



Erie County
Opiate Epidemic Task Force:
Family & Consumer Support
and Advocacy Section



Erie County
Department of
Health



Public Health
Prevent. Promote. Protect.

**RAPID
EVALUATION &
APPROPRIATE
PLACEMENT
(REAP)**

Daniel J. Rinaldo
NYNJ
High Intensity
Drug Trafficking
Area
(HIDTA)

**FAMILY &
CONSUMER,
SUPPORT
ADVOCACY
SECTION**

Debra Smith
Parent

**HEROIN OPIATE
PREVENTION
ENGAGEMENT
PROJECT
(HOPE)**

Barbara Burns
Public Affairs
Officer
US Attorney's
Office
Western Region
of NY

**PROVIDER
EDUCATION
&
POLICY REFORM**

Dr. Gale Burstein
Erie County
Commissioner of
Health
&
Dr. Paul Updike
Medical Director
STAR Program
Catholic Health

**HOSPITALS
& EMERGENCY
DEPARTMENTS**

Elizabeth
Franzek, MD
Attending
Physician,
VA WNY
Healthcare
System,
Emergency
Department

**NALOXONE
ACCESS**

Cheryll Moore
Medical Care
Administrator
Erie County
Department of
Health

**TREATMENT
PROVIDERS**

Michael Ranney
Erie County
Commissioner
Of
Mental Health

CROSSFUNCTIONAL COLLABORATION THROUGHOUT CONTINUUM

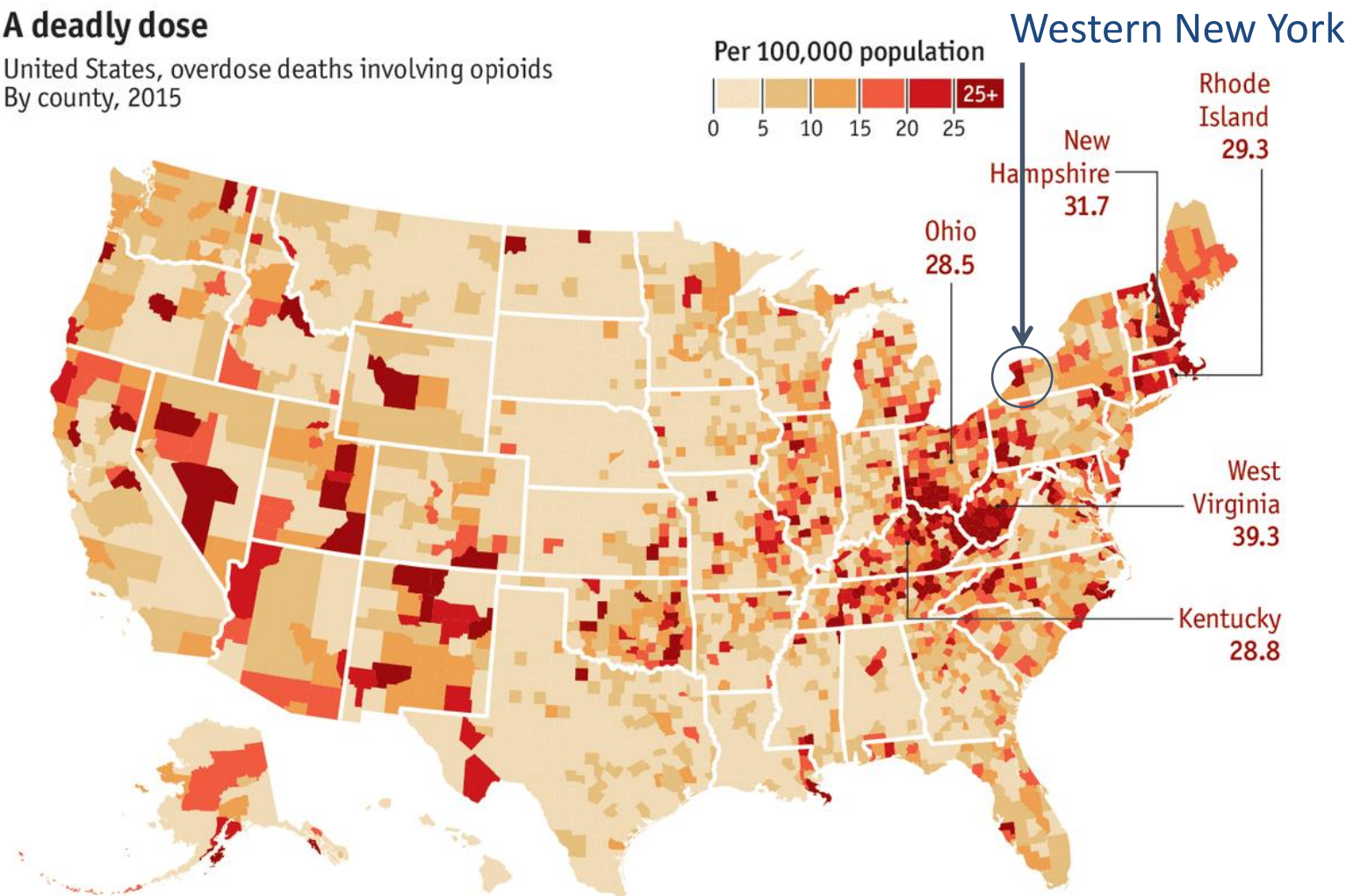
Task Force Mission:

To provide a framework for organizations and individuals from across the opiate overdose continuum to collaborate, develop, and share best practices through timely sharing of information to assist individuals and their loved ones fighting the disease of addiction and to undertake prevention efforts that educate the community on the dangers of addiction.

We Are Not Unique: The National Picture

A deadly dose

United States, overdose deaths involving opioids
By county, 2015

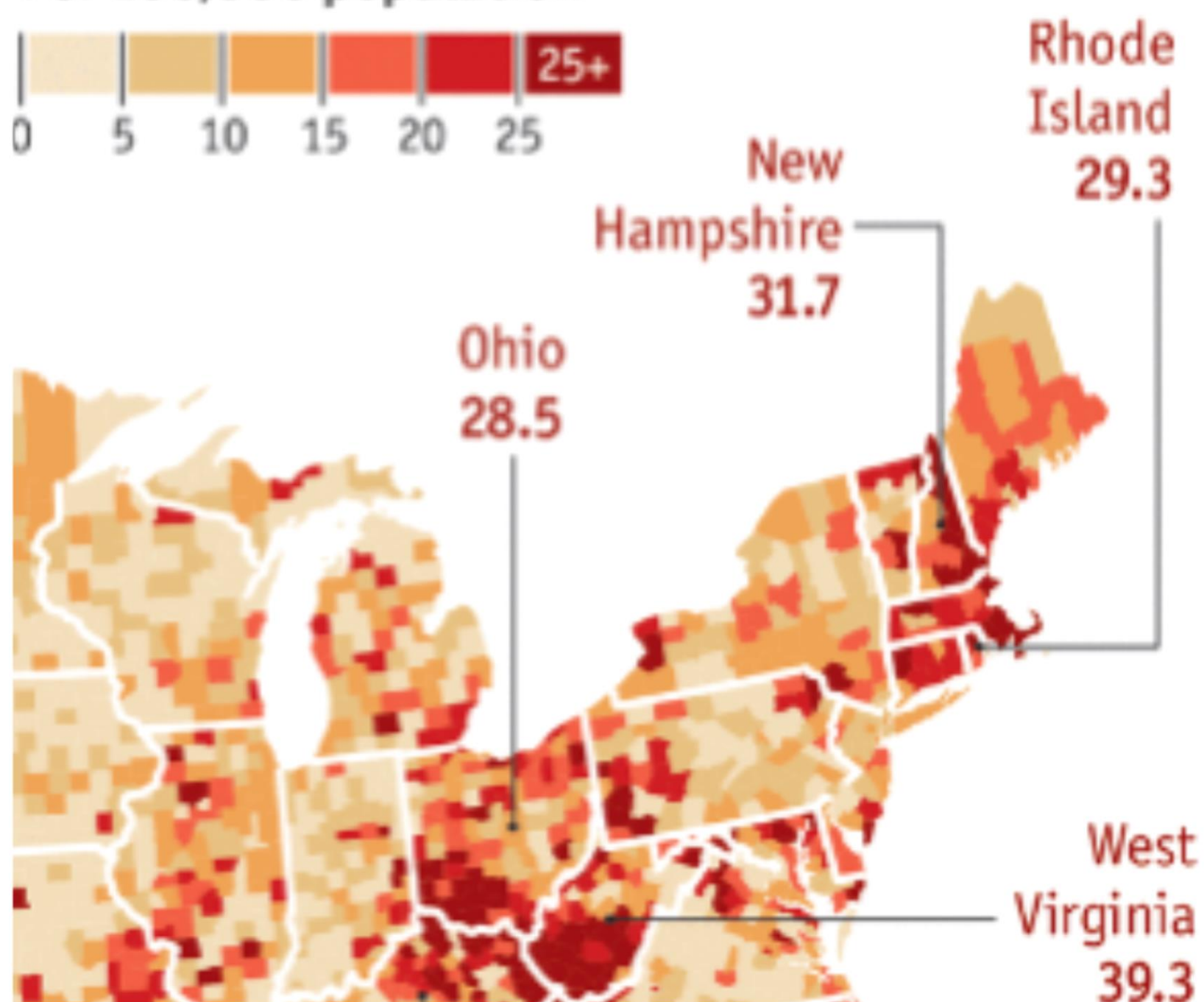
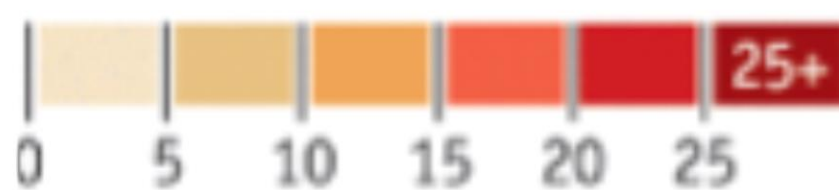


Source: Centres for Disease Control and Prevention

Economist.com

Taken from The Economist, March 6 2017.

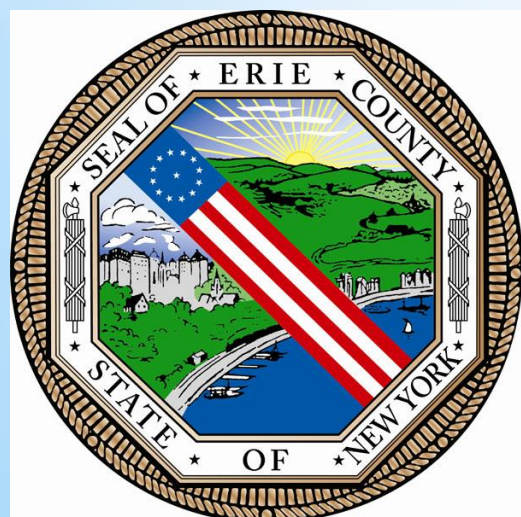
Per 100,000 population





Opioid Overdose Prevention Training

**ERIE COUNTY
DEPARTMENT OF HEALTH**



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Welcome & Thank You

Introduction of Trainers

Cheryll Moore

Erie County Department of Health

Learning Objectives

WHY ARE WE HERE?

Learning Objectives

The Opioid Epidemic in Erie County today -
what happened?

