



NEW YORK STATE SENATOR

David J. Valesky

Senate Passes Bills Co-Sponsored by Senator Valesky That Fight Heroin and Opioid Abuse

DAVID J. VALESKY June 10, 2014

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ALBANY, N.Y.--A package of bills co-sponsored by Senator David J. Valesky (D-Oneida) that target heroin and opioid abuse prevention and treatment and that expand resources for law enforcement passed the New York State Senate today. The bipartisan Senate Joint Task Force on Heroin and Opioid Addiction, of which Senator Valesky is a member, formed in response to the statewide heroin epidemic and recommended action on these specific bills.

“As a member of the Task Force, I heard firsthand stories of the damage caused here in Central New York by the heroin and opioid epidemic sweeping the state,” Senator Valesky said. “This comprehensive legislative package addresses the concerns raised during the forums and provides the means for law enforcement officials and health care professionals to effect positive change in their communities.”

A series of statewide forums held by the task force examined the issues surrounding the increase in drug abuse, addiction and drug-related crimes in New York. The group released a report May 28 summarizing its findings and recommending action on bills that address the three key areas identified in the report: preventing drug abuse and overdoses, increasing the availability and efficacy of addiction treatment and enhancing the tools provided to law enforcement to keep heroin off the streets.

In Central New York, heroin-related calls to the Upstate Poison Center from Cayuga, Cortland, Herkimer, Madison, Oneida, Onondaga and Oswego counties surged by 417 percent from 29 in 2009 to 150 in 2013. In Onondaga County alone, the number of calls for heroin overdoses rose from 14 in 2009 to 84 last year - a 500 percent increase. Onondaga County also has the highest percentage of babies born addicted to heroin in New York State. Approximately 26 in every 1,000 newborns have some form of drug dependency; about half of those are addicted to opiates like heroin. In Oneida County, outpatient admissions for users reporting opioids as their primary drug of choice increased from 312 in 2011 to 443 in 2012.

Legislation passed today includes:

Preventing Opioid Abuse and Overdoses

- Preventing opioid overdoses in schools (S7661): Clarifies that school districts, Board of Cooperative Educational Services (BOCES) programs, charter schools, and other educational entities may possess and administer naloxone to treat opioid overdoses, and will be protected by Good Samaritan laws. Addiction experts testified to the Task Force that they are counseling heroin users as young as 12 years old. Having naloxone in schools could help save the life of a child in the event of an overdose.
- Increasing the effectiveness of overdose prevention (S7649): Provides that naloxone kits distributed through an opioid overdose prevention program must include an informational card with instructions on steps to take following administration, as well as information on how to access addiction treatment and support services. Opioid overdose prevention programs provide those at risk of an overdose, their family members and their friends with naloxone kits and training on proper administration.

- Limiting prescriptions for acute pain (S2949A): Limits the number of Schedule II and III controlled substances prescribed for acute pain to a 10-day supply to prevent excess pharmaceuticals from being dispensed, and therefore reduce the risk of diversion. This restriction would not apply to the treatment of cancer pain, chronic pain or palliative care. Further, the bill provides that only one co-payment may be charged for a 30-day supply.
- Increasing public awareness (S7654): Requires the Office of Alcoholism and Substance Abuse Services (OASAS) and the Department of Health (DOH) to establish the Heroin and Prescription Opioid Pain Medication Addiction Awareness and Education Program. The program would utilize social and mass media to reduce the stigma associated with drug addiction, while increasing public's knowledge about the dangers of opioid and heroin abuse, the signs of addiction, and relevant programs and resources.
- Establishing school drug prevention programs (S7653): Adds age-appropriate information about the dangers of illegal drug use to junior high school and high school health class curriculums.
- Promoting pharmaceutical take-back events (S6691): Requires OASAS to post guidelines and requirements for conducting a pharmaceutical collection event on its website. According to the Substance Abuse and Mental Health Service Administration (SAMHSA), nearly 70 percent of those who first abuse prescription drugs get the pills from a friend or relative. Facilitating proper and timely disposal of unused narcotics helps to reduce the danger of diversion.
- Ensuring prescribing practitioners stay abreast of best practices (S7660): Creates a continuing medical education program for practitioners with prescribing privileges. DOH and the State Education Department (SED) would establish standards for three hours of biennial instruction on topics including Internet System for Tracking Over-Prescribing (I-STOP) requirements, pain management, appropriate prescribing, acute pain management, palliative medicine, addiction screening and treatment, and end-of-life care.

