

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

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

7 St. John Fisher College  
8 Wegmans School of Nursing Building  
9 3690 East Avenue  
Rochester, New York 14618

10 May 6, 2015  
11 6:00 p.m. to 8:00 p.m.

12 PRESIDING:

13  
14 Senator Richard Funke, Sponsor

15 Senator Terrence Murphy, Chair

16 Senator Robert Ortt, Co-Chair

17 Senator Joseph Robach  
18  
19  
20  
21  
22  
23  
24  
25

1	SPEAKERS:	PAGE	QUESTIONS
2	Timothy Prosperi	24	32
3	Second Assistant District Attorney Monroe County		
4	Michael Fowler	34	70
5	Captain		
6	Scott Shear		
7	Investigator		
8	Monroe County Sheriff's Office		
9	Philip Povero	34	70
10	Sheriff		
11	Ontario County		
12	Daniel Varrenti	34	70
13	Chief of Police		
14	Brockport Police Department		
15	Lori Drescher	74	89
16	Jonathan Drescher		104
17	Personal story		
18	Debbie Terverdic (ph.)	92	104
19	Personal story		
20	Craig Johnson	92	104
21	Personal story		
22	Jennifer Faringer	107	
23	Director		
24	DePaul's National Council on		
25	Alcoholism and Drug Dependence		
26	Bill Fox	119	128
27	Director of Treatment Services		
28	Finger Lakes Addictions Counseling &		
29	Referral Agency		
30	Patrick Seche	129	
31	Director of Addiction		
32	Psychiatry Services		
33	U.R. Medicine at		
34	Strong Memorial Hospital		

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25

SPEAKERS (Continued):	PAGE	QUESTIONS
Karen Simon Trainer and Educator New York State D.A.R.E. Officers Association	137	145
Deputy Robert Holland D.A.R.E. Officer Ontario County Sheriff's Department	146	149
Dr. Jeanne Beno Director, Forensic Toxicology Laboratory Monroe County Medical Examiner's Office	150	160

1           SENATOR FUNKE: And so we begin, ladies and  
2 gentlemen.

3           Thanks so very much for all of you for coming  
4 tonight to this public hearing on heroin and opiate  
5 addiction.

6           Let me take the opportunity now to welcome  
7 our task force Co-Chairs.

8           Senator Rob Ortt, from North Tonawanda, and  
9 Dr./Senator Terrence Murphy of Yorktown, and  
10 Senator Joe Robach, of course, from our area here,  
11 the 56th State Senate District.

12          I want to recognize, our third Co-Chair,  
13 Senator George Amedore of Rotterdam, who is not able  
14 to be here tonight, we also are joined by  
15 Senator Amedore's chief of staff, Doug Breakell.

16          So, I want to thank Doug for making the trip  
17 up.

18          During tonight's forum, we'll be hearing  
19 testimony from law enforcement, from health-care  
20 providers, also from addiction specialists, and  
21 families affected by this growing problem, here in  
22 our community and our state.

23          The goal of this discussion, folks, is to  
24 gather facts and information that we can use to help  
25 craft sensible public policy to combat this growing

1       problem.

2               There was a time when some wrote this problem  
3 off; it was something that only affected people in  
4 other places, like New York City.

5               But the reality now is, that this problem is  
6 impacting every community, every school, every  
7 family, and every child, in one way or another.

8               Let me be clear: Nobody wakes up and says  
9 I'm going to become addicted today.

10              But because heroin is opiate-based, it can  
11 lead to crushing dependency, which has devastated  
12 communities and families across our area and across  
13 our country.

14              Maybe it's the athlete who injures a knee in  
15 a football game, and as part of his treatment is  
16 placed on a drug, like Oxycodone, to address the  
17 pain.

18              Maybe it's a friend at a party who asks a kid  
19 to try heroin. Most kids think, What's the big  
20 deal? It's only once. Right?

21              The problem is, that using heroin even one  
22 time can be the first step on a full-blown road to  
23 addiction.

24              And as we look at the statistics here in  
25 Monroe County and Ontario County, it is absolutely

1       startling. Heroin killed 65 people in our region in  
2       2013. That was a huge spike, compared to 29 in  
3       2012, and only 11 in 2011.

4               Counties reporting heroin-related deaths  
5       include Monroe, Livingston, Chemung, Ontario,  
6       Orleans, Steuben, and Wyoming.

7               Yes, it's a problem in the country too.

8               Roughly, a quarter of the region's  
9       heroin-overdose victims between 2011 and 2013 were  
10      24 years and younger. Nearly two-thirds were under  
11      35.

12              Heroin impacts more than just its addicts.  
13      It burdens health and medical professionals, the  
14      insurance industry, our schools, our families, and,  
15      of course, our law-enforcement agencies.

16              And tonight we expect to hear how these  
17      groups have been affected, and what actions they are  
18      taking on the issue, and any recommendations they  
19      may have for combating this epidemic in New York.

20              These speakers have firsthand experience with  
21      the scourge of heroin addiction. They include a  
22      young man in recovery, affected family members,  
23      law-enforcement personnel, addiction counselors,  
24      school officials, prevention specialists, and even  
25      the Office of the Monroe County Medical Examiner,

1 who sadly becomes the last in a long line of people  
2 who witness this awful cycle of addiction.

3 The most important part, however, I think, of  
4 tonight, is determining what comes next.

5 What are we, working together, willing to do  
6 to solve this problem?

7 And make no mistake about it, to solve the  
8 heroin challenge, it's going take all of us in this  
9 room.

10 While I look forward to weighing the issue --  
11 and weighing in on issue-based testimony, and  
12 writing down what all of you have to say, I do want  
13 to share a couple of thoughts.

14 Tonight shouldn't be about placing blame, but  
15 it should be about sharing blame. Everybody, from  
16 elected officials, and on down the line, have some  
17 responsibility for how we got here.

18 And now it's time for all of us to be part of  
19 the solution, and not the problem.

20 I strongly believe that preventive education  
21 will likely be key.

22 Decades ago, when we learned about the  
23 dangers of smoking, we fully realized what was going  
24 on there. We implemented changes in our health  
25 curriculum, leveled restrictions on advertising, and

1 we increased public awareness, and, over time, these  
2 approaches made a difference.

3 We need to take that kind of concerted effort  
4 with heroin.

5 Education should not end in schools. All of  
6 us, and especially doctors who regularly prescribe  
7 opiate-based drugs, also need continuing education.

8 I know many brilliant doctors, and I have  
9 nothing but respect for them, but everybody can  
10 always benefit from more knowledge, and I think this  
11 situation is no exception.

12 There's a temptation to think that more  
13 money, and more money alone, is going to solve this  
14 problem. And I don't think that's the case at all.

15 Strategic investments are certainly going to  
16 be necessary, but money alone won't get us where we  
17 need to go.

18 And I also think, that as we determine how to  
19 beat this epidemic, we cannot forget that some  
20 changes on the insurance side could lead to other  
21 unintended consequences, like higher premiums for  
22 everybody.

23 Are we willing to go there?

24 As a result, we must approach this issue  
25 carefully, and work with the insurance industry, and

1 not against it.

2 Heroin is enough of an enemy already. We  
3 need all allies on board and everybody on deck to  
4 take care of this problem.

5 I know for a fact that our DA and local law  
6 enforcement want to solve this problem as much as  
7 anybody else.

8 And I especially want to recognize the great  
9 work of DA Sandra Dorley, and Mike Tantillo, as well  
10 as Sheriffs O'Flynn and Povero.

11 These leaders all understand the need to  
12 balance law enforcement and punishment with  
13 compassion and treatment, and I know they continue  
14 to be strong partners in this fight.

15 Before I wrap up, I want to thank my fellow  
16 Senators and the entire Task Force for joining me  
17 for this important meeting in the 55th District.

18 I want to also thank President Bain and the  
19 staff here at St. John Fisher College for letting us  
20 use this space, and for all of their kindness and  
21 their help.

22 So I appreciate the opportunity here, and I'd  
23 like to turn it over to Senator Terrence Murphy at  
24 this point.

25 SENATOR MURPHY: My apology for being late,

1 first off. I didn't realize Rochester was so far  
2 away.

3 [Laughter.]

4 SENATOR MURPHY: Thank you, Senator Funke,  
5 and Senator Robach, and Senator Ortt, for allowing  
6 me to be here tonight, and for some of the mothers  
7 that I've seen come to my office.

8 I carry this picture that stands right on my  
9 office, one of the daughters, right here in  
10 Rochester, that lost their life. That sits on my  
11 desk every day because, guess what? This knows no  
12 boundaries. It has no religion. It has no  
13 ethnicity. It will grab you, shake you down, and,  
14 obviously, kill people.

15 Folks, we've understood we have an epidemic  
16 going on here in New York State, right here in  
17 Rochester, and my district in the Hudson Valley.

18 And, just two weeks ago, through, which is  
19 very important, law enforcement, inter-municipality  
20 work, they pulled over someone that had 11,000 bags  
21 of heroin in their car.

22 So, roughly, around 30 to 35 percent of it  
23 comes through New York City. We have our kids from  
24 the Hudson Valley going right down to New York City,  
25 and they are comfortable enough to come up on

1 Metro North and distribute to us.

2 I can't thank my colleagues enough for voting  
3 on this year's budget, because we put \$12 million  
4 into this problem.

5 Is money the answer? No, but it's a good  
6 start. It's a hell of start.

7 And when we all work together on this, we can  
8 do something successful with it.

9 I've been -- this is -- I had -- my first  
10 New York State Task Force was down in my district  
11 last Thursday.

12 And, you know, we are here to gather  
13 information from the experts and from the parents,  
14 and we will be trying to put something together that  
15 will be successful in fighting this.

16 We've talked about insurance, about 15 days  
17 going in, and out.

18 To me that's a joke. It's a waste of money.  
19 It's not working. And, we're understanding that.

20 So these are things that have come -- have  
21 been put on the plate and have been brought to our  
22 attention.

23 Inter-municipality law enforcement, from the  
24 federal, to the state, to the local, to the county,  
25 we all have to work together on this, because it is

1 New York State's problem, and it is a federal  
2 problem too.

3 So, these are some things that have come  
4 across.

5 To Judy who talked about the Narcan, again,  
6 proud to stand here with my colleagues and tell you,  
7 when we first looked into this, Senator Ortt and  
8 myself who are Co-Chair, along with Senator Amedore,  
9 realized school nurses were not allowed to  
10 administer Narcan in the school.

11 That's completely unacceptable.

12 What, are we waiting for something to happen  
13 and be reactive than proactive?

14 So in this year's budget, not only do we have  
15 that language, but we funded it, so we didn't send  
16 out an unfunded mandate to the school districts. We  
17 funded over \$270,000, to make sure all the schools  
18 have at least two Narcan kits and the nurses are  
19 trained in it.

20 One of my points on the seven-point plan that  
21 I have, is to make sure all first responders in  
22 New York State are Narcan-trained. That goes for  
23 our firemen, that goes to our ambulance, obviously,  
24 the paramedics, and our police officers, are usually  
25 the first ones to show up at these unfortunate

1 circumstances when you're, literally, watching  
2 someone who's dead and blue on the floor, and you  
3 administer the lifesaving antidote Narcan.

4 And it's completely benign. So if they're  
5 having a seizure and it's not an overdose, they get  
6 a little dribble out of their nose.

7 But they come back to life, literally, right  
8 in front of you, within 45 seconds.

9 This simple little thing that myself and my  
10 colleagues were all able to put in this year's  
11 budget, to me, was common sense.

12 But we have a lot more to do, and that's why  
13 I'm sitting here tonight to listen to you.

14 Just some other points that I'm making here  
15 is, a big one came out of my -- the stigma.

16 Years ago, you thought it was a needle in the  
17 arm.

18 It's not that anymore, folks.

19 It's a quick pill that you can pop, and your  
20 son or daughter is walking right past you, high as a  
21 kite, and you don't even know it.

22 So signs and symptoms, brochures, education,  
23 has come out in some of the forums I've done.

24 Not so much that 800 texting -- I mean,  
25 800 (unintelligible), but the kids are now texting.

1           So we're gonna have to gather information to  
2 figure out what kind of texting line that we can  
3 have. And it's not so much getting on the phone and  
4 having your boyfriend or your girlfriend overhearing  
5 that you're calling them in, but there could be some  
6 sort of texting line.

7           Drop-boxes.

8           If I've heard it once, I've heard it twice.  
9 I've seen parents that have taken their 16-year-old  
10 to have a molar extracted and they're getting a  
11 60 count of Oxycontin. The kid has taken 2, and  
12 they don't know what to do with the other 58 of  
13 them.

14           So these are simple things that we will  
15 address.

16           And I look forward to hearing the testimony  
17 tonight.

18           And my apology for being late, and, thank you  
19 for having me.

20           SENATOR FUNKE: Senator Rob Ortt.

21           SENATOR ORTT: Thank you, Senator Funke.

22           I want to thank Senator Funke for hosting  
23 this tonight.

24           I certainly want to thank St. John Fisher  
25 College for having us.

1 I also want to thank my colleagues,  
2 Senator Joe Robach, and, of course, my co-chair,  
3 Senator Terrence Murphy.

4 Dr. Murphy came all the way, he lives down in  
5 Westchester and Putnam. Right?

6 So, being a half hour late, I think we can  
7 forgive him tonight for that.

8 But -- but he's here, and I say that because,  
9 he cares, as we all do, you know.

10 And I certainly want to recognize, I know we  
11 recognized Doug Breakell, as well as my deputy chief  
12 of staff is here from Albany, because, again, we  
13 care, and this is a statewide problem. It's not  
14 just in Westchester, it's not just in the cities.  
15 It's in the suburbs.

16 I certainly want to thank our law-enforcement  
17 officials who are here tonight, our first  
18 responders, folks from the DA's Office. You guys  
19 and gals are on the front lines of this, you see it  
20 every day. You see -- you know, you police your  
21 communities, and you may see, who knows, somebody's  
22 friend's daughter, or friend's son, or someone like  
23 that.

24 And, so, you're dealing with this every day.  
25 You know what a real serious epidemic this is.

1 I think -- and I certainly want to thank all  
2 of you for being here, too, everyone.

3 I know most of you probably have a personal  
4 story, someone that you love, who, what, maybe  
5 they're not here any longer, tragically, or maybe  
6 they are here, but they're suffering from addiction.

7 I am the -- my district, for those who don't  
8 know, covers all of Niagara County, all of  
9 Orleans County, and have I two towns here in  
10 Monroe County, I have the town of Sweden, and Ogden,  
11 and it's a rural district.

12 And I think Dr. Murphy, or Senator Murphy,  
13 talked about the stigma.

14 I think that's a big part of the issue,  
15 because what we used to think of when we thought of  
16 heroin, when I used to think of even growing up as a  
17 kid, is not what we are talking about really today.

18 Obviously, this used to be a very hard drug,  
19 it used to be an expensive drug, it used to be a  
20 drug that was very hard to come by.

21 But because of the increase, and  
22 availability, of course, of prescription  
23 medications, it has affected the street price and  
24 the availability of more serious drugs. And, of  
25 course, it's getting mixed with fentanyl and it's

1 really causing a very lethal concoction.

2 And these kids don't know, oftentimes, the  
3 very serious nature of what they're putting in their  
4 bodies, let's face it.

5 So, you know, this is -- my district, of  
6 course, this district is very close to the Canadian  
7 border, where you do have a lot of drugs that come  
8 across the border, unfortunately. So our proximity  
9 to a hub where these drugs come in and are  
10 transported in the country is a very serious issue  
11 as well.

12 But we're here tonight, hopefully, to -- and  
13 I want everyone to understand why we're up here.

14 We're up here to gain -- to hear from the  
15 folks who are here, and to learn, and, hopefully,  
16 come up with legislation, resources, a game plan, to  
17 address this.

18 There was a task force last year, I believe  
19 it was last year, Senator Boyle, Senator Carlucci,  
20 and I forget who the third one was, but --  
21 Mike Nozzolio, Senator Mike Nozzolio. They had  
22 eighteen of these across the state, and they did  
23 come up with meaningful legislation, and put some  
24 resources into place to get this going.

25 But this is not just a one-time thing. We're

1 not just here for one meeting.

2 We're doing -- we got four scheduled between  
3 now and June, and there will be more in the fall.

4 And the point is, to have this ongoing  
5 dialogue with all of you, and folks like you all  
6 across the state, so we can learn, and come up with  
7 plans, and, you know, ways to address this epidemic.

8 I wish I could sit up here and tell you that  
9 there's one thing that we're going to do that's  
10 going to fix this. I wish I could tell you that  
11 there are three things we could do that would fix  
12 this. But I can't.

13 However, we can continue the conversation.

14 And like anything else, this will adapt. As  
15 we come up with ways to combat this, the drug  
16 dealers, and, you know, just -- as life goes, it  
17 will sort of evolve as well, and we'll have to  
18 constantly evolve in our -- our -- in our measures.

19 But I certainly think prevention is also a  
20 big deal.

21 There isn't a parent out there who's lost a  
22 kid, who didn't think, in most cases, Not my kid.  
23 Not my kid. That's somebody else's kid. That's  
24 somebody else's family. You know, my kid's a good  
25 kid. We live in a nice, safe neighborhood.

1           And, of course, unfortunately, oftentimes,  
2           the parents find out too late, when their child is  
3           already addicted, or their loved one is addicted.

4           I am also the Chair of the Senate  
5           Subcommittee on Mental Health, and I know that  
6           mental health and mental-health issues play a big  
7           part, oftentimes, in addiction and in substance  
8           abuse.

9           Many times, folks that are, you know, abusing  
10          drugs, are also dealing with mental-health issues.  
11          Or, in some case, they became addicted through, you  
12          know, a prescription to deal with their  
13          mental-health-related issues.

14          So -- so, as the Mental Health Chair, that's  
15          very important to me.

16          And I certainly want to hear from all of you,  
17          to come up with ways we can address that; whether  
18          it's tougher penalties on drug dealers, whether it's  
19          making more resources available.

20          And it's not just money, as Senator Murphy  
21          said. We want to know where to spend the money.

22          This is -- we're talking about tax dollars.  
23          That's something I know is important to me, I know  
24          it's important to you. We don't want to just throw  
25          money at it to say, Look what we're doing.

1           We want to spend it in an efficient and  
2           effective manner.

3           And, obviously, that's part of the reason  
4           we're here tonight, is to learn, and come up with  
5           ways to do that.

6           So, I thank you all for coming out.

7           I thank you for having me.

8           And I look forward to a continuing dialogue  
9           over the next several months, as we, you know, come  
10          up -- the end of the legislation -- legislative  
11          session is in June.

12          So our goal, everyone up here's goal, is to  
13          come up with a package of measures, bills, what have  
14          you, that we can get passed before the end of June,  
15          to deal with this, to help continue to deal with  
16          this, and try to prevent the next death, the next  
17          daughter, the next card up here.

18          The next time we do this, I don't want to  
19          have any new cards. And I know none of you do  
20          either.

21          So, again, thank you for having me.

22          Thank you for coming out, and thank you for  
23          your concern.

24          SENATOR FUNKE: Somebody else who's working  
25          very hard on this issue is Senator Joe Robach.

1           And I'm so proud to work in the State Senate  
2 with you, Joe.

3           SENATOR ROBACH: Thank you.

4           Let me just add, very quickly, thank these  
5 guys for continuing to carry the ball.

6           Perfect segue to what Rob said, we had  
7 18 hearings last year. Went to several. I think it  
8 was the first time we ever had a public forum on an  
9 Indian reservation, unfortunately, about heroin.

10          Many of the people that are here, I recognize  
11 in the room, that gave testimony.

12          And I think we're off to a good start in  
13 trying to combat, or at least move it in the right  
14 direction, because of your input, and input like you  
15 across the state, all working together.

16          Much of it's been mentioned.

17          Certainly, more insurance coverage, or better  
18 things, that has to cover the right kind of  
19 treatment for some people.

20          Two pilot programs, right here in  
21 Monroe County, out of the \$12 million, we're getting  
22 very good reports from, from not only the people  
23 running it, but also from the people who are  
24 accessing those services, which I think are really  
25 good.

1           And I would even say the heightened  
2 awareness, we didn't talk about the potency.

3           So, when I started working for the County  
4 Department of Public Safety, in the early '90s, if  
5 you found heroin that was 12 percent pure heroin on  
6 the street, it was a lot.

7           What we're finding now is 50 percent-strength  
8 heroin, mixed with fentanyl, which is a synthetic  
9 heroin, so you're really injecting 100 percent.

10          So if you're a new user, and you're starting  
11 that, not to mention, as my colleague Rob Ortt  
12 mentioned, it used to be reasonable -- well, not  
13 fairly expensive, but, you know, now you can get  
14 decks for \$6.

