

The HIGHLANDS Current

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161 MAIN ST., COLD SPRING, N.Y. | highlandscurrent.com

Fighting Back the opioid Crisis a special report

Part 1: We Know There's a Problem. What Can Be Done About It?

That's the question *The Current* hoped to answer for the Highlands. Last year, drug overdoses – the most visible marker of the epidemic – killed 64,000 Americans, a 22 percent increase over the year before. About 15,400 of those deaths involved heroin, 20,000 involved fentanyl (a synthetic that is 50 to 100 times more powerful than morphine) and 14,400 involved prescription painkillers, according to preliminary federal data.

On July 31 a commission assembled by President Donald Trump to address the crisis made an urgent recommendation that he declare a national emergency, noting that the overdose death rate in the U.S. has reached the equivalent of 142 people per day.

The problem is not far away. Dutchess and Putnam counties together have an overdose death, on average, about every four days. State-wide, about seven people die each day. From 2013 to 2015, Dutchess had the second highest rate of overdose deaths per capita in the state (trailing nearby Sullivan County); Putnam was in the middle of the pack, but the rates in both counties were higher than those of New York City or the state.

On Aug. 18, Forrest Rzyz-Ryski, a 2011 graduate of Haldane High School in Cold Spring and a talented artist, writer and martial arts fighter, became the latest casualty when he died of a heroin overdose in Georgia, where he was attending Kennesaw State University. He was 23.

A memorial service was held in Garrison on Sept. 10. The day after his death, on Facebook, his grandmother posted an anguished plea: "I wish I could go with him and take care of him, tell him that I love him and try to understand the big why." In frustration, she warned others who, perhaps, think they do not need help: "There is no answer, you also will die, it is a matter of time. Your grandmother will shed tears to no end, too."

We saw some of that pain on Aug. 31 at the Cold Spring bandstand, when those struggling with addiction and their families and supporters came together to ob-



At a vigil held in Cold Spring on Aug. 31 to raise awareness of overdose deaths, a participant adds Matt Herring's name to painted rocks. Herring, 24, of Wappingers Falls, died on Aug. 25.
Photo by Ross Corsair

serve International Overdose Awareness Day and call for more resources to fight the expanding shadows. We saw it in graffiti near the Metro-North station: "Cold Spring Kills Kids & Breaks Hearts."

Overdoses have become the leading cause of death for Americans under 50, outpacing assault

and suicide. They kill more Americans each year than die in auto crashes or gun violence. They are killing people faster than H.I.V. ever did. And the addition of fentanyl to the mix with heroin has made the epidemic even deadlier.

When fentanyl showed up in the Hudson Valley in late 2013, there were 68 heroin overdoses in Poughkeepsie in less than two months. Fentanyl is widely used in medicine; much of what is found on the street is manufactured in illicit labs in China and Mexico. Why wait for a poppy to grow? A lethal dose is about 2 milligrams, which looks like a few grains of salt. It is so potent that police officers can be sickened during drug busts. And dealers are now importing the even more deadly carfentanil, an elephant tranquilizer that is 10,000 times more powerful than morphine, to mix with heroin. Chinese suppliers sell 2 pounds of the drug – enough for 50 million doses – for about \$2,750.

According to a federal report released last month, nearly 600,000 teenagers and adults in the U.S. are addicted to heroin, and more than 2 million to prescription painkillers. Doctors in Putnam County write 50,000 prescriptions annually for opioids; in Dutchess, it's 165,000, both at per-capita rates higher than New York City or the state at large. Most states, including New York, have cracked down on doctors who over-prescribe, but that forces many addicts to turn to street drugs, whose potency is harder to measure.

To find out more about the fight against opioid addiction in the Highlands, *The Current* created an enterprise journalism fund with initial contributions from members of our board of directors. Their support allowed our writers, photographers and designers — Chip Rowe, Scott Veale, Michael Turton, Liz Schevtchuk Armstrong, Jeff Simms, Anita Peltonen, Kate Vikstrom, Lynn Carano, Ross Corsair and Brian PJ Cronin — to spend more time on this project than they would for a typical news story. We hope to address other national issues of local importance in the near future.

Originally published in *The Current* in September and October 2017, this series has four parts.

In **Part 1**, reporters Michael Turton and Liz Schevtchuk Armstrong spoke with the parents of young men who struggled with opioid addiction. One died, one survived, but they faced many of the same obstacles in getting treatment. We asked the parents to share their experiences, hoping it would provide a road map.

In **Part 2**, we examined the role of law enforcement and the courts in battling the epidemic. Turton looked at the work of the Putnam County Drug Treatment Court, while Jeff Simms spent time with Beacon and Dutchess County police officers who are at the front lines.

In **Part 3**, we explained treatment options. Brian PJ Cronin profiled the Dutchess County Stabilization Center, an innovative first stop for those in crisis, while Anita Peltonen and Armstrong visited treatment centers at Graymoor in Garrison, Arms Acres in Carmel and CoveCare Center (formerly Putnam Family & Community Services) in Carmel.

Finally, in **Part 4**, we shared the thoughts of specialists, counselors, doctors and those struggling with addiction about what they feel should take priority in addressing the problem.

We appreciate your feedback about the series and thoughts about how best to address the epidemic. Email editor@highlandscurrent.com.

Fighting Back the opioid Crisis

a special report

Sasha's Story

"So much pain; so many questions"

By Michael Turton

Alexander "Sasha" Matero, of Garrison, died in 2014 of an overdose after struggling with an opioid addiction since before he graduated from Haldane High School in 2007. He was buried on what would have been his 25th birthday.

Jim and Melanie Matero adopted Sasha from Russia in 1999, when he was 9. They remember their son as a curious, intelligent and personable young man with a smile that lit up a room. "He really had a *joie de vivre*," Melanie says.

In 2005, when he was a sophomore in high school, Sasha had surgery to repair his ACL, a knee ligament, which he had injured in an accident. During his recovery, he took opioid painkillers. "It wasn't a big topic of conversation at the time," Jim recalls. "The doctor prescribed it. You have to trust the doctor."

Becoming addicted

The pills "flipped the switch," Melanie says. "The painkillers worked. They made the pain go away."

She believes the ACL injury led her son to experience a loss of self-esteem that contributed to



Sasha Matero

what quickly became an addiction. "He lost his entire social group because he could no longer play soccer," she said. "He lost his identity and the painkillers helped him deal with that."

The Materos think the painkillers were overprescribed initially but say other factors quickly followed. "I'm sure he'd go to a party and take whatever kids had, take a lot of Dimetapp [cough syrup], smoke some pot, as long as it killed the pain," Melanie says.

She said that at the time Sasha's addiction began parents took two basic approaches: (1) "Just say no to drugs," or (2) take good care

of the user in the hope that it is a phase. "Those were the two camps," Melanie says. "You were either tough love or an enabler."

Help hard to come by

Denial was not an issue in the Matero household.

"We tried to attack it head on as best we could, given the limited knowledge we had and the outside help we could find," Jim says.

The first time they found Sasha badly impaired, they knew it was not from smoking a little marijuana. But it wasn't heroin, either. They took him to the emergency room, where Melanie said they were told: "That's nothing that needs detox. There's no need to admit him. You can take him home."

Jim argued, telling the doctors, "No! Something is seriously wrong here."

The next afternoon, they took Sasha to their family doctor. Melanie believes the ER visit had frightened her son. "He let the doctor tell us that he thought he had a drug problem," she said. The problem was the opioid pain pills.

The Materos asked how to get Sasha admitted to a residential drug treatment program, but were told he would first have to fail at an outpatient program (a policy that has since changed).

Because Sasha was adopted and had scant medical history regarding his mental health or genetic predisposition to addiction, the doctor suggested he be taken to a psychiatric hospital for evaluation.

All he needs

Just before his 18th birthday and after nearly two weeks in the psychiatric ward, Sasha entered an inpatient rehab program.



A lethal dose of the synthetic opioid fentanyl.

DEA

The Materos, who own Jaymark Jewelers on Route 9, had medical insurance that entitled their son to 30 days of rehab.

Four days after he was admitted, they say the insurer told them that Sasha would be released in two days. "How can that can be?" Jim recalls asking. The response: "It's his first time. That's all he needs."

The six-day stint was the only time during Sasha's illness that their insurance covered the cost of rehab.

After paying for another week on their own, they appealed the insurance company's decision to the New York State attorney general. The AG's office sided with the insurer. Because Sasha was not a danger to himself or others, and because there was no other history of drug abuse in the home, they found no reason to keep him in the program.

Sasha was eligible for outpatient peer-to-peer counseling in which young adults talk to other young adults about their addiction. The problem: according to Sasha, the main topic of conversation was how to beat drug tests and which dealers had the best prices.

"We were fortunate," Jim says.

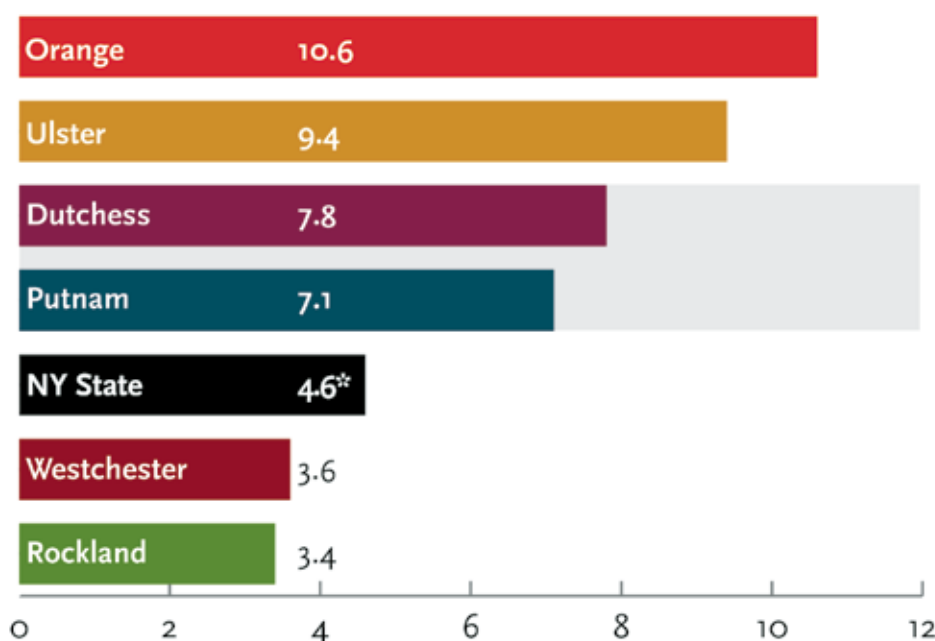


Jim and Melanie Matero

Photo by M. Turton

HEROIN OVERDOSE DEATHS (2016)

(# per 100,000 residents)



* New York State figures exclude New York City

Source: NYS Department of Health (health.ny.gov/statistics/opioid), County Opioid Quarterly Report, July 2017

Chart by Lynn Carano

"Sasha was open with us about what was going on. We were mortified."

The couple approached the program's director. "He said he thought Sasha was exaggerating," she says. They decided to leave the program.

Never gave up

Sasha's battle with his addiction would last for more than seven years, until his death. "It was like two steps forward and three steps back," Melanie recalls. "We tried four or five times to get him into rehab."

They paid for a 30-day program but felt they had to lie to Sasha, telling him it was covered by insurance. "He felt terrible about it, that he had this disease," Melanie says. "He didn't want us to be burdened financially."

After he turned 18, Sasha also didn't want to live at home. "There are many behavioral symptoms of addiction — it's a disease of the brain," Melanie says. "He didn't want to expose us to that."

Sasha was always independent, she says, and he found jobs, lived with roommates and worked hard. "He was smart; he could get jobs easily," his mother says. He graduated from high school a year early by taking classes at Dutchess County Community College and was certified in HVAC. "He was functioning through all this, yet his brain needed drugs more and more."

Unbelievable frustration

The family's journey through addiction was arduous and incredibly frustrating.

"There were times he'd get very tired of it and reach out for help and we'd do our best — but there were no resources," Jim says. "He'd come to us on a Friday night and say, 'I can't do this anymore; I can't live like this; I need your help.'"

Friday night calls to a hotline proved futile. "They'd give us the number for Arms Acres [in Carmel] or St. Christopher's [in Garrison], and they'd say, 'We open at 9 a.m. Monday, give us a call then,'" Jim says. "For most of this time Sasha was not using heroin, so there was nothing for him to detox out of. He wasn't physically impaired. There's no treatment for that."

The Materos were advised that if they felt Sasha's life was in danger they should take him to the psychiatric ward at Putnam Hospital Center in Carmel. During one crisis, Melanie remembers Sasha saying, "I'm not going to kill myself, but if I go back out on the street tonight, I might use so much that I die."

They took him for a 72-hour observation, and the treatment center



Participants at an Aug. 31 vigil at the bandstand in Cold Spring added names to painted rocks that were placed around the bandstand among the flowers.

Photo by Ross Corsair

advised them to take their son off their insurance.

"They told us he'd get much better, quicker access if on Medicaid," she says.

After taking that step, they were told that there were no beds available. In the meantime, Sasha could go to a supervised homeless shelter. The shelter turned him away because he had just spent time in a psychiatric hospital.

Next, someone advised them to have Sasha arrested so the Putnam County Drug Treatment Court could send him to rehab.

"He wasn't breaking the law; he was coming to us saying that he wants help!" Melanie says. "You feel like you're Alice in Wonderland and things aren't as they should be."

"The toll it took on him, on the family, and all your friends was just unbelievable," Jim adds. "I don't know if words can adequately describe the frustration."

Cheap and easy

The Materos are unsure when Sasha turned to heroin, but his behavior and moods became more erratic. "It was more toward the end," Jim says. "You could tell by his personality when he was involved with drugs and when he wasn't."

Unlike the prescription pain pills, heroin was inexpensive and relatively easy to find. "Cheap and easy is a recipe for disaster," Jim says. "It's what you're seeing in the community constantly now."

In March 2014 Sasha found a Salvation Army rehab program in upstate New York. He made arrangements to enroll. But that day he was found dead in a hotel room in Newburgh from an overdose of heroin laced with fentanyl.

