



NEW YORK STATE ASSEMBLY

A N N U A L

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R E P O R T



**Committee on
Alcoholism & Drug Abuse**
Steven H. Cymbrowitz, Chairman

SHELDON SILVER, SPEAKER



STEVEN H. CYMBROWITZ
Assemblyman 45th District
Kings County

THE ASSEMBLY
STATE OF NEW YORK
ALBANY

CHAIRMAN
Alcoholism and Drug Abuse
Committee

COMMITTEES
Codes
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December 20, 2012

Honorable Sheldon Silver
Speaker of the Assembly
Legislative Office Building, Room 932
Albany, New York 12248

Dear Speaker Silver:

On behalf of the Assembly Standing Committee on Alcoholism and Drug Abuse, I respectfully submit to you the Committee's 2012 Annual Report. In my duties as Chairman, over the course of this legislative session, I have made numerous visits to service providers across the state; held meetings with stakeholders in the field of addiction and problem gambling; and attended and participated in numerous events held to highlight important initiatives and address challenges faced by the chemical dependence community. These experiences have fortified my resolve to advocate for the investment of resources in programs that have proven to be effective in reducing chemical dependence and problem gambling, as well as evidence-based prevention programs that aim to reduce the risk of individuals engaging in addictive behaviors. From both an economic and social standpoint, these services more than pay for themselves when you account for the lives saved, families reunited, and creation of productive, taxpaying citizens.

New York State continued down a path to economic recovery by eliminating a significant deficit and producing a balanced budget for State Fiscal Year (SFY) 2012-2013. The Committee was able to secure critical resources for some of the State's most vulnerable populations. The Office of Alcoholism and Substance Abuse Services (OASAS) was allocated funds that will allow the agency to provide additional treatment beds for women with children and veterans who are dealing with chemical dependency issues. The Committee also made major strides through the enacted budget by pushing for the establishment of the prescription pain medication awareness program.

Legislatively, the Committee had a very productive session. As Chairman, one of my main priorities was the prevention and treatment of problem gambling. This was of particular importance because the process to amend the State Constitution in order to legalize non-tribal casino gaming in New York began this session. If this policy becomes law, it is critical that we have a robust network of resources and services to address the

needs of those who may be struggling with a gambling problem. In the upcoming legislative session, the Committee will continue to examine, develop and consider policies and initiatives designed to help all of our citizens impacted by addiction.

I look forward to working with you and my Assembly colleagues in order to ensure that effective, evidence-based prevention, treatment, and recovery services are accessible to all individuals and families who are affected by drug addiction, alcoholism, and problem gambling.

On behalf of myself and all the members on the Assembly Committee on Alcoholism and Drug Abuse, I would like to express my sincere appreciation and gratitude for your support and encouragement throughout the Legislative Session.

Sincerely,

A handwritten signature in black ink, reading "Steven Cymbrowitz". The signature is written in a cursive style with a large, stylized initial "S".

Steven H. Cymbrowitz
Chairman
Assembly Committee on Alcoholism and Drug Abuse

**2012 ANNUAL REPORT
OF THE
NEW YORK STATE ASSEMBLY
STANDING COMMITTEE ON ALCOHOLISM AND DRUG ABUSE**

**Steven Cymbrowitz
Chair**

Committee Members

Majority

Carmen E. Arroyo
Inez D. Barron
Marcos A. Crespo
Michael G. DenDekker
Andrew Hevesi
Crystal D. Peoples-Stokes
Eric Stevenson
Dan Quart

Minority

Mark Johns-Ranking Member
George Amedore
Robert Castelli
Andy Goodell

Committee Staff

Lena DeThomasis – Office Manager/Committee Clerk

Program and Counsel Staff

Simonia Brown – Assistant Secretary for Program and Policy
Jillian Faison – Associate Counsel
Willie Sanchez – Legislative Analyst

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I. INTRODUCTION

The Assembly Committee on Alcoholism and Drug Abuse develops and considers legislation impacting programs that provide prevention, treatment, and recovery services for individuals and families in New York State.

The Committee has oversight and works closely with the New York State Office of Alcoholism and Substance Abuse Services (OASAS) to ensure that policies and initiatives carried forward by the Assembly Majority will improve access and enhance prevention, treatment, and recovery services.

The Office regulates, licenses, and funds nearly 1,300 local, community-based programs, and chemical dependence treatment programs; provides a comprehensive education and prevention program through more than 1,550 programs found in schools and communities; and monitors gambling and substance abuse trends in the state.

