

Rapid Evaluation & Appropriate Placement (REAP)	Family Support Heroin Opiate Prevention Engagement Project (H.O.P.E.)	Community Education	Provider Education & Policy Reform	Hospitals & Emergency Departments	Naloxone Access	Treatment Providers
Dan Rinaldo NYNJ High Intensity Drug Trafficking Area (HIDTA)	Debra Smith Mother & Erie County Probation Officer	Barbara Burns Public Affairs Officer US Attorney's Office Western Region of NY	Dr. Gale Burstein Erie County Commissioner of Health Dr. Paul Updike, Med. Director, STAR Program Catholic Health	Dr. Joshua Lynch Director, Pre-Hospital Care Millard Fillmore Suburban Hospital	Cheryll Moore Medical Care Administrator ECDOH	Michael Ranney Erie County Commissioner of Mental Health

Mission:
To provide a framework for organizations and individuals from across the opiate overdose continuum to collaborate, develop, and share best practices to provide for timely sharing of information.



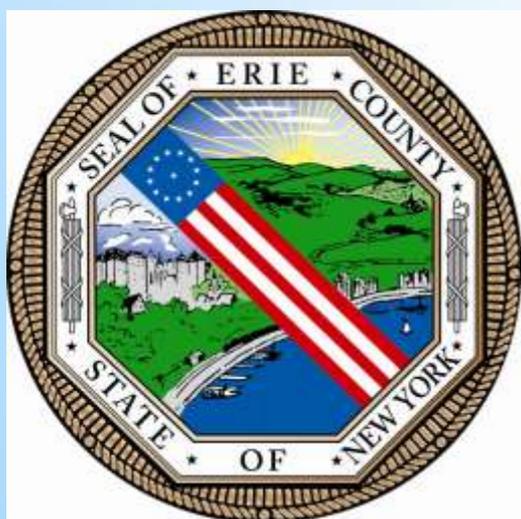
**24 Hour Addiction Hotline
716-831-7007**



Opioid Overdose Prevention Training

ERIE COUNTY

DEPARTMENT OF HEALTH



Welcome & Thank You

Introduction of Trainers

Cheryll Moore

Erie County Department of Health

Captain Patrick Mann

Buffalo Police Department

Welcome & Thank You

**Who do we work with in the community?*



Evergreen Health Services

Help for Today. Hope for Tomorrow.



Horizon

HEALTH SERVICES

Help today. Better tomorrow.

Learning Objectives

WHY ARE WE HERE?

Learning Objectives

The Opioid Epidemic in Erie County today -
what happened?

Signs and symptoms of an opioid overdose

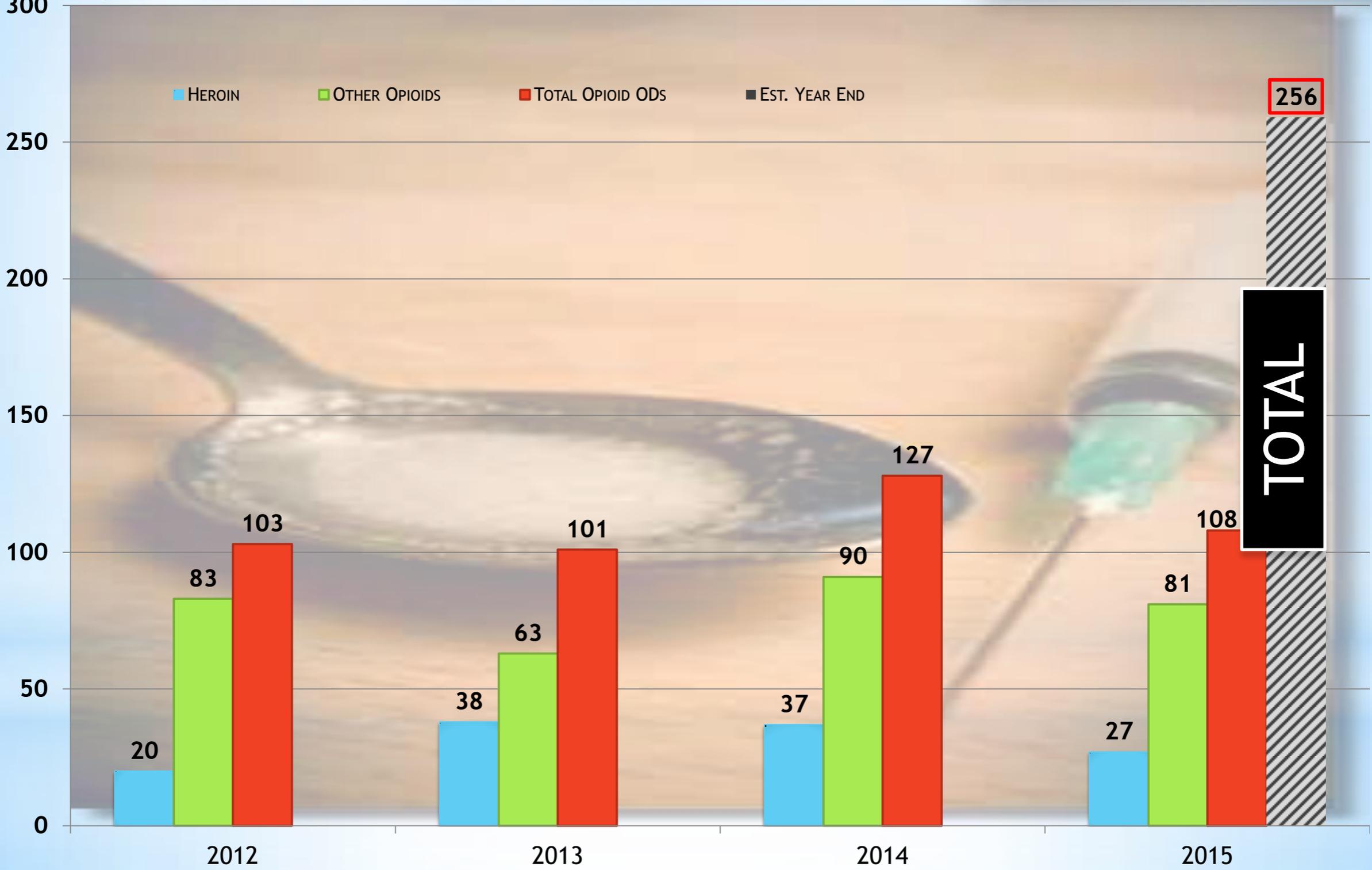
Good Samaritan Law

ESAP and SEP

Use of Narcan (naloxone) to reverse an
overdose

Reporting and follow up

FATAL OPIOID OVERDOSES 2012 - 2015



Source: Erie County Medical Examiners Office, Closed Cases--Reporting date 09/10/2015

* Heroin and/or Fentanyl Related Death Demographics

Erie County, 2014

Gender

- 79% Male
- 21% Female

Race/Ethnicity

- 92% White
- 4% Hispanic
- 4% Black
- < 1% Native American
- < 1% Other

Deaths occurred throughout all parts of the County

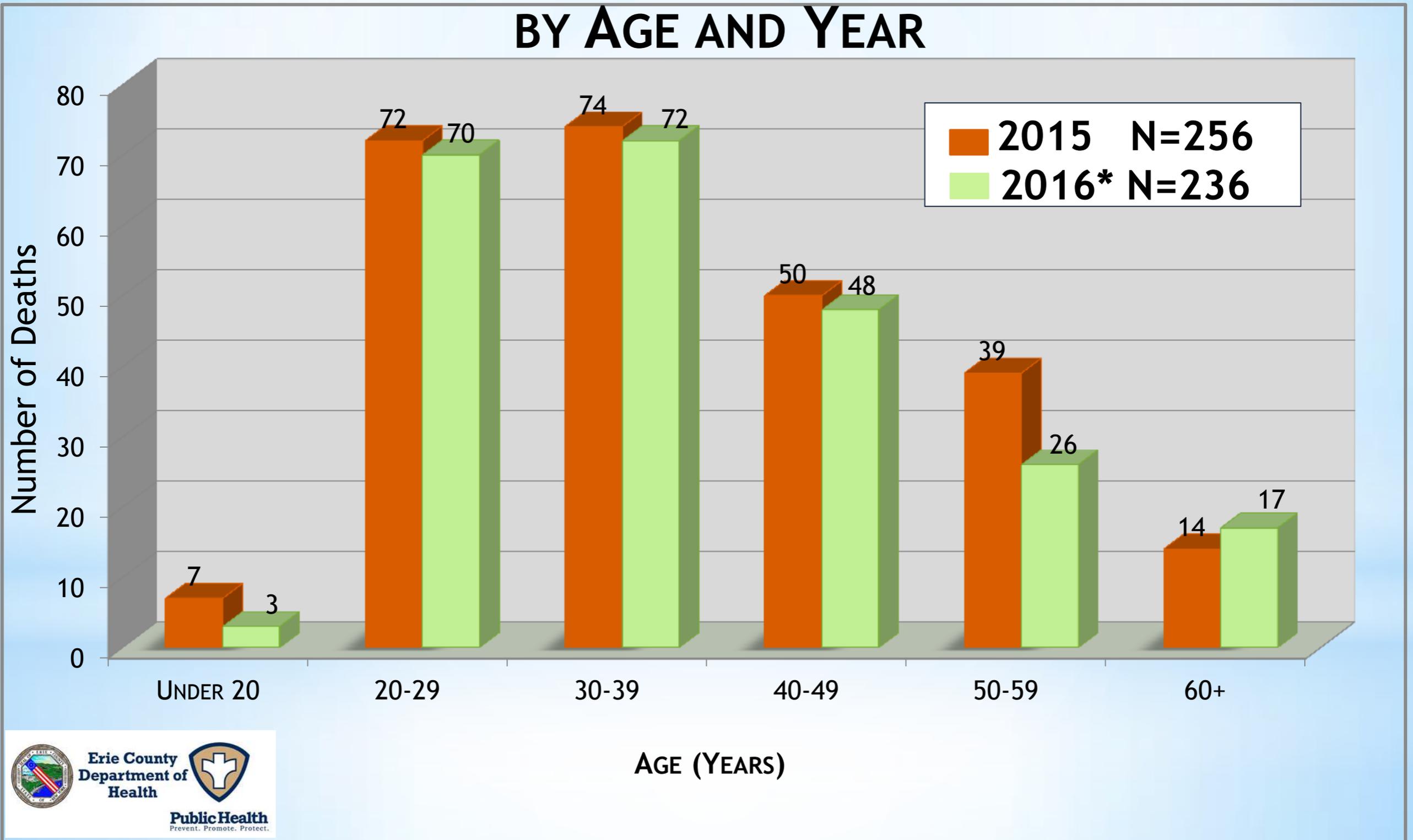


Age Range 19-68 years

- 20s – 31%
- 30s – 24%
- 40s – 17%
- 50s – 21%

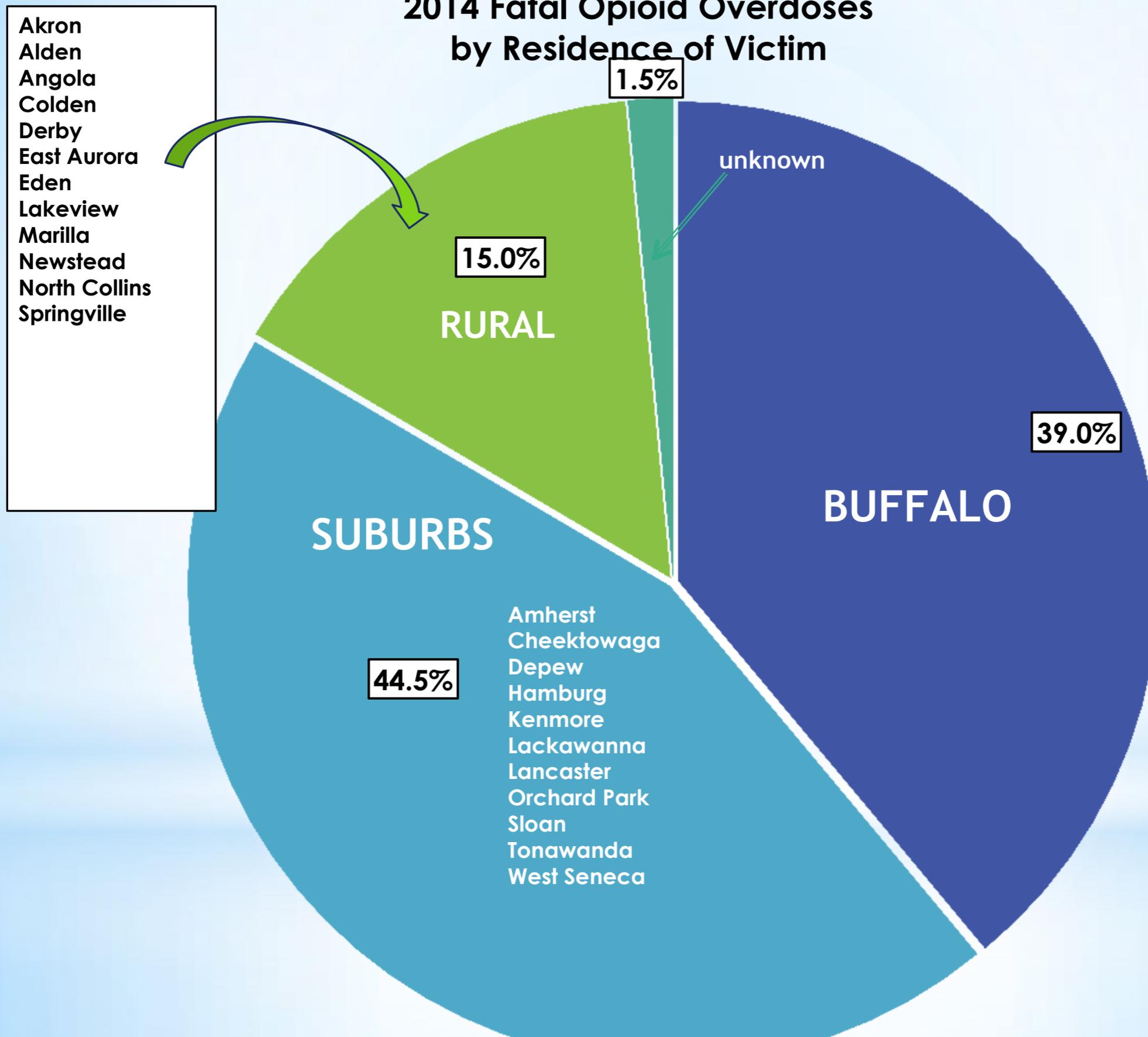
2015 AND 2016* ERIE COUNTY OPIOID DEATHS

