



New York State Assembly

Sheldon Silver
Speaker



2013

ANNUAL REPORT

Committee on
Alcoholism & Drug Abuse

Steven Cymbrowitz
Chairman





THE ASSEMBLY
STATE OF NEW YORK
ALBANY

STEVEN H. CYMBROWITZ
Assemblyman 45th District
Kings County

CHAIRMAN
Alcoholism and Drug Abuse
Committee

COMMITTEES
Codes
Environmental Conservation
Health
Insurance
Steering

December 15, 2013

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 2013 Annual Report. In my duties as Chairman over the course of this legislative session, I have made many visits to chemical dependence service providers across the state, convened meetings with stakeholders in the field of chemical dependency and problem gambling, and attended and participated in numerous events held to highlight key initiatives and address challenges faced by the substance abuse community. These experiences have fortified my resolve to advocate for the investment of resources in prevention and treatment programs that have proven effective in reducing the impact of addiction.

New York State continued to take steps toward rebuilding its economy by eliminating a significant deficit and producing a balanced budget for State Fiscal Year (SFY) 2013-2014. As a result of successful budget negotiations, 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 to support community treatment opportunities, including new supportive housing units in New York City for homeless families with a member suffering from a chemical dependency. The Committee was also pleased that enacted budget language enabling non-tribal casinos to be established in New York State included provisions dedicating resources to OASAS for problem gambling education and treatment services. This adopted policy is a significant step toward ensuring that New York has a robust network of resources and services to address the needs of those who are struggling with a gambling problem.

Legislatively, the Committee had a productive session. It was successful in enacting laws that will enhance treatment services for veterans with a substance abuse disorder or a co-occurring mental health disorder, develop educational materials that can be utilized to address problem gambling among adolescents, and raise awareness of treatment services for individuals afflicted with a gambling problem. The Committee also advanced legislation which emphasized topics

such as geriatric chemical dependence treatment services, screening for substance abuse in primary care settings, and the proper disposal of prescription drugs. 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 of 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

**2013 ANNUAL REPORT
OF THE
NEW YORK STATE ASSEMBLY
STANDING COMMITTEE ON ALCOHOLISM AND DRUG ABUSE**

**Steven Cymbrowitz
Chair**

Committee Members

Majority

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Inez D. Barron
Marcos A. Crespo
Michael G. DenDekker
Edward Hennessey
Crystal D. Peoples-Stokes
Dan Quart
Eric Stevenson
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Andy Goodell
Steve Katz
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Committee Staff

Lena DeThomasis – Office Manager/Committee Clerk

Program and Counsel Staff

Simonia Brown – Sr. Assistant Secretary for Program and Policy
Jennifer Sacco – 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 to and enhance prevention, treatment, and recovery services.

OASAS oversees a service system that includes more than 1,600 prevention, treatment and recovery programs. These programs deliver services to approximately 100,000 individuals on any given day and over 480,000 youth on an annual basis. OASAS also directly operates 12 Addiction Treatment Centers (ATCs), which provide inpatient rehabilitation services to 10,000 persons per year.

The Office provides education and training for persons dealing with clients and administers a professional credentialing process for more than 7,500 addiction professionals, including certified alcoholism and substance abuse counselors, prevention professionals and specialists, and problem gambling counselors.

II. STATE BUDGET HIGHLIGHTS

The State's sensitive economic forecast complicated already difficult decisions regarding funding priorities. Some of the highlights from the SFY 2013-2014 Enacted Budget include:

A. Supportive Housing Units

The SFY 2013-2014 Enacted Budget allocated \$5.3 million to fund new supportive housing units in New York City for homeless families with members who are suffering from a chemical dependency.

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 2013-2014 Enacted Budget provided \$14.85 million for the continuation of prevention and treatment services for problem gambling and chemical dependency prevention which are delivered by SAPIS workers.

D. Dedicated Revenue for Problem Gambling Education and Treatment Services

According to OASAS, it is allocated \$2.1 million on an annual basis to support problem gambling prevention and treatment services. Currently there are 24 outpatient programs throughout the state and one addiction treatment center located in St. Lawrence that provides inpatient services.

