

The HIGHLANDS
Current



Lady of the Rings
Page 13

NOVEMBER 17, 2023 NYPA Newspaper of the Year Support our nonprofit: highlandscurrent.org/join



A lethal dose of fentanyl, which is more plentiful than heroin DEA

Special Report

Overdose Deaths Worsen
Dutchess on pace to double 2019 total

By Leonard Sparks

Yvonne Bateman used to meet her son, Jonathan, after he finished working out at a gym near the recovery house in Poughkeepsie where he stayed until spring 2022. They would stroll across the nearby Walkway over the Hudson, talking “about everything — about his life and what he’s been through,” she said. Jonathan Bateman’s last journey began in a detoxification unit at Mid-Hudson Regional Hospital in Poughkeepsie, followed by treatment at St. Christopher’s Inn in Garrison and six months at the recovery house before he graduated in April 2022 and moved into his father’s house. The John Jay High School alumnus had been “extremely happy” to return home and had more than a year of sobriety when he used the fentanyl-laced cocaine that killed him on Oct. 8, 2022, at age 30, said his mother, who lives in Fishkill.

“He was a very sensitive young man, but very caring, loving and funny — just liked to have fun, the best worker you could ever have and very loyal to his friends,” said Bateman. “His word was his bond.” Her son became another victim of a drug crisis in which overdose deaths, after a downturn in 2019, began worsening in 2020. That year, the pandemic temporarily halted new admissions to treatment programs and prevented 12-step support groups from meeting in person. Three years later, fatalities from opioid overdoses have been relatively stable in Putnam County but are at record levels nationwide and in Dutchess County and New York state. Dutchess ended 2022 with the second-highest rate of overdose deaths among counties outside New York City. With 65 deaths in the first half of this year, the

(Continued on Page 6)

In Cold Spring,
A Price on
Parking

*Residential permits,
meters approved*

By Michael Turton

After years of discussion, debate and planning, the Cold Spring Village Board on Nov. 8 adopted amendments to the Village Code to create residential parking permits in the central village and add meters on Main Street. Weekend and holiday parking on Main Street will now cost \$4 per hour, for up to three hours at a time. Residential parking permits — which will be indicated with stickers placed inside the driver’s side back

(Continued on Page 10)

New Barge
Anchorage
Banned (Again)

*Coast Guard backtracks on
recent river directive*

By Brian PJ Cronin

After issuing a bulletin that appeared to invalidate a 2021 law that prohibited the establishment of new anchorages in the Hudson River north of New York City, the Coast Guard has reversed its reversal — for now. The Coast Guard’s latest bulletin, issued this week, suspended one it issued over the summer that changed where barges can park on the Hudson River. In its latest bulletin, the Coast Guard

(Continued on Page 9)



Dave Shelly, the pink unicorn at right, poses with admirers on Sunday. Photo by Valerie Shively

The Power of Pink

*Unicorns crawl through
Beacon in tribute to king*

By Marc Ferris

Drivers honked, phones clicked and a rousing cheer arose when the procession of pink unicorns passed the farmers market on Main Street in Beacon on Sunday (Nov. 12). The promenade paid homage to David Shelly, 66, Beacon’s own pink unicorn guy, aka the Flower Guy, the Free Hugs Guy and the Ice Cream Guy.

Shelly began donning the costume nearly three years ago to spread cheer and became a fixture at the weekly flea market, the weekly farmers market and all of Beacon’s parades and events. He has even visited bars and restaurants. He gave away coupons for free ice cream or distributed roses. Whether in costume or not, he gave hugs. He often hangs out at the Marion Royael Gallery, where he creates dance circles on the sidewalk and goads passersby to show off their moves. Shelly denies accusations of dancing in his underwear.

(Continued on Page 21)

Editor’s Note: Six years ago, in September and October 2017, *The Current* published a four-part special report called *Fighting Back: The Opioid Crisis*, which is online at highlandscurrent.org/opioids. The problem has not gone away. This week we revisit some of the issues from the 2017 series.



Yvonne Bateman's son, Jonathan, died of an overdose in October 2022. Photos by L. Sparks



Terasina Hanna is program manager for the Walter Hoving Home in Garrison.

