

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
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7
8 Niagara University
9 Dunleavy Hall, Room 127
5795 Lewiston Road
Niagara University, New York 14109

10 May 7, 2015
11 4:30 p.m. to 6:00 p.m.

12 PRESIDING:

13 Senator Robert Ortt, Co-Chair
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1 SENATOR ORTT: All right.

2 Good evening -- or, good afternoon, I guess.

3 First of all, I want to thank all of you for
4 being here. This is the third heroin forum --
5 heroin and opioid addiction forum that we're having
6 across the state.

7 Last night we had one in Rochester.

8 Tonight, obviously, this is the third
9 hearing, at Niagara University.

10 And then there will be one more, in June, in
11 the Albany area.

12 There will probably be several others in the
13 fall, maybe late summer.

14 Obviously, this is -- has come about because
15 of the growing epidemic that we see across our
16 state, and even across the country, when it comes to
17 heroin and opioid addiction.

18 For those who don't know, I am
19 Senator Rob Ortt. I suspect it says that here,
20 but -- and I'm joined by a great panel here tonight
21 who I will introduce as they come up.

22 I want to thank Niagara University for
23 hosting this.

24 Before we get started, just a couple
25 housekeeping items.

1 The bathrooms are in the back, I believe,
2 right at that back corner over there.

3 And, certainly, for the presenters, if
4 there's not enough microphones, we can share
5 microphones, you know, pass them along.

6 Before we get started, though, I want to call
7 attention to kind of a separate item, but I think
8 it's important.

9 I want you -- I ask everyone to join me in
10 remembering John Levulis.

11 John was a graduate of Niagara University's
12 Class of 2012. He was an outstanding member of his
13 ROTC class while here at Niagara University, and was
14 serving as a first lieutenant in the United States
15 Army.

16 On Friday, May 1st, while traveling in a
17 military convoy to Joint Base McGuire-Dix-Lakehurst
18 to conduct mounted-gun retraining, the vehicle
19 First Lieutenant Levulis was traveling in was struck
20 by a civilian vehicle.

21 Today, First Lieutenant Levulis passed away
22 from the injuries he sustained in that accident.

23 Three other soldiers are recovering from
24 their injuries.

25 I just ask you to join me in a moment of

1 silence to remember First Lieutenant Levulis.

2 (A moment of silence is observed.)

3 SENATOR ORTT: Thank you.

4 In the interest of -- I want to go over sort
5 of the program, so those understand.

6 In the interest of time, you know, this is
7 one of those -- I was at the hearing last night at
8 St. John Fisher.

9 And everyone up here, a lot of folks here who
10 have personal stories, and there's folks here who
11 are dealing with this on the front lines. We have
12 service providers, we have law-enforcement
13 officials, we have folks in our criminal justice
14 system.

15 And the goal, obviously, is for all of us to
16 learn, to gather information. Certainly, that's why
17 I'm here.

18 However, we could probably be here till
19 midnight, if we wanted to be, going over this.

20 So what I would ask is, the presenters, just,
21 if you can be mindful of your time, because we have
22 several we want to get through, you know, in a
23 timely manner.

24 So, I want to thank Niagara University,
25 I want to thank Father Marr (ph.), and

1 Father Leveck (ph.), for opening this up to us and
2 allowing us to have this here.

3 Heroin addiction, as most of you know, is a
4 problem in our -- is a growing problem in our
5 communities. It is making its way into our schools,
6 tearing families apart, and destroying lives.

7 What was once a hard, but relatively
8 inaccessible drug, has now transitioned into a cheap
9 and widely available drug that's made it
10 exponentially more deadly.

11 It is time to focus on more effective
12 prevention and treatment programs in order to combat
13 this epidemic, improve the lives of those affected.
14 and take back our streets from the drug dealers.

15 This is happening everywhere: upstate,
16 downstate; rich, poor, middle-class; urban,
17 suburban, rural.

18 There's probably not a parent or a family
19 member who has lost a loved one, or has had a loved
20 one go through this, that probably didn't -- at one
21 time, didn't think, Not my kid. Not my family
22 member.

23 That's what is so insidious about this. It
24 has really changed from a drug that was injected
25 through needles, to a much more accessible form,

1 whether it's through pills or snorting or what have
2 you.

3 The Heroin Task Force will continue to
4 examine the issues facing communities in the wake of
5 increased heroin abuse.

6 The Task Force will hold forums, such as
7 this, meet with experts, and evaluate what State
8 measures may be needed to further reduce drug abuse
9 in New York.

10 I do want to say, too, I wish there was one
11 thing that we could do. I wish could I tell you
12 there's one thing we could do and fix this, or that
13 there were three things that we could do to fix
14 this.

15 But as I know, many of you know, and the
16 panelists certainly up here can tell you, there is
17 not just one thing; there's no silver bullet.

18 It's going to be an ongoing conversation, and
19 probably a series of measures, to try to address
20 this.

21 One of the biggest, though, is certainly
22 education for everyone here, and getting the word
23 out.

24 We will build upon the tremendous work
25 conducted by former-Task Force Chairman

1 Senator Phil Boyle, Vice Chair Senator

2 Mike Nozzolio, and Senator David Carlucci.

3 We need to increase awareness and prevention
4 efforts, and make sure that treatment and recovery
5 options are available to those who need them.

6 And one key budget item, recently, we were
7 able to provide school nurses with Narcan, and train
8 them in administering the heroin antidote.

9 This is a pretty incredible drug that,
10 literally, can take someone who, in all other
11 facets, is gone, and bring them back.

12 And I know for a fact, as I'm sure some of
13 the folks up here will tell you, it absolutely has
14 saved lives.

15 Specifically, we are looking at working with
16 insurance companies to cover drug-rehabilitation
17 treatment up to 90 days; use proceeds from drug
18 seizures to purchase Narcan, fund school resource
19 officers and youth drug-prevention programs;
20 facilitate interagency cooperation among
21 law-enforcement groups; create state funding for
22 local drug units; stiffen penalties for dealers; and
23 boost funding for the State Office of Alcoholism and
24 Substance Abuse Services.

25 Several weeks ago, actually, members of my

1 staff joined other legislative workers to receive
2 training on the utility and administration of
3 Narcan.

4 Just a couple statistics.

5 Recent opiate statistics show a pressing and
6 urgent need to find a solution to the statewide
7 epidemic.

8 Deaths from opiate overdoses are increasing
9 across the state, with 34 suspected opiate deaths in
10 Erie County so far this year, including 13 in just
11 one week.

12 In New York City, the most recent statistics
13 available showed that for the second straight year,
14 heroin deaths surpassed homicide, with 420 people
15 dying from heroin overdoses, compared to
16 335 homicides, in 2013.

17 The High-Intensity Drug Trafficking Areas'
18 2015 threat assessment provides significant
19 findings.

20 Drug-involved overdose deaths increased
21 32 percent in Niagara County, from 105 to 2012 --
22 105 in 2012, to 139 in 2013. Niagara County has one
23 of the highest rates of hydrocodone and oxycodone
24 prescriptions, and, of course, the district's
25 proximity to the Canadian border certainly makes it

1 a hub for these types of threats.

2 Without further ado, I guess I will start the
3 panel.

4 I do have one change.

5 I know State Supreme Court Justice
6 Richard Kloch has another engagement to go to, and
7 so in the interest of his schedule, we will start
8 with Judge Kloch.

9 Judge.

10 JUDGE RICHARD C. KLOCH: Thank you, Senator.

11 Senator, I want you to know that where I'm
12 going after this presentation, is to a function at
13 Lockport High School, kindergarten to 5, that,
14 initially, you were supposed to be at.

15 So I am the chief fill-in for you, Senator.

16 My daughter --

17 SENATOR ORTT: They got an upgrade, I think.

18 JUDGE RICHARD C. KLOCH: My daughter will
19 accompany me, and we're going to be talking about
20 role models and heroes.

21 Senator, I would like to thank you for
22 conducting this forum on an issue of such importance
23 to the health and welfare of so many New Yorkers.

24 Heroin and opiate addiction has risen
25 dramatically over the last several years. This

1 growth in abuse has been fueled by the affordability
2 of heroin, particularly when we have seen that the
3 product is being cut or laced with fentanyl of
4 dubious quality.

5 Fentanyl, as we know, is a poison. It is
6 manufactured cheaply, and because of no adherence to
7 standards, can be extremely fatal if used even once.

8 The increase in overdoses we have seen in the
9 state and locally can be attributed recently to,
10 I believe, fentanyl poisoning.

11 Now, my comments will be chiefly directed to
12 the recent increase in heroin abuse.

13 Prescription-opiate issues are another
14 subject of particular pain to those afflicted and to
15 their families.

16 Others I know will be more qualified to speak
17 of the problem today, the problems attendant with
18 prescription-drug uses.

19 But with both heroin abuse and other opioid
20 abuse, I find, many times, that the defendant in
21 front of me, while they're charged with possession
22 or sale of drugs or some other criminal offense, is
23 an addict, a victim, hopelessly lost to an addiction
24 that robs an individual of dignity, health, family,
25 and steals one's very soul.

1 Recently, the New York State Attorney
2 General, with the dedicated work of the State
3 Police, Southern Tier Drug Task Force, and other
4 police agencies, conducted a drug-interdiction
5 effort, designated as "Operation Horseback," in
6 Chautauqua County.

7 49 individuals were indicted.

8 I was asked to preside over that prosecution
9 because of the large number of indictments.

10 I quickly discovered that many of those
11 charged were first-time offenders.

12 It was obvious, even at arraignment,
13 particularly at arraignment, that these individuals
14 were physically ill.

15 The prosecuting officers and the attorneys,
16 by that prosecution, not only decreased the flow of
17 drugs in that community, but, in many cases, saved
18 the lives of the very individuals arrested.

19 It's incumbent to me in those proceedings to
20 be always mindful that I am dealing with people, and
21 to be compassionate.

22 What is the message I will try to convey to
23 you, Senator Ortt, as a representative of the
24 New York State Senate?

25 This New York Legislature has provided to the

1 judiciary an effective tool in this war against
2 drugs by the enactment of Article 216 of the
3 Criminal Procedure Law: the judicial diversion
4 program.

5 When first enacted in 2009, there were many
6 judges in the New York judiciary who scoffed at the
7 law.

8 I remember, as a supervising judge, our
9 initial meetings were, really, the judges ridiculed
10 the law.

11 I believe it is safe to say that many in law
12 enforcement similarly believed that it would be
13 futile, perceived as a reduction, not a straining of
14 their efforts against drug dealers.

15 I'm here to tell you that the judicial
16 diversion program has been a success.

17 First, most drug indictments result in
18 convictions.

19 Convictions in my criminal parts throughout
20 the 8th Judicial District is probably at about
21 100 percent.

22 And, Mr. Violante, you will probably concur
23 that your rate of convictions for drug cases in
24 Niagara County is probably, if not at, 100 percent.

25 Second, many participants in a judicial

1 diversion program actually take advantage of the
2 opportunity offered by the drug courts, which make
3 up the diversion program, to save themselves from
4 addiction.

5 The feeling you get when you see even one
6 person, one person, saved from a life of addiction
7 and/or crime is indescribable. That only happens
8 because, again, the Legislature, in 2009, wisely
9 enacted the diversion program, and because of the
10 hard work that later was followed by drug courts in
11 the state.

12 Third, if an individual is not serious in
13 their efforts to cure their affliction and conform
14 to the law, with a conviction in hand, it's easy to
15 proceed to sentence.

16 Remember, the defendant, first, must plead
17 guilty before being eligible for diversion.

18 But I come here not only to praise the Senate
19 in regard to the passage of the diversion program,
20 but to tell you that more can and must be done.

21 Number one: Drug courts.

22 The success of the diversion program rests
23 squarely on the efforts of the drug courts.

24 In the 8th Judicial District, we have
25 fabulous drug-court judges and staff.

1 In my prepared statements, I've listed them
2 all. They include Judge Violante from
3 Niagara Falls, Judge Russell from Buffalo, and all
4 the other judges that make up the part of the
5 drug-court teams in the 8th Judicial District,
6 including county and family court judges.

7 Senator, it's imperative that the
8 New York State Legislature enhance the funding of
9 drug courts so that we can continue to help people
10 in dealing with addictions in the drug-court
11 setting.

12 Second: Probation funding.

13 By the very nature of the diversion program,
14 a participant is placed on interim probation for up
15 to two years. This allows the defendant to be
16 treated for the drug addiction, but also to show
17 adherence to probation supervision and standards.

18 Probation supervision is the key.

19 In 2007, I served as a member of the
20 Task Force on the Future of Probation in New York
21 State, appointed by Chief Judge Judith S. Kaye.

22 Let me, Senator, for you, since you weren't
23 in office then, read you a part of that task force
24 report.

25 "In New York State, one of the probation's

1 most taunting constraints is a startling lack of
2 resources. National academic and policy experts on
3 probation and community corrections have said for
4 years, that probation is the most underfunded part
5 of the criminal justice system.

6 "New York probation certainly illustrates
7 that point.

8 "Few, if any, New York probation departments
9 are funded adequately, in terms of having reasonable
10 caseload sizes for either adult or juvenile
11 probationers. Many lack the necessary resources to
12 pay for the essential community-based services
13 needed to prevent recidivism, such as drug
14 treatment, job and vocational training and
15 placement, and mental-health services.

16 "Again and again, the task force heard from
17 probation directors and other experts that almost
18 all probation departments constantly struggle to
19 control caseload size and triage necessary services
20 with little to no budget growth.

21 "Average caseloads for probation officers are
22 frequently well over 100-to-1, far above any
23 acceptable national standard.

24 "While this state of affairs is a national
25 phenomenon, it is especially pronounced in

1 New York State where, over the last two decades, the
2 State has systematically disinvested in probation.

3 "In 1986, New York State was reimbursing
4 county probation departments almost 47 percent of
5 their total budgets.

6 "Historically, the State provided almost half
7 of the county probation budgets, since almost half
8 of the adults on probation were convicted felons.

9 "And local probation departments were viewed
10 by the State as saving in the tremendous cost of
11 housing those offenders.

12 "For the state, probation offers the largest
13 alternative sentence to prison.

14 "In the late 1980s, this all started to
15 change. The State gradually and continually reduced
16 support for the local probation departments.

17 "Today, reimbursement to local probation
18 departments hovers around 18 percent, a staggering
19 withdrawal of aid over the last 20 years.

20 "The cumulative loss in State aid over this
21 period is difficult to calculate, but in the last
22 year alone, the State would have provided almost
23 \$130 million to counties, as opposed to the
24 \$52 million, the amount that now goes directly to
25 local probation departments that it actually

1 provides.

2 "Over the last two decades, the State has
3 provided less funding each year, and continues, and
4 counties have lost some hundreds of millions of
5 dollars in State aid.

6 "It's difficult to identify the reasons
7 behind this ongoing disinvestment. No similar
8 pattern in State funding to prisons, parole, or
9 state police is evident.

10 "In the final analysis, it is most likely the
11 case that the State systematically reduced funding
12 to local probation departments simply because it
13 could; that is, state policy and budget officials
14 assume, that if they withdrew aid from local
15 probation departments, then the local county
16 executives, the mayors, and legislators would have
17 to make up the funding shortfalls with the local
18 tax-levy dollars.

19 "As the State has withdrawn funds from
20 probation, local officials have struggled to make up
21 the budget shortfalls the State created.

22 "Even in tightly constrained local budgets,
23 county officials recognize the importance of having
24 at least minimally functioning probation departments
25 that supervise thousands of probationers in their

1 communities, and of having at least some ability to
2 provide timely reports to state courts.

3 "The probation-funding story then is a
4 classic one, of the State simply forcing costs down
5 to a county level, and of reaping some small budget
6 saving.

7 "The problem with this situation, however, is
8 that most counties have not made up the entire
9 shortfall from the State.

10 "As a result of declining State
11 reimbursement, almost all of the new money counties
12 have put into probation over the last two decades
13 has covered budget deficits in local departments;
14 thus, over time, counties have been unable to
15 adequately fund their departments, as the number of
16 probationers has risen, and the cost of technology
17 and information-system infrastructure has grown."

18 That's the end of what I want to read from
19 that report. It was a 2007 report.

20 What has happened since that report?

21 Senator, you weren't there, because you're
22 just new, but I'll tell you what happened since that
23 report.

24 Nothing.

25 Nothing!

1 This must change.

2 So, Senator Ortt, I would ask you to help us
3 fight this war on drugs by properly funding
4 probation, to be able to help people caught in
5 addiction.

6 The drug problem is a difficult one. The
7 front-line soldiers -- the sheriffs, agents,
8 officers -- are tireless in their attempt to stem
9 the flow of drugs.

10 In a period of time where some find it easy
11 to criticize police enforcement, they should be
12 recognized for the tremendous job that they do, the
13 dedication that they exemplify.

14 As always, being a soldier, you know this,
15 Senator: It is a foot soldier who wins or loses the
16 war.

17 As true professionals, they deserve you to
18 listen to their opinions, which I know that I would
19 join in completely.

20 Thank you, Senator.

21 SENATOR ORTT: Judge, thank you very much.

22 I know the judge has to depart, so, I thank
23 you for taking the time.

24 And tell the school over there I said
25 "Hello."

1 JUDGE RICHARD C. KLOCH: Thank you, Senator.

2 SENATOR ORTT: Before we go to the next
3 speaker, I do want to make a note.

4 One of my colleagues -- I have
5 three co-chairs. One of them -- well, both of them
6 could not be here.

7 One of them just had back surgery. He's from
8 the Albany area, Senator George Amedore. He is also
9 the chair of the Substance Abuse Prevention
10 Committee in the Senate.

11 But his chief of staff, Doug Breakell, is
12 here, somewhere.

13 I don't know if Doug wants to -- is he in the
14 room?

15 Oh, he's way in the back. All right.

16 So Doug's here. I want to thank him.

17 And I do believe we have a representative
18 from Senator Gallivan's office as well, who is here.

19 We also have numerous local elected officials
20 here, far too numerous for me to enumerate all
21 individually.

22 I just want to thank all the elected
23 officials who are here, not only for being here, but
24 for your commitment to helping us curb this growing
25 problem.

1 All right. Our next panelist is someone who
2 certainly is no stranger to this, our Niagara County
3 Sheriff, Sheriff James Voutour.

4 SHERIFF JAMES R. VOUTOUR: Thank you,
5 Senator, and thank you for the opportunity to be
6 here.

7 And I want to thank my colleagues who I work
8 with closely every day here, the chiefs of police of
9 our three major cities in Niagara County.

10 And although I may be the one talking at this
11 point, it's a team effort between the four of us for
12 these issues that we're talking about today.

13 Senator, I was asked to talk about some
14 statistics.

15 And I just want to share some, not entirely
16 accurate, but to the best of my ability, statistics
17 in Niagara County, and these for a time period, from
18 just January of 2015 until, pretty much, today.

19 As far as opiate-overdose deaths, we've had
20 three in the city of North Tonawanda, three in the
21 city of Lockport, five in the city of Niagara Falls,
22 and then in the twelve towns outside of those
23 cities, a total of four.

24 Those are 15 deaths from heroin, fentanyl, or
25 opiates.

1 SENATOR ORTT: That's this year?

2 SHERIFF JAMES R. VOUTOUR: Since January 1st.
3 We, obviously, have an issue.

4 I could spend a lot of time talking about the
5 issue, but I think we all know what it is and how it
6 works.

7 But I want to talk a little bit from a
8 law-enforcement perspective, the part that we deal
9 with on a daily basis.

10 We have a Niagara County Drug Task Force,
11 which encompasses, obviously, Niagara County
12 sheriffs' investigators, but also the city of
13 North Tonawanda detectives and Lockport detectives,
14 as well as Niagara Falls detectives.

