

NEW YORK STATE
A S S E M B L Y

SHELDON SILVER, SPEAKER



committee on
Alcoholism and Drug Abuse
Amy Paulin, Chair



Annual Report 2010



THE ASSEMBLY
STATE OF NEW YORK
ALBANY

CHAIR
Committee on
Alcoholism & Drug Abuse

COMMITTEES
Children & Families
Education
Health
Higher Education

AMY PAULIN
Assemblywoman 88TH District
Westchester County

December 20, 2010

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 2010 Annual Report. Although my appointment to Chair of the Committee came mid year, we were able to advance several pieces of new legislation as well as negotiate and advocate for a budget that would represent the values and principles of the Assembly Majority for the prevention, treatment, and recovery for individuals and their families who are suffering from addiction.

As you are well aware, this was a very difficult fiscal year and we had to make serious and significant cuts. The Assembly Majority fought hard and worked in good faith to negotiate a fair and balanced budget that closed a state deficit of more than \$9 billion, but, also made a significant investment of resources critical to programs and services that the individuals and families of New York State have come to rely on.

The Assembly Majority's commitment to New York State's alcohol and chemical dependence prevention, treatment, and recovery programs was reflected in the 2010-2011 Enacted Budget. It allocated millions of dollars in funding for several key areas that included case management and outpatient treatment slots related to Rockefeller Drug Law Reform; residential beds and other residential options for high-priority populations, including women, children and veterans; and a restoration of cuts that were a result of the 2009 deficit reduction plan.

On February 2nd, 2010 the Committee on Alcoholism and Substance Abuse, in conjunction with the Assembly Committee on Mental Health and the Assembly Committee on Veterans' Affairs convened a hearing on Services for New York State Veterans. From the testimony, the Committees learned of the presence of stigma and misinformation about mental health and alcohol and substance abuse disorders. It was also noted that Veterans and their families have a difficult time accessing services. In an effort to begin to address these issues the Committees introduced several pieces of legislation during the 2010 session.

I look forward to working with you and my Assembly colleagues in order to ensure that effective, evidence-based prevention, treatment, and recovery services are accessible to all individuals and families who are impacted by drug addiction, alcoholism, and problem gambling. As we continue to advance in the assessment, diagnosis, and treatment of addiction, we have learned that it impacts every race, gender, and socio-economic class in New York State thereby making the investment in resources more critical than ever.

On behalf of myself and all the members on the Assembly Committee on Alcoholism and Substance 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 black ink that reads "Amy R. Paulin". The signature is written in a cursive style with a large, stylized initial "A".

Amy Paulin, Chair
Assembly Committee on Alcoholism and Drug Abuse

**2010 ANNUAL REPORT
OF THE
NEW YORK STATE ASSEMBLY
STANDING COMMITTEE ON ALCOHOLISM AND DRUG ABUSE**

**Amy Paulin
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
James D. Conte

Staff

Nancy Fisher – Chief of Staff
Stephanie Amann – Legislative Aide / Committee Clerk

Program and Counsel Staff

Giovanni Warren – Assistant Secretary for Program and Policy
Nicholas Cartagena – Associate Counsel
Willie Sanchez – 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 and works closely with the New York State Office of Alcoholism and Substance Abuse Services (OASAS) to ensure that policies and initiatives carried forward by the Assembly Majority will improve access and enhance prevention, treatment, and recovery services.

The Office regulates, licenses, and funds approximately 1,300 local, community-based programs, and chemical dependence treatment programs; provides a comprehensive education and prevention program through more than 1,550 programs found in schools and communities and; monitors gambling and substance abuse trends in the state.

According to OASAS, there are nearly 35,000 provider staff and volunteers within the service provider community who, on any given day, assist roughly 110,000 individuals seeking a wide variety of services. This includes the State's direct operation of 12 Addiction Treatment Centers (ATC's), which provides inpatient rehabilitation services to 10,000 persons per year.

II. STATE BUDGET HIGHLIGHTS

The development of the State budget for the Office of Alcoholism and Substance Abuse Services (OASAS) was the overriding issue facing the Committee during the 2010 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. Overall, the OASAS budget increased, totaling \$716,878,000, compared to the 2009-10 funding of \$702,381,000.