BY AGE AND YEAR



SOURCE: ERIE COUNTY MEDICAL EXAMINERS OFFICE, *CLOSED CASES REPORTED THRU 1/4/2017

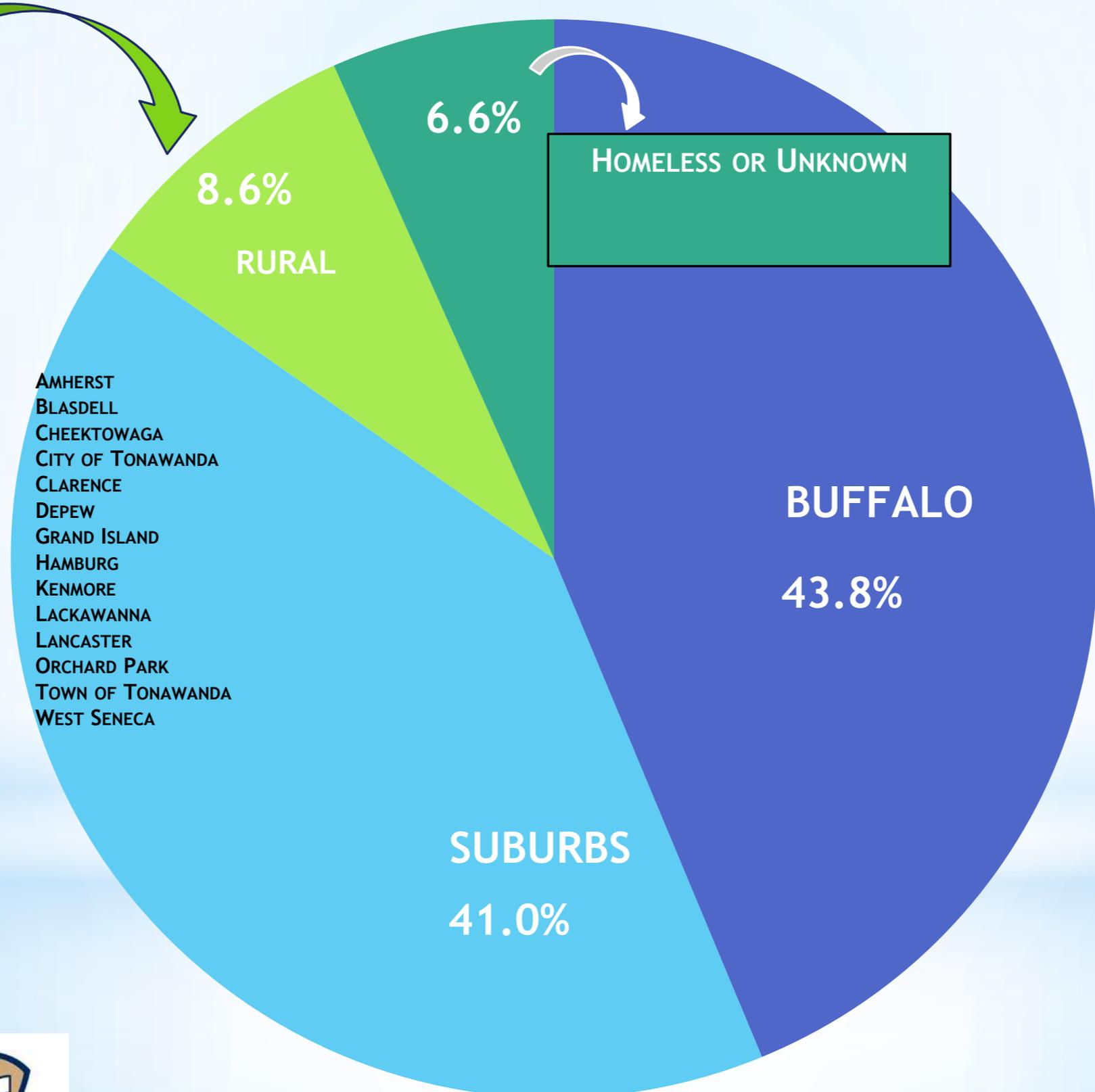
2014 Fatal Opioid Overdoses by Residence of Victim



2015 ERIE COUNTY OPIOID OVERDOSE DEATHS BY RESIDENCE

N=256

- AKRON
- ALDEN
- ANGOLA
- AURORA
- CHAFFEE
- COLLINS
- CONCORD
- EAST AURORA
- EDEN
- ELMA
- EVANS
- GLENWOOD
- GOWANDA
- HOLLAND
- MARILLA
- NEWSTEAD
- NORTH COLLINS
- SARDINIA
- SPRINGVILLE



2012 - 2016* OPIOID DEATHS ERIE COUNTY

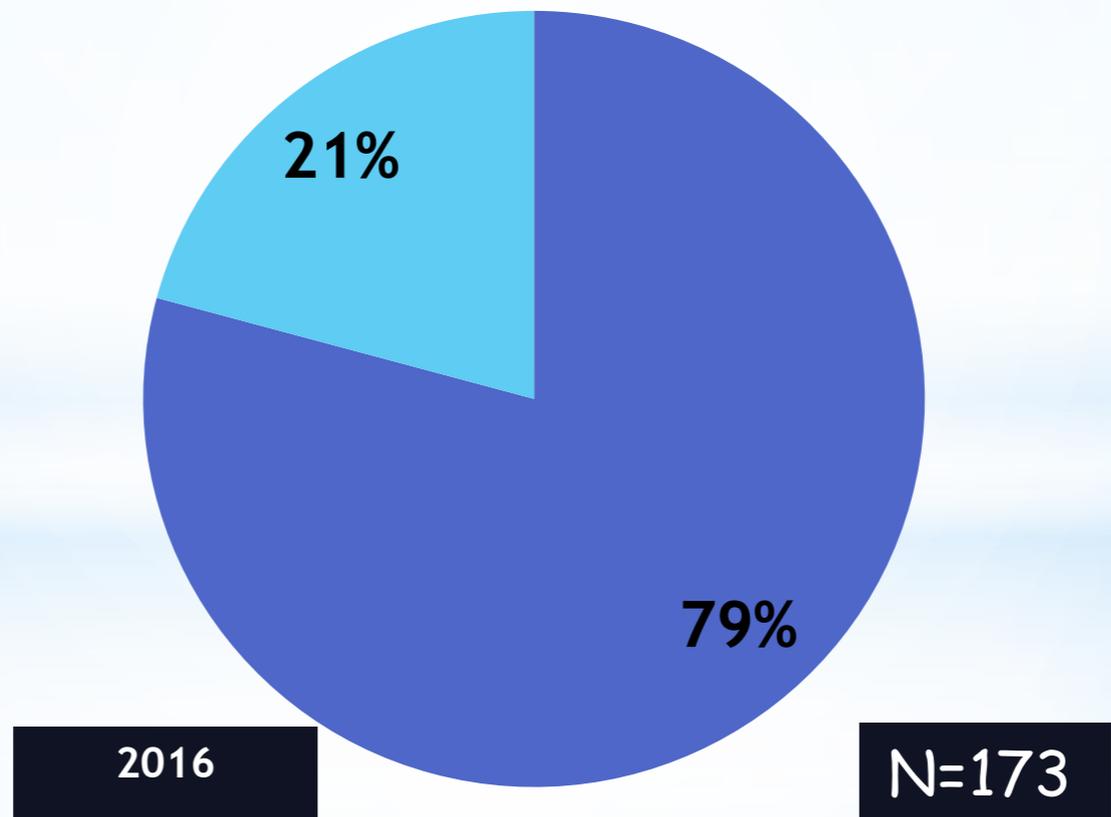
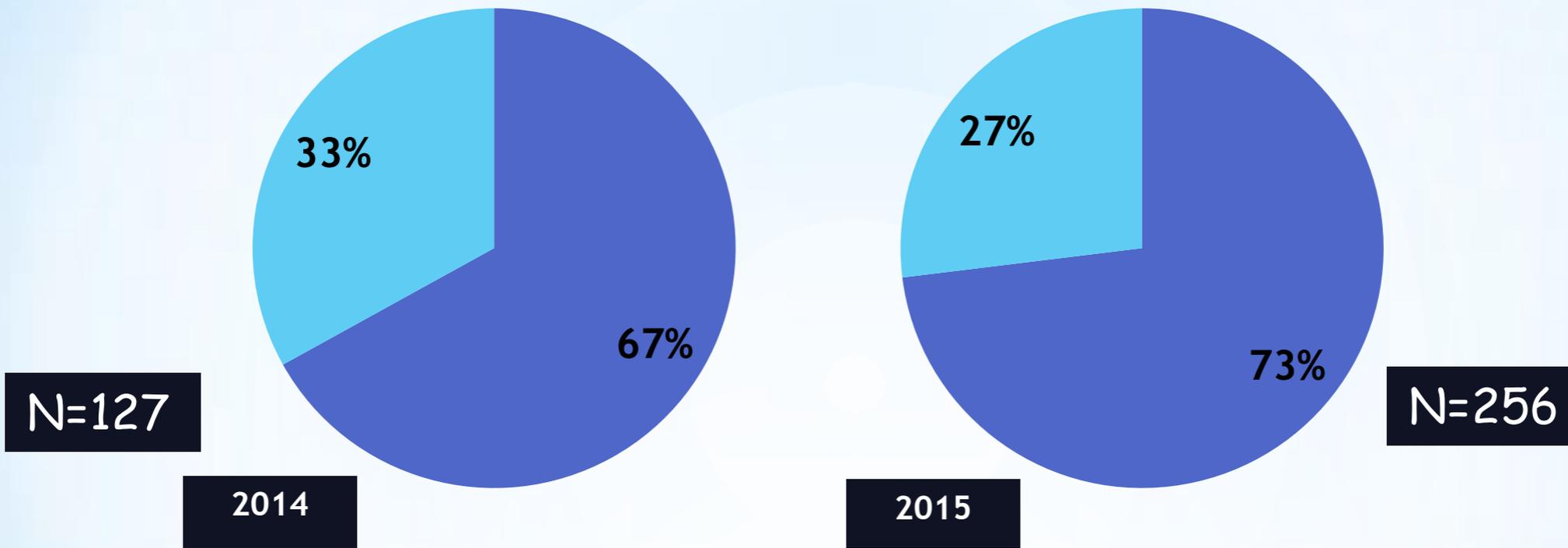


85 Pending
Cases as of
1/4/2017



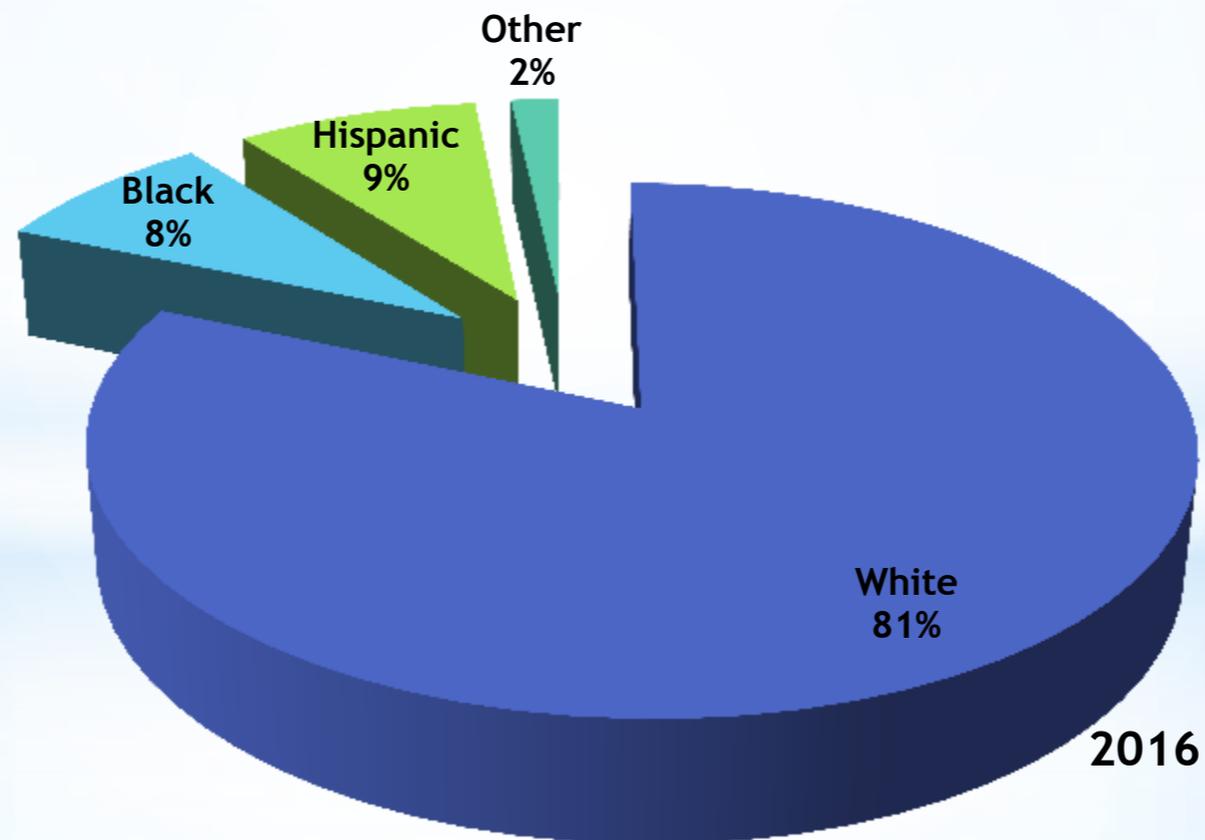
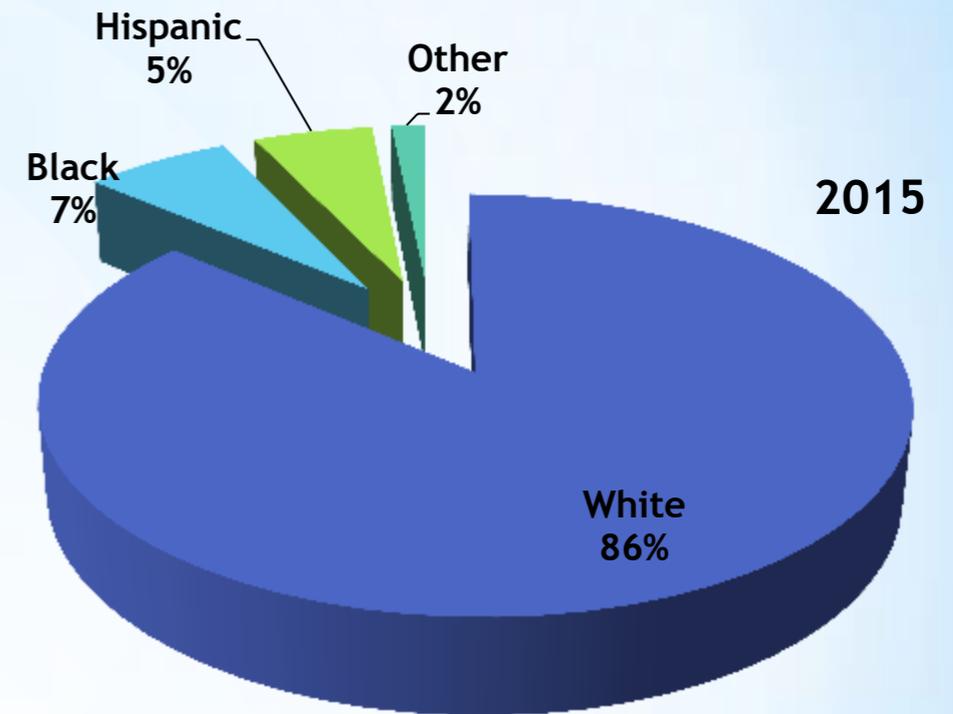
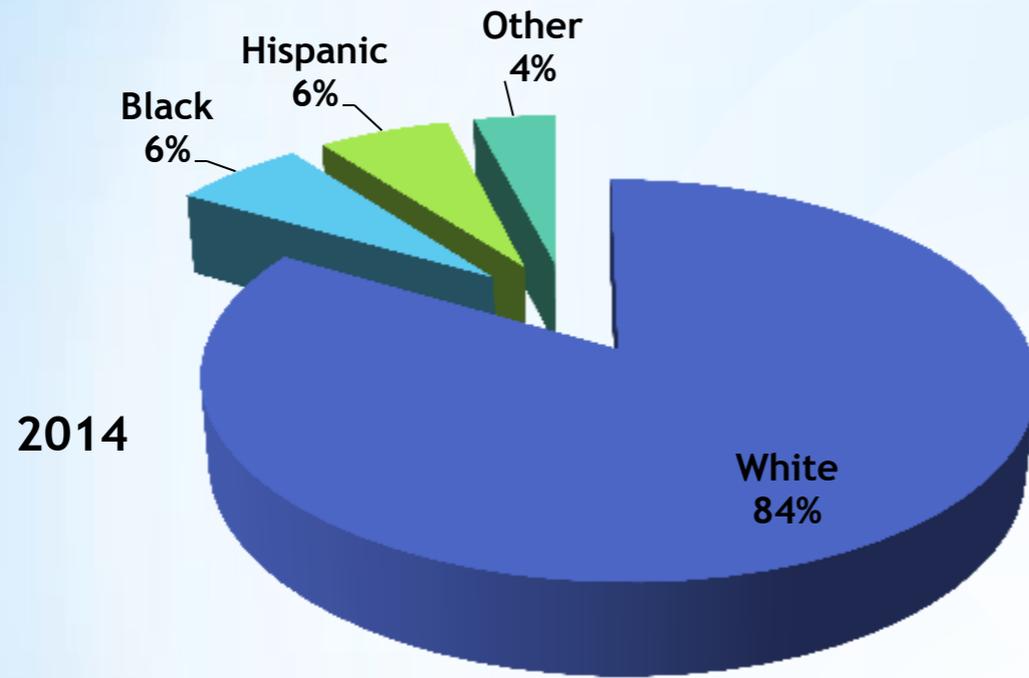
SOURCE: ERIE COUNTY MEDICAL EXAMINERS OFFICE, *CLOSED CASES REPORTED THRU 2017

