

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

3
4 ROUNDTABLE DISCUSSION

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

8
9 Chenango Valley High School
10 221 Chenango Bridge Road
11 Binghamton NY

12 April 13, 2016
13 4:00 p.m. to 6:00 p.m.

14 PRESIDING:

15 Senator Frederick J. Akshar, II, Sponsor

16 Senator George A. Amedore, Jr., Chair (not present)

17 Senator Robert Ortt, Chair

18 Senator Terrence Murphy, Chair
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SPEAKERS:

Lisa Bailey
Parent and Founder of Valley Addiction and Drug
Education (ADE)

John Barry
Executive Director/Southern Tier AIDS Program (STAP)

Michael John Barton
President/Dreams Over Drugs Foundation

Stephen Cornwell, Jr.
Broome County District Attorney

Ernest Cutting, Jr.
Chenango County Sheriff

George Dermody
President & CEO/Children's Home

Patrick Garey
Captain/New York State Police, Troop C

Jill Alford-Hammitt
Substance Abuse Prevention Program Manager/Lourdes
Youth Services

Gary Howard
Tioga County Sheriff

Art Johnson, CSW
President - New York Public Welfare
Association/Commissioner - Broome County Departments of
Social Services and Mental Health

Joseph McBride
Chenango County District Attorney

LuAnn Natyshak
Pastor/Inside Out

Kathleen Newcomb
Captain/Broome County Sheriff's Office

Dr. Keith Nichols
Family Medicine

1 **SPEAKERS (Continued):**

2 **Honorable William Pelella**
3 Binghamton City Court Judge

4 Carmela Pirich
5 Executive Director/Addiction Center of Broome County

6 Ruth Roberts, LCSW-R
7 Director of Community Services/Chenango County
8 Community Mental Hygiene Services

9 Dr. Christopher Ryan
10 Medical Director/Broome County Health Department

11 Barry Schecter, MSW, CASAC-R
12 Chronic Pain and Addictions Counselor/Keith Nichols
13 Family Care

14 Ray Serowik
15 Broome County EMS Coordinator

16 **Penny Stringfield**
17 Parent

18 Alan Wilmarth
19 UHS Administrative Director of Behavior Health

20 Joseph Zikuski
21 City of Binghamton Police Chief

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1 SENATOR FREDRICK ASHKAR II: Okay, everyone,
2 I think we'll get started. Good afternoon and thank
3 you for joining us. I'm Senator Fred Akshar, and it
4 is an honor and privilege to be here representing
5 this great community in the New York State Senate,
6 and I want to welcome you all to the Roundtable
7 Forum of the New York State Senate Task Force on
8 Heroin and Opioid addiction.

9 I would like to thank Superintendent David
10 Gill. I'm not entirely sure if he's in attendance
11 but -- there you are. Superintendent, thank you
12 very much for your leadership in this community, and
13 your steadfast friendship, quite frankly, when I was
14 in law enforcement, and our friendship continues
15 while I'm in the New York State Senate. I thank you
16 for that. I promise you we'll do our best to be out
17 of your here by 6:00 p.m.

18 As many of you know, this heroin epidemic is
19 something that's near and dear to my heart. As a
20 15-year member of law enforcement, I spent a
21 considerable amount of time working in the
22 undercover narcotics world, and I have seen
23 firsthand how this scourge has ruined loving
24 families, and I myself admit that at one point in my
25 career, I thought that enforcement was the key to

1 solving this solution.

2 But as I grew in my own career and educated
3 myself, clearly we know that that's not important.
4 I applaud the work that law enforcement does, quite
5 frankly, on a daily basis.

6 The men and women in uniform work extremely
7 hard to deal with this issue, but, it is clear to
8 me that we need to do more by way of education,
9 prevention, treatment and most importantly, support
10 for families.

11 Even more importantly, I think is ensuring
12 that folks who need treatment have proper access to
13 treatment. I have said often, and many of you have
14 probably heard me say that this is a community issue
15 that requires community response. And parents,
16 families, schools, law enforcement, treatment
17 providers, and the government all have important
18 roles to play.

19 I think it is important to say this now, that
20 it is incumbent upon all of us sitting at this table
21 and everybody who is involved in this community to
22 set our political differences aside and our
23 personalities aside. Because if we don't do that,
24 we're going to stifle progress.

25 And it is critically important to the people

1 that we're trying to help that we don't allow that
2 to happen. And that's quite frankly what brings us
3 here today.

4 We have an outstanding panel of local
5 stakeholders here to discuss their roles in
6 combating this epidemic and I am pleased to be
7 joined by two of our task force co-chairs, Senator
8 Terrence Murphy, who is currently traveling. He'll
9 join us as soon as he gets here from Westchester
10 County. And Senator Rob Ortt from Western New York.
11 Senator Ortt, thank you very much. And our good
12 friend and neighbor from the west, Senator Tom
13 O'Mara.

14 So today's forum, what we're trying to
15 accomplish is three things, to explore what's
16 working locally, in our battle against heroin,
17 number two, to identify what gaps in service remain,
18 and I think we all understand that there are gaps
19 that need to be filled. And to discuss what we can
20 do at this state level to help to reduce barriers to
21 care and strengthen our approach at the state level
22 to addiction.

23 Oral testimony is limited to those on the
24 panel today. However, I recognize that there are a
25 lot of people in the audience who have been touched

1 by this epidemic and are equally qualified to speak
2 on the subject. There simply isn't enough time, nor
3 is there enough room on this stage.

4 If you've prepared written remarks, please,
5 do your best to put them in the box out front in the
6 table that says written remarks. Also, you'll find
7 the written remarks section here.

8 You can fill that out while you're here or
9 take it home and mail it to my district office, or
10 of course, you can visit our website,
11 akshar.ny.senate.gov to provide your written
12 testimony.

13 The only thing I ask is that if you're going
14 to provide written testimony, you do so by April 20,
15 because the members of the task force need some time
16 to digest that and put it all together.

17 And, finally, if you would like to receive
18 legislative updates as to what the task force is
19 doing on a daily and weekly basis, I ask that if you
20 don't put any written testimony, you simply put your
21 contact information, and we'll ensure that you stay
22 up to date.

23 Before we get started, I want to take a
24 moment to recognize some special guests who are with
25 us in the audience today. First and foremost, most

1 importantly, are the courageous men and women on my
2 heroin advisory committee.

3 I thank you folks for your willingness to
4 come and see me on a regular basis. Your
5 willingness to share your stories, and the trials
6 and tribulations that you have been faced with in
7 your lives, because quite frankly, it continues to
8 allow me an opportunity to educate myself, and it
9 affords me an opportunity to craft my personal
10 legislative agenda.

11 Assemblywoman Donna Lupardo, Assemblyman
12 Clifford Crouch, City of Binghamton Mayor Rich
13 David, County Executive Debbie Preston, members of
14 the Broome and Tioga County Legislatures, including
15 Tioga County Chair Marte Sauerbrey. Marte, thank
16 you for being with us today. Chenango Valley's Yes
17 Leaders and their adviser Matt Stanton, and leaders
18 from the Tioga County Council on Alcoholism and
19 Substance Abuse in the Broome Opioid Abuse Council.
20 So I thank each of you for coming.

21 Without further ado, I want to introduce my
22 colleagues from the New York State Senate. Senator
23 Ortt, I'll start with you. Do you want to make some
24 brief of opening remarks?

25 SENATOR ROBERT ORTT: Yeah, and I'll be very

1 brief, because we want to get to our panelists at
2 our roundtable here.

3 But this is my seventh hearing or roundtable
4 discussion that I have attended since being a member
5 of the task force around the state. I've had one
6 many my district, in Niagara County, I have been to
7 Long Island just last week. I have been to
8 Penn Yan, I have been to Rochester, Albany.

9 And while there are differences in each of
10 those areas, sometimes significant, there are a lot
11 of similarities and themes that you hear. In fact,
12 it almost gets to the point for me that I couldn't
13 tell you where I was, because you start to hear the
14 same issues over and over and over again as it
15 relates to this epidemic.

16 You hear the heartbreaking stories from
17 moms and dads. You hear the challenges that law
18 enforcement are facing every day trying to keep up
19 with this epidemic. And you hear from -- a lot of
20 times from the providers who are on the front lines
21 of this, trying to get people -- they can't get
22 people in fast enough. There's a waiting list. And
23 there's a lot of challenges.

24 So as my colleague Senator Akshar said, who I
25 want to thank, by the way, for doing this and

1 putting this together. Even though I have been
2 around the state, we've done six or seven or eight,
3 they haven't happened in every district.

4 And the fact of the matter is, there are
5 certain Senators who have really made the push and
6 focused on this and brought people in their
7 community together to hear from them, and as he
8 said, this helps us better represent you, and helps
9 us craft real reform and real legislation that makes
10 a difference.

11 And so I want to thank him for doing this. I
12 want to thank my colleagues on the task force,
13 Senator O'Mara for being here as well.

14 And you know, there's not one thing that we
15 can do. I wish there was one thing that we could do
16 tomorrow that would make it all better. And I
17 realize, you know, depending on who you talk to, if
18 you talk to law enforcement, there might be one or
19 two things that they think you should do
20 immediately.

21 If you talk to providers, there might be one
22 or two things they think you should do talk to
23 family. The bottom line is, it is going to take
24 several reforms, both resources, and I'm proud to
25 say we just secured an additional new \$25 million in

1 the recently-enacted budget specifically focused to
2 combating heroin and opioid abuse, specifically.

3 That is a part of 166 million overall funding
4 in the budget that goes to combating substance
5 abuse, heroin, opioids, alcohol and the like.

6 So were it not for these hearings, were it
7 not for many of you in the audience, and were it not
8 for my colleagues up here, that \$25 million would
9 not be in the budget this year. So we're clearly
10 making strides, we're making progress.

11 It's a start. But there are things that we
12 need to do beyond resources. You know, we need to
13 make sure that access to treatment is a real
14 priority. Almost treatment on demand. You know, if
15 somebody comes and says I need treatment, I'm a
16 heroin addict, I need treatment, you can't say come
17 back in a month, because you're probably not going
18 to see that person again.

19 And I also think we, on the law enforcement
20 side, really zero in on the dealers who are using
21 Fentanyl and cutting up the heroin with Fentanyl.
22 Fentanyl, for those that don't know, is extremely
23 lethal, and I'm sure we're going to hear about that
24 after today. That is one of the biggest reasons
25 you're seeing the amount of deaths that you're

1 seeing as it relates to this epidemic because of the
2 Fentanyl. It is 40 times more lethal than heroin.

3 And there are dealers who are knowingly -- in
4 fact, there was a dealer in Buffalo not far from
5 where I represent, he actually had Fentanyl and he
6 was cutting it up with heroin. In my opinion,
7 that's akin to murder, the same as if he went up and
8 shot somebody, because he darned well knows when he
9 sells that bag of Fentanyl to somebody, it is highly
10 likely you'll never see that person again.

11 So there's a lot of things we can do, and
12 there's going to be some differences certainly as we
13 go forward on the proper course. But I think if we
14 come up with a comprehensive package of reforms, and
15 I know we're going to do this session along with the
16 resources we have in the budget, we're going to
17 save lives, and we can really put a stop to this
18 epidemic.

19 So I want to thank all of you who are here
20 today for the courage, for taking ownership of it as
21 a community, and I want to thank the folks who are
22 up here as well.

23 SENATOR FREDRICK ASHKAR II: Thank you very
24 much, Senator Ortt. Senator O'Mara.

25 SENATOR THOMAS O'MARA: Thank you, Fred, and

1 thank you for having this forum here today.

2 As Fred said, I represent the district of the
3 immediate west of Tioga County. I include Chemung,
4 Tomkins, Yates, Schuyler and Steuben Counties in my
5 district, so it's wide ranging. It's suburban, it's
6 small cities, it's rural.

7 And this issue of heroin abuse and addiction
8 is affecting everybody. It's not just an urban
9 problem, it's not a suburban problem, it's not a
10 rural problem, it's not rich or a poor problem.
11 It's affecting all socioeconomic classes like
12 nothing I have ever seen before.

13 And the additional fund in this year's budget
14 bringing our total spending up to \$166 million
15 towards addiction programming is very important.
16 But as the Senators have said, money is not the
17 whole answer. And it's going to take the whole
18 community's involvement to work on this issue at all
19 levels.

20 Not just with money, but with community
21 involvement to tackle this from where we need to be,
22 improving our methods on prevention, improving our
23 treatment to access for detoxification and inpatient
24 treatment beds that are woefully lacking across the
25 state that we need to make improvements on, and I

1 really look forward to the input that we get from
2 those on the panel here today and thank you all for
3 participating. Thank all for coming and taking time
4 out of your day to be here and get involved in this
5 important issue.

6 You know, I am a former district attorney,
7 where I worked as an Assistant DA in Manhattan, and
8 as District Attorney in Chemung County, and I firmly
9 believe that this is not an issue that we are going
10 to arrest, prosecute and jail our way out of, no
11 matter how strong and how good our law enforcement
12 is on these issues. It's just -- it's an addiction
13 problem, it's a health problem that we're going to
14 need to deal with more than just the crime basis
15 that by increasing improvement to access.

16 You know, I have three teenaged children, and
17 this issue really scares the hell out of me in
18 looking at my three kids that certainly, I think,
19 are good kids.

20 But I've seen so many stories in these task
21 forces that we have had around the state of mothers
22 and fathers talking, sisters and brothers talking
23 about individuals that have gotten wrapped up in
24 this addiction so easily, and many times as a result
25 of opioid pain killers given as a result of surgery

1 or other health problems that lead to this addiction
2 and causes people to then turn to heroin, because
3 frankly, it's cheaper and easier to get.

4 So you know, we have to look at the criminal
5 problems, as I said, as a former District Attorney
6 and firmly believe in increasing our ability to go
7 after the dealers that peddle this scourge to our
8 citizens, to increase penalties for that,
9 particularly those where it involves a death.

10 Senator Ortt said, in going after that, and
11 we've been pushing for legislation to do that and
12 have passed that in the Senate last year and this
13 year, and we will continue to work on trying to get
14 that through the other house of the legislature and
15 before the Governor.

16 But, really, it's a problem of prevention and
17 treatment that we're all looking forward to your
18 input here today, and thank you for having me here
19 today, Fred.

20 SENATOR FREDRICK ASHKAR II: Senator O'Mara,
21 thank you very much. What I would like to do in
22 terms of making sure that everybody in the audience
23 knows who everybody on the panel is, Dr. Ryan, if
24 I could start with you, just simply introduce
25 yourself, and, you know, title and who you're with,

1 and we'll work our way around the table and we'll
2 start our discussion.

3 Dr. CHRISTOPHER RYAN: Great. I'm Chris
4 Ryan, I'm the Medical Director at the Broome County
5 Health Department.

6 RUTH ROBERTS, LCSW-R: I'm Ruth Roberts. I'm
7 the Director of Community Services in Chenango
8 County, responsible for the planning and oversight
9 of the three disabilities, mental health,
10 developmental disabilities, and substance abuse.

