid addiction"  
17 categories. But that's only about a \$6 million  
18 increase from last year's budget in that, and we're  
19 looking at ways how we can further bolster our  
20 community services to provide for treatment and  
21 prevention of these -- these -- this real  
22 public-health issue that we have and the individuals  
23 that are addicted.

24 And we recognize it as a public-health issue,  
25 as well as a crime issue, and it needs to be

1       approached on all of those levels for us to be  
2       effective and everyone to be involved.

3               So, I thank you again for coming out.

4               We're going to start out with the --

5               Do you guys want to do any opening remarks?

6       SENATOR MURPHY: No, just go right to it.

7       SENATOR O'MARA: Okay. We are going to start  
8       with our first panel, which is a group of district  
9       attorneys and sheriffs, law enforcement, from  
10      Yates County here, from Schuyler County, and  
11      Chemung County.

12              We have Joe Fazzary, the Schuyler County  
13      District Attorney;

14              Ron Spike, the Yates County Sheriff;

15              Bill Yessman, the Schuyler County Sheriff;

16              Jason Cook, Assistant DA. Former DA here in  
17      Yates County. He's an assistant in Chemung County  
18      now, representing the Chemung County DA's Office;

19              Investigator Thomas Dunham from the Penn Yan  
20      Village Police Department;

21              And our Yates County District Attorney here  
22      with us, Valerie Gardner.

23              I thank you all for being with us here today.

24              I don't know if, Valerie, you would like to  
25      start it out on being the hometown DA here?



1 DA VALERIE G. GARDNER: Sure, I'd love to.

2 Thank you very much.

3 Senators, Assemblyman, all of our guests  
4 here, but, particularly our community members here  
5 in Yates County who are facing a terrible situation  
6 with the heroin epidemic that is sweeping across our  
7 county, I want to welcome you especially, and say,  
8 thank you for taking time out to come out tonight.

9 So, thank you very, very much.

10 [Applause.]

11 So in terms of -- we all, I think, are  
12 familiar with the national statistics and the  
13 statewide statistics that are shocking.

14 This epidemic has taken us, literally, by  
15 storm.

16 And we're doing the best we can here in  
17 Yates County to try and combat that, and address the  
18 significant issues with opiate addiction, and,  
19 specifically, the influx of heroin that we've had  
20 here in Yates County.

21 And my request tonight to our State  
22 Legislators here is that, please, we are a small  
23 county. We need your help in committing the  
24 financial resources for us to address this problem.

25 It is widespread.

1           And one thing about heroin addiction is  
2           that -- or any addiction, but, specifically, heroin  
3           addiction, as it plays out here, it does not know  
4           our county boundary, and so as a result, we have  
5           individuals here who are using, who are addicted,  
6           they're traveling outside of Yates County for their  
7           supply of heroin. And our law enforcement agencies  
8           have jurisdictions that they have to abide by.

9           So I would ask the State to please commit  
10          significant resources to the New York State Police,  
11          to interagency cooperation, so that we can address  
12          this problem beyond the boundaries that impact us so  
13          greatly here locally, please.

14          In addition, I think we all can appreciate  
15          that by the time an addict gets to us, we're at the  
16          end of the pipeline here, and there's already been  
17          significant harm, not only to the addict and their  
18          families, but also victims involved in crime.

19          And, so, when we look at this, I think that  
20          we really have to appreciate that every strategy to  
21          attack this problem must be employed, and the most  
22          important is prevention, education, to keep people  
23          out of the criminal justice system, and that  
24          benefits all of us.

25          But in order for that to happen, we must have

1 treatment available, so that the option, when an  
2 addict decides that they want to get help, that they  
3 have the ability to seek treatment.

4 Currently, you have some choices before you  
5 in terms of dealing with the insurance industry and  
6 the historic regulations that the insurance  
7 companies are allowed to force addicts to fail, two,  
8 three times, before they have access to inpatient  
9 treatment.

10 So I would ask that the Legislature insist  
11 that the insurance companies take notice that heroin  
12 is unlike other addictions; that outpatient  
13 treatment is just not as effective as significant  
14 inpatient treatment, and make those resources  
15 available.

16 [Applause.]

17 DA VALERIE G. GARDNER: I know that the  
18 proposed budget includes approximately 30 beds to be  
19 located in the upstate area.

20 And I would just say that, while it is a  
21 start, it is woefully insufficient.

22 And I hope that you will all advocate  
23 strongly for more beds to be available for our  
24 citizens who are battling this addiction.

25 And, I just would note to you that, in the

1 absence of doing that, the very serious consequence  
2 is that the beds that will end up being available  
3 for these folks are the beds in our county jail, and  
4 that is not something that we want to see.

5 I think the Sheriff can tell you that we have  
6 had just a tremendous increase in population because  
7 of this.

8 And so we need to remember that the  
9 consequences are widespread for all of us here.

10 In addition, I would also ask that the  
11 alternatives to heroin that some turn to, if they  
12 happen to be on probation supervision, or in a  
13 program where they are trying to address getting  
14 well and fighting their addiction, that synthetic  
15 drugs absolutely must be addressed within our  
16 Legislature so that our penal law is not defining  
17 drugs and controlled substances that are illegal by  
18 the polymers that can so easily be changed.

19 And so, please, if you could support that,  
20 that would be a tremendous help to law enforcement.

21 SENATOR O'MARA: And, Valerie, as we spoke  
22 about this yesterday in front of the Yates  
23 Legislature, we have passed that in prior years in  
24 the State Senate, and we have passed it this year  
25 already.

1           We'll put the pressure on our Assemblyman  
2 here, Phil Palmesano, to get that through the  
3 Assembly, which he's very supportive of, don't get  
4 me wrong. I'm just teasing him.

5           But our battle there, with any kind of these  
6 changes in criminal penalties, our struggle is to  
7 get it through the State Assembly.

8           But we're there with you on that.

9           DA VALERIE G. GARDNER: Okay. So go, Phil!

10           [Laughter.]

11           DA VALERIE G. GARDNER: So, lastly, I just  
12 want to give you an idea of how this has impacted us  
13 locally in Yates County for our criminal justice  
14 system.

15           Our county court, Judge Falvey, who serves us  
16 in county court, hears felonies. And, surprisingly,  
17 Yates County has been pretty consistent over the  
18 last 17 years, as I look back at the statistics, in  
19 terms of how many felonies get filed.

20           We are over 20 percent higher as of last  
21 year, directly related to the heroin epidemic.

22           And with regard -- if you can imagine, so, we  
23 had 91, either superior court informations or  
24 indictments, filed last year alone.

25           That is a tremendous amount for Yates County,

1 and there are victims attached to every single one  
2 of those cases.

3 And that is felonies only.

4 If you add in the misdemeanors that are  
5 handled in local courts, the possession cases, there  
6 are -- it's just a tremendous amount of resources  
7 that we're putting into the criminal justice system  
8 instead of prevention.

9 And, so, I'm hoping that everybody can  
10 support that effort through the Yates Substance  
11 Abuse Coalition, and however you can, in talking to  
12 your families and neighbors.

13 With regard to our numbers, a total of  
14 98 cases over the last 2 years, the highest charge  
15 has been a drug charge. So we're not talking --  
16 that's not the only cases that involved drug  
17 involvement.

18 There are lots of larcenies, and other  
19 things, that the impetus for the crime is drugs.

20 But I'm talking about the charge is a drug  
21 charge. And out of those 98 cases, 32 are felony  
22 cases.

23 We do have 100 percent conviction rate here  
24 in Yates County on all of those cases.

25 And, so, we're doing what we can through the

1 programs that we have in the criminal justice  
2 system, and I hope that you'll continue your support  
3 for that.

4 And, also, continue to ask our  
5 representatives to help with the budgetary  
6 constraints as well.

7 So thank you very much.

8 [Applause.]

9 SENATOR O'MARA: Thank you.

10 Thank you, District Attorney Gardner.

11 Now I'll turn to our sheriffs.

12 Sheriff Spike, Sheriff Yessman, if you could  
13 give us an overview of your perspective on this, and  
14 where you think we at the State, at the legislative  
15 level, may be able to offer assistance in your  
16 efforts.

17 SHERIFF RONALD G. SPIKE: Sure.

18 SENATOR O'MARA: And kind of the trends,  
19 obviously, that you're seeing here locally.

20 SHERIFF RONALD G. SPIKE: Good evening,  
21 everyone.

22 Thank you, Senator, for having this hearing  
23 and thank you, Committee Members, for being here,  
24 and everyone else.

25 When this community was first forming a

1 coalition, I put together some slides at the  
2 Penn Yan Academy, to speak, and I said at the time  
3 that heroin and opiate abuse was an epidemic.

4 And I stand by that label today, that's what  
5 it is.

6 And I never thought at the time, a few years  
7 ago, I'd be standing in a school in this community  
8 and talking about heroin. It just wasn't something  
9 we talked about.

10 So it's been quite a challenge for public  
11 safety, public health, for the criminal justice  
12 system, public education, and all the treatment  
13 entities that are around.

14 We've had a dozen deaths over the last few  
15 years, ten from heroin, one from pills, and one from  
16 an addict who was so needing, they chewed on a  
17 fentanyl patch, and killed themselves.

18 The oldest was a 45-year-old woman who  
19 started out taking Oxycontin, and then went to  
20 heroin because it was available and affordable.

21 Sadly, we also had the life of a 17-year-old  
22 girl who once tried it for fun and was soon  
23 addicted.

24 For this county, perhaps to some, a dozen  
25 deaths may not seem high. But in this close



1 community, it is huge to us. It is huge.

2 And it's just a terrible problem because, in  
3 some areas of this country, the deaths by heroin are  
4 exceeding the deaths by car crashes, which normally  
5 is the number-one killer of our young people.

6 I and members of my office have interacted  
7 with families and those addicted and those who have  
8 overdosed.

9 On the majority of those cases of overdoses,  
10 the Good Samaritan laws have been around; and, thus,  
11 we don't get to get into the criminal justice  
12 systems or make an arrest because of that. They  
13 seem to apply more often than not.

14 But, we have dealt with many moms and dads  
15 who don't know what to do. They're kind of behind  
16 closed doors in some way, and perplexed, on seeing  
17 their son or their daughter transform into an  
18 addict.

19 And it is -- it's just terrible, because even  
20 those that find treatment have to travel 50 miles to  
21 get that treatment. And so that, in itself, is yet  
22 another problem.

23 Those that are abusing it just cannot help  
24 themselves. It is such a powerful drug, such a  
25 powerful craving, it cares less whether you're young

1 or old, rich or poor, it matters not to that.

2 Many in their 20s are stealing from their  
3 parents, they're stealing from their grandparents,  
4 or they go to their neighbor's house and steal  
5 property, shoplift, forge checks, that type of  
6 thing.

7 Our investigators have spent considerable  
8 time in the city of Rochester at pawn shops where  
9 individuals take this property to get the cash to  
10 buy the drugs.

11 All drug-possession cases in the last 4 years  
12 have risen 120 percent for our agency, and felony  
13 drug cases for our agency in the last 4 years have  
14 risen 150 percent.

15 We have no dedicated drug unit in this  
16 county, and the majority of the County's  
17 investigators' time involves drug investigations.

18 I recently deputized the local Penn Yan  
19 police investigator, who is here at this table, who  
20 works very hard in this area.

21 As we all work together very much, I wanted  
22 him covered, because he was outside of his  
23 jurisdiction and spending a lot of time in the  
24 county with our people, working on cases related to  
25 the village of Penn Yan.

1 I said to him, I said, "Tom, how much time  
2 are you spending on drugs?"

3 80 percent of his time.

4 One year ago, after four months of  
5 investigation, we were able to take down -- with the  
6 Penn Yan police and our agency, took down a guy who  
7 was selling drugs in Dundee, and then moved to  
8 Penn Yan. He was selling heroin, cocaine,  
9 oxycodone, and Suboxone.

10 He ended up getting 12 years in prison.

11 Once again, the time involved with these  
12 cases is huge. To make these drug arrests, to be  
13 involved with informants and doing surveillance is  
14 huge.

15 Another statistic that I think is very  
16 relevant for everyone to understand, I looked at our  
17 statistics in the last five years for making arrests  
18 for driving while impaired by use of drugs.

19 Driving when under the influence of drugs, in  
20 the last five years they've increased by 300 percent  
21 in this county.

22 And we have put up billboards.

23 We have trained a deputy as a  
24 drug-recognition expert. They call him a "DRE."

25 There's only about 220 of them in the whole

1 state of New York, and they're very important.

2 And he's a big asset to local police deputies  
3 and the troopers.

4 In 2011 I found myself on the national news  
5 when we had a tragic fatal traffic accident on a  
6 county road, where we had several Amish were killed  
7 in a van, because of a driver who was under the  
8 influence of cocaine, who struck them, and took all  
9 their lives. Convicted of homicide.

10 The men and women who perform public safety  
11 in Yates County, whether they be county or the local  
12 police, don't get enough recognition for all the  
13 good work that they are doing.

14 And we have really been touched by this  
15 epidemic.

16 Our 911 communications center deals with  
17 overdose cases, it ties up a dispatcher doing  
18 pre-arrival instructions when they're sending EMS,  
19 and what have you.

20 Our patrol deputies have to respond to these  
21 increased calls of stolen property. And, they've  
22 all been trained in the use of Narcan, in every  
23 patrol car, and have saved some lives.

24 We have put receptacles in our public safety  
25 building and other satellite offices, where people

1 can bring in drugs and drop them off, no longer  
2 being used.

3 And, we have put up a crime-tip hotline.

4 And I'm trying to get an app on a smartphone,  
5 and I'm very close to having that done.

6 Our K-9 units have increased calls for  
7 searches of property to detect drugs.

8 We had to get a special license from  
9 New York State, and now I'm working on a license  
10 from the DEA, to actually hold the drugs in our  
11 possession so the drug dogs can be trained on  
12 finding those drugs.

13 So I'm working -- we're working on that right  
14 now.

15 Our youth officer is assigned to the Dundee  
16 school, and is involved with D.A.R.E. (drug-abuse  
17 resistant education) for fifth graders.

18 And don't I wish I had the resources to  
19 continue to do that in the eighth grade, and, again,  
20 in eleventh grade, because it's through repetition,  
21 I feel, that we can optimize our education efforts  
22 of our kids.

23 So I thank the Yates County schools for all  
24 they are doing and have done for public-health  
25 education.

1           Our criminal investigators are handling  
2 informants, doing surveillance, handling evidence.  
3 And with handling evidence, we are very aware of the  
4 fentanyl issue.

5           These dealers are cutting heroin with  
6 fentanyl. And in some cases, recently, up in the  
7 Erie County area, they had 23 deaths in 11 days  
8 where it was pure fentanyl.

9           They're seeing this down in the Binghamton  
10 area, and also other areas of the state.

11           And so we're constantly doing training on  
12 safety, so that when we're handling this drug  
13 evidence, we don't get hurt ourselves.

14           The other thing we're seeing more of, which  
15 I think is important for you to know, is we're  
16 seeing more synthetic marijuana starting to appear  
17 on the scene.

18           So I think that's important.

19           Last, but not least, is our county jail.

20           We have several addicts in our jail on a  
21 regular basis.

22           We've seen withdrawal.

23           We have seen infections due to needle use.

24           In the last year we had more inmates  
25 hospitalized than ever before, and a lot of that was

1 due to drugs, and we often have to guard them at our  
2 local hospital.

3 Right now, I've got officers guarding an  
4 individual, who was in our jail for drugs, up at the  
5 local hospital. And we have to do that 24/7.

6 We've had to do guard duty at  
7 Strong Memorial Hospital, travel up there and back  
8 with guards, to guard these individuals at the  
9 hospital.

10 It puts a strain on jail resources and  
11 overtime.

12 We have FLACRA coming into our jail on a  
13 regular basis for substance-abuse and alcohol  
14 counseling.

15 And we are seeing a lot of attempts to  
16 smuggle contraband into the jail through visitation  
17 and other methods, especially Suboxone which comes  
18 in the strips. We're seeing more and more of that.

19 We even had a drug-court participant, who  
20 knew she was going to get sanctioned in drug court  
21 by the judge and put in jail, hide heroin inside her  
22 body. And then we caught her snorting heroin in her  
23 jail cell.

24 And that type of thing.

25 So we continue to see increases in the number

1 of females that are involved in drugs, kind of  
2 disproportionate to those of the males, especially  
3 in our jail.

4 And so I think it's important to know that we  
5 had as many as 21 females in our jail last August.

6 I only have four cells in my jail for  
7 females.

8 Okay?

9 We had 21 in jail.

10 And a few weeks ago we had an inmate give  
11 birth, and she now has her baby in her jail cell in  
12 my jail. And we've had to -- had to provide a  
13 nursery, and providing that whole setting, keeping  
14 her separated and that child separated, because,  
15 under the law, she has a right to have that baby  
16 with her in the jail, and she wants it, keeping that  
17 separated from everybody else that's in that jail  
18 and the people that she shouldn't be around, has  
19 been very challenging for us.

20 So, finally, our jail medical staff and our  
21 jail physician, we are commencing a plan for a  
22 program to introduce a drug in our jail called  
23 "Vivitrol" for addicts who want to recover and who  
24 will go to counseling.

25 We need to rethink alcohol and opiate



1 dependence for those in the criminal justice system.

2 Vivitrol is FDA-approved. It's  
3 non-addictive. And contrary to other drug  
4 treatments, it is an opioid-blocker and an  
5 antagonist, and a single shot will last 28 days.

6 It appears to me that Vivitrol, together with  
7 counseling, for six months, may be the best chance  
8 for detoxification and reduced relapses.

9 Relapses have taken many of our local addicts  
10 to their death, and rehospitalization.

11 Let me conclude and say this:

12 Law enforcement will continue to do our part  
13 as best we can with the manpower and resources we  
14 have.

15 I've been asked, Could we do more?

16 The answer is, yes, I could do more with  
17 added resources, but those appear to be limited.

18 County budgets are already strained to stay  
19 under the tax cap.

20 I have looked for grant opportunities, and  
21 those available at this time do not address drug  
22 investigation or interdiction.

23 So grants, similar to the federal Byrne  
24 grants of yesteryear, would be something that would  
25 be very accepted so that we could have our own

1 dedicated drug unit.

2 Working with the Village police, and  
3 together, we will make an impact.

4 Law enforcement has a very important role to  
5 play in this multi-faceted community crime and  
6 health problem.

7 The sellers of heroin belong in jail.

8 Those addicted do not belong in jail. They  
9 need affordable treatment.

10 I want to thank our local county  
11 substance-abuse coalition for all their volunteers  
12 and all their advocacy and the partnership of  
13 education and awareness efforts.

14 I thank this Committee for allowing me to  
15 make a few remarks, and thank you for coming to  
16 Penn Yan.

17 [Applause.]

18 SENATOR O'MARA: Thank you, Sheriff Spike.

19 Sheriff Yessman, from Schuyler County, do you  
20 have any comments to add?

21 SHERIFF WILLIAM E. YESSMAN, JR.: Yes, thank  
22 you.

23 And thank you for coming out tonight.

24 I'd like to say that Schuyler County is  
25 different from Yates County.

1           We're very similar in size. We're also very  
2 similar in the problems we're seeing.

3           We've had this conversation with  
4 Sheriff Spike in the past.

5           We're trying to share information now, but,  
6 we just don't have the resources, being small  
7 counties, small agencies, to dedicate full-time drug  
8 investigators to this issue.

9           In over 30 years with the Sheriff's Office,  
10 I've never seen a drug come in and take hold of the  
11 community like heroin has.

12           We've seen cocaine come in.

13           We've seen the marijuana.

14           We're still dealing with methamphetamine in  
15 Schuyler County.

16           But heroin is taking hold in the younger  
17 population in our counties, it's destroying them.

18           We have made a couple of saves with Narcan,  
19 only to arrest the people the next day for  
20 possession again, because they need this drug.

21           The jail situation, I do not have any female  
22 cells in Schuyler County. We're the second-smallest  
23 jail in the state.

24           I currently have six females boarded out to  
25 Chemung County, all on drug-related charges, every

1 one of them. Some of them for larcenies, because  
2 they had to steal to get money to get the drugs, but  
3 they're all in on drug-related offenses.

4 And that's an expense that we're not prepared  
5 for, and it just keeps getting worse and worse.

6 When Sheriff Spike told me he had 21 females  
7 in jail last summer, I thought, what's going on up  
8 there?

9 You know, we weren't seeing the heroin down  
10 in Schuyler County. We were kind of isolated from  
11 it for a while.

12 And we said, Geez, we're lucky. You know,  
13 it's up in Yates County. It's over in  
14 Tompkins County. It's down in Chemung County.

15 We have it.

16 We saw a lot of our people overdosing in  
17 other counties.

18 Now, they're overdosing at home in our  
19 county.

20 And we have to take steps to be able to fight  
21 this.

22 Again, counseling, prevention, is a great  
23 thing, but, right now, people come to us as the  
24 local law enforcement, as their elected  
25 law-enforcement officials in the counties, and want

1 our help. And we're trying to do what we can.

2 Again, my investigators work on this,  
3 basically, in their -- it used to be their spare  
4 time. Now it's taking over their job. They spend a  
5 majority of their time.

6 Every morning we sit in our criminal  
7 investigations division and talk about drugs.

8 We have known locations in our county where  
9 we're making our presence very well known in the  
10 area. These people know we're out there. And,  
11 we're trying to put enough pressure on them to maybe  
12 move on, but that's not solving the problem.

13 Even if we move our dealers out, others are  
14 going to move in and take over, or, they're going to  
15 go into the surrounding area and buy their drugs  
16 there.