ERIE COUNTY OPIOID-RELATED DEATHS BY GENDER



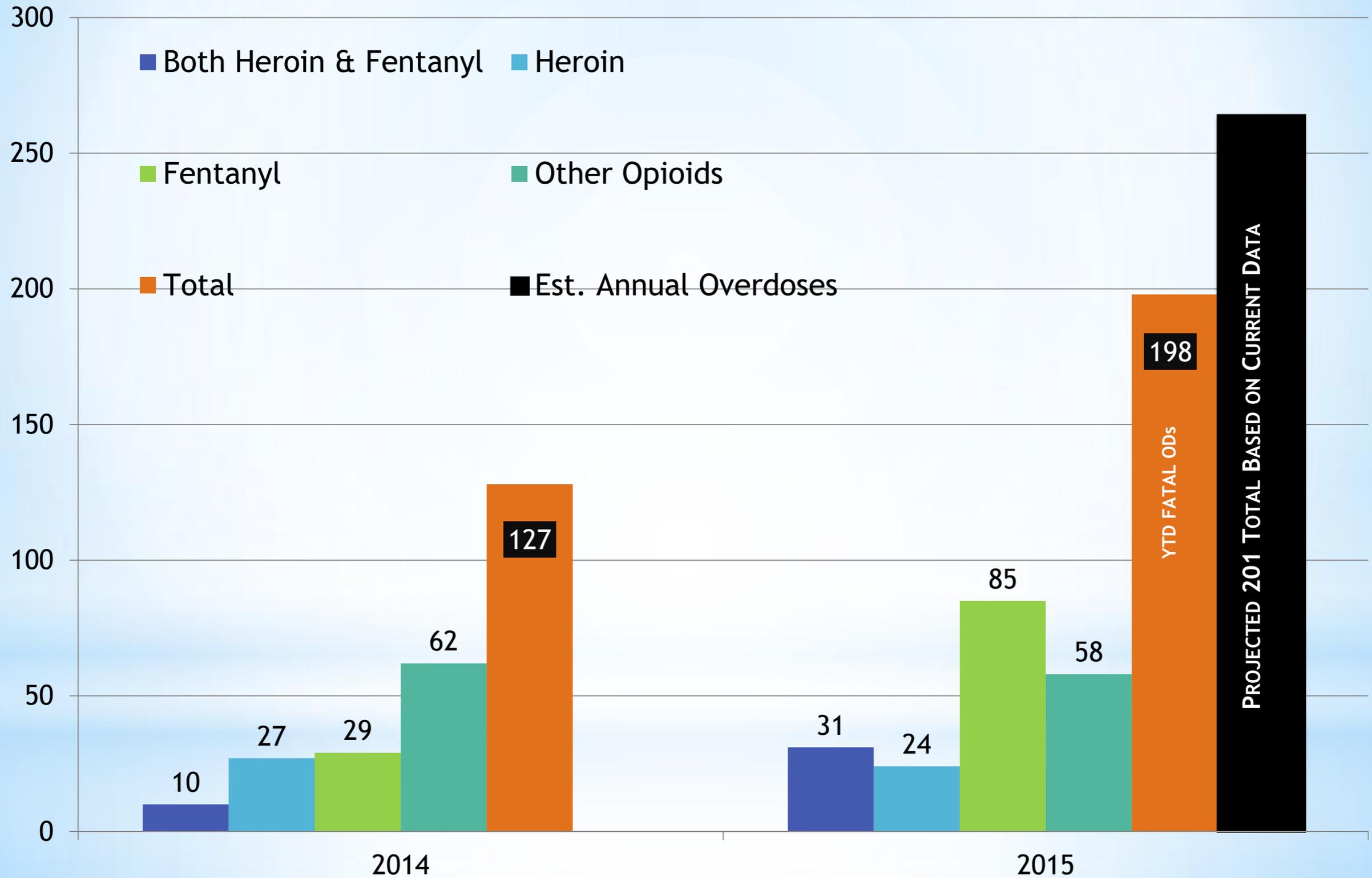
SOURCE: ERIE COUNTY MEDICAL EXAMINERS OFFICE, *CLOSED CASES REPORTED THRU 10/1/2016

ERIE COUNTY OPIOID DEATHS BY RACE



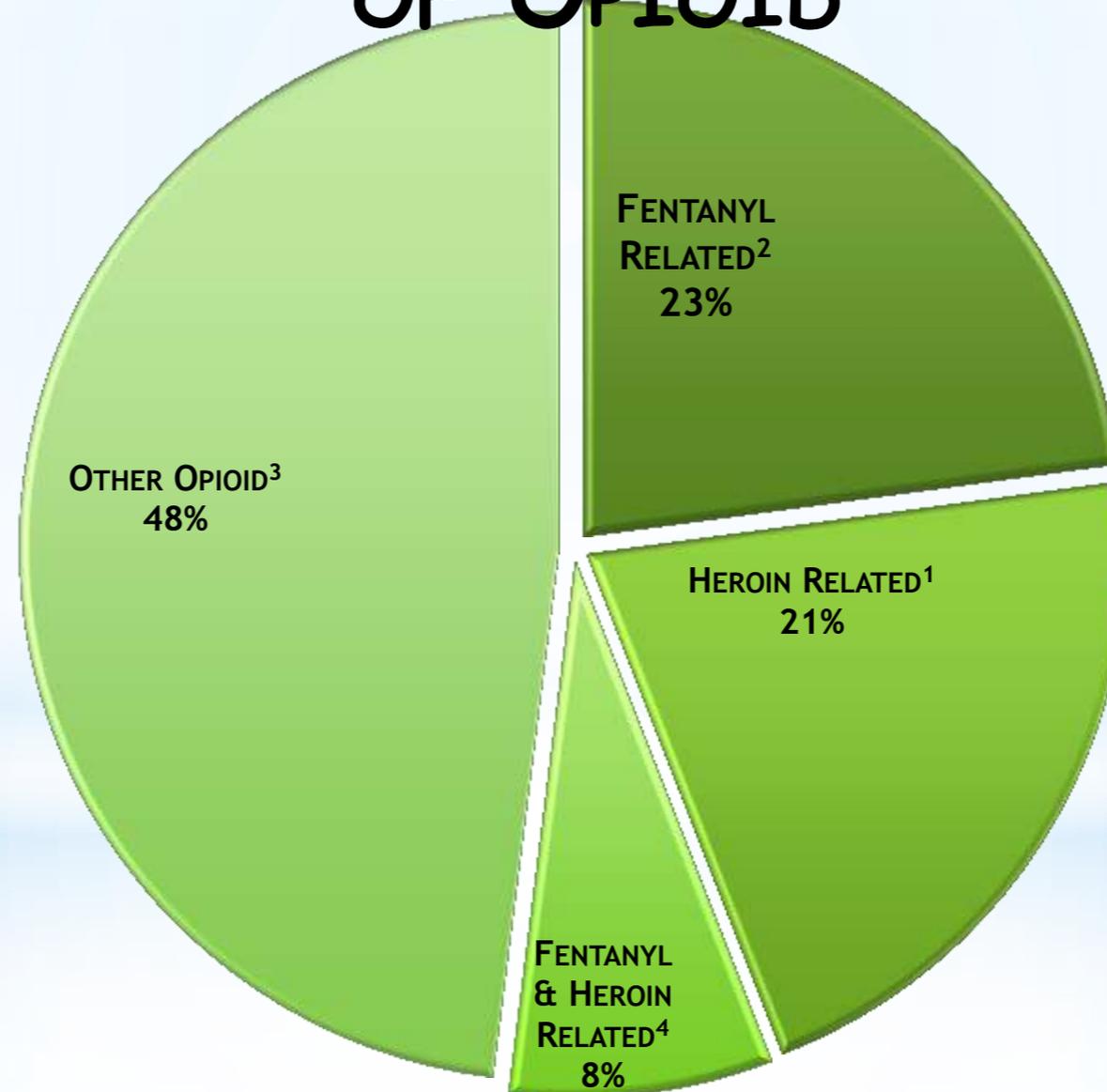
SOURCE: ERIE COUNTY MEDICAL EXAMINERS OFFICE, *CLOSED CASES REPORTED THRU 10/1/2016

FATAL OPIOID OVERDOSES 2014 -- 2015



Source: Erie County Medical Examiners Office, Closed Cases--Reporting date 01/05/2016

ERIE COUNTY OPIOID RELATED DEATHS BY TYPE OF OPIOID



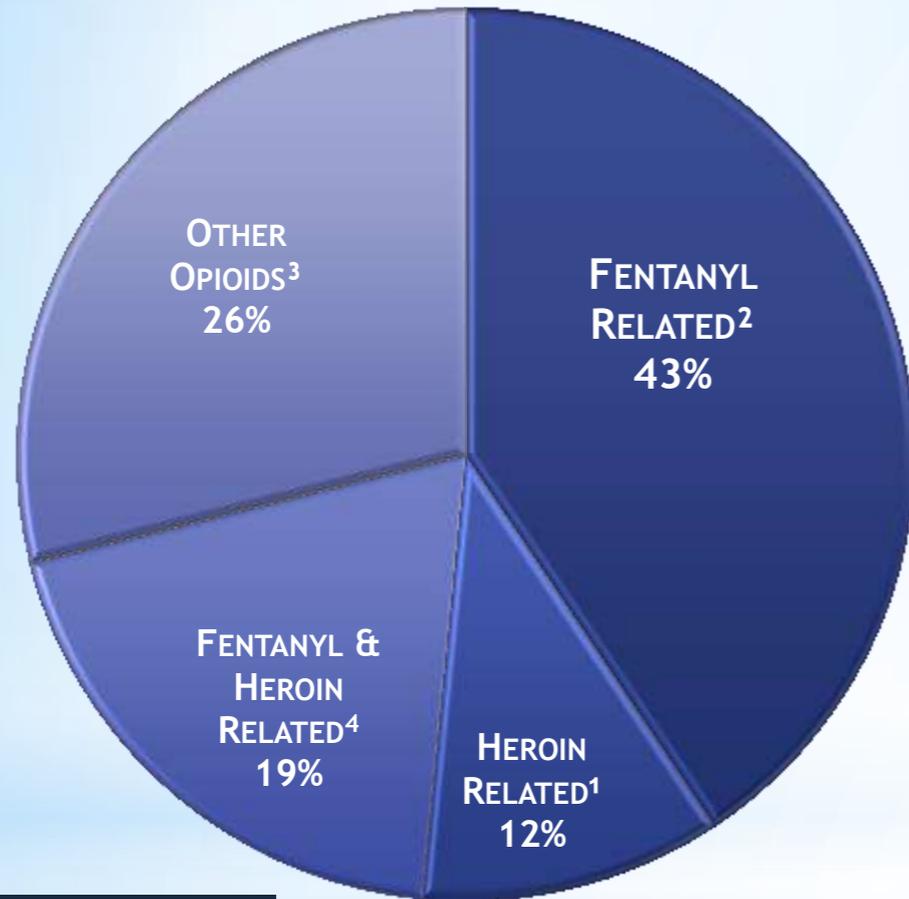
2014
N=127

- ¹ NO FENTANYL; POSSIBLE OTHER DRUGS INVOLVED
- ² NO HEROIN; POSSIBLE OTHER DRUGS INVOLVED
- ³ NO FENTANYL OR HEROIN; POSSIBLE OTHER DRUGS INVOLVED
- ⁴ POSSIBLE OTHER DRUGS INVOLVED