Opioid Update (from Page 1)

county is on pace to exceed last year’s total. Twenty-three of those people have died in the City of Poughkeepsie and 20 in south-west Dutchess, which includes Beacon.

The opponent is formidable: Illegal fentanyl, a synthetic opioid 50 to 100 times more powerful than heroin, has gone from a cutting agent for heroin and other narcotics to the drug of choice for many users. Jonathan Bateman’s death highlights the increasing presence of fentanyl in cocaine, and the drug is also used to make pills that look like oxycodone and other prescription medications.

Not only does fentanyl raise the risk of overdosing, the drug is less responsive to naloxone, the overdose-reversal medicine that has become a primary strategy for keeping people alive.

Dealers are also peddling a new concoction: fentanyl combined with an animal tranquilizer called xylazine, also known as “tranq dope,” that does not respond to naloxone because it is not an opioid. Heavy use causes open sores.

“The word I would use for the opioid epidemic is ‘relentless,’” said Jean-Marie Niebuhr, who directs community services for the Dutchess County Department of Behavioral and Community Health. “Drugs are toxic in general, but right now they’re so incredibly dangerous.”

Fentanyl’s grip spreads

Terasina Hanna knows the toll. Hanna, who is eight years sober, is the program manager for the Walter Hoving Home, a decades-old Christian-based treatment program for women with a facility in Garrison. After graduating from Walter Hoving’s program in Pasadena, California, she relocated east in 2017 to work for the organization.

“Since I’ve been here at least 15 women that have left and been struggling their whole lives trying to get sober have unfortunately overdosed,” she said. “And the impact on the family is overwhelming.”

Fentanyl is now the primary drug being

Opioid Overdose Deaths

	DUTCHESS		PUTNAM	
	# DEATHS	RATE*	# DEATHS	RATE*
2017	78	26.5	22	22.2
2018	83	28.2	18	18.2
2019	65	22.1	12	12.1
2020	102	34.6	16	16.2
2021	86	29.3	21	21.2
2022	114	38.8	20	20.2

Includes heroin and pain relievers such as fentanyl
*Deaths per 100,000 residents

2022 Overdose Rates

COUNTY	RATE*
Sullivan	57
Dutchess	38.8
Broome	36.9
Chemung	35.7
Chautauqua	34.5
Washington	32.6
Ulster	32.5
Niagara	32.3
Cattaraugus	31.3
Monroe	30.9
Putnam	20.2

*Deaths per 100,000 residents
Source: New York Department of Health

sold in the illegal opioid market, said Brandon del Pozo. The former Burlington, Vermont, police chief studies addiction as an assistant professor of medicine at Brown University, and sits on the board of the Philipstown

Behavioral Health Hub in Cold Spring.

Less than a third of overdose deaths in 2015 involved a synthetic opioid such as fentanyl, but nearly 92 percent did in 2022. Five years ago, medical examiners ruled heroin the culprit in 45 percent of overdoses in Dutchess and 39 percent in Putnam. Last year, heroin accounted for just 9 percent of the fatalities in Dutchess and 10 percent in Putnam.

“Anytime someone is taking an illicit opioid, whether it’s a pill or powder, or they’re injecting it or smoking it, the presumption is that that person is taking fentanyl,” said del Pozo. “Anything else is an exception.”

At St. Christopher’s Inn, the summer months traditionally have brought fewer people into treatment, but “now, because of the opioid epidemic, it doesn’t matter,” said James Schiller, its executive director.

Kevin Douglas, the program’s director of counseling and shelter services, said that some of the program’s clients were injecting “straight fentanyl” before seeking treatment. He recalled someone who awoke from an overdose-induced coma to see his grandmother and other family members in his hospital room.

Despite being surrounded by supportive relatives, “He was like, ‘I’ve got to get back and get more,’” said Douglas. “To be in that place, where all I can think about after surviving is to find the same stuff because it’s so amazing — it’s scary.”

The scale of the deaths and the imperative to keep people alive has led to a greater embrace of “harm reduction,” a constellation of responses that includes needle exchanges, naloxone, free strips that can be used to test drugs for fentanyl and xylazine, and addiction medications such as buprenorphine and methadone.