Increasing the Availability and Efficacy of Addiction Treatment

- Creating a new model of detoxification and transitional services (S2948): Establishes the Opioid Treatment and Hospital Diversion Demonstration Program, requiring the development of a new model of detoxification and transitional services for individuals seeking to recover from opioid addiction that reduces reliance on emergency room services.
- Establishing a relapse prevention demonstration program (S7650): Creates a Wraparound Services Demonstration Program through which OASAS would provide case management or referral services for nine months to individuals who successfully complete substance abuse treatment programs. These community supports - access to which is intended to prevent a relapse - include educational resources, peer-to-peer support groups, social services and family services and counseling, employment support and counseling transportation assistance, medical services, legal services, financial services, and child care services.
- Enabling parents to require children to undergo treatment (S7652): Provides that a parent or guardian may petition to have a minor child designated as a Person in Need of Supervision (PINS) due to a substance use disorder, and that a court may require a PINS child to undergo substance abuse treatment.
- Establishing assisted outpatient treatment for substance use disorders (S7651): Enables a court to order Assisted Outpatient Treatment (AOT) for an individual with a substance use disorder who, due to his or her addiction, poses a threat to him or herself or others.
- Promoting the affordability of substance abuse services (S7662): Improves the utilization review process for determining insurance coverage for substance abuse treatment disorders, and requires insurers to continue to provide coverage throughout the appeals process.

Providing Additional Resources to Law Enforcement

- Studying the conversion of correctional facilities to treatment centers (S7655A): Directs OASAS and the Department of Corrections and Community Supervision (DOCCS) to study the feasibility of converting closed correctional facilities to provide treatment for substance use disorders. Agencies would examine the feasibility of such centers providing both inpatient residential and outpatient care.
- Establishing the crime of homicide by sale of an opioid controlled substance (S7657): Creates an A-I felony for the unlawful transportation or sale of an opioid that causes the death of another.
- Restricting drug dealers from participating in the SHOCK incarnation program (S7656): Holds drug dealers accountable by preventing participation in the SHOCK incarceration program – under which young adults receive substance abuse treatment, academic education, and other services to promote reintegration – by individuals convicted of a A-II felony drug offense, except if he or she tests positive for a controlled substance upon arraignment.
- Improving safety at judicial diversion programs (S1879): Requires a court, in determining a defendant's eligibility for a judicial diversion program for alcohol or substance abuse treatment, to consider the underlying charges and the defendant's propensity for violent conduct. The bill also requires the facility treating a defendant under this diversion program to notify the local law enforcement of the defendant's placement and arrest record, and to submit a security plan to the Division of Criminal Justice Services (DCJS) to provide for the safety of staff, residents and the community. Finally, this bill allows a defendant to appear via video conference, and makes unauthorized departure from a rehabilitation facility a D felony.

- Reallocating funds from asset forfeitures (S7658): Reduces the state share of certain asset forfeitures to increase allocations for the reimbursement of expenses incurred by localities for investigation and prosecution, and provides additional monies for the Chemical Dependence Service Fund.
- Creating Drug-Free Zones around treatment facilities (S1388): Establishes a B felony for the sale of a controlled substance within 1,000 feet of a drug or alcohol treatment center or methadone clinic.
- Expanding the crime of operating as a major trafficker (S7663): Facilitates convictions for operating as a major trafficker by reducing the number of people that must have participated from four to three, and lowering the minimum required proceeds from the sale of controlled substances during a 12-month period from \$75,000 to \$25,000.
- Establishing the crime of transporting an opioid controlled substance (S7659): Allows prosecution for a new crime when an individual unlawfully transports an opioid any distance greater than five miles within the state, or from one county to another county within the state, to address diversion and distribution of heroin and prescription drugs.
- Facilitating the conviction of drug dealers (S7169): Provides that possession of 50 or more packages of a Schedule I opium derivative, or possession of \$300 or more worth of such drugs, is presumptive evidence of a person's intent to sell.
- Establishing criminal penalties for the theft of blank official New York State prescription forms (S2940): Expands grand larceny in the fourth degree to include the theft of a blank official New York State prescription form. This bill would also redefine criminal possession of stolen property in the fourth degree to include the possession of a stolen New York State prescription form, and create an A misdemeanor of criminal possession of a prescription form.
- Prosecuting acts by street gangs (S4444A): Creates the Criminal Street Gang Enforcement and Prevention Act to provide a comprehensive approach to protecting the public from

gang-related crimes and violence, including those that relate to drug trafficking, and establishing the criminal street gang prevention fund.

The full report can be viewed online at www.valesky.nysenate.gov.