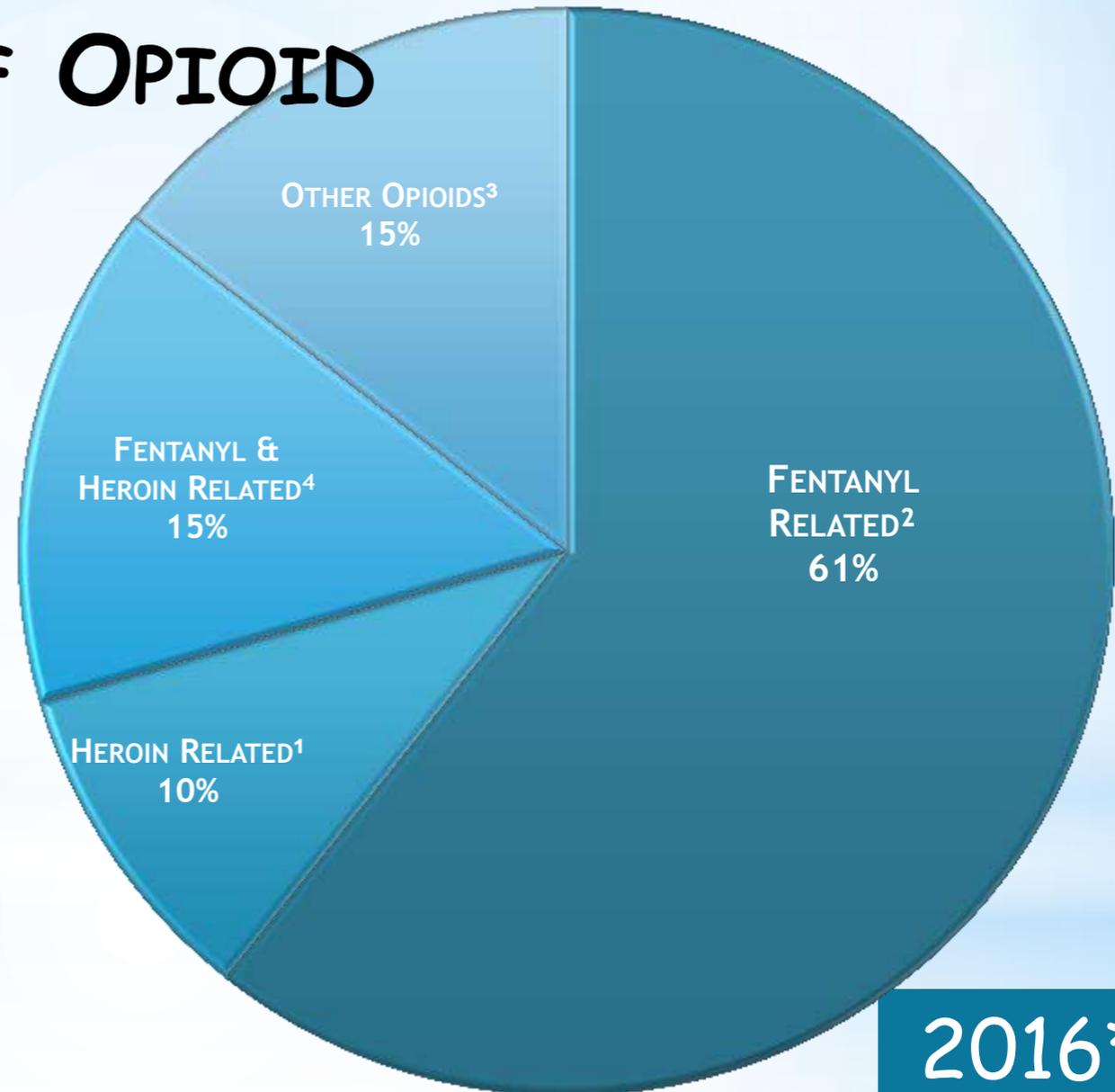


SOURCE: ERIE COUNTY MEDICAL EXAMINERS OFFICE, CLOSED CASES

ERIE COUNTY OPIOID RELATED DEATHS BY TYPE OF OPIOID



2015
N=256

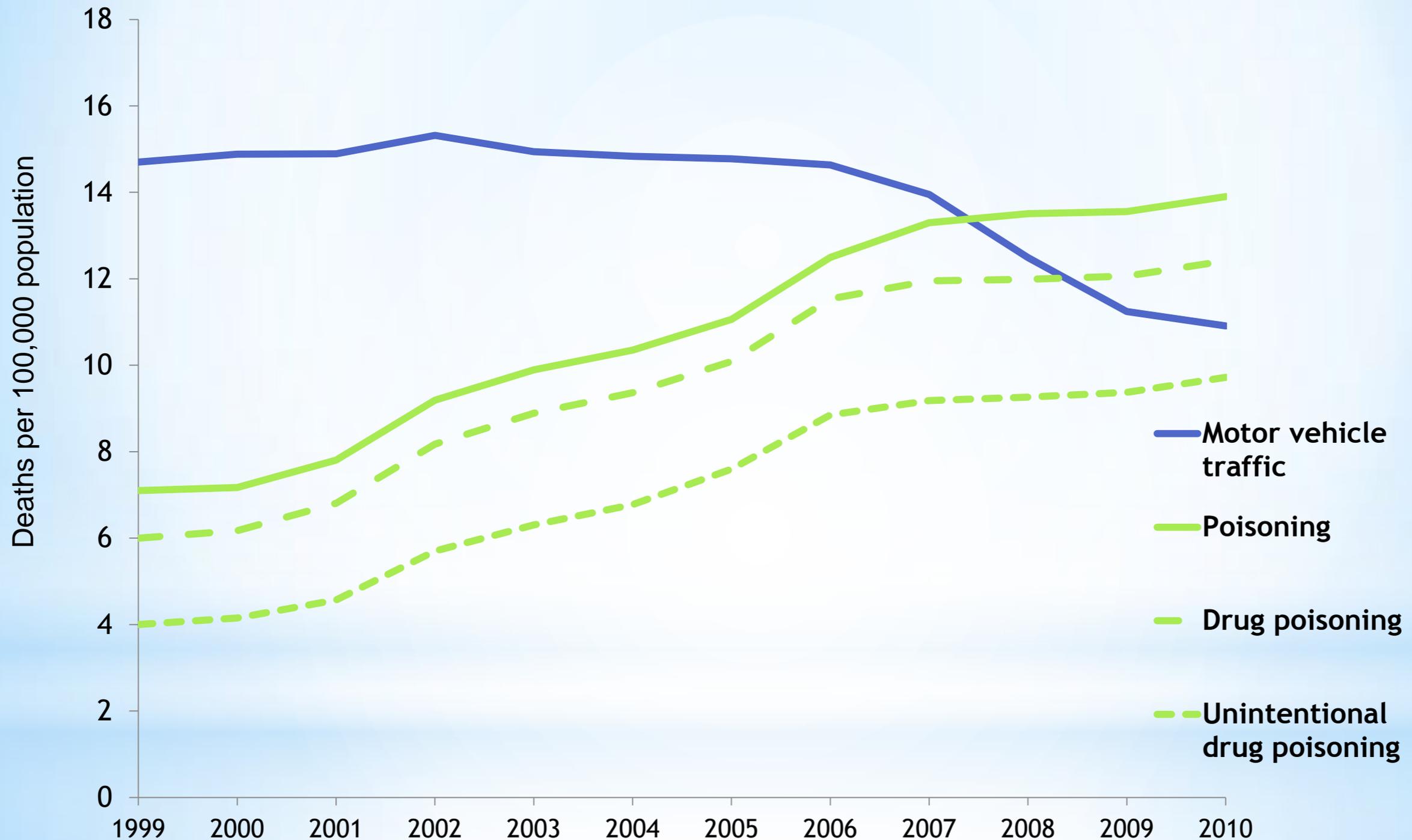


2016*
N=173

- ¹ NO FENTANYL; POSSIBLE OTHER DRUGS INVOLVED
- ² NO HEROIN; POSSIBLE OTHER DRUGS INVOLVED
- ³ NO FENTANYL OR HEROIN; POSSIBLE OTHER DRUGS INVOLVED
- ⁴ POSSIBLE OTHER DRUGS INVOLVED



MOTOR VEHICLE TRAFFIC, POISONING, DRUG POISONING & UNINTENTIONAL DRUG POISONING DEATH RATES US 1999--2010



NOTES: Drug poisoning deaths are a subset of poisoning deaths. Unintentional drug poisoning deaths are a subset of drug poisoning deaths.

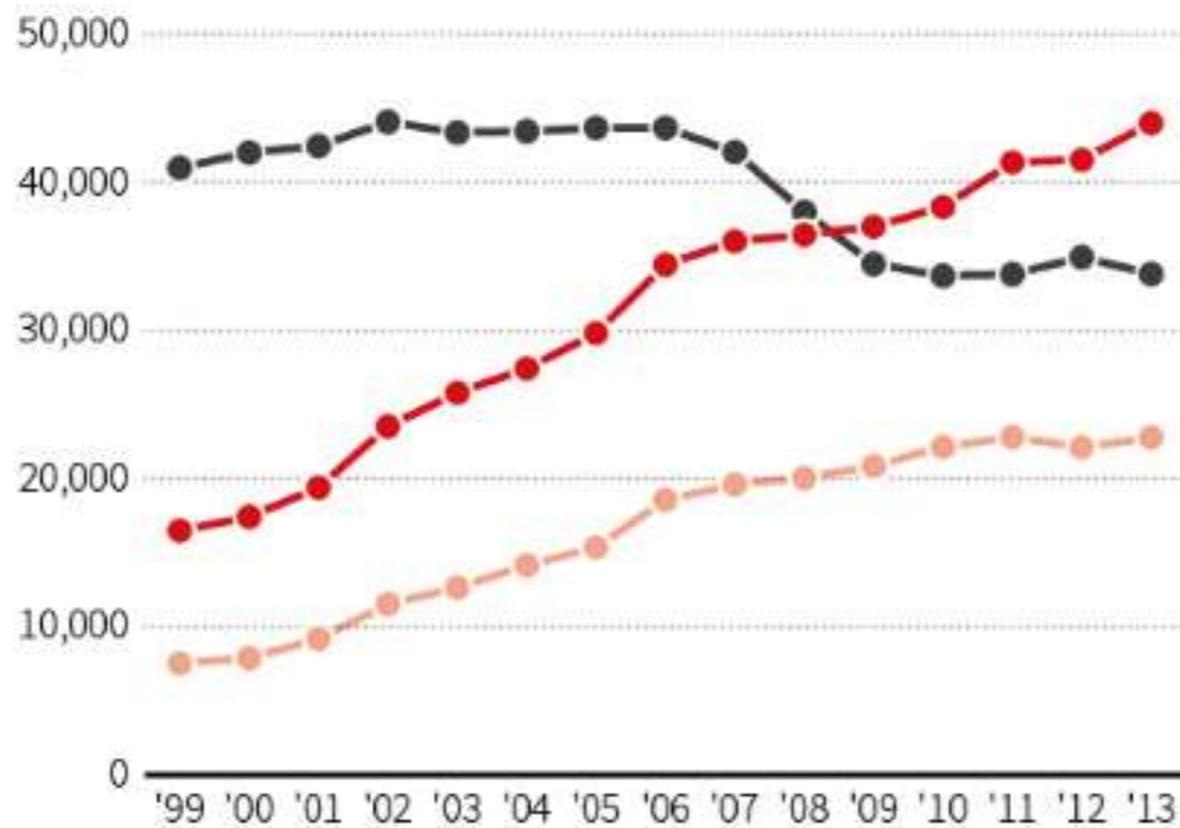
SOURCE: CDC/NCHS, National Vital Statistics System; and Warner M, Chen LH, Makuc DM, Anderson RN, Miniño AM. *Drug poisoning deaths in the United States, 1980–2008*. NCHS data brief, no 81. Hyattsville, MD: National Center for Health Statistics. 2011. <http://www.cdc.gov/nchs/data/databriefs/db81.htm>. Intercensal populations http://www.cdc.gov/nchs/nvss/bridged_race/data_documentation.htm

U.S. drug overdose deaths on the rise

In November 2011, the U.S. Centers for Disease Control and Prevention declared that prescription painkiller overdoses are at epidemic levels.

NUMBER OF DEATHS BY CAUSE

- Motor vehicle traffic deaths
- Drug overdose deaths, total
- Drug overdose deaths, prescription drugs only



Sources: National Center for Health Statistics; CDC

C. Chan, 04/06/2015

REUTERS

Trained Overdose Responder Responsibilities

Complete refresher training at least every 2 years

Contact Emergency Medical Services (EMS)- **Call 911**- if there is a suspected drug overdose.

Advise if naloxone was used on victim

Report all opioid overdose responses/ naloxone administrations to your OOP program director and get a refill

Historical Perspective on Problem

- Opium poppy cultivated in Mesopotamia in 3400 BC. Referred to as the “joy plant”
- 1803: Active ingredient of opium identified-morphine
- 1895: Heroin, diacetylmorphine is synthesized and marketed by Bayer as a medication with less side effects than morphine
- Early 20th century: increases in morbidity
- associated with opioids leads to many countries passing laws restricting their use
- Harrison Narcotics Tax Act 1914



Fentanyl &

HEROIN



- Readily available in WNY area

- Comes in various forms – usually a beige or white powder

- Low Price

- Average \$5-10 per bag (\$50-100 per “bundle”)
- Less expensive than Prescription pills such as OxyContin, Opana, or Vicodin which sell for \$10, \$20, \$40, \$60, or \$80 per pill (\$1/mg)

- High Purity & Deadly Combination with Synthetic Fentanyl

- Powerful Opioid Leads to Overdose Deaths
- Can be Snorted/Inhaled or Injected

Heroin Forms



Courtesy of John Flickinger, DEA



TODAY



Evidence of Drug Use in Community Locations

Lethal Amounts of Heroin vs Fentanyl



Source: PBS.org Photo from New Hampshire State Police Forensic Lab

Opioid User Experiences - Heroin

About 2% of heroin users die each year- many from heroin overdoses

1/2 to 2/3 of heroin users experience at least one nonfatal overdose

80% have observed an overdose

Sporer BMJ 2003, Coffin Acad Emerg Med 2007

Who Overdoses?

Among heroin users it has generally been those who have been using 5-10 years

After rehab

After incarceration

Less is known about prescription opioid users

Anecdotal reports of youth dying suggest that many of those have been in drug treatment and relapse are now overdose victims

Physiology

- Generally happens over course of 1-3 hours
 - When stronger opiates such as fentanyl are added to the mix it is much more immediate
- The stereotypical “needle in the arm” death may be only about 15% but with the addition of pharmaceutical grade fentanyl to the heroin mix this is becoming more common
- Opioids repress the urge to breath - decrease response to carbon dioxide - leading to respiratory depression and death

Slowed breathing → **Breathing stops** → **Heart stops**

Overdose Signs and Symptoms

Overdose is rarely immediate - can happen over 1-3 hours

Heavy/ Uncontrollable Nodding

<https://www.youtube.com/watch?v=0noHSly8YFo>

<https://www.youtube.com/watch?v=StMcYCBcjOs>

Still arousable

Snoring or loud breathing

May have excess drooling

Overdose

Not responsive

Very shallow breathing, gurgling

Skin changes, blue lips and nails

Fatal Overdose



Death

Context of Opioid Overdose

The majority of heroin overdoses are witnessed

Provides opportunity for intervention

Fear of police may prevent calling 911

“Don’t run, call 911!”