A. Rockefeller Drug Law Reform

The Legislature accepted the Governor's proposal to increase funding by \$12.8 million for case management, assessment, and outpatient treatment slots related to Rockefeller Drug Law Reform. In the 2009 legislative session, the Legislature enacted historic reforms to the Rockefeller Drug Laws. These reforms were aimed to deemphasize incarceration-based responses and increase the emphasis on prevention and treatment. Investing in services creates a long-term savings as the impact of untreated addiction leads to an increase in public health costs such as healthcare, criminal justice, public assistance, child welfare, and domestic violence services.

B. Restoration of Cuts in the Deficit Reduction Plan

The Legislature accepted the Governor's proposal to restore cuts made by the 2009 deficit reduction plan. At the end of 2009, the Legislature and Governor enacted a deficit reduction plan that included cuts to alcohol and substance abuse treatment programs in an effort to close a significant budget gap. The restoration of these cuts are cost effective, as a reduction in funding would have lead to increased state costs to systems including healthcare, criminal justice, public assistance, and child welfare, and many other relative services that may be needed when addiction is left untreated.

C. Increased Beds for High-Priority Populations

The Legislature accepted the Governor's proposal for a net increase of \$3.8 million for 172 beds and other residential options for high-priority populations including women, children, and veterans. The Committee recognizes the importance in providing adequate treatment to these high needs populations that are typically underserved in their communities.

D. Human Services Cost of Living Adjustment (COLA)

The Executive Budget deferred the Cost of Living Adjustment (COLA) for human service providers in the Office of Mental Health, the Office for People with Developmental Disabilities, the Office of Alcoholism and Substance Abuse, the Office of Children and Families, and the State Office of the Aging. Because the Consumer Price

Index for the COLA, was -2.1 if implemented, the COLA would have been an actual \$61 million cut to providers. The COLA will continue next year and will extend through the 2013-14 fiscal year.

E. Update of the Base Year of the Disproportionate Share Payments (“DSH”) of Article 28 Hospitals Serving Office of Alcoholism and Substance Abuse Services (“OASAS”) Consumers. (\$3 million in savings)

Hospitals that treat a ‘disproportionate’ share of uninsured patients or Medicaid beneficiaries receive a payment called Disproportionate Share Payment (DSH) to offset the costs of treating such patients. Prior to 1997, OASAS provided State Aid to Article 28 voluntary hospitals for this same purpose. In 1997 however, Article 28 hospitals with OASAS wards saw a decrease in their State Aid as DSH payments were established on top of OASAS DSH payments the hospital may have already received. The rate of payment was determined by the population served by the hospital in 1996 and 1997. In 2003, the base year was increased to 2000.

The Legislature accepted the Executive proposal which updates the base year of the Disproportionate Share Payments (DSH) payment for OASAS Article 28 voluntary hospitals and establishes an automatic mechanism, mirrored off of the public health hospital method for DHS payments, which would update the base for two years prior to the payment year.

F. Certification of Scattered Bed Detoxification Services

The Executive proposed language that would have required Office of Alcoholism and Substance Abuse Services (“OASAS”) certification of an Article 28 hospital or facility if it provides detoxification services of 2,000 patient days per year, or more than 10% total patient days per year of such services. Under current law, certification is required if a hospital has a “discrete unit” dedicated to detoxification. This proposal was aimed at requiring certification of hospitals that do not have a dedicated unit to detoxification, but provides such services in a scattered bed model.

The Legislature rejected the Executive proposal. The Legislature was concerned with the impact this proposal would have on small rural hospitals. Hospitals that do not have a dedicated detoxification unit tend to be smaller, rural hospitals that provide services but are not interested or financially able to open a discrete unit. This proposal would have potentially increased the cost of care for these rural facilities.

