

# New York State Assembly | Sheldon Silver, Speaker



## 2009 ANNUAL REPORT

committee on

### **Alcoholism and Drug Abuse**

Felix W. Ortiz, Chair

THE ASSEMBLY  
STATE OF NEW YORK  
ALBANY



FELIX W. ORTIZ  
Assemblyman 51<sup>st</sup> District  
Kings County

CHAIR  
Alcoholism and Drug Abuse  
CHAIR  
Subcommittee on Sweatshops  
COMMITTEES  
Correction  
Economic Development, Job Creation,  
Commerce & Industry  
Labor  
Rules

December 15, 2009

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 2009 Annual Report. The Committee continued its commitment to improving outcomes and ensuring access to treatment, prevention and recovery programs for individuals and families dealing with addiction.

This year, the State braced itself for the worst economic outlook in history since the Great Depression. The economic decline of Wall Street drastically affected the State's coffers and has taken its toll on the workforce and State-sponsored programs. The Budget passed in April reflects the tough choices we as a Legislature had to make. Despite these economic challenges, the Committee stayed committed to its ongoing mission to improve quality and access to chemical dependence services that are available in New York State.

The 2009-2010 budget negotiation process provided the Committee a vital opportunity to advocate for programs that provide alcohol and drug abuse services. The Committee proposed the restoration of funding for several key areas that included the Human Services COLA, Unified Services, Managed Addiction Treatment Services, and New York City school based prevention programs.

New initiatives included funding related to Rockefeller Drug Law Reform. Resources were made available to increase capacity for individuals in need of chemical dependence treatment services. A significant amount of funding was also made available for the design, construction and rehabilitation of residential treatment beds.

During the 2009 session, the Committee on Alcoholism and Drug Abuse held public hearings and roundtables seeking input on several important issues under its purview.

On June 15<sup>th</sup>, the Committee held a round table on the topic of services available to people with a heroin addiction.

On September 10<sup>th</sup>, 2009 the Assembly Committee on Alcoholism and Drug Abuse, in conjunction with the Assembly Committee on Health, convened a public hearing in New York City to assess the needs of persons who abuse prescription drugs; determine whether the services available to such persons meet their needs; and identify what actions New York State needs to take to improve prevention and treatment services.

Lastly, on October 26<sup>th</sup>, the Committee partnered with the Assembly Task Force on Women's issues to conduct a roundtable on prevention and treatment services currently available for women who struggle with alcohol and drug abuse issues, and, to determine what barriers impact women and their access to such services.

In the upcoming Legislative Session, the Committee will look to identify new initiatives and legislation that will expand upon and strengthen the system of addiction services. Together with advocates, service providers, state agencies, and the Assembly Majority, the Committee will continue to raise awareness of critical issues that have an impact on the chemical dependence community.

I would like to express my sincere appreciation for your support and encouragement throughout the Legislative Session. I look forward to working with you to ensure that the constituents of the Committee receive the services they so rightly deserve.

Very truly yours,

A handwritten signature in cursive script, reading "Felix W. Ortiz". The signature is written in black ink and is positioned above the printed name.

Felix W. Ortiz, Chair  
Assembly Committee on Alcoholism and Drug Abuse

**2009 ANNUAL REPORT  
OF THE  
NEW YORK STATE ASSEMBLY  
STANDING COMMITTEE ON ALCOHOLISM AND DRUG ABUSE**

**Felix W. Ortiz  
Chair**

**Committee Members**

**Majority**

Carmen E. Arroyo  
Inez D. Barron  
Michael G. DenDekker  
Adriano Espaillat  
Andrew Hevesi  
Janele Hyer-Spencer  
David Koon  
Crystal D. Peoples-Stokes  
Linda B. Rosenthal  
Marcos A. Crespo

**Minority**

Tony Jordan – Ranking Member  
George Amedore

**Staff**

Linda Buckley – Chief of Staff  
Tobey Zimber – Legislative Assistant/Committee Clerk