Unanswered questions

"I often feel a pang of jealousy when I read the classic obituary

line, 'died surrounded by loved ones,'" Melanie says, because it sounds so peaceful and dignified.

"So much pain, so many questions," says Melanie of her son's death. Why did he overdose just as he was about to enter treatment? "My guess is that it was a last hurrah," Melanie says. "If you're going in for bariatric surgery, you're going to have steak and potatoes and all the butter and sour cream you can eat."

It's unclear if Sasha knew there was fentanyl in the mix. "It was just coming onto the scene then," causing a spike in overdoses, Melanie says.

After Sasha's death, a friend offered the Materos, who have three adult children, what they feel is wise advice: don't spend much time on the "why," but on what lies ahead. Their experience has made them painfully aware of the seriousness of the opioid epidemic, but they say they are not allowing it to overwhelm them.

"I feel like our family lost a son to addiction," Melanie says. "I don't want our other children to lose their

mother to fighting addiction."

Following Sasha's death, the Materos chose to be open about what happened. "We put the cause of death in the obituary," Melanie says. "People were shocked, but there is nothing to be ashamed of."

"I'm happy that people are talking," Jim says. "It's coming out of its deep, dark hole."

Max's Story

By Liz Schevtchuk Armstrong

When Teri Barr discovered in 2009 that her son, Max, was using drugs, she was well aware of the challenges she faced. She had been an addict herself, years before, but had survived.

It took four years, but Max also survived. His mother, who at the time owned Hudson Valley Outfitters on Main Street in Cold Spring, led him through a whirlwind of treatment programs, withdrawals and relapses, court appearances and incarceration and, finally, immersion in a program in California.

Max, who now lives in Florida, still receives therapy but is no longer struggling with drug addiction, his mother says. Getting to that point was not easy.

A prescription

Barr says her son became addicted when he was 14. His feet had been badly sunburned while boating, and a doctor prescribed an opioid painkiller. After exhausting the first prescription, "we went back to the doctor and asked for more, because he was in pain," Barr said. "As a mom, I didn't want him to be in pain."

She believes the stage was set for Max's struggles even before his injury. "All of a sudden, a kid doesn't just turn into an addict,"



Teri Barr with her son, Max

Photo provided

she says. “Kids who are vulnerable to using drugs have a need to feel accepted” but never quite feel they fit in, she says.

Around the same time, Max began smoking marijuana. His mother packed him off to a wilderness camp, and “it worked,” she says. “It was good.”

What happened next was not so good.

A safe place

On the suggestion of the camp staff, Barr enrolled Max in a private school in New England but soon discovered that there was widespread drug use among its students.

So Max came home to Cold Spring to live with his mother. (Barr and Max’s father are divorced.) Before long, money began to disappear from the house and she found drug paraphernalia.

Interventions ensued: counseling, psychiatrists, a hospital in Kingston, stints in Arms Acres treatment center in Carmel. There were so many rehabs she lost count. “Probably 15 to 20” in four years, she says. “It seems like I was always taking him” somewhere, or “always scribbling down places where I could put him.”

There were also frightening runs to the emergency room – not because of overdoses but because Max would try to detox on his own and suffered side effects, she says.

The upheaval took a toll. Barr had kept her hiking and outdoor supplies store going despite the 2008 downturn, competition from online outlets and the vagaries of doing business in small-town America. But as Max’s saga con-

tinued, she found she could not concentrate on her work. Thankfully, she had “amazing employees” she could rely on. She also found support, she says, at Al-Anon; the Putnam County-based organization Drug Crisis in Our Backyard, created by Susan and Steve Salomone after their son died of a heroin overdose; supportive friends and her religious faith, she says.

“I would do anything I could to keep him safe. They may seem like extreme solutions, but this is an extreme problem.” ~Teri Barr

Over the years, the details of Max’s struggle have blurred, but they aren’t important, Barr says. “The point is that I was trying to keep him in a place where he was safe and he might hear the message about sobriety and recovery.”

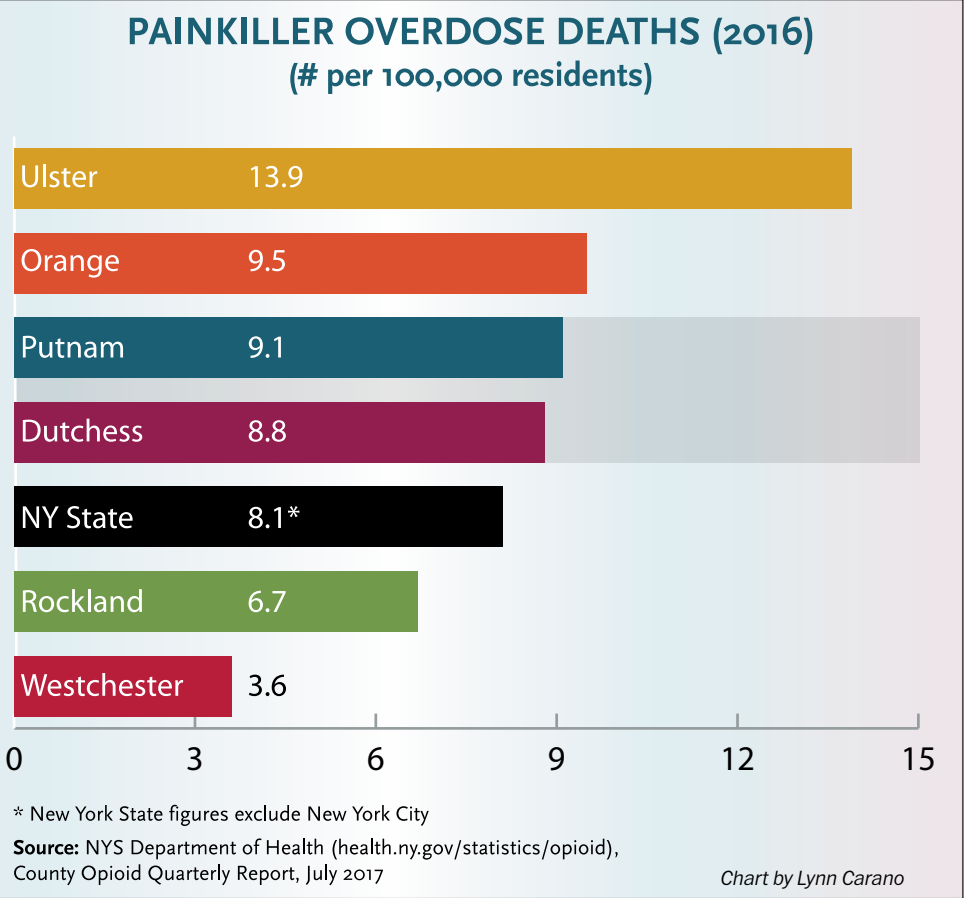
It took a trip to jail to get there. In 2013, Max and a friend stole her guitar. They were recorded by a security camera in a shop north of Cold Spring trying to sell it.

“I knew I had to get him off the street,” she said. “I pressed charges.”

Jail time

Max was incarcerated at the Putnam County jail, where he remained for six weeks, underwent treatment and awaited his court date. Meanwhile, Barr found a treatment center in California able to take him.

When Max’s case came up in Cold Spring Justice Court, she says, Judge Thomas Costello agreed that sending him to the facility for sustained treatment



made sense and the charges were dropped. Barr made the final arrangements, picked him up from jail, and drove him to the airport.

“I would do anything I could to keep him safe,” she says. “They may seem like extreme solutions, but this is an extreme problem.”

She says from experience that addiction is tough to treat, noting that teenage boys seem especially vulnerable. All the recent overdose deaths in Philipstown have been young men, she says. “The boys struggle,” she says. “They’re too proud, their egos are too proud, to get help. They think they know everything.”

There is also the stigma of being addicted. “Addiction is an allergy to the body and a disease of the mind,” she says. “I don’t think people understand that.”

In Max’s case, leaving Cold Spring helped. He has never returned.

Since that day his mother drove him to the airport, two of his Cold Spring friends have died from overdoses.

A new start

After Max left for treatment in California, Barr relocated as well, in 2013. The move was in part to care for her ailing mother. Her ex-husband also had moved to the state for a job.

Max spent five or six months at the treatment center, which requires that patients complete its program, no matter how long it takes. The center, called Narconon, is linked to the Church of Scientology, using approaches developed by L. Ron Hubbard, the science fiction author who in 1955 created the religion. It does not require

that patients be Scientologists, and Max is not a follower of the religion, Barr says. But what it had to offer worked for him.

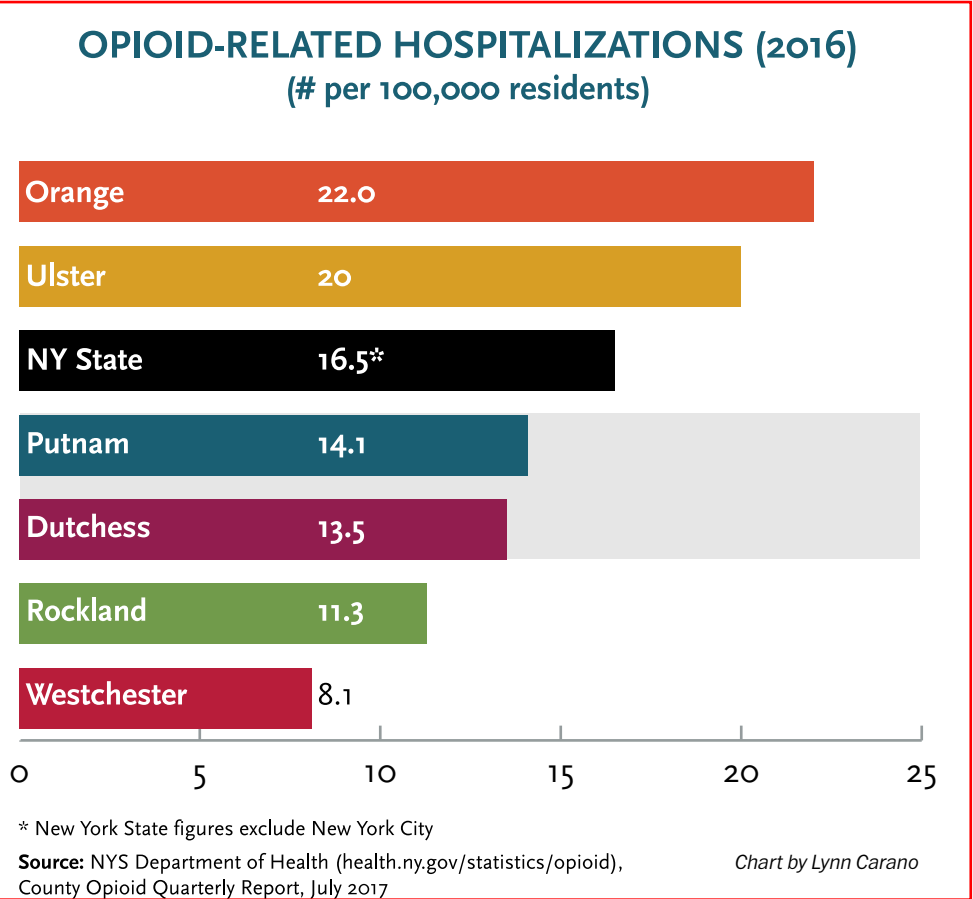
“When you have a situation that is a microcosm of the world, where you can work on stuff, where there are trained therapists to help you through, that’s when the healing starts for some people,” she says. The program had a strict regimen that provided structure “that we couldn’t give him at home because he rebelled against it.”

Her story

Decades ago, Barr struggled with her own addiction. She began abusing alcohol and drugs at age 13, she says. Around age 25, she finally asked for help and was taken to a recovery house in North Hollywood that kept its patients busy. When not attending group therapy and courses, “we raked, swept up, cleaned bathrooms, peeled potatoes,” she recalls. “I don’t think they do that these days” in treatment.

She says that, as with Max, a key to her recovery was the structure. Before arriving, “I didn’t know how to live,” she says, adding that she didn’t realize there was a different way to live until she got sober. “Having that experience of living differently is what changes us.”

Like other people his age, Max is “trying to find his way,” Barr says. “He’s still searching for what works for him” and trying to make friends. Although he is not on opioids, “his struggle with addiction and mental illness may never be over,” she says. “He’s 22 and sober and for me that’s good enough. He’s on his own journey now.”



Fighting Back the opioid Crisis

a special report

Part 2: Beyond Punishment: Cops and Courts Rethink Strategy

What is the role of law enforcement in battling the epidemic? Many officers and judges have reached the conclusion that imprisoning addicts is not enough.

"I don't think arrests are going to enable us to get our arms around this problem," said Putnam County District Attorney Robert Tendy at a forum in March at the Garrison School. "We're doing so much, trying so hard, doing so well [with arrests and convictions], and the problem is getting worse."

At the same time, police officers are saving lives. On Sept. 5, three Putnam County Sheriff's deputies saved a Patterson man who had apparently overdosed, by administering a nasal spray known as Narcan that acts as an opioid antidote.

Over the past few years, as more people have become addicted, two extreme positions appear to have formed. At one end of the continuum is Sheriff Richard Jones of Butler County, Ohio, where the death rate from overdoses is three times that of the Highlands. He has long refused to allow his deputies to carry Narcan. "We don't do the shots for bee stings, we don't inject diabetic people with insulin. When does it stop?" he has said. "I'm not the one that decides if people live or die. They decide that when they stick a needle in their arm."

At the other is Eric Adams, a police officer in Laconia, New Hampshire, which without



Eric Adams and Richard Jones



Photos by Paige Sutherland/NHPR and Butler County Sheriff's Office

summer tourists is a city about the size of Beacon. In 2014 he became the first officer in the country with the title of prevention, enforcement and treatment coordinator. His business cards read: "The Laconia Police Department recognizes that substance misuse is a disease. We understand you can't fight this alone."

Earlier this year, Adams was profiled in *The New York Times*. A police officer who shows up to assist addicts and not arrest them is news. He listens to the scanner for overdoses, then drives to the scene in an unmarked cruiser. The moments after an addict wakes up from an overdose can be an excellent time to convince him or her to seek treatment, and Adams offers a ride.