15          That's pretty cheap. They've kind of flooded  
16 the market with it.

17          Coupled with learning about that connection  
18 between opioid usage and heroin, it's made for a bad  
19 mix.

20          But we've tried to do a lot of things to get  
21 that awareness out. We're trying to get it off the  
22 street as best we can as well.

23          And I would just end with, very quickly, too,  
24 you know, Narcan, despite those fatal statistics,  
25 I think it's 122 people were saved last year, just

1 in Monroe County, because of that.

2 So, we've not only want first responders,  
3 nurses --

4 Your name's Julie. Right?

5 Julie.

6 -- you know, we want even to let people have  
7 it in their home.

8 And, of course, we want people to be free  
9 from addiction, but the reason why we hate the  
10 addiction is, not only because it takes over your  
11 life, but, in this case, it is not lengthy with the  
12 potency of this. It can be swift and deadly, and  
13 that's the biggest tragedy of all, obviously;  
14 there's no coming back from that.

15 So, I think we've done some good things. We  
16 want to do more.

17 And I really applaud you, for all coming out,  
18 to give us your ideas, share, and, hopefully,  
19 continue to move this in the right direction that  
20 will be lifesaving, and save a lot of families,  
21 friends, and communities a lot of anguish.

22 So, thank you.

23 SENATOR FUNKE: All right let's begin with  
24 our testimony tonight.

25 We have law enforcement here, people from the

1 DA's Office.

2 Appreciate your time, certainly.

3 And I know a lot of people have to leave  
4 early, too, so we'll get right to it, here.

5 First up is, Monroe County Second Assistant  
6 District Attorney Tim Prosperi.

7 Tim.

8 SEC. ADA TIMOTHY PROSPERI: Thank you,  
9 Senators.

10 The District Attorney, Sandra Doorley, is, of  
11 course, finishing the murder trial, involving the  
12 murder of a Rochester police officer, Daryl Pierson,  
13 and so she regrets that she could not be here.

14 However, the District Attorney's Office  
15 applauds the efforts of this Task Force in seeking  
16 to address the increased dangers of heroin usage and  
17 the usage of prescription pain medications.

18 My name is Tim Prosperi. I've been in the  
19 District Attorney's Office about 26 years; about  
20 15 years of that have been in law enforcement.

21 And as the Senators have noted, during that  
22 time, I've seen the increase of overdose heroin  
23 deaths, as well as the increase in illegal  
24 trafficking of pain medications.

25 I think as the Senators have pointed out,

1 it's correct that we need to look at these things  
2 together, both heroin and the pain medications.  
3 They're similar drugs, they're both highly  
4 addictive, and it's important to address them  
5 together, because as the Senators have noted, the  
6 misuse of the pain medications will often lead  
7 people to using heroin.

8 And as Senator Robach said, if heroin is,  
9 maybe, \$6 to \$10, for a deck, or, single bag, of  
10 heroin, and, in some instances, the single pill, the  
11 pain medication, may be 30 to 50 dollars.

12 So if a person becomes addicted to the pain  
13 medication, then, economically, at some point, they  
14 may turn to heroin because it's cheaper and more  
15 readily available.

16 Heroin, as the Senators have pointed out, was  
17 once one of the more-hard drugs on the market for  
18 addicts.

19 Now it crosses all socio -- social and  
20 economic boundaries: it's, both, young and old, male  
21 and female, urban and suburban.

22 And as today's heroin has become more lethal,  
23 as the Senators have pointed out, it is now mixed  
24 with fentanyl, and that's a fast-acting, dangerous  
25 synthetic, or, manufactured, opiate that often leads

1 to deaths.

2 And to put it bluntly, as we all know,  
3 today's heroin does kill.

4 And death by heroin can be either  
5 instantaneously, by overdose, or, it can be more  
6 prolonged, by the other side effects -- health side  
7 effects that can arise from the use of heroin.

8 And even in instances where it doesn't  
9 immediately kill or kill you, it, of course, ruins  
10 lives, both of the addict and the family members.

11 Locally, and nationally, we all remember the  
12 overdose death of our Academy Award-winning native  
13 son, Philip Seymour Hoffman. His talents, his  
14 youth, did not protect him from today's heroin.

15 In Monroe County we've also suffered untimely  
16 deaths from heroin overdoses.

17 In 2014, a promising college student,  
18 freshman, at the University of Rochester died in the  
19 dorm room. As a result of that, the president of  
20 the university put out a message to the student  
21 body, that if you are challenged by the addictions,  
22 to immediately seek out help.

23 And that's a message we want to send to  
24 everybody.

25 In the criminal justice system, we also see

1       how the drug users may, ultimately, turn to crime as  
2       a means of getting money to -- and money to use to  
3       then buy additional drugs.

4               In January of 2014, we had a 22-year-old man,  
5       a promising athlete, who became addicted to pain  
6       medications, and, ultimately, was in a -- at the  
7       Pittsford Plaza, entered a store, and was seen  
8       shoplifting. He was pursued from the store, and  
9       was -- got into a stolen car, and crashed that car  
10      at the plaza. He then fled on foot. He crossed  
11      Monroe Avenue. Police were in pursuit of him,  
12      caught up to him. He then used weapons to threaten  
13      the officer. As a result of that, the officer was  
14      forced to shoot him, to stop the assault and to stop  
15      his escape.

16              The young man indicated that his -- those  
17      violent crimes were fueled by his addiction to  
18      heroin and to cocaine. And his family has indicated  
19      that his use of heroin began with the addiction to  
20      pain medicines, as a result of a sports injury. He  
21      is now serving 12 years in state prison.

22              During the 2013 and 2014 school year, a  
23      tenured music teacher was caught stealing thousands  
24      of dollars of musical instruments, which were then  
25      pawned for money to support a heroin addiction.

1           Now, these four separate, heartbreaking  
2 stories are tragic, both, for the users, their  
3 families, and all affected, as well as for the  
4 victims of the crime, and the stories had a single  
5 common denominator: heroin.

6           And as the Senators have noted, 10 years ago,  
7 we may not have been -- we would have been shocked  
8 by each of these stories, but, today, they seem to  
9 be all too common. We seem to see too many of these  
10 in the newspaper and other media outlets.

11           And this is the face of this heroin epidemic  
12 that, fortunately, the Senators are seeking to  
13 address today.

14           We support the actions of the Senate and the  
15 Assembly, that they've already sought to address  
16 these.

17           In 2009, they created the judicial diversion  
18 program, commonly known as "JDP," which is a  
19 treatment court for non-violent offenders, a means  
20 of trying to break their addiction; and, therefore,  
21 prevent future crime.

22           In Monroe County we're familiar with such  
23 programs, even before the JDP program, by the  
24 creation of the drug-treatment court about 20 years  
25 ago, and that was created by the courts, the

1 District Attorney's Office, and the defense bar, and  
2 the goal of that, of course, is by breaking the  
3 addiction of an individual, stopping and preventing  
4 future crime.

5 So both the drug-treatment court is still  
6 ongoing and continuing, and the JDP courts created  
7 by the Legislature is ongoing and continuing.

8 I also applaud the Senate's passage and  
9 funding of the Narcan antidote drug for overdoses,  
10 and would note the deaths that have been prevented  
11 by that already.

12 In addition to what the Legislature has  
13 already done, we have some simple requests to make.

14 First, as the Senators have noted, education  
15 will be a key proponent of this, by educating the  
16 community, the parents, the students.

17 Not all of them may know the link between the  
18 pain-medication abuse and, ultimately, the use of  
19 heroin.

20 By funding education, we can let everyone  
21 know how that danger does exist; and, therefore, try  
22 to prevent that danger.

23 Second: We'd ask that there be a study to  
24 amend the New York State Penal Law, to make drug  
25 dealers responsible for the results of their sales

1 which result in overdose deaths.

2 This may be difficult, but I think we need to  
3 look into that.

4 Currently, someone who sells a drug that  
5 results in an overdose death may only be charged  
6 with criminal sale of a controlled substance.

7 Now, while amending the law certainly  
8 wouldn't eradicate illegal drug sales, hopefully, it  
9 would send a strong message that when you seek to  
10 prey on younger victims, inexperienced users, and  
11 you cause their death, that you're going to be held  
12 accountable.

13 Thirdly: We'd ask the -- that by means of  
14 curtailing the availability of painkillers in the  
15 community, as the Senators already noted, we need to  
16 educate the medical people, that when those  
17 painkiller prescriptions are appropriate, what  
18 amounts are appropriate.

19 And that's another component of the  
20 education.

21 Perhaps, even, the use and development of  
22 less-addictive alternatives to those pain  
23 medications.

24 And it's no secret, really, as you've heard,  
25 that the recent rise in the use of heroin has been

1       propelled by the use of pain medications. You get  
2       addicted first to the pain medication, and then  
3       heroin becomes a more accessible and cheaper  
4       alternative.

5               Economically, that's going to happen.

6               Young people who would never have considered  
7       experimenting with an illegal drug, who may look to  
8       heroin as a stigmatizing drug, may feel safer in  
9       taking the pain medication. It's produced by a  
10      reputable company, it's prescribed by a doctor, but  
11      once you're addicted, you're addicted. Before long,  
12      that person addicted may then turn from the pain  
13      medication to heroin.

14              I think that's all part of the educational  
15      process that we need to put out into the community.

16              The destruction caused by heroin and these  
17      pain-medication addictions is a problem confronting  
18      all of us, all New Yorkers.

19              On behalf of the District Attorney,  
20      Sandra Doorley, I thank the members of this body for  
21      beginning the process of this issue in educating the  
22      community.

23              We also thank the treatment community who we  
24      work with in JDP and drug-treatment court, as,  
25      again, that becomes a means of, if you break the

1 addiction for one person, perhaps you're going to  
2 stop death or stop future crime.

3 It may not be solved overnight, as the  
4 Senators have noted, but this is an important first  
5 step.

6 And I thank you, Senators.

7 SENATOR FUNKE: Thank you, Tim.

8 The drug-treatment court, does it need to be  
9 expanded?

10 Should we be putting more resources into it?

11 Has it been effective?

12 SEC. ADA TIMOTHY PROSPERI: I believe it has  
13 been effective. I think there's always a need for  
14 expansion.

15 I may not be best able to -- you may need to  
16 talk to the treatment partners, in terms of funding  
17 that they may need, but certainly think that would  
18 be an important step as well.

19 SENATOR MURPHY: How long does that last for,  
20 your drug-treatment court?

21 SEC. ADA TIMOTHY PROSPERI: The local  
22 drug-treatment court, they sign a contract for a  
23 year, and you have to remain drug-free for a year.

24 Now, they recognize that there's going to be  
25 relapses, so, the courts may take that into account,

1 and it may be longer than that.

2 But, at least, drug-free for a year, a GED or  
3 high school job, becoming employed or seeking  
4 employment, and really taking those important steps  
5 in their lives as well.

6 SENATOR MURPHY: I've had the privilege of  
7 going to my first one, and it's unbelievable.

8 There were six people there.

9 Five of them were all under the age of 26.

10 One was a United States Marine Corps guy who  
11 got in trouble. Went over to Fallujah, came back,  
12 9/11, signed back up again. IED blew up. Three  
13 brain surgeries. Got addicted to the Oxycontin.  
14 Came in, and he was in drug court.

15 Their next step was state prison.

16 Unbelievable.

17 And this judge took his time, with the court,  
18 and kept six people out of jail, and gave them their  
19 lives back.

20 And it was pretty impressive.

21 He has it for two years.

22 Maybe something to think about, see what your  
23 statistics are, your approval rates, your graduation  
24 rates, or things like that.

25 But, it was pretty impressive.

1 I was -- I didn't know anything about it, to  
2 be quite honest with you.

3 And the people, after it, were just, "Thank  
4 God, I didn't go to jail." They got their second  
5 chance in life.

6 We all make mistakes.

7 SEC. ADA TIMOTHY PROSPERI: That's true.

8 SENATOR MURPHY: These things, it was pretty  
9 unbelievable.

10 SEC. ADA TIMOTHY PROSPERI: It's very  
11 emotional to see the graduations, because those  
12 people --

13 SENATOR MURPHY: Wasn't a dry eye in the  
14 room.

15 SEC. ADA TIMOTHY PROSPERI: It's very  
16 emotional.

17 SENATOR MURPHY: They got their lives back.

18 SEC. ADA TIMOTHY PROSPERI: Thank you,  
19 Senators.

20 SENATOR FUNKE: Tim, thank you very much.

21 Thanks for coming.

22 Next up we have, Captain Mike Fowler from the  
23 Monroe County Sheriff's Office.

24 Thanks, Mike.

25 CAPT. MICHAEL FOWLER: Thank you, sir.

1           SENATOR FUNKE: Why don't we bring all of our  
2 law enforcement up as one group here. I think that  
3 works -- I think that's a great idea.

4           Scott Shear.

5           Scott's here.

6           Ontario County Sheriff Phil Povero is here.

7           And, Dan Varrenti, from Brockport, Chief at  
8 Brockport Police Department, is here.

9           Thanks, Dan.

10          Mike, do you want to kick things off?

11          CAPT. MICHAEL FOWLER: Good evening, ladies  
12 and gentlemen.

13          I want to start by saying it's an honor to be  
14 here, and I'm very thankful that we've been asked to  
15 participate in this.

16          On behalf of Sheriff O'Flynn, we're very  
17 thankful for the efforts of the Senate, and the  
18 efforts to bring everybody together, and work on  
19 this issue.

20          I'd like to start by saying that  
21 Investigator Scott Shear is accompanying me tonight.

22          We've combined our remarks, streamlined them  
23 a little bit for you.

24          So, he's my right-hand man, and he is on the  
25 front lines every day, works in the intelligence

1 center, in our crime analysis center here in  
2 Monroe County. So he sees, every day, on a  
3 day-to-day basis, everything that happens, from the  
4 law-enforcement perspective, across the county, when  
5 it's related to heroin, comes across his desk.

6 So, he's my knowledge base, and if I need to,  
7 I'll turn to him for some advice.

8 Let me start by giving you a, first off,  
9 introduction.

10 My name is Captain Mike Fowler. I'm with the  
11 Sheriff's Office here in Monroe County, and  
12 I currently run the criminal investigation section;  
13 so, I'm in charge of the detective bureau, both  
14 downtown in the headquarters section and out at the  
15 zone substations.

16 I'd like to give you an idea of a day in the  
17 life of a sheriff's deputy or police officer in  
18 Monroe County.

19 And on a typical basis, what you can expect  
20 to find when you come to work, you'll be dispatched,  
21 more than likely, to a family trouble, "a domestic,"  
22 and it's going to take one of two paths: It's  
23 either going to lead to a report or allegations of  
24 violence, or it's going to lead to a report or  
25 allegation of property crimes and possible drug use.

1           The officer will respond, interact with the  
2 family, try and determine the background, what's  
3 going on. And, more often than not, family members  
4 will be reaching out, looking for help, because  
5 they've identified a member of the family, a loved  
6 one, that is addicted and needs help.

7           Often they realize this because of issues at  
8 school, issues at work, but, more often than not,  
9 it's property missing from the home, money missing  
10 from the bank accounts, things like that.

11           And they get to a point where it --  
12 frustrations boil over, and they contact 911. Maybe  
13 there's an argument over the money missing, things  
14 like that.

15           The deputy responds.

16           You're put in the position where they turn to  
17 you and look at you as a subject-matter expert, and  
18 we're certainly not.

19           Although we have experience and training in  
20 dealing with domestic-related issues, we find  
21 ourselves often being one of the first agencies that  
22 arrive at the door, we're one of the first agencies  
23 that are asked for help. We're turned to as a  
24 resource, and we try, but, certainly, you know, for  
25 us to become subject-matter experts on issues that

1 really rely on the medical professionals, and their  
2 expertise, it becomes tough for us.

3 So we'll try to temporarily resolve the  
4 issue, try to offer some resources, some available  
5 resources.

6 When we learn of an opiate addiction, we'll  
7 offer those names of resources available in the  
8 community.

9 Oftentimes, the deputy will leave that house,  
10 hoping that they've made a little bit of an impact.

11 Usually, you'll be back within a few days for  
12 similar related issues.

13 You can expect to run across that individual,  
14 the addicted individual, within the next few weeks.  
15 You may pull upon their car parked in a county park  
16 after hours, parked at the end of a dead end. Maybe  
17 they're hanging out with other kids, or, people of  
18 the same addiction that are -- they're using. Right  
19 there, in the car, after dark, you come across, you  
20 find them.

21 We have an option:

22 We can take them home and encourage the  
23 family to seek resources;

24 Or, we can select enforcement, we can make  
25 the arrest.

1           We can, as the District Attorney's Office  
2 mentioned, we can refer them to the criminal justice  
3 system. More than likely, they'll end up in drug  
4 court. We hope that has a positive impact, but, you  
5 never can tell.

6           There will be a period of time before they  
7 appear, so they're going to return home with the  
8 same issues they had.

9           One of the heartaches that we find, is that  
10 the families often tell us: There aren't enough  
11 resources. We've already tried contacting those  
12 agencies, the waiting list is too long. There's not  
13 enough money, we can't afford it, insurance won't  
14 cover it. What do we do now?

15           And we all have the same answer: We don't  
16 know. We'll try our best. We don't know.

17           One of the problems for law enforcement, is  
18 we really do not want to rely on enforcement.  
19 That's not the solution.

20           It needs to be a collection of solutions. We  
21 need to have options available. We can't only rely  
22 on one facet to deal with this problem.

23           So, as this progresses, we will probably run  
24 into that individual more and more. We'll receive  
25 reports of shoplifting from the commercial stores,

1 we'll get reports of burglaries from the homes in  
2 the neighborhood, and it will come back to this  
3 person that's addicted.

4 We'll be forced to take further enforcement  
5 actions.

6 And then, potentially, one day we'll come  
7 across them on an overdose. And a deputy will be  
8 dispatched to what could possibly be reported as a  
9 medical call, person needs assistance, person down.  
10 They'll show up and realize that this is a heroin  
11 overdose.

12 And, thankfully, since 2014, December of  
13 2014, we've had the availability of, we use a  
14 substance called "naloxone." It's similar to  
15 Narcan, just a different vendor, but we'll  
16 administer that.

17 And we began that program in December of  
18 2014. Within the first month or so, we used it  
19 successfully six times.

20 Does that mean that's a great answer?

21 Well, it's certainly positive for that  
22 family, for that individual, and for those first  
23 responders, but, it's not the solution.

24 What we're finding more and more is that,  
25 those persons that are addicted, those users, will

1 continue to use, and they will seek a higher high.  
2 They'll want to go even further and push the  
3 envelope even further, because now they think they  
4 have a safety net.

5 There is definitely a trend.

6 The use of fentanyl has increased. It's,  
7 I believe, 20 times more potent than heroin, and  
8 they mix it with their heroin because they're  
9 seeking that higher high.

10 I've had a consistent high for however long.  
11 It's no longer doing it for me. I need to increase  
12 it. I need to push the envelope further and  
13 further. And if I know there's a safety net below  
14 my tightwire, then, why not? I'll give it a shot.

15 And just, unfortunately, the numbers of the  
16 deaths are much greater than the numbers of those  
17 that are saved.

18 Just this morning my phone rang. We lost a  
19 young 25-year-old college student, female, out of  
20 Brockport.

21 And, you know, it happens on a weekly basis,  
22 and you can't avoid it. It's going to reach you at  
23 some point. It's going reach every police officer;  
24 they're going to be responding to those calls.

25 Not only are we responding and dealing with

1 the issue, but, it becomes our job to then go seek  
2 out the parents at work and bring that news to them  
3 and advise the family of their loss.

4 And it definitely takes its toll. You cannot  
5 do this every day without feeling the impact, and,  
6 really, you're living it on a day-to-day basis.

7 You want to have a greater influence, you  
8 want to have a greater positive impact on their  
9 lives; and, yet, we're trying, we recognize the  
10 need, but we still have a long way to go.

11 And we're very thankful that the Senate and  
12 the other agencies are cooperating and working  
13 towards a positive impact.

14 It's not going to be easy. It's going to  
15 take a while. It's going to take effort. We're  
16 going to have methods that work, and methods that  
17 don't work, and we're going have to adjust as we  
18 move forward, and continue to try to deal with this.

19 Some of the things that the Sheriff's Office  
20 has instituted, specifically:

21 As I mentioned, in December of 2014, we began  
22 our naloxone training.

23 We've now covered 100 percent of our  
24 uniformed deputies; that includes jail deputies,  
25 includes court deputies, road-patrol deputies. We

1 have it available.

2 We have it available in our headquarters'  
3 building, and everyone is trained to use it.

4 So that's, obviously, a huge impact on our  
5 morale, on our well-being, not just the patient, but  
6 knowing that we have a tool available to us that  
7 could make a positive impact. It definitely brings  
8 a positive reinforcement to us, that we're doing  
9 something good, and at least we have something to  
10 try when we come across these issues.

