

SPECIAL COMMITTEE ON ALCOHOL & OTHER DRUGS PUBLIC FORUM

May 12, 2003

6:00 – 7:00 PM Reception

7:00 PM Forum

Co-Chairman Pinard stated I want to thank all of you good people for being here on our first Special Aldermanic Alcohol & Other Drugs Public Forum. The reason that we're here, and I think we all know, is that we're trying to help the people in need in our community. By having this kind of forum I think that maybe we'll be able to help each other or the people that need and find a solution to all of the drug and alcohol related issues. To my right I'd like to introduce Joe Harding. He headed the steering committee right along and I think it's only proper that he takes over from here.

Joe Harding stated actually I'd like to ask that all of the panel members of the Special Aldermanic Committee on Alcohol & Other Drugs stand and introduce themselves.

Ellie Therrien, Southern NH Services, Director of Manchester Academy and the Manchester Community Corrections Programs.

Ron Caron, Child and Family Services and the Adolescent's Substance Abuse Treatment Program

LuAnne Oatman, Executive Director of Makin' It Happen Coalition

Martin Boldin, Child Health Services

Fred Rusczyk, City Public Health Director, Manchester Health Department

Judy Cooper, City of Manchester in Youth Services

Louis Craig, Executive Director Serenity Place in Manchester

Alderman Real Pinard, Ward 6, Co-Chair of the Special Aldermanic Committee on Alcohol & Other Drugs

Joe Harding, Executive Director of Friends of Recovery, NH

Amy Hanulec, Juvenile Probation and Parole Officer in Manchester office

Sgt. Kevin Kelly, Manchester Police Department Juvenile Division

Detective Scott Fuller, Manchester Police Department Juvenile Investigative Division

John Rist, Central High School Principal

Tom Jordan, Director of City of Manchester Employee Assistance Program

Co-Chairman Pinard stated I would also like to introduce Senator Lou D'Allesandro, Senator Ted Gatsas, and Senator André Martel. They're here on the State level.

Mr. Harding noted we would also like to take the opportunity if there are any other legislatures that are in the audience. If they could stand and introduce themselves.

Representative Gail Barry, Ward 9

Representative Marc Pappas, Wards 1 and 12

Representative James Craig, Wards 2, 3, 10 and 11

Co-Chairman Pinard introduced Alderman Armand Forest and Alderman Mike Lopez.

City Clerk Leo Bernier stated I'd like to just add one thing. Alderman O'Neil wanted to be here this evening but he came down with the flu and he did call about an hour ago. Mayor Baines as well as Dr. Ludwell are at a School Board meeting that starts at 7:00 PM this evening and hopefully they will get here afterwards.

Mr. Harding stated I think most of you have received some kind of written notice in the mail that tells you what the purpose of the Forum is, but we'd like to hear from people about the impact that alcohol and drugs has on their agency or institution. We've invited people from hospitals and from law enforcement, from the school systems, and probably most importantly we'd like to hear from the citizens of Manchester, about how these issues impact on their lives. Then in addition to that we want to hear from people, what they think some of the most outstanding issues are and what we can do as a community to come together, which means public officials and school systems and businesses and health care agencies and citizens; what can we do to come together to address these issues in Manchester.

City Clerk Bernier stated I would like to share with you we have an invited list and also we have people who are going to speak. What I'll do is I'll take one from one sheet and then other speaker will be on the other sheet. So it's not everybody who got invited goes first. We will go back and forth. We will give everybody approximately three minutes to speak with their information.

Senator D'Allesandro stated I represent Manchester Wards 3, 4, 10 and 11 and the Town of Goffstown in the NH State Senate, that's District 20. First I want to thank you for giving me an opportunity to be here and to commend you for your work on behalf of the citizens of Manchester, with regard to a problem that's pervasive throughout our society; alcohol and drugs. I was a teacher in Manchester for a number of years and an athletic coach in Manchester and dealt with a number of my players who suffered problems with alcoholism and drugs. It's a situation that's pervasive throughout the community and something that we must recognize. I think if you're looking for something to hang our hat on its, A) recognition of the seriousness of the problem and most people don't have that recognition or will not assent to that recognition. The problem does exist, both in the area of alcohol and drugs. Once we have recognized that the fact that the problem exists, then we have to deal with the problem. That problem has to be dealt with by families, by institutions, and by service oriented agencies that can help deal with the problem. We haven't been very effective at doing that. That's been a problem in this City and our State for a number of years. Now we did at one time, about 25 years ago, recognize that alcoholism was a severe problem and we had a number of rehab centers throughout the State. That's when third party liability became part of your comprehensive insurance coverage. Well that went out of fashion, and as fast as those rehab centers came about, they disappeared. We lost Spoffard Hall, we lost places in the North Country, we lost places on the seacoast. Now we are left with a situation where rehab is a significant problem and the placement of an individual who wants rehab services, it's difficult to get. At the State level we did one thing that I hope we can keep going, and that's to take five percent of the overage produce by our sales of liquor, put that aside and give that out as grants to agencies who are looking to serve the people. In one iteration of the budget those monies are completely eliminated. In testimony before the Senate today, Senate Finance, both Senator Gatsas and myself sit on Senate Finance, we found out that maintenance of effort requires that that money be sustained at that level in order to facilitate \$8 million worth of federal funds coming into the State of New Hampshire. So that's what our job is as elected officials, to make sure we sustain those funds in order to keep other funds coming. I want to be brief but I think the other things that have to be done. Once you have recognized the problem, treatment has to be available and it has to be available immediately. What we have heard constantly is that treatment is available on a waiting list. Sometimes taking 19 or 20 days before a person can get into rehab. So that has got to be expanded, knowledge of all of the treatment activities throughout our City and throughout the State have to be brought together; we have to have a composite list of all of these items, and we have to work information and referral to get people to these places. It's my job as a public official to make sure that we work together to get the funding and I've done that for the last 25 years, I'll continue to do that. I think as my chemistry teacher in high school said it takes a sublimation of the available energies, and I point that to the Honorable Mr. Rist who is an educator, probably taught chemistry at one time, but a sublimation of the available energies makes it all happen, that's working together for a common goal, and the common goal should be the well being of our community, the well being of the people that live in this community and if we work

diligently we can arrive at that goal and we can make people's lives better. And that's what we're here for, to make people's lives better. Thank you very much Mr. Chairman and to all of you my sincere congratulations and we've got to work together to do better.

Mr. Harding stated I'd like to especially thank Senator D'Allesandro for all hard work he's done on our demand treatment tests for bringing resources to Manchester. I very much appreciate it.

Patrick McKeown stated I don't represent any specific agency or group, but I probably speak for many who are not here. Professionally I'm a special education at Central High School and I've been in that capacity for the past 31 years. During my tenure there I have observed the outcomes of alcohol and drug abuse. From teaching children who suffer from fetal alcohol syndrome, unwanted pregnancies, domestic violence, and child abuse and neglect. It's tragic that in the past ten years the State has closed 14 treatment facilities, instead of opening up 14 new ones. I would like to see funds committed to any after school program for those extremely dangerous hours between 3:00 PM and 6:00 PM. Programs for youth like the Hot Couch Drop In Center are providing a wonderful alternative for the streets of Manchester or the unsupervised homes that children flock to. Statistics clearly show that the longer you postpone substance abuse the less likely it is to become problematic. As I've met many of my former students, many who are leading productive lives, I've also bumped into a fair share of them who've had their lives shattered by alcohol and drug abuse, and the old adage could be more true; pay me now or pay me later. Let's invest in our children now.

Kendall Snow stated I'm a social work and the Vice President of Community Relations for the Mental Health Center of Greater Manchester. We're the largest provider of psychiatric services to this area. Last year we served 8,144 area residents in need of psychiatric services. Substance abuse, primarily alcohol was a very significant problem among that entire population. In looking at our program statistics, we saw 1,500 children last year and in at least 50 percent of those cases, substance abuse either afflicted the child that we saw or a member of his family and complicated the situation that we were dealing with. Among our seniors, we have two very serious problems. With many of the seniors who present to use, we see well hidden and very secretive drinking, and secondly we see a lot of poly prescription use, that seeing several physicians and having several prescriptions filled simultaneously. A dangerous practice especially for somebody in frail health. We're find among our adults we feel that it's safe to assume that at least 60 and perhaps as many as 75 percent of the adults who present either have a substance abuse problem or somebody in their immediate family, or their family of origin, had a substance abuse problem that contributed to the issue that they present to us for care with. Obviously the issue that we're primarily concerned is what we call the people who are dually diagnosed to have a co-occurring mental illness and a substance abuse problem. And this is an extremely serious combination of issues. Each problem is a causal factor, tends to compound the other problem, and interferes with the treatment of the other

problem. Among the most difficult people for substance abuse providers and mental health providers to treat are people that have these co-occurring disorders. The committee asked that we think about what we could do in this City to minimize the impact and I thought about this a long time, and realized that a lot of people may have suggestions that will cost a significant amount of money and I'm almost embarrassed to bring this up because the suggestion I'm going to make won't cost one red cent. As we all know, substance abuse is a disease of denial. People hide it and hide it very effectively. They hid it not by lying to other people about their drinking, instead what they do is they lie to themselves. And they convince the rest of us to go along with the lies and we as a group tend to do just that. We go along with them. Who knows why? We don't want to hurt their feelings, we don't want to lose their friendship, we figure it's none of our business, we think maybe it's their life they should live it the way they want, but for whatever reason we never say anything. And those lies are allowed to perpetuate themselves and the problems remain hidden and nothing is done about them. What I'd like to propose is that we as a community make a pledge that we're going to break that bubble, we're going to bust the lie and if somebody tells us, and we all know the lies I'm talking about. I'm not an alcoholic because I quit drinking every year for lent. I'm not an alcoholic because I only drink on the weekends. Oh sure I overdue it once in a while but then I'll go several weeks. I only drink when I'm at home. I never drink when I drive. All of these are lies that people tell themselves to convince themselves they do not have a substance abuse problem. We as a community would do them an enormous favor if we would not allow them to keep this hidden but rather busted the lie and made them come forward.

