



New York State Assembly

Carl E. Heastie, Speaker

ANNUAL REPORT 2015

A dark blue silhouette of a city skyline, including various skyscrapers and buildings, positioned behind the large white text of the title.

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

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Delegate at Large
New York State Legislative Women's Caucus

December 15, 2015

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

Dear Speaker Heastie:

On behalf of the Assembly Standing Committee on Alcoholism and Drug Abuse, I respectfully submit to you the Committee's 2015 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 have fortified my resolve to continue to advocate for the investment of resources in programs that have proven effective in reducing the impact of addiction.

New York State continued to build upon its record of fiscal responsibility by producing an on-time budget for the fifth consecutive year. The State Fiscal Year (SFY) 2015-2016 Enacted Budget continued additional funding support for heroin and opiate abuse education, prevention, and treatment services, ensuring greater 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 and initiatives designed to help all of our citizens impacted by addiction. I look forward to working with you and my Assembly colleagues to ensure that effective, evidence-based prevention, treatment and recovery services are accessible to all individuals and families who are 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,

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

**2015 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
Marcos Crespo
Dan Quart
Al Stirpe
Maritza Davila
Charles Barron

Minority

Mark Johns – Ranking Member
Pete Lopez
Steve Katz
David DiPietro

Committee Staff

Holly Francisco – Office Manager/Committee Clerk

Program and Counsel Staff

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 2015-2016 Enacted Budget include:

A. Prevention and Treatment for Heroin and Opioid Abuse

New York continues to confront the epidemic involving the use, abuse and trafficking of heroin and prescription painkillers. Prevention and treatment programs assist in strengthening New York's ability to combat abuse of these drugs and provide communities, families, and individuals devastated by these dangerous substances with critical tools for addressing crime and addiction.

The SFY 2015-16 Enacted Budget provided **\$8.8 million** to support Opiate Abuse Prevention and Treatment Services.

B. Substance Abuse Prevention and Intervention Specialists

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 2015-2016 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 2015-2016 Enacted Budget continued to support the two percent COLA for behavioral health services staff by providing **\$6.32 million** to employees of OASAS.

III. SIGNIFICANT LEGISLATION - 2015

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 2015 legislative session, the Committee developed and advanced important pieces of legislation which included:

1. Task Force on Sober Living Environments A.7054 (Rosenthal) / S.5463 (Croci); Passed 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 bill would establish the sober living task force to create best practice guidelines for sober living residences and define the most appropriate and effective environment for persons recovering from a chemical dependency.

2. Statewide Gambling Evaluation A.7055 (Rosenthal) / no same as; Passed Assembly.

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 bill would require the Commissioner of the Office of Alcoholism and Substance Abuse Services, in consultation with the New York State Gaming Commission, to conduct a statewide evaluation to determine the extent to which New York state residents utilize gambling opportunities as well as the financial effect of such gambling activity.

3. Problem Gambling Advisory Council A.7058 (Rosenthal) / no same as; Reported, Referred to Ways and Means.

Research has found that proximity to casinos increases the rate of problem gambling among the local population. The National Gambling Impact Study Commission showed that individuals who reside within a 50 mile radius can experience increased problem gambling. The Buffalo Research Institute on Addiction, in its own study, claimed that having a casino within 10 miles of a home has a significant effect on the incidence of problem gambling in the home. Currently, New York State has five casinos operated by Native Americans and nine independently operated racinos; combined they operate approximately 29,000 electronic gambling machines, which is more than any state in the Northeast or Midwest. New York continues to expand its gaming market with the addition of up to four new casinos, which could increase significantly the risk of more individuals developing a gambling problem.

As part of the enacted legislation that established the ability for new casino development in New York, the Legislature required casinos to deposit \$500 annually into the Commercial Gaming Revenue Fund for every slot machine or table approved by the Commission. Such funds are required to be used exclusively for problem gambling education and treatment purposes. While such an infusion of resources to fund services for problem gambling will be instrumental, it is imperative that there is proper oversight to ensure the resources are used as effectively as possible.

This bill establishes the Problem Gambling Advisory Council, which would issue findings and recommendations to the Governor and Legislature on ways to prevent and treat problem gambling in New York. The Problem Gambling Advisory Council would be required to develop an annual report, which would include recommendations on how to allocate the \$500 machine and tables fees collected for the purposes of problem gambling.

4. Streamlining the Self-Exclusion Program A.7059 (Rosenthal) / no same as; Reported, Referred to Rules.

One method used to promote responsible gaming and address compulsive gambling is called a self-exclusion list. Self-exclusion lists are used nationwide by many gaming facilities to encourage responsible gaming. In most states, including New York, gaming facilities must offer the ability for an individual to voluntarily place themselves on a self-exclusion list which will prevent them from entering, placing a wager or collecting winnings from a gambling facility. In addition, if an individual is seen on the premises of a gambling facility, the individual may be escorted off the casino's property, and if necessary, with the use of local law enforcement.