11 JOSEPH McBRIDE: My name is Joe McBride, I'm
12 the Chenango County District Attorney.

13 STEPHEN CORNELL, JR.: I'm Steve Cornell,
14 Broome County District Attorney.

15 HON. WILLIAM PELELLA: William Pelella,
16 presiding judge of the treatment drug court -- Drug
17 Treatment Court Program for Broome County, as well
18 as the Veterans Treatment Court Program for Broome
19 County.

20 CARMELA PIRICH: Carmella Pirich, Executive
21 Director of the Addiction Center of Broome County.

22 JOHN BARRY: John Barry, the Executive
23 Director of the Southern Tier AIDS Program. We
24 operate syringe exchange programs, so I'm the voice
25 of harm reduction on the committee.

1 JILL ALFORD-HAMMITT: Jill Alford-Hammitt,
2 with Lourdes Student Assistance Program. I'm the
3 Program Manager.

4 ALAN WILMARTH: Alan Wilmarth. I'm the
5 Administrative Director of Behavioral Health for
6 United Health Services System.

7 ART JOHNSON, CSW: Art Johnson, Broome County
8 Mental Health and Social Services Commissioner.
9 I've worked in the chemical dependency treatment
10 field for 37 years.

11 LISA BAILEY: I am Lisa Bailey. I am the
12 parent of a child with an addiction problem. I'm
13 also the founder of Valley Addiction and Drug
14 Education.

15 MICHAEL JOHN BARTON: I'm Michael Barton.
16 I'm Founder and President of Dreams Over Drugs
17 Foundation.

18 LUANN NATYSHAK: I'm LuAnn Natyshak, I'm a
19 pastor with Inside Out Ministries doing jail
20 ministry.

21 PENNY STRINGFIELD: I'm Penny Stringfield. I
22 am a parent who lost a child to a heroin overdose.
23 I'm also the co-president of the Addiction Center of
24 Broome County Board, and a board member of Truth
25 Farm.

1 Dr. KEITH NICHOLS: Keith Nichols, I have
2 been practicing family medicine in Owego for about
3 35 years.

4 BARRY SCHECTER, MSW-CASAC-R: My name is
5 Barry Schecter. And I'm a clinical social worker,
6 and I work with Dr. Nichols.

7 GEORGE DERMODY: I'm George Dermody, the
8 Chief Executive Officer of the Children's Home,
9 Wyoming conference.

10 CAPTAIN PATRICK GAREY: I'm Pat Garey. I'm a
11 Captain with the New York State Police, Troop C.

12 JOSEPH ZIKUSKI: Joe Zikuski. I'm the Police
13 Chief for the City of Binghamton, and along with the
14 Sheriff's Department, we have a narcotics task force
15 that consists of 15 investigators along with our
16 street crimes unit and additional seven officers
17 which are trying to fight this battle on our side.

18 CAPTAIN KATHLEEN NEWCOMB: Good afternoon.
19 My name is Kate Newcomb. I'm the Captain with the
20 Broome County Sheriff's Office.

21 SHERIFF GARY HOWARD: Gary Howard, Sheriff,
22 Tioga County.

23 ERNEST CUTTING, JR.: I'm Ernie Cutting,
24 Sheriff, Chenango County.

25 RAY SCROWIK: Ray Serowik, I'm the Emergency

1 Medical Services Coordinator for Broome County in
2 the Office of Emergency Services.

3 SENATOR FREDRICK ASHKAR II: Well, again, to
4 everybody, I say thank you for your willingness to
5 come here today and take time out of your busy
6 schedules and partake in this roundtable discussion.

7 With that said, Penny, if you would be so
8 kind to start the discussion and to everybody on the
9 panel, I want this to be as interactive of a
10 conversation as possible. So I'll try to lead the
11 conversation the best that I can, but as issues
12 arise, if you have something to say about a
13 particular issue that we're discussing, please, just
14 chime in and, Penny, you hold a very special place
15 in my heart, and I would love for you to discuss
16 this -- or excuse me, start this discussion.

17 PENNY STRINGFIELD: Thank you. As you hold a
18 very special part in my heart as well.

19 My son died in February of 2015, and he had
20 begun a group called I'm Dope Without Dope, and was
21 trying to work with and help people who were
22 struggling with the same addiction that he was.

23 When he died, I decided that the only thing
24 that I could do at that point was to continue his
25 voice. And I spoke at a forum at SUNY Broome, and

1 the next time I spoke, it was at a BOAC meeting, and
2 Senator Akshar asked me as a parent if there were
3 two things that I could accomplish by what I was
4 doing with my voice, I said it would be that I would
5 end the stigma of addiction and that I would do
6 everything in my power to make sure that we had the
7 proper treatment in our area that we need.

8 I think we've come a long way with the
9 stigma. And I think one of the reasons for that
10 is because the heroin face is very personal now.
11 Almost everyone knows someone who's been affected by
12 this.

13 I feel privileged that I have a voice as a
14 parent, and I have shared Johnnie's story for many,
15 many months to anyone who would listen. So if I
16 could have a minute, I have just three very short
17 stories of other parents who have lost their
18 children.

19 My son battled his opioid addiction for ten
20 years that started with a prescription for Oxycontin
21 for a football knee injury in high school. He
22 graduated college and was a successful chef. He was
23 charismatic and had an enormous heart.

24 He entered sobriety in jail in 2013 and
25 maintained it when he got out, living his life in

1 preparation to care for his son he was trying to
2 establish paternity of through family court. When
3 the baby was eight months old, the judge finally
4 ordered DNA tests. Two days later, the baby died.
5 My son lost his son and six months later my son lost
6 his life to a heroin overdose.

7 After a long struggle with opiate addiction,
8 Katie lost her battle. Katie was a passionate,
9 fearless and unconditional lover of those less
10 fortunate, always rooting for the underdog. Katie
11 loved the City of Binghamton. She was intelligent,
12 witty and complex. She had a special way with
13 words, and her favorite past time was sharing her
14 views and opinions on Facebook. Katie, you deserved
15 more, and the world was a better place with you in
16 it. You were one of a kind.

17 I don't need to read the last story because
18 it's Johnnie's. Johnnie was also compassionate,
19 loving, kind, he sang in the church choir. He
20 preached every Sunday on youth Sunday. He loved his
21 grandmother. He loved his sister and he loved his
22 dad. He loved me. He played sports. And he
23 struggled for five years with addiction, also after
24 having his acl replaced when he was a sophomore in
25 high school and became addicted to pain pills.

1 For many years, we worked tirelessly to get
2 Johnnie into rehab, and he would get into rehabs
3 over and over and over again, for three weeks, two
4 weeks, one week, outpatient. There was never enough
5 treatment and there was never local treatment,
6 comprehensive treatment for him.

7 I truly believe that some of our people who
8 are addicted probably are better if they can leave
9 their community. They need to get away from
10 everything. I don't think that about my son.

11 He also struggled with depression and
12 anxiety, and he needed his family, and his friends
13 and his church. And every time we sent him away, he
14 became more anxious and more depressed.

15 And what I'm asking right now over and over
16 and over and over and over again is, please, help us
17 to get the services that we need.

18 When I talk to parents that spend days and
19 weeks on the telephone calling places, begging
20 insurances, it's wrong. It's wrong. And the longer
21 that we don't do something about this, the more of
22 our children we're going to lose. Thank you.

23 SENATOR FREDRICK ASHKAR II: Penny, thank you
24 very much.

25 Lisa, if you wouldn't mind, as a parent,

1 speaking a little bit now.

2 LISA BAILEY: Sure. I tend to talk too much,
3 so I had to write it down to keep me quiet a little
4 bit.

5 Over two years ago, my husband and I started
6 up a community group called Valley ADE. Our group
7 provides support, information, education, and
8 referrals for families and addicts. We started it
9 because we know every emotion that comes with being
10 the parent of an addict. We know the loneliness,
11 the fear, the guilt, the sadness, the heart breaking
12 and heart wrenching emotions. We live it daily.

13 You see, we have a son who battles addiction.
14 We were the good parents, the present ones, the
15 tight-knit family. We had the white picket fence.

16 My son was very smart, top of his class,
17 basketball star. Unfortunately, that basketball
18 star status got him many concussions because he was
19 quite aggressive. His last concussion was labeled
20 as a traumatic brain injury. That's where the
21 initial drug use started.

22 His headaches were severe and the pain
23 medications were prescribed. Everything when
24 downhill from there and it spiraled out of control.
25 Things got bad, we were scared. My husband and I

1 would take turns sleeping out of fear. We lived in
2 disgrace, embarrassment and total guilt. We didn't
3 talk. You didn't tell anybody your problems.

4 At this point it was two years -- or it was
5 his senior year, and it was two days after his high
6 school graduation. 1:00 a.m. in the morning, we
7 find my son non-responsive and blue. My husband
8 grabbed him, held him, and begged him not to leave
9 us.

10 They found rat poison in his system. They
11 believe that his drugs were laced with rat poison.
12 He had total heart failure, kidney failure, lung
13 failure and was on life support. We were told to
14 say our good-byes to our only son.

15 However, he survived the unthinkable. That's
16 when I found out I had no clue what to do. I didn't
17 have the answers. I was the mom. I was supposed to
18 know what to do.

19 He walked out of that hospital with a
20 follow-up appointment for his heart and that was
21 all. No information on addiction, no information on
22 rehab, no information on detox, absolutely nothing.
23 We didn't know where to turn.

24 Countless hours at the computer with tears
25 streaming down our faces. Four overdoses later, a

1 family torn apart, a drained savings account, and
2 countless stolen -- or stolen money and family
3 heirlooms, here we are.

4 He has attempted inpatient, outpatient,
5 vivitrol, Suboxone, but every time he comes home,
6 the addiction is too strong for him.

7 During a tough time of addiction for my son,
8 I heard a very special speaker say to think about
9 your family in a boat. It's the parent's
10 responsibility to keep that boat calm. It's the
11 addict that wants to rock the boat and turn it
12 upside down.

13 She said sometimes, you have to protect your
14 family, and to do that, you have to throw your
15 addicted child out of the boat. I hated that boat
16 story, and I hated it that night. It goes against
17 my enabling personality. It goes against everything
18 a mom is supposed to do.

19 We got home that evening after we heard that
20 story to find our son passed out with his drug
21 paraphernalia beside him. I heard my husband
22 screaming. I took a couple of deep breaths and went
23 upstairs. My son finally came around, and I told
24 him very calmly and simply, to get out. I was done,
25 and I wanted my boat, I wanted my family back.

1 He is now in rehab in Florida. He's been
2 there a little over two months. Does he still try
3 to rock my boat? Absolutely. But my boat is not
4 going to tip anymore. I'm attempting to let go
5 without ever giving up on my son, without ever
6 giving up his hope.

7 But daily we fight addiction, and the stigma
8 and the demons associated with it. You've heard
9 that drugs do not discriminate. No child wants to
10 grow up to be that drug addict. Every addict is
11 somebody's child, somebody's brother, somebody's
12 sister, somebody's loved one.

13 I think one of the hardest things was giving
14 up who my child was. Giving up the hopes and dreams
15 I had for him, giving up that sweet innocent boy who
16 loved his basketball.

17 Our group over the past two years has helped
18 nearly 25 people get into rehab, referred countless
19 families to different counselors, and done a variety
20 of community services. We hold support groups for
21 families. But we need help. We are just volunteers
22 helping each other in our community.

23 We need to provide access to treatment and
24 long-term effective treatment options. We need to
25 provide information, resources, and education.

1 Drug addiction is an illness, and I think
2 that we are missing out on treatment opportunities
3 and options, especially for the families in our
4 area. There's treatment for all other diseases.
5 When you are discharged from the hospital, you're
6 given appointments and follow-up care for all
7 diseases, except addiction. When you walk out of a
8 hospital, after you have had an overdose, you walk
9 out.

10 We are missing the boat here. I'm so very
11 proud of our accomplishments. I am so very proud of
12 the group that we have here. I am so very proud to
13 live in New York State where we have people that
14 care about heroin addiction. But I still can't beat
15 my son's addiction for him.

16 I have learned ways to take care of myself
17 and my family. I reach out for help. I talk a lot.
18 I cry. And I pray. Drugs, again, do not
19 discriminate. Addiction happens in the white picket
20 fence families. And drugs affect not only the
21 addict, the mom, the dad, the grandparents and the
22 whole community.

23 But as a community, we need to pull together
24 because you can't just come to these forums and you
25 can't just listen to people speak, you have to do

1 something, and something is better than nothing.

2 Thank you.

3 SENATOR FREDRICK ASHKAR II: Thank you, Lisa.
4 I want to hit just a couple of things that were
5 brought up and then I'll move to Jill and Michael,
6 if I could, about community outreach.

7 But, Dr. Ryan, could you speak specifically
8 about maybe some statistical data about prescribed
9 prescription medication, specifically in our
10 district here that I represent? And I know that
11 we've probably had some type of conversation before
12 about that. The numbers are quite startling, are
13 they not?

14 Dr. CHRISTOPHER RYAN: I don't have any data
15 readily available on, say, for example, numbers of
16 prescriptions in our county -- you know, that's just
17 kind of recently begun to be monitored with the
18 I-STOP program.

19 SENATOR FREDRICK ASHKAR II: Art, can you
20 weigh in on the statistics?

21 ART JOHNSON, CSW: Yes, I can. This was
22 actually the first thing on my list to talk about.
23 If New York State doesn't further reduce the
24 unnecessary narcotics prescribed by doctors,
25 dentists and other practitioners, we are never going

1 to see this problem go down.

2 Last year, in Broome County alone, Medicaid
3 paid for over \$900,000 doses of narcotics prescribed
4 by doctors, dentists and other prescribers. If you
5 add private insurance to this, there could have
6 been three million doses, pills, shots, patches,
7 everything together prescribed in Broome County.

8 If we could get a ten percent reduction, that
9 would be 300 doses of unnecessary narcotics out of
10 people's medicine cabinets. Every time I bring this
11 up, people in the room say, yes, you know, I have a
12 tooth extraction and the doctor gave me a month's
13 supply of Percocet. I only used up with day's
14 worth. Or I had a minor orthopedic procedure, and I
15 really did not want any medicine, and the doctor
16 gave me a month's supply of Vicodin.

17 New York State could also strengthen I-STOP.
18 This is a state regulation that requires doctors and
19 other prescribers to look up a patient in a database
20 to see if someone else is prescribing then
21 narcotics. I think that this is the single most
22 important intervention New York State has done to
23 reduce the number of new addicts coming up. But, we
24 need to do more.

25 Before I-STOP, before the I-STOP program, you

1 would have addicts getting prescriptions for
2 narcotics from three, four, five, six different
3 doctors.

4 This policy, again, more than anything else,
5 is preventing new people from becoming addicts. And
6 emergency departments, I think, should be required
7 to review -- to work with this database. They are
8 currently excluded, I believe. And I'm not sure
9 that anyone from the state is reviewing this
10 database, because I recently heard from an addiction
11 treatment provider that when they look up their
12 patients in the system, they can see that some of
13 the people had three, four narcotics and maybe a
14 Benzodiazepine like valium or some other
15 tranquilizer-type medication prescribed to them.