Susan McKeown stated I would like to thank the Committee and elected officials. I am from Manchester. I come here with two hats tonight. A professional hat with 30 years experience as a pediatric nurse practitioner in Manchester Child Health Services and also as a parent and citizen. In my role as a nurse practitioner at child health we have 2,000 that are part of our clinic and we take family histories at each contact point. And it is the rare family that is not or has not been affected by substance abuse. We include this on every visit and I like to look at it as a brief intervention with families in hoping to break the stigma as Ken so well articulated, and to make it something that parents can address. Having the appropriate resources available to the citizens is critically important. The inability to work domestic violence, separation, divorce, these are all things I dealt with last week in terms of families that were going through this and the affect of the health and the emotional well being of the children is really immeasurable. So without intervention, history tends to repeat itself. Also in the role as parents, countless parents do not have their head in the sand, that are doing responsible good parenting and are there emotionally and physically present there for their child, and yet even with good responsible parenting have not been able to prevent drug abuse and drug problems with their children. Good responsible parenting will always, always be important, but in some cases it will not be sufficient and the availability in usage of things like marijuana, over the counter things like Coracedene are affecting our youth a lot right here in Manchester.

When a child had the disease of addiction, it changes all the rules. They don't care about the normal consequences. One can not parent a child on drugs. The principals of good parenting no longer matter. Sometimes the bar has to be raised and too often parents have to rely on court appearances, courts, probation officers, JOLT teams, house arrests, these things are all taxpayer dollars. I would like to see money spent in more community services. Services of the individuals and clients that I serve have used things like the Office of Youth Services, only one. We need more; we're a city of 103,000. Two programs that are available in Teen institute; there's two weeks during the summer. We should have ten weeks of that during the summer. We could fill that up out clients. Hot Couch was mentioned previously. A wonderful drop in center right down here on Elm Street. The ASAP Program and Child and Family Services much needed program that affects and includes both teens and parents and gives support. So plugging into these things in the community is terribly important and at least to continue what we've got going, but we just need more of it and more support.

Lloyd Doughty stated I am a sergeant with the Manchester Police Department and I'm actually here representing both the Police Department and my secondary role is a Board of Director for Serenity Place here in Manchester. First I'd like to speak on behalf of the Police Department and in my role as the crime prevention supervisor for the department I think we all would agree a lot of the crime that we see here in the City is alcohol or drug related. If we look at crimes and we think of theft, we think of burglary, we think of robbery, we all understand that most of those crimes are perpetrated with the idea of folks getting money so that they can go out and continue their addictive behaviors. I think we also have to take a look at domestic violence and understand that alcohol and drugs are a big contributing factor to that crime. We at the Police Department believe that education is the key to keeping people away from drugs and alcohol. We have taken a real strong commitment with our Officer Friendly Program, our DARE Program and our Great Program and we need to continue these programs and if possible expand upon them. Understanding that education does not always work, we have to have programs and opportunities here within the City so folks can get treatment if they do not head these messages. I'll shift gears here and talk on behalf of Serenity Place. I think it is oh so important that we have more programs like Serenity Place here in Manchester and also throughout the State of NH. Given this situation that we have and given the fact that we have these problems within our community, we have to offer at a young age to our young people, the opportunity to if they do not head the message to be able to avail themselves of the services that they need and deserve so that they can fulfill their life's dreams.

Ken Neil stated I'm the Director of Operations for the Manchester Boys and Girls Club. Our main clubhouse is located at 555 Union Street. I've worked with the Boys and Girls Club is a professional capacity since September of 1978. Thousands of Manchester's youth have passed through our doors in my 24 years with the Club and although I'm certainly not objective, I do believe strongly that more than any form of education or prevention program the availability of places such as the Boys and Girls Club, the

YWCA, the YMCA, the Salvation Army, and others is critical for positive youth development. Of course I don't want to forget to state that the youth's day starts a school and the positive influences that can happen there are equally important. It doesn't matter where, but youth at risk need to be touched and influenced by caring and positive adult role models. You can tell a youngster that drugs and alcohol are bad for them and give them a million reasons why, but without a positive influence in their lives it will make little difference. Youth experiment with drugs and alcohol to fill a void in their lives. Fill that void with positive activities and they will avoid risky behaviors. I must also state that the saddest thing for me to observe over the years are the children that come through the doors of the Boys and Girls Club were the children of abusers. The negative affect that their parent's use of alcohol, drugs, and tobacco during conception and pregnancy has had on these children's capacity to achieve is certainly disheartening. These children have obstacle to overcome that most of us have never had to deal with. They need special care both a school and out of school and the social cost is enormous. I would certainly personally advocate for required prenatal care and monitoring for parents who are convicted users. In closing I want to say once again that youth at risk need positive role models and activities to succeed. Prevention education is only affective if these youth have a strong support system in place. More SAPs in the schools, more after school opportunities, more mentoring programs, these are the things that will reduce drug and alcohol abuse in Manchester.

Elaine Douville stated I am the Supervisor of School Health from the Manchester Health Department and the mother of a 13-year old daughter living here in Manchester. On behalf of the school nurses in the Manchester public schools and having worked in the schools as a school nurse myself for the past 18 years, I am saddened by the increases we are seeing of students, better yet children, coming to school under the influence of alcohol and/or other drugs. I'm hoping that we as a community will realize the need we have for more positive proactive approach to prevention and treatment for those children and families in our community that need help. Since January of 2003, in just four short months, our school nurses have been involved approximately 75 assessments of students believed to be under the influence of alcohol and/or other drugs during the school day primarily at the middle and high school levels. The elementary school nurses are keenly aware of the fact that they too must remain prepared for these assessments. Since children are beginning to experiment with these substances at younger and younger ages. How sad it is to know that children come to school under the influence of alcohol and/or other drugs. How sad it is knowing that many parents may be in the same home with their children when they are experimenting with these substances. How said it is that many of these children do not know what many of these substances can do to them or how truly addicting and harmful these substances can be to their growing bodies. The national household survey of 2000 indicated that 4.3 percent of Manchester residents age 12 and older are estimated to be dependent on alcohol and/or other illicit drugs and are in need of further assessment and possible treatment. Further two out of three or 66 percent of Manchester high school students reported having their first drink of alcohol, other than

a few sips, before the age of 15 as reported by the 2001 NH Youth Risk Behavior Survey completed by your high school students in 2001. It is believed that those who begin drinking before the age of 15 are four times more likely to develop dependence than those who begin drinking at age 21. So many parents are not providing a solid foundation to their children at home. Without this strong parental foundation many children will resort to drugs and/or other alcohol as a release. Children need and want good strong adults in their lives. These adults who can assist them with the many decisions they need to make at an early age. As a community we need to look at the services better or, better stated, the lack of services we are providing for our children and their families to address this ever alarming rate of drug and/or alcohol abuse. Please listen and support those in our community who see the need and have the desire to help change services. We all know that healthy children learn better and the children are our future.

April Desrosiers stated I'd like to give you the Youth Risk Behavior Survey if you don't mind for you to read later on. I am the Safe Schools Coordinator for the Manchester School District. Thank you for having this forum and thank you for allowing me to have my educator influence here. You have in front of you the 2001 Youth Risk Behavior Survey. I work with a federal grant Title IV Safe and Drug Free Schools and Communities Act. I've been working with this grant since 1987 and in Manchester for the past seven years. Part of my work here in the City of Manchester with all the public and private schools has been based on federally researched based successful programming. In some ways I'm limited to what the Feds ask us to do. One of the things that we do is an assessment every five years. The Youth Risk Behavior Survey is one of those assessments. In your packet you'll also find a survey done back in 1995, so that there's some comparison data and I think that that's kind of an interesting profile to see where our kids are and where they've come over the years. One of the requirements for the federal grant program for Title IV Safe and Drug Free Schools is that we can not do treatment. We are charged with early prevention, early intervention, sometimes some after care, but we can not do treatment. So we're really limited to what we do. What you do have, however, when you look at your information is that you'll see some of the statistics but before you get into that, one of things that very significant about adolescent substance abuse, is that when they are involved with substances they also have many co-occurrence high risk behaviors. You have a sheet in here that identifies some of those behaviors from sexuality to anti-social behavior, violence, depression, suicide, school troubles, and vehicle safety issues. These are all co-occurring high-risk behaviors. So if you identify one of these behaviors, specifically the use of alcohol, you're going to see that there are many other high percentage of these other types of activities going on. So when we talk about substance abuse, we aren't just talking about substance abuse, we're talking about many other types of high-risk behavior. The survey results are here in front of you. I will not go through all of those results, but they're in here and I think that that would be very interesting for you to take a look at at some point. There's also a two-page piece that shows what happens with Manchester compared with New Hampshire and the

United States stats. The Youth Risk Behavior Survey is a CDC (Centers for Disease Control) survey that is done by State and also has national statistics to share. What we found in the areas where Manchester really needed to improve was that the use alcohol on school property was almost double that of state and national. These starting with the use of marijuana before the age of 13 again was about double national and state levels. What we're finding in Manchester is the highest risk behaviors are starting earlier and earlier. That's a real serious condition. That indicates that these kids are going to have a lifetime of problems, they're going to go into treatment perhaps for a lifetime, brain wiring is permanently being established a very vulnerable time in their lives, substances are going to have a huge impact on that. There is a research piece in here that I've included that was released last Monday that shows that adolescent use, the earlier they are the younger they are when they start using, the more likely they are going to have permanent problems the rest of their lives. Those co-occurring problems are going to be there so it's not just the substance abuse it's the violence, it's the pregnancies, it's on and on. What I would recommend, certainly is more prevention education in the schools. Let's keep doing the things that work, but they need to be funded. We need to get at kids as early as possible. We need to teach them about knowledge, yes, but we have to teach them about their attitudes, that's definitely a precursor to their use, and finally have an impact on their behavior. Schools need to work with the agencies in the community in a much more open and collaborative manner. There's a lot of good work going on in this City, but we need to coordinate that better with the schools. We need to rely less on intervention and more on prevention, that goes a lot further, and we also need more adolescent treatment facilities in this community as well as in our state. There's a crying need for treatment. We can't prevent everything, but we really need to respond and try to deal with these things before they get out of control.