The SFY 2013-2014 Enacted Budget included the Upstate NY Gaming Economic Development Act which authorizes the establishment of gaming casinos in Upstate New York. The Act also requires that a gaming facility be assessed an annual fee of \$500 for each slot machine and table game that is approved by the New York State Gaming Commission for operation at such facility. These fees will be dedicated to OASAS for problem gambling education and treatment services.

III. SIGNIFICANT LEGISLATION – 2013

The Committee is dedicated to supporting legislation that would help to ensure the highest quality of care for persons with chemical dependence and problem gambling issues. Accordingly, the Committee developed and advanced several important pieces of legislation during the 2013 session.

1. Adequacy of Veterans' Treatment Programs A.1347 (Cymbrowitz) / S.910 (Parker); Chapter 358.

This legislation will require OASAS, in collaboration with the Division of Veterans' 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 to such programs. OASAS, in collaboration with the DVA and the Office of Mental Health (OMH), also 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.

2. Access to Problem Gambling Services A.2270-A (Cymbrowitz) / S.4721-A (Fuschillo); Chapter 507.

The vast majority of states that allow gambling within their borders, including New York, require that signs providing information on compulsive problem 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 these signs a hotline number that helps to connect people to available services and supports.

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, thereby preventing more New Yorkers from being aware of and 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 percent of individuals in treatment were referred by the NYS helpline.

This legislation will 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. Problem Gambling Education A.2313 (Crespo) / S.4499 (Carlucci); Chapter 551.

Problem gambling affects nearly one million New Yorkers. A study by OASAS found that 5 percent, 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 students, 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 drug use. 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 per year.

This bill would require OASAS, in collaboration with the State Education Department (SED), to develop educational materials that would assist schools when addressing adolescent problem gambling. Such materials would be made available on the websites of OASAS and SED.

4. Supporting the Expansion of SBIRT A.1610 (Cymbrowitz); Passed Assembly.

Screening, brief intervention and referral to treatment (SBIRT) is an evidence-based practice model 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 would help to avert the serious and costly health consequences of undetected substance abuse.

This bill would require 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.

5. Prescription Drug Abuse Educational Materials A.7837 (Cymbrowitz); Passed Assembly.

In 2011, the Office of National Drug Control Policy (ONDCP) stated in its Prescription Drug Abuse Prevention Plan that a key factor in deterring prescription drug abuse is educating youth and their parents about the dangers of misuse and abuse of prescription drugs. The ONDCP also recommended that organizations such as local anti-drug coalitions and pharmacies promote and disseminate public educational materials about the dangers of prescription drug misuse and abuse, and on how to safely dispose of unused prescription medications. In 2012, the New York State Department of Health (DOH), in partnership with OASAS and the Pharmacists Society of the State of New York (PSSNY), issued a letter to pharmacies in New York emphasizing the vital role pharmacists play in deterring prescription drug abuse. The letter stated that pharmacists

have a unique opportunity to increase the knowledge of their customers regarding the consequences of misusing prescription medication.

This bill would provide pharmacists with educational materials that they may distribute to their customers. Such materials would provide information on the dangers of misuse and the potential for addiction to prescription medications. Pharmacists would also provide information on how to access treatment services and safely dispose of unused prescription medications.

6. Compulsive Gambling Assistance A.2243-A (Cymbrowitz) / S.3394-A (Addabbo); Passed Assembly.

Self-exclusion lists are used nationally by many gaming facilities to encourage responsible gambling. At the request of any individual, a New York State gaming facility is required to place such person on the facility's voluntary 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 casino's 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 33 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 OASAS to create educational materials regarding compulsive gambling that would be provided to individuals who place themselves on a self-exclusion list. In addition, OASAS, in consultation with the New York State Gaming Commission, would be required to develop a problem gambling education program that an individual must complete prior to being removed from any self-exclusion list.