**Program and Counsel Staff**

Giovanni Warren – Assistant Secretary for Program and Policy  
Nicholas Cartagena – Associate Counsel  
Willie Sanchez – Legislative Analyst  
Elizabeth Sweeney – Executive Secretary

**TABLE OF CONTENTS**

**I. INTRODUCTION..... 1**

**II. BUDGET HIGHLIGHTS..... 2**

**III. SIGNIFICANT LEGISLATION 2009 ..... 5**

**A. Alternative Sources of Funding .....5**

**Community Reinvestment Program .....5**

**B. Geriatric Chemical Dependence .....5**

**Senior Citizen Alcoholism Demonstration Programs.....5**

**C. Enforcement & Advocacy & Treatment.....6**

**Intent to Defraud Drug Screening Tests .....6**

**Chemical Dependence Treatment Bill of Rights .....6**

**IV. LEGISLATIVE HEARINGS .....7**

**A. Services Available to People with a Heroin Addiction ..... 7**

**B. Prescription Drug Abuse ..... 8**

**C. Services Available to Women with Alcohol and Substance Abuse Issues..... 9**

**D. Implementation of Rockefeller Drug Law Reform ..... 10**

**APPENDIX A: Summary of Action on 2009 Bills ..... 11**

**APPENDIX B: 2010 Committee Goals ..... 12**

## **I. INTRODUCTION**

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

This year the Committee reviewed and investigated numerous issues affecting the lives of those who suffer from alcohol or drug abuse, or compulsive and problem gambling. The Committee reported pieces of legislation aimed at increasing treatment opportunities for geriatric chemical dependence, increasing resources available for the chemical dependency field through reinvestment of funds, and increasing awareness of clients' rights while they are in treatment.

The Committee, in conjunction with other Assembly Committees and Task Forces, was able to obtain valuable information on services available to individuals with a heroin addiction; prescription drug abuse; and alcoholism and drug abuse services available for women.

In the upcoming Legislative Session, the Committee will look to identify new initiatives and legislation that will expand upon and strengthen the system of addiction services. Together with advocates, service providers, state agencies, and the Assembly Majority, the Committee will continue to promote awareness of critical issues facing the chemical dependence community, individuals, and, families that receive these services.

## **II. STATE BUDGET HIGHLIGHTS**

The development of the State budget for the Office of Alcoholism and Substance Abuse Services was the overriding issue facing the Committee during the 2009 Legislative Session. The State's fiscal problems further complicated already difficult decisions regarding funding priorities. Nevertheless, the Committee worked to ensure the continuation of crucial programs and services for chemical dependence and gambling.

### **A. Rockefeller Drug Law Reform**

The Legislature added \$800,000 for chemical dependence treatment services related to Rockefeller Drug Law Reform, in addition to \$10 million in capital funding for the design, construction, and rehabilitation of residential treatment beds.

Thirty-five years ago, New York enacted the harshest drug laws in the nation. At that time, many mistakenly believed the only way to combat drug abuse and reduce violent crime was to impose high maximum and mandatory minimum prison sentences. Judges in many cases had no choice but to sentence non-violent, lower-level drug offenders to prison. Further, the drug laws had a disproportionate impact on minority communities, which were unfairly targeted. Most importantly, those laws failed to curb drug abuse.

Treatment and rehabilitation initiatives offer certain lower level offenders a second chance and better opportunities to become successful and productive members of the community. This committee recognizes these strategies can be far more effective at combating substance abuse and the street-level crime associated with it. This smarter approach will also save taxpayers hundreds of millions of dollars.

### **B. Human Service COLA**

The Legislature restored \$3.9 million to the 2008-2009 Human Services COLA through increased Federal Medical Assistance Percentage (FMAP) funding pursuant to the American Recovery and Reinvestment Act of 2009.

The Human Services COLA is funding granted to not for profit agencies providing problem gambling and chemical dependency prevention, treatment and recovery services to enable these agencies to implement cost of living salary increases to their workers.

Historically, low salaries make the recruitment and retention for the substance abuse treatment workforce problematic. Restoring the retroactive cut to the Human Services COLA prevented pay cuts to alcoholism and substance abuse workers.