Witnesses may try ineffectual things

Myths and lack of proper training

Abandonment is the worst response

Naloxone (Narcan)

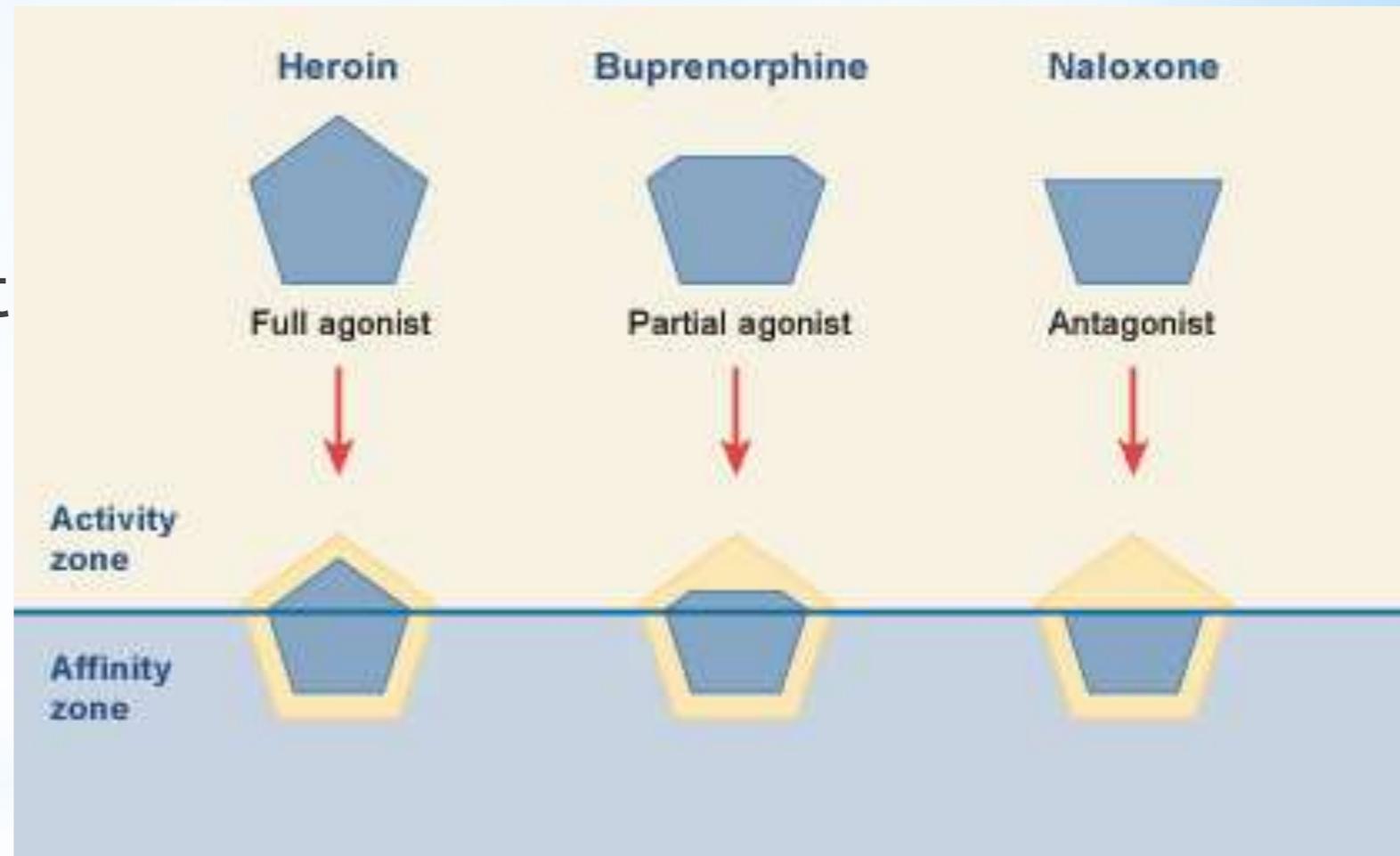
Opioid antagonist which reverses opioid overdose

injectable or intranasal

Has a higher affinity for opioid receptors than most opioids

occupy and block the receptors for 30-90 minutes

“getting the wrong key stuck in a lock”



Naloxone in Action

Causes sudden withdrawal in the opioid dependent person - an unpleasant experience

No psychoactive effects - low potential for diversion, is not addictive

Routinely used by EMS (but often in larger doses)

Has no effect if an opiate is not present
Sold over the counter in Italy since 1988

Implementation in NY State

Over 300 registered sites, including:

- Syringe exchange/syringe access sites
- Hospitals
- Drug Treatment Programs
- HIV prevention programs
- Homeless shelters

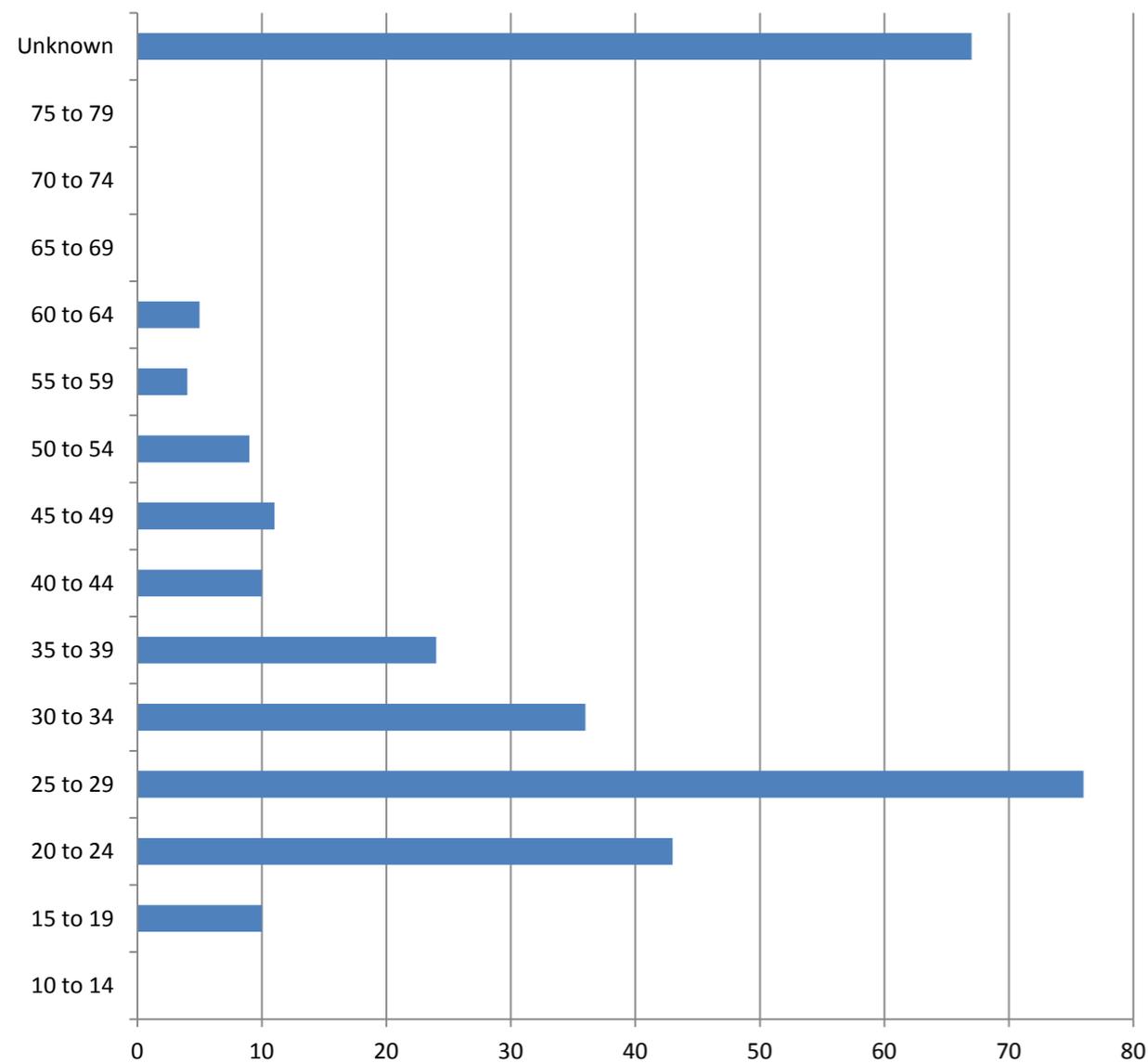
Notes

- Overdose data is from forms completed by police officers and firefighters after administering Narcan.
 - Current dataset (2014—2017) is 378 forms; as more forms are turned in to us, the numbers will change.
 - It is possible that multiple overdose reports have been completed for the same individuals at different time points (repeat overdoses).
- Death data is from the Medical Examiner's office.
 - Current total from 2014-16 is 619 deaths
 - Current total for 2016 is 236 deaths; however, there are 85 suspected cases from 2016 yet to be confirmed.

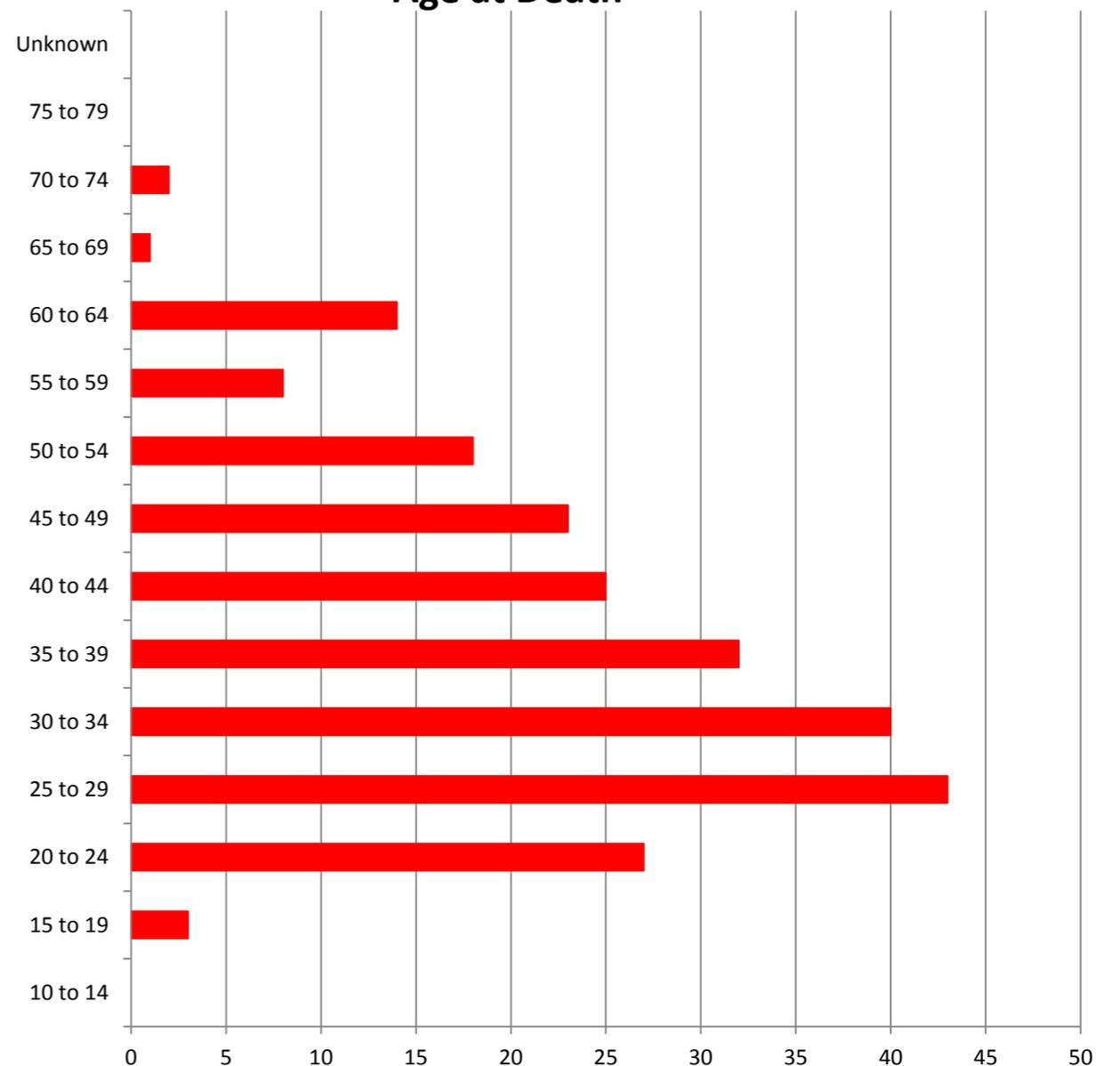
2016 Overdoses and Deaths: Age

- Age is not always collected for overdoses, but it is determined for deaths
- For the Overdoses chart, we are excluding reports where individual was declared dead at the scene.