Signs and symptoms of an opioid overdose

Good Samaritan Law

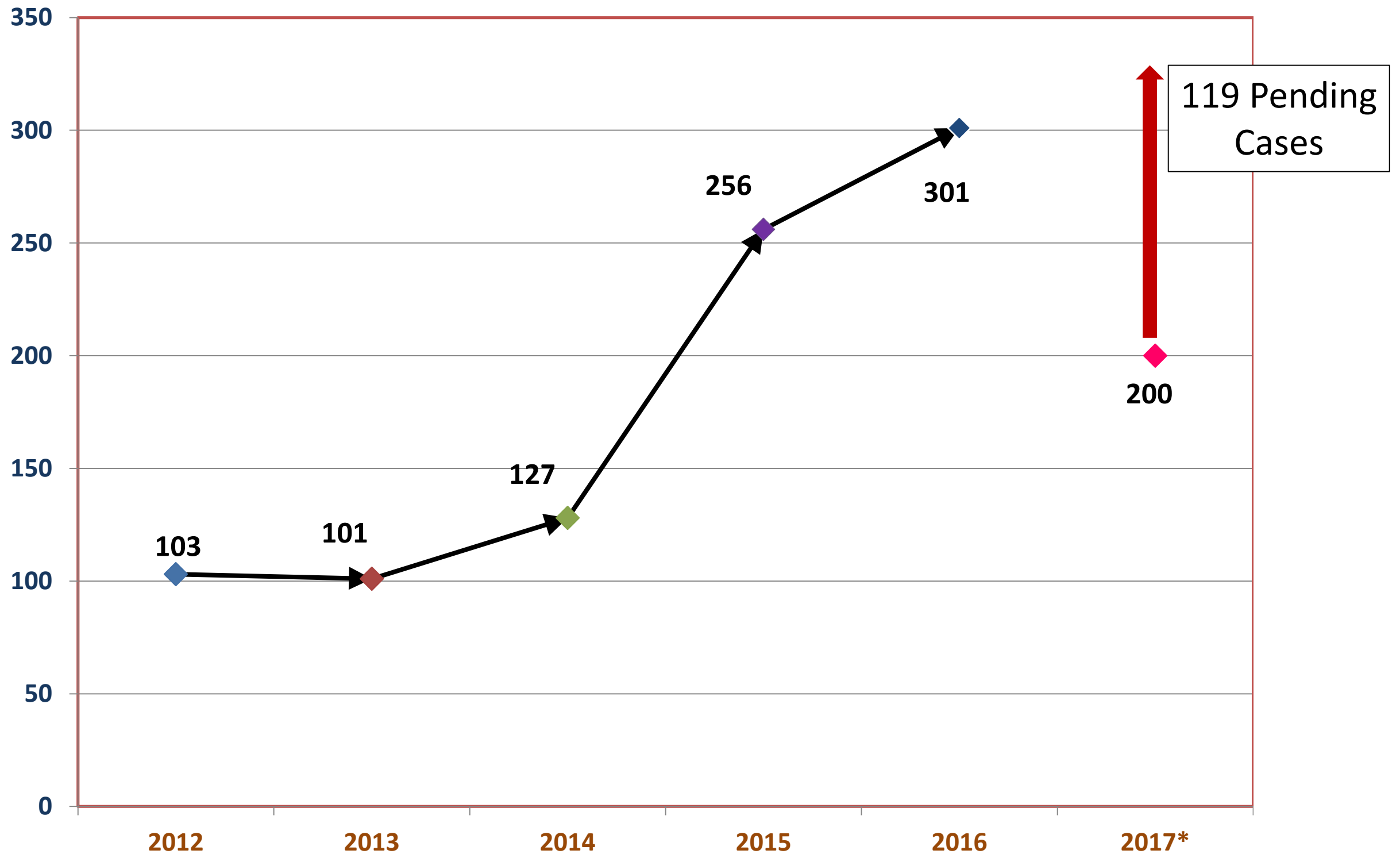
ESAP and SEP

Use of Narcan (naloxone) to reverse an
overdose

Reporting and follow up

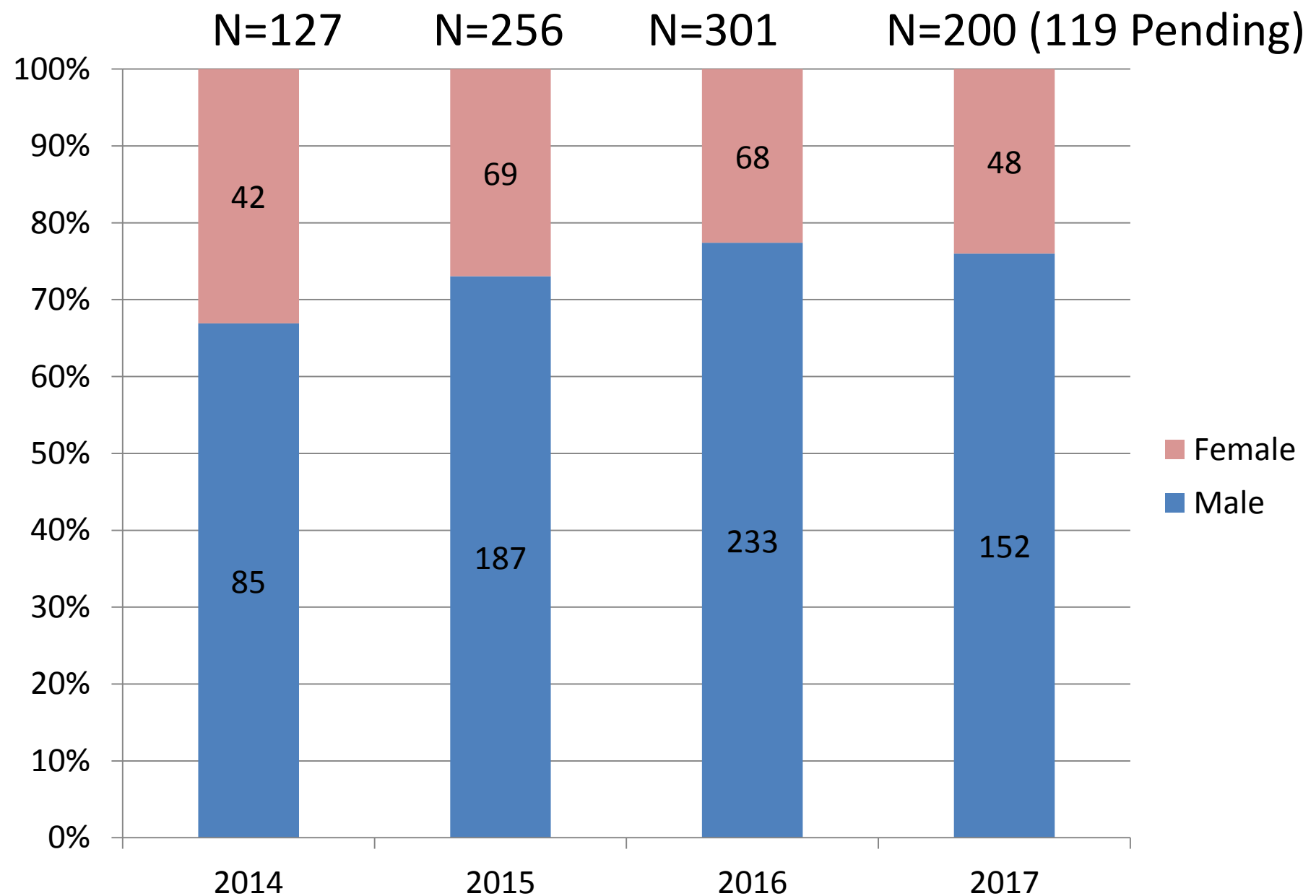
2012 – 2017* OPIOID DEATHS

ERIE COUNTY

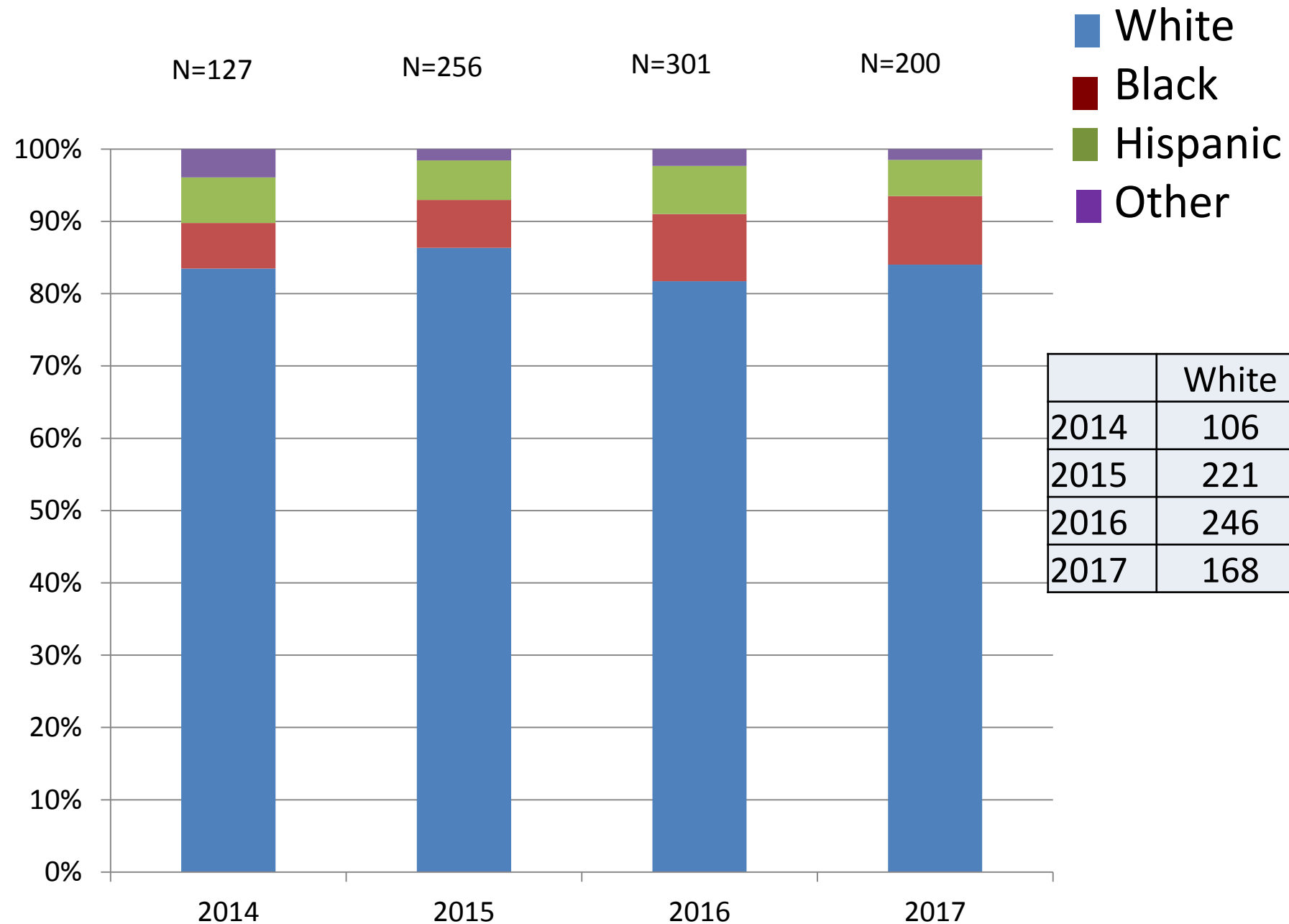


2014 – 2017* ERIE COUNTY OPIOID DEATHS

BY GENDER

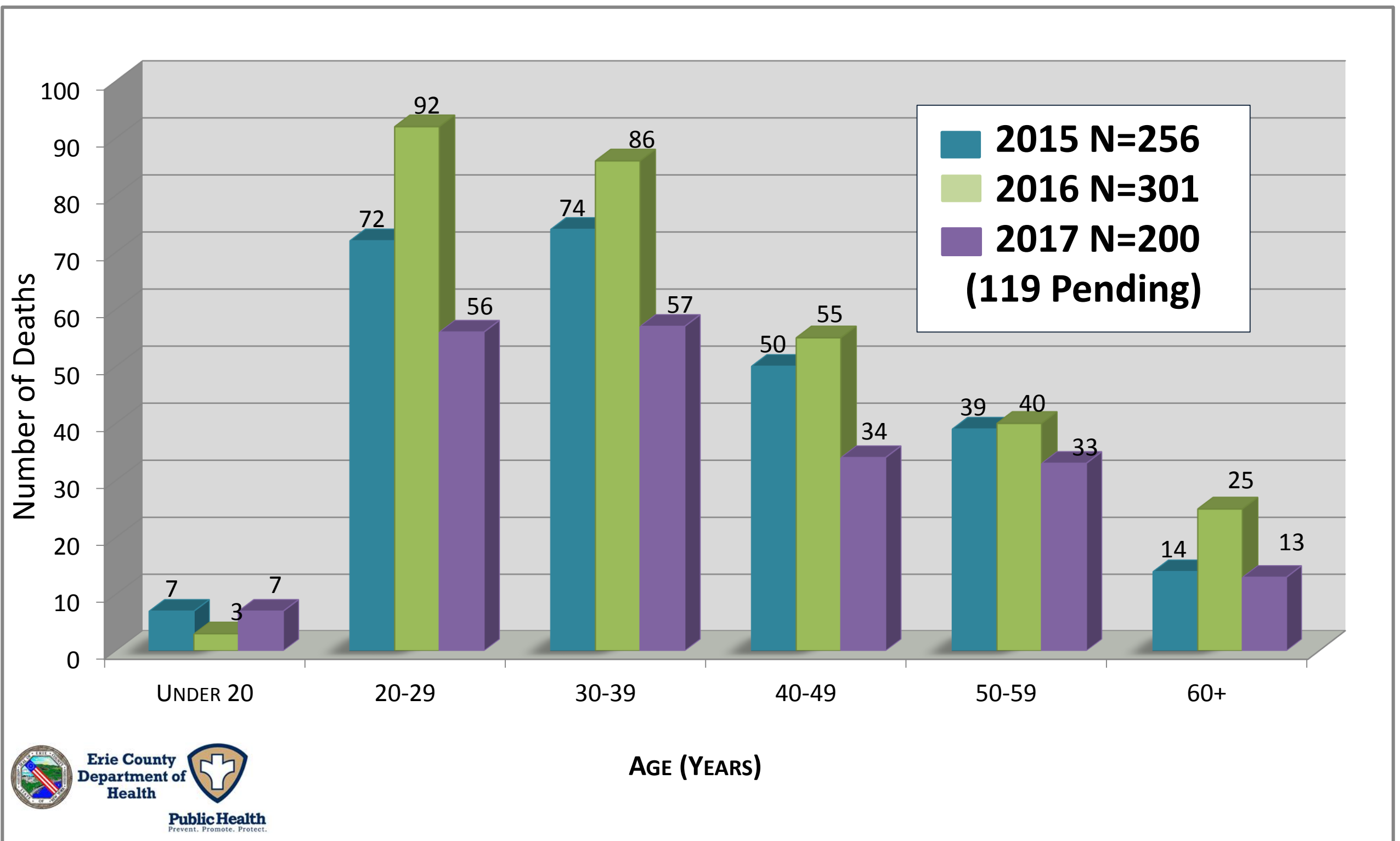


2014-2017* ERIE COUNTY OPIOID DEATHS BY RACE



	White	Black	Hispanic	Other
2014	106	8	8	5
2015	221	17	14	4
2016	246	28	20	7
2017	168	19	10	3

2015 – 2017* ERIE COUNTY OPIOID DEATHS BY AGE AND YEAR



SOURCE: ERIE COUNTY MEDICAL EXAMINERS OFFICE, *CLOSED CASES REPORTED THRU 1/23/2018

2016 CENSUS ESTIMATES FOR ERIE COUNTY, NEW YORK

	Number	Percent
Total Population	921,046	100
Race		
White	744,511	80.8
Black or African American	133,536	14.5
Asian or Pacific Islander	35,375	3.8
American Indian or Alaska Native	7,624	0.8
Ethnicity		
Hispanic or Latino	49,008	5.3
Not-Hispanic or Latino	872,038	94.7
Gender		
Female	474,770	51.5
Male	446,276	48.5
Age		
15-19	59,656	6.5
20-29	132,818	14.4
30-39	112,221	12.2
40-49	108,139	11.7
50-59	135,275	14.7
60-69	112,730	12.2
70+	106,279	11.5