Almost every state that maintains a self-exclusion list clearly defines its program for all of its facilities by including common provisions and/or regulations, such as the process for an individual to place oneself on a self-exclusion list; the length of time they are required to remain on the list; what they must do to be removed from a self-exclusion list; who is responsible for maintaining and updating the list and who is allowed access to the list of names currently participating in the program; and the responsibilities of the gaming facility in assisting the individual from violating the rules set forth by the state's self-exclusion program.

In New York, the existing provisions and regulations related to the State's self-exclusion program seem to lack conformity. Without consistent standards that direct the process of the program, it is difficult to monitor the self-exclusion program to ensure that it is being utilized effectively. In 2013, the State Gaming Commission, the OASAS and the New York Council on Problem Gambling formed a

Responsible Play Partnership. One of its first goals was to evaluate the State's self-exclusion policies in order to ensure consistency statewide; however this has yet to occur.

This bill would require OASAS and the New York State Gaming Commission to work toward a more streamlined, comprehensive and beneficial self-exclusion list. It would ensure individuals are provided with problem gambling educational materials so they are prepared to address their addiction, as well as ensure each division under the Gaming Commission is working together to create parity in the application of the self-exclusion list.

IV. ROUNDTABLES

A. Addressing the Heroin and Synthetic Drug Crisis

November 17th, 2015, Albany, New York

On November 17th, the Standing Committees on Alcoholism and Drug Abuse, Health, and Codes convened a roundtable concerning policies related to heroin and synthetic drug abuse, including treatment options, in order to develop awareness, solutions and potential legislation in the 2016 legislative session.

This roundtable featured experts from agencies and organizations dealing with opiate and synthetic drug abuse from many different perspectives including the fields of treatment, prevention, education, law enforcement, and public health. This roundtable examined the problem from a public health perspective. The discussion focused on topics such as how individuals with substance use disorders and their families overcome difficulties in finding available and effective treatment options, how to improve wrap-around services in order to prevent a return to use and possible overdose and the role of prescription drugs in addiction. Additionally, the roundtable was joined by representatives from the City of Rutland, Vermont who shared their expertise and stories of their successes in combating heroin and substance abuse in their community and state.

B. Three-Quarter Housing

December 14th, 2015, New York, New York

On December 14th, the Standing Committees on Alcoholism and Drug Abuse and Social Services convened a roundtable to better understand the conditions individuals face in three-quarter housing, how the insufficient shelter allowances negatively affect some of New York's most vulnerable populations and how the Legislature could help individuals recovering from substance abuse secure more stable and supportive housing. Roundtable participants emphasized the difficulties these individuals face and the deplorable conditions most of them experience living in three-quarter housing. They highlighted the fact that many landlords were taking advantage of these vulnerable residents, utilizing scare tactics and the threat of (illegal) eviction. Participants offered possible solutions, such as the need for a higher shelter allowance, which would give these individuals more choices when they return to their community, most often after substance abuse treatment or incarceration. Participants discussed the need for additional possible state legislative solutions requiring greater collaboration between state agencies. They also discussed the efforts of New York City's task force to identify homes with a high number of occupants paying with a high number of shelter allowances.

APPENDIX A

2015 SUMMARY OF ACTION ON BILLS REFERRED TO THE ALCOHOLISM AND DRUG ABUSE COMMITTEE

<u>Final Action</u>	<u>Assembly</u>	<u>Senate</u>	<u>Total</u>
	<u>Bills</u>	<u>Bills</u>	<u>Bills</u>
Bills Reported With or Without Amendment			
To Floor; Not Returning to Committee	0	0	0
To Ways and Means	2	0	2
To Codes	2	0	2
To Rules	0	0	0
To Judiciary	4	0	4
TOTAL	8	0	8
Bills Having Committee Reference Changed			
TOTAL	0	0	0
Senate Bills Substituted or Recalled			
TOTAL	0	0	0
Bills Defeated in Committee	0	0	0
Bills Held for Consideration with a Roll Call Vote	0	0	0
Bills Never Reported, Died in Committee	13	2	15
Bills Having Enacting Clause Stricken	1	0	1
TOTAL BILLS IN COMMITTEE	18	2	20
Total Number of Committee Meetings Held	2		

APPENDIX B

2016 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 2016-2017 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 identify critical issues facing the addiction 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 2016 Legislative Session, some of these issues may include:

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