16 SENATOR FREDRICK ASHKAR II: Thank you.
17 Jill, can we -- just a little bit off topic, could
18 we talk about stigma and reducing that? Right,
19 Penny? I mean, that was one of the biggest things
20 that we try to accomplish especially --

21 PENNY STRINGFIELD: Can I just quickly say
22 something about that? I think that I one of the
23 things that we're seeing, and the second story I
24 read was actually a local recent obituary.

25 When Johnnie died, we made a decision as a

1 family not to say that he had died unexpectedly. We
2 said that he had died from an overdose, and we asked
3 that as a legacy to him, that people reach out to
4 those around them that were struggling with the same
5 addiction.

6 And I think that the more that we do that,
7 the more that we talk to people, the more that we're
8 all honest, that is helping to lift the stigma,
9 because it's not another person, it's usually
10 someone that's very close to you and in your own
11 life.

12 SENATOR FREDRICK ASHKAR II: Very good point.

13 And I think in terms of helping to reduce
14 that stigma, it's -- I think we have a concerted
15 effort with -- in terms of community outreach. And
16 I think that as a community --

17 PENNY STRINGFIELD: Yes.

18 SENATOR FREDRICK ASHKAR II: As a community,
19 I think we have done fairly good job at that. And,
20 Jill, I'll ask you to speak a little bit about what
21 you're doing and some of the activities that you've
22 been partaking in, some of the groups you're working
23 with. And, Michael, maybe you specifically can talk
24 about Dreams Over Drugs and what you have been able
25 to accomplish since you're been working in this

1 arena. So, Jill, would you talk a little bit about
2 that.

3 JILL ALFORD-HAMMITT: Sure. Thank you. Over
4 the past 14, 15 months, through the Broome Opioid
5 Abuse Council and Lourdes Student Assistance
6 Program, we have provided about 15 or 16 heroin
7 awareness events. A lot of them are made up of a
8 panel, much smaller than this. But we've also done
9 some different things. A roundtable format for
10 school personnel, out in Deposit. We have done
11 roundtable formats for parents and some of the local
12 school districts.

13 And we're looking at doing a debate-type
14 project between panel members and students to try to
15 pull students' interest into this subject.

16 I think that what we have done is we've done
17 is we've gotten people talking. I just came from a
18 meeting this afternoon with a gentleman from Endwell
19 who was incredibly moved by the heroin awareness
20 event that happened in Maine-Endwell. And he's come
21 up with an idea.

22 I have met with a member of the Endwell
23 rotary Monday who was also very moved and wanted to
24 learn more about this topic. And that's what I'm
25 hearing people say. They're talking about it,

1 they're finding out about other people who are
2 affected, and they want to know what they are
3 talking about.

4 I think as a community, we're working very,
5 very hard to reduce this stigma, and by getting
6 those conversations out there, with accurate
7 information, we can really, really make a dent in
8 reducing the stigma, educating the community, and
9 hopefully, get parents talking to their kids.

10 Additionally, the Community Education
11 Committee of the Broome Opioid Abuse Council is
12 putting out wallet cards that have fast facts for
13 parents as well as questions that they can ask
14 providers to address the issue of overprescribing of
15 medications.

16 SENATOR FREDRICK ASHKAR II: Thank you, Jill.
17 Michael?

18 MICHAEL JOHN BARTON: So when I introduced
19 myself a moment ago, I introduced myself as the
20 founder and President of Dreams Over Drugs
21 Foundation. What I neglected to mention is that I'm
22 also a recovering heroin addict, nine years.

23 [Applause]

24 MICHAEL JOHN BARTON: Thank you. When I was
25 using, I never thought that it could possibly get

1 any worse, that the problem could ever get any
2 bigger. And I was definitely wrong.

3 But through my recovery, you know, I couldn't
4 help but take notice to all the families that were
5 suffering, and, you know, all of the young people
6 that we were losing.

7 It seemed like every week, you know, you see
8 something in the news or in the newspaper, and what
9 myself and a couple of my colleagues did, we got
10 together, and pretty much we came up with this idea
11 that we were going to go into some of our local
12 schools and talk to the kids and kind of share our
13 experiences with them. And, you know, take it from
14 there.

15 And, you know, we started out, we went to
16 Union Endicott first. And it kind of just grew from
17 there. So we've been going from school to school,
18 doing presentations in health classes and even in
19 auditoriums like this. I've actually done a
20 presentation in this auditorium before. So it's
21 been really good. The students are really receptive
22 to what we tell them.

23 And I think the majority of them probably
24 know someone or have a loved one that is addicted or
25 was addicted. So they really see the need to kind

1 of learn about it. And we're just getting really,
2 really good feedback, really positive feedback, you
3 know, doing these presentations. So I would like to
4 thank you for having me, and --

5 SENATOR FREDRICK ASHKAR II: It's an absolute
6 pleasure, Michael.

7 MICHAEL JOHN BARTON: Thank you, sir.

8 SENATOR FREDRICK ASHKAR II: I applaud you
9 for your efforts and your sobriety. So Penny and
10 Lisa, do you -- from a parent's perspective, do you
11 think that these community events are helping reduce
12 the stigma surrounding this issue?

13 LISA BAILEY: I absolutely do. I mean, we've
14 done -- I've done quite a few different panels, and
15 the people that come up and talk afterwards, you get
16 the community talking to you.

17 And I remember one panel that we did, and I'm
18 sorry, I don't remember the place, but the mother
19 came up to me and she was so excited, and she had
20 her two sons with her. And she said, I remember you
21 from the first time you spoke, she said, and my son
22 was sitting right there. She said and now, I'm
23 bringing my second son to hear you speak, and she
24 said, you know what? When my third son gets a
25 little bit older, he will be coming to one of these

1 panels, so they're really opening up. And I think
2 it's really opening up the conversation with the
3 children as well.

4 SENATOR FREDRICK ASHKAR II: Great. Penny?

5 PENNY STRINGFIELD: I certainly agree with
6 that as well. I also think that people who may
7 never have thought about this or dreamed that they
8 would be involved in working on this, because of our
9 voice and our advocacy are. Jill spoke about the
10 Endwell Rotary.

11 I had Carmella come to the Binghamton Rotary
12 to speak, and that spurred an interest in someone
13 from Rotary to look at a Rotary international grant
14 to help with some additional funds and treatment
15 here. I know as I was struggling with what I was
16 struggling through with Johnnie, I had that fear
17 constantly that people in my professional life would
18 find out what was going on, what a mess my family
19 was.

20 And when it all finally fell apart, a client
21 that I had worked with for over 30 years came to me
22 and said, I had no idea, and I also had no idea what
23 a terrible epidemic this was in our community, and
24 he has since become very actively involved.

25 So, yes, I do think that all of these forums,

1 all of these workshop, all of these voices are
2 making a difference in the stigma.

3 This past Monday, the Guardian, which is an
4 international newspaper, printed an article about
5 two families who lost their children, mine was one
6 and also a family that was very much affected by
7 addiction. And I was amazed at the people who
8 reached out to me. So, yes, I think our voices are
9 helping lift the stigma.

10 SENATOR FREDRICK ASHKAR II: Strength in
11 numbers, right? I think that's clear.

12 George, could you talk very briefly about
13 what you're doing over at the Children's Home in
14 terms of prevention, and I know the last time you
15 and I spoke, you talked about a new program that you
16 were going to spin up. So could you talk about that
17 a little bit?

18 GEORGE DERMODY: Certainly. Thank you,
19 Senator. I know one of the thoughts coming here
20 was, what's working or what we need to do, and I
21 think really what you're evidencing here is
22 collaboration. And I'm really excited.

23 As you know, I've only been at the Children's
24 Home for a short period of time, and one of the
25 things that I have heard is that, some of our

1 children who would normally come into a facility
2 like the Children's Home, but also had substance
3 abuse issues or challenges were having to go outside
4 the community to receive the services they need.
5 So, they were away from family, away from friends,
6 away from the positive aspects of their life.

7 So in trying to address that issue, we really
8 saw the best way was a partnership, and I think what
9 we're evidencing here. I'm really pleased and proud
10 to announce that with Commissioner Johnson's
11 support, that Carmella, through an ACBC and the
12 Children's Home, are joining in a partnership to
13 make a small contribution.

14 And that is that we're going to have some
15 adolescent treatment options available for --
16 initially for young people being served by the
17 Children's Home. Some of them in our community
18 programs and some of those that are in our
19 residential programs, and I think we'll be able
20 to keep a few more young people closer to their
21 supports.

22 And that's just a small thing, but it's also
23 a model. I think it's a model that, you know, in
24 terms of this forum, that the more we collaborate,
25 the stronger that we are. The more we work

1 together.

2 And if I could just add, while I'm speaking,
3 Senator, one of things I think I would hope the
4 legislature would remember, is the toll that
5 addiction takes on children and other caregivers,
6 and not just immediate, but the legacy. And I think
7 I can best explain that with two very quick stories
8 of things that have happened to me.

9 I was working with a ten-year-old boy
10 recently who wasn't in class. And I said, "It's
11 math class, why don't you go in? Math can be fun."
12 And he looked at me and said, "You know, I really
13 can't go in right now, I found out this morning that
14 my mom is going back to jail," dealing with her
15 addiction and her substance abuse.

16 And so that issue was on him, and that was
17 math. His ability to grow, his ability to learn.
18 And there was a young woman, 13 years old, within
19 the last two weeks who just came into our care, who
20 on a phone call, with people that are supporting her
21 said, "You know, mom, you need to either choose the
22 needles or me."

23 And those stories, I know, for many people on
24 the panel are quite common and they are in aware of
25 them. But the issue and the challenges, that the

1 affect this trauma has on those young people, on
2 their brain development, on their ability to
3 leadership, their ability to feel joy, their ability
4 to form supportive and trusting relationships. So I
5 think there's a lot that we need to continue to do
6 to make sure that the services and supports are
7 there for children, and if I could also put in a
8 plug for parents.

9 Many times grandparents and relatives who
10 are caring for children while, you know, a primary
11 parent is dealing with addiction that grandparents
12 who are parenting again need all of the support that
13 we can provide. They need the access to services so
14 that we could help children grow and develop,
15 because if through the trauma of this addiction, if
16 we don't help the children recover so that they can
17 grow, they can learn, and they can form
18 relationships, we're just going to recycle an issue.

19 So I would hope that the task force would
20 look for any ways that they can to provide those
21 additional supports to children affected by this.

22 SENATOR FREDRICK ASHKAR II: Thank you very
23 much, George. I wanted to kind of change gears a
24 little bit, if we could.

25 And John, I think I'll allow you to start

1 this portion of the conversation about harm
2 reduction, what we're doing. If you could speak
3 specifically about Narcan in the community, and
4 needle exchange and then, Ray, if you'd be so kind
5 to talk about the deployment of Narcan from an EMS
6 and fire and law enforcement perspective.

7 And once we're through with that, I think
8 we'll change gears once again and start to talk from
9 a law enforcement and a prosecution standpoint and
10 what we're doing. So, John.

11 JOHN BARRY: Wonderful. Last year, the staff
12 at the Southern Tier AIDS Program distributed 1500
13 Narcan kits. That's just in our local area.

14 According to the New York State Department of
15 Health, Naloxone was administered during 11,992
16 emergency medical service calls in 2014. This was a
17 57% increase from the previous year. This is a good
18 thing. Those are lives that have been saved.

19 Let's go back to harm reduction. A lot of
20 people don't know what harm reduction is. That's
21 what syringe exchanges do. And the easiest way to
22 nutshell it is, we're trying to keep people alive
23 long enough to quit using drugs.

24 We know that even in the midst of active
25 addiction, we can prevent some of the harm that

1 arises from drug use. This is why your personal
2 doctor agrees to continue seeing you even while you
3 are smoking, drinking alcohol, eating cheese
4 burgers, all of those things that we all do but we
5 know that we shouldn't.

6 She knows that continuing to treat you is
7 more effective than abandoning you and waiting for
8 you to, I'll put this in quotes "hit bottom." The
9 bottom for some people is death. And we can reach
10 people before they get there.

11 So what is working locally in our battle
12 against heroin addiction? Well, the syringe
13 exchange programs are working. They are preventing
14 HIV, Hep C, abscesses, heart infections, and serving
15 as an entry point to get people into substance use
16 treatment.

17 Our syringe exchange programs, for people who
18 don't know this, have dedicated staff that all they
19 do is put people into treatment, all day, every day.

20 Very soon, we'll be providing the services of
21 a physician and a registered nurse in our Ithaca
22 Syringe Exchange Program to prescribe Suboxone,
23 wound care, and teach people proper injection
24 techniques. Again, to avoid infections.

25 These interventions are going to reduce

1 medical costs, keep people out of emergency rooms
2 and hospitals. I heard someone mention earlier
3 people go into the ERs, and nothing being done if
4 they leave against medical advice.

5 And you should know that Alan and I have been
6 having some discussions recently about those folks
7 who don't have to get nothing when they leave. They
8 can be referred to the syringe exchange programs or
9 perhaps, you know, my staff can even come out and
10 meet the person before they leave. That would be
11 ideal.

12 So it's not a perfect solution, it's not
13 treatment, but again, hopefully it would keep the
14 person alive so that they could rejoin their family
15 and get clean eventually.

16 If I was going to ask for a wish list, I
17 think that probably some more money for medical
18 services in the syringe exchange programs would be
19 helpful. Again, in the hopes of keeping people
20 alive and funneling them into treatment.

21 These services should probably be expanded.
22 Within the last several weeks, I've been fielding
23 calls from Elmira, Delhi, Hancock, Walton, and other
24 small towns, from people asking me if we can bring
25 the syringe exchange van to their locality and offer

1 our services.

2 Currently, we do not have the staffing to do
3 that. But it would certainly be helpful, it seems,
4 if people are making the calls to me.

5 I'm a big fan of medication takeback days. I
6 don't think that we have enough of those available
7 for folks, and we've been doing some research on it
8 up in Chenango County. There's a very active group
9 there. I've talked to some folks lately who say
10 when they do these, they get garbage, like 32 gallon
11 garbage cans full of prescriptions. That sounds
12 like a ridiculous amount, but go home tonight and
13 look to your own medicine cabinet. I think you'll
14 be shocked what is kicking arm in there. We all
15 just look past it when we go to get the toothpaste,
16 but there is probably some things in there.

17 And also I would certainly like to make a
18 plug for an expansion of Medicaid, medication
19 assisted treatment, like Suboxone and methadone.
20 Thank you.

21 SENATOR FREDRICK ASHKAR II: Senator O'Mara
22 has a couple of questions.

23 SENATOR THOMAS O'MARA: I would just point
24 out, in this year's budget, in addition to the \$165
25 million we've got in there for addiction services,

1 there is an extra million in there to help to set up
2 more permanent drug collection sites in communities
3 so that it's on a more regular basis and you don't
4 have to wait or, you know, have to see the notice of
5 the event, so I think it's going be helpful in that
6 regard.

7 With regard to the syringe exchange and those
8 programs, and this increase in the heroin epidemic
9 that we've had, are you seeing -- and maybe not just
10 you, but anybody here in the health community,
11 increases in the incidence of AIDS or Hep C or those
12 types of health issues as a result of reusing
13 syringes?

