

2017

ANNUAL REPORT



New York State Assembly

Carl E. Heastie

Speaker

Committee on

Alcoholism and Drug Abuse

Linda B. Rosenthal

Chair



LINDA B. ROSENTHAL
Assembly Member 67th District

THE ASSEMBLY
STATE OF NEW YORK
ALBANY

CHAIR
Committee on Alcoholism and Drug Abuse

COMMITTEES
Agriculture
Education
Energy
Health
Housing
Tourism, Parks, Arts & Sports Development

Delegate at Large
New York State Legislative Women's Caucus

December 15, 2017

Honorable Carl E. Heastie
Speaker of the Assembly
Legislative Office Building, Room 932
Albany, NY 12248

Dear Speaker Heastie:

On behalf of the Assembly Standing Committee on Alcoholism and Drug Abuse, I respectfully submit the Committee's 2017 Annual Report. During my tenure as Chair, I have engaged with the substance use prevention and treatment community by convening meetings with stakeholders. Additionally, I have attended and participated in numerous events that were held to highlight key initiatives and address challenges for substance dependence prevention, treatment and recovery providers. In light of the growing epidemic, I will continue to advocate for the investment of additional resources in effective prevention, treatment and recovery programs.

The State Fiscal Year (SFY) 2017-2018 Enacted Budget continued funding support for heroin and opiate abuse prevention, treatment and recovery services, expanding access to these services for people who have been afflicted by the opioid epidemic across New York.

In the upcoming legislative session, the Committee will continue to examine, develop and consider policies designed to help every New Yorker impacted by a substance use disorder. I look forward to working with you and my Assembly colleagues to ensure that effective prevention, treatment and recovery services are accessible to all individuals and families who are affected by substance use disorder and problem gambling.

Thank you for your continued commitment to preventing the spread of the opioid crisis to further regions across our state.

Sincerely,

Linda B. Rosenthal
Chair
Assembly Committee on Alcoholism and Drug Abuse

**2017 ANNUAL REPORT
OF THE
NEW YORK STATE ASSEMBLY
STANDING COMMITTEE ON ALCOHOLISM AND DRUG ABUSE**

**Linda B. Rosenthal
Chair**

Committee Members

Majority

Carmen E. Arroyo
Michael G. DenDekker
Crystal D. Peoples-Stokes
John McDonald III
Dan Quart
Al Stirpe
Maritza Davila
Pamela Harris
Patricia Fahy

Minority

Mark Johns – Ranking Member
Peter Lopez
David DiPietro
Melissa Miller

Committee Staff

Nicholas Guile – Committee Clerk

Program and Counsel Staff

Rebecca Mudie – Assistant Secretary for Program and Policy
Jennifer Sacco – Associate Counsel
Katherine Jesaitis – Legislative Analyst

TABLE OF CONTENTS

I. INTRODUCTION 1

II. BUDGET HIGHLIGHTS 2

III. SIGNIFICANT LEGISLATION 2017 4

IV. LEGISLATIVE HEARINGS.....7

V. APPENDIX A: Summary of Action on 2017 Bills 8

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 over the New York State Office of Alcoholism and Substance Abuse Services (OASAS) to ensure that policies and initiatives will improve access to and expand prevention, treatment, and recovery services statewide.

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 approximately 240,000 people each year. OASAS also operates 12 Addiction Treatment Centers (ATCs), which provide inpatient rehabilitation services to roughly 8,000 persons per year.

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

II. STATE BUDGET HIGHLIGHTS

The Committee carefully considered funding priorities and how to effectively allocate resources. Some of the highlights from the SFY 2017-2018 Enacted Budget include:

A. Heroin and Opioid Abuse Prevention, Treatment, and Recovery Services Funding

With the growing heroin and opioid epidemic, the SFY 2017-18 budget provides **\$213.5 million** to the Office of Alcoholism and Substance Abuse Services (OASAS), to support Opioid Abuse Prevention and Treatment Services, including \$10 million in new capital funding.

