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**Testimony for the NYC Council Committee on Mental Health,
Developmental Disability, Alcoholism, Substance Abuse and Disability
Services**

**Oversight: Alcohol Abuse in New York City
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Honorable Chair Cohen and Distinguished Members of the Committee,

Thank you for convening a hearing on Alcohol Abuse, a critical issue affecting thousands of New Yorkers, and for the opportunity to submit written testimony on the problem and on solutions. I am Cheryl Bobe, Senior Associate for Substance Use Services for The Coalition Of Behavioral Health Agencies (The Coalition). The Coalition is the umbrella advocacy organization of New York's behavioral health community, representing over 145 non-profit community-based behavioral health and substance abuse agencies that serve more than 450,000 clients throughout NYC and its environs.

Through my work with The Coalition's member organizations who specialize in treating substance use, and through many years providing services to those affected by their own or another's alcohol abuse, I have been witness to the devastation that alcohol abuse creates, and to myriad attempts at addressing the problem over time. At the hearing, several individuals gave testimony, providing data on the extent of the alcohol problem; therefore, I will highlight a few of the most glaring consequences, and then focus my attention on recommendations and strategies to address the problem.

Addiction and risky substance use constitute the largest preventable and most costly public health problem in the U.S., totaling over \$467 billion a year. Yet of every NYS tax dollar spent on substance use and addiction, fewer than two cents goes toward prevention and treatment, while 98 cents goes toward addressing the consequences of our failure to prevent and treat the disease. (Center on Alcoholism and Substance Use

(CASA) at Columbia University, Guide for Policy Makers, Prevention, Early Intervention and Treatment of Risky Substance Use and Addiction, December 2015)

Sadly, many people using alcohol do not reach out for help until they experience consequences brought on by their use. Some of these individuals end up in our hospital emergency rooms, where we know that every year in NYC there are approximately 70,000 alcohol-related ER visits with an estimated 7,000 involving alcohol use among individuals under the age of 21. Problematic alcohol use is common in young people, with 1 out of every 4 New Yorkers age 12 or older reporting binge drinking in the past month. (CASA Columbia)

The toll on the economy and the healthcare system is enormous, and the consequences do not stop there. Chronic alcohol misuse truly becomes an “equal opportunity destroyer”, affecting the quality of life for individuals of all ages, races, religions, and socio-economic circumstances. One needs only to think of someone they know who has experienced alcohol dependency and to recall the pain experienced by the individual and those they love, to visualize the societal toll.

We know that there is a genetic factor involved in the transmission of alcoholism, and that there are research-based strategies that can reduce the likelihood of a person becoming addicted. The sad news is that we do not have widely available programs that educate those who are at high risk nor routinely employ prevention strategies to reach biological children of alcoholics. As alcoholism is a family disease, there is a need to provide psycho-education on alcohol misuse and the process of recovery, and counseling services to the person’s significant others. Unfortunately, many programs providing such services have lost funding and closed or continue to provide them only for family members who are engaged in their treatment programs. In so many areas of the City, these types of services are non-existent or sparse at best.

Currently, limited prevention services are available in some schools and communities to prevent the onset of alcohol use and abuse. With regard to treatment for individuals with an existing alcohol problem, a continuum of care including screening and brief intervention, detoxification and crisis services, outpatient, intensive outpatient, medication assisted treatment, inpatient and residential are available in various locations throughout the city. While the goal is obtaining the right treatment or intervention at the time that it is needed, treatment providers report that clients may face obstacles because of payment structures, or that they may find it difficult to access a treatment slot when it is needed.

The good news is that alcohol misuse and dependency is treatable. In fact, most of what we know about preventing and treating addiction in general has flowed from the research on alcohol. In the last two decades, there has been considerable focus on instituting “evidence-based” strategies in programs specialized and licensed to provide services. In keeping with this research, recommendations from the December 2015 report from the Center on Alcoholism and Substance Abuse at Columbia University, and the initiatives put forth in the recent ThriveNYC launch, I offer the following recommendations to consider in addressing alcohol misuse.

RECOMMENDATIONS

There is a need to create a comprehensive public health approach to alcohol and other drug use, to strengthen and expand existing prevention and treatment services, and to support the workforce that provides these services.

