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**"Nothing About Us,  
Without Us"**

**Testimony of Friends of Recovery New York  
(FOR-NY)**

**New York State Joint Legislative Mental Hygiene Budget Hearing**

**February 13, 2018**

**Presented by:**

**Stephanie M. Campbell, MA, MS, MSW  
Executive Director  
Friends of Recovery New York  
(FOR-NY)**

I am Stephanie Campbell and as the Executive Director Friends of Recovery New York and I am honored to be invited by Senator Young to today's hearing to discuss how we can address the public health crisis of addiction in New York State.

Friends of Recovery New York represents the voice of individuals and families living in recovery from addiction, families who have lost a family member or people who have been otherwise impacted by addiction. The stigma and shame that surrounds addiction has prevented millions of individuals and family members from seeking help. FOR-NY is dedicated to breaking down the barriers created by stigma that result in discrimination and policies that block or interfere with recovery: access to addiction treatment, healthcare; housing, education and employment.

I am also Stephanie Campbell, a person in long-term recovery. What that means is that I have not used alcohol or drugs for over 17 years. Recovery has given me the opportunity to be a mother of two beautiful girls – one who recently graduated from Sarah Lawrence College – and a teenager in her senior year of high school. Recovery has allowed me to be a partner, an employee, and a taxpayer instead of a tax drain. It's allowed me to save the state of New York millions of dollars because someone made an investment in my recovery. As a result I went from being a homeless street kid in New York City, to having a master's degree from Columbia University and an MSW from New York University. Instead of bouncing from jails and other institutions, I now advocate on behalf of individuals and families impacted by addiction.

As you know, heroin use and prescription opioid abuse are having devastating effects on public health and safety in New York State. According to the Centers for Disease Control and Prevention drug overdoses now surpass automobile accidents as the leading cause of injury-related deaths for Americans between the ages of 25-64.

The surge of people dying in the opioid crisis continues to rise. Nationally, there were over 63,600 deaths in 2016 or-- 174 Americans dying per day. Overdose is now the leading cause of death for Americans under the age of 50. New York overdose deaths have climbed over 200 percent in the last five years. The overall burden to the state, including health care, criminal justice costs, and lost productivity, has ballooned into the billions of dollars. Given the \$4.4 billion shortfall in the New York State budget, a steady revenue stream of critically needed funding for prevention, treatment and recovery services is desperately needed to address the greatest public health crisis the nation has seen in generations. New York has been fearless in taking on previous epidemics, such as the HIV/AIDS and tobacco. We wholeheartedly agree that it is time for drug manufacturers to do their part to cover state expenses associated with the epidemic here in New York State and see the proposed surcharge, **which is really an opioid stewardship fee**, to expand and support services to address this pandemic through new prevention, treatment and recovery programs that will effectively address this public health emergency.

Specifically we request that the OASAS prevention, treatment and recovery system be the primary beneficiary of the Opioid Surcharge funds. Our concern is that while the language in the Surcharge proposal alludes to utilization of some of the funds to stem the tide of the crisis, the proposal does not ***explicitly state that OASAS will receive the majority of the Surcharge funds at a time when the OASAS service delivery system lacks the resources to address serious access to care issues resulting from ongoing workforce shortages and inadequate capacity in certain areas of the state.***

While we recognize that New York State has incurred significant expenses in areas including law enforcement, emergency response, and criminal justice, it is also true that ***treatment, prevention, and recovery funding in NYS communities has barely kept pace with inflation since 2011, much less earmarked significant additional resources to address this public health disaster.***

It is clear to us that without a significant infusion of resources for prevention, treatment, and recovery services along with workforce initiatives such as student loan forgiveness; scholarships for training, education, and certification; medical fellowships, and salary/hiring incentives we will not get ahead of the epidemic ravaging our communities.