The officer keeps a spreadsheet of every

person he has helped. By his count, as of July, he had encountered 204 addicts: 92 are in treatment, 84 are in recovery, and zero have died.

We wanted to find out more about how law enforcement in the Highlands views the epidemic. Where do we fall between Sheriff Jones and Officer Adams? We decided to start where many addicts in Putnam County who are arrested end up, if they're lucky — drug treatment court.

A Day in Drug Court

A chance to avoid prison — and stay alive

By Michael Turton

It takes a single visit to Putnam County's weekly drug court in Carmel to realize how serious the stakes are for everyone involved.

Defendants arrive in the waiting room of the court, known officially as Judicial Diversion/DWI Treatment Court, well ahead of time. Judge James Reitz does not tolerate late arrivals. Many of the defendants know each other.

"Court is going to suck today," says one. "The judge is going to lecture us again."

"When doesn't he lecture us?"

A woman complains that her son is in the county jail because he tested positive after taking painkillers following oral surgery. "It's stupid," she says. "You can't do anything" while in the program.

"Your lawyer has to deal with something like that," someone else advises. "They have to know ahead of time — not after."

In another conversation nearby, someone says: "When we do drugs, we don't think about dying. We just think about getting high."

'Life is great'

After the 30 or so defendants file into the courtroom, Reitz asks anyone to stand who knows a woman named Samantha who had appeared in court the previous week.

A few stand. "She was doing well," Reitz says. "She told me, 'How can life not be great? I'm clean and sober and working. I'm getting my degree. I'm doing great.'" Her most recent court-ordered drug test, three days earlier, had come up negative.

That same afternoon, she was found dead of an overdose.

"Twenty-seven-years old," says Reitz. "And just a few days ago everything was 'great.'"

As he does at each session, Reitz admonishes everyone present. "You have to make good decisions," he says. "You can never let your guard down. If you stay alive, we can help you."

The program

The first drug treatment court in the U.S. was created in Miami-Dade County in 1989 in response to the crack cocaine epidemic.

The premise is simple. Defendants arrested



The opioid crisis has increased risks for police officers because synthetic opioids being added to heroin are so dangerous that agents can be sickened simply by inhaling them. Here, federal agents are washed down after dismantling a lab that contained fentanyl. The lethal dose is the size of a few grains of salt.

DEA

for certain non-violent felonies who suffer from drug or alcohol addiction can agree to enter a court-supervised treatment program that lasts a minimum of two years. Eligible crimes include selling drugs, theft, larceny and burglary; addicts often steal to fund their habit. If the defendant completes the program, the charges are dismissed or greatly reduced and the person avoids prison time.

Today there are more than 3,000 such courts in the U.S., including in Putnam and Dutchess counties and Beacon. Most handle only adults, but some specialize in juveniles, veterans and other groups.

In Carmel, a team reviews each case to determine if the person qualifies. It includes Reitz and two other court officials, lawyers from the district attorney's office and Legal Aid, two citizens, a probation officer, someone from the Sheriff's Office and counselors from the county department of mental health and a local treatment center.

Is everything great?

At the typical court session, a defendant usually speaks to the judge for only a few minutes. During the appearance, each person submits a written update addressed to his or her probation

officer or counselor. Some stand with an attorney. All must attend the session from start to finish.

Unlike the case in the waiting room, all are on their best behavior in court.

"You expect me to believe this nonsense? You've been in this program how long?" ~ Judge Reitz, to a man who claimed he tested positive for drugs because of a dietary supplement

Reitz: How are you doing?

Man in his 30s: I'm doing the right thing. I'm clean and sober.

Reitz: So you're doing all right. Can we help you with anything?

Man: You already have.

Reitz: Never let your guard down.

Man: I won't.

Reitz: Any questions?

Man: No, sir.

Reitz: You're doing good work. Keep it up.

Reitz: How are you doing?

Woman in her 20s: Really well.

Reitz: Why so?

Woman: I'm sober.

Reitz: I understand transportation here was an issue?

Woman: I made an effort, I really wanted to be here.

Reitz: Be sure to thank the driver who brought you.

Reitz, to coordinator: She's good,



Judge James Reitz, with his back to camera, speaks during a Drug Treatment Court session in 2014.

NBC News

right?

Coordinator: Yes, she's doing well.

Reitz: You've earned your nine-month coin.

Reitz routinely awards coins and certificates for milestones. He presents the coin. Everyone applauds.

Reitz: How are you doing?

Man about 30: Very well.

Reitz: Any questions?

Man: No, I want to thank you for letting me travel to my brother's wedding. It meant a lot. I even made a speech.

Reitz: When you make good decisions, you earn more trust.

Man: Everything is under control.

Reitz: You've made some good decisions.

Man in his 50s: Yes, I'm happy. It's a big turnaround. It's a great opportunity.

Reitz: I'd rather give out coins than send you to prison or read about your death. You're an inspiration. Keep it up. One day at a time.

The encounter does not go as well for the next defendant, a 40-year-old man. He failed a drug test after taking amphetamines. He stands with his Legal Aid lawyer.

Reitz asks for an explanation. The man says that he drank a dietary supplement that was being given out at a fitness club.

"That's it?" Reitz says. "You expect me to believe this nonsense? You've been in this program how

Q&A: Judge James Reitz

By Michael Turton

How effective is treatment court?

Spend two or more years in the program and there's an 87 percent chance you'll be successful after graduation. During the first 10 to 12 years we've had a 13 percent recidivism rate. In October we'll have six or seven graduates who'll have their charges dismissed or reduced. They'll move on. We do save people's lives.

Do defendants sign an agreement?

Yes. Each agreement is tailored to the individual's situation: background, age, criminal charges, drugs involved, etc. But there are common elements regarding cooperation and accountability.

It seems odd that someone has to be arrested to get into the program.

You do have to commit a crime to get into this program. It has to be non-violent, for the most part — no sexual assault or domestic violence. You also have to be evaluated and deemed in need of treatment for alcohol or drug dependency.

How significant a factor is mental health?

At one time, we had a treatment court for mental health. It was a big mistake to stop it. It's rare you find someone arrested on a serious charge who doesn't have a dual diagnosis — either primary substance abuse and secondary mental health or vice versa.

How many violations are allowed before someone is expelled?

There's no cookie cutter. Someone may have six or seven violations and stay in the program while someone else may have only three or four and go to prison.

You award coins to defendants as they reach milestones. Why is that important?

They're symbols of accomplishment. Any time participants are being challenged, taken off their game, the coin reminds them that they've made good decisions before, whether it's 30 days or a year clean and sober. They realize that if they did it then they can do it again now.



Judge James Reitz

Photo by M. Turton

How many of those in became addicted initially to prescribed painkillers?

Eighty-five to 90 percent. There are exceptions, but the majority moved from prescription meds because of the high cost or because the doctor stopped writing it. They then go to the cheapest form: heroin.

What do you say to people who feel prison isn't the best way to treat drug offenders?

It's easy for those unaffected by any of this to say that. And in a sense they're right. But that's why we have treatment court. We give them every opportunity to be successful and to not go to jail. But if they keep committing crimes and doing drugs, why should they be allowed to kill someone because they're high behind the wheel, or to burglarize a home to pay for their habit and stab or shoot somebody when confronted?

What is the toughest challenge defendants face?

Staying alive, to give us time to hold them accountable. It's a minimum two-year program and I won't take "no" for an answer. If they don't do things that force them out of the program, we have a fighting chance to change their lives.

They think they have it tough because they have to go to court or a treatment program. Is that tough, a second chance to stay out of prison? I tell them to think about those who lost everything, even their lives, in the hurricanes. They had it tough.

long? And you took something without knowing its contents? Non-sense. We will have to deal with this."

Rules and violations

Among the good decisions that Reitz expects from defendants is adherence to the court's strict requirements. Participants must receive clinical treatment; attend support meetings; submit to drug tests; meet with a probation officer or counselor; and stay in contact with the court. Repeated violations mean dismissal from the program and the restoration of all pending criminal charges.

The program has three phases. As a defendant moves through each, he or she earns rewards. For instance, mandatory court appearances are reduced from weekly to alternate sessions to monthly, and drug testing becomes less frequent.

A defendant who qualifies for drug treatment court must observe two sessions before being considered. At one session, Reitz notices a late arrival.

Reitz: Sir, can I ask why you are here?

Young man: I'm here to observe.

Reitz: You want to be in this program?

Man: Yes.

Reitz: When does court start?

Man: At 2:30.

Reitz: And what time is it now?

Man: It's 3.

Reitz: Then get out! Get rid of the gum. Dress appropriately. And get out!

After the man departs, Reitz addresses the others. "You have to be respectful," he says. "Showing up right on time is not being on time. Be there 15 minutes early. Show respect."

27 years

Partway through a court session, guards bring a young prisoner in through a side door from the Putnam County Jail. She is shackled at the wrists and ankles. The room falls silent, in part because all defendants usually arrive in street clothes, sometimes coming from work. The woman stares ahead, head slightly bowed.

Reitz is familiar with the defendant. He asks the assistant district attorney for an update on the case. Charged with, among other crimes, selling heroin, the woman has struggled, with 10 violations of the treatment court rules.

"What do the People recommend?" Reitz asks.

"We recommend that she be removed from the program," the assistant D.A. says, "and sentenced to 27 years in state prison."

The woman stands silently with her lawyer as Reitz asks her a series of questions to determine if she is aware of the seriousness of her situation. She replies to each with an almost inaudible "Yes."

"Do the math. How old will you be when you get out of prison?" Reitz says.

"Fifty-one."

The judge says she missed out on a second chance and criticizes her attitude. The message is clearly intended for the other defendants.

At the woman's sentencing on Sept. 28, Reitz said the court team was divided on whether he should send her to prison. Reluctantly, he said, he would defer sentencing. She had one more chance.

"We Can't Get Our Regular Work Done"

Dutchess, Beacon officers frustrated by epidemic

By Jeff Simms

The Dutchess County Drug Task Force consists of officers sent by departments in towns and cities such as Beacon when they can spare them. It handles nearly 200 cases per year, which includes executing search warrants and undercover work.

That's about as much detail as you're going to get.

Frank Tasciotti was one of the first officers to join the Task Force when it was created in 1989 in response to the crack cocaine epidemic. He's reluctant to reveal much about the agency — where it's headquartered, how many



Trey Anastasio, the lead singer of Phish, hugs a graduate of a drug treatment court in Fort Edward, New York, near Glen Falls. Anastasio is also a graduate of the program, which he says saved his life.

Photo by Steve Jacobs/AP

officers are involved — because virtually everything it does is clandestine. But he will share why he believes it exists: "Our job is to protect people, even if it's from themselves, and to have the skills to bring somebody's kid, father or brother back — to give them a second chance."

"If we had this many deaths from a serial killer, the entire law enforcement community would be rallied. Instead, you don't even see obituaries."

~ Frank Tasciotti

The opioid crisis, he says, is overwhelming. "If we had this many deaths from a serial killer, the entire law enforcement community would be rallied," he says. "Instead, you don't even see obituaries."

Vincent Stelmach, the Task Force's coordinator, says users,

unlike dealers, are typically not imprisoned until they have been arrested multiple times. He estimates 80 percent of opioid users and/or sellers who end up in jail return to using or selling after their release.

"Where are users gonna go?" Stelmach asks. "They're gonna go right back home, get a menial job and try to get their act together."

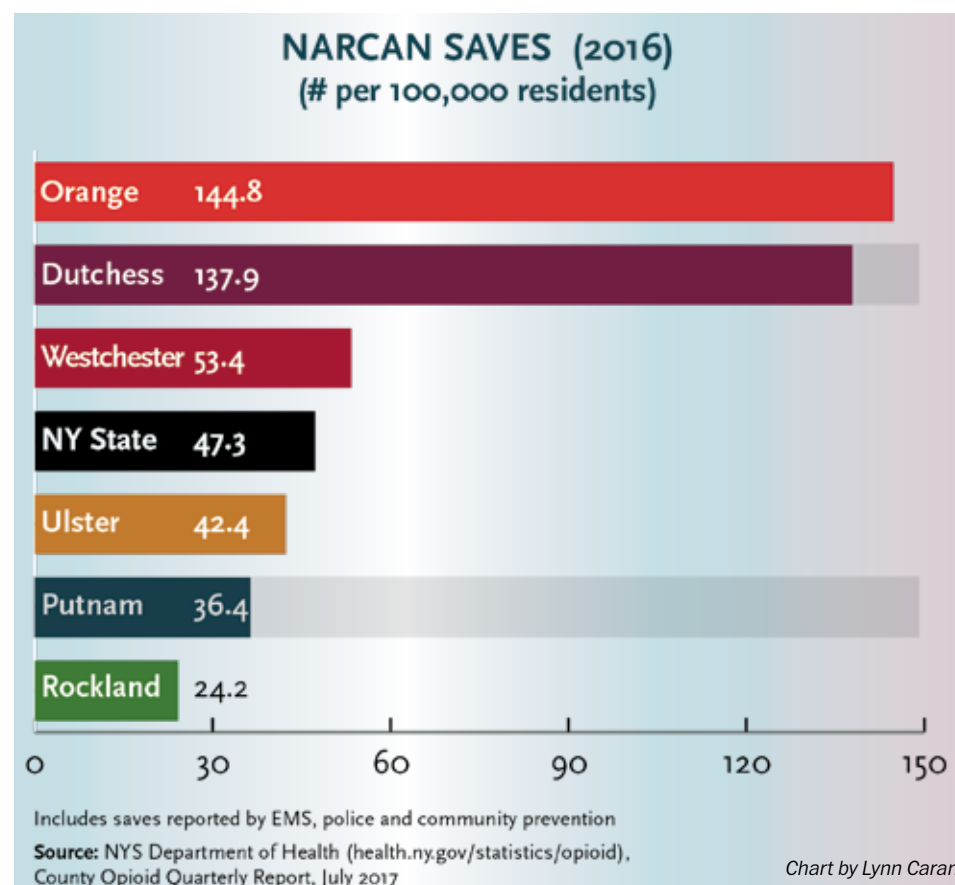
"The seller has a far different task," says Tasciotti. "He's looking to support himself and make money, and you sell what the hottest commodity is." Finding reliable work is difficult, the officer notes, because "for legitimate reasons, most businesses are not felon friendly."