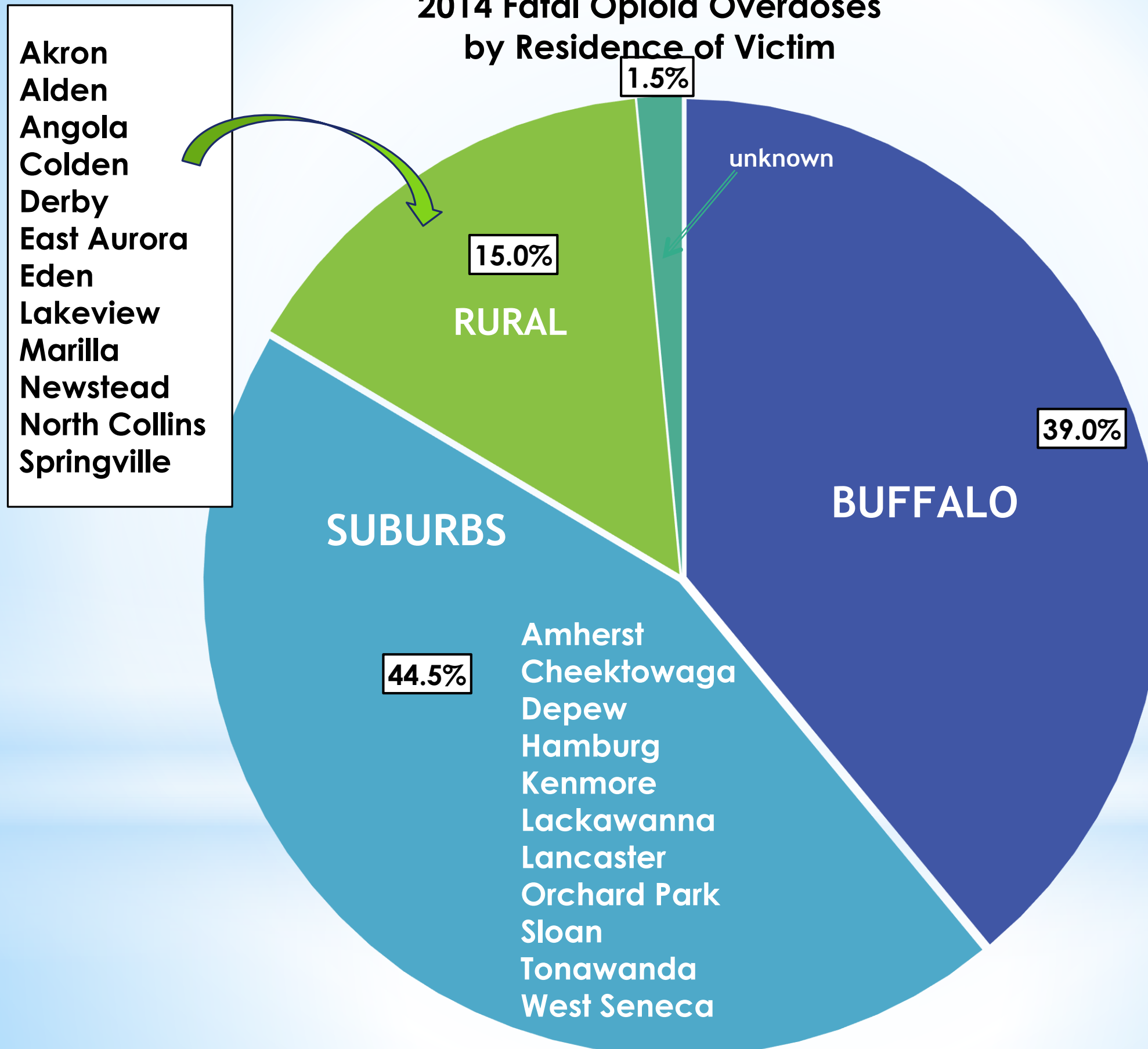
2017 Opioid Statistics

*83% of Opioid Deaths are White
10% of Opioid Deaths are Black*

76% of Opioid Deaths are Male

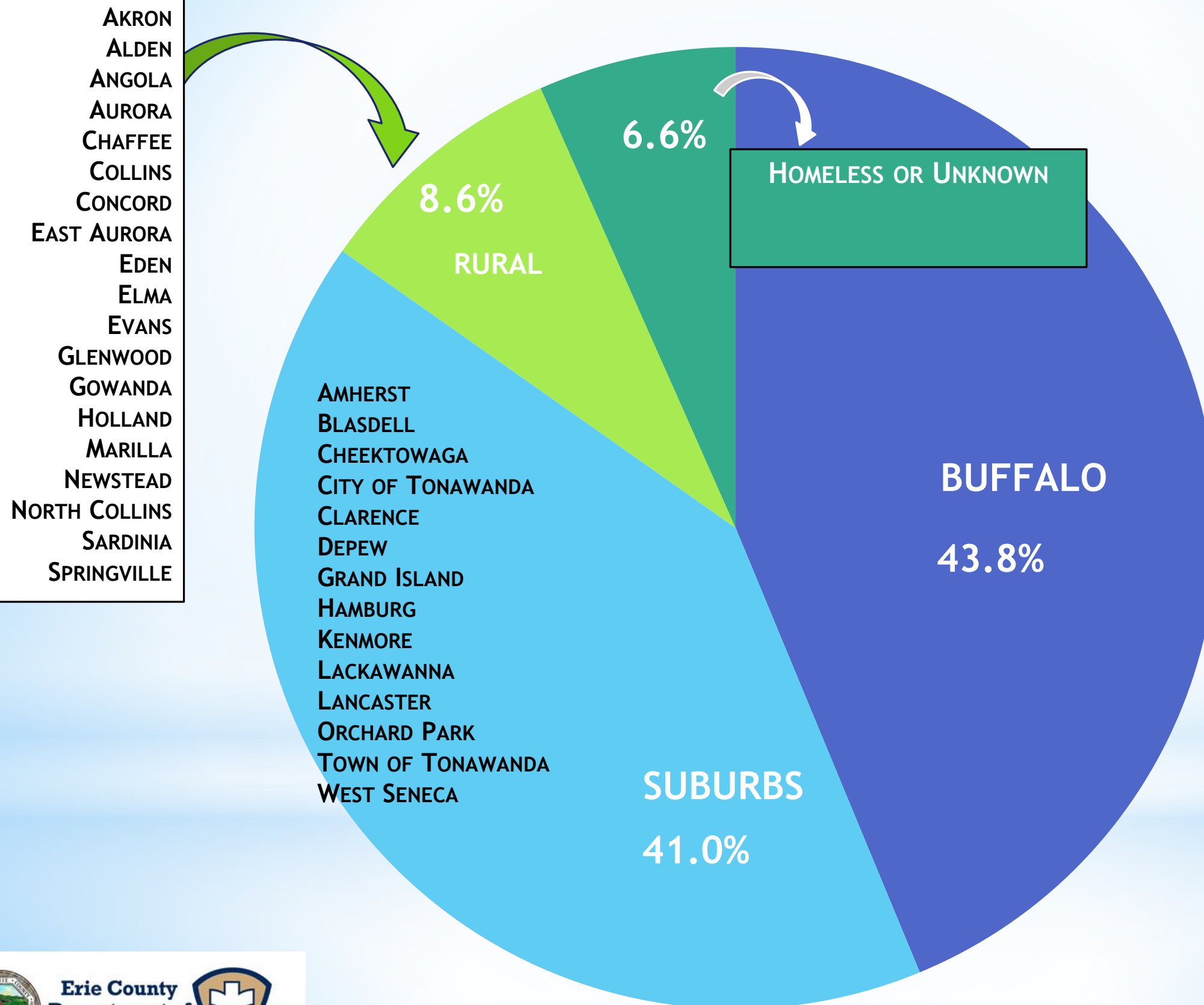
*57% of Opioid Deaths are
between 20-39 years of age*

2014 Fatal Opioid Overdoses by Residence of Victim



2015 ERIE COUNTY OPIOID OVERDOSE DEATHS BY RESIDENCE

N=256



2016 ERIE COUNTY OPIOID DEATHS BY RESIDENCE

N=296

HOMELESS/
UNKNOWN

7.3%

RURAL

9.6%

SUBURBS

39.2%

BUFFALO

43.8%

*28% of persons who live in
Erie County reside in the
City of Buffalo*

RURAL TOWNS:

ALDEN
AURORA
COLDEN
COLLINS
CONCORD
EDEN
ELMA
EVANS
GOWANDA
HOLLAND
MARILLA
NEWSTEAD
NORTH COLLINS
SARDINIA

SUBURBAN TOWNS:

AMHERST
CHEEKTOWAGA
CLARENCE
GRAND ISLAND
HAMBURG
LACKAWANNA
LANCASTER
ORCHARD PARK
TONAWANDA
WEST SENECA



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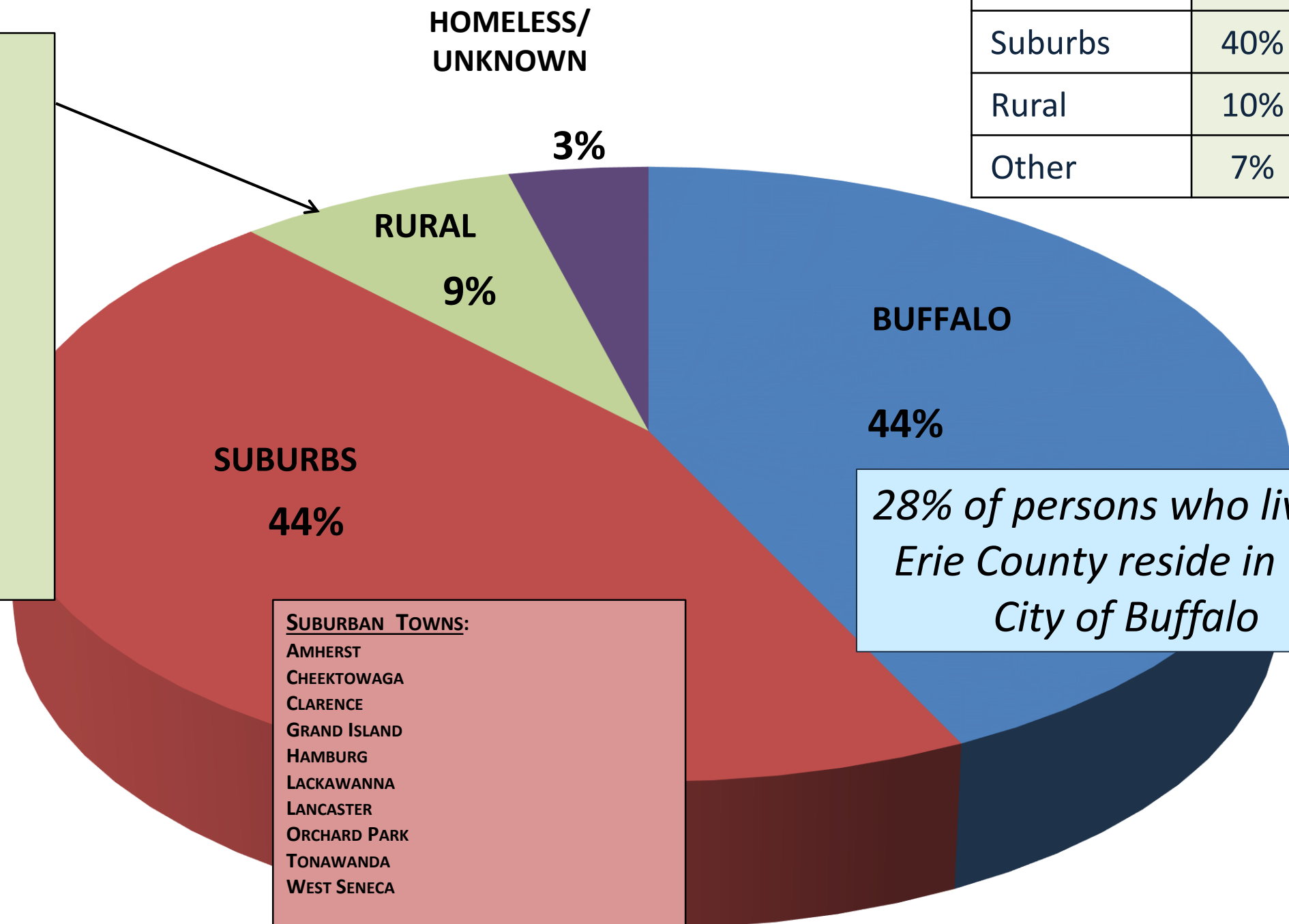
SOURCE: ERIE COUNTY MEDICAL EXAMINERS OFFICE, CLOSED CASES REPORTED THRU 8/7/2017

2017* ERIE COUNTY OPIOID DEATHS BY RESIDENCE

N=200 (119 Pending)

Residence	2016	2017
Buffalo	44%	44%
Suburbs	40%	44%
Rural	10%	9%
Other	7%	3%

- RURAL TOWNS:**
- ALDEN
 - AURORA
 - COLDEN
 - COLLINS
 - CONCORD
 - EDEN
 - ELMA
 - EVANS
 - GOWANDA
 - HOLLAND
 - MARILLA
 - NEWSTEAD
 - NORTH COLLINS
 - SARDINIA



SUBURBAN TOWNS:

- AMHERST
- CHEEKTOWAGA
- CLARENCE
- GRAND ISLAND
- HAMBURG
- LACKAWANNA
- LANCASTER
- ORCHARD PARK
- TONAWANDA
- WEST SENECA



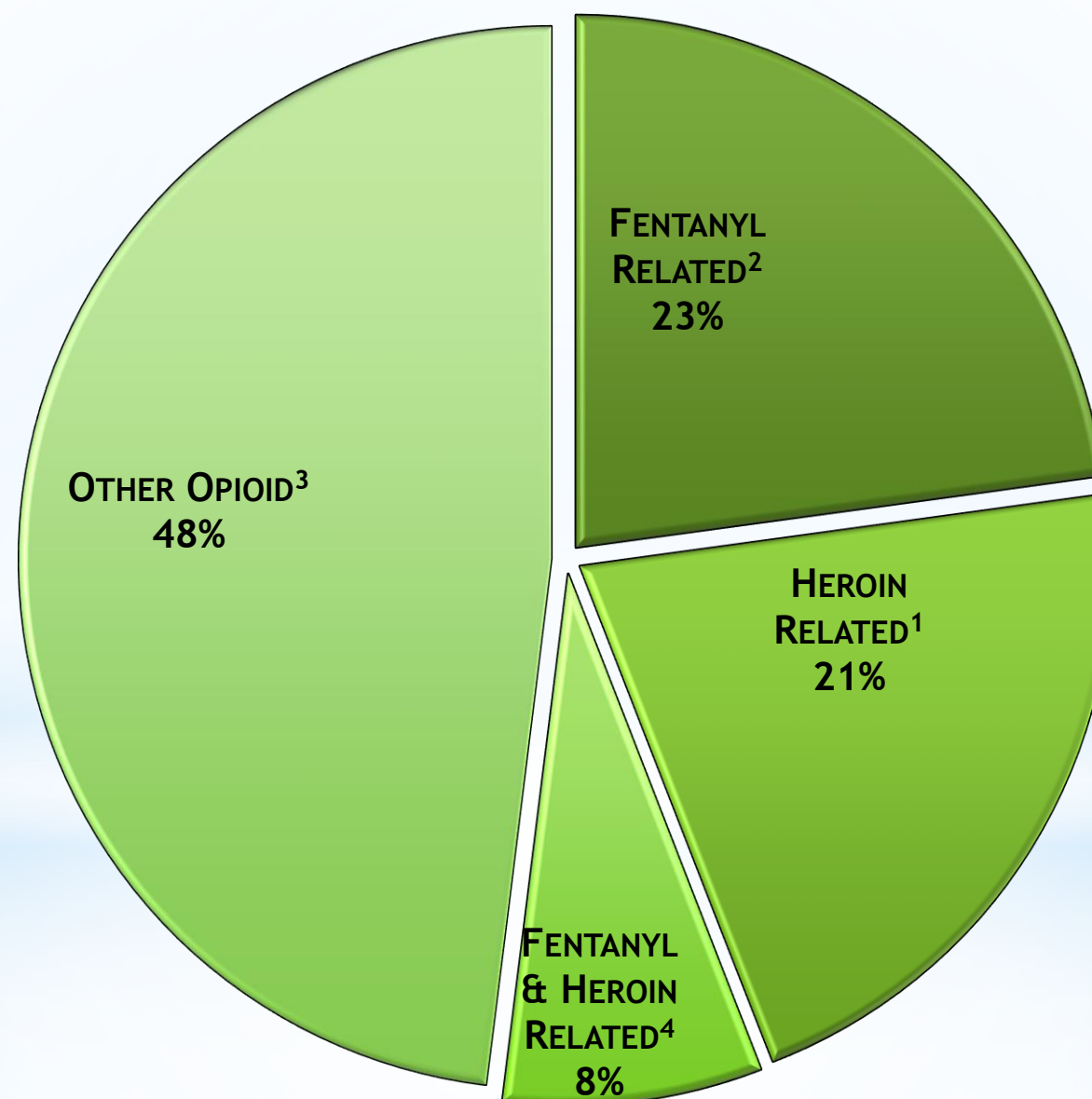
**Erie County
Department of
Health**



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SOURCE: ERIE COUNTY MEDICAL EXAMINERS OFFICE, *CLOSED CASES REPORTED THRU 1/23/2018