According to OASAS, there are nearly 20,000 addiction professionals within the service provider community who, on any given day, assist roughly 110,000 individuals seeking a wide variety of services. The Office estimates that it provides education and training for persons dealing with clients, and administers a professional credentialing process for more than 7,500 addiction professionals, including alcoholism and substance abuse counselors, prevention professionals and prevention specialists, and problem gambling counselors. OASAS also directly operates 12 Addiction Treatment Centers (ATCs), which provide inpatient rehabilitation services to 10,000 persons per year.

II. STATE BUDGET HIGHLIGHTS

The State's sensitive economic forecast complicated already difficult decisions regarding funding priorities. Looking toward the upcoming State Fiscal Year (SFY) 2013-2014 budget cycle, the Committee will advocate strongly for the investment of additional resources for the prevention, treatment, and recovery services needed for those who are suffering from addiction. Some of the highlights from the SFY 2012-2013 Enacted Budget include:

A. Treatment Beds for Veterans and Women with Children

The SFY 2012-2013 Enacted Budget allocated \$1,100,000 that will support twenty five additional treatment beds for veterans and \$500,000 to fund twelve residential treatment beds for women with children.

B. Substance Abuse Prevention and Intervention Specialists (SAPIS)

A SAPIS worker provides violence and drug prevention and intervention services, including individual, group, family and crisis counseling; classroom presentations; peer programming; social skills groups; and where necessary, referrals for professional services.

The SFY 2012-2103 Enacted Budget provided \$14.86 million for the continuation of prevention and treatment services for problem gambling and chemical dependency prevention which are delivered by SAPIS workers.

C. Human Services Cost of Living Adjustment (COLA)

The 2012-2013 SFY Executive Budget proposed to eliminate the Human Services Cost of Living Adjustment (COLA) to OASAS providers. The proposal would have required state agencies to develop a system for rate adjustment that would have been implemented in SFY 2013-14 based on quality measures and actual costs of services.

The Legislature modified the Executive proposal by suspending the COLA for one year.

III. SIGNIFICANT LEGISLATION – 2012

The Committee is dedicated to supporting legislation that would help to ensure the highest quality of care for persons with chemical dependence and compulsive gambling issues. Accordingly, the Committee developed and advanced several important pieces of legislation during the 2012 session.

A. PROBLEM GAMBLING

1. Qualifications of Members on the New York State Gaming Commission A.10023 (Cymbrowitz) / S.7305 (Klein); Delivered to the Senate.

The State Fiscal Year (SFY) 2012-2013 New York State Enacted Budget amended the state constitution to allow for non-tribal casino gaming in New York. It also included provisions to merge the Division of Lottery and the Racing and Wagering Board and establish the New York State Gaming Commission.

The Commission will be comprised of an Executive Director and seven members that must have no less than five years administrative experience in public or business administration and one or more qualifications in the following areas: (1) significant service as a certified public accountant; (2) knowledge of corporate finance and securities; (3) professional experience in gaming regulation administration or management; and (4) experience in fields of criminal investigation, law, or law enforcement.

The New York State Gaming Commission, as it is currently formed would be ill prepared to address issues that are related to problem gambling. It is imperative that as we move forward with our plan to expand gaming opportunities in New York, there is a member of the Commission with significant experience in the prevention and treatment of problem gambling. This ensures that gaming facilities in New York State will implement effective problem gambling programs which promote responsible gaming by their patrons.

This bill would enable the Gaming Commission to develop policies and procedures that promote responsible gaming practices and mitigate problems associated with problem gambling by requiring at least one of the New York State Gaming Commission's seven board members to have significant experience in the prevention and treatment of compulsive gambling.

2. Access to Problem Gambling Services A.10024 (Cymbrowitz) / S.7300 (Klein); Delivered to the Senate.

The vast majority of states that allow gambling within their borders, including New York, require that signs providing information on compulsive gambling assistance be posted in all gaming facilities. This is widely accepted as an appropriate tool to promote responsible gaming and raise awareness about how assistance with problem gambling can be obtained. New York State also includes on their signs, a hotline number which facilitates connecting people to services and supports which are available to them.