11 We're also dealing with the education  
12 portion, and that's become significant for us.

13 If you remember, you think about the past  
14 10 years, the past 15 years ago, the number of  
15 officers that you saw in the public schools was  
16 significant. D.A.R.E. officers were in almost every  
17 school. School resource officers, there were a  
18 plethora of them across the region.

19 Unfortunately, starting about 10 years ago,  
20 that significantly declined, and it's unfortunate,  
21 because that's our access to the people that need it  
22 the most.

23 Even if it's just the friendships that we  
24 create with some of the kids, and the offline  
25 communication when they need to talk to somebody.

1 And it's not from an enforcement-type attitude.

2 It's from a mentoring-type attitude.

3 So that's where we can make the most  
4 difference, a positive difference, before the issue  
5 comes to bear.

6 We would like to continue that. We want to  
7 try to restore some of that. We're eager to get  
8 back to the schools, we're eager to get back to the  
9 communities. And, we're starting to see that shift  
10 in that direction.

11 Just last year, we had to almost double the  
12 size of our D.A.R.E. deputy unit because of this  
13 issue, and it's good. We welcome that.

14 We would much rather be involved in the  
15 beginning, on the information sharing and the  
16 education, than come in at the end on the  
17 enforcement piece. We would much prefer that.

18 We also operate a chemical-dependency program  
19 within the Monroe County jail system. We've done  
20 that for the last 20 years, where locally sentenced  
21 inmates who have a need, receive intensive  
22 substance-abuse treatment. And they also are linked  
23 to a post-release community program, as availability  
24 exists.

25 Unfortunately, that's the caveat that goes

1 with everything; as the availability exists, they're  
2 linked to those resources on the outside.

3 We have had some success there.

4 Our substance-abuse counselors within the  
5 jail program have noted significant increases in the  
6 number of inmates, as they arrive, that are addicted  
7 to the narcotics and the heroin and the opiates.  
8 And, often, there's alcohol involved and other  
9 drugs.

10 But those tend to be the issues that lead to  
11 their criminal behavior, that brings them to us in  
12 the end. It's not necessarily just their drug use.  
13 It's the fact that they have to turn to crime to  
14 support that use, and too often it becomes violent  
15 crime.

16 As the District Attorney mentioned earlier,  
17 the case of the young college student that became  
18 addicted, and went through Pittsford Plaza, just  
19 over a year ago.

20 Our interventions look to address the  
21 underlying issues.

22 Enforcement, as I said, is not the answer.

23 We're creating a cycle. They'll come in. If  
24 the treatment doesn't work, they'll be released,  
25 they'll be right back in.

1           That's not the answer.

2           We have to seek a group effort here and take  
3 other options in.

4           So our interventions are looking at those  
5 underlying issues; not just the fact that they were  
6 arrested for multiple burglaries, but that addiction  
7 that lies underneath.

8           As I stated, we've been doing this program in  
9 the jail for over 20 years. We believe we have  
10 reduced recidivism almost 50 percent.

11           You have to understand that we have a captive  
12 audience, literally, so it's a little bit easier.

13           We don't have quite the funding issue. You  
14 know, one or two counselors can handle multiple  
15 inmates, so it's an easier under -- under that plan.

16           But we have seen some success, and we're  
17 confident that we can continue that and continue to  
18 have success.

19           Last year, many of us in Monroe County  
20 participated in a collaborative planning exercise,  
21 to examine the points of intercept, where the  
22 criminal justice system, mental-health system,  
23 public health, can come together and address the  
24 issues. It became a brainstorming session; ideas  
25 were generated.

1           We're very happy to see that a lot of those  
2 ideas are being brought forward.

3           We're very happy to be part of the solution,  
4 and to at least be heard.

5           But based upon these recommendations that  
6 came out of our group, and what we're seeing coming  
7 out of the Senate, and out of the many committees  
8 that are working on this issue, we think that  
9 there's opportunities, obviously, for improvement.

10          We would like to see stricter enforcement for  
11 the providers and the dealers.

12          Just as the Second Assistant District  
13 Attorney mentioned, those people who provide the  
14 opiates to the users, watch them overdose to the  
15 brink of death, and then drive away, and go sell to  
16 another user, our ability to intercept them, stop  
17 them, and put them away, and have them pay for those  
18 crimes, is very weak. We're short in tooth when it  
19 comes to punishing and enforcing those laws against  
20 those pushers.

21          We'd like to see the restoration of the  
22 school funding for education and prevention.

23          As I stated earlier, we want to be part of  
24 this audience. We want to be part of the solution  
25 in the beginning instead of reacting at the end.

1           And then, thirdly, most importantly, we have  
2 to continue the communication and the cooperation  
3 amongst the agencies.

4           We have to eliminate the red tape when it  
5 comes to what information we can share with each  
6 other.

7           Between health care and law enforcement,  
8 between mental health and all these supportive  
9 agencies, we find red tape wherever we turn.

10          The ability to share information, continue to  
11 communicate, and cooperate is essential.

12          As everyone stated, this is going to take a  
13 group effort. It's not going to be easily solved,  
14 so we need that cooperation amongst the agencies.

15          And in closing, I want to again thank the  
16 Senators for all their efforts in bringing this  
17 locally so that we can be heard.

18          And those of us that deal with this, not just  
19 ourselves, but in the audience, too, those of us  
20 that deal with this on a daily basis or weekly  
21 basis, we have a lot to say, and I very much  
22 appreciate their efforts, allowing us to be heard.

23                 Thank you very much.

24                 SENATOR FUNKE: Sheriff Povero.

25                 SHERIFF PHILIP POVERO: Thank you,

1 Senator Funke, and Senators, for allowing us this  
2 opportunity to present our views, perspectives, and  
3 facts as to what's going on in our community.

4 For us that's Ontario County, but I think  
5 we're hearing a clear message that the problems we  
6 have are problems statewide.

7 And I certainly echo everything the Major has  
8 just said.

9 We're facing the same problems. Perhaps,  
10 because of our population and percentage basis, they  
11 may be less frequent, but those problems are still  
12 there.

13 So without reiterating a lot of the problems  
14 that we realize are coming out, I would like to just  
15 put some emphasis on some of it, and talk about some  
16 of the areas that haven't been discussed yet that's  
17 impacting us as a criminal justice agency in  
18 Ontario County.

19 In our emergency communications division, our  
20 911 dispatchers, our -- what I like to call "our  
21 true first responders," the people that are getting  
22 the phone calls from the public crying for help, we  
23 are saving lives.

24 We're very fortunate to have our dispatchers  
25 trained in emergency medical dispatching. And this

1 is providing information, being relayed from our  
2 dispatchers to callers, to solve these  
3 near-death-situation calls that they are getting.

4 We have had five calls that our dispatchers  
5 have taken in the past year from people, where the  
6 conversation goes something like: Hello. I'm  
7 calling, my boyfriend is unconscious. There's a  
8 needle sticking in his arm. I don't think he's  
9 breathing. If he is, it's very shallow. And  
10 I don't know what to do.

11 Our dispatchers have at their assistance,  
12 this information on how to give emergency medical  
13 dispatching and CPR.

14 And we've recorded five saves from our  
15 dispatchers to these types of calls from people that  
16 have called in with these types of emergencies.

17 It's impacting them, from a perspective of  
18 the extra stress that we're seeing them put under in  
19 dealing with life-and-death situations. But, we're  
20 also having them take extra training and extra  
21 responsibility because of these types of calls for  
22 service that they're getting.

23 In the law-enforcement division, again,  
24 without repeating a lot of what's already been said,  
25 because it is universal, the larcenies; the

1 burglaries; the credit card crimes; the shoplifting;  
2 the identity-theft crimes against, primarily, senior  
3 citizens who may have some of these opiates in their  
4 medicine cabinet and may not realize it, and they  
5 forget about it, and are being victimized -- being  
6 victimized there.

7 We're seeing a large rise in those types of  
8 calls, beside those ones we've been talking about;  
9 again, with the number of instances going on without  
10 adding personnel to handle this growing problem on  
11 the law-enforcement side.

12 Traffic safety. We haven't discussed how the  
13 incidents of people that are driving under the  
14 influence of opiates is rising dramatically.

15 A drug-recognition expert is a police officer  
16 who is specially trained to recognize impairment in  
17 drivers under the influence of drugs, other than, or  
18 in addition to, alcohol.

19 And as my colleagues from Monroe County can  
20 point out, these specially-trained officers are  
21 very, very few and far between.

22 We're fortunate to have two officers that  
23 spend a lot of time not only doing evaluations  
24 for our officers, but throughout our general  
25 Finger Lakes region.

1 I asked our officers, who I know are very  
2 busy, to give me some statistics at a forum we did  
3 recently in Canandaigua.

4 And at that time, the -- we presented this  
5 information that, from September 1, 2014, until  
6 March 23rd of this year, our sheriff's DREs, again,  
7 2 individuals, performed 42 drug evaluations.

8 Now, these are performed after a police  
9 officer stops a motorist, believing they are  
10 intoxicated. There's probable cause to make a stop  
11 for what is perceived to be driving while  
12 intoxicated, and the trained police officers quickly  
13 realize that there is more going on here than  
14 alcoholic beverage involved. There are some other  
15 drugs involved.

16 So of these 42 drug evaluations that our  
17 2 officers did in that time frame, 22 of them, or  
18 52 percent, were reported to include a narcotic  
19 analgesic as one of the drugs identified in the  
20 evaluation.

21 This is -- this is startling, and it points  
22 out that our police officers are now in a position,  
23 where we have to enhance their training to recognize  
24 that to, effectively, as the District Attorney's  
25 Office can attest to, remove these type of drivers

1 from the road and jeopardizing our traffic -- people  
2 on the road, we have to have more officers trained  
3 in identification of the true problem that's causing  
4 the intoxication.

5 On the law-enforcement side, again, we've  
6 talked about the deaths, and we're not -- we're also  
7 seeing them in Ontario County.

8 In the past year, our officers have  
9 investigated nine heroin- or opiate-related deaths.

10 The Geneva Police Department, in March,  
11 recorded their first heroin-related death this year.

12 We also talk about the issues that impact the  
13 safety of our officers.

14 And just last week, one of our officers,  
15 gratefully, and thankfully, was injured, but minor,  
16 very minor injuries, while he responded to a call of  
17 a burglary in progress.

18 The individual attempting the burglary was,  
19 again, under the influence of an opiate, attempting  
20 to gain entry, steal property, sell, et cetera, to  
21 support their habit.

22 Very good job by the officer. Struggle  
23 ensued, minor injuries. He was able to subdue the  
24 individual without serious injury to himself or the  
25 suspect in this crime.

1           But, still, we're seeing a desperation on the  
2 part of so many people to obtain whatever financial  
3 gain they can to obtain these drugs, that we're very  
4 concerned in our field about the safety for our  
5 officers that are in the field.

6           Major talked about the corrections division.

7           We're seeing the same thing in our  
8 Ontario County jail. Most of the people admitted to  
9 Ontario County jail are suffering, and admit to some  
10 sort of substance-abuse issues or addictions.

11          We did a survey in February of this year.

12          In Ontario County, we admitted 184 people  
13 that were booked into the Ontario County jail.

14          20 percent of them was admitted, may not have  
15 all been completely honest, but of that number,  
16 20 percent admitted to a heroin, opiate, addiction,  
17 and many others admitted to other addictions, which  
18 brought the percentage of people coming in, being  
19 addicted, to over 50 percent.

20          Again, in our jails, this is putting our  
21 correction officers in extremely tenuous positions  
22 in dealing with persons that they're truly not  
23 trained with. They're not medical persons, they're  
24 not mental-health persons. They're trained to be  
25 correction officers.

1           Putting a tremendous strain on them, a  
2           tremendous strain on our jail medical staff and our  
3           mental-health staff, that are dealing with so many  
4           cross-issues with the people that are admitted to  
5           our facilities.

6           From a financial standpoint, most of us in --  
7           that have jails, and that's all the county and the  
8           state, are working at a minimum staffing level.

9           And when I say "minimum staffing level," that  
10          generally means, if somebody goes on vacation, you  
11          might be filling a post with overtime.

12          We have seen a dramatic increase in our  
13          overtime costs, to cover having to have officers in  
14          hospitals due to serious opiate-withdrawal issues,  
15          where people have to be admitted, because we just,  
16          as a jail, cannot handle and deal and provide the  
17          type of medical -- acute medical service that's  
18          needed for individuals of this type.

19          I want to read a letter.

20          As the Major pointed out, we have a captive  
21          audience. We try to do what we can to try and bring  
22          them around, to reduce recidivism, as you've heard,  
23          and it's a challenge.

24          But, we can't give, again, enough credit to  
25          our correction officers that take the time, that try

1 to do this. They, again, are officers in the  
2 criminal justice system that are unsung heroes. We  
3 don't see or hear a lot about them, but they're  
4 truly doing yeoman's work in trying to keep our  
5 communities safe, by doing and being involved in  
6 programs that reduce recidivism.

7 So they talk to the inmates, and they try to,  
8 through meetings, through working with counselors,  
9 through alcohol-addiction personnel, come up with  
10 ways to try to help them go back into the community  
11 and have productive lives.

12 So, it's honest conversation that we solicit.

13 This is from an inmate that wrote the  
14 following letter recently.

15 "I started getting high when I was 14.  
16 I started smoking weed. For two years I didn't  
17 think it was a problem at all. I was having fun  
18 like I never had before. Then I got arrested in  
19 school, and I stopped for a while, but it didn't  
20 last. I came back tenfold. I started doing pills  
21 and drinking more, which affected my grades in  
22 school. I graduated, but barely.

23 "When I got a job, I started drinking even  
24 more, to the point that a job wasn't enough, so  
25 I took up heroin because it was cheaper. My

1 tolerance built up fast, then I started shooting up.

2 "Drugs weren't fun anymore like they were  
3 when I started smoking weed, but weed wasn't enough  
4 to satisfy me anymore.

5 "I became trapped in a new world of crime  
6 that I couldn't get out of on my own.

7 "For two years I used heroin and Coke every  
8 day. I was arrested six different times, and I lost  
9 two friends to it.

10 "Now that I'm clean, I'm far from recovered.  
11 The slightest change can put me back to where  
12 I started. I need to put much more time and energy  
13 into recovery, and take it far more serious from now  
14 on."

15 So that being said, I'd like to conclude,  
16 and, again, from an overall sheriff's and criminal  
17 justice standpoint, again, for the Senators'  
18 consideration, and our recommendations:

19 Again, looking at our respective divisions  
20 within our organization, and our emergency 911  
21 communications, I strongly support that all 911  
22 centers train their staffs, if they're not already  
23 doing so, in emergency medical-dispatch  
24 instructions.

25 I would point out that vendors that provide

1 this service to 911 centers are transforming their  
2 products into a software-based product, and becomes  
3 more expensive to purchase as the old flip-card  
4 system that we started out with.

5 We in Ontario County are looking to upgrade  
6 our system, and it is, you know, a costly  
7 expenditure to go to the upgraded software system,  
8 but, it's a lifesaving tool, and it's our goal to do  
9 just that.

10 We need to make sure that our communities are  
11 aware of the Good Samaritan legislation that exists,  
12 so that they are not reluctant, and they do call to  
13 report these types of overdoses, and make them  
14 realize that they do not need to be in fear of any  
15 legal repercussions for reporting these types of  
16 overdoses.

17 In the corrections field, again, we need  
18 support for our correctional health-care and  
19 mental-health staff. Again, you know, these are  
20 programs that our counties are providing. They're  
21 very costly.

22 We have seen dramatic increases in our  
23 correctional health-care staff that we brought in  
24 over the years to deal with the large number of  
25 medical and mental-health issues, many of them

1 driven by drug overdoses that are coming into our  
2 jails in New York State.

3 On the law-enforcement side, again, it can't  
4 be said enough for the Narcan program that has saves  
5 in our community, as well as across the state. It's  
6 very effective.

7 The drug DRE training is really important for  
8 police officers. It's costly, it takes time. There  
9 are not a lot of opportunities in New York State for  
10 police officers to get this training.

11 But, again, the number of people that are  
12 driving on our highways under the influence of  
13 narcotics and opiates is growing alarmingly.

14 And we need to find ways to help support more  
15 of this training, to support getting the police  
16 officers in the school, and to help the agencies  
17 that are sending the officers, with some sort of  
18 overtime reimbursement, to help us with the backfill  
19 for the post that we empty by sending officers to  
20 these schools.

21 Again, I can't speak enough about for  
22 increased and more support for regional drug  
23 investigation task force. These are truly very  
24 effective, and working together, we are very  
25 successful.

1           Into the schools, again, education is key.

2           We heard in the letter, we have people that  
3           are 14 years old that are starting in schools to go  
4           down a path of heroin addiction.

5           The prevention programs in the schools are  
6           critical, and I can't say enough for the school  
7           resource officers that we've heard. They truly are  
8           an asset. They build positive relationships. They  
9           engage with students, and are able to, through the  
10          trust they build, elicit the problems that are  
11          impacting them at home, outside the classroom. Most  
12          of the situations we hear of, that SROs are dealing  
13          with, are actually problems that may be occurring  
14          outside home.

15          And we know that this is a very successful  
16          program. And the SROs, truly, are there as a  
17          resource to our school administrators and our  
18          schoolteachers, in helping them to achieve the goal  
19          that we all want our students to achieve, and  
20          that's --

21                   (Interruption in video and audio  
22                   transmission.)

23           CHIEF DANIEL VARRENTI: (Audio transmission  
24           only resumes.)

25           -- association exists, like I'm sure many

1 organizations exist in other counties, which is  
2 Comprised of all the law-enforcement agencies within  
3 that county.

4 (Video transmission resumes.)

5 (Microphone turned off.)

6 And every year or two, we have an election,  
7 where we elect a chief from a particular police  
8 department to be the chair of the law-enforcement  
9 council.

10 Our chair, I'm proudly to say, is  
11 Chief Mark Henderson of the Brighton Police  
12 Department.

13 So as the chair, he was invited to speak  
14 tonight.

15 We have a tremendous working relationship in  
16 law enforcement in Monroe County. We tend to put  
17 our egos aside regularly, and do what we feel is  
18 best for the community, and for each other; and in  
19 doing so, I commend Chief Henderson, because, at an  
20 open public meeting, he turned and he said, You know  
21 something? I've been invited by the Senators to  
22 provide testimony in the area of narcotics  
23 enforcement and heroin addiction and other types of  
24 addictions.

25 But he says, Dan, your career was in

1       narcotics.  You're the one that needs to go there  
2       tonight and you're the one that needs to speak.

3               So that's why I'm here tonight.

4               And I would like to thank the law-enforcement  
5       council for allowing me to be here.

6               Let me just briefly tell you a snapshot of my  
7       career.

8               I was hired in 1979.

9               In 1985 I was promoted to the rank of  
10       investigator.

11              In 1986 I was assigned to narcotics, under  
12       the auspices that I would be there for six months.

13              14 years later I was still there.

14              While in narcotics, I was promoted to the  
15       rank of sergeant, and, ultimately, to the rank of  
16       lieutenant.

17              Also while in narcotics, I worked with the  
18       task force in the city of Rochester, which, in 1991,  
19       disbanded, for a number of reasons I'm not going to  
20       go into this evening.

21              After the disbanding of that task force, a  
22       number of chiefs came together and said, You know  
23       what?  We need to continue to collaborate, we need  
24       to continue to run a task force in the manner in  
25       which that task force was run.  Who can we have do

1           that?

2                     And they asked me to do that, and I was  
3 honored to do that.

4                     As you all know, when you're asked to do  
5 something, that's the only time you get to  
6 negotiate.

7                     So I said, I would be honored to do it, as  
8 long as I can follow the drugs to the furthest  
9 extent of how they came into our county.

10                    And the chiefs all agreed with that.

11                    That allowed me to then solicit help from the  
12 FBI, the DEA, and most importantly, the IRS, because  
13 they will consist of one of two points that I will  
14 speak of, as to how the Senators tonight can,  
15 potentially, help us in law enforcement.

16                    Now, you may say, well, why the IRS?

17                    And the reason for them is because, the units  
18 that I commanded were conspiratorial units.

19                    While I started out, as many undercover  
20 narcotics officers do, with long hair and fancy  
21 cars, and, unfortunately, I was put into positions  
22 where I was buying drugs in what were called  
23 "shooting galleries." I was into areas of the city  
24 or of the county where, while they were shooting  
25 heroin in one room, or cocaine, they were

1 prostituting themselves in another room, so they can  
2 go back in that room to get more heroin and cocaine  
3 to shoot.

