

Statement to the Joint Senate Task Force on Opioids, Addiction & Overdose Prevention

Provided by **Adam Birkenstock, LCSW**

Director of Programming

Long Island Council on Alcoholism and Drug Dependence

Hello Senators, Co-Chairs of the Task Force. Speaking to you here, in this forum, I want to tell you first that I'm appreciative of this opportunity to address what has become a defining health crisis of our time. As a representative of the Long Island Council on Alcoholism and Drug Dependence (LICADD), a nonprofit with 63 years of history in helping those with substance use disorders and their families, I come to you with a unique perspective on the issue of addiction. As an independent nonprofit, we've been able to focus on the barriers and gaps in services facing our communities – the spaces across the landscape of treatment and recovery that swallow up vulnerable people seeking help.

I am here to speak to you on behalf of the estimated 45,450 Long Islanders¹ dealing with addiction, who will use their energy today to cope, to push forward, perhaps to use, and hopefully reach out to someone qualified for help. For those who can't spare their time and their voice to talk about the barriers standing between them and the recovery they deserve.

My staff and I receive calls 24 hours a day, 7 days a week from individuals we help to motivate towards the many recovery resources and OASAS licensed treatment opportunities available to them. We bridge a lot of gaps in these calls – providing information on treatment, on

¹ 45,450 people who are living with an addiction to opioids on Long Island as estimated by the Fiscal Policy Institute in their report "The Staggering Cost of Long Island's Opioid Crisis."

insurance resources, on housing, and navigating the legal and health systems - it's work we're very thankful to do.

So often, people need first and foremost to know they're not alone. **Addiction is isolating and recovery is about connection** - to treatment, to people, to work and the world. While we've made a start with community centers like THRIVE, two centers across the enormity of Long Island just aren't enough. We hear from people every day who are struggling at work because of addiction and who want sober spaces to enjoy time with their family and friends. The Fiscal Policy Institute released a powerful study² of the economic impact of the addiction crisis - our businesses feel the impact from those unable to work due to their use and from the estimated 70% of current substance users who are working, but not to their potential due to use. A tax-credit for employers who hire people in recovery is a good start. **We must create and support pathways for business owners to support substance-using employees in achieving their recovery in the first place, and support entrepreneurs and business owners seeking to develop sober spaces where our communities can connect.**

Another barrier is that many seeking Medication Assisted Treatments in their recovery receive no behavioral intervention at all. Addiction is a condition of body, mind, and behavior³ and medication can address only one part of this equation. I'm not alone in this opinion - both OASAS and SAMSHA described MEDICATION ASSISTED TREATMENT as the use of medications *alongside* behavioral therapies to achieve greatest effectiveness. The very term "Medication Assisted Treatment" has become synonymous with the medications themselves, leaving the critical work of trained treatment providers and community partners in the dust. **It must be a requirement that prescribers of Medication Assisted Treatment evaluate their patients for connection to treatment and provided them with resources for this treatment.**

² <http://fiscalspolicy.org/wp-content/uploads/2019/09/The-Staggering-Cost-of-Long-Islands-Opioid-Crisis.pdf>

³ DSM-5 criteria assess for biological (tolerance, craving, withdrawal), psychological (mood and perception changes), and social/behavioral changes (impacts to relationships, work, school, habits)

Lastly, if we are to truly envision a future where New York State sees fewer adults living with – and dying from - Substance Use Disorders, we must commit meaningfully to the task of prevention. Mental wellness is a critical part of addiction and recovery, and our children are faced with unprecedented stressors in a world where the 24-hour news cycle is not only standard, but instantly accessible across all their social platforms. The CDC estimates that in a given year 13-20% of children will experience a mental health concern⁴. Of the Evidence-Based Programs approved for prevention, many haven't been updated in years, don't reflect the world we live in, or present significant challenges to implement in a school system crowded with other programming. In some cases, school staff are simply unable to bear the burden of an additional program to implement.

We have a solution in our backyard. Prevention providers are skilled and qualified healthcare professionals whose work has proven time and time again to save the state significant money and improve the health outcomes of those they educate⁵. **We need a meaningful mandate for the inclusion of substance use prevention programming provided by trained professionals - through connections between our schools and our community partners and prevention programs.**

As the ear for so many struggling Long Islanders, I am heartened today because we all stand here, together, in recognition of the complex and important nature of the health issue that is addiction. We are rallied here to find answers, to help. That help comes in the form of **connection**. I thank you for your time and commitment to this endeavor.

⁴ <https://www.cdc.gov/childrensmentalhealth/features/kf-childrens-mental-health-report.html>

⁵ <https://www.samhsa.gov/sites/default/files/cost-benefits-prevention.pdf> and <https://www.centeronaddiction.org/addiction-research/reports/shoveling-il-impact-substance-abuse-federal-state-and-local-budgets>