17 It's not going to be any easy fix.

18 Like the Sheriff said, this is an epidemic,  
19 and I totally agree.

20 A year ago, I would have said, maybe not.

21 But the way this has moved in and taken hold,  
22 it's just a terrible thing that we have to do  
23 something about.

24 And as a law-enforcement leader, this is one  
25 of those things that our hands are tied, because,

1 again, budget-wise, there's no money there, they  
2 reduce our budgets all the time.

3 We need some type of prolonged funding, at  
4 least have task forces, maybe between counties. You  
5 know, we're seeing similar movement between  
6 Yates County and Schuyler-County at this time.

7 And we're working with, the sheriff  
8 investigator from Penn Yan here, was just down in  
9 our office a couple weeks ago, working a case with  
10 us.

11 And this is what we're going to have to do,  
12 is team together.

13 But, agencies aren't going to -- I know the  
14 police department in Penn Yan, he's working most of  
15 the time out of the village, and they're not going  
16 to be able to financially keep that going.

17 So we need to find a way to fund these  
18 investigations, and the investigators that are  
19 handling these investigations.

20 Thank you.

21 SENATOR O'MARA: Thank you, Sheriff.

22 [Applause.]

23 SENATOR O'MARA: Investigator Dunham, from  
24 your perspective as the drug investigator in  
25 Yates County, I take it, wearing many hats, and

1 I thank the Penn Yan Village Police Department for  
2 allowing you to do that.

3 If you could give us your perspective on  
4 this.

5 INV. THOMAS DUNHAM: Yes.

6 Thank you all for coming, and thank you for  
7 putting this on.

8 And I do wear many hats, and I do spend the  
9 vast majority of my days dealing specifically with  
10 heroin.

11 And I look out in the crowd and I see many  
12 faces that I know. And the community plays a huge  
13 role in this, and helping combat this.

14 But heroin has been a growing problem in the  
15 Penn Yan community over the last several years, and  
16 it's become one of the most prevalent drugs being  
17 used in our area.

18 We've seen a dramatic increase in heroin use  
19 and overdoses, and we're dealing not only with the  
20 increased crime that comes along with that, but we  
21 see the effects it has on families, and the  
22 community as a whole.

23 And we need to work together with other  
24 agencies, we need to work with treatment counseling  
25 and education, to help combat this.

1           And while there are several agencies and  
2 specialty services involved in treating and  
3 combating heroin on a law-enforcement level, like  
4 the other Sheriff said, and the DA said, funding is  
5 a big obstacle for us.

6           Our officers received a grant in 2011 under a  
7 Byrne grant that the Sheriff had mentioned, to  
8 purchase surveillance equipment.

9           This equipment has been invaluable to us. We  
10 have used it effectively to investigate the sale of  
11 heroin and other controlled substances.

12           However, this equipment can be -- it quickly  
13 gets outdated. And there's new technologies  
14 available now that have reoccurring costs associated  
15 with them to help combat this.

16           We have limited manpower.

17           We do not have anyone currently assigned  
18 specifically to investigate the drug problem.

19           In Penn Yan there's -- I am the investigator,  
20 so I deal with drug cases, sexual assaults, any type  
21 of crime that happens, that's me.

22           So with the way heroin has taken off in the  
23 last few years, it's been tough, it's been busy.

24           We're dealing -- on top of that, we're  
25 dealing with the increased availability of needles,



1 when in years past, in our community, in order to  
2 get needles, you would have to become a member a  
3 needle-exchange program, and you'd have to travel to  
4 that needle-exchange program to get needles.

5 Now you can purchase needles at any pharmacy  
6 here in the village. And people purchasing those  
7 needles, they're not required to carry any paperwork  
8 as to where they were purchased or sign a log  
9 indicating they purchased those needles.

10 However, individuals purchasing  
11 pseudoephedrine are required to produce  
12 identification and they sign a log. That's used as  
13 a tool with law enforcement to combat the  
14 methamphetamine manufacturing.

15 On top of the greater availability of  
16 needles, law enforcement can no longer effect an  
17 arrest on individuals carrying used needles with  
18 residual amounts of heroin in the needle.

19 And while we understand the public-health  
20 concerns, and the fear that individuals may share or  
21 reuse needles, the availability and the ease at  
22 which a person can obtain them is a concern for law  
23 enforcement.

24 We continue to see increases of heroin, and  
25 increased crime related to its use.

1           There have been some effective steps and  
2 tools that have been taken and used, such as  
3 naloxone being issued to every officer. Public  
4 health and the Sheriff's Office, both were great in  
5 implementing that.

6           Naloxone is a medication that's used to  
7 reverse the effects of opiates, and it's especially  
8 used after someone overdoses.

9           We were trained in that, our office was  
10 trained in that, in 2014, and every officer in our  
11 department was issued a naloxone kit.

12           Since we've received that training, we have  
13 successfully used naloxone 11 times on individuals  
14 who have overdosed. We've also been present on  
15 several other instances where EMS has used it.

16           And while there's been some progress, and  
17 there are several agencies and groups working  
18 towards stopping this problem, we continue to see an  
19 issue in this community.

20           And, law enforcement plays a key role in  
21 combating heroin.

22           We're right on the front lines, dealing with  
23 this stuff every day, and we're often dealing with  
24 people when they're at their lowest point.

25           We don't only work towards arresting people

1 and dealers and stemming the flow of heroin into the  
2 community, but we're also working on educating the  
3 public and working with the public to help tackle  
4 the issue.

5 And, you know, I can't stress enough how  
6 important it is for the public to contact law  
7 enforcement if they see something going wrong.

8 We're always available, and we love to have  
9 the public's input.

10 And often law enforcement, I know it's not  
11 the only tool here, but often that's --  
12 law-enforcement intervention is the catalyst to push  
13 someone into treatment that they might not seek on  
14 their own.

15 We continue to see major issues with it, and,  
16 on our level, I think that we need funding, tools,  
17 and appropriate legislation to combat it.

18 And I just want to thank everyone for coming.

19 SENATOR O'MARA: Thank you, Investigator.

20 [Applause.]

21 SENATOR O'MARA: Assistant DA Cook, can you  
22 give us a perspective from Chemung County, a little  
23 bit further south from where we've heard from.

24 ADA JASON COOK: Thank you, Senator O'Mara.

25 And thank you all for coming out tonight.

1 I don't think it is an exaggeration to use  
2 the term that heroin is "a cancer" that is really  
3 plaguing all of our counties, the number of people  
4 that are dying every day in one of our -- in Yates  
5 County or Chemung County or any of these counties.

6 And another analogy, certainly, we need all  
7 hands on deck.

8 It's a law-enforcement problem.

9 It's a public health problem.

10 It's an education problem.

11 We all have to contribute.

12 I guess my perspective, and I'll share a  
13 couple of insights that I've had, but, certainly,  
14 prosecution is where, often, sometimes the dam  
15 breaks.

16 A parent discovers they've been stolen from.

17 A child gets arrested for possession of a  
18 forge instrument; forged checks.

19 But when you hear the term "heroin," I guess  
20 the distinction that I immediately make, is there's  
21 a big distinction between:

22 People who are addicted and who are  
23 committing crimes to feed that addiction. Every day  
24 they get up, Where am I going to get my drugs?  
25 Where am I going to get my drugs? Where am I going

1 to get my drugs?

2 And those who are feeding -- those who are  
3 dealing drugs, those who are selling to those who  
4 are then becoming addicted.

5 I think that's a major distinction that we  
6 see.

7 And, certainly, separating those class of  
8 defendants, those who are committing larcenies and  
9 other thefts to feed their own habit, and those who  
10 are willingly selling to everybody they can sell, to  
11 make money, to profit from the suffering of  
12 everybody they're selling to, is a key distinction  
13 in the analysis.

14 And every case is different on its own facts.

15 But there is a reason why prison is  
16 authorized for the sale of drugs.

17 And a practical thing that I raised with  
18 Senator O'Mara, and I'm sure he'll bring it up, is  
19 in dealing with these crimes, the lab reports that  
20 we get for heroin are -- and the statutes that  
21 govern heroin, the lab reports are typically, for a  
22 single heroin dose, are in the thousandths of  
23 percent.

24 Like, a single heroin dose, for example,  
25 it would be in a small envelope, glassine envelope,

1 it would get sent to the lab. It would  
2 register .025 (25/1000) of a gram.

3 So that would land on a prosecutor's desk.

4 Now, that is a minuscule amount,  
5 quantity-wise.

6 Certainly can be lethal. A single dose can  
7 be lethal.

8 And as Sheriff Spike referenced, drug dealers  
9 often water it down, they cut it down, because they  
10 want to make more money, they want to sell to more  
11 people. So they'll cut it down and mix it with  
12 fentanyl or some other drug component, but -- and  
13 it's typically sold in bundles. Ten envelopes to a  
14 bundle.

15 But the practical thing that I have raised  
16 with Senator O'Mara, is it's different from, let's  
17 say, another controlled substance like cocaine.

18 To get to a significant felony charge, you  
19 need to get an eighth of an ounce.

20 So doing a little bit of math, if you have a  
21 single dose that's .025 (25/1000) of a gram, and you  
22 need to get to an eighth of an ounce, which is  
23 3.5 grams, to have a significant felony charge over  
24 someone, you would have -- with a significant prison  
25 sentence --

1           In other words, you're looking at a  
2 possession of a large amount of drugs for,  
3 presumably, a dealer. Not someone who is just using  
4 every day for their own use, but a dealer, someone  
5 who is spreading this poison here in our community.

6           -- you would have to have so many of those,  
7 it doesn't happen very often.

8           So what I've suggested to Senator O'Mara is  
9 really a revamping, a changing of the penal-law  
10 sections, because that's what governs what we do,  
11 the statutes, the law, pertaining to heroin, because  
12 it is so much lighter, it is so much smaller, and  
13 cut so differently than cocaine and other  
14 controlled-substance drugs, that would allow  
15 prosecutors to seek higher-grade felony charges for  
16 possession of the dealers, of the dealers that are  
17 peddling this poison and creating the addicts that  
18 is the cancer among us.

19           So, I proposed that to Senator O'Mara, and  
20 I think he'll certainly discuss that with his  
21 colleagues.

22           But that would be a practical -- that's a  
23 practical problem that we face in identifying the  
24 dealers.

25           And, again, making a distinction between

1 those who are addicted, committing crimes for their  
2 own addiction, and those who are pedaling, those who  
3 are selling to those and profiting from those that  
4 are becoming addicted to that.

5 And that's certainly a big distinction that  
6 I have seen in Chemung County and throughout all of  
7 the counties.

8 And that's not to take away from any of the  
9 treatment component or any of the aftercare or any  
10 of the prevention.

11 But that's simply from the prosecution  
12 perspective.

13 And thank you again for all coming tonight.

14 [Applause.]

15 SENATOR O'MARA: Thank you, Jason.

16 District Attorney Fazzary.

17 Thank you for being here, Joe.

18 DA JOSEPH G. FAZZARY: Thank you, Senator.

19 I'll keep this brief, primarily because  
20 Senator O'Mara, my good friend, told me to keep it  
21 brief.

22 [Laughter.]

23 DA JOSEPH G. FAZZARY: Two years ago, I sat  
24 at a hearing just look this in Elmira, at  
25 Elmira College. Senator O'Mara was present for



1       that.

2               And, I heard somebody from Tioga County  
3       treatment say that they had had 10 overdose deaths  
4       in the last 6 months.

5               And I looked at the sheriff and I said, "Not  
6       in Schuyler County. We hadn't had any."

7               I listened, and I thought, boy, it sounds  
8       like it may be coming our way.

9               And as the Sheriff said, our, probably,  
10       number-one drug in Schuyler is methamphetamine.

11              But, certainly, in the last five to six  
12       months, I have seen just how wrong I was that it was  
13       going to be a problem.

14              Schuyler County, second-smallest -- you guys  
15       are small, we're smaller -- second-smallest county  
16       in the state of New York, we had 18 reported opioid  
17       overdoses in the last 4 months. We had six of those  
18       people die.

19              Okay?

20              So, all of a sudden, this is a real problem,  
21       not just for the cities, but for places just like  
22       us.

23              I have heard more times in the community, in  
24       the last 6 or 8 months, than I've heard in my entire  
25       24-year career in Schuyler County, "What are you

1       doing about the drugs, Mr. Fazzary?"

2               And I said, You all think that we're doing  
3 nothing, you all may think that this table is doing  
4 nothing, because you don't necessarily see us out  
5 there.

6               And then I educate them on how, in order to  
7 get somebody for selling drugs, you have to get  
8 somebody in.

9               Okay?

10              That's not easy to do, because this isn't  
11 really like the city of Elmira, where you can pull  
12 up on a street corner and hand 20 bucks out a car  
13 window to somebody that walks up to your car and  
14 gives you a bag of heroin.

15              Not in Schuyler County, not in Yates County,  
16 we don't have them standing on the street corner.

17              We have them in houses, in apartments.

18              So, the neighbor comes up -- I had one in my  
19 office yesterday, from the County, County employee,  
20 she said, "There's a drug dealer right next to my  
21 house. There's cars pulling in there all night  
22 long, all day long. What are you people doing about  
23 it?"

24              I said, "Well, it's the first that I've heard  
25 about it, but you live out in the country, and we

1 can't exactly put a police car in your yard. We  
2 can't exactly put a patrol car, or even an unmarked  
3 car, on the side of the street."

4 So what we need is for these people that get  
5 in trouble, and they want to help themselves out, we  
6 need for those people to come to us, or for our  
7 police officers to go to them and say, Would you be  
8 willing to help us out?

9 So I want you to understand, it's not for a  
10 lack of our attention to this, because we all know  
11 it's a serious, serious problem, but, we don't  
12 always have an in.

13 And sometimes when we do have an in, we have  
14 to wait six or eight months to make it, so that when  
15 the person does get arrested, and I know a lot of  
16 people -- a lot of bad things can happen to a lot of  
17 people in that time frame, but when we do get in, we  
18 can't immediately let them know that this guy was  
19 the informant, all right, because maybe we're using  
20 the informant for an ongoing investigation.

21 So, I want you to understand it's just not  
22 that easy for somebody in the community to come up  
23 and tell either one of the sheriffs or the officer  
24 from Penn Yan that "There's a drug dealer next to my  
25 house."

1           We probably already know that, but we can't  
2 just get in.

3           So, in the interest of keeping this short,  
4 I would like to tell you that, several years ago --  
5 I don't know if it was seven, eight years ago -- the  
6 State of New York, not necessarily these fine  
7 Senators and our Assemblyman, said: The Rockefeller  
8 drug laws from the 1970s are Draconian in nature.  
9 They're just bad laws, and our jails are  
10 overpopulated with drug users and drug dealers.

11           And they said, We need to change that.

12           And they changed it.

13           And when they said "We need to change that,"  
14 the District Attorneys Association of the State of  
15 New York looked and said, That's going to create a  
16 problem.

17           Well, here we are, seven, eight years later,  
18 and we've got that problem.

19           So my suggestion to you guys is:

20           Help the people that are addicted, for sure.

21           Give the judges an out so they can help the  
22 people that are addicted.

23           But as far as the people that are dealing  
24 these drugs, they got to go to prison, and I say put  
25 a mandatory minimum prison sentence, and you can

1 give them a maximum sentence too, it doesn't matter.

2 But they've got to do some sort of prison, so  
3 that the judges -- and, I'm sorry, I don't want to  
4 offend anybody here, but sometimes we have some  
5 pretty liberal judges that think nobody should go to  
6 jail, nobody should go to prison.

7 Well, I'm telling you, you want to stop some  
8 of this from going on, you have to put these people  
9 in prison, the people that are selling it, that are  
10 making the money.

11 Like Assistant DA Cook said, there are people  
12 out there that are making money, and they're killing  
13 our own citizens.

14 And so I say, you create a stronger  
15 punishment for the dealers.

16 And you create a special crime for a dealer  
17 that has provided heroin to somebody, or another  
18 opiate, and they die, and that crime should be  
19 elevated, and it should be a separate crime.

20 And I know there's other things that can be  
21 in there, but that should be a separate crime.

22 [Applause.]

23 DA JOSEPH G. FAZZARY: Thank you.

24 SENATOR O'MARA: Thank you, Joe.

25 That's very helpful, and it's a great segue

1 into our second panel.

2 We've got our -- initially, our largest panel  
3 out of the way.

4 Thank you for the law-enforcement representative.

5 A number of people I'm talking about on the  
6 panel, the next panel is our judges.

7 We have the Honorable Patrick Falvey,  
8 Yates County Court Judge, and the  
9 Honorable Matthew Conlon, Penn Yan Village Court  
10 Justice.

11 I want to thank you, Your Honors, for both  
12 being with us this evening, and, hopefully, being  
13 able to share some of your perspectives from the  
14 bench; and, particularly, as it regards drug courts  
15 and alternatives, or, particularly, lack of  
16 alternatives, that you may see in the struggles you  
17 deal with, and how to handle some of these cases,  
18 particularly with regards to the addicts in that.

19 And, Judge Falvey, you've been our county  
20 court judge here in Yates County for a long time  
21 now.

22 I thank you for your many years of service,  
23 and look forward to your perspective here.

24 Thank you for being here.

25 HON. W. PATRICK FALVEY: Thank you,

1 Senator O'Mara, and Senators, and Mr. Assemblyman,  
2 and it's great to see everyone in the community here  
3 tonight, and showing their interest in this very  
4 serious issue that we have before us.

5 Among my duties as county judge and family  
6 court judge, et cetera, I preside over the treatment  
7 court, the Yates County Drug Treatment Courts, and  
8 I've done that since its inception in 2002.

9 And I just wanted to give a little overview  
10 of what our treatment courts are.

11 Our treatment courts are a collaborative  
12 approach of the bench; the bar, which is prosecution  
13 and defense; treatment providers; probation and law  
14 enforcement; and it's there to stem, or attempt to  
15 stem, the overwhelming impact of drug-related  
16 offenses facing the criminal justice system.

17 Participants are those convicted of certain  
18 crimes who face the possibility of jail or a state  
19 prison sentence.

20 Some have co-dependent disorders, such as  
21 mental-health issues as well.

22 The objective is to rehabilitate alcohol or  
23 substance-abuse offenders while protecting the  
24 community, by reducing drug-related crimes and  
25 reducing recidivism through a program of intensive

1 court supervision and treatment.

2 The ultimate goal that we are trying to  
3 obtain is to break the cycle of addiction and create  
4 an environment which encourages law-abiding conduct,  
5 education, and gainful employment.

6 Participants must be approved for  
7 participation after being evaluated, to determine  
8 that they have a drug or alcohol abuse or  
9 dependency, and have agreed to participate by  
10 signing a contract to complete the program  
11 successfully.

12 Participants are on probation.

13 Some are even required to serve time in jail  
14 first, depending on their crime, and all agree to  
15 follow through with treatment and attend  
16 drug-treatment court.

17 They are subject to random drug and alcohol  
18 testing, and being drug- and alcohol-free for at  
19 least one year makes a participant eligible for  
20 graduation, followed, usually, by a continuation on  
21 probation as a form of aftercare.

22 Now, relapse or dishonesty will subject the  
23 participant to graduated sanctions, including  
24 community service, time in jail, or discharge from  
25 the program.



1           In addition, appropriate conduct by a  
2 participant is as important as maintaining sobriety.  
3 It's an absolute requirement, in our opinion.

4           Therefore, failure to conduct oneself  
5 appropriately by not following the rules, or  
6 committing a new crime, may result in immediate  
7 expulsion and a potential sentence to prison.

8           So, drug court is not easy. It requires the  
9 participant to take responsibility to achieve  
10 success.

11           And since the inception of our treatment  
12 court, we have dealt with abuse of or addictions to  
13 alcohol, cocaine, marijuana, methamphetamines,  
14 synthetic drugs, prescription medicines, opioids,  
15 and now, of course, heroin.

16           That's why we're here.

17           I believe, as many of my colleagues, that  
18 drug courts were created to differentiate between  
19 those with substance-abuse disorders and drug  
20 dealers selling for profit.

21           This gave us great latitude in determining  
22 the circumstances of a particular case in order to  
23 measure if a person truly was an addicted or  
24 dependent, or, was selling for profit.

25           However, which has already been alluded to,

1 in 2009, with the reform of the Rockefeller drug  
2 laws, legislation entitled judicial-diversion  
3 program for certain felony offenders was passed.

4 This expanded the type of drug and marijuana  
5 crimes that could be considered for drug court,  
6 including serious felonies involving persons who  
7 were selling drugs for profit.

8 Now, this has caused us to struggle, for,  
9 before, sellers were usually not qualified for the  
10 program, but now they can be by statute.

11 For instance, we now need to consider and  
12 determine "what is a sale under the law?" for a sale  
13 does not always involve the exchange of money, or  
14 whether the person is selling to support a habit, or  
15 doing so for profit.

16 Now, I also believe that use and sale of  
17 heroin is only the tip of the iceberg, for I see the  
18 influx of heroin, other drugs, and alcohol in our  
19 family court as well, with devastating effects,  
20 resulting in child neglect, abuse, domestic  
21 violence, juvenile delinquency, educational issues.

22 This leads to social and monetary costs to  
23 the community not only for incarceration and foster  
24 care, but expenses for children born of addicted  
25 mothers, and the general breakdown of the family

1 unit.