In addition to continued support, the budget provides an increase of **\$39.3 million** in funding, which was allocated in recognition of the need for more support and services to expand upon necessary and effective substance use prevention, treatment and recovery services across the state.

This funding will support a variety of programs and initiatives, including:

- **Residential Treatment Beds (\$65 million):** This funding supports counseling and related services for approximately 8,000 individuals residing in residential programs, which can last from several months to several years, depending on treatment needs.
- **Supportive Housing Units (\$9 million):** This funding supports beds established through the NY/NY IV, and Upstate and Re-Entry Supportive Housing programs.
- **Opioid Treatment Programs (\$41 million):** This funding supports methadone-to-abstinence and methadone maintenance services to approximately 45,000 clients in residential or outpatient settings.
- **Outpatient Services (\$21 million):** This funding supports group and individual counseling, social and health care services, and life-skills development.
- **Crisis and Detoxification Programs (\$9 million):** This funding supports programs to manage and treat withdrawal, which occurs in a three-day to two-week time period.
- **State-Operated Addiction Treatment Centers (ATC) (\$27 million):** This funding supports individuals with heroin/opiate use disorders that seek treatment in the state-operated ATC programs.
- **Narcan Kit Program (\$6 million):** This funding supports the purchase of Narcan kits at the State's Opioid Overdose Prevention Programs.
- **Expanded and New Programming (\$35 million):** This funding supports the development of expanded programming, including the establishment of:
 - new Residential Treatment Beds;
 - new Opioid Treatment Program slots;
 - Community Coalitions;
 - Family Support Navigators;
 - Peer Engagement Specialists;

- Adolescent Clubhouses;
- Recovery Community and Outreach Centers; and
- 24/7 Urgent Access Centers.

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 to professional services.

The SFY 2017-2018 Enacted Budget provided **\$16.9 million** for the continuation of prevention and treatment services for problem gambling and chemical dependency prevention that are delivered by SAPIS workers.

C. Worker Wage Increases

In recognition of the need to provide a living wage for direct care workers, the SFY 2017-18 Enacted Budget provides \$13.87 million in state share funding across various state agencies to support a 3.25 percent salary increase for direct care and support workers that will take effect January 1, 2018, including \$921,000 for programs supported by OASAS . The budget will also provide direct care, direct support, and clinical staff with another 3.25 percent increase on April 1, 2018.

In addition, the SFY 2017-18 budget includes a total of \$284.6 million in state share funding to provide support to direct care providers' costs associated with the increase in the State's minimum wage, including \$4.6 million to support the costs associated with OASAS providers.

III. SIGNIFICANT LEGISLATION - 2017

The Committee is dedicated to supporting legislation that will help ensure the highest quality of care for persons with substance use and problem gambling issues. In the 2017 legislative session, the Committee developed and advanced important pieces of legislation which included:

1. Medication Assisted Treatment A.373 (Rosenthal)/S.981 (Amedore); Signed Chapter 2.

This law requires Credentialed Alcoholism and Substance Abuse Counselors to receive Medication-Assisted Treatment (MAT) training. MAT is a treatment for individuals with substance use disorders that combine both counseling and medication.

2. Educational Materials for School Aged Youth on Misuse of Substances A.7470 (Davila); Passed Assembly.

This legislation would require OASAS, in consultation with the State Education Department (SED), to develop or utilize existing educational materials to be provided to school districts and Boards of Cooperative Educational Services (BOCES) regarding the misuse and abuse of alcohol, tobacco, prescription medication, and other drugs that are prevalent among school-aged youth. This bill would also require that the school district or BOCES to designate an employee to provide information to any student, parent or staff regarding how and where to find available substance use-related services.

3. Sober Living Task Force A.612 (Rosenthal)/S.910 (Crocini); Reported to Rules.

Stable, safe and substance-free housing is a component critical to substance use disorder recovery. In addition to a dearth of sober living environments, the ones that do exist often prey upon the vulnerable residents, which is disruptive to recovery for even the most highly motivated individuals. The National Institute of Health (NIH) noted studies that indicate individuals completing treatment who return to a living environment with alcohol and drugs present are more likely to relapse, in contrast to an individual who is living in an environment supportive of sobriety.