### **C. Managed Addiction Treatment Services Program**

The Legislature restored \$1.5 million statewide for the Managed Addiction Treatment Services Program (MATS) through increased Federal Medical Assistance Percentage (FMAP) funding pursuant to the American Recovery and Reinvestment Act of 2009.

Untreated addiction results in significant costs to families and businesses while heavily taxing the State's health care, criminal justice, and welfare systems. MATS programs target Medicaid recipients with an extraordinarily high volume of chemical dependence detoxification, inpatient, and outpatient treatment services and other health care services.

### **D. New York City School-Based Prevention**

The 2009 Executive Budget proposed a reduction in funding to the New York City Department of Education of \$10 million currently utilized to deliver school-based prevention services in New York City. The proposal recommended a reinvestment of \$8 million to community-based provider organizations within the 5 boroughs as well as an additional \$2 million that the State would have realized as savings.

The Legislature redirected \$8 million back to the New York City School District school-operated prevention program for a total of \$17 million in funding.

Prevention programs are the most essential tool in combating alcoholism and chemical addiction. In our schools it is imperative that we have prevention programs that are effective and evidence-based.

### **E. Unified Services**

The Legislature restored \$50,000 to the Unified Services Program through increased Federal Medical Assistance Percentage (FMAP) funding pursuant to the American Recovery and Reinvestment Act of 2009.

A Unified Services county works collaboratively with a consortium of agencies that serve individuals enrolled in programs funded by the NYS Offices of Mental Health, Mental Retardation and Developmental Disabilities and the Office of Alcoholism and Substance Abuse. Currently five counties use Unified Services: Washington, Warren, Westchester, Rensselaer, and Rockland.

### **F. HIV/AIDS Services**

The Legislature restored \$2,000,000 for HIV/AIDS services for persons enrolled in drug treatment programs through increased Federal Medical Assistance Percentage (FMAP) funding pursuant to the American Recovery and Reinvestment Act of 2009.

Substance Abuse programs facilitated by these HIV/AIDS organizations have been touted as an example of a long-standing cooperative arrangement between the Department of Health and the Office of Alcoholism and Substance Abuse Services. It has been documented that in the mid 1990's injection drug use accounted for over 50% of the HIV cases in New York State. Due largely to programs funded by OASAS, fewer than 10% of the new cases are the result of injection drug use.

#### **G. Manhattan Addiction Treatment Center**

The Legislature accepted the closure of the Manhattan Addiction Treatment Center. The State achieved significant savings. The individuals who were receiving treatment at the Manhattan Addiction Center were transferred to other programs where they could continue to receive services.

### **III. SIGNIFICANT LEGISLATION – 2009**

The Committee is dedicated to the advancement of legislation that would ensure the highest quality of care for persons addicted to alcohol or drugs. Accordingly, the Committee reported a number of important pieces of legislation during the 2009 session. These included:

#### **A. Alternative Sources of Funding**

##### **Community Reinvestment Program**

##### **A.491 (Dinowitz)**

OASAS licensed community-based treatment is essential for public safety and public health. Releasing inmates or diverting arrestees without a strong treatment and job training component will pose a considerable public risk. Community-based treatment provides a therapeutic structure that dramatically increases the likelihood that a person will remain drug/alcohol free and become a law abiding, productive citizen.

The New York State Office of Alcoholism and Substance Abuse Services and other leading researchers have documented the dramatic successes of treatment and prevention in reducing alcohol and drug dependence.

Bill A.491 would create the Chemical Dependence Reinvestment Fund; and establish the State Interagency Council on Chemical Dependence Reinvestment Fund Utilization, which would develop and implement a schedule for studying chemical dependence prevention and treatment programs; and establish the Community Reinvestment Program.

This bill was advanced to the Assembly Committee on Ways and Means.