4           While I was in those rooms, buying drugs,  
5 I then graduated to wearing a suit, and not as a  
6 commander of a task force, but as an undercover  
7 officer who met with lawyers and businessmen.

8           While in an undercover role, we were able to  
9 work with them in ways of laundering their dirty  
10 money.

11           So, in other words, what they were doing was,  
12 meeting with me, thinking that I was a banker, that  
13 I was going to help them launder their dirty money;  
14 when, really, I was an undercover police officer,  
15 talking about their assets, identifying their  
16 assets, which then I was able to turn over to the  
17 IRS, and they were able to seize the exact entity of  
18 why people sell drugs.

19           Some people sell drugs to get drugs.

20           But the majority of people that I dealt with  
21 sold drugs, to buy multimillion dollar homes, to buy  
22 boats that we'll never be able to afford, to have  
23 luxury cars, to go on trips to Tahiti like we go to  
24 Canandaigua.

25           Those are the type of people that I enjoyed

1       arresting. Those were the type of people that  
2       I targeted as a task force, because I wanted to  
3       seize their home, I wanted to seize their cars and  
4       their motorcycles and their boats.

5               And, many times, if I had a dollar for every  
6       time I arrested someone and said, "You're under  
7       arrest. You're going to get 20 years to life," they  
8       looked at me and said, "That's okay. If you play,  
9       you pay."

10              And I said, and I want to introduce you to  
11       Special Agent Paul Povano (ph.) of the Internal  
12       Revenue Service. Right now, we're seizing all your  
13       bank accounts. We have a lien on your home. Your  
14       car is being towed, and your boat has already been  
15       seized by us as well.

16              And they fell to their knees and begged for  
17       forgiveness, because, for everything they did in  
18       their life, no longer existed.

19              Those are the people that I believe we need  
20       to target.

21              While I am certainly in favor of doing  
22       everything and anything we can to prevent addiction,  
23       my job is enforcement. We have professionals far  
24       smarter than I will ever be that will deal with  
25       addiction, that will deal with prevention.

1           But when it comes to enforcement, we do need  
2 money.

3           You don't enforce major drug laws; you don't  
4 go after drug dealers in Miami and in Arizona and in  
5 Canada and in other parts of the country, and I had  
6 police officers in my task force that went as far  
7 away as San Juan, Puerto Rico, to execute search  
8 warrants; you don't do that without money.

9           So how did we get that money?

10          Well, one of two ways:

11          Either through taxation, which God knows  
12 we've all had enough of taxation, but if that's what  
13 it takes, and that's our only tool, then my opinion  
14 as a taxpayer is, so be it.

15          But the other way, is to take the money and  
16 the illegal gains that the drug dealers have had,  
17 and put that back into law enforcement.

18          Well, this isn't rocket science, and I'm not  
19 here today to tell you that this is some brain-trust  
20 idea that I've had.

21          Unfortunately, this is a federal law that,  
22 about three months ago, was repealed.

23          This federal law that allowed us to stop a  
24 car for drug dealing, and seize that car because  
25 they were transporting marijuana, has been repealed

1 by the federal government.

2 My first thoughts were, all right. That's a  
3 political-posturing move by a particular party, for  
4 whatever reasons they may have.

5 I looked into that, and it wasn't.

6 It was a bipartisan move in Washington, by  
7 both Democrats and Republicans, to stop that  
8 seizure, of law-enforcement officers, because they  
9 felt we were using the money erroneously.

10 And, I'm not here to say that maybe agencies  
11 weren't, but I'm also a big believer you don't throw  
12 the baby out with the bathwater.

13 So what I'm here to ask the Senators to do  
14 tonight, is to rewrite our New York State  
15 asset-forfeiture laws to mirror what the federal  
16 laws were.

17 Under the federal laws, if we seized  
18 \$100,000, we would get \$80,000 back to the seizing  
19 agency. You would get 80 percent back.

20 Under New York State law, we get 5 percent  
21 back. The other 95 percent goes to other areas that  
22 I'm not going to get into tonight, but I'll say, it  
23 doesn't come back to law enforcement.

24 That money needs to come back to those that  
25 are doing the job. That money needs to come back to

1 us, whether it's in the form of sending people to  
2 DRE school, whether it's in the form of using money  
3 to buy drugs.

4 When we bought drugs, I didn't, frankly, buy  
5 an eight-ball for \$125. I bought a kilo of Coke for  
6 \$35,000. I bought multiple kilos of Coke.

7 I had 500 pounds of marijuana given to me, on  
8 consignment, because those were the people that we  
9 were targeting.

10 Those are the people we need to continue to  
11 target, but we cannot do it on a shoestring type of  
12 budget.

13 We need to take what the federal government  
14 had, and now has disposed of, and, basically,  
15 prevented it from occurring, and we need to use that  
16 and be proactive in New York State, and not  
17 necessarily reinvent the wheel, but make sure that  
18 wheel keeps rolling.

19 And I would implore you folks to do that.

20 If you could do that, so that we could then  
21 get that money back the way we used to, the amount  
22 of energy and effort and success that we could put  
23 forward with that money is astronomical.

24 The other thing I'll close with, is there  
25 were two points that the Senate asked us to speak

1 on, and one was the enforcement part, and I believe  
2 I've just done that.

3 The other part was the education part, and  
4 I'll just end with this:

5 As I was a young investigator, I was asked to  
6 speak as a guest speaker, on a weekly basis, at a  
7 class in Irondequoit High School. I did so, and, in  
8 doing so, there was a segment on narcotics.

9 I was able to find a film -- back then there  
10 were films, reels of film -- that we showed.

11 And as it would have it, I won't say that the  
12 film wasn't graphic, because it was. It showed a  
13 lot of emergency room situations with people who  
14 were addicted to drugs, and what had to be done to  
15 them in order to save their life, whether it was  
16 intubations, whether it was cut-downs to remove  
17 their veins because they couldn't inject an IV in  
18 their vein because their veins were collapsing from  
19 of the needles, et cetera, et cetera.

20 That film I showed, and that was to 11th- and  
21 12th-graders.

22 Well, the 11th- and 12th-graders went home  
23 and told the parents. The parents went to the  
24 teachers. The teachers -- the parents said, This is  
25 too graphic. We can't be exposing our kids to this.

1 Well, the teacher was a very staunch teacher.  
2 She stood up for what she believed in, and she said,  
3 "No, I've watched that." She goes, "They need to  
4 see this."

5 And we continued to show it.

6 And, today, if I had a dollar for every  
7 student that has since come up to me, 20, 30 years  
8 later, and said, Chief, I remember when you showed  
9 me that film, and that prevented me from doing  
10 anything that could have harmed my life in the  
11 future.

12 My point is this: We need to take the gloves  
13 off. We need to stop sugar-coating this. We need  
14 to stop talking about it behind closed doors, and we  
15 need to start showing drug addiction for what it is,  
16 and where it leads to.

17 I think when we start doing that, coupled  
18 with putting the money back into the enforcement, we  
19 will then start taking a difference.

20 Thank you very much.

21 [Applause.]

22 SENATOR FUNKE: (Microphone turned off.)

23 Mike and Scott and Phil and Dan, I want to  
24 thank you so very much for being here, and for all  
25 you do to keep us safe in our communities, for

1 working so hard on this problem, and for your  
2 suggestions.

3 Any questions?

4 SENATOR ORTT: (Microphone turned off.)

5 I just want to thank all of you for what you  
6 do on a daily basis. I want to thank you for your  
7 testimony.

8 I think it was very pertinent.

9 It was educating for me, and I'm sure for  
10 many of you.

11 And, we will look at that asset-forfeiture  
12 law.

13 That's exactly why we're here tonight,  
14 because I would not have known -- I didn't even know  
15 that it had been repealed by the federal government.

16 But, we can certainly look into that.

17 And I would say that I will also reach out to  
18 Senator Schumer, Gillibrand, and my congressional --  
19 you know, the local congressional delegation, to  
20 advocate that they rethink their stance on that law  
21 as well, because I think that's just a bad -- a bad  
22 position.

23 CHIEF DANIEL VARRENTI: (Microphone turned  
24 off.)

25 Thank you, Senator.

1           And I'll also say, if I may, I taught federal  
2           asset-forfeiture law to federal agents.

3           If there's anything I can ever do to meet  
4           with this body, to re-enact that law, I would be  
5           more than happy to do it.

6           There's two different phases of the law:  
7           through facilitation, and through proceeds.

8           Anything that's derived from proceeds is  
9           seizable, and anything through facilitation is  
10          seizable.

11          If you'd like to ever meet with me, day or  
12          night, I'll drive to wherever you are. I'll be  
13          happy to do that on my own time, and I would enjoy  
14          working with you.

15          SENATOR ORTT: (Microphone turned off.)

16          Just so you guys know, he's from Brockport --  
17          (inaudible).

18          UNIDENTIFIED SPEAKER: (Inaudible, microphone  
19          turned off.)

20          CHIEF DANIEL VARRENTI: (Microphone turned  
21          off.) Yes, sir. We'll drive together.

22          SENATOR MURPHY: (Microphone turned off.)

23          SRO officers, really unbelievable. They're  
24          crucial. They're really crucial. They've got their  
25          thumb on the pulse. They know the good kids, they

1 know the bad kids, they know some of the riff-raff.  
2 They know the kid walking up in the bleacher with  
3 the Coca-Cola can that's full of vodka (inaudible).

4 So these are the things, when these SRO  
5 officers are unbelievably important in the school  
6 districts, to know actually what's going on.

7 I don't know if it's statewide or if it's on  
8 a local municipality-wise, of how they get funded,  
9 whether the school does have that funding, and the  
10 police department picks it up.

11 I know that's what they do down by me.

12 But, it's something that I truly believe in.  
13 I've seen it work on the sidelines for 19 years,  
14 doing the sports, and watching the kids, thinking  
15 the kids, you know, waving, and they're high as a  
16 kite.

17 I had no idea.

18 No idea.

19 So, thanks, guys.

20 SENATOR FUNKE: (Microphone turned off.)

21 (Inaudible) Sheriff Povero, if I had your  
22 voice, I could have done something in broadcasting.

23 [Laughter.]

24 SHERIFF PHILIP POVERO: (Microphone turned  
25 off.) I have been told many times I have a face for

1 radio.

2 SENATOR FUNKE: (Microphone turned off.)

3 Thank you, gentlemen.

4 If everybody wants to stand up and stretch  
5 for a minute, I know Senator Robach has to go to  
6 another event, and, we'll continue here in about  
7 two minutes.

8 (A recess was taken.)

9 (The hearing recommences.)

10 SENATOR FUNKE: I would ask, Lori Drescher,  
11 and Craig Johnson, and Stephanie Kuhne (ph.), and  
12 Theresa DeLeon (ph.), and Debbie Terverdic (ph.),  
13 and John Drescher, if you folks could come up, we'll  
14 continue our discussion.

15 LORI DRESCHER: Good evening, everyone, and  
16 thank you all for being here for this very important  
17 community meeting. So glad to see such a great  
18 turnout.

19 My name is Lori Drescher, and I am a mom in  
20 long-term recovery, and I'm in long-term recovery  
21 from the addiction illness of my son  
22 Jonathan Drescher who had heroin and opiate  
23 addiction.

24 And a couple of things I just want to say in  
25 response to some of the things that I've heard here

1        tonight.  It's been, actually, really educational,  
2        and I've been to a lot of these, the first one,  
3        actually, last year, the Task Force in April.

4                And I can continue to learn, and I continue  
5        to make mistakes, but I think that's what we're all  
6        here to do, is to learn from each other and really  
7        try to understand where we can make the biggest  
8        impact.

9                And there were a number of things that were  
10       mentioned here today that are vitally important, and  
11       that we parents and family members, I think, have  
12       been extremely close to; however, we really haven't  
13       used our voices nearly enough to express what's been  
14       happening in our families.

15                And I would just say, no pressure, Senators,  
16       but the bar is high, and the great Senator Boyle and  
17       the Task Force last year did some amazing things,  
18       and passed some bills in short order.

19                From the time the first Task Force forum was  
20       held, to June, that there were, I believe, 24 bills  
21       that were offered up, and 11 that were passed and  
22       signed into law.

23                And I had the privilege of being at that  
24       press conference, and speaking with Governor Cuomo,  
25       and my son in the audience, signing 11 of those

1 bills into law.

2 So the bar has been set. No pressure at all.

3 [Laughter.]

4 LORI DRESCHER: And I also had the pleasure  
5 of meeting most of these Senators in Albany when  
6 some of us moms took a trip there, and it's  
7 something that we had never done before. I mean,  
8 I've been to Albany, but those big legislative  
9 buildings are pretty daunting.

10 But, it was actually an extremely positive  
11 and affirming experience, to be able to call up and  
12 make an appointment with our Senators, and to be  
13 able to go in and actually be heard, and have them  
14 listen to our stories, and actually really care  
15 about what's happening in our communities.

16 So, thank you for that.

17 Thirteen months ago, to the day, I receive an  
18 e-mail from my son that no parent ever expects to  
19 receive, that no parent ever deserves to receive,  
20 and it was an e-mail that my son was going to end  
21 his life.

22 Excuse me.

23 He wanted to end his life as a result of the  
24 utter hopelessness that he felt because of his  
25 addiction to heroin.

1           While many of his friends were graduating  
2           from college, he was living out of his car, begging  
3           for food, and doing whatever he could to feed his  
4           relentless addiction. He knew of no other way to  
5           end his pain, than to end his life.

6           Many families will never experience the  
7           trauma of having a child who is addicted to heroin,  
8           but I know there are a lot of you in this room  
9           today.

10          While they dream of their children's futures,  
11          and plan college and weddings, families living with  
12          addiction think only about getting through today.

13          It's like playing Russian Roulette: Is today  
14          the day my child will overdose, go to jail, get  
15          killed, or take his own life?

16          My son began his foray into drugs as a  
17          sophomore in high school. By the time he reached  
18          age 20, he was addicted to heroin, because when  
19          friends' medicine cabinets dried up and street pills  
20          were no longer affordable, as you've heard here  
21          tonight, heroin was a cheap and easily-accessible  
22          alternative.

23          What transpired in this time frame was a slow  
24          and steady deterioration of my son's soul.

25          There were two different people occupying his

1 body: The boy whom I cherished, and the addict whom  
2 I abhorred. The boy went into hiding, while the  
3 addict masterfully lied, manipulated, and even  
4 committed crimes, to feed his relentless addiction.

5 But I'll let him tell you his story, because,  
6 fortunately, that day, barely one year ago, we were  
7 able to locate him and get him to the hospital.

8 He didn't really want to die. He only wanted  
9 to end the sickness of his addiction.

10 After one baric week of home detox --

11 And if any of you have ever had to detox your  
12 child or loved one at home, you know what I'm  
13 talking about.

14 -- we wouldn't treat our animals that way;  
15 and, yet, most of our kids today cannot get into  
16 detox centers, and so they're sent home from the  
17 hospital, with a set of verbal instructions on how  
18 to ease their own suffering during the worst hell  
19 that you can imagine.

20 We got him into 30 days of treatment; not  
21 nearly enough. Most would say it is only enough to  
22 get them back on the street using again.

23 We had to take him to Pennsylvania because  
24 there were no treatment centers available.

25 We drained bank accounts and retirement

1 accounts because his life depended on our ability to  
2 get him into immediate treatment, not to wait two or  
3 three weeks for a spot to open, and for insurance  
4 clerks to decide what level of care he was eligible  
5 for.

6 I have a friend who did that just recently,  
7 and her daughter died of an overdose during those  
8 two weeks.

9 Pennsylvania is also where he had to go to  
10 receive three consecutive months of aftercare  
11 treatment and support into transitioning into  
12 independent living in a supportive recovery  
13 community, where he is now a contributing member of  
14 society, working three jobs, paying his bills, and  
15 sponsoring young men in their early recovery.

16 He also speaks out to high schools and others  
17 about the slippery slope, from recreational  
18 marijuana and alcohol use, to heroin addiction.

19 The boy I cherished has returned wiser, more  
20 enlightened, a little scared.

21 I still can't dream about tomorrow, but just  
22 for today, I'm grateful to have my son back.

23 You invited us here this evening to present  
24 to you what we believe to be the priority issues and  
25 solutions.

1 I, and many other families, fully support  
2 some of the well-established and documented  
3 positions on what these issues are.

4 Many of the people in this room know more  
5 about what is required to fix this problem than any  
6 testimony will provide for you.

7 However, some of these positions you will  
8 find in the ASAP comments that were a response to  
9 Senator Murphy's seven-point plan, which I believe  
10 you may have a copy of.

11 As well as the FOR-NY -- "FOR" standing for  
12 "'Friends of Recovery" - New York -- has also  
13 submitted a very good position paper.

14 And I have copies of both of those.

15 They address funding.

16 And I know -- I know -- I mean no disrespect  
17 when I say this, \$12 million will be gratefully  
18 received; however, it is a drop in the bucket  
19 compared to what is required to begin to address  
20 this problem.

21 And as our treatment friends here will  
22 probably tell you, the budget for OASAS, which is  
23 the governing body that handles addiction and  
24 treatment, a \$600 million budget, as compared to the  
25 almost \$7.5 billion budget shared by the Office of

1 Mental Health and Developmental Disabilities, just  
2 for comparison purposes.

3 So while the \$12 million is greatly  
4 appreciated, we have so far to go. And while money  
5 is not the solution, money will go a very long way  
6 to help to provide the treatment, the prevention,  
7 and the recovery support that is required for the  
8 full solution.

9 I also know that Senator Schumer just went  
10 up -- in fact, he was here recently for a press  
11 conference -- and is trying to lobby for  
12 \$100 million to go after some of those drug  
13 traffickers, "the thugs," as we like to call them.

14 I loved his story, by the way. I love to see  
15 that passion.

16 We saw a lot of that today.

17 But as parents, we also need to emphasize a  
18 sense of urgency, and innovation, that is required  
19 to look at this problem.

20 Sea changes in thinking, collaboration, and  
21 action are required if we're to make a difference.  
22 Incremental and step changes are no longer  
23 acceptable, not when our children are dying.

24 Now, Senator Murphy took the time to actually  
25 put together a seven-point plan, and I applaud him

1 on that.

2 Several of us parents actually took his  
3 seven-point plan and added some things to it.

4 I'm not going to take the time to read that  
5 to you, you've been so patient in listening here  
6 tonight.

7 I am going to give to it Senator Murphy, and  
8 say, thank you.

9 SENATOR MURPHY: Remember, I asked you --

10 LORI DRESCHER: Yes, you did. You absolutely  
11 did.

12 SENATOR MURPHY: -- to put holes through it.

13 I came up with a seven-point plan, just to  
14 put out there, to figure out what's right with it  
15 and what's wrong with it.

16 And I would like to know what's wrong with it  
17 more than I want to know what's right with it, so we  
18 can put some teeth into it.

19 LORI DRESCHER: And I'm not going to leave  
20 without giving you the other two that I mentioned,  
21 because among these you're going to see --

22 SENATOR MURPHY: Is this the FOR-NY?

23 LORI DRESCHER: The FOR-NY, and the ASAP.

24 SENATOR FUNKE: Just wrote that down. I'll  
25 cross it off.

1           LORI DRESCHER: So, thank you, very much for  
2 your time.

3           JONATHAN DRESCHER: Hello, everyone.

4           My name is Jonathan Drescher.

5           And, thank you.

6           Thank you, Senators, for having me here.

7           It really is quite an honor.

8           And I guess what I'd like to do is to tell  
9 you a little bit about my story, and I'll focus on,  
10 mainly, what makes it so hard for a heroin addict  
11 like myself to get help, and ask for help, and then  
12 to, once they've gotten to the place where they need  
13 it, to continue from there.

14           One of the things I'll say is that, I've been  
15 to inpatient rehab twice. And the first time I went  
16 was for a 30-day stay, and it was an amazing  
17 experience.

18           After, you know, the 10 days of detox was  
19 over, I actually started to learn some things, and  
20 make some amazing friends.

21           You know, one kid I met there, his name,  
22 we'll say is "Matt," so I don't ruin his anonymity,  
23 but, he was a really good friend to me in there, and  
24 we bonded over a lot of -- having a lot of the same  
25 things happen to us while we were out there, and

1 just having a really similar attitude of being  
2 really excited about getting a new start on our  
3 life.

4 And, you know, we both got out of that 30-day  
5 treatment. He lived in Syracuse, and I lived in  
6 Rochester, so we didn't see each other that much.

7 And, you know, I'd talk to him every once in  
8 a while through Facebook or other social media and,  
9 see how, you know, each of us was doing.

10 And, he died, unfortunately, about two months  
11 ago. And he was the fifth one of my close friends  
12 to die from this disease.

