



## ***ERIE COUNTY LEGISLATURE***

92 Franklin Street - 4th Floor  
Buffalo, New York 14202

**TO:** Members of the Erie County Legislature

**FROM:** Karen M. McCarthy, Clerk

**DATE:** January 15, 2016

**SUBJECT** Opioid Informational Meeting – January 14, 2016

Attached are remarks from some of the attendees that spoke at the Opioid Informational Meeting held Following the Health and Human Services Committee Meeting on January 14, 2016.

The remarks are from:

Dr. Gale Burstein, Erie County Health Commissioner  
Ms. Jackie Sullivan  
Ms. Debra Smith  
Ms. Christina DeNisco  
Dr. Thomas Schenk, Sr Vice President & Chief Medical Officer, BlueCross BlueShield WNY

# 1/14/16 Health and Human Services Meeting: Opioid Crisis

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## **What we're doing:**

- State-wide leader in naloxone training. Since June of 2014 we've trained over 7,621 individuals in the use of Naloxone and provided them with kits. This includes at least 3,733 first-responders.
- New program through Tower Foundation to confront the primary and secondary causes of opioid overdoses.
  - Modify prescribing practices.
  - Expand network of suboxone providers.
- Working with insurance companies, including BCBS, to promote changes in prescribing practices.
- Working with the University of Buffalo Medical School to create an interdisciplinary task force to teach medical, dental, and nursing school students best practices
- Working with the Gloucester Police Department to help Erie County police departments join the Police Assisted Addiction and Recovery Initiative (PAARI) to refer those asking for help into care rather than incarceration.
- Leading efforts to build a community wide Opioid Task Force to bring together the many entities working on this issue, such as police, addictions and healthcare providers, consumers, and elected officials, such as Leg Burke.
- Establishing a single-point of entry program through Crisis Services to refer overdose patients directly from the EDs into treatment.

## **What the community needs:**

- Increased number of methadone slots, especially in the suburbs and rural areas.
- Increased number of primary care physicians trained and registered to prescribe suboxone.
- Standardized inpatient and outpatient addiction treatment plans from payers, including both commercial insurance and Medicaid.
- Eliminate prior authorization requirements for addictions treatment medications like suboxone and methadone.
- Limit supply of prescription opioid to one week without a prior authorization.
- Increased funding to Crisis Services to get more people out of crisis and into care.

## Jackie Sullivan

Good Afternoon,

My name is Jackie Sullivan and I am the mother of an addict. My son Stephen Michael Sullivan was born on Sept. 20, 1979 and lost his battle to this horrible and baffling disease on Sept. 1, 2015. His fatal overdose was due to a large amount of heroin, cocaine and diazepam in his system.

The day my child was born I never dreamed we would enter into such terrifying and uncharted waters. His father and I only wished for our 1st born to live a long, happy and prosperous life. Our journey through this crippling affliction lasted approx. 20 years. Addiction is a family disease that affects everyone spiritually, mentally, physically and emotionally. The two most common emotions are fear and anxiety. I read an article once that likened the experience to having a loved one critically ill in intensive care and being told they may not make it. You feel powerless. Every waking moment there is an impending doom. You have difficulty sleeping and performing everyday tasks. You fear the phone call. Only with addiction you are alone and the experience can last a very long time.

Stephen was full of life early on. Didn't sleep much, ran a hundred miles an hour, had the most contagious laugh and the brightest twinkle in his eyes. Everything was fun to him no matter how mischievous the moment. Once he started school it became evident that there may be some concerns with his ability to stay focused and on track. This lead to many evaluations and personal opinions along with the recommendation to medicate him. This was not an option that we chose for him at the time.

At about 16 years of age Stephen confided to me that he was suffering with anxiety and did not feel well most of the time. He started struggling in school and having difficulty in social settings. We also became concerned about alcohol and drug use outside

of the home. I took him to a well known adolescent treatment center to meet with a psychologist. We had approx. 5 sessions with the doctor when he announced that he could not help Stephen and recommended he be evaluated by a psychiatrist. We followed his advice. By the time Stephen was 17 years old he was diagnose with a mental illness. It was then he was introduced to the world of Benzodiazepines. At 17 years of age my son was on antidepressants and well on his way to becoming addicted to Benzos. His depression become so severe at times that he spoke of suicide and dropped out of school approx. 3 months before graduating. There was a phone call very late this one night that will forever haunt me. This phone call would last approx. 3 -4 hours long throughout the night. My son wanted to kill himself and was holding a shot gun to his head. This is just one example that would lead me in a panic to contact crisis services.