The medications prevent the debilitating withdrawal symptoms — muscle and stomach pains, nausea, vomiting — that opioid abusers can only cure by using more drugs.

One of the goals identified by the state Office of Addiction Services and Supports is to promote access to methadone and Suboxone, a combination of buprenorphine and naloxone, and to make more people aware of them as a treatment option.

Clinics dispensing methadone have long-

faceted obstacles to opening when local residents raise fears of addicts roaming their streets and drawing crime. Suboxone, which reduces cravings and withdrawal symptoms, can be prescribed by doctors, something most drug users and family members do not realize, said del Pozo.

“When it comes to reducing overdose mortality, and keeping people housed and employed, and out of the emergency department, Suboxone and methadone are by far the two most effective approaches,” said del Pozo.

“Anytime someone is taking an illicit opioid, whether it’s a pill or powder, or they’re injecting it or smoking it, the presumption is that that person is taking fentanyl.”

Brandon del Pozo,
Former Burlington, Vermont, police chief

Telling their stories

The day before Jonathan Bateman died, his mother learned how to administer naloxone during one of the many free training sessions held locally and statewide. She intended to deliver to her ex-husband’s house the naloxone kit she received for completing the training, which took place at Libby Funeral Home in Beacon.

Instead, eight days later, Libby hosted Jonathan Bateman’s funeral. A laminated card from the service is attached to a wall in Bateman’s living room. Surrounding it are dozens of pictures with Jonathan — posing with a horse, straddling a motorcycle, sitting in the cab of a UPS truck, holding an aluminum baseball bat aloft while fixed in a batting stance.

Bateman wants to use her story to help others. “I’m not ashamed of my son,” she said. “He was one of the most beautiful, wonderful humans, and people need to know that these are the kinds of people who

(Continued on Page 7)

Counties Deploy Settlement Funds

Money prioritizes harm reduction, treatment

By Leonard Sparks

As overdoses from fentanyl mount, New York and its counties are starting to deploy a new weapon: more than \$2 billion the state is receiving from opioid manufacturers and distributors to settle lawsuits over their role in the crisis.

In November 2022, the state's Settlement Fund Advisory Board recommended that first-year spending, \$192 million, prioritize harm reduction, treatment, hard-hit populations such as Blacks and Latinos, and housing and recovery.

One-third of that amount (\$64 million) has been distributed to counties for "regional abatement," including \$2.1 million to Dutchess County's Department of Behavioral and Community Health and \$600,000 to Putnam's Department of Social Services and Mental Health. Dutchess also received \$306,000 designated for street outreach.

On Oct. 10, the Dutchess Legislature approved spending \$551,250, between this year and 2025, to support the county's recovery coaches, public health education coordinators and its Law Enforcement Assisted Diversion (LEAD) team.

LEAD, a partnership with the City of Poughkeepsie's police department, focuses on outreach to people with severe mental-health and drug-abuse problems who generally do not seek out services.

Four recovery coaches based at Dutchess County's Empowerment Center in Poughkeepsie counsel people one-on-one, lead group sessions, distribute information at community events and visit "hot spots," said Jean-Marie Niebuhr, the Department of Behavioral and Community Health's director of community services.

"Places that we know where there are people who use drugs — in certain parks or in certain places — they [recovery coaches] go there regularly to engage with people," she said.

Dutchess County Executive William F.X. O'Neil said the county is also working with Oxford House Inc. to open self-run and self-supporting recovery houses based on the organization's model.

In addition, said Niebuhr, Dutchess has installed in Poughkeepsie a harm-reduction vending machine with free naloxone and fentanyl test strips, and is working on supplying information kits that first responders

Opioid Settlement Distribution

COUNTY	AMOUNT (MILLIONS)
Westchester	\$5.9
Orange	\$2.8
Dutchess	\$2.1
Rockland	\$2.0
Ulster	\$1.2
Sullivan	\$0.7
Putnam	\$0.6

Source: NY Office of Addiction Supports and Services

can leave with people who have overdosed but refused additional medical help.

Both Dutchess and Putnam have also joined EndODNY, which allows residents, including drug users and families, to register anonymously to receive text messages on subjects such as treatment options and instructions for using naloxone.