15 City of Niagara Falls also has a drug task
16 force.

17 So between the two of us, we pretty much have
18 100 percent, with a couple small exceptions, of the
19 drug activity in Niagara County.

20 I've been on raids, where we knocked down
21 doors.

22 In fact, I was the one knocking down the door
23 for many years before I was sheriff, which
24 I actually miss doing. It was a lot of fun.

25 But, I've been on raids with all three of

1 these guys, as chiefs, where we go out with our guys
2 and boots on the ground, and we ask them what's
3 going on.

4 And I want to share with you the perspective
5 that the typical investigator or detective deals
6 with on a daily basis, which I think is critical.

7 One of the biggest problems that we have is
8 the dealer who gets diversion, and is back out
9 dealing the next day.

10 Now, I respect Judge Kloch. He is one of the
11 finest judges we have, and I'm sorry that he had to
12 leave.

13 And there is a place -- I do believe in
14 diversion. There is a place for addicts in
15 diversion.

16 There is no place, when our men and ladies
17 kick in a door, carrying big guns because we know
18 there's guns inside, and we put our life at stake to
19 protect your kids, and we grab a dealer with
20 100 hits of heroin, and he steps into court, says he
21 has a problem, and he steps out, back on the street,
22 and we're getting a search warrant for him again
23 three weeks later.

24 I have a problem with that, a big problem
25 with that; as do my colleagues.

1 Diversion has its place for users.

2 Diversion does not have a place for sellers.

3 A seller with heroin and fentanyl is no
4 different than someone that walked across this
5 campus firing a gun. Sooner or later, you're going
6 to kill somebody.

7 And how do we treat the guy with the gun? We
8 lock him up.

9 How do we treat the drug dealer? We put him
10 in outpatient services.

11 The services, I've seen their success, but
12 I've seen their failures.

13 I'm not here to say diversion doesn't work.

14 It does work, but it works for the
15 individuals who have problems, not the dealers.

16 The dealers are killing our kids.

17 And we're sick of chasing our tail, with
18 limited funding, to continuously lock them up over
19 and over and over again, so that they can come out
20 and just sell again.

21 Recently, one went into court.

22 And one of my investigators, I stopped in the
23 office and asked him how things were going, and he
24 was all frustrated.

25 And I said, What's wrong?

1 He goes, We had a dealer. We've been working
2 him on a wire. It cost a lot of money. We made a
3 lot of buys. He went into the court, and he told
4 the judge -- not Judge Kloch -- but he told the
5 judge he was in front of, that he was addicted to
6 marijuana. And he was set free.

7 And then our confidential informants were
8 telling him, my investigator, just days later, He's
9 selling again. He's back selling again.

10 He just walked out of court.

11 So, Senator, that's one of our issues.

12 Diversion is an excellent program, but we
13 have to separate the users and the sellers, and lock
14 the sellers up. I have plenty of room in the jail.

15 Of those overdoses in the -- in
16 Niagara County, in North Tonawanda, the use of
17 Narcan, they've had 10 total overdoses since
18 January.

19 And, again, these numbers could be a little
20 bit off, and I'll explain why in a minute.

21 They've had 10 overdoses: 3 deaths, as I said
22 earlier, but they've had 6 saves with Narcan.

23 City of Lockport, over a dozen overdose
24 cases. 12 saves and 3 deaths.

25 I think they saved somebody yesterday, Chief.

1 Correct?

2 I know we saved somebody two days ago.

3 If you don't know how this stuff works,
4 I watched it firsthand a couple of weeks ago.

5 It was a Sunday morning. I was in my office,
6 catching up on some work, because no one bothers me
7 on Sunday mornings. And a call came in very close
8 to the department, of an unresponsive female, not
9 breathing, possible overdose.

10 Since it was close to the department, and it
11 was Sunday morning, I responded very quickly from my
12 office. Got there within a couple minutes.

13 I personally carry Narcan myself.

14 One deputy beat me there. I watched as he
15 sprayed the Narcan up this young lady's nose, and
16 I watched her come to life in about five seconds;
17 from not breathing, unresponsive, to sitting up and
18 talking.

19 Does it give them a second chance at life?

20 Yeah, it does.

21 Does it mean they can possibly use drugs
22 again? It sure does.

23 But that was somebody's daughter.

24 And we'll continue to do those types of
25 things. It's very important that we have this

1 Narcan.

2 But more important, that we address the
3 people that are delivering the product: the sellers
4 of heroin and the sellers of fentanyl.

5 Niagara Falls also has had 5 deaths, as
6 I mentioned earlier, but they've had over 14 saves
7 with Narcan.

8 Out in the county, basically, the area where
9 my guys and gals patrol, the 12 towns, and this
10 includes the town of Lewiston police, the town of
11 Niagara police, we've had, since just January 1st,
12 27 overdose cases.

13 27.

14 We were able to save around eight or nine of
15 them. Four resulted in deaths.

16 These aren't your typical drug dealers
17 standing on the corner, like you all envision, and
18 I think you guys know that.

19 The case I spoke about where I witnessed it
20 working, I stepped in the bedroom and saw award
21 after award for athletics, of a young lady, very
22 pretty young lady, honor student, athlete.

23 These are the people that are being affected.

24 These are the people we have to get after.

25 Senator Ortt, a couple things I'd like to

1 see.

2 I know my second talking point was: What are
3 we going to do?

4 Law enforcement has to step up. We're not
5 doing a good enough job, we're not accurately
6 reporting.

7 We don't know - it took us a week to figure
8 out how many overdoses we had.

9 That's unacceptable, and I take
10 responsibility for that.

11 There's ways that it gets lost.

12 A call might be dropped in our computer as an
13 "unresponsive person," so it could be dropped as a
14 medical call.

15 Later we found out it's a heroin overdose,
16 and it's not changed in the computer.

17 We need a way to report it.

18 And why is reporting so easy?

19 Because to get where we want to go, we've got
20 to know where we've been. We have to know what's
21 going on out there.

22 Niagara County needs a central repository for
23 heroin and opiate overdoses.

24 We need a central place to collect this,
25 whether it be the health department, whether it be

1 Chief DalPorto, whether it be Senator Ortt, because
2 I'm sure he has nothing else to do.

3 But someone needs to collect this
4 information.

5 Secondly: This information needs to be
6 forwarded to our intel centers.

7 We're getting our intel centers, our criminal
8 intel centers, up and running. We're make progress
9 with that. It is the future of police work,
10 gathering intelligence, especially with social-media
11 availability.

12 But we need to be charting, mapping, looking
13 at the sellers, and who's providing these drugs to
14 each and every one of these overdoses.

15 I can tell, when you I started on the road,
16 when somebody overdosed, you went, you took a
17 report, you called the coroner, and you moved on to
18 your next call.

19 That's what we did.

20 These have to be investigated criminally,
21 every one of these.

22 I put a procedure in place about six months
23 ago at my department, where I have, any overdose,
24 I have to send out a criminal investigator and a
25 drug task force investigator, and we do everything

1 under the sun to find out who gave the drugs to this
2 person, so that we can, hopefully, bring criminal
3 charges and take that person off the street.

4 The third thing is funding.

5 We, unfortunately, and I hate to say this,
6 but we have to triage cases. We have to look at
7 drug dealers, and we have to figure out which ones
8 we can afford to go after. And that is sad.

9 There's just not enough money to go after all
10 of them, so we, literally, triage our drug dealers,
11 and figure out which ones we can go up on wires.

12 And a "wire" is when we get a search warrant
13 and listen to telephone conversations, and so forth.

14 They're very expensive, very time-consuming,
15 because you have to monitor those wires 24 hours a
16 day for an extended period of time, and, you have to
17 have boots on the ground doing surveillance, so that
18 when you hear something on the phone, you can go to
19 court and verify that what you hear is actually
20 happening by someone watching the suspect.

21 They're very expensive to do.

22 I know the AG's Office does not provide any
23 funding at the state level for wires, and that would
24 be a great source that we could go to.

25 The third thing I spoke about was the

1 diversion program, separating the users from the
2 dealers.

3 The dealers got to get locked up. They
4 belong in state prison. They have to get locked up.

5 We have to divide that up.

6 A user in diversion is fine. I've seen
7 success.

8 I've seen failure. There's a lot of failure
9 that goes on.

10 Thursday afternoon, I know that I'm going to
11 get, sometimes, 10 to 15 inmates in from the City of
12 Niagara Falls court, people that failed, and got
13 sent to jail. Every Thursday I get that.

14 That's not to pick on Niagara Falls. They
15 just happen to be the largest city and make up the
16 majority of the inmates at the Niagara County Jail.

17 But I know, every Thursday afternoon, the bus
18 gets filled up, and it's everybody that flunked out
19 of drug court gets to come to jail.

20 And, personally, the more the merrier,
21 because I know they're not selling to anybody in the
22 jail.

23 Finally, Senator Ortt, the last thing is, I
24 just want you guys to know that, from a
25 law-enforcement perspective, this bothers us. We've

1 all had, all of us, have had friends.

2 I -- I personally have friends, a well-known
3 businessman and a nurse, mother and father, great
4 people, whose son died a year ago from a heroin
5 overdose.

6 We take this personal.

7 Another recent case is, someone I didn't know
8 personally, but know all their relatives. And they
9 call me and ask me about it. You know, What can we
10 do, sheriff? What can we do to fix this?

11 It hits home.

12 And I just wanted to -- I hope that
13 I portrayed to this audience, the
14 boots-on-the-ground perspective, because not all --
15 the four of us here are all alike.

16 We hate sitting at a desk. We want to get
17 our hands dirty.

18 We all work the streets together, all four of
19 us. We're active law-enforcement leaders.

20 We ask our people what they need. We go out
21 with them. We watch what they do. We see the need.
22 We see people die in front of our eyes. All of us
23 have seen that. And we've seen the saves.

24 I appreciate the time to talk here, and
25 I would welcome questions when we get to that point.

1 SENATOR ORTT: Thank you, Sheriff.

2 I have two questions for you, Sheriff.

3 As far as the -- we talked about the dealers.

4 Last night in Rochester, the chief of police
5 from Brockport was there, and he was talking about
6 the same kind of thing, drug dealers.

7 In his experience, he was 14 years as a
8 narcotics police officer, a lot of the drug --
9 sometimes -- and this was brought up, sometimes you
10 do have people who will deal to get money, to then
11 go and buy more drugs for themselves.

12 SHERIFF JAMES R. VOUTOUR: Correct.

13 SENATOR ORTT: But a lot of times, he felt,
14 more often, you had dealers out there who were
15 simply dealing to make money. This was a business
16 to them. They didn't use, or certainly weren't
17 addicted, or whatever. These were people who were
18 business folks.

19 Is that your experience as well in a lot of
20 cases?

21 Or -- or, I guess, what might be the
22 breakdown, at least here in Niagara County, as far
23 as --

24 SHERIFF JAMES R. VOUTOUR: Exactly the same.

25 He couldn't have said it better.

1 You know, when you go in and do a search
2 warrant, and he has 100 or 200 packets of heroin, or
3 a couple of grams of crack cocaine, that's not
4 personal use.

5 You know, we don't go to McDonald's and buy
6 100 hamburgers.

7 If we buy 100, that means we're probably
8 giving them away or we're selling them to someone
9 else.

10 We buy one or two hamburgers.

11 It's the same thing with drugs. We see it
12 all the time.

13 I know that three of these guys all worked in
14 drugs. I mean, they see it as well.

15 There's a difference between users and
16 sellers, and the chief in Brockport is absolutely
17 correct. Most of those times, those guys are
18 business people, which is why they're cutting it
19 now.

20 In case you don't know, "cutting" it means
21 you're, basically, diluting it.

22 It would be no different, if you're in a
23 restaurant, if you put water in the A-1 Steak Sauce,
24 you're cutting the A-1 Steak Sauce.

25 They're taking heroin and cutting it with

1 fentanyl, because fentanyl's cheaper, and it's more
2 addicting.

3 So it's good business practice, because
4 you're luring your customer in, you're offering a
5 product at a reduced cost to you; therefore, your
6 profits go up.

7 And with the fentanyl, you're building that
8 addiction, so that customer comes back to you more
9 often.

10 If we had these people in the real world,
11 we'd have a great economy.

12 SENATOR ORTT: And last thing: We talked
13 about funding, Sheriff.

14 One of the things brought up to me last
15 night, I was not made aware -- I was not aware of
16 this before, was that, recently, the federal
17 government, and I'm not sure if it was an
18 expiration, if it was made by the DOJ, or if this
19 was a congressional, you know, legislative act, but
20 the federal asset-forfeiture law was recently either
21 expired or repealed, or what have you.

22 Now, the task forces, like a county task
23 force, can still, I believe, get funding, or have
24 access to this.

25 But, like, in the city of Niagara Falls, the

1 police department can no longer get that.

2 And Sheriff -- or, Chief, I think it was,
3 Varrenti, from Brockport, he felt that if the State
4 took action to pass legislation that mirrored the
5 federal asset-forfeiture law, that would go a long
6 way to funding the wiretaps and the very expensive
7 ways to go after these guys.

8 SHERIFF JAMES R. VOUTOUR: Right, it's a very
9 complicated question, Senator, but let me explain it
10 the best I can, quickly.

11 At the federal level, basically, on an asset
12 forfeiture, so, you -- you have -- you do a search
13 warrant, and a drug dealer has a lot of drugs and
14 he's got 10,000 cash. We typically will seize that,
15 because we can prove that it's profits of drug
16 sales.

17 We seize that, and we can use it for
18 law-enforcement purposes.

19 Generally, at the federal level, we'll get
20 about 80 percent of that, the feds take 20 percent
21 for processing, which is done through the
22 U.S. Marshals. It's a very fair breakdown.

23 What happened is -- well, let me back up.

24 We can also seize at the state level, but the
25 state -- the State of New York cuts it four or

1 five different times. And by the time everything is
2 said and done, a \$10,000 seizure would probably net
3 less than \$1,000 back to the police department,
4 because of numerous ways that they take a piece of
5 the action.

6 What happened at the federal level was done
7 with -- and this just appalls me -- was done with a
8 memo from Eric Holder, our former AG.

9 He wrote a memo that said, local law
10 enforcement can no longer ask the federal government
11 to take their -- to process their seizure, unless
12 the federal government has been involved in the
13 investigation from the beginning.

14 And many times we do joint investigations
15 with the DEA, which is a federal agency.

16 So if we're doing a joint investigation with
17 the DEA, nothing has changed with federal asset
18 forfeiture.

19 But in the past, when we do a local
20 investigation, like a lot of our investigations are,
21 and that same \$10,000, where we used to get \$8,000
22 of it to use towards law-enforcement equipment, or
23 buy money, or wire money --

24 Actually, we can't use it for wire money
25 because that would be salaries, and we can't use it

1 for that.

2 -- but, that has been taken away, and it was
3 taken away in a memo. It did not require any
4 congressional oversight. It did not require an
5 Executive.

6 It was taken away by the memo of the former
7 Attorney General, Eric Holder.

8 SENATOR ORTT: Okay. But there are certainly
9 things we can do at the State level on that, to help
10 out local police departments.

11 SHERIFF JAMES R. VOUTOUR: Yes.

12 And the State of New York is trying to get
13 rid of asset forfeitures altogether.

14 They want us to -- they think that -- when
15 I went and testified in New York City on this a
16 couple of months ago, in an Assembly hearing, and
17 I heard everybody testify that, you know, the cops
18 just go down the street, and if they see two cars,
19 one's a Porsche, one's a Chevy Chevette, that the
20 cops will pull over the Porsche and just seize it
21 for no reason.

22 I can assure you, that simply does not
23 happen. We don't take property for no reason.

24 We just don't do it.

25 But the Assembly listened to person after

1 person, because I sat there, say that that's what we
2 do, and they're all advocating for us not taking
3 anything from drug dealers.

4 So if the drug dealer that kills your son or
5 daughter has \$100,000 from drug sales, there's a
6 certain amount of legislators in New York State that
7 say we do not have the right to take that money, and
8 it should stay with them.

9 Thank you to the Senate for blocking that, by
10 the way.

11 SENATOR ORTT: I can tell you the sheriff is
12 100 percent right.

13 As somebody who is down in Albany on a
14 regular basis, there is a strong cohort of
15 legislators, mostly from the city of New York, who
16 feel that no one should go to jail, drug dealers
17 should keep their money.

18 They're much more concerned about the drug
19 dealer and about potential criminals than they are,
20 sometimes, or it seems, about their potential
21 victims or their actual victims.

22 So, Sheriff, I want to thank you for your
23 testimony.

24 SHERIFF JAMES R. VOUTOUR: Thank you.

25 SENATOR ORTT: Thank you for being here.

1 What we're going to do, as we go through each
2 panelist, I would just ask that, after we're all
3 done tonight, if the panelists could stick around.

4 Obviously, we have several members of the
5 audience.

6 And if we went through every question, we'll
7 have to get our sleeping bags and our pillows out
8 tonight.

9 So, in the interest of not doing that, what
10 I would ask is, if the panelists could kind of stick
11 around afterward, and the folks in the audience, if
12 you have a specific question for a member of the
13 panelists, I'm sure they would be happy to answer
14 that.

15 I do want to recognize, out of our three
16 police chiefs, Chief DalPorto, from our Niagara
17 Falls Police Department, he's going to be speaking
18 tonight.

19 However, we do have Chief Eggert from the
20 city of Lockport, and Chief Hall from the city of
21 North Tonawanda.

22 All three of these guys are just like the
23 sheriff, on the front lines.

24 And I want to recognize both the chief from
25 Lockport and chief from North Tonawanda, who I know

1 do a great job, and who, again, see this probably
2 all too often.

3 So, I apologize that we couldn't get everyone
4 to speak, but I'm glad you guys are here.

5 And, certainly, if you do have something you
6 would like to add to any of the testimony on this
7 law-enforcement aspect, feel free to chime in.

8 At this time, we will turn it over to
9 Niagara County District Attorney,
10 Mr. Michael Violante.

11 DA.

12 DA MICHAEL J. VIOLANTE: Thank you, Senator.

13 I'm going to go backwards, because something
14 came up that kind of hit home with me.

15 My office policy is, with regard to funds,
16 this is cash only. It doesn't deal with property,
17 including expensive watches and chains, and the
18 like, as well as vehicles.

19 But with regard to cash, that's found on a
20 defendant, where there's law-enforcement
21 interaction; that is, someone is arrested, part of
22 my office's plea policy is, no one gets a plea
23 unless they agree to surrender the right to the
24 cash.

25 So, in our own little way here in

1 Niagara County, we're trying to develop a way that
2 we can get the money away from these guys, hurt them
3 a little bit in the pocket, as well as, hopefully,
4 at some point in the future; that is, after they're
5 arrested and we prosecute them, that they can,
6 potentially, end up in jail.

7 But, generally speaking, the sheriff has it
8 right. Law enforcement, generally, has it right
9 with regard to the difference between dealers and
10 users.

11 I would say in 85 to 90 percent of the cases,
12 you can't tell one from another, unless you're
13 dealing with the drug-enforcement agencies,
14 including the federal and state agencies, where
15 there's a big guy, guy's much bigger than we
16 normally see around here, that's strictly a dealer,
17 and makes hundreds of thousands and millions of
18 dollars.

19 Most people on the street do both. They sell
20 a little bit in order to get enough for themselves.
21 They take a piece for the guy that gave them the
22 drugs, the front.

23 I give you the drugs, you don't pay me
24 anything.

25 That's fronting it.

1 You go out and sell it, and when you make the
2 money that you owe me, you bring it back, and for
3 that, I give you a little piece so you can go out
4 and smoke the crack.