#### **B. Geriatric Chemical Dependence**

##### **Senior Citizen Alcoholism Demonstration Programs**

##### **A.7300 (Cook)**

According to the 2008 US Census Bureau, 13.4% of New York State's residents are age 65 or older. The problem of alcoholism and drug abuse among the elderly has not been sufficiently addressed. Past estimates of the number of problem drinkers aged 60 years and older are as high as 4.9%. However, this number may not be accurate as alcoholism among the elderly is very often masked by a physical or mental illness or other complications associated with the aging process.

This bill would require the State Office for the Aging (SOFA) and the Office of Alcoholism and Substance Abuse Services (OASAS) to develop alcoholism prevention, education, and treatment demonstration programs for the elderly. SOFA, in consultation with OASAS, would be required to solicit requests for proposals from local governments or voluntary not-for-profit agencies wishing to receive grants to administer these demonstration projects.

This bill was advanced to the Assembly Committee on Ways and Means.

### **C. Enforcement and Advocacy and Treatment**

#### **Intent to Defraud Drug Screening Tests**

##### **A.1195 (Destito)**

Many large corporations and small businesses today have adopted a zero tolerance policy towards illicit drug use. Almost all of the nation's Fortune 200 companies have instituted drug testing programs in the past decade. Surveys by the American Management Association, a trade group whose members are disproportionately large companies, estimate that about three-quarters of their members do drug testing.

This bill would make the sale, donation, purchase, or transport of urine with intent to defraud a drug screening test a misdemeanor punishable by a fine of up to \$1000 and imprisonment of up to one year for the first offense. Subsequent convictions for the same offense within three years would constitute a class E felony.

This bill was advanced to the Assembly Committee on Codes.

#### **Chemical Dependence Treatment Bill of Rights**

##### **A.8075 (Ortiz)**

This bill would statutorily enumerate in one place a number of rights specific to persons in chemical dependence treatment. This bill would also mandate that all such persons receive a copy of these rights upon admission to a treatment program. Facilities providing such care would have to post signs detailing those rights. It would also include specific rights to clients that are currently not in law or regulations, including the clients' right to deny treatment and the right to terminate treatment unless such treatment is court ordered.

This bill passed the Assembly.

## IV. LEGISLATIVE HEARINGS

### A. Services Available to People with a Heroin Addiction

#### **New York State Committee on Alcoholism and Drug Abuse Roundtable**

*Monday, June 15<sup>th</sup>, 2009 at 11am  
Legislative Office Building, Room 711-A  
Albany, New York*

According to the National Institute on Drug Abuse, in 2006, 560,000 Americans age 12 and older had abused heroin at least once in the year prior to being surveyed. In New York State there are over 40,000 patients receiving treatment from service providers for heroin addiction. As the field of addiction continues to evolve with the help of research and science, New York State must critically examine its services available for those who have issues with heroin. We need to continue to develop the most comprehensive system that allows the delivery of the most effective prevention, treatment, and recovery services to individuals with a heroin problem.

This roundtable brought forward several important issues related to the topic of services available for individuals with a heroin addiction. One area of concern was the lack of capacity amongst the treatment providers to deliver services for individuals with a heroin addiction. This includes the treatment for those who are diagnosed with a co-occurring disorder, a mental health diagnosis along with a substance abuse disorder. Language also was identified as a barrier for access to treatment, according to panelists most notably for the Latino and Asian populations. Additional barriers occurred for those who are uninsured, underinsured, and the working poor. It was stated that these people often do not qualify for Medicaid, which results in their inability to pay and failure to enter treatment.

In the area of research it was noted that there should be more representation from other cultures and ethnicities. The collection of data is inconsistent among the state agencies, and it would be beneficial if data outcomes were created by the actual programs that are providing the services.

The New York State Standing Committee on Alcoholism and Drug Abuse looks forward to continuing its work with the addiction community in the commitment to ensuring that individuals and their families who are struggling with chemical dependence have access to effective treatment and prevention services.