According to the New York State Council on Problem Gambling (NYSCPG), the manner in which these signs are posted appears to be haphazard and inconsistent. As a result, knowledge and use of this 24-hour helpline is inadequate and there are less New Yorkers receiving the help that is available to them. NYSCPG reported that in 2011, there were only 1,449 calls to the helpline despite the identification of approximately one million people in New York with a gambling problem. Additionally, only 8% of individuals in treatment were referred by the NYS helpline.

This bill would help to raise awareness on how to access supports and services for problem gambling by requiring gambling facilities to post signs in a prominent manner within reasonable proximity to every exit and entrance of a gambling facility.

3. Compulsive Gambling Assistance A.10025A (Cymbrowitz) / S.7795 (Addabbo);
Delivered to the Senate.

Self-exclusion lists are used nation-wide by many gaming facilities to encourage responsible gaming. New York gaming facilities are required to offer any individual the option to voluntarily place themselves on a self-exclusion list. That person will be prevented from entering, placing a wager, or collecting winnings from a gambling facility. Additionally, if an individual is seen on the premises of a facility, they may be escorted off the casinos property. In states with more comprehensive problem gambling assistance frameworks, the exclusion provisions focus on helping individuals, connecting them with treatment providers and other supports so that they may address their issues with problem gambling.

In Pennsylvania, as of January 1, 2012, over 3,000 individuals have made requests to be placed on the state's self-exclusion list and thirty three percent, or approximately 900 of those people have sought treatment. Further, the state of Illinois requires that prior to removal from a self-exclusion list; a treating physician or qualified mental health professional who is a certified gambling counselor must provide a written recommendation on the self-excluded person's capacity to participate in gambling, without experiencing adverse behavioral health risks or consequences.

This bill seeks to enhance New York State's self-exclusion provisions by requiring the Office of Alcoholism and Substance Abuse Services (OASAS) to create educational materials regarding compulsive gambling that would be provided to individuals who place themselves on a self-exclusion list. This bill also would require OASAS, in consultation with New York State Gaming Commission to develop a problem gambling education program that all individuals, prior to being removed from any self-exclusion list must complete.

4. Legislative Taskforce on Problem Gambling A.10054A (Cymbrowitz) / S.7796 (Addabbo); Delivered to the Senate.

This bill would establish a Legislative Taskforce on Responsible Gaming that would consist of eleven members, including six members appointed by the Legislature who shall have experience or expertise in the prevention or treatment of problem gambling, or the administration of problem gambling programs in a gaming facility. The remaining members would be the Commissioner of the Office of Alcoholism and Substance Abuse Services, the Executive Director of the New York State Gaming commission, the Director of the Division of Lottery, the Director of the Division of Gaming, and the Director of the Division of Horse Racing and Pari-Mutuel Wagering.

The Task Force would be required to develop a report detailing its findings and recommendations regarding the development of policies and procedures which foster responsible gaming practices by gaming facilities, that mitigate the risks or consequences associated with problem gambling, and will identify methods to measure the effectiveness of any problem gambling program that would be implemented.

5. Problem Gambling Education A.2425B (Rivera) / S.4885 (Klein); Delivered to the Senate.

Problem gambling affects nearly one million adult and adolescent New Yorkers. A study by the New York State Office of Alcoholism and Substance Abuse Services (OASAS) found that 5 percent of adults or 668,000 adults experienced problem gambling behaviors within the past year. Additionally, a survey of 7th through 12th graders found that 10 percent, or 140,000, experienced problem gambling in the past year.

A study conducted by The National Opinion Research Center (NORC) at the University of Chicago reported that children of compulsive gamblers are more likely to engage in delinquent behaviors such as smoking, drinking, and using drugs. Also, these youth are at higher risk of developing compulsive gambling behaviors themselves. The same report estimated that the aggregate annual costs of problem gambling caused by job loss, unemployment benefits, welfare benefits, poor physical and mental health, as well as substance abuse total approximately \$5 billion dollars per year.

This bill would require the Office of Alcoholism and Substance Abuse Services (OASAS) in consultation with the State Education Department (SED) to develop curriculum for a course of instruction in adolescent problem gambling which may be provided at the option of any school in grades 4-12. The curriculum would be made available on the websites of OASAS and SED.

B. ADVOCACY, PREVENTION & TREATMENT

1. Prescription Drug Disposal A.9621 (Cymbrowitz) / S.7095 (Klein); Delivered to the Senate.

The National Survey on Drug Use and Health (NSDUH) shows that nearly one-third of people aged 12 and over who used drugs for the first time in 2009 began by using a prescription drug non-medically. The same survey found that over 70 percent of people who abused prescription pain relievers got them from friends or relatives and most likely these drugs were taken from a household medicine cabinet. Frequently, individuals who are prescribed a prescription drug will have excess medications which are improperly stored, or they are unaware of how to safely dispose of them.