2 Currently, we are seeing more treatment-court  
3 participants resulting from possession, sale, and  
4 use of heroin.

5 In the past, approximately 69 percent of our  
6 participants were addicted in some form to alcohol.

7 And now almost 90 percent are addicted to  
8 heroin; yet, heroin has been around for a long time.

9 I recall its scourge when in Vietnam 46 years  
10 ago.

11 It is still here today, however, because it's  
12 inexpensive and so dangerously addictive.

13 It attacks the very social fabric of our  
14 community, our sense of order, children, families,  
15 and society.

16 Therefore, I would respectfully recommend to  
17 this honorable panel the following:

18 First, treatment options.

19 In the long run, successful treatment does  
20 work, and the community and public health clearly,  
21 I believe, benefits, especially in the comparison to  
22 costly -- the costly temporary solution of housing a  
23 person in state prison, or a child in foster care or  
24 detention, for an extensive period of time, and  
25 recovery is still not achieved.

1           Therefore, the State should encourage more  
2 Office of Alcoholism and Substance Abuse Services,  
3 called "OASAS," certified treatment facilities with  
4 emphasis in the rural areas, and increase staffing  
5 for existing treatment facilities for all types of  
6 treatment, especially outpatient and halfway houses,  
7 including addressing specific treatment needs unique  
8 to women, children, and, yes, men.

9           The Department of Health or OASAS or some  
10 other agency of the state should collect data to  
11 determine which treatment elements offer the most  
12 success for recovery of addiction, so that those  
13 elements can be incorporated into patient care  
14 statewide and avoid duplication of expense and time.

15           For example, data on Vivitrol as a treatment  
16 element should be evaluated, and treatment protocols  
17 examined, to see what is most effective.

18           The State could encourage health-insurance  
19 companies to provide coverage for those treatment  
20 elements found to be most successful.

21           Early detection:

22           Prevention in the form of early detection of  
23 drug and alcohol use by our young people is key.

24           More intensive monitoring by family and  
25 friends who are not afraid to speak up is needed to

1 recognize there is an issue before they grow into  
2 the extent of heroin use.

3 This would help address the demand,  
4 I believe, for the drug as well.

5 Crime prevention:

6 I strongly urge the Legislature to consider  
7 modifying the judicial-diversion statute by  
8 excepting out drug sellers, in order to allow the  
9 treatment courts, in collaboration with law  
10 enforcement who are on our on staffing teams, more  
11 flexibility to determine the eligibility, on a  
12 case-by-case basis, in order to determine if a  
13 person is truly addicted, or is selling for profit.

14 I believe the rise of heroin in our community  
15 shows the drug-court concept is even more important  
16 and relevant now to help identify those who are  
17 substance-abuse-dependent versus one who is a  
18 seller.

19 Although incarceration may be the necessary  
20 and proper temporary solution, I believe successful  
21 treatment provides the best chance for the better  
22 long-term result of recovery and a successful return  
23 to society.

24 One of the ten key components to the  
25 successful drug court is partnership with the

1 support of the community, people such as yourselves.

2 Together we have achieved some successes.

3 We have 71 graduates to date.

4 While at the same time, this current heroin  
5 epidemic has challenged us all -- law enforcement,  
6 courts, treatment -- to rethink and retool our  
7 assets in order to continue to assure community  
8 acceptance, community safety, and reduction in  
9 recidivism through judicially-supervised treatment.

10 I thank this honorable Task Force for the  
11 opportunity to address you this evening.

12 Thank you.

13 [Applause.]

14 SENATOR O'MARA: Thank you, Judge Falvey.

15 And just briefly, before we move on to  
16 Justice Conlon, the -- I'm going to go out of order  
17 on the next panel, primarily because my neck is  
18 getting stiff looking left for this long.

19 So I'm going to go over to the right for  
20 another panel, all the way down to the end, next.

21 So, get ready down there. I don't want you  
22 to sweat any more than you're already sweating,  
23 waiting for this to happen.

24 But -- and to go, briefly, perhaps,  
25 politically, back to 2009, when the Rockefeller drug

1 laws were voted out, two of us here were in office,  
2 Senator Amedore and myself. We were in the Assembly  
3 at that time in the Republican Minority, and we both  
4 voted "no" on that action at that time.

5 There was a period in New York State's modern  
6 history, the only two years of which the  
7 New York State Senate had a majority of Democrats.

8 That was the year in which the Rockefeller  
9 drug laws were taken away.

10 The next year was the year that the  
11 gap-elimination adjustment was put in in our local  
12 school districts, to cut into deficits that we had  
13 from overspending in New York State, which cut  
14 drastically into our schools and our programs and a  
15 lot of extra activities, that I think would be  
16 helpful and useful for the prevention aspects of  
17 what we talk about as part of our processes here.

18 That's just a side note, but I wanted to make  
19 it clear where I stood on the Rockefeller drug-law  
20 reforms, and I know Senator Amedore did as well.

21 So with that, Justice Conlon, thank you for  
22 being here with us.

23 HON. MATTHEW CONLON: I'd like to thank  
24 everyone for coming out tonight, and thank the  
25 Senators for having us.

1           As Penn Yan Village Justice, I hear over  
2           200 cases per month, making Penn Yan Village Court,  
3           far and away, the busiest justice court in  
4           Yates County.

5           Of those 200-plus cases, well over 80 percent  
6           are criminal cases, and of those criminal cases,  
7           over half are drug-related.

8           Approximately one-third of the drug-related  
9           criminal cases I hear involve heroin directly.

10          That's about one a day.

11          Additionally, not included in that statistic,  
12          are cases that involve heroin indirectly, such as  
13          personal crimes, including assaults over drug deals  
14          gone bad, and, property crimes, such as burglary and  
15          larceny to support a drug habit.

16          As a local attorney for over 25 years, I both  
17          prosecuted and defended individuals caught up in the  
18          vicious cycle of drug abuse.

19          I participated in the federally-sponsored  
20          drug treatment-court training, as Judge Falvey  
21          alluded to, mandated at the inception of the local  
22          treatment courts a decade ago, and I have  
23          participated in the treatment courts in Yates,  
24          Seneca, and Ontario counties.

25          As a sitting justice and a practicing lawyer,



1 I urge a greater commitment to the education of town  
2 and village justices.

3 I know of no town or village justice that  
4 I have talked to that wouldn't appreciate more  
5 training, and especially more training in the area  
6 of drug crimes.

7 Specifically, I wish to note the dubious  
8 distinction that New York leads the nation in the  
9 percentage of town and village justices that are not  
10 legally trained.

11 While this may have made sense 100 years ago,  
12 we are now dealing with heroin.

13 We are now confronted with often  
14 sophisticated drug dealers who use cell phones and  
15 the Internet in their drug trade.

16 We are using an antiquated nineteenth-century  
17 justice court system to confront a modern  
18 twenty-first-century problem.

19 I think it's shocking to know that New York  
20 requires only 12 hours a year of training for town  
21 and village justices, less than that required to be  
22 a licensed beautician or manicurist in the state of  
23 New York.

24 We local judges are often called on to review  
25 search-warrant applications, rule on complex

1 evidentiary issues, and conduct hearings at the very  
2 outset of the beginning of serious drug cases.

3 In drug cases we have to be familiar with  
4 such terms as "aggregate weight," "possession with  
5 intent to sell," and the "reagent test."

6 An amateur judge, however well-meaning, is  
7 much more likely to make an error on a legal ruling  
8 or in the application of criminal-procedure law than  
9 a lawyer justice.

10 This sometimes results in big-time drug  
11 dealers going free because of some technical error  
12 on the part of an untrained local justice.

13 I do see hope, however, that no time in my  
14 25-year legal career have I seen more lawyer  
15 justices than I do now.

16 And I note that we have lawyer justices in  
17 Seneca County, in Ontario County, in Wayne County,  
18 and I think this is the growing trend among  
19 New York's justice courts.

20 I think it's time to level the playing field  
21 so that the judges have the same training and  
22 expertise as those who argue cases before them.

23 We owe that to the crime victims as much as  
24 to those standing accused of crimes.

25 Until lawyer justices are the rule and not

1 the exception in New York, I urge the State to  
2 address this lack of training and education for town  
3 and village justices, particularly as it relates to  
4 drug crimes, to ensure that all offenders, including  
5 those caught up in this scourge of heroin, are dealt  
6 with fairly according to the law.

7 Thank you.

8 SENATOR O'MARA: Thank you, Judge.

9 [Applause.]

10 SENATOR O'MARA: And now we're going to shift  
11 over to the right with our panel of individuals who  
12 have been impacted personally by the heroin epidemic  
13 that we struggle with in our communities, and that  
14 panel is made up of:

15 Janet Heaven;

16 Arianna Chadwick and Donna McKay;

17 Alexis Pleus, Truth Pharm;

18 Devon Pierce;

19 And, Gail Owen.

20 Janet, are you comfortable with leading us  
21 off?

22 Thank you.

23 Thank you for being here.

24 JANET HEAVEN: Hi.

25 Hi, my name is Janet Heaven.

1           My husband and I lost our son on January 5,  
2           2016, because of heroin.

3           Thank you for allowing me the opportunity to  
4           tell our story. Our hearts are broken.

5           Chad James Heavens spent two weeks in the  
6           ICU, Rochester General Hospital, starting on  
7           December 23, 2015, and ending on January 5, 2016.

8           His body was septic. He had no known  
9           infection. He had a 105 fever. He had hepatitis C.  
10          His blood pressure was off the charts. He had a  
11          collapsed lung.

12          He was never conscious during those two weeks  
13          in the hospital.

14          The doctors were not sure what exactly  
15          happened.

16          We had to make the horrible decision to let  
17          him go.

18          It could have been a bad needle.

19          It could have been a bad batch of heroin.

20          It could have been an overdose.

21          It could have been any number of things, but  
22          the end result was death.

23          The reason I want to speak to all of you is  
24          to try and save other addicts, parents, family  
25          members, from this incredible pain and having to go

1 through the horrific ordeal.

2 We need to raise awareness and provide  
3 education, treatment, and most of all, prevention.

4 Our son was a great fun-loving child full of  
5 life, fun, and energy.

6 Here are a few pictures of him.

7 You wont be able to see him, but there they  
8 are.

9 No child hopes to become an addict when he  
10 grows up, and no parent hopes to raise an addict.

11 No human is immune to this addiction.

12 The addict is not the only person affected by  
13 this horrible drug.

14 When people try to help an active addict,  
15 they are setting themselves up to be hurt.

16 A heroin user will lie, cheat, steal, pawn,  
17 and do, basically, anything to get high.

18 Nice people will offer them a place to stay,  
19 and the next thing you know, their money, jewelry,  
20 electronics are missing, and the addict has gone on  
21 to the next kind soul trying to help this person who  
22 can tell a great story and get what they need.

23 My good friend says, "If a heroin addict's  
24 lips are moving, they're lying."

25 This is so sad but true.

1           Our son started out -- started his  
2           experimentation with drugs in high school, drinking,  
3           pot, pills.

4           The Stark Program which is a boot camp for  
5           kids, maybe it was helpful, but not enough.

6           He had some minor brushes with law  
7           enforcement, and the use of marijuana and pills  
8           escalated to more powerful addictive drugs, and most  
9           recently, heroin.

10          Parents and family members need to know what  
11          to do when their kids are using drugs, what their  
12          options are.

13          Based on our experience, we feel long-term  
14          rehab, 90 days, is critical.

15          After graduating from high school, our son  
16          joined the Army and he loved being in the Army.

17          He spent time in Iraq and excelled at being a  
18          soldier.

19          He was stationed in Hawaii, and later  
20          transferred to Colorado.

21          He had two wonderful daughters who now have  
22          no father, and their mother is an active addict  
23          still in denial. They both lost custody of their  
24          daughters because they were unable to get clean.

25          Fortunately, the girls have been adopted by a

1 loving family.

2 We helped our son numerous times to get help.

3 He had been in four different 30-day rehabs,  
4 was fine for a while after he got out, but could not  
5 stay clean.

6 We need to help our -- we tried to help our  
7 son, time and time again, by giving him clothing,  
8 money, a car to drive, and a place to stay.

9 When our son was clean and sober, he was  
10 awesome.

11 When he was using, he was not a pleasant  
12 person and we lived in fear.

13 He had been arrested a couple of times for  
14 stealing and was in jail for a few days or weeks at  
15 a time.

16 I can remember, as awful as this may seem,  
17 that I wished they would keep him in jail, because  
18 I knew he had three meals a day and a place to lay  
19 his head at night.

20 If I may, I'd like to talk about some myths  
21 and clarify them with facts on my own experience.

22 Myth: Heroin is cheap.

23 Fact: Heroin is not cheap.

24 It cost my son numerous Xboxes,  
25 PlayStations, TVs, furniture, jewelry, watches,

1 phones, cars, and more.

2 It cost him his dignity, his self-esteem, his  
3 self-respect.

4 It cost him a decent apartment and all its  
5 furnishings, and, sadly, his daughters.

6 It cost him his life at the age of 28.

7 Myth: My friend gets it for me.

8 The fact is, your heroin dealer is not your  
9 friend. He or she is a heroin dealer.

10 If he were your friend, you would be alive to  
11 talk about it.

12 If he were your friend, you wouldn't have  
13 gotten started in the first place because friends  
14 don't want their friends dead.

15 Hold on.

16 Myth: Heroin dealers look like thugs.

17 And the fact is, they can look like a  
18 choirboy, be well-spoken, well-mannered, very  
19 charming, and come from a decent home just like you  
20 did.

21 Myth: Heroin is the ultimate high.

22 The fact is, while the rush lasts minutes,  
23 withdrawal symptoms are always waiting for you.

24 They include muscle and bone pain, diarrhea  
25 and vomiting, abdominal cramps, insomnia,



1 restlessness, runny nose, cold flashes and  
2 goosebumps, sweating, involuntary kicking motions,  
3 racing pulse, high blood pressure, increased  
4 respiratory rate, and severe anxiety.

5 Myth: I can handle it.

6 The fact is:

7 Chad James Heaven, December 18, 1987, to  
8 January 5, 2016.

9 James and Janet Heaven, parents who lost  
10 their son, Chad, 28, on January 5, 2016, to heroin.

11 Please feel free to ask me any questions, and  
12 I am open and honest and willing to share my  
13 thoughts and feelings.

14 Thank you for your time.

15 [Applause.]

16 SENATOR O'MARA: Wow.

17 Janet, thank you very much for sharing that  
18 with us, and we're so sorry for what you've been  
19 through, and for your loss of your son.

20 JANET HEAVEN: Thank you.

21 SENATOR O'MARA: Truly, it's an unbelievable  
22 account of the tragedy of what we're dealing with  
23 here.

24 So thank you so much for being here this  
25 evening.

1           JANET HEAVEN: You're welcome.

2           SENATOR O'MARA: Arianna and Donna, you two  
3 are together? Or are you -- okay.

4           ARIANNA CHADWICK: My name is  
5 Arianna Chadwick.

6           I overdosed on January 7, 2016, and the whole  
7 experience was completely shocking in every way that  
8 you can imagine.

9           There was the obvious, Oh, my God, what  
10 happened? Who are all these people in my house?

11           Then it hit me, this overwhelming feeling of  
12 guilt and embarrassment, and the thought of, Oh,  
13 great, now I'm just a junky to all these people.

14           And it's that guilt and embarrassment that  
15 prevents so many from getting help, especially in  
16 these small towns.

17           Our community has done a lot to get rid of  
18 that stigma.

19           Now we actually need to put the resources  
20 together and offer ways for people to get help and  
21 make it easy to access.

22           Finding the resources to get help shouldn't  
23 be such a difficult thing.

24           When the problem is bad, information on any  
25 resources to help with the substance abuse should be

1 readily available.

2 I think there should be a website that is a  
3 database of resources that you can search by county  
4 for the entire state.

5 Inpatient facilities, outpatient, sober  
6 living, NA meetings, substance-abuse counselors, all  
7 that information should be in one place because it  
8 is so overwhelming to figure out what is actually  
9 available in your area.

10 I think we should offer a protocol to all  
11 hospitals in the state on how to deal with an  
12 overdose, because it's quite clear they don't know  
13 exactly how to handle it in these small communities.

14 I understand being firm with a patient in my  
15 situation, but the doctors shouldn't be talking  
16 about your condition so loudly that the entire ER  
17 knows what is going on with you.

18 The hospital just didn't know what to do or  
19 say to me.

20 A social worker didn't come talk to me.

21 They didn't talk to me about detox or rehab  
22 facilities.

23 All they did was hand me a packet of  
24 information that YSAC had put together, and sent me  
25 on my way.

1           Thankfully, I have a family to help me  
2           navigate everything, but not everyone does.

3           I think offering hospitals a basic protocol  
4           to handling overdose patients will make it easier to  
5           make sure everyone gets offered the same information  
6           and care.

7           I think an amnesty program would be  
8           beneficial to the addicts in our area.

9           There were so many nights where all I wanted  
10          to do was go get help, but there is nowhere to go in  
11          our area at two in the morning. And if there is,  
12          the addicts don't know about it.

13          The window to actually help someone isn't  
14          that big.

15          They need to be able to get the help when  
16          they want it, because it is so hard to talk yourself  
17          into taking that step and to find the motivation to  
18          try.

19          I also want to ask you to take into  
20          consideration that what works in bigger cities might  
21          not work in rural communities like ours. That there  
22          probably won't be examples of programs that were  
23          successful for communities like ours because heroin  
24          being such a big problem in rural areas is a  
25          relatively new thing.

1           So we might just have to take a chance and  
2           try different programs until we find one that fits.

3           I understand that it's frustrating, from a  
4           legislative point of view, because it is hard to  
5           justify spending our money on something that isn't a  
6           guarantee.

7           But if it helps just a few people, then it  
8           was successful, especially in the eyes of the family  
9           affected by this addiction.

10          Thank you so much for allowing me to speak.

11                   [Applause.]

12          SENATOR O'MARA: Thank you.

13          Thank you, Arianna, for sharing that with us.

14          I know that it's not easy to talk about that.

15          It's not easy to talk in front of a crowd of  
16          people like this either.

17          Donna is with you.

18          Did you have anything you wanted to add,  
19          Donna?

20          DONNA MCKAY: Hi.

21          Thank you for allowing me to do this.

22          I'm here as a community member, as well as an  
23          aunt to a recovering addict.

24          I just wanted to talk a little bit about the  
25          insurance. I know we already touched on that.

1           It's a big issue.

2           And Ari's right, that when somebody goes  
3 forward and they say, "I need help," they need it  
4 then.

5           They can't wait 24 hours. They can't wait  
6 until the next week.

7           They need it right then and there.

8           I was doing some research online, and  
9 I firmly believe that we cannot arrest our way out  
10 of this.

11           I'm not saying that some people don't need to  
12 be arrested, but I -- I want to mention that, also,  
13 that the most -- most of the dealers around here are  
14 addicts themselves.

15           You get in the bigger cities, then you have  
16 the ones who aren't addicts.

17           But I'm pretty sure, what from I've heard,  
18 and the people I've talked to, that, around here,  
19 they're addicts as well.

20           So, to the amnesty program, I found one that  
21 a chief of police in Gloucester, Massachusetts,  
22 created, and it's called "Police-Assisted Addiction  
23 and Recovery Initiative."

24           From what I read, the program allows for  
25 people to bring in their drugs and drug

1 paraphernalia, and not be arrested or serve any jail  
2 time for possession.

3 They are also immediately taken to a hospital  
4 or facility for detox and hooked up with an ANGEL.

5 The ANGEL will be with them for the entire  
6 process to offer support and encouragement.

7 And from there, other resources are available  
8 to help them continue with their recovery.

9 Although I am told that they wouldn't be  
10 arrested or jailed if they walked in the sheriff's  
11 department here, and asked for help, there is  
12 nothing that is set in stone.

13 I believe that if it was put on paper and  
14 advertised and gotten around our community, that  
15 people would start to feel more comfortable and come  
16 forward for help.

17 This program can help conquer two things:  
18 getting drugs and paraphernalia off the streets, and  
19 getting help for those who want help.

20 In my opinion, this would be a huge step  
21 forward.

22 I also have done some research on  
23 sober-living homes. Studies have shown that  
24 aftercare programs such as this can better one's  
25 chances at avoiding relapse and maintaining

1       sobriety.

2               According to a study that was highlighted in  
3       the "Journal of Psychoactive Drugs," abstinence  
4       rates went from 11 percent, to 68 percent, over  
5       6- and 12-month follow-ups, and another facility  
6       with had an increase, from 20, to 40 percent, after  
7       just 6 months in sober-living homes.

8               These are great results, considering the  
9       success rate for heroin users trying to quit on  
10      their own is a mere 4 percent.

11              These homes are designed to offer a clean,  
12      healthy, well-structured environment, peer support,  
13      healthy activities, freedom to make their own  
14      healthy choices, allows them to be responsible for  
15      themselves.

16              It teaches the living skills, like cooking  
17      and money management, which is so important, and  
18      offers a place for them to grow in success and  
19      self-worth.

20              This, without a doubt, is worth it.

21              Going to elementary level, middle-school  
22      level, as part of a prevention method, I believe  
23      that our community center needs to have some  
24      activities for us to do, for where to take our  
25      children.



1           We have nothing to take our children to.

2           I know they started a weight, exercise,  
3 place, but I'm talking like, pool, like a public  
4 pool, laser tag, something fun, roller skating,  
5 something to get -- and not just thrown out there  
6 for anybody to walk into and just use, but to have  
7 it managed by responsible people and people who are  
8 overlooking and overseeing this.

9           So, it's also creating jobs.

10          Just wanted to put that out there.

11          And I understand that this is a lot to ask,  
12 but is it worth it?

13          Is it worth the price of our community  
14 members' lives to ignore that these are real  
15 possibilities?

16          And, thank you.

17                        [Applause.]

18          SENATOR AMEDORE: Hi, Donna.

19          It's Senator Amedore.

20          And, you know, you mentioned the initiative  
21 from Massachusetts, and I think it's "P.A.A.R.I.,"  
22 that it -- what it spells out.