***Given the longstanding need for additional resources across the state we request that 85% of the funds received and deposited into the opioid prevention, treatment and recovery account be allocated to OASAS and that fifty percent of the total allocated to OASAS be used for new or additional opioid treatment, recovery, prevention and workforce initiatives.***

I want to reiterate that we support the Opioid Surcharge proposal for its' clear message to manufacturers that they too have a responsibility to pay their fair share and for its' recognition that additional funds are required to stem the tide of this devastating epidemic. But we feel strongly that the state's first priority for these funds must be the needs of the OASAS prevention, recovery and treatment system.

As a person in recovery who continues to hold her illness in remission, I see this the proposed opioid stewardess fee as a way to holding those who contributed to this crisis accountable, while reducing the demand for opioids in this saturated market. As individuals continue to struggle with prescription drug addiction, with no end in sight for grieving families who continue to lose loved ones to overdose death, it is time that those who played an active role in getting opioids into the marketplace, help resolve the crisis that ensued. Resources are needed now and for the foreseeable future so that people who are suffering from addiction are given the opportunity to lead full lives in recovery.

Addiction does not discriminate. It knows no bounds of race, ethnicity, creed, sexual orientation, gender identity, religion, or lack of religion. It impacts those from Park Avenue, to Park Bench.

As this epidemic is multifaceted, so must be our response.

Right now we have an army of people with lived experience – individuals in recovery, family members in recovery, and families who have lost someone to addiction – ready, willing and able to provide the recovery infrastructure desperately needed in their communities across the state.

Infrastructure similar to what is being provided in places like THRIVE in Long Island, a community responsive, peer driven support center that provides recovery services. They facilitate referrals, mobilize resources, and link individuals to community social supports that assist people in their recovery from addiction, as well as other recovery issues.

But they and thousands of individuals and family members impacted by addiction need your investment to do so.

We need to act NOW...before another family in Buffalo, or Brooklyn, or any other community in the great state of New York, lose another loved one to the chronic, treatable disease of addiction.

As a matter of policy, it is:

- Time to **STOP** Investing in the **PROBLEM**- Active Addiction and
- Time to **START** Investing in the **SOLUTION**- Addiction Recovery:

**\$47.625 MILLION INVESTMENT IN RECOVERY SUPPORT SERVICES INFRASTRUCTURE NEEDED NOW!**

Despite recent improvements a glaring omission still remains in the treatment to recovery continuum; a lack of recovery support services following primary treatment. Friends of Recovery - New York (FOR-NY) asks for the immediate investment of \$45.625 million to build a strong statewide network of local recovery support services for individuals, and families focused on minimizing relapse and maximizing the chances for sustained recovery. Use of peer advocates, recovery coaches and family support navigators must be broadly integrated at the local community level.

**FOR – NY FUNDING RECOMMENDATIONS**

Program	How Many Counties Have this?	How Many Counties Need this?	Cost for community investment	Investment Needed
Recovery Community Organization	<u>19</u>	43	\$150,000 each	\$6,450,000
Recovery Community Outreach Center	<u>19</u>	44	<u>\$350,000 each</u>	\$15,050,000
Recovery Youth Clubhouse	<u>12</u>	50	<u>\$250,000 each</u>	\$12,500,000
Peer Engagement Specialist (2 per county)	<u>13 – (17 total Specialists)</u>	107 (total Specialists needed)	<u>\$75,000</u>	\$8,025,000
Family Support Navigators (2 per county)	<u>10- (12 total Navigators)</u>	112 (total Navigators needed)	<u>\$50,000</u>	\$5,600,000
<b>Total Funding Needed</b>				<b>\$47,625,000</b>

Friends of Recovery – New York  
2018 Addiction Recovery Policy Statement



**CONTINUUM, QUALITY AND ACCESSIBILITY OF CARE**

**Recovery community resources** - Fund at least one Recovery Community Organization, Recovery Community Outreach Center and Youth Clubhouse in each county; Ensure that at least two Certified Recovery Peer Advocates; two Certified Addiction Recovery Coaches and two Certified Family Support Navigators exist in every county in NYS.