1) Strengthen Prevention and Early Intervention Services to Address Addiction Risk

Despite research and evidence supporting the efficacy of prevention approaches, these services are not universally available and are insufficient to meet needs. Prevention and intervention services provide an opportunity to intervene before use escalates into a substance use disorder (SUD).

- NYS OASAS currently funds Substance Abuse Treatment and Prevention services. This funding targets individuals at two ends of a very complex continuum of behaviors and service needs. There is currently no funding for services for those individuals, especially high risk youth, who fall between these extremes. They can best be engaged through community based early intervention services. Most high risk youth who are already experimenting with or actively using drugs – prescriptions medications, heroine, etc. – are not impressed by prevention services and strategies. They deny the extent of their problems therefore refusing treatment, which can only be provided in a licensed clinic. Medicaid only reimburses clinic based treatment services. As these high risk individuals are not seeking services; services must be brought to them. They are best engaged through Early Intervention approaches that reach them where they are -- in the community. Funding is needed to provide Community-Based Early Intervention Services to high risk youth already experimenting with or actively using drugs.

Prevention can and should take place in schools and communities. Prevention efforts are needed and staff can work with school and community leaders to:

- Partner on prevention initiatives. This involves engaging local businesses, law enforcement, community groups, schools, and other concerned citizens to identify needs related to alcohol abuse, and develop a comprehensive community plan to address under-age drinking and other alcohol problems in their community. The partners should utilize an evidence-based model, such as the Strategic Prevention Framework <http://www.samhsa.gov/spf> as this model has been shown to reduce youth violence, substance use, and crime.
- Develop a comprehensive guide to local school and community resources for prevention, treatment, and recovery support; then identify and employ evidence-based prevention strategies to address unmet needs.

- Implement media and public education campaigns to increase community awareness of alcohol problems, to dispel myths, and to create social norms to decrease use.
- Increase access to prevention and intervention services in Middle and High schools through school-based workers.
- Intervene early with those at risk via routine screening and therapeutic interventions. Utilize Screening, Brief Intervention, and Referral to Treatment (SBIRT), which has been shown to effectively address risky alcohol use. In this model, patients identified as high risk for substance misuse are offered up to 12 extended brief intervention sessions with a social worker/mental health counselor or a referral to formal substance use disorder treatment.
- Implement environmental strategies that reduce the availability, accessibility and appeal of addictive substances such as:
 - a. Evaluate advertising on alcohol geared toward underage drinkers. This includes universal advertising such as signs for www.delivery.com that can be found on city subways, promoting delivery of alcohol to homes where it can easily get into the hands of those who are underage.
 - b. Higher taxes on alcohol, raising the overall price of alcohol, is consistently associated with reduced binge or excessive drinking and adverse alcohol-related health outcomes.
 - c. Eliminate State Uniform Accident and Sickness Policy Provision Laws (UPPL), which allow insurance providers to deny coverage for injuries sustained by a person who was under the influence of alcohol or other drugs at the time of the injury. These laws provide physicians with disincentives to screen patients for substance problems or document substance-involved injuries, thereby reducing the likelihood that those who are at risk will get the help they need. This is truly unfortunate because research shows that it is during times of crisis, such as when an injury is sustained, that individuals may actually be more amenable to help.
 - d. Enhance alcohol enforcement efforts, such as anti-DWI initiatives, which have been found to decrease the rate of alcohol-related crashes and fatalities.

- e. Support laws and efforts aimed at reducing impaired driving, such as sustained sobriety checkpoints, and training for law enforcement to better identify impaired drivers.
- f. Increase support for the number of random compliance checks with the goal of reducing or eliminating the number of retailers who attempt to sell alcoholic beverages illegally to minors.