14 JOHN BARRY: You're not, no. As a matter of
15 fact, we have very good data from the Department of
16 Health.

17 If you look back at the AIDS epidemic, in the
18 early 1980s, about 52% of HIV infections were due
19 to people sharing injection equipment. That number
20 now is 3% of HIV infections every year are due to
21 people sharing injection equipment. So that is an
22 unqualified public health slam dunk of a success.

23 SENATOR THOMAS O'MARA: My district includes
24 the City of Ithaca, which has come out with a
25 proposal for pursuing heroin injection site in the

1 city for addicts to come in and actually shoot up
2 heroin on the site.

3 I think that speaks to really the extent of
4 the problem that we're having here. I don't
5 personally agree with that. Frankly, I was quite
6 taken aback by that proposal when I first heard of
7 it. But, since this is your area of expertise, do
8 you have any thoughts on that type of a program?

9 JOHN BARRY: Certainly, I do. These type of
10 facilities are operated in 66 different cities, in
11 ten different countries, and they have been operated
12 in those cities and countries for decades. There
13 are literally hundreds of studies about what happens
14 at these facilities.

15 And if you look at the research, what it says
16 is that they reduce overdose deaths, they do not
17 encourage drug use, they provide treatment, they
18 reduce risky injecting and transmission of
19 infectious diseases, they improve the public order
20 by reducing discarded syringes and public injecting.
21 They reduce crime, and they're cost effective. So
22 that's a quote, of course.

23 But what that all means is, you don't have
24 people doing things like injecting in the bathrooms
25 of local businesses, you don't have people

1 discarding syringes. The one that operates in
2 Vancouver, you have a detox right upstairs, so that
3 when people decide they've had enough, they can
4 just literally go upstairs and begin the treatment
5 process.

6 So I understand that these ideas are
7 difficult for some people, and that's okay to
8 struggle with these ideas. They are radical
9 proposals. But I think we're at a place where
10 perhaps we need to entertain doing something
11 radical.

12 SENATOR THOMAS O'MARA: All right, well,
13 thank you for your perspective on that. You know, I
14 do have trouble wrapping my arms around it, for
15 sure.

16 JOHN BARRY: You're not alone.

17 SENATOR THOMAS O'MARA: But certainly what I
18 think it really highlights, you know, just the
19 extent of the problem that we have that we're even
20 considering measures such as that. But, I do
21 appreciate your input on that.

22 SENATOR FREDRICK ASHKAR II: What about in
23 Chenango County in terms of Hep C, HIV, Ruth, what
24 are you seeing? Let Ruth talk real quick.

25 RUTH ROBERTS, LCSW-R: Actually, it was the

1 Hep C numbers that were climbing that caught our
2 attention before we even started paying attention to
3 the heroin use and epidemic.

4 And that came to our attention through our
5 public health, and then that began the conversation,
6 and it was actually in that, that we were able to
7 pull some folks together that were the beginning
8 of a substance abuse prevention coalition that
9 initially was focusing entirely on this heroin
10 epidemic in Chenango County.

11 The AIDS numbers have always been quite low,
12 and I don't -- I don't believe that there has been
13 any movement in those numbers, but the Hep C was
14 definitely catching our attention, and we continue
15 to monitor that.

16 SENATOR FREDRICK ASHKAR II: John, very
17 briefly. I know last time I was in your company,
18 you talked about the cost associated with
19 Hepatitis C.

20 Could you hit that for the group out here,
21 and for those on the panel. How expensive it is to
22 treat that?

23 JOHN BARRY: Sure. There are some very new
24 and effective medications that a 12-week course of
25 treatment is anywhere from 60 to \$90,000, depending

1 on the medication that your doctor prescribes.

2 There was a recent report on Medicaid, and I
3 think it was saying that for the third quarter of
4 2015, 10% of total Medicaid pharmaceutical costs
5 were due to Hepatitis C drugs. So that's just the
6 medications. That's not the full course of
7 treatment. That's the meds. And then on top of
8 that, you have lab work, doctor's fees, those sorts
9 of things. So it can easily reach \$100,000 per
10 case.

11 SENATOR FREDRICK ASHKAR II: Alan, what about
12 in the UHS system, are you seeing an increase in
13 Hep C and the like?

14 ALAN WILMARTH: In the Hepatitis C area, we
15 are, particular in the methadone clinic where, you
16 know, probably 87, 88% of the people admitted are
17 using IV. And as John said, we have seen very,
18 very little HIV change with this, but we have seen
19 Hepatitis C.

20 The other thing relative to the cost of
21 Hepatitis C treatment, prior to the advent of these
22 newer medications, the treatment of Hepatitis C was
23 with medications that would enhance profound levels
24 of depression in many of our patients, and so
25 treatment, attempts to treat, Hep C resulted in

1 substantial relapses into substance use, which then
2 starts the cycle all over again.

3 So there's an interplay between treatment of
4 Hepatitis C and relapses with substance abuse.

5 We're not seeing it as much with the newer
6 medications, but it has been a long-standing issue.

7 SENATOR FREDRICK ASHKAR II: Thank you.

8 So let's go back to Narcan. Ray, could you
9 hit on what you've been focused on in your efforts
10 in terms of first responders, law enforcement, and
11 the like?

12 RAY SCROWIK: Certainly, Senator. In early
13 February of 2014, I was approached by Sheriff David
14 Harder, and then Captain Fred Akshar, his law
15 enforcement commander, for assistance in
16 establishing a program to train and equip law
17 enforcement officers with Naloxone, which was a
18 medication very familiar to me. We've used it in
19 emergency medical services for decades.

20 We quickly got that program up and running.
21 Folks at the New York State Department of Health
22 AIDS Institute which administered the regulations at
23 the state level, told us it was one of the very
24 first programs in New York State to train and equip
25 law enforcement officers.

1 We quickly got that program up and running,
2 and the first case was successfully treated the
3 following month in March, rather famously now.

4 Since that time, we've been joined in the
5 effort by virtually all of the municipal police
6 departments in the county, law enforcement agencies
7 at Binghamton University and SUNY Broome Community
8 College, the County Security Division, and
9 unfortunately, when we started this program, we were
10 seeing on near fatal overdoses in this county at the
11 rate of one, two, maybe three a week.

12 I can tell you now, sadly, it is an everyday,
13 often several times a day occurrence in this county.
14 What I can tell you is that we are prepared to
15 handle these overdoses. If we are called and are
16 called in time before it becomes irreversibly fatal,
17 we can predictably, reliably resuscitate these
18 overdoses.

19 Naloxone, of course, does not cure addiction.
20 It merely provides another opportunity for the
21 individual to address the addiction problem. Going
22 forward, again, parallel programs have equipped
23 emergency medical services and fire service
24 responders with Naloxone as well, and we're well
25 equipped to treat the overdoses when they come.

1 That's the underlying problem that has yet to be
2 solved.

3 SENATOR FREDRICK ASHKAR II: I don't mean to
4 put you on the spot, but do you have any statistical
5 data since we began distributing it in terms of how
6 many lives we've saved? I know you're clearly going
7 to speak about Broome, but since we started to
8 distributing it to the masses, if you will, law
9 enforcement, EMS, fire.

10 ALAN WILMARTH: Well, I can speak to the law
11 enforcement program, because they report directly to
12 Dr. Ryan as the Clinical Director of the program
13 and myself. And there's been 64 cases since the
14 program began in 2014 involving five law enforcement
15 agencies here in Broome County that have actually
16 administered it.

17 In many cases, the Naloxone is administered
18 by fire, EMS responders, and they have a separate
19 reporting system. So certainly, their use of
20 Naloxone has surged over this time period as well.

21 So again, it's an everyday occurrence, but if
22 we're called in time, we have, in all cases, really
23 been able to reverse these overdoses.

24 SENATOR FREDRICK ASHKAR II: What about in
25 terms of funding for Narcan? I guess I'll ask all

1 three of you, John, Dr. Ryan and Ray, are a lot of
2 agencies self-funding these programs? I know that
3 AG Schneiderman put up some money, but, you know,
4 that money is used and gone, so is there something
5 that we can do, my colleagues and I, to ensure that?

6 ALAN WILMARTH: A sustained source of
7 funding, specifically for emergency responders to --
8 in addition to the replacement of Naloxone actually
9 used on patients there, of course, is the fact that
10 this is a pharmaceutical with an expiration date,
11 typically about 18 months by the time it gets to the
12 end user, and it needs to be replaced periodically,
13 which is really the major part of the cost.

14 SENATOR FREDRICK ASHKAR II: Okay. Thank
15 you. John, is there some talk about a syringe
16 exchange in Chenango County?

17 JOHN BARRY: That is under discussion. We've
18 certainly ruled that out in the substance abuse
19 coalition, and I think that many people in the
20 community are on board with the idea. It's not an
21 idea that you will ever get 100% of the committee on
22 board with and that's okay.

23 We have sent out letters to the state level
24 representatives, because that's the last step that
25 the AIDS institute has asked us to take at this

1 point, to see if there are any concerns or
2 objections.

3 SENATOR FREDRICK ASHKAR II: So let's talk
4 specifically -- let's change gears and let's go to
5 law enforcement and prosecution, if we could, and
6 let's focus our energy right now on Chenango County,
7 so I would ask Sheriff Cutting and DA McBride to
8 weigh in on issues that you're being faced with in
9 your particular jurisdiction, and again, where my
10 colleagues and I can be helpful, and then we'll move
11 to Tioga and Broome and talk about some of the
12 things we're doing there from a law enforcement and
13 a prosecution standpoint if that's okay.

14 JOSEPH McBRIDE: Sheriff, please go.

15 ERNEST CUTTING, JR.: Sure. I guess I'm
16 going to go back to probably about seven years ago,
17 how it started for us. I was in a local restaurant
18 with my son, he was then, I think, seven or eight
19 years old. We had gone in for breakfast. The
20 girls had gone shop. You know, life was good.

21 And we walked in and I sat down, and pretty
22 soon I was inundated by people in this community,
23 small community, part-time police department, and
24 their concern with the drug problem that they had in
25 that community. And it got so bad, it was a pretty

1 contentious point, and I made a commitment to them,
2 you know, look, my son is here, I will be back
3 Monday morning. This was a Saturday morning. And
4 I'll meet with the business leaders in that
5 community and we'll address this issue is.

6 And going forward we addressed that. And
7 then we really started taking a hard look at what
8 was going on, and we assigned people specifically to
9 narcotics investigations, and in that next two
10 years, we probably made over 200 arrests
11 specifically related to heroin in Chenango County.

12 Some of the issues and problems we have in
13 Chenango County, it is a very rural county. Again,
14 resources, we have 23 people, including undersheriff
15 and myself in law enforcement specific him. We rely
16 heavily on the public that gives us information. We
17 have several ways the public can get us information
18 anonymously. We continue a lot of those
19 investigations.

20 Many of those people come into the jail.
21 They go through a terrible time, detoxing from
22 drugs, heroin specifically. One of the things we're
23 talking about now is having a door-to-door type
24 thing. Once they come in, they're detoxed. Prior
25 what we would do is release inmates back out on

1 street and many of them who had no resource,
2 nothing, they are going back to the same problems,
3 the same issues they came from.

4 And they would fall right back, and it is a
5 revolving door, and they turn around and come right
6 back into the jail, you know. Sometimes within a
7 day or two.

8 What we're trying to put together now working
9 with mental health, DSS and a lot of the service
10 drug court and drug -- drug and alcohol in Chenango
11 County is when those people are there, we have them
12 detoxed and they'll interview the inmates, and see
13 who seriously wants to get into treatment. Who
14 wants help.

15 You're going to have the people that are
16 going to give you lip service, or not going to
17 really want help and then you're going to have those
18 people that do. We're going to look for those
19 people that sincerely want help, and try to get them
20 a door-to-door -- once they are released the from
21 incarceration, that we can take them right to a
22 treatment facility, so that they can get help.

23 We feel that that's the best time we're going
24 to have in the public safety system, when we have
25 them, to get then help. One of the things we're

1 seeing now is, we have a big mass change in heroin.
2 It's changing now to meth. And the one-pot method.
3 We're seeing a tremendous influx now of meth.

4 We have probably made close to 40 arrests in
5 the last year related to meth in the one-pot method.
6 It's extremely toxic. The chemicals that they use,
7 individually by themselves, and they combine them
8 together, to create this, and they're just disposing
9 of these chemicals all over.

10 We find them in State property, State land,
11 communities, parks, so we're now shifting gears
12 little bit from heroin. Heroin, while it's still
13 extremely prevalent in Chenango County, we're not
14 getting the large dealers like we did initially.

15 We pretty much attacked that head on. We're
16 getting a lot of smaller dealers that are using to
17 supply their own habits, and they carry a very small
18 amount, so they can't be, you know, caught with a
19 lot. They have stash houses and that type of thing.
20 Moving forward, public education, I think, is
21 extremely important. Again, we're not going arrest
22 our way out of this problem.

23 It's going to take a lot of different
24 organizations coming together, to address this
25 issue. And I think, you know, these forums are

1 great to allow us to build the capacity, and
2 direction that we're going to need to address this.

3 SENATOR FREDRICK ASHKAR II: Thank you,
4 Sheriff. DA?

5 JOSEPH McBRIDE: Thank you, and thank you,
6 everyone, for giving me the opportunity to speak.

7 Chenango County is a small rural county in
8 upstate New York. And we're a history of farm
9 communities, and this is a very strange problem to
10 have in our community. And a problem that didn't
11 develop overnight.

12 We've always had a touch of heroin over the
13 last 30 years, but over the last ten years or so,
14 we've had a tremendous problem. One of the ways
15 that I was introduced to the heroin problem is by
16 covering -- I'm the DA, so I do the felony cases and
17 do the murder cases, but every once in a while, I
18 have to cover the justice courts in every small
19 towns.

20 And the small town of Sherburne, I was
21 covering a case, and there was a kid there with a
22 John Deere hat, looked like he just got done haying,
23 and he was in front of the judge. And he was there
24 for possession of heroin. I couldn't believe it,
25 that this had come to our town, and this is the face

1 of heroin now.

2 Now, as we know, over the past five to seven
3 years, heroin has come -- it is not only in Chenango
4 County, it is all over. But, in our small little
5 county, I get to see the people that have grown up,
6 that were on my little league team and that I have
7 seen.

8 There are two that come to mind in the last
9 year. One of them had an overdose and was actually
10 brought back from Narcan, and he's doing very well.
11 He's completed his treatment. He's completed his
12 treatment court, and he's done very well on his road
13 to recovery.

14 Another gentleman, who was from City of
15 Norwich, had been battling with heroin for a long
16 time, and he lost his life to his addiction. So we
17 have seen it all. And it affects the family, it
18 affects everybody in our community, and it is not
19 just a poor person's or rich person, everyone is
20 susceptible.

21 So what are we doing about it? We're working
22 as a group to try to get the word out, and one of
23 the groups that the Sheriff spoke of, and I'm sure
24 that my -- the head of our alcohol and drug services
25 is going to speak to today, is we're trying to work

1 together to see what we can do for prevention.