Jim Craig stated I'm here in my capacity as a State Representative, as a person who has practiced law here in Manchester for 20 years and is President of the Board of Directors of Serenity Place here in Manchester that you've heard about. And I just thought I'd give a couple of second of remarks of my thoughts and then Peter could tell you about Serenity Place because he's in charge of treatment there. You know as a lawyer here in Manchester the real things that I remember about practicing criminal law and domestic law, the things that really stick with me are going to prison early in my career to see clients and seeing kids there visiting their parents and going to the Valley Street Jail, going to see their parents, going to court and seeing young women, sometimes old women, sometimes senior citizens, explaining to a judge that the person that beat them was just drunk and they want protection but they want help for that person. And I guess the point I'm making is that we're talking about alcoholics and drug users but I just would like you to remember that for every alcoholic and drug user there is a wife, husband, an employer, and often times children that are suffering just as well and just as much. And they're only crime was to have fallen in love or to have been born to an alcoholic or a drug user. So that's why I'm always happy to get up and talk about this and I'm glad to see that you people are doing the same thing, because I agree with

everyone who has spoken here that this is a pervasive problem and just the alcoholic is just the tip of the iceberg. My only thoughts about treatment...I think and I commend again, I think this is exactly what's needed. I think education and most of you are involved in this one way or another, getting the message out to the community that there is a problem, number one, and that starts with children in the schools, getting the message out. And it has been said that doesn't always work, but it's a start and letting people know, especially people in authority. People in the courts, police, teachers, employers, somehow develop programs to let them know what alcoholism is, what it looks like, what drug use looks like, and let them know what's available in the community when they see it. My sense is that there's a lot percolating in this field in Manchester now. There are some programs available, but I think often times these people who can do some good because of the positions they hold, they don't know about them and they don't know what they're looking at and so they miss a chance to help somebody when he's probably ready for it because he's down and out. I think that's important, that somehow we develop programs to let these people know what's going and that somehow...and I think this is going in the right direction too, to coordinate between the programs available to people, both family members and people afflicted with alcohol and drugs. And the last thing is the obvious thing, we need to spend money, we need to be willing to spend money to save money in the long run. So that's my pitch here.

Peter Dalpra stated I am the Clinical Supervisor at Serenity Place here in Manchester and we're a social detox...the actual term is we're a clinically managed residential detox. We have 19 beds that were funded for in part by the State of New Hampshire's Division of Alcohol and Drug Abuse Prevention and Recovery. Nineteen beds for a city of over a hundred thousand and we take folks in from all over the state when there's a need. We have a waiting list. We fill the beds as fast as we can wash the linens. It's a real shame that all of these places have closed over the years. We're not going to give up. Some recent statistics in Massachusetts with the cutbacks of funding in that state for detox beds, all the cities that have had those cuts there's been an increase in crime. And that's just in the last few months. A facility like ours and a facility for treatment throughout the state, one of the other problems that happening is that many of the professionals that are really trained, the licensed alcohol and drug counselors that are trained best to do this word, are become aged or becoming old and we can not fill the positions because people can make more money working in grocery stores than what we can pay our support staff. And that's not right. The last thing I want to add is, with all of the prevention programs we need to keep going with this, because an adolescent that abuses substances, will become an adult that abuses substances.

Maureen Giles stated I'm a volunteer worker for Teen Challenge. Teen Challenge is a drug and alcohol abuse center. It's also Manchester's best kept secret. It's a non-profit, faith based, drug and alcohol educational abuse center. It was established in 1958 and they opened their first center in 1963. There are 183 centers in the US alone with an 86 percent success rate. The reason why it's got such an exceptional success rate is because

of the handout I gave to you. It is an educational program. It's over a period of 15 months. Teen Challenge works locally with prisons, with halfway houses. The most important program is their reach out program which they do in schools and in prisons, by educating teens and adults about drugs and alcohol. I'm fortunate that I've never had drug and alcohol that I became in Teen Challenge four years ago by meeting someone outside the grocery store asking for money. I then saw the same individual two years later and I became involved with Teen Challenge that way, because I was introduced to a room of 400 people that had been in despair and to see so much love and warmth between individuals and their families and their children, and how it had transformed them. Since then I've been involved with Teen Challenge. It's a very powerful experience. I'm not nervous talking to you, I'm nervous because I don't feel as if I'm going to be able to project to you just how wonderful this organization is. I've heard everyone else speak before me and I know what Teen Challenge can do for you. Like I said, they are the best-kept secret in Manchester. What I would like to be able to see is the schools, the judges, the police, your social workers, all working in harmony so that each one of you are aware of the various wonderful organizations that are out there and in particular Teen Challenge. Because in that respect you don't then have to go to prison and I can give you numerous testimonies of individuals who have actually been through the program. If you want to know more there's a web site. www.teenchallenge.com

Cheryl Wilke stated I'm here to talk to you about two things. One of them is the Northern Hillsborough County Coalition, that is a community-based coalition that was formed after the money for the Governor's Commission was put out for and RFP. Many of the providers and prevention people within the community got together and decided what would be beneficial for our community in Manchester and the northern part of Hillsborough to fund financially. Some of the agencies that are in the coalition that receive money are the YWCA, the YMCA, Hot Couch, Manchester School District, Farnum Center, Serenity Place, and Manchester Community Corrections. I'm the Chairperson of that committee and I'm very fortunate to work with many good people who believe that treatment and prevention work. I also am a licensed alcohol and drug counselor who is aging, there's not doubt, and this field does that to you over a period of time working with many people and watching what this disease actually does to people. I work for Southern NH Services and that agency has Manchester Community Corrections. I've worked in corrections and worked with people in the criminal justice system for over 15 years. I've watched many people go to jail and I've watched many people get well. One of the issues I see Manchester face like most of the state, but more so in Manchester, is this overwhelming supply of Oxycodon, Oxycontin, and heroin to our area. Many years ago treatment was just a...you went into treatment, you spent 28 days, you became educated, and you learned how to stay clean and sober, and that was a great thing. It still exists but very, very few people get that opportunity. And currently we have to address the fact that now that we're dealing with these drugs, there's a physical withdrawal and a physical addiction that is killing our youth and the rest of the population that indulges in this drug. One of the problems I see that we face on a daily basis is the stigma. The

stigma of many of us who are sitting here in these rooms tonight who do not want to say I'm a drug addict or I'm an alcoholic in recovery. And due to that we sit quietly while we watch many people around us die and try to access treatment. That has to stop. If any us had diabetes and we needed help, we would have a problem going to a doctor, but we have a very difficult time because of the same and the guilt that goes along with trying to be in recovery. And so I ask all of you to look out and to talk to people that you know and try to get rid of some of that shame and guilt so we can change the stigma that's associated with that disease and make it like any other disease and start funding treatment so that we can actually make a difference.

Robert Clossky stated I'll try to be additionally brief. There's so many very, very talented people in this room tonight giving testimony and they're saying so many important things that I'm sure you have a lot to absorb and everything goes towards finding what the problem is and where we should go from here. But first of all speaking as a former Director of Tirrell House from 1968 to 1976 and also being a founding member of the Farnum Center, when it first opened, and also being a member with Mr. Bob Favreau of years ago of the Manchester Alcoholism Committee, those are all going back a few years. During that time committee work, a committee like this committee, is what made those things work, is what made the opening of the first detox center at CMC happen. Now, that's only because of a strong and powerful working committee. There's lots of knowledge, lots of information has to be shared, lots of efforts has to be made by prevention, forums like this have to take place, but after forums like this are over, the overall responsibility to making sure that things happen in this community is by having a very strong and viable and visible and credible committee. And I'm sure because of the group of people that you've been able to attract here tonight to give testimony, suggests that you are probably a strong, good committee and that's what's it's going to take to get all the detoxs back, all the things that Lou D'Allesandro said came and then got lost over the years. Many of us have experienced that, but the way that that trend is going to turn around is going to be a strong group like yourselves.

Bob Miller stated I work for Southern NH Services Coordinator of the Robinson House here in Manchester, which is a transitional housing unit for alcohol and drug addicted males. We have 24 beds at the Robinson House and we probably open up a room once a month there and I have at least 35 applications for that one room. It's very difficult to pick the person to come in there. I usually take the first on the list, but when 35 people try for one room it just seem appropriate to me. We need more facilities for these people to get on with their lives and to be able to have a support system to do that with and they have that at the Robinson House. I have guys that come in there and get back to college, stay for eight to ten months, get back with their families again and find job opportunities. Various ways of improving their lives, but they have a support system there to deal with when they're clean and sober and everybody around them is clean and sober. Where our facility works very well with the other facilities in the area, but we just don't have enough beds. It's just like Peter said in Serenity Place, as soon as someone's out the door there's another one coming in. It's very difficult to find the need. I myself came to the

Robinson House in 1994 and got my life back together after going through facilities in this area. I was able at the Robinson house to regain my education, went back to college and I got my bachelors degree. So without the Robinson House I don't know if I'd been able to make it. I believe it's a great support system for a lot of other people also and that's just for males. Women in the Manchester area have a very difficult time finding housing down here.

Joseph Naff stated I am a licensed social worker and the Clinical Director of NH Catholic Charities. In response to the question, how does alcohol and drugs impact your agency? I will tell you that as a private state-wide family service agency, providing counseling services to individual adults, youth, and families, it is estimated that addiction or substance abuse problems underlie at least 50 percent of the clients receiving counseling services at NH Catholic Charities. Currently the Manchester office of Catholic Charities works with the academy program to provide affordable mental health evaluations to individuals in order to determine other factors related to addiction including dual diagnosis of substance abuse and mental health issues. What services does Manchester need in order to address alcohol and drug related issues. With decreased state and federal funding for substance abuse services, in my opinion the number one need in the City of Manchester is the availability of affordable outpatient substance abuse treatment and inpatient care facilities for individuals and families with limited resources. Specifically those who lack comprehensive health care benefits.

Julie Senneville stated I'm with Southern NH Services Youth Empowerment Program. I've been with the Youth Empowerment Program for two years but in these services for eight to ten years. Currently 80 percent of my population report drug or alcohol abuse. Twenty-five percent of those students engage in substance abuse. If we look at the cost to the community as a taxpayer in Manchester, if we weigh out the cost of treatment versus cost of the welfare system, social services agencies, and criminal acts and destruction, what better way we could to rehabilitate our community. I can't say more about the urgency when you have a client that wants to seek treatment and you can't afford to wait the 21 days when you find them back out and pull away from the treatment. We need immediacy and for our 18 to 21 year olds. So hence the second problem. We currently have money in our budget to pay for a LADEC evaluation. In our budget we have approximately \$1,500 for LADEC treatment. At \$200 per LADEC cost evaluation, it is spread over a very thin for 26 students. I've brought a student with me this evening and I hope he can report to you the positive outcome of successful drug and alcohol treatment.

Lou Catano stated I'm the Executive Director of Webster House. A group home for children located on Webster Street. I've been at the home since 1984 and I have seen hundreds and hundreds of children come through the doors. I can safely say that all but few of them have come from families that have alcohol or drug involvement. Most of the children have experienced abuse at the hands of their caretakers and alcohol and drugs

were a contributing factor. The impact on these children and the families is devastating, but that's not really what I want to address today. I want to take a moment and focus on the notion of just how acceptable alcohol and drugs use is in our community. We have tried valiantly to educate youth on the risk and dangers of substance abuse, but the message reached some but not all. I equate this simply to the fact that like everyone here, we know that a proper diet and regular exercise are a key to a healthy lifestyle. But probably most of us, even armed with that knowledge and information, still don't get it done. So to the children, there's a real disconnect between knowledge and application. It's frustrating and it's sad and exacts a costly toll on our lives and on our fiscal resources. We do have multiple programs that are all working hard to address these issues. What is still needed though is more involvement with the families and a more concerted effort in winning the hearts, minds and soles of the children. Information and statistics just don't get it done. Children need to believe that there is a purpose in life that is bigger and larger than themselves. I saw in article in Youth Today of May 2003 that highlighted a major study by the American Psychological Association which tracked 1,128 adolescents and found that there was an inverse relationship between the importance of religion in teens lives and the decision to use alcohol or drugs. In short, the more they believed in religion the lower level they had of substance abuse. They also found that religious teens tend to have a larger network of concerned and active adults around them. What I'm saying is nothing new per say, but it's a message that's worth repeating. We need to get families engaged in the battle. We need to get the religious piece back into the equation. Alcohol and drugs are much too powerful for children to combat and resist on their own. Thank you for your time.