Days soon became filled with appointments for doctors, counselors and meetings. At just 17 he was thrust into the world of AA group meetings. Due to Stephen's age he was not able to relate to the adults attending these meetings. By the time I had learned of the Renaissance House organization he was already too old to be accepted there for treatment. I feel had we been able to find age appropriate treatment early on we would have had a better chance to beat this demon. We quickly bounced over the years between many 28 day inpatient treatments centers, different mental health / substance abuse clinics, drug courts and incarcerations. Most of the 28 day inpatient centers however did not offer dual treatment for mental health in addition to the substance abuse. In 2012 we finally were directed to a dual treatment center in Bradford Pa. Imagine how relived I was the day he called home filled with so much excitement. Finally there might be a light at the end of the tunnel. "Mom" he said "I have been working with this doctor and he has made a diagnosis. It all makes sense to me now and I now understand what is wrong with me!" Imagine our disappointment when he was sent home after

just 4 days because insurance would not approve his stay any longer.

The examples I have given by no means begin to explain his heart ache and ours for not being able to fix this dark evil disease of addiction.

We must do a better job recognizing the warning signs in the personalities of our children and loved ones. In Stephen's day it seemed anyone having difficulty in school suffered with ADD or ADHD. The sooner a mental illness and / or personality disorder is diagnosed the higher the success rate is for treatment. Once determined the medication prescribed should be thought through very carefully. Therapy is a MUST and the individual needs to participate in counseling sessions for a long period of time. The brain of an adolescent is forever developing and is very vulnerable.

When there is prolonged substance abuse, a plan of action MUST be put in place designed for the specific drug involved in the addiction. It is documented in studies that opiates, cocaine, benzos and alcohol all affect different areas of the brain separately. There should be a different approach for treating each of these addictions in order for a successful recovery. The longer the substance abuse has gone on, the more difficult to treat. There is NOT a one size fits all here. For example a long term heroin user's brain could take up to 3 years to heal. Often there could be permanent damage making recovery very difficult. If one of these individuals is fortunate enough to be admitted to a 28 day inpatient program we would not even be scratching the surface.

Stephen overdosed in mid. July of 2015. Narcan was administered by the officer who found him unconscious in his vehicle. This attempt was not successful. He was revived by the EMT's once they arrived. He was admitted from the emergency

room to another floor for 3 days and released to outpatient. He never made it to outpatient as he overdosed again a week in a half later. He was found unconscious again in his vehicle and rushed to different hospital. Earlier that same morning I called him because I felt uneasy when he left the house. When he answered his phone he was crying. I asked him to come home. He said okay mom, would you like me to bring you a coffee and I said sure. I never received that coffee.

While in the emergency room of this hospital Stephen and his dad asked the case worker who was assessing Stephen if he could be admitted upstairs for treatment. The reply was that he did not meet the criteria to be admitted. This led to a heated discussion upon which the hospital agreed to admit him to detox for 3 days only. It was in detox that Stephen had to convince the hospital to find him a bed somewhere. Stephen came home for a 2 days and then willingly admitted himself to the Stutzman Treatment Center for 28 days August of 2015. When he called home he seemed very content and complacent. Anyone who knows this program also knows it is one of the toughest around. I asked him what was different this time and he replied "Mom I know this is something I need to do. I am really tired and really want this". Stephen came home on Thursday, August 20th. Proudly showed me his "30 day clean" key ring. He met a friend during his stay. Someone he very genuinely liked. They spent the next couple of days attending meetings, enjoying the beautiful summer days taking long bike rides on the water front and going to church on Sunday with his new friend John and John's mother. Stephen told me after the bike ride he enjoyed so much the activity and wish he would have more moments like that in his life to come. On Monday, 4 days later, Stephen and John went to their new AA home group meeting in the evening. John said Steve was in a great upbeat mood. Someone at the meeting needed a ride home. Stephen offered this person a ride. 8:30 pm was the last time John would see Stephen. The following day on Tuesday, just 6 days after leaving inpatient he overdosed fatally this time. Not once

answering any of the frantic calls from his parents or his friend John.