7. Qualifications of Members of the New York State Gaming Commission A.2268 (Cymbrowitz); Passed Assembly.

The State Fiscal Year (SFY) 2012-2013 New York State Enacted Budget included provisions to merge the Division of Lottery and the Racing and Wagering Board and establish the New York State Gaming Commission.

The Commission must comprise an Executive Director and seven members that must have no fewer 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 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 require that at least one of the New York State Gaming Commission's seven board members have significant experience in the prevention and treatment of compulsive gambling. This addition would enable the Gaming Commission to more effectively develop policies and procedures that promote responsible gaming practices and mitigate problems associated with problem gambling.

8. Legislative Task Force on Problem Gambling A.2271 (Cymbrowitz) / S.3962 (Addabbo); Passed Assembly.

This bill would establish a Legislative Task Force on Responsible Gaming that would consist of 11 members, including six appointed by the Legislature that would 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 that foster responsible gaming practices by gaming facilities. Such recommendations would examine how to most effectively mitigate the risks or consequences associated with problem gambling, and identify methods to measure the effectiveness of any problem gambling program that would be implemented.

9. Prescription Drug Disposal A.1609 (Cymbrowitz); Reported and Referred to Ways and Means.

The National Survey on Drug Use and Health (NSDUH) shows that nearly one-third of those aged 12 and older who used drugs for the first time in 2009 began by using a prescription drug non-medically. The same survey found that more than 70 percent of people who abused prescription pain relievers received them from friends or relatives, and that the drugs were most likely taken from a household medicine cabinet. Frequently, individuals who are prescribed a prescription drug will have excess, unused medications in their homes due to the lack of information on how to safely dispose of them.

According to the Office of National Drug Control Policy, a Household Pharmaceutical Collection, which is a partnership involving 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 aims to increase public awareness of proper prescription drug disposal by requiring OASAS, in cooperation with DEC, to post information on its website regarding the steps and guidelines for conducting a Household Pharmaceutical Collection Event for use by municipalities, pharmacies, law enforcement agencies, community groups or pharmacies that wish to organize such an event. It also will allow OASAS to assist the DEC and the Department of Health in the development of a public information program regarding the proper disposal of prescription drugs.

IV. LEGISLATIVE HEARINGS

A. Treatment Services for Opioid Abuse

New York State Assembly Committee on Alcoholism and Drug Abuse

Thursday, December 12, 2013 at 10 a.m.

New York City

250 Broadway, 19th floor, Room 1923

New York, NY

Opioid abuse is a serious public health and safety concern that can result from the misuse of prescription drugs or the use of illicit drugs such as heroin. According to results from the 2010 National Survey on Drug Use and Health (NSDUH), an estimated 2.4 million Americans used prescription drugs non-medically for the first time within the past year. Research is also suggesting that abuse of opiate prescription drugs may lead to heroin abuse, as illustrated by recent findings from the New York City Department of Health and Mental Hygiene (NYCDOHMH). Their data indicated that city youth who misused opioid prescription medications or other prescription drugs were 10 times more likely to use heroin compared to other youth who did not abuse these types of drugs.

Witnesses who provided testimony included the Commissioner of the Office of Alcoholism and Substance Abuse Services (OASAS), chemical dependence treatment providers, health care professionals, research experts in the field of chemical dependency, and other stakeholders concerned with the issue of opioid abuse. The Committee heard testimony that emphasized the need to improve access to treatment for opioid abuse. Nearly every chemical dependence service provider identified managed care programs' unwillingness to pay for a clinically appropriate length of care as the most concerning barrier for access to residential treatment. There was consensus among most of the witnesses that medication such as Naloxone was an excellent tool to avoid opioid overdose deaths and buprenorphine being effective for the treatment of opioid abuse in combination with talk therapy. The OASAS commissioner, Arlene Gonzalez-Sanchez, testified that there is a need for additional upstate methadone programs; however the office has experienced reluctance from communities to host such programs. Commissioner Gonzalez-Sanchez also noted that OASAS is exploring a new approach to fund intensive residential treatment; developing an assessment tool to determine the appropriate length of care for each patient based on their specific treatment needs; and creating guidelines for best treatment practices for youth and adolescents.