2 And what we need to do and even being here
3 today, we need to instead of the groups that are
4 going out to the schools, that's great. But right
5 now, this has been about a ten-year problem. We
6 have to change the programs that are in the schools.
7 It shouldn't be just myself and everybody else who
8 can -- to make the time in their day to get that
9 done. It is a health crisis.

10 When I was a young man, they started health
11 class, and we talked about it. It was to teach us
12 all about the things that they thought we knew in
13 the 1970s, right now, we need that mandatory
14 education about the involvement of drugs and
15 specifically, heroin because as we all know, heroin
16 is different, it is a lot worse.

17 When we were growing up, we knew that you
18 could do a lot of bad things in life, but if you
19 used heroin, you would die. Our kids don't know
20 that. And whether it starts with the pills, mostly
21 does, we need to do something about that.

22 The next thing that we need to do is, and I
23 spend a lot of my time, and Steven will tell you, we
24 put people to jail. And in the beginning when I did
25 this, I was really against putting little kids to

1 jail. Young kids.

2 But, to be honest, I believe at least
3 initially for those five days, seven days, and we're
4 saving their lives. But what we need to do is be
5 able to get treatment for those kids so that we have
6 a place to put them, so if we decide that we want to
7 make sure that they are supervised and they have a
8 place to go, that we could do that right away. That
9 is impossible right now.

10 One of the real problems is, that in our
11 county and throughout the State of New York, the
12 people right next to me who are the experts, in
13 alcohol and drug services, their hands are tied. If
14 I am a drug -- heroin addict, and I need help and I
15 go to them, they don't have the ability to assess me
16 right away. And they have to send me down the road
17 for an appointment two to three weeks.

18 And then, not only that, but they can't refer
19 me to all of the open beds that are available in
20 New York, because they are not allowed to do that
21 unless they have a full assessment themselves.

22 We need to change the rules and regulations,
23 we have to let them do their job, and we allow them
24 to send people to beds that are available in our
25 state, so our kids don't have to go to Florida and

1 everywhere else to get the services that they need.

2 Once again, it is an ongoing problem. We get
3 the prevention and education in the school system.
4 And two, get the services for the people that need
5 it.

6 One last thing, everyone in jail right now,
7 when they are released from jail, no matter whether
8 it is two months, three months, four months, when
9 they were on crack, when they were on cocaine, they
10 had at least a good period of time to change their
11 life.

12 My experience is that we're letting these
13 people out without the services there. A lot of
14 them are dying of overdoses almost immediately,
15 because they are taking the drugs that they took
16 beforehand, their bodies aren't used to it, and
17 we're losing bodies all the time.

18 We can't continue at this rate, especially by
19 regulations, by the Senate, by the government, to
20 allow the people in alcohol and drug to get these
21 people in right away. And it is a crisis situation.
22 To get these people in right away. And it is a
23 crisis situation. And that's my request.

24 SENATOR FREDRICK ASHKAR II: So I know we're
25 going to --

1 [Applause]

2 We're going to continue down the law
3 enforcement track but, allow me to digress, and
4 Ruth, can you speak to that, because I need to be
5 educated on the hurdles that you're faced with as
6 the DA spoke.

7 RUTH ROBERTS, LCSW-R: Sure, I would be glad
8 to, thank you. I was hoping we could talk about
9 treatment, too, in all of this as well. So, thanks
10 for the segue, Joe.

11 What Joe is referring to is, and by the way,
12 in Chenango County we have a county-operated
13 outpatient, we have an outpatient clinic that serves
14 individuals who have chemical dependency needs.
15 That clinic is now co-located with our outpatient
16 mental health clinic, so we're actually positioned
17 to better serve individuals who really need services
18 from both clinics.

19 But we're a county-operated clinic. We're
20 the only OASAS and OMH licensed outpatient clinic in
21 a small rural county. The first thing I would say
22 that we struggle with is relative to the regulations
23 that we're faced with in order to deliver services.
24 And I have to admit to you today, I'm a clinician,
25 but on a day-to-day basis, I'm not actually doing

1 the work that I'm asking my clinical staff to carry
2 out.

3 And when I stop and listen to what is
4 required by OASAS in terms of the Part 82 Outpatient
5 Clinic Regulations, what's required by Medicaid,
6 what's required by commercial insurance products,
7 what's required by managed care organizations, just
8 to be able to get people the level of care that they
9 need, the amount of care that they need, it makes my
10 head hurt.

11 And I just keep thinking there's got to be a
12 more efficient, effective way to do this. I have
13 people lined up and ready, willing, trained, experts
14 who want to help people.

15 And we have to think like criminals
16 sometimes, to try to figure out how to maneuver all
17 that's in front of us in order to get the services
18 that those individuals need. It comes down to --
19 and the heroin epidemic has really blown this out of
20 the water, because we have to act fast. People's
21 lives are on the line.

22 With other drug addictions, we had some time.
23 We could usually -- we weren't looking at life and
24 death situations. This is different, this heroin
25 epidemic. And so it comes down to access. It comes

1 down to timely access. It comes down to being able
2 to move people to the level of care of treatment
3 they need.

4 There have been some, you know, improvements
5 recently with the new locator tool that OASAS has
6 given us. It has provided us a common language, so
7 that when we're on the phone talking with another
8 provider on the other part of the state, we're
9 speaking the same language.

10 So there are some small improvements, but,
11 you know, if I can ask anything, I would ask that
12 our State agency that regulates these outpatient
13 programs, I would just ask that they be willing to
14 come to the table, and really look at what is
15 getting in the way of actually helping people. So
16 regulatory relief.

17 We run into it with our prevention programs
18 as well. We are really very limited into what we
19 can do, and we need prevention. And I don't believe
20 that it should just be OASAS doing prevention. I
21 think it was mentioned earlier, this needs to be a
22 collective impact. I really believe that.

23 I think that we, as a community, need to
24 start talking about prevention in primary care,
25 pediatric sites. I think we need to be talking with

1 parents, prenatally talking about prevention. That
2 message needs to follow in through the schools and
3 all of the medical community and throughout all of
4 the community itself.

5 The faith community, it certainly has a role
6 in that. But that message needs to be delivered
7 throughout. And we're really talking about changing
8 social norms. And that takes time. And that also
9 takes a collective impact. So regulatory relief.
10 And we've talked a little bit about the forensic
11 services or what I refer to as forensic. Those
12 services in the jail.

13 I believe we are missing many opportunities
14 at that stage, and I'll describe it sometimes as a
15 "come to Jesus moment." Sometimes, you know, they
16 are in jail, and they realize they need to change
17 their lives and they want to -- there's some level
18 of motivation. That is the time that we need to
19 take every opportunity to engage individuals.

20 We have started in Chenango County to do what
21 we're calling transitional supports, working with
22 our sheriff. And where we're -- we have a case
23 manager-type position and a peer advocate. Someone
24 who's been there and done that and is in recovery.

25 They team up and they engage an individual

1 before they leave the county jail, and they really
2 come up with what's the plan. And it might be how
3 to access treatment, but it might also be where are
4 you going to live? And how are you going to support
5 yourself? And what's the plan to apply for
6 Medicaid?

7 So all of that gets worked on before the
8 individual actually walks out of the county jail.
9 So we just started doing that in January, and I'm
10 hoping that will help in some of the, you know, the
11 round door turning door that we see often with --
12 particularly this young population.

13 But you have to understand again, almost
14 80 percent of the individuals currently sitting in
15 the county jail have some history of substance use
16 or abuse in this their story. And a lot of that is
17 based on self report, so the number might actually
18 be higher.

19 Our State agency, OASAS, gives us no dollars,
20 no funding for those services in the jail. I do
21 that work in the jail with my OMH dollars. I also
22 have a full-time forensic person that's in the jail.
23 I'm using those OMH dollars to provide services for
24 this 80-plus percent of individuals who have
25 substance abuse needs in -- or substance abuse

1 treatment needs who are currently in the county
2 jail.

3 So I think it is time for OASAS to wake up
4 and say, you know, we need to look at this
5 opportunity, and also, you know, put some money
6 behind it because this -- I look at the forensic
7 population as an area where there is great
8 opportunity.

9 And let me also say, we talked about the
10 stigma. You know, oftentimes in these communities,
11 this group of people is considered by the public as
12 the least deserving. You have individuals who are
13 addicts, they have a history of criminal behavior,
14 they are in the county jail, or they have been in
15 and out of the county jail, and it is difficult for
16 the public to see them as deserving any help or
17 services.

18 And we have to turn that around, too. And I
19 think one way to turn it around is to get our own
20 New York State agency to recognize that this is a
21 valuable opportunity.

22 SENATOR FREDRICK ASHKAR II: It is pretty
23 amazing. I was part of the budget negotiation
24 process in the mental hygiene budget subcommittee
25 and to talk to the commissioners and ask specific

1 questions about funding. They would argue that we
2 have plenty of money, and you know, we don't need
3 additional money, but we all know that that's not
4 true.

5 So you know my love is for law enforcement,
6 but can we stay on the treatment piece and then
7 we'll move to law enforcement. I think that would
8 make the most sense.

9 So Carmella, do you want to weigh in on what
10 you're doing and what your agency is doing? Ask
11 Alan to weigh in as well, and Dr. Nichols, we'll
12 come down to you and the program that you're
13 involved with in Tioga County, and then we'll come
14 back to law enforcement.

15 CARMELA PIRICH: I would just totally echo
16 that there are really regulatory barriers that do
17 not allow us to provide services the way that we
18 need to. And the heroin epidemic is just a huge
19 game changer. You know, sometimes we will have
20 clients even with lots of treatment, lots of
21 support, and they're extremely difficult to help
22 them stabilize.

23 So even, you know, the day after they
24 successfully complete their long-term treatment,
25 after the inpatient, after, you know, nine months of

1 outpatient, we'll see a relapse, so it's very, very
2 hard to stabilize.

3 So I think that we do need more research to
4 figure out what actually is really, really going to
5 help. Because, you know, even sometimes with lots
6 of services, you know, people are just really
7 struggling.

8 From 1997 to 2008, I worked in Baltimore and
9 if you watch Drugs, Inc., supposedly Baltimore is
10 the heroin capital of the country. But, you know,
11 in that space, in the City of Baltimore, we had five
12 outpatient detoxes. We haven't had a detox here
13 since 2010, so ACBC in November, one of my
14 colleagues that I used to work with in Baltimore,
15 pretty much gave me everything, all the protocols.

16 And we're ready. You know, we're ready to
17 start some demolition and kind of prepare the space.
18 I've been working with my landlord, and we have the
19 floor plans. So we're looking for startup, and
20 that's not a silver bullet, but it might be a buck
21 shot.

22 You know, if we can get ten people a week
23 properly detoxed so they will actually feel okay, to
24 do some treatment, inpatient or outpatient or
25 whatever, I think that it would help.

1 Because we see a lot of people, maybe 10 to
2 15 a week that they are not going to make that
3 referral to Conifer Park. We're not going to get
4 this them that bed at Syracuse Behavioral Health.
5 They are not medicated at the ACC, so we can put
6 forth our very best effort to provide them timely
7 access, and they're not going to make it. You know,
8 it is just not going to help to stabilize them.

9 And I also will echo Ruth's sentiment about
10 the collective impact model. I think we're at the
11 point where we have communicated a lot. We have
12 done a lot of forums, but we need a framework. We
13 need a structure and we need a plan, because
14 literally, like, last night, I got my kid and drove
15 her to ACBC to the clinic because my janitor found
16 needles in the bathroom.

17 And I can't -- let somebody come in the
18 morning and like, it's just there. It's every day
19 we're literally just putting out fires, putting out
20 the next fire, and you know, just not seeing people
21 stabilize the way that we want to, even with being
22 in treatment.

23 And also, you know, like the demand has
24 increased so much, you know, like there's not enough
25 room anymore. You know, like, we would expand

1 services but where? You know, like you run out of
2 space, and you have got vacant positions, and I
3 don't have an office for people, you know, like,
4 it's hard to co-locate clinicians in an office
5 because obviously you need some privacy.

6 You can't have two clients and two
7 counselors, you know, in a room at the same time.
8 So -- and I think that the state, like they need to
9 come to Jesus. No offense. I'm seriously, the
10 regulations. It's bad.

11 SENATOR FREDRICK ASHKAR II: We will -- my
12 staff and I will circle back with the treatment
13 providers and talk specifically about the regulatory
14 reform that needs to happen and then I'll
15 communicate that to the co-chairs of the task force
16 and hopefully we can put pen to paper and help with
17 that.

18 And one thing that I have learned in Albany
19 is that, there's a great deal of bureaucracy, and
20 things --

21 [Laughter]

22 There's a lot of personality in Albany, and
23 there's a ton of bureaucracy and things don't move
24 nearly as fast, but I want you to know that I'm
25 advocating very strongly and as hard as I can to get

1 you that startup money that you need to expand your
2 services.

3 So I'm working diligently on that, and if I
4 had my way, we'd have the money today. But again,
5 there's just so much bureaucracy, it doesn't happen
6 that quick. So we're working on that.

7 CARMELA PIRICH: Thank you.

8 SENATOR FREDRICK ASHKAR II: Dr. Nichols,
9 can you speak to your program and Mr. Schecter?

10 Dr. KEITH NICHOLS: Yes. I'm humbled to be
11 up here with all of these people, particularly with
12 people who have lost children and other loved ones
13 to the problem. I feel I'm not up to the level of
14 commitment, the loss that they've gone through, but
15 in any case, to treat this problem, because I'm one
16 of the people that treats it, requires a
17 comprehensive, biological, psychological and social
18 approach to the drug addiction and to the related
19 but very distinct problem of chronic pain
20 management, which is actually in many ways even more
21 challenging medically speaking.

22 And I think that Barry and I have, over the
23 last ten or so years that we worked in the same
24 office, evolved an efficient and for the most part,
25 effective approach to the problem.

1 Generally, I try to provide comprehensive
2 primary care services to anyone that we're treating
3 with Suboxone, vivitrol or any other medical
4 treatment for addiction, and similarly, with chronic
5 pain management. And there are a lot of challenges,
6 we're very busy. But, it's not really particularly
7 lucrative. That's one.

8 I think by virtue of my training, I am very
9 well qualified to undertake this medical and
10 psychological treatment approach, and I think that,
11 family medicine doctors in general are the best
12 people to do it because, frankly, psychiatrists
13 often don't have the medical, the biological medical
14 background to feel comfortable using a lot of the
15 powerful drugs that are required, opiates and so
16 forth.

17 And unfortunately, I see very little, if any,
18 support for family practitioners in this area to
19 pursue this treatment. Very little support coming
20 from the healthcare institutions that dominate the
21 healthcare in the area. A lot of -- I think I-STOP
22 is good. That's where you have to check on the
23 computer to see if somebody is doctor shopping and
24 so forth, but we've been pilloried for little
25 technical glitches and so forth by I-STOP personnel.

1 That's anxiety producing and upsetting, but I
2 understand. DEA has been in the office looking over
3 the records, fine. No problems. But, again, it
4 doesn't happen with any other part of my practice
5 that you got the guys with the suits in there
6 looking over things, page-by-page, and asking all
7 sorts of questions.