A study conducted by NIH revealed that sober living homes might be an effective option for those in need of alcohol and drug-free housing. The study illustrated that residents of sober living homes demonstrated a decrease in alcohol and drug use, arrests, and psychiatric symptoms; as well as an increase in employment.

This legislation would establish a Sober Living Task Force, which would be required to establish voluntary guidelines and best practices for sober living homes. Individuals in need of a drug free living environment would be referred to such sober living homes that adopt the best practices.

4. Prom and Graduation Safety Program A.3876 (Rosenthal)/S.3555 (Boyle); Reported to Ways and Means.

Every year, thousands of high schools students attend prom, graduation ceremonies and parties with their classmates. Unfortunately, some such celebrations end tragically when students engage in unsafe practices. Tragedy could potentially be avoided by raising awareness and educating students about safe practices during prom and graduation season. The CDC has

reported that motor vehicle crashes are the leading cause of death for teenagers between the ages of 16 and 19, with 1 in 5 of those teen drivers involved in fatal crashes had alcohol in their system. Students are particularly vulnerable to several risks of underage drinking, including but not limited to alcohol poisoning and driving while intoxicated, while celebrating the end of high school.

This legislation would establish a prom and graduation safety program, which would focus on ensuring the safety of adolescents by making them aware of the dangers of the use and abuse of substances.

5. Compulsive Gambling Assistance A.5080 (Rosenthal); Reported to Rules.

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 the requesting individual on the facility's voluntary self-exclusion list. The person would then be prevented from entering the gaming facility, placing a wager or collecting winnings from the facility. Additionally, if the individual is seen on the premises of any facility, they may be escorted from the property. In states with more comprehensive problem gambling assistance frameworks, the exclusion provisions focus on helping individuals, by connecting them with treatment providers and other supports.

This legislation seeks to enhance New York State's self-exclusion provisions by requiring the state gaming commission to create a single and uniform self-exclusion list to be utilized by the various types of gaming facilities. In addition, the legislation requires OASAS to create educational materials regarding compulsive gambling and provide those materials 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 request for removal form that must be completed prior to an individual being removed from the self-exclusion list.

6. Problem Gambling Advisory Council A.5081 (Rosenthal); Reported to Ways and Means.

Problem gambling affects nearly 1 million New Yorkers. A 2006 Household Survey by OASAS found that 5 percent, or 668,000 adults, experienced problem gambling behaviors within the past year. Additionally, a survey of seventh through 12th graders found that 10 percent, or 140,000 students, struggled with 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 behaviors, such as smoking, drinking and drug use, and 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 annually.

This legislation would establish the Problem Gambling Advisory Council, which would develop findings and make recommendations to the Governor and the Legislature on how to prevent and treat problem gambling in New York. The Council would be required to produce an annual report that includes recommendations on how to allocate the \$500 machine and table fees collected for the purposes of addressing problem gambling.

7. Statewide Gambling Evaluation A.5083 (Rosenthal); Reported to Rules.

This legislation would require the Commissioner of OASAS, in consultation with the New York State Gaming Commission, to conduct a statewide evaluation regarding the extent of gambling by New York State residents.

8. Prohibition on Deceptive Acts and Practices A.7689 (Rosenthal)/S.6544 (Akshar); Reported to Codes.

Individuals seeking treatment for substance use disorders are often vulnerable to the malpractice of treatment programs and patient brokers who engage in deceptive, exploitative practices. Patient brokering is a form of health care fraud that puts vulnerable individuals at risk for inappropriate treatment. This legislation would prohibit the practice of substance use disorder patient brokering in New York State.