ERIE COUNTY OPIOID RELATED DEATHS BY TYPE OF OPIOID



2014
N=127

¹ NO FENTANYL; POSSIBLE OTHER DRUGS INVOLVED

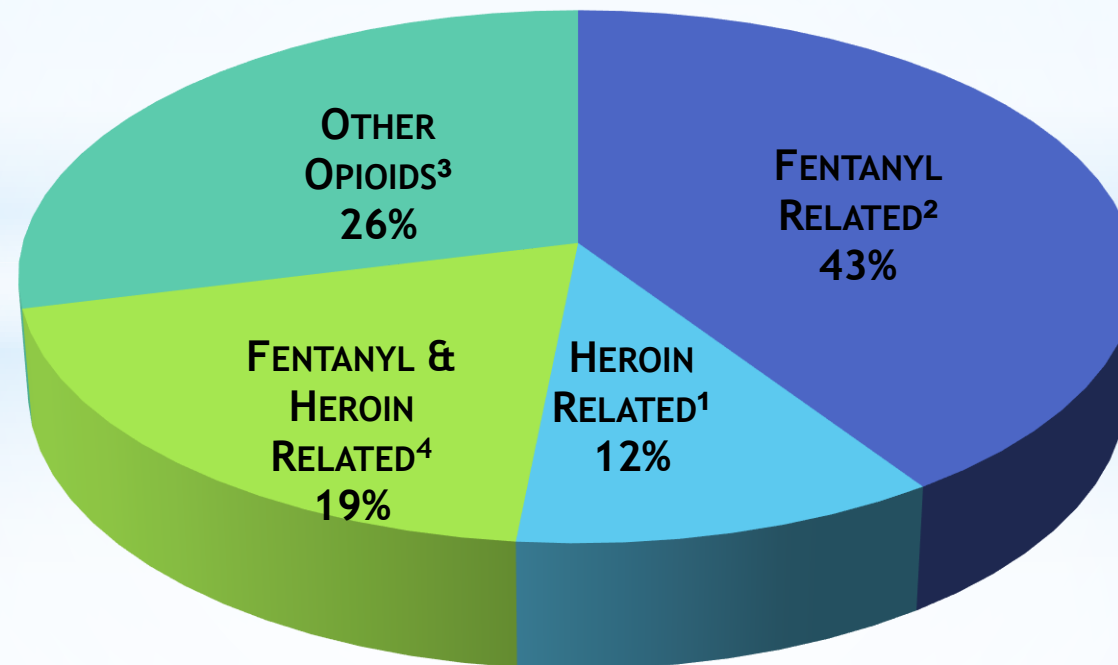
² NO HEROIN; POSSIBLE OTHER DRUGS INVOLVED

³ NO FENTANYL OR HEROIN; POSSIBLE OTHER DRUGS INVOLVED

⁴ POSSIBLE OTHER DRUGS INVOLVED

2015 ERIE COUNTY OPIOID RELATED DEATHS BY TYPE OF OPIOID

2015
N=256



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



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Health



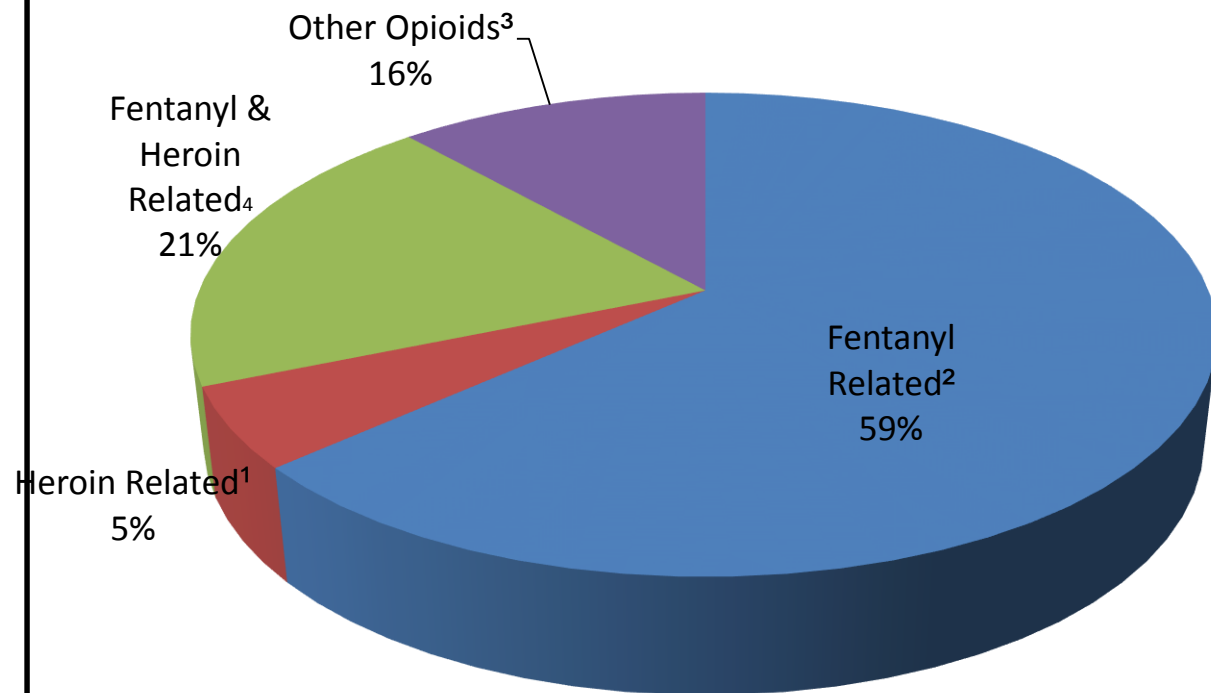
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SOURCE: ERIE COUNTY MEDICAL EXAMINERS OFFICE, CLOSED CASES REPORTED THRU 8/7/2017

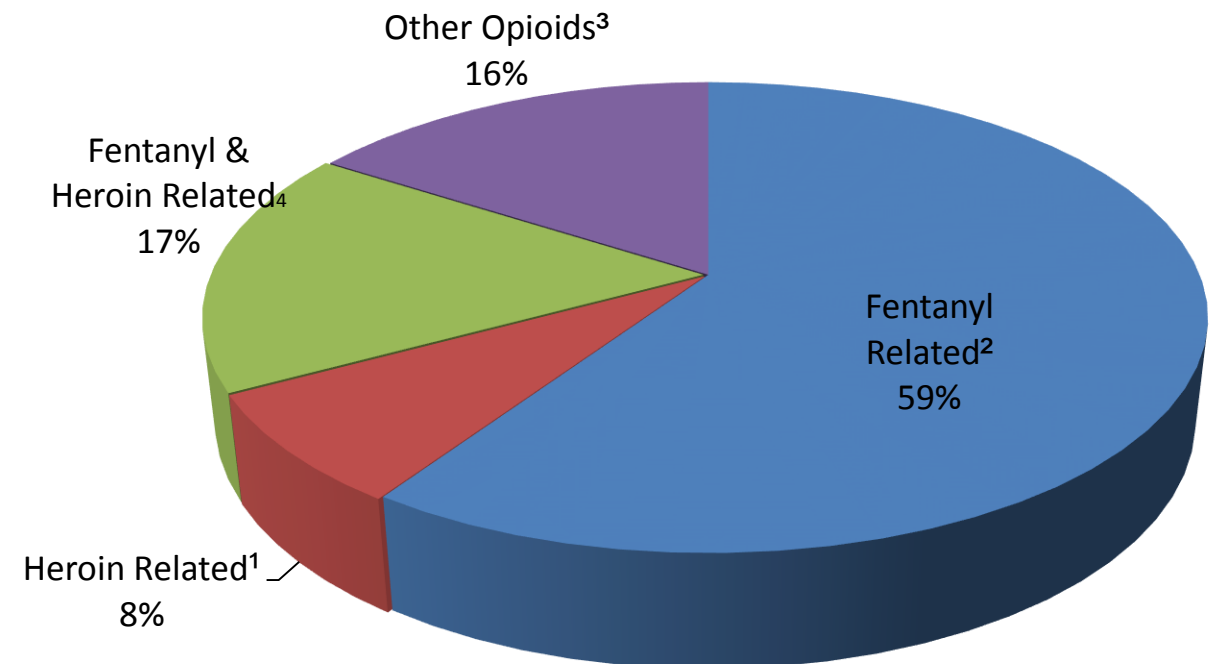
2016 AND 2017* ERIE COUNTY OPIOID RELATED DEATHS

BY TYPE OF OPIOID

2017
N=200
(119 pending)



2016
N=301



¹ NO FENTANYL; POSSIBLE OTHER DRUGS INVOLVED

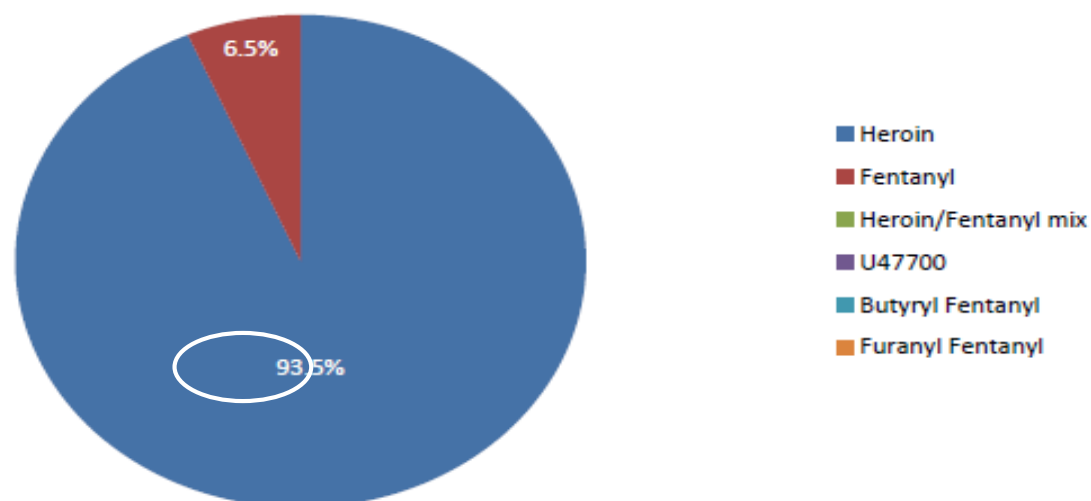
² NO HEROIN; POSSIBLE OTHER DRUGS INVOLVED