Diane St. Onge stated I am the program director for Habit Management. Habit Management is an outpatient facility specializing in the treatment of narcotic dependence. Not only folks who are abusing things such as Oxycontin, Oxycodon, but also Heroin. Currently we started our program in the year 2000 and we have serviced just a little over 500 patients in the last 2 ½ years. These folks come from various communities with 65 percent of these patients coming from the Manchester community itself. I heard earlier Cheryl talk about anonymity and people not being able to come forward due to stigma and shame, I'm here to tell you that if we're not for a treatment program and I'm a grateful recovering alcohol and addict myself, I would not be sitting in front of you today testifying to anything. And I just want to make that clear. This is an opportunity not only for myself as a program director to show you that there are some types of programs out there that lend themselves to folks being able to recover from their addictions, go back to school, and become productive citizens and give back to the community. That is my goal and what I do for my patients. I looked at our statistics recently that showed that we did an opiate study, our opiate study looked at our population that were in treatment for one or two years. In that study it showed that 84 percent of our patients remained opiate free. That's a great study. Treatment works. Unfortunately we are only one facility in Manchester. There are two opiate outpatient facilities in the State of New Hampshire that

provide treatment services. One is in Hudson, NH, the other one being in Manchester. We are looking to expand, but one of the biggest problems that we're coming to is stigma. There is such stigma attached to the disease of narcotics dependence. When you talk about a methadone clinic, lots of people get very fearful for what it may do to their community. I can attest that we are in a very, very busy building, 1415 Elm Street located in the bottom floor of a very medical center. We have elderly patients in the building, we have Health Community Health Center, and in almost three years I don't think we've had more than a couple of squabbles over little things. It does not bring all the dregs of society. We treat physicians and many others and the recovery is amazing. We do have a patient here tonight who will testify to treatment in this facility and what he's encountered and his successes. Just to have the flip side of what we do for treatment. I heard earlier about what I think, or what people think, the Manchester community needs, we think we need more of what we're doing today as the beginning. We need for forums, more opportunities to provide in sharing information, sharing about our treatment facilities, educating the providers and community citizens about what treatment really is and what the options are here available in the community. And again, I thank you very much.

Dr. Gerry Hevron stated thank you very much for giving me the opportunity to speak. Just so that the members of the board understand who I am. I am a family physician with 24 years of experience. I practice in Suncook. I also was the medical director of the Riverway Center for Recovery for 10 years and worked prior to that for 10 years before it became the Riverway. I was also the medical director of Lakeshore Hospital at the substance abuse treatment facility. I'm ACM certified and I'm certified and by both the American and Canadian Board of Family Practice. What I'm here to testify is, is that there are no inpatient facilities in New Hampshire, that they've all been closed down. I'm here to testify that 50 percent of everyone who is admitted to a hospital has a problem with substance abuse. 75 percent of all patients who are hospitalized as a result of a motor vehicle accident, whether or not that's a result of their a passenger or a driver or they were in a car that got hit, also a victim of substance abuse. That there are genetic predisposition's for the disease and that this genetic predisposition does in fact begin to play itself out at a very early age, and that's what you're hearing about. The youngsters beginning to have difficulties, and that there are new treatments that are involving. For the management, you've heard about methadone. Methadone is a very long-standing treatment and provides tremendous abilities for people who have...the word is neuroplasticity...has changed their nerve endings permanently. They've also discovered that nerve endings are changed permanently in people who have cocaine abuse and in fact you can do studies with people who have alcohol abuse and be able trace some of the changes that have gone on for them, even before they begin to drink. So that the issue is even though prevention is something that we need to strive for, we need something to do with treatment. The one other current job that I have is that I'm President and Medical Director of the NH Physicians Organization that represents 190 physicians in the Manchester community. And there's been a tremendous shift in the responsibility that

insurance companies for the management of chemical dependency and they have shifted the funding to state and city components. If you recognize that approximately nine to 19 percent of all people in any given time in a population will be addicted. They are not providing nine to 19 percent of people who are insured with the treatment that they need, and therefore how people like this wind up getting treatment is ultimately they wind up losing their jobs and we become responsible as citizens providing those services through our state funding mechanisms. So I think that as we begin to look at issues of treatment, what we need to begin to look at is...we need to begin make sure that the insurance companies that have insurances that you think that you're paying for, are able to in fact people are able to get access. There are some new treatments that are coming along in narcotics addiction. It's something that's going to be able to be distributed by family physicians and internists. The problem is that whether or not you're going to be able to attract physicians to be able to do that because the difficulty we already have in facing some of our time crunches. So to summarize what I'd like to say is that treatment works. To summarize what I'm also saying to you is insurance companies have shifted the funding of treatment from their own responsibility often times to state and local responsibilities. And I would just ask that each one of you look at whether or not the services provided by your own insurance companies, are actually providing the kinds of coverage necessary. Thank you very much.

Niki Miller stated I'm an instructor and a graduate student at Springfield College and a former clinician in the field of substance abuse and I'd like to talk about the impact of substance abuse on women. Especially women in the Manchester area. I would like to begin with a quote from Joseph Califano, "The women of America have paid a fearful price in premature death and destroyed lives for our failure to craft programs aimed at their use." The results of our findings indicate that the women of New Hampshire paid an even dearer price as we are grossly under served in this state for services that specific to women. We've heard a lot about youth and the damage done through foster placement, trauma, interpersonal violence with a family, as related to being brought up in a family where alcoholism and substance abuse is so genetically and environmentally a player. We believe, and I believe, that if we fail to treat women, who are the mothers of the next generation, we lose substantial opportunity at prevention that is incredibly effective. If these women have no services, their children remain at risk and the statistics and data reveal an appalling rate of intergeneration patterns of domestic violence, due to sexual abuse, trauma, and continued self medicating, psychological co-occurring disorders as a result of this type of environmental upbringing. If we do not intervene with women, we do not intervene with the next generation, do not affect rates of fetal alcohol syndrome. The estimated cost of fetal alcohol syndrome for one child is \$5 million in his lifetime. So if we do plan programs that intervene specifically with the peak needs of women, we stand a great chance at reducing expenditures. I want to talk a little bit about the increases and trends. First of all I was glad to hear from a Habitat Management person because trends in New Hampshire reflect a gross increase in opiate

dependence. Also, adolescent women, girls and adolescents, are rapidly catching up to boys. Usually women represent one third of the substance abusing population and with adolescent girls that's coming like 43 percent, so they are just about neck and neck with the boys. Yet this trend was accelerating very few programs are in affect crafted to the needs of women. If we want to intervene with women, we must go to the social service agencies where they present crisis and my recommendation is that community planning start with agencies where women are likely to require services. That's DCYF and Child Protective Systems, Mental Health, as women have a high rate of co-occurring disorders, domestic violence. Between 75 and 90 percent coming for treatment have experienced domestic violence and mental health and corrections. It's also important for gender specific services to be offered to women with childcare so that they may access treatment systems and no longer be denied access to care.

Kevin Kelly stated I am here tonight representing the Tirrell Halfway House and it's Director Mr. Al Colburn who had a previous commitment. I am also an alcoholic and a graduate of the Tirrell Halfway House program in 1978. After I completed that program I also might say I'm an immigrant in New Hampshire from Boston, Mass. And I come into this great town of Manchester and I didn't have a soul in the city that I knew nor two dimes, nor a pack of cigarettes and I walked into the Tirrell Halfway House on Pine Street and I thought it was the Taj Mahal and it really wasn't at that time. But it is today, the present house on Brook Street. Tonight listening to the very distinguished people speaking here tonight and there are some wonderful people doing some wonderful work, and I know many of you people on the Committee. And it makes me very proud to be part and parcel. I worked at the VA as a substance abuse counselor for 20 years and possibly we figured out one time 2000 different men and women we see pass through that program. In the recover circles there was a slogan that "recovery works". Well I've been watching now for 20 years, including my own, and the lady here who acknowledged her own substance abuse problems, many people who are in the field who are recovering and it gives me great pride to be here tonight. I'm sitting back there with Lou D'Allesandro waiting to hear what he's going to say and listening and watching you different people, and I know some of you, it's something to be just part of this City and this group, and I hope that every city and town that people did speak of lack of beds, lack of beds, lack of in house treatment. Well I can't speak too much to that, I'm not into funding and that type of thing, and thank God Louis I don't envy you people at all. But I watched in this town; I come in and there wasn't much and when I went in the Tirrell House there was 12 beds. And then I watched the sobriety maintenance center or Serenity House open and I helped them paint it and paint bedrooms, upstairs on Hanover Street with Joe Therrien and different people. Then I watched the Helping Hands open up and the Farnum Center open and so many different units. So there are people working and there are people getting treatment, but certainly not all of those that need. I was talking with Lou and I said I'm happy to see the crowd here. I said of all the people who have been affected by alcoholism and drugs and the families could be here tonight, or who were invited here tonight, we'd need Gill Stadium, but non the less, the crowd that we have here is

impressive. I guess what I'd like to say is I was asked to invite everybody who would like to come into the Tirrell Halfway House and see the way it operates, especially the members of the Committee, many of you have been at our open houses and things like that. Al has asked me to say please to give us a call and come up and come through the house and see what happens and I think you'd be very impressed with it. I'd like to say that I'm very impressed with this Committee and for the distinguished people here tonight giving their testimony. Thank you very much for hearing me.

Representative Gail Barry stated I represent Ward 9 in Manchester and I'm Hillsborough Country Delegation Chairman. I'm on the Health and Human Services Committee and I'm an RN. Most of the average citizen believes that the alcoholic is a street person. Most of us know most of the alcoholics run the gamut of society from doctors, lawyers, housewives, and even politicians. We have very many good programs and supportive programs in the State that as you well know if the individual does not look for help and agree that he needs help, he won't seek it. The best program we have I believe that we have in this State is AA. It doesn't cost us a cent and it gives supportive services to the individuals and points out programs that they can go to. It's been mentioned quite a bit tonight about co-occurring disorders. The Committee and the State has passed House Bill 196. To me the study it means to integrate services for people with co-occurring disorders and I hope it helps. I want to thank you all for your interest and you help in this field and I hope we can all work together.

