

New York State Assembly

Carl E. Heastie

Speaker



Committee on
Alcoholism and Drug Abuse

Linda B. Rosenthal

Chair

2016

ANNUAL REPORT



LINDA B. ROSENTHAL
Assembly Member 67th District

THE ASSEMBLY STATE OF NEW YORK ALBANY

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Committee on Alcoholism and Drug Abuse

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New York State Legislative Women's Caucus

December 15, 2016

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 to you the Committee's 2016 Annual Report. During my tenure as Chair, I engaged with the substance abuse prevention and treatment community by convening meetings with stakeholders in the field of chemical dependency and problem gambling. Additionally, I have attended and participated in numerous events that were held to highlight key initiatives and address challenges for chemical dependence prevention and treatment providers. These experiences inspired me to redouble my advocacy for the investment of resources in programs that have proven effective in reducing the impact of addiction.

The State Fiscal Year (SFY) 2016-2017 enacted budget contained critical funding to provide resources for some of the State's most vulnerable populations. We strenuously and successfully advocated for the Office of Alcoholism and Substance Abuse Services (OASAS) to receive additional funding to provide prevention services such as adolescent clubhouses and toolkits for parents to talk to their children about substance abuse; greater access to Opioid Treatment Program slots and more treatment beds to help people receive treatment for heroin and opioid addiction; and additional recovery services like Recovery Outreach Centers to provide people with information on recovery services in their communities.

Legislatively, the Committee had a very productive session, acting on a number of important pieces of legislation. One of the main priorities of the Committee was ensuring that health care providers, families, and consumers were appropriately educated on the risks and dangers of prescription medications. This was of particular importance because it has been recognized by many in the field that recognize the misuse of prescription medications such as Vicodin and Hydrocodone has led many people to opioid or heroin substance use disorders. In the upcoming legislative session, the Committee will continue to examine, develop and consider policies and initiatives designed to help all New Yorkers impacted by addiction. I look forward to working with you and my colleagues to ensure that effective, evidence-based prevention, treatment and recovery services are accessible to all individuals and families affected by substance use 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 cursive script that reads "Linda Rosenthal".

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

**2016 ANNUAL REPORT
OF THE
NEW YORK STATE ASSEMBLY
STANDING COMMITTEE ON ALCOHOLISM AND DRUG ABUSE**

**Linda B. Rosenthal
Chair**

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Rebecca Mudie – Assistant Secretary for Program and Policy
Jennifer Sacco – Associate Counsel
Alexis Conti – 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 over the New York State Office of Alcoholism and Substance Abuse Services (OASAS) to ensure that policies and initiatives 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 approximately 240,000 people each year. OASAS also directly 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 2016-2017 Enacted Budget include:

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

For the first time in years through vigorous Assembly support, a significant increase in budget funding was allocated to the Office of Alcoholism and Substance Abuse Services (OASAS) in recognition of the need for more support and services to help combat the growing heroin and opioid epidemic. An additional \$25 million was included over the standard operating budget for OASAS to provide for a number of new initiatives as well as to expand upon necessary and effective substance use prevention, treatment and recovery services across the state. Some of the programs and initiatives this funding will support are:

- 2,335 Additional Opioid Treatment Program Slots for people receiving medication-assisted treatment for a substance use disorder;
- 270 new treatment beds for people seeking treatment services for a substance use disorder;
- 170 New NY/NY III Housing Units for people who are seeking housing with substance use disorder support services;
- Family Support Navigators who assist and inform those seeking treatment and their families;
- On-Call Peers who help link patients admitted at hospital emergency rooms to OASAS treatment programs;
- Adolescent Clubhouses where teens and young adults in recovery or at-risk for a substance use disorder develop social skills that promote long-term health and recovery;
- Recovery Community and Outreach Centers that provide peer-driven support to individuals and their families who are seeking or are in treatment, or recovering from a substance use disorder;
- New and expanded Prevention Programs to provide more prevention resources across the state; and
- Continuing the Public Service Campaign to advertise resources available to the public on topics like different substance use disorders and how to talk to your child about the dangers of certain drugs.

The SFY 2016-17 Enacted Budget provided **\$189 million** to support Opiate Abuse Prevention and Treatment Services.

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 2016-2017 Enacted Budget provided **\$16.86 million** for the continuation of prevention and treatment services for problem gambling and chemical dependency prevention which are delivered by SAPIS workers.

C. Continuation of Cost of Living Adjustment (COLA)

To retain quality staff in the State's human services programs, more competitive wages must be available to those employees who work with and assist some of the State's most vulnerable populations.