Age of OD, N=295

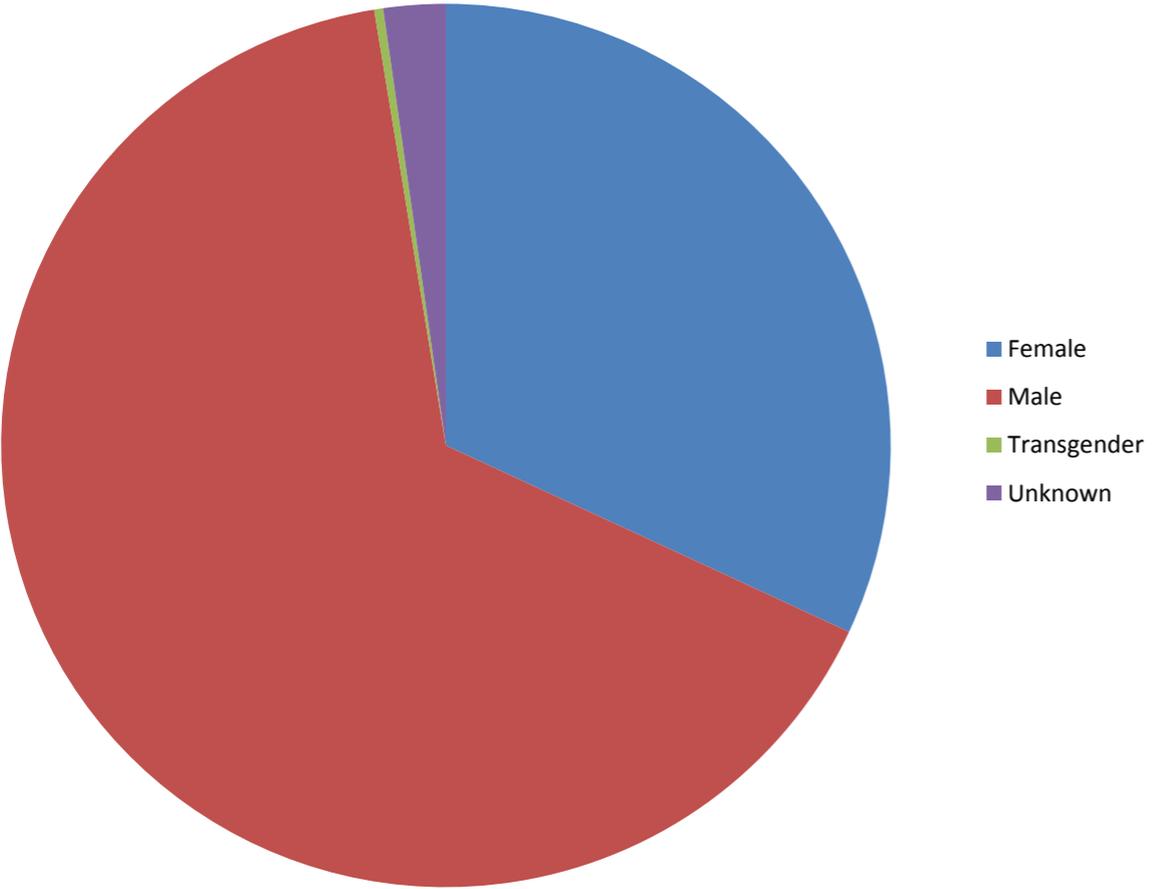


Age at Death

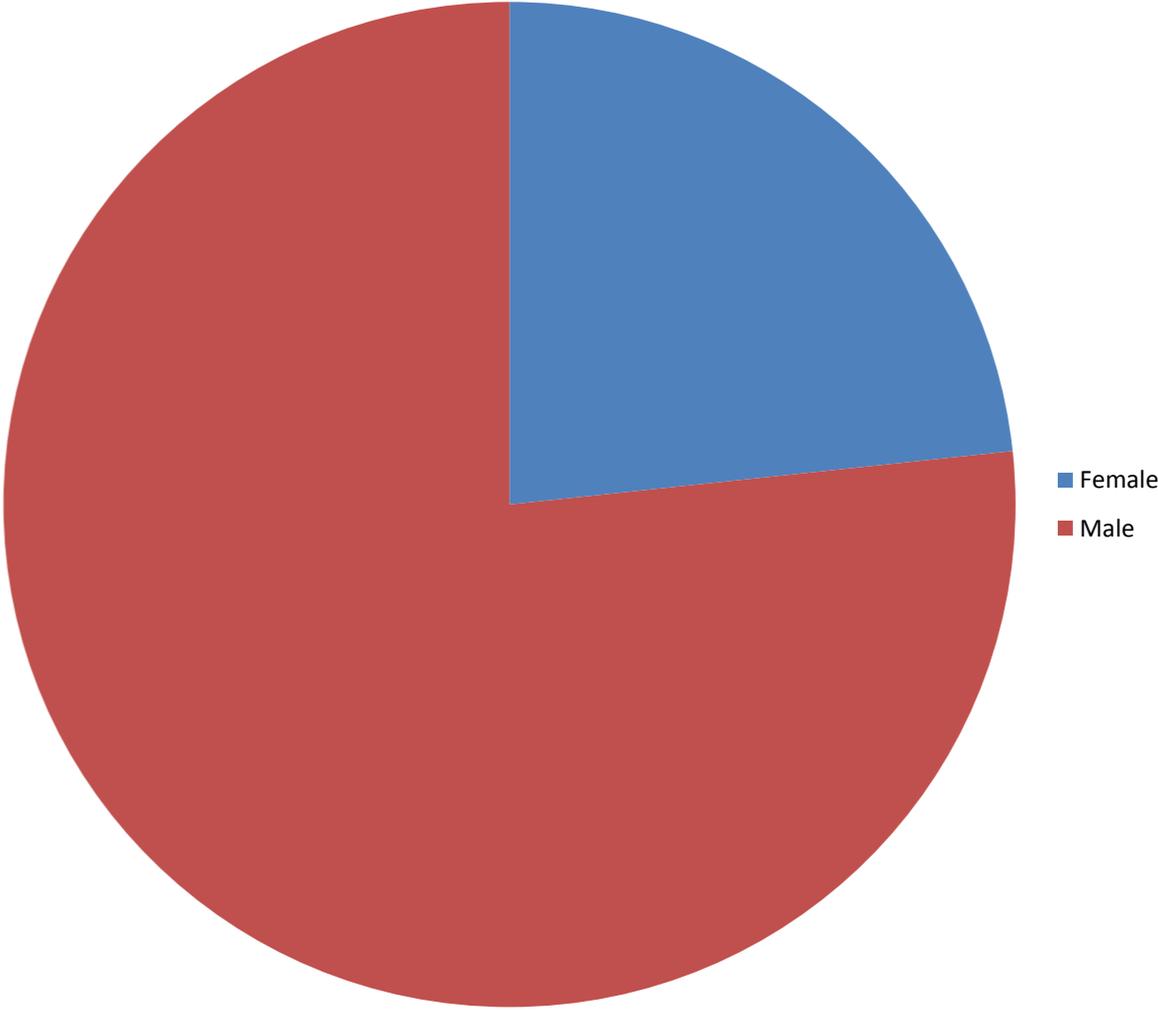


Overdoses and Deaths: Sex/Gender, 2016 Only

Gender, 2016 ODs, N=310



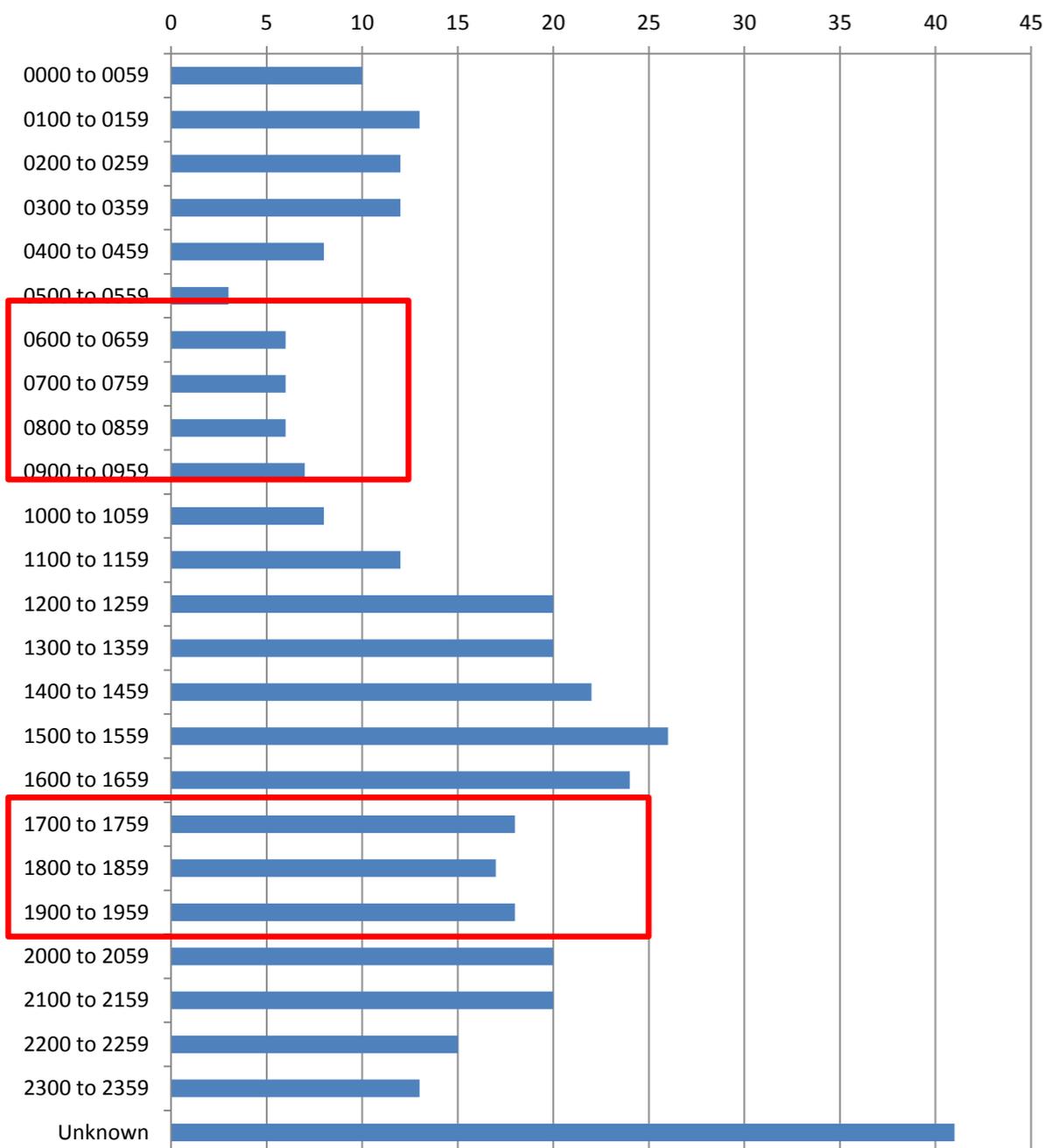
Sex, Death



Overdoses and Time of Day

- Low point in the mornings. We believe many individuals with substance use disorders (SUDs) have regular jobs, and that they are self-medicating before they start their day.
- Slight lull in evening; we believe that's when most individuals with SUDs are preparing/eating dinner
- We will be engaging in street surveys beginning in Q1 2017 to verify and supplement this information.

Time, 2014-17, N=377



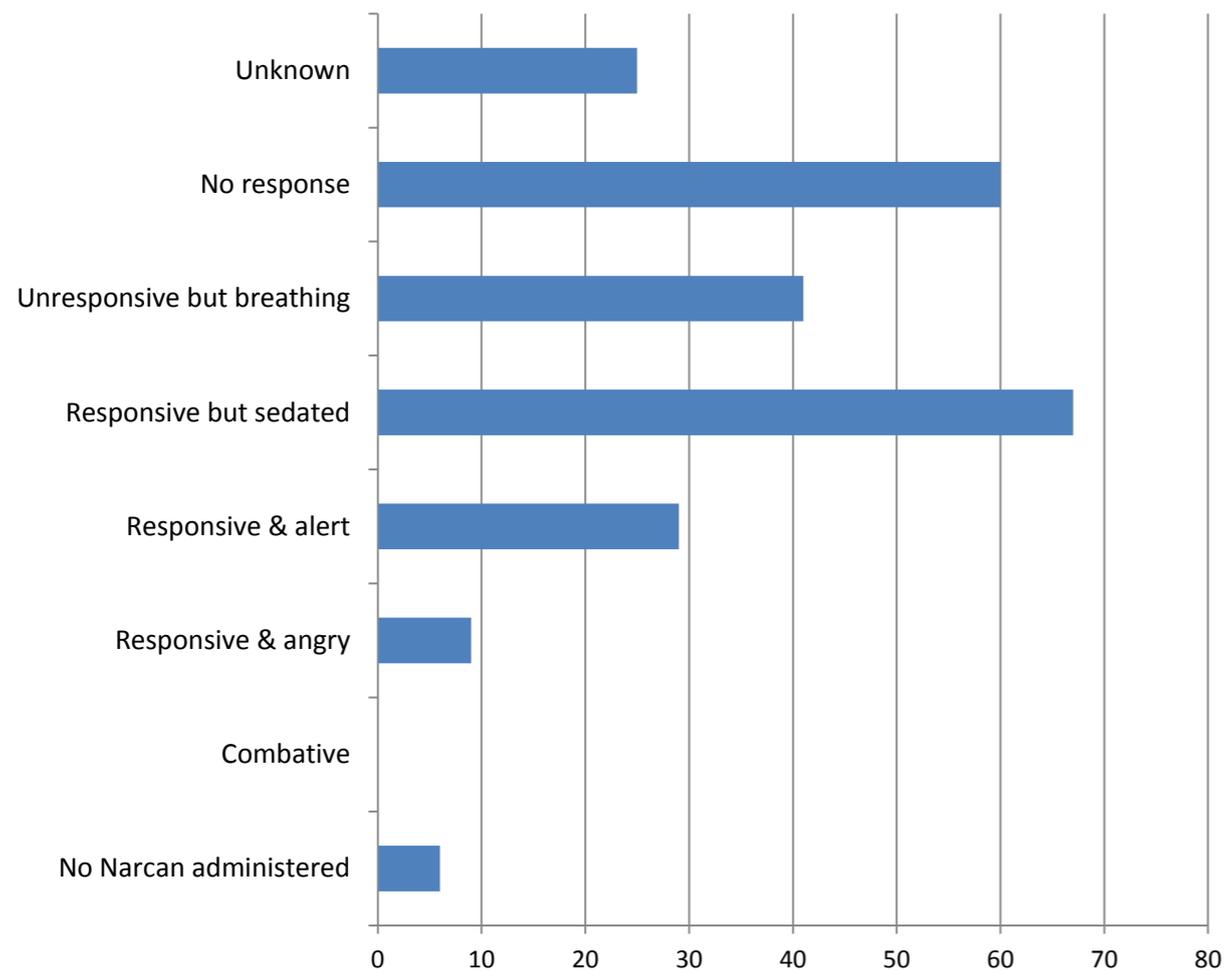
Time, 2016, N=309



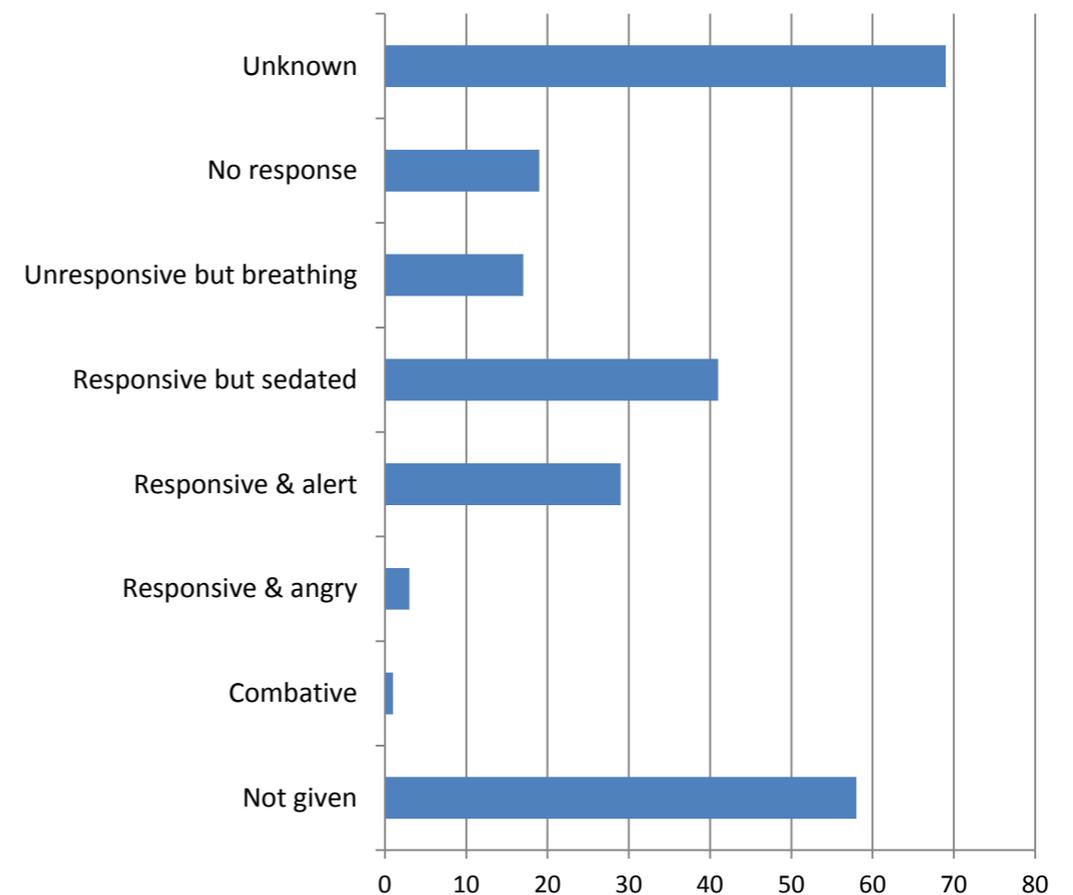
Individuals' Response to Naloxone Reversal (2016 Data)

- If a response was not noted 3 minutes after the 1st dose is administered, the second chart records the response when a second dose was administered, per protocol.
- This cycle can be repeated as necessary.