13 So the reason I'm -- I'm more than happy, I'm  
14 truly motivated, to drive here from Pennsylvania, to  
15 do something like this, is for those friends,  
16 because, as an actively-using heroin addict, or, you  
17 know, an opiate addict, I will not ask for help  
18 until there's no other option, because, to me,  
19 I have found what I think is my help.

20 And it's unfortunate, but that's what that  
21 disease says to you. It tells me things in my own  
22 voice, and they're more believable than anything you  
23 can tell me.

24 I can say that, when I got out of that 30-day  
25 treatment, I was terrified, because the obsession to

1 use drugs had not been removed from me; it was still  
2 very much there.

3 And I found myself, on my way to a doctor's  
4 appointment about a week after getting out of that  
5 treatment facility, so I had, you know, 37 days  
6 clean, and I was at a red light, and I knew:

7 If I turned left at that red light, I would  
8 wind up at my old spot off of Lake Avenue where  
9 I liked to go, and that I was less than a block away  
10 from it;

11 And if I went straight, I went to my doctor's  
12 office, to get a checkup, see how I was doing  
13 physically after rehab.

14 And I tell this story to guys I work with  
15 now, because it demonstrates the -- just the  
16 wretched pain that lives inside of somebody that's  
17 still trying to get well and isn't there yet.

18 I sat at that red light through two cycles of  
19 it, and I cried, I balled like a child, like,  
20 I cried in a way that I didn't remember crying that  
21 hard in years, because I was so terrified that I was  
22 going to turn left, but I also wanted to, more than  
23 I wanted anything in my entire life. It hurt,  
24 physically, for me to not turn left at that light.

25 That's where I was at, mentally and

1 physically, after 30 days of treatment, and that's  
2 why, to me, it's -- that's the red zone; it's a  
3 danger zone, you know.

4 I could not have gotten stopped and stayed  
5 stopped from just that amount of time. I relapsed  
6 several times. And then was able to put some time  
7 together, you know, in sobriety, and relapsed again.

8 And when I did, I went hard, because I had  
9 lost hope. I had lost the will to live. I had  
10 lost -- I had lost fear. I wasn't afraid anymore.  
11 You know, like -- like that fear at that light.

12 I've looked down the barrel of a gun twice in  
13 my use, and nothing has scared me like that red  
14 light did. I lost that fear. It didn't matter  
15 anymore.

16 And that's when I got to the point where  
17 I was living in my car, and I sent my mother that  
18 e-mail, which, I hate that I did that, but it also  
19 did get me into the hospital, which got me into  
20 rehab.

21 And one of the things I'll say is that,  
22 police officers were never on the same side, as far  
23 as I was concerned.

24 But I do view that differently, and now  
25 I work at one of the treatment centers I went

1 through. And, you know, I'm not a clinical expert  
2 on addiction at all. My thoughts are only through  
3 my own experience, but I try and help guys through  
4 this stuff.

5 You know, I was with a sponsee of mine, and  
6 we got pulled over, and he was shaking, physically  
7 shaking. And, you know, I was, like, This is a  
8 great experience for you, because, at most, we might  
9 get a ticket, and that's it, because you're not  
10 doing anything wrong.

11 And we didn't even get a ticket. And that  
12 was good for him.

13 But, you know, we get so conditioned by our  
14 own patterns of thinking and actions that these  
15 things are second-nature to us.

16 So I do really appreciate law enforcement  
17 being here today, to try and show that, you know,  
18 they are on the side of getting people help.

19 The one thing I want to say is, I really like  
20 the Greece Police Chief's anecdote -- I'm sorry.  
21 Brockport, yes. Threw me off there. -- but, the  
22 asset-relocation thing, I think that's great.

23 Though, I've never seen more cash in my life  
24 than I've seen in the hands of drug dealers.  
25 I probably never will.

1 I'll also tell you, the flip side of that, is  
2 that I was a drug dealer at times, to support my own  
3 habit, so that's a hard thing to differentiate.

4 I know that I've never seen a criminal become  
5 a drug addict, but I've seen a lot of drug addicts  
6 become criminals.

7 And I know from what I read about the  
8 asset-relocation laws, that the burden of proof was  
9 oftentimes on the person who was being accused of  
10 it, and that's why it was tough to -- it was tough  
11 to fight against if you were one of the unlucky  
12 people that happened to not be doing anything wrong.

13 But I would love to see money go from the  
14 hands of drug dealers to treatment or to law  
15 enforcement, to helping other people like me find  
16 their rock bottom.

17 And for me, like I said, that was being in my  
18 car, sending my mother an e-mail, saying, "I'm ready  
19 to die," and this is how I'm going to do it, "and  
20 I'm very sorry."

21 Now, a year and a month later, I work at the  
22 extended-care treatment I went to, which is called  
23 "Little Creek Lodge," in Pennsylvania, and they  
24 saved my life. They took a kid who was out of his  
25 mind, who was ready to walk at any given moment,

1 didn't even know if I wanted to be alive, and they  
2 sat me down long enough and got me to relax long  
3 enough, to just find out who I was at my core,  
4 before the drugs.

5 And for that I am eternally grateful to them;  
6 and that's why I work there, and help other guys  
7 that are just as sick as I was.

8 So, thank you so much for the work you're  
9 doing here today.

10 [Applause.]

11 SENATOR ORTT: (Microphone turned off.)

12 I just -- unfortunately, I have to go to  
13 another meeting.

14 But I just wanted to say, thank you, for  
15 being here tonight and telling that story.

16 One thing I know, and I think I speak for my  
17 colleagues, when you're in these jobs, you don't --  
18 you get faced with a lot of issues, that some things  
19 you have personal background on.

20 You know, I'm on the Veterans Committee in  
21 the Senate. I served in the military, I was a  
22 veteran, so I have some background on that.

23 Local government, I was a mayor.

24 I don't know anyone that was addicted to  
25 heroin.

1           And so hearing that story, for me, is very  
2 powerful. And I know it's got to be very hard for  
3 you at times. Maybe it's gotten easier, but it  
4 takes a lot of courage, and a lot of you-know-what,  
5 to come up here and tell that story.

6           And, mom, you have a great mom, as you know.

7           So, Lori, thank you for being a great mom,  
8 and being here and telling your story. That  
9 certainly helps us, going forward.

10          So, I thank you both.

11          And thank you all for being here.

12          We're going to have another one of these  
13 tomorrow in -- at Niagara University in Lewiston.

14          So if there's somebody that you know, if you  
15 want to go to that one, or if there's someone you  
16 know that maybe missed this one and they want to  
17 attend that one, it's not that far away.

18          I'm going to drive that way right now, so  
19 it's not too far.

20          But we certainly would love to have them at  
21 that event as well.

22          So, think you very much.

23          We're going to continue on this, and we're  
24 hoping to make some real positive impacts.

25          But, again, your story I think is going to go

1 a lot further than almost anything we can do.

2 You get out there and tell your story as much  
3 as you can, and keep up with what you're doing.

4 Good luck to you.

5 SENATOR FUNKE: Thanks, Rob.

6 SENATOR ORTT: Thanks, guys.

7 SENATOR MURPHY: (Microphone turned off.)

8 Well, unbelievable. You should be so damn  
9 proud of yourself. I mean, you articulated this  
10 incredibly. I mean, to know -- to come out here and  
11 let people know what you've gone through takes a big  
12 set, excuse my language, but, you know what? This  
13 is what people need to hear.

14 Every single forum I've held, and every  
15 single forum I've been to, you know what the most  
16 effective thing is? Peer-to-peer.

17 Peer-to-peer. Peer-to-peer. Peer-to-peer.

18 I need to talk. I don't want to talk to law  
19 enforcement, they don't understand.

20 They want to talk to the person who sat in  
21 their shoes.

22 Incredible. Nice job. And I can't thank you  
23 enough for being here. I'm really proud to just sit  
24 here and listen to your story, and how you  
25 articulated.

1           And your mom, you guys, what you go through,  
2           incredible.

3           It's been my privilege to meet you guys, and  
4           thank you for coming to my office.

5           LORI DRESCHER: Thank you for listening.

6           SENATOR MURPHY: (Microphone turned off.)

7           Told you I would be here, I'm going to here,  
8           and, you know what? This is really, really awesome.

9           Nice job, Jonathan. Keep up the good work.  
10          We're here for you. Know that. We're here because  
11          we want to help.

12          All right?

13          Good job, buddy. Keep going straight.

14          [Applause.]

15          DEBBIE TERVERDIC (ph.): That's right, don't  
16          turn left.

17          JONATHAN DRESCHER: Yeah, right.

18          DEBBIE TERVERDIC (ph.): My name is  
19          Debbie Terverdic (ph.), and I speak here today on  
20          behalf of my nephew John LaCroix who is in the  
21          audience.

22          I'll attempt a brief summary of our life this  
23          past, actually, six years.

24          He has been in numerous foster homes, and had  
25          an unsuccessful attempt to take his own life as

1 well.

2 He ended up in Berkshire Farms, and was  
3 sexually assaulted there. And in an attempt to numb  
4 the emotional pain of abuse, neglect, and  
5 abandonment, and shame, John was in and out of jail,  
6 rehabs, and prison.

7 While informing for the Glens Falls police,  
8 he found himself, you know, telling on his friends,  
9 and, you know, really in, you know, a really  
10 challenging position.

11 He referred back to using, and he overdosed,  
12 and died for 18 minutes. He was resuscitated with  
13 the naloxone, actually, three of them brought him  
14 back, with some brain damage.

15 He recovered here in Rochester, and then  
16 returned back to Glens Falls, to -- for a court  
17 date. And they arrested him the night before, and  
18 they took away all of his medications for his  
19 neurology, and he had a stroke and a seizure, and,  
20 he -- he had a stroke and a seizure, turned blue in  
21 his cell, and was unresponsive.

22 That evening John debilitated from his -- he  
23 was at an 8 out of a 10.

24 He was at an "8," from Unity Hospital here in  
25 Rochester, and he debilitated down to a "1" that

1 day, leaving him paralyzed on his right side, not  
2 able to speak, walk, swallow his food, or even think  
3 clearly.

4 He was sentenced to prison, regardless of his  
5 disabilities. And while being escorted in a DOCCS  
6 van, they were just mocking him and making fun of  
7 his inability to speak.

8 I wanted to just say that our steadfast  
9 mission must be to provide compassionate,  
10 comprehensive, and competent care, woven in the  
11 vision that all life is sacred, and every human  
12 person is unique and has the right to be respected  
13 and protected, as well as the families.

14 And I wanted to quote Senator Murphy's  
15 response to the before-and-after pictures of John.

16 He said, I quote: This is the worst we can  
17 do to one of our New Yorkers, and this is  
18 unacceptable.

19 And I firmly stand with you on that, Senator.

20 This is not the most elite group that you  
21 could hang out with and come all the way here to  
22 see. However --

23 SENATOR MURPHY: It's worth six hours.

24 DEBBIE TERVERDIC (ph.): However, you know,  
25 I commend you, you know, for standing here with us,

1 and having the courage to stand with the most broken  
2 and vulnerable bunch of folks in our state.

3 Thank you for not looking down on us, but  
4 having the guts to help us back up.

5 And I just wanted to -- I know you asked for,  
6 you know, some of the specific recommendations, and  
7 I just have a few here I'm going to go over really  
8 quick.

9 My gosh, there's a ton, but, annual forums  
10 need to be present in the New York State schools.

11 Testimonies, just like Jonathan's, are  
12 powerful to us. Think of what they'll do to the  
13 kids in our schools.

14 Let's see.

15 There's something, and I think we did send  
16 some information about the LEAD program in --  
17 that -- in Seattle, Washington. And if you didn't  
18 get it, I can send that to you.

19 But it's actually -- it's -- "LEAD" stands  
20 for "Law Enforcement-Assisted Diversion" program,  
21 and it has been in existence since 2011, and it is a  
22 collaboration. It's exactly what the officers were  
23 talking about up here.

24 It's the police departments, and the medical  
25 departments, and the sheriffs, and -- and all of

1 those entities, going down to the social workers,  
2 meeting once a month and working together.

3 And, actually, they did a study since the  
4 2011, and it costs \$3,300 a month to incarcerate.  
5 And on this program, it was only \$330 a month, per  
6 person.

7 So, I think there needs to be assistance and  
8 access, more access, to non-traditional sober-living  
9 homes. You know, after they're detoxed, they need  
10 someplace to go. They can't go back home. It's not  
11 long enough. A year would make sense.

12 And for the permanently disabled, sentencing  
13 should be discontinued.

14 If somebody has sustained an overdose and  
15 they're not the same person, I mean, John couldn't  
16 go out on the street and do what he did if you paid  
17 him. He is going to pay with the rest of his life  
18 for his mistake, you know.

19 So, to incarcerate, and he was given the  
20 maximum sentence, on top of everything, like, that  
21 was appalling.

22 And I would like to ask that you make  
23 informing illegal, as it is coercion, and it's a  
24 no-win situation for our sick kids, to put them in  
25 that predicament.

1           And addiction has taken the lives of our  
2 children, and depleted us financially, devastated us  
3 emotionally, and has taken all we have.

4           But in this room, it is bursting with talent  
5 and compassion, brilliance and an energy, that will  
6 power out into the streets of this city and state  
7 and change it forever.

8           Whether you're sitting in a political chair,  
9 a counseling chair, law-enforcement cruiser, or on a  
10 hospital bed of your child, or, worse, the gravesite  
11 of your child, at the end of the day, I challenge  
12 you all, right where you are, to stand and do the  
13 right thing for these broken and wounded souls.

14           Remember, we're all in this together, and  
15 only together will we shift this tide back and make  
16 the difference that we'll be proud of.

17           Thank you very much.

18           [Applause.]

19           CRAIG JOHNSON: Good evening. My name is  
20 Craig Johnson, and I'm the manager of the program  
21 that Captain Fowler had spoken about earlier in the  
22 Monroe Correctional Facility and Jail.

23           I'm also the current president of the  
24 Region II Alcohol and Substance Abuse Consortium,  
25 and am involved in a number of leadership roles in

1 different task forces, having to do with reentry and  
2 substance abuse and a number of related areas.

3 But, tonight, I've been recruited by Lori to  
4 speak on a more personal level, and leave the  
5 professional comments more to my colleagues who are  
6 going to be speaking here in a little bit.

7 I'm a person in long-term recovery, and  
8 I have a son who is in recovery from addiction.

9 And I know firsthand -- and, so interesting,  
10 that despite however much knowledge we have, myself  
11 being an expert in the field, along with some of my  
12 colleagues here this evening, no matter how much  
13 knowledge we have, the illness of addiction, of  
14 chemical dependency, is one that is, in the words of  
15 people in recovery, cunning, baffling, and powerful,  
16 that, in many ways, fools and deceives and tricks  
17 us, both the user and the family members.

18 Well, you know, my son developed this  
19 pediatric illness of addiction. And we call it a  
20 "pediatric illness" because the onset and maturation  
21 of the disease is typically before the age of 18.

22 Ben was full-blown in his addictive process  
23 by the age of 16.

24 I saw things and experienced things that  
25 I will describe here this evening, but those of you

1 who have addiction in your family have your own  
2 stories. We all have our stories of recovery.

3 I don't know if you have ever been up to  
4 Strong at about two or three in the morning, but,  
5 for the most part, the people up in the emergency  
6 room are fairly quiet, and, you hear some moans and  
7 some groans of people who either, typically, have  
8 chronic illness or they're very seriously mentally  
9 ill.

10 Well, my kid was the one screaming F-bombs at  
11 the top of his lungs, strapped down, threatening to  
12 kill himself and everybody in his vicinity.

13 And that's how I spent more than one evening.

14 Unfortunately, you know, we did go see a  
15 counselor who was pretty good, and, we went to an  
16 outpatient program, Conifer Park, that did a fine  
17 job. But, his addiction was much more progressed at  
18 that point.

19 And even though I am employed and have pretty  
20 good insurance, so I thought, I didn't have  
21 inpatient coverage.

22 So after a series of failures, and, probably,  
23 a half a dozen times dropping him off down on  
24 Monroe Avenue, with a quarter in his pocket,  
25 because, of course, he had broken the cell phone, he

1 eventually started to make some progress.

2 And, thankfully, today, he's about  
3 4 1/2 years sober.

4 You know, in the meantime, we all experienced  
5 a lot of the casualties as he sort of weaved his way  
6 through our lives like a tornado.

7 My daughter developed an anxiety disorder.

8 And it was actually, just last year, that  
9 I think I actually stopped waking up at two in the  
10 morning and looking out my front window to see if  
11 the mailbox was still there.

12 He had this thing about mailboxes and the  
13 hoods of cars, you know. A lot of people with  
14 addictive illness have some strange patterns that  
15 they develop.

16 And the -- I guess, in terms of how this  
17 could result in some advocacy, I think just the  
18 recognition that this is the number-one health-care  
19 issue.

20 And as Lori mentioned, the differential in  
21 funding, and so on, is almost embarrassing, I think,  
22 in terms of addressing addictive illness to the  
23 extent that we need to, as a society, as a culture,  
24 as a state.

25 Inpatient access, although it flies in the

1 face of a lot of our current movements towards  
2 deinstitutionalization of jails and emergency rooms  
3 and DSRIP, and all these things that save money that  
4 makes a whole lot of sense, some addicts just  
5 don't -- chemically-dependent people just don't get  
6 sober with outpatient alone.

7           Once upon a time, we actually had this term  
8 called "treatment upon demand," which spoke to the  
9 idea that when somebody is ready, particularly with  
10 this illness, that we need to respond; we need to  
11 respond effectively and with treatment, and the  
12 right kind of treatment.

13           Unfortunately, some of that kind of thinking  
14 seems to have gone by the wayside.

15           But this illness is one that defies a lot of  
16 other things.

17           Most chemically-dependent people are not real  
18 cooperative, and don't seem to want to comply with a  
19 lot of our well-designed ideas about outpatient and  
20 saving money. They just continue to use, until they  
21 end up in jail or dead.

22           So maybe we need to rethink some of that in  
23 terms of inpatient access. It certainly would have  
24 made a big difference in my life.

25           One of the other things that we've lost

1       tremendously over the years, and, sadly, is the  
2       involvement of family members in treatment. It's  
3       not covered, essentially.

4               And there are all kinds of things, I'll leave  
5       the details up to Patrick, and Bill Fox, if they get  
6       into that tonight, or, offline, they can tell you  
7       about the difficulties of trying to effectively work  
8       with families who become as sick or sicker than the  
9       chemically-dependent person, but who rarely, if  
10      ever, get the help and support that they need.

11              And were it not for some of the -- this  
12      grassroots movement of the people that are up here  
13      tonight, and some in the audience, more families  
14      would be without any resources whatsoever.

15              And, lastly, the issue of prevention that the  
16      Captain mentioned briefly, in terms of the school  
17      programs and D.A.R.E. and some of those things, it  
18      seems like about every 10 or 15 years, after having  
19      flushed prevention efforts down the toilet, we sort  
20      of resurrect it and say, Gee, doesn't it make sense  
21      to not just be putting Band-Aids on this issue?  
22      Don't we need to kind of start somewhere, back with  
23      younger people and kids, and effective alternatives,  
24      and these kinds of things in the area of prevention  
25      with young people, before the problem starts, or

1 when they're just beginning to use?

2 And we've come out with some, you know, great  
3 ideas.

4 And then, you know, years later, those seem  
5 to kind of dissipate, and somebody then says, Hey,  
6 wouldn't it be a great idea to start earlier?

7 Well, it certainly is.

8 And, we need to, very much, I think, support  
9 early intervention, and information, and systems,  
10 and schools, and the community, and to help families  
11 with young people, before they start, or as they get  
12 started.

13 And, again, I'll leave the details of how  
14 that might look up to Jennifer and some of the other  
15 professionals working in that area.

16 But, you know, I guess, in closing, you know,  
17 certainly want to recognize the family movement that  
18 we have going on in our community, and to embrace  
19 that. It's wonderful. It's beautiful. It will  
20 save lives, not only in terms of physically and the  
21 casualties, but save many of our lives, emotionally  
22 and spiritually, who suffer as family members from  
23 this illness.

24 And I want to thank you for your interest in  
25 this area, and anything that you can do is very much

1 appreciated.

2 [Applause.]

3 SENATOR FUNKE: (Microphone turned off.)

4 Craig, thank you.

5 Thank you, so very much.

6 Jonathan, Lori, Debbie, they say when you're  
7 walking through hell, keep on walking, and don't  
8 quit. It's against the rules.

9 We won't quit either.

10 You know, studies are great. Action is  
11 better.

12 And when we're all done with this, we're  
13 going to come up with a plan of action. You can  
14 count on that, to try to rectify some of the  
15 problems we have in this state.