Nick Pfeifer stated I am the Program Supervisor at Child and Family Services new adolescent substance abuse treatment program. Prior to that I was the Dictator of the Adolescent Program and Phoenix House in Dublin, NH. I had a bunch of stuff all prepared that I was going to share with fancy number and elaborate statistic but I think that everybody's done a pretty good job of sharing that thus far this evening, so I don't want to waste your time or anybody else's. What I do want to share is a phone call that I had from a parent last week that I think sums up about the last five or six years of my experience in this field. This woman called in regards to her 17 year old son who was struggling with a marijuana problem, had been caught up in the legal system for the last three or four years, and was calling to find out about our program. Once I shared a little bit about our services and asked her a couple more questions about her son, she shared the information and all of a sudden the line was dead. I wasn't sure if we were disconnected, if she had hung up on me because she didn't like our program, or what it was. What had happened is she had burst into tears. She was crying for a solid minute to minute and fifteen seconds before she was able to speak again. Simply saying thank you. Thank you for listening to what I have to say. Thank you for listening to the problems my son is going through. Thank you for considering the possibility of taking him into your program and being willing to sit down. In summation, that again this is typical of what I've heard from parents, from families over the last five plus years of the lack of services for their adolescent children dealing with substance abuse issues and ultimately how that impacts the family and their communities as a whole when the parents are

missing work, when the parents turn to drinking or drugs to deal with those problems themselves. Sort of a big whirlwind. So I'll be more than happy to share more of those experiences when I have them and thank you very much for your time. I appreciate it.

Adam Lapierre stated I am a citizen of Manchester. A recipient of different...I've received help from Farnum Center, Southern NH Service Youth Empowerment Program, Southern NH Service, Manchester Community Corrections, and Manchester Health Center. I'm here because I have heard that there are going to be cuts for a lot of different places and I received help from so many different places. But what I find the problem being as far as any place, Farnum Center, or any place that can give people who are alcoholics, drug addicts, users, abusers. My problem is that I didn't know where to get help. I didn't know where to ask for help. I heard from years that I needed to get help, but I can never tell somebody that I had a problem. I could never tell somebody exactly what my problem was and I never knew who to ask for help. But I got caught up in drugs and alcohol and then I finally got caught up in the legal system. I spent many a nights in Manchester Police Department in their holding cells, saying I need to get help. But as I walked out the door nobody would ever say where I could get help and I was too afraid to ask. I know a lot of people that are receiving services from Farnum Center, from Serenity, from Manchester Mental Health, from MCCP, Manchester Community Corrections, Youth Empowerment Program, and many people that are trying to better their lives. I know a lot of people that are still using and still abusing and still do not know where to ask for help. I offer my hand, that's all I can do, but unless there's people enforcing that there is help out there and that people are willing to listen and willing to help and do all they can to help somebody better themselves, then nobodies going to say, can you help me with this problem. It's a problem that I had starting at the age of 13, I'm now 20 and I just recently learned what I could do; my accomplishments. That's pretty much it.

Diane Antoscia stated I am here to represent the Greater Manchester Prevention Coalition of which I am a member, who by the way is starting to gather data to deal with some of all those gaps that we're talking about this evening with services. I am also the Student Assistance Program Coordinator at Central High School and I have worked in the field of substance abuse for 20 years. Even though I'm aging I don't feel aged yet, but I'd like to focus on a few facts this evening. More people in the United States are still dying from alcohol related deaths than all the other drugs combined still. One in four men, and one in six women in the United States, therefore, in this City experience multiple serious alcohol problems. One in four children or adults are living in chemically dependent homes or grew up in one. That is 25 percent of the City's population. Either has grown up in a chemically addicted family or is living in one today as a child. So that's probably somewhere around 30,000 people in this city. We have a serious drug and alcohol problem in this city, as does our nation. Tolerance for alcohol and marijuana abuse has increased over the years, yet drugs like Oxycontin scare use. Why? We can say to the kids at school a drug, is a drug, is a drug. They're all harmful, they're all mind altering,

and they can ultimately all kill you. Alcohol included. Let's talk about the risk factors. If you had a biological parent or grand parent who is chemically dependent, or you have experience high tolerance on one of your first uses of a chemical, or you pick up a drink or a drug prior to the age of 15, you are at a very high risk of becoming an addict just by the nature of your biology. With all of these risk factors, you are about 60 percent risk of becoming addicted with drugs or alcohol. Put all of this together and what you have is 25 percent of Manchester's population at risk for addiction from their biology. Let's forget about the moral stigma attached to alcoholics and drug addicts. Focus on how we can help residents, youth and adults, who are biologically predisposed to this disease. Like we celebrate when a loved one's cancer is in remission, we support and get them treatment and help when the cancer is active again. We should also celebrate when the addicted person finds recovery and get them support and treatment when they relapse. What we've done right. We've had good police response and enforcement of drug and alcohol crimes in the City. I really feel a sincere caring for Manchester citizens in the city. We and you, I believe it started 20 something years ago, when the substance abuse task force instituted student assistance programs. There now exists now in all of the high schools here, and middle schools. Now I'm going to jump ahead to what I think needs to happen. We need to pressure state and local governments to increase funding for a variety of treatment services. We need to educate the adults in this community regarding underage drinking and tell them that it's a crime and hold adults accountable who are supplying the youth of this city. We need to teach parents about the liabilities of allowing drinking in their homes and having drugs on their property. I propose a series of local cable programs that talk about these issues and have a weekly news article in the Union Leader to openly discuss these issues, exemplified in the Nashua Telegraph. I call it talking out loud about substance abuse so that people get more educated and comfortable with addiction and recovery. Promote tougher enforcement, penalties to local business people who knowingly sell and serve the minors of the City and if you witness this happening locally, say something. Let the kids know that we're paying attention even if they don't like it. I call it tough love. We need to especially pressure insurance providers to provide fair benefits for treatment for addicted people. We have had 14 treatment facilities forced to close in this State in the last 10 years due to lack of insurance coverage. Some of our young people and families have to leave the state, go cross country, some have even chosen to relocate their families to get rehabilitation for substance abuse. In closing, remember that this is a treatable disease, not a moral issue. Work together to treat the people of this City suffering and dealing with addiction in their daily lives. Treated, alcoholics and drug addicts in recovery are viable, contributing citizens, if left untreated, we all suffer.

Capt. Richard Tracy stated thank you for the opportunity to speak tonight. Last year in 2002 there were over a thousand Adams that came through our doors. 350 people were arrested for sale or possession of drugs. May be for something as small as marijuana, cocaine or heroin for six-month intensive investigation charging somebody with several counts of sale of these types of drugs. 475 people arrested for DWI, 260 people arrested

for protective custody, or as you may refer to it as public intoxication. Of these 260 people that were brought in for protective custody, there was another 260 people that the officers were able to find a loved one to come down and take care of them or get that person safely home, or if that person was so intoxicated and needed medical assistance, they were transported to one of our local hospitals, I'm sure adding an extra burden to the already busy emergency rooms that we have in the City. That's just the tip of the iceberg. Those are 1,000 people that were arrested for sale or possession, DWI, or public intoxication. That doesn't touch base with the thousands of people that were arrested for domestic abuse, child abuse, physical assaults, and several other crimes where the root of the problem is drugs and alcohol. Just to switch gears a little bit and reinforce the importance of what the young lady before me was talking about with enforcement, in the past couple of years we have done some alcohol compliance checks with some of our local stores. The first one; we visited 114 stores or establishments that sold alcohol in the City of Manchester. We used a 19-year-old student from St. A's who went in with his property ID and was willing to show it when asked. And of those 114 stores 30 of them sold to this individual. Of the 30 that sold, 25 asked for ID, looked at the ID, and still continued to sell. Five did not even ask for the ID. A year later, after we had done this compliance check, advertised it, sent the people to court, the State Liquor Commission enforced their end of it. One year later 109 stores we visited, again 30 sold, again 21 asked for the ID, looked at the ID and still continued to sell. A couple of these stores even charged these young people extra for the beer. If a six pack of beer will \$6.00, they charged the individual \$10.00 knowing that this youth wasn't going to say anything because they wanted the beer. I'm just going to close; enforcement, education, and treatment. We can't relax on any one of the three. Thank you very much.

Connie Jones stated I'm with Primetime of Catholic Medical Center and I work with education for older adults and I want to speak about what's different with older adults as in 65 years old and older and the problems of drug and alcohol. I do not work with treatment, I work with education and prevention and so that's my interest more than anything else. There seems to be good and bad news about alcohol and drug use among those 65 years old and older. The good news is that according to the Center for Disease Control only 2.4 percent of this population is designated as having excessive alcohol consumption. And if we assume that New Hampshire is similar, that's good news, but the bad news is that the aging body reacts more dramatically to alcohol and drugs than does the younger body. Consider these, the body's ability to breakdown slows, therefore, alcohol stays in the body of an older adult longer, and it has a more intense affect on the body of an older person. In other words, what you could easily tolerate at 20 is not easily tolerated at 70 years old. Substance abuse, when you're not talking just about cocaine and heroin, you're also talking about over the counter medications. They have a much more intense side affect for an older body than for a younger body. Medications for arthritis, simple analgesics, allergies, cold, hypertension, depression, insomnia, and heart arrhythmia's all have the potential of seriously impairing an older adult's functional ability. With the great majority of them causing dizziness, confusion, fatigue, and slowed

reaction time. Considering the fact that most older Americans take between two and seven medications a day, that is a problem in itself. Interactions of medications are not closely monitored and if a person taking those medications also adds alcohol to the mix, the results can be disastrous. So what problems does this present? One, alcohol and driving. We have statistic on DUI's Manchester, but these are broken down in only categories 26 years old and older. There are no statistics at all about 65 year olds and older that I could find. We can only assume the results. A person taking even cold medication, mixed with alcohol have a slower reaction and can be a disaster. Health care. The assumption, a national assumption is that for those admissions 65 years old and older, about 11 to 13 percent show alcoholism, 20 percent of admissions to psychiatric facilities and so forth. These could be a lot higher because alcoholism is often masked and mistaken for other conditions, such as poor nutrition and that sort of thing. What's being done in our community that's different? We do have the REAP Program, which is Residents Education and Assistance, providing education and counseling short intervention to those in housing. They recently got a grant to go outside into the community but it's a small grant and just beginning. Interestingly we do have a little education about safe driving and alcohol through driver safety courses. That's good. What else do we need? More statistics on what really is happening with older adults. Lots more education for older adults about how alcohol and drugs affect them and definitely more treatment programs.