5 That's generally with crack.

6 With regard to heroin, I don't think anybody
7 here is old enough to know this, but the cut, years
8 ago, was not fentanyl for heroin. It was something
9 that was akin to powdered sugar, and people weren't
10 dying. They were getting high from using heroin,
11 illegally, of course.

12 The whole game has changed.

13 The cut now is not something that's easy for
14 the system to accept, as well as the heroin itself.

15 The cut now is fentanyl.

16 Fentanyl kills you.

17 The Narcan, the Narcan is used to save lives.

18 The Narcan is being used more to save the
19 person from the over-abuse of the opiate fentanyl
20 than it is from the heroin itself.

21 By the time you -- that heroin is cut so much
22 before they use -- throw the fentanyl in it, it
23 wouldn't get you high for 10 seconds.

24 Now, realizing all that, we have to deal with
25 the frustration -- and the only judge in the

1 building left -- we have to deal with the
2 frustration of dealing with drug -- people charged
3 with possession or sale of drugs; whether it's weed,
4 it's some other form of opiate, it's pills.

5 And there's a lot of pills out there.

6 Even though Dr. Med is out of business,
7 there's a lot of pills out there.

8 And when someone comes before the court --

9 Probably most of you that have known me for
10 45 years, know that I was a defense attorney for a
11 long time.

12 -- it would be my responsibility to ask the
13 judge to consider my defendant, the guy standing
14 next to me, that paid me, or, if I was a public
15 defender, my obligation to him is to try to get him
16 the best deal possible.

17 If that's drug court, because I in my heart
18 believe that he belongs in a diversion program in
19 order to cure himself, so to speak, with the help of
20 others, of his addiction, it's my responsibility to
21 ask for such.

22 We're in a small county. Let me tell you how
23 easy this is.

24 The personalities of the local attorneys that
25 the judges trust have a lot to do with whether these

1 guys get drug court.

2 I'm not going to name names, but there's
3 several guys in Niagara County -- Lockport,
4 North Tonawanda, and Niagara Falls -- that have been
5 around so long, that the judges trust their input
6 with regard to what they claim about this particular
7 defendant, that their request to be screened for
8 drug court, judicial diversion, you can call it
9 whatever you will.

10 It's, basically, judicial diversion uses drug
11 court in order to effect or facilitate the person
12 getting into the program. If successfully
13 completing the program, it results in a reduction of
14 the charge, which is of great success for the
15 individual, and the people that help the providers,
16 the sponsors, for these people.

17 In veterans court we have a lot of drug
18 addicts. Several of them are alcohol -- some of
19 their addiction is alcohol-related. Their sponsors
20 are former vets.

21 We had -- vets court in Niagara County
22 started a year ago. It's on Thursday afternoons.
23 We've got about 25 guys in vet court.

24 The mentors in that court are former users or
25 alcoholics, that are vets. They work at the VA,

1 some of them as counselors, and others are just
2 volunteers. And it's fantastic to watch this go on.

3 So there are some good examples how these
4 programs that are State-run and State-funded can
5 help.

6 The basics, however, are: We need to try to
7 convince the court, and we do, as prosecutors, that
8 certain people belong in a diversion setting, and
9 some don't.

10 Let me give you an example.

11 The laws are written in such a way -- this
12 law of 2009, judicial diversion, is written in such
13 a way that only certain types of defendants are
14 allowed to even request a judicial-diversion screen.
15 They are non-violent felons. Generally, without
16 reciting them all, they deal with larcenies, they
17 deal with possession of stolen property, they deal
18 with possession of forged instruments. These are
19 thieves.

20 Thieves are allowed, according to the
21 statute, to request diversion, because they're
22 stealing in order to gain property, to go and sell
23 it on the street corner for \$20 so that they can go
24 buy drugs, in the simplest terms.

25 When we feel -- now, this is my call -- when

1 we feel that someone is charged with a violent
2 felony; for example, a house burglary, and it's a
3 young kid, and it's someone that we know through --
4 through, whether it's defense counsel and others, or
5 just defense counsel, that drug addiction is a
6 significant issue, if he's screened for drug court,
7 and he's otherwise accepted into drug court but for
8 the fact he's being charged with a violent felony,
9 I may choose, it's my decision, to reduce that
10 burglary second to a burglary third, which is
11 non-violent.

12 It's not a house -- house burglaries are
13 violent.

14 Burglaries of a garage, of your shed,
15 et cetera, are non-violent.

16 We do that on occasion. It's rare, it
17 doesn't happen often.

18 And I will tell you this: We become, and the
19 judges become -- Judge Sheldon, Judge Murphy,
20 Judge Kloch, Judge Violante in Niagara Falls,
21 Judge Watson in Lockport -- become very difficult
22 with people that are given a chance to get into
23 these programs, that don't belong in the program in
24 the first place but for my action as the district
25 attorney, and they find out that they end up in

1 state prison real quick. And it happens all the
2 time.

3 The sheriff just mentioned it.

4 Judge -- the reason that Thursday's a big day
5 for the sheriff to get bodies back from
6 Niagara Falls City Court, is that's the afternoon
7 that Violante has drug court.

8 So he's got 50 or 60 people in drug court.
9 They go into -- into -- at some setting, they go,
10 whether it's that day or the day before, to the
11 little makeshift lab that they have in Niagara Falls
12 City Court. They give their urine. They flunk the
13 urine test, and they end up sitting in the box
14 instead of in the audience. And after court's over,
15 they go stay -- they are invited to stay at the
16 Niagara County Jail for a week, to cool their heels,
17 come back into drug court.

18 If their -- if it's a first or second
19 indication of their inability to work with the
20 system, they may give them another chance.

21 When it looks like it's not going to work
22 out, they're resentenced to jail time, and they know
23 that before they get into the program.

24 But it's absolutely a joke what these violent
25 guys and/or -- violent guys, it isn't a joke,

1 because we don't let them into the drug programs.

2 But the people that talk in the jail, and the
3 sheriff hears it all the time, and when he talks to
4 his guys, to his COs, that work the jail, that's
5 all these guys talk about, is getting into diversion
6 so they can skip going to jail. They'll make
7 believe that they want to be involved with the
8 diversion program for a while so they can get back
9 on the street, whether it's to sell dope or it's to
10 commit other crimes.

11 We got a guy that breaks into cars every day.
12 Every day, he's on the street, he breaks into a car.
13 He gets locked -- and he's got a drug problem, but
14 he's also 60 years old.

15 I'm surprised he's lived this long. He
16 should be dead by now with all the dope that he's
17 used in his life.

18 But the point is, he gets back on the street.

19 There's no reason that guy should be on the
20 street.

21 So, we look at this in a different way,
22 prosecutors and law enforcement, in a frustrating
23 way, in an angry way at sometimes, is the fact that
24 the revolving door includes not only judicial
25 diversion, it includes the unwillingness of judges

1 to lock these guys up that belong in jail.

2 Even for minor crimes, petty-larceny-type
3 crimes, these guys that go boosting in the stores
4 and steal, in order to be able to sell whatever they
5 stole to buy dope, because it's a misdemeanor, they
6 get a \$500 bail, and, two hours later, they're back
7 on the street. And the next day, they're boosting
8 in the store so that they can get money to go out
9 and buy more dope.

10 A message should be sent to the people that
11 have the responsibility to keep some of these guys
12 and gals off the street.

13 We can only do so much.

14 We make recommendations, where necessary, on
15 violent crimes all the time, to keep people locked
16 up that have committed, or are accused of
17 committing, a violent crime.

18 The ones that slip through the cracks are,
19 generally, in the city courts, where their crimes
20 are minor, but they're persistent. They never stop.

21 While they're on the street, they're
22 committing crimes. They may get caught once today,
23 but they stole five times. They only got caught
24 once.

25 So, the persistence, and what that costs you

1 and I as taxpayers, what that costs the
2 law-enforcement agencies that have to chase these
3 guys around, rather than spending their time keeping
4 other communities safe, is a little frustrating.

5 But, Judge Kloch talked about judicial
6 diversion.

7 I want you to know it's here to stay.

8 My politics are very conservative.

9 Unfortunately, a lot of these laws that deal
10 with the way we treat individuals that are brought
11 to justice in a criminal courtroom are far more
12 liberal than my liking; including the way they
13 changed the drug-law penalties about five years ago.

14 I was never in favor of that. I'm not now.

15 Adding -- adding to -- adding to that problem
16 is, we can only do -- we do the best we can, by
17 making sure the people that we can prove crimes
18 against plead guilty to felony crimes where it's
19 possible.

20 The rest of it is left in the hands of the
21 courts, and we hope for the best.

22 But, the persistent -- the persistent use of
23 drugs in our society creates most of the larcenies
24 that you see, most of the break-ins.

25 Most of the car break-ins and the house

1 break-ins, and, the scrappers, the empty houses in
2 Niagara Falls, which there are hundreds of, the
3 copper thefts, we do what we can to make sure, when
4 we catch these guys, that we do what is possible to
5 lock them up so that that kind of activity stops.

6 And, frankly, for the past several months,
7 we've been doing a pretty good job on that;
8 Niagara Falls PD has.

9 And we have, I don't know, Chief, about four
10 or five guys locked up in state prison that were the
11 big players in that copper theft from the vacant
12 houses. And since they've been away, things slowed
13 down an awful lot.

14 So I assure you, that knowing -- knowing this
15 business as well as I do from both sides, there is
16 no simple -- simple answer to the question as how we
17 stop or prevent people from getting involved with
18 the use of, and then becoming addicted with,
19 narcotics; opiates in particular, opiates with
20 fentanyl involved which become deadly.

21 We're working on it.

22 Those that wish to help themselves, those
23 that wish to work with us at every level:

24 Misdemeanor; misdemeanor level and city
25 court, there's drug courts.

1 Felony level, there's judicial diversion.

2 Felony level, in county court as well, we
3 have veterans court, where we're helping guys that
4 fought -- fought the good fight for us, on behalf of
5 the military duty that they did for our country.

6 It's all related to substance abuse. It's
7 just a fight that we have to continue to fight.

8 Waging the battle is easy, because that's
9 what we do.

10 Winning the war is something else.

11 Money is always an issue.

12 I know Judge Kloch brought up an example.

13 We could always use more money.

14 We could always use more programs that are
15 funded by the State, that will be of assistance to
16 us in going through the work that the law
17 enforcement does, including the prosecutor's office.

18 We work hand in hand with the federal
19 government, with Bill Hockel from the
20 U.S. Attorney's Office, on a regular basis.

21 The sheriff and the local PDs from Lockport
22 and North Tonawanda and Niagara Falls work with the
23 DEA and the ATF regularly.

24 There's interaction in all of those programs,
25 and they're all after the time result, we hope; that

1 to get these bad guys off the street and keep them
2 in jail.

3 We just keep trying as hard as we can, and,
4 hopefully, we're winning some of the battles.

5 Thank you, Senator.

6 OFF-CAMERA AUDIENCE MEMBER: Senator, I don't
7 mean to change the way you're doing things, but I
8 am -- my son was a victim, just recently, March 6th.
9 Okay?

10 SENATOR ORTT: I'm very sorry.

11 OFF-CAMERA AUDIENCE MEMBER: And -- thank
12 you.

13 But I'm not here to listen to you guys pat
14 yourself on your backs, because I that know you guys
15 are doing all that you can. Okay?

16 Where -- where can we help?

17 Where do we come in?

18 Who do we go to, to say, Here, we want to go
19 to the Senate and the Legislature, and everything,
20 saying, We want this money to go here. This is an
21 epidemic. We want our money to go here.

22 I appreciate you all being here. That's
23 great.

24 But what I'm here to see what I can do, you
25 know, and what we all can do; not to hear what you

1 guys have done.

2 Let's see what we can do.

3 DA MICHAEL J. VIOLANTE: Why don't you wait a
4 minute, and I can tell you. I hope to tell you.

5 SENATOR ORTT: Just -- I can't let it turn
6 into --

7 OFF-CAMERA AUDIENCE MEMBER: But we --

8 SENATOR ORTT: -- but I can't, because there
9 has to be some order to it.

10 And so -- and, unfortunately, I have to be
11 the one to do that. I apologize.

12 But, first of all, the point is, the Senate,
13 in this case, is looking to try and find new
14 solutions to the issues, because we're not seeing --
15 obviously, there's more that needs to be done.

16 We're going to hear from families, after the
17 law enforcement -- we have law enforcement, we have
18 service providers, and we have families still to get
19 through.

20 And, certainly, for the family members who
21 are out in the audience, I think when you hear the
22 family testimony, that may help you identify from
23 other families, what you can do.

24 OFF-CAMERA AUDIENCE MEMBER: (Inaudible)
25 ideas too.

1 SENATOR ORTT: Well, absolutely.

2 And, certainly -- look it, I'm a state
3 legislator. I'm always open to receiving ideas from
4 constituents.

5 But part of the reason I'm here, just like
6 you, you know, is to also hear from these folks,
7 because that's going to inform what we do.

8 So you're not just hearing what they're
9 doing. I think you're hearing what their challenges
10 are as well, because, in those challenges, that's
11 where have I to step in or the Senate has to step in
12 to try to find some solutions.

13 And, again, you have to understand, this is
14 the law-enforcement component.

15 There's multiple components.

16 I can't tell you that there's one thing.
17 I said at the beginning, there is not one thing.

18 I know that grief demands some kind of an
19 answer, but I don't have one silver bullet.

20 And that's not what this hearing is going to
21 do tonight. It's not going -- we're not going to
22 walk out of here, feeling like, Whoa, we just solved
23 this thing.

24 That is not going to happen, nor is that the
25 expectation.

1 But I know, from my standpoint, I don't know
2 about heroin epidemic.

3 I mean, I don't know anything about heroin.

4 I'm learning about it. I'm learning more and
5 more about it.

6 Some of the folks in the audience, I'm sure
7 do know a lot about it, but there may be someone out
8 there that doesn't know about it.

9 And part of this, I think, is education,
10 because I think, ultimately, this is going to be --
11 these guys are getting after it after it's already
12 gone. Your kid's already addicted. Your kid or
13 your loved one is already moving along.

14 So part of this is to identify, as loved
15 ones, how we can stop it in the home, or address it
16 in the home.

17 But, certainly, if there's any family member
18 here who wants to send me something, or you have an
19 idea or you have a personal story that you think
20 I need to hear, by all means.

21 I wish I could hear them each individually
22 tonight, but, by all means, you know,
23 Ortt@NYsenate.gov, and, you know, we'll make sure
24 that that gets out.

25 But, again, Ortt@NYsenate.gov.

1 Call my office, at 434-0680. I'm in
2 Lockport, is my district office.

3 And call all your legislators. There may be
4 someone here I realize who is not from my district.
5 So reach out to Your State Senator or your Assembly
6 person.

7 As you heard the sheriff talk about,
8 sometimes different legislators in different houses
9 have different views on this stuff.

10 So it's important, at the end of the day,
11 we're going to always react to you, if you're
12 getting a lot of e-mails on one issue, or if you
13 hear a powerful story.

14 I heard a powerful story last night from a
15 mother and her son. Her son is now two years
16 without using heroin. I don't want to say he's not
17 addicted, because I'm assuming you're always
18 addicted, you always deal with that. But, he was
19 going to kill himself. And in this case, she was
20 able to save him.

21 I realize that doesn't happen all the time.

22 But, she was able to save him. And, quite
23 frankly, he's only here today because of her, and
24 he's lucky. I mean, to some degree, he's very
25 lucky. They were able to locate him before he ended

1 up --

2 So my point is, I heard that story, and that
3 resonated with me, and that affected me, and
4 affected how I think about this, and how I go
5 forward.

6 And so that's what I'm here, but I'm also
7 here to hear from the service providers, to hear
8 from the law-enforcement folks, to try to identify
9 ways to -- ultimately, to protect your loved ones,
10 which is why we're all here.

11 So -- and, again, we have -- you know, last
12 night in Rochester, we had about 20 people.

13 Tonight we have significantly more than that.

14 So, unfortunately, just the size of the crowd
15 and the size of the panel somewhat dictates.

16 But, again --

17 OFF-CAMERA AUDIENCE MEMBER: I didn't mean to

18 --

19 SENATOR ORTT: No, no, go ahead. It's okay.
20 It's all right.

21 OFF-CAMERA AUDIENCE MEMBER: Maybe I'm just
22 anxious, I'm not sure, I don't know.

23 SENATOR ORTT: Anxious is fine.

24 OFF-CAMERA AUDIENCE MEMBER: I'm grieving,
25 I'm still grieving.

1 SENATOR ORTT: No, I certainly understand.

2 Like I said, for any family member out here,
3 and you're going hear from -- on the personal side
4 tonight, you're going to hear from folks who are --
5 who will always be grieving. There's always a hole
6 when you lose a loved one.

7 Nothing -- nothing I do, unfortunately, can
8 ever bring that person back, and that's what sucks.

9 Okay?

10 So -- but thank you for your question, and
11 for your sharing your story.

12 Our last -- this is our last panelist on the
13 law enforcement side, is going to be Superintendent,
14 I guess is the actual title, Police Chief, top-cop,
15 in Niagara Falls, Bryan DalPorto.

16 SUPT. E. BRYAN DALPORTO: Thank you, Senator.

17 Good afternoon.

18 It's my great pleasure to be here today.

19 Like the Senator said, my name is

20 Bryan DalPorto.

21 I'm the superintendent of police for the city
22 of Niagara Falls, New York.

23 I will start off with a few things that came
24 up.

25 First of all, ma'am, I'm very sorry for your

1 loss.

2 But, that said --

3 Obviously, we're very sorry for your loss.

4 -- we in law enforcement don't often get an
5 opportunity like this to get the Senator's ear, so
6 I think, you know, we really owe him, from law
7 enforcement and the public, some thanks, that he is
8 willing to listen to what we think the problems are,
9 and then take to it that next level.

10 So I feel your frustration, but I do think
11 this is the building block to the fix that you're
12 looking for.

13 And I would realize -- you know, I realize
14 everyone's looking for instant gratification.

15 And if I were in your shoes, I would
16 certainly be the same way.

17 But I do think this is part of the solution.

18 I wasn't going to talk about this, Senator,
19 but since it came up, first of all, I'd like to say
20 I completely agree with what the sheriff and the
21 district attorney said, as I believe my counterparts
22 here, Chief Hall and Chief Eggert, would agree with
23 everything they said.

24 I will also tell you, I spent the majority of
25 my career investigating narcotics before I put this

1 white shirt on. And I will tell you, the narcotics
2 units throughout the county rely so heavily on that
3 asset forfeiture.

4 And any cut to that forfeiture would impact
5 the investigations, because we would have to divert
6 money away from other things to fund that, because,
7 obviously, we're still going to continue our fight
8 against illegal drugs.

9 So that asset forfeiture is crucial to the
10 fight against drugs, and I can't stress that enough.

11 It was very disappointing to hear, the memo
12 that the sheriff talked about, when that came out,
13 it was very disappointing, because, like the
14 sheriff, I know that that money, when seized, is
15 seized appropriately within the law.

16 So, anything that you could do to help us
17 out, I'm sure that would be much appreciated
18 throughout law enforcement, and I think it would
19 help everyone's cause.

20 Like many places across the country,
21 Niagara Falls has become a victim to the epidemic of
22 heroin and opiate abuse, addiction, and death.

23 This epidemic, in my opinion, has grown to a
24 scale so large, it can only be combated by local,
25 state, and federal entities working together and

1 forming partnerships between police, the judicial
2 system, prosecutors, politicians, and health-care
3 professionals.

4 I cannot stress enough, in my opinion, law
5 enforcement can only be one spoke in the wheel of
6 fixing this complex issue.