16 I have every bit of confidence in  
17 Senator Murphy here, and in what we're doing  
18 throughout the state.

19 We got some things done last year, and we're  
20 going to get some things done this year.

21 Thanks very much for coming up.

22 LORI DRESCHER: May I say one last comment?

23 Sorry, but you just prompted it, and so did  
24 you, with your peer-to-peer comment; and that is,  
25 and especially in light of the fact that the funding

1 has -- so much of the funding has been cut in terms  
2 of family support and bringing family into the  
3 recovery process.

4 In the program we went through in  
5 Pennsylvania, there was a five-day mandatory program  
6 for family members, and it's where we learned how to  
7 partner with our kids in their recovery.

8 But I will also say that, in lieu of that,  
9 there have been families that have come together in  
10 Rochester and started a peer-to-peer support network  
11 called "Family Recovery Network."

12 And some of the women and moms in the back of  
13 the room, raise your hand.

14 The founder, Janice Holmes.

15 It is a fabulous --

16 [Applause.]

17 LORI DRESCHER: -- fabulous, and very much  
18 needed network. They offer education and support  
19 for parents.

20 So please look them up the web, online.

21 Thank you.

22 DEBBIE TERVERDIC (ph.): Family Recovery  
23 Network.

24 SENATOR MURPHY: (Microphone turned off.)

25 One quick thing, for Craig and Debbie, you

1 bring up an unbelievably valid point, because, you  
2 know, the family is the nucleus in your life. It's  
3 your foundation, it should never crack.

4 But when you don't know how to treat it, it  
5 will just be chipped away and chipped away and  
6 chipped away.

7 And, you're helping your dear loved one.  
8 Whether it's your son, in this case, or husband or  
9 wife or daughter, you've got to know what to do.  
10 You've got to have a little base.

11 I had no idea that Pennsylvania had  
12 mandatory.

13 I think that's phenomenal, absolutely  
14 phenomenal, because, as a parent watching your son  
15 or daughter or your loved one go through this, and  
16 just to sit there and hold on tight, and have no --  
17 nothing. What do I do next, what do I do next?

18 Well, what the problem's all about, is great  
19 information.

20 Thank you.

21 DEBBIE TERVERDIC (ph.): And, actually, if  
22 I could just add something, too, about the -- like a  
23 POA, you know, that we can't sign anything for them,  
24 or even help them in their recovery, and that we're  
25 locked out.

1           So that red tape is within the family as  
2 well, and that needs to be looked at.

3           (Inaudible.)

4           They're incapacitated, and they need somebody  
5 to be able to help care for them.

6           SENATOR MURPHY: (Microphone turned off.)

7           We've had it -- in one instance, we had a  
8 person overdose in the morning, go to the hospital,  
9 come out of the hospital, go home to their mother  
10 and father's house, and overdose that night in the  
11 house. And the mother and father had no clue what  
12 happened in the morning.

13           This is how crazy it is.

14           UNIDENTIFIED SPEAKER: (Inaudible.)

15           SENATOR MURPHY: (Inaudible.)

16           UNIDENTIFIED SPEAKER: (Inaudible.)

17           SENATOR FUNKE: So, let's switch up the panel  
18 right now.

19           Good to meet you.

20           We have Patrick Seche, Jennifer Faringer is  
21 here, and Bill Fox is here.

22           Jennifer is with the DePaul's National  
23 Council On Alcoholism and Drug Dependence.

24           Patrick is with Strong Addictions Recovery  
25 Services.

1           And, Bill Fox is with Finger Lakes Addictions  
2           Counseling & Referral Agency.

3           Thank you very much for being here.

4           BILL FOX: Thank you for having me.

5           SENATOR FUNKE: How did we do, name-wise?  
6           Did we get everything right?

7           JENNIFER FARINGER: You did.

8           SENATOR FUNKE: All right.

9           JENNIFER FARINGER: You did.

10          SENATOR FUNKE: We're going to keep cruising  
11          here. We're moving along.

12          Jennifer?

13          JENNIFER FARINGER: Yes.

14          SENATOR FUNKE: We'll start with you.

15          JENNIFER FARINGER: Good evening.

16          My name is Jennifer Faringer, director of the  
17          National Council on Alcoholism and Drug Dependence  
18          in Rochester.

19          I've been in the field of addiction over  
20          25 years now.

21          And I want to thank Senator Murphy for making  
22          that long trip from Westchester.

23          And, good to see a familiar face in  
24          Senator Funke.

25          First, the problem, I'm not going to go into

1 the problem. We certainly exhausted details,  
2 statistics, local data. I know we're going to hear  
3 from some folks after us.

4 I want to cut right to some of the issues  
5 that still remain, in spite of the wonderful work  
6 that was done prior -- or, after last year's forum  
7 in April, which I, too, spoke at.

8 Still remaining issues in our community:

9 There's still the continuing increase in  
10 availability and access to heroin.

11 We still have the increasing potency of  
12 heroin, and the heroin and fentanyl combinations,  
13 with even some new cocaine-fentanyl combinations  
14 which are showing up in Monroe County.

15 Historically, low cost of heroin on the  
16 streets, maybe not quite as low as New York City,  
17 but we're too close.

18 The overprescribing of opiate pain  
19 medications continue in spite of I-STOP. So that  
20 will be part of the recommendations.

21 And, really, in terms of education  
22 prevention, we've talked about it tonight, there  
23 still is a decreased perception of risk, especially  
24 among our young folks, our adolescents, and our  
25 young adults.

1           So in terms of recommendations, and I've left  
2           you both with written recommendations:

3           We need to encourage more physicians to  
4           become Suboxone-certified.

5           Suboxone is an opioid-addiction medication  
6           that can certainly help those that are in need and  
7           want to come off their addiction.

8           We need to encourage physicians to become  
9           certified. Those that are certified, to prescribe.

10          It's a statewide problem. There's counties  
11          in the state of New York that actually have no  
12          physicians. Our rural counterparts are working with  
13          very few physicians.

14          We have some in Monroe County. In  
15          Monroe County we have a -- different problems. We  
16          have a few physicians, but we have few -- those  
17          physicians are working against the artificial  
18          patient cap of 100.

19          Now, this is a federal issue, but I think if  
20          you bring your voices to Schumer and those at the  
21          federal level, we can work at that.

22          So how that works with Suboxone, physicians  
23          that are certified have 100-patient cap; meaning,  
24          once they get to that number, that's it.

25          So, take the example of a physician that we

1 work closely with, who's at Strong, who also works  
2 outpatient at Huther Doyle. He still has a  
3 100-patient cap.

4 What does that mean when people come to him  
5 at Strong or Huther Doyle? Sorry, you know, we  
6 can't help you.

7 And that -- so you've got few -- few  
8 physicians certified. You've got physicians  
9 certified that aren't practicing to capacity. And  
10 those that have reached capacity, they can't serve  
11 longer.

12 And we've got people calling us, Council on  
13 Alcoholism -- we don't do treatment, we refer to  
14 treatment -- you know, people calling in  
15 desperation, I need to get care, and there's no  
16 care.

17 Expand availability and access of Vivitrol.  
18 That's another tool in the toolbox of  
19 medically-assisted pharmacotherapy.

20 So we have the artificial limits on Suboxone,  
21 Vivitrol becomes another effective tool. But with  
22 Vivitrol, the barrier is the high cost of the drug.  
23 It's a -- it becomes a very real barrier to patients  
24 trying to access this once-a-month injectable  
25 medication.

1           SENATOR MURPHY:  It's not covered by  
2 insurance, is it?

3           JENNIFER FARINGER:  Not well.  It's too  
4 expensive.

5           So here you've got something that has less  
6 likelihood of being diversion.  It's a once-a-month  
7 injectable.  There's good potential here, but the  
8 cost is outrageous.

9           Continue to widen the availability of the  
10 Narcan training.

11          And you've heard from others prior to this,  
12 so I won't go into that, other than to support that  
13 enormously.

14          I think we've made great strides.  We're  
15 putting it in more and more hands.  We can't stop  
16 now.  We've got to put Narcan in the hands of as  
17 many people as we can in the community.

18          Increase local -- and I say "local,"  
19 emphasizing that -- substance-abuse-disorder  
20 prevention, education, and awareness.

21          Now, you've heard prevention education  
22 referred to in a number of ways tonight by law  
23 enforcement speaking about prevention in terms of  
24 D.A.R.E.

25          There's a whole community of councils on

1 addiction, such as ours, whose base is the community  
2 we serve. Ours is Rochester, Monroe County.

3 You know, we're talking about the funding  
4 being so low for the treatment of addiction.

5 For prevention, it's abysmally lower, much  
6 lower.

7 And both Craig and Lori bring to mind the  
8 issue around families, and there's a whole nother  
9 aspect of dealing with families.

10 That in the world of prevention, we work with  
11 families even before they get to that point.

12 You know, so prevention is really, for us in  
13 the addiction field, working with kids and families  
14 before addiction becomes a problem. Working with  
15 kids and families to show them there is another way.  
16 There's a healthy-family system, we can break the  
17 cycle. You know, that kind of thing.

18 Decrease access to substance-abuse-disorder  
19 treatment to achieve treatment on demand.

20 Craig spoke to that.

21 We've got to eliminate all barriers, access  
22 to barriers, which include the insurance barriers;  
23 the waiting lists; increasing the available beds,  
24 both outpatient and inpatient.

25 When a client's ready, they're ready. They

1 don't need to be told, Sorry, come back in a week,  
2 two weeks, three weeks. That's just not going to do  
3 it anymore.

4 We can increase the number of safe take-back  
5 sites in New York State.

6 Monroe County, I think we really have a model  
7 here. We have more safe take-back sites, times,  
8 dates, I think than any other county in  
9 New York State.

10 So we could use that model, really, and  
11 replicate that across the state.

12 So how that works is, the person goes to the  
13 Monroe County site, finds a date and a time in their  
14 area in Monroe County.

15 The medications are under law-enforcement  
16 supervision. They're trucked to Niagara County  
17 where they're safely incinerated. You've got no  
18 impact to the environment.

19 You've got the unused Subox -- Oxycontin, in  
20 the amount of 60, 70 pills, off the street, won't be  
21 diverted. The person won't be tempted to go back  
22 and use their overprescribed opiate in the first  
23 place.

24 So it's like win-win-win-win.

25 SENATOR MURPHY: Senator Martins just did one

1 of these two weeks ago down on Long Island, and they  
2 got 500 pounds of drugs off the street.

3 500 pounds --

4 JENNIFER FARINGER: They're incredible.

5 SENATOR MURPHY: -- and from the medicine  
6 cabinets.

7 JENNIFER FARINGER: Oh, absolutely.

8 So our whole campaign, again, prevention, our  
9 whole campaign around media awareness is: Do you  
10 know what's in your medicine cabinet?

11 And if you know what's in it, you better  
12 get -- you know, get it out of your medicine  
13 cabinet, so you, too, don't become a target for  
14 break-ins, and don't be -- you know, help the  
15 diversion.

16 And then, finally, support the full  
17 implementation of I-STOP.

18 This will help to curb the overprescribing  
19 practices, curb the potential doctor/pharmacy  
20 shopping, the diversion of prescription pain meds.

21 So this is a huge -- I mean, that's the end  
22 of my specific recommendations for around the opioid  
23 issue.

24 But I'd like to encourage you to take these  
25 forums and go the next step, one step behind.

1           Lori referred to this, two of the  
2 law-enforcement officers referred to this: Where  
3 does it start?

4           It starts with the three primary drugs of  
5 abuse. It used to be referred to in our field as  
6 the "gateway drugs."

7           I don't particularly like that, because it  
8 makes them sound like they're lesser-than.

9           But we -- in terms of numbers impacting our  
10 community, you've got alcohol, tobacco, and  
11 marijuana. They're the three biggies.

12           And you heard from the folks tonight, very  
13 often, these are the drugs that lead people where  
14 we're at right now.

15           So in terms of alcohol, we need to focus on  
16 binge drinking; "binge drinking" being defined as  
17 four or more drinks in a setting for males, five or  
18 more for females; yet, CDC talks about binge  
19 drinking actually exceeding eight or more drinks in  
20 a setting.

21           Another trend that's not hit us upstate, but  
22 is more prevalent in the New York City area, is the  
23 new alcohol-vaping trend. The alcohol vape bars.

24           I hope it never comes upstate, but, you know,  
25 things usually travel that way.

1           And that's -- if someone is vaping alcohol,  
2           it reaches the brain instantly, directly, and in  
3           extreme concentration, and you completely bypass  
4           that protective mechanism that we have when you  
5           drink too much, too fast; you vomit, you save  
6           yourself from alcohol poisoning.

7           By vaping, you bypass that, it goes  
8           immediately to the brain. You have no idea how much  
9           alcohol you've imbibed.

10          Palalcolol (sic) is something that was just  
11          re-released, after we stopped it a year ago. It was  
12          re-released March 2000 -- or, April 2015, a month  
13          ago, and this is powdered alcohol in a concentrated  
14          form.

15          So, there's a couple AGs across the country  
16          that are now trying to get that removed from the  
17          market again, but here's two alcohol trends.

18          In terms -- and then, briefly, but in terms  
19          of tobacco, while we've driven down youth smoking  
20          rate, what are we seeing now? Youth smoking rates  
21          rise again and exceed where we were before, and  
22          that's as a result of electronic cigarettes.

23          Electronic cigarettes, vaporizers, huge  
24          problem, because you've got massive quantities of  
25          nicotine and, whatever, synthetic marijuana,

1 concentrated hash oil, high THC levels.

2 And then, finally, the increasing confusion,  
3 and, unfortunately, New York State is now part of  
4 the increasing confusion, around the medicalization  
5 of marijuana.

6 It's no surprise in the states that have  
7 medicalized, the states that have recreationalized,  
8 marijuana, that usage has gone up, perception of  
9 risk has gone down.

10 That trickles in our state, even prior to  
11 medicalizing, because of the perception of, it's a  
12 medicine.

13 So what we advocate for is a consortium,  
14 really, is FDA-approved medication.

15 We caution the State where it's going to go  
16 now, toward the high THC, concentrated hash oils.  
17 We're entering dangerous grounds.

18 And you heard from folks tonight how this can  
19 so clearly lead to something else.

20 So -- and I personally and professionally  
21 thank you for your continued attention to the  
22 prevention and the treatment of substance-abuse  
23 disorders. It is our number-one health problem in  
24 the state of New York.

25 Thank you.

1           SENATOR MURPHY: Thank you.

2           SENATOR FUNKE: Thank you.

3           BILL FOX: Thank you, Senators, for the  
4 opportunity to be here.

5           My name is Bill Fox. I'm the director of  
6 treatment services at Finger Lakes Addictions  
7 Counseling & Referral Agency.

8           We're a rural service. We serve a  
9 five-county Finger Lakes area, south and east of  
10 here, Ontario, Wayne, Seneca, Yates, and Schuyler  
11 counties. We're the country cousins.

12           The largest city in our five-county catchment  
13 area has 14,000 people in it.

14           So, what I'm here to say is that, is that  
15 even though we're small, and even though we're out  
16 there, we have a heroin problem, a significant  
17 heroin problem.

18           And my company, we have 12 treatment programs  
19 spread around those counties. We're seeing  
20 somewhere between a 10 and 15 percent increase in  
21 admissions for heroin addiction or opiate addiction  
22 in our treatment programs, and we're seeing a small  
23 subset of the people that are using in that area.

24           We know that, some years ago, the immediate  
25 past-commissioner of OASAS commissioned a study to

1 find out what the penetration was; how many  
2 New Yorkers who need our services are getting those  
3 services.

4 The result was less than one in five.

5 Less than one in five New Yorkers who have a  
6 substance-use disorder are getting treatment for  
7 that issue. That's stunning to me.

8 That's stunning to me.

9 I loved what the commissioner said at that  
10 point. She looked at the field and said, What are  
11 you going to do about it?

12 Well, so we're trying to do those things  
13 about it, and trying to bring more treatment, but  
14 what we need is funding to do that.

15 I can echo, again and again and again, we are  
16 licensed by OASAS at FLACRA. All of our programs  
17 are licensed by OASAS.

18 The fact that we've had -- that our deficit  
19 funding, the money we use, that we get from OASAS,  
20 to treat poor people, our sliding fee goes to \$5,  
21 but it costs us a lot more money than \$5 to treat  
22 somebody for one counseling session.

23 So we use that deficit funding to help treat  
24 poor people. That funding hasn't risen in 15 years.

25 A gallon of milk costs a lot more now than it

1 did 15 years ago, and everything else.

2 And everything else.

3 So, the fact that -- and level funding is  
4 actually reduced funding.

5 Level funding is reduced funding.

6 I'm reminded of the commercial, the Fram Oil  
7 commercial, where the guy said, "Pay me now or pay  
8 me later."

9 Folks, Senators, treatment and prevention is  
10 less expensive, it's less expensive, than the things  
11 we're doing now.

12 I'm not -- I'm not saying that we shouldn't  
13 be getting the drugs off the street. I'm not saying  
14 that law enforcement doesn't play an important role.  
15 They absolutely do.

16 But when we don't -- when we spend a fraction  
17 on treatment and prevention, we're going to continue  
18 to have this problem. This problem is going to  
19 endure over and over and again.

20 Treatment does work.

21 Treatment does work. It takes time.

22 I don't know any disease, any medical  
23 disease, that doesn't have a relapse as a feature to  
24 it. Sometimes you hear the phrase, that, Well, it's  
25 relapse, and treatment doesn't work because people

1 relapse.

2 Well, I would contend that a diabetic that  
3 goes out and goes off their medication and eats two  
4 super Snickers bars, you know, that's a relapse for  
5 that illness, and over and over and over.

6 It's common to all illnesses and diseases.

7 This is a disease that we're treating, and  
8 it's critical that we have the resources to do that.

9 So I would encourage you to take a look at  
10 the funding.

11 When I look at the graph -- the bar graph of  
12 the funding of the O's, the licensing bodies in  
13 New York State, and I see those graphs, for every  
14 other O going up, and the OASAS O, that bar never  
15 rises, never rises.

16 We sometimes sit around and talk about how we  
17 feel like the red-headed stepchild in this state.

18 It's embarrassing at some times; yet, through  
19 that, we in the treatment industry persevere.

20 At any given time, there's 700 to  
21 1,000 people in treatment at FLACRA'S treatment  
22 services around those twelve -- those five counties  
23 that we serve. We continue to try and figure out  
24 ways to treat more people and serve more people.

25 Right now, we're working on immediate access.

1           In other words, when Jane Doe wakes up in the  
2 morning, or when Jane Doe feels like she needs to  
3 talk to somebody, we want her to be able to call one  
4 of our units and walk in the door, and say -- and  
5 have somebody meet with them and talk with them at  
6 that moment.

7           Delayed treatment means continued illness,  
8 and death, ultimately, and we don't want to do that,  
9 but we're doing that with a shoestring now. We're  
10 doing that with spit and glue sometimes, it feels  
11 like that.

12           So that's big for us.

13           I've been doing this work for about 40 years,  
14 and I do agree that there's a heroin epidemic going  
15 on right now, but I can't remember a time in my  
16 40 years when there hasn't been some epidemic.

17           I remember a cocaine-crack epidemic.

18           I remember methamphetamine epidemic.

19           I remember a lot -- I remember a heroin  
20 epidemic in the '70s when I and my comrades came  
21 back from Vietnam.

22           And the treatment industry, in spite of the  
23 reduced funding and the lack of adequate funding,  
24 does a darned good job of treating these issues,  
25 but, another epidemic always comes along.

1 I'm confident that, through the efforts of  
2 everybody here tonight, and you, Senators, thank you  
3 so much, that we're going have success with this  
4 heroin epidemic, but there's going to be another one  
5 and I think there's going to be another one because  
6 we're not dealing with root causes.

7 We're not dealing with root causes.

8 Yes, we get the drugs off the street, but  
9 what causes addiction?

10 What causes addiction, and what kind of time  
11 and money and research are we doing to find that  
12 out?

13 If you ask me, after 40 years, it's  
14 anecdotal, but it's a lot of anecdotes after  
15 40 years.

16 It's stress and trauma.

17 It's stress and trauma, causes addiction, and  
18 causes continued addiction.

19 And if we don't get, in my opinion, to the  
20 root causes of addiction, then, in four years from  
21 now, will be another panel, and we'll talking about  
22 another epidemic. And five years after that we'll  
23 be talking about another epidemic.

24 I've become very, very passionate about this  
25 issue, and I do appreciate the opportunity in this

1 forum to say this, and get this piece of  
2 information, at least from my 40 years of experience  
3 in the field of addiction and treatment.

4 We're doing much more of that.

5 We're doing -- training a lot of our  
6 clinicians, or all of our clinicians, more on being  
7 trauma-informed therapists, to understand how to get  
8 to that issue with people, to help them find a  
9 different path to wellness.