Paul Mertizic stated I'm the Director of Community Services for Catholic Medical Center and I also just want to add little to the adult population when it comes to drug and alcohol as well as all populations that are affected. We all know it's a major health problem. It drains the entire community. It drains the health care system. Significantly strains the economy. We know that untreated addiction is more expensive than treating heart disease, diabetes and is a huge economic issue. It also significantly harms families, which is probably the most important aspect of all. We know that a quarter of all emergency room admissions are related somehow to alcohol or other drugs. That excessive drinking is a contributing factor to the top three causes of death; heart disease, cancer and stroke. We also know there's a strong correlation between the homelessness and alcohol and other drugs and according to our substance abuse counselor between 80 and 85 percent of the homeless people seeking health care in Manchester have an issue with alcohol and other drugs. So what do we need to do? I think there are several approaches we need to take. Number one is we certainly need to get to the prevention end of it and we need to do this through a significant education program that involves schools, the community, the state and the three of them are all of equal importance. We need to offer after school programs. Programs that keep our youth, our families busy and aware of what's going on outside of the drug and alcohol issues. We need to listen to the Adams, about how to make people aware of what programs are available so if they want to seek service they will know how to get that service. We need them to be able to access those programs and to access those by the individuals themselves when they are ready for that. And lastly we really need to focus on treatment for those who don't succeed with

the prevention end and we should make sure we have adequate funding for both in patient and out patient programs and services

Sara Wilson stated thank you for having me here. I'm the Director of the Wellness Center at Southern NH University. For those of you who might not be familiar with our institution we were formerly NH College and we are located in the northern part of the City. Actually with a unique situation half of our campus is in the City of Manchester and half of it is in the Town of Hooksett. I was glad to hear the Manchester Police Department report on the compliance checks in the local area because that's certainly one of our issues. What I wanted to do this evening, generally when people talk about the college population they assume there's a problem and immediately start with the question, so what are you going to do about it? And what I thought I would do is give you a brief overview and there are some highlights on the handout that I gave you. The things we have been doing, share some of the data, not about the problem but actually some of the positive things that we are learning about our population and how that might extend into our local community. I arrived on our campus about 10 years ago as part of the US Department of Education grant, specifically to address substance abuse issues and we have certainly implemented a number of the traditional activities. We have tightened our policy, implemented server seller training on our campus, invited the liquor enforcement officers onto our campus, as recently as this past week end as you may know we had our commencement exercises this past week end. So we have been working in a number of ways to address this issue on our campus. About two years ago we even participated in a state wide dialogue with other campuses and our local community members trying to identify what were some of our needs and certainly the issue of selling in our community was one. Not just in our local stores, but actually what's happening in our restaurant situations, specific promotions trying to attract the college population, selling to the underage student, and knowingly selling to them. We are also challenged I think mostly by the attitudes that come with the collegiant experience and that's what we've been working on with our date. We have an educational challenge that's a little bit different than elementary or secondary levels, in that part of our population is of legal age to consume alcohol, but the majority of our population is not. But when you look at funding trends for grants addressing underage drinking, they typically stop at 18. I'm not sure when 18 to 21 stopped being underage, but in terms of funding trends, very often it's treated that way. We split by where the college experience starts not by where the legal drinking age starts. We have started looking a lot at our data. We have about 12 years worth of data from our institution and we have taken on a new approach called a social norms approach. What we have discovered is that the majority of our students do not engage in the behaviors that are stereotypically attributed to the college student and we have worked hard on our campus to try to get them to realize that they're over estimating the extent of use and the frequency of use of their peers and that that's having an influence on their decision. That has led to nationwide changes, reductions of up to 44 percent of binge drinking episodes and other types of behaviors at other institutions where this approach has been implemented. There's a lot of data to support that it could

also extend into our high school levels or even to some statewide data that might be available and where that approach might be appropriate. And we would certainly like as an institution to continue the dialogue about what that theory is, how that approach might be used, and in particular how we might be able to bring that down into the middle school and the high school populations because certainly those become our next consumers at our level.

Nicole Tower stated thank you for the opportunity to speak here for a few minutes tonight. I'm a social worker and the Director of the YWCA Crisis Service. The YWCA Crisis Service provides direct services to victims of domestic and sexual violence in the Manchester area, including operating the battered women's shelter known as Emily's Place. I hope to take a few moment to discuss the relationship between substance abuse and domestic and sexual violence. Specifically how they relate to the women we serve and their safety. Studies show that women's substance abuse is at least different than that of most men. Women are far more likely to use substances to self medicate mood and cope with trauma. Substance abusing women have been found to have experienced a higher rate of violence as children and continue to experience and emotional abuse as adults. According to the National Victims Center and Crime Victim Research at the University of South Carolina, rape survivors are 6.4 times more likely than the average person to use cocaine or other hard drugs. For these victims lack of treatment options increase as the likelihood of obtaining successful treatment. While alcohol and other drugs do not cause domestic violence, they do compound the safety risk for victims. Substance abusing victims of domestic violence are likely to have far less financial means to flee an abusive relationship. These financial barriers to house and legal services work to trap victims in abusive relationships as well as often cultivate a dependency on the perpetrator who is often the source of the substances. These victims also have no place to go. Emily's Place as well as the other 11 shelters for battered women and children in the State of New Hampshire are not able to provide the level of security combined with treatment options for victims, eliminating victims with chemical use and addiction from the system of safe, confidential, emergency housing. In fact, substance abuse was the issue for approximately 60 percent of the residents evicted from Emily's Place last year. Perpetrators of domestic violence almost always sabotage attempts at sobriety by their victims increasing their risk of relapse and increasing of physical danger to them and their children. Victims of domestic violence also report that they avoid treatment because there are few options where they can be with their children, be safe, and get treatment. The list can go on and on, citing specific and general reasons why the lack of adequate substance abuse treatment programs in the City makes life harder for the victims of domestic and sexual violence. I want to say that I've made calls for survivors who need treatment in this City. Women and children who we have had to leave our shelter for whom there was no safe option for. I've made those calls and I know that the barriers are there and the provision for these services is simply not available in Manchester or anywhere in this state. Whether the barriers be financial, because they couldn't afford it, safety and that knew that this would place them at greater risk with

their perpetrator and that they have no safe place to go, a concern for the welfare of their children, and that they have no options when they go inpatient when they place their children anywhere where it could be safe. Whatever the reason the barriers were too great to seek the treatment. From this perspective and a knowledge of best practices with this population, I come with three suggestions. Develop and implement gender specific treatment for women, develop inpatient options for women with their children, and increase access to free and low cost treatment options for everybody.

Marcia Sink stated I'm here actually wearing two hats. One as the Executive Director of CASA of New Hampshire, which is a statewide private, non-profit organization that works with the State's abused and neglected children. We have come to the attention of our court and child welfare system because they have been victimized by their parents or primary care givers. The other hat I wear tonight is the heart of an adoptive parent of a child with fetal alcohol syndrome. The cases that we see of child abuse here in the City of Manchester are the most horrific cases of child abuse imaginable. We currently have a caseload of 170 children here in the City of Manchester and over the course of the past 14 years that CASA has been here, we have served roughly 650 children. Of those children, lives have been impacted by substance abuse. Either at the hands of their perpetrator who was under the influence at the time or because they too were affected in utero by alcohol or drugs. As a parent of a child with fetal alcohol syndrome I can tell you his life is not one that I would wish on any child and one that is preventable. At the age of three my son started receiving special educational services and he currently at the age of 16 is still in need of year round educational and behavioral supports and services. That's a huge cost to all of us in so many ways. So I applaud the work that you're doing, I would offer any other assistance that I can in your ongoing work of this committee.

Lt. Eddie Edwards stated I'm a lieutenant for the NH Bureau of Liquor Enforcement under the NH Liquor Commission. First of all I'd just like to make a personal comment and statement. I'm a teetotaler and have been all of my life. Originally I'm from Atlanta, Georgia and I can tell you I've seen the affects as a young man growing up in Atlanta, Georgia for 18 years of my life of liquor stores on every corner, drug dealers, prostitution, people promoting drugs in our community and I moved to New Hampshire by way of the military and I'm very proud to be a member and a citizen of the State of New Hampshire as well as a police officer for the NH Liquor Commission. I take a great deal of pride in my job and enforcing underage tobacco laws and alcohol laws. The NH Liquor Commission is responsible for statewide enforcement of alcohol products as well as tobacco products and educating the licensees as well as local law enforcement, parents, and schools. We worked very hard recently to build partnerships with the high schools, college community, as well as local communities, awareness groups, and we work very closely with the local police officers. Let me just direct your attention to the documents that I handed to you. These are statistics in the City of Manchester. The first is the total number of alcohol licensees in Manchester, which is 318. That's a total of 122 off sale licensees, that's convenience stores, and 196 on sale, those are restaurants. Alcohol

reported violations in the City of Manchester. In 2001 you had 64 total alcohol incidents as a combination of those two different licensees. Alcohol sales to minors were 37 of those 64 were minors. In 2002 you had 57, 41 of those cases were minors. This year you've had 19 so far this year. In terms of overall arrests for this year you have 68 alcohol-related arrests made by our agency. The statistics you have there are numbers generated by our agency. The second page deals with 2002, last year's statistics on alcohol related arrests were 243 made by the Bureau of Enforcement. 2001 you had 106. Tobacco compliance checks, which we just finished recently in the month of April, there were 201 licensees checked for tobacco sales to minors, 20 of those failed the compliance check. Gives you a ten percent failure rate. In 2002 the alcohol compliance check conducted with our agency along with Manchester Police Department, 110 licensees were checked, 41 of those failed to comply, with a failure rate of 37 percent. Just very briefly on the educational side, just so you're aware of this, licensees in the State of New Hampshire including Manchester, offer educational programs on the responsible sales and service of alcohol and tobacco products as well as how to check for fake ID's and their rights and responsibilities under the law. In 2002 168 owners and their employees attended educational programs in Manchester and in 2003 thus far we have had 13 licensees. That doesn't even include their employees, that just includes the venue, the licensee itself. But again I just want to say briefly, enforcement and prevention and educational entities need to work closer together. Sometimes I feel personally that this doesn't happen. For whatever reason people are very protective of their turf. Law enforcement sometimes doesn't want to work with community organizations; individuals do not want to work with law enforcement. We can't address this issue. We can't arrest our way out of it and we can't do it by ourselves. The statewide anti community effort. Manchester's the largest city in New Hampshire and what happens here may affect the entire state. Again I thank you for the opportunity and look forward to working with any of you who have questions about liquor enforcement.