³ NO FENTANYL OR HEROIN; POSSIBLE OTHER DRUGS INVOLVED

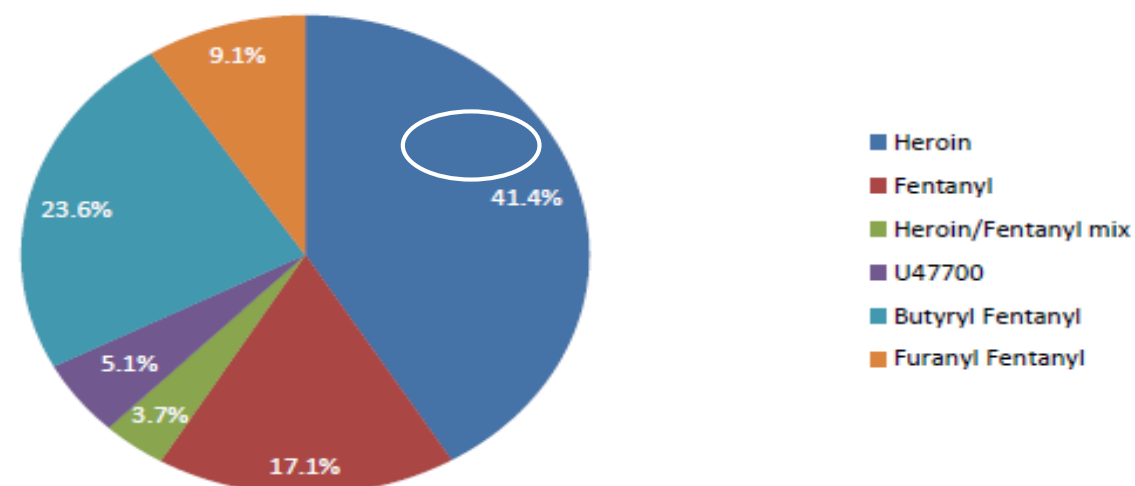
⁴ POSSIBLE OTHER DRUGS INVOLVED

Opioid Identification at the Erie County CPS Forensic Lab

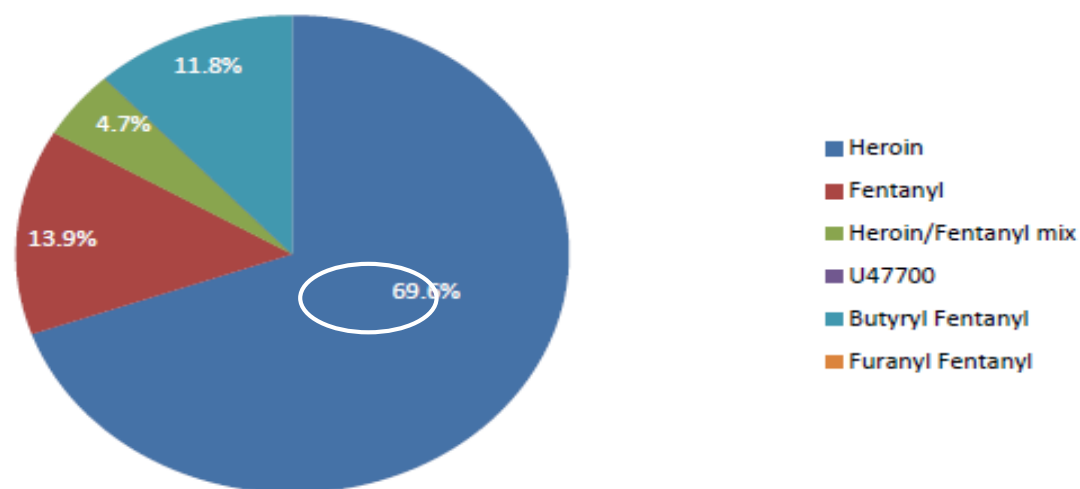
2014



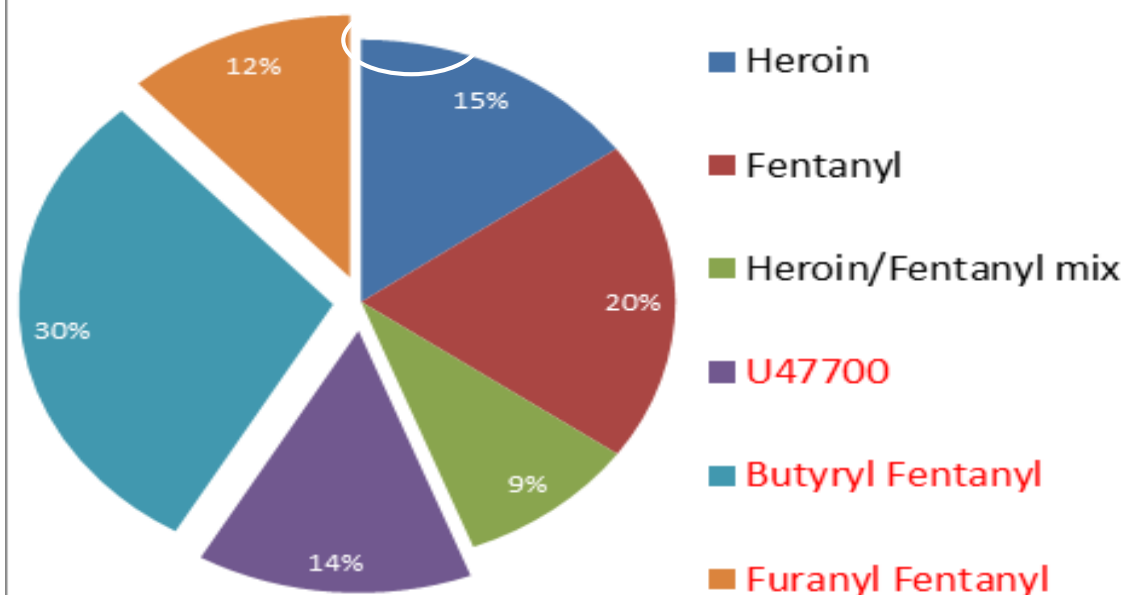
2016



2015



Jan - August 2017



Historical Perspective on Problem

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



Fentanyl &

HEROIN



- Readily available in WNY area

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

- Low Price

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

- High Purity & Deadly Combination with Synthetic Fentanyl

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

Heroin Forms



Courtesy of John Flickinger, DEA



TODAY

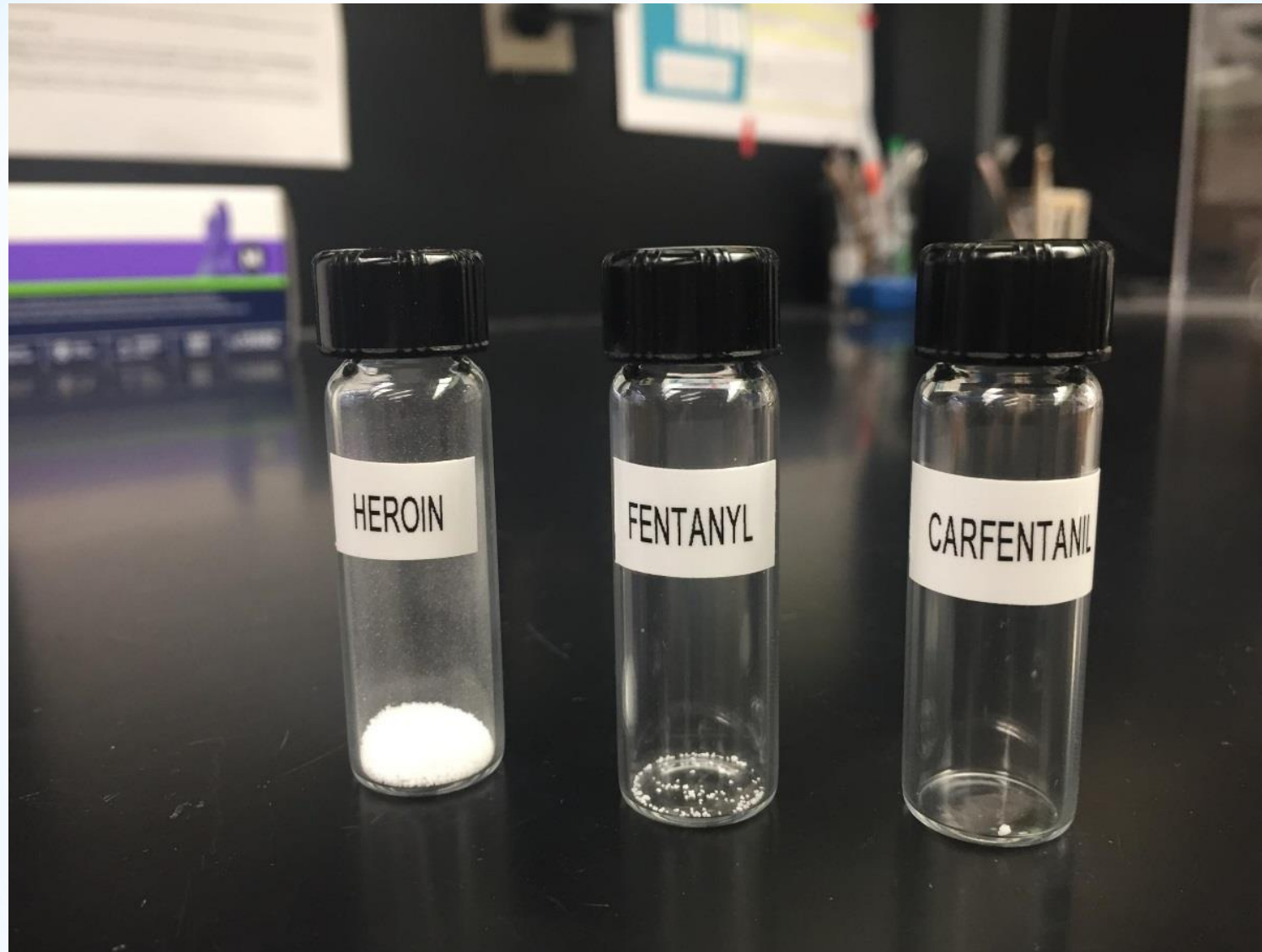


* Evidence of Drug Use in Community Locations 2/26/2018

Lethal Amounts of Heroin vs Fentanyl



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



* Lethal amounts of Heroin, Fentanyl, and Carfentanil compared

Source: New Hampshire Public Radio/ New Hampshire State Police

U.S. drug overdose deaths on the rise

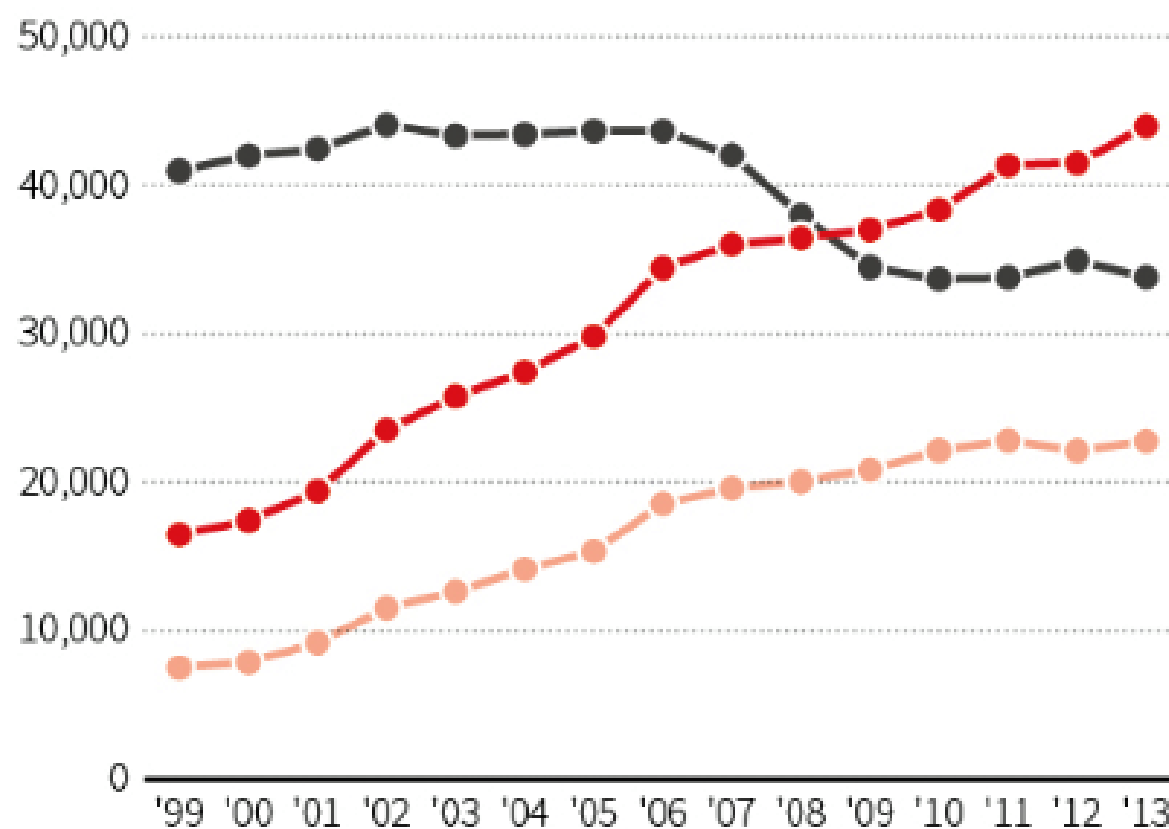
In November 2011, the U.S. Centers for Disease Control and Prevention declared that prescription painkiller overdoses are at epidemic levels.

NUMBER OF DEATHS BY CAUSE

— Motor vehicle traffic deaths

— Drug overdose deaths, total

— Drug overdose deaths, prescription drugs only



Sources: National Center for Health Statistics; CDC

C. Chan, 04/06/2015

REUTERS

Trained Overdose Responder Responsibilities

Complete refresher training at least every 2 years

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

Advise if naloxone was used on victim

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

Opioid User Experiences - Heroin

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

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

80% have observed an overdose

Sporer BMJ 2003, Coffin Acad Emerg Med 2007

Who Overdoses?

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

After rehab

After incarceration

Less is known about prescription opioid users

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

Physiology

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

Slowed breathing ➡ **Breathing stops** ➡ **Heart stops**

Overdose Signs and Symptoms

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

Heavy/ Uncontrollable Nodding

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

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

Still arousable

Snoring or loud breathing

May have excess drooling

Overdose

Not responsive

Very shallow breathing, gurgling

Skin changes, blue lips and nails

Fatal Overdose  Death

Context of Opioid Overdose

The majority of heroin overdoses are witnessed

Provides opportunity for intervention

Fear of police may prevent calling 911

“Don’t run, call 911!”

Witnesses may try ineffectual things

Myths and lack of proper training

Abandonment is the worst response

Naloxone (Narcan)

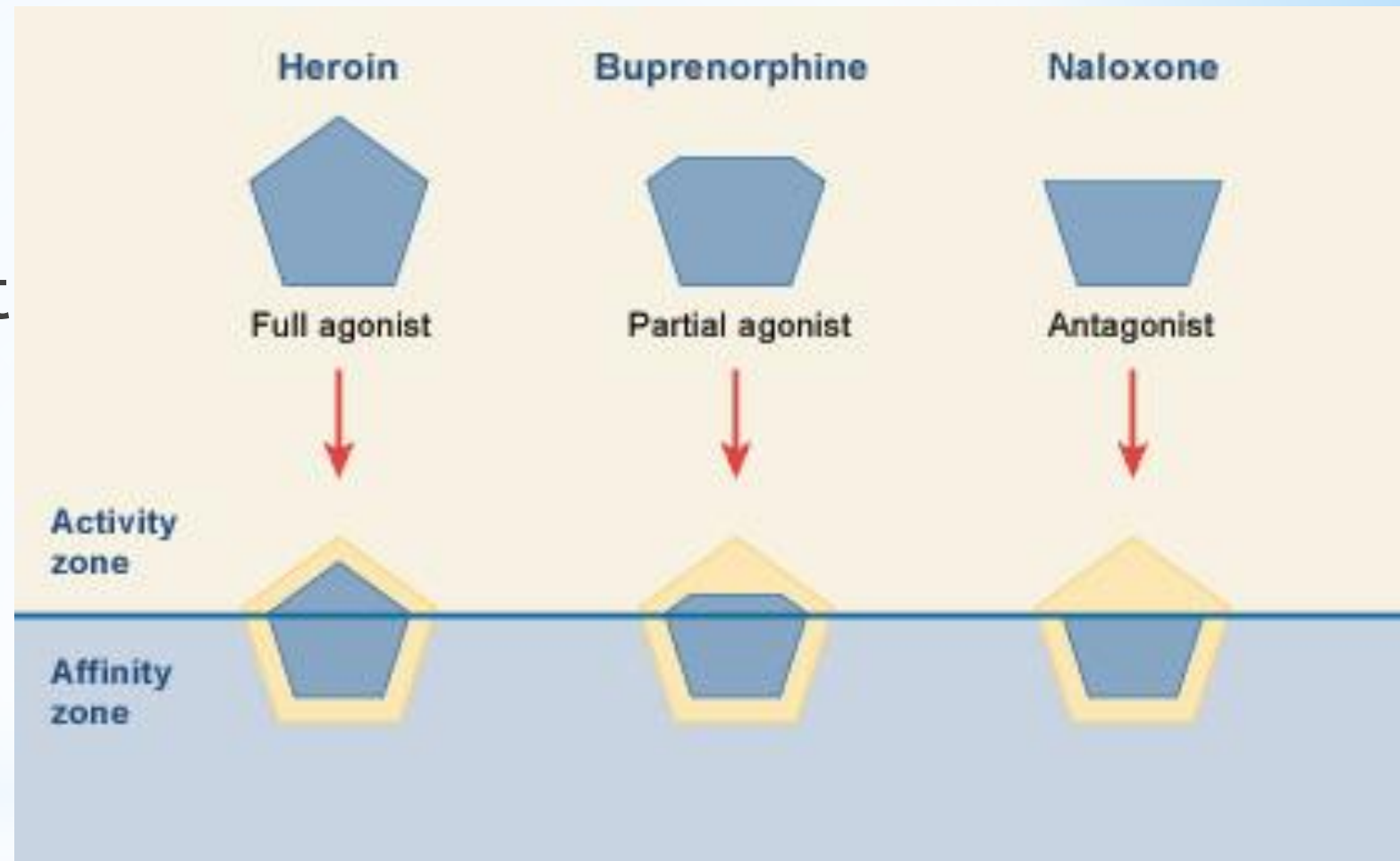
Opioid antagonist which
reverses opioid overdose

injectable or intranasal

Has a higher affinity for
opioid receptors than most
opioids

occupy and block the
receptors for 30-90
minutes

“getting the wrong key
stuck in a lock”