The officers are frustrated, and seem saddened, by the merry-go-round of faces they encounter. But they make one thing clear when discussing opioid addiction. They believe those who become addicted are responsible for their own choices. "Their burden is something they put on themselves," Tasciotti says.

Casual use

When asked about drug use in the Highlands, the Task Force officers, along with Beacon Police Chief Doug Solomon and Beacon Detective Jason Walden, each recounted similar narratives. In the 1960s, injected heroin was the drug of choice, followed by cocaine in the 1970s and '80s, then crack, Ecstasy and now opioids. It's heroin, again, but this time around it's more typically snorted or smoked, and it's often laced with other highly potent painkillers such as fentanyl.

In Tasciotti's view, the casual portrayal of illicit narcotics in popular culture has removed much of the stigma associated with their use. Once maligned as being used by "junkies," narcotics became accepted as recreational drugs.



"When Ecstasy came out, it was amphetamine-like and psychedelic-like — and it was dangerous — but they showed people using it on TV," he says. "It was never demonized. Then you started seeing people doing cocaine on reality shows. Why wouldn't it lead to the acceptance of heroin, when it can also be snorted?"

That acceptance, he argues, is what's killing people. Recreational users are mixing in powerful chemicals that invade the central nervous system, causing respiratory failure, sometimes almost immediately. "Your brain actually forgets to breathe," Tasciotti says, likening the effect to suffocation without the pillow.

"Parents need to realize it can happen to anybody, and their kids are not young adults," he says. "They're older children, and they need supervision."

Sometimes there isn't time to become addicted, he notes. A single dose of a synthetic opioid such as fentanyl can be fatal. It can also be dangerous to officers who touch or inhale it, and they often pull on medical gloves at busts.

Although it can be difficult to



Beacon Police Chief Doug Solomon

File photo

pinpoint a single drug as the cause of death, Tasciotti estimates that more than 60 people — ranging from their teens to their 60s — have been killed so far this year in Dutchess from heroin and/or fentanyl. This past summer, he and Stelmach handled six deaths in seven days. "I'd like to be sitting behind a desk," Stelmach says,

"but we can't get our regular work done."

Beacon

Detective Walden estimates there's at least one overdose in Beacon each week, although most are not fatal. Law enforcement officials say Beacon is relatively clean when compared to neighboring Newburgh, or Poughkeepsie. There are more users than sellers, and they represent all races and social classes. Walden says users have told him the high is so intense "that you can't explain" how it feels, as if no one can resist after tasting it.

Every patrol officer in the Beacon Police Department carries Narcan, as do the city's full-time firefighters. The antidote, administered in a nasal spray, overpowers the opioid's effect on the brain, effectively "reversing" the overdose. But as street drugs become more potent, it can take multiple bursts to revive someone, when in the past, one was sufficient.

Every member of the police department has also completed or is undergoing Crisis Intervention Training to help understand and react to people suffering from

mental health issues so they can receive treatment rather than be arrested and jailed. Chief Solomon says he hopes the training will continue to evolve to change the approach to addiction.

"The profession has become a lot more sophisticated, and law enforcement is going to need to integrate with the treatment end. It's a constant process of reinventing yourself. In the end, you have to look out for people's lives. You want these people to get help."

~ Chief Douglas Solomon

"Law enforcement is migrating away from the 'warrior' approach to a 'guardian' approach," he explains. "That's what's missing from the drug piece. The profession has become a lot more sophisticated, and law enforcement is going to need to integrate with the treatment end. It's a constant process of reinventing yourself."

"In the end, you have to look out for people's lives," he says. "You want these people to get help."

Burlington Chief on Opioids, Crime

Former Nelsonville resident embraces new approach

By Michael Turton

In July 2015, Brandon del Pozo, then a resident of Nelsonville and a longtime New York City police officer, was named the police chief of Burlington, Vermont, population 42,000. In Burlington, he says, opioids lie just below the surface of all major crimes, including homicides. But he has become a leading voice for approaching the crisis as more than an issue of punishment.

How do your officers handle addicts differently than traditional law enforcement?

People on both sides of this issue — the "law-and-order" and "harm-reduction" camps — have been dogmatic. We look at policing but also at public health. We are committed to putting high-end suppliers in jail, but I also have a social worker in charge of our opioid policy as part of our commitment to save lives.

How has the community reacted?

The reaction has been positive. This is a progressive community with high expectations. Parents

have come forward to get their kids into treatment. Low-level dealers have cooperated because they know they can trust us and that our focus is on high-level dealers.

But there are still some who cling to dogma — that everyone associated with opioids should go to prison, or that no one should go to prison. So both sides oppose what we're doing.

Do you have a drug court?

Yes. It does a good job of picking out people who are eligible for treatment. Some do relapse; it's the nature of addiction. Getting people into treatment can be difficult. We need better coordination and more resources. There is also little treatment in prison and that's an obstacle.

How many of your officers carry Narcan?

Every Burlington officer carries and is trained in the use of naloxone. At this stage, any police department that doesn't do that is living in the Stone Age, and the community should not stand for it.



Brandon del Pozo

Matthew Thorsen / Seven Days

Fighting Back the opioid Crisis

a special report

Part 3: Where Can They Go? Treatment in the Highlands

Last year, more than 1,400 people in Dutchess County and another 369 in Putnam were admitted to state-regulated opioid treatment programs. More than 80 percent were addicted to heroin.

For Part 3 of our series, we wanted to learn more about what options are available to addicts, including medication and counseling. Putnam County has three treatment centers: the for-profit Arms Acres and the nonprofit CoveCare Center (formerly Putnam Family & Community Services) in Carmel and the Francis-can-run St. Christopher's Inn in



At the Arms Acres treatment center in Carmel, methadone is dispensed in cups and then mixed by patients with juice to mask its unpleasant taste.

Photo by Anita Peltonen

Garrison.

There are no treatment facilities in Beacon since the Turning Point detox center moved to Poughkeepsie after St. Francis Hospital went bankrupt in 2013 and the nonprofit Lexington Center for Recovery moved to Wappingers Falls.

Opioid addiction is typically a long and bumpy road, with relapses and returns. Sometimes the journey ends in death. But ultimately treatment centers are places of hope, as doctors and counselors save far more than are lost.

No Wrong Doors

Dutchess Center an innovative first step to recovery

By Brian PJ Cronin

It's been eight months since the opening of the Dutchess County Stabilization Center in Poughkeepsie, and they're finally adding the finishing touches.

"We wanted to live in the space before we decorated it, but it's not going to see much decorating," says Beth Alter of the county's Department of Behavioral and Community Health, who oversaw the project. "When you're in withdrawal, the last thing you need to see is a lot of colors."

Every last detail has been designed for the comfort of the people the staff refers to as its "guests": cushy reclining chairs, healthy snacks, privacy screens, a chest filled with toys and puzzles for those who might arrive with children.

But there is a fine line between comfort and functionality, which is why the floors are smooth, cold and gleaming, without a scrap of carpet to be found. "It makes it easy to clean up puke," Alter explains matter-of-factly.

Even the name of the building was carefully chosen. During the three years the center was under development, it was sometimes referred to as a "crisis center," until County Executive Marc Molinaro suggested a different approach. Its purpose, he argued, is to divert people from places of crisis, such as jails and emergency rooms.

"We want people to feel like they have a place that they can go to before things hit the fan," Alter says.

Filling the gap

There's no place in the state, and perhaps the U.S., quite like the Stabilization Center, which never closes and at which any Dutchess County resident, regardless of insurance or ability to

pay, can receive immediate care, comfort and referrals.

"Addiction is a mental health issue and needs to be first addressed as a mental-health issue," says Molinaro. "And this nation has never dealt with mental health in the compassionate and responsible way that we should."

Over the last few years, Dutchess County (like many others) has moved on several fronts to address addiction and other mental-health issues. Every police officer in Dutchess has received or will receive Crisis Intervention Training to prepare them for encounters with addicts and the mentally ill. A 24-hour helpline (845-485-9700) that has been operating for 30 years can now be accessed by text and a phone app. Its staff also can send out a Mobile Crisis Intervention Team, created in 2012, to meet with people in person.

Building the center

New York state so far likes what it sees in Poughkeepsie. On Aug. 29, its Office of Alcoholism and Substance Abuse Services (OA-SAS) put out a call for bids to open 24/7 walk-in treatment centers in every region of the state, offering up to \$450,000 in development funding to county governments and nonprofits. The grants will be announced on Dec. 6.

(Although the Mid-Hudson is among the regions where OA-



At left, Beth Alter; above, the "family room" at the Dutchess County Stabilization Center

Photos provided

SAS hopes to establish more 24/7 centers, Putnam County is unlikely to have one any time soon, says Arlene Seymour, who runs the treatment program at the nonprofit CoveCare Center. "Putnam is a hard county because it's divided in half" and because it lacks east-west public transportation, she says. "If we have something here in Carmel, would people in Philipstown be using it? They couldn't if they're strung out or sick. How are they going to get here?"

The Dutchess Center came out of a desire to "better address what people actually need, instead of trying to make people's needs fit into what we actually have," says Alter. "The number of people with mental health issues in the jail kept climbing. The number of emergency-room visits in our hospitals kept climbing. And everywhere you go for help, the door always seems to say 'Nope, sorry, wrong place to go.'"

"We started talking about a 'no wrong door' place, where anyone can walk in and receive a whole array of services."

The center was funded by the unanimous adoption in December 2015 by the Dutchess County Legislature of a \$4.8 million bond, and construction began in early 2016. The county's partners include MidHudson Regional Hospital (which has provided more than \$100,000 in financial support and four full-time nurses, according to the county), Mid-Hudson Addiction Recovery Center, Astor Services for Children & Families and PEOPLE, a nonprofit that specializes in peer counseling. The center was dedicated to Dr. Kenneth Glatt, who retired in 2015 after serving for 35 years as the county's commissioner of mental hygiene.

The closest precedent to the Dutchess Center is in San Antonio, where in 2002 the overcrowded Bexar County Jail needed another 1,000 beds. Local health officials observed that many inmates were



The Dutchess County Stabilization Center
Photo provided

there for low-level drug offenses or because of disturbances related to their mental illness. When released, these inmates often ended up back in jail or in the emergency room.

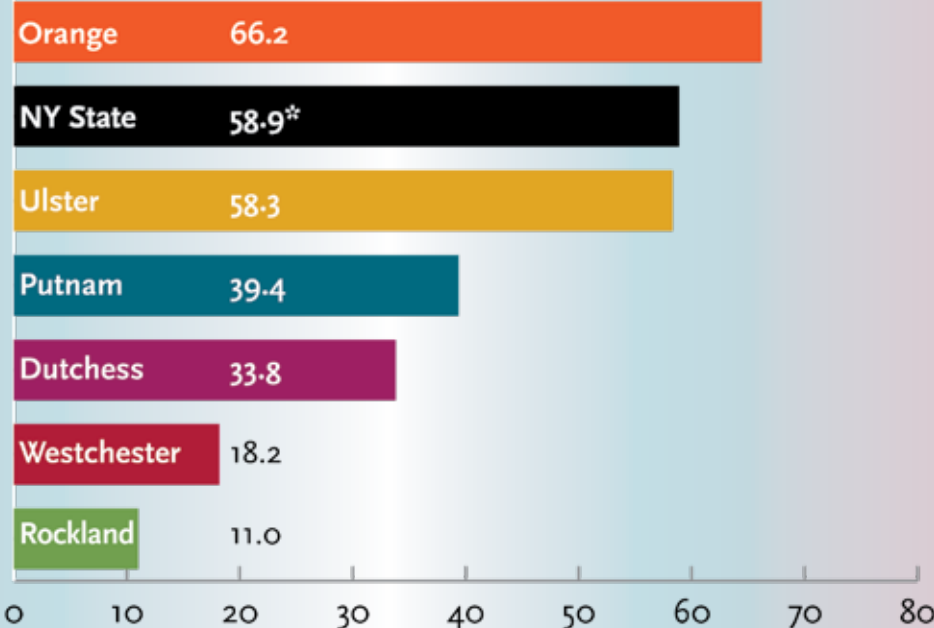
Instead of expanding the jail, police officers in the county received Crisis Intervention Training and Bexar partnered with the state to create a mental-health crisis center. This allowed officers to take low-level offenders somewhere besides jail. Today the county jail typically has 500 empty beds and mental-health related E.R. visits have fallen by 50 percent.

The Dutchess County Stabilization Center works the same way, allowing police officers to drop off people they encounter who they think would be better served by treatment than jail. Unlike the center in Texas, the Dutchess Center is voluntary. People can walk in, and leave, on their own.

"The Stabilization Center doesn't present you with the opportunity to be absolved of criminal activity," says Molinaro. "Our goal is to intervene at the right time to prevent criminal activity. We needed to have a place where we could de-escalate a situation, evaluate the individual and create the connection to ongoing care so that the individual gets the help he or she needs."

In the process, "we're diverting that person from a more expensive, less effective tool, which would be jail or the emergency room."

OPIOID-RELATED EMERGENCY ROOM VISITS (2016) (# per 100,000 residents)



* New York State figures exclude New York City

Source: NYS Department of Health (health.ny.gov/statistics/opioid), County Opioid Quarterly Report, July 2017

Chart by Lynn Carano

User-friendly

The entrance to the center, located around the corner from the MidHudson Regional Hospital, is in the back of the building. Tinted windows provide additional privacy. Alter says the only locked door is the first one, for security reasons.

Once inside, Alter says, the center staff tries to make a patient feel welcomed, safe and comfortable. If an addict is in withdrawal, he or she is already uncomfortable enough.

The first person to greet a visitor is a peer counselor — someone who understands what the patient is going through. The counselor explains what to expect and offers reassurance. The greeting room is small and ringed with lockers for visitors to park their belongings.

The next area contains bathrooms, showers and a laundry room. An initial consultation is performed, including a medical evaluation. The center is technically a non-medical, urgent-care facility — its staff does not give shots, so anyone in need of immediate medical assistance is redirected to a hospital.