Response to 1st dose



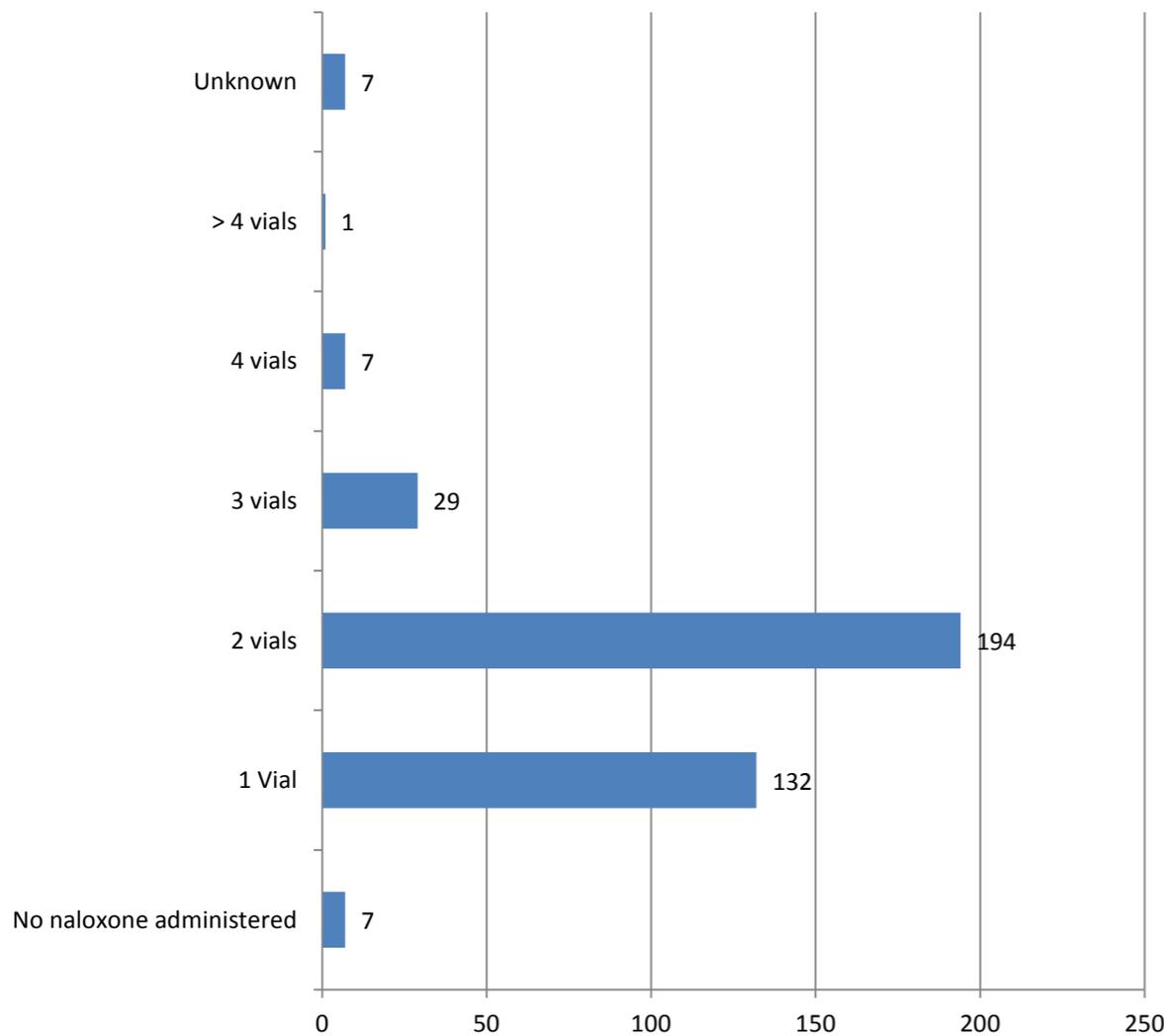
Response to 2nd dose



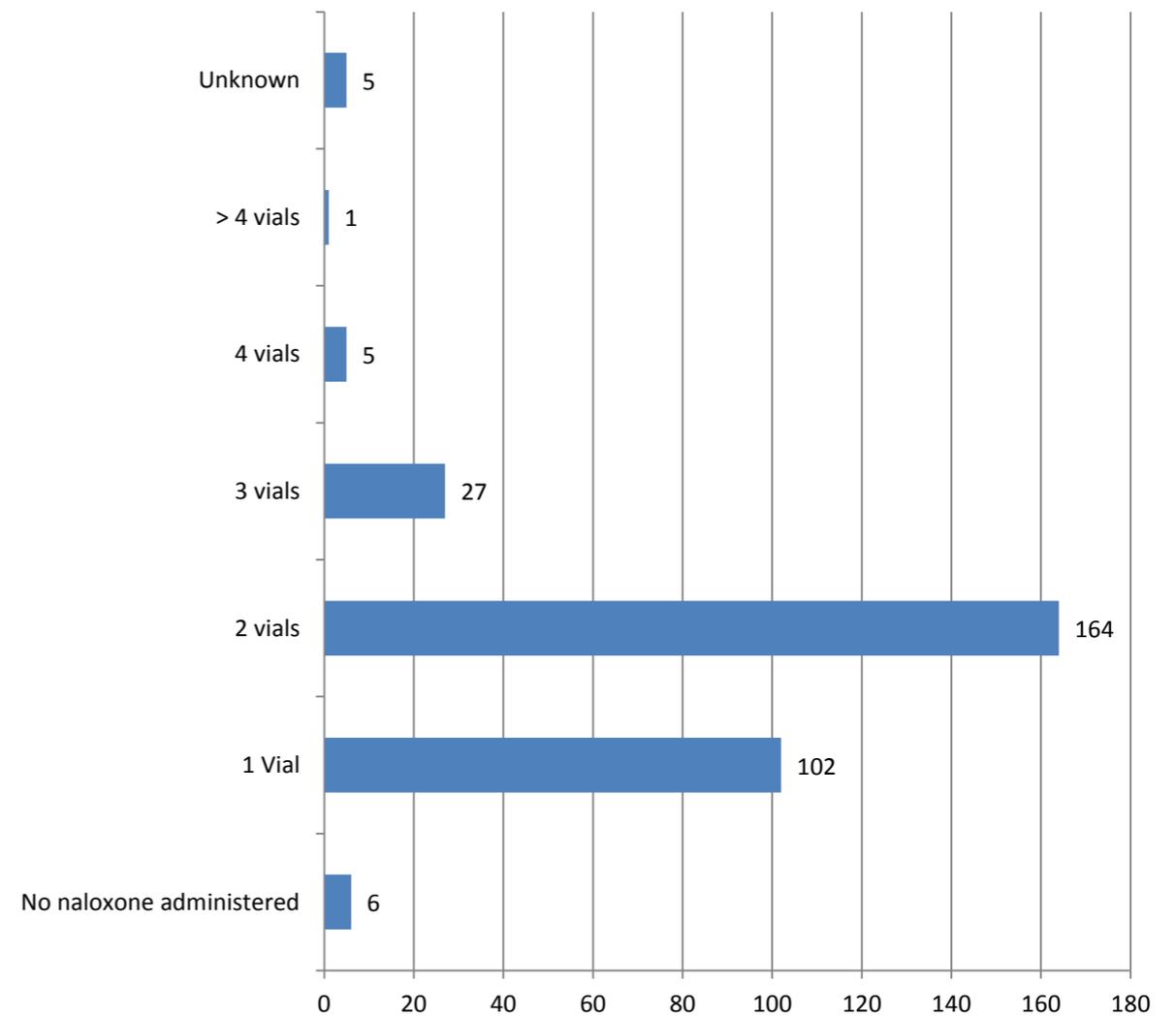
Number of Vials of Naloxone Used

- Naloxone Hydrochloride: 1 vial = 2 milligrams = 2 mL per syringe.
- Due to the potency of opiates on the street today, in many cases more Naloxone is needed to reverse an overdose than the original labeled usage.

Vials Used, 2014 On, N=377



Vials Used, 2016, N=310



Intranasal Naloxone



Advantages of Intranasal Administration

Nose is easy access point for medication and delivery

Painless

Eliminates risk of a contaminated needle stick





LMA MAD Nasal[®]
MASCARADA MASCARADA MASCARADA

Risk Factors for Opioid Overdose

Reduced Tolerance

Post-rehab

Using Alone

risk factor for fatal
OD

Illness

Depression

Unstable housing

Mixing Drugs

**Changes in the
Drug Supply**

**History of
previous overdose**

Some Common Opioids:

Heroin

Morphine

Fentanyl

Dilaudid

Demerol

Norco

Vicodin

Opana

Codeine

Methadone

Hydrocodone

Oxycodone

Oxycontin

Lortab

Percocet

Suboxone

**Most Opiate Overdose
victims will have pinpoint
pupils**



Review - Signs of an Overdose

Overdose is rarely immediate - can happen over 1-3 hours

Heavy/ Uncontrollable Nodding

- Still arousable

- Snoring or loud breathing

- May have excess drooling

Overdose

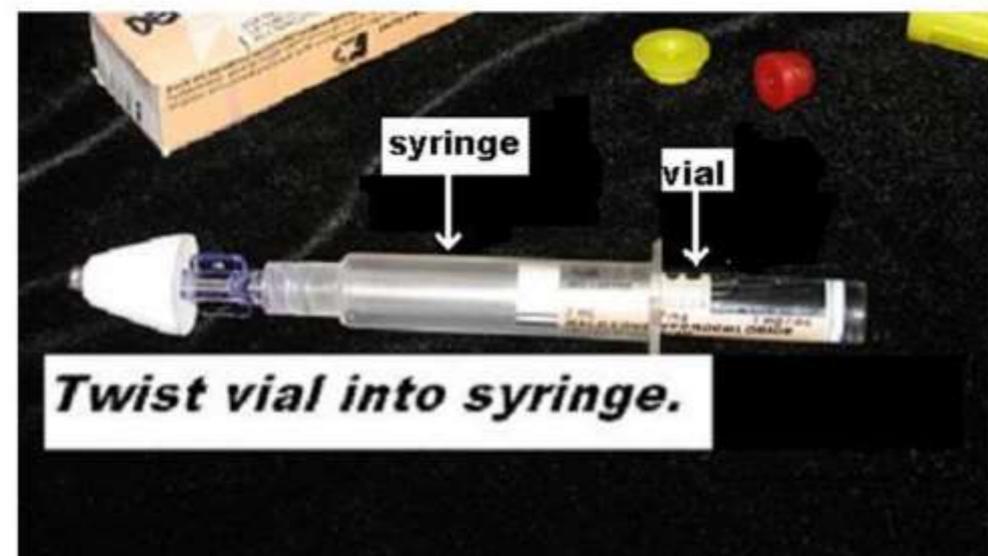
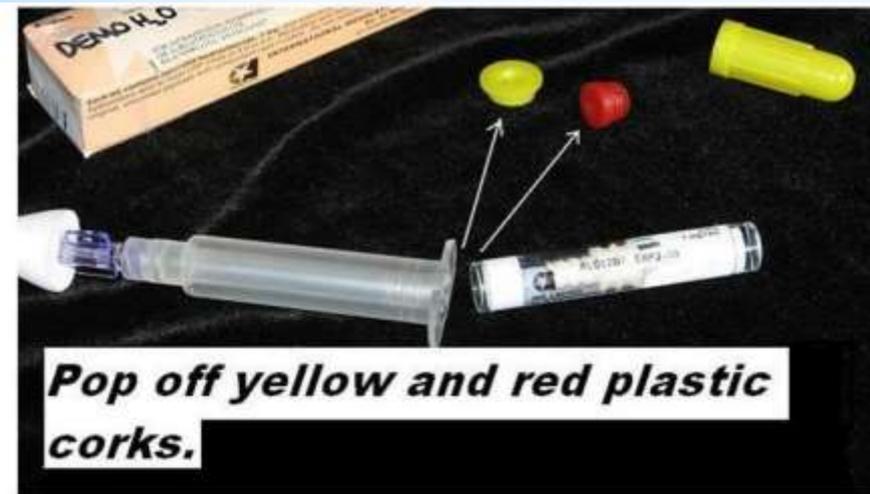
- Not responsive, lack of response to sternal rub, painful stimuli

- Very shallow breathing, gurgling

- Skin changes, blue lips and nails

Fatal Overdose ⇒ Death

Putting it all Together (*literally*)



