



#HOTS

New York Association of Alcoholism & Substance Abuse Providers, Inc.

1 Columbia Place, Suite 400 • Albany, New York 12207
518-426-3122 • Fax: 518-426-1046 • E-Mail: asap@asapnys.org • www.asapnys.org

Executive Committee

President
Chris Wilkins
DePaul Addiction Services

First Vice President
Kathy Ayers-Lanzillotta
*Catholic Charities Diocese
of Rockville Centre*

Second Vice President
Ronald Williams
*New York Therapeutic
Community, Inc.*

Third Vice President
Herb Barish
Lower Eastside Service Center

Secretary
Ellen Morehouse
Student Assistance Services

Treasurer
Martin Teller
*Finger Lakes Addictions
Counseling and Referral
Agency, Inc.*

Immediate Past President
Roy Kears
Samaritan Village

Personnel
Ira Marion
*Albert Einstein College
of Medicine*

Public Policy
Richard Pruss
Samaritan Village

By-Laws
Luke Nasta
Camelot of Staten Island

Cultural Diversity
Sonskeshana Kornegay
Phase Piggy Back

Membership
John Tavalacci
Odyssey House

Member-at-Large
Abukarriem Shabazz
Phase Piggy Back, Inc.

Member-at-Large
Kathleen Riddle
Outreach Project

Executive Director
John J. Coppola



ENSURING THE SUCCESS OF DRUG LAW REFORM

EXPANDING AND STRENGTHENING TREATMENT AND PREVENTION SERVICES THE CORNERSTONE TO SUCCESS

**NYS Assembly Joint Hearing:
The Rockefeller Drug Laws: 35 Years Later
Thursday, May 6, 2008**

Testimony Presented by: John Coppola, Executive Director

Coalition Members Addiction Treatment Centers of OASAS • Association of Addiction Recovery Care Homes • Association of New York City Addiction Programs • Central New York Alcohol & Drug Association • Coalition for Community Services • Coalition of Alcoholism & Substance Abuse Programs of Northeastern New York • Committee of Methadone Program Administrators of New York State • Consortium of Alcohol & Substance Abuse Services • Council on Addictions of New York State • Hudson Valley-Catskill Coalition • Nassau Coalition of Chemical Dependency Providers • Northern Tier Providers Coalition • Quality Consortium of Suffolk County • Recovery Net • Statewide Black & Puerto Rican/Latino Substance Abuse Task Force • Therapeutic Communities Association of New York • Westchester Putnam Coalition of Alcoholism & Substance Abuse Programs • Western New York Chemical Dependency Consortium

Thirty-five years ago, when the Rockefeller Drug Laws were enacted, we did not have the scientific evidence we have today that alcoholism and substance use disorders are a disease of the brain. The National Institute on Alcohol Abuse and Alcoholism and the National Institute on Drug Abuse have conducted numerous studies and have isolated the sections of the brain and the neuro-chemicals and receptor sites associated with the disease. As we consider reform of the drug laws and a new direction for public policies associated with drugs, addiction, and related criminal behavior, we must do so cognizant that scientists and researchers continue to develop new and more effective treatments. A range of emerging pharmacotherapies and evidence-based treatment practices are now available and in the initial stages of implementation in our treatment system. It is clear that addiction to alcohol and other drugs is a disease, a health problem, which ought to be addressed as such. It is time for a fundamental shift in New York State's policy, a shift from a criminal justice policy orientation to a public health orientation.

As we consider a shift away from failed criminal justice policy and address the need for drug law reform, our success will depend on the degree to which treatment is accessible as an alternative to incarceration and as an integral component of community re-entry, recovery support services are widely available, and prevention services are provided that target high-risk children from families where there is a chemical dependence problem..

The New York Association of Alcoholism and Substance Abuse Providers, Inc. (ASAP) proposes that implementation of drug law reform will require a comprehensive continuum of chemical dependency services that includes an intake and assessment provided by a Credentialed Alcoholism and Substance Abuse Counselor (CASAC) or other qualified health professional working in an OASAS licensed program, intensive long-term residential treatment, shorter term residential treatment, intensive outpatient treatment (including day treatment), other outpatient treatment (including methadone treatment and other pharmacotherapeutic approaches) halfway house and supportive living, other recovery support services such as vocational/educational services, and prevention services targeting high risk family members.