Visitors do not stay long. They are asked for the names of their "circle of support." There are no beds. Legally, no one can remain for more than 24 hours, although the average stay is under four hours, Alter says. During their time at the center, visitors have four different communal rooms to choose from, depending on their condition, from the living room-esque Family Room with its kitchenette and warm lighting to the Sobering Room, which has nothing but

the dimmest possible lighting and reclining chairs amply spaced apart from one another.

The center is only the first stop. For those battling addiction, the next one may be a referral to a long-term care facility. For those who are clean but fear relapsing, the peer counselor can provide connections with support groups and other community organizations.

"There are a lot of supports for young people who are working very hard to recover from opioid addiction," says Alter. "It's hard to imagine, because all we hear about every day are the overdoses. But the reality is that there are services that can be found if you're looking."

It's the looking that can be the problem, especially to those suffering from withdrawal or mental illness.

The bottom line

Since it opened in February, the center has welcomed more than 1,000 guests. As of mid-August, 139 were brought by law enforcement, and the remainder came under their own volition. Some were suffering from withdrawal, and some were feeling uncomfortable in their own skin. Some were high.

Some were dealing with mental health issues for the first time, Alter says, or didn't like the way a new medication was making them feel and wanted to be observed. Some came to escape domestic abuse. Veterans suffering from PTSD walked through the door. Teenagers arrived who have been sent by Family Court.

"Sometimes people just come in because they're frustrated and

Nearly
1,800 people
in
Dutchess and Putnam
counties were admitted to
opioid treatment programs in 2016.

Source: NYS Department of Health (health.ny.gov/statistics/opioid) County Opioid Quarterly Report, July 2017

they don't know what to do," says Alter.

The center can assist up to 40 people within each 24-hour period and currently is seeing 12 to 15, Alter says. She says she expects those numbers to rise because those who need help "want to see if they can trust us. But this is one of those situations where if you build it, they will come. And they're coming."

Hidden in Plain Sight

Arms Acres splits services to two locations

By Anita Peltonen

Arms Acres' new opiate outpatient treatment center is in a low-slung former Comcast office on Old Route 6 in Carmel. It opened June 30, but unless you're looking for it, the facility is easy to miss.

Once part of the inpatient/outpatient rehab center on Seminary Hill in rural Carmel, the Old Route 6 center is the first stand-alone methadone clinic in Putnam County.

Psychiatrist Timothy Rowe and his colleagues decide which of the "three pillars" of treatment — methadone (a liquid), Suboxone (a film placed in the mouth), or Vivitrol (a shot) — patients will receive, based on their medical histories. To qualify for Vivitrol, for example, a patient must be clean for 10 days.

Many patients rebuild their lives with substitute opiates such as methadone, Rowe says. "And most people aren't going to bother to abuse [Suboxone] because it is not that rewarding," he says.

Rowe says he is hopeful about Vivitrol, because it isn't potentially addictive like substitute opiates and only needs to be injected every 28 days. Other non-opioid addiction drugs are in the pipeline but may not be available for years. But if successful, they could be blockbusters.

One, under development at the Scripps Research Institute, uses the immune system's virus-rejection mechanisms to fight opioids as foreign bodies. Another, the brainchild of researchers at the Walter Reed Army Institute of Research, prevents heroin from reaching the brain and also may protect against HIV infection.

Getting there

Patients come to Arms Acres from a hospital or other detox centers, explains Steve Witte, clinical director of the outpatient facility. When they arrive, they are examined by

Rowe, who is also a neurologist and addiction psychiatrist. The new outpatient center has 200 slots, of which 15 were taken as of late August. The center hopes someday to treat hundreds more.

Many patients arrive at the center "anxious, angry, difficult, obnoxious," Witte says. "After we help them withdraw, their personality emerges and then you sometimes have this lovely person who is interested in recovering, as well as helpful to others. It is a transformation that is truly magical."

Withdrawal is tough mental and physical work. A patient's health may be compromised after years of neglect, including their dental health, says Rowe. Those addicted to painkillers after injuries often have to endure physical therapy, too. The doctors, nurses, social workers and case workers at Arms Acres meet twice a week to discuss each patient and his or her progress.

"Part of our intake is making sure all patients have a primary-care physician" for follow-up, he says.

Even after they get clean, Rowe says, patients must re-enter the community, either directly or through a halfway house, and find a job despite the gaps in their work history, or a lack of one. (Many are young adults or veterans.) And their friends and relatives may still be using.

In addition to counseling and classes at the inpatient center, Rowe recommends patients find a peer group that is not focused on recovery from addiction, such as volunteering or sports.

It's also important to resolve relationship or legal problems. "The focus is on having them try to change their lives so that there are no obstacles on the way to recovery," he says.

Tammy Bender, a counselor at



Patrice Wallace-Moore, the CEO of Arms Acres

Photo by A. Peltonen

What Does It Cost?

The cost of opioid treatment varies a great deal; treatment centers we visited were reluctant to give precise numbers, saying they provide sliding scales depending on insurance reimbursement and the ability of a patient to pay.

However, cost estimates prepared by the federal government in 2016 found that methadone treatment, including medication with daily counseling, costs about \$6,500 per year; Suboxone treatment with twice-weekly visits is \$6,000 per year; and naltrexone treatment is \$14,000 per year.

By comparison, according to the Agency for Healthcare Research and Quality, annual expenditures for patients with diabetes are \$3,600 and for those with kidney disease, \$5,600.

A study that appeared in the *Journal of Substance Abuse Treatment* in 2008 used data collected from 110 substance abuse treatment programs to provide more detail. The costs below, in 2017 dollars, are based on the average number of weeks the treatment lasted, shown in parentheses.

Screening and brief intervention: \$494
Methadone maintenance: \$8,996 (87)
Non-methadone outpatient: \$2,823 (18)
Intensive outpatient: \$5,186 (12)
Adolescent outpatient: \$3,587 (12)
Drug court: \$4,786 (46)
Adult residential: \$12,419 (13)
Adolescent residential: \$12,919 (8)
Halfway house: \$25,989 (33)

Average cost in U.S. per intensive-care
overdose admission:

\$92,408

Source: *Annals of the American Thoracic Society* (Aug. 11, 2017)

the center, says patients who have recovered are a great source of hope when they visit. "It's very rewarding to see that, to see they live productive lives."

Witte says one goal of the outpatient clinic is to help patients address emotional trauma that might contribute to their addiction, such as from abuse or neglect. Rowe can prescribe psychiatric medication to alleviate the immediate effect of post-traumatic stress disorder (PTSD), depression and anxiety.

Rowe sees addicts as young as 14 but says most patients are adults and those under 18 cannot receive methadone from the outpatient clinic. "We have an adolescent program, but we have not been getting very many referrals to it," he says.

Residential patients

As I pull up the long drive of Arms Acres' inpatient clinic in rural Carmel, an ambulance comes screaming out, scattering patients and alarming the horses in a small corral.

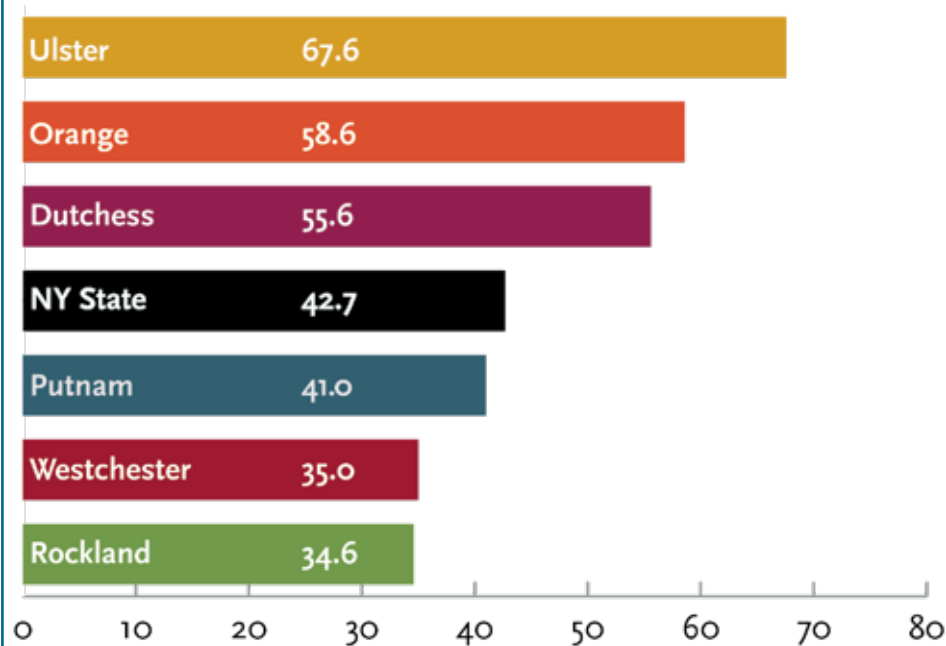
"Sometimes patients have seizures," explains Patrice Wallace-Moore, the clinic's CEO, whom I met in her office near the front door.

Wallace-Moore came to the 54-acre center, which was founded in 1982 by painter and philanthropist Winifred Arms, after working with addicted adolescents at Holliswood Hospital in Queens. She is passionate about everything Arms Acres, foremost her social workers' skill at helping patients reconnect to the world before their insurance runs out.

Most insurance companies will pay for three days' inpatient care initially, or up to 14 total, she says. Before managed care, "we used to have longer stays, about 28 days. So we had fewer admits but longer stays." The insurers' argument, she says, was that withdrawal was not medically necessary because addiction is not always lethal.

Wallace-Moore credits Drug Crisis in Our Backyard, a grassroots organization founded in Mahopac in 2012, with helping to change the local landscape. (The

OPIOID PRESCRIPTIONS (2016) (# per 100 residents)



Number of people in every 100 who received at least one prescription. The national rate is 66.5. In about a quarter of U.S. counties, the rate is 100 or greater.

Source: U.S. Prescribing Rate Maps, 2016, Centers for Disease Control and Prevention

group was created by Susan and Steve Salamone and Lou and Carol Christiansen, who lost sons to overdoses.) A federal law passed in 2008 and the Affordable Care Act passed in 2010 mandate coverage for addiction treatment.

Many of the inpatient clients are military veterans, as is Angel Duncan, the clinical director. A good number become addicted after receiving painkillers for battlefield injuries, and many suffer from PTSD.

The goal of the staff is to get addicts "to the next level of care, for example, outpatient clinics."

When Wallace-Moore arrived at Arms Acres in 1998, the facility had 129 beds. Since the opioid crisis has intensified, the center has expanded to 183 beds, including 131 for rehab, 21 for adolescents and 31 for detox. Typically, 95 percent are full.

The goal of the staff, Wallace-Moore says, is to get addicts "to the next level of care, for example, outpatient clinics."

In the late 1990s, about a quarter of patients would leave the clinic against the advice of doctors. Today that figure is below 15 percent. In addition, 60 percent of patients keep their first medical appointment made outside the clinic, up from as low as 15 percent, Wallace-Moore said. "We'd like 75 percent."



Angel Duncan, clinical director of the inpatient facility at Arms Acres

Photo by A. Peltonen

Ending the Lies

Treatment center works to end deceit, encourage hope

By Liz Schevtchuk Armstrong

The pervasive grip of opiates comes as no surprise to Arlene Seymour. In more than two decades as a counselor, she has confronted drug abuse, the shame attached to it and the lying the shame produces.

But she also knows the grip can be broken.

At the CoveCare Center, which is designed to provide a "safe

space" for addicts, Seymour manages the clinic and treatment programs. She also oversees outreach to schools, including Haldane in Cold Spring. She began her career as an intern at St. Christopher's Inn in Garrison and, before joining CoveCare, worked for years at the Lexington Recovery Center in Beacon, which has since relocated to Wappingers Falls.

Based in Carmel, CoveCare's medical staff provides counseling and medications to addicts, including inmates at the Putnam County jail. Established in 1997 as Putnam Family & Community Services, the nonprofit changed its name this year in part because of a misperception it was a county agency, Seymour says.

Last year CoveCare served 241 patients in its substance-abuse programs, plus another 178 in a rehabilitation program for those with drug or alcohol problems or serious mental-health issues, or both.

The rise of opioids

Over the last 20 years, Seymour says, opioids have taken over, and cocaine use has diminished but not disappeared. Two patients tested positive for cocaine in a single week in August, she says.

Alcohol abuse continues but nicotine addiction has decreased significantly, she says, following years of public campaigns against smoking. At the same time, she says, attitudes about smoking marijuana have become more lenient. The problem is, the weed on the street is far more potent than what was available in the 1960s, she says, both in strength and what might be added to it.

Still, opioid abuse claims most of the public's attention, as the toll of victims climbs. Seymour, who attended an Aug. 31 candlelight vigil in Cold Spring to remember those who have overdosed, noted "it's mostly boys" who die, perhaps because they are more likely to engage in risky behavior.

The rate of brain development may also play a role. "In your 20s, you go through a stage when you actually understand what a consequence is, a cause and effect, and your brain matures to accept that," she says. "Boys mature later than girls, so that could have something to do with this."

In addition, alcohol and marijuana use can slow brain development in young people, she says. "A young addict will think, 'I can use one more time; it's not going to happen to me,'" Seymour says.

The longtime counselor says one consistent characteristic of addicts is deceit. "I expect people to lie to

me," she says. "I've been doing this for so long, I just don't trust what someone who's addicted says."

That goes for those who seemed to be on the right path but relapse. "You can kind of tell when people are using again, when they're telling you little stories," she says. "They lie to themselves. It's the shame that keeps the lying going."

By contrast, those who are able to stay off drugs "usually are pretty honest," she adds. "Life has changed. They don't have that shame."

The age of addiction

While young people typically overdose on heroin, patients age 50 and older are taking pills. Lately, Seymour says, she's been seeing more patients in their 60s — enough that CoveCare runs free "senior" programs for clients in middle age or older.

For older clients, the risk of addiction or overdose is enhanced, she says, because the body becomes more "finely tuned" as it ages and because people tend to take more medication. Combined, drugs "can have a synergistic effect — the effect of two are greater than the effect of either one alone." For that reason, doctors "need to be more sensitive to what prescriptions are doing" with older patients.