23          And the Task Force, both Senator Murphy and  
24 myself, today we were in Oneonta, and talking to  
25 sheriffs that implement this initiative.

1           So it is here.

2           It's something that we're going to be -- the  
3 Task Force is going to be looking at more into, so  
4 that we can implement, possibly, some of the  
5 initiatives of that particular program, and see how  
6 we can adapt it.

7           You also mentioned a community center.

8           And one of things that OASAS has just  
9 announced was their "clubhouse" programs that they  
10 are starting to put in in specific regions.

11           So, with some time, hopefully, we'll see in  
12 this region, and I'm sure Senator O'Mara will be  
13 working on a clubhouse to be brought into an area  
14 here in the 58th Senate District, and that will  
15 help with the community activities.

16           Thank you.

17           SENATOR O'MARA: Thank you very much, Donna,  
18 for sharing that with us, and for your involvement  
19 with Arianna in helping through this very difficult  
20 situation.

21           It's extremely important to have that kind of  
22 support, which is often lacking in these -- in many  
23 of these situations, but, certainly not -- certainly  
24 not all.

25           Next up, Alexis.

1           Ready to go?

2           ALEXIS PLEUS: Hi.

3           Thank you.

4           I'm going to read for a change.

5           If I talk, I'll just keep talking all night.

6           I'm the mother of three sons, but today I'm  
7 here to tell you about my firstborn son Jeff.

8           Jeff was a good student, popular, and a great  
9 athlete.

10          He was charismatic, kind, and always stuck up  
11 for the underdog.

12          He was absolutely passionate about everything  
13 that he did.

14          He graduated high school in 2004, and went on  
15 to college, and even played football and wrestled  
16 there.

17          Upon completion, he was a chef at excellent  
18 restaurants. He was very successful, and he lived  
19 independently.

20          In 2011 I got a phone call that my son had  
21 been arrested for house burglaries; my son, my son  
22 who was raised well, and as far as I knew, had never  
23 gotten in trouble beyond speeding tickets.

24          I was devastated, but even more so, when  
25 I met with the public defender, and when I said to

1 him, "My son couldn't have done this," he said to  
2 me, "A lot of things that heroin addicts do don't  
3 make sense."

4 You could have knocked me over with a  
5 feather.

6 When Jeff got out of jail, he hooked up with  
7 a gal who had a toddler boy already.

8 I had custody of this child more than once  
9 due to their active addiction and heroin use.

10 Jeff and the mother wanted and attempted to  
11 get treatment on more than one occasion.

12 We had times he was shaking and sweating on  
13 my couch, going into withdrawals, while we called  
14 our local detox center every hour on the hour, as  
15 they instructed us to do to meet the bed lottery.

16 He did, at one point, get inpatient treatment  
17 in Syracuse, but he had to fake being suicidal to  
18 get them to keep him for an entire 21 days, and even  
19 he knew that that wasn't enough treatment.

20 He begged me not to take him home, but they  
21 made me.

22 He relapsed within a month.

23 The gal became pregnant with my grandchild.

24 And shortly after my son was arrested and  
25 sent to jail again, I was given custody of her son,

1 and she entered treatment at an inpatient methadone  
2 clinic, where she met a new fellow.

3 He signed on as the father of my grandson  
4 when he was born in June of 2013.

5 At that time, the child I had custody of was  
6 given back to her through County Services.

7 Jeff spent eight months in jail, and was  
8 doing very well upon release.

9 I truly felt like I had my son back.

10 He had filed to establish paternity of his  
11 son, and was anxious to have his life fully in  
12 order, so that when he could see his son, he would  
13 be able to provide him with a wonderful home.

14 My grandson was nearly eight months old when  
15 the judge finally ordered the DNA test.

16 Two days later, and just one day prior to  
17 that scheduled DNA test, the baby died. He was  
18 accidentally smothered during an afternoon nap by  
19 the boyfriend.

20 Needless to say, Jeff was devastated.

21 Remarkably, he soldiered on, maintaining  
22 sobriety for another six months, and I'll be forever  
23 grateful for that time with him.

24 On Saturday, August 2, 2014, Jeff had his  
25 10th class-year reunion. So many people who saw my

1 son said it was the greatest they had seen him look  
2 in years.

3 Sunday, Jeff came over and we had a nice big  
4 family breakfast.

5 Monday, Jeff went golfing with his dad and  
6 his little brother John and his girlfriend.

7 Monday night, Jeff used heroin, and it killed  
8 him.

9 On Tuesday morning, just 18 months ago, they  
10 found my son's body.

11 Every day, from the day that I learned I was  
12 carrying my son, to the day of his death, he was  
13 loved, but love was not enough to conquer this  
14 addiction.

15 I'm not sure what would have been enough for  
16 Jeff, but I know that he was not offered the types  
17 or lengths of treatment that we know to be  
18 effective, and there are types of treatment and  
19 lengths of treatment that we already know are proven  
20 to be effective.

21 We just don't offer it here.

22 Though to us the cost of our loss is beyond  
23 measure, I have taken to providing the economics of  
24 the situation in case there is any confusion at all  
25 about the cost to society and the taxpayer, and how

1 truly logical and what economic sense it makes to  
2 provide effective and long-term treatment for anyone  
3 who seeks it.

4 The cost of Jeff and his fiancée's addiction  
5 are as follows:

6 At least four separate criminal proceedings.

7 A combined eleven months of jail stay between  
8 the two of them in two different jails.

9 At least two criminal proceedings for the  
10 mother.

11 At least four criminal proceedings for my  
12 son.

13 Eighteen months of combined probation.

14 Two hepatitis C treatments at \$100,000 each.  
15 My son was hospitalized for sepsis and he nearly  
16 lost his arm. Those were unpaid medical bills.

17 Methadone program for the pregnant mother.

18 My son and the mother were both on social  
19 services and Medicaid at the time, and he had a  
20 college degree.

21 My son and the mother had many unpaid medical  
22 bills.

23 There was a negligence proceeding against my  
24 son and the mother for having her child in their  
25 care while they were in the act of addiction.

1           These proceedings were run separately in  
2 family court, and included 4 Court-appointed  
3 attorneys, a County attorney, 2 County caseworkers,  
4 in addition to the court staff, and required over  
5 20 appearances over the course of a full year.

6           There was foster care for the boy for  
7 eight months, and not to mention all the emotional  
8 damage that that child has suffered.

9           There's all the victims of the crimes that  
10 the two committed. Family members: father, mother,  
11 brothers, sister, grandmother was even stolen from;  
12 not to mention retailers.

13           Family court custody proceedings for the  
14 little boy that I had custody of, which included  
15 four Court-appointed attorneys, a County attorney, a  
16 caseworker, in addition to the court staff.

17           Between the custody hearings, visitation  
18 hearings, and violation proceedings, we were in  
19 family court over 40 times in the course of 3 years.

20           The family had Family Services through the  
21 County for 18 months.

22           And then, finally, the County coroner and the  
23 child-fatality review team to review the death of my  
24 grandchild.

25           And then the County coroner for the autopsy



1 of my son.

2 These are a great cost to our society, and  
3 I'm quite certain that if my son and his fiancée had  
4 been provided treatment, society would not have had  
5 these costs.

6 I founded an advocacy organization called  
7 "Truth Pharm."

8 We work to reduce the stigma and raise  
9 awareness.

10 We create, implement, and advocate for  
11 programs and policy change to have a profound impact  
12 on the opioid epidemic.

13 We're responsible for implementing four  
14 P.A.A.R.I. programs in our area.

15 One of the problems that we'll have in  
16 New York State with implementing the P.A.A.R.I.  
17 programs is that our hospitals are not willing to  
18 participate as they were in Gloucester,  
19 Massachusetts, where they are willing to house  
20 people who were addicted until they could find  
21 treatment.

22 In New York State, they're just not willing  
23 to do that.

24 We also provide community-response action  
25 plans, and we've developed a best-practices

1 procedures for hospitals to handle overdoses.

2 Unfortunately, hospitals aren't willing to do  
3 that, and they need to be required to do so.

4 It isn't time for a Band-Aid. It's time for  
5 a tourniquet.

6 This epidemic is insane.

7 Mothers are losing sons. Fathers are losing  
8 daughters. Siblings, like my boys, are left with  
9 the loss of their brothers and sisters for a  
10 lifetime.

11 We're creating orphans at an alarming rate,  
12 which is anyone's guess what the consequence of that  
13 will be 10 to 20 years down the road.

14 Everything that we do, aside from the things  
15 that I'm going to mention, in my opinion, are a  
16 waste of time right now.

17 We have people right now who are dying and  
18 who need help, and who, literally, ask for help.

19 I met with three other mothers before coming  
20 here this evening, so there's four mothers at the  
21 table.

22 Three of us, our loved ones asked for help  
23 and sought help before they ever entered the  
24 criminal justice system.

25 Our law-enforcement folks are doing an

1       incredible job trying to clean up this mess, but the  
2       problem is, we need to help people before they get  
3       to the criminal justice system, and we need to give  
4       them the help that they actually need, not some  
5       sub-partial treatment.

6                   [Applause.]

7           ALEXIS PLEUS:  Everyone says that what  
8       started this epidemic was this whole idea that we  
9       needed to treat people's pain.

10           The thing that confuses me is that we're not  
11       doing the same thing for people who are addicted.

12           They go to the hospital after an overdose.  
13       They've been revived with Narcan, and they're in  
14       severe pain, and we do nothing for them.

15           We need absolutely, in New York State, to  
16       offer humane, medically-assisted detox, and that  
17       needs to happen immediately.

18                   [Applause.]

19           ALEXIS PLEUS:  There are other states that  
20       are offering same-day evaluations.

21           We need to do that in New York State.

22           We need immediate access to treatment.

23           This isn't a situation where a person can  
24       wait days or weeks for treatment.  It's a matter of  
25       life or death.

1           And I'm going to allow the Senator to remain  
2 nameless who told me, that insurers are not going to  
3 allow this, because he's sitting at this table.

4           But I'm going to tell you right now, we  
5 absolutely have to require insurers to pay for the  
6 type and length of treatment known to be effective.

7           [Applause.]

8           ALEXIS PLEUS: I'm not sure why he's allowing  
9 insurers to tell him what we're going to do with our  
10 laws.

11          [Applause.]

12          ALEXIS PLEUS: And, finally, we need to  
13 increase insurance reimbursement rates so that  
14 treatment centers can afford to open and operate in  
15 New York State.

16          Thank you.

17          [Applause.]

18          SENATOR O'MARA: Thank you very much, Alexis,  
19 for sharing this with us, and your difficult  
20 situations that you've been through, and your  
21 excellent ideas for us moving forward. And your  
22 experiences in other states is very helpful as well.

23          So thank you for being here with us tonight.

24          Next we have Devon.

25          DEVON PIERCE: Thank you, sir.

1 I'm Devon Pierce. I'm a recovering addict.

2 I've been doing heroin since I was 16 years  
3 old, and it has destroyed my life.

4 It has destroyed my family's life.

5 It's destroyed the members of my church.

6 It's destroyed their life.

7 They have all been there to support me, and  
8 love me, and that is one huge thing, as an addict,  
9 is you need.

10 So do not give up on your family members.

11 Please, don't give up on them.

12 They are not the same people when that drug  
13 is inside them as they are without that drug.

14 We are loving, we do care, and we appreciate  
15 everything that you guys do.

16 And as Sheriff Ron Spike said, he said, we  
17 hit them in high school -- we hit them -- well, we  
18 hit them at fifth grade with the D.A.R.E. committee.

19 We don't hit them again in middle school.

20 We don't hit them in high school.

21 And I feel, that's what we need to do. We  
22 need to push for this.

23 [Applause.]

24 DEVON PIERCE: What has been done now, it can  
25 be stopped, it can be prevented.

1           But, we can prevent the younger kids from  
2 going in the same steps that I took, and I don't  
3 want to see anybody fall down the same path that  
4 I went through.

5           And whatever I can do to help, from families,  
6 family members that have addicts in their family,  
7 please ask. I will be there to help.

8           We have a Nar-Anon group in this community,  
9 and, I sit in that group and I hear the struggles,  
10 just like I hear the struggle coming from these  
11 women about their family and their losses.

12           And I'm sorry for that, that this drug has  
13 taken your children.

14           That has to hurt, I know it hurts, and it's  
15 horrible.

16           That could have been me.

17           And the Nar-Anon group is just a great group.

18           The families get together, they talk about  
19 it, they try to help themselves. They need to  
20 figure out something for themselves.

21           And as addicts, we have nothing around here.  
22 We don't have any groups.

23           I've heard of one Nar-Anon group since I've  
24 been home.

25           Have I been able to participate in it?

1           No, because I don't know where it is.

2           Do we have rehab in this community?

3           No, we do not have a rehab in the community.

4           It's something that we need.

5           Right before I went to jail last time,  
6           September 2nd, I got arrested, I was going to turn  
7           myself into a rehab. But on my way to a rehab,  
8           I can get drugs.

9           Why not get high before I get to the rehab?

10          You know, we need that, where we can go in,  
11          right in this community, and go in and say, Hey,  
12          I need help.

13          You know, that's what we need here, as a  
14          community.

15          I know this community can come together.

16          We've done it.

17          Look what we did for the flood.

18          Look what we do for the school students.

19          Penn Yan Mustangs, this is the home of  
20          Penn Yan Mustangs.

21          We can do this, guys.

22          And I'll ask for your help as addicts.

23          I'm not speaking for all of them, but I'm  
24          speaking for myself.

25          I need your help, so I can help other people,

1 please.

2 And that is what I want to do, is help the  
3 other people that are in need.

4 And I thank everybody for coming out here,  
5 guys.

6 I really do.

7 This means a lot, just so that you can hear  
8 my voice as an addict.

9 This is awesome.

10 Thank you.

11 [Applause.]

12 DEVON PIERCE: We also have groups that have  
13 participated in the jail ministry, the "Inside and  
14 Out" program, and that's for a transaction that,  
15 when you're in jail, these guys come in and talk to  
16 you, that help you, they support you, they love you.

17 They're not giving you money so you can get  
18 food or anything like that, but they're giving you  
19 love, they're caring for you. And that's what their  
20 biggest thing is, is love.

21 It is a Christian-based thing, but, that's  
22 not who they come off as. They just come off as  
23 people. They come off as people who care.

24 And it is a great program.

25 The Nar-Anon program, as I said, for those



1 families that hurt, they need help. They really  
2 need help.

3 The AA meetings that we got going on around  
4 here, that's awesome, but do we have anything for  
5 narcotics?

6 We do not have anything for the opioids. We  
7 don't have anything for that.

8 Yes, we have FLACRA.

9 You got \$30,000 a year to put yourself in  
10 FLACRA?

11 Because I know I don't.

12 We need help.

13 We need to be able to walk to a program and  
14 get the help that we need, guys.

15 And I ask for the help.

16 Please, as an addict myself, I need the help.

17 Please.

18 Thank you so much, guys.

19 [Applause.]

20 SENATOR O'MARA: Thank you.

21 Thank you so much, Devon, for being here and  
22 sharing that with us.

23 I missed, or maybe you didn't say, how old  
24 are you?

25 DEVON PIERCE: I'm 23 now.

1           SENATOR O'MARA: 23?

2           DEVON PIERCE: Yes.

3           SENATOR O'MARA: And how long has it been  
4 since --

5           DEVON PIERCE: Since my last use?

6           SENATOR O'MARA: Yes.

7           DEVON PIERCE: September 2nd was my last  
8 use.

9           SENATOR O'MARA: Well, thank you, and good  
10 luck to you.

11          DEVON PIERCE: Thank you.

12                   [Applause.]

13          SENATOR O'MARA: Next we have Gail Owen.

14          Gail, thank you for being with us.

15          GAIL OWEN: Yes.

16                 Thank you very much for allowing me to bend  
17 your ear for a moment here.

18                 First of all, those of you who know me, and  
19 I do see some familiar faces out here, this is way  
20 out of my comfort zone to speak to people like this.

21                 So, if I'm able to step out of my comfort  
22 zone for five minutes to help another family to not  
23 go through the bull -- baloney that I've been  
24 through, I've done my job.

25                 Not many people have heard this story that

1 I'm about to tell.

2 And, my mother is sitting in the front row,  
3 and she has not heard this story, and no grandmother  
4 should have to hear this about their -- her  
5 grandson.

6 So I apologize in advance, mom.

7 The story I'm about to tell, I went to my son  
8 and told him what I was going to say.

9 I got my son's permission to tell this story.

10 And I told him what I was going to say, and  
11 he said, Mom, I don't remember any of that story.  
12 So you have my permission, but I don't remember any  
13 of that happening.

14 So, now, speaking as a mother whose been  
15 through more than I have ever wanted to go through,  
16 here are some of my thoughts.

17 A little over two years ago, in November of  
18 2013, my son came to me, asking me for help, as he  
19 was going through heroin withdrawals and he didn't  
20 know what to do, and neither did I.

21 I first called my doctor as to what I should  
22 do with him.

23 She said to take him to the emergency room.

24 The emergency room doctor gave him a drug to  
25 treat the symptoms of withdrawals, and I was told to

1 take him to the Elmira detox center the next day.

2 I remember crying to emergency room doctor  
3 before he was released to me at 1:00 in the morning,  
4 saying, "I don't want to take him home. I don't  
5 know what he will do when the withdrawal drugs wear  
6 off."

7 I was scared to death.

8 What kind of mother does not want to take her  
9 child home?

10 The fact was, he wasn't my child.

11 It was the drugs that had taken him, and  
12 I had no control over it, and I just wanted my son  
13 back.

14 I took him to the Elmira detox center the  
15 next day.

16 Once we got there, we had to wait until a  
17 doctor could see him.

18 During that five-hour wait, the drug that the  
19 emergency room doctor had given him the night before  
20 had worn off and he was out of control.

21 He was so out of control that a security  
22 guard had to come and watch him.

23 He tore his gown off and wrapped it around  
24 his neck. He tried to take a plastic knife to his  
25 wrist.

1           He was a raging lunatic, he was a madman, he  
2 was totally out of control.

3           He felt so horrible that he wanted to end his  
4 life.

5           I stood outside his room and watched this  
6 happen.

7           I had so many emotions as a mother: fear,  
8 helplessness, anger, frustration.

9           I wanted to make everything right, and  
10 I couldn't.

11           He stayed there for four days.

12           Once he started using, he was always chasing  
13 that first high.

14           On a positive note, he has been clean since  
15 September 12, 2014, which is the day he turned 24.

16           [Applause.]

17           GAIL OWEN: Prior to my son using heroin, he  
18 was picked up for five, and I said, yes, five UPM  
19 charges, which stands for "unlawful possession of  
20 marijuana," within a year and a half.

21           Those are only tickets, which is just a  
22 monetary fine.

23           I feel that these should be more than  
24 tickets. The first one could be a ticket, but after  
25 the first ticket, it should be a tougher penalty.

1           This was definitely a pattern of drug use in  
2           which there was no consequence, other than hitting  
3           his wallet, and that didn't have any effect on him.

4           Finding treatment for my son was a nightmare.

5           There was no inpatient facilities in  
6           Penn Yan.

7           When you do finally find an inpatient  
8           facility with an open bed, sometimes the wait is  
9           over a week, and by then, the addict has changed  
10          their mind about getting help.

11          You have to fight with insurance companies to  
12          cover their stay.

13          You need to strike when the iron is hot and  
14          get the addict into rehab immediately.

15          Insurance wants you to fail at outpatient  
16          before they would consider paying for inpatient  
17          treatment.

18          Inpatient treatment can be very expensive,  
19          costing thousands of dollars a month.

20          My son's first rehab was 4 days in Elmira,  
21          and the second rehab was 14 days in Tully Hill.

22          The third rehab was 30 days at G&G Holistic  
23          in Florida, and when I put hum on that plane in  
24          Syracuse, I didn't know whether I would ever see my  
25          son again.

1           There is FLACRA in Penn Yan, which is an  
2           outpatient, and is -- in my opinion, is not working,  
3           as they just find more connections to get drugs.

4           The employees at FLACRA are good at their  
5           jobs, but we need more of them.

6           Let's not forget the mental-health part of  
7           this.

8           People have mental-health issues and they try  
9           to treat that problem with drugs and alcohol because  
10          seeking help for the problem is sometimes a stigma  
11          that shows weakness.

12          Both my sons learned about the Just Say No  
13          program in fifth grade.

14          The Just Say No program stopped at fifth  
15          grade.

16          I am not sure how the middle school handles  
17          the topic of drugs, but maybe the Just Say No  
18          program could follow through to the middle school  
19          and beyond.

20          The drugs and smoking issues seemed to start  
21          at a much younger age.

22          Middle-school students seem to have little  
23          fear and peer pressure rears its ugly head.

24          We need to start the education of dangers of  
25          drugs and alcohol at the elementary school in grades

1 third -- in third and fourth grade using appropriate  
2 language for them to understand.

3 When children get to the middle school and  
4 academy, it may be too late. Some may have already  
5 experimented with drugs and alcohol.

6 If a student is willing to put an unnatural  
7 or unhealthy substance in their body, it shows to me  
8 that there is a willingness to do more dangerous  
9 actions.

10 This is not always the case, but it could  
11 happen, and it did happen with my oldest son who  
12 started smoking pot in seventh grade.

13 By the time my son got to the academy, he was  
14 smoking marijuana frequently, and I used to think  
15 that marijuana was the least of my worries.

16 Boy, was I wrong.

17 This is just a short synopsis of what I have  
18 done to help my son in his recovery.

19 No parent should have to go through an ordeal  
20 like this.

21 So in closing, I would like to see the  
22 following take place in Yates County:

23 A program for the elementary students to  
24 learn about the dangers of drugs.

25 Stiffer penalties for unlawful possession of



1 marijuana charges.