The Committee will continue to work with the treatment community to address the needs of those who are suffering from an addiction to opioids and advocate for a system of care that provides a full spectrum of services for opioid abuse prevention, treatment, and recovery.

APPENDIX A

2013 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	1	0	1
To Ways and Means	9	0	9
To Codes	0	0	0
To Rules	0	0	0
TOTAL	10	0	10
Bills Having Committee Reference Changed			
TOTAL	0	0	0
Senate Bills Substituted or Recalled			
Substituted	0	2	2
Recalled	0	0	0
TOTAL	0	0	0
Bills Held for Consideration with a Roll Call Vote	0	0	0
Bills Never Reported, Died in Committee	8	0	8
Bills Having Enacting Clause Stricken	0	0	0
TOTAL BILLS IN COMMITTEE	18	2	20
Total Number of Committee Meetings Held	3		

APPENDIX B

LAWS ENACTED DURING THE 2013 SESSION

CHAPTER	ASSEMBLY BILL # SPONSOR	SENATE BILL # SPONSOR	DESCRIPTION
358	Cymbrowitz	Parker	Requires OASAS, in collaboration with the Division of Veterans' Affairs (DVA) and the Office of Mental Health (OMH), to review programs operated by OASAS and OMH to ensure they are meeting the needs of New York State's veterans and to make improvements upon such programs.
507	Cymbrowitz	Fuschillo	Requires gambling facilities to post signs with compulsive gambling support services in a prominent manner within reasonable proximity to every exit and entrance of a gambling facility.
551	Crespo	Carlucci	Requires OASAS, in consultation with the State Education Department (SED), to develop educational materials that will assist schools in addressing adolescent problem gambling. Such materials will be made available on the websites of OASAS and SED.

APPENDIX C

2014 COMMITTEE OUTLOOK

Addiction presents itself across every system in New York State. The Committee will 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.

Looking toward the upcoming State Fiscal Year (SFY) 2014-2015 budget cycle, the Committee will advocate strongly for the investment of resources for the prevention, treatment, and recovery services needed for those who are suffering from addiction; increase access and eliminate barriers to services for those who are in need; and make available the appropriate tools, information, and opportunities for training so that provider staff and other professionals may provide evidence-based and effective chemical dependency services.

Finally, 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 2014-2015 Legislative Session, some of these issues may include:

Dedicated Funding for Problem Gambling Education and Treatment Services

The Committee will continue to engage in meaningful dialogue with all relevant stakeholders to ensure that policies aiming to mitigate the consequences of problem gambling are effectively implemented and that treatment services are accessible to all who are in need.

Treatment for Opioid Abuse

The 2012-2013 SFY Enacted Budget established the prescription pain medication awareness program. The core strategies include the development of medical education programs, model courses, and other training materials that will emphasize the 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. I-STOP 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.

While New York State has taken major strides in the battle against prescription drug abuse, according to the OASAS Statewide Comprehensive Plan, a shift from prescription opioid to heroin abuse has resulted in a rise of treatment admissions across the state. Without treatment readily available, the public health costs could be severe for New York State. The Assembly Committee on Alcoholism and Drug Abuse will continue to make opioid misuse and abuse one of its main priorities until there is a comprehensive approach in place that adequately addresses treatment needs statewide.

Chemical Dependence Housing Services

OASAS certifies three levels of residential services: intensive residential rehabilitation, community residential, and supportive living residential. These programs are considered transitional services and the expected duration of care is anywhere from 30 days to up to 24 months. OASAS also funds permanent supportive housing programs such as Shelter Plus Care; New York/ New York III; and the Upstate Permanent Supportive Housing Program. Each permanent housing program includes rental subsidies and provides access to supportive services that assist individuals and families with a history of substance abuse to achieve greater independence and self-sufficiency.

Safe, affordable housing and employment are essential for successful long-term recovery. Therefore, the Committee will work with advocates, service providers, and other stakeholders in the chemical dependence community to ensure that affordable housing and residential services are accessible to individuals and their families who have been impacted by addiction.