The system sends "spike" alerts, emergency warnings from county officials about bad batches of drugs and other dangers. Putnam issued one on Oct. 23 after paramedics responded to two non-fatal overdoses within 24 hours.

Text messages should be "a lot more convenient" than email alerts, and have been shown to "connect with more people who use drugs," said Niebuhr.

"If there's something going on, like a bad batch, like something has a ton of xylazine in it and it's taking out more people, we want to make sure that family members, loved ones, friends of people who use drugs, people who use drugs themselves, are aware," she said.

Putnam County awarded in April \$85,000 of its settlement funds to its Prevention Council and in August began inviting providers to submit proposals for the rest of the funds. The county has yet to announce awardees.

The state also announced in July an award of \$800,000 in settlement funds over four years to the Council on Addiction, Prevention and Education of Dutchess County (CAPE) to combat fentanyl, opioid and prescription-drug abuse. ■

(Continued from Page 6)

are being affected."

Hanna, who started using drugs at age 11, is open about her addiction to PCP and methamphetamines, which spanned more than 20 years and left her "hopeless" and "never thinking that it will ever stop."

The losses piled up — family, children, freedom, dignity. She almost lost her life to an overdose that caused her heart to stop. "I wanted to stop, but I just couldn't," she said.

Her life is so different now from the

one led by the version of herself who stole cars and IDs to support a drug habit, said Hanna. To prevent forgetting, she sometimes pulls out the mugshots taken when corrections officers booked her into the Los Angeles County Jail after repeated arrests.

Inside the eyes of that woman, she sees "death," said Hanna, who requested copies of the mugshots from the jail. "They remind me of how life can be if I ever go back." ■

My View

I Could Not Save My Addicted Child

By Lillian Rosengarten

My son, Philip, was 36 years old when he died of a drug overdose. That was 1996; he would be 62 now. He died shortly after leaving a rehab facility where he had lived for nine months.

Much later, I learned that, just when things were starting to look up, Phil would find a way to sabotage himself. He died alone in a fleabag hotel. He had money in the bank, a loving family, friends and counselors who wanted to help him. He was a charming, caring man, a talented musician, a son, a brother, nephew, cousin and an addict.

His addiction started at age 14. In his last two years of high school, he smoked pot and used uppers. He barely graduated and somehow managed to get accepted by a small college. He promised to not use more drugs, but during his first (and last) semester, he used LSD. This pushed him over the edge and began a series of hospitalizations. He was bipolar but, unknown to me, this could not be treated until he was clean. Psychiatrists and therapists tried but it did nothing.

While Phil was off drugs, I bought him an apartment in Greenwich Village. He loved the church down the street and converted to Catholicism. Christ became an important figure for Phil. After he began to use again, he would bring friends who were also addicted into the building. Water flooded the apartment and, eventually, he was told he had to leave. The only



way I could get him out was to change the locks. That put him on the streets.

In desperation, I joined Families Anonymous. Everyone's children were adults. Tough love was used. I had a sponsor, but I didn't know what I was doing. There were success stories in the group, but Phil got worse. He used more and more. He became a shadow of how I remembered him. One day I agreed to meet him at a restaurant. He begged to come home, but I followed the protocol and refused. As I left, he screamed that I had abandoned him. To this day, I still feel guilt at times.

I do not believe there is any one way, any one answer to handle an addicted child. I miss Phil every day. I did the best I could but I didn't know how. After Phil's death, I grieved for close to a year but finally accepted how powerless I was. The disease of addiction has its own life and nothing — not my education, my sensitivity, my love, my caring, Families Anonymous, tough love, psychiatrists — helps until the addict is willing, in some way, to stop using. It is then that a parent can, with luck, find a decent rehab and the psychiatric problem can be dealt with.

Phil's death taught me a lot about myself. I learned that I am not a bad mother and that I did not cause my child to use drugs. I will never stop missing Phil, but in time the pain softens and the heart opens. Confronting the death of my beloved son has been a confrontation with life. Allowing myself to feel the emotions that come up without self-criticism is a difficult road to walk. ■

Lillian Rosengarten is a therapist who lives in Philipstown.



A log walk was one of the trust-building exercises at the Comfort Zone Camp in Fishkill.