2 A rehab center in Penn Yan.

3 More outpatient facilities for addicts to go  
4 to for counseling.

5 Insurance companies to recognize that this is  
6 a disease just like cancer and needs to be covered.

7 Thank you for listening.

8 [Applause.]

9 SENATOR O'MARA: Gail, thank you very much.

10 Thank you so much for sharing that with us.

11 And I think with that bit of a segue, and  
12 thank you all, all of the individuals that are here  
13 to talk about your personal circumstances.

14 Every circumstance has terrible consequences.

15 They're all very different, but they all  
16 involve the same drug.

17 And, I thank you for sharing, how difficult  
18 it is to share that with all of us here in a room  
19 full of this many people.

20 And with that, I think we'll move into our  
21 educators that are here, and talk about what is  
22 going on as far as prevention in schools, what you'd  
23 like to see going on as far as prevention in your  
24 schools, and what it's going to take for you to be  
25 able to do that in your schools, because there's

1 none of us sitting up here that want to put another  
2 unfunded mandate on our school districts.

3 So our panel here is:

4 Superintendent Howard Dennis from Penn Yan;

5 Superintendent Kelly Houck from Dundee;

6 Superintendent Tommy Phillips from

7 Watkins Glen.

8 Howard, we'll start with you.

9 Now, let me just point out, in the interests  
10 of time, I know you guys -- there's no need to read.

11 We have your testimony, and it's fine to read  
12 if you want to, but don't feel you have to read the  
13 whole thing, because we have it in the record and  
14 it's part of our package.

15 So, just hit the high notes, and I appreciate  
16 you being here.

17 SUPT. HOWARD DENNIS: Sure.

18 I've been adjusting my speech throughout the  
19 evening, so, hopefully, it will make sense.

20 But, thank you for the opportunity to speak  
21 tonight, because this is the premier challenge  
22 facing Yates County and Penn Yan.

23 You know, as educators, every school  
24 district's mission includes educating and informing  
25 our students on a daily basis, and we teach health

1 curriculum in Penn Yan at the mandated levels,  
2 according to the State Education Department.

3 But in the past, we were able to offer more.

4 And I've heard tonight the reference to --  
5 many different times, to additional health  
6 education.

7 I would agree with that.

8 Unfortunately, the reality comes about that,  
9 over time, due to budget cuts, due to restructuring,  
10 we've had to cut back on additional programming that  
11 we've had.

12 So any assistance that the state government,  
13 the State Legislature, could offer, as far as  
14 funding goes, that would be beneficial to our  
15 students.

16 And I agree with you, Senator, the financial  
17 support without the unfunded -- without the mandate  
18 would be wonderful.

19 The second thing that would be really helpful  
20 to us as a school district in Yates County and in  
21 Penn Yan is after-school programming.

22 We want to have those positive role models.

23 We want to have supportive and creative  
24 places for our students to go after school, so that  
25 we can offer possibilities for them. And that's

1        become a board goal for us here in Penn Yan, is to  
2        push for more and more of those possibilities for  
3        our students.

4                We want to be able to offer them education in  
5        those smaller settings, positive role modeling, and  
6        we want -- and, unfortunately, we're not able to  
7        offer those at this time due to the financial  
8        support that would be needed to establish and to  
9        continue those.

10               I believe the Penn Yan community is very  
11        supportive and generous in the support that we can  
12        offer to our students.

13               We're able to offer dedicated psychologists,  
14        social workers, youth counselors, guidance  
15        counselors, and other support professionals, but,  
16        obviously, it's not enough.

17               You're hearing from some Penn Yan students  
18        tonight who have gone through the program.

19               And, so, we need more of those.

20               Right now, those are falling totally on the  
21        local taxpayers. And, we need additional support in  
22        order to offer the services, because, as you've  
23        heard, those services aren't offered in our  
24        community, and so the school district wants to help  
25        step up and do as many of those things as we can.

1           But, again, the resources are tough.

2           Once addicted, the individual then has to go  
3 on and look for counseling, and you've heard that  
4 many times this evening. And the scarcity of those  
5 treatment facilities here in rural areas is  
6 difficult.

7           You know, I heard a story recently about a  
8 community member on our staff who had convinced  
9 their family member that they needed help, and went,  
10 and finally worked through that entire process, and  
11 reach out to their insurance carrier.

12           And I think you've leader this referred to  
13 tonight, the response from the insurance carrier was  
14 unbelievable.

15           They didn't qualify for inpatient treatment  
16 because they hadn't failed enough times at  
17 outpatient treatment.

18           And as we talk about the heroin epidemic and  
19 the outcome of that, that's an unbelievable  
20 statement for anyone to make, is that you have to  
21 fail enough times with that drug in order to qualify  
22 for higher level of services.

23           You know, if you compare that scenario to the  
24 whole idea of being educated about anything, the  
25 treatment model that we have at this point is not

1       adequate.

2               You know, learning, in general, doesn't  
3 happen in three or four days with no follow-up.

4               And, so, anything that we can do in our  
5 community to help with that kind of follow-up and  
6 support for people in our community would be  
7 helpful.

8               We're very fortunate in Penn Yan to have a  
9 school resource officer. Our SRO is a village  
10 policeman.

11              But, again, we have one person who is trying  
12 to maintain the level of education around drugs,  
13 trying to maintain relationships with kids, in a  
14 1500-student school district in 3 different  
15 buildings.

16              That's a very tough -- that's a very tough  
17 situation for anyone to be in.

18              And he does an excellent job for us, and  
19 we're very lucky to have him again. But we could  
20 probably use three of him, and that would be tough  
21 for our community to step up and be able to support.

22              Our County Legislature, as well, has talked  
23 about additional drug-enforcement staff. And,  
24 again, the funding is a tough piece of that.

25              And the district would be willing to help

1 step up and help support that in any way, but we do  
2 not have the funds to do that.

3           Legislating stronger and harsher penalties  
4 for dealers is overwhelmingly encouraged.

5           And many of the ideas that I received  
6 tonight, I actually went out and garnered from our  
7 staff.

8           You know, I looked for support, including  
9 from some people on this panel, that stepped up and  
10 said, Howard, this is what needs to happen. This is  
11 what you need to advocate for. You have this  
12 opportunity, make sure you send this information  
13 along.

14           So I am touching on some things that have  
15 been duplicated, but it's because they were  
16 important to our staff.

17           So, you know, in conclusion -- I've cut quite  
18 a bit out of my speech.

19           But, in conclusion, as to what others have  
20 said:

21           We need your help with funding. We need your  
22 help with legislative reform.

23           And those are things that you have heard  
24 throughout the evening, so I'm grateful for the  
25 opportunity to reiterate some of those.

1           And thank you for the opportunity to speak.

2                   [Applause.]

3           SENATOR O'MARA: Thank you very much.

4           Kelly.

5           SUPT. KELLY HOUCK: Thank you.

6           Since Howard so graciously cut some of his,  
7 I'm going to keep all of mine.

8           Thank you, Howard.

9                   [Laughter.]

10           SUPT. KELLY HOUCK: And, also, before  
11 I begin, I want to thank you again for this  
12 opportunity.

13           But, I feel like I would be remiss right  
14 now if I didn't thank the panel that went before me.

15           You truly touched every one of us, and I know  
16 how difficult that was to share those stories.

17           My heart aches for each and every one of you.

18           Thank you for being so courageous and being  
19 here with us this evening.

20           I appreciate that.

21                   [Applause.]

22           SUPT. KELLY HOUCK: So my testimony is really  
23 a story of sorts.

24           So I'm going to share a story from the  
25 Dundee Central School community, and with that,



1 I have some suggestions for help and assistance, and  
2 some need that we desperately have in our school,  
3 but also in our community.

4 Heroin and other drug use has become an  
5 epidemic in our community and in our county.

6 Just like any other epidemic, we must work  
7 together to eradicate it.

8 This is something we cannot do alone;  
9 however, we can accomplish together.

10 Everyone is part of the solution, and we  
11 cannot allow this growing and pervasive problem to  
12 touch or take one more life.

13 In my school district of just over  
14 700 students, heroin has taken the life of a  
15 17-year-old girl, a high school senior with her  
16 entire life ahead of her; and a former  
17 Dundee Central School student, just a mere 23 years  
18 old, again, an individual with a whole life ahead of  
19 him. This has happened in just a mere three months.

20 And I cannot reiterate enough that,  
21 fortunately, I had the opportunity to get to know  
22 the 17-year-old student in my year and a half at  
23 Dundee, and she was not that kid.

24 I cannot say that enough to you.

25 She was not that kid.

1           And even though I didn't get to know the  
2           23-year-old that passed, from all the stories of his  
3           high school athleticism, he was not that kid either.

4           This does not discriminate. It touches  
5           everyone and anyone.

6           Additionally, it has touched the lives of  
7           many faculty members and students, by not only their  
8           relationship with these two individuals; however,  
9           through their own family members who are currently  
10          struggling with addiction, or, even worse, still  
11          actively using despite their pleas and exhausting  
12          efforts to quit.

13          It leads me to ask the question: How many  
14          more people must die, or who must die, in order for  
15          this to finally be enough?

16          I can't begin to explain or paint a picture  
17          that is vivid for each of you that accurately  
18          displays how heart-wrenching it is for me to send an  
19          e-mail to my entire faculty, that I need to have an  
20          emergency faculty meeting with them before class  
21          begins, to where I can share with them that we have  
22          lost another child, or how incredibly devastating it  
23          is to a student's classmates when faced with the  
24          harsh reality of the tragic loss of an untimely  
25          death of a fellow classmate.

1           Watching these students gather in the school  
2           foyer, carrying purple helium balloons with memories  
3           and messages of love and "I'll never forget yous,"  
4           as they walk as an inconsolable group to the funeral  
5           home to say their goodbyes to their classmate, their  
6           childhood friend, their fellow cheerleader, the  
7           person who they sat next to in English class since  
8           seventh grade.

9           As I try to comfort them and help them  
10          through one of the most difficult times in their  
11          lives that they will ever experience, I find myself  
12          not being able to control my own thoughts and fears  
13          that this will not be the last time that we walk  
14          this walk.

15          The cruel, harsh reality, it will only be a  
16          matter of time, unless significant, actionable, and  
17          tangible steps are taken to combat this epidemic.

18          According to the American Society of  
19          Addiction and Medicine, drug overdose is the leading  
20          cause of accidental death in the United States.

21          Opiate and heroin addiction is driving this  
22          epidemic.

23          Four and five new heroin users started out  
24          misusing prescription painkillers.

25          As a consequence, the rate of heroin-overdose

1 deaths nearly quadrupled from 2000 to 2013.

2 In just 3 years, from 2010 to 2013, there was  
3 a 37 percent increase in heroin-overdose deaths.

4 The current largest group of heroin users are  
5 between the ages of 18 and 25. This group is also  
6 the cohort that continues to grow exponentially over  
7 all other age group and users.

8 Adolescents, my students, your children, are  
9 falling victim to this addiction faster than we can  
10 intervene.

11 Research has indicated that over  
12 30,000 adolescents have used heroin in the past  
13 year, and more than 50 percent have moved past into  
14 the world of addiction.

15 These are national statistics, and, yes, they  
16 matter; however, honestly, the statistics that  
17 matter to me most are the ones that are occurring in  
18 our own county and in our own schools.

19 I firmly believe that the solution to this  
20 problem is multi-faceted and involves many layers,  
21 with education being the center and the pillar that  
22 every layer is anchored to.

23 We must be proactive in our approach to  
24 addressing heroin- and opiate-addiction epidemic.

25 We now, more than ever, have the chance to

1 fight this epidemic, but we cannot wait. We must  
2 combat this before it even begins.

3 Effective, meaningful, and result-driven  
4 educational practices surrounding this issue  
5 requires resources.

6 It's not just an option. It is a necessity.

7 Resources, such as financial assistance, and,  
8 people, such as full-time public-health educators in  
9 our schools to coordinate these efforts, is  
10 critical.

11 We need the monetary support to procure  
12 people who are well-versed in this work, identifying  
13 the risk factors, creating intervention plans, and  
14 assisting preventing the addiction before it becomes  
15 a reality.

16 With this comes the need for financial  
17 assistance with programs and outreach opportunities,  
18 as well as certain real-life experiences for our  
19 students to participate in, that clearly and vividly  
20 illustrate the dangers of involving themselves in  
21 this activity.

22 Lectures and pamphlets and videos are not  
23 enough.

24 We need to provide and create meaningful  
25 engagement for our students and their families, and

1 these need to be ongoing.

2 This education cannot be a one-and-done  
3 platform or a six-week course.

4 Our education strategy and implementation  
5 needs to be as pervasive as the heroin is in our  
6 community.

7 This education needs to reach beyond the  
8 walls of our schools, and needs to act as seepage,  
9 seeping into our community and into our toughest  
10 neighborhoods.

11 This work cannot be accomplished without  
12 proper financial resources and people needed to  
13 carry this work forward.

14 We cannot continue trying to solve the  
15 problem by being active and expecting different  
16 results. Our own local history clearly illustrates  
17 that the current methods are insufficient.

18 Ultimately, even with the best education  
19 practice in place, we will not stop all heroin and  
20 opiate addiction.

21 Therefore, another layer to the solution that  
22 I referenced in the beginning of this testimony  
23 involves treatment plans and facilities, which, at  
24 this point, in the great state of New York, are  
25 dismal at best, a clear picture of inadequate.

1           When the hardest decision of an addict's life  
2 has been made to help -- to seek help and assistance  
3 to begin the very difficult and challenging path of  
4 recovery, it is completely unacceptable that there  
5 is not a treatment facility or an option immediately  
6 available to them.

7           When told that it will take two or  
8 three months, or even longer, to start the process,  
9 that we have, in sense, told the addict to keep  
10 using.

11           These individuals are barely holding on  
12 minute to minute, and can't fathom how they will  
13 make it through another day, let alone a month, or  
14 longer, without using.

15           And that is exactly what we are forcing them  
16 to do by not having adequate treatment facilities  
17 and recovery essentials available and accessible.

18           School districts are having the hard and  
19 difficult conversations with our students and  
20 faculty.

21           We impose accountability to the greatest  
22 extent or authority allows us to do so; however, we  
23 need all stakeholders to be part of this work.

24           Parents, families, friends, community  
25 members, and our elected officials all must be part

1 of the solution.

2 We need to invest in what matters, we need to  
3 invest in our future, we need to invest in our  
4 students' emotional, social, and mental health, in  
5 order to eradicate this epidemic.

6 The treatment options and resources for  
7 addicts need to go beyond just addiction.

8 We need to promote support, and provide  
9 better and stronger mental-health services for our  
10 students and communities.

11 In attempting to make an appointment for a  
12 student in crisis to have a complete psychiatric  
13 evaluation, due to the clear and evident lack of  
14 resources and availability of mental-health  
15 services, it took two months for a student of mine  
16 to be even given an appointment.

17 It is very transparent that there are  
18 significant mental-health issues and needs that are  
19 severely underdiagnosed; and, therefore, not  
20 treating, which is leading to an increased drug use  
21 and activity.

22 We absolutely do not have any local control  
23 over the lack of mental-health services in our  
24 schools and in our communities. A significant  
25 amount of preventive measures could take place if



1 the services were available.

2 Additionally, support is needed by providing  
3 adequate funding and resources to our local law  
4 enforcement. This must entail the addition of a  
5 drug investigator.

6 It is evident that our county law enforcement  
7 does not have the resource or capacity to address  
8 the heroin and opiate epidemic that is eradicating  
9 and taking hold of our communities.

10 To expect that any changes will result in  
11 using the current structure and system is nothing  
12 more than a fallacy.

13 As an educator for several years, and as an  
14 educator who has worked in several capacities,  
15 I have never witnessed the devastating effects that  
16 heroin has had on a school and a school community as  
17 I have over the past few years.

18 I shudder and fear at the thought of losing  
19 one more child.

20 I ask all of us to stop and think, if that  
21 child was your son, daughter, granddaughter,  
22 grandson, niece, or nephew, what would you expect  
23 these changes, and what would be warranted, to stop  
24 this epidemic?

25 This epidemic does not discriminate.

1 Everyone is vulnerable to it.

2 All of these children are mine, and I take  
3 that to heart, and I am at the place of the cold,  
4 hard truth that I do not have, I can't provide, the  
5 resources needed to save them alone.

6 Our system and resources are at capacity.

7 My children, my students, our collective  
8 futures, depend on significant changes being made  
9 regarding allocations of resources and funding to  
10 truly eradicate this epidemic.

11 Thank you.

12 [Applause.]

13 SENATOR O'MARA: Thank you, Kelly, and for  
14 the work that you've been doing.

15 You've been, certainly, at the front lines in  
16 recent months on this, and I do thank you for being  
17 here participating in this forum this evening.

18 Mr. Phillips.

19 SUPT. TOM PHILLIPS: Thank you,  
20 Senator O'Mara, Assemblyman Palmesano, and members  
21 of the Joint Senate Task Force on Heroin and Opioid  
22 Addiction, for hosting the public hearing and  
23 soliciting input relating to stemming this crisis.

24 I'd like to start by recounting my attendance  
25 at the New York State Physical Education, Health,

1 Recreation, and Dance Conference this past November.

2 I attended several workshops; however,  
3 I never believed in my most vivid imagination that  
4 I would leave that conference as a trained responder  
5 in opioid-overdose prevention, including the use of  
6 intranasal Narcan.

7 While I applaud the association for taking  
8 the initiative to train attendees, the reality that,  
9 as an educator, I would need this training was  
10 sobering.

11 This clearly speaks to the scope of the  
12 epidemic we are facing.

13 As to the specific questions, my answers to  
14 both of these questions focus on the need for a  
15 community approach to addressing this epidemic.

16 Remember this, rural schools in  
17 Upstate New York often do not have a YMCA, a YWCA,  
18 or a Boys & Girls Club.

19 We don't know what they are.

20 As I've learned through the process of  
21 developing community-based school programming,  
22 there's not one agency or institution in any  
23 community that can address this epidemic alone.

24 This will require collaboration, sharing of  
25 information and ideas, as well as shared

1 responsibility for quality implementation of  
2 community programming.

3 First, one cannot focus only on the results  
4 of heroin and opioid abuse.

5 The real question is, how do we prevent this  
6 from happening?

7 My experience tells me we need to create a  
8 sense of community, and develop what I refer to as a  
9 "surround and support climate" that is inclusive.

10 The community-school approach, or a similar  
11 model, provides support for academic assistance and  
12 enrichment, wellness activity, addresses child-care  
13 issues, family-support centers, summer programming,  
14 as well as quality before- and after-school  
15 activities for our children.

16 Additionally, let me say, some of the best  
17 money ever spent by the State of New York was the  
18 School Resource Officer program.

19 [Applause.]

20 SUPT. TOM PHILLIPS: We must break down the  
21 silos of mental health, children and family  
22 services, our court system, health-care systems, and  
23 any other governmental agency or community-service  
24 provider, in addition to the regulations that  
25 prohibit information sharing.

1 I understand the right to privacy, per HIPPA,  
2 for individuals, but when the right prohibits or  
3 delays meaningful, collaborative intervention for  
4 individuals or a family, the consequences can be  
5 disastrous.

6 Funding:

7 This does not necessarily mean additional  
8 monies.

9 The reality is, the state and federal  
10 government spend an enormous amount of money and  
11 resources on the establishment of bureaucracies,  
12 departments, and institutions, all focused on  
13 providing assistance to family and persons in need.

14 There is enormous duplication of services  
15 within our communities.

16 This is a direct outcome of the barriers in  
17 place that prevent meaningful collaboration between  
18 school, community agencies, and the courts.

19 I believe all communities would benefit from  
20 an effort to coordinate service, including  
21 resources, as a means of streamlining intervention  
22 and providing education and assistance to those in  
23 need.

24 Additional funding:

25 The concept of grant funding or competitive

1 funding for communities simply does not work.

2 If the State believes the epidemic is a  
3 priority, then fund it.

4 On a personal note, at Watkins Glen, we are  
5 already discussing what options we have for our  
6 community-based school program once the grant funds  
7 expire.

8 This is not an effective strategy for quality  
9 program development.

10 In closing, I would like to again thank  
11 Senator O'Mara and members of the Task Force for  
12 their commitment to addressing the heroin and opioid  
13 addiction epidemic.

14 I believe there are two primary issues that  
15 need to be addressed:

16 The establishment of community schools, or a  
17 similar model, in an effort to create a  
18 surround-and-support climate that includes  
19 educational support and enrichment, wellness  
20 programs, family-support centers, and the like.

21 When children and families feel a sense of  
22 belonging, they are more likely to be productive and  
23 willing to seek intervention when needed.

24 Finally, appropriate levels of funding for  
25 such community centers, whether through a more

1 coordinated effort of existing resources or the  
2 elimination of non-competitive -- competitive and  
3 non-competitive grant funding.

4 If we are serious about addressing this  
5 issue, we need to provide the funding, inclusive of  
6 sustainability options for programs once they are  
7 established.

8 Again, thank you for asking us for our input.

9 [Applause.]

10 SENATOR O'MARA: Thank you, Tommy, for that.

11 Now we're going to stretch our neck back over  
12 to the left here for us up here, so we'll go back to  
13 Panel III, which consists of:

14 Danielle Tilden from the Finger Lakes  
15 Addictions Counseling Referral Agency;

16 And, Marie Flanagan of the Yates Substance  
17 Abuse Coalition;

18 Mike Ballard, the Council on Alcoholism and  
19 Addictions of the Finger Lakes.

20 Danielle, would you like to start?

21 DANIELLE TILDEN, CASAC: Certainly.

22 Thank you for having me tonight.

23 On behalf of FLACRA, we have identified the  
24 following needs for funding and regulation waiver,  
25 and I'll just keep it short and sweet, because many

1 people have already said many of these ideas.