Naloxone in Action

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

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

Routinely used by EMS (but often in larger doses)

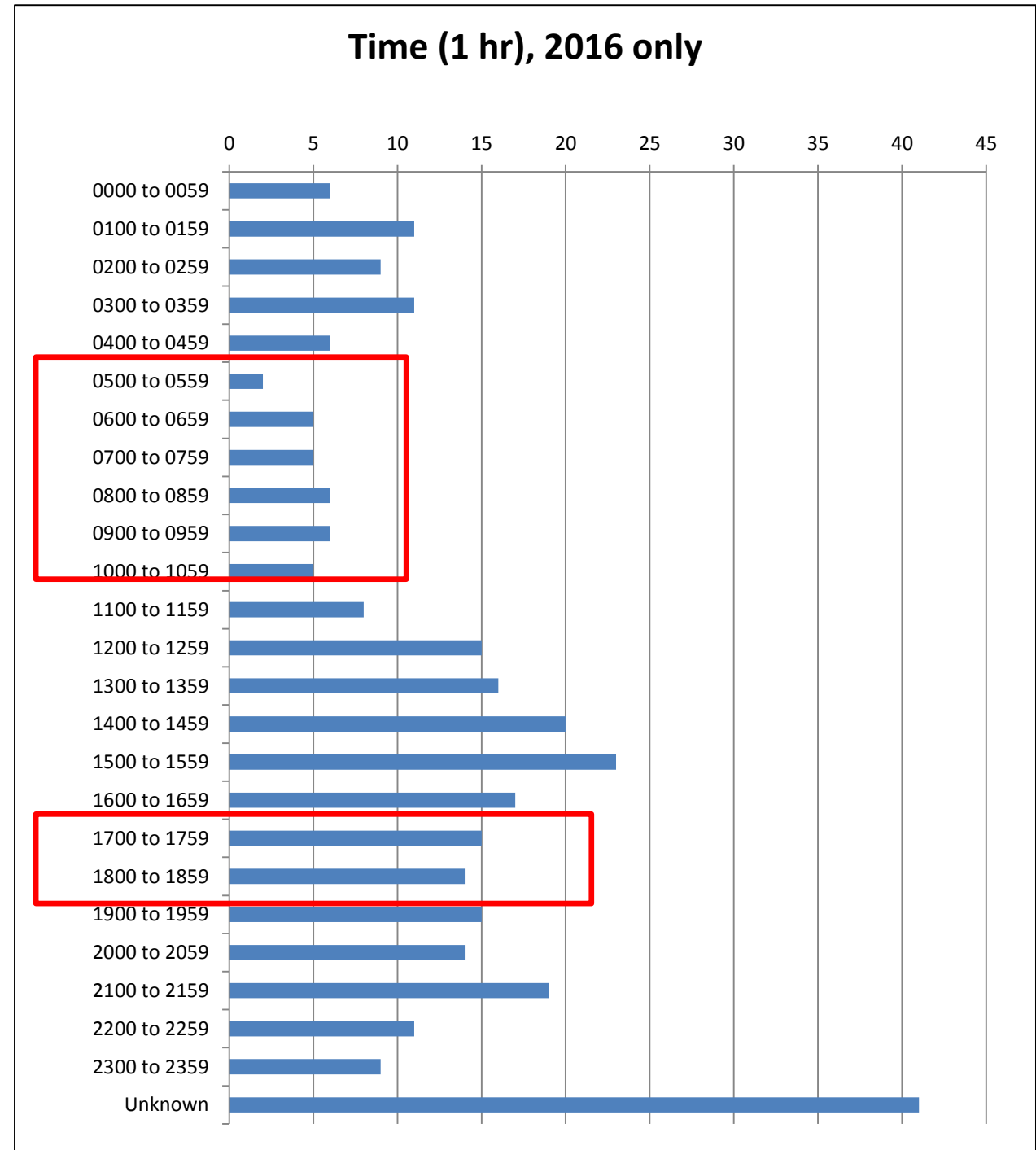
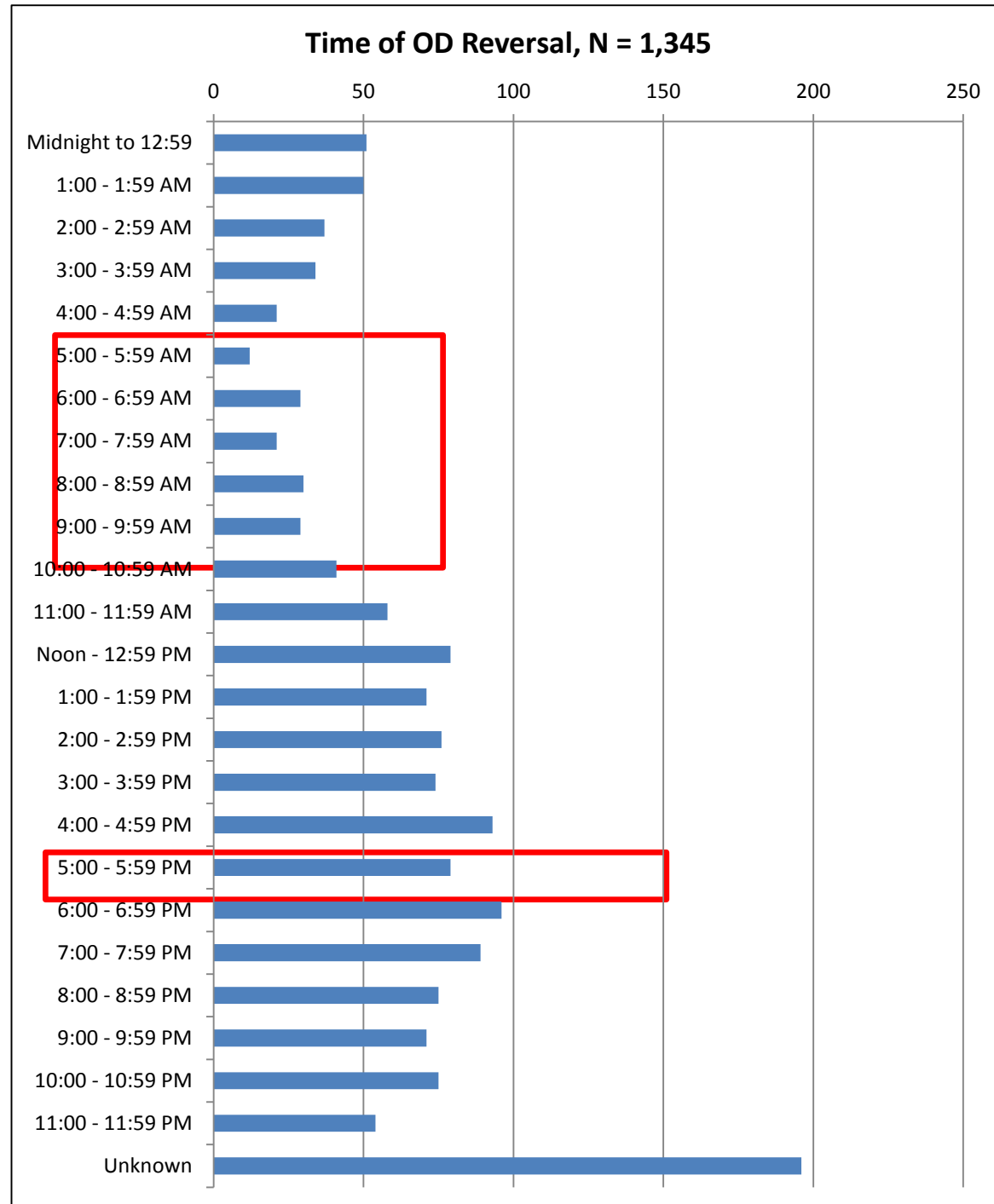
Has no effect if an opiate is not present
Sold over the counter in Italy since 1988

The Opiate Epidemic and Narcan Usage

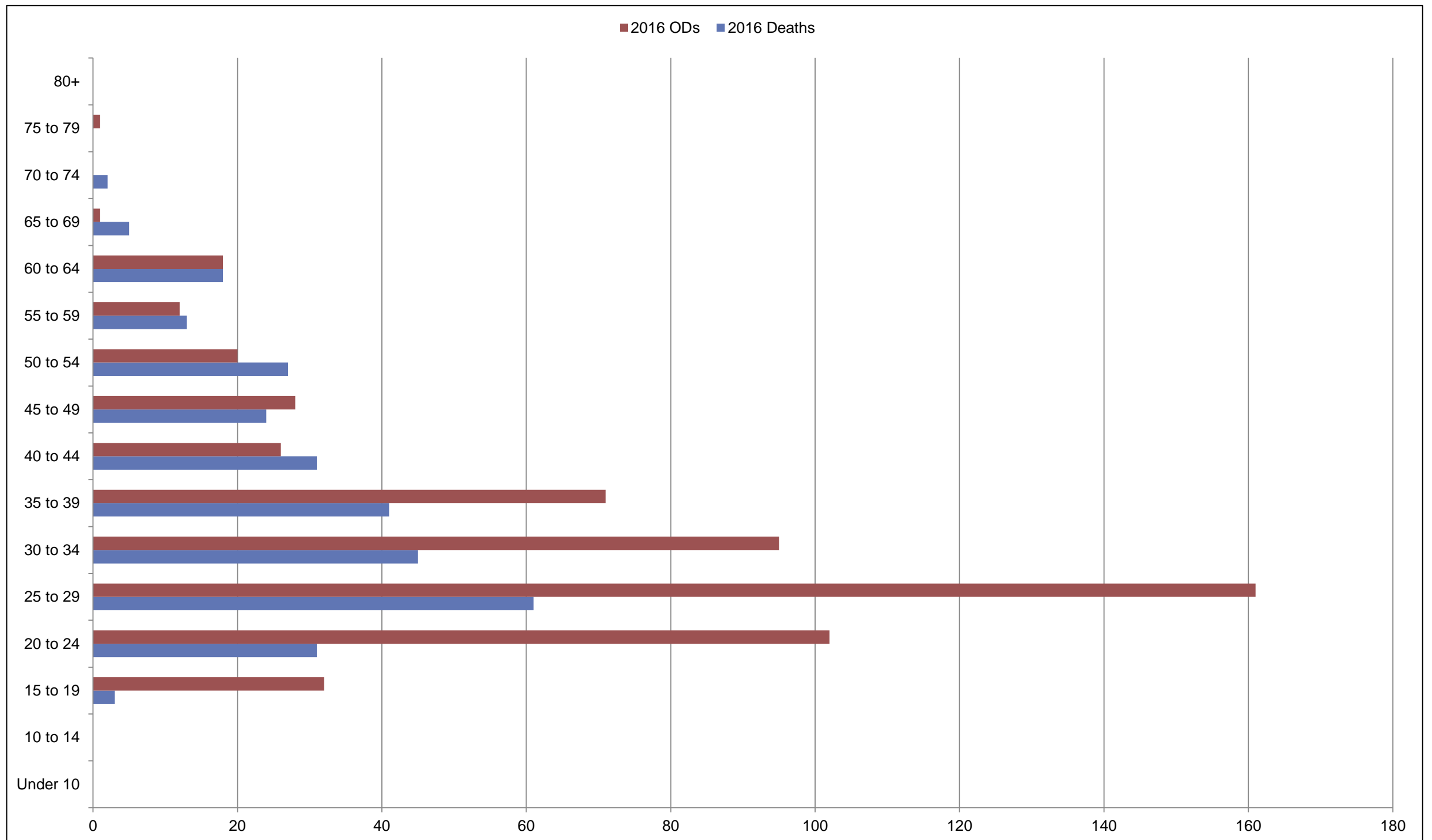
Erie County Department of Health
September 2017