10 It's no mystery to me, that in our culture  
11 and society, that when you have pain and illness,  
12 that you medicate it. We do that.

13 We do that.

14 So I get it. I get it.

15 And substance abuse for the short-term works,  
16 by the way. For that two hours, or that  
17 three hours, I'm not experiencing that pain, and  
18 it's taking me away.

19 The problem is addiction occurs, and then  
20 death happens from that.

21 So it's really about addressing causal  
22 factors, from my perspective.

23 So I do encourage you to look at that, and to  
24 try and under -- help us understand, and where this  
25 disease actually really comes from, so we can then

1 get the resources we need to treat the causal  
2 factors.

3 I feel like sometimes we're just hitting the  
4 tops of the waves and we're not getting down to the  
5 root-base cause. And until we do that, we're going  
6 to keep doing this.

7 Treatment industry will be there for you. We  
8 really, really are passionate about this work.

9 I just -- I love working with my colleagues  
10 each and every day. None of them are getting rich  
11 doing this business, but they're all there, and  
12 they're all dedicated, and they really, really do  
13 look to the partnership, to our partners in  
14 prevention, to law enforcement, and to you and  
15 government, to come together and help us deal with  
16 this issue.

17 The partnership is critical.

18 I have a thousand stories I could tell you.

19 I was thinking about the veterans that we  
20 serve right now.

21 We've opened a treatment campus for veterans  
22 at the Canandaigua VA Medical Center, called  
23 "Cadence Square," serving homeless veterans.

24 I could tell you stories about men and women  
25 who have served their country, to give us our

1 freedom, to protect our Constitution, that are now  
2 suffering from addiction and disease; most of it  
3 related to the trauma that they experienced in war.

4 We need to be able to help them deal with  
5 that.

6 I could go on.

7 There's a family that I've been dealing with  
8 recently, whose young daughter, 22 years old, who  
9 was doing well in high school, graduated high in her  
10 class, went to college, got a job.

11 She's now in jail because she was arrested,  
12 because she was stealing to buy money -- to get  
13 money to buy drugs.

14 So, I'll stop there. After all these years,  
15 I have a lot of stories I could share with you.

16 But I do want to encourage you to take a look  
17 at the funding and help us do a better job. Help us  
18 get more staff. Help us get more treatment options.

19 FLACRA runs the only three community  
20 residences in our five counties. That's a level of  
21 care, community residence. There's three of them,  
22 we're the company, in five counties, and we  
23 haven't -- it's abysmal.

24 The people that were talking before about  
25 their own recovery issues and needing care; we have

1 waiting lists, huge waiting lists, for residential  
2 care.

3 So, to conclusion, I'd like to say thank you  
4 very much again for this opportunity.

5 And, pay me now or pay me later.

6 Help us treat people, and get to the root  
7 cause, because if we don't do that, we're going to  
8 continue to do this over and over again.

9 [Applause.]

10 SENATOR FUNKE: Bill.

11 SENATOR MURPHY: Just, I'd like to just chirp  
12 in when it's still fresh in my mind.

13 "Penny-wise, dollar-foolish," the old  
14 expression.

15 You know, like you just said. "Pay me now,  
16 pay me later."

17 I think we've gotten that.

18 I believe that, you know, the forums that  
19 I've been to, it comes up.

20 But you hit a point. There's a window of  
21 opportunity to get that person in that door --

22 BILL FOX: Absolutely.

23 SENATOR MURPHY: -- because that could go in  
24 two minutes, that could go in five minutes, that  
25 could go in two hours. It all depends.

1           So it's pretty important to have that  
2 open-door policy, so to speak.

3           And with the epidemic, you know, the reason  
4 I've just -- you know, have seen a few of these  
5 things.

6           And like you said, there will be another one,  
7 but there's just so many of the kids that are dying.  
8 I've never -- you know, I mean, they were -- what  
9 was it? They were smoking crack in the '70s, or  
10 '80s? I don't even know. Ecstasy, the kids are,  
11 literally, dying because the potency of this has  
12 gotten so dramatic. And they just think it's  
13 benign, it's only a pill, it's not a shot in the  
14 arm.

15           So thank you for your comments.

16           Appreciate it.

17           BILL FOX: Thank you for that.

18           SENATOR FUNKE: Patrick.

19           PATRICK SECHE: All right.

20           Well, thank you for having me.

21           My name is Patrick Seche. I am the director  
22 of addiction psychiatry services for U.R. Medicine  
23 at Strong Memorial Hospital.

24           So, I will try to modify my comments, so to  
25 not repeat some of what's already been said here,

1 and in the interest of time.

2 But, before I get to some recommendation,  
3 I would like to just read a brief statement here.

4 That, addiction is a brain disease with  
5 contributing factors that are environmental and  
6 behavioral. This does not mean there shouldn't be  
7 consequences for behaviors; rather, our response to  
8 those behaviors should not be solely driven by the  
9 simplistic belief of a choice.

10 Active addiction is extremely loud and draws  
11 a lot of attention; those behaviors draw a lot of  
12 attention. They cast a large shadow over what is a  
13 very successful treatment system of care in  
14 New York State. The system, however, is limited and  
15 devoid of adequate resources, and always seems to be  
16 at the lowest priority when it comes to allocation  
17 of funds and reimbursement rates.

18 The overall public perception may be that  
19 treatment does not work and successful long-term  
20 recovery is rare; however, in reality, the overall  
21 successes in treatment programs throughout the state  
22 far outweigh the failures.

23 The majority of patients who engage in  
24 treatment are successfully guided to a path of  
25 recovery. There are good options available for

1 treating heroin and opioid addiction, but action is  
2 needed on a legislative, regulatory, and local level  
3 to make them more accessible.

4 Medication-assisted treatment, which have  
5 already been mentioned by some of my colleagues, is  
6 the most effective, has been proven by research, as  
7 the most -- combined with counseling, supportive  
8 counseling, the most effective treatment modalities  
9 to treat heroin and opioid addiction; yet, it's some  
10 of the most limited treatment options available  
11 currently.

12 We've been attempting to treat a chronic  
13 disease with an acute episodic model of care. That  
14 must stop.

15 We're in the middle of a Medicaid redesign,  
16 health-care delivery-system reform.

17 We need to ensure that addiction treatment is  
18 fully integrated into our health-care system.

19 Regardless of where someone gets care,  
20 screening and assessment for addiction, and  
21 connection to treatment, should be a part of  
22 health-care reform.

23 Whatever we're designing, that must be  
24 included.

25 Enhancing the reimbursement rates so that we

1 can stop being the red-headed step-cousins, or  
2 whatever that --

3 BILL FOX: Stepchild.

4 PATRICK SECHE: -- stepchild.

5 SENATOR MURPHY: I got a red-headed daughter.  
6 Be careful.

7 [Laughter.]

8 PATRICK SECHE: And that includes  
9 opioid-treatment programs, which haven't been  
10 mentioned here, as we talk about medication-assisted  
11 treatment.

12 There are currently limitations that are  
13 arbitrary, that only serves as barriers.

14 You know, Jennifer mentioned the cap for  
15 providers, especially when they're working in an  
16 OASAS-licensed facility. Those are the most  
17 heavily-regulated facilities you will find anywhere.

18 When a physician is working in an OASAS  
19 facility, there's enough support and regulations  
20 to -- you know, to ensure quality of care is being  
21 provided. There's no need for a cap.

22 We should allow nurse practitioners and  
23 physicians' assistants to also be able to prescribe  
24 Suboxone within their scope of practice when they  
25 are in an OASAS -- in a State-licensed facility.

1           Again, there's no reason for not allowing  
2           that. Those prevent -- those present as barriers to  
3           access to care.

4           Remove cap on opiate-treatment programs,  
5           which, again, is arbitrary. There's no reason for  
6           it. It limits access, it creates waiting lists, and  
7           a whole bureaucratic process for increasing access.

8           Significant and support is needed for making  
9           opioid-treatment program and methadone treatment  
10          available in all areas of Upstate New York.

11          The availability currently is extremely  
12          limited to, basically, the major cities in the  
13          state. The rural areas have absolutely no  
14          availability. We currently have people traveling an  
15          hour to an hour and a half almost daily to receive  
16          treatment.

17          BILL FOX: And if I can say on to that,  
18          Patrick, and there's no transportation; there's no  
19          public transportation for that person who lives in  
20          Gorham, New York, to get to Rochester, to get to  
21          Patrick's program.

22          SENATOR MURPHY: Really?

23          PATRICK SECHE: And this treatment modality  
24          I'm mentioning here, has been studied for over  
25          40 years. There's scientific research and

1 peer-reviews that has shown its effectiveness; yet,  
2 it is still the most limited and stigmatized  
3 treatment modality we have currently in our system.

4 Vivitrol was mentioned earlier.

5 The current model of order and bill is a  
6 barrier to access. Vivitrol should be part of the  
7 pharmacy benefits of all insurance plans. That will  
8 increase access.

9 We currently have in the process, or moving  
10 towards, Medicaid-managed care in our system.

11 We need to make sure that the managed-care  
12 organizations and the provider system is ready  
13 before the switch is turned on for the transition,  
14 because if we don't do that, an already vulnerable  
15 system will be disrupted and will destabilize, and  
16 access will be even less.

17 Current -- current policies at managed-care  
18 organizations are in direct contrast with, you know,  
19 evidence-based practices for treating addiction.

20 We need to make sure that there are laws in  
21 place that does not allow that. We need to enforce  
22 parity laws, to make sure that levels of care, when  
23 assessed and recommended by care providers, are  
24 covered by insurance companies; not having insurance  
25 companies dictate what level of care and how long

1 someone can be in treatment. That goes against  
2 evidence.

3 SENATOR MURPHY: That's a massive problem.

4 PATRICK SECHE: Pennsylvania was mentioned a  
5 few times here.

6 And one of my colleagues told me that, in  
7 Pennsylvania, when a doctor signs an order for a  
8 level of care, it has to be covered.

9 We don't have that in New York State.

10 What we have in New York State, and what care  
11 providers are dealing with, is they assess  
12 someone -- they have all the information. They  
13 assess someone, medically, recommend a level of  
14 care, and an insurance company can say, Nope, not  
15 detox. We're not going to cover inpatient. They  
16 have to go outpatient, and they have to fail at  
17 outpatient first.

18 Fail-first policy should be illegal.

19 Families was mentioned.

20 We have a policy currently in our state that  
21 limits the ability for families to fully engage in  
22 the treatment process. There are such limits on it.

23 And in order for them to fully engage, they  
24 have to enroll in the treatment program as a patient  
25 themselves.

1           That is discrimination.

2           There is no other disease that a family  
3 member -- you know, I recently had kids, and I was  
4 involved in the whole process, from the surgery  
5 room, throughout the whole process, the whole way.  
6 I did not have to enroll as a patient in order to do  
7 that.

8           And we can name probably any other disease,  
9 where you go into a hospital or a care center, and  
10 you don't have to do that.

11           But families for addiction patients have to  
12 enroll in the program themselves in order to fully  
13 engaged in the process.

14           That must stop.

15           So I will end with this, just to -- you know,  
16 I don't want to go over too many stats, but,  
17 currently, I looked at trends over the last 10 years  
18 of our admissions into our treatment program, and we  
19 have all outpatient programs.

20           For -- you know, from 2009 -- from 2005 to  
21 2009, combined, about 14 percent of our admissions  
22 were 25 years old or younger.

23           From 2010 to 2014, it's 50 percent of our  
24 admissions are 25 years old or younger.

25           So, when we limit the treatment system, and

1 Craig mentioned this is a pediatric disease, it's  
2 progressing a lot faster than it was 10 years ago,  
3 and it's continuing to progress a lot faster.

4 So, we must act fast.

5 [Applause.]

6 SENATOR FUNKE: Jennifer, Patrick, and Bill,  
7 thank you so very much for being here.

8 We have two more speakers we want to get to.

9 Anything else that you wanted to ask?

10 SENATOR MURPHY: Just, so you would be happy  
11 to know, we just elected a new Health Commissioner  
12 for New York State -- yesterday was it? --  
13 Dr. Zucker, who's a brilliant guy.

14 And, I sit on the Health-Care Commission --  
15 you know, Committee, and so I will be bringing this  
16 back to him. He asked me; I told him I was coming  
17 up.

18 JENNIFER FARINGER: Excellent.

19 [Applause.]

20 SENATOR FUNKE: Why don't we just -- if  
21 Karen Simon is here, and Dr. Jeanne Beno is still  
22 here, we'll bring them both up together, and finish  
23 up our talk.

24 Thanks for hanging in there.

25 KAREN SIMON: This is Deputy Holland, the

1 D.A.R.E. officer.

2 SENATOR FUNKE: Deputy, thank you.

3 KAREN SIMON: Do you want me to start?

4 SENATOR FUNKE: Yeah, sure. That's great,  
5 Karen. Thank you.

6 KAREN SIMON: Good evening, Senators.

7 Thank you for this opportunity.

8 I'm here this evening in my capacity as  
9 trainer and educator with the New York State  
10 D.A.R.E. Officers Association.

11 Accompanying me today is a local D.A.R.E.  
12 officer from Ontario County Sheriff's,  
13 Deputy Robert Holland.

14 By way of introduction, I am a retired public  
15 educator, with 24 years of classroom experience, and  
16 10 years at the building-level administration.

17 In my role as D.A.R.E. educator, I'm a member  
18 of a non-profit, volunteer law-enforcement group  
19 that trains and certifies new D.A.R.E. officers, and  
20 provides update training for practicing officers.

21 We also are able to provide SRO and  
22 school-safety training.

23 First, let me begin with an update on the  
24 D.A.R.E. program, as there have been some changes  
25 recently.

1           A collaborative effort between law  
2 enforcement, education, and prevention science was  
3 first introduced in our schools and communities in  
4 1986, and by the late 1990s, was taught in more than  
5 90 percent of our schools across the state.

6           There have been three revisions of the  
7 D.A.R.E. curriculum since its inception.

8           The most recent D.A.R.E. "Keeping It Real"  
9 curriculum is a research-based and evidence-based  
10 program designed to prevent drug use by developing  
11 and practicing student resistance, communication,  
12 and decision-making skills. These basic skills are  
13 needed in order that young people are able to make  
14 safe and responsible decisions around drug use and  
15 other risky behaviors.

16           The middle-school program has been in our  
17 schools since 2010, and the elementary program was  
18 introduced in 2012.

19           Additionally, D.A.R.E. officers may teach  
20 supplemental safety lessons in grades K-2, drug and  
21 safety storage of -- excuse me, drugs and safe  
22 storage of medicines in grade 4, over-the-counter-  
23 and prescription-drug lessons in the middle-school  
24 and high school classes.

25           We also offer a parent and community

1 presentations on helping communities respond to  
2 prescription and over-the-counter abuse.

3 The cost-effectiveness study completed by the  
4 Pacific Institute of Research Evaluation on D.A.R.E.  
5 "Keeping It Real" suggests a 1-in-28 return; that  
6 is, \$1 invested in D.A.R.E. prevention program  
7 results in \$28 savings on the treatment side of the  
8 equation.

9 There are several youth trends that D.A.R.E.  
10 officers have encountered that may be the opening --  
11 that may be opening the door to heroin and opiate  
12 addiction. They are worth some review, and supports  
13 the need for prevention programming in schools.

14 Recently, I received a call from a  
15 lieutenant, asking how he might reinstate his  
16 D.A.R.E. program in his community. The department  
17 had eliminated D.A.R.E. five years earlier, and he  
18 shared with me an incident involving middle-school  
19 students, all from good families.

20 While a parent was not home, a student hosted  
21 a pharm party, P-H-A-R-M, as in "pharmaceutical,"  
22 for 25 seventh-graders.

23 Just like what he had seen on the Internet,  
24 each student brought over-the-counter and  
25 prescription pills to the party. The pills were

1 then placed in a large bowl, and each young person  
2 took a turn at randomly taking and consuming a  
3 handful of pills.

4 At some point after the party, a 911 call was  
5 placed by a concerned parent reporting the incident,  
6 and police began an investigation.

7 The department's former D.A.R.E. officers  
8 were assigned to interview the students, and in  
9 interview, after interview, after interview, the  
10 young people remarked that they did not think they  
11 were doing anything harmful or unsafe because, after  
12 all, they were only taking medicine.

13 The lieutenant shared that he believed that  
14 his D.A.R.E. -- if his D.A.R.E. officers were in  
15 school, this incident would not have occurred. He  
16 believed the students would have had a better  
17 understanding of the harmful effects of the misuse  
18 of medication, and at least one, or more, students  
19 would have come forward to him as a D.A.R.E.  
20 officer.

21 Another common scenario that SRO and D.A.R.E.  
22 officers have shared is the one in which a teenager  
23 has been introduced to oxycodone or hydrocodone  
24 through a medical experience; an athletic injury or  
25 a wisdom-tooth extraction provides the teen with a

1 prescription pain reliever.

2 While it's possible that some young people  
3 would take the prescription at higher dosage than  
4 prescribed, or in a different method, more likely,  
5 leftover medication is shared between friends and  
6 teammates, both unaware of the dangers of sharing  
7 medication.

8 In fact, most teenagers who abuse  
9 prescription drugs are given them for free by a  
10 friend or a relative.

11 Research now suggests that the abuse of these  
12 drugs may actually open the door to heroin abuse.

13 So this leads us back to the discussion of  
14 prevention programming and D.A.R.E.

15 Earlier I mentioned that, in 1990, D.A.R.E.  
16 was being taught in 90 percent of our schools in  
17 New York.

18 Unfortunately, this is not the case in 2015.

19 In 2008, funding and support for D.A.R.E. was  
20 completely eliminated from the state budget. DCJS  
21 no longer provided training, nor oversight.

22 Additionally, in 2009, safe-and-drug-free  
23 federal funds were reallocated and no longer  
24 available to local schools and community. As a  
25 result, many agencies made difficult decisions to

1 stop providing D.A.R.E.

2 Currently, here are the numbers:

3 70 law-enforcement agencies now provide  
4 D.A.R.E.

5 We have 154 certified D.A.R.E. officers in  
6 classrooms. They are serving 149 school districts,  
7 and we have 45,000 students that we are serving.

8 This represents only 20 percent of our school  
9 districts in New York State.

10 Locally, those numbers are a little bit  
11 better.

12 Sheriff O'Flynn, and Povero, are strong  
13 proponents of community policing, law enforcement in  
14 schools, and the D.A.R.E. program.

15 In Monroe County, 7 -- Monroe County  
16 Sheriff's have 7 certified D.A.R.E. officers in  
17 12 schools, and they're serving 2,400 students.

18 In Ontario County, there are 3 D.A.R.E.  
19 officers, 7 school districts, and 800 students.

20 So unless the school district or a community  
21 is providing a local D.A.R.E. prevention program, it  
22 would be safe to say that prevention programs do not  
23 exist in our schools on a statewide level.

24 I respectfully suggest the following  
25 recommendations, for your consideration, to

1 establish school and community-based prevention  
2 programming at the state level:

3 One: Require schools to implement a  
4 research-based drug-prevention program that promotes  
5 and develops strong social and emotional skills in  
6 grades K through 8.

7 Provide state funding for instructor  
8 training, salaries to offset salaries, student  
9 materials, and program supports.

10 Require schools to administer annually, an  
11 at-risk-behavior survey around the use of alcohol,  
12 tobacco, and other drugs in grades 5 through 12.

13 Track and report the findings of the  
14 at-risk-behavior surveys to superintendents, local  
15 law-enforcement executives, and appropriate program  
16 personnel for review and monitoring of program  
17 effectiveness.

18 Provide funding to schools, and require --  
19 provide funding, and require schools to offer  
20 drug-addiction awareness programs for parents and  
21 staff.

22 Continue to offer regular drug take-back and  
23 safe-disposal programs to reduce the availability of  
24 over-the-counter and prescription drugs to young  
25 people.

1           And, finally, we support Senator Murphy's  
2           proposal to provide state funding for school  
3           resource officers and D.A.R.E. officers in all our  
4           area schools.

5           As an educator and a representative of  
6           D.A.R.E., I appreciate this opportunity to speak  
7           with you.

8           SENATOR FUNKE: Thanks, Karen.

9           One question.

10          KAREN SIMON: Uh-huh.

11          SENATOR FUNKE: Put on your teacher hat for a  
12          minute.

13          The health classes in schools today --

14          KAREN SIMON: The, what?

15          SENATOR FUNKE: -- just a regular health  
16          class --

17          KAREN SIMON: Health class?

18          SENATOR FUNKE: -- is anything ever discussed  
19          along those lines in health class --

20          KAREN SIMON: Yes.

21          SENATOR FUNKE: -- in the absence of  
22          D.A.R.E.?

23          KAREN SIMON: Yes, in 7th grade,  
24          middle-school, health-class, 7th grade, there are  
25          some discussion -- there are some curriculum

1 outcomes that are required in there; however, what  
2 you have is a classroom teacher that is presenting a  
3 few lessons, not a research-based program.