**Support/Establish Recovery High Schools** - and Collegiate Recovery Programs throughout New York State. Recovery High schools are effective and the accompanying Alternative Peer Groups (APG's), utilized in Texas have been shown to reduce recidivism and dramatically improve recovery outcomes for young people.

**Eliminate patient brokering and related unscrupulous practices-** Many families and individuals have been taken advantage of by roving, independent “interventionists”, who are in fact “brokers” receiving kickbacks. We support legislative action making it illegal to refer (“broker”) clients to treatment centers for a per head fee or contracted amount or to hold oneself out to be a recovery coach or interventionist qualified to make level of care determinations without the appropriate training, certification and or license.

**Treatment on demand** - It is unconscionable that individuals must wait days and even weeks on average before they can access sorely needed treatment. Insurers, providers, state and county government units must all work together with recovery community organizations to ensure that immediate access to treatment becomes the norm rather than the exception. Anyone in need, must have 24/7 access to treatment on par with access for all other medical conditions. We also support legislation that would implementing a permanent heroin/opioid addiction wraparound services demonstration program.

**Expand the role of peers for individuals and families** - We support increased education and training to help peers access needed certifications and the expansion of employment opportunities for recovery coaches, peer advocates and family navigators in all phases of the addiction to recovery continuum including: crisis centers, detox units, inpatient rehabilitation, outpatient treatment, community residences, recovery centers, supportive housing, hospitals/emergency rooms; probation, parole; emergency housing (shelters); diversion courts and attached to recovery community organizations and at other recovery access points. Peers should be in sustained recovery in order to become certified.

**Evaluation, assessment and referral after overdose reversal** - We support the creation of proactive interventions to assist those in crisis after receiving emergency Naloxone to reverse an opiate overdose. In most instances, no treatment intervention occurs (or any referral) and there are numerous reports of additional overdoses and even death. Evaluation, in depth assessment, treatment referrals and *warm handoffs* to recovery coaches or peer advocates with access to supports must be offered, implemented and made immediately available to help save lives. Critical intervention points must include (but not limited to) emergency rooms, emergency medical response points and law enforcement contacts.

**Medication Assisted Treatment (MAT) and Harm Reduction (HR) as chosen pathways to recovery** - We support multiple pathways to recovery including MAT where therapeutic support is recommended but not mandated.<sup>1</sup> Expand access for individuals seeking MAT or Recovery without penalty for "non-compliance with treatment protocols." While supportive counseling is recommended as an adjunct, research does not indicate a requirement should be mandated. Evidence suggests individuals can be successful with and without additional therapeutic interventions. Rapid MAT access and linkage to peers should be the goal. FOR-NY believes that each individual has the right to choose their own pathway to recovery. There is overwhelming evidence that abstinence based recovery is not effective for a significant percentage of those affected and in light of the lethality in our current addiction crises, efforts to reduce harm should be supported.

**Improve outcomes for those in treatment and recovery with a history of criminal justice involvement** - We support the removal of barriers that make it difficult for individuals with criminal records to access treatment, sustain recovery and have the same opportunity for housing, employment, healthcare, and education as other New Yorkers. Additionally, provide those leaving the criminal justice system or mandatory rehabilitation with MAT whenever needed in order to maximize sustained recovery outcomes and prevent overdose upon re-entry in the community.

**Trauma informed recovery services and evidence based treatment** - Recovery studies and programs should continue to look at trauma as an addiction risk indicator. Related care for those in treatment and recovery should

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<sup>1</sup> [Recent evidence suggests that when individuals are treated as a resource in their recovery choices they connect with supports that yield sustainable recovery. (see <https://www.ncbi.nlm.nih.gov/m/pubmed/16870915/>)]

be trauma informed. We must insist that treatment is Evidence Based to ensure that all those seeking and accessing treatment are able to maximize their chances of effecting positive change and finding long term recovery.