It is critical to invest in the workforce by maintaining professional standards and paying competitive wages, especially when such an investment has an impact on quality of care.

The SFY 2016-2017 Enacted Budget continued to support the .02 percent COLA for behavioral health services staff by providing \$750,000 to employees of OASAS.

D. Minimum Wage Increase for Human Services

In recognition of the need to provide a living wage to all workers in New York, a \$15 minimum wage plan was included in the SFY 2016-2017 Enacted Budget. The funding included in this budget will increase state employees' minimum wage to \$9.70 by the end of 2016, and continue to increase by \$.70 yearly until it reaches \$12.50 on December 31, 2020. After that the minimum wage will continue to increase to \$15 on an indexed schedule that will be set by the Director of the Division of Budget in consultation with the Department of Labor.

The SFY 2016-2017 Enacted Budget provided **\$800,000** for minimum wage increases for behavioral health services employees of OASAS.

III. SIGNIFICANT LEGISLATION - 2016

The Committee is dedicated to supporting legislation that would help to ensure the highest quality of care for persons with substance use and problem gambling issues. In the 2016 legislative session, the Committee developed and advanced important pieces of legislation which included:

1. Educational Materials on the Dangers of Prescription Drugs for Dissemination to Consumers by Pharmacists A.881 (Cymbrowitz)/S.8080 (Lanza); Passed the Assembly.

Data from the National Survey on Drug Use and Health (NSDUH) taken in 2009 showed that nearly one-third of people age 12 and over who used drugs for the first time began by using a prescription drug non-medically. The same survey found that over 70 percent of people who abused prescription pain relievers obtained them from friends or relatives. A contributing factor to the rise of prescription drug abuse has been the common misperception that prescription medications are less dangerous than illegal drugs because they are FDA-approved. Many well-meaning parents do not understand the risks associated with giving prescribed medication to a teenager or another family member for whom the medication was not prescribed, or, they are not aware that youth are abusing prescription drugs at all; thus, they frequently leave unused prescription drugs in open medicine cabinets.

This legislation would require OASAS, in consultation with the Department of Health (DOH), to create or use educational materials for pharmacists to distribute with any prescribed controlled substance on the dangers of misuse and potential for addiction to prescription drugs, proper drug disposal, and treatment resources available.

2. Training Materials on the Screening, Brief Intervention, and Referral to Treatment (SBIRT) Program A.885 (Cymbrowitz)/No Same As; Passed the Assembly.

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 (hospitals, outpatient clinics and private physician offices) will allow for the early detection of risky alcohol and drug use. Applied as a comprehensive, integrated, public health approach it can result in early intervention which helps to avert the serious and costly health consequences of undetected substance abuse.

This legislation would require OASAS, in consultation with DOH, to provide training materials for health care providers for the implementation of the Screening, Brief Intervention, and Referral to Treatment (SBIRT) program.

3. Creates the Sober Living Task Force A.7054A (Rosenthal)/S.5463A (Crocini); Passed the Assembly.

It is widely accepted that stable and safe alcohol and drug free housing promotes long-term abstinence for a person in recovery from a chemical dependency. Unfortunately, in New York State there is a lack of such housing, which has the potential to be a serious obstacle to long-term abstinence, disrupting 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 where alcohol

and drugs are 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 create a sober living task force to identify and promote alcohol and drug free living environments statewide for persons in recovery from a chemical dependency. The task force would establish best practice guidelines for a sober living residence, develop a plan to establish a statewide sober living network, identify barriers for individuals trying to access recovery services, and provide recommendations related to program or policy initiatives deemed appropriate by the task force. The task force would issue a report to the legislature no later than December 31 following enactment of the legislation.

4. Credentialed Alcoholism and Substance Abuse Counselor (CASAC) training on Medication-Assisted Treatment A.10294 (Rosenthal)/S.7301 (Amedore); Signed, Chapter 493

This legislation would require Credentialed Alcoholism and Substance Abuse Counselors (CASACs) and certain other qualified health care professionals to complete an instructional course related to medication-assisted treatment.

5. Educational Materials on the Misuse and Abuse of Substances for School Aged Youth A.10472 (Davila)/No Same As; Passed the Assembly.

There is a stigma that surrounds the use of medication-assisted treatment (MAT) to treat substance use disorders. The lack of familiarity, in combination with the stigma surrounding the treatment, is a significant barrier to fighting the opioid epidemic. Credentialed alcoholism and substance abuse counselors (CASAC) are required to take continuing education courses to keep their certification. This legislation requires a mandatory one-time continuing education course on MAT for CASACs.