9. Council for Treatment Equity A.8150 (Rosenthal); Reported to Ways and Means.

Many vulnerable populations across the state, including communities of color, low-income individuals and people with disabilities, to name a few, face significant disparities in access to quality care and services for substance use disorders. Developing programs and policies for increased access to care and treatment in these communities is vital. In addition to improved access and quality of care, we must be respectful of the diversity of beliefs and health practices, as well as cultural and language needs. By raising awareness of the disparities that exist, we can help remove serious obstacles to treatment and recovery.

This legislation would require that a Council for Treatment Equity be created to address substance use disorder disparities amongst vulnerable populations across New York State.

10. OASAS Provider Directory A.8151 (Rosenthal); Reported to Rules.

For many people throughout the state, substance use disorder services are both insufficient and difficult to access. By creating an easy-to-navigate public directory, individuals seeking substance use disorder services will have an easier time finding treatment and services that meet their needs. This legislation requires OASAS to add to its existing online database system or create a new database that allows individuals to search for a wider variety of programs, including MAT and OTPs.

IV. LEGISLATIVE HEARINGS

A. Adequacy of Funding for Prevention, Treatment, and Recovery Services

December 12th, 2017, New York City

Opioid addiction is a public health emergency, and substance use disorders affect more than 20 million people nationwide according to the Substance Abuse and Mental Health Services Administration (SAMHSA). In New York State, the Office of Alcoholism and Substance Abuse (OASAS) estimates that over 2 million people suffer from a substance use disorder, however only a small fraction of those, a mere 240,000 annually, ever seek treatment. According to OASAS, comprehensive and targeted services are proven methods to connect more people with prevention, treatment and recovery services statewide.

On December 12, 2017, the Assembly Standing Committee on Alcoholism and Drug Abuse convened a hearing on the adequacy of funding for prevention, treatment, and recovery services in New York State. The hearing was chaired by Linda B. Rosenthal, and other participants included Assemblymembers Maritza Davila and Jeffrion Aubry, as well as representatives from OASAS, the Coalition for Medication-Assisted Treatment Providers and Advocates (COMPA), Alcoholism and Substance Abuse Providers of New York State (ASAP-NYS), and other service providers and advocate organizations throughout the state.

The representative from OASAS discussed the programs that have received continued funding during the past fiscal year, and new initiatives that provide prevention services. Some notable programs include additional Youth Clubhouses, Peer Engagement Programs, and Family Support Navigators. OASAS also has three 24/7 Open Access Centers in the state which deliver immediate services, and the agency has issued a procurement to facilitate the creation of an Open Access Center in each economic development region.

Many witnesses agreed that the state needs to focus its efforts on tackling the heroin and opioid epidemic, including taking action on the recent increase of fentanyl-laced drugs. Some individuals in attendance noted that additional resources were needed to combat growing stimulant use among vulnerable populations, and that more targeted outreach was necessary. Individuals recommended effective ways to tackle the opioid crisis, including increasing harm reduction services, safer consumption spaces, diversion programs, supportive housing programs, and expanding the use of naloxone throughout the state. There was also strong support from witnesses on reversing the stigma of medication-assisted treatments, including the use of methadone and buprenorphine., with a focus on not compelling abstinence-only treatment and recovery programs in diverse treatment and social contexts. Many organizations and elected officials discussed the need for resources to be targeted to historically hard-hit yet underserved communities. There was agreement among all advocates providing testimony that there remains a significant need for increased funding and resources to maintain proper services.

APPENDIX A

2017 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	0	0	0
To Ways and Means	6	0	6
To Codes	3	0	3
To Rules	1	0	1
To Judiciary	0	0	0
TOTAL	10	0	10
Bills Having Committee Reference Changed			
TOTAL	0	0	0
Senate Bills Substituted or Recalled	0	0	0
TOTAL	0	0	0
Bills Defeated in Committee	0	0	0
Bills Held for Consideration with a Roll Call Vote	1	0	1
Bills Never Reported, Died in Committee	23	4	27
Bills Having Enacting Clause Stricken	1	0	0
TOTAL BILLS IN COMMITTEE	34	4	38
Total Number of Committee Meetings Held	3		