7 I also believe that we have to talk about
8 these issues in forums like this so the issues can
9 be addressed and fixed.

10 The city of Niagara Falls, with a population
11 of 50,000 people, has experienced a spike in opiate
12 usage and heroin usage over the past several years.

13 Since the beginning of this year, January,
14 the Niagara Falls police and the Niagara Falls Fire
15 Department have responded to 17 overdoses related to
16 opiates. Out of that, 5 individuals have died.

17 That's just simply unacceptable.

18 Fortunately, with the use of Narcan, in 2014,
19 the Niagara Falls Fire Department were able to save
20 10 people, and 4 so far in 2015, by administering
21 the counteragent.

22 Rule of thumb, if we can get there in time,
23 usually, we can save their lives with the use of
24 Narcan; however, it's a great tool to first
25 responders, but it doesn't, in my opinion, address

1 the core problem.

2 We talked a lot about users.

3 I'm going to talk a little bit, although
4 I agree with the sheriff and the district attorney,
5 about what I believe and what we've seen in
6 Niagara Falls and some of the other cities about the
7 core problems that really need to be addressed, as
8 well as, obviously, the users.

9 To do that, I think we have to take a look
10 back in history.

11 Recent history: In Niagara Falls, as well as
12 the other cities, and I believe -- and the reason
13 why I bring this up, is I think this -- I believe
14 this script to be played out throughout this county,
15 and throughout this country, to be honest with you,
16 and it's one of the reasons why I say this issue is
17 larger than just law enforcement alone.

18 We in law enforcement, especially in
19 Niagara Falls, have seen a majority of these people
20 start this addiction with some sort of prescription
21 pain medication. They either obtain this medication
22 legally through a doctor's prescription or through
23 some sort of illegal fashion.

24 When the prescriptions are obtained legally,
25 often the addiction begins.

1 Once off the prescription, we have witnessed
2 people resort to buying the medication illegally,
3 often from people with legal prescriptions.

4 When that process becomes too expensive, they
5 turn to some other form of opiate, usually heroin.

6 We've also seen people who receive
7 prescriptions legally, sell their medications
8 illegally.

9 And, of course, we've seen legal
10 prescriptions stolen for the purpose of illegal
11 consumption.

12 Like Narcan, pill take-back programs have
13 helped provide people with an outlet to turn in
14 these prescriptions so they're not victims of crimes
15 and they're not used in illegal fashion; however,
16 again, I don't believe that addresses core issues.

17 For many years, the Niagara Falls police
18 narcotics unit, as well as the county drug task
19 force, has received tips on doctors who are freely
20 prescribing pain pills, creating a culture of
21 addiction, which usually leads to some form of
22 illegal activity.

23 These activities are always investigated, and
24 usually we find that there is not illegal activity;
25 however, on occasion, we find that there is illegal

1 activity.

2 In 2011, the Niagara Falls Police Department
3 and agents from the Federal Drug Enforcement Agency
4 arrested and charged a local doctor who can only be
5 described, in my opinion, as a drug dealer with a
6 medical license.

7 In this case, the doctor, who was the only
8 doctor in a relatively small practice, was the
9 number-two prescriber of controlled substance in all
10 of New York State, to include New York City.

11 At the time of his arrest, there were
12 157 licensed physicians practicing medicine in
13 Niagara Falls. He prescribed more controlled
14 substance than all other physicians in Niagara Falls
15 combined. In most cases, no physical exam took
16 place by the doctor before giving out the
17 prescription.

18 In a lot of these cases, the pills were
19 resold illegally on the streets of all of
20 Western New York.

21 I realize that he is one bad apple in a great
22 majority of medical doctors and professionals that
23 take steps to ensure the integrity of their
24 profession; however, I highlight this example
25 because, again, I think the script plays out over

1 and over again.

2 In 2012, in North Tonawanda, a doctor was
3 arrested by the DEA after it was learned most of the
4 addicted patients from the 2011 case transferred to
5 him because he was freely prescribing pain
6 medication.

7 So what happens when a person becomes
8 addicted and can no longer get prescription
9 medication or afford to buy the pills illegally on
10 the street? They turn to heroin.

11 Heroin has surpassed cocaine as our
12 number-one problem that our narcotics officers face.

13 Recently, our narcotics detectives have
14 focused the majority of their time on heroin,
15 conducting raids on drug dealers and heroin dealers.

16 Law enforcement in New York, in my opinion,
17 have made great strides in this area with the I-STOP
18 program. It's an Internet system of tracking
19 overprescribing.

20 This system severely reduced the flow of
21 prescription opiates, such as Oxycontin; however,
22 what it did indirectly, is it raised the price of
23 the illegal pills, driving more people to the
24 illegal use of heroin.

25 For example, a single bag of heroin on the

1 streets of Niagara Falls today you can get for 7 to
2 10 dollars, compared to 40 to 100 dollars for a pain
3 pill on the streets of Niagara Falls.

4 It's quite a savings if you're a drug
5 dealer -- or, drug user.

6 As the sheriff had told you, this problem
7 knows no boundaries. It happens to urban, rural,
8 suburban parts of the county, state, and country.
9 It happens to the young, the middle-aged, the
10 elderly. It crosses racial, economic, and social
11 boundaries.

12 Again, to reemphasize: On the street, heroin
13 is cheap, it's easy to buy, it's easy to conceal if
14 you're using it, and it's easy to hide from the
15 police on the street and during search warrants.

16 Recent studies estimate the number of heroin
17 users is around 330,000 nationally, and growing.
18 That's about 70 -- that's about a 75 increase from
19 5 years ago, and almost three times, compared to a
20 decade low of 119,000 in 2003.

21 So your question is, I guess, where do we go
22 from here?

23 In my opinion as a law-enforcement
24 administrator, and, again, spending the majority of
25 my time investigating these narcotics crimes, we

1 have to take a hard look at the way the physicians
2 are subscribing (sic) these medications, because
3 I believe that could be a core root of this problem.

4 We have to monitor the amount that are given
5 out.

6 We have to enforce the applicable laws that
7 the district attorney talked about.

8 Why (sic) I do think diversion and treatment
9 for users is crucial, I agree with the sheriff that
10 we have to punish and prosecute those offenders
11 because of this epidemic.

12 Again, I will tell you, I believe firmly that
13 it can only be done with the help of everybody in
14 this room.

15 And I would like to thank the
16 district attorney, Mike Violante, for his vigorous
17 prosecution of drug dealers; the sheriff and the
18 U.S. Attorney's Office, because we all work
19 together, as well as my law enforcement partners.

20 I'd also like to thank you, Senator Ortt,
21 because like I said in the beginning, and I felt it
22 was important to say that in the beginning,
23 oftentimes, whether it's drug use or any other type
24 of crime that's committed, our voice doesn't often
25 resonate up the channel.

1 So we appreciate you listening to the foot
2 soldiers, like you talked about, which, basically,
3 is all of us, because none of us -- you know, none
4 of us run departments that are so large where we're
5 not out there on police calls also.

6 So, that's my opinion, and I'm happy to
7 answer any questions to the best of my ability, sir.

8 Thank you for having me.

9 SENATOR ORTT: Well, thank you very much.

10 [Applause.]

11 SHERIFF JAMES R. VOUTOUR: Senator, could
12 I add one thing to that?

13 SENATOR ORTT: Yes.

14 SHERIFF JAMES R. VOUTOUR: A couple important
15 dates, Chief, when you're talking about that.

16 1999 is really when, for whatever reason,
17 pain medication became prevalent. It was something
18 with the USDA, or somewhere, where they wanted to
19 manage pain better.

20 And, in 1999, when we started prescribing
21 these opioids, the pain pills, if you look at the
22 charts, the overdoses for opioids followed the number
23 of prescriptions, just like this, a parallel line.

24 As the number of prescriptions went up, the
25 number of overdose deaths went up. Parallel lines.

1 DA MICHAEL J. VIOLANTE: It's the number of
2 sales.

3 SHERIFF JAMES R. VOUTOUR: Correct.

4 Fast-forward to --

5 DA MICHAEL J. VIOLANTE: Sales went up.

6 SHERIFF JAMES R. VOUTOUR: Sales went through
7 the roof.

8 Fast-forward to 2013: August 13, 2013, the
9 passage of I-STOP, which in law enforcement we all
10 thought was a great idea, and it is a great idea,
11 but what did it do?

12 I-STOP prevented the users from shopping for
13 these pills, because now there was a database where
14 a pharmacist could look and say, Okay, Johnny Smith
15 just got pills next door. He can't get pills from
16 me today.

17 It prevented, and greatly reduced, the
18 ability to shop doctors and to get those pills, so
19 they went to alternatives, as Chief DalPorto spoke
20 about.

21 And we look at heroin overdoses, post
22 August 13, 2013, right up, straight up in the air,
23 almost, of the overdoses, because they switched from
24 the pills to the heroin, mixed with fentanyl, and
25 there's your issue.

1 But I couldn't agree more that the doctors --
2 OFF-CAMERA AUDIENCE MEMBER: Number-one
3 reason.

4 SHERIFF JAMES R. VOUTOUR: -- yeah.

5 SENATOR ORTT: Well, I think there's -- we're
6 going to hear later on from Avi, who most of you
7 probably know, as well as some others.

8 But, there is, and, Superintendent --

9 I'm not used to saying that when I look at a
10 police guy. It's usually a public-works guy.

11 -- but, there is potential legislation out
12 there, and there are -- there is an effort to change
13 the way doctors are trained. And when they go from
14 medical school, on up, even to change or add
15 curriculum to their -- you know, they have to go
16 through continuing learning, just like a lawyer, or
17 whatever it was, to even add something to that, that
18 would really change -- because I believe, in some
19 cases, that there are certainly bad doctors.

20 Now, those guys, that's why we have you guys,
21 ultimately, is to try and identify that, and give
22 you the resources, whether it's I-STOP, or whatever,
23 to find those guys.

24 But there are also doctors, just like there
25 are judges, and -- who sometimes get duped, or don't

1 realize what is going on. They don't realize that
2 this kid, or this individual, before them was
3 somewhere else before, or -- or whatever it might
4 be. And, they're well-meaning, but they're not
5 trained or educated on prescription, when it comes
6 to these pain medications, and, inadvertently, they
7 are hooking people on them, at least that's what --
8 I've heard that enough times, and I just wanted to
9 address it here.

10 Some of these things I am hearing now, you
11 know, over and over again, going back to when
12 I started in the Senate in January.

13 And I know we're going to hear more about
14 that, so I don't want to steal anyone's thunder.

15 But I think, you know, again, right there is
16 the perfect example, because this is -- these are
17 things that we can address; you know, not just at
18 your level. These are certainly things that I can
19 bring back, and my co-chairs can bring back, and we
20 can try and get legislation passed that would
21 address that.

22 I think what we're trying to do, there's a
23 lot of things, but we are certainly trying to get to
24 the core of this issue, because, unfortunately, once
25 someone is addicted and they're to a certain point,

1 unfortunately, a lot of times what you see is just a
2 cycle in a life that is now -- and I know we'll talk
3 about that as well when we get to our -- some of our
4 service providers.

5 OFF-CAMERA AUDIENCE MEMBER: (Inaudible.)

6 SENATOR ORTT: Yeah, and we'll get to that.
7 We -- we will touch on that.

8 I think we got -- again, the law enforcement
9 is one aspect. We have a variety to get through,
10 and I think we got to get through it all. And I'm
11 confident that many of your thoughts or concerns
12 will be addressed.

13 I want to thank all the folks in law
14 enforcement who are here tonight. I feel -- well,
15 first of all, I feel very safe in this room.

16 [Laughter.]

17 SENATOR ORTT: But I want to thank all of you
18 for being here tonight, because I know you could be
19 with your families, you could be home, you could be
20 cutting the grass, and, you're here, because you
21 care, because you give a crap, and you don't want to
22 see more people in the position where you get there
23 and it's too late, or back in the system. You don't
24 want to have all of that busload of people coming on
25 Thursdays.

1 So, I thank you for your support.

2 Mr. DA, thank you for being here.

3 I certainly encourage you guys to stay, but
4 I understand if someone does have somewhere to be,
5 that that's understandable too.

6 We're going to turn to the personal-stories
7 aspect now. We have three panelists in this
8 section.

9 Avi Israel, who is the parent of a deceased
10 user;

11 Christina Schweindler (ph.), who is the
12 parent of a recovering user;

13 As well as Lisa Catanese, who is also the
14 parent of a recovering user.

15 Avi, why don't we start with you.

16 AVI ISRAEL: Thank you.

17 Thank you, Senator, for holding this forum,
18 and, thank you, everybody, for participating.

19 I -- almost four years ago, I experienced the
20 worst thing that any parent can, and I do understand
21 what you're saying.

22 My 20-year-old son walked into the back
23 bedroom, put a shotgun to his neck and pulled the
24 trigger.

25 And I walked into the room, and parts of

1 Michael were all over the wall, and he was
2 struggling to breathe. And in a couple of seconds,
3 he took his last breath.

4 So I was, basically, the first one to hold my
5 son, and the last one to hold him.

6 But how did my son get there?

7 My son suffered from Crohn's Disease, and
8 Michael was prescribed into addiction by three
9 doctors that took care of his needs.

10 He was prescribed painkillers from one
11 doctor, Xanax from our family doctor, Cymbalta from
12 another doctor, and a slew of drugs for his
13 Crohn's Disease.

14 At the time when Michael was going through
15 his addiction, he told us, he says, Dad, I'm
16 addicted.

17 And my response was, What are you addicted
18 to, Mike?

19 And he says, I'm addicted to my pain pills.
20 I don't know how to get off.

21 So we went to his doctor and we asked him.
22 And I got a tap on the shoulder, and the doctor told
23 me, "I know what I'm doing."

24 Michael went through surgery, and that was
25 March of 2011. He spent 40 days in the hospital.

1 During that time, I asked the doctor again
2 about Michael's addiction, and he told me that,
3 We're going to wean him off, we're going to detox
4 him, while he's in the hospital.

5 Well, guess what? Michael walked out with
6 three prescriptions for hydrocodone and a
7 prescription for Xanax.

8 We found out that there's really no system in
9 New York State, how to control prescribing. There
10 is no system of doctors talking to each other.
11 There is no system for pharmacies.

12 Michael went into detox, and was there for
13 three days, and we were told that our insurance
14 company was not going to pay for it.

15 So Michael came home.

16 On May 17 of 2011, Michael tried to commit
17 suicide. He locked himself in the garage, with the
18 car running, and sent me a text that said, "Dad, you
19 don't deserve a son like me. I love you."

20 So I ran home; and I left my job and went
21 home, and called 911. And there was Michael in the
22 garage. And we were told we had to go to ECMC.

23 At ECMC, Michael was put into the CPAP unit.

24 And if you never saw that unit, that's okay,
25 because you never want to see it.

1 There was a woman that was relieving herself
2 on the floor. There was a guy banging his head
3 against the wall. There was a guy that was talking
4 on the phone, when there was nobody there.

5 And my son said, Dad, please don't leave me
6 here.

7 I said, Okay, Mike, we'll see what we can do.

8 And another psychiatrist came back and said,
9 Your son has a tendency to lie.

10 Well, no shit, the kid is addicted. What do
11 you think he's going say? Look at this place. What
12 do you think? Do you think anybody would want to
13 stay here?

14 So Michael came home with me at 2:00 in the
15 morning.

16 On June 4th, Michael was trying to get help.
17 He was -- there was no drugs in his system. And he
18 called his counselor, and she said there was no
19 beds.

20 And he just said, to hell with it; went in
21 the room and shot himself.

22 So here's what we found out since then, and
23 I've been doing this for close to four years now:

24 Our system is broken.

25 We have doctors who swallowed whatever

1 pharmaceutical company gave them, and they told them
2 there's a magic pill here, it's opiate, and it's
3 going to cure all the pain.

4 And the medical community, all these
5 prescribers, have bought into the bullshit that
6 pharmaceutical companies have.

7 It's 100 million people are taking pain pills
8 in this country. That's a lot of money, and doctors
9 were getting some kickbacks.

10 So instead of taking care and finding out
11 what exactly is wrong with you, they were treating
12 symptoms, not the cause. They're treating symptoms.

13 And what a great way to get somebody
14 addicted, and you know you've got a patient for
15 life.

16 So here's my son, this 18-year-old, was being
17 prescribed all these deadly medication. Not one
18 doctor talked to the other, and not one pharmacy was
19 connected with the other.

20 So we decided to start working on that, and
21 we got I-STOP going. And with the help that
22 Eric Schneiderman did, we got it through.

23 I-STOP is doing what it's supposed to be
24 doing: it stopped the flow of opiates.

25 What the State has failed to do is to make

1 sure that there's education. That was never -- that
2 was never done, because two components of I-STOP has
3 never been implemented.

4 One is, doctor education.

5 Even today, you can go see a doctor and you
6 can tell them that I got a back pain, and he'll give
7 you pills for 30 days, because that's all he can do.

8 But if you call back in a week and say, Guess
9 what, Doc? These pills are not working, I need
10 something stronger, he can give you another set of
11 pills, and he can give you 240 pills.

12 That's a loophole in I-STOP, and a lot of
13 doctors are taking advantages of it, and a lot of
14 people are using it. They can grab 240 pills, keep
15 100 for themselves, and sell the rest on the street.

16 There's no one way to fight this. You cannot
17 arrest everybody. You can't arrested every kid.

18 Because my son went to St. Joe's High School.
19 Went to University of Buffalo, was studying
20 architecture.

21 These kids are good kids. They're not bad
22 kids.

23 The temptation out there is a lot greater
24 what we had as parents. We had as parents, was a
25 bottle of beer, and we had a joint, maybe some coke.

1 Think about what a kid facing today.

2 You can go to a 7-Eleven and get these
3 synthetic drugs and get hooked on those.

4 You can get a knee injury, and go to a drug
5 dealer with a white coat and he'll keep feeding you
6 pills.

7 You can go to a dentist and have a wisdom
8 tooth pulled out, and get 30 pills.

9 This is a manmade plague.

10 This was started by pharmaceutical companies,
11 carried on by doctors, subsidized by insurance
12 companies, and here we are: we have a whole
13 generation of people who are addicted.

14 So what can we do to change?

15 We got to lobby people like Senator Ortt.

16 We got to lobby every Assemblyman or
17 Assemblywoman in our area.

18 We got to change laws, and we can do it.

19 We got to enforce education. And when I say
20 that, I mean educations for doctors -- or I should
21 say, for all prescribers.

22 Education for kids in school, not just in one
23 week, Red-Ribbon Week.

24 OFF-CAMERA AUDIENCE MEMBER: Thank you.

25 AVI ISRAEL: All week, all yearlong.

1 We have to educate the parents.

2 You should educate yourself of what the
3 doctor gives you. Is it really necessary?

4 You know, this country -- the last numbers
5 that we have is 2007. This country spent
6 \$55.7 billion on opiate addiction. Okay?

7 We have laws in New York State that says
8 you cannot prescribe opiate to somebody on
9 workmens' (sic) comp longer than seven days.

10 Not a goddamn single doctor listened to that.

11 They don't send you to treatment like a
12 chiropractor. They don't send you to PT.

13 They gave you pills and send you to work,
14 because that's what the insurance company wants.
15 They want that person back at work.

16 So the person goes back to work.

17 And some of the statistics that don't go into
18 the big pictures, that you guys didn't talk about,
19 how many drugged-driving are there are?