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 Board 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. The school district or BOCES would also designate an employee to provide information to any student, parent or staff regarding where and how to find available substance use related services.

6. Prom and Graduation Safety Program A.6424A (Rosenthal)/S.607A (Boyle); Reported, Referred to Ways and Means.

Every year, thousands of high schools students attend prom, graduation ceremonies, and parties with their classmates. Unfortunately, some such celebrations have had tragic endings due to unsafe practices. These tragic events could be avoided by raising awareness and educating students on safe practices for prom and graduation season. According to the Century Council, in 2012 42% of 12th graders have admitted to drinking alcoholic beverages. 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 youth aware of the dangers of the use and abuse of substances.

7. Statewide Gambling Evaluation A.7055 (Rosenthal)/No Same As; Ordered to 3rd Reading Calendar 543.

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. Problem Gambling Advisory Council A.7058A (Rosenthal)/No Same As; Reported, Referred to Ways and Means.

Problem gambling affects nearly one million New Yorkers today. A 2006 Household Survey by OASAS found that five 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 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 annually.

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

9. Senior Citizen Chemical Abuse and Dependence Prevention Demonstration Program A.9127 (Cook)/No Same As; Reported, Referred to Ways and Means.

The latest census for New York State shows that 13.5% of the State's residents are age 65 or older. Many community-based programs and facilities, nursing homes and senior citizen centers are not aware of the incidence of alcohol and substance abuse among the elderly and do not have the expertise to recognize their disorders, resulting in another barrier to treatment. It is important that efforts be made to close this gap in the alcoholism and substance abuse service delivery system by targeting services at the elderly.

This legislation would require OASAS, in consultation with the Office for the Aging, to develop comprehensive chemical abuse and dependence prevention, education and treatment demonstration programs for senior citizens.

10. Substance Use Information for Health Care Providers to Disseminate to Certain Individuals

A.10118A (Rosenthal)/No Same As; Reported, Referred to Rules.

In 2014, the Office of National Drug Control Policy (ONDCP) stated in its National Drug Control Strategy that early intervention by physicians in both emergency rooms and primary care settings is critical to reducing substance use disorders, along with the physical, emotional and financial costs that are associated with such addictions that may develop over time. By requiring hospitals to implement common-sense policies and procedures to identify, assess and refer patients to treatment, more people who are struggling with addiction will have the opportunity to access life-saving treatment.

This legislation would require OASAS, in consultation with DOH, to develop educational materials regarding treatment and recovery services for health care providers to disseminate to individuals with confirmed or suspected substance use disorders. Hospitals would also be required to establish substance use disorder policies and procedures for the identification, assessment and referral of confirmed or suspected cases of substance use disorders.

11. Makes the Heroin and Opioid Addiction Wraparound Services Demonstration Program Permanent A.10119A (Rosenthal)/No Same As; Reported, Referred to Rules.

Wraparound services offer a complete, comprehensive, and person-centered method of providing services in order to best help the individual who is receiving such services. When coordinated during inpatient or outpatient treatment, wraparound services establish a strong continuum of care for a patient, promoting a greater likelihood of success after treatment. In light of the devastation wrought by the heroin and opioid epidemic, it is vital that every resource be made available to those who continue to battle heroin or opioid addiction, especially when such services could mean the difference between a healthy and productive life in long-term recovery, or a life stuck in the vicious cycle of addiction.

This legislation would make the necessary technical changes to the heroin and opioid addiction wraparound services demonstration program to make it permanent.

12. Informational Card on Prescription Opioid Medications A.10295 (Rosenthal)/S.7315 (Murphy); Reported, Referred to Rules.

The Center for Disease Control and Prevention (CDC) reported that 75% of surveyed heroin users stated that their first use of an opioid was a prescription drug. There is a significant need for more education regarding the risks and dangers associated with such prescription medications, especially for people who are prescribed opioids for the first time and for parents of children given an opioid prescription for reasons like a sports injury.

This legislation would require OASAS to create and distribute an informational card or pamphlet for pharmacists to include with every dispensed opioid prescription on the risks associated with taking opiate medications, the physical, behavioral and advanced warning signs of addiction, the HOPELINE telephone contact number and text number (HOPENY) and the procedures for safe disposal of drugs.