## **B. Prescription Drug Abuse**

### **Joint Hearing with the New York State Assembly Committee on Health**

*Thursday, September 10<sup>th</sup>, 2009 at 10am  
New York State Assembly Hearing Room  
250 Broadway, Room 1923, 19<sup>th</sup> Floor  
New York, New York*

The non-medical use or abuse of prescription drugs is a serious and growing public health problem. According to the Office of National Drug Control Policy, prescription drugs have become the second most abused illegal drug, behind marijuana, among young people ages 12-17. The National Institute of Drug Abuse reported that prescription drug abuse is not limited to younger people. Many older adults abuse or are addicted to prescription drugs. Many people believe that prescription medications are safer than illegal "street" drugs because they are prescribed by a doctor and approved by the Federal Food and Drug Administration.

This hearing brought together a diverse and knowledgeable group of witnesses who were able to testify on many important topics related to prescription drug abuse. Those who testified included community-based service providers, nurse practitioners, researchers, the New York State Office of Alcoholism and Substance Abuse Services (OASAS), law enforcement, and the pharmaceutical industry. Some of the insights and recommendations included:

- The National Center on Addiction and Substance Abuse stated in its testimony that in New York State, only 2 cents out of every dollar is used to fund substance abuse treatment and prevention.
- Doctors and health care professionals need additional training on screening, assessment, diagnosis, and treatment or referral for substance abuse.
- Service providers who treat those with co-occurring disorders need to screen and assess for misuse or abuse of prescription medication. This is a population that is at a higher risk for abuse due to a heavy reliance on psychotropic medication.
- Prescription drug abuse should be included in government-sponsored public awareness campaigns.

The Committee will review and take into consideration all the testimony so that it may continue to advocate for the best treatment, prevention, and education services to all who are dealing with prescription drug abuse.

## **C. Services Available to Women with Alcohol or Substance Abuse Issues**

### **Joint Roundtable with New York State Assembly Task Force on Women's Issues**

*Monday October 26<sup>th</sup>, 2009 at 11am*

*Nathan S. Klein Institute*

*140 Orangeburg Road, Orangeburg, New York*

Alcohol and substance abuse appears to be on the rise among women. The May 2008 edition of the *Alcoholism: Clinical & Experimental Research* journal published findings that show a 50% increase in the number of women reporting alcohol abuse. According to the Substance Abuse and Mental Health Services Administration (SAMHSA), a branch of the U.S. Department of Health and Human Services, from 2004-2006 an annual average of 6.3 million women (9.4%) aged 18 to 49 needed treatment for a substance abuse problem. Of the women aged 18 to 49 who met criteria for needing substance abuse treatment, 84.2% neither received it nor perceived the need for substance abuse treatment.

The purpose of the roundtable was to discuss the availability of alcohol and substance abuse prevention and treatment services for women and to determine if barriers are present that impact women and their access to such services. The panel was comprised of treatment providers, clinicians, and experts on the topic of women and alcohol and drug abuse. Their areas of expertise included re-entry of women who had been incarcerated, residential alcohol and substance abuse services for women, research on co-occurring disorders, state policy, and high functioning women with alcohol and/or substance abuse issues.

This roundtable brought into the spotlight important topics specific to women and alcohol and drug abuse which included:

- Housing as a critical problem for women in recovery with children.
- Shortage of child care services for women who are in treatment or recovery.
- Doctors and health care professionals need additional training on screening, assessment, diagnosis, and treatment or referral for substance abuse.
- Transportation in rural and suburban communities is a barrier to recovery.
- More needs to be done to educate young people about the dangers of alcohol and substance abuse. Education should begin as early as elementary school. It was emphasized that such education should not be fear based, i.e. alcohol is poison, but rather that drinking responsibly over the age of 21 is the only appropriate option.
- Women and mothers need to be educated on the effects of alcohol and substance abuse. Outreach can be done at PTA meetings, job locations, community events, etc.

These recommendations will assist the Committee in continuing its work towards ensuring that the necessary resources and services are available to women, children, and families who are impacted by alcohol and drug abuse.