For a young person suffering from addiction, "families are the key to helping them get better," Seymour says, but finding residential treatment for adolescents can be difficult. "There aren't that many facilities that are good" and although insurance coverage has gotten better, long-term care can still be an economic hardship.

Seymour said her youngest client was 13; state regulations prevent outpatient centers like Cove



Arlene Seymour

Photo by L.S. Armstrong



A new sign is unveiled in July

Photo provided

Care from treating anyone younger than that. But its staff does reach out to students. As part of its schools program, Seymour and other counselors talk to children as young as kindergarten and first grade.

"We tell them it's about making good choices, and feeling empowered and not feeling bullied, and being able to say 'no' if you really mean 'no' and picking your friends" wisely, she says. "It's about behaviors" early in life, "because behaviors clearly influence your choices later on."

Body and Soul

St. Christopher's Inn provides gentle, but strict, treatment plan

By Anita Peltonen

"You can't just detoxify the body; the soul needs healing time, too," says David Gerber, director of counseling and shelter services at St. Christopher's Inn in Garrison. "Then there's the reconnection to skill-building, friends and family, and a life that feels useful."

That sums up the mission of the Inn, run by the Franciscan Friars of the Atonement. The waiting list is long for its 183 beds. Once admitted, patients can stay for several months, not just the four weeks of the typical recovery center.

Among those who have benefited from treatment at St. Christopher's is Brian Tobias, 27, who wrestled with addiction for more than a decade before leaving St. Christopher's clean in 2016.

Tobias became hooked at age 16 on the opioid painkillers he was given after appendectomy surgery at Putnam Hospital Center. When his prescription ran out, he bought pills from classmates at Carmel High School or in his neighborhood. When the pills became too expensive, he began shooting heroin.

In 2014 Tobias was arrested for breaking into a neighbor's house to look for drugs or the money to buy them. He was busted in a Wendy's parking lot 12 hours later, on a tip from his parents, but says he had no memory of what he had done. He fought the charges for months, ending up in Putnam County Drug Treatment Court. He received treatment at Seafield in Westhampton and Arms Acres in Carmel, and, finally — after several relapses — at St. Christopher's.

When he entered St. Christopher's, the cravings for opioids were still there. "But over time they started to dissipate," says Tobias, who received Vivitrol, an anti-addiction treatment that involves a shot every 28 days.

Tobias now lives in an apartment with his girlfriend in his parents' Carmel home. While at St. Christopher's, he says, "I started to think



Brian Tobias

Photo by A. Peltonen

more about wanting to figure out things with my family and girlfriend more than I wanted to use drugs."

His employer, New York City Parks and Recreation, paid for his treatment at Seafield, and he still has his job. In April he was promoted. He used to cut grass; now he fixes and maintains park structures and equipment.

No religious test

St. Christopher's was started in 1909 to help men who were doing the crippling work of building the Croton Aqueduct. It evolved into a homeless shelter with an outpatient addiction treatment center.

Set amid evergreens on a steep slope, the Inn looks more like a postwar hotel than a detox center.

There is no religious test for admission. The facility is, however, run by believers and offers an optional daily Catholic Mass in addition to prayer sessions.

Tobias says "religion wasn't really a factor [for him during treatment]. But you still had to go to meditation daily, a part of the day where you had to sit by yourself and think. That kind of opened me up to new possibilities."

St. Christopher's staff includes two doctors, four nurses and a number of laypeople, friars and a nun who provide counseling.

The Inn may offer both the gentlest and strictest treatment center an addict will ever experience. Cell phones are banned to reduce the temptation to arrange a drug drop. Disrespect or failure to work cooperatively will be given extra community service such as working in the kitchen. But the men's days are full of activity. Each is assigned an "activity," or chore.

And, "they eat a lot," says Father Bill Drobach, the president

and CEO of the facility. "So many have been on the street."

Early addiction

A current resident of St. Christopher's, Scott (the facility asks that the last names of patients not be revealed), said he believes psychological abuse by his parents, and the psychotropic attention-deficit drugs they gave him, set the stage for his addiction.

"I knew by age 4 that they couldn't accept me for who I was," he says. "They started me on Dexedrine when I was 4, Ritalin at 5." The pills kept coming through his young adult years, until he turned to heroin.

"The fact that I was medicated all my life played into my low self-esteem," Scott says. "The thought that my parents can't even tolerate me while I'm normal, how was anyone else going to like me?"

Charged with two felonies, including driving while impaired by heroin, he has twice been sent to St. Christopher's. He says he is no longer on any medication, legal or illegal, despite being diagnosed with anxiety, depression and other ailments.

"I've never been a fan of organized religion," says Scott, who was raised by Methodists. "But they talk about spirituality here as being more connectedness to people, nature, not that old man in sky with a beard."

Drobach says the center once dealt mostly with alcoholics, but most of its patients now are struggling with opioids. In 2009, 18 percent of patients admitted were addicted primarily to heroin; in 2016, the number was 46 percent.

Of many factors the staff cite for the rise of opiate abuse, Gerber points to a time when "pharmaceutical companies went around saying we are undermedicating pain. So came the era of dentists with



Steve Witte and Dr. Timothy Rowe at Arms Acres. Rowe also sees patients at St. Christopher's Inn.

Photo by A. Peltonen

patients having dental surgery and getting 120 Percocets."

And while New York state in 2013 began closely monitoring opioid prescriptions, that sent the cost of pills on the street sky high, he says. "Meanwhile, we have Afghanistan and Mexico providing cheap heroin."

Another St. Christopher's patient, Frank, 52, has been battling alcoholism most of his life. One day he snorted heroin, he recalls, and the next day was shooting up. He eventually lost his flooring business.

Frank says he realizes he can never return to his hometown of Ellenville because he knows people will start calling him, pushing drugs.

At the Inn, he became an acolyte and a member of the choir. He attended every Alcoholics Anonymous and Narcotics Anonymous meeting offered.

"I love this place," says Frank, who arrived in March. "I've been in four other rehabs. This is the only one where I feel I am getting real treatment. Security guys, the nurses — I love everyone." He even quips about becoming a friar.



"I've been in four other rehabs," says Frank, a patient at St. Christopher's.

Photo by A. Peltonen

"One of my first duties or jobs here was to clean the mirrors and the sinks every day," he recalls. "I got to look in the mirror every day, and it helped me to see myself, literally."

The follow-up

After patients leave St. Christopher's, they typically relocate to halfway houses in New York or

Florida. "Any man who is about to separate from us, we give him a suit — he looks like a Wall Street lawyer when he goes out the door," says Drobach.

Drobach notes with pride that St. Christopher's holds an annual picnic for alumni, and this past August more than 500 showed up.

"We have a dunk tank so that they can get even with us" for bossing them around, he says.

"They might act arrogant, but addicts usually have low self-esteem," says Gerber. "The lifestyle of the addict becomes an ever-shrinking world. As addiction increases, the sense of connection to healthy people and places diminishes."

"The men are amazed that we remember their names," he says. "We've been called to heal wounds, unite what has fallen apart, and bring home what has gone away."

Still, says Dr. Steven Shapiro, the lead physician at the clinic, "there are no miracles here. I am a strong believer in medication-assisted recovery. The men must still take counseling and AA or NA or other modalities to treat the thinking brain. The combination works very well."

For Brian Tobias, his stay at St. Christopher's came full circle. One of the police officers who arrested him for burglary was at St. Christopher's for an event, directing traffic. He remembered the bust, Tobias said, and "he said he was glad I was getting well."

Where to Find Help

Hotlines

24-7 Drug Abuse Helpline
877-846-7369 or text 467369

Partnership for Drug-Free Kids
855-378-4373 (Weekdays 9 a.m. – 5 p.m.)

24-Hour Crisis Counseling (Dutchess)
845-485-9700 (call or text)

Treatment Centers

Arms Acres, Carmel
armsacres.com
845-225-5202 (out-patient)
845-225-3400 (in-patient)

CoveCare Center, Carmel
covecarecenter.org
845-225-2700 (out-patient)

Dutchess County Stabilization Center
230 North Road, Poughkeepsie
845-485-9700 | Open 24-7 for walk-ins

Lexington Center for Recovery, Wappingers Falls
lexingtonctr.org | 845-765-2366

Onward Recovery, Newburgh
onwardrecovery.org
845-725-1244 (out-patient)

St. Christopher's Inn, Garrison
stchristophersinn-graymoor.org
845-335-1020 (out-patient, adult men)

Walter Hoving Home, Garrison
walterhovinghome.org
845-424-3674 (faith-based, adult women)

Treatment Directories

Doctors Who Prescribe Suboxone
suboxone.com

Bed Availability / Out-patient Treatment
findaddictiontreatment.ny.gov

Provider Directory

oasas.ny.gov/providerdirectory

Substance Abuse and Mental Health Services Administration (SAMSHA)
800-662-4357 | findtreatment.samhsa.gov

Overdose Prevention Training

St. Christopher's Inn, Garrison
Contact Rob Casasanta at 845-335-1035 or rcasasanta@atonementfriars.org

Arms Acres, Carmel

Contact Tammy Bender at 845-704-6198 or tbender@libertymgt.com

Dutchess County Health Department
845-486-3500 | healthinfo@dutchessny.gov

Counselors

Lillian Rosengarten, LCSW
845-265-2856 | lillirose@optonline.net

Pharmacies that dispense naloxone without a prescription

Drug World, Cold Spring
Rite Aid, Beacon
CVS Pharmacy, Fishkill

Support Groups

Spotlight Family Support Group
Call 914-582-8384 for information.
Mahopac, Hopewell Junction, Yorktown

Friends of Recovery Putnam, Carmel
845-225-4646 | facebook.com/forputnam

Narcotics Anonymous (Mid-Hudson)
845-431-9011 (Dutchess)
888-399-5519 (Regional)
newyorkna.org/meetings/meeting-search
NA meets in Beacon at the Reformed Church and St. Andrew's.

Paying for Treatment

NYS Office of Alcohol and Substance Abuse Services
combatheroin.ny.gov/get-help#payfortreatment

Understanding Your Rights for Treatment and Insurance Coverage
[oasas.ny.gov/publications/pdf/Rights for SUD Insurance Brochure.pdf](http://oasas.ny.gov/publications/pdf/Rights%20for%20SUD%20Insurance%20Brochure.pdf)

Intervention Services

David Gerber | 845-335-1101
Ray Dorritie | 914-473-4735

Education/Prevention

Philipstown Communities That Care
philipstownctc.org

Council on Addiction Prevention & Education of Dutchess County
845-765-8301 | capedc.org

NYS Office of Alcohol and Substance Abuse Services
combatheroin.ny.gov

National Institute on Drug Abuse
drugabuse.gov

Prevention Council of Putnam
845-225-4646 | putnamncadd.org

Partnership for Drug-Free Kids
drugfree.org

Prescription Opioid Drop Boxes

Beacon Police Department
Philipstown Town Hall

For more resources, see Philipstown Communities That Care (philipstownctc.org) and Drug Crisis in Our Backyard (drugcrisisinourbackyard.org).

Fighting Back the opioid Crisis

a special report

Part 4: The Ways Out: 'Where There is Life, There is Hope'

We know there's an opioid abuse problem. What can be done about it?

That is the question we began with. The crisis is complex, but many smart people are looking for ways out.

This has been a difficult series to assemble. It is built on the pain of those who have witnessed the destruction up close, and of those left behind with questions but few answers. Journalists often must report on people in pain and are not unaffected by it. But we also found plenty of good news, as new medicines arrive and as people and politicians awake to the suffering and money begins to flow.

As Susan Salomone of Drug Crisis in Our Backyard, who lost her son Justin to an overdose in 2012, says: "Where there is life, there is hope."

Every week and month and year brings progress. On Sept. 25, for example, the state Office of Alcoholism and Substance Abuse Services (OASAS) opened the Onward Recovery Community and Outreach Center in Newburgh, which provides free support and services for addicts in treatment, as well as their families. It was funded for five years with \$1.75 million in state grants — your money, well spent. Among other initiatives, Gov. Andrew Cuomo has proposed two pilot recovery high schools for students dealing with substance abuse.

The most effective treatment so far appears to be a combination of behavioral therapy and medical intervention with drugs such as Suboxone, which one study found could at least double a person's chances of staying clean for 18 months. At the same time, studies have found that only 10 percent of addicts receive specialized treatment, and four in 10 never seek help.

There is a plan. Last year, Cuomo assembled a 23-member Heroin and Opioid Task Force that included Salomone, Patrice Wallace-Moore of Arms Acre in Carmel and state Sen. Terrence Murphy, whose district includes eastern Putnam County. After a



Members of Philipstown Communities That Care gather to discuss strategies to fight the drug abuse crisis.

Photo by Ross Corsair

series of public hearings, it made 25 recommendations, including mandating addiction training for healthcare professionals; limiting first-time opioid prescriptions for acute pain from a 30-day supply to seven; expanding access to painkillers that are difficult to crush or dissolve; and eliminating the need for a patient to have prior authorization from an insurer for long-term, in-patient treatment.

We asked a number of people for their ideas on what should take priority in this fight and were overwhelmed with the responses. Thank you to the counselors, doctors, parents and law-enforcement officials who spoke with us over the past few months — and a special thanks to those who shared their personal experiences fighting this demon. Always fighting.

Lena Petersen, of Cold Spring, is a nurse who treats homeless and jailed addicts in New York City.

Most in-patient, traditional drug treatment programs are a fast, sometimes sloppy approach to detox. They provide a relatively controlled envi-

ronment where addicts can go through withdrawal. But after completing detox, individuals are thrown back into their communities and social networks where their addiction was formed. They are expected to avoid opioids while engaged in the environment that prompted their use.

A more successful approach is to engage individuals within the context of their home communities but keep them engaged in treatment through controlled "home detox." This eliminates the requirement that they isolate themselves from their natural environment and networks. This approach destigmatizes treatment and may even prompt others to seek help, as well.



Lena Petersen

Photo by Anita Peltonen

David Poses, 41, has lived in Cold Spring since 2005.