Photo by L. Sparks

A Camp for Those Left Behind

Therapy mixed with fun at weekend sleepaway

By Leonard Sparks

This past September, children and teenagers hiked on a rainy Saturday morning past a pond and down a road leading from the cabins at Camp Mariah, one of the campgrounds at the Fresh Air Fund's Sharpe Reservation in Fishkill.

The campers were on their way to the

woods. The procession included Saul O'Brien, 10, who lost his father and an aunt and uncle to overdoses, all within a year. In a thicket of alder, ash and Spanish oak trees, he and other campers rotated through a series of trust-building exercises.

For Saul, who lives in Manassas, Virginia, it was his second visit to a camp for children who have experienced the sudden death of family members.

"It helps with grief," said Saul, whose

(Continued on Page 8)



Susan and Steve Salomone, shown here in 2015, lost their son, Justin, in 2012 to a heroin overdose.

Photo by Frank Becerra/Journal News

A Shift in Focus for Nonprofit

From prevention to working with families

By Michael Turton

On April 23, 2014, in the music room at the Haldane school in Cold Spring, Susan and Steve Salomone helped lead a conversation with parents about overdoses.

They had become experts on the topic in the worst way possible: Two years earlier, their 29-year-old son Justin died of a heroin overdose.

Shortly after Justin's death, the couple created Drug Crisis in Our Backyard, a nonprofit designed to "bring awareness of the rampant use of heroin and opiates" in Putnam and Westchester counties. Susan retired as a teacher and devoted herself to the organization. "It's been all-consuming," she said.

Despite their efforts, and those of many others, the problem has not gone away. In fact, it has gotten worse.

There were seven deaths attributed to opioid overdoses in Putnam County the year of that Haldane meeting. Preliminary data shows 22 in 2022.

“You have young, bored boys who want to try something new and they begin taking drugs at age 13 or 14.

~Susan Salomone

Salomone said young men continue to be the most likely victims. "You have young, bored boys who want to try something new and they begin taking drugs at age 13 or 14," she said. "They're more likely to become addicted than someone who started at an older age."

The drugs of choice have changed since 2014, Salomone said. "The use of prescription opiates has dropped significantly, and

also heroin" she said. "Fentanyl has taken over." She said someone she is working with who is in recovery told her "you can't even find heroin," on the street because of all the fentanyl coming in from China, India and Mexico. Tranq, an animal tranquilizer, is used to extend the feeling produced by fentanyl.

"It's not that fentanyl is just being hidden in fake pills that look like Adderall or Percocet, and people die not knowing," she said. "Some seek out fentanyl; it's beyond me, really."

When the pandemic shutdown began in 2020, Salomone said Drug Crisis in Our Backyard lost momentum because the organization focused on outreach, giving church and community presentations, and training people to use naloxone, which can reverse an opioid overdose.

The organization shifted away from education and political advocacy to working directly with families in which someone is struggling with addiction. "There are two model programs, Community Reinforcement and Family Training and Acceptance and Commitment Therapy," she said. "Families play an enormous role in how to effect change in their loved one's behavior."

Drug Crisis in Our Backyard also recently merged with the Westchester-based Alliance to Save Kids.

Many organizations in New York and around the country are expected to benefit from billions of dollars that will be distributed as part of settlements with pharmaceutical companies. Asked how that money should be spent, Salomone replied: "Marketing."

"The opioid problem comes forward, then it goes away, then it comes forward, then it goes away," she said. "For a long period of time, you don't hear about it and, meanwhile, we have more deaths this year than in any other."

She also favors spending money on peer support so people in long-term recovery can mentor those just coming out of treatment.

"A peer can help someone in recovery walk the right path until they're on their own," she said. "It's a great use for the money — one of the best." ■

Camp *(from Page 7)*

father, Steven, died in July 2022. "It helps with my coping skills."

Those are some of the gifts Lynne Hughes and other organizers of Comfort Zone Camp hoped to provide during a weekend sojourn that, from Sept. 22 to 24, drew 50 children and 12 of their parents and caregivers to Mariah.

Hughes knew the hallmarks and progression of grief when she founded Comfort Zone in 1998 after a career that included more than a decade leading medical nonprofits as an executive director, and a job coordinating volunteers at a hospice.