#### **D. Implementation of Rockefeller Drug Law Reform**

*Tuesday, November 8<sup>th</sup>, 2009, 10:30am  
Assembly Hearing Room  
250 Broadway, Room 1923, 19<sup>th</sup> Floor  
New York, New York*

As part of the SFY 2009-10 New York State Budget, the Legislature enacted significant reforms to the "Rockefeller Drug Laws." When enacted in 1973, the purpose of the "Rockefeller Drug Laws" was to deter the use and sale of drugs by imposing long mandatory prison sentences on drug offenders. After 35 years of a drug policy focused on punishment and spending billions of dollars to put people in prison, the time had finally come to broaden New York's approach to addressing drug addiction. Although modest reforms to the drug laws were enacted in 2004 and 2005, mandatory incarceration remained the focus of New York's drug laws until the historic reform enacted this year.

The reforms enacted in the budget significantly increase judicial discretion - authorizing judges to sentence many non-violent drug offenders to probation as a possible alternative to state prison. The legislation also creates a statutorily defined, uniform drug diversion program, expands the availability of drug treatment courts, and allows certain non-violent drug offenders serving long terms of incarceration under the old drug laws to apply to the courts for re-sentencing.

Returning discretion to judges to sentence drug offenders to treatment as a potential alternative to prison will undoubtedly increase the need for community-based substance abuse treatment programs and alternative to incarceration services. In order to meet this increased need, the SFY 2009-10 State Budget included additional funding for outpatient and residential substance treatment services, expansion of drug treatment courts, and alternative to incarceration and reentry programs.

The hearing provided an opportunity for the committees to hear from the courts as well as from community-based programs about the implementation of the Rockefeller Drug Law reform legislation, how the additional resources provided in the SFY 2009-10 budget are being utilized and what, if any, additional resources are needed.

**APPENDIX A**

**2009 SUMMARY OF ACTION ON BILLS REFERRED TO THE ALCOHOLISM  
AND DRUG ABUSE COMMITTEE**

<b><u>Final Action</u></b>	<b><u>Assembly Bills</u></b>	<b><u>Senate Bills</u></b>	<b><u>Total Bills</u></b>
Bills Reported With or Without Amendment			
To Floor; Not Returning to Committee	0	0	0
To Ways and Means	2	0	2
To Codes	1	0	1
To Rules	1	0	1
<b>Total</b>	<b>4</b>	<b>0</b>	<b>4</b>
Bills Having Committee Reference Changed	<b>0</b>	<b>0</b>	<b>0</b>
Senate Bills Substituted or Recalled			
Substituted	0	0	0
Recalled	0	0	0
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>
Bills Never Reported, Held in Committee	<b>0</b>	<b>0</b>	<b>0</b>
Bills Never Reported, Died in Committee	<b>11</b>	<b>0</b>	<b>11</b>
Bills Having Enacting Clause Stricken	<b>0</b>	<b>0</b>	<b>0</b>
<b>TOTAL NUMBER OF BILLS IN COMMITTEE</b>	<b>15</b>	<b>0</b>	<b>15</b>
<b>Total Number of Committee Meetings Held</b>	<b>3</b>		

## APPENDIX B

### 2010 COMMITTEE GOALS

#### **Raise Awareness and Increase Capacity for Treatment of Problem Gambling**

In 2006, the New York State Office of Alcoholism and Substance Abuse Services conducted a prevalence study on problem gambling. The study noted that 5 percent, or 668,000 adults, had experienced problem gambling behaviors within the past year. A survey of 7th through 12th graders found that 10 percent, or 140,000, had experienced problem gambling in the past year. An additional 10 percent of adolescents in New York were identified through the survey as being at risk for developing a gambling problem. According to OASAS data, statewide it is estimated that problem gambling affects 5 percent of all adults, a figure totaling nearly 700,000.

While these prevalence statistics reinforce the need for the expansion of services for problem gambling statewide, unfortunately, they do not account for the actual social impact that problem gambling has throughout the state.