8 And insurances are not helpful in the least.
9 The opposite to try to get them to pay for drug
10 testing and urine drug screens and everything is
11 just a constant fight, frustrating.

12 The transition of the patients between
13 different levels of care, it is terrible. If they
14 need higher levels of care, we have to basically
15 plead and cry and spend hours begging people to take
16 them and get the insurances to pay for it. Just
17 really frustrating.

18 So -- but anyway our system works. I
19 actually like it. It may sound like I don't with
20 all of these complaints, but, we get along well, and
21 I think we do a good job, and I think it could be a
22 model for other family doctors to do it, if they are
23 interested.

24 Family practitioners are perfectly trained to
25 do this or family nurse practitioners also. They

1 have the psychiatric and the medical training that
2 you need to do this. Especially chronic pain
3 management. Pain management doctors aren't
4 necessarily set up to do addiction treatment.
5 Anyway.

6 SENATOR FREDRICK ASHKAR II: Doctor, let me
7 weigh in here. After speaking with you and gleaning
8 some information at Senator Seward's heroin
9 roundtable, I authored a letter to United States
10 Senator Charles Schumer, and Kirsten Gillibrand in
11 an effort to get them to move on the Treat Act,
12 which would allow others to participate in the
13 prescribing of Suboxone, and we urged them to move
14 on that.

15 Dr. KEITH NICHOLS: Non-physicians.

16 SENATOR FREDRICK ASHKAR II: To make it more
17 readily available.

18 Dr. KEITH NICHOLS: Good idea. That would
19 really help.

20 SENATOR FREDRICK ASHKAR II: Yeah. And
21 again, we gleaned that from our conversation that
22 you and I had and hearing from another doctor in
23 Oneonta, so we're hopeful that there will be some
24 movement on that. But, again, there's even more
25 bureaucracy in Washington than there is Albany.

1 Dr. KEITH NICHOLS: Again, I appreciate that.

2 SENATOR FREDRICK ASHKAR II: Barry, thanks.

3 Yes, please.

4 BARRY SCHECTER, MSW-CASAC-R: Yes, thank you,
5 thank you very much. I wrote some notes.

6 First thing, first comment when Senator Ortt
7 introduced himself, the words that I heard,
8 treatment on demand, they just go to my core,
9 because that's probably the best thing that could
10 happen. It doesn't exist right now.

11 I wrote some notes so that I didn't go too
12 tangential. So the first thing I wrote was what are
13 the roadblocks to treatment and recovery? And the
14 first thing that I thought of was stigma. And
15 that's what I have heard us talk about here. How
16 could we normalize treatment?

17 I see people every day, many people, that
18 have addiction problems. I have a list right now,
19 probably, probably for our office in Tioga County,
20 120 people waiting for care. Why is that? Why is
21 that? Well, because Dr. Nichols can only
22 prescribe medicine for 100 people. That's the law.
23 That's -- now, there's no such law for how many
24 patients can get prescribed opiates or opioids.

25 Every primary care doctor that has a DEA

1 number can do that. But not every primary -- not
2 every doctor who has a DEA number can prescribe
3 Buprenorphine, nor, going along with stigma, do they
4 want to. Because let's be very clear:

5 My patients tell me, I'm talking about people
6 that have been stable, ten years, grandfathers,
7 people with positive, good careers, that when they
8 go to the pharmacy, and they get a prescription for
9 Suboxone, pharmacy tech might look at them and roll
10 their eyes. What do you think that makes a person
11 feel like that actually has a good life?

12 I just -- I just needed to say that, but I
13 think that if we could somehow normalize treatment,
14 take the fear of criminality out of addiction. I
15 understand, I understand we've got all the law
16 enforcement people here.

17 What I'm saying, is for a person that's
18 addicted to opiates, by their very existence, they
19 are committing a criminal act. That makes them at
20 risk to be incarcerated. That means not having
21 their drug, that means withdrawal. That means more
22 anxiety. That means more use of drugs. It's a very
23 vicious cycle. How can we do that?

24 I think we could -- if we treated it like any
25 other healthcare issue, if we used -- utilized

1 medication counsel, peer counseling. I made a note,
2 the ICRC which regulates CSAC now has a credential
3 for peer counseling. It is, frankly, not as
4 rigorous as a CSAC, but it's what people need.

5 People don't always believe what I say as a
6 professional, I look -- at least on the surface, I
7 look better to some of my patients. But they do
8 listen to other people that are going through this
9 recovery process. And I think that's essential.

10 If we could get into NDAC, another national
11 organization, and the National Alliance of Methadone
12 Advocates, NAMA, also offer peer credentials. I
13 think we need to close the loop that's going on.
14 When I send someone to the Addiction Crisis Center,
15 and I discussed this with Art, Art Johnson, when
16 somebody goes to the ACC and they have opiate
17 addiction, heroin addiction, then probably they are
18 not going to stay more than a day. Because the next
19 day, they are in withdrawal. And they just leave.
20 They have to leave.

21 Could we not? And I was pleasantly surprised
22 that loop might be closed. We can prescribe
23 Suboxone at places like ACC. After a thorough
24 biopsychosocial evaluation is completed, I'll go
25 even one step further. Perhaps we could use that in

1 the jail. Wouldn't it make -- a person who is in
2 jail, I get it. They're in jail. But isn't it a
3 burden on the Sheriff's Department, on the medical
4 staff to treat people, somehow keep them there while
5 they're going through withdrawal?

6 Think about that. I don't think that -- I
7 just don't think that -- I think we could do it. I
8 think we could make strides together.

9 This is a wonderful group. Thank you for
10 letting me be here.

11 SENATOR FREDRICK ASHKAR II: Thank you,
12 Barry. LuAnn, could you speak about your program
13 from -- your faith-based perspective and then we're
14 going to move on to law enforcement.

15 LuANN NATYSHAK: Yes. Thank you, Senator,
16 for asking me to be on this panel. I don't take it
17 lightly.

18 Five years ago, I began ministering in Broome
19 County Jail, specifically to the women. And my eyes
20 were opened very quickly that -- I'm glad somebody
21 said that, it was 80%. I think it was 99% heroin
22 addiction in there, and the reason they were there.

23 I've seen the spectrum of three generational
24 drug addicts, actually in there one time, and one of
25 them was pregnant, so there was four generations of

1 this family in there. And then I've seen college
2 graduates, I've seen women that had one semester
3 away from her degree at Penn State, and her life was
4 gone and done because of heroin.

5 I conduct chapel services for them. And I
6 came across the revolving door, the revolving door,
7 and I said, this is not -- this ought not to be. I
8 had a parent of one of the girls say to her, this is
9 the poor man's rehab. And I thought to myself, if
10 this is a rehab, I need to make a difference in
11 here.

12 So I started doing non-contact visits with
13 each of these women, trying to get them to think
14 right thoughts, make right choices, and so then I
15 was able to do, once a week, the door opened for me
16 to do classes on recovery, every Tuesday. And I
17 will give them weekly homework. And let me tell
18 you, they love it. They love getting their
19 homework. They love doing it.

20 But I'm only allowed a half an hour, a half
21 an hour out of seven days a week to do that class
22 time. Then I began one-on-one mentoring. And, at
23 this point, Broome County Jail has been so
24 cooperative with me, I'm able to go right into the
25 pods, sit down with a girl one-on-one, and we talk,

1 and it's -- it is a coaching. I'm coaching them in
2 their mind, spirit and body.

3 So I saw that there was the revolving door,
4 and I wanted to make a difference on that. So my
5 second goal was an exit interview, and what I do is
6 I sit down with the girls and I say, where are you
7 going to live? What kind of recovery do you need?
8 And what church do you think you're going to go to
9 when you leave here?

10 And I now have a team of 12 women who are
11 volunteers, who will, at a phone call, pick up those
12 girls, take them for coffee, take them to a meeting,
13 and just encourage them, and there's some meetings,
14 you know, faith-based meetings in this community,
15 Free in Christ, Celebrate Recovery, and Brand New.

16 And I will pick up a girl, we will pick up
17 girls and take them to meetings. I am seeing
18 success, after five years. I have girls, women that
19 have completed their GEDs, working towards their
20 college degrees. They are successful in the
21 workplace. And most importantly, I'm seeing
22 restorations of families. Moving forward, I would
23 love to have more class time in there. Ruth, you've
24 got the answer.

25 We've got to spend more time inside there

1 and -- I didn't see -- Barry, yes. Broome County
2 Jail is the poor man's rehab. Let's make it a good
3 one. I'm willing to do it. I volunteer my time. I
4 have 12 members that volunteer, inside and out. We
5 want to see heart changes from the inside out, and
6 we need to help them on the inside and out.

7 I need -- we need to stop the revolving door.
8 We need to stop the deaths. And, that is my vision
9 to be successful in this program. This is such a
10 complex issue. This is my piece of the issue that
11 I'm willing to go to bat for, for these women, and
12 ultimately, I'm going to start a program for the
13 men.

14 So, thank you for having me here. It's been
15 very enlightening.

16 [Applause]

17 SENATOR FREDRICK ASHKAR II: LuAnn, thank
18 you. I think you're very inspirational. I think
19 it's important moving forward that we keep
20 faith-based leaders on the forefront of this issue
21 and we do a better job as a community of ensuring
22 that faith-based leaders are part of the
23 conversation that we have.

24 LuANN NATYSHAK: Thank you.

25 SENATOR FREDRICK ASHKAR II: You're welcome.

1 Changing gear as little bit, DA Cornwell, can you
2 just speak about the things that you're seeing,
3 the program that you're running, and then your
4 involvement with Judge Pelella, and we'll segue into
5 drug court in Broome County and how you've expanded
6 that program?

7 STEPHEN CORNELL, JR.: Great, thank you. You
8 know, we've taken a perspective that it's -- there's
9 a supply side component and a demand side component.

10 The supply side component are the drug
11 dealers and the suppliers, and the demand side are
12 the users. So it made that very clear. On the
13 supply side, I haven't given up on the supply side.
14 I know we can't arrest our way out of the problem,
15 but I can arrest enough people to clean up Broome
16 County. That is my goal.

17 So we have increased by -- we have three
18 times as many indictments this year for drug dealers
19 as we did last year. We don't plea bargain with
20 drug dealers. They have to plea to the charge or go
21 to the Judge and ask for a sentence or go to trial.
22 So that's how we've been very aggressive.

23 We're being smarter about and it not harder.
24 We've created intelligent-based system with the help
25 of all of our local police chiefs and the sheriff

1 and the National Guard to come in and help really
2 put our finger on who the targets are, the people
3 that we want to go after, and we're going to make
4 their life as miserable as possible.

5 Go after them at DSS, go after them if they
6 are cheating on welfare, which a lot of them are, go
7 after them in family court, go after them, you know,
8 any way that we can to make their lives as miserable
9 as possible. That's my goal, to make it as
10 uncomfortable in Broome County for drug dealers as I
11 can.

12 That includes working with authorities in
13 New York City, so that's the supply side. The
14 aggressive DA side that -- the prosecution that I
15 think we have to do and recommit to that, and we are
16 doing it, we're seeing results rights away moving
17 cases quickly into indictment and prosecuting them
18 very aggressively.

19 As you can tell, I don't mince words. That's
20 what I'm doing is, and drug dealers are starting to
21 get that message.

22 On the demand side, there are two types of
23 demand side cases. You have people that are charged
24 with crimes and people that aren't charged with
25 crimes. If they're charged with crimes, and they're

1 not violent crimes, they're sex offender crimes,
2 things of that nature, we are referring them to
3 drug treatment court to Judge Pelella, and we've
4 increased the incentives so people shouldn't be
5 stigmatized with a felony for the rest of their
6 lives.

7 They complete drug court and they stay clean,
8 felony should be gone off their record. If they are
9 misdemeanor crimes, they should get in and we need
10 to catch them early. It wasn't always the case.
11 Now, I have expanded that, catch them early with
12 misdemeanor cases, wipe out their record, their
13 misdemeanor record if they succeed.

14 There's a million dollars of income in
15 difference of someone that has a criminal record as
16 an 18-year-old versus no criminal record. They'll
17 lose a million dollars over the course of their life
18 in income because they're saddled with this record.

19 Well, if they clean up their problem and they
20 take care of things, they and get on straight and
21 narrow, then they don't need a criminal record. We
22 have done our job, we have corrected the behavior,
23 and we don't have to worry about the future crimes
24 and the increase in crimes.

25 I've also, on the demand side, if anybody

1 calls my office and they say that they're a heroin
2 addict and they want to go to treatment, they go to
3 treatment. I can tell you right now, we started our
4 program Operation Safe two months ago, and it took
5 a lot of grief from our DAs saying why are you
6 involved in this? This is not the District
7 Attorney's job to send people to treatment. It is.
8 Because if people are in treatment and they're off
9 the streets, they're not committing crimes and they
10 are not dying. So we're saving people's lives.

11 [Applause]

12 So that's why I have made it a focus.
13 That's how I'll help to keep Broome County safe.
14 Our numbers are far above all of the neighboring
15 counties. We're in the top ten in every bad
16 category you could be in, so we're about -- out of
17 62 counties in New York State, we have the highest
18 number of property crimes, because drug addicts
19 steal to feed their addiction. We're second highest
20 in overall crime rate, ninth in violent crimes and
21 tenth in drugs. And these include New York City,
22 the five counties in New York City.

23 So out of 62 counties, we're in the top ten
24 in everything, and it is not the good top ten, it is
25 the bad top ten. So, I figure we'd have to get

1 people off the streets and into treatment and it is
2 not available in our area. So we send people to
3 treatment.

4 I can tell you the last update we had was we
5 sent in two months, 70 people were placed in
6 treatment facilities.

7 [Applause]

8 And that's -- and that's no cost to
9 taxpayers. And what we do is do it the old
10 fashioned way. People come in, then help, we pick
11 up the phone and we call people. And there are beds
12 in New York State. There are beds every day
13 available in New York State. Not many, but they're
14 available and the website that the State has, it
15 doesn't work. It is not accurate. It's a joke, to
16 be perfectly honest.

17 There was a press conference website. It
18 doesn't work. Our volunteers will call around to
19 all of these facilities, so they had nine beds open,
20 three beds open, no, we haven't had beds open in two
21 weeks. So the website doesn't work.

22 If the website worked, it would save hundreds
23 of phone calls for our volunteers, calling around to
24 get people in. So if there are beds, we get people
25 in, and we get people in, we're teamed up with some

1 other facilities, and our treatment plan is that
2 they call us, we get them into treatment.

3 We have a doctor that we've -- we're going to
4 work with that will provide Suboxone or vivitrol,
5 basically guarantees -- it doesn't guarantee, but
6 it's -- part of the treatment process is to help
7 them to get into treatment.

8 But we get people in treatment between one
9 and 15 days. We have 19 people that are going to
10 treatment on the 1st. So we'll go from 70 to plus
11 19 so long as they hang on that long, but we lose
12 people along the way, sometimes because they go and
13 use, and there really isn't anything available for
14 them immediately in our area.

15 And so from my perspective, that's what we've
16 done. But, you know, the website's not helpful. It
17 doesn't work. It also doesn't help that in Broome
18 County you cannot get a drug assessment at the jail
19 unless you want to pay for it yourself.