2) Strengthen Treatment and Disease Management Services

- Increase the availability of detox services in community settings that are effectively linked to treatment.
- Enhance access to the full range of behavioral health, psychosocial, pharmaceutical and physical health treatments and social supports, tailored to gender, age, race/ethnicity, sexual orientation and life circumstances.
- Assure access to long-term medical management consistent with the access provided for other chronic diseases, including management of co-occurring behavioral and physical health problems.
- Divert individuals to treatment from juvenile and adult corrections, when appropriate, through drug treatment courts that mandate outpatient psychosocial and medication-assisted treatments in addition to residential services.
- Provide access to auxiliary support services including education, vocational training, employment; life, parenting and other family skills; child care, housing and transportation support; and recovery and mutual support through twelve-step or other self-help programs.
- Explore use of the four medications approved by the U.S. Food and Drug Administration (FDA) to treat alcohol use disorder, prevent relapse to alcohol use, or both. The FDA-approved medications are disulfiram, oral naltrexone, extended-release injectable naltrexone, and Acamprosate.
- Increase funding for trained peers or community health workers (CHWs) to engage people in treatment and to support them during critical transitions in care, particularly when they are most vulnerable.

Create Demonstration/Pilot Projects to Address Needs of Special Populations

- Create treatment pilots for veterans, adolescents/young adults, the LGBTQ community, seniors, women/children, and criminal justice.

Support Redesign of Residential Treatment Services

- Provide support for residential programs to transition to the new staffing and physical plant requirements of redesigned residential services.

3) Strengthen SUD Provider Business Practices

- SUD providers need training and technical assistance to strengthen their business practices, to support system transformation related to behavioral health integration into Managed Care, and to integrate behavioral health with physical health services.
- Provide resources and training to assist providers to select and purchase billing software, to increase infrastructure, to implement electronic health records, and to train their staff to implement new systems.

4) Strengthen the SUD Workforce to Meet Changing Healthcare System Needs

Retain Senior Qualified and Credentialed Staff with experience treating SUD. There has been an exodus of experienced substance use specialists from the substance use treatment system. Low wages and lack of salary increases has contributed to this. This is a critical time to retain staff with the leadership skills to track and communicate the value of their services, and to justify service enhancements. Financial support is needed for the SUD treatment system to be able to provide their senior staff with increases and advancements to incentivize them to remain in the field. It would be helpful if the City Council would advocate with the State legislature and the Governor—as well as to allocate some NYC funds for this purpose.

5) Enhance Service Quality

It is becoming increasingly important for substance use providers to be able to prove that their treatment is effective. To do this, providers will need to systematically collect and analyze their program outcome data and continually enhance their programs so that their outcomes improve. While limited funding is available for some programs to enhance their data collections systems, programs may need to add specialized staff and/or training to accomplish this. Support from the City Council would be one important step to improve substance use disorder treatment.

6) Establish a NYC Office of Drug Strategy within the New York City Department of Health and Mental Hygiene to Create a Public Health Approach to Alcohol and other Drug Use.

- The Office of Drug Strategy would “provide strategic leadership related to coordinating a public health approach to alcohol and other substance use. The Office would be tasked with bringing together relevant agencies and partners to provide their input on the substance use issue, to evaluate what is working well, what sorely needs attention, and to develop new approaches that are informed by up-to-date research and best practices. Such a group would help to proactively create objectives, policies and strategies to prevent and treat substance use and related problems. A collaborative approach will enable efficient use of our city’s resources, preventing duplication of efforts and coordinated steps. The Office would be charged with creating an annual alcohol and other drug strategy with recommendations and detailed steps to be taken to create healthier communities.
- The Office of Drug Strategy should have an advisory council to inform its work. The Council would include people with experience and expertise in substance use such as: people with personal experience of drug use, service providers serving those affected by substance use, public officials, academic experts, and those with policy and research knowledge of substance use prevention, treatment and the continuum of recovery. The goal is to cast a wide net and be inclusive of the systems that are both impacted by and can impact upon substance use problems.
- The Office of Drug Strategy could serve as a model for how a large City with complex infrastructure can create policies that are progressive and truly work to help Individuals, families, and communities that need help for problems related to alcohol and other substance use.

We thank the Council for convening this public hearing and hope these recommendations will be helpful in considering evidence-based interventions to address alcohol problems in our City. We hope that you will consider The Coalition a resource and we look forward to working with you to help ensure that individuals with alcohol problems and their providers have the resources they need to support them in achieving and maintaining recovery.