2 The first is an increase in or additional  
3 funding for supportive living and housing  
4 opportunities within Schuyler and Yates counties.

5 We are working towards supportive-living  
6 beds; however, you know, there's always a struggle  
7 to get the funding and the availability of  
8 appropriate housing and beds in our communities.

9 An increase in and an availability of  
10 Suboxone or buprenorphine therapy for opioid-use  
11 disorder through the extension of waiver to nurse  
12 practitioners and physicians' assistants.

13 M.D.s are currently the only ones who are  
14 available to get the waiver and prescribe Suboxone,  
15 and there are caps on the number of individuals who  
16 can be on their caseload: 30 individuals per doctor  
17 in the first year, 100 individuals on -- at a time  
18 on their caseload in subsequent years.

19 This means that they can prescribe as many  
20 opiates as are deemed necessary, but, if somebody is  
21 struggling with dependence or substance-use disorder  
22 related to the opiates, the treatment -- one of the  
23 treatment options for that, Suboxone therapy, is not  
24 available to them if there's not a doctor available.

25 Vivitrol is an excellent alternative to this



1 as well; however, there are some insurance issues  
2 with that, as well as some contraindications,  
3 especially for persons with active hepatitis, which  
4 often goes hand-in-hand with IV drug use.

5 Increase in or additional funding for  
6 medically-supervised outpatient detoxification  
7 programs, programs with easement of regulations  
8 around this treatment type in order to ease  
9 implementation in our communities.

10 There's little to no access to these services  
11 in our community. And when we look to get people  
12 into services, there is typically a significant wait  
13 time for those.

14 And as people have said, if you want  
15 treatment, if you need treatment, it needs to be at  
16 the point when you're ready to accept it. You can't  
17 be waiting six, eight days for detox.

18 It just doesn't -- it doesn't, typically,  
19 have positive outcomes.

20 Increased funding for and early intervention  
21 services to allow for the identification and  
22 treatment of childhood disorders, such as ADHD,  
23 things like functional language delays, and other  
24 issues that affect our, you know, very young  
25 children.

1           Research continues to demonstrate a  
2           connection between the childhood disorders and  
3           subsequent risk for the development of substance-use  
4           disorders in adolescents and adulthood.

5           And an increased support and funding for  
6           Narcan training kits and refills on the medication.

7           Currently, there are some grants and  
8           easements available; however, we'd like to ensure  
9           continued, reasonable, and affordable access to  
10          Narcan for all who need it and their families.

11          We appreciate the opportunity to share our  
12          needs and our concerns for the community, and we  
13          look forward to working together for the future in  
14          this, and getting treatment to all those who need it  
15          in a timely manner.

16          Thank you.

17                 [Applause.]

18          SENATOR O'MARA: Thank you, Danielle.

19          Next, Annmarie.

20          ANNMARIE F. FLANAGAN, FNP, MS: Thank you.

21          I am also a nurse practitioner and I work in  
22          primary care, and I did talk with some of my  
23          patients that have substance-abuse disorders and  
24          heroin issues, and they want -- there are a couple  
25          of things that they wanted you to hear.

1           The main thing is that, they don't choose to  
2           be an addict. The addiction chooses them. And they  
3           don't want to be in the position that they are.

4           They do support legislation that would allow  
5           drug dealers to be charged with homicide if they  
6           sell drugs to an individual who dies as a result of  
7           an overdose.

8           So that's I think important for you all to  
9           hear.

10          Health-care providers are also frustrated  
11          with trying to treat patients with substance-abuse  
12          disorders. And we are looking for more education,  
13          at any point in time, to be able to help us be able  
14          to care for these patients better, and look for  
15          evidenced-based practice treatment plans that would  
16          benefit them.

17          But, a few things, and I've cut this  
18          significantly shorter.

19          But, providing parity of access to services  
20          for all residents with mental-health and  
21          substance-abuse disorders in New York State,  
22          especially in the rural areas.

23          As you all know, that there is a significant  
24          lack in the rural areas for people to be able to  
25          access services, especially for mental-health

1 disorders. And substance abuse is a mental-health  
2 disorder, and we do need to destigmatize that out  
3 there.

4 Increased transparency of services,  
5 decreasing barriers, and, as Danielle did say,  
6 working with our DEA to allow nurse practitioners  
7 and physicians' assistants to be able to prescribe  
8 Suboxone.

9 This will work -- this will allow a broader  
10 network of rural health-care professionals to  
11 provide this important and effective treatment  
12 option in rural areas.

13 And at this point in time my patients are  
14 buying that off the street, which, if they could get  
15 it from me, we would be much safer than buying  
16 something off the street that could potentially be  
17 laced with something else.

18 Instituting a reporting system at the local  
19 and state level to capture statistical data for  
20 substance abuse to support systematic planning and  
21 treatment.

22 Thank you.

23 [Applause.]

24 SENATOR AMEDORE: Thank you.

25 Anmarie, actually, what you were referring

1 to, with going after the dealers, we have in the  
2 State Senate, I sponsored a bill, it's called  
3 "Laurie's Law," that does exactly that.

4 It goes after the drug dealers, mid- and  
5 upper-level drug dealers, who are connected to the  
6 death of an overdose of heroin, and that the  
7 law-enforcement agency can then go and charge that  
8 dealer with homicide.

9 We got to get it through the Senate --  
10 through the Assembly, but we're working on it.

11 And, also, you mentioned something, I think  
12 your last point that you mentioned was...?

13 ANNMARIE F. FLANAGAN, FNP, MS: The reporting  
14 system?

15 SENATOR AMEDORE: ...the reporting system.

16 With the sale of over-the-counter of Narcan,  
17 naloxone, one of our fears, and that the Task Force  
18 has, that we have a piece of legislation that we're  
19 actually trying to work it within the budget  
20 language, is to have DOH have a database, implement  
21 a database, so that we are tracking how many kits  
22 are going over-the-counter, as well as every time  
23 it's being administered, it will be mandatory  
24 reporting.

25 Keep in mind, we are not looking for the name

1 and the address of individuals. We're very  
2 sensitive to that, because we do not -- we already  
3 know about the stigma.

4 But we want to make sure, we want to gather  
5 the statistical information, so that we can pinpoint  
6 exactly where resources need to be, where the  
7 problematic areas are throughout the state. And  
8 that will help get us down that road of more  
9 database statistical data so that we can use it.

10 ANNMARIE F. FLANAGAN, FNP, MS: Thank you.

11 You're on the right track there.

12 SENATOR O'MARA: Thank you, Anmarie.

13 Mike.

14 MIKE BALLARD, MS: Thank you.

15 Thank you for having me tonight.

16 The primary objective of the council is to  
17 provide education and prevention strategies to our  
18 counties, the communities, and the coalitions that  
19 we serve.

20 I work in 5 different counties in about  
21 15 different coalitions on many of the same issues  
22 here, so I see a lot of these in every one of the  
23 counties.

24 One of the beliefs that we have is through  
25 the efforts -- you know, these efforts that we can

1 reach families, youth, and the community members,  
2 and we can provide them with the capacity to make  
3 informed decisions about substance use and abuse.

4 One of the programs that we have recently  
5 started to implement in Ontario County, actually, is  
6 a community-based -- or, school-based education  
7 program.

8 We have a contract with eight of the school  
9 districts in the county, and we have educators that  
10 are in each one of those school districts  
11 full-time -- or, close to full-time, anyway, to  
12 provide education directly in the school, so they  
13 integrate themselves into those programs.

14 That's one of the programs that we would  
15 really like to see, you know, some increased  
16 funding, to be able to provide to not only  
17 Yates County, but a larger percentage of the  
18 county -- or, the schools within our catch-basin, if  
19 you will.

20 The program is seeing some really increased  
21 needs.

22 We've had a lot of requests from schools, you  
23 know, for more programming, for more of the forums  
24 that we've done, all kinds of different programming,  
25 not just for heroin, but all kinds of substance

1 uses.

2 So, that's one of the programs that we would  
3 really like to see, you know, increased.

4 Family education is also very important at  
5 the council.

6 Not only reaching these kids at a young age,  
7 but also being able to provide families with the  
8 resources, the education that they need, to be able  
9 to make informed decisions as family members, so  
10 that they understand the importance of, you know,  
11 seeking help as a family.

12 And the last piece that the council would  
13 like to talk about is the lack of opiate-specific  
14 treatments within our region.

15 There are some options, but finding treatment  
16 that is dedicated to opiate use has been very  
17 difficult.

18 Helping provide access and access to  
19 appropriate treatments is a vital part of the  
20 recovery process.

21 So, the Yates County community, and the  
22 region as a whole, has seen detrimental effects that  
23 substance abuse can have on their users, their  
24 families, their children, and the community as a  
25 whole.



1           Reaching our youth at an early age and  
2           educating the family members is something that we  
3           see is a tremendously important piece to helping  
4           people protect themselves and make better and more  
5           informed decisions.

6           So I'd like to thank the Task Force, as well  
7           as everyone who came out tonight, to help us push  
8           some of this forward.

9           So, thank you.

10           [Applause.]

11           SENATOR O'MARA: Thank you.

12           And thank you to the panel for participating  
13           tonight.

14           We'll get to our final panel here, but that's  
15           not going to be the end of the night.

16           I know we're running on here.

17           But we have our Yates County Public Health  
18           Department representatives here.

19           And then when we finish with Deb and George,  
20           we're going to give an opportunity for my colleagues  
21           to speak or ask questions of anybody, from what  
22           we've heard.

23           I don't let them speak at the beginning, so  
24           when it gets later they tend to speak shorter, and  
25           they're politicians, so that helps in that regard.

1           And then after that, we do want to open it up  
2 for questions from the audience.

3           We have a microphone up here.

4           We're going to ask anybody that wants to  
5 speak on whatever aspect of this, whatsoever, to  
6 come up to the microphone and state who you are and  
7 where you're from, and give a brief outline of the  
8 points you would like to make.

9           And depending on how long that line gets will  
10 depend on how long I'll let you speak.

11           But, with that, we'll move on to our final  
12 panel here, and thank you for being here, and your  
13 patience here to go last, to kind of round this out,  
14 with the Yates County Public Health Department  
15 Director Deb Minor, and the director of community  
16 services, George Roets.

17           Deb, if you'd like to start out, and give us  
18 your perspectives here on putting this all together  
19 for us here in Yates County.

20           DIR. DEB MINOR: Thank you.

21           Thank you, Senator O'Mara and Task Force  
22 members, and audience.

23           And, being the next-to-the-last speaker,  
24 I will be very brief, and I'm going to just  
25 highlight, so I hope it doesn't sound too chopped

1 up, and I hope it makes sense.

2 First, I want to note that we do appreciate  
3 the Governor and the State Legislature's efforts in  
4 making heroin and opiate a top public-safety,  
5 public-health, and mental-health priority in 2016.

6 And we know that the Governor has put mention  
7 of this in the executive budget.

8 Across New York State, many of the  
9 law-enforcement offices and public-health  
10 departments have been working to implement the  
11 opioid-overdose prevention programs, the Narcan kits  
12 and training.

13 Since we started that program in the fall of  
14 2014, we have trained over 200 law enforcement and  
15 community members, and we have you distributed over  
16 700 kits in Yates County.

17 This is not a measure that's going to prevent  
18 our problem, but it helps to give that addicted  
19 individual and his or her family an additional  
20 opportunity to seek treatment and work towards  
21 recovery.

22 So even though we now can access the naloxone  
23 at the pharmacies, I would ask that you not cut the  
24 funding to that program.

25 I think it's crucial that we at Public Health

1 and the other opiate-prevention programs have the  
2 opportunity to train folks on how to properly use  
3 this. And it also gives us another opportunity to  
4 give them some information about recovery and  
5 treatment resources.

6 We have heard from many of the folks on the  
7 panel tonight, and we've also heard from our forums,  
8 about the barriers that the families and the  
9 individuals suffering from addictions have in  
10 dealing with the insurance companies.

11 So, again, we applaud the efforts of the  
12 Legislature in what they are doing to no longer  
13 permit insurance companies to require a fail-first  
14 policy.

15 We need to stick to that, we need to hold  
16 them to that.

17 And, so, we do ask for your commitment that  
18 that will take place.

19 And we also are appreciative of the new  
20 realtime online tool for families and providers,  
21 that they can access at the OASAS website, in  
22 locating inpatient- and residential-treatment beds.

23 However, anybody who looks at that will see  
24 that the capacity is not sufficient.

25 I have seen mentioned that the executive

1 budget proposes \$7 million in new funding, and  
2 proposes 300 new treatment beds to be developed over  
3 the next two years.

4 This is good news for the state, but please  
5 make sure that some of these beds are coming to the  
6 Finger Lakes area.

7 They cannot all go downstate and to the  
8 metropolitan areas. It needs to be fairly  
9 distributed.

10 I just don't want to be too choppy here, but  
11 I'm trying to be brief.

12 SENATOR O'MARA: Take your time.

13 DIR. DEB MINOR: At Public Health, we are  
14 also asking for continued movement towards the  
15 integration of outpatient drug treatment into the  
16 more traditional medically-focused health-care  
17 settings.

18 We need to have comprehensive treatment plans  
19 for our patients which address the  
20 medically-assisted treatment, behavioral counseling,  
21 identification and treatment of infectious disease.

22 We know that the use of heroin and other  
23 injectable drugs brings risk for HIV and  
24 hepatitis C.

25 We need screening for comorbid psychiatric

1 diagnosis, as well as care of their medical needs.

2 So we do need to have this as an integrated  
3 approach, and not be sending patients to multiple  
4 different locations to receive their treatment.

5 Those in recovery have spoken to us of the  
6 increased social acceptability of using heroin by  
7 their -- by the youth and young adults, and of the  
8 increased availability.

9 Parents have asked us for assistance in  
10 understanding how they can best prevent their  
11 children from making choices that lead to addiction.

12 We know that the issue of addiction cannot be  
13 effectively addressed through treatment alone or  
14 through the arrest of those who are selling or using  
15 illegal products.

16 We must focus a portion of our resources on  
17 prevention.

18 And I would bring your attention to programs  
19 that are evidenced-based and proven strategies, such  
20 as Healthy Families New York and the Nurse-Family  
21 Partnership, Parents as Teachers, and the  
22 Parent-Child Home Program.

23 I would ask that funding not be diverted from  
24 these programs. We need to have these programs to  
25 continue to help our families.

1           But we also need to look for expansion of  
2 programs that move beyond the pre-school years.

3           We have to find ways to help our families to  
4 parent and to have those difficult conversations  
5 with their children, and help to prevent some of  
6 these folks from turning to use of substances.

7           There are some new tools online through  
8 OASAS, tools such as Talk to Parent and the  
9 Kitchen Table Toolkit.

10          We need to locate additional resources such  
11 as these.

12          And I think I've hit all of the highlights,  
13 and you do have my written testimony.

14          Again, I thank you for this opportunity, and  
15 I look forward to continuing to work and to address  
16 this issue.

17          Thank you.

18                   [Applause.]

19          SENATOR O'MARA: Thank you very much, Deb.  
20 George.

21          GEORGE ROETS: Well, I have the auspicious  
22 position here to be the last speaker from the  
23 panels.

24          First of all, thank you, for everyone, for  
25 hanging in there.

1           The support in this community is tremendous.

2           I could repeat and say, ditto, about almost  
3 everything that's been said tonight.

4           We've heard about the agony.

5           I want to just counterbalance that with  
6 saying that the involvement of the community, with  
7 the coalition, and in efforts to really corral this  
8 epidemic, is just tremendous.

9           This is a great community that has come out  
10 and has stood up for change, and we certainly do  
11 need change.

12           We have a whole-world problem.

13           From a public-health point of view, it's a  
14 community problem which requires community  
15 solutions.

16           One of the things I want to suggest that  
17 I haven't heard -- I've heard allusions to it -- and  
18 that is we need to be able to offer you, and  
19 community members, in general, ways in which they  
20 can participate more fully, both in helping protect  
21 their children from the scourge of either mental  
22 illness or substance abuse, to help your children  
23 grow healthier, and to be stronger and more  
24 resilient.

25           The schools play a part in that, but every



1 family and every community plays a big part in that.

2 There are programs that are being sponsored  
3 across New York State, across the United States of  
4 America.

5 There's two great programs that, basically,  
6 begin to do that.

7 One is called "Mental Health First-Aid,"  
8 which is really directed at adults, to learn about  
9 substance abuse, and mental illness, and what you  
10 can do as a family member, as a partner, as a  
11 sibling, as an employer, to really help somebody you  
12 see may be having a mental-health problem, or a  
13 substance-abuse problem.

14 It's training that can be offered to schools,  
15 offered to the community, offered to child-care  
16 organizations, and other organizations that work  
17 with adults, at all levels. It doesn't require a  
18 college degree.

19 But it does give skills to people, and it  
20 orients people to their role in having a healthy  
21 community.

22 The Youth Mental Health First-Aid program is  
23 specifically focused on youth.

24 We know that when we ask people who, in fact,  
25 are addicted, 90 percent of them say they started

1 while they were in school.

2 Did you hear that?

3 They started while they were in school.

4 They're the target for us.

5 You heard from the educators. You've heard  
6 from other people here.

7 Early identification, early prevention, is  
8 really a core.

9 They can't all be in school. They're in  
10 school a few hours.

11 They're home and in their neighborhoods the  
12 rest of their lives.

13 So we all need to be part of the solution.

14 We all need to be willing to step up and  
15 learn.

16 We all need to be willing to step up and find  
17 new ways for us to be involved, and to make a  
18 difference.

19 And I have a lot of other things I could  
20 mention.

21 We don't have enough treatment.

22 We don't have the right staff.

23 We need more prevention.

24 We have to look at early prevention, early  
25 identification.

1           We have to look at support for those who, in  
2 fact, are addicted, to protect them, and to support  
3 them in treatment, and give them the treatment they  
4 need. To help them change the environments, because  
5 they can't stay in the same environment as an  
6 addicted person. They need to be able to move  
7 beyond that.

8           So, that's where I'm going to stop.

9           But I'm going to say that there is a role for  
10 this community, and we really have to be invested  
11 with working towards giving people the tools so that  
12 we can move this army of people who now want to see  
13 a change forward and really do something in this  
14 community.

15           Thank you.

16           [Applause.]

17           SENATOR O'MARA: Thank you.

18           Now I'll turn it over to the Chair of our  
19 Task Force in the Senate, Senator Terrence Murphy.

20           SENATOR MURPHY: First of all,  
21 Senator O'Mara, it's an honor and a privilege for  
22 the invitation to come up here.

23           I come from Westchester County. It's just  
24 north of New York City.

25           This afternoon; I got in the car early, and

1 I met Senator Amedore in Albany, and him and I had  
2 traveled up to Oneonta to do a 12:00 Task Force  
3 meeting in Oneonta, and then out to here.

4 So, it's been a long day, but well worth it,  
5 I will tell you that.

6 To the panel of experts up here, thank you.

7 Thank you for all you do for your community.

8 Thank you for all you do for New York State.

9 You folks, right down there, Arianna, Devon,  
10 to sit on this stage and give your story, you are so  
11 far ahead of it.

12 You're doing a great, great job.

13 [Applause.]

14 SENATOR MURPHY: You keep it up.

15 You keep it up.

16 You should be damn proud of yourself, to be  
17 able to sit up on this stage and share with  
18 everybody.

19 That takes courage, and it takes guts.

20 And, Alexis, I don't even know where to  
21 start. My heart goes out to you.

22 You are so, so strong to be able to share  
23 that story with all of us up here.

24 It's, just, I got the chills when you were  
25 saying.

1           I leaned over to Senator Ortt and I said,  
2           This is unbelievable.

3           And I've been around New York State, and I've  
4           heard stories.

5           And, this, it's pretty deep.

6           And to be able to be here and share, I thank  
7           you.

8           And for everybody who is sitting in the  
9           audience, it's now 9:00 at night, and, you know  
10          what?

11          To still be here says something, to you, and  
12          how much you care about your community, and to  
13          listen to all the experts up here, because this is a  
14          team effort.

15          None of us have all the answers right here.

16          This is why we go around the state, and this  
17          is why we listen to everybody, to gather the  
18          information and to make educated decisions on what's  
19          the best for your community.

20          We don't know it unless you tell us.

21          Yes, we have the experts.

22          Who was it, Sheriff Spike over here.

23          You know what?

24          You're hiding behind closed doors?

25          No more. The stigma has got to go.

1 This has --

2 [Applause.]

3 SENATOR MURPHY: This has no boundaries.

4 It has no ethnicity.

5 It has no gender.

6 It has no religion.

7 It will shake down really, really, really  
8 good families.

9 And this is what communities are all about:  
10 It's to rally around and make sure we do the right  
11 thing, to care for our community, and make sure we  
12 can do the right thing.

13 I'll leave it off with, it has been an honor  
14 and a privilege to be able to be here tonight.

15 Whatever we could do as a panel up here, and,  
16 Senator O'Mara as your State Senator, we are behind  
17 him 1,000 percent.

18 And you're doing a great job.

19 And thank you for allowing me to be here  
20 tonight.

21 SENATOR O'MARA: Thank you, Terrence.

22 [Applause.]

23 SENATOR AMEDORE: Well, thank you,

24 Senator O'Mara, and it is an honor to be in the  
25 58th Senate District.

1           And for you to have a -- I think a  
2 most-outspoken State Senator that really is  
3 advocating for the needs of all of the district  
4 here.

