



**ASAP of New York State
Adolescent/Young Adult Committee**

2012/2013 Priorities

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“Prescription Drug Abuse is a silent epidemic that is stealing thousands of lives and tearing apart communities and families across America” – Gil Kerlikowske, Director of National Drug Control Policy.

Alcohol and marijuana are widely used by children and adolescents and are gateway indicators for addiction to prescription drugs and heroin, a tragic epidemic causing a record number of overdose related deaths. Documenting the troubling trend that is fueling this epidemic is a draft report from the NYS Prescription Monitoring Program that says, from 2008 to 2010, prescriptions for Oxycodone rose 59% among youth between the ages of 10 and 19. Making matters even worse, we are also faced with the insidious promotion and distribution of a growing variety of designer drugs to youth, e.g., K2.

Alcoholism and Substance
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In 2010, OASAS and an Adolescent Advisory Panel convened Adolescent World Cafes in Albany, Buffalo and New York City. The Cafes were well attended by service providers, family members, adolescents in treatment and/or recovery, and other stakeholders who were interested in issues related to young people. In 2012, Suffolk County Communities of Solution, Outreach, North Shore LIJ and South Oaks sponsored a Long Island regional forum where more than 250 adolescents, parents and providers were in attendance. THE NUMBER ONE NEED IDENTIFIED BETWEEN 2010 AND THE PRESENT ACROSS NYS WAS ACCESS TO CARE.

The tremendous growth of the prescription drug epidemic, heroin addiction, abuse of synthetic drugs like bath salts, proliferation of energy drinks and other mood altering substances compels us to call upon government officials to address the increased need of prevention, treatment, and recovery support services for adolescents and young adults between the ages of 12 to 25.

PRIORITIES:

IMPROVE AND STRENGTHEN ACCESS TO A COMPREHENSIVE CONTINUUM OF SUBSTANCE USE DISORDERS SERVICES – Lack of access continues to be a systemic problem in New York State. Prevention services targeting adolescents and young adults are scarce. Treatment specialized for this population, particularly for uninsured and underinsured families who are challenged in accessing appropriate treatment for their children, is not available in most areas of the state. There is an increased need for programs such as intensive outpatient and residential services that include a wide array of services for adolescents and young adults for successful transition to self-sufficiency.

COLLABORATE WITH OASAS TO ENSURE THAT A REIMBURSEMENT STRUCTURE IS IN PLACE TO COVER THE COST OF CARE FOR YOUTH WHO DO NOT HAVE PRIVATE INSURANCE OR MEDICAID.





ASAPNYS

PROMOTE EXPANSION OF TREATMENT AND PREVENTION OF SERVICES, PARTICULARLY IN UNDERSERVED AND RURAL AREAS.

DEVELOP AND SUPPORT A PUBLIC EDUCATION CAMPAIGN targeting members of the community, families, school officials, and others to...

- Promote awareness on the dangers of alcohol/drug use including prescription drugs.

ADVANCE USE OF SCREENING, BRIEF INTERVENTION, AND REFERRAL TO TREATMENT (SBIRT)

- Ensure that physicians are trained to implement SBIRT.
- Improve coordination of care among primary healthcare providers and community-based substance use disorder prevention/treatment/recovery agencies.

DEVELOP CROSS-SYSTEM COLLABORATION WITH OASAS, OCFS and the JUVENILE JUSTICE SYSTEM

- Support juvenile justice reform initiatives that emphasize the treatment as an alternative to incarceration/placement.
- Advocate for reinvestment of funds from closed state-run youth facilities to support substance use disorder prevention, treatment, and recovery needs of youth as well as educational, vocational, housing, and social services needs.
- Collaborate with OCFS/ACS to assist in the implementation of Close to Home for youth with history of alcohol and other drug use.

ADDRESS THE MENTAL HEALTH TREATMENT NEEDS OF ADOLESCENTS AND YOUNG ADULTS WITH CO-OCCURRING DISORDERS

- Establish policy/protocols to improve access to care for multiple substance use, mental health, and physical health disorders.
- Implement behavioral health workforce training to enhance scope of clinical services and practice skills.

DEVELOP COMMUNITY-BASED FAMILY-ORIENTED MODELS OF CARE

- Address the special needs of children and adolescents in transition (community/treatment) from the juvenile justice and child welfare systems.

RAISE THE AGE FOR YOUTH TO BE INVOLVED IN ADULT COURTS AND CORRECTIONAL SETTINGS TO 18 YEARS OF AGE.

And most importantly, in order to support all of these initiatives...

DEVELOP YOUTH-SPECIFIC RECOVERY SUPPORT SYSTEMS AND ENHANCE PREVENTION AND TREATMENT SERVICES TO ENSURE SOBRIETY MAINTENANCE AND PROMOTE HEALTHY LIFESTYLES.

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