She was 9 years old when her mother died of a blood clot. A heart attack took her father three years later. The losses left her feeling marked with a "scarlet letter 'D' for death-kid," and withdrawing "to cover it up."

Few resources existed for her grief, said Hughes, but at summer camps she found "a bubble where you can step outside your loss and get back to being a kid again." More than 23,000 children have been able to do that since Comfort Zone, whose camps are free, held its first getaway in May 1999.

Specialized camps for children who lost people to the 9/11 terrorist attack, suicide and COVID followed. But the camp in Fishkill became the first organized for children scarred by an overdose. Applications to Comfort Zone increased by 30 percent last year, said Hughes.

Because of the stigma associated with addiction, those children have a "unique nuance to their grief — the shame that they feel," she said. Some of the children are being told that the person they've lost "died from a heart attack or some illness," instead of an overdose, said Hughes.

Camp is an opportunity "to bring them together and to break down those walls and break down that stigma — to talk about that shame and somebody else to lean in and say, 'Me too,'" she explained. "They blossom and grow and heal during the course of the weekend."

The schedule combined traditional camp activities — archery, field games, boating, a bonfire with s'mores — with trust-building exercises and "healing circles" at which campers are encouraged to talk about their losses.

Parents and caregivers attend a separate menu of activities and healing circles, reuniting with the children and teens on the final day.

Jenn Harris, a clinical social worker and mental health counselor from Boston, helped christen the camp on Friday, after the campers arrived and met their "Big Buddies," the adult volunteers who mentor and support them during the weekend.

After dinner and icebreaker games, Harris told of her brother's overdose death, in 2000, inside a hotel room in Texas after a yearslong struggle that included multiple rehab programs. He died two weeks before she graduated from Pepperdine University.

His struggle, she said, became the family's — the manipulation, the frustration at his inability to get sober, anticipating the call that finally came. She recalled tearful nights wondering: "Why couldn't he get sober? Didn't he know how much we loved him and didn't he love himself enough to want this?"

"What I love about this program is helping kids develop that resiliency — that you can keep living your life and still do the emotional piece of it," said Harris. "Those stages of grief are happening throughout your lifetime. You don't move through them and you're done."

Many of the campers bared those emotions during a memorial service on the camp's last day. Inside Camp Mariah's assembly hall, some children used music and poetry to pay a tribute to the parents, siblings, step-parents and others they lost.

A boy and his two sisters read a poem they wrote for their father: "Dad, you're great/I miss you/I love you." A woman played a song by her daughter, a singer and songwriter who died of an overdose.

After the service, Saul and his mother, Julie Nixon, prepared to leave. "He made a lot of good friends," she said of her son. "And from what he's told me, it's nice to not feel like you're the only one." ■

Where to Find Help

Treatment and support

- New York Office of Addiction Services and Supports: 877-846-7369, oasas.ny.gov
- Arms Acres (Carmel): 845-225-3400, armsacres.com
- Center for Recovery (Newburgh): 845-220-2146, cfr.care
- CoveCare (Carmel): 845-225-2700, covecarecenter.org
- Philipstown Behavioral Health Hub (Cold Spring): 845-809-5050, philipstownhub.org
- St. Christopher's Inn (Garrison): 845-335-1022, stchristophersinn-graymoor.org
- Walter Hoving Home (Garrison): 845-274-3812, hovinghome.org

Naloxone and test strips

- Nasal naloxone (Narcan) is available at drugstores over the counter.
- Visit oasas.ny.gov to order free nasal or intramuscular naloxone kits (two doses per order) and free fentanyl/xylazine test strips (100 per pack).
- Residents with prescription-drug coverage are eligible for up to \$40 in co-pay assistance for naloxone.
- For free naloxone training: In Dutchess, call 845-486-2844 or email healthinfo@dutchessny.gov. In Putnam, call 845-225-4646 or email info@preventioncouncilputnam.org.

Prevention and education

- Prevention Council of Putnam: 845-225-4646, preventioncouncilputnam.org.
- Dutchess Council on Addiction Prevention and Education: 845-765-8310, capedc.org

Text alerts

Dutchess and Putnam residents can text EndODNY to 55753 to receive messages with information about opioid use, overdoses and treatment, as well as emergency alerts during spikes in local cases.