John tells me they now place an empty chair to honor Stephen in the circle for their evening prayer at the end of his old AA home group meeting since he passed

This is the severity of the damage drugs will do to the mind. It is documented that brain dysfunction persists years after drug abuse. It is not all about will power and abstinence. How could it be. If will power had anything to do with it so many more would survive this evil disease. Addicts do not want to die. They do not want to hurt their families, destroy their names, lose their jobs, possessions, their self respect and the respect of others. Most of all their will to live and be loved.

Stephen was a hard worker, charming, witty, intelligent, loved his nieces like his own, worshiped his animals, was very talented artistically and a master in his trade. I watched him so badly beaten and humiliated at times. His cousin Christina said so beautifully when she eulogized him "Hero's" come in a lot of forms. I think it is easy to put our admiration in someone who wins awards, does everything right and that we can look up to. My cousin Steve is a hero because he gave it his all and was a fighter."

We need to educate the parents of our young. Expose our children to the dangers of doing drugs in order to stop addiction before it can get started.

We need to determine the actual cause of the addiction and the specific drug used by the addict in order to design a treatment for each individual. Is there an underlying mental health issue causing the individual to self medicate their anguish? Was the individual prescribed medications not properly monitored causing the addiction. How do we change our approach towards treating the addiction and how will it be funded? Do we have enough

people trained in this field to cover all aspects for proper treatment?

I recently have changed my mind on a very controversial issue. I used to tell my son he needed to get all addictive meds out of his system and give his mind and chance to clear. We even had this discussion a few days before he passed. Stephen's friend John left Stutzman and immediately started treatment for a monthly shot of Vivitrol. Today he is 5 months in recovery, working and most importantly alive. Giving himself a chance for his brain to heal. Stephen himself also did very well when he was buying Suboxone on the street. He had tried to see a Suboxone certified physician but there were long waiting periods. The conventional approach of the "12 Step Program" has saved many lives and will continue to do so. However the program was created in a time when we were not dealing with the types of drugs creating the crisis of today. Again, it is no longer a one size fits all.

They say that losing a loved one to addiction by substance abuse is a complicated grief. Often affecting those left behind with PTSD. I believe this to be true. Please make no mistake. This is not about us, but about Stephen and the hope we had for his recovery that was crushed when we lost him. Our battle continues now more than ever for that hope <sup>to</sup> ~~to~~ continue for all suffering with addiction. My heart breaks for all of the 19 and 20 year old young adults losing their lives before they have had a chance for recovery. This is an epidemic of huge proportions. I fear for my grandchildren to grow up in a world where there are such predators out there pushing these drugs.

Let's not forget our law enforcement officers. The officers who responded for my son twice in the month of this past July. 1<sup>st</sup> on the scene ~~to respond to his condition~~. The officers who respond to



a home where a grief stricken and hysterical parent has just found their child deceased in their own bed.

We need to provide them the man power and the tools to fight this on the streets. The laws need to change to hold people more accountable who participate in the distribution of drugs. Please vote to pass Dillions Law.

I want to share the fact that Deb Smith and I met shortly after we had lost our sons on a closed Facebook site called "Heroin Memorial". It is a place where grieving loved ones have sought to find comfort and support with others who have this unwanted common bond. I can't say enough how frightful and astonishingly high the new members being introduced daily are. There are even some from out of the country. I would like to take this time to thank Deb Smith for being the crusader that she is and all of you for your time here today.

I wish to thank this Honorable Body for the opportunity to speak today on the matter of the opiate epidemic, through the Health and Human Services Committee. My name is Debra Smith. I am the mother of Nathaniel Smith who passed away on September 15, 2015 from an opiate overdose. He was twenty-six years old. My son suffered from chronic kidney stones, which I believe were genetic. There is no other medication available to relieve the degree of pain that is caused from this difficulty, other than opiates.

I'm blessed to have had my son Nathaniel. He's the child every parent should have. We all learn from our children and my Nathaniel brought me life's beauty. His presence radiated sensitivity, respect, intelligence and gentleness. He established a higher standard in the treatment of others. People often describe Nathaniel as humble.