Unless you've experienced addiction first-hand, it doesn't make sense. No junkie wants to be a junkie, but there's a terrifying chasm between "will" and "way": a hopelessness. In that regard, addiction is a disease, a terminal one. It is infectious and contagious, and no amount of guilt/shame/blame/denial/prayer will make it go away.

I started using heroin at age 16. I was in pain. Heroin didn't make me happy, but it sure as hell made me forget how miserable I was. That's what it does. It kills pain — and so much more.

At 19, I went through the conventional recovery process (rehab, halfway house, support groups). Though I don't begrudge the potency and potential of any of these programs, none worked for me. I spent the next decade lying to my friends and family, telling them I was clean. Even after long stretches of sobriety, I kept going back because the hole in my heart still needed to be filled.

Whatever pain heroin kills, it saves all that shit up and throws it back at you when you stop using. While I understand how some people might not be sympathetic to a junkie in withdrawal, the agony is no less real. The word *craving* is often misused to describe what a recovering addict experiences. Craving is what you feel on a hot summer day when you're in line at Moo Moo's. With dope, it's more need than want, like a bodily urge. It's an emergency, a feeling like you're going to suffocate if you don't get dope in your system right now.

If I had to pick one area to prioritize in the opioid crisis, it'd be to treat the problem on an individual level at every stage — from the preventative messages we teach our children, to the recovery options we consider when an addict is ready to get help, to the resources we provide to parents, families and spouses. In this day and age, where every cup of coffee at Starbucks is customized, it makes sense to have an individualized approach to

For a video by Gregory Gunder that accompanies this series, see highlandscurrent.com/opioid-crisis-video.

addiction.

Everyone in my life missed every red flag because there are no universal warning signs. A self-medicating addict like me will behave differently than an "escape artist" user. Because the allure of dope varies from person to person, no template for recovery is going to work for everyone. Many addicts would have a much better chance at recovery if treated as an individual, especially during the most vulnerable time, which is withdrawal and the stages immediately following.

As a country, we're in a reactive stance. We're scared and we're angry and we want solutions, but we don't know where to start. We're warming up to the idea that incarcerating addicts doesn't deal with the underlying problem, but we fear that treating addiction as a disease takes the onus off the user.

Public perception has changed. When I first started using, heroin was considered taboo and a major leap from "gateway" drugs. Oxycontin didn't exist. As opioid pain pills became more mainstream, casual users came to understand that heroin is to Vicodin as beer is to whiskey — that is, branding and potency are the variables.

Unlike alcohol, however, which is legal and regulated, you never know what you're getting when you buy an illegal drug. You're never going to buy a can of beer with 4.2 percent alcohol content printed on the label and get grain alcohol. With heroin, there's no consistency, and no quality assurance. What barely got you high yesterday can kill you today. And you have no way of knowing. That kind of information would be helpful to a curious kid who hears "Just say no" and asks, "But why?"

If we truly want addicts to get well, our laws must reflect that desire and we must make more resources available.

In my experience, Suboxone was a lifesaver. I was lucky. Many addicts are unaware it exists. Many who do know don't have access to it. A partial opiate antagonist, Suboxone comes in form of a film you place on your tongue. The drug "sits" on your opiate receptors, tricking your brain into believing it has a steady supply of dope. You're not high, but you're not needing heroin, either.

Under federal law, Suboxone (buprenorphine) is a Schedule III controlled substance with high abuse potential. But it can't be abused. (I tried.) Suboxone has a ceiling. It also contains naloxone, which blocks opioids entirely.

The federal government limits

the number of doctors who can prescribe Suboxone, and it limits the number of patients they can treat. Because of these restrictions, there is a black market for the drug. We need to eliminate the barriers to access, and addicts would learn firsthand that it won't get you high.

A tremendous amount of inertia must be overcome for an addict to take the first step toward recovery. In addition to the stigma of addiction, every addict has to contend with feelings of guilt and shame. If someone is making the effort to get clean, a safe, supportive, understanding family is going to yield better results than telling the addict how disappointed you are.

Everything above contributed to my recovery and continues to be vital in my ongoing effort to stay clean. Today, my life is beyond anything I could have imagined when I was on dope. I'm married to the most amazing woman in the world. We have two children whom I love in ways I never knew existed until I became a parent. I have a successful career. I'm happy; fulfilled. Mindful. Grateful. Not the kind of person you'd look at and imagine as a junkie. But I've been to hell and back. I'm not saying I'm right and anyone who disagrees with me is wrong. I'm saying this needs to be a conversation, not a template.



Rebecca Darman

Photo by Michael Turton

Rebecca Darman, 24, of Cold Spring, has lost eight friends to overdoses.

When I was in high school, Percocet was just becoming a thing at parties. I don't think people realized how addictive it is, how close to heroin it is. It starts out as a fun thing and they get sucked into it.

I just didn't know what to do about it.

Sometimes tough love is a good thing. You have to be willing to call out your friends. I never thought it was my place. I should have.

Kids often know more about what other kids are doing than the parents, especially at a small school like Haldane. You're together five days a week. Everybody knows everybody.

It's important to look after each other. To help them. To have their back. Many of the friends I hung out with in high school died.



Lillian Rosengarten

Photo by Sheila Williams

Lillian Rosengarten, of Cold Spring, is a licensed clinical social worker. Her son, Phil, died of an overdose in 1996.

I know all too well no family is exempt from addiction and the possibility of overdose and death, no matter how intact, how loving, how open or closed the communication, how angry or dysfunctional, how wealthy or poor. I want to absolve all parents of guilt that they may be responsible for their child's addiction and/or death.

Phil, my first-born, had a long history of drug addiction that began at age 15. Although able to achieve 10 years of sobriety, he overdosed at age 36. My own parenting had lacked consistence and good communication. I felt helpless at the time to know what to do. Pleading and anger were of no use. Enabling was destructive.

Many years later I learned how open communication between parent and child can nurture a healthy sense of self and a capacity for the child to express themselves with open directness and to say "No" without fear.

It is never too early to begin to talk to your child about how drugs harm and kill. Parents need to be honest, open and talk about their own feelings and emotions. Talk about depression. Mood disorders and depression are a

common reason children begin experimenting with drugs. Teach your child it is OK to cry, as well as to express anger and fear. Do not say, "Don't cry, you are a big boy or girl, boys don't cry, crybaby," etc. Don't shut the child down or punish for self-expression. This humiliates the child, who will lie, hide or shut down emotions as he or she learns to be "compliant" and "good" to please the parent.

Just listening is a powerful tool to cultivate to accept your child's experience and emotions as they may arise. If discussion is possible (but never pushed) do so without criticism or judgment. When parents can access their own emotions (not as criticism or punishment) this can bring closeness and honesty to the relationship.

The anti-drug message needs to be an ongoing conversation. Share with your child your own drug experience or that of someone close to your family. When there is addiction in the family, a child can feel he or she is at fault for the parent's erratic moods. To be in a support group such as Alcoholics Anonymous is an accomplishment, as is sobriety. What is important is for the child to know the parent is coming from a genuine place.

Stay calm and non-critical. This lets your children know you are on their side and that you love them. Preaching does not work, nor do threats. The parent's role is to educate and keep communication open. Speak to your child with respect, do not undermine, and listen well. No matter how the communication goes and the lessons to be learned, eventually it is the child who makes his or her decision on whether to use. There is no way to shield your child from the realities of drug use and abuse.

All children need room in the parent-child relationship to learn to express themselves without criticism and to feel safe doing so. In this way children learn to feel good about themselves and hopefully make healthy choices.

Susan Salomone is the co-executive director with her husband, Steve, of Drug Crisis in Our Backyard, a nonprofit based in Mahopac. They co-founded it in 2012 after their son Justin, 29, died of a heroin overdose.

When Justin was 23, we found out from his girlfriend that he had started using prescription pain killers, specifically Percocet. I remember her email telling us that she was breaking up with him because he was making poor life choices and using Perks. I had to call her to find out what that was.



Lisa Scicluna speaks at the vigil in Cold Spring on Aug. 31.

Photo by Ross Corsair

Before he died, we learned many things about addiction. We learned that addicted children lie right to your face, but we don't acknowledge it because they are our children. We learned that the pusher is not some scraggly old man in a dark alley but more likely your kid's friend or a classmate. We learned that the junkie you envisioned living on the streets in New York City in a cardboard box was now living in your house.

We learned the pain that goes with being addicted to painkillers, the withdrawal the addict suffers, the anxiety and guilt that our child suffered. We learned that nothing we could do would cure or control Justin.

We also have learned so much in the five years since his death.

We learned that continued attempts at recovery raise the chances of success. Once is not enough and sometimes 10 times is not enough, but the important thing is to keep trying. Remaining hopeful under the most distressing circumstances is difficult but important.

Medication-assisted treatment, along with behavioral therapy, increases the chance of recovery. We cannot make anyone get well. They have to do this on their own, but recovery is possible with the support of family, professional intervention and a solid support network — Alcoholics Anonymous, Narcotics Anonymous or something similar.

We learned that this is a brain disease and that some researchers believe that even the first use is not voluntary. We learned that 40 percent of the people who abuse substances suffer from a mental-health issue that might include social anxiety, generalized anxiety, depression, obsessive compulsive disorder, ADHD and bipolar disorder.

We learned that early use of

any drug, including alcohol and marijuana, leads to higher rates of addiction. We learned that there is a family disposition for the disease, as there is with diabetes and heart disease. If you have a family member who is addicted, no matter how distant, the chances increase. Educate your children on this important health hazard.

We learned that people suffer in silence because of the stigma associated with addiction and mental illness. People think that they are the only ones when, in reality, two out of three families are suffering with this disease. We learned that Americans consume close to 90 percent of the painkillers manufactured in the world. That 23 million people need treatment and only 10 percent get it. That many insurances will only cover 14 days of treatment; no wonder this is a revolving door with people coming out of treatment and relapsing within hours. With opioids, months and years are needed in learning how to live without the drugs and deal with the cravings.

We have learned that parents and siblings of the addict are also victims of this disease. They watch their brother or sister create chaos in the house and struggle with their anger. If the sibling dies, they feel guilt for not trying harder. They need help, too.

During one of the many sessions we spent with Justin's addiction psychiatrist, he said as long as there is life, there is hope. I think of that often. When I first heard it, there was no connection for me because deep inside I never believed Justin would die. The pain and anxiety caused by living with the disease clouded my judgment and caused such anger and resentment that I couldn't see my son's pain. I only saw the symptoms of the disease: lying, stealing and manipulating.

So now I know the truth. As long as there is life, there is hope. It is important to believe that an addict can die and once he or she is gone there is no going back and trying again.

The priority now is to bring awareness of the dangers and rampant use of opioids. Denial is a huge factor and people need to realize that the earlier an intervention is made, the better the chances of a person not getting into trouble.

The stigma associated with addiction keeps families and those who are struggling from asking for help. We also need to reduce barriers to treatment and increase prevention education in our schools. By bringing awareness of addiction as a disease, and focusing on this issue in our community, we reduce stigma.

David Gerber is the director of counseling and shelter services at St. Christopher's Inn in Garrison.

We have laws that require people who receive a DWI to, at the very least, get a chemical dependency assessment. We need a common-sense law that says if your use is so severe that you require your life to be saved by a first responder after an overdose, you are required to attend in-patient treatment.

This could reduce the number of people who require emergency services through multiple overdoses, and reduce the number of people who rely on Narcan as a "get-out-of-overdose-free" card. It would provide helpless families with relief and peace of mind knowing that help is available.

The lengths of stay for such treatment should be long enough to ensure that we are not merely detoxing people, but giving them

the time to develop coping skills, and giving their brains time to get past biological urges and cravings. The standard 14 days covered by insurance does not adequately address the need.

Our most recent approach has been to detoxify, re-medicate the problem with drugs like methadone and Suboxone and attempt to engage in an out-patient setting. Addiction takes over lives. It requires rehabilitation, not a bandage.

The best approach for many is detox and residential treatment, followed by a halfway house or supportive living in conjunction with out-patient treatment. We've been penny-wise and dollar foolish by limboing and reducing access to care.

Stacey Farley, of Garrison, is a ceramic artist and member of the Highlands Current Inc. board of directors. She first proposed a drug czar at the Sept. 24 meeting of the Philipstown Community Congress.

In our local government we have highways and building departments. We have planning boards, zoning and conservation boards. We have dog control. Doesn't it make sense to have someone in charge of the important and pervasive issue of drug abuse?

Whether you call the position drug czar, commissioner or director of prevention and treatment, let's put our best resources behind this problem and create a full-time, paid position. This person would be responsible for focusing full attention on the crisis, supporting existing resources, mobilizing appropriate medical and rehab support, and educating and communicating with families, individuals, schools and the community,



The memorial and recovery wall at the St. Christopher's Inn treatment center in Garrison.

Photo by Anita Peltonen

with the goal of reducing abuse and addiction.

So long as there is one person struggling with addiction in our community, we need to try harder and make prevention and treatment a priority. Let's put someone in charge.

Beth Greco is the CEO and president of the Walter Hoving Home, a Christian ministry founded in Garrison in 1967 that serves women who have been addicted to drugs.

We must give people hope and instill the belief that addicts can recover. We need to recognize it as a battle for a person's life — it will take families, communities, schools, businesses, police, churches and other faith-based organizations, medical professionals and government to make a difference. That will mean getting our own agendas out of the way and making the priority to work together, even if we have different viewpoints or methods.

Helen Keller said it best: "Alone we can do so little; together we can do so much." We have to recognize that each individual in need will respond to different types of help. Our team members participate in many coalitions, and I travel the country working with women at our homes in Garrison; Las Vegas; Pasadena, California; and Oxford, New Jersey. I see people working together and it encourages me that we will see progress.

Being from the faith-based community, being freed from addiction myself and working in the field for more than 25 years, I believe that together we can put hope within the reach of every addict.

Larry Burke is the officer-in-charge of the Cold Spring Police Department.

Narcan training has been a priority for us. We only need to train one more officer. Having a small, part-time force with limited resources is frustrating, especially after working in narcotics for 14 years in New York City, where resources seemed unlimited.