G. Transfer of the Alcohol and Drug Rehabilitation Program from the Department of Motor Vehicles to the Office of Alcoholism and Substance Abuse Services

The Executive proposed language that would have had the Office of Alcoholism and Substance Abuse Services (OASAS) assume responsibilities in the administration and design of the Drunk Driver Program (DDP) currently under the auspices of the Department of Motor Vehicles (DMV). The Executive proposal also eliminated the eight

month cap, the maximum time a participant has to complete the program and the fifteen hour minimum requirement each participant must fulfill in order to complete the DDP.

While this proposal was not included in the Enacted Budget, the Assembly Committee on Alcoholism and Substance Abuse advanced legislation that allows OASAS to revise and maintain the list of DWI assessment providers. This enables OASAS to evaluate and assess the capability of providers available for DWI screening for court purposes. This legislation was passed into law by the Governor as Chapter 271.

III. SIGNIFICANT LEGISLATION – 2010

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 2010 session. These included:

A. Prevention

1. Alcohol and Chemical Addiction Education

On October 26th, 2009 the Committee convened a roundtable discussion regarding alcohol and chemical dependency services available to women. It was held jointly by the Assembly Committee on Alcoholism and Drug Abuse and the Assembly Task Force on Women's Issues and was attended by community providers and advocates. During the roundtable, concerns were raised that many women are not diagnosed with an addiction disorder because healthcare providers often do not screen for alcoholism and chemical dependency. This concern is supported by data from the American Journal of Preventive Medicine, which confirms that only 8.7 percent of people with drinking problems reported receiving any screening or advice from their primary-care physician. Furthermore, it was discussed that when health care providers do screen for addiction, the health care provider typically does not know what questions to ask, or how to elicit a truthful answer from the patient regarding alcohol or drug use.

This bill would require the Commissioner of the Office of Alcoholism and Substance Abuse Services, in consultation with the Commissioner of the Department of Health, to provide and publish educational materials for health care providers regarding screening, assessment, and diagnosis of women for alcoholism and chemical dependency.

A10083-A (Jaffee) Same as S7530 (Hassell-Thompson)

This bill passed the Assembly and was delivered to the Senate.

2. Youth gambling prevention public awareness campaign

A 2006 survey completed by the New York State Office of Alcoholism and Substance Abuse Services (OASAS) found that 10 percent of the State's students, roughly 140,000, experienced problem gambling in the past year. Another 10 percent, or an additional 140,000, indicated that they may be at risk of developing problem gambling.

In addition to the 2006 OASAS survey, a 2004 Yale University School of Medicine study on psychological factors associated with teen gambling found that adolescent gamblers were more likely to report depression and drug and alcohol use or dependence than non-gamblers. Moreover, problem gamblers have the highest rate of suicide of any other addiction. According to the National Council on Problem Gambling, one in five problem gamblers have attempted suicide.

Given the increase of gambling opportunities in New York State and lack of awareness among parents, students, and youth about the dangers of problem gambling and other associated risks like depression, suicide, anti-social behavior, and alcohol and drug abuse, it is important to develop a public awareness campaign that will inform parents, students, and youth about the warning signs of problem gambling and supports available to them.

This bill would require the Office of Alcoholism and Substance Abuse Services (OASAS) to develop a public service awareness campaign, geared towards teens, young adults, and their families, regarding problem gambling. The public service campaign may include broadcast and written communications, and may utilize the internet, including social networking sites, such as Facebook and MySpace.

A10001 (Ortiz)

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

3. Educational Materials for Alcoholism and Chemical Dependency

Physicians and related health care providers are well positioned to detect possible alcohol or chemical dependence related problems during routine patient visits, provided the appropriate screening procedures are implemented. In a review of multiple studies, screening was credited with reducing problem drinking by an average of 17.4 percent over time periods ranging from six months to two years according to the American Journal of Preventive Medicine. However, only 8.7 percent of people with drinking problems reported receiving any screening or advice from their primary-care physician.

This bill would require the Commissioner of the Office of Alcoholism and Substance Abuse Services, in consultation with, the Commissioner of the Department of Health, to provide and publish educational materials for health care providers regarding screening, assessment, and diagnosis of alcoholism and chemical dependency.

