

# **Addressing New York State's Number One Public Health Crisis: The Epidemic of Overdose and Addiction Budget Recommendations**

Governor Cuomo, the NYS Senate, and the NYS Assembly have taken some important steps to address the epidemic of death and addiction associated with prescription opioids and heroin, the alarming problems related to synthetic cannabinoids, and ongoing concerns about other public health problems linked to alcohol and other drugs. Media campaigns initiated by the Governor, new medication assisted treatment clinics in several upstate communities, and additional funding from the Senate and Assembly for prevention in NYC schools and to strengthen community awareness efforts are all much appreciated. These advances are just a small part of what is necessary to address New York's number one health issue, the crisis of addiction and overdose in communities across every region of our State.

A comprehensive approach emphasizing prevention, treatment, and recovery support is needed to address the public health dimensions of New York State's epidemic of addiction and overdose including the following initiatives:

## **Prevention**

There are approximately 300 fewer school and community-based prevention professionals in NYS today than there were in 2009. A substantial investment is needed to meet the demand for more prevention services created by the death and crisis created by prescription opioids, heroin, synthetic cannabinoids, underage drinking, and other alcohol and other drug related health issues at all stages of life and in all demographic groups in communities across NYS.

- Continue the Combat Heroin/Prescription Drug Misuse Campaign and the Media Campaign Focused on K2; and
- Provide school and community prevention programs with resources and regulatory flexibility to address requests from families, schools, and communities looking for information and guidance on how best to address the current crisis.

***Add \$20 million to the OASAS budget to add 300 prevention professionals to strengthen school and community prevention efforts.***

## **Treatment**

There are long waiting lists for medication assisted treatment in every major population center in upstate New York. Adolescents and young adults are hard pressed to find residential treatment when they need it in some areas of the state. The elimination of waiting lists and expanded access to treatment appropriate for specific populations (older adults, adolescents, young adults, veterans, women with children, etc.) must become a priority. It is also critical that we provide regulatory flexibility to residential and medication assisted treatment programs so that waiting lists can be eliminated and treatment made available on-demand and that we expedite completion of projects that will expand treatment capacity.

- Create treatment pilots for veterans, adolescents/young adults, LGBT community, seniors, women/children, rural communities, criminal justice;
- Provide 24 hour crisis services and hospital-based intervention and referral to community-based treatment for persons with substance use disorders who do not need hospitalization;
- Better address the needs of persons with co-occurring substance use and mental health disorders by expediting and simplifying a joint-licensing process;
- Increase the availability of detox services in community settings
- Ensure local and regional access to a full continuum of outpatient, inpatient rehabilitation, short and long-term residential, medication assisted and other treatment modalities as needed;
- Strengthen and expand housing programs for people in recovery and their families (OASAS Shelter Plus Care Case Management/Supportive Services, Homelessness Prevention/Eviction Prevention. permanent supportive housing); and
- Provide needed technical assistance to treatment programs as they transition to managed care and implement other reforms.

***Add \$30 million to the OASAS budget to eliminate waiting lists, fund pilot projects, strengthen housing services, and increase access to a full continuum of treatment for addiction.***

## **Recovery**

Support services for persons at all stages of recovery from addiction are hard to find in New York State. Recovery support resources and services should be available in every New York State county.

- Provide initial start-up funding for every county in New York State that currently does not have a Recovery Center;
- Provide support for family and alumni groups associated with treatment programs to promote positive health for family members and reduce relapse;
- Support implementation of peer services and strengthen the peer services workforce through support for the training, testing, and certification of Recovery Peer Advocates and Recovery Coaches in each region of New York State and creation of an online resource for placement of certified Recovery Peer Advocates in OASAS licensed outpatient programs; and
- Create a continuing education curriculum to re-certify Recovery Peer Advocates and a Recovery Peer Advocate and Recovery Coach Supervisor credential.

***Add \$20 million to the OASAS budget to provide recovery centers in every county, support family and alumni groups associated with treatment programs, and strengthen recovery peer certification and services***

Funding for all of the above recommendations could come from the asset forfeiture Substance Abuse Services Fund and healthcare savings created when persons are diverted from costly hospital and criminal justice services.

The draft legislative package developed by the Governor in May 2015 contained a number of proposals that ASAP strongly endorses:

- Strengthening access to emergency services for persons deemed to be a danger to themselves or others as a result of health and mental health issues related to or co-occurring with a substance use disorder. In light of serious concerns about the physiological and psychological consequences of synthetic cannabinoids, concerns about safety have escalated for individuals, families, healthcare professionals, and first responders. The increasing deaths related to prescription opioid and heroin overdose are also a concern that drives discussion about access to emergency services.
- Heroin and Opioid addiction wraparound services demonstration that provides services to adolescents and adults while in treatment and for up to 9 months (case management to address: educational resources, legal, financial, social, family, and childcare services; Peer supports; employment support; and transportation assistance).
- Medication assisted treatment demonstration program with goal of eliminating waiting lists and improving access to medication assisted treatment for addiction.
- Under-age drinking prevention initiatives that include attention to labeling and marketing practices that are specifically targeting persons under age 21, consequences for promoting or facilitating under-age drinking, working with stores and persons that sell alcohol products, outlawing granulated alcohol.
- Making Naloxone more readily available. Providing training to first responders, teachers, family members, and concerned persons. Facilitating possession of Naloxone and increasing use of this life-saving tool.
- Mandatory continuing education for physicians that prescribe opiates with a focus on addiction and appropriate assessment, brief intervention, and referral to treatment.
- Harm reduction initiatives that reduce the chances for persons to become positive for HIV/AIDS, hepatitis, and other health conditions associated with IV and other drug use.
- Efforts to reduce access to synthetic cannabinoids such as making it illegal to sell, making analogues illegal to sell, a synthetic cannabinoid surrender program, and consequences for those marketing and selling synthetic cannabinoids.

**ASAP strongly supports legislation that:**

- Requires all asset forfeiture funds in the Substance Abuse Services Fund to be spent by OASAS on substance use disorders prevention, treatment, and recovery support projects within 18 months of receipt in the fund and prohibits “sweeping” of the fund for other purposes.
- Lifts roadblocks to employment and housing for people in recovery who developed a criminal justice history while actively suffering from their addiction disease.
- Protects OASAS programs from scope of practice concerns related to social work licensing.