20 My son is not part of the statistic because
21 he committed suicide.

22 So did Daniel Placek, who served his country,
23 got hurt at work. Dr. Gosi (ph.) filled him with
24 enough pills to keep him going for two years.
25 This kid, at 28 years old, hung himself at the

1 VA hospital, right in the hospital.

2 What I'm telling you is, we all need to get
3 off our asses, get involved in our community. This
4 is our problem.

5 You can't rely on pharmaceutical companies or
6 the government to save us because, guess what? We
7 built 11 goddamn hospitals in West Africa for
8 35 people to use them, but we can't spend any money
9 here.

10 You know, our government does not want to
11 spend any money here, and admit that this is a
12 manmade, this is an American-made, plague, because
13 you know what? These guys in Washington are not
14 going to get this money from the lobbyists.
15 Pharmaceutical companies are going to start making
16 less money. And who gives a crap if an 18- or
17 20-year-old kid died?

18 They don't care. That's another casualty.

19 This didn't start by anybody but the medical
20 community, which include pharmaceutical, which
21 include the doctors, which includes insurance
22 companies, which includes everybody.

23 We got one place here to treat young adults,
24 Kids Escaping Drugs.

25 You know that? All the way from Syracuse to

1 the Pennsylvania border, 62 beds. That's all we
2 have.

3 Anne Constantino will tell you about
4 Horizon Services, and how many people are on the
5 waiting list. They'll tell you about their loved
6 ones that can't get any treatment.

7 You know, we spend over \$1 1/2 billion in
8 New York State on treating addiction.

9 You know what? If we spent that kind of
10 money on education, we could knock this crap right
11 out of here.

12 You know, we got a cliff, and we got people
13 falling off the cliff, and everybody at the bottom
14 of the cliff are saying, We got to build a hospital
15 for the injured.

16 But if you put a rail at the top of cliff,
17 nobody will fall down.

18 That rail is education.

19 Education will solve this problem.

20 Educate the goddamn doctor.

21 There is a bill right now in the State
22 Assembly, A.355.

23 Write it down: A.355.

24 I urge you all to call your Assembly person
25 and have them sign on to this bill.

1 It's three hours, every two years, to educate
2 the doctors in how to prescribe.

3 Senator Ortt will tell you that there's a
4 bill that passed last year, 59-to-0 in the Senate,
5 to educate the doctor.

6 The bill in the Assembly was held up by one
7 woman, Deborah Glick from Manhattan.

8 Why don't you give her a call. She cares
9 more about animals than human beings.

10 So I'm telling you, you can get -- you can
11 change things. Get involved.

12 Get involved like I did.

13 Don't sit around and cry about your son.

14 Take that goddamn anger and turn it into
15 something really positive.

16 Turn it into something positive. Lobby
17 everybody, you know? Get involved in your
18 community. Go to the schools and talk to them about
19 what's going on.

20 We do that with Horizon. We do that with
21 Kids Escaping Drugs.

22 Join our group. It's called "Save the
23 Michaels of the World."

24 Help us, you know? We need to change. We
25 need to get that stigma out of the way that addicts

1 are nothing but scumbags.

2 I don't call them "addicts."

3 I call them "patients."

4 They're patients. It's a chronic disease.

5 You know, if somebody smokes all their life
6 and gets cancer and goes into the hospital, they're
7 not gonna turn them away. They don't turn them
8 away, even though he did, he was an addict; he
9 smoked all his life.

10 But, yet, somebody that does take a pill at a
11 party, a kid that takes a pill at a party, or
12 somebody that was prescribed into addiction because
13 of a knee injury or a back injury, we shy them, we
14 call them "junkies."

15 That's not right. That's not the way it's
16 supposed to do.

17 So I urge you all: Get involved. Don't
18 swallow the crap that people give you.

19 Your kids mean something.

20 Your loved ones mean something.

21 I have a hole in my heart, and you know what
22 it is, that will never be filled.

23 Every holiday I sit and I look to see where
24 my son is.

25 But you know what? I got involved with

1 BlueCross/BlueShield, and Anne Constantino from
2 Horizon, and we had an awareness campaign, and we
3 need to keep it going. It was called "Painkillers
4 Kill More Than Pain."

5 We did something.

6 Education will solve this.

7 Education is the way to go.

8 We need control of prescribing. We need
9 doctors to stop handing out these pills like
10 Halloween candy.

11 If you get a root canal, one pill is enough.
12 You don't need 30.

13 We need education to everybody, and we need
14 easy access to treatment.

15 That's going to solve the problem. You know,
16 this is made man -- all manmade.

17 We need easy access.

18 When somebody tells you, "I need some help,"
19 don't say, Come back in two weeks; don't say, Come
20 back in a month. Take them in.

21 When somebody overdosed -- and, officers, you
22 guys tell me -- when somebody overdosed, and you
23 revive them with Naloxone, what's the procedure?

24 None.

25 There is none.

1 Most places will hand you a referral sheet
2 and say, Call.

3 The Governor has a bill that he has not
4 introduced, that will mandate a hold for three days;
5 72 hours.

6 Senator Ortt, I wish you'd take that over,
7 because we need that hold, because there's
8 statistics that say that if you get treated right
9 away with Suboxone, you will last. But if you're
10 just left alone, you're gonna go right back to
11 using.

12 So I urge you all: Get involved.

13 Get involved with your legislators. Get
14 involved in your community.

15 It takes a village to raise a kid.

16 And we've lost enough kids. We've lost a
17 generation.

18 Addiction is a disease. It's a chronic
19 disease. It doesn't go away.

20 Remember that.

21 Thank you.

22 [Applause.]

23 SENATOR ORTT: Thank you, Avi.

24 I know that's -- I know you've given that
25 talk numerous times, and I know you'll continue to

1 give it until it gets addressed.

2 So I appreciate you coming here.

3 For the news cameras, you may have to edit
4 some of Avi's language, however.

5 [Laughter.]

6 SENATOR ORTT: That's okay.

7 This is live TV, Avi. That's okay.

8 AVI ISRAEL: I'm sorry.

9 SENATOR ORTT: That's okay. You don't have
10 to apologize to me.

11 OFF-CAMERA SPEAKER: It's called "passion."

12 SENATOR ORTT: That's right.

13 Thank you.

14 Our next speaker, panelist, is going to be
15 Christina Schweindler, the parent of a recovering
16 user.

17 Christina, thank you for being here.

18 CHRISTINA SCHWEINDLER: Thank you for having
19 me.

20 I sat there, after I had asked if I could
21 join this panel, and I thought, how do I summarize
22 the hell that my family has been through in the last
23 3 1/2 years in a -- 5-minutes' time?

24 You can't.

25 Addiction has destroyed my family. It has

1 ripped my son apart.

2 And, thankfully, he is still here today, but
3 we've gone through four rounds of inpatient
4 treatment.

5 This last time, and he's still in a program
6 right now, was the longest that we could get an
7 insurance company to cover him, to be in for
8 28 days. And it was a battle to get him to that.

9 And the only reason, is because it was
10 Court-mandated, because, unfortunately, my son, who
11 is a good kid, made poor choices because of
12 addiction, and got in trouble with the law, which is
13 a horrible thing in itself when you're facing
14 charges of possession, you know, having different
15 controlled substances on you, driving under the
16 influence of drugs.

17 But the person that actually called the
18 police that night, that was behind my son, if
19 I could see him today, I would hug him, because he
20 truly is the man that stopped the destruction that
21 my son was on, that I couldn't stop, that his
22 brothers couldn't stop, his father couldn't stop.

23 And you don't wake up one day and decide, I'm
24 going to use heroin today.

25 It's a gate -- there's a gateway that leads

1 into that, and like law enforcement was saying.

2 You know, my son, we live in Clarence. I've
3 raised three children. You know, suburbia, the
4 grass manicured, you know, you don't think that you
5 are going to run into this.

6 You know, stupid me. You know, I never
7 thought I would ever have to go through this, but
8 I did. I'm living it now.

9 It started from a shoulder injury from
10 sledding with his brothers, and a prescription for
11 Lortabs, and, it just triggered from there.

12 And the Lortabs got too expensive, and he
13 went to heroin.

14 It's still hard to sit here today and think
15 about the day that he actually came to me and said,
16 "Mom, I've used heroin," because my world completely
17 pulled out from underneath me.

18 The hole that Avi has is something that
19 I hope to God I never have to experience in my life.

20 And it happens.

21 And parents just need to be aware. You need
22 look for the signs that are out there.

23 You know, this was a kid that worked
24 constantly, always had money in his pocket, bought
25 his own cars, buy things for his brothers.

1 And then, all of a sudden, Mom, can I borrow
2 20 bucks for gas?

3 Mom, do you have, you know, oh, I'm a little
4 short. Can you give me a couple bucks to get me to
5 payday?

6 What did do you with your money, Carl?

7 Oh, I bought some stuff for my car.

8 You know, and the excuses started coming.

9 Be aware.

10 Don't be afraid to ask questions.

11 Look for, you know, little things.

12 Prescription. We had prescriptions sitting
13 in our house, that I never even gave it a thought.
14 You know, you're prescribed something from the
15 doctor, and, you know, we have a medicine cabinet.
16 You put it up in the medicine cabinet.

17 I went in there the one day, and everything
18 was gone. Like, I didn't even look in there, and
19 say, Christina, why would you not look in there and
20 suspect something?

21 Because I didn't think that there was a
22 problem.

23 I guess my -- my biggest thing, to be aware,
24 is -- first of all, you're all here, so that's a
25 step in the right direction, because you want to

1 have awareness.

2 But, helping someone who has a problem is a
3 challenge when they're an adult, because the parent
4 loses their voice.

5 If they need help, and they want help, or my
6 son has come to me and said, Mom, please, take --
7 I need to go. I want -- you know, I want -- please,
8 let's -- you know, find me a spot, I would call.

9 How old is your son?

10 He's 22.

11 He has to call himself. You can't make the
12 appointment for him. He's an adult. I can't take
13 any information from you.

14 So when you have someone who is struggling
15 with addiction, and in the moment they want that
16 help, because they're either sick because they're
17 coming off of something, or, maybe they truly want
18 help, but now they're afraid because they know
19 they're going to be sick when they go into
20 treatment, now you got to pin that person down, and
21 sit them down and say, Let's call.

22 We went through that many times.

23 And the last time that he -- that Carl went
24 in, it was no thanks to my son Kevin.

25 My 17-year-old son had to sit down and say to

1 him, You've put our family through hell, Carl.
2 You're not doing this to mom anymore. If you don't
3 want to stay here, then you can't come back to our
4 house.

5 A 17-year-old brother having to say that.

6 The longest they kept him was two weeks.

7 Two weeks, and they sent him to outpatient.

8 There needs to be something implemented with
9 the insurance companies for longer care.

10 You know, if he wasn't covered under my
11 health insurance, that would be a totally different
12 story, because the government, you know, you'd --
13 he'd have Medicaid, and they would pick that up and
14 they would pay for it.

15 But because he's covered under me,
16 everything's a battle.

17 That's where I think government just needs to
18 step in and let the parents have a voice. You have
19 someone who can't make a conscience decision, from
20 minute to minute, when they're using.

21 But you need someone -- you need these
22 insurance companies to start paying.

23 And we need more facilities.

24 There's waiting lists for Suboxone doctors.

25 There's waiting lists for inpatient

1 facilities, where, you know, we have empty hospitals
2 that could be used as facilities.

3 There's many people in Western New York that
4 need help. Many.

5 That's my thoughts for today.

6 And, you know, if I -- just think about
7 awareness, and what's in your -- you know, your
8 surroundings, with your loved one at home, because,
9 look for the little signs.

10 I was oblivious to them for a long time.

11 But, luckily, at this point, we're on a path
12 of recovery. And all I can do is hope that tomorrow
13 is another good day.

14 SENATOR ORTT: Thank you, Christina.

15 [Applause.]

16 SENATOR ORTT: I have to -- just make it
17 quick Avi, because we have other --

18 AVI ISRAEL: I just want to make a point
19 about Suboxone, which she brought up.

20 We are running out of the Suboxone -- doctors
21 who can prescribe Suboxone in this area are just
22 about full. They are only allowed 100 patients.

23 What I don't understand is, and you guys can
24 probably jump in, and, Senator, you and I talked
25 about it, we require doctors, to prescribe Suboxone,

1 to take a test through Health and Human Services,
2 and get an Z license -- an X license from the DEA;
3 but, yet, at the same time, any Joe, Jane, or
4 whatever, that has a medical license can just get
5 from the DEA a license to prescribe narcotic.

6 So it's amazing to me that, to prescribe the
7 poison, you don't need to take a test. But to
8 prescribe the antidote, you have to take an
9 eight-hour test and pay money.

10 Something is not right.

11 SENATOR ORTT: Okay. That's a good point,
12 Avi.

13 Christina, thank, you again.

14 Our next panelist, Lisa Catanese.

15 Lisa, thank you for being here.

16 LISA CATANESE: Thank you.

17 I'm probably going to get a little bit more
18 choked up.

19 Avi is passionate.

20 I might get a little bit more teary-eyed, and
21 so I apologize if it takes me a little bit just to
22 get through my two pages here that I wrote down.

23 Today I'm here to talk to you about, and tell
24 you about, my brother who passed away 490 days ago,
25 at the age of 29.

1 When I spoke to Anne Constantino, and she
2 asked if I'd be willing to come here and speak,
3 I was very excited.

4 I read through the e-mail that was sent to
5 me, and saw that I was being asked to come here and
6 speak as a victim. And that was probably one of the
7 most devastating reality checks that I've had since
8 the phone call I got from my father when my brother
9 passed away.

10 My brother was star quarterback at
11 North Tonawanda High School, graduated 2002, with
12 every opportunity in front of him. He had his plan
13 set: he was going to go to school, he was going to
14 be a nurse.

15 He had a great life. He really -- he enjoyed
16 himself to the fullest every single day of his life.

17 He socially drank, socially smoked marijuana.
18 Got injured in 2004.

19 When he was injured in the 2004, he was taken
20 to the hospital, he had to have emergency surgery,
21 and had a plate put in his jaw.

22 When he was there, he was able to
23 self-administer his pain medication from a little
24 button that was hooked up to the side of his bed.

25 Down the road, he told me that, that moment,

1 when he pressed that button and gave himself the
2 painkiller, that nothing had ever felt that good
3 going through his entire body before.

4 That was it for him; he was hooked from that
5 moment on.

6 Because he was in nursing school, he was able
7 to inject himself with the heroin.

8 In looking back, there was things that
9 I missed.

10 He started using pain pills.

11 When he wasn't able to afford the pain pills
12 anymore, he moved to heroin.

13 He was a functioning user. He worked
14 40 hours a week. He had a girlfriend. He needed to
15 get high on a daily basis to feel normal, in order
16 to go to work.

17 He caused friction in our family.

18 He often said that my parents were his
19 enablers, and I was his disabler.

20 I would call everybody and say, Hey, mom gave
21 Phil 100 bucks to pay his electric bill. Don't give
22 him 100 bucks to pay his electric bill, to my
23 grandmother, to my father.

24 My relationship with him was strained for
25 many years, because I could not bring myself to be

1 around him.

2 I decided one night -- I watched my mom cry
3 in my kitchen, and I decided that was the night that
4 I was done sitting and watching him.

5 I drove to his apartment in North Tonawanda,
6 and I let myself in his door, and it was like a
7 scene from "Intervention." There were needles all
8 over the place, there was spoons that were burnt all
9 over the place, and he was knocked out on the couch.

10 I stayed there, and waited for him to wake
11 up. I was hollering, I was screaming at him, I'm
12 taking you to ECMC. We're going to ECMC.

13 He was flat-out refusing. "I'm going to call
14 the police on you."

15 I said, Okay, good, call the cops, because
16 maybe they'll be able to help me get you to the
17 hospital.

18 I got him in the car, and we drove to
19 291 Elm, which was a quick, get him in the door,
20 "I need him to stay here."

21 When we got there, he had used a large amount
22 of Xanax that day, but there wasn't enough in his
23 system for them to take him.

24 They told us that, in order for him to be
25 taken there, he would actually have to use more, and

1 get a physical. Once he did those two things, we
2 could go back, and, fingers crossed, that there
3 would be a bed available for him.

4 We did that, we got him back in there.

5 Two days later, he was smoking a cigarette,
6 and they kicked him out.

7 He was back in his apartment, doing his
8 thing.

9 From there, I did the same thing again, and
10 I went to the apartment, and I was kicking and
11 screaming, and I got him to go to Stutzman, 28-day
12 program.

13 I sat through every family group with him.

14 He got out, and he used again. He did this
15 for about four years, on and off.

16 And, he was finally arrested, and charged
17 with six felonies, and my family was excited. We
18 felt like, okay, finally, somebody else is going to
19 get involved. Finally, someone's going to take the
20 control out of his hands.

21 My brother was one of the first successful
22 people to complete the diversion program in
23 Lockport.

24 He -- once the diversion program told him
25 where he needed to go, he needed to go to

1 Horizon Village. He went kicking and screaming.

2 Fortunately, once you're in Horizon Village,
3 you're not allowed to talk to your family for a
4 couple of days, which was a blessing. And he -- he
5 stayed his four months there. He was a rock star
6 there. He was on -- in different programs there,
7 where he was able to go into the meetings in the
8 community. He was able to mentor other people that
9 were coming in the door. He helped plan all of the
10 family parties there; a summer party, a Halloween
11 party, for families to go there and get involved,
12 and learn, and become educated.

13 I went to every family meeting. I took every
14 phone call he ever made to me, and I never gave up.
15 I was there with him that entire time he went there.

16 When we got the phone call from Horizons that
17 said, We're going to start planning the next step
18 for Phil, where he's going to go from here, my
19 parents and I were almost kicking and screaming as
20 much as he was to go in, because we didn't want him
21 to come out.

22 He was -- the next step of his program, along
23 with the diversion program, was for him to go to a
24 place called an "Oxford House."

25 An Oxford House is a self-run, clean place

1 for gentlemen who are all going -- who are all in
2 the same steps -- same stages of recovery.

3 He was there for about two years, and, he was
4 the president at the Oxford House, which meant he
5 was a huge piece of the puzzle when somebody wanted
6 to interview to come live there; it was a group
7 decision. He was responsible for paying the bills,
8 collecting the dues from the other gentlemen.

9 They were all responsible for telling each
10 other, You need to do a drug test. You need to do a
11 drug test.

12 He said that that was probably the best time,
13 the best point in his life. He needed the
14 camaraderie that he got there.

15 And once he was at that point, he worked
16 really closely with Horizons to get out there and
17 advocate and talk to people.

18 And this is something he wrote, that was, and
19 still is, published in some literature from
20 Horizons.

21 "I am an alumni of Horizon Village. I was
22 admitted in the summer of 2010. I truly had no
23 other options. Due to my substance abuse, I had
24 destroyed all aspects of my life. I lost the career
25 I had in my profession. I had driven my family,

1 friends, and girlfriend away. I have legal issues
2 with serious consequences. I was financially,
3 emotionally, and spiritually bankrupt.

4 "Having nowhere to go, no way to get there,
5 and nothing to do when I got there, I found myself
6 in the lobby of Horizon Village, not knowing what to
7 expect for the rest of my so-called life.

8 "My first weeks were rocky. I was angry.
9 This is where I had ended up at this point in my
10 life. I never had more than one week clean from all
11 substances.

12 "Just the time away from the drug was a huge
13 part in my path to finding myself.

14 "Horizon Village allows to you become
15 proactive in your treatment. I started to grow in
16 my recovery because of this. I found qualities in
17 myself I either overlooked or didn't know that
18 I had.

19 "By completion, I had a grasp on who I was
20 and how I got to be the person I wanted to be.

21 "Recently, I was offered a job in my chosen
22 profession, offering better opportunities than the
23 job I had lost before my stay at Horizon Village.

24 "I wish I could say it came to me with ease,
25 but that is simply not true. I lost good people in

1 my life for different reasons.