A10104 (Ortiz)

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

4. Safe and Drug Free Schools and Communities Program

In New York alone, it is estimated that the annual state spending share due to the burden of substance abuse and addiction was over \$13 billion (NCASA, 2009). Almost all of this state spending addressed the related health, criminal justice and educational consequences, while only 3 percent was spent on addiction prevention and treatment.

Effective evidence-based prevention and treatment programs and practices save both money and lives. For example, every \$1 spent on Life Skills Training, an evidence-based classroom prevention program developed in New York, returns \$26 to New Yorkers in reduced substance abuse-related crime, educational failure, substance abuse, child abuse and neglect, teen pregnancy, and public assistance costs.

This resolution requests continued federal funding for Safe and Drug Free Schools and Communities (SDFSC) Programs in the Fiscal Year 2011.

Although SDFSC federal funding most likely will not be restored, OASAS is in the process of applying for the Substance Abuse Prevention and Treatment (SAPT) Block Grant, a three year grant (2011-2013), the largest, single Federal grant available to OASAS, totaling \$115.9 million in 2010. OASAS uses SAPT funding to support a wide range of prevention and treatment services.

K1284 (Ortiz)

This resolution was adopted.

B. GERIATRIC CHEMICAL DEPENDENCE

5. Senior Citizen Alcoholism Demonstration Programs

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%. This number however, 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.

A7300 (Cook)

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

C. ENFORCEMENT, ADVOCACY & TREATMENT

6. Ensuring Quality Treatment and Services

Clarifying the policy goal of recovery services as a facet of rehabilitation will support OASAS' programmatic goals of offering residential or employment services to persons in a fragile state of early recovery from chemical dependence.

Allowing the agency to revise and maintain the list of DWI assessment providers enables OASAS to continually ensure the capability of providers available for DWI screening for court purposes. In addition, this bill would clarify that individuals who may be aggrieved

by OASAS' determination regarding such individuals' placement on the list will be entitled to an administrative review of such determinations.

Extending the maximum operating certificate term would offer provider agencies an incentive to encourage high quality performance from its certified providers. A longer term operating certificate would relieve certain high performing providers of frequent time consuming reviews, affording more time for patient contact. OASAS will still retain the discretion to issue operating certificates for periods shorter than five years.

A11034A (Paulin) Same as S07255A (Morahan)

This bill was delivered to the Governor and signed chapter 271.

7. Members of the Advisory Council on Alcoholism and Substance Abuse Services

Pursuant to New York State Mental Hygiene Law § 19.05, the New York State Advisory Council on Alcoholism and Substance Abuse Services consists of representatives from the consumer, provider, and private payor communities and is charged with: assisting the OASAS Commissioner in the establishment of statewide goals and objectives; reviewing applications of incorporations, the establishment or construction of a facility; making recommendations regarding the enhancement of services; and reviewing all proposed rules and regulations.

The Committee thought it appropriate that the Advisory Council should have representation of programs who deliver services specifically to individuals with a co-occurring mental health or a developmental disability and a substance abuse disorder, and consumers who have received services at such a program. This will allow the Council to make recommendations to the Commissioner that will ensure the Office's statewide goals and objectives reflect the needs of this population; that the capacity for treatment meets the demand for services; and the services being delivered are clinically appropriate and meet each individual and their families' needs.

According to a 2004 National Survey on Drug Use and Health (NSDUH), 2.5 million adults in the nation have a co-occurring serious mental illness and substance abuse disorder. Studies have shown that between 40-60 percent of individuals presenting in mental health settings have a co-occurring substance abuse diagnosis and 60-80 percent of individuals presenting in a substance abuse facility have a co-occurring mental health disorder.

Additionally, alcoholism and substance abuse is a growing problem among those with developmental disabilities. As deinstitutionalization has occurred, many individuals with mild or moderate developmental disabilities are now living within the general community where access to alcohol and drugs is greater. While integration in the community is important, integration of alcohol and substance abuse treatment has not kept pace with deinstitutionalization.