The Treatment Model

Based on the experience of the treatment field, it is safe to assume that persons with a history of involvement with the criminal justice system and a history of chemical dependence will need a combination of residential and outpatient treatment that ranges from 12 to 24 months. The typical client would need between 6 and 12 months of residential treatment followed by 6 to 12 months of outpatient care. For the sake of planning we should assume that for persons with a criminal justice and a chemical dependence history 25% will need at least 6 months, 25% will need 9 months, and 50% will need 12 months or more of residential treatment prior to beginning outpatient treatment. This model takes into consideration BOTH public health and public safety concerns and is congruent with assumptions made in the drug law reform proposals put forth in the past. Given the chronic and relapsing nature of addictive disease, it should be assumed that all persons leaving residential treatment would transition into outpatient

care. Outpatient care should be available at varying levels of intensity and should include pharmacotherapies, health screening, and wellness services.

Recovery Support

As reflected in the recent re-organization of the NYS Office of Alcoholism and Substance Abuse Services (OASAS) and the creation of an OASAS Bureau on Recovery Support, recovery support services are an essential component of a public health approach to alcoholism and other substance use disorders. ASAP recommends an investment of funds into sober housing environments for persons in outpatient treatment or who have phased out of treatment altogether. Permanent and transitional housing is vital to the success of treatment as an alternative to incarceration or as an integral component of community re-entry. To increase the likelihood of ongoing recovery, it is imperative that all treatment services include work readiness and vocational/educational services.

Prevention

Targeted prevention services for children and family members of persons needing treatment as an alternative to incarceration or as a component of their re-entry process are key, if we are to interrupt the cycle of intergenerational criminal behavior and addiction. There are evidence-based, targeted prevention strategies that have been successful with children of chemically dependent parents. Drug law reform should include both school and community-based prevention efforts.

Emphasis on incarceration and criminal justice sanctions instead of treatment, recovery support, and prevention led to more than a decade of neglect for the chemical dependence service delivery system. Even in the best of fiscal times, there was little in the way of resources allocated for these vital services and as a result, the workforce is in crisis, infrastructure is decaying, and the number of New Yorkers receiving treatment on any given day has decreased by almost 11% since 1996.

Funding Needs

For drug law reform to succeed, we must strengthen existing services to ensure that programs have the resources necessary to provide effective services. ASAP recommends increased funding for program services and capital to ensure that facilities meet at least the minimal standards acceptable for accrediting bodies. ASAP also recommends new funding to expand the treatment capacity in communities across the state. Treatment should be available on demand. We should have no one who is on a waiting list after reaching out to get the treatment they need.

Savings to the State

It costs the state approximately \$30,000/year to house an inmate in a state prison. The state would be saving approximately \$12,500/year per offender who is diverted from prison to treatment under the Governor's drug law reform proposal. If 2,000 individuals are diverted each year, then the state will save at least \$25,000,000/year. This does not include the costs savings associated with reduced crime, labor market gains, lowered health care costs and decreased foster care costs.

Reinvesting the Savings to the State

ASAP strongly recommends that savings from reduced prison costs should be reinvested in community-based services, especially chemical dependence treatment, recovery support, and prevention services.

If adequate funding is not included as part of drug law reform, it will be doomed to failure.

Over the past 35 years, science has taught us much about addiction to alcohol and other drugs. The evidence is conclusive that addiction is a disease of the brain and should be treated as a healthcare problem in the context of a public health model. Over the past 35 years our experience has taught us that addressing addiction as a criminal justice problem that is best responded to with tough sentences and incarceration is a bad idea and a failure. Science argues for drug law reform and new public health strategies. So does common sense. Let us learn from both science and from our experience and transform our response to the needs of chemically dependent persons. Treatment, recovery support, and prevention are the appropriate policy and program approach to problems associated with alcohol and other substance use disorders.