According to the Office of National Drug Control Policy, a Household Pharmaceutical Collection, which is a partnership between local communities and organizations, state government and the Drug Enforcement Administration (DEA), is an effective tool that allows individuals to properly dispose of unused, unneeded, or expired medications, and helps to prevent diversion and abuse.

This bill would aim to increase public awareness of how to conduct a Household Pharmaceutical Collection Event by adding such information to the website of the Office of Alcoholism and Substance Abuse Services (OASAS). It also will allow OASAS to assist the Department of Environmental Conservation and the Department of Health in the development of a public information program regarding the proper disposal of prescription drugs.

2. Supporting the Expansion of SBIRT A.7804 (Cymbrowitz); S.6174 (Klein); Delivered to the Senate.

Screening, brief intervention and referral to treatment (SBIRT) is an evidence-based practice model which is proven to be successful in modifying behavioral patterns with at-risk substance users and in identifying individuals who are in need of more extensive, specialized treatment. The implementation of SBIRT in primary health care settings will allow for the early detection of risky alcohol and drug use. Applied as a comprehensive, integrated, public health approach, SBIRT can result in early intervention which helps to avert the serious and costly health consequences of undetected substance abuse.

This bill would require the Office of Alcoholism and Substance Abuse Services (OASAS) in consultation with the Department of Health (DOH) to develop training materials for health care providers and qualified health professionals to enable the implementation of SBIRT.

3. Adequacy of Veterans Treatment Programs A.7806 (Cymbrowitz) / S.4466A (Huntley); Delivered to the Senate.

This bill would require OASAS, in collaboration with the Division of Veteran Affairs (DVA) to review programs operated by OASAS to ensure they are meeting the needs of New York State's veterans and to make improvements upon such programs. Furthermore, OASAS in collaboration with the DVA and the Office of Mental Health (OMH) would review and make recommendations to improve programs that provide treatment, rehabilitation, relapse prevention, and recovery services to veterans who have served in a combat theatre or combat zone of operations and have a co-occurring mental health and alcoholism and/or substance abuse disorder.

IV. LEGISLATIVE HEARINGS

A. Programs for the Prevention and Treatment of Problem Gambling

New York State Assembly Committee on Alcoholism and Drug Abuse

*Thursday, December, 20th, 2012 at 11am
New York City
250 Broadway, 19th floor, Room 1923
New York, NY*

Problem gambling affects nearly one million adult and adolescent New Yorkers. The Office of Alcoholism and Substance Abuse Services conducted a prevalence study which found that 5 percent of adults, or 668,000, experienced problem gambling behaviors within the past year. A survey of 7th through 12th graders found that 10 percent, or 140,000, experienced problem gambling in the past year and an additional 10 percent of adolescents in New York were identified through the survey as being at risk for developing a gambling problem.

Witnesses who provided testimony at the hearing included the Commissioner of the Office of Alcoholism and Substance Abuse Services (OASAS), problem gambling prevention and treatment providers, persons in recovery from problem gambling, and other stakeholders concerned with the issue of problem gambling. The Committee heard testimony that emphasized the need for an increased investment in problem gambling prevention and treatment programs. There was almost unanimous support for the dedication of a percentage of State revenue generated from casino gaming to fund problem gambling prevention and treatment services. Several witnesses focused on the need to create a public awareness campaign that will aim to educate the general public on the consequences of problem gambling. Other testimony indicated access to treatment is poor including counties that host a gaming facility but have no problem gambling supports or treatment services.

The Committee will continue to work with the prevention and treatment community to raise awareness of the consequences of problem gambling, encourage the introduction of an initiative that will dedicate a percentage of new gambling revenue to the prevention and treatment of problem gambling, and advocate for a system of care that provides a full spectrum of services for the prevention, treatment, and recovery for problem gambling.