5           I have served with Senator O'Mara in the  
6 Assembly, and now in the Senate, and, he's got your  
7 back, and he's trying very hard.

8           To Janet and to Alexis and to Gail, you know,  
9 losing a loved one or going through the trauma and  
10 the grief that you have gone through, and, to Gail,  
11 being able to have somewhat of a victory, you have  
12 all given so many much hope.

13           And to anyone who is going to try to limit  
14 and say that we can't is unfortunate, because the  
15 more we go around and do these Task Force meetings  
16 and have public-address meetings, the -- there's a  
17 lot of moving parts, and there's not one solution.

18           But I got to tell you, this -- it's evolving.

19           And where the State was, to where we are  
20 today, it has been the State Majority -- the State  
21 Senate Majority Conference that has really  
22 catapulted and thrustled so many of the ideas that  
23 the panelists have already brought up.

24           We know that there's gaps in the system.

25           We know that there is inefficiencies still

1 that needs to be addressed.

2 We know that we need to go and tackle big  
3 insurance companies and get them to pay more for  
4 longer treatment.

5 We know that we can do more on the  
6 law-enforcement side.

7 And we struggle every day in the State Senate  
8 to, how do we work through the -- that wall  
9 sometimes that's in the State Assembly, that a lot  
10 of times blocks a lot of these great ideas and  
11 initiatives that's already been mentioned here  
12 today: reforms to laws, to policies, to funding.

13 And we need to do -- everyone, together,  
14 collectively, needs to work together, as you are  
15 doing here, we need to work together on driving the  
16 message home to the New York State Assembly, because  
17 they have blocked a lot of great initiatives and  
18 advancements so that we could -- it could curtail or  
19 eradicate this crisis that we have.

20 Substance abuse is a huge problem, and I'm  
21 not just narrowing in on opiate or heroin addiction,  
22 even though that was the topic tonight.

23 But, substance abuse, and a wide spectrum of  
24 it, it grabs ahold of an individual, ahold of a  
25 family, ahold of a community, that is just



1 deteriorating the quality of life throughout the  
2 state of New York.

3 And we need to do everything possible,  
4 collectively, to fix this.

5 So, thank you so much.

6 God bless you all, and I appreciate the time  
7 and your stories.

8 [Applause.]

9 SENATOR O'MARA: Thank you, George.

10 Senator Rob Ortt.

11 SENATOR ORTT: Thank you, Senator O'Mara.

12 I want to thank you for hosting this event.

13 I want to thank all of you for being here  
14 tonight.

15 And I certainly want to thank the panel, and  
16 echo the comments that have been made by my  
17 colleagues already.

18 And, you know, I think, when you look at this  
19 panel up here, and this is my fourth or fifth  
20 hearing across the state, you will see a whole range  
21 of spectrums.

22 You have law enforcement.

23 You have family members.

24 You have legislators.

25 You have superintendents.

1           You have public-health officials.

2           You have service agencies.

3           And that shows you how complex, how dynamic,  
4 this issue is, but it also shows you that there is  
5 no one thing.

6           I wish there was one thing we could do that  
7 would fix this.

8           I wish there was one thing we could do that  
9 would save lives.

10          But, unfortunately, there's not just one  
11 thing.

12          We're going to have to do a lot of things,  
13 and after that, we're going to have to recalibrate  
14 and probably do a lot more things.

15          It's not just funding.

16          It's not just this or that.

17          It's going to be a lot of things.

18          It's going to have to be a comprehensive  
19 approach.

20          And that's one of reasons why we've done  
21 these hearings across the state, is to try and get a  
22 sense from the people who live this every day, from  
23 the survivors, to the families, to law-enforcement  
24 officials, what is going to work?

25          This has to be thought out.

1           This cannot be just a reaction.

2           This cannot be just, I need to get in the  
3 headline tomorrow.

4           Or this cannot be, something bad's happening  
5 so we need to do something.

6           We need to do something, but we need to do  
7 something that works.

8           And, you know, for these families over here,  
9 it does no good to them, and, for these guys sitting  
10 over here, who go out every day and put their lives  
11 on the line, it does no good to them, if what we're  
12 doing isn't effective, if what we're doing doesn't  
13 work, and if we don't take into account what they  
14 have to say.

15           I wanted to specifically mention Janet.

16           All of you gave very heartfelt and emotional  
17 stories.

18           But Janet talked about her son, and one of  
19 the things that resonated with me was, she said he  
20 was a veteran of Iraq.

21           And, I was a veteran of Afghanistan, and  
22 I know a lot of veterans who come out and who suffer  
23 from mental health-related issues.

24           And as Chair of the Mental Health Committee  
25 in the Senate, I see this all the time with

1 self-medicating. And, a lot of veterans are being  
2 struck by this very epidemic, this opioid and heroin  
3 epidemic.

4 These are men and women who served their  
5 country in combat, who wore a uniform, who wore the  
6 flag on their shoulder, who did amazing things; and,  
7 yet, they come back, and, it's not Iraq that gets  
8 them, it's not Afghanistan, it's not ISIS or the  
9 Taliban or some insurgent.

10 It's heroin, which I think is really tragic  
11 and ironic.

12 And on the good side, we've started the  
13 Joseph P. Dwyer program in Niagara County. It's a  
14 program that exists elsewhere in the state. It's a  
15 peer-to-peer support service.

16 And, basically, one of the things that  
17 they're going to start doing is going to the VA,  
18 working with the VA, when the veterans coming out,  
19 who have been there for heroin or drug treatment.  
20 They're going to be there to get these guys or these  
21 girls right when they come out, because that's one  
22 of the most vulnerable times, which we heard about,  
23 when they are discharged.

24 That 48-to-72-hour time frame is when you see  
25 a lot of relapses, and, actually, a lot of deaths.

1           But I just -- I know you'll probably remember  
2 your son in a lot of different ways.

3           I think you should remember him, certainly,  
4 as a soldier, and as a hero for the country.

5           And, last, but not least, I'll just say that,  
6 you know, we heard a lot tonight, too, about  
7 marijuana.

8           We heard -- I forget who it was who talked  
9 about five previous unlawful marijuana possessions.

10          And I met a family in Niagara County whose  
11 daughter passed away late last year, and they came  
12 up to me and they told me that their daughter, who  
13 was 22 at the time, told them that this all started  
14 when she started with marijuana.

15          And I know there's a lot of different  
16 opinions on this across the country, but all I can  
17 say is, most of these folks here whose loved ones  
18 are either recovering or are not here, I guarantee  
19 you, they didn't start with heroin.

20          They started somewhere with something else,  
21 and that led to heroin.

22          So, I think we have to be very realistic that  
23 it's not always a victimless crime. That there are  
24 such things as gateway drugs, and there are such  
25 things as entry-level drugs, that lead to something

1 a lot more -- a lot more significant.

2 And while substance abuse is very serious,  
3 this heroin epidemic is very lethal.

4 You don't come back from this one, you know,  
5 for very long.

6 And I think that everyone up here gets it.

7 We're all trying -- we're trying to find a  
8 solution.

9 But there's an ownership that's a part of  
10 this as well, and I want to thank all of you,  
11 because you're owning it.

12 By being here tonight, you're owning it,  
13 because if you think that it doesn't happen in your  
14 community, you're wrong.

15 If you think it doesn't happen in your  
16 family, you're wrong.

17 And if you think that it's just going to go  
18 away by itself, you're wrong.

19 So I want to thank you all for being here,  
20 and I want to thank my colleagues for being here as  
21 well.

22 [Applause.]

23 SENATOR O'MARA: Thank you, Rob.

24 Next we'll go to our colleague in the  
25 Assembly, who is, fortunate for me, to serve in my

1 Senate District, which includes Yates County,  
2 Schuyler County, Steuben County, part of  
3 Chemung County, and Seneca County, for -- Phil.

4 But before we get to Phil, we do want to get  
5 to whoever in the audience would like to speak.

6 So if you could move over by the microphone  
7 and line up against the wall, we'll get to you as  
8 soon as Phil is done.

9 But, Phil.

10 ASSEMBLYMAN PALMESANO: Thank you for  
11 listening.

12 Certainly, the members of panel who are up  
13 here, offering your expertise.

14 But most importantly, the six of you at the  
15 end of the table, for having the courage to share  
16 your personal stories.

17 You put a human face and human side to this  
18 growing epidemic that's affecting every community  
19 throughout the state.

20 And as you heard, and as we all know, this  
21 doesn't matter what color you are, whether you're  
22 rich or poor, upstate or downstate.

23 This issue knows no boundaries.

24 And to have you come out and take the time to  
25 share that with all of us, should give us all

1 motivation to try to solve this problem.

2 So, thank you again.

3 I did just want to say, just to my colleagues  
4 here in the Senate, that -- and the members of the  
5 community, our Assembly Minority did actually have  
6 hearings around the state last fall, and we just  
7 wanted to make sure we presented that with you.

8 You know, we think there are good ideas, a  
9 lot of that we heard about today, that, as you guys  
10 go forward, and as we look for legislation, we have  
11 some good ideas and blueprints in there to move  
12 forward, and we certainly have to act.

13 You know, we do these forums and we get this  
14 input, but it's imperative for us to act, and it has  
15 to be a comprehensive approach, from prevention, to  
16 rehab, to detox, to recovery, to education, to help  
17 with law enforcement.

18 And, certainly, again, we need to take the  
19 stigma off this, and treat this disease, and not be  
20 afraid to tell the insurance companies they have to  
21 be a part of the solution.

22 But we have to do it together, it has to be a  
23 community effort.

24 And I think the people at this table signify  
25 their commitment to make this a community effort.



1           You being here signifies that you want to be  
2 a part of this community effort to solve this  
3 problem.

4           And we just want you to know that we want to  
5 be a part of the solution and help as much as we can  
6 as well.

7           So, I thank you for coming out.

8           We appreciated your testimony, and we look  
9 forward to hearing from the audience as well.

10          So thank you very, very much for being here  
11 tonight.

12          Appreciate it.

13          SENATOR O'MARA: Thank you, Phil.

14                   [Applause.]

15          SENATOR O'MARA: We'll begin with you at the  
16 microphone.

17          If you could please state your name, and if  
18 you're with an organization, state that, or,  
19 otherwise, just state what your hometown is so we  
20 have an idea where you're from.

21          And out of respect for those that are in line  
22 behind you, so that we get to everybody, please keep  
23 it to a couple minutes.

24          And, we look forward to -- and thank you for  
25 standing up and addressing us here tonight.

1           REV. RYAN SMITH: Hello. My name is  
2 Reverend Ryan Smith. I'm from Penn Yan.

3           First of all, I'd like to thank our State  
4 Legislature for coming down to address this issue.

5           As a clergy member, and a freshman in  
6 high school, a lot of students approach me with  
7 their problems.

8           And, out of all the things that I've heard,  
9 drugs is one of the number-one things that I heard.

10          And I want to stress that we need to be  
11 teaching children, our students, that we are on the  
12 front line. We're the ones who are interacting with  
13 the kids who are doing these drugs and who are being  
14 exposed to these things.

15          So, you know, things like Natural Helpers,  
16 and other groups, that teach students to help other  
17 students, their peers, who are struggling with this  
18 issue.

19          I hear it all the time.

20          And it's -- I think our students really need  
21 to step up, because we're the ones who are on the  
22 front line.

23          We're the ones who are being -- when it comes  
24 to the schools, the number-one people who are being  
25 affected by this, our families, and are being

1 exposed to this.

2 And so I really think students need to learn  
3 how to stand up and talk with their peers about this  
4 issue.

5 SENATOR O'MARA: Thank you very much.

6 [Applause.]

7 CHRISTINA CLEVELAND: Hi.

8 I'm Christina Cleveland.

9 I'm the mother of Miranda Cleveland.

10 She was a 17-year-old who died unexpectedly  
11 November 9, 2015, from a heroin overdose.

12 She was a senior at Dundee school.

13 Her death is being treated as if she was  
14 another junky off the street.

15 The New York State trooper that is  
16 investigating the case has made some very  
17 inappropriate comments two days after her death.

18 He said, "There was one way off heroin, and  
19 she just took that exit."

20 He has also made accusations, assumptions,  
21 took her character from a family that didn't know  
22 her, where she was doing the drug activity, where  
23 the OD took place, instead of her loving family of  
24 almost 18 years.

25 He's not asked anyone.

1           When I do call him, I've never met the man  
2 face-to-face, so I have to call him, when he decides  
3 to call me back, days, he acts as if he has no time  
4 for me.

5           "I have a case overload. I'm too busy."

6           I do believe we need more, and we need more  
7 officers.

8           I'm being treated -- I couldn't tell you the  
9 last time I even talked to him. I can't tell you  
10 where her case is at.

11           All I hear is, "We're waiting. We're  
12 waiting."

13           Thank you.

14           [Applause.]

15           SENATOR O'MARA: Thank you.

16           Thank you very much for sharing that with us,  
17 and our heartfelt condolences for your loss.

18           CARRIE AHEARN (ph.): Good evening, and I  
19 invite anybody who's a note-taker to get their pen  
20 ready.

21           I know a lot of people have tucked them away.

22           My name is Carrie Ahern, and I am a village  
23 resident here in Penn Yan, and I have been inspired  
24 by all of the members of YSAC, whether I'm an  
25 acquaintance of theirs or a personal friend of

1 theirs.

2 And, I just wanted to share with everybody  
3 here in our community that I am working with the  
4 Penn Yan United Methodist Church.

5 We are going bring a program to Penn Yan  
6 called "Celebrate Recovery."

7 This program is a crisis-center recovery  
8 group, but it is for anybody and everybody, to  
9 include addicts, but also to include people who are  
10 codependent, or if they have an anxiety behavior  
11 that they are covering and masking with an  
12 addiction, whether it's substance abuse or  
13 behavioral-based.

14 And for more information, we're going to have  
15 a public-information meeting at the Methodist church  
16 on Sunday, March 20th, at 6:00 p.m., in their  
17 basement fellowship hall.

18 Thank you.

19 [Applause.]

20 SENATOR O'MARA: Thank you.

21 PAMELA FINGER (ph.): Good evening.

22 My name is Pamela Finger, and I'm a member of  
23 YSAC, and I've also been an educator in the  
24 New York State education system since 1993.

25 In my 23 years in education, I've come in

1 contact with a countless amount of youth in the  
2 Steuben and Yates county areas.

3 Lately, I've talked to several former  
4 students who are, and have been, affected by this  
5 heroin problem, and they've all told me the same  
6 thing: We need more education past fifth grade.

7 I'm asking that we listen to these young  
8 people, and figure out how to get more education out  
9 to all students earlier, rather than later, before  
10 it's too late, because I don't need to go to --  
11 I don't like to go to another forum and have a  
12 former student come up to me and say: Mrs. Finger,  
13 we need help, and we need help now.

14 Thank you.

15 [Applause.]

16 SENATOR O'MARA: Thank you.

17 PATTY O'KELLEY (ph.): Okay. This is going  
18 to be the strangest of all.

19 I've been here about two months.

20 I grew up in Elmira as a small child.

21 I moved, Boston, New York, Ohio, Kentucky,  
22 Florida, Georgia, Illinois, and Colorado.

23 My mother just passed away, so I decided to  
24 come home, and this is what I call "home."

25 I will tell you that the cities that you're

1 referring to, less than 1 percent are enjoying, if  
2 they have, a community center.

3 So the rural isn't necessarily it.

4 And forgive me for not thanking you all, but  
5 we all know we're out of time.

6 You guys are doing your jobs.

7 You guys are doing your jobs.

8 But here's where I'm coming from, and this  
9 has been ignored for the last 2 1/2 years.

10 There is no presidential candidate right now  
11 that's going to address any of this.

12 We don't know whether it's going to get  
13 better or worse.

14 The state has no money.

15 The government has no money.

16 The schools have no money.

17 There's a side of this that doesn't need  
18 money.

19 I'm thrilled that, first, two church members  
20 came up here.

21 One of the reasons I came back to a small  
22 town is that I need a family.

23 I am on the streets and I'm already running  
24 into people I know.

25 Dennis, one of our superintendents, has

1 already heard my story a bit.

2 But, a legislation or an idea or an  
3 understanding needs to pass that is free, and that  
4 is, to let the people know, who know, these -- if  
5 you can't find an NA meeting, I have news for you,  
6 you're the ones starting it.

7 Where am I coming from?

8 I'm from a generation back in the day.

9 My father died of alcoholism, many of us had  
10 the same situation, but I suffered from that. And  
11 I went to Adult Children, Women Who Love Too Much,  
12 and those -- I mean, everything out there, and  
13 I finally barged into an AA meeting and lied for  
14 17 years about not being an alcoholic.

15 Rare, but, that group of men had the secret,  
16 and it was free. It was a dollar in the basket for  
17 the coffee.

18 What I'm saying is, is that if this is a  
19 small town and we have churches coming together,  
20 I have been to two of them. I'm trying to make my  
21 way to all of them. I heard the best words I ever  
22 heard, which one of them said, "all the churches are  
23 coming together."

24 We need the churches.

25 But as far as the schools and getting better



1 education, why is this gentleman not telling his  
2 story?

3 I have a story to tell, but because I'm not  
4 all these certifications, the certified people can  
5 assist. But if you don't use the people who have  
6 been there, done that, this mother said, "I knew  
7 nothing."

8 Guess what?

9 She knows what this mother may need to know  
10 tomorrow.

11 This entire community can answer the phone  
12 when she calls and says "I need help."

13 And we can sit there with coffee in a lobby  
14 somewhere until the help gets there, because if we  
15 just put 92 things on your desk that said, Give us  
16 money, this is a community.

17 I have a picture in my phone, when we were  
18 this big, on this lake.

19 We don't need \$600 condos.

20 We need some canoes.

21 There was ten of our kids, all together,  
22 meaning our friends, and I said, No wonder we were  
23 happy. We had ten kids, and we were all in bathing  
24 suits.

25 I'm going to say something that's going to

1 really upset people, but please understand I am  
2 aspiring to go to University of Pennsylvania for my  
3 master's in positive psychology, which is, get these  
4 kids off of drugs, and I'm talking about the little  
5 ones.

6 I went a middle-school band tour, and there  
7 was this many drugs for our children.

8 It isn't the pot that got them stuck on it.

9 It's that we did not teach them how to get  
10 over anxiety, and we didn't teach them how to get  
11 over depression, and we didn't teach them how to  
12 deal with some of these issues.

13 I was a college recruiter for 10 years, and  
14 I had a gentleman come to tell me he was the only  
15 one in his school who had not been on Adderall.

16 The drug laws for our children in school  
17 needs to be change now, that it's not every kid has  
18 ADD.

19 I know the educators. I know people --

20 [Applause.]

21 PATTY O'KELLEY (ph.): -- they come out and  
22 they are used to being given a tool to deal with  
23 what they're going through.

24 I will give my card to all of you guys.

25 I will give my card to you guys.

1           You guys are all doing great jobs.

2           But the educators, let us in.

3           Let us in who can help your kids.

4           Why can't we -- when I was in psychology, you  
5 all heard of arachnophobia?

6           Okay. We studied it in a book. We looked at  
7 it in a piece of paper.

8           But it wasn't until we saw the video of the  
9 true guy in the corner, sweating, shaking, and  
10 vomiting, that we realized what it really was, and  
11 it isn't just, he's afraid of spiders.

12          And it's the same with heroin.

13          He can't come in like this and just tell  
14 kids, Don't do it, and posters and all that,  
15 nothing.

16          But he can come in with some serious video  
17 and go back to the world of scared straight.

18                   [Applause.]

19          PATTY O'KELLEY (ph.): You know, "Breaking  
20 Bad" romanced this, and I mean romanced it.

21          That was a great show as far as dialogue.

22          But as far as when they were laying sick and  
23 vomiting, man, you just kind of looked past that.

24          It romanced it.

25          But until that's the picture these kids see

1 in fifth grade, sixth grade, seventh grade,  
2 eighth grade, ninth grade, tenth grade. It can't be  
3 an auditorium like this, because the kids are going  
4 to giggle over here.

5 You need to get small groups and get these  
6 people in to help.

7 But as a community, now that I am back, I'm  
8 back because it is a small town, and we need to  
9 start having some phone people that answer phones  
10 when people need.

11 I have gone through a lot in my life,  
12 depression, all of that. But when I pick the phone  
13 up and say "Help," I get, "Well, what did you want?  
14 Well, she can't call you back for two years."

15 I have offered to volunteer at several  
16 places, in schools, in committees.

17 I have not had one phone call.

18 I have been through this, family-wise,  
19 kid-wise.

20 I was recruiting juniors and seniors for  
21 10 years.

22 That's why I do this, and all I did was get  
23 their heads turned around, changed their grades, and  
24 get them out of college.

25 It doesn't take all your money that you don't

1 have, and all these things.

2 We need the church basements.

3 We need the auditoriums.

4 We need some canoes, and we need some fishing  
5 poles.

6 And we need some things to get these kids out  
7 of that depression, and we need to understand.

8 And if you have funding to send me to U Penn  
9 for positive psychology, I'll come back and do it  
10 all.

11 So, that's all I've got.

12 [Applause.]

13 SENATOR O'MARA: Thank you.

14 Could you give us your name for the record,  
15 please.

16 I'm sorry.

17 PATTY O'KELLEY (ph.): They all know it.

18 Somehow they all know me.

19 Patty O'Kelley.

20 SENATOR O'MARA: Thank you, Patty.

21 STEPHANIE CAMPBELL: Good evening.

22 My name is Stephanie Campbell, and I'm the  
23 director of policy for Friends of Recovery New York.

24 I just want to express my gratitude to my  
25 Senators who I've been speaking with, and having

1           conversations with, and a new Assembly friend.