Nathaniel's life is not so different from other children. He played baseball and soccer. He was a Boy Scout. He attended summer camp, Zoo classes and Museum Classes. He graduated high school and attended college. He worked in a bicycle store and volunteered his time at a community bicycle shop to help others by repairing their bicycles, even after his physical difficulties led him seek medical attention which in turn led to the pitted path of addiction. He stumbled on that path of unassisted cruelty but he regained himself, until the next wave of pain from a kidney stone or surgery required prescribed opiate medication. He needed a medically assisted withdraw program. He was eventually introduced to heroin. My Nathaniel is the strongest person I ever met. I can't imagine the pain he endured as he struggled with this demon. The life of addiction is not easy from any perspective.

The population effected by this drug is indeed a high-risk population with the number of deaths in Erie County, exceeding 200 and growing as the toxicology results are processed. The number of people involved, however, is exponential to those addicted or dead. We are the family, friends, neighbors, loved ones, physicians, librarians and educators to those affected. We are all effected.

Educating the medical profession to the fallout from opioid patient-comfort medication is crucial. However, once opioid use has been determined, the World Health Organization recommends measures to reduce the misuse of opioids, **including supervision of dosing**. Stabilization of the individual in a structured medical setting with high accountability is recommended. Resources are needed to properly monitor drug screenings, with frequency. Lifting the cap on medically-assisted opiate withdrawal programs, with high standards, who maintain close scrutiny of the individual, will increase survival rates. No person seeking help to save their life should be turned away from a medical facility due to lack of beds or funding. Removing the stigma of shame will enable those affected to seek help.

This biological disorder is the only medically-treatable ailment that society chooses to abandon when those effected do not have the resources to care for themselves. Please hear the now silenced voices of our lost loved ones.

It's time to develop short-term ways until long-term, better ways can be developed and implemented. We need to put educated people on committees to develop programs that will reflect best-practices, with data-driven results. Put professionals and families at the same table, with a commitment of funding to follow. Please help us so no child, no mother, no brother, sister,

aunt, uncle or cousin will experience the trauma created within the void of untreated mental health or addiction, in any combination.

We have the ability to care for the less fortunate of our community so the predatory drug dealers will not ravage our family values or erode the moral core of our community. Appropriate staffing is needed at the Medical Examiner's office, the Narcotics Department and the Homicide Department to identify the illegal substance and to interrupt the supply of lethal products flooding our streets, school and places of business. Stronger laws and swift judicial determination of consequences will help to deter the distribution of illegal, life-ending substances to those in our community.

Effectuated families need a place to find information and comfort while a plan is developed. Many parents have found themselves alone in this epidemic, seeking answers with no direction, unable to obtain treatment as their loved one is swept away in a current fueled by ignorance, confusion and predators.

We are asking Your Honors to give the addicted person what they need. Develop bipartisan goals to save lives and heal our grieving community. Saving the lives of these individuals and restoring them to be employable, as a contributing addition to the community, can propel this area to the respectful, desirable place we call home.

This violent, senseless loss must end. We can do better.

In summation we are asking for:

- Medical stabilization in a setting with high accountability. (open rehabilitation centers, remove barriers)
- Public education
- Information Center
- A teamwork approach inclusive of loved ones and professionals
- A flow of knowledge from forensic labs, the medical examiner's office to medical facilities and law enforcement to identify the substance that is causing death/ overdose.
- Narcotics intelligence
- Homicide intelligence

Hello and thank you for having us. My name is Christina DeNisco. I am a high school Spanish Teacher, active community member & I am also here with my family because I lost my cousin, Stephen, to an overdose.

As educators, we ask ourselves every day what we can do to help kids. I have been teaching for 22 years in a suburban high school. The things kids are faced with are tough and can be scary/dangerous. Unfortunately, I have personally known several kids who have engaged in risky behaviors and/or substance abuse. We have lost too many.

This fall it really hit home when my beautiful, young cousin died at age 35. He was an addict and suffered from mental illness. Like most in my family, I have reviewed a million times in my head, what we could have done differently. It is mind blowing that he was part of the horrible statistic this summer of overdoses to heroine. And although nothing will bring him back, we can only try and honor his life & memory by raising awareness.

I think that the mindset and awareness has to change... People used to think of a heroine addict as a junkie and/or only confined to poor neighborhoods. That isn't what I have seen and continue to see as a teacher. The addicts that I have come in contact with or have known well come from some from the suburbs.