2 "One thing I learned, is that no matter what
3 it is, Horizon Village, recovery or life, it's not
4 easy, but it's fair.

5 "Everyone is given 24 hours in a day. What
6 you choose to do with today greatly affects what you
7 could do with tomorrow.

8 "I adopted this motto while at
9 Horizon Village.

10 "I don't know where I would have ended up,
11 but if I never went to treatment, I can definitely
12 say my time at Horizon Village saved my life."

13 In 2013, my brother relapsed, and he relapsed
14 hard. He went back to using what he had used, the
15 amount of what he had used, years before.

16 We found ourselves in the same predicament
17 again, so, we did what we needed to do to have him
18 arrested, to put him in the holding center, to keep
19 him off the street.

20 Visiting my brother in jail twice a week was
21 the most devastating environment that I wanted to
22 see him in, but I saw him, and I went the two times
23 a week, and I took every phone call that he made
24 from the holding center, because he knew I was
25 always going to be there for him.

1 On December 30th of 2013, he was at court,
2 and he was scheduled to do a door-to-door transfer
3 the next day.

4 On December 31st, he was going to wake up, he
5 was going to get in a van and go to Horizon Village.

6 And the night before, I was talking to him,
7 and he said, Lise, something just doesn't feel
8 right. I feel like I'm broken.

9 And I just said, Stop it. I'll see you at
10 the Village tomorrow. I've got your bags packed.
11 You're going to be fine. I love you. I'll see you
12 tomorrow.

13 At 10 a.m. the next day, the van from
14 Horizon Village went to pick him up.

15 When the door was opened from the holding
16 center, he ran.

17 And my dad called me and said, Your brother
18 ran.

19 I said, You're frickin' lying. He did not
20 run. Don't say he ran.

21 He ran.

22 We thought, it's only going to be a couple of
23 days, he's not going to last long on the street.
24 He's going to need one of us, he's going to call.

25 Pins and needles, waiting for that phone

1 call.

2 On January 2nd of 2014, I was at work. It
3 was snowing that day. We were allowed to leave work
4 early, and I was pretty excited. It was my son's
5 birthday. We were having a birthday party at
6 Chuck E. Cheese for him that night, and I was on my
7 way to Wegman's to get his birthday cake.

8 My phone rang, it was my dad. He said, What
9 are you doing?

10 I said, I'm driving.

11 He said, You need to pull over.

12 I said, I can't. I got -- what's going on?

13 And he said, Your brother's no longer with
14 us.

15 And I said, That's not true.

16 And he was sobbing at his desk at work, and
17 he said, Your brother's longer with us.

18 And I said, Well, you're his father, so fix
19 it, because that's not acceptable. Don't tell me my
20 only sibling is gone.

21 I don't remember what transpired over the
22 next couple of days.

23 I know that, at this point, I can't get an
24 image out of my head every day of my brother passing
25 away by himself in a hotel room.

1 I can't drive past a Red Roof Inn without
2 getting pain in my heart.

3 Here we are, 490 days later, and it feels
4 like it was yesterday.

5 He left behind a fiancée and a one-year-old
6 baby girl.

7 And, my heart hurts every day.

8 I don't know how my parents function, because
9 I look at my kids every night, and put them to bed,
10 and I don't know how my mom feels to know that her
11 baby is gone.

12 This is never going to change. It's going to
13 continue this path that it's on.

14 And one thing I learned and he taught me, was
15 that it's a disease.

16 It's a disease. It's nothing to be ashamed
17 of.

18 People that have cancer aren't ashamed.

19 People that have diabetes aren't ashamed.

20 It's a disease, and it needs the attention
21 that every other disease that's out there gets on a
22 regular basis.

23 That's my story.

24 And this is a picture of my baby brother, and
25 I appreciate you giving me the opportunity to come

1 and tell his story, because I think that, something,
2 if I can help one person by telling his story,
3 that's an amazing thing.

4 And he was an awesome person, and I'm not
5 going to let his addiction justify his life.

6 [Applause.]

7 OFF-CAMERA SPEAKER: A sad chapter doesn't
8 make a book.

9 SENATOR ORTT: Lisa, thank you very much
10 for that. I know it was not easy for you, but
11 I certainly appreciate you doing it.

12 We now move to the last segment of our
13 panelists, certainly not least.

14 Anne Constantino is the president & CEO of
15 Horizon Health Services, where, once upon a time, my
16 mother-in-law worked, and we've heard tonight about
17 their value. They're certainly a leader in
18 Western New York, and in other areas, in addiction
19 treatment.

20 So without further ado, Anne, I'll turn it
21 over to you.

22 ANNE CONSTANTINO: Thank you.

23 I was actually hoping it wasn't going to be
24 me so I'd have a little more time to collect myself,
25 because I have to say, every single story, family,

1 person, matters, not only to me, but to everybody in
2 my organization that is on the front lines and the
3 foot soldiers on the treatment side.

4 So, let me read my remarks.

5 Thank you, Senator Ortt, and the Committee,
6 for the opportunity to share my perspective on the
7 heroin crisis in our community.

8 My name is Anne Constantino. I'm the
9 president & CEO of the Horizon Corporations, which
10 include Horizon Village, and Horizon Health
11 Services.

12 And, recently, in 2014, we took over 291.

13 And I do want to say that it wasn't us that
14 kicked him out for smoking.

15 I am not a doctor. My training and
16 background are actually in addiction treatment, and
17 I've worked in the field of treatment recovery for
18 over 30 years.

19 The mission of my company is recovery; saving
20 lives and changing lives.

21 I'm an optimist by nature, but I want to say
22 that we are losing the war.

23 The past 10 years of my 30 years have been
24 unlike anything I ever would have imagined when
25 I started in this field.

1 And every day, when I think that we've seen
2 the worst of it, we haven't, and it is
3 heartbreaking, the tragedy that continues.

4 So, a few statistics.

5 In 2014, in Erie County alone, 2014, the
6 stats I have is that we lost 116 people to fatal
7 opioid overdose. That's more than two a week.

8 The numbers for 2015 I know are worse.

9 And we can easily estimate that the number of
10 non-fatal overdose, and the costs of those non-fatal
11 overdose, are astronomical. I can't even imagine.
12 And we don't know, and so many go unreported.

13 Most weeks, we, my agency, we know, either
14 we've served people in the past or they're current,
15 of several individuals that have died or overdosed.

16 I said "several."

17 Several.

18 This is, like, unheard of. And, we're just
19 one -- we're just one place.

20 Anybody who is in the treatment field, we're
21 in completely unprecedented territory; and, frankly,
22 we're unprepared.

23 Our hearts are broken with the families that
24 we work with. It's so sad.

25 I was saying on the way here, we have grief

1 counselors in our organization going and treating
2 our counselors.

3 And we cannot comprehend, and don't want to
4 comprehend, how devastating the losses are to the
5 families.

6 So as the sheriff said, yes, this is
7 personal. It's personal for us.

8 And I don't understand how it can be that we
9 are losing this many people, and we've not had a
10 huge call to arms.

11 And, you know, thank you for this, but, this
12 is -- think about what we did for Ebola.

13 I can't imagine that anything else could
14 happen and this many people would die, and this many
15 families would be affected, and, it's just not
16 enough. It's not enough.

17 So, we know how we got here. I don't have to
18 go into that.

19 You know heroin is a highly addictive drug.

20 Opiates are highly addictive.

21 We're -- as human beings, our biology, we're
22 powerless over the attraction of that kind of drug.

23 The addiction happens fast, with a rapid and
24 frightening decline. Individuals and their families
25 don't see it coming, and they don't know what to do.

1 Families alternate, really, between denial
2 and fear, rationalization and anger. They are so
3 not prepared for what is happening.

4 Imagine how any of you would feel if your
5 children were suddenly different, sick, unreachable,
6 and lost to you, for a deadly drug.

7 Horizon Health Services and Horizon Village
8 are on the front line of the battle. We serve
9 individuals and families experiencing problems with
10 behavioral health.

11 We know, we know from research and
12 statistics, and I'll spare you the details, that for
13 this kind of addiction, Horizon Village, or
14 something like Horizon Village, is the best chance
15 somebody has. Enough time and distance, not a few
16 weeks; enough time so that they come back, and they
17 become the people that they were.

18 It's the preferred level of care.

19 And the waiting list to get into
20 Horizon Village ranges between 65 and 100 people at
21 any given time. Those are not applications. Those
22 are people whose applications are completed, that
23 are waiting.

24 They're waiting.

25 If someone can't get into long-term

1 residential treatment, what are the alternatives?

2 You guys triage drug dealers?

3 We triage patients.

4 Horrible.

5 For some, they will go to short-term
6 inpatient which will provide some basic crisis
7 stabilization.

8 Others are linked directly to outpatient
9 treatment, which is generally ineffective in
10 providing enough structure for early recovery.

11 It helps if they're on medication-assisted
12 treatment. And we've already talked about the
13 waiting list for Suboxone.

14 Also, let me say, that nurse practitioners,
15 which are licensed and credentialed in
16 New York State to prescribe medication, cannot, even
17 with an eight-hour course, cannot prescribe
18 Suboxone; nurse practitioners, which are the, you
19 know, backbone of our health-care industry.

20 For individuals with serious addiction, and
21 their families, they're experiencing a living hell.

22 No one wants to be an addict. Unfortunately,
23 the power of opiate addiction is overwhelming. That
24 powerful addiction often leads to tragic results.

25 So what do we need to do now, and not wait?

1 We need to take action at every level of the
2 community. This is a public-health and community
3 crisis, and it should not wait any longer for us to
4 get more resources.

5 All sectors of the health-care and
6 human-service delivery system must be on alert and
7 participate in the prevention identification,
8 intervention treatment, and follow-up for serious
9 addiction.

10 Everybody in the health-care system, for them
11 to do that, they need education, and they need
12 support.

13 First, and foremost, broad-based community
14 prevention through information and education is
15 essential. It's important to know this is not a
16 disease of choice, willpower, or character.

17 And, educating children in fifth grade is not
18 the solution. We need a broad-based community
19 campaign of ongoing education.

20 We need harm reduction.

21 The power of the addiction leads to impulsive
22 and dangerous behaviors, often resulting in
23 overdose.

24 We can, and we do, save lives, by being aware
25 of the signs of overdose, and by equipping

1 everybody, honestly, everybody, in the community
2 with Narcan, which is the antidote to opiate
3 overdose.

4 We give Narcan to families, and every family
5 member needs Narcan.

6 If you are sitting there and you have a
7 family member who is addicted to opiates, and you're
8 not trained on Narcan, you need to call us, and
9 we'll get you trained and get you a kit.

10 There is a shortage of the kits, though, so,
11 that is a problem.

12 Yep.

13 Harm reduction can include engagement
14 interventions and community-based supports,
15 including support for families whose loved one is
16 either in early recovery or has relapsed or
17 continues a drug-abusing lifestyle.

18 When someone is struggling with a serious
19 addiction, we need to open as many doors of support
20 as possible for them and their families.

21 They're seriously ill.

22 Treatment is effective. Make treatment
23 available on demand.

24 We need to do the -- in order to do this, we
25 need to expand treatment and long-term recovery

1 resources in our community, including supportive
2 housing, recovery coaches, case managers, people out
3 in the community working with people.

4 Treatment can include medication and
5 counseling. The sooner someone can start, the
6 better.

7 We know that long-term recovery is possible,
8 and that affected individuals can live long,
9 healthy, and happy lives.

10 We're grateful to the Governor and to OASAS
11 for approving Horizon Village for an expansion grant
12 in 2013.

13 And I actually want to credit Avi and his
14 group for -- although, we've been screaming about it
15 for years, families make a difference, because they
16 think we're self-serving; like we wanted to serve
17 more people.

18 Honestly, we don't.

19 I'd be happy to sell shoes.

20 Those 25 beds are under construction and
21 development, and they'll be open next year.

22 Thank God it will help, but not solve our
23 problem.

24 Lastly, I want -- I want to -- I know that
25 people recover at their own individual pace. They

1 want to get better.

2 They want to get better.

3 It's hard.

4 We know that people can get better.

5 So, lastly, we need to do better. This is
6 urgent.

7 I'm hoping that, if you don't remember
8 anything else I said, it's about the urgency of the
9 problem.

10 We can have a lasting impact on this
11 epidemic, but it needs to be an urgent priority at
12 all levels.

13 Thank you.

14 [Applause.]

15 SENATOR ORTT: Anne, thank you very much.

16 I just want to mention that Anne has spent
17 her life doing this; her adult life.

18 So, she's only 35, but she's spent all those
19 years doing it.

20 [Laughter.]

21 ANNE CONSTANTINO: Thank you.

22 SENATOR ORTT: But, Anne, thank you very
23 much.

24 Okay. Our next panelist is Paul Wacnik,
25 who's a Ph.D., field medical director for Pfizer.

1 Paul, thank you for being here.

2 PAUL WACNIK, Ph.D.: Thank you.

3 I'm definitely going to change gears a little
4 bit and talk about pain medications.

5 And, of course, you know, I'm with Pfizer, so
6 we are developing pain medications, but these new
7 medications actually incorporate technology designed
8 to make misuse and abuse a lot more difficult.

9 And I really appreciate the Senator's efforts
10 to understand the entire spectrum of opioid use,
11 and, of course, abuse.

12 And my specialty is pain, pain management.

13 This afternoon -- and, again, I appreciate
14 your time.

15 So I'm a scientist at Pfizer, I'm an employee
16 at Pfizer. However, certain views that I'm going
17 talk about today are really my own opinions, and not
18 necessarily those of Pfizer.

19 And I didn't receive any honorarium or any
20 money to be here as well.

21 So part of my job, actually, is education.

22 In fact, that's one thing I do, is talk about
23 these new technologies, to make sure that everyone
24 is aware of them. But I also talk to physicians
25 about the different types of pain, the pains that --

1 where opiates are really not appropriate, and some
2 pains that opioid may be appropriate.

3 So let's first look at why doctors even
4 prescribe opioids.

5 As Avi mentioned, there's 100 million
6 Americans on chronic -- with chronic pain.

7 And if you combine all the cancer patients,
8 diabetic patients, heart-disease patients, it's
9 actually larger than that.

10 So, certainly, chronic pain is an epidemic of
11 its own, in its own right, and it's very costly.

12 The Institute of Medicine estimates
13 \$6 billion a year it costs to manage in lost work
14 productivity for chronic pain.

15 And, certainly, the biopharmaceutical
16 companies, biotech companies, you know, have other
17 drugs other than opioids. And we're working on new
18 drugs as well, that are not opioids.

19 But, today, there's still a place for
20 opioids, for the right patient.

21 And that's what we're getting at: it's got to
22 be the right patient.

23 And if you look at what these drugs say, and
24 this is what the FDA approves, it's only for the
25 patient that's failed other modalities, and these

1 are the extended-release opioids.

2 Now, the extended-release opioids are the
3 ones that have the highest opioid content. They're
4 made to be slowly released in the body for chronic
5 pain.

6 But once they're abused and tampered with,
7 then you get -- they get the big high, and that's
8 why they're abused.

9 So the technologies I want to talk about
10 today, are really to kind of, you know, hamper that
11 tampering ability.

12 And as we've been talking about, I mean,
13 there's a lot of costs, you know, and I don't need
14 to go over that, of treating abuse; you know,
15 medical costs, law-enforcement costs.

16 So, we certainly should be able to find money
17 to, you know, use these new technologies.

18 So what can a drug company do?

19 So we work with the FDA to actually develop
20 these. We're developing the technologies. The FDA
21 is giving us guidance; like, what you need to do to
22 show that these are -- potentially, can prevent
23 abuse, but still deliver pain relief.

24 So when we have a drug like this, we
25 certainly have to show they're effective for pain

1 relief, but also that they -- when tampered with,
2 they're not -- as -- you know, patients don't get
3 the high.

4 So the science is still evolving, but the FDA
5 has definitely recognized that this is -- this work
6 is important.

7 In fact, the deputy director for regulatory
8 programs, Dr. Throckmorton, stated, "The development
9 of these abuse-deterrent opioids is a public-health
10 priority for the FDA."

11 Similarly, the White House expedited the
12 development of these abuse-deterrent formulations in
13 one of their steps to address the prescription-drug
14 epidemic.

15 So I think a lot of people are on board.

16 Certainly, some pharmaceutical companies are
17 on board, including my own.

18 So the FDA came up with these guidance, and
19 what are the technologies?

20 There's several categories of technologies,
21 and the first technology that's been out there, is
22 to make the drug hard to crush. So you can't -- you
23 hammer it, you try to put it in a coffee grinder,
24 and it doesn't turn to a powder, so you can't snort
25 it.

1 OFF-CAMERA AUDIENCE MEMBER: You can't snort
2 it, but you can melt it.

3 PAUL WACNIK, Ph.D.: You can melt it?

4 But it's also -- that's one -- as I say,
5 that's one of the technologies.

6 So this is a brand-new area for developing
7 drugs, so that's one of the technologies.

8 If you try to dissolve it, it turns into a
9 gel so you can't inject it.

10 Other drugs, opioids, will have the
11 painkilling part and an antagonist, or something
12 that works against it.

13 So if you take the drug, you'll get -- and it
14 goes in your gut, you'll get pain relief, and it
15 will pass through -- the other drug will pass
16 through your body.

17 But this antagonist, if you crush it, and if
18 you dissolve it, it will come out in that solution.
19 So when you try to get high off of it, that other
20 drug blocks part of the high. So, only when it's
21 tampered with.

22 So those are two technologies that are out
23 there today.

24 The drugs are out there, they're available
25 to -- for prescribers to prescribe.

1 Future drugs will look like aversions.

2 So if you take an opioid the wrong way, you
3 try to abuse it, you'll get another drug that will
4 activate a fever or flushing or something that's
5 going to make it really unattractive to get high off
6 of that drug.

7 Another thing might be a delivery system,
8 where you actually put a depot in the arm, and it
9 slowly releases the pain drugs, and you can't,
10 again, get that high, where you get a lot of drug
11 into your system.

12 And other things, like prodrugs, that's a
13 technology that's -- the drug, the painkiller,
14 doesn't actually become active until it's in your
15 gut. So it's something that reacts in your body,
16 then you get pain relief. You can't manipulate it
17 outside of the body.

18 Again, this is our future, and I think this
19 is where pain opioids are going.

20 And as I mentioned, we're working at other
21 targets, other than opioids, but opioids still --
22 still play a role.

23 So the FDA does actually work with us, to
24 make us show that these are going to, potentially,
25 prevent abuse.

1 So, we have to do things on the laboratory
2 bench, such as the crushing, the grinding. You
3 know, we look at a serum of volunteers, to see if
4 there's more or less of the opioid in there.

5 But the ultimate test we have so far, is
6 actually to look at, actually, drug addicts.

7 So we give them, we blind them, so, here's
8 the non-abuse drug; here's the abuse-deterrent
9 formulation. And they don't know which it is. They
10 either snort it, inject it, or take it orally,
11 overdose -- not overdose -- I mean, just high
12 concentration.

13 And you ask: How high? How much do you like
14 it? Would you take it again?

15 And these abuse-deterrent formulations have
16 to show that there's a big reduction in that liking
17 of the drug.

18 And that's what the FDA has -- the guidance
19 they've given us, these are the kinds of studies we
20 have to do, and then we can get this labeling.

21 But, again, that's a very -- that's one --
22 you know, it's one study, with about 30 patients --
23 or, subjects, volunteers, but what does it mean when
24 it gets into the field?

25 Is it going to affect emergency room visits?

1 deaths?

2 I mean, those are the kinds of things we're
3 still learning.

4 One of these drugs, Oxycontin, has been out
5 now since 2010.

6 So we have -- you know, people have looked at
7 the data, and they've looked at, how does that
8 affect use of that drug?