Regis Lemaire stated I want to thank the Committee for inviting me to speak. I have a statement and I will hand it out. Two things that basically I have not heard. One is in the area of diversity. We have new people in this community that sometimes do not understand alcohol and drugs and sometimes do. Some come from areas where it was prolific for them, others do not. It's something we're going to have to educate ourselves. The second point, and the one's that brought up a great deal by everybody here, and that is educating the community. You know we need to take a look at this as an issue of that's my brother, that's my parents, that's my neighbor, that's my friend, because I see a picture of Bill Cashin on the wall and I can remember in 1980 him calling and Dan O'Neil calling me up and saying, Cashin wants to talk to you. You know I've been in every ward in the City and all I hear is we have a serious problem with alcohol and drugs in this community and we need to do something about it. This committee that you have here is part of what is taking place and I would imagine that Bill would think that this is really something wonderful. But we do need to educate people. I remember one thing when I worked in New York City, and that was when people were dying from drugs,

what they did in Harold Square was they started putting up the numbers of the people that were dying and it was really having an impact on people in them saying, my goodness that many people have died in our city. I think we need to take a look at a media message as Diane Antoscia mentioned and see what we can do in this community to wake up people, because when people in this community see it as that's my brother, that's my cousin, that's my parents, that's my friend, they're going to do something about it. Thank you.

Kathie Neverett stated I represent Harmony Manchester. Some people call us the best-kept secret in Manchester. We are an ambulatory out patient detox and intensive out patient treatment program. We detox patients from opiates ranging from all of them including methadone. We have been in Manchester since 1998; we've had 1,500 patients of which 60 percent of the detoxes we've had have been from opiates and heroin to include methadone. Forty percent were alcohol. We provide detox, and that's usually the easiest job. We also do intensive out patient treatment and one of the things we are committed to is abstinence from substances to allow folks to follow through with the life style recovery because recovery does work. When I sat down today with our staff to talk about what are we going to say, we talked a little bit about what this disease of addiction does. We've detoxed patients. They come from many different parts. A large majority is from Manchester, Bedford, and a New Hampshire community, but we've had people coming from Arizona, Pennsylvania, little old Claremont, New Hampshire. Who would think heroin was up there? You know, but it is. It's all over the place. Heroin has increased since 1982 according to the National Institute of Drug Addiction 400 percent. It's considered a gateway drug before cigarettes now. The other part of what we thought we'd talk about in regards to that there's so much denial in our system, in our culture, and I also commend the young lady that was here that talked about prevention. We have to look at zero tolerance, that it's not okay for our youth, it's not okay that underage drinking and things like that, because if we keep our head in the sand and we continue to blame people, places, and things, then what happens is we don't affect change. A couple of other things I wanted to toss out. When we began treatment in 1998 the cost of a bag of heroin was \$25.00, today it's less than \$5.00. Supply and demand, it's unbelievable and with the rage of Oxycontin that's come out, we've worked with several folks that are on so much Oxycontin that they should be dead. But because of this illness and the increase of tolerance it doesn't matter, but they funnel it from their physicians. One man came in taking 2000 mg. a day. 2000 mg. of Oxycontin a day, which is a substance that used for terminally ill folks. Again I'm a licensed alcohol and drug abuse counselor and I agree with Peter Dalpra that we're aging. We need to attract some younger folks here, because this is a very valuable profession. We do a lot of great work for folks to allow them to have a life second to none. We look at zero tolerance, prevention, and treatment and it does work and I appreciate your time tonight. Thank you very much.

David Hedge stated I'm the Student Assistance Program Coordinator at the McLaughlin Middle School here in Manchester. Just to bring you up to date as to what a Student

Assistance Program Coordinator does. We are the drug and alcohol person in the school for information for students, staff and also parents when their students are using or the family members are using. The students are able to come to me or the Student Assistance Coordinator in their respective school, as Diane mentioned there's one at each of the middle schools as well as the three high schools. They are able to come to us without any questions asked of the teachers or other staff members to come and speak to us about the problems that they're facing at home or themselves. It's an opportunity for them to gain trust in a person that can assist them in finding the programs or information that they need to better live their lives. So that's a real capsule of what we do. I've been working at McLaughlin for three years now. Prior to that I worked for the Division for Children for Youth and Families and child abuse neglect investigations and prevention is, I believe, one of the biggest issues that we need to address. The Manchester School District is doing a wonderful job I having the SAPs, Student Assistance Program Coordinators, in the schools because the students are able to come in and feel safe and not worry about retribution, have it be by friends or family members. People have been giving a lot of data on statistics and whatever, but I want you to know that in the middle schools 25 percent have been intoxicated at least once. That's a pretty large number. We are presently addressing those issues and I think that we're doing a good job in allowing the kids to get information and have an opportunity to speak. If you want information true information about what's going on, talk to the kids. They'll tell you. They have the true knowledge. I wanted to let you know that it was briefly touched upon, drugs and alcohol are big issues but tobacco is also a major drug. Nicotine is a major addictive drug that kids are into as young as six grade kids are smoking. Easy access. We have kids that tell me that they can go to the corner store in the middle school and can get cigarettes. So I think that enforcement is one thing, education is a bigger thing. I think prevention, educating the public, continuing to educate the students in our school system and also more importantly educating the parents, allowing the parents to know what is out there and what can help them help their kids. Because communication is the most important thing that we can have to help prevent these problems from continuing.

Joseph O'Sullivan stated let me start by saying that I heard about the formation of the Committee from Alderman O'Neil who I know has worked diligently I also want to add that you all look great on TV. I've seen the meetings published and I think that's also a great thing that we're doing here in the community. I'm a resident of Manchester, NH and have lived her for approximately 28 years and I work out of state but I have worked in this field for the last 24 years, both here in New Hampshire and now south of New Hampshire. I'd like to share with you the results of a few studies that are relatively recent and I truly believe that the work that you're doing and certainly the number of people here tonight indicate that this whole thing is like a three legged stool. That without prevention, without intervention and without treatment, this disease, which is a life threatening disease and we all accept that, will never be treated. You cut one leg off, you're going to fall and that's basically the way it goes. I have the privilege of serving on the Board of Directors of the Farnum Center and I don't speak for them but I certainly

would like to speak about the impact they are having on this community. Recent press releases describing the impact of the State budget cuts on substance abuse treatment touches on several issues that I feel need a response. First, the Farnum Center of Manchester, NH does recognize the challenge by these difficult financial times, to cut costs, to seek other revenue sources, and make our systems more efficient and configure services to provide for those in needs. However, as a board member of this organization I feel a responsibility to speak out when these cuts will reduce the number of detoxification beds in this state by any amount is a disproportionate reduction in a core health and human service. Or by a decision to eliminate state funding for any portion of in patient rehabilitation treatment. These are not cuts at the margin, they are cuts at the core. They affect the most vulnerable in our community, the working poor and the uninsured. We at Farnum would be abdicating our responsibility to our patients if we did not bring this to the attention of those elected by our communities since it is the community that ultimately suffers. Addiction to alcohol and other drugs constitutes a major health problem and its impact has been voluminously documented. The landmark 2001 study from the Columbia University School of Addiction and Substance Abuse reported the staggering financial and social impact of addiction. Data compiled for the study targeted the year 1998 and found that of the \$620 billion they spent that year, \$81.3 billion, or 13 percent, was spent to deal with addiction and substance abuse. States spend 113 times more on the devastating affects of substance abuse and addiction on children than they do on prevention and treatment. Each American paid \$277 in taxes in 1988 on social programs that year to deal with the impact of addiction. Only \$10 went to prevention and treatment. The societal cost of alcohol and other drug dependency is \$350 billion a year annually. Workplace productivity costs alone are over \$100 billion. A national research group found that 36 percent of patients in an alcohol treatment program were abstinent three years later. The National Treatment Improvement Study reported that substance abuse treatment reduced illicit drug use by 48 percent, the frequency of other medical visits by 53 percent, homelessness declined by 43 percent, and criminal activity by an outstanding 80 percent. Ladies and gentlemen I commend you for what you do and certainly pledge that if there's anything at all that I can ever do to assist anybody, I'd be more than happy to do so. Thank you for your time.

Rob O'Hannan stated I'm here this evening to represent the New Hampshire Division of Alcohol and Drug Abuse Prevention Recovery. One of the longest titles I've ever run into in my working career. Basically I just want to go down and answer your questions and in the interest of time I see that a lot of people that have spoken before me have already raised some very good points. One of the things around data is the lack of comparable data New Hampshire until very recently. The Division in cooperation with the Department of Education in 2001 funded a youth risk behavior study that polled 16,000 students across the State as to their pattern of substance abuse and their attitudes for it. We're in the process in repeating that in 2003 and we should have comparative data on that probably somewhere between June and September. Not surprisingly the data shows that we do have a substance abuse problem in New Hampshire, and that substance

abuse problem is particularly prevalent in urban areas due to the availability. I usually come to these meetings to listen to the people tell me what the needs are. The needs in Manchester are pretty much the needs as across the state. There's a need for awareness of how extensive the problem of alcohol and drug use is, there's a need for awareness of what kind of services are available, and there's a need for an awareness for what kind of services are needed to address the issue. Some of the most effective strategies that we've seen across the state is when communities look at dealing with substance abuse as a cycle of substance abuse care. You need prevention, you need intervention, and you need treatment. Any one of those without the other will not function. We know that treatment works, we also know that prevention works. What services does Manchester need to effectively address drug and alcohol problems? Is a combination of those services but the greater need is for cooperation and coordination among those services. I provide some technical assistance to the Greater Manchester Prevention Coalition and one of their primary tasks really is to assess what is being done with prevention services in Manchester and how can that effort be maximized. As we face the fiscal problems that we're facing, it becomes vital for us to look at what kind of assets are already in place and to create an atmosphere where we can put our agendas and attitudes on the table to make sure that we're not just duplicating services in different areas. That we are maximizing each dollar that we get and that we are bringing our best approach to the table. What data don't we have? Some of the data that would really be helpful is a coordination between agencies around hospitalizations that are related to alcohol, drunk driving incidents, I think somebody had mentioned that that data is really not separated out by age beyond a certain point, arrest, emergency room visits. There's really a need for a coordination of that effort, that data gathering effort, so you get a comprehensive picture of what's going on in your community, the extent that the problem is related to substance abuse and what kind of assets you can bring to bear. I just want to sort of touch on what my friend Eddie Edwards said. It is that there really is a need for all of the concerns around substance abuse to come together, whether it's treatment, prevention, enforcement, or environmental changes. This is where the courage of the community really comes into play, and it is can you face some of the changes that need to be made to community norms around substance abuse, even legal substances, that need to be addressed to make sure that this problem doesn't cause the havoc that it can cause and that it has already caused.