I thought it would be fitting for me to talk about the issue from an educator's perspective. We don't have all the answers. We do have the experience of living through the horrible reality of seeing kids faced with addiction. It doesn't discriminate. ANYONE can suffer from addiction. I think that half the battle is truly the stigma. It is easy to say, just another druggie... That "druggie" is my family, and yours. Because of the lack of education, it comes with a lot of shame, unlike other diseases.

I spoke with my colleagues to gather some insight, opinions and suggestions. Many of us are on the "front lines" with kids but aren't equipped. We know there isn't an overnight cure but if we can make a difference to help someone live a fulfilled life and not go down the road that addiction can take you, it is well worth it. Many of us feel totally overwhelmed. It seems like our hands are tied and what is out there is reactionary, rather than preventative.

I had conversations with: School administrators, teachers, guidance counselors member of a town coalition for drug awareness, a school resource officer, A Kids Escaping Drugs social worker and students. Also, my school just met to identify what we have in place to combat the drug epidemic and also discuss what we need that we currently lack. This is a list of their findings:

- An administrator said that we need a **COMMUNITY, STATE and FEDERAL AWARENESS CAMPAIGN**. His viewpoint was that we have seen a decline in

our community in the number of smokers, teenage pregnancy & DWI's. He credits this to a unified effort.

- Full time Social Worker (In each of our schools)
- Alternative Education (5-10 spots)
- Drug Counselor
- Increased Family Involvement
- Additional Hall Monitor
- Family Resource Center with Family & Drug Counseling available
- Updated staff training on Drug Awareness & Trends
- DRE Training for nurses
- More surveillance cameras
- Look at Door Security Issues
- District level Policy on Parenting Responsibilities in regards to Education
- Credit recovery Program & Staffing
- Additional AIS Services
- Additional Special Education out of district placements

Unfortunately Public Education in NYS has suffered many cuts. For example, funds were cut for our social worker. We have a half time counselor but it doesn't come close to fulfilling our needs. Many kids are lost... They can't function, lack coping skills & lack of family support. A social worker has the right to visit a home, create a rapport with a student, builds trust and can reach out to other sources.

I used to participate in programs with **WNY Against Drug & Alcohol Abuse**. We used to take kids to camps and try to help them build assets. The research had proven that students who were equipped with more assets were less likely to abuse substances. Those funds were cut.

This is certainly not a soapbox for what is lacking in schools.. But, I have seen that if young people are engaged/connected/involved in meaningful activities, this helps! It takes manpower.. I used to be in charge of a **Service Club**. It was gratifying to see an eclectic group go out and work in soup kitchens, nursing homes, Ronald McDonald House, SPCA, etc. A big buzzword in education right now is "grit." It is finding resiliency when the chips are stacked against you. Building assets is the same concept.

One student recently told me—I needed to be taught coping skills. In order for these connections to be made, we need funding. This is a HUGE investment in our youth and a way for kids to make connections with adults, find mentors, learn a variety of skills and engage in productive/healthy activities rather than substances.

Many of us teachers are given a brief in-service but we definitely don't have the resources at our fingertips to help. My opinion is that—if schools are more than likely a place where students will seek refuge and/or drugs—we need to be **equipped with experts** in the field of addiction/awareness.

We have heard it takes a village... I see successful students every day go on to have happy and healthy lives. It isn't all bleak. But.... There are many sad cases. We have students who come into school and present all kinds of baggage/issues: hungry, poor, poor hygiene, cutting, suicidal, don't fit in, bullied, sexually active at a young age, targets on social media, family issues, product of divorce & asked to take a side, and substance abuse... Sometimes I wonder how they do it! If they aren't getting the assets to build up a way to survive all the hurdles thrown at them, they will find something else.. That is usually a drug to numb the internal pain. I have always been a firm believer in service. People want to feel good and in the absence of having something that provides that, in enters substance abuse.

I have one student's face in my head a lot.. He is an addict. He has been provided almost every service out there. He is still relapsing. He recently finished a rehab program and the day he came back, a girl went seeking him out to sell him pills. There are predators who can't wait to reach out to those who are most vulnerable. He relapsed, again. It is part of recovery, unfortunately, like needing more chemo or radiation if cancer reappears. I don't know the answer for him but we have heard time and time again that **RELAPSE** is part of **RECOVERY**. It isn't simply a failure.