9 And it turns out that it really has affected
10 the abuse of Oxycontin.

11 In fact, there was -- the study shows there
12 was a 41 percent decrease in abuse of Oxycontin.

13 So that's one drug that's abuse-deterrent.
14 It's not as valuable for the street value, and it's
15 abused a lot less.

16 We see that -- we that every time there's --
17 well, there's only one that's been out there for a
18 while, and it actually seems to really drop, in the
19 real world, some of this abuse behavior.

20 There's also some cost estimates connected
21 with abuse-deterrent formulations.

22 And we talked about all the costs and the
23 issues with treating abuse and addiction.

24 In fact, one researcher showed that, overall,
25 there could be -- that Oxycontin, in its

1 abuse-deterrent formulation, actually saved
2 \$430 million annually in health-care costs.

3 Another researcher estimated that, if all
4 drugs were abuse-deterrent, we could save between
5 1,700 and 4,000 dollars per patient.

6 So there is definitely cost-savings with
7 these deterrents, I think.

8 So, I just want to summarize:

9 So abuse-deterrent opioids incorporate
10 technology designed to make the opioids more
11 difficult to manipulate, misuse, or abuse, while
12 still providing pain relief for the chronic-pain
13 patients.

14 And it should also be noted that, all
15 opioids, even these new technologies, can still have
16 some -- they still have the potential to be misused
17 and abused and diverted. And predicting exactly
18 who's going to do that is a task that's very difficult.

19 So the opioid crisis is extremely difficult.
20 There's no magic bullet, as the Senator pointed out.

21 And, abuse-deterrent opioids will not be the
22 sole solution, but they can play an important role
23 as part of a comprehensive approach to adjust
24 misuse, abuse, and diversion.

25 So I ask the Senators to do what they can, by

1 oversight or by laws, to make sure that there is no
2 untoward barriers for doctors and patients to get
3 these abuse-deterrent opioids.

4 And I thank you for your time, and I'll
5 answer any questions.

6 SENATOR ORTT: Thank you, Doctor.

7 I know, Superintendent DalPorto, you have a
8 question.

9 SUPT. E. BRYAN DALPORTO: I just, more so of
10 a statement, really to the panel, and you, Senator.

11 And, with all due respect, sir, we certainly
12 appreciate the science behind it, because,
13 obviously, we need medications to cure illness.

14 So I say this with all respect, and I can
15 just tell you what I know as a policeman. I'm
16 certainly not smart enough to be a scientist.

17 But, when -- and I say this as an advisory to
18 the board, to yourself, when passing legislation,
19 and to your company, what we've seen in law
20 enforcement, often, specifically in a lot of our
21 cases in Niagara Falls, we've seen where doctors are
22 prescribing those pain medications, Oxycontin.

23 And then, you're right, the company has come
24 out with fixes, such as time-release mechanisms,
25 things like that, to make it less attractive to the

1 user, and to the doctor to prescribe.

2 That said, we've also seen the doctors then
3 turn around and prescribe a different type of
4 medication without those safeguards.

5 So my suggestion to you, sir, and your
6 company, and, again, with all due respect, when you
7 reengineer a drug or a narcotic to fix an issue,
8 let's take the old one off the market so that can't
9 happen; and, specifically, it happened with Oxy and
10 Opana.

11 [Applause.]

12 SUPT. E. BRYAN DALPORTO: And I say that with
13 all due respect.

14 I know, you know, your job on this panel,
15 specifically tonight, is very difficult, and I say
16 that with all appreciation.

17 But I do think the only way to fix this
18 problem is to be true and open.

19 And I think, you know, that's something that
20 really happened. You know, they switched from
21 Oxycontin, because of your good efforts, and moved
22 to Opana, which did not have the time-release
23 mechanism.

24 So if we're going to fix it, let's take the
25 old one off the market.

1 OFF-CAMERA SPEAKER: Yeah, I agree.

2 OFF-CAMERA AUDIENCE MEMBER: Isn't there a
3 drug, there is a shot, because my son wanted to get
4 it. There's a shot --

5 OFF-CAMERA SPEAKER: Vivitrol.

6 OFF-CAMERA AUDIENCE MEMBER: Yeah, yeah, if
7 you can't -- right. Because he was in rehab, he was
8 doing so good, I can't tell you. And he wanted that
9 shot before he got out, but his insurance wouldn't
10 give to it him.

11 SENATOR ORTT: Wouldn't cover it.

12 OFF-CAMERA AUDIENCE MEMBER: So he got
13 Court-ordered by, Judge Violante, court-ordered it.

14 But, then, my son wanted so bad to have it
15 before he got out, because most kids that are on
16 this, they don't want to be on it. You know, let's
17 be honest.

18 So, he -- Horizon, he's already been through
19 Horizon, boo-beep, boo-boop, he did everything,
20 right.

21 So now he's in trouble, goes through all the
22 other crap.

23 So, now, he has to go to Horizon to get the
24 shot. Horizon makes him go through like these three
25 different parts all over again, he's already been

1 through, and then he killed himself. He did it
2 right before he was going to get the shot, he did it
3 probably as much as he used to do, and he, OD'd,
4 because Horizon wouldn't give -- I'm not blaming
5 Horizon, but, you know, I just to --

6 SENATOR ORTT: I know.

7 OFF-CAMERA AUDIENCE MEMBER: -- try to --

8 SENATOR ORTT: And I -- I -- well, and -- and
9 I don't want someone up here to be blamed, because
10 there's no one --

11 OFF-CAMERA AUDIENCE MEMBER: No, but
12 I just --

13 SENATOR ORTT: No one --

14 ANNE CONSTANTINO: That's -- it's okay.

15 SENATOR ORTT: -- and --

16 OFF-CAMERA AUDIENCE MEMBER: (Inaudible.)

17 ANNE CONSTANTINO: Yeah, I do.

18 OFF-CAMERA AUDIENCE MEMBER: It's too bad the
19 insurance companies have to be like that. And I'm
20 sure that's why Horizon did that, because of certain
21 insurance regulations.

22 OFF-CAMERA SPEAKER: Regulations.

23 OFF-CAMERA AUDIENCE MEMBER: It shouldn't be.

24 SENATOR ORTT: And that's why we're here,
25 though, tonight, is to identify these things.

1 And I do want to make a statement about
2 Mr. -- Dr. Wacnik.

3 One of the things that I do think, you know,
4 Pfizer is not changing and spending millions of
5 dollars to come up with new drugs because they just
6 want to.

7 They're doing it because there's pressure to
8 do it.

9 And that's -- so I say that only to say that,
10 coming here, and calling your legislators, and going
11 to the news stations, and getting involved like Avi
12 talked about, it does work.

13 It is slow, and it's never as fast as we want
14 it to be, and it never brings back these people up
15 here.

16 But, each day, just like the recovery, each
17 day, Avi has to get up, and we have to push forward.

18 Each day, we have to make the calls.

19 And, slowly, you start to see new drugs come
20 out, with different safeguards, and that's a
21 component, because you're never going to get rid of
22 all pain medication. I think we all know that.
23 There is legitimate pain medication, and there are
24 going to be companies that produce it, and it's a
25 multi, sort of, process. There's the doctors,

1 there's the company, there's the insurance, which
2 that woman talked about, which I hear all the time,
3 insurance companies that really are -- there's an
4 issue there.

5 And I'm not picking on insurance companies,
6 because I'm going to get to them next. And I don't
7 want -- we saved them last.

8 No, I don't want to -- again, everyone here
9 plays a part in the ultimate solution. It's not one
10 person. It isn't the cop who locks the person up.
11 It isn't just the drug company. And it's not just
12 the State representative, or the person at Horizon,
13 or -- it's got to be all of this.

14 And part of it is learning this.

15 For me, certainly, I'm learning a lot.
16 I learned a lot last night. I learned a lot today.

17 But, again, I think this is an important part
18 to understand, that there are efforts, and there is
19 science afoot, to try and come up with very creative
20 ways to prevent people, you know, from abusing it.

21 Avi.

22 AVI ISRAEL: Senator, I just want to, Paul,
23 first of all, I commend you for being here, because
24 you were going to get beat up no matter what.

25 [Laughter.]

1 PAUL WACNIK, Ph.D.: True.

2 SUPT. E. BRYAN DALPORTO: But, I mean,
3 I really would like to ask you, in your own personal
4 opinion: Do you really think that opiates should be
5 prescribed for moderate pain?

6 And let's be honest.

7 Because, the FDA has approved opiates to be
8 prescribed for moderate to severe pain.

9 There is a place for opiates.

10 My God, if I was dying of cancer, give me all
11 the opiates in the world.

12 But if I have a back pain, you know and I
13 know that, that, you know, the use of opiates for
14 back pain, and stuff like that, really doesn't work.

15 Long-term use of opiates to eliminate pain
16 does not work. It just, basically, masks the
17 symptoms.

18 Do you really think that doctors should be
19 educated, when to prescribe it?

20 And do you think that the public should be
21 educated on when to take it?

22 And do you think that, let's save it for just
23 the severe pain?

24 I'd like to hear what you have to say.

25 PAUL WACNIK, Ph.D.: Yeah, so I don't

1 prescribe to anyone, because I'm a scientist.

2 AVI ISRAEL: No, no, I understand that.

3 PAUL WACNIK, Ph.D.: But I've studied pain,
4 you know, mechanisms, and know how opiates work, and
5 when they're...

6 And the simple answer is, yes, there should
7 be better alternatives to opioids.

8 The problem, the thing is, that opioids
9 still, because there aren't good enough alternatives
10 for opioids, we still are stuck with them for a
11 while.

12 I think we're working on better alternatives.
13 They haven't come along.

14 Pharma's tried a long time to have
15 alternatives, and it's not really been that
16 successful.

17 But, you're right; I mean, the science is
18 kind of -- is not that strong for long-term opioid
19 use.

20 In fact, it's more -- it maybe do more harm
21 for the patient than good.

22 But that said, for short-term use, possibly,
23 but then it's low doses.

24 So, I think education, and getting the
25 right -- again, the right patient, the right dose,

1 is where we gotta go.

2 So -- and the training, you know, for the
3 physicians is maybe not good enough.

4 SENATOR ORTT: And, Doctor --

5 And thank you for that question, Avi.

6 Doctor --

7 Yes.

8 OFF-CAMERA AUDIENCE MEMBER: I just want to
9 take a minute.

10 I wanted to say that I appreciate all you
11 people coming, and all that stuff. And I agree with
12 a lot of what --

13 SENATOR ORTT: We don't have a mic.

14 Ma'am, if you could just use the microphone.

15 OFF-CAMERA AUDIENCE MEMBER: -- and I
16 appreciate it, you know.

17 And I must say, I really feel bad for the
18 officers, and the reason I do, is because I don't
19 think you have enough men to get these guys who are
20 pushing it, because that's the origin of the drug
21 traffic. They're the ones that are pushing it.

22 They go to Target and Wal-Mart and buy these
23 phones that they throw out. And I thought, they
24 don't want to get involved because, see, that's
25 business.

1 Our lives don't mean anything, but, see,
2 that's business.

3 And if they had cameras to see who's buying
4 these phones, even though they send other people in
5 to buy them, they toss them. They buy five, six, at
6 a time, so they can't be traced.

7 Isn't that true?

8 SUPT. E. BRYAN DALPORTO: Yes, that's
9 absolutely true.

10 OFF-CAMERA AUDIENCE MEMBER: I understood
11 that.

12 And the other thing I heard, which I thought
13 was very valuable, is that there was a country,
14 I think, in South America, and I think it was
15 Bolivia, and I heard this not too long ago, and they
16 cut off the smugglers and the drug trafficking by
17 making tough laws.

18 If you sell it, you get killed if they catch
19 you.

20 So your walk to get these guys won't be at a
21 loss.

22 They will go to trial, whatever, and they'll
23 get killed; they'll take the electric chair, or get
24 shot.

25 And the ones that probably -- especially for

1 the kids who die because of these things, they're
2 being pushed, they call these kids, they call them
3 up, to see if you need anymore.

4 And the other thing is, these kids are afraid
5 to do anything, because they have the drive-bys,
6 where they threaten your family.

7 Isn't that true?

8 OFF-CAMERA SPEAKER: Yes.

9 SENATOR ORTT: Ma'am, do you have --

10 OFF-CAMERA AUDIENCE MEMBER: Well that's got
11 to be stopped.

12 And what do we need?

13 We need stronger laws, to get the source of
14 these things that are happening.

15 The source is more important; not more
16 important than the kids, of course not. But I mean,
17 it's where it's at.

18 And then the pills can, we won't need as many
19 from you, hopefully.

20 [Laughter.]

21 OFF-CAMERA AUDIENCE MEMBER: You know what
22 I mean?

23 So I just think -- and where I heard this
24 from was on Fox news, Bill O'Reilly, was a reporter
25 there, and he said, I think it was Bolivia, I'm not

1 sure.

2 But, we need that kind of laws.

3 We're letting these criminals come across the
4 border like it's Walt Disney, you know?

5 SENATOR ORTT: Right. And I certainly think
6 we can strengthen laws.

7 I don't think we're going to have Bolivia
8 laws.

9 [Laughter.]

10 SENATOR ORTT: Just, probably, you know, not
11 going to get to that point.

12 I don't think we're going have Bolivia laws,
13 but I know what you are trying to get at,
14 stronger --

15 OFF-CAMERA AUDIENCE MEMBER: But we do have
16 electric chairs.

17 SENATOR ORTT: -- stronger penalties.

18 OFF-CAMERA AUDIENCE MEMBER: And we do do --
19 still do do some hangings.

20 SENATOR ORTT: I think the death penalty was
21 outlawed in New York State, though. So --

22 OFF-CAMERA AUDIENCE MEMBER: I think America
23 has become wimpish, and sort of the politicians.

24 SENATOR ORTT: Sure.

25 OFF-CAMERA AUDIENCE MEMBER: And they have

1 to, have to, do something about the laws, to make
2 them stricter, because they're coming across like
3 little ants.

4 SENATOR ORTT: I think these guys would all
5 agree with you on that.

6 But thank you for your comments on that.

7 OFF-CAMERA AUDIENCE MEMBER: No problem.
8 Thank you.

9 [Applause.]

10 SENATOR ORTT: Thank you.

11 I've been called worse than "a wimp," that's
12 for sure.

13 [Laughter.]

14 SENATOR ORTT: I just wanted to say, again,
15 the fact that a company like Pfizer, these
16 companies, obviously, like any other company, make
17 money. That's why they exist.

18 I mean, let's be honest.

19 So they don't spend extra money if they don't
20 have to.

21 And so I think my point is, to me, that's an
22 example of the pressure from people talking about
23 this, and pushing it, whether it's an Anne, whether
24 it's an Avi, whether it's law enforcement, people
25 like me.

1 And you get to people like me, and then I
2 start talking about it.

3 And then people like Pfizer, and his bosses,
4 start to react.

5 And don't forget, too, they, ultimately, when
6 these drugs -- for these drugs to be approved, are
7 approved at the federal level.

8 So, this isn't just a community or state
9 issue. I'm sure the doctor will probably agree.
10 This is also something to talk to your federal
11 officials, whether it's Congressman Collins,
12 Congressman Higgins, Senator Schumer or Gillibrand,
13 because they do play -- can play a part in drugs
14 coming to market or being approved, these new drugs,
15 because they will get pressure, sometimes, as you
16 can imagine, from companies who say, We don't want
17 this to come because it might change our business
18 model, or whatever.

19 So just keep that in mind as well.

20 This is, again, a broad range.

21 But, Doctor, I know you came from, is it
22 Boston?

23 So, thank you for coming in.

24 And, certainly, I'd appreciate if you would
25 stick around. Maybe somebody wants to grab you

1 afterwards.

2 SUPT. E. BRYAN DALPORTO: Senator, can I ask
3 one quick question of the doctor?

4 SENATOR ORTT: Sure.

5 SUPT. E. BRYAN DALPORTO: Doctor, how long
6 have you been in the business with Pfizer?

7 PAUL WACNIK, Ph.D.: Pfizer, for one year.

8 SUPT. E. BRYAN DALPORTO: Well, the business,
9 I guess, itself, not really Pfizer.

10 PAUL WACNIK, Ph.D.: Been in pain research
11 for 12 years.

12 SUPT. E. BRYAN DALPORTO: I guess the reason
13 I ask is, I'm cur -- I'm going to take off my
14 sheriff uniform for a minute and put on my dad hat.

15 I took my 16-year-old for her consultation to
16 get her wisdom teeth out last week.

17 At the end of the consultation, the lady, who
18 was very nice, at the desk said, going through the
19 whole procedure, "When she's all done, we'll give
20 her a prescription for pain medication."

21 And I said to her, "No, thank you."

22 And she goes, "Well, we'll just give it to
23 you. You can take it if you need it."

24 And I said, "No, thank you. I don't want it.
25 She's not taking anything that's opium-based."

1 And I just got this blank stare from her, and
2 I said, "Don't waste the paper."

3 Now, in August of '84, I got my wisdom teeth
4 out, and Dr. Minenti (ph.) told me, "Put some ice on
5 it. If it really hurts, take an aspirin."

6 OFF-CAMERA SPEAKER: Yeah.

7 SUPT. E. BRYAN DALPORTO: The question is,
8 what's changed?

9 PAUL WACNIK, Ph.D.: Well, that's a really
10 good question.

11 Certainly, there are more options for pain
12 relief. I mean, heard about some of them today, you
13 know, where there's a pump, if you're getting a
14 surgery in the hospital, different classes of pain
15 analgesics.

16 So, when we're talking about opioids, that's
17 just one. There's others that work on different
18 receptors in the brain, and so that has changed.

19 There are more options, actually, than
20 opioids, but opioids are always effective. I mean,
21 it works across the board.

22 Other drugs maybe works for one person, not
23 for another person.

24 Opioids, as was mention, because of our own
25 biology, we have the receptors, we're going to

1 respond to these. So, it's a very simple solution
2 that works for everybody.

3 But you can use small doses and in short time
4 courses. I mean, this needs to be managed properly.

5 So I don't think there is any one thing that
6 has happened, to answer your question.

7 I mean, hopefully, we're getting -- we are
8 getting to have more options, but, it's still --
9 because it is so effective and so potent for a pain
10 reliever, we still have it; we still have opioids,
11 and a lot of them.

12 And there's a lot of different companies that
13 make them. You know, some of them are really cheap,
14 they're generic.

15 You know, they're -- it's -- so to regulate
16 the use and practice, and making everyone use
17 abuse-deterrent formulations, will take -- we
18 can't -- I doubt we're going to regulate ourselves
19 as an industry.

20 We can develop these new drugs with the
21 technology, but it will take, probably, laws, or --
22 to make everyone -- you know, all abuse-deterrent.

23 So -- because if there's money to be made
24 with the non-abuse, deterrent formulation, they're
25 going to make it.

1 Insurance companies have to pay for it as
2 well. That's the thing too.

3 AVI ISRAEL: I think we need to retrain our
4 prescribers as to not prescribe that stuff.

5 I've ran into so many parents with the same
6 thing: Just take them. Just take them. Don't call
7 me over the weekend because I'll be playing golf.

8 You know, all that stuff.

9 We need to really retrain our prescribers --
10 when I say "prescribers," because it goes across the
11 board, from doctors, to nurse practitioners, to
12 physician assistant -- to start using other things,
13 and not -- the first option should not be opiate.

14 Opiate should be the last option to be -- to
15 treat pain, especially for moderate pain, like a
16 wisdom tooth pulled.