20 So the fact that five years ago we had
21 somebody full time that worked for the County that
22 did drug assessments and now we don't have anybody,
23 and we haven't for a long time. Right now, there's
24 been nobody at the jail doing drug assessments since
25 October or November of last year. 80% of the people

1 there are drug addicts, and we don't have anyone in
2 the jail to assess them. If they did that, it would
3 be volunteer.

4 They pass the information on to the defense
5 attorney, and I'm not going to speak for all of the
6 DAs but, you know, if we have people that have been
7 placed into treatment or started taking Suboxone,
8 you know, and addressing the problem, let's get them
9 out of jail.

10 I mean, that problem is the drug addict's and
11 that's why they're committing crimes. We're not
12 talking about dealers, we're talking about all of
13 addicts, but you can't get somebody assessed. You
14 have to pay. When I was in private practice, we
15 would have to pay 300, 400, \$500 to get anybody
16 assessed. Normal people can't afford that.

17 You know, and you're paying more in the back
18 end, because you're paying for the free attorneys,
19 and you're paying for the jail staff and the
20 overtime and all that.

21 So really, I mean, it's quite simply, if
22 somebody comes to us and they want treatment, we get
23 them into treatment. And right now, I can tell you
24 that we have 100% of people in treatment, and I
25 didn't want to give out that figure for the first

1 couple of months, because I knew it would change, so
2 I thought, but, we have placed 100% of the people.

3 Every person that came in to my office or
4 called my office and said they wanted to go to
5 treatment was placed in treatment. So it can be
6 done. But, it has been outside of Broome County and
7 outside of New York State.

8 And we have facilities that take people for
9 free because other states have stepped up and have
10 been doing things far in advance of what New York
11 State is doing. So, you know, you have to hit them
12 hard and be aggressive on the drug dealer side, and
13 find people treatment.

14 80% of my cases, 80% of my cases are related
15 to heroin. You know, I have 18 Assistant District
16 Attorneys, and I have 14,000 active cases, criminal
17 cases. 1700 felonies. And there are 13 of those
18 people prosecuting felonies. 80% of our cases are
19 related to heroin. And most of our violent crimes
20 are all related to heroin as well. So obviously,
21 the property crimes, but it's a violent crime, and
22 that's what we've seen, and we've seen our violent
23 crime rate is skyrocketing, and the numbers that
24 will come out soon will be startling.

25 But that's what we're seeing. So from my

1 perspective, hit them hard on the supply side, and
2 then, if -- I mean, demand side, if they have not
3 been charged, they go into voluntary program where
4 they'll see a doctor, and have the opportunity for
5 vivitrol or Suboxone and they go to treatment.

6 Our minimum facility now that we team up with
7 is 90 days. That's the minimum, and we'll team up
8 with a different facility, six months is their
9 minimum. See, when somebody comes in for treatment,
10 it shouldn't be give them a slip, they come back in
11 two weeks and they come back and start outpatient.

12 If you fail outpatient, you can get in for a
13 couple of weeks. If you fail that, you can get in
14 for a month. If you fail that, you can get in for
15 three months and that's absolute -- it doesn't work.
16 I mean --

17 [Applause]

18 So how about the first time they come in,
19 they get six months of treatment. Those are the
20 numbers that we should be talking at, and the
21 facilities we work with have very high success rates
22 because they are minimum programs, 90 days, but
23 they're telling us they're going to keep people for
24 18 or 24 months, and when they come back out, then
25 they -- if it is determined that they need Suboxone

1 when they exit the program, or vivitrol when they
2 exit the program, that's what they do, and it helps
3 to transition when they get back home in the area
4 they came from.

5 So, it doesn't seem that difficult to me to
6 mandate that insurance companies pay for a 90-day
7 minimum program the first time somebody needs help.
8 You'll save that money in the long run, I think.
9 You know, everybody in the business, so to speak,
10 knows that. So that's what we're doing.

11 That's just basically my few ideas that I
12 apologize for taking so much time. But obviously
13 we're passionate about it and that's what we're
14 working on.

15 SENATOR FREDRICK ASHKAR II: Thank you for
16 your work on that and for the audience and everyone
17 else on the panel. We have a colleague Senator
18 Patty Richie from the north country who sponsored a
19 Bill that would require 90 days of treatment, and
20 the three of us are co-sponsors on that Bill. So
21 we're --

22 [Applause]

23 Probably one of the things that we have heard
24 most about a reasonable amount of time for somebody
25 to get treatment, and hopefully we can move that

1 Bill in the Senate. And, again, I have said this,
2 and I know my colleagues have, this is such a
3 non-partisan issue, the Assembly should take it up.
4 I would encourage my colleague from the assembly to
5 help us to push that on that side of the building,
6 and hopefully the Governor would sign that.

7 So DA McBride and then Judge Pelella and then
8 I'm going to my friends from law enforcement.

9 Sorry.

10 JOSEPH McBRIDE: Judge, I don't mean to jump
11 in front of you. One other issue that we have
12 that's going on that is very important is
13 hypodermics in New York State are still illegal, but
14 there is a provision that if you obtain them
15 lawfully, then, in fact, that they're lawful.

16 But, there's no way for law enforcement to
17 prove that. It's creating a big problem in law
18 enforcement about whether or not they're legal or
19 illegal hypodermic instruments.

20 If state wants to --

21 SENATOR FREDRICK ASHKAR II: You have to have
22 card, right, John?

23 JOHN BARRY: They should if they're in the
24 syringe exchange program. But they're also legal to
25 buy it from a pharmacy.

1 JOSEPH McBRIDE: Exactly. When you buy it
2 from a pharmacy, and John, you can correct me if I'm
3 wrong, you don't get a card, and there's no way for
4 them to know.

5 Now, that being said, there seems to be a
6 move in New York State to legalize that. If that's
7 going to happen, it's going to make my job, the
8 sheriff's job and every law enforcement officer's
9 job a lot easier. If we're either going to say that
10 it is legal or we're going to say it is illegal. If
11 we legalize it, then it's easier for people like
12 John to get needles to people.

13 If we decriminalize it, we can't give a mixed
14 message, because it is not fair to the officers who
15 are out there on the streets and trying to figure
16 out who has them legally and who has them illegally.

17 But now, if whatever the State decides to do,
18 the last issue is, and I'll hand the mic over, is,
19 there's a lot of needles on the streets, not only in
20 Chenango County but in Broome County, and throughout
21 New York State because of this problem.

22 What I would like to see, is not only that we
23 resolve the issue about who can have them legally,
24 but make it a more serious offense to dispose of
25 them illegally. Not only are you creating a health

1 hazard for everyone in your community, you're
2 putting your kids at risk, and in parks, parking
3 areas, and every other place. We need to make sure
4 that while we're fixing the heroin problem, we also
5 fix the needle problem that's occurring in all of
6 the communities in our area.

7 JOHN BARRY: I'm going to politely suggest
8 that if people were not being prosecuted for
9 possessing them, maybe they wouldn't be tossing them
10 away.

11 JOSEPH McBRIDE: Maybe you're right, and if
12 that's the case, we can solve that problem, but
13 there is a problem with needles in our community.

14 SENATOR FREDRICK ASHKAR II: We are about
15 five minutes before 6:00, so I'm going to ask Judge
16 Pelella to speak about the drug court system in
17 Broome County. We'll finish up with our friends in
18 law enforcement and then, everybody will be on their
19 way. Judge Pelella.

20 HON. WILLIAM PELELLA: Thank you, Senator. I
21 have been involved in the criminal justice system
22 for 35 years. I have been a prosecutor, a defense
23 attorney, and for the last 11 years a judge.

24 And I have had the honor and privilege of
25 presiding over the drug treatment court for the

1 last -- eleven years and for the last year presiding
2 over the veterans treatment court program as well.

3 The goal of those programs is to break the
4 vicious cycle of addiction. We have talked about a
5 little bit here today where someone uses, they get
6 arrested, they go to jail. They get out of jail,
7 they do it all over again and keep doing it until a
8 couple of things happen. Either they're in prison
9 for a very long time, or they're dead from an
10 overdose. And so what drug court tries to do is
11 with the cooperation of our partners in the
12 community, to try to break that vicious cycle of
13 addiction.

14 By treating the person, the entire person, we
15 deal with their health needs, we deal with their
16 educational needs, we deal with their employment
17 needs, and we deal with their addiction.

18 I have partners such as ACBC, New Horizons,
19 the YMCA, the YWCA, the Salvation Army, the District
20 Attorney, the halfway house, the public defender,
21 private attorneys such as Paul Battisti who is here
22 today who really want to look at the bigger picture
23 and try to help people who are involved in the
24 criminal justice system.

25 And what we do is, I have that whole team of

1 professionals helping me, assisting the court and
2 trying to treat the person and make them whole again
3 and take them from being someone who is in jail,
4 costing the taxpayers a lot of money, to making them
5 a productive citizen.

6 And over the years, I have been able to look
7 into the eyes of my participants, and I have seen
8 the tremendous grip that a drug such as heroin has
9 on a person. You can see it in their eyes.

10 I can see it on their face. The despair, the
11 lack of hope, the giving up. Just wanting to
12 survive for another day. We have also seen the face
13 of recovery. I have seen someone who has been able
14 to complete our program, and for the most part, our
15 program lasts a year and a half to two and a half
16 years. It's not an easy program. It's a program
17 where I have to balance the needs of the participant
18 with the rule of law. And I have to make sure that
19 they're held accountable, and that they're
20 responsible.

21 But by doing that, we really can make a
22 difference in their life. And I walk to work every
23 day, and recently I had a car pull up on Riverside
24 Drive, and somebody got out, and first as a judge,
25 you're always -- what's going on? But it was a

1 graduate of my program, and I could just see on her
2 face hope, the happiness, she's got her kids back.
3 She's working. She's doing something in her life.
4 She has hopes and dreams.

5 So our program is one of hope, not despair.
6 It is one of life, not death. And really, we're
7 talking about life and death, we're not talking
8 about criminal cases. And I'm really -- it is the
9 most rewarding work that I have done in the criminal
10 justice system, but at the same time, it's the most
11 difficult work that I have done.

12 But, I think that it is an example when we
13 come together as a community, particularly when we
14 take hard working professionals in the treatment,
15 along with the professionals in the criminal justice
16 system, and combine them and work together to help
17 these people that are in our program, it really can
18 make a difference. And I have seen it.

19 SENATOR FREDRICK ASHKAR II: On behalf of the
20 community, I thank you for your ongoing commitment.

21 [Applause]

22 To my friends in law enforcement, Captain
23 maybe we'll start with you and go down the line.
24 You know, I think in terms of maybe talk about the
25 things that you're seeing from a law enforcement

1 perspective and then quite frankly, I would like to
2 know where the legislature can be helpful from a law
3 enforcement perspective.

4 CAPTAIN PATRICK GAREY: First of all, thank
5 you, Senator. Thank you for holding the hearings
6 here, or the roundtable here and thank you to
7 everybody on the panel.

8 All of the main points have been touched.
9 From a law enforcement perspective, this is taxing
10 our resources unbelievably. Everything from
11 low-level petty crimes right up through.

12 I think I can speak for all of us. Any time
13 we get a report of a robbery, almost the first
14 instinct is what heroin addict is it? I think from
15 a law enforcement perspective, we're coming to
16 realize that, addiction is a disease.

17 I think like you, years ago, we all thought
18 that we were the solution. I don't -- now I can
19 absolutely say this is not a law enforcement
20 problem.

21 We deal with some of the problems related to
22 it, but it is absolutely a community problem. Where
23 this is coming from, and as you know, I spent
24 15 years with the State Police Community Narcotics
25 Enforcement Team, and one of things that I had that

1 people who worked for me do is interview anybody we
2 arrested or any informants that had any sort of an
3 addiction. And almost to a person, they've all
4 started with pills.

5 There are a few who started out with
6 marijuana and other drugs and progressed up through.
7 But, most of them, and many of them were legitimate
8 pill users, who before they even realized it, they
9 were addicted to drugs and also many of, you know,
10 who have been to panels before, I personally have
11 dealt with this, my niece was an addict who is now
12 two years recovered.

13 But I spent 15 years in charge of a narcotics
14 unit, and for a long time, I didn't know my niece
15 was addicted. I didn't recognize the signs. I
16 didn't ask myself the hard questions. And so what I
17 would put out is, prevention and awareness are the
18 key critical components of this, and certainly,
19 treatment is the third part of that.

20 And just to dispel any myths, in case they're
21 out there, from a law enforcement perspective, we
22 don't target users, ever. We would eat up our
23 resources in a matter of really minutes if -- I
24 think all of us could walk out today and target 25
25 or 30 users without even thinking about it. We

1 focus solely on dealers, and primarily on dealers
2 who are profiteers looking to make money off of it.

3 There are certainly people who are dealing
4 out there, to support their habit. We do arrest
5 them, they are committing crimes. And we do arrest
6 them. But I just wanted to make sure that that's
7 known, that it's really not even a consideration of
8 ours to go out and look for people who are actively
9 using.

10 And generally when that occurs, or people are
11 arrested for possession, it is one of two things.
12 It is either a patrolman who has come across the
13 drugs while they were in the course of their duties
14 one way or another, or, the arrest is the result of
15 possession with intent to sell, but we've targeted
16 them as dealers.

17 SENATOR FREDRICK ASHKAR II: Thank you,
18 Captain. Chief Zikuski, thank you for being with us
19 today.

20 JOSEPH ZIKUSKI: Thank you, Senator. I'm
21 glad you left us to last, because you did not have
22 much time, and nobody could better represent us than
23 you, knowing what our needs are.

24 SENATOR FREDRICK ASHKAR II: Thank you.

25 CAPTAIN JOSEPH ZIKUSKI: Just coming from the

1 front lines and working closely with you. I can't
2 agree more with the Captain. You know from our task
3 force we don't target users. The few times we do is
4 to get to the dealer themselves. And that's not too
5 often. Patrolmen have their jobs that they have to
6 do.

7 From what you can do from us, I hear Ray's
8 figures, and he said 64 in the county. You know, we
9 buy our own Suboxone, and I think our stats are a
10 little separate from yours.

11 In city alone, in the 14 or 15, we
12 administered 78, just the police department. And
13 we're funded that ourselves, so we need a little
14 help there. It's not a huge amount of money.

15 The resources, as the Captain spoke about, I
16 don't have to tell you all the manpower we have
17 addressed to this, you know, and what we're doing,
18 and as far as taking some of the burden off of the
19 local community, you know, some money for overtime
20 because everybody is asking for cops, and you don't
21 know what they're doing. Can I have this position,
22 but maybe, you know, some funding where it is a
23 narcotics investigation where we can prove this is
24 what the money is being used for, because I don't
25 have to tell you about funding positions and how

1 they get used and things like that.

2 So, you know, just so everybody knows, you
3 know, I'm not going to bore with you any figures but
4 from state registry, opiate deaths in Broome County,
5 there were 31 of them in 2014. And in 2015, there
6 was 27, 12 being City of Binghamton.