IV. HEROIN AND OPIOID ABUSE ENACTED LEGISLATION

On May 10th, 2016, Governor Cuomo convened the Statewide Task Force to Combat Heroin and the Prescription Opioid Epidemic. The Task Force included experts in the fields of drug policy, health care, and advocacy, as well as families and parents affected by the epidemic. During many of the Task Force listening sessions and executive meetings, Chairperson Rosenthal heard firsthand, many heart-wrenching stories of the pain endured by families that lost a loved one because of the misuse or abuse of heroin or opioids. Chairperson Rosenthal heard about barriers to accessing treatment services for people struggling with heroin or opioid addiction, the need for more preventive measures such as prescription drug education for health care providers and consumers, and calls for better connections to treatment services when people struggling with addiction reach out for help. Using information gained from existing bills, the Task Force, as well as the Committee introduced the following pieces of legislation, which aimed to address the heroin and prescription opioid epidemic:

1. Opioid Addiction Treatment and Hospital Diversion Demonstration Program A.10725 (Steck)/S.8137 (Ortt); Chapter 69.

This legislation includes four parts to provide treatment and recovery services to individuals who are addicted to heroin or other opioids. Part A requires insurers to use an objective diagnostic tool approved by the New York State Office of Alcoholism and Substance Abuse Services (OASAS) to ensure consistent and fair insurance coverage for substance use disorder services. Part B requires insurance companies to provide at least five days of coverage for medications necessary for the treatment of a substance use disorder such as Narcan or Buprenorphine. Part C requires the Commissioner of OASAS to evaluate the Heroin and Opioid Addiction Wraparound Services demonstration program in a report by June 30, 2018 and to extend the program until March 31, 2019. Part D extends the period individuals may be held at treatment facilities for drug treatment from 48 to 72 hours so that the person may be given more time to receive necessary medical care and more resources to help with their substance use disorder.

2. Heroin and Opioid Wraparound Services Demonstration Program A.10726 (Cusick)/S.8138 (Amedore); Chapter 70.

This legislation includes three parts to help to address the heroin and opioid epidemic. Part A allows certain trained licensed professionals, such as social workers, to administer opioid overdose reversal medication without risk to their professional license. Part B requires the state Commissioner of Health to collect and publish data related to opioid overdose and the administration of medication to reverse opioid overdose on a quarterly basis. Part C requires hospitals to develop discharge protocols for the continuum of care services for individuals suffering from substance use disorders, including disseminating informational materials to patients upon discharge and developing, maintaining, and disseminating policies and procedures for the identification, assessment, and referral of individuals with a substance use disorder.

3. Heroin and Opioid Addiction Awareness and Education Program A.10727 (Rosenthal)/S.8139 (Murphy); Chapter 71.

This legislation includes four parts to combat the heroin and opioid epidemic. Part A requires physicians and other individuals authorized to prescribe opioids to complete a mandatory three hours of coursework on pain management, palliative care, and addiction every three years. Part B breaks down barriers to inpatient opioid treatment by providing insurance coverage for inpatient services for the diagnosis and

treatment of a substance use disorder for as long as needed and utilization reviews, including retrospective review, would occur on or after the fifteenth day. Part C prohibits doctors from prescribing schedule II, III, or IV opioids in an amount greater than a seven-day supply. Part D requires the Commissioner of OASAS to create educational materials that would be disseminated by a pharmacist to consumers when the consumer receives a prescription for a controlled substance.

APPENDIX A

2016 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	12	0	12
To Codes	3	0	3
To Rules	1	0	1
To Judiciary	0	0	0
TOTAL	16	0	16
Bills Having Committee Reference Changed			
TOTAL	0	0	0
Senate Bills Substituted or Recalled			
TOTAL	0	1	1
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	15	6	21
Bills Having Enacting Clause Stricken	1	0	1
TOTAL BILLS IN COMMITTEE	32	7	39
Total Number of Committee Meetings Held	4		

APPENDIX B

2017 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 SFY 2017-2018 budget cycle, the Committee will advocate strongly for a large increase in 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 work to identify critical issues facing the addiction community, individuals, and families who are impacted by addiction. Through this process, the Committee will look to develop new initiatives and legislation that potentially could expand and strengthen the system of addiction services. Some of these issues may include the following:

Problem Gambling Education and Treatment Services

Each new casino will be required to implement a problem gambling plan and pay a fee for each operating table game and machine that will be allocated to OASAS for the purpose of problem gambling education and treatment. The Committee will continue to engage in meaningful dialogue with all relevant stakeholders to ensure that policies mitigating the consequences of problem gambling are effectively implemented and that treatment services are accessible to all who are in need.

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 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 individuals and their families impacted by addiction have access to affordable and safe housing and residential services in every part of the state.