Overdose Reversals and Time of Day

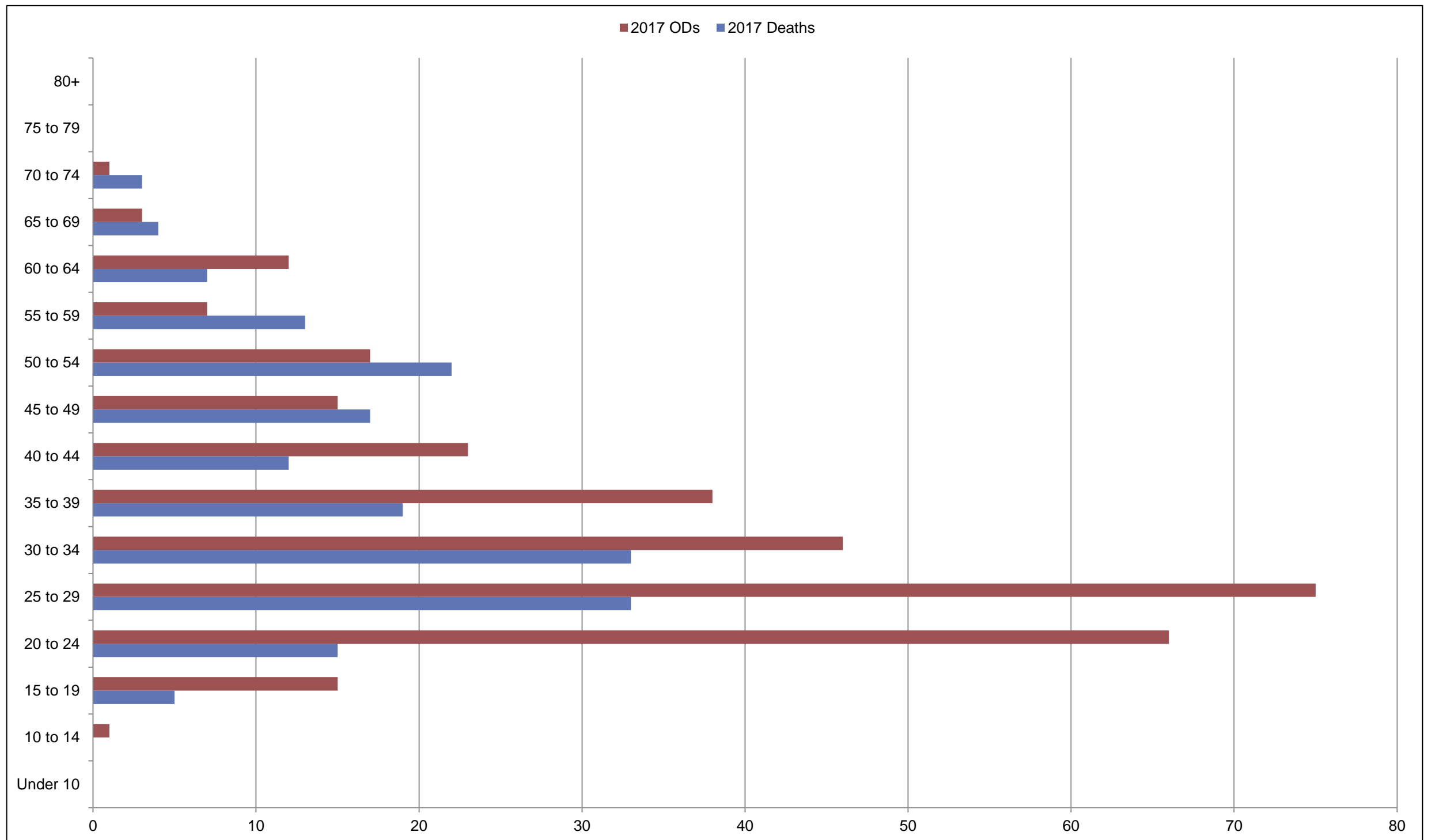
- Low in the mornings. We think many individuals with substance use disorders (SUDs) have regular jobs, and are self-medicating before they start their day.
- Spike from Noon – 1 PM: people self-medicating on their lunch break?
- Slight lull in evening; we think that's when people are heading home or preparing/eating dinner.



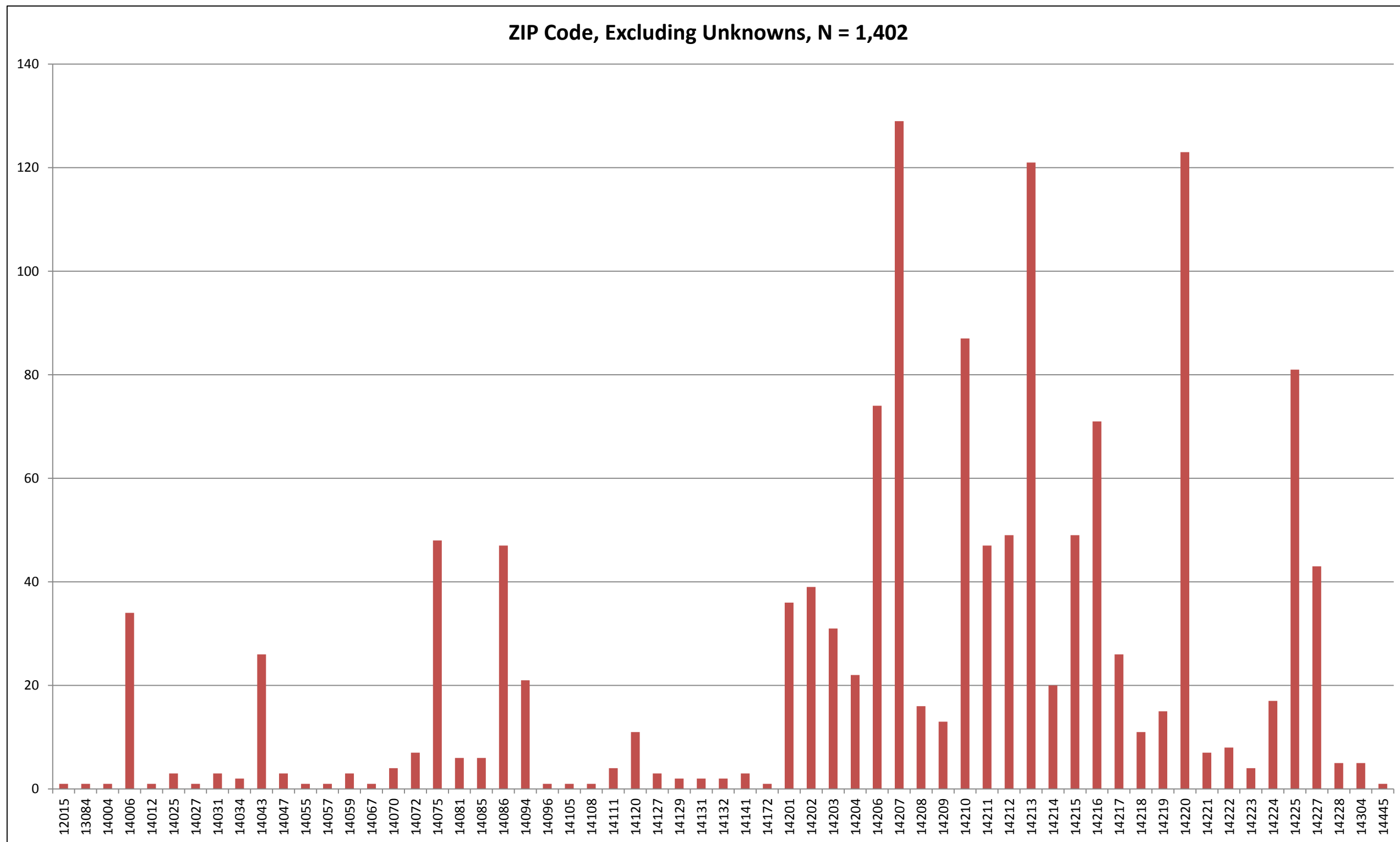
Deaths vs. Overdoses, 2016



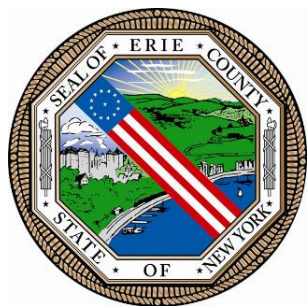
Deaths vs. Overdoses, 2017



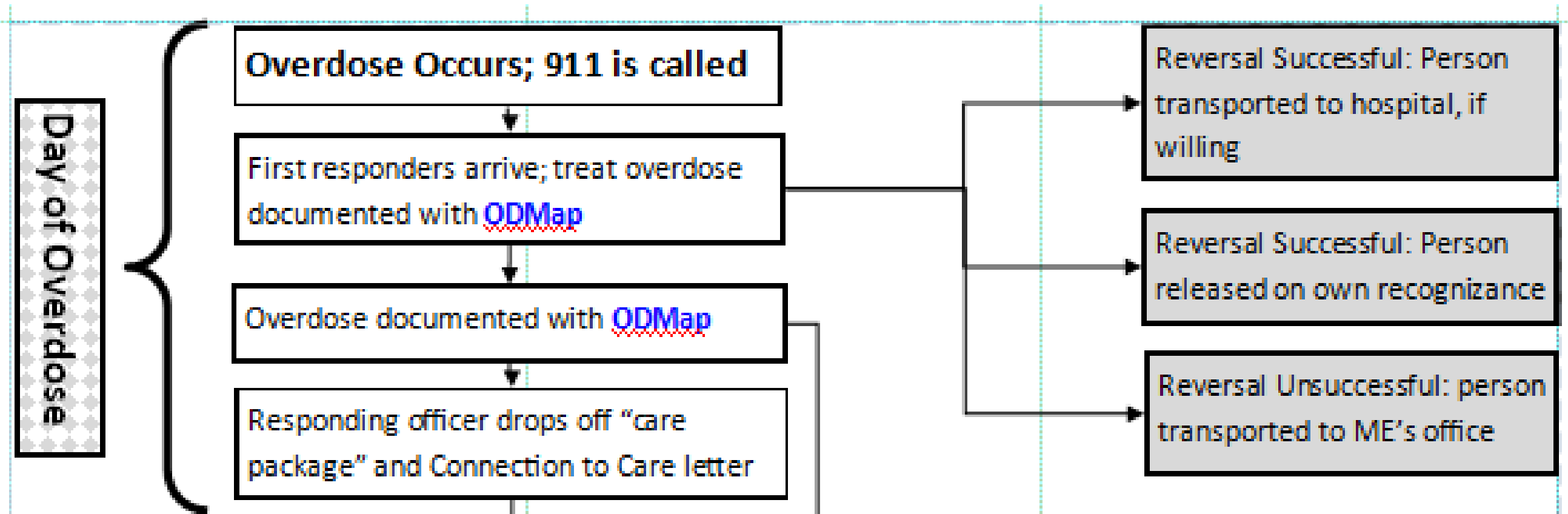
ZIP Code of Overdoses, Police/Fire Forms



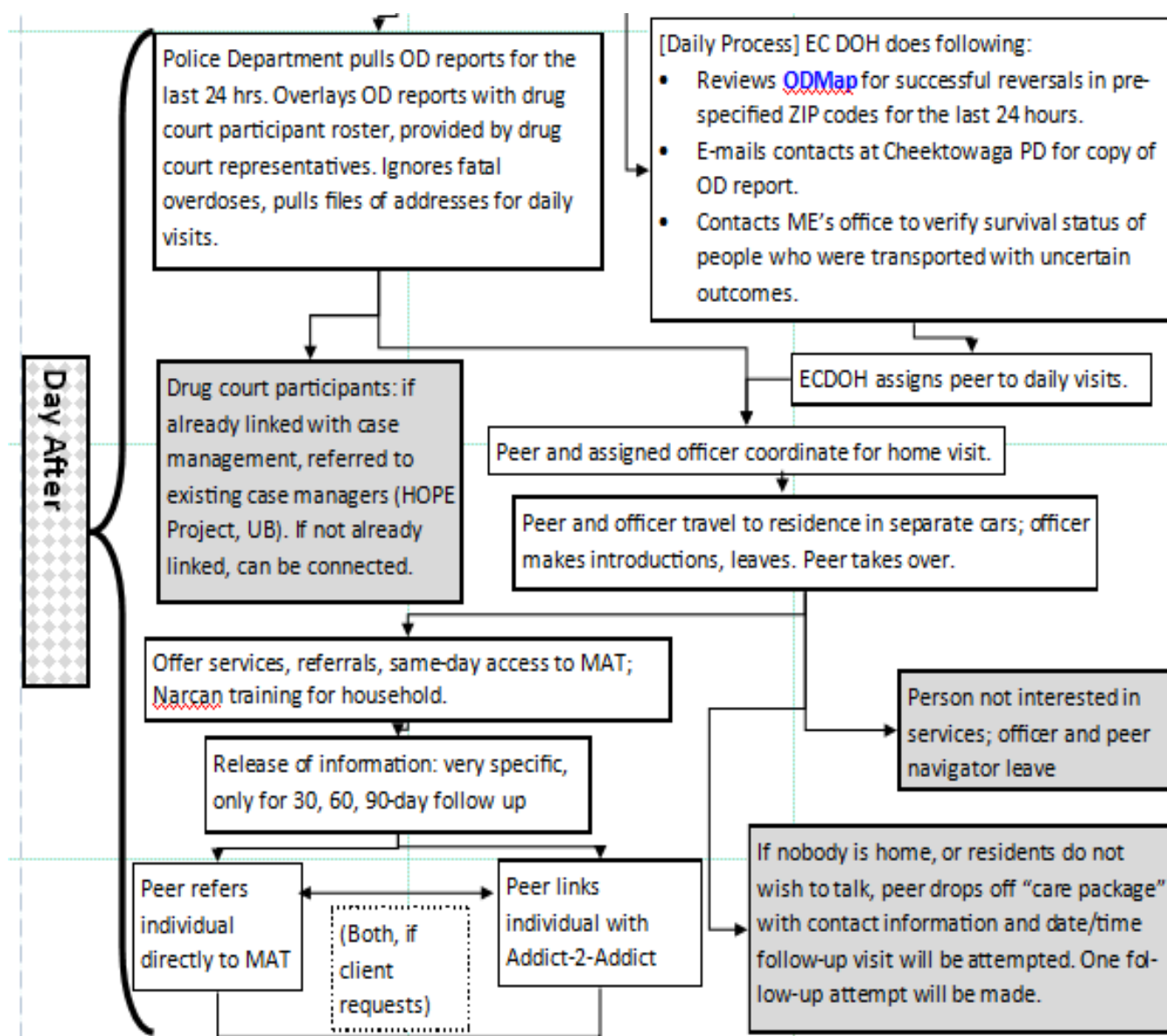
Erie County New York Response After Overdose Pilot Project Utilizing ODMap



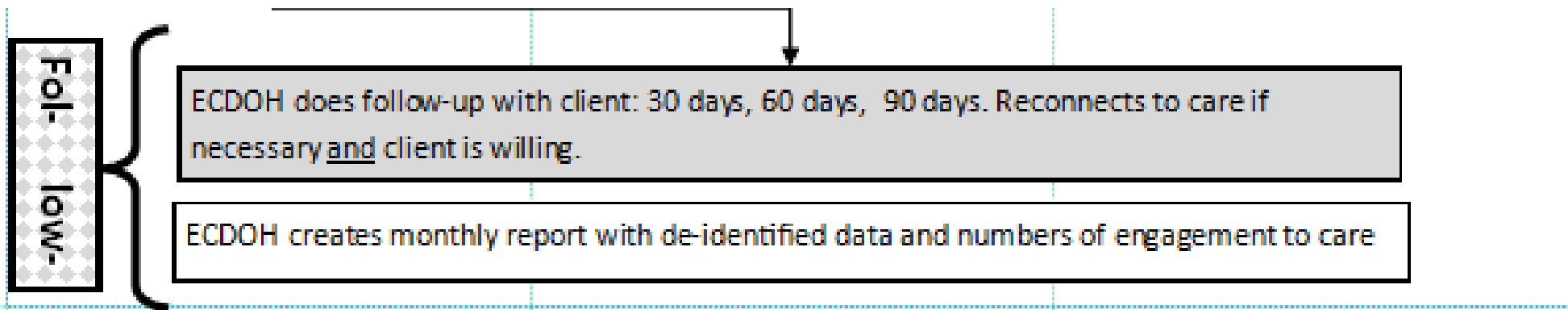
Immediate Response to Overdoses



Immediate Follow-up After Overdose



Long Term Follow-up



Outcomes to Date



er 1, 2017 – December 31, 2017



- 19 clients total identified through ODMap after overdose and direct referrals from law enforcement officers
- 10 individuals identified after overdose using ODMap
 - Of this cohort, 4 remained connected to care at 30 day interval
- 9 individuals identified through direct referral from law enforcement when identified through associated crimes
 - Of this cohort, 5 remained connected to care at 30 day interval