17 We all survived wisdom tooth, and, you know
18 what?

19 SENATOR ORTT: You have to use the
20 microphone, to -- yes, you do. Unfortunately, this
21 is all being taped.

22 UNIDENTIFIED AUDIENCE MEMBER: Oh, then maybe
23 I don't want, so --

24 SENATOR ORTT: Well, then, maybe not.

25 UNIDENTIFIED AUDIENCE MEMBER: This is for

1 sheriff.

2 You are the third person that I've spoken
3 with, who talked to me, who talked of their child,
4 for their wisdom teeth, getting Lortabs.

5 Kathy Hockel (ph.), I spoke to her last
6 October. Her daughter was prescribed Lortabs for
7 wisdom teeth.

8 Chief Wickett, of the town of Hamburg police,
9 just told me a couple weeks ago, he refused, just
10 like you did, to have Lortab prescribed for his son
11 to have his wisdom-- his daughter, I'm sorry.

12 What is going on with the ice pack and
13 Tylenols that we used to get when we had our wisdom
14 teeth?

15 I don't understand where the mindset is in
16 these -- with these dental procedures that are
17 minor.

18 We just lived with the pain like for a day
19 and a half, two days.

20 I don't understand -- I don't understand.

21 I got Lortabs for a broken leg. I took two.
22 I didn't take anymore because they made me so --
23 I was, like, this is ridiculous. This is absolutely
24 ridiculous.

25 And as far as the Oxycontins are concerned,

1 the State of Kentucky is now in the midst of suing
2 the company that started -- that started -- it's a
3 small Connecticut, family-based company, that
4 actually are the people, the pharmaceutical company,
5 that actually came out with Oxycontin.

6 I don't have any faith in the FDA, because
7 they approved the company that made them, small
8 company, said, They're not addictive, they're not
9 addictive, they're not addictive.

10 SUPT. E. BRYAN DALPORTO: Purdue Pharma.

11 You can say it, Purdue Pharma.

12 UNIDENTIFIED AUDIENCE MEMBER: Thank you.

13 I forgot the name.

14 And the FDA took their word for it, looked at
15 their research, which was false, and said, Okay.

16 SUPT. E. BRYAN DALPORTO: They got fined
17 \$650 million.

18 UNIDENTIFIED AUDIENCE MEMBER: Did it --

19 SUPT. E. BRYAN DALPORTO: That's a slap in
20 the hand when you are making.

21 UNIDENTIFIED AUDIENCE MEMBER: Billions.

22 SUPT. E. BRYAN DALPORTO: -- \$3 billion a
23 year.

24 UNIDENTIFIED AUDIENCE MEMBER: Billions.

25 And so my faith in the FDA is a little --

1 SENATOR ORTT: But that's why you have to
2 reach out to your elected, because, you know,
3 they -- if you tell them, say, Look it, I don't
4 believe the FDA, so have you to hold the FDA's feet
5 to the fire on some of this stuff, certainly.

6 But I appreciate that. That's a very good
7 comment.

8 UNIDENTIFIED AUDIENCE MEMBER: And then, as I
9 said, Lortabs for wisdom teeth, it just boggles my
10 mind.

11 AVI ISRAEL: I testified in front of the FDA
12 about two years ago, against Zohydro.

13 Zohydro is a pill that came out, with up to
14 50 milligrams of heroin in there, crushable.

15 And, the advisory committee voted 11-to-2 not
16 to approve that pill.

17 Not to approve it.

18 And a day after hydrocodone was up-scheduled
19 to Schedule II, which you can only get a 30-day
20 supply, the FDA has approved Zohydro.

21 Can you imagine your kid taking up to
22 50 milligrams of heroin, basically, made in a lab,
23 crushing it and snorting it?

24 There were people that came to testify that
25 couldn't find a podium, that's how high.

1 Five people died during the trial of that
2 pill; and, yet, the FDA has approved it.

3 And what I heard from Doug Throckmorton, and
4 which do I talk to him on a regular basis, his
5 explanation was, there's a need for the pill.

6 There's a need for it.

7 We have 760 different combinations of opiates
8 on the market today.

9 There's a need for another pill.

10 SENATOR ORTT: Thank you, Avi.

11 We've got to move on to the next panel,
12 because we have two more that we have to get through
13 in about a half hour.

14 So I'm going to ask both panelists to limit
15 your remarks to 15 minutes, if you can.

16 DONALD INGALLS: Oh, I'll be quicker than
17 that, Senator Ortt.

18 SENATOR ORTT: I just wanted to let everyone
19 know, because this is an actual hearing, anyone who
20 spoke needs to give their name, because it needs go
21 in the official transcript.

22 So, nothing is going to happen to you if you
23 give your name. No one is going to come visit you.
24 It's just for the record, because this is a legal
25 hearing conducted by the New York State Senate.

1 So, I'm sorry I didn't say that before.
2 Perhaps it would have dissuaded somebody; I hope
3 not.

4 I didn't know that myself, so, next time
5 we'll all know.

6 So, I'll now turn it over to Don Ingalls from
7 BlueCross.

8 DONALD INGALLS: Thank you so much,
9 Senator Ortt. Glad to be here.

10 I'm Don Ingalls, vice president of state and
11 federal relations for BlueCross and BlueShield of
12 Western New York, and very pleased to be here to
13 testify.

14 There's been a lot of conversation by a lot
15 of panelists today about the need for education and
16 prevention, and I think that's probably been a
17 universal comment from everyone.

18 So I'm here just to describe a
19 public-awareness campaign that we undertook
20 regarding the epidemic of prescription painkillers.

21 Avi and his wife came to us back in 2013 and
22 talked to us about the issue, and we listened; we
23 learned the statistics that we've talked about
24 tonight, and other statistics, and how the epidemic
25 has spread and has been -- has grown, and we took

1 action.

2 We responded by leading a community-wide
3 initiative to raise awareness of the danger of
4 painkiller addiction, and we were able to pull
5 together over 50 community organizations and
6 businesses, to educate our communities and provide
7 access to help.

8 And, collectively, the community partners
9 that were involved in the effort committed more than
10 \$1.6 million to the campaign.

11 It was officially called "Project Hope," but
12 it was dubbed "Painkillers Kill" in advertising and
13 social media.

14 And, together, the campaign eventually
15 generated about \$3 million in earned media. So, it
16 was quite extensive.

17 It had several components, aimed at
18 increasing awareness and education.

19 First was a 30-minute documentary produced by
20 public-television station WNAD, which aired several
21 times, and included a call-in opportunity for people
22 that needed, wanted, more information and help.

23 And I think, as people who were there know,
24 that the phones started ringing before the show
25 aired, and kept ringing afterwards, and a great need

1 for information, and people were calling.

2 It was -- also had a hard-hitting TV, radio,
3 print, billboard, and online advertising campaign
4 dealing with the death from painkiller addiction and
5 the severity of the problem.

6 A unique website was managed by our friends
7 at Horizon Health Services, to serve as a central
8 resource for people looking for help and looking for
9 information, including a 24/7 toll-free hotline.

10 We had education in middle schools, including
11 resources and curriculum plans.

12 Information cards; cards were distributed to
13 local pharmacies and doctors offices and schools
14 about the painkiller issue and about how to get
15 help.

16 Promotion of Western New York prescription
17 drug drop-off events.

18 And, a continuing medical education event,
19 course, attended by over 250 health-care
20 professionals and prescribers.

21 The results were pretty impactful.

22 We did a study after five months of the
23 campaign, and we found:

24 That two of three consumers that were
25 surveyed recalled seeing the campaign;

1 72 percent of consumers indicated that the
2 campaign had increased their awareness of the
3 effects of painkillers, and the problems that can
4 happen;

5 95 percent of people responding recognized
6 that prescription painkillers are highly addictive;

7 And one-third, at the time, stated that --
8 realized that painkillers were a synthetic form of
9 heroin.

10 More importantly, more than one in three
11 consumers took action based on the campaign; most
12 often, by discussing the topic with friends or
13 family, or discarding the expired medications in
14 their medicine cabinets, as Miss Catanese had talked
15 about.

16 In survey of the 184 medical providers that
17 attended the campaign's events, more than 80 percent
18 agreed that the program enabled them to properly
19 discuss medication level -- addiction levels of
20 prescription painkillers, and described the
21 resources are available for treatment and recovery.

22 I just reiterate this and share this
23 information about the campaign as one example of
24 what's possible to do in terms of educating the
25 community and medical professionals and parents and

1 young adults in -- into the problem, and urge that
2 building on the success of this, that other efforts
3 continue at the statewide level.

4 The "Combat Heroin" website is an important
5 element, an important effort.

6 And I know the Senate has put in, I think,
7 \$12 million in the budget, in terms of some of the
8 programs, going forward.

9 But I think this program, this campaign,
10 really showed the need for education and prevention,
11 going forward.

12 We can't treat our ways out of the epidemic
13 alone. We have to prevent it. And education, as
14 Avi and others have said, is the key to doing that.

15 So I'm here to advocate for that, and glad to
16 be a very part of this.

17 SENATOR ORTT: Don, thank you for your
18 testimony, and I think your point is well taken
19 that, just, you know, you can't treat your way out
20 of it, you can't arrest everybody; you know, you're
21 never going to get rid of every pain medication.

22 The key is, I think, on the prescription and
23 education side.

24 SUPT. E. BRYAN DALPORTO: I wish that
25 other insurance companies jumped in like

1 BlueCross/BlueShield did. They did a terrific job.

2 SENATOR ORTT: Well, that's great.

3 You guys can be a -- perhaps a leader for the
4 other insurance companies, as you've been in other
5 areas.

6 DONALD INGALLS: Thank you.

7 SENATOR ORTT: Thanks, Don.

8 Our last panelist tonight is Monica Romeo.

9 Fittingly, she is from Niagara University,
10 and so I guess it's a fitting way to wrap up the
11 hearings.

12 So, Monica, thank you for being here, and
13 thank you for your testimony.

14 MONICA ROMEO: I'm so happy to be here to
15 talk about this really important topic.

16 I'm the director of the university counseling
17 center here at Niagara University.

18 And, often, people believe college to be kind
19 of a protective factor in a student's life; you
20 know, it's this kind of little bubble of a happy and
21 great time in a student's life.

22 What we find, when it comes to addiction, is
23 that, often, that is where college is not a
24 protective factor.

25 So we work really hard, educationally, to

1 inform our students of the services that we offer.

2 And we also collaborate extensively with
3 providers off campus. Horizon is one of our
4 number-one referral sources off campus.

5 I would say, Senator, that probably the most
6 important thing I would love to convey, in terms of
7 how do we address this issue, is education.

8 The destigmatization of mental health and
9 addiction is huge.

10 What we see on campus is that students are
11 afraid; they're afraid to admit that they use, and
12 they're afraid to tell other people that they use.

13 So when we're working with a student who has
14 an addiction, and we see very few students with a
15 heroin addiction or an opioid addiction who are
16 willing to come forward, but when they do come
17 forward, the challenge is getting them to open up to
18 their family and have that conversation with them,
19 because mental-health laws do dictate, you know,
20 once a student is 18, I can't just call mom and dad
21 and say, "I'm really worried about your son or
22 daughter. Here's what's going on." I have to get
23 permission from that student to have that
24 conversation.

25 So education to destigmatize how we view, as

1 a society, mental health; and, particularly,
2 addiction, that heroin and opioid addiction, you
3 know, does not discriminate. It affects people from
4 all walks of life, genders, races, geography.

5 So that's really important.

6 I think the other piece that's really
7 important, and I would love to see our insurance
8 companies take a lead in this, is educating our
9 seniors in high school and their families on how
10 they use their insurance once they go to college.

11 So, we'll see students from across the state,
12 as well as across the nation, who come here, and
13 then when they have an addiction, where we do send
14 them for treatment?

15 So, I may be able to call Horizon, but if a
16 student is from Connecticut, their insurance doesn't
17 work here; or the student is from Syracuse, so
18 they're out of network in Niagara County.

19 So what happens then, is that the student has
20 to withdraw. So now we have a student who, parents
21 have paid for half of a semester, and now parents
22 are out, you know, that money.

23 Financial aid, you know, implications kick in
24 for financial aid. After six months, you have to
25 start paying back loans.

1 You know, there's so many things that come up
2 because we're just not sure how to utilize the
3 supports that we have.

4 The other issue is, where do we send
5 everybody?

6 You know, unfortunately, we're clogging up
7 Horizons, and a lot of students are on their waiting
8 lists, because we just don't have enough providers.
9 And we certainly don't have enough providers on
10 campus. We just can't fund everything as much as we
11 would like to; just as Horizons probably would love
12 to hire 100 more counselors, funding, and, you know,
13 salaries, prohibit them from doing that.

14 So, I think the education and funding pieces
15 of this puzzle are probably the most important for
16 us in being successful in addressing this issue.

17 And if ever the phrase, "It takes a village,"
18 right, to support a child or a family member or a
19 loved one, this is probably one of the cases where
20 it is the most salient.

21 So, thank you.

22 SENATOR ORTT: Well, thank you very much,
23 Monica.

24 Certainly, I'm also -- in addition to this,
25 I am the Chairperson of the Senate Committee on

1 Mental Health and Developmental Disabilities, which
2 I'm sure you know.

3 MONICA ROMEO: Of course I do.

4 SENATOR ORTT: Because you're up on your
5 profession.

6 But, I certainly know the connection between
7 mental health. And it's not -- it doesn't mean
8 you're -- you know, you're someone who needs to be
9 in a padded room.

10 Mental health is a stigma that goes along
11 with that as well.

12 You could have a very minor -- someone you
13 know, that appears to be functioning, may suffer
14 from depression, or whatever it may be.

15 A lot of times, that will lead to addictions
16 or substance abuse of some sort, where they're
17 self-medicating to deal with whatever mental-health
18 issue, or, that leads to, maybe, some poor judgment,
19 in a lot of cases.

20 And then when you combine the mental health
21 with the addiction, needless to say, that's a very
22 bad combination.

23 And I'm sure you see that on a regular basis.

24 So that's, certainly, something near and dear
25 to my heart.

1 I guess, just as a conclusion, I really can't
2 thank the panel --

3 I'm sorry?

4 OFF-CAMERA SPEAKER: Transportation.

5 SENATOR ORTT: Transportation is also an
6 issue.

7 Again, I -- if you're going to make a
8 comment, you need to come forward with your name and
9 a microphone.

10 ATHENA TUCKER: My name is Athena Tucker.

11 I work as a registered nurse and care
12 coordinator for St. Mary's Neighborhood Health
13 Center.

14 I'm also a resident of North Tonawanda, so
15 I had the privilege of Senator Ortt being my mayor.

16 SENATOR ORTT: Well, thank you, Athena.

17 ATHENA TUCKER: So, anyways, transportation
18 is a huge issue, especially with my patients that
19 are on Medicaid. Okay?

20 Transportation was cut in the beginning of
21 the year, so now my Medicaid patients have to get
22 bus tokens.

23 What does that mean?

24 It means that they have to call the
25 social-services office, the 800 number for Medicaid,

1 or whatever, for transportation, seven days in
2 advance to get bus tokens.

3 Seven days in advance.

4 Now, this puts a strain, especially on my
5 patients that happen to be from North Tonawanda.

6 Because North Tonawanda doesn't have a lot of
7 primary-care providers, so I do get patients from
8 North Tonawanda into Niagara Falls.

9 How are my patients supposed to go pick up
10 the bus tokens?

11 Okay. How are they supposed to make it to
12 their programs, because there are no programs in
13 North Tonawanda?

14 This is my plea:

15 We need more programs.

16 We need transportation, public
17 transportation.

18 To get to North Tonawanda, I think there's
19 one metro bus later in the evening. I mean, I've
20 tried to get the schedules, and, no match, no match,
21 no match.

22 To get to Niagara Falls from North Tonawanda,
23 you have to walk to Tonawanda and take a bus from
24 Tonawanda into Niagara Falls.

25 One of our primary mental-health people was

1 the Dale Association, which was located in, you
2 know, more of the downtown region there. And, it's
3 moved now to River Road, not within walking distance
4 of some of our families.

5 I'm actually being proactive, not even just
6 with my position over at Mount St. Mary's, but in my
7 own community. I just got an approval from our
8 current mayor to do a city health assessment and a
9 survey, to really, really get in the -- you know, in
10 the depths; in the highways and the byways, and, you
11 know, really listen to their need in there.

12 So I just wanted to put that out there.

13 SENATOR ORTT: Sure.

14 ATHENA TUCKER: And, Sheriff Voutour, and
15 even -- I'm sorry --

16 SUPT. E. BRYAN DALPORTO: Chief DalPorto.

17 ATHENA TUCKER: Yes, sorry.

18 -- I'm sure you're familiar with
19 Kelly Linfel (ph.). She was crime analyst with NFPD
20 for a while.

21 Your crime maps that you're looking for, for
22 drug-related crimes, and whatnot, to know what's
23 really in there, that data, that statistics, she
24 already has that data and those statistics. She
25 actually finished it in one of her master's programs

1 here for criminal justice.

2 And when she had told me that she was working
3 on these crime maps, I asked her, I said, Well, can
4 you do some on drugs, so when I'm out there
5 educating and providing my brief intervention with
6 these one-on-one people, and trying to connect them
7 with these linkages and these -- and these resources
8 that we do have in the community to help them? she
9 did those.

10 And for Niagara Falls, I actually forwarded
11 it to a friend of mine, Claudia Kurtzworth (ph.),
12 who was writing the county health assessment at the
13 time, back in 2013. And her data was actually used
14 for that, for Niagara Falls.

15 As far as I know, the North Tonawanda crime
16 maps, I don't think that they left the roll-call
17 office at NTPD.

18 So, I'm sorry the that chief left.

19 SENATOR ORTT: Well, certainly,
20 transportation, I thank you for coming forward and
21 speaking.

22 Certainly, transportation is a major issue
23 when it comes to a lot of folks in Western New York,
24 and, certainly, Niagara County.

25 And I know, recently, we did secure some

1 additional funding for the NFTA, but, that's a
2 bigger issue. We could have a hearing just on that.

3 But, I really want to thank the panelists for
4 being here.

5 I know a lot of you shared very personal
6 stories.

7 Many of you are engaged in this as your life
8 work. This is not just a hearing for you. This is
9 a mission; this is something you're engaged in for
10 the rest of your life. And, I thank you for that.

11 To the folks in law enforcement, thank you.

12 To both of you, I have no words to
13 (a) express. You have a lot of courage being here.
14 I wouldn't even begin to say that I know how you
15 feel; but, certainly, I'm empathetic.

16 And I appreciate you being here, because it
17 certainly impacts all of us, and helps us get to
18 where we want to be.

19 And to all of you who continue to try and
20 effect positive change, I thank you very much for
21 what you're doing.

22 And to all of you, who -- and especially to
23 all of you, because you stayed all the way through.

24 I wish could I say there was an award or
25 something, but there's not, but, I know it was very

1 interesting.

2 And, certainly, hope -- I'm hoping you will
3 take something out of this as you go back into your
4 communities, to your homes; even just from being
5 here tonight, that you heard some good things, some
6 areas where we need to improve, obviously, and maybe
7 some action items for all of you as well.

8 So, there will be -- again, there will be
9 more hearings.

10 I don't know -- there was one in Rochester,
11 one here tonight. I don't know if there will be
12 another one up in this area, but, certainly, keep
13 watching the news.

14 You can reach out to my office.

15 Especially, as we get into June, we are going
16 to attempt to pass legislation, and using these
17 hearings as a guide. So, certainly, look for that.

18 And, again, thank you for being here.

19 [Applause.]

20 (Whereupon, at approximately 7:30 p.m.,
21 the public hearing held before the New York State
22 Joint Senate Task Force on Heroin and Opioid
23 Addiction concluded.)

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