**Certification of recovery homes** - We support a standardized certification of recovery homes. Individuals in early recovery must be protected and afforded a safe and supportive living environment. Regulations and supervision must be adopted within the parameters of the Federal Fair Housing Act in a manner that encompasses those using medication to support their treatment and recovery. Such housing must promote integrity, ensure quality improvement, uphold residents' rights, be recovery-oriented, and conducive to optimum well-being. We support the expansion of recovery residences statewide which embrace those receiving MAT to support their recovery to meet a rapidly increasing demand.

### **INSURANCE PARITY ENFORCED WITH EXPANDED ACCESS TO ADDICTION TREATMENT**

**We urge the Governor and the NYS Legislature to work together to enforce insurance and parity laws in New York, and hold insurance companies accountable-** We support legislation that would require insurers and health plans to submit data and key metrics on compliance with parity laws). Insurers must allow unfettered access to a minimum 14 days of inpatient treatment. In addition, we call for increased funding for addiction treatment and recovery support services so that individuals receive care that is accessible, accountable, efficient, equitable, sustained, and of the highest quality.

### **JUSTICE FOR LOST LOVED ONES**

**Support lawsuits holding opioid companies accountable** - Demand that revenue generated by lawsuits and other compensation considerations is earmarked specifically to support prevention, treatment and recovery.

**Family harm/Loss register** - Family members nationwide are working to find a way for people to list any legal action they are taking against insurance companies. A coordinated "register" would facilitate communication between plaintiffs, help identify common ground and perhaps similar grievances against insurers, who continue to dodge, deny, and delay. This initiative may very well encourage other affected families to come forward as well.

**Asset forfeiture funds** - We recommend that all asset forfeiture money in the Chemical Dependence Service Fund (Section 97-W/State Finance Law) be allocated to OASAS and invested in the expansion of prevention, treatment, and recovery services. These funds should be dedicated solely for their intended purposes as described.

### **EDUCATIONAL CAMPAIGNS/ENDING NEGATIVE PUBLIC PERCEPTION**

**Hope in recovery campaign** - Invest money in an awareness campaign to educate the public about the promise of recovery. Education is the key to ending negative public perception. Highlight lived experience and long-term recovery.

**Parity education campaign** - The sad reality is only a small fraction of the population understands what parity is. Education is needed so the public knows they have been unfairly treated in their coverages under the current system.

**Closing Comment:** The following quote comes from the testimony of a family member, in recovery, at the "Recovery Talks- Community Listening Forum" hosted by FOR-NY and our local RCO- Recovery Advocacy in Saratoga (RAIS) in Saratoga Springs, NY:

*"Finally, recovery is made up of many miracles, but finding a place for help should not have to be one of them."*



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#### **Mission and Vision**

**WHO?** “Friends of Recovery - NY is comprised of NYS residents who are in long-term recovery from addiction, their families, friends and allies. We represent all sectors of the community, all regions of the state, and the numerous and diverse paths to recovery. We actively organize and mobilize the recovery community so as to speak effectively with one voice.”

**WHAT?** “Our mission is to demonstrate the power and proof of recovery from addictions and its value to individuals, families and communities throughout NYS and the nation. We actively seek to advance public policies and practices that promote and support recovery.”

**WHY?** “We envision a world in which recovery from addiction is both a commonplace and a celebrated reality, a world in which the entire spectrum of effective prevention, treatment and recovery support services are available and accessible to all who might benefit from them.

#### **FOR-NY Believes:**

- Recovery is possible for everyone
- Everyone achieves recovery in his or her own way
- Adequate resources and support are necessary for sustained recovery
- Recovery is about reclaiming a meaningful life and role in society

#### **FOR-NY Stands For:**

- Addressing addiction as a public health issue
- Responding to illicit drug use as a health issue rather than a crime
- Eliminating barriers to getting help
- Developing non-punitive, non-judgmental recovery service models
- Creating a system that engages and supports people to reclaim a meaningful life
- Including recovering individuals and our families at all levels of budget and policy development in the system