A study conducted by The National Opinion Research Center (NORC) at the University of Chicago estimated that the aggregate annual costs of problem gambling caused by job loss, unemployment benefits, welfare benefits, poor physical and mental health, and problem or pathological gambling treatment is approximately \$5 billion per year, in addition to \$40 billion in estimated lifetime costs. The report also noted that children of compulsive gamblers are more likely to engage in delinquent behaviors such as smoking, drinking, and using drugs, and have an increased risk of developing problem or pathological gambling themselves.

The Committee will work with advocates and service providers to increase awareness on problem gambling and advocate for the appropriate resources to be made available for those citizens of New York State who are impacted by problem gambling.

#### **Rockefeller Drug Law Reform**

For 35 years, New York placed a high concentration of drug users in prison under Rockefeller Drug Laws where drug possession resulted in lengthy prison terms. In the most recent enacted budget, reform of the outdated Rockefeller Drug Laws was finally realized, making the criminal justice system more effective and fair. Strategies such as alternatives to incarceration can be far more effective at combating substance abuse and the street-level crime associated with it, as well as result in savings for the state and the taxpayers.

The Committee, in partnership with the Assembly Majority, advocates, service providers, and state agencies will continue to monitor the implementation of Rockefeller Drug Law Reform as it relates to the addictions field.

## **Prescription Drug Abuse**

Prescription medications provide invaluable relief to countless people with health problems, and when taken appropriately can improve the quality and length of life. Regrettably, the non-medical use or abuse of prescription drugs is a serious and growing public health problem in New York State and across the nation. One of the most troubling factors related to prescription drug abuse is that many people believe that prescription medications are safer than illegal "street" drugs because they are prescribed by a doctor, and approved by the Federal Food and Drug Administration.

According to the Office of National Drug Control Policy, among young people ages 12-17, prescription drugs have become the second most abused illegal drug, behind marijuana. The Partnership for a Drug-Free America did a survey in 2005 that revealed 19% of U.S. teenagers (about 4.5 million) had taken prescription stimulants like Ritalin and Adderall, or painkillers Vicodin and OxyContin for the purpose of getting high.

The National Institute of Drug Abuse reported that prescription drug abuse is not limited to younger people. Many senior citizens struggle with abuse or are addicted to prescription drugs. Often what happens is someone experiences discomfort, anxiety, or pain. They start being treated with medicine, and feel that they need the medication. People often will deny there is a problem or an addiction and sometimes do not understand that their behavior is dangerous.

## **Underage Drinking**

Alcohol is the most commonly used drug among adolescents. By their senior year of high school nearly 4 out of 5 students (72%) have consumed alcohol. Adolescents who drink are likely to be heavy drinkers or binge drinkers (defined as 5 or more drinks in one sitting). Heavy drinking is reported by 10% of eighth graders, 22% of tenth graders, 26% of twelfth graders and 45% of college students. Seventy percent of parents of 15-16 year olds say they would be very worried if their child had been drunk, and only 10% believe their child has ever been drunk. However, 35% of 15-16 year olds report they have been drunk.

Full-time college students aged 18-20 are significantly more likely to have used alcohol in the past month or to have binged compared to their peers not enrolled full-time (includes part-time students or persons not enrolled in college). 64.4% of full-time students reported alcohol use within the past month versus 54.1% of their counterparts who were not enrolled full-time. Binge drinking was reported by 45.5% and 8.8% respectively. Among college students 18-22 years of age, males are more likely to report alcohol use. Of these students, 67.5% of the males and 59.2% of the females report they currently use alcohol. Among the males, 45% report binge drinking and about one-third of the females report binge drinking.

Underage drinking cost the citizens of New York State \$3.2 billion in 2005. These costs include medical care, work loss, and pain and suffering associated with the multiple problems resulting from the use of alcohol by youth. Each year, approximately 5,000 people under the age of 21 die as a result of underage drinking; this includes about 1,900 deaths from motor vehicle crashes, 1,600 as a result of homicides, 300 from suicide, as well as hundreds from other injuries such as falls, burns, and drowning. Young people who began drinking before age 15 are 4 times more likely to develop alcohol dependence than those who abstained until age 21.