7 We responded last year to 101 overdoses that
8 the police department and sometimes the fire
9 department goes, so that's just what we're dealing
10 with. But you know, we can't arrest our way out of
11 this, you know that. And we can't incarcerate our
12 way out of this.

13 This is a community problem, and I couldn't
14 agree more with the Captain that we are just a
15 little part of the solution at the bottom.
16 Everybody in this room is a solution.

17 You know, just close up with -- it's almost
18 embarrassing to say. A good friend's son just
19 recently had a problem. And they were at their wits
20 end, and I said have him arrested. And, you know,
21 turn them over to Judge Pelella, because I have a
22 lot of respect for him and his program. He saved
23 a lot of people. This is a kid, his parents have a
24 lot of money. And they're at their wits end, and he
25 stole his father's credit card and ran up thousands

1 and thousands of dollars. His grandfather didn't
2 even know it. Stole everything out of the house.
3 And I said, you know, it is unfortunate that's where
4 we're at.

5 They are calling me and calling my wife and
6 have him arrested. And let the judge have a shot at
7 him. So I think we need funding. Any way that you
8 can help his program, or any of these other programs
9 here, you know, that's how we're going to get out of
10 this situation.

11 SENATOR FREDRICK ASHKAR II: Thank you,
12 Chief. Captain.

13 CAPTAIN KATHLEEN NEWCOMB: Thank you very
14 much. Thank you, Chair. You know, I've heard the
15 statement here several times today that we can't
16 arrest our way out of this problem.

17 However, I want to make it perfectly clear
18 that law enforcement has a clear job to do, and that
19 is to arrest the drug dealers. As I think Captain
20 Garey referred to, that is our job. And we're going
21 to continue to do that. And I'm proud of the
22 numbers and the arrests that our drug task force
23 have done in conjunction with the Binghamton Police
24 Department, as well as the Johnson City Police
25 Department and the Endicott Police Department.

1 They work very, very hard, tirelessly, to arrest the
2 drug dealers in this community. With that being said,
3 I also am proud of the job that the law enforcement
4 community has done over the last couple of years with
5 turning around, you know, Penny spoke about the stigma
6 and turning around the stigma that the law enforcement
7 community has. The law enforcement community can be a
8 very jaded group of people. And they have turned that
9 around as far as awareness, as far as being on the
10 front lines and starting the Narcan program, saving
11 many, many lives. The programs that we have in our
12 correctional facility. I think that law enforcement
13 has done a very good job and I think that in recent
14 years, they have had the opinion where they could
15 arrest their way out of it, and with that being said, I
16 think that they have turned it around where we have
17 become much more aware of the problem, much more
18 sensitive to the problem. So I think that the law
19 enforcement community is doing a very good job there.
20 A few of the other programs that we've implemented is,
21 we're working with UHS as well as Fairview Recovery,
22 trying to help the addicts to get to the beds available
23 in our community here locally. We have I think
24 somebody had touched on this earlier but we have the
25 drug dropoff boxes. If I could speak on behalf of

1 Sheriff Howard, we try very, very hard to implement
2 these new programs, and to do everything that we
3 possibly can to help the community. So it is very
4 multi-faceted, I think, from a law enforcement
5 perspective. We're involved in a lot of different
6 ways. Whether it is through the correctional facility,
7 whether it is arresting the drug dealer, or whether it
8 is assisting the addict to get to the bed at the ACC
9 here locally in City of Binghamton. So I just want to
10 make that clear that, you know, law enforcement has a
11 pretty big lift. While it is probably not as big as
12 the treatment and the treatment options and some of the
13 struggles that these folks deal with, you know, we're
14 doing the best that we can too.

15 SENATOR FREDRICK ASHKAR II: I think that --
16 yes.

17 [Applause]

18 I think everybody would agree that it is
19 certainly a very important tenet in dealing with the
20 issue. And Penny, I think I recall having one of
21 our first conversations about law enforcement having
22 a jaded view about this particular issue.

23 PENNY STRINGFIELD: Can I say something about
24 that a minute, is that all right?

25 SENATOR FREDRICK ASHKAR II: Yes, please.

1 PENNY STRINGFIELD: My son's teacher called
2 and told me that she had witnessed someone
3 overdosing and she had called for the police. And
4 when they came, they were able to administer Narcan
5 and were able to revive the young man.

6 Unfortunately, the two law enforcement officers who
7 cared for him at that time turned to each other in
8 front of her and said, "Yippee, saved another junky
9 today." That was a pretty devastating thing to
10 hear. And it was pretty much how I felt about law
11 enforcement officers, honestly. Probably one of
12 best things that happened for me was that I spoke
13 about that at a BOAC meeting, and Senator Akshar who
14 was undersheriff at the time stopped the meeting,
15 and apologized for all of his peers.

16 I have to say that when my son overdosed, the
17 people that came from EMS, and the police
18 department, worked tirelessly, tirelessly for an
19 hour to try to bring him back. So, yes, there
20 are -- we've come a long, long way I think as far as
21 stigma in our law enforcement, but we have a ways to
22 go.

23 CAPTAIN KATHLEEN NEWCOMB: Absolutely.

24 PENNY STRINGFIELD: One of the things that I
25 have a deep concern about is Narcan and where Narcan

1 is available. I think Narcan should be available in
2 our schools. I think Narcan should be available at
3 any living facility where someone is coming after
4 jail or treatment because it is a misperception to
5 think that because it is there, people are going to
6 use. If they are going to use, they're going to
7 use, and we should be able to save their lives if we
8 can. And thank you for all the times that you have.

9 CAPTAIN KATHLEEN NEWCOMB: Thank you, Penny,
10 for pointing that out.

11 SENATOR FREDRICK ASHKAR II: Last but not
12 least, my very good friend from Tioga County,
13 Sheriff Howard. Thank you, Senator. I'll make it
14 really quick. I'm just shy of my 40 years with the
15 sheriff's office, and I have seen this wave come
16 through every so often. And Captain Garey will
17 agree with me the methamphetamine problem that came
18 up in about the 2002, 2003, 2004, was huge, and
19 during that time, I was asked to go to Washington
20 and testify before the House Science Committee to
21 get some laws changed. Then I came back, I went to
22 Albany and I testified there to a task force. We
23 got some laws changed. Senator O'Mara was standing
24 next to me down in Elmira when Governor Pataki
25 signed some new laws in. So now you go to the drug

1 store to get Sudafed and you have to show your
2 license, and everything is tracked that way. That
3 was cutting the head off the snake. It is
4 coming back. And that's a different problem that
5 we're dealing with now. I agree with the captain
6 when he said that this is a community problem. We
7 can't solve this like we did with the
8 methamphetamine by get something laws changed, and
9 having some control. I have a relatively small
10 jail. Probably half of my inmates have some type of
11 addiction. It is a huge strain not just on my
12 corrections officers, but my medical staff and the
13 community because they are the ones that pay for the
14 addiction problems when they go into detox and when
15 we have to get them into the hospital for infections
16 and all of those other issues that come with it.
17 It is a community problem. A day doesn't go by
18 that -- we have a tip line on my website, anonymous
19 tip line -- that we don't get a tip about some drug
20 use, or drugs being sold. And I agree with the
21 chief and the captains, we're not out to get the
22 users. We need to cut the head off that snake and
23 those are the dealers. And it is time consuming,
24 and it is very expensive.

25 SHERIFF GARY HOWARD: And just one short

1 story. My son is a deputy sheriff in Oregon. And
2 when he was growing up, he said "What would you do
3 if you caught me with drugs?" I said "I would
4 arrest you and send you to jail." And that has
5 changed. Now I have a grandson who asked me the
6 same thing. And I told him, "I would take the drugs
7 from you, and get you some help." That's all I
8 have.

9 SENATOR FREDRICK ASHKAR II: Thank you,
10 sheriff.

11 [Applause]

12 CAPTAIN PATRICK GAREY: Senator, if I could
13 just add one suggestion for you to think about with
14 the legislature. And the chief and captain and
15 sheriff have all kind of touched on it in different
16 ways. But when the methamphetamine epidemic
17 started, one of the pieces of legislation that went
18 in was that law enforcement agencies had to send a
19 message to Albany indicating where a lab was, and it
20 gave us a tracking of what was occurring, where the
21 trends were, where the labs were coming and what
22 type they were. And one of the things that I have
23 found in dealing with this over the last year or so
24 is that we all have our own statistics with regard
25 to overdoses and when Narcan was used and when it

1 wasn't. And I know there are some things reported
2 to the state, but I would just suggest maybe looking
3 into all law enforcement, fire department, EMS, and
4 healthcare personnel, all being required when there
5 is an overdose of any kind, not just an opiate, but
6 any overdose, that that goes into some central
7 database where we get real numbers that we can track
8 what drugs are trending at that point and what is
9 causing overdoses.

10 SENATOR FREDRICK ASHKAR II: Thank you,
11 captain. Well we have clearly run over our time,
12 SSuperintendent Gill, again, thank you for your
13 hospitality. I'm sorry we went over 15 minutes. I
14 want to thank everybody on this panel for fighting
15 the good fight on the front line. I know it is a
16 huge lift, but it is clear to me that there are many
17 people in this community who care. And, you know,
18 I think the biggest thing, and I said it when we
19 started is that, we as leaders need to ensure that
20 we're setting personalities, and we're setting
21 political differences aside, and we're moving
22 together as one. I think that's the most important
23 thing because if we're not doing that, I think that
24 the only people that we're harming are the people
25 who so desperately need our help. So I would

1 encourage everybody to stay together, as tough as it
2 may be, but we all have ideas and plans, none are
3 more important than the next. Just important that
4 we move forward together as a team. So with that
5 said, Senator Ortt, do you have some closing
6 remarks?

7 SENATOR ROBERT ORTT: Not really. It is hard
8 to after that great discussion and great panel here
9 that you put together. I want to thank everyone for
10 being here as well. And I wanted to sort of
11 clarify, earlier I said you heard sort of similar
12 themes, but that doesn't mean you don't hear new
13 ideas, or new, very worthy suggestions from each
14 discussion. And this is no different. And I can
15 assure you that I am going to be having, I know
16 Senator Amedore was not here today. Senator Amedore
17 along with being a co-chair of the Heroin Task Force
18 is also the chairman of the OASAS subcommittee, and
19 I know he would be very interested to hear some of
20 the issues because that was -- that's a little bit
21 more nuanced or specific than I have heard after six
22 or seven hearings. I will be having a phone call
23 with OASAS, probably in the next week or two, much
24 to their chagrin because they generally don't like
25 to hear from me. But that's okay. So you know, we

1 heard some different suggestions, and like I said,
2 the plan is, this session, now that we're passed the
3 bill, you'll see some comprehensive legislative
4 reform package that's going to include a lot of
5 things. I'm not going to be disingenuous. It is
6 probably not going to include everything that
7 everybody thinks should happen, but I think it is
8 going to include a lot of things that we can all
9 agree with good things. Does that mean there won't
10 be still challenges and battles? I think you heard
11 from the law enforcement, this is kind of an
12 insidious epidemic. It sort of moves, just when you
13 do this, you do I-STOP and then all of a sudden,
14 heroin pops up. Everything you try to do, it is
15 sort of adapts a little bit, so we'll keep
16 fighting the fight and try to I think the best
17 solutions come from the bottom up. They certainly
18 do not start in Washington or in Albany. But you
19 already know that. They start on the ground level.
20 They start with in place just like this, they start
21 with everybody here who is on the front lines, they
22 start with people who have lost loved ones, and who
23 have the courage to turn that into something
24 positive. They start with people who are nine years
25 sober, who are leading the fight and setting good

1 examples. It is not these three people in the
2 middle here. It is everyone else up on this dais.
3 So I want to thank you for what you're doing. You
4 help us to be better legislators and you'll help
5 lead the reform efforts, and when we get some
6 positive reforms and every time we save another
7 life, it is because of the people on this stage, and
8 it is not because of anybody in the middle here. It
9 is all of you, so thank you for what you're doing.

10 SENATOR FREDRICK ASHKAR II: Thank you.

11 [Applause]

12 SENATOR FREDRICK ASHKAR II: Thank you,
13 Senator Ortt. Senator O'Mara.

14 SENATOR THOMAS O'MARA: Yes, thank you, Fred,
15 for putting this together, and I thank all of you
16 for coming out and sitting in and listening and
17 showing your concern of what's going on in our
18 communities. It is vital that we all work together.
19 We ave heard from our panelists here and certainly
20 thank you to all of our panelists for taking time
21 out and expressing your ideas to this as Sheriff
22 Howard said back when I was in the State Assembly,
23 in 2005 and we still had Governor Pataki, we pushed
24 for, with Sheriff Howard's leadership, a lot of
25 changes under the methamphetamine laws. And we had

1 a similar task force to this that I was on in the
2 assembly going around the state that led to a lot of
3 the positive changes that came out of it.

4 Methamphetamine still continues to be a problem.
5 And no matter what package of legislation we come
6 out of this year, this heroin will continue to be a
7 problem. We've just got to get a better grasp of
8 it.

9 I've been on this committee now in the
10 Senate, this task force in the Senate for three or
11 four years. In 2014, we did rounds of hearings
12 across the state. I participated in one in Elmira
13 in my district that we had, and that led to a
14 package of legislation that is a constant
15 progression. I guess is my point that we're working
16 on and we'll always be working to perfect this, the
17 access to treatment, the availability of treatment,
18 and just to deal with this real, real problem that
19 we have in our society. But thank you all for being
20 a part of this solution here.

21 SENATOR FREDRICK ASHKAR II: Thank you,
22 Senator O'Mara.

23 [Applause]

24 So Ruth, we'll make it a point, my staff and
25 I, to follow up with you and the others associated

1 with treatment in terms of regulatory reform, and
2 then I'm going to get that information back to
3 Senator Ortt and the other co-chairs so hopefully we
4 can put our heads together and move on something
5 like that again. I would encourage everyone in the
6 audience, if you want to submit written testimony to
7 please do so before you leave. To everybody who is
8 streaming this live at home, please, visit my
9 website, ashkar.ny.senate.gov and we'll accept your
10 written testimony there as well. Again, thank you
11 all on the panel for participating. I pledged
12 accessibility when I ran for the New York State
13 Senate, and I want everyone to know not only on this
14 panel, people who are watching at home, people in
15 this community, that I meant what I said. My door
16 is open to your ideas, your suggestions, your
17 issues, and where I can be helpful, I need to know
18 that, and I encourage everybody to come knocking
19 because I stand ready to fight the good fight for
20 you, and I have a remarkable staff that I have to
21 thank for putting this on. Please, a round of
22 applause.

23 [Applause]

24 There was so much more than simply setting up
25 tables and putting some nice red skirting around the

1 front of it. So I have them to thank for making
2 this happen, and it was a huge lift, and I'm
3 eternally grateful to each of you who made that
4 happen. And to the men in the back of the room, in
5 uniform, thank you very much for providing security.
6 We appreciate it very much.

7 [Applause]

8 So again, thank you all for participating and
9 coming out, and I wish you all a blessed evening.

10
11 (Whereupon, the public hearing held before
12 the New York State Joint Senate Task Force on Heroin
13 and Opioid Addiction concluded.)

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