2                     Thank you. That's awesome to meet you.

3                     I also worked with the Assembly Minority on  
4           that task force, and it was fantastic, and there's  
5           some great things in it.

6                     I also, though, want to say that, my name is  
7           Stephanie Campbell and I'm a person in long-term  
8           recovery. And what that means is --

9                             [Applause.]

10                    STEPHANIE CAMPBELL: Thank you.

11                    -- what that means is, I haven't used drugs  
12           or alcohol for 15 years.

13                    And what that's allowed me to do, is it's  
14           allowed me to be a mother of two beautiful children,  
15           one who turned 21 today. It's allowed me to be a  
16           wife. It's allowed me to be an employed person.

17                    Prior to my coming into recovery, I must have  
18           cost New York State taxpayers a couple millions of  
19           dollars, maybe.

20                    So I've saved you guys a lot of money.

21                             [Laughter.]

22                    STEPHANIE CAMPBELL: And, I hope that Devon  
23           and Adrianna --

24                    Is it Adrianna?

25                    -- Arianna, continue on this journey. And,

1 let's stay connected, let's get connected.

2 Alexis, you are amazing. Just blew my socks  
3 off. I'm sitting over there, going, Who is this  
4 woman?

5 Just really powerful.

6 And I loved what the last speaker said, "We  
7 know recovery."

8 And, you know, we know the problem of  
9 addiction.

10 It's horrible.

11 It's horrific.

12 It's not just heroin.

13 That's the drug du jour right now.

14 But it was crack in the '80s. And the  
15 Rockefeller drug laws did not make that situation  
16 better, I'm sorry to say.

17 What I can say to you is that, as a person in  
18 long-term recovery, I know that, you know, I'm an  
19 expert in this field, because I'm doing it, because  
20 I have battled addiction, and because, you know, I'm  
21 here as living proof that recovery works.

22 And, so, in the conversation that we've been  
23 having, you know, which is incredible, that we're  
24 now talking about we can't incarcerate our way out  
25 of this. Right?

1           We need treatment.

2           We need education.

3           We need prevention.

4           But we need recovery.

5           Someone comes out of crisis and they leave  
6 treatment, and they go back into a drug-infested  
7 housing project, you know, a system which offers no  
8 supports, there's no recovery community  
9 organization, there's no recovery community centers,  
10 there's no recovery coaches, there's no family  
11 navigators.

12           We're setting them up to fail, and we have to  
13 stop doing that, and we do have to invest in the  
14 solution of recovery.

15           So, I just want to, you know, reiterate, last  
16 month in Buffalo there were 23 overdoses, in one  
17 month.

18           It's not getting any better, and we know  
19 that.

20           But there is a solution, and we're calling on  
21 our representatives in the Legislature to put more  
22 money.

23           We're asking for \$50 million.

24           That's a drop in the bucket.

25           We need \$50 million for recovery supports in



1 the community, so that we can do recovery, so that  
2 don't have to go and visit our friends over here, so  
3 they don't have to wreak havoc and tornado through  
4 life, and possibly die, and leave their children,  
5 you know, parentless.

6 So we do ask that this disease of addiction  
7 is treated as a chronic illness, not as a moral  
8 deficiency.

9 And we need that funding now.

10 Thank you.

11 [Applause.]

12 YANA KHASHPER: Hi, good evening.

13 I'm a little short.

14 My name is Yana Khashper, and I'm the  
15 co-founder of ROCovery Fitness. We're a brand new  
16 nonprofit here in Rochester.

17 And I just want to say, thank you, to all the  
18 panelists, all the people who spoke, the room full  
19 of people that are here to talk about recovery, talk  
20 about addiction and recovery.

21 I'm also a licensed clinical social worker,  
22 and I've been working in the field for about a  
23 decade.

24 I received a graduate degree from NYU, and  
25 I had a 4.0 in the height of my addiction.

1 I was not dumb. I was not lacking willpower.

2 I had a chronic disease, and that chronic  
3 disease took everything from me.

4 But I'm here to tell that you recovery is  
5 possible.

6 As Stephanie mentioned, we know what the  
7 problem is.

8 You don't need me to tell you what the  
9 problem is.

10 We don't need all you folks to tell us what  
11 the problem is.

12 We can look in the news, we can see all the  
13 deaths.

14 You know, and -- I'm a little nervous.

15 And like Stephanie mentioned, we have a  
16 solution, a solution that we've seen work.

17 The Rockefeller drug laws that targeted  
18 low-level criminals with mandatory minimums probably  
19 didn't take away the money from the schools, and  
20 they're probably not the solution that we have  
21 today.

22 The problem that we have today is a chronic  
23 illness, which is addiction.

24 And a lot of folks talked about cancer being  
25 a chronic illness.

1 I don't know about you guys, but I haven't  
2 seen anyone get sick from cancer, and people look at  
3 them and say, Oh, your vomit is repulsive.

4 But I've seen people go through withdrawal  
5 and have that same reaction.

6 And that is the problem that we face.

7 As Stephanie talked about, we need more  
8 money.

9 We need more money for services.

10 Absolutely, we need more supports.

11 The Rochester-area detox generally has  
12 100-person wait list.

13 Think about that.

14 100-person wait list in Rochester, New York.

15 That is unacceptable.

16 We could increase incarceration stays.

17 We could increase substance abuse --  
18 substance-program stays. They would have a benefit.

19 But you leave these people and drop them  
20 right back into those communities, and then what?

21 You set them up to fail.

22 What we're asking for is recovery community  
23 organization. Peer-support programs.

24 What ROCovery Fitness is, is a nonprofit in  
25 Rochester, based around sober peers committed to

1 leading physically-active lifestyles.

2 We have a live network of supports.

3 The Gloucester department, the ANGELS they  
4 talk about, the recovery coaches, that's what we  
5 need money for.

6 The treatment services, absolutely, all that  
7 stuff is important, but we have a low-cost  
8 alternative to death: peer support.

9 Our programs cost nothing.

10 Our average hikes yield about 40 people in  
11 recovery.

12 We have touched over 500 individuals since  
13 inception in September.

14 Those are some big numbers.

15 And we need your help.

16 We need your help to reach more people.

17 There needs to be an atmosphere of recovery,  
18 and there needs to be less stigma. We need to  
19 shatter that stigma.

20 And that's what ROCovery Fitness aims to do.

21 We have three initiatives under ROCovery.

22 One is the community of sober peers that help  
23 and guide one another.

24 Another is the outreach. We talk to  
25 treatment centers. We talk to anyone that will

1 listen, parole, probation.

2 And the last one is education.

3 To get into the schools, give them  
4 presentations, talk about recovery, talk about what  
5 it looks like; not just say, Stop using drugs and  
6 alcohol, and here you go, live freely.

7 It talks about what you do when you stop  
8 using drugs and alcohol.

9 And that's really the miracle of this.

10 I lost my entire life to addiction, and  
11 I gained it back in recovery, and I live a life  
12 beyond my wildest dreams.

13 And that's possible.

14 And that's the atmosphere we need to put out  
15 there: Recovery is possible.

16 Thank you so much for having me up here.

17 Sorry I took your time.

18 SENATOR O'MARA: Thank you.

19 [Applause.]

20 JIM OHBROSKI (ph.): Hi. My name is  
21 Jim Ohbroski (ph.).

22 I'm a New York State taxpayer, and a common  
23 citizen.

24 I just look at things pragmatically.

25 First, what really irks me are dealers

1 themselves and the sociopathic nature they have.  
2 They don't care about anybody.

3 And what I find interesting, there are  
4 avenues, is to take the profit out of drug  
5 trafficking.

6 And I also question, just to bring up the  
7 aspect of Afghanistan, which supplies 60 percent of  
8 America's heroin now, three times what it did back  
9 before 9/11, and, where is the federal role in this?

10 You know, if we don't have the substance, we  
11 can't start the addiction.

12 And I know it's a long process, and I know  
13 there's many factors, and I won't address that.

14 And the other thing is, Tom Brokaw wrote a  
15 book called "The Greatest Generation."

16 I think we've lost that.

17 And I think that one of the root causes of  
18 addiction and the crisis problems we have is, we've  
19 kind of lost hope. Is the American Dream there  
20 anymore?

21 If I were 18 years old today, I'd be scared.

22 I started out as an electrician, and 30 years  
23 ago, I would make as much as I do today; and, yet,  
24 the price of a car has escalated six to eight times  
25 that. The cost of a house is out of reach.

1 All the things that I was brought up on, I'm  
2 a second-generation American. My grandparents came  
3 from Europe, they were poor.

4 I actually went back to the areas they were,  
5 and people don't realize they're still driving  
6 oxcarts in Russia.

7 That's part of family.

8 They're still doing that today.

9 And they came, my grandparents came, and he--  
10 and he was in this country, what, eight years, and  
11 he owned a house, he owned property.

12 That was unheard of in Europe.

13 Unheard of.

14 But where is that today for an 18-year-old?

15 What does an 18-year-old -- I think Devon,  
16 what he talked about, and I'm saying, Would I be  
17 disillusioned?

18 Would I seek another thing that would make me  
19 feel good?

20 You know, cost of education is outrageous.

21 I could go -- in my time, I could go to  
22 Rutgers, which was an Ivy League school, for \$400 a  
23 semester.

24 That's out of the question for a community  
25 college today.

1           So I look at root causes, and ask you people,  
2           and the people who have gone through the experience  
3           of seeking some other source: Is there a future for  
4           the American youth today?

5           And with the universality of labor, China,  
6           other jobs, I'm not blaming other countries. It's  
7           just an evolution process. We're becoming more  
8           global. Political borders are going to change,  
9           geographic borders are going to change.

10          They're going to become economic borders in  
11          the near future, and I say within 20 years.

12          Our whole system is going through a massive  
13          change, and we need to factor that in.

14          And where drugs fits in, is fulfilling some  
15          kind of need that we can't get, that we would rather  
16          have, like having a home, having security, things  
17          that today just are not present.

18          And I'm not blaming anybody.

19          I think it's an evolution process, as well as  
20          other things.

21          And we need to factor that in.

22          What is the hope for the future in this  
23          country?

24          Thank you.

25                   [Applause.]



1 SENATOR O'MARA: Thank you.

2 MICHAEL CHRISTIANSEN (ph.): Good evening.

3 SENATOR O'MARA: Good evening.

4 MICHAEL CHRISTIANSEN (ph.): I'm

5 Michael Christiansen (ph.), lifelong resident here  
6 in the village of Penn Yan.

7 Before I get into a lot of my background,  
8 I have a question.

9 I've seen -- or, I've heard tonight a lot of  
10 reference to funding.

11 And one issue that came to light weeks ago to  
12 me, in the media, I saw it once, and I haven't seen  
13 it since, and I don't know if it's true or not,  
14 especially seeing as how I got it from the media.

15 But, I was with the Sheriff's Office, worked  
16 with Sheriff Spike for 31 years. We were in the  
17 back of a beat-up old green vans down on Route 14,  
18 stumbling around back in the day.

19 But, in the mid-'80s, a program was  
20 initiated, where the federal government would  
21 sponsor a seizure if you had a defendant, whether  
22 they had a vehicle, whether they had a residence,  
23 that the federal government, as long as local law  
24 enforcement did the paperwork, proved their case,  
25 and took it to the U.S. Attorney up in Rochester,

1       they would pursue a seizure for the funds that these  
2       drug dealers.

3               And we've talked about funding today, we've  
4       heard increased funding enough times, so I'm trying  
5       to get to the crux of things here.

6               But it was a great program, wherein the  
7       U.S. Attorney's Office would handle the seizure  
8       of -- it could be a home, it could be a car, it  
9       could be the cash money that was taken during the  
10      arrest. And for 20 percent of the net, they would  
11      handle it, and local law enforcement got the other  
12      80 percent, and it had to be used for increased drug  
13      enforcement, drug programs, anything involved in the  
14      drug issue.

15              And it's my understanding now, and I'm not  
16      pointing the finger at you gentlemen, because it's  
17      my understanding that it's at the national level,  
18      the U.S. Department of Justice, and I heard the  
19      reference earlier today that this is a nationwide  
20      crisis, which, if anybody reads the paper, you  
21      recognized that this heroin issue is not just in  
22      Yates County.

23              So, anyways, my question is: Is that true?

24              Has that program been nixed?

25              And who's is responsible for that?

1           SENATOR O'MARA: Yeah, there has been a  
2 recent change in that.

3           I would defer to the table over here on the  
4 specifics of that.

5           SHERIFF RONALD G. SPIKE: Yeah, the  
6 U.S. Department of Justice has put an end to that  
7 program.

8           If you remember the DAG 71 form?

9           MICHAEL CHRISTIANSEN (ph.): Yes, I do.

10          SHERIFF RONALD G. SPIKE: No longer available  
11 to us, and they've stopped it.

12          So any asset forfeiture through the feds,  
13 through the DEA, is stopped.

14          MICHAEL CHRISTIANSEN (ph.): Now, who made  
15 that decision?

16          SENATOR O'MARA: Not us.

17          MICHAEL CHRISTIANSEN (ph.): I know you  
18 didn't.

19                         [Laughter.]

20          MICHAEL CHRISTIANSEN (ph.): I prefaced my  
21 question with that. I know you guys didn't.

22          But is that the Obama Administration?

23          SENATOR ORTT: Former-U.S. Attorney  
24 Eric Holder.

25          MICHAEL CHRISTIANSEN (ph.): Eric Holder.

1           And who does he get his marching orders from?

2           I'm not trying to --

3           SENATOR ORTT: Well, today, probably just  
4 Mrs. Holder.

5           But back in the day, it was President Obama.

6           MICHAEL CHRISTIANSEN (ph.): Okay. And I'm  
7 not politicizing things, but if anybody, and I defer  
8 to the sheriffs here and the District Attorney's  
9 Office, and Judge Falvey, who was a former district  
10 attorney, I believe, back in the '80s when we were  
11 dealing with this, that that program initiated a lot  
12 of money.

13           And all I've heard today from everybody here  
14 is increased funding.

15           And there is -- it's gone out the window.

16           This week, up in Rochester, 18 pounds of  
17 cocaine.

18           Now, those of you that aren't involved in  
19 drug enforcement might not recognize, that's a lot  
20 of coke. 300-and-some-odd-thousand dollars, a BMW.

21           And now that's not getting seized?

22           And all I heard about tonight is how much  
23 more money we need.

24           I implore on our political leaders to get to  
25 the bottom of that issue and put a hammer on.

1           With this epidemic, and that's what it's been  
2 referred to here today, a national crisis, an  
3 epidemic, that we need more funding.

4           There it is.

5           There it is, and it's just gone up in smoke  
6 in the last week.

7           And how many here tonight had heard about  
8 that?

9           Not a lot.

10          Never.

11          DA VALERIE G. GARDNER: If I could just  
12 address that over here.

13          Valerie.

14          Woo-hoo.

15          Hi.

16          MICHAEL CHRISTIANSEN (ph.): Hi.

17          DA VALERIE G. GARDNER: While there are some  
18 serious restrictions for the federal forfeiture  
19 procedures, they are still available, in a very  
20 limited way, if the federal prosecution started as a  
21 federal investigation.

22          What we do have, though, available through  
23 our state law and our state seizure asset-forfeiture  
24 provisions, is the ability to -- and we've done this  
25 over the last two years, it's one of the things that

1 I've instituted -- is done some asset forfeiture.  
2 So you're looking at vehicles, some cash, and that  
3 gets disbursed to, a percentage to the  
4 law-enforcement agency, a percentage to OASAS, which  
5 is the state substance-abuse agencies, and a smaller  
6 percent to the DA's Office. And that gets used  
7 specifically to fund law enforcement-related  
8 activities, such as training, et cetera.

9 MICHAEL CHRISTIANSEN (ph.): Right, and I --

10 DA VALERIE G. GARDNER: So those funds, by  
11 statute, it's very strictly regulated as to what we  
12 can spend that kind of money on.

13 But make no mistake, I mean, we're really not  
14 seeing -- the primary dealing that you're talking  
15 about, where people have bundles of cash, isn't  
16 really happening here.

17 MICHAEL CHRISTIANSEN (ph.): Right, but  
18 there's still vehicles and there's still homes.

19 And I'm familiar with the program that you're  
20 talking about at the state level.

21 Unfortunately, the State, they got such a  
22 huge hunk of the pie, that there's none for local  
23 law enforcement.

24 DA VALERIE G. GARDNER: It's over 40 percent  
25 that goes to OASAS.

1           MICHAEL CHRISTIANSEN (ph.): Exactly.

2           DA VALERIE G. GARDNER: It's almost  
3 30 percent that goes to the local law enforcement  
4 agency --

5           MICHAEL CHRISTIANSEN (ph.): 30 percent.

6           DA VALERIE G. GARDNER: -- and the rest into  
7 the DA's Office to go on law enforcement.

8           MICHAEL CHRISTIANSEN (ph.): Right, and  
9 that's my concern.

10           With this federal program, 80 percent went  
11 back to local law enforcement, and the feds kept  
12 20 percent for their problem.

13           And now that's gone.

14           So that question being answered, I also have  
15 to reflect on my experiences, as I mentioned  
16 earlier, with Sheriff Spike, I go back 30-plus  
17 years, and was actively involved in drug  
18 enforcement.

19           And, I don't have to tell a lot of people,  
20 here, but you would think that this is something new  
21 after what you've heard tonight.

22           This has been going on for a while.

23           And, I keep hearing, once again, increased  
24 funding.

25           I think we need to take another look at what

1 we've been doing for the last 30 years, that hasn't  
2 been working, and whether it's the Rockefeller laws  
3 that shouldn't have been changed, whether it's this  
4 Good Samaritan law, that really concerns me.

5 I mean, we need to hold people accountable.

6 Gail spoke about just being concerned with  
7 the marijuana laws.

8 But we have somebody that goes into an  
9 overdose, and because they call for help, the gloves  
10 are off.

11 Now, how would that work as far as  
12 enforcement of our DWI laws, if somebody goes off  
13 the road and hits a telephone pole, and they get on  
14 the phone and call for help?

15 Do they get a free ride for their DWI because  
16 they called for help? No.

17 We wouldn't have good enforcement if that was  
18 the case.

19 So I think we need to take a look at the laws  
20 that we're already using, that aren't being  
21 effective.

22 We need to look at the treatment programs.

23 I served on both the village board and the  
24 school board with Dr. Dennis, and I've heard all  
25 this talk about, we have to get into the schools.



1           We've been getting into the schools.

2           Okay?

3           I think maybe what we need to do is to get  
4 into the families.

5           We need two parents back in the household.

6           We need some parents taking responsibility.

7           We need to get into the families to get this  
8 dealt with.

9                           [Applause.]

10           MICHAEL CHRISTIANSEN (ph.): Asking the  
11 government for more funding, for more programs,  
12 I think it's time to take a step back and say, Wait  
13 a minute, what have we been doing with the funding  
14 we were already spending?

15           I apologize for my delivery.

16           My wife often tells me, Mike, it's not your  
17 message, it's your delivery.

18           So, I apologize for that, and thanks for your  
19 time.

20                           [Applause.]

21           SENATOR O'MARA: Michael, thank you very  
22 much.

23           Michael was last, and certainly not least.

24           Thank you for wrapping things up for us in  
25 good fashion.

1 Alexis has something she would like to say  
2 down here regarding Truth Pharm.

3 ALEXIS PLEUS: Thank you so much for letting  
4 me do that.

5 A lot of people spoke tonight about the  
6 community getting involved.

7 And I agree with the Senators, they've put a  
8 lot of good legislation out last year, and the  
9 Assembly failed to pass, I believe, every single  
10 measure that you put in place, aside from maybe one.

11 Truth Pharm is taking trips to Albany,  
12 February 25th, March 1st, March 15th, and  
13 March 16th.

14 Any community member is welcome to join us,  
15 and we're going to visit Assemblymen and Senators in  
16 Albany, and we really -- we really, really, really  
17 need community support.

18 We need more people to join us, more people  
19 to go to Albany and talk to our political leaders,  
20 and tell them the things that you're all talking  
21 about tonight.

22 We need to go to Albany and talk to them  
23 face-to-face. They need to hear from us.

24 So you can find our information our on  
25 website, [www.truthpharm](http://www.truthpharm.org), spelled with a "ph," .org,

1 or you can find us on our Facebook.

2 And we'd love to have anybody that would like  
3 to go with us, join us.

4 SENATOR O'MARA: Thank you, Alexis.

5 [Applause.]

6 SENATOR O'MARA: Okay. I want to -- it's  
7 almost 10:00. We're going to wrap it up.

8 I want to thank Penn Yan school system for  
9 the use of this beautiful auditorium here this  
10 evening.

11 I want to thank all of our panelists for your  
12 time, your input on this; my colleagues for coming  
13 from all across the state to be here; for all of you  
14 for coming and attending and being so attentive for  
15 this.

16 It shows the extent of the concern that this  
17 community has for this problem.

18 And I agree with what all of our speakers  
19 said here this evening with regards to, this needs  
20 to be a whole community approach to this, and it's  
21 not just about money.

22 We do look at refocusing our programs, but we  
23 have a \$145 billion budget we're considering in  
24 Albany right now.

25 We ought to be able to find the appropriate

1 resources, or reshift resources, to focus more  
2 intensely on this.

3 But it is going to take the community at  
4 large to really fight this, through our churches,  
5 through our community organizations, all of these  
6 groups to do that.

7 So thank you, all, and please be active in  
8 your community.

9 (Whereupon, at approximately 9:51 p.m.,  
10 the public hearing held before the New York State  
11 Joint Senate Task Force on Heroin and Opioid  
12 Addiction, concluded.)

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