We have to talk to the kids. They need to know that we're not the bad guys, that they can trust us and that we can help them.

We also need to be involved in the broader community. People have to let us know what's going on, and they do. I attend Communities That Care meetings. We work with the school resource officer at Haldane. I've spoken to the Lions Club and others to help educate parents.

The larger community includes law enforcement beyond Cold

Spring. All the police forces in the region meet monthly where we share information, including about narcotics.

This is a difficult subject, but when an overdose death occurs the scene should not be cleaned up before police arrive. There are ongoing investigations in Putnam County where evidence gathered at the scene may lead to arresting dealers.

As a community, we have to somehow deal with the pain-pill issue. There is no quick fix. If there were, it would have been done already.

Robert Tendy is the Putnam County district attorney.

The priority is to save lives. This can be done by utilizing every resource available: expanded use of Narcan for overdoses; education from an early age about the risks of drug abuse and the benefits of a healthy lifestyle; teaching parents to be vigilant for signs of drug abuse and to seek help immediately; a change in our society's views about using prescription drugs for seemingly every problem that arises — even to the point that we have some children regularly taking pills as early as 4 years old. These children can grow up to have no understanding and no fear of the risks of drug use.

It is also important to have compassionate and understanding law enforcement when dealing with victims of drug abuse, who would love to stop using but cannot. Nobody wants to become an addict. We need expanded facilities for treatment — real, long-term treatment.

All of the above are important and must be part of the plan. However, intensive drug-traffic interdiction also is a necessity. Without it, we will never turn the tide. This means de-politicizing the border-security debate. In the realm of "saving lives," border security is not a left versus right discussion.

Make no mistake, immigrants — documented and undocumented — also suffer from the opioid crisis. Border security is a matter of national security. The U.S. in 2015 alone seized from our southern borders over 1.5 million pounds of illegal drugs, most of it heroin and fentanyl. Much more was not seized and entered our neighborhoods. Unless we can stanch the flow of heroin and fentanyl it will take a very long time to "solve" the opioid crisis.

To that end, we need more state and federal funding to give law enforcement agencies the tools necessary to track points of origin, entry and distribution; we need severe penalties for repeat offenders who sell these drugs. We need

to recognize that the opioid crisis is part of a plan of attack by unofficial international corporations — loosely connected cartels that have one goal: keep as many of our citizens as possible devoted to their product.

Marc Molinaro is the Dutchess County Executive.

Addiction needs to be addressed as a mental health issue. Our goal is to divert the individual from ever needing to go to the emergency room or criminal justice system. The Dutchess County Stabilization Center [a 24-hour crisis center that opened in Poughkeepsie in February] is a critical tool to acknowledging that. It's based on the belief that individuals, if provided with the right response, can find their way to recovery.

Every county in America should have something like this. And long-term beds and long-term care are the responsibility of state and federal governments, along with insurance companies, which should be required to provide assistance.

The opioid crisis is the public health crisis of our lifetime. It affects every income level, every background, every religion, every race, every color, every creed, both genders. There's isn't a family that is not affected by addiction, and in particular, opioid and heroin addiction and abuse.

I'm not a physician, a psychiatrist or a psychologist. I observe. This county has never confronted mental illness and drug addiction in a way that it ought to. It has always treated it only as some sort of stigmatized issue or criminality. Drug addiction can lead to criminal behavior, no question, but we need to treat the addiction, and help the person, and I don't think that we've ever gotten to the point where we acknowledge that, institutionally and universally, and that still has to be confronted.

We see enormous amounts of fentanyl coming to New York state and to the Hudson Valley from China, and finding its way into other drugs. That's a criminal action that needs to be confronted. The Hudson Valley is situated next to a major city, and that proximity makes it easier to move illegal drugs. They get into the hands of people who shouldn't have them, people who are fighting addiction as well as those who want to buy and sell. All of that converges to make our problem — I wouldn't say unique — but certainly more acute.

Lisa Scicluna is co-chair of Philipstown Communities That Care. Her brother, Joey Maddaloni, died of an overdose in 2008 at age 22.

We need greater support in our emergency rooms. When someone comes in with an overdose, we need to have a professional there to discuss recovery and treatment options in a non-judgmental way. Would a person at high risk for diabetic complications get released without speaking to someone who can guide them? Someone who has overdosed deserves the same guidance.

In addition, the judicial and prison system needs to better address those with this disease. For many, what landed them in court or prison is a symptom of the disease.

To parents of young children — do not assume this won't ever affect your family. Educate yourself on prevention. Just as you try to instill healthy physical habits now, like eating vegetables and applying sunblock, encourage positive emotional health. There is never a guarantee, but the more odds you can put in their favor, the better.

For adolescents and young adults, the window between experimentation and addiction has



Three patients at St. Christopher's Inn treatment center in Garrison — Anthony, Tristian and Steven — stand in front of an honor wall at the facility. Photo by Anita Peltonen

become much smaller due to the potency of the drugs out there. No one ever plans to become an addict. It is a disease that can prance right in once the door has been opened. The risks are great, whether you use regularly or just once.

Addiction is a disease and it needs to be treated as such. It can be managed, no matter your age or circumstance. There is hope. Reach out. There is no need to fight alone.

Terrence Murphy represents eastern Putnam County in the state Senate and was a member of the governor's Heroin and Opioid Task Force.

Treating heroin and opioid addiction requires getting to the root of the problem, which is the over-prescribing of opioids to patients with short-term, acute pain. This is why I sponsored legislation to limit opioid prescriptions from 30-day supplies to seven-day supplies.

Gov. Andrew Cuomo signed the bill, S8139, into law in 2016 and it has become a national model. In July, Senators Kirsten Gillibrand of New York and John McCain of Arizona introduced the idea in Congress as part of their Opioid Addiction Prevention Act.

But there is more to be done.

Families are paying enormous amounts to send loved ones to sober homes. While there have been successes, sober homes in New York state are unregulated, posing a significant financial risk to patients. There are also accounts of people across the state overdosing at these facilities.

There must be accountability and consequences for bad actors. Profiting from those seeking help, and not providing the promised care, cannot be tolerated.

Heidi Snyder is a pharmacist and president and CEO of Drug World Pharmacies, which includes a store in Cold Spring.

I don't have all the answers on how to address the crisis, but my immediate goal is to get Narcan into 100 homes and businesses in Philipstown, and from there, into every home and business. It should be inside every first-aid kit.

We offer Narcan free without a prescription at our pharmacies — the state covers the co-pay up to \$40. Anyone can request it. It's a nasal spray, you spray it in to the person's nose. I tell people that I want to see them come into get a new one because the one they had expired without being used.

You may think, well, no one in my family is suffering from opioid addiction. But people visit your home, you may have friends or relatives who you don't know have a problem, you may encounter a stranger who has overdosed. I keep one in my purse and one at home and I don't have anyone in my life that I know of who is addicted.

People say: "The opioid crisis is a terrible problem, I just don't know what to do." This is something you can do as a caring person and a citizen. Every person who is saved from an overdose gets another chance. Who doesn't deserve one more chance in this world? Maybe it's the chance they needed to get clean. I ask young people, "Have you ever regretted not having Narcan?" and



Graffiti spotted recently near the Cold Spring train station. Many people are working to make this message obsolete.

Photo by Michael Turton

the answer is sometimes, "Yes, because I wouldn't have had to wait after calling 911."

Sean Patrick Maloney represents New York's 18th District, which includes Philipstown and Beacon, in the U.S. Congress. This commentary first appeared on Sept. 13 in *The Hill*, a newspaper in Washington, D.C.

You don't have to be a genius to figure out that our old ideas for combating drug abuse just aren't working. The heroin and opioid epidemic is a national crisis that affects all of us, and that means all of us need to get in the game. It's time to start addressing the disease of addiction by promoting new ideas on prevention and treatment instead of just sending people to jail.

Combating this epidemic starts with conversations at home around kitchen tables, in classrooms, and on practice fields. Education is our best tool to help people stay off of drugs. We should each take responsibility for teaching our kids the dangers of heroin and opioid use and be on the lookout for signs that our kids are using drugs.

Schools, libraries and police departments can aid in this effort by providing materials and training for these difficult discussions. It also means keeping an eye on the medications our family members are prescribed and taking unused medications to an approved take-back program. State and local governments can help by expanding drug takeback programs and getting the word out on programs that already exist.

We also need a commitment from industry leaders and doctors.

I hear horror stories all the time about high school athletes who become addicted to opioids or heroin after suffering an injury. In fact, nearly 80 percent of Americans using heroin reported misusing prescription opioids first. We need to engage our well-meaning doctors with efforts to curb the opioid epidemic.

That's why I worked across the aisle last year to include my bill, the Opioid Review Modernization Act, in the Comprehensive Addiction Recovery Act. The law encourages pharmaceutical companies to use anti-addiction properties in new medications, and it directs the FDA to come up with a curriculum to share with doctors on the dangers of overprescribing.

We can educate all we want, but we can't win this fight without also cracking down on the people who are pedaling this garbage to our kids. Our national leaders should allocate the funding necessary to crack down on drug dealers. Local leaders in particularly high-traffic areas should apply for the High Intensity Drug Trafficking Area (HIDTA) designation. The HIDTA designation brings additional local, state and federal resources to your area to help crack down on dealers and provides more help in keeping people off drugs in the first place. I worked to get my district, the Hudson Valley of New York, a HIDTA designation, and it has been a huge help in stopping drug dealers and preventing people from becoming addicted.

Prevention can't be the only solution. Many Americans already suffering from addiction simply don't know how to find help and turn their lives around. We need a



A T-shirt in memory of Matt Herring, 24, who died of an overdose on Aug. 25

Photo by Ross Corsiar

strategy that improves access to lifesaving treatment and medications like Narcan. Throwing low-level offenders in jail only perpetuates the cycle of addiction and incarceration instead of treating and preparing people for productive lives in the community.

We should give our law enforcement officers more discretion in dealing with people with addictions. There are pilot programs across the country that allow our police to do that – and they're working. Law Enforcement Assisted Diversion (LEAD) programs in Gloucester, Massachusetts, and Seattle give police officers the chance to take people with addictions directly to treatment instead of booking them into the criminal justice system.

People who were sent to recovery as part of these programs were almost 60 percent less likely to be rearrested. We should recreate programs like these nationwide and tailor them to local needs. Based on the success of these programs, I introduced the Keeping Communities Safe Through Treatment Act to help expand them. My bill would create grant funding to allow more police departments across the country to try out this new strategy to cut down on repeat offenders.

If this strategy is going to work, our recovery centers have to focus on whole-person rehabilitation that helps people live a healthier life from top to bottom. Studies show that the best recovery programs help people get back on their feet by finding work and housing. If we want people to stop using for good, we need them to have long-term stability and focus – and these programs provide it.

If we want things to get better for our families and communities, we have to throw out our old playbook and come up with new approaches to the heroin and opioid crisis. I look forward to continuing my work on this and hope that our communities will commit to thinking big and working as a team to combat this problem. Addiction is not only a criminal justice challenge – it's a public health crisis. We need to start treating it that way.

Frank Skartados represents Beacon in the New York State Assembly.

My priority as a member of the Assembly is to prevent more

deaths. I assume we all would prefer to save the life of a loved one who gets caught up in this nightmare. The research informing my office suggests that many people die because they do not know what they are taking or they are unfamiliar with the risks of consuming particular substances in combination.

Our first line of defense, then, is to provide people with information that can keep them alive. Then we can help them see that they do not need to use these drugs.

Patrice Wallace-Moore is CEO of the Arms Acres treatment center in Carmel.

Finding a single priority in dealing with the crisis is not easy. However, limiting the access to opioids available to the general public would be effective. That doesn't mean people won't be able to get opioids for pain relief, but the risk of early introduction from unsupervised medicine cabinets would be lessened.

Limiting access, accompanied by continuing education (early intervention, secondary school prevention, videos and advertisements) can help with addressing the prevention and stigmatization surrounding addiction.

Increasing treatment options is great, but it should come after education and prevention efforts have been attempted.

Sue Serino represents the Highlands in the state Senate.

I want to first thank *The Highlands Current* for its in-depth coverage of this critical issue. Taking the time to understand addiction, to highlight resources, and to connect community members with one another to create a network of hope are some of the most critically important things that we can do to help overcome this epidemic. Awareness is the key to prevention, and it has the power to save lives.

Unfortunately, this epidemic does not come with a quick fix and we cannot take a "one-size-fits-all" approach to combat it effectively. As a member of the state's Joint Task Force on Heroin and Opioid Addiction, I have worked with my colleagues on both sides of the aisle to pass legislation and provide funding for methods that tackle the issue from various angles by focusing on prevention, treatment, recovery, and support for families impacted by addiction.

This year's budget added more than \$200 million to aggressively combat the crisis and included funding to open new beds for treatment – something that I believe plays a critical role in the recovery process. I was proud to secure funding for the Dutchess County Stabilization Center that will play a key role in connecting individuals and families with critical resources, and I have hosted awareness events and Narcan trainings across our community to empower our neighbors.

Combating this epidemic will take committed partners at every level, and our top priority should be investing in tools and resources that have a proven record of success.

Judge James Reitz oversees the Putnam County Drug Treatment Court.

The epidemic is the result of a combination of things. We're losing fundamental family structure; the ability to have checks and balances on young people. As they grow up, if values aren't instilled, if they don't have strong ethics and the ability to say no, that's where we're losing a lot of ground. That's where it starts.

The crisis can be reduced, or even stopped, one family, and one person, at a time. Let's reacquire our culture with family. If you bring children into this world you have to be responsible 24-7. Even before they are born, your conduct must mirror good decision-making. Then you have to care for them, educate them about making good decisions. In this culture, leadership from the top down is saying it's OK to make mistakes but not be held accountable. Yes, you can make mistakes. But you have to be held accountable for them.

Arlene Seymour manages the treatment programs at CoveCare Center in Carmel.

The priority now is for all of us to work together. We can admit the old way has not impacted the problem. We need more connection, and the more problems with addiction and or mental health, the more isolated you become because of the shame and fear. We are changing how we structure treatment. Families and peers are essential players in achieving recovery because that reduces the isolation and increases the connections.

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