4 So, that, there's a difference.

5 Now, we do have -- we have had D.A.R.E.  
6 officers go into the middle school and team-teach  
7 with their health class, with their health teacher,  
8 on that. And so the officer teaches on day one,  
9 and then the teacher follows up with that lesson on  
10 day two. And the next lesson, and so on.

11 And in those situations it's been extremely  
12 successful.

13 SENATOR FUNKE: Robert.

14 DEPUTY ROBERT HOLLAND: Well, I would just  
15 like to say, that's one of the ways I'm able to get  
16 into a couple of the schools in Ontario County, is  
17 to piggyback with the health class.

18 And just from speaking -- I didn't plan on  
19 speaking tonight, but, listening to all the people  
20 that have spoken so far, and just piggybacking a  
21 couple things that were said, such as, peer-to-peer,  
22 everybody's talking peer-to-peer, and  
23 student-to-student, and making good choices, and  
24 helping people.

25 I think that we're all here, and it's a wheel

1 system, and we're all spokes in a wheel. And if we  
2 can keep all those spokes strong, it's going to keep  
3 continually to roll positively.

4 But if we take out certain spokes, then, all  
5 of a sudden, it doesn't run as smoothly.

6 And from a law-enforcement aspect, as well as  
7 a D.A.R.E.-officer aspect, I have the privilege of  
8 being able to work with these students at a young  
9 age. And then, unfortunately, also deal with  
10 families and teenagers that make bad choices down  
11 the road.

12 And if we could implement programs before  
13 they have to have the -- before they become  
14 addicted, and we can implement situations where they  
15 can make safe and responsible decisions ahead of  
16 time, then we wouldn't have to handle the other  
17 problems that come down the road.

18 And I think, as a parent of my own, if I turn  
19 around and could say, Yeah, I want my child to get  
20 this education or get this information ahead of  
21 time, so that they make a better decision; because,  
22 again, if we get students at age 12, 13 years old  
23 making good decisions, than, we have already stated,  
24 some of the letters, kids were making bad decisions  
25 at 14 years old.

1           That means, if we can get to them at the age  
2 of 12 and still work with them, if -- the D.A.R.E.  
3 program, we have a 5th-grade core curriculum. That  
4 means 10, 11, 12 years old. They're getting --  
5 we're trying to connect parents and teachers and law  
6 enforcement together as a team, because I would  
7 prefer to help them ahead of time than to turn  
8 around and arrest them later.

9           That -- I -- as an officer, I want to help  
10 people.

11           So, if we can turn around, and whether it be  
12 this program, which I strongly believe in, and  
13 that's why I've done it as many years as I have, and  
14 I know Phil Povero believes it in very strongly,  
15 it's because we're getting to the students at a  
16 younger age, and we're getting them to connect with  
17 law enforcement in a positive manner.

18           And I personally have had students come to me  
19 and tell me things that were going to happen, and  
20 been able to prevent them, because they trusted me  
21 and because I was in the school.

22           They wouldn't be picking up the phone at the  
23 age of 12 or 13 and saying, Can I speak to  
24 Deputy Holland?

25           The thing is, is they saw me in school and

1 said, Hey, can I tell you something?

2 So having us in the schools, and having us  
3 involved with the programs, I strongly believe that  
4 we're helping kids at a younger age, which is, in  
5 return, helping all of us as family members.

6 SENATOR MURPHY: That's building that bridge,  
7 that's building that trust.

8 DEPUTY ROBERT HOLLAND: Absolutely.

9 SENATOR FUNKE: The fact for that little kid  
10 to be able to walk up to you, and seeing you in the  
11 schools, know it's cool.

12 But seeing you outside is, like, Oh, do I go  
13 up and say hello to him? Or (unintelligible).

14 I've seen it firsthand.

15 DEPUTY ROBERT HOLLAND: I mean, exactly.

16 And how many as adults?

17 If there's a -- if a police officer's sitting  
18 in their patrol car, are they going to walk up and  
19 say "Hi" to them?

20 But I'm also on bike patrol. When I'm on my  
21 bicycle, everybody talks to me, you know, because  
22 I'm available.

23 So as a D.A.R.E. officer, I want to be  
24 available for the kids at 12, 13, and 14, so that  
25 I don't have to, unfortunately, make another

1 decision as a law-enforcement officer, at the age of  
2 15, 16, or 17.

3 KAREN SIMON: I do want to make a comment  
4 here, that, in 2008, when state funding was  
5 eliminated, a small group of D.A.R.E. officers got  
6 together and continued to offer training.

7 It took us two years, and a grant from  
8 Senator Nozzolio, to get that up and running.

9 But there are, probably, about six of us who  
10 really are spearheading the program. We offer  
11 training, and we keep records, and we do that.

12 We're completely non-profit, no salaries, and  
13 we do it as volunteer.

14 So while that's good, I don't know if it will  
15 sustain itself once that small group of people move  
16 on to other things.

17 So it's something to think about, whatever  
18 program that people take, it has to have  
19 sustainability, and there has to be some kind of  
20 structure there, and accountability.

21 SENATOR FUNKE: Thanks, Karen.

22 Doctor, thank you.

23 I don't think I'd ever say to a doctor,  
24 "Thank you for your patience."

25 [Laughter.]

1           SENATOR FUNKE: Thank you for being here.

2           And I know you see the worst of it at the  
3 other end.

4           DR. JEANNE BENO: Well, unfortunately, we do.

5           For those in the audience, my name is  
6 Dr. Jeanne Beno. I direct the forensic toxicology  
7 laboratory at the Monroe County Medical Examiner's  
8 Office.

9           And we are a regional laboratory that  
10 performs post-mortem testing to determine cause and  
11 manner of death.

12           And we also do, for eight counties, the  
13 testing of alcohol -- or, excuse me, of blood and  
14 urine samples for alcohol and drugs in  
15 driving-impairment cases.

16           And then, finally, we do cases of  
17 drug-facilitated sexual assault.

18           So heroin isn't a new problem, of course.

19           In Upstate New York, it's been here a long  
20 time, but the magnitude of the problem has risen  
21 precipitously in the last few years.

22           The current rise began in the mid-2013.

23           For several years prior to that time, our  
24 region averaged one or two heroin fatalities a  
25 month.

1           Actually, I should say, it began in mid-2012.

2           In July of 2012, we had a sudden bump up to  
3 four fatalities. We thought it was odd, but, in  
4 August, it dropped to zero, so we thought, okay,  
5 it's just an anomaly.

6           But, unfortunately, in September of 2012, it  
7 rose again. And since then, we have never had fewer  
8 than two fatalities in a month. We've had as many  
9 as 21 fatalities in a month, in October of 2014.  
10 And, in fact, in a three-week period, at the end of  
11 October and beginning of November of 2014, we had  
12 29 fatalities, all in Monroe County.

13           Enormous, really unprecedented.

14           Heroin deaths in our region span all  
15 socioeconomic groups and all regions of the county.  
16 There isn't a township in our county that's been  
17 spared and is free of the problem of heroin  
18 addiction.

19           Victims range in age, from 18 to their late  
20 60s.

21           The median age of individuals dying from  
22 heroin addiction has been falling, suggesting what  
23 some of the other speakers have said about the  
24 younger age of heroin abuse.

25           Three-quarters of the decedents are male.

1           The problem is more significant in Caucasians  
2 than it is in other races, with 87 percent of the  
3 victims in 2014 being Caucasian, and that compares  
4 to the 2010 census data for Monroe County, which  
5 indicates that 76 percent of our population is  
6 Caucasian.

7           So Caucasians are overrepresented, and the  
8 other races are underrepresented, in terms of their  
9 population. I don't have any idea why there's that  
10 difference.

11           The rising problem of opiate abuse affects  
12 individuals other than the addicts and their  
13 families. It affects the population countywide,  
14 because opiate addicts drive. And so we have had,  
15 in the last two years, a 100 percent increase in the  
16 number of drug-driving cases with individuals who  
17 are driving under the influence of opiates.

18           And I'm sure any of the police officers who  
19 have been here tonight could tell you that they make  
20 very poor drivers indeed, and pose a significant  
21 risk to anybody else that's on the road.

22           I provided you some handouts.

23           As you can see, we investigated 11 heroin  
24 deaths in 2011, 30 in 2012, 67 in 2013, and an  
25 astronomical 95 deaths in 2014.

1           Now, historically, increases in deaths due to  
2 heroin in a region are usually associated with an  
3 increase in the purity or availability of the drug.

4           And what is sold on the street, and referred  
5 to, after somebody dies, as "bad heroin," is  
6 actually, far more often, really good heroin. And  
7 that makes it very attractive or desirable to other  
8 addicts.

9           So if somebody died, it must be really good  
10 "S," and then, you know, they want it.

11           But beyond that, what has been a classic  
12 problem in drug abuse, I mean, you never know what  
13 you're going to get when you go out there and buy  
14 it: what's the purity today versus tomorrow?

15           We moved into really uncharted territory in  
16 December of 2013 with the sudden wide availability  
17 of heroin cut with the synthetic opiate fentanyl on  
18 the streets in Rochester.

19           At times, what was sold as heroin -- so,  
20 I mean, in my graphs, I'm calling all these  
21 "heroin-related deaths" -- some of them had no  
22 heroin at all.

23           However, based on the history, and the fact  
24 that of their history of use, what was found at the  
25 scene, and everything from our investigations, we

1 believe that they believed that they were using and  
2 buying and using heroin at the time they died. But,  
3 quite a few of them had only fentanyl, or fentanyl  
4 was the dominant opiate, in their deaths.

5 So, in 2014, 50 of the 95 heroin deaths  
6 contained opiate -- or, contained fentanyl in  
7 significant quantity.

8 The deadliness of fentanyl derives from the  
9 fact that it is a synthetic opiate that is 50 times  
10 as potent as heroin.

11 Now, when we say it's "a synthetic," it means  
12 it can be manufactured in a laboratory. A good  
13 chemist can manufacture fentanyl.

14 In the 1980s, there was a drug in  
15 California called "alpha-methyl-fentanyl," or,  
16 "China White," that killed quite a few people. And  
17 it was manufactured by very good chemists from  
18 Berkeley or UCLA, who found that they could make  
19 better money by manufacturing these drugs than they  
20 could in a legitimate job and industry.

21 So that potential is actually out there for  
22 fentanyl, and for other derivatives of fentanyl that  
23 are, potentially, much more potent. There are known  
24 derivatives of fentanyl that are 10,000 times as  
25 potent as heroin.

1           I think the only thing that might prevent  
2 those from ever appearing on the street is the  
3 difficulty for the individual who would be selling  
4 it, to even handle it and not die themselves.

5           But, nonetheless, from a toxicologist  
6 standpoint, this is an enormous potential problem.

7           And the fentanyl right now is coming from --  
8 you know, most of the drugs we are dealt with, such  
9 as the -- when we deal with the prescription-drug  
10 abuse, it's diversion of legitimate prescriptions or  
11 thefts of drugs from a pharmacy.

12           Here we are -- have something being  
13 synthesized, and being shipped across the borders,  
14 and of a drug that has just tremendous potency.

15           And we have others that could be manufactured  
16 that could be many, many times worse.

17           And, that, as a toxicologist, is an enormous  
18 concern.

19           And one of the problems during -- in this  
20 epidemic is the rapid dissemination of information  
21 on these drugs.

22           There was a week in March when we had  
23 six people die in a couple days. That sort of threw  
24 alarm bells at the Medical Examiner's Office.

25           We happened to have powder from one of the

1 individuals. They were all smoking crack. That was  
2 very unusual. We actually had, three of the  
3 individuals died with a crack pipe in their hand.

4 Very -- never seen that before.

5 Analyzed the drug, and there we found that  
6 individual -- that cocaine was cut with fentanyl.

7 Now, we were able to --

8 SENATOR MURPHY: Cocaine was cut with  
9 fentanyl?

10 DR. JEANNE BENO: -- yes, which, of course,  
11 is a new ball game, because an opiate abuser may go  
12 into, you know, buying heroin, and get fentanyl  
13 instead, but at least they have, potentially, some  
14 tolerance to the opiates.

15 If you are only a cocaine user, if you are  
16 just a recreational weekend cocaine user, and you  
17 get fentanyl in your cocaine, you're dying. You're  
18 dead.

19 SENATOR MURPHY: It's a game-changer.

20 DR. JEANNE BENO: It's a game-changer,  
21 absolutely.

22 And when we look at, you know, national data,  
23 the issue with fentanyl in heroin has been going on  
24 for well over a year in our area, and many other  
25 areas of the country.

1           It wasn't until March of this year, 2015,  
2           that the DEA sent out a national notice, warning  
3           about the dangers of fentanyl in heroin.

4           Well, you're way too late to the game.  
5           I mean, it's been going on for a very long time.

6           And if that's the kind of information we  
7           have, if laboratory analysis and dissemination of  
8           information is that delayed, we have far, far too  
9           many people die that -- needlessly.

10          So, really, my primary point today is to say,  
11          we are blessed in this area with many dedicated  
12          professionals in the Medical Examiner's Office,  
13          the forensic toxicology laboratory, and the  
14          Monroe County Crime Laboratory.

15          But all of us, like many of the other  
16          speakers here, are really strapped at this point for  
17          resources.

18          And the potential problems that await down  
19          the line are enormous. And if we do not have the  
20          funding to maintain the ability, and develop  
21          additional abilities, to test for these drugs, and  
22          many of the new drugs that may be out there, we'll  
23          never know in time to save anybody, what the problem  
24          is.

25          So I really want to voice my concern about

1 falling funds or evaporating funds in support of  
2 forensic laboratories and forensic operations.

3 And then I would also -- since  
4 Jennifer Faringer was mentioning the issue of  
5 gateway drugs, I would just like -- again, as a  
6 toxicologist with, you know, 35 years' experience in  
7 this field, I would like to caution you about the  
8 issue of medical marijuana, and the possibilities of  
9 legalizing marijuana in this state.

10 When we hear all the rhetoric about how safe  
11 marijuana is, and people referring to literature  
12 this, literature that, they are talking about  
13 literature for a different drug than we are talking  
14 about now.

15 In the states that have legalized marijuana,  
16 it is not uncommon now to find marijuana that is  
17 20 or 25 percent THC. That's the active-ingredient  
18 content.

19 When you look back at studies that people  
20 refer to from 15 or 20 years ago, 1 3/4 to 3 percent  
21 THC content in marijuana for those studies.

22 We have no idea what the effects of a drug of  
23 that potency are, because there have never been any  
24 studies, whatsoever, done with marijuana with that  
25 potency. They wouldn't be allowed by an

1 institutional review board.

2 So once you step down that road, you step,  
3 and it's a difficult path to retreat from.

4 So I would go very, very cautiously.

5 That would be my recommendation.

6 Thank you.

7 SENATOR MURPHY: Quick question for you, Doc,  
8 if you don't mind.

9 SENATOR FUNKE: Sure.

10 SENATOR MURPHY: Is there a database that you  
11 can get information from, of statistics, as a  
12 medical examiner, of overdoses here in Rochester  
13 versus out in Syracuse, versus down in the  
14 Hudson Valley, versus in Long Island?

15 Do you guys have the capability, or is there  
16 something that we should be doing as legislators to  
17 try and facilitate something?

18 Because, then, you can all kind of be  
19 figuring out, holy crap, something new is coming up.

20 DR. JEANNE BENO: We do have an organization  
21 of crime laboratory directors for New York State,  
22 under Division of Criminal Justice Services.

23 And we do have an assoc -- a subgroup of  
24 that. That's the directors of the Public Forensic  
25 Toxicology Laboratories in the state.

1           So, we do share information.

2           However, I would tend to say that, in  
3 Monroe County, we have more data, and more  
4 up-to-date data, than any of the other labs in the  
5 state. We put a huge effort into collating this  
6 data.

7           Most of the labs feel that they don't have  
8 the resources to actually put into that.

9           And then one of the issues in medical  
10 examiners' offices is that, you know, when I put out  
11 data at the beginning of this year, on 2014, I was  
12 getting calls from other areas of the country,  
13 going, You know, we have the same problem with  
14 heroin and fentanyl in our area. How are you  
15 getting this data out so quickly?

16           And I just said, Because we're just plain  
17 killing ourselves.

18           And because of the association, you know,  
19 the close relationship I have with the  
20 Medical Examiner's Office, our laboratory is in  
21 the Medical Examiner's Office, you know, I'm --  
22 I work with them every day. We talk about the cases  
23 every day. I get to hear the investigative data.

24           And I have input as far as the final  
25 determination of cause and manner of death in any of

1 the opiate-related cases.

2 So I can actually, kind of, go ahead of them  
3 and put out data on deaths, when a great many of  
4 these cases aren't finalized yet.

5 So I could not -- you know, and it's probably  
6 upsetting at times to families, that we're putting  
7 out stats on 2014, but they still haven't gotten  
8 a finalized death certificate from the  
9 Medical Examiner's Office, is because I'm taking  
10 those stats, independent of any particular  
11 individual's name or identity, and saying, Yeah, we  
12 have this real problem, and this is the magnitude of  
13 the problem.

14 But, again, that's an issue of resources,  
15 that there's enough staffing and help in the MEs'  
16 offices to get these cases out, because it's not  
17 uncommon that data from the medical examiner's  
18 office is nine months to a year late.

19 SENATOR MURPHY: Oh, I can't get some of the  
20 data.

21 But this is great, this is fantastic.

22 That's the first time I've heard, you know,  
23 cocaine and fentanyl being used (unintelligible).

24 You've got one stimulant, and then you have  
25 fentanyl. People don't know it's used for

1 anesthesia. It puts you to sleep.

2 So you got one that's, you know, bringing you  
3 down; another one's -- no wonder why they're dying  
4 with a pipe in their hand.

5 DR. JEANNE BENO: It's always been common to  
6 mix heroin and cocaine. That's been a very common  
7 combination.

8 And -- but we actually, the week that this  
9 happened, we called a press conference on Friday,  
10 because we were really worried -- with RPD and  
11 Monroe County Sheriff's, because we were really  
12 worried, Well, you know, we're going to the weekend.  
13 People recreationally using cocaine on the weekend.  
14 If they use this stuff, you know, we're going have a  
15 whole slurry of people dying.

16 And the press, in covering it, were saying,  
17 Well, you know, they're referring back to another  
18 case where there was cocaine and fentanyl.

19 They weren't quite getting it.

20 The difference here was, you know, in all the  
21 historical use, people get their heroin, they get  
22 their cocaine, they mix them up together and inject  
23 them, or, they inject one, and then the other.

24 This was just a total unknown. You had no  
25 idea you were getting fentanyl, or any kind of, you

1 know, narcotic in with your cocaine, which is what  
2 turned it into a total Russian Roulette.

3 And, obvious, just from the fact that  
4 somebody could be smoking, and die with the pipe in  
5 their hand, means the death was extremely rapid.

6 And all our efforts with naloxone and other  
7 attempts to treat probably would not have been  
8 successful in that kind of speed of that kind of  
9 death.

10 OFF-CAMERA SPEAKER: The common name for that  
11 is a "speed ball."

12 DR. JEANNE BENO: Right.

13 OFF-CAMERA SPEAKER: Senator Murphy, if  
14 I could add, my company actually supplies body-bags  
15 to many counties all over New York State.

16 There was a shortage this year. That's how  
17 bad and serious it is.

18 I know you won't ever forget that.

19 SENATOR MURPHY: Hmm.

20 SENATOR FUNKE: I want to thank all of our  
21 speakers tonight, and their dedication and  
22 willingness to work together to come up with  
23 solutions.

24 It's clear we need more education.

25 It's clear we need more dollars invested, on

1 the state level, for programs like D.A.R.E., and  
2 other programs.

3 It's clear that we need more treatment  
4 facilities, and better treatment facilities, in our  
5 own community.

6 It is clear to me that we need tougher laws,  
7 and that we need better insurance.

8 And it's also clear that we need greater  
9 compassion and understanding.

10 We'll take what we learned here.

11 It's great to talk about it.

12 It's much better to do something about it.

13 And I know Senator Murphy and Senator Ortt  
14 and Senator Amedore are devoting a lot of time to  
15 this, and we will get something done.

16 Thanks for everybody's input.

17 And if you've got those lists of  
18 recommendations, too, we'd like to see those, too,  
19 that you had as well, Karen.

20 Thanks everybody. Appreciate you coming.

21 [Applause.]

22 (Whereupon, at approximately 9:15 p.m.,  
23 the public hearing held before the New York State  
24 Joint Senate Task Force on Heroin and Opioid  
25 Addiction concluded.)