Jamie Lavoie stated I'm here in a couple different capacities as a Dad actually first, and a member of the Manchester community, a lifelong member, and also as an alcoholic and a drug addict, a heroin addict to be specific. There's some people in the room who have been extremely influential in changing my life. Like I said I'm a heroin addict, I was introduced in the Manchester school system to marijuana and I was an adolescent who smoked marijuana and became an adult shot heroin. For about 12 years I struggled with heroin addiction and as a result I got involved in the criminal justice system and was incarcerated numerous times. I kind of got caught up in the revolving door of that for a number of years and lost a lot of hope. To get to the important stuff. A couple of years

ago, I was out on bail and facing some serious charges and somebody, I don't know how it happened, but I was approached with some alternative sentencing and...I didn't know what I thought of it, but I met Ellie Therrien and Cheryl Wilke and Diane St. Onge all around the same time. Those women helped change my life. At the time I was interviewing to join the academy I was sleeping in the woods in Livingston Park and I didn't see what Ellie and Cheryl and Diane saw in me, but they saw something and believed in me when I didn't believe in myself. So without getting into too much detail, you can imagine what my life was like at that point, sleeping in the woods and trying to support a pretty nasty heroin habit. I was doing some pretty nasty stuff and in the course of a few years in taking advantage of some programs that are available in this community, like the ones I've mentioned and Serenity Place and Tirrell House and Robinson House. I've come quite a ways. Tomorrow morning I'm going to start my day at the methadone clinic at HMI and get my medicine and I'm also at some point going to be at Ellie's office to do something I need to do over there, and I'm meeting with the admissions department at NH Technical College, and I'm going to volunteering at the food bank for a few hours tomorrow, and then I'm going to end my day coaching my son's lacrosse team. That's all pretty normal stuff but for me it's a miracle to live a life like that. So I guess to warp it up, treatment works, alternative sentencing works, and methadone works in this life and I don't know exactly how money should be spent or where it should be funneled, but please keep doing it. I have two little kids at home who are very grateful that you guys were there for me. Thanks.

Frank Nugent stated I'm the Juvenile Probation Parole Supervisor in the Manchester District Office. Thank you for inviting me to this forum. Our office works with juveniles that have court involvement. This could be in the form of a delinquency or a CHINTZ petition. A delinquency petition alleges that the juvenile has committed a delinquent act or crime. A CHINTZ petition is usually presented when a child is truant or stubborn and unruly and court intervention is needed. If found true to these petitions, the juvenile may be placed on conditional release, known as probation, and ultimately can be placed outside of the home if there are violations that occur. A delinquency petition involving drugs could include, but is not limited to, possession of a controlled substance of intent to sell a controlled substance. Juveniles that come to our office are sometimes found to be experimenting with drugs or perhaps even have a substance abuse problem. We work with other agencies to assist juveniles and their families with such problems. So drug and alcohol abuse has a tremendous impact on our office. I believe in a proactive approach to dealing with this problem and that more community based programs should be made available. Positive activities, organized community services, after schools programs, and ongoing support to juveniles and their parents are essential. It is my opinion that juveniles should be kept as busy as possible. In addition to the services currently available, a day reporting center would be ideal. This could offer a place for juveniles to report to after school where they could be involved in group and individual counseling. A program like this is currently being operated in Portland, Oregon. Anybody requesting information on that could certainly contact my office or Portland, Oregon directly. An

example of the community program that we currently have in our office is the JOLT program. JOLT stands for Juvenile Offender Locator Team. Members of my office team up with the Manchester Police Department to check on juveniles in the evening. Programs like this need to be supported and encouraged. Your Committee on alcohol and drugs include a juvenile probation officer from my office. This officer is trained as a licensed substance abuse counselor. Her expertise in this area presents an additional resource that has a positive influence on juveniles. Her position is paid for by a federal grant. It is extremely important to keep her position and to seek more positions for licensed substance abuse counselors. Thank you for your time and please contact my office if there's any questions at all. I am more than happy to help.

Margarita Fernandez-Letkowski stated I work for NH Minority Health Coalition a Manchester based non-profit supplying health care for individuals who face barriers. I go to the woman to woman program. I am bilingual and help with minority women and their families. We provide location and referrals on a wide range of health topics, including drugs and alcohol. I find that our clients all asking about alcohol and drugs. They want to know what they do and how bad they are. Without this health assistance they negatively impact families, friends, and they may also lose their jobs, cause accidents, even die. The drugs they most ask about seem to be marijuana and cocaine besides alcohol. Minority individuals are of the greater risk of using and abusing substances. Also immigrants and refugees will come to my assistance. They come to this country and don't speak English and often have to accept lower level jobs than what they might have in their own country because of their language barriers. These people have left their country and family behind they must feel isolated and become depressed. Escaping from the everyday stress they may be feel...from the everyday stress they may be only starting with alcohol and that and drugs become their escape. The woman to woman program we try to prevent these by the caring community members. Offering support and understanding and providing the first community services that can help them, but what can be done for those substance abusers who don't speak English? The answer I'm afraid is very little. If an individual abuses alcohol or drugs, often the closest place for them to seek treatment is Massachusetts. That means leaving their family and the support they might have at home and in the community and even their jobs. Why are there no services for our non-English speaking neighbors, friends, and families? They deserve the same care as everyone else. Please consider decisions when you are planning for the future. We can not continue to service these individuals under the carpet and hope that decisions go our way. They need our help and we need to have you give them that help.

Sienna Larson stated I work with Margarita at the Minority Health Coalition and a couple of things that we recommend for improving access for these individuals are alternative ways to outreach to these minority individuals for both prevention and treatment. We also recommend that treatment providers are bilingual, bicultural or that at least interpretation is provided by a trained medial interpreter so that providers can

communicate with their clients. We also recommend that providers get some cultural competency training so that they are sensitive and are able to care for individuals who are different from themselves, regardless of race, ethnicity, language, age, gender, economic status, etc., and we recommend parenting education classes for non-English speakers that is culturally appropriate.

Karen Conlon stated I've been working for the Salvation Army for the past six years as a caseworker. I see people of all ages, from zero to adult and addiction has affected many of them. I'd like to share my observations and experiences and how it has impacted individuals. I do feel the need for treatment is really important for the successful treatment of many of my clients. My responsibility at the Salvation Army is to help people get connected to resources, be able to help meet their needs, and to be successful in the community. I feel that I lose many of my clients because of lack of funds and insufficient insurance, and the ability to get into detox units because of lack of beds. Many of the people that I work with have many substance abuse issues. They have been through treatment programs sometimes many times. But who is to say that a person can't be successful on the ninth or tenth time, because it does happen. I've been forced to seek treatment in other places. Many times to the ARC, the Adult Rehabilitation Center in Maine, because I can not help a person in Manchester. I feel it has affected many of my families, they've broken up as a result of the substance abuse. I feel that many of the women that come to me have had domestic violence issues as a result of the substance abuse. The ability of many of my clients to be employed also substance abuse has made an impact on their ability to be employed. Homelessness and poverty results if you don't have adequate employment, adequate treatment. I'd like Manchester to be a role model for other cities. I think Manchester is a great place but I think it could be even better with additional treatment facilities.

Bob Shaw stated that you very much for your patience. I've never seen a group before that has just sat there and sat there and listened so diligently to the citizens as they come forward. I'm going to talk about number four on your guidelines for public testimony. What are the most effective strategies to address the specific issues you have identified? I think being last and listening to just about everybody that spoke, I would find that in New Hampshire we have a double standard. That is we don't tolerate drunk driving, drunkenness in almost any fashion, but we sell an awful lot of alcohol to accomplish certain goals in this State. The whole thing reminds me...this goes back 20 years as far as I'm concerned about this Committee and the problems it's been facing, and it reminds me of a Disney movie where Mickey Mouse is trying constantly to bail out the room that the water was pouring in. And nobody that testified before you has said anything at all about turning off the spigot. That's the real problem for alcoholism in this State. It's turning off the spigot, slowly but surely and so, therefore, higher prices for alcohol are one of the solutions. I can buy vodka for \$9 or I can buy CC for \$17 - \$20. I buy very little CC and an awful lot of \$9 liquor. It's not a lot excuse me, but that's what I drink. I couldn't bring myself to buy the higher priced. So we should do something about the

price of alcohol and bring it up slowly but surely. Everybody appears before the NH House and says we should raise the price of tobacco. Nobody ever appears there to say that we should raise the price of alcohol. Just slowly but surely shut off the spigot. The other things we should do is much stiffer penalties for breaking the laws. Drunk driving is a motor vehicle law breaking. In Canada one of the providences has it be a felony to be drunk driving. You lose a lot of benefits under felony. In Scandinavia there are very few people out there doing drunk driving. And then there's the problem of who supplied them with the alcohol. If a family member was to leave a gun unattended, a police officer or anybody, left a gun unattended and some damage was done from that, surely everybody would be in deep concern about that problem. But alcohol is left around the house, parents leave the house, alcohol is readily available to young people. So we should do something about penalties on parents and other people who provide people with alcohol. And then on the alcohol for the people who do domestic abuse, I think we should have laws that say those people should be tested for alcohol and if they fail to pass that .08 or whatever it is that is required in the State of New Hampshire. I think that right off the bat they should be charged with some kind of an offence just for the abuse of alcohol itself. In all of this conversation tonight I believe that education is an important point but I go back to my father's philosophy of things and that was "spare the rod, spoil the child". I believe that we should do more on the law enforcement side of it, the laws in the State of New Hampshire. I think we can cut this down and it may be 20 years from today when this Committee meets once again, more frequent than that of course, but a lot of the conversation will be on the reduction that has happened and I think this is the goal that you people should do and I really hope that you'll look at that number four on your guidelines. I thank you very much for taking the time tonight, to be so patient, and to listen to everybody.

Mr. Harding asked has everyone that wanted to speak, spoken tonight? Is there anyone else? I would like to end by saying we'd like to thank everyone for their testimony and want you to know that we're going to compile the information and look for this information to develop an effective strategy to address these issues. Thank you.

Alderman Pinard stated I would like to thank each and every one of you for taking the time because I feel I've been around a long time, that this is probably the most successful forum in the State of New Hampshire. I will suggest to the Committee that we send a letter to the Governor immediately requesting for him to look over the financial program and that we do need the money. It has been proven here that people the have spoken. I would like to thank MCTV and Leo Bernier and his staff. Thank you and good night.

A True Record. Attest.

Clerk of Committee