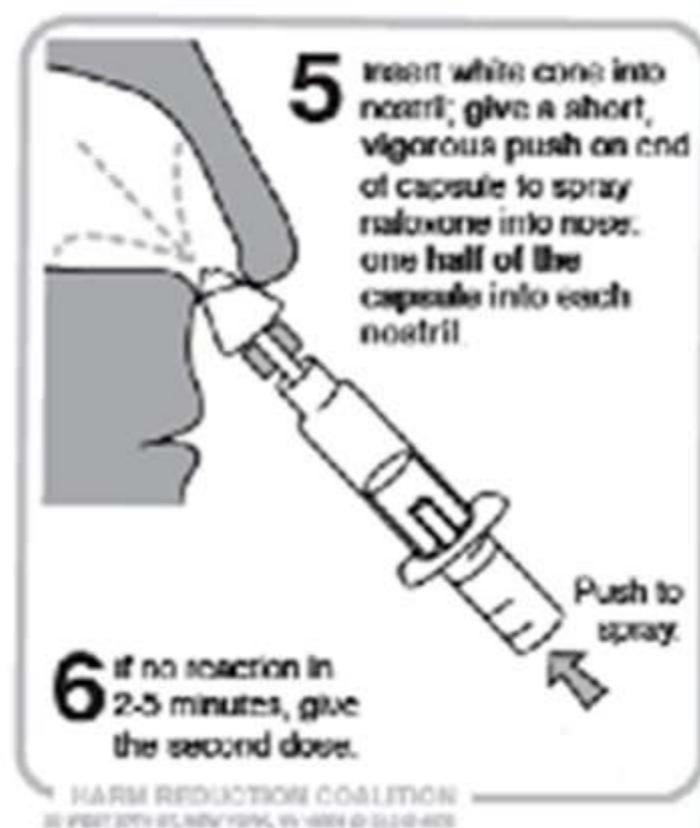
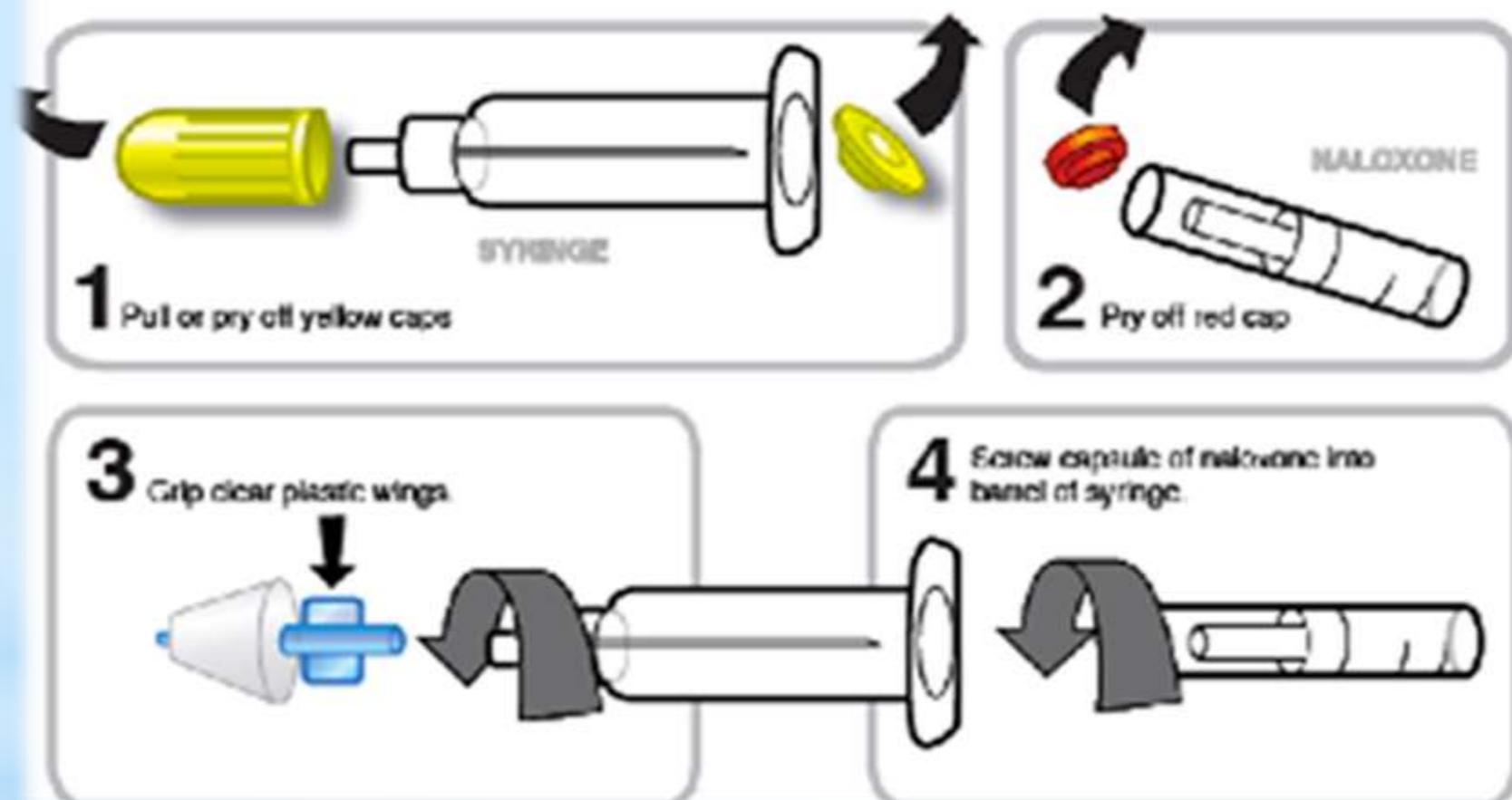
Remove the caps (**red** and **yellow** plastic ends) from the vial of Naloxone & the syringe barrel

Insert the vial into the barrel & turn the vial 3 times – slowly and gently – until it stops

Twist the nasal atomizer onto the tip of the syringe.

Naloxone is now ready to use.

HOW TO GIVE NASAL SPRAY NARCAN



Steps

Call 911

Rescue Breathing

Narcan Administration

Recovery Position

Harm Reduction Coalition Recommends Use of Rescue Breathing



Naloxone Administration

- Lie individual on back, making sure neck is extended, chin is lifted and air way is clear.
- Administer $\frac{1}{2}$ of first vial of naloxone in one nostril, administer 2nd $\frac{1}{2}$ of vial in other nostril
- Observe individual for 3-5 min, if no response administer second vial of naloxone in same way, $\frac{1}{2}$ in one nostril and $\frac{1}{2}$ in the other.
- If there is a response after administration of first vial, turn individual on their side and prop in the recovery position until additional help arrives or continue rescue breathing if you have been trained

The recovery position



- ✓ Chin is well up to keep the respiratory passage open
- ✓ Mouth is downward to enable drainage
- ✓ Arms and legs are locked for stability

Common Effects of Naloxone Administration

Nausea, Vomiting, Diarrhea

Hypertension, Tachycardia

Unmasking of other ingestions

Lowers seizure thresholds

All side effects pale in comparison to the danger of not breathing!

Can you give naloxone if you are not sure what they took?

Yes, but you should have some suspicion of opiate overdose

Situational

Pinpoint pupils, hypoventilation

**Does it matter if someone OD'd
on a street drug or a
prescription drug?**

**No, both may cause respiratory
depression, and both can be
reversed using naloxone (Narcan)**

What happens if we give it to
someone who is not an overdosing
on opiates?

Naloxone only affects
patients with opiates in
their system

“do no harm” drug

New York State

911 Good Samaritan Law

NY Penal Law 220.78 (911 Good Samaritan Law)

1. A person who, in good faith, seeks health care for someone who is experiencing a drug or alcohol overdose or other life threatening medical emergency **shall not be charged or prosecuted for a controlled substance offense** under article two hundred twenty or a marihuana offense under article two hundred twenty-one of this title, other than an offense involving sale for consideration or other benefit or gain, or charged or prosecuted for possession of alcohol by a person under age twenty-one years under section sixty-five-c of the alcoholic beverage control law, or for possession of drug paraphernalia under article thirty-nine of the general business law, with respect to any controlled substance, marihuana, alcohol or paraphernalia that was obtained as a result of such seeking or receiving of health care.

NY Penal Law 220.78 (911 Good Samaritan Law)

2. A person who is experiencing a drug or alcohol overdose or other life threatening medical emergency and, in good faith, **seeks health care for himself or herself** or is the subject of such a good faith request for health care, **shall not be charged or prosecuted for a controlled substance offense** under this article or a marihuana offense under article two hundred twenty-one of this title, other than an offense involving sale for consideration or other benefit or gain, or charged or prosecuted for possession of alcohol by a person under age twenty-one years under section sixty-five-c of the alcoholic beverage control law, or for possession of drug paraphernalia under article thirty-nine of the general business law, with respect to any substance, marihuana, alcohol or paraphernalia that was obtained as a result of such seeking or receiving of health care.

911 Good Samaritan Law

Offers protection from charge and prosecution for possession of:

Drugs up to an A2 felony offense (possession of up to 8oz of narcotics)

Alcohol (for underage drinkers)

Marijuana (any amount)

Paraphernalia offenses

Sharing of drugs (in NYS sharing constitutes a “sales” offense)²

911 Good Samaritan Law

Does **NOT** offer protection for:

People in possession of A1 felony amounts of narcotics (not marijuana), meaning 8oz or more of narcotics;

Arrest or charge for drug or alcohol possession for individuals with an open warrant for their arrest or are currently on probation/parole.²

Storage

- Naloxone needs to be kept at room temperature.
- Do not keep in your car
- Do not allow medication to freeze
- If medication becomes corrupted, please turn in for a replacement



Reporting

- Complete reporting from to the best of your ability
- Important fields to complete:
 - Time of response
 - Time of EMS arrival
 - Age
 - Gender
 - How much naloxone was used
 - Outcome if you know
- Return form to contact on last slide to receive new kit

New York State Department of Health Opioid Overdose Reporting Form

Program name:	Site name:	Today's Date (MM/DD/YY):
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A. Reason For Visit / Naloxone Refill

1. Was your naloxone <i>(Check one only)</i>	<input type="checkbox"/> Used?	<input type="checkbox"/> Lost?	<input type="checkbox"/> Taken by police?
	<input type="checkbox"/> Past expiration date?	<input type="checkbox"/> Never received?	<input type="checkbox"/> Other → Please specify:

B. Use of Naloxone

2a. How many doses of naloxone did you use? <i>(Check one only)</i>	<input type="checkbox"/> None <i>(If naloxone was not used to reverse an overdose, form ends here.)</i>	<input type="checkbox"/> One	<input type="checkbox"/> Two	<input type="checkbox"/> Two or more	<input type="checkbox"/> Unknown
2b. How was naloxone given? <i>(Check one only)</i>	<input type="checkbox"/> Injected in the muscle	<input type="checkbox"/> Sprayed in the nose	<input type="checkbox"/> Unknown		
3. Date naloxone was used: (MM/DD/YY): <i>(If exact day is unknown, please provide month ____ and year ____.)</i>					

C. Location of Use

4. Location of overdose:	Borough/County:	Neighborhood:	Zip code:
5. Was this location: <i>(Check one only)</i>	<input type="checkbox"/> A house / an apartment?	<input type="checkbox"/> On the street / outside?	<input type="checkbox"/> A shooting gallery?
	<input type="checkbox"/> A business (e.g. store, bar, restaurant)?	<input type="checkbox"/> An SRO?	<input type="checkbox"/> A shelter?
	<input type="checkbox"/> Unknown?	<input type="checkbox"/> Other → Please specify:	

D. About the Overdoser

6. Were they <i>(Check all that apply)</i>	<input type="checkbox"/> Male	<input type="checkbox"/> Transgender	<input type="checkbox"/> Unknown sex
	<input type="checkbox"/> Female	<input type="checkbox"/> Intersex	<input type="checkbox"/> Other → Please specify:
7. Were they <i>(Check all that apply)</i>	<input type="checkbox"/> African-American/Black	<input type="checkbox"/> Hispanic/Latino(a)	<input type="checkbox"/> Caucasian/White
	<input type="checkbox"/> Asian/Pacific Islander	<input type="checkbox"/> Native American	<input type="checkbox"/> Unknown
	<input type="checkbox"/> Other race/ethnicity → please specify:		
8. About how old were they? <i>(Use your best guess)</i> ____ years old			

E. What Drugs Had Been Used

9. Did the overdoser: <i>(Check one only)</i>	<input type="checkbox"/> Inject heroin	<input type="checkbox"/> Sniff heroin	<input type="checkbox"/> Use heroin, but how is unknown
	<input type="checkbox"/> Not use heroin	<input type="checkbox"/> Not sure if heroin was used	
10. Was the overdoser using anything else? <i>(Check all that apply)</i>	<input type="checkbox"/> Methadone	<input type="checkbox"/> Cocaine	<input type="checkbox"/> Benzos
	<input type="checkbox"/> Pain pills	<input type="checkbox"/> Alcohol	<input type="checkbox"/> Unknown
	<input type="checkbox"/> Amphetamine	<input type="checkbox"/> Other drugs → please specify:	

F. Condition of Overdoser

11. Was overdoser conscious before naloxone was used?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
12. Was overdoser breathing before naloxone was used?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown

G. Actions Taken

13. Was rescue breathing performed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
14. Were EMS (911) contacted?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown

H. Outcome

15. Did the overdose survive?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
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I. Other Information

16. Please provide any information that would be helpful in describing the overdose:
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J. Signatures of Program Director and Clinical Director

Program Director	Date (MM/DD/YY)	Clinical Director	Date (MM/DD/YY)
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Please send the completed form using any one of the three methods below:

E-mail: oper@health.state.ny.us	Fax: (518) 402-6813	Shu-Yin John Leung OPER, AIDS Institute, NYSDOH Empire State Plaza CR342 Albany, New York 12237
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1/25/2017

Demonstration of Intranasal Naloxone



Aaron Morgan, 23



Alexander Lee



Amber Toth, 29



Benjamin Edick, 30



Bobby Glovino, 25



Chris Maloney, 23



Christine Guilfoyle, 28



Christopher Lickers, 48



Daniel Placek, 28



Daniel Pletcher, 30



Daniel Wujek



David Pratt, 34



Ephraim David Schultz, 21



James Argento, 36



Jason Scanlon, 34



Jenna Marie Miller, 26



Justin Thomas Lester, 27



Karen Walters, 41

LOST LIVES: FACES OF AN EPIDEMIC

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Kristen Pfaff, 27



Keith Baumgardner, 28



Ashley Wylie, 29



Lea-Marie Morgante, 28



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Mario Rodriguez, 22



Michael Fuglewicz, 30



Michael Israel, 20



Nathaniel Smith, 26



Nicholas Taylor, 23



Patrick Isenhardt, 23



Peter Romanchuk, 36



Raymond Marzec, 24



Robert Barker, 38



Robert Johnson, 35



Sean Timothy Paul, 28



Stephen Michael Sullivan, 35



Tracy Janiszewski



William Purdy, 24



William Rathbun, 27



Mark Jack, 26



Mark Koczur, 39



Michael Cleary, 26



Aaron Michael Ebling, 24

Jemal cuts wide swath in world of real estate

D.C. developer relishes 'challenge' of One Seneca

By JONATHAN D. EPSTEIN

NEWS BUSINESS REPORTER

To hear Washington's business and real estate leaders talk, Buffalo just hit the lottery jackpot when developer Douglas Jemal decided to buy One Seneca Tower.

They say Buffalo is very lucky to land someone as determined, focused and creative to redevelop the city's tallest building. Just look at his track record in Washington as proof of what he is capable of doing in Buffalo, they say.

To hear his critics and Buffalo skeptics, however, Jemal is just another hard-nosed out-of-towner with a reputation for sitting on properties — and with a nine-year-old felony conviction for fraud to boot.

They predict he won't follow through and won't play well with contractors. They note his brothers' troubles in New York City, where the family owned retailer Nobody Beats the Wiz. And they cite Buffalo's long history of bad experience with fly-by-night real estate investors.

So which is it?

Depends who you ask, and what you believe. But there's truth to both.

Jemal, 73, is the founder and CEO of Douglas Development Corp., the second-largest commercial real estate developer in the nation's capital, and one of the

Questions and Support?

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Rapid Evaluation & Appropriate Placement (REAP)	Family Support Heroin Opiate Prevention Engagement Project (H.O.P.E.)	Community Education	Provider Education & Policy Reform	Hospitals & Emergency Departments	Naloxone Access	Treatment Providers
Dan Rinaldo NYNJ High Intensity Drug Trafficking Area (HIDTA)	Debra Smith Mother & Erie County Probation Officer	Barbara Burns Public Affairs Officer US Attorney's Office Western Region of NY	Dr. Gale Burstein Erie County Commissioner of Health Dr. Paul Updike, Med. Director, STAR Program Catholic Health	Dr. Joshua Lynch Director, Pre-Hospital Care Millard Fillmore Suburban Hospital	Cheryll Moore Medical Care Administrator ECDOH	Michael Ranney Erie County Commissioner of Mental Health

Mission:
To provide a framework for organizations and individuals from across the opiate overdose continuum to collaborate, develop, and share best practices to provide for timely sharing of information.



**24 Hour Addiction Hotline
716-831-7007**