I can understand a reluctance to spend exorbitant amount of resources on someone's treatment when they "Fail" often. We look at the millions of dollars put into so called cures for weight loss. There are so many tools and yet we have an epidemic of obesity in our country. I don't think that people would just throw in the towel because a person develops heart disease, diabetes, etc. because of their diet. Someone can say that a person who doesn't have the "willpower" must be weak and at fault. It sounds pretty absurd, doesn't it?

The thing I learned with my cousin and those I deal with everyday is that we are dealing with people. We are dealing with living, breathing people who have a lot of baggage, flaws and do the best they can everyday. We can't be punitive and/or judgmental. The truth is that I probably would be somewhat judgmental if I hadn't become a teacher. I don't look at my cousin Stephen as a failure. I think of him as the strongest person I have ever known. He was knocked down repeatedly. He would get better and then relapse. He would pick himself up over and over again. Yes, recovery is ultimately up to a person. But, the drugs we are dealing with clearly are so powerful that it isn't will power or a character flaw that is bringing them down. With the repeated failure comes so much more too: shame, embarrassment, depression, isolation & self-hatred. The addiction we are seeing today has been

described as : the craving for the drug “trumps survival skills.” (Ulrike Heberlein).. That is something scary to think about.

I share all of these tidbits:

1. Mention of stigma/awareness
2. My personal experience with a family member
3. My work with kids in after school programs
4. Information about doctor’s research
5. Desire for more family involvement
6. Hopes for a team in a school with experts on this!

Because.. All of these pieces are instrumental in this effort. It isn’t easy to change the culture of how people think.. But, we have to be proactive and intensify efforts. I often feel that I see the writing on the wall and can imagine a train about to crash... I hate that feeling. I would like to be able to know that EVERYTHING was done to help. When I leave school sometimes, I know more can be done to help get people back on track.

I would advocate for the things that I mentioned. I think an ideal scenario would be to have a pilot program that would include the team of experts that schools are asking for. If the problem starts young, it makes sense to equip us where it begins. A week before my cousin died, I heard of an overdose... I remember feeling so sad but also relieved that my cousin was still alive. He is a casualty of this horrific epidemic. The amount of pain parents & loved ones have to endure is indescribable. It would be amazing if we could go after this problem on all four cylinders early.

Thank you for your time!

# Dr. Thomas Schenk

**Opening Comments to Erie County Legislature  
Health and Human Services Committee  
January 14, 2016**

Good afternoon, my name is Tom Schenk. I am the chief medical officer of BlueCross BlueShield of Western New York. I'm also a pediatrician. Thank you for inviting me here this afternoon.

I'm here today to speak to you about opiate addiction, which is no longer an emerging problem, but a full blown epidemic.

I have experienced firsthand the devastating effect of opiate abuse both through people I know personally and through my professional life.

This issue has been a focus of BlueCross BlueShield's over the last several years. In 2013, we launched a public service campaign called "Painkillers Kill." We brought together more than 50 community organizations and resources that promoted awareness, physician education, and crisis services.

The issue of opiate addiction is complex and requires a comprehensive and coordinated approach to reverse the trend of usage of these narcotics.

I have worked with Dr. Gale Burstein, our county Commissioner of Health, in recent months to begin bringing together various stakeholders who will contribute to and help coordinate this effort. Dr. Burstein has played an integral role and has been able to assemble a variety of community resources, including health organizations, insurance plans, educators, and law enforcement. She's also been instrumental in securing a Tower Foundation Grant to begin to staff these efforts and provide education around this initiative.

For me, this initiative can be broken down into three categories: prevention, early identification and treatment, and ongoing treatment.

Prevention needs to be directed toward people and prescribers. Prescription medications are not the only gateway to opiate addiction, but a large number of people who become addicted to prescription pain medications convert to heroin later.

Physicians and other health care providers need to be empowered to recognize early signs of abuse and have tools available to intervene at that time. Today, the number of people who need assistance with an addiction exceeds available resources. We need to identify the right care path as soon as possible.

Finally, we need to increase the availability of addiction medicine and follow people through their recoveries.

Thank you for your time.

**Thomas Schenk, MD  
Senior Vice President, Chief Medical Officer  
BlueCross BlueShield of Western New York**