This bill would add representatives of programs that provide services to individuals diagnosed with a co-occurring mental health disorder or a developmental disability and a substance abuse disorder and consumer representatives of such services to the advisory council of the Office of Alcoholism and Substance Abuse Services (OASAS).

A10669A (DenDekker) Same as S07632A (Peralta)

This bill passed the Assembly and was delivered to the Senate.

8. Intent to Defraud Drug Screening Tests

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.

A1195 (Destito)

This bill was advanced to the Assembly Committee on Codes.

IV. LEGISLATIVE HEARINGS

A. Services for New York State Veterans

New York State Assembly Committee on Alcoholism and Drug Abuse Joint Hearing with the Assembly Committee on Mental Health and Assembly Committee on Veterans' Affairs

*Monday, February 2nd, 2010 at 10am
Legislative Office Building, 2nd floor
Roosevelt Hearing Room C
Albany, New York*

Throughout their service, many military personnel from New York State experienced trauma during active duty, placing many of them in high risk categories for triggering substance abuse or mental health issues. More often than not, mental illness and substance abuse present themselves simultaneously or as a co-occurring disorder.

The consequences of co-occurring disorders, particularly when untreated or poorly treated, are severe. They include: increased risk of heart disease, diabetes, pulmonary disease, HIV/AIDS, hepatitis, and other medical conditions. Such disorders also increase the cost of healthcare due to the frequent use of inpatient treatment, the ability to adhere to such treatment, the risk of suicide, crime victimization, homelessness, and incarceration.

In February, the Committee held a public hearing to examine and evaluate the services for New York State veterans who have been diagnosed with both a substance abuse and mental health disorder in order to assure that all available resources are marshaled to help returning veterans and their families; ensure that services are coordinated as well as possible; and ensure that services are used in the most effective and efficient manner.

The hearing was held jointly with the Committee on Mental Health and the Committee on Veterans' Affairs. The Committees heard testimony that stigma and misinformation regarding mental health and substance abuse treatment is prevalent within the military community. Additionally, the committee heard testimony that veterans and their families often have a difficult time navigating the array of services available. As Such, the Committee on Alcoholism and Drug Abuse, the Committee on Mental Health, and the Committee on Veterans' Affairs each introduced bills to address these issues.

The first bill, introduced by the Committee on Alcoholism and Drug Abuse, A.10889 (Paulin) (Veto 6721), adds a representative of veteran and alcoholism or substance abuse programs to the Advisory Council on Alcoholism and Substance Abuse and a representative who is a combat veteran and is recovering from alcohol and/or substance abuse. This bill was introduced in the Committee on Veterans' Affairs.

The second bill, A.11054 (Ortiz, Magnarelli, Paulin), requires the commissioner of OMH to develop a public education initiative to eliminate stigmas and misinformation about mental illness and chemical dependency among service members, veterans, and their families. This bill was introduced into the Committee on Mental Health.

The third bill, A.11098 (Magnarelli, Ortiz, Paulin) (Veto 6786), would have created the Veterans Mental Health and Chemical Dependency Act and would develop a comprehensive plan with the inclusion of government and stakeholder groups regarding issues of veterans with psychiatric disabilities and chemical dependency. This bill was introduced in the Committee on Veterans' Affairs.

APPENDIX A

**2010 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 | 6 | 0 | 6 |
| To Codes | 1 | 0 | 1 |
| To Rules | 0 | 0 | 0 |
| TOTAL | 7 | 0 | 7 |
| Bills Having Committee Reference Changed | | | |
| TOTAL | 0 | 0 | 0 |
| Senate Bills Substituted or Recalled | | | |
| Substituted | 0 | 0 | 0 |
| Recalled | 0 | 0 | 0 |
| TOTAL | 0 | 0 | 0 |
| Bills Never Reported, Held in Committee | 1 | 0 | 1 |
| Bills Never Reported, Died in Committee | 13 | 0 | 13 |
| Bills Having Enacting Clause Stricken | 0 | 0 | 0 |
| TOTAL BILLS IN COMMITTEE | 21 | 0 | 21 |
| Total Number of Committee Meetings Held | 4 | | |