APPENDIX A

**2012 SUMMARY OF ACTION ON BILLS REFERRED TO THE ALCOHOLISM
AND DRUG ABUSE COMMITTEE**

<u>Final Action</u>	<u>Assembly Bills</u>	<u>Senate Bills</u>	<u>Total Bills</u>
Bills Reported With or Without Amendment			
To Floor; Not Returning to Committee	2	0	2
To Ways and Means	6	0	6
To Codes	0	0	0
To Rules	1	0	1
TOTAL	9	0	9
Bills Having Committee Reference Changed			
TOTAL	0	0	0
Senate Bills Substituted or Recalled			
Substituted	0	0	0
Recalled	0	0	0
TOTAL	0	0	0
Bills Held for Consideration with a Roll Call Vote	1	0	1
Bills Never Reported, Died in Committee	10	1	11
Bills Having Enacting Clause Stricken	0	0	0
TOTAL BILLS IN COMMITTEE	20	1	21
Total Number of Committee Meetings Held	3		

APPENDIX B

2013 COMMITTEE OUTLOOK

Addiction presents itself across every system in New York State. The Committee will continue to encourage and support collaboration among the public health and safety, welfare and education sectors in order to reduce chemical dependency, problem gambling, and the consequences associated with them. The Committee will also monitor the establishment of effective evidence-based prevention and treatment strategies to address the disease of addiction so that we may foster long-term recovery, improve lives, strengthen outcomes, and see a safer, healthier New York.

The Committee will continue to advocate for resources that will allow programs to meet the demand for alcohol and chemical dependence and problem gambling services; increase access and eliminate barriers to services for those who are in need; provide the appropriate tools, information, and opportunities for training so that provider staff and other professionals may utilize the most recent clinical advancements in the field of chemical dependency and problem gambling; and raise awareness and reduce stigmas regarding alcohol and chemical dependence and problem gambling.

In addition, the Committee will work with the Legislature and the Executive to advance public health policy regarding the prevention of, treatment for, and recovery from addiction. As we have learned over the years, policies that are punitive in nature are counterproductive, continue the cycle of addiction, and cost New York State millions of dollars in healthcare, criminal justice, public assistance, child welfare, and domestic violence services.

Lastly, the Committee, in collaboration with advocates, service providers, and state agencies will identify critical issues facing the chemical dependence community, individuals, and families who are impacted by addiction. Through this process the Committee will develop new initiatives and legislation that potentially could expand and strengthen the system of addiction services. During the SFY 2013-2014 Legislative Session some of these issues may include:

The Expansion of Gambling Opportunities in New York State

The potential for increasing gaming opportunities in New York increased significantly after the Legislature approved the first passage of a constitutional amendment. This marked the initial step towards allowing for non-tribal casino gaming within our state's borders. If we make gaming more accessible to our citizens, we must acknowledge the potential for an increase in problem gambling and the consequences associated with it.

In response to this activity, the Committee sought to raise awareness among the members of the legislature and the general public on the risks associated with problem gambling. The Committee advanced legislation to enhance available programs and supports related to problem gambling assistance.

The Committee will continue to engage in meaningful dialogue with all relevant stakeholders on this issue to ensure that any legislative initiative to expand gaming measures include specific and targeted provisions that address ways to effectively prevent the rise in problem gambling and the associated public health and social costs.

Prescription Drug Abuse

New York State took major strides in the battle against prescription drug abuse, an epidemic which has impacted individuals and families across our state, as well as the entire nation. The 2012-2013 SFY Enacted Budget established the prescription pain medication awareness program. The core strategies includes the development of medical education programs, model courses, and other training materials that will emphasize best practices for prescribing controlled substance pain medication and; a public health education media campaign intended to alert youth, parents and the general population about the risks associated with prescription pain medications and the need to properly dispose of any unused medication.

Another major initiative that will help New York protect its citizens from the consequences of prescription drug abuse is the Internet System for Tracking Overprescribing Act, otherwise known as I-STOP which will provide prescribers with the necessary tools and data to identify potentially dangerous drug interactions, monitor patterns of abuse by patients, doctors and pharmacists, and help those who suffer from debilitating addictions as well as prevent addiction before it begins.

New York State took critical first steps in addressing this serious problem by instituting policies that will help deter the misuse of prescription drugs. However, a shortfall still remains in treatment services available to those who are suffering from addiction to opiate drugs. It is accepted by many that an untreated addiction is associated with an increase in social and public health costs such as crime, incarceration, emergency hospital visits, social service benefits, and the use of the child welfare system. The Assembly Committee on Alcoholism and Drug Abuse will continue to make prescription drug abuse one of its main priorities until there is a comprehensive approach in place that adequately addresses treatment needs statewide.