Implementation in NY State

Over 500 registered sites, including:

Syringe exchange/syringe access sites

Hospitals

Drug Treatment Programs

HIV prevention programs

Homeless shelters

Risk Factors for Opioid Overdose

Reduced Tolerance

Post-rehab

Using Alone

risk factor for fatal
OD

Illness

Depression

Unstable housing

Mixing Drugs

**Changes in the
Drug Supply**

**History of
previous overdose**

Some Common Opioids:

Heroin

Morphine

Fentanyl

Dilaudid

Demerol

Norco

Vicodin

Opana

Codeine

Methadone

Hydrocodone

Oxycodone

Oxycontin

Lortab

Percocet

Suboxone

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



Review - Signs of an Overdose

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

Heavy/ Uncontrollable Nodding

- Still arousable

- Snoring or loud breathing

- May have excess drooling

Overdose

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

- Very shallow breathing, gurgling

- Skin changes, blue lips and nails

Fatal Overdose ⇒ Death

Steps

Call 911

Rescue Breathing

Narcan Administration

Recovery Position

Intranasal Narcan



Advantages of Intranasal Administration

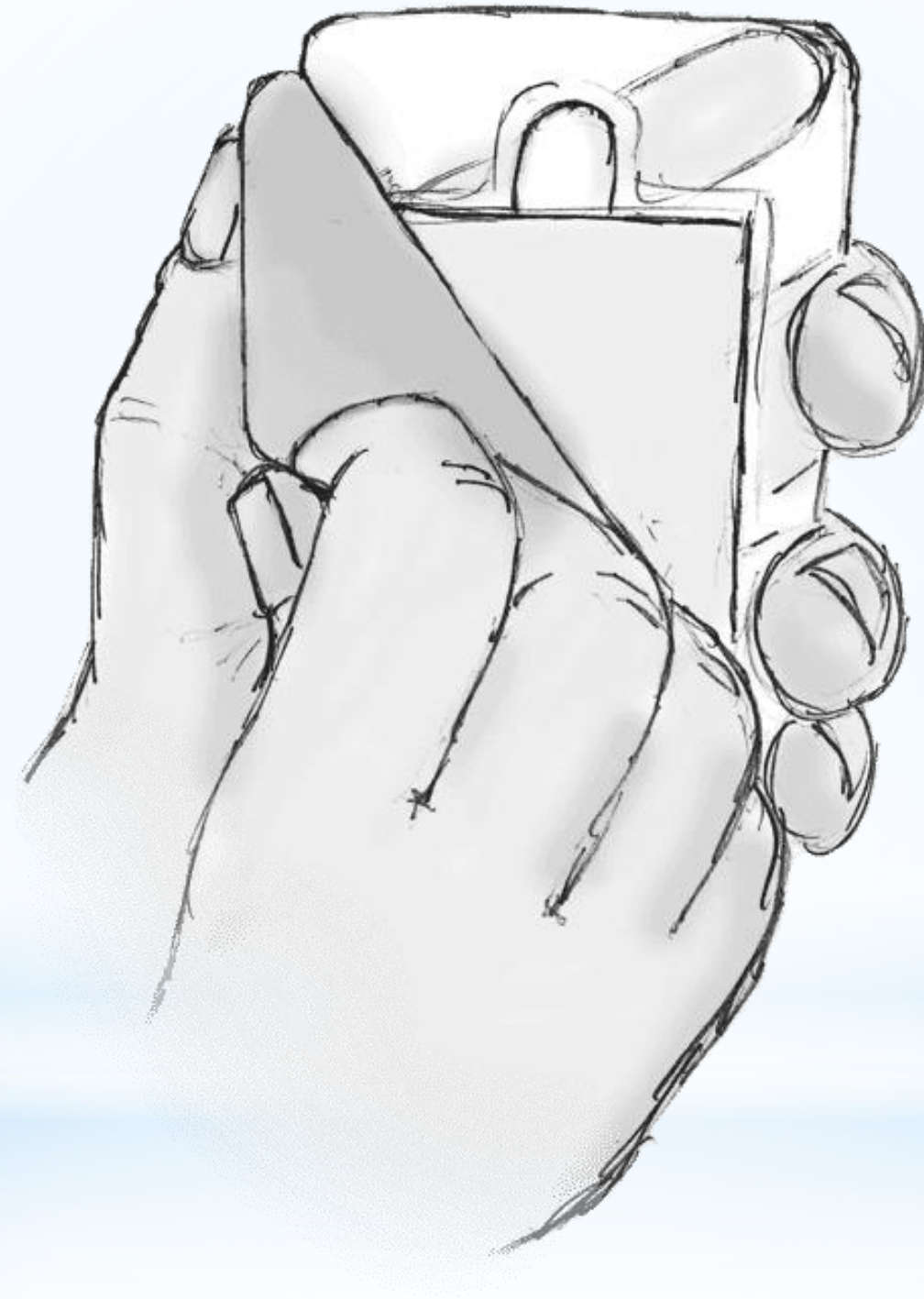
Nose is easy access point for medication and delivery

Painless

Eliminates risk of a contaminated needle stick



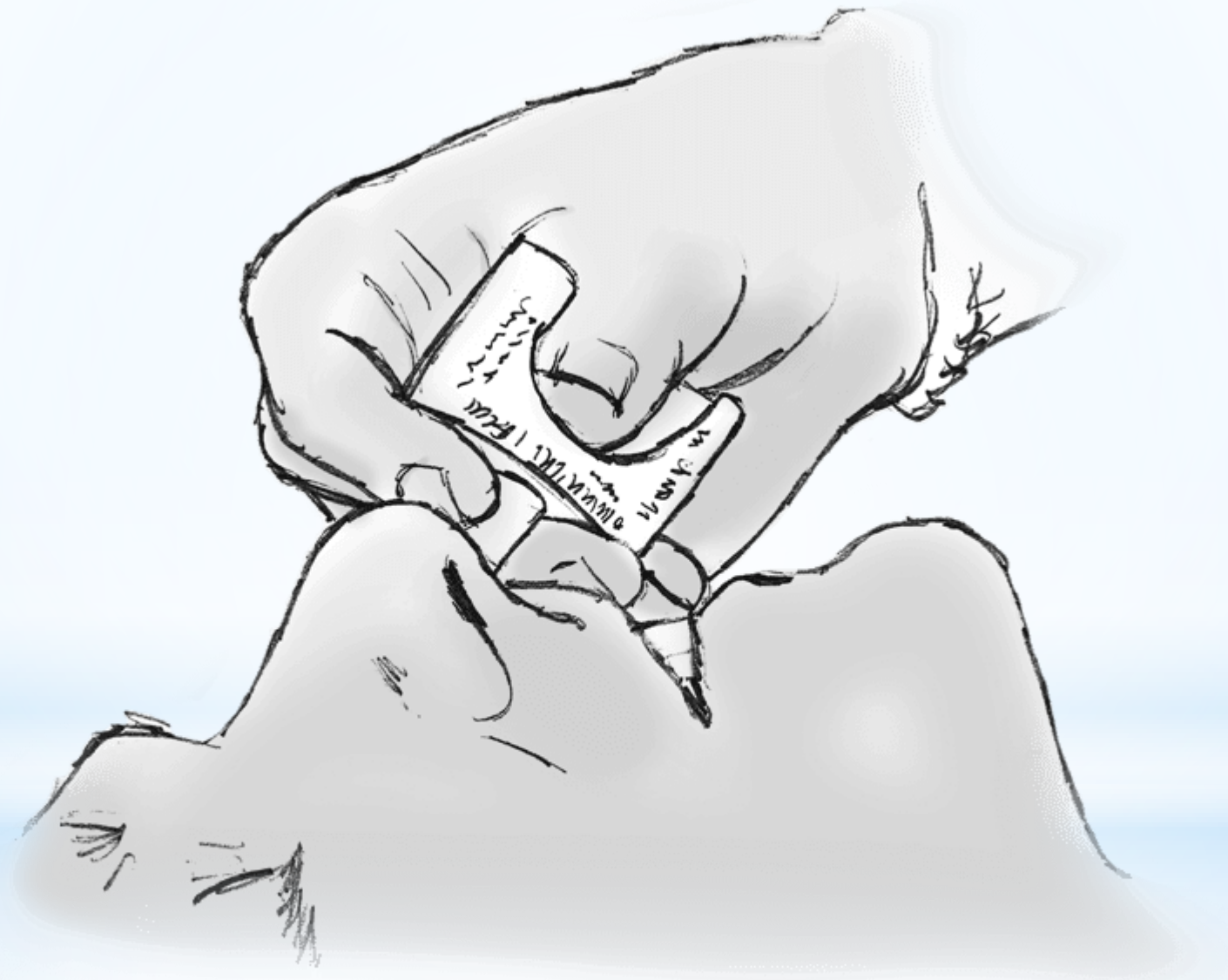
PEEL



PLACE



PRESS



Harm Reduction Coalition Recommends Use of Rescue Breathing



Narcan Administration

- Lie individual on back, making sure neck is extended, chin is lifted and air way is clear.
- Administer 2 rescue breaths
- Administer vial of Narcan in one nostril
- Observe individual for 2 min, continuing rescue breathing, if no response administer second vial of Narcan in other nostril.
- If there is a response after administration of first vial, turn individual on their side and prop in the recovery position until additional help arrives

The recovery position



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

Common Effects of Naloxone Administration

Nausea, Vomiting, Diarrhea

Hypertension, Tachycardia

Unmasking of other ingestions

Lowers seizure thresholds

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

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

Yes, but you should have some suspicion of opiate overdose

Situational

Pinpoint pupils, hypoventilation

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

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

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

Naloxone only affects
patients with opiates in
their system

“do no harm” drug

New York State

911 Good Samaritan Law

NY Penal Law 220.78 (911 Good Samaritan Law)

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

NY Penal Law 220.78 (911 Good Samaritan Law)

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

911 Good Samaritan Law

Offers protection from charge and prosecution for possession of:

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

Alcohol (for underage drinkers)

Marijuana (any amount)

Paraphernalia offenses

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

911 Good Samaritan Law

Does **NOT** offer protection for:

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

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

Storage

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



Reporting

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

New York State Department of Health Opioid Overdose Reporting Form

Program name:	Site name:	Today's Date (MM/DD/YY):
---------------	------------	--------------------------

A. Reason For Visit / Naloxone Refill

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

B. Use of Naloxone

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

C. Location of Use

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

D. About the Overdoser

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

E. What Drugs Had Been Used

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

F. Condition of Overdoser

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

G. Actions Taken

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

H. Outcome

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

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

Program Director _____	Clinical Director _____
Date (MM/DD/YY) _____	Date (MM/DD/YY) _____

Please send the completed form using any one of the three methods below:

E-mail: oper@health.state.ny.us	Fax: (518) 402-6813	Shu-Yin John Leung OPER, AIDS Institute, NYSDOH Empire State Plaza CR342 Albany, New York 12237
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2/26/2018

Demonstration of Intranasal Naloxone



Aaron Morgan, 23



Alexander Lee



Amber Toth, 29



Benjamin Edick, 30



Bobby Glovino, 25



Chris Maloney, 23



Christine Guilfoyle, 28



Christopher Lickers, 48



Daniel Placek, 28



Daniel Fletcher, 30



Daniel Wujek



David Pratt, 34



Ephraim David Schultz, 21



James Argento, 36



Jason Scanlon, 34



Jenna Marie Miller, 26



Justin Thomas Lester, 27



Karen Walters, 41

LOST LIVES: FACES OF AN EPIDEMIC

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Kristen Pfaff, 27



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Ashley Wylie, 29



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Mario Rodriguez, 22



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Stephen Michael Sullivan, 35



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William Rathbun, 27



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Mark Kocszur, 39



Michael Cleary, 26



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Jemal cuts wide swath in world of real estate

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

By JONATHAN D. EPSTEIN

NEWS BUSINESS REPORTER

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

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

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

They predict he won't follow through and won't play well with competitors. They note his brothers' troubles in New York City, where the family owns the Nobody Beats the Wiz. And Buffalo's long history of bad experience with fly-by-night real estate investors. So which is it?

Depends who you ask, and who you believe. But there's truth to both sides. Jemal, 73, is the founder and CEO of Douglas Development Corp., the largest commercial real estate developer in the nation's capital, and

*This is why we do this....

Questions and Support?

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Erie County
Opiate Epidemic Task Force:
Family & Consumer Support
and Advocacy Section



Erie County
Department of
Health



Public Health
Present. Precious. Protect.

**RAPID
EVALUATION &
APPROPRIATE
PLACEMENT
(REAP)**

**FAMILY &
CONSUMER,
SUPPORT
ADVOCACY
SECTION**

**HEROIN OPIATE
PREVENTION
ENGAGEMENT
PROJECT
(HOPE)**

**PROVIDER
EDUCATION
&
POLICY REFORM**

**HOSPITALS
& EMERGENCY
DEPARTMENTS**

**NALOXONE
ACCESS**

**TREATMENT
PROVIDERS**

Daniel J. Rinaldo
NYNJ
High Intensity
Drug Trafficking
Area
(HIDTA)

Debra Smith
Parent

Barbara Burns
Public Affairs
Officer
US Attorney's
Office
Western Region
of NY

Dr. Gale Burstein
Erie County
Commissioner of
Health
&
Dr. Paul Updike
Medical Director
STAR Program
Catholic Health

Elizabeth
Franzek, MD
Attending
Physician,
VA WNY
Healthcare
System,
Emergency
Department

Cheryll Moore
Medical Care
Administrator
Erie County
Department of
Health

Michael Ranney
Erie County
Commissioner
Of
Mental Health

CROSSFUNCTIONAL COLLABORATION THROUGHOUT CONTINUUM

Task Force Mission:

To provide a framework for organizations and individuals from across the opiate overdose continuum to collaborate, develop, and share best practices through timely sharing of information to assist individuals and their loved ones fighting the disease of addiction and to undertake prevention efforts that educate the community on the dangers of addiction.