APPENDIX B

LAWS ENACTED DURING THE 2010 SESSION

| CHAPTER | ASSEMBLY BILL # SPONSOR | SENATE BILL # SPONSOR | DESCRIPTION |
|----------------|--|--------------------------------------|--|
| Chapter 271 | A.11034-A Paulin | S.7255-A Morahan | Includes “relapse prevention and recovery maintenance” within the scope of responsibilities of the Office of Alcoholism and Substance Abuse Services (OASAS); permits OASAS to develop and maintain a list of qualified Driving While Intoxicated (DWI) assessment providers; and permits OASAS to extend the maximum operating certificate term from three years to five years. |

APPENDIX C

2011 COMMITTEE GOALS

Addiction cuts across every system in New York State. The Committee is committed to supporting the collaboration of the public health and safety, welfare and education sectors in order to reduce drug use and its consequences. The Committee will also monitor the establishment of effective evidence-based 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.

The Committee will continue to advocate for resources that will enable programs to meet the demand for alcohol and chemical dependence and problem gambling services; increase access and eliminate barriers to services for those who are in need; provide the appropriate tools, information, and opportunities for training so that provider staff and other professionals may be aware of and utilize the most recent clinical advancements in the field of chemical dependency and problem gambling; and raise awareness and reduce stigmas regarding alcohol and chemical dependence and problem gambling.

In addition, the Committee will work with the Legislature and the Governor's Office to continue to advance public health policy for the prevention, treatment, and recovery for addiction. As we learned from the Rockefeller Drug Law Reforms, policies that are punitive in nature are counterproductive, continue the cycle of addiction, and cost New York State millions of dollars in healthcare, criminal justice, public assistance, child welfare, domestic violence services, and many other costs that occur when addiction goes untreated.

Lastly, the Committee, along with advocates, service providers, state agencies, and the Assembly Majority, will identify critical issues facing the chemical dependence community, individuals, and families who are impacted by addiction. Through this process the Committee will develop new initiatives and legislation that potentially could expand upon and strengthen the system of addiction services. During the 2011 Legislative Session some of these issues may include:

Sober Homes

Within the Mental Hygiene Agencies, access to affordable housing options is becoming increasingly difficult as the need is outpacing the availability of such housing. As a result, persons in recovery from alcohol or substance abuse addiction are taking residence in alternative housing arrangements, known as "Sober Homes," after treatment is complete.

Ideally, Sober Homes provide a structured living environment for people who are in recovery from alcohol or substance abuse. Unfortunately, some homes do not meet standards for a residence which promotes recovery and abstinence from alcohol and drugs. Instead, they frequently lead to relapse for its residents and, in some cases, negatively impact the communities that host them.

The Committee on Alcoholism and Drug Abuse will work with the Office of Alcoholism and Substance Abuse Services, local governments, service providers, and other stake holders on this issue.

Underage Drinking

Alcohol remains the most commonly used drug among adolescents and underage drinking continues to be a leading public health and social problem throughout the state and nation. Underage drinking is widespread in New York, with an estimated 912,000 underage youth drinking each year.

It is estimated that underage drinking had an economic cost of \$68 billion in the United States in 2007. During this same year, underage drinking cost the residents of New York \$3.5 billion. This figure is representative of costs associated with work loss, medical care, and the correlating problems resulting from the use of alcohol by youth. This cost translates to \$1,802 annually for each youth.

Although traffic accidents and violence related to alcohol use by underage youth represents the largest costs for New York, a significant number of other associated problems contribute to the overall cost. In 2007, 5,843 youth ages 12-20 were admitted for alcohol treatment in New York, representing 4 percent of all treatment admissions for alcohol abuse. (*Office of Applied Studies, Substance Abuse and Mental Health Services Administration 2007*). In 2007, underage drinking represented 17 percent of all alcohol purchased in New York, totaling \$2.2 billion in sales.

The Committee on Alcoholism and Drug Abuse will work with the Office of Alcoholism and Substance Abuse Services, service providers, and other stake holders to ensure that our youth, young adults, and their families are aware of the consequences of underage drinking and if necessary, have access to services that addresses their needs.