

**JOINT SENATE TASK FORCE ON
OPIOIDS, ADDICTION, & OVERDOSE
PREVENTION**

**PUBLIC HEARING
FRIDAY, AUGUST 9, 2019**

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Thank you for the opportunity to provide testimony this morning. My name is John Coppola and I am the Executive Director of the New York Association of Alcoholism and Substance Abuse Providers (ASAP), a statewide organization that represents the interests of the continuum of substance use disorders services across New York. Included in our membership are nearly 200 agencies that provide a comprehensive continuum of services, 15 statewide and regional coalitions of programs, and a number of affiliate and individual members.

For the past eight years, we have expressed great concern about the worsening public health crisis related to prescription opioids, heroin, and, most recently, fentanyl. We pointed to the continuing upward trajectory of overdose deaths, the increasing number of individuals seeking treatment for addiction, and the unimaginable grief and stress experienced by so many families throughout New York. We expressed frustration that, in spite of our advocacy efforts urging the Governor, Senate, and the Assembly to significantly increase resources for substance use disorder prevention, treatment, recovery support services, the Governor's proposed budget last year did not contain the resources needed to adequately address this emergency. We urged the Senate to work with the Assembly to increase funding in the 2019-20 State budget and reiterated our plea that "dramatic action is needed." Unfortunately, following the pattern from previous years, the 2019-20 enacted State budget did not include a significant increase in resources. Dramatic action was not taken.

During our testimony at the Senate Finance and Assembly Ways and Means Committee Budget Hearing on Mental Hygiene in February, we said: "Without the strength of significant new resources and a dedicated commitment to support the substance use disorders workforce, this public health emergency will continue to escalate in New York State, setting new records and impacting more and more families."

Dr. Andrew Kolodny, Executive Director of Physicians for Responsible Opioid Prescribing, in a presentation earlier this year remarked that drug overdose deaths have increased every year for the past 23 years. While provisional data by the Centers for Disease Control suggests that overdose deaths decreased slightly in 2018, experts attribute the decrease to the wide availability of overdose reversal medications like naloxone. The number of overdose deaths from fentanyl and methamphetamine continue to trend upward. *The New York Times* reports that the number of U.S. overdose deaths last year is still greater than the number of deaths attributable to car crashes, guns, or AIDS.

The magnitude of our response to this public health crisis has not matched the magnitude of the crisis itself. Year after year, prevention, treatment, and recovery service providers are asked to do more with fewer resources, and many cannot keep up with the demand for their services. Addiction professionals from across New York State express that they feel like they are fighting a forest fire with garden hoses.

It should not be a heavy lift to secure funding needed to address a major public health emergency. Members of the Senate and Assembly should not have to do detective work to discover that, while it was widely believed that \$213 million in new funding was being allocated

to address the overdose epidemic and that the newly enacted Opioid Excise Tax should add \$100 million to the OASAS budget, these funds are actually, to a large extent, substituting existing dollars to pay for addiction services. The Governor and Legislature have not committed new funds outside of what amounts to an inflationary increase in the OASAS Aid to Localities funding that supports community-based prevention, treatment, and recovery supports across New York State.

OASAS Aid to Localities Funding Trend

Year	Funds	% Increase
2013-14	\$457,696,000	-
2014-15	\$460,896,000	0.7%
2015-16	\$474,716,000	3.0%
2016-17	\$501,490,000	5.6%
2017-18	\$507,548,000	1.2%
2018-19	\$573,405,000	13.0%
2019-20	\$579,201,000	1.0%

Since the 2013-14 State budget, New York State has increased its commitment to prevention, treatment, and recovery in communities across the State by an average of approximately 4 percent per year. If we factored in the increase resulting from new, non-recurring Federal funds, there would be little room left to give credit here in New York State. Documenting the impact of inadequate resources, a survey commissioned by ASAP conducted by the Center for Human Services Research in 2018 found:

- Employee recruitment and retention is a significant problem in SUD programs across the State.
- Inadequate pay was cited as the most common reason SUD program direct service staff leave the field.
- Treatment program staff vacancies create waiting lists for individuals seeking treatment, creating an access barrier to life-saving services.
- Many treatment beds remain empty due to inadequate staff to provide care and supervision.
- Nearly 70% of survey respondents from inpatient and outpatient treatment programs said staff vacancies have become a greater problem due to the opioid and heroin epidemic. Of course, this is understandable, given the emotional stress and frustration related to overdose deaths.
- Hiring incentives available to other professions, including student loan forgiveness, scholarships for training, education, and certification, and other incentives to recruit and retain staff are frequently not available.

We are especially grateful to Senator Harckham and Senate leadership for creating a fund that would provide student loan forgiveness to people working in the SUD field. We urge the Governor and Legislature to add to this fund in the 2020-21 budget.

While the Governor, Senate, and Assembly have shown a willingness to embrace new strategies and programs to reduce overdose deaths and addiction, we have yet to see a serious commitment to creating a dedicated and sustainable funding stream to support the existing SUD service delivery system. A dramatic and substantial increase in resources to address the workforce crisis and the fiscal stability of SUD programs would help to address this public health emergency, while reducing significant costs from emergency rooms and unnecessary readmissions to hospitals.

Please set a standard for this Task Force that your goal will be to match the magnitude of this epidemic of overdose and addiction with a multi-